

Los Angeles | Orange | Riverside



**SCAN Affirm (HMO)**

*partnered with Included LGBTQ+ Health*



Medicare Advantage Plan  
**2025 BENEFIT HIGHLIGHTS**

| <b>Plan Details</b>   | <b>SCAN Affirm</b>                                |
|---|---|
| <b>Monthly Plan Premium</b>   | \$0   |
| <b>Part B Premium Give Back</b>   | \$16.50   |
| <b>Annual Plan Deductible</b>   | \$0   |
| <b>Maximum Out-of-Pocket</b>  | <b>SCAN Affirm</b>                                |
| <b>Annual Maximum Out-of-Pocket (MOOP)</b>  | \$199   |
| <b>Comprehensive Care</b>   | <b>SCAN Affirm</b>                                |
| <b>Primary Care Office Visits</b>   | \$0   |
| <b>Specialist Office Visits</b>   | \$0   |
| <b>Diabetic Self-Management Training</b>  | \$0   |
| <b>Diabetic Supplies</b><br>(lancets, test strips, monitor)                       | \$0   |
| <b>Continuous Glucose Monitors</b><br>(available through DME or at your Pharmacy) | \$0 at the pharmacy or DME provider               |
| <b>Durable Medical Equipment</b>  | \$0   |
| <b>Annual Physical Exam</b>   | \$0   |
| <b>Preventive Services</b><br>(Medicare-covered screenings)                       | \$0   |
| <b>Lab Services and X-rays</b>  | \$0   |
| <b>Diagnostic Tests and Procedures</b>  | \$0   |
| <b>Outpatient Rehabilitation</b><br>(e.g. PT, OT, ST)                             | \$0   |
| <b>Diagnostic Radiology</b><br>(e.g. MRI, CT, ultrasound)                         | \$0   |
| <b>Outpatient Mental Health</b><br>(Individual/Group)                             | \$0   |
| <b>Hospital and Emergency Care</b>  | <b>SCAN Affirm</b>                                |
| <b>Inpatient Hospital Care</b>  | \$0   |
| <b>Skilled Nursing Facility</b>   | \$0 per day (1-100)                               |
| <b>Outpatient Surgery</b>   | \$0   |
| <b>Emergency Care</b>   | \$90 (worldwide)<br>\$0 (if admitted immediately) |
| <b>Urgent Care Services</b>   | \$0 (worldwide)                                   |
| <b>Ambulance Services</b>   | \$200   |

| Prescription Drug Coverage   |             | SCAN Affirm |          |
|--|-------------|-------------|----------|
| Part D Deductible  |             | \$0         |          |
| Initial Coverage Stage - SCAN Contracted Retail Pharmacies (1-month/30-day supply) |             |             |          |
| Pharmacy Network   |             | PREFERRED   | STANDARD |
| Tier 1: Preferred Generic  |             | \$0         | \$7      |
| Tier 2: Generic  |             | \$0         | \$15     |
| Tier 3:<br>Preferred Brand   | Insulin     | \$35        | \$35     |
|  | Other Drugs | \$42        | \$47     |
| Tier 4: Non-Preferred Drug   |             | 50%         | 50%      |
| Tier 5: Specialty Tier   |             | 25%         | 25%      |
| Part D Out-of-Pocket Maximum   |             | \$2,000     |          |
| Catastrophic Coverage Stage  |             | \$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 Affirm          |  |
|---|---|----------------------|--|
| Dental coverage to support your overall health. | Dental Plan CAC73                               | PPO Dental           |  |
|   | These dental services are included in your plan | \$55 monthly premium |  |
| <b>DIAGNOSTIC AND PREVENTIVE DENTAL</b>         |   |                      |  |
| Oral Exams (2 per year)                         | \$0   | \$0                  |  |
| Dental X-rays (2 per year)                      | \$0   | \$0                  |  |
| Prophylaxis (cleaning - 2 per year)             | \$0   | \$0                  |  |
| <b>COMPREHENSIVE DENTAL</b>                     |   |                      |  |
| Restorative Services (fillings, crowns)         | \$8-\$395                                       | \$8-\$395            |  |
| Endodontics (root canals)                       | \$5-\$395                                       | \$5-\$395            |  |
| Periodontics (deep cleaning)                    | \$0-\$380                                       | \$0-\$380            |  |
| Prosthodontics (tooth replacement/dentures)     | \$13-\$395                                      | \$13-\$395           |  |
| <b>PLAN COVERAGE</b>                            |   |                      |  |
| Annual Maximum In-Network                       | No Maximum                                      | No Maximum           |  |
| Annual Maximum Out-of-Network                   | No Maximum                                      | \$2,000 Maximum*     |  |
| Out-of-Network Cost Sharing                     | Not Available                                   | 50% Cost Share       |  |

\*You must cover any costs above the OON coverage limit.

# SCAN COVERS THESE VALUABLE EXTRAS

## Extras that help you stay healthy and independent

| Benefits  | SCAN Affirm   |
|---|---|
| <b>Vision (routine)</b><br>Eye exam<br>Coverage for eyewear                             | \$0 (1 every 12 months)<br>\$300 limit allowance every year                                       |
| <b>Hearing</b>  | \$550-\$850 per aid/year  |
| <b>Transportation*</b>  | \$0 (20 one-way trips per year)   |
| <b>Over-the-Counter (OTC)</b><br>Can be used at CVS locations, online or over the phone | \$125 allowance per quarter with rollover   |
| <b>Fitness</b>  | \$0 (One Pass)  |
| <b>Acupuncture and Chiropractic Services (routine)</b>                                  | \$0 per visit (36 Acupuncture visits per year)<br>\$0 per visit (30 Chiropractic visits per year) |

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

| Benefits   | SCAN Affirm  |
|--|--|
| <b>Telehealth Urgent Medical</b>   | \$0  |
| <b>Telehealth Behavioral Health</b>  | \$0  |
| <b>LGBTQ+ Health</b>   | \$0 LGBTQ+ care navigation services that assist in accessing affirming care, peer groups, support networks, and other lifestyle needs                                  |
| <b>In-home support and companion services</b>                                  | \$0 personal companion care for up to 40 hours per year  |
| <b>Nurse Advice Line</b>   | \$0 (per phone visit)  |
| <b>HealthTECH+</b>   | \$0 support line or home visit   |
| <b>Personal Emergency Response System (PERS)</b>                               | \$0 (includes installation and monthly fees)   |
| <b>Respite</b>   | Up to 40 hours per year (4-hour minimum per visit)   |
| <b>SCAN Returning to Home**</b><br>In-home Care Visits<br>Home-Delivered Meals | After hospital or skilled nursing facility stay<br>\$0 personal in-home care visits<br>40 hours per year/4 hour min<br>\$0 home-delivered meals up to 28 days per year |
| <b>Home-Delivered Meals</b>  | Up to 28 days of home-delivered meals are available to members with chronic conditions   |
| <b>Worldwide Care</b>  | Urgent or emergency care when outside of the U.S.  |

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

## Benefits that help you with everyday needs

| Special Supplemental Benefits for the Chronically Ill (SSBCI)  | SCAN Affirm                  |
|--|------------------------------|
| Legal Services   | \$100 per year reimbursement |
| Eligibility for this benefit is not based solely on chronic conditions. All applicable eligibility requirements must be met before the benefit is provided. Qualifying chronic condition(s) required to be eligible for the SSBCI benefit include cardiovascular disorders, chronic heart failure, diabetes, cancer, chronic lung disorders. Other chronic conditions may apply. Medical records will be used to establish qualifications for the benefit. |                              |

## TAKE A LOOK AT THESE PLAN HIGHLIGHTS



### Care coordination for the LGBTQ+ community

This benefit connects you with a dedicated care coordinator, who will work with you one-on-one to answer questions and help with your LGBTQ+ care needs.



### \$0 mental health appointments from the comfort of home

When you are depressed, anxious or have other mental health concerns, you can meet with a licensed professional virtually, using a smartphone or computer.



### Help at home with everyday tasks

SCAN provides up to 40 hours of in-home, non-medical support for things like meal prep, personal needs, light chores and more at no cost.



### A dignified health journey starts with your doctor

Looking for doctors that provide quality, affirming care to the LGBTQ+ community? Find them in our directory by filtering for "LGBTQ+ Affirming".

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.

## **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 non-for-profit. And we're still committed to keeping seniors healthy and independent.



**[www.scanhealthplan.com](http://www.scanhealthplan.com)**

**1-877-870-4867**

**TTY: 711**

SCAN Affirm partnered with Included LGBTQ+ Health (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. This plan is designed for the LGBTQ+ community but anyone with Medicare Parts A & B can enroll.

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 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.