# Maricopa | Pima | Pinal



SCAN Classic (HMO) SCAN Venture (HMO)



Medicare Advantage Plan **2025 BENEFIT HIGHLIGHTS** 

Plan Details	SCAN Classic	SCAN Venture	
Monthly Plan Premium	\$0	\$0	
Part B Premium Give Back	Not covered	\$50 per month	
Annual Plan Deductible	\$0	\$0	
Maximum Out-of-Pocket	SCAN Classic	SCAN Venture	
Annual Maximum Out-of-Pocket (MOOP)	\$2,800	\$2,999	
Comprehensive Care	SCAN Classic	SCAN Venture	
Primary Care Office Visits	\$0	\$0	
Specialist Office Visits	\$0	\$0-\$30	
Diabetic Self-Management Training	\$0	\$0	
Diabetic Supplies (lancets, test strips, monitor)	\$0	\$0	
Continuous Glucose Monitors (available through DME or at your Pharmacy)	\$0 at the pharmacy or DME provider	\$0 at the pharmacy or DME provider	
Durable Medical Equipment	\$0 for items up to \$499; 20% for items \$500 and more	\$0 for items up to \$499; 20% for items \$500 and more	
Annual Physical Exam	\$0	\$0	
Preventive Services (Medicare-covered screenings)	\$0	\$0	
Lab Services and X-rays	\$0	\$0	
Diagnostic Tests and Procedures	\$0	\$0	
Outpatient Rehabilitation (e.g. PT, OT, ST)	\$0-\$10	\$0-\$30	
<b>Diagnostic Radiology</b> (e.g. MRI, CT, ultrasound)	\$0-\$200	\$0-\$200	
Outpatient Mental Health (Individual/Group)	\$0-\$20	\$0-\$30	
Hospital and Emergency Care	SCAN Classic	SCAN Venture	
Inpatient Hospital Care	\$75 per day (1-5) \$0 per day (6-90+)	\$250 per day (1-6) \$0 per day (7-90+)	
Skilled Nursing Facility	\$0 per day (1-20) \$150 per day (21-100)	\$0 per day (1-20) \$184 per day (21-100)	
Outpatient Surgery	\$0	\$0-\$250	
Emergency Care	\$90 (worldwide) \$0 (if admitted immediately)	\$90 (worldwide) \$0 (if admitted immediately)	
Urgent Care Services	\$0 (worldwide)	\$20 (worldwide)	
Ambulance Services	\$250	\$250	

Prescription Dru	ug Coverage	SCAN Classic		SCAN Venture	
Part D Deductible		\$0		\$0	
Initial Coverage Stage - SCAN Contracted Retail Pharmacies (1-month/30-day supply)					
Pharmacy Networ	·k	PREFERRED	STANDARD	PREFERRED	STANDARD
Tier 1: Preferred 0	Seneric	\$0	\$7	\$0	\$10
Tier 2: Generic		\$0	\$15	\$0	\$20
Tier 3:	Insulin	\$35	\$35	\$35	\$35
Preferred Brand	Other Drugs	\$42	\$47	\$42	\$47
Tier 4: Non-Prefe	rred Drug	50%	50%	50%	50%
Tier 5: Specialty Tier		33%	33%	33%	33%
Part D Out-of-Poo	Part D Out-of-Pocket Maximum \$2,000		000	\$2,000	
Catastrophic Cov	erage Stage	\$0		\$	0

## **\$0 Prescription Drugs**

Pay \$0 for Tiers 1 and 2 (up to a 100-day supply) at preferred retail and Express Scripts mail-order pharmacies.

Dental Services	SCAN Classic	SCAN Venture	
Dental coverage to support your overall health.	\$2,000 Allowance	Dental Plan AZC44	Essential Dental
		These dental services are included in your plan	\$10 monthly premium
DIAGNOSTIC AND PREVENTIVE DENTAL*			DENTAL*
Oral Exams (2 per year)	\$0	\$0	\$0
Dental X-rays	\$0 (1 per year)	\$0 (2 per year)	\$0 (2 per year)
Prophylaxis (cleaning - 2 per year)	\$0	\$0	\$0
COMPREHENSIVE DENTAL			L
Restorative Services (fillings, crowns)	\$0	Not covered	\$8-\$390
Endodontics (root canals)	\$0	Not covered	\$5-\$395
Periodontics (deep cleaning)	\$0	\$0	\$0-\$380
Prosthodontics (tooth replacement/dentures)	Not covered	Not covered	\$13-\$440

<sup>\*</sup>Services do not count towards allowance maximum (SCAN Classic only)

# **SCAN COVERS THESE VALUABLE EXTRAS**

### Extras that help you stay healthy and independent

Benefits	SCAN Classic	SCAN Venture	
Vision (routine)			
Eye exam	\$0 (1 every 12 months)	\$0 (1 every 12 months)	
Coverage for eyewear	\$300 limit allowance every year	\$150 limit allowance every year	
Hearing	\$550-\$850 per aid/year	\$550-\$850 per aid/year	
Transportation*	\$0 (54 one-way trips per year)	Not covered	
Over-the-Counter (OTC)  Can be used at CVS locations, online or over the phone	\$100 allowance per quarter with rollover	\$55 allowance per quarter with rollover	
Fitness	\$0 (One Pass)	\$0 (One Pass)	
Acupuncture and Chiropractic Services (routine)	\$10 per visit (20 visits/year combined)	\$5 per visit (20 visits/year combined)	

## Extras that connect you to even more care and support

Benefits	SCAN Classic	SCAN Venture
Telehealth Urgent Medical	\$0	\$0
Telehealth Behavioral Health	\$0	\$0
Nurse Advice Line	\$0 (per phone visit)	\$0 (per phone visit)
HealthTECH	\$0 support line	\$0 support line
Personal Emergency Response System (PERS)	\$0 (includes installation and monthly fees)	Not covered
SCAN Returning to Home**	After hospital or skilled nursing facility stay	
In-home Care Visits	\$0 personal in-home care visits 40 hours per year/4 hour min	Not covered
Home-Delivered Meals	\$0 home-delivered meals up to 28 days per year	Not covered
Home-Delivered Meals	Up to 28 days of home-delivered meals are available to members with chronic conditions	Up to 28 days of home-delivered meals are available to members with chronic conditions
Worldwide Care	Urgent or emergency care when outside of the U.S.	Urgent or emergency care when outside of the U.S.

<sup>\*50-</sup>mile limit will apply to each one-way trip. \*\*Criteria and limitations apply.

# TAKE A LOOK AT THESE PLAN HIGHLIGHTS



#### Pharmacy benefits that are easy on your wallet

\$0 for drugs on Tier 1 and Tier 2 of our generous Formulary (list of covered drugs) at preferred pharmacy locations.



#### Over-the-Counter (OTC) coverage with CVS

Use a SCAN debit card on eligible OTC items at CVS. Place an order over the phone—or shop online or at your local CVS pharmacy.



#### In-home support when you need it (SCAN Classic only)

With Returning to Home, SCAN provides in-home care and meals after a hospital stay. Because extra help can mean all the difference in your recovery.



#### A dental benefit to cover what Medicare doesn't

Whether you choose the SCAN Classic or SCAN Venture plan, your teeth will thank you! Check the chart to see what each SCAN plan offers.



# DARING TO CARE DIFFERENTLY SINCE 1977

#### **The Senior Care Action Network**

(SCAN) was founded by seniors, for seniors. Their goal was to bring together the services and support they needed to age safely in their own homes. Today SCAN is an award-winning Medicare Advantage plan. We're still not-for-profit. And we're still committed to keeping seniors healthy and independent.

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.



www.scanhealthplan.com

1-877-814-7226 TTY: 711

SCAN Classic (HMO) and SCAN Venture (HMO) are HMO plans with Medicare contracts. Enrollment in SCAN Desert Health Plan depends on contract renewal. You must continue to pay your Medicare Part B premium.

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. Most adult Part D vaccines are covered by our plan at no cost to you. 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).

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts Pharmacy<sup>SM</sup> 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 Desert 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.