

BETTER MEDICARE STARTS HERE.



SCAN HEALTH PLAN 2026 BENEFIT HIGHLIGHTS

SCAN Classic (HMO)

San Francisco

Plan Details	SCAN Classic
Monthly Plan Premium	\$0
Annual Plan Deductible	\$0
Maximum Out-of-Pocket	SCAN Classic
Annual Maximum Out-of-Pocket (MOOP)	\$1,499
Comprehensive Care	SCAN Classic
Primary Care Office Visits	\$0
Specialist Office Visits	\$0
Diabetic Self-Management Training	\$0
Diabetic Supplies (lancets, test strips, monitor)	\$0
Continuous Glucose Monitors (available through DME or at your Pharmacy)	20% of the total cost at the pharmacy or DME provider
Durable Medical Equipment	\$0 for items up to \$99; 20% for items \$100 and more
Annual Physical Exam	\$0
Preventive Services (Medicare-covered screenings)	\$0
Lab Services and X-rays	\$0
Diagnostic Tests and Procedures	\$0
Outpatient Rehabilitation (e.g. PT, OT, ST)	\$15
Diagnostic Radiology (e.g. MRI, CT, ultrasound)	\$50 per procedure
Outpatient Mental Health (Individual/Group)	\$10
Hospital and Emergency Care	SCAN Classic
Inpatient Hospital Care	\$150 per day (1-5) \$0 per day (6-90+)
Skilled Nursing Facility	\$0 per day (1-20) \$125 per day (21-100)
Outpatient Surgery	\$100-\$125
Emergency Care	\$90 (worldwide) \$0 (if admitted immediately)
Urgent Care Services	\$0 (worldwide)
Ambulance Services	\$175

Prescription Drug Coverage		SCAN Classic	
Part D Deductible		\$250 (Tiers 3-5)	
Initial Coverage Stage - SCAN Contracted Retail Pharmacies (1-month/30-day supply)			
Pharmacy Network		PREFERRED	STANDARD
Tier 1: Preferred Generic		\$0	\$10
Tier 2: Generic		\$0	\$12
Tier 3: Preferred Brand	Insulin	\$35	\$35
	Other Drugs	\$42	\$47
Tier 4: Non-Preferred Drug		35%	35%
Tier 5: Specialty Tier		30%	30%
Part D Out-of-Pocket Maximum		\$2,100	
Catastrophic Coverage Stage		\$0	

\$0 Prescription Drugs

\$0 on Tier 1 and Tier 2 drugs with no deductible are available at SCAN preferred pharmacies.

Dental Services	SCAN Classic	
Dental coverage to support your overall health.	\$3,000 Allowance for In-network and Out-of-network services 0% cost share for In-network services up to allowance amount 50% cost share for Out-of-network services up to allowance amount	
DIAGNOSTIC AND PREVENTIVE DENTAL*		
Oral Exams (2 per year)	\$0	
Dental X-rays (1 per year)	\$0	
Prophylaxis (cleaning - 2 per year)	\$0	
Flouride Treatment (2 per year)	\$0	
COMPREHENSIVE DENTAL		
Restorative Services (fillings, crowns)	\$0	
Endodontics (root canals)	\$0	
Periodontics (deep cleaning)	\$0	
Prosthodontics (dentures, bridges)	\$0	
Maxillofacial Prosthetics (facial/jaw prosthetics post surgery/trauma)	\$0	
Implant Services (dental implant placement and restoration)	\$0	
Oral and Maxillofacial Surgery (tooth extractions, jaw surgery)	\$0	

*Diagnostic and Preventive dental services do not count towards allowance

SCAN COVERS THESE VALUABLE EXTRAS

Extras that help you stay healthy and independent

Benefits	SCAN Classic
Vision (routine) Eye exam Coverage for eyewear	\$0 (1 every 12 months) \$300 limit allowance every 2 years
Hearing	\$550-\$850 per aid/year
Transportation*	\$0 (24 one-way trips per year)
FlexEssentials Card Over-the-counter products (OTC)	\$70 per quarter with rollover can be used on OTC products (mail order or CVS retail stores)
Fitness	\$0 (One Pass)
Acupuncture and Chiropractic Services (routine)	\$0 per visit (20 visits/year combined)

Extras that connect you to even more care and support

Benefits	SCAN Classic
At-Home Support** Respite In-Home Care Visits Meals (post-hospitalization) Meals (chronic conditions)	After hospitalization, after a hip or knee replacement, or assistance with two or more activities of daily living. Not covered Not covered Not covered \$0 for home-delivered meals, up to 28 days or 84 meals
Care Memory Assistance Program (Care MAP)	\$0 Comprehensive assessment, care planning, 24/7 support line and caregiver training for individuals with a diagnosis or at risk for dementia.
Telehealth Urgent Medical Telehealth Behavioral Health	\$0 \$0
Nurse Advice Line	\$0 (per phone visit)
HealthTECH	\$0 support line
Personal Emergency Response System (PERS)	\$0 (includes installation and monthly fees)
Worldwide Care	Urgent or emergency care when outside of the U.S.

*50-mile limit will apply to each one-way trip. **Criteria and limitations apply.

TAKE A LOOK AT THESE PLAN HIGHLIGHTS



\$0 for 90% of the medications members use¹

The pharmacy deductible doesn't apply to Tier 1 and Tier 2 drugs. That means you'll pay \$0 for these medications from day one!



Over-the-Counter (OTC) coverage with CVS

Use the SCAN FlexEssentials card on eligible OTC items. Shop at your local CVS Pharmacy for the biggest selection and savings. Or, order online or over the phone.



The in-home care you need, when you need it

Whether you're just out of the hospital, had a knee or hip replaced, or need help with daily activities, SCAN is here with care, support and even meals.



A dental allowance to spend where and how you want

Preventive care doesn't count toward your allowance, so you can spend it on the procedures that matter most to you, including implants and dentures, with coverage in and out of network.

A BETTER MEDICARE EXPERIENCE

SCAN was founded by seniors, for seniors in 1977.

Since then, we've become an award-winning Medicare Advantage plan -with a difference.

We're proudly nonprofit.

We don't have shareholders we have to please.

Instead, we have members looking to us to give them a better Medicare experience.

One that's based on quality, senior-focused care and award-winning service. That's our commitment to you.

We look forward to showing you the SCAN difference.



www.scanhealthplan.com



1-877-870-4867 (TTY: 711)

SCAN Classic (HMO) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal. You must continue to pay your Medicare Part B premium. Other providers and pharmacies are available in SCAN Health Plan's network.

Please refer to your Summary of Benefits for more details about all the benefits and services you get with your Medicare Advantage Plan. If you have any questions, just call us. An authorized SCAN representative will be happy to help you.

¹Based on the CY2025 SCAN's Part D prescription claims utilization for Tiers 1 and 2.

You won't pay more than \$35 for a one-month supply and no more than \$105 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. Most adult Part D vaccines are covered by our plan at no cost to you, even if you haven't paid your deductible. For more information, please refer to your "Drug List" (Formulary). If you have questions about the Drug List, you can also call Member Services. Prescription copay/coinsurance may vary by plan, county, pharmacy type (e.g., Preferred or Standard, etc.), day supply, Part D benefit phase, or in members who receive "Extra Help." You can fill your prescriptions at any of our network pharmacies, but you may pay less at a Preferred pharmacy. Check your Evidence of Coverage or call Member Services for details (phone numbers for Member Services are printed on the back cover of your Evidence of Coverage). Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts PharmacySM is our Preferred mail-order pharmacy. While you can fill your prescription medications at any of our network mail-order pharmacies, you may pay less at the Preferred mail-order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan's Member Services. For your mail-order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users call 711. You may opt out of automatic deliveries at any time.