

## SCAN Connections at Home (HMO D-SNP) offered by SCAN Health Plan

# Annual Notice of Changes for 2025

## Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook (Evidence of Coverage)*, which is located on our website at [www.scanhealthplan.com](http://www.scanhealthplan.com). Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

## Additional resources

- This document is available for free in other languages and formats.
- You can get this Annual Notice of Changes for free in other formats, such as large print, braille, or audio. Call Member Services at 1-866-722-6725 for additional information (TTY users call 711), Hours are 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. We are closed on most federal holidays. When we are closed you have the option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day. This call is free.
- Please call Member Services to request materials in a language other than English or in an alternate format.
- **Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة لديك تتعلق بخطةنا الصحية أو جدول سيقوم شخص 1-866-722-6725 للدواء. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم ما يتحدث العربية بمساعدتك. هذه الخدمة.
- **Armenian:** Առողջութեան կամ դեղերի ծրագրի վերաբերյալ որևէ հարց առաջանալու դեպքում կարող եք օգտվել անվճար թարգմանչական ծառայությունից: Թարգմանչի ծառայությունից օգտվելու համար զանգահարե՛ք 1-866-722-6725 հեռախոսահամարով: Ձեզ կօգնի հայերենին տիրապետող մեր աշխատակիցը: Ծառայությունն անվճար է:
- **Chinese Cantonese (Traditional):** 我們提供免費的口譯服務，以解答您對我們的健康或藥物計劃可能有的任何問題。如需獲得口譯服務，請致電 1-866-722-6725 聯絡我們。我們有會說中文的工作人員可以為您提供幫助。這是一項免費服務。

OMB Approval 0938-1444 (Expires: June 30, 2026)

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- **Chinese Mandarin (Simplified):** 我们提供免费的口译服务，以解答您对我们的健康或药物计划可能有的任何问题。如需获得口译服务，请致电 1-866-722-6725 联系我们。我们有会说中文的工作人员可以为您提供帮助。这是一项免费服务。
- **English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-722-6725. Someone who speaks English can help you. This is a free service.
- **French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan sante oswa medikaman nou yo. Pou w jwenn yon entèprèt, jis rele nou nan 1-866-722-6725. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
- **French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-722-6725. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.
- **German:** Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-722-6725. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
- **Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-722-6725 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।
- **Hmong:** Peb muaj cov kev pab cuam txhais lus los teb koj cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kho mob thiab tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntawm 1-866-722-6725. Muaj qee tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov no yog kev pab cuam pab dawb.
- **Hmong-Mien:** Peb muaj kev pab cuam txhais lus pub dawb los teb cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kev noj qab haus huv los sis phiaj xwm tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntawm 1-866-722-6725. Muaj tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov kev pab cuam no yog pab dawb xwb.

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- **Punjabi:** ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲਾਂ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਬਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਬੱਸ ਸਾਨੂੰ 1-866-722-6725 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ, ਉਹ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।
- **Russian:** Если у вас возникнут вопросы относительно плана медицинского обслуживания или обеспечения лекарственными препаратами, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по номеру 1-866-722-6725. Вам окажет помощь сотрудник, который говорит на русском языке. Данная услуга бесплатная.
- **Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, llame al 1-866-722-6725. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.
- **Tagalog:** Mayroon kaming mga libreng serbisyo ng interpreter upang masagot ang anumang katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng interpreter, tawagan lamang kami sa 1-866-722-6725. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.
- **Thai:** เรามีบริการสามฟรีเพื่อตอบข้อสงสัยต่าง ๆ ที่คุณอาจมีเกี่ยวกับแผนสุขภาพและด้านเภสัชกรรมของเรา ขอความช่วยเหลือจากสามโดยโทรติดต่อเราที่หมายเลข 1-866-722-6725 เจ้าหน้าที่ในภาษาไทยจะเป็นผู้ให้บริการโดยไม่มีค่าใช้จ่ายใด ๆ
- **Ukrainian:** Ми надаємо безкоштовні послуги усного перекладача, який відповість на будь-які ваші запитання щодо нашого плану медичного обслуговування або лікарського забезпечення. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером 1-866-722-6725. Вам може допомогти людина, яка володіє українською мовою. Ця послуга безкоштовна.
- **Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi quý vị có thể có về chương sức khỏe và chương trình thuốc men. Để được thông dịch, chỉ cần gọi theo số 1-866-722-6725. Người nói Tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.

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## A. Disclaimers

- ❖ *SCAN Connections at Home (HMO D-SNP) is an HMO plan with a Medicare contract and a contract with the California Medi-Cal program. Enrollment in SCAN Health Plan depends on contract renewal.*
  - ❖ *SCAN Connections at Home is a Coordinated Care Plan. SCAN Connections at Home is available to anyone who has both Medical Assistance from the State and Medicare.*
  - ❖ Under SCAN Connections at Home you can get your Medicare and Medi-Cal services in one health plan.
  - ❖ This document gives you the details about your Medicare and Medi-Cal health care and prescription drug coverage from January 1 - December 31, 2025.
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## B. Reviewing your Medicare and Medi-Cal coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- Medi-Cal options and services in **Section F2**.

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## **B1. Information about *SCAN Connections at Home***

- SCAN Health Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under SCAN Connections at Home is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.

## **B2. Important things to do**

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit and cost changes to make sure they will work for you next year.
  - Refer to **Section D1** for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section D2** for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.

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- Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
- Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

**If you decide to stay with SCAN Connections at Home:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in SCAN Connections at Home.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section F2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

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## C. Changes to our network providers and pharmacies

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost

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sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our provider and pharmacy network has changed for 2025.

**Please review the 2025 *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [www.scanhealthplan.com](http://www.scanhealthplan.com). You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.

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## D. Changes to benefits and costs for next year

### D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2024 (this year)	2025 (next year)
Abridge	You pay a \$0 copayment for access to Abridge.	Abridge is <u>not</u> covered.
Fitbit Activity Tracker	You pay a \$0 copayment for a Fitbit activity tracker.	A Fitbit activity tracker is <u>not</u> covered.
Groceries (SSBCI)	Grocery (SSBCI) benefits are <u>not</u> covered.	You are covered for up to \$85 per month for groceries (SSBCI). Combined with over-the-counter benefits.
Massage therapy (Therapeutic massage)	You pay a \$0 copayment for each visit for up to 5 visits per year.	Massage therapy is <u>not</u> covered.
Maximum Out-of-Pocket (MOOP)	Your Maximum Out-of-Pocket is \$8,850.	Your Maximum Out-of-Pocket is \$9,350.

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	2024 (this year)	2025 (next year)
Over-the-counter (OTC) items	You are covered for up to \$190 per quarter for over-the-counter products through a mail-order catalog.	You are covered for up to \$85 per month for over-the-counter products through mail-order catalog or contracted retail locations. Combined with grocery (SSBCI) benefits.

## D2. Changes to prescription drug coverage

### Changes to our *Drug List*

An updated *List of Covered Drugs (Formulary)* is located on our website at [www.scanhealthplan.com](http://www.scanhealthplan.com). You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs (Formulary)*.

The *List of Covered Drugs (Formulary)* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover, and changes to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at the numbers at the bottom of the page to ask for a *List of Covered Drugs (Formulary)* that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.

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- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply is for up to a 30-day supply (for those members who aren't in a long-term care facility) or a 31-day supply (for those members who reside in a long-term care facility). (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
  - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

In most cases, if the Plan has approved a formulary exception to cover your current drug, this drug will continue to be covered next year.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately move it to a different cost-sharing tier or add new rules or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see **Chapter 12** of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website:

[www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients).

You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

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### Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under our plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

<b>Stage 1</b> <b>Initial Coverage Stage</b>	<b>Stage 2</b> <b>Catastrophic Coverage Stage</b>
<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2025.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$2,000**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you will pay for prescription drugs.

Beginning in 2025, under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program do not count toward out-of-pocket costs.

### D3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, our plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

For information about the costs for a long-term supply; or at a network pharmacy that offers preferred cost sharing look in Chapter 6, Section D of your *Member Handbook*.

**We moved some of the drugs on our *Drug List* to a lower or higher drug tier.** If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our *Drug List*. Most adult Part D vaccines are covered by our plan at no cost to you.

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**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.



**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

The following table shows your costs for drugs in each of our 5 drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

	2024 (this year)	2025 (next year)
<p><b>Drugs in Tier 1</b> (Preferred Generic)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply for standard cost sharing is <b>\$0 per prescription.</b></p> <p>Your copay for a one-month (30-day) supply for preferred cost sharing is <b>\$0 per prescription.</b></p> <p>Your copay for a one-month (30-day) standard mail-order prescription is <b>\$0 per prescription.</b></p> <p>Your copay for a one-month (30-day) preferred mail-order prescription is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 2</b> (Generic)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply for standard cost sharing is <b>\$0 or \$1 per prescription.</b></p> <p>Your copay for a one-month (30-day) supply for preferred cost sharing is <b>\$0 per prescription.</b></p> <p>Your copay for a one-month (30-day) standard mail-order</p>

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**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.



**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

	2024 (this year)	2025 (next year)
		<p>prescription is <b>\$0 or \$1 per prescription.</b></p> <p>Your copay for a one-month (30-day) preferred mail-order prescription is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 3 (Preferred Brand)</b></p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply for standard cost sharing is <b>\$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription.</b></p> <p>Your copay for a one-month (30-day) supply of each covered insulin product on this tier is <b>\$0 or \$4.80 or \$12.15.</b></p> <p>Your copay for a one-month (30-day) supply for preferred cost sharing is <b>\$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription.</b></p> <p>Your copay for a one-month (30-day) supply of each covered insulin product on this tier is <b>\$0 or \$4.80 or \$12.15.</b></p> <p>Your copay for a one-month (30-day) standard mail-order prescription is <b>\$0 or \$1.60 or</b></p>

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**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.



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	2024 (this year)	2025 (next year)
		<p><b>\$4.90 or \$4.80 or \$12.15 per prescription.</b></p> <p>Your copay for a one-month (30-day) supply of each covered insulin product on this tier is <b>\$0 or \$4.80 or \$12.15.</b></p> <p>Your copay for a one-month (30-day) preferred mail-order prescription is <b>\$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription.</b></p> <p>Your copay for a one-month (30-day) supply of each covered insulin product on this tier is <b>\$0 or \$4.80 or \$12.15.</b></p>
<p><b>Drugs in Tier 4</b> (Non-Preferred Drug)</p> <p>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (30-day) supply for standard cost sharing is <b>\$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription.</b></p> <p>Your copay for a one-month (30-day) supply for preferred cost sharing is <b>\$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription.</b></p> <p>Your copay for a one-month (30-day) standard mail-order prescription is <b>\$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription.</b></p>

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**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.



**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).



	2024 (this year)	2025 (next year)
		Your copay for a one-month (30-day) preferred mail-order prescription is <b>\$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription.</b>
<p><b>Drugs in Tier 5</b> (Specialty Tier)</p> <p>Cost for a one-month supply of a drug in Tier 5 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	<p>Your copay for a one-month (30-day) supply for standard cost sharing is <b>\$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription.</b></p> <p>Your copay for a one-month (30-day) supply for preferred cost sharing is <b>\$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription.</b></p> <p>Your copay for a one-month (30-day) standard mail-order prescription is <b>\$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription.</b></p> <p>Your copay for a one-month (30-day) preferred mail-order prescription is <b>\$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription.</b></p>
<p><b>Drugs in Tier 6</b> (Select Care Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 6 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is <b>\$0 per prescription.</b>	Not Available.

**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.



**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,000**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for prescription drugs.

#### **D4. Stage 2: “Catastrophic Coverage Stage”**

Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

When you reach the out-of-pocket limit **\$2,000** for your prescription drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6** of your *Member Handbook*.

#### **D5. Changes to your VBID Part D Benefit**

Beginning on January 1, 2025, the Value-Based Insurance Design (VBID) program will no longer be available through SCAN Connections at Home. You will pay a \$0 copay for Tier 1 drugs at all SCAN network pharmacies. For Tier 2 drugs, you will pay a \$0 copay at SCAN preferred pharmacies or a \$1 copay for a one-month supply at SCAN standard pharmacies. For drugs on tiers 3-5, you will pay a \$0 or \$1.60 or \$4.90 copay for generic drugs (including drugs treated as generics) or a \$0 or \$4.80 or \$12.15 copay for all other drugs at SCAN network pharmacies. Please refer to the copayment chart in section D3 of this document or Chapter 6 of your Member Handbook for more information on how much you will pay for prescription drugs.

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**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.



**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

## E. Administrative changes

The table below compares the administrative changes for next year:

	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable	The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. To learn more about this program, please contact us at the number at the bottom of the page or visit <a href="http://www.medicare.gov">www.medicare.gov</a> .
<b>SSBCI Eligibility Requirements</b>	Eligibility for special supplemental benefits for the chronically ill includes cancer, cardiovascular disorders, chronic heart failure, dementia, diabetes, end-stage renal disease, and neurologic disorders.	Eligibility for special supplemental benefits for the chronically ill includes an expanded list of chronic conditions in addition to cardiovascular disorders, chronic heart failure, diabetes, cancer, and chronic lung disorders. Please see your MEMBER HANDBOOK (Evidence of Coverage) for a full list and for changes to applicable eligibility requirements.

OMB Approval 0938-1444 (Expires: June 30, 2026)

**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week.

April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.



**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

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## F. Choosing a plan

### F1. Staying in our SCAN Connections at Home plan

We hope to keep you as a SCAN Connections at Home plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare by December 7, you automatically stay enrolled as a member of our SCAN Connections at Home plan for 2025.

### F2. Changing plans

*If you want to change to a different plan or to Original Medicare for next year, you can do it from October 15 until December 7. The change will take effect on January 1, 2025.* Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- you recently moved into or are currently receiving care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

### Your Medicare Services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our plan.

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**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).



<p><b>1. You can change to:</b></p> <p><b>A Medicare Medi-Cal Plan (Medi-Medi Plan) is a type of Medicare Advantage plan. It is for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services.</b></p> <p><b>Note:</b> The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medi-Medi Plan.</p> <p>You will automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan.</p>
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**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).



<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li></ul> <p><b>OR</b></p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change unless you request a change.</p>
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**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week.

April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.



**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li></ul> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change unless you request a change.</p>
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**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).





<p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Annual Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in Section A.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You are automatically disenrolled from our Medicare plan when your new plan’s coverage begins.</p> <p>Your Medi-Cal plan may change.</p>
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**Your Medi-Cal services**

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

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**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).



## G. Getting help

### G1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

#### **Read your *Member Handbook***

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2025 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at [www.scanhealthplan.com](http://www.scanhealthplan.com). You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2024.

#### **Our website**

You can visit our website at [www.scanhealthplan.com](http://www.scanhealthplan.com). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

### G2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs\\_and\\_Services/Medicare\\_Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

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OMB Approval 0938-1444 (Expires: June 30, 2026)

**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.



**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

### **G3. Ombuds Program**

The Medicare Medi-Cal Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Medicare Medi-Cal Ombuds Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombuds Program is 1-855-501-3077.

### **G4. Medicare**

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

#### **Medicare & You 2025**

You can read the *Medicare & You 2025* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1--800--MEDICARE (1--800--633--4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week.

April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).



## G5. California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-866-722-6725** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website [www.dmhc.ca.gov](http://www.dmhc.ca.gov) has complaint forms, IMR application forms and instructions online. Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.

## G6. Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medi-Cal (Medicaid), you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about “Extra Help,” call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medi-Cal (Medicaid) Office.

***This section is continued on the next page***

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**If you have questions**, please call SCAN Connections at Home Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.



**For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

- **Help from your state’s pharmaceutical assistance program.** California has a program called the Genetically Handicapped Persons Program (GHPP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Office of AIDS, Center for Infectious Diseases – California Department of Public Health, MS7700, P.O. Box 997426, Sacramento, CA 95899-7426. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-844-421-7050.

## **G7. The Medicare Prescription Payment Plan**

The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. This program does not lower your total out-of-pocket costs. “Extra Help” from Medicare and help from your state’s pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit Medicare.gov.

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