2027

Summary of Benefits

SCAN Connections (HMO D-SNP)

Los Angeles, Riverside, San Bernardino and San Diego Counties

January 1, 2027 – December 31, 2027

SCAN Connections (HMO D-SNP) is an HMO plan with a Medicare contract and a contract with the California Medi-Cal (Medicaid) program. Enrollment in SCAN Health Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "*Member Handbook*" by calling our Member Services Department at the phone number listed in this document or online at www.scanhealthplan.com.

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INTRODUCTION

This document is a brief summary of the benefits and services covered by SCAN Connections. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of SCAN Connections. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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? **If you have questions**, please call SCAN Connections (HMO D-SNP) at 1-866-722-6725, (TTY users should 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, hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day. The call is free. **For more information**, visit www.scanhealthplan.com.

A. DISCLAIMERS

! This is a summary of health services covered by SCAN Connections for January 1, 2027 - December 31, 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- If you would like to receive the SCAN Connections *Member Handbook*, you can find this document on our website at www.scanhealthplan.com or call SCAN Connections Member Services to request a copy be mailed to you at 1-866-722-6725, (TTY users should 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, hours are 8 a.m. to 8 p.m.

- SCAN Connections (HMO D-SNP) is an HMO plan with a Medicare contract and a contract with the California Medi-Cal (Medicaid) program. Enrollment in SCAN Health Plan depends on contract renewal.

- SCAN Connections is a Coordinated Care Plan. SCAN Connections is available to anyone who has both Medical Assistance from the State and Medicare.

- Under SCAN Connections you can get your Medicare and Medi-Cal services in one health plan.

- 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. Other pharmacies are available in our network.

- SCAN Health Plan provides free assistance and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).

- For more information about **Medicare**, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov/) or contact the Medi-Cal Office of the Ombudsman at 1-888-452-8609, Monday through Friday, between 8 a.m. and 5 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9 a.m. and 5 p.m.

This section is continued on the next page

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English
ATTENTION: If you need help in your language call 1-866-722-6725 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-866-722-6725 (TTY: 711). These services are free of charge.

العربية (Arabic)
يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-866-722-6725 (TTY:.711) تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-866-722-6725 (TTY:.711) هذه الخدمات مجانية.

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-866-722-6725 (TTY: 711]): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-866-722-6725 (TTY: 711): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរស័ព្ទទៅ 1-866-722-6725 (TTY: 711)។ មានជំនួយ និងសេវាកម្មសម្រាប់មនុស្សដែលមានពិការភាព ដូចជា ឯកសារជាភាសាប្រែ និងអក្សរធំៗជាដែរ។ សូមទូរស័ព្ទទៅ 1-866-722-6725 (TTY: 711)។ សេវាកម្មទាំងនេះមានឥតគិតថ្លៃ។

中文 (Chinese)
请注意：如果您需要以您的母语提供帮助，请致电 1-866-722-6725 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-866-722-6725 (TTY: 711)。这些服务都是免费的。

This section is continued on the next page

فارسی (Farsi)

توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با 1-866-722-6725 (TTY: 711) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخههای خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-866-722-6725 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه میشوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-866-722-6725 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगोंि केललए सहायता और सेवाएें, जैसे ब्रेल और बडे लरोंट में भी दस्तावेज़ उपलब्ध हैं। 1-866-722-6725 (TTY: 711) पर कॉल करें। ये सेवाएें लन: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-866-722-6725 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-866-722-6725 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は1-866-722-6725 (TTY: 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-866-722-6725 (TTY: 711) へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-866-722-6725 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-866-722-6725 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ກະລຸນາໂທ 1-866-722-6725 (TTY: 711). ມີການຊ່ວຍເຫຼືອແລະບໍລິການສໍາລັບຜູ້ພິການ, ເຊັ່ນ ເອກະສານໃນອັກສອນ Braille ແລະອັກສອນໃຫຍ່. ກະລຸນາໂທ 1-866-722-6725 (TTY: 711). ບໍລິການເຫຼົ່ານີ້ເປັນບໍລິການຟຣີ.

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? **If you have questions**, please call SCAN Connections (HMO D-SNP) at 1-866-722-6725, (TTY users should 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, hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day. The call is free. **For more information**, visit www.scanhealthplan.com.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-866-722-6725
(TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-866-722-6725 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ 1-866-722-6725 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅੱਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਵੀ ਉਪਲਬਧ ਹਨ। 1-866-722-6725 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-866-722-6725 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-866-722-6725 (линия TTY: 711). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-866-722-6725 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-866-722-6725 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-866-722-6725 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-866-722-6725 (TTY: 711). Libre ang mga serbisyong ito.

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ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ
กรุณาโทรศัพท์ไปที่หมายเลข
1-866-722-6725 (TTY: 711) น
อกจากนี้ ยังพร้อมใหค้ วามช่วยเหลือและบริการต่าง ๆ สาหรับบุคคลที่มีความพิการ เช่น
เอกสารต่าง ๆ
ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่
กรุณาโทรศัพท์ไปที่หมายเลข 1-866-722-6725 (TTY: 711)
ไม่มีค่าใช้จ่ายสาหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-866-722-6725 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-866-722-6725 (TTY: 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-866-722-6725 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-866-722-6725 (TTY: 711). Các dịch vụ này đều miễn phí.

- This document is available for free in Spanish, Chinese, Korean, and Vietnamese.
- Please call Member Services to request materials in a language other than English or in an alternate format. You may ask Member Services to update your record with your language and/or format preference for future mailings.

? **If you have questions**, please call SCAN Connections (HMO D-SNP) at 1-866-722-6725, (TTY users should 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, hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day. The call is free. **For more information**, visit www.scanhealthplan.com.

B. FREQUENTLY ASKED QUESTIONS (FAQ)

The following table lists frequently asked questions.

FREQUENTLY ASKED QUESTIONS	ANSWERS
What's a Medi-Medi Plan?	A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 65 and older. A Medi-Medi Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in SCAN Connections that I get now?	You'll get most of your covered Medicare and Medi-Cal benefits directly from SCAN Connections. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like specialty mental health and substance use disorder services. When you enroll in SCAN Connections, you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals. If you're new to the plan and taking any Medicare Part D drugs that SCAN Connections doesn't normally cover, you can get a temporary supply of up to a 30-day supply of medication (for those members who aren't in a long-term care facility) or a 31-day supply of medication (for those members who reside in a long-term care facility) within the first 90-days of enrollment and we'll help you to transition to another drug or get an exception for SCAN Connections to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

This section is continued on the next page

FREQUENTLY ASKED QUESTIONS	ANSWERS
Can I use the same doctors I use now?	Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with SCAN Connections and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in SCAN Connection's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of SCAN Connection's plan. Our plan also covers urgent care and emergency services worldwide if you have medical symptoms that require immediate medical attention. This does not include physician office visits. • If you're currently under treatment with a provider that's out of SCAN Connection's network, or have an established relationship with a provider that's out of SCAN Connection's network, call Member Services to check about staying connected and ask for continuity of care. • Continuity of Care (COC) is available for members who need additional assistance to ensure uninterrupted care and safe transition of services. **Important COC information:** • COC requests are made together with you and your primary care physician (PCP). • You must meet certain criteria in order to receive COC services. See the SCAN Connections *Member Handbook* for more details. • COC is only available for covered SCAN Connections benefits/ services. To find out if your doctors are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read SCAN Connections Provider & Pharmacy Directory on the plan's website at www.scanhealthplan.com. If SCAN Connections is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.

This section is continued on the next page

FREQUENTLY ASKED QUESTIONS	ANSWERS
What's a SCAN Connections care coordinator?	A SCAN Connections care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
What's a Multipurpose Senior Services Program (MSSP)?	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home. **This is not a covered benefit for SCAN Connections.**
What happens if I need a service but no one in SCAN Connections network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, SCAN Connections will pay for the cost of an out-of-network provider.
Where's SCAN Connections available?	The service area for this plan includes: Los Angeles, Riverside, San Bernardino and San Diego Counties. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means an approval from SCAN Connections to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. SCAN Connections may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** SCAN Connections can provide you or your provider with a list of services or procedures that require you to get prior authorization from SCAN Connections before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.

This section is continued on the next page

FREQUENTLY ASKED QUESTIONS	ANSWERS
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that's not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, SCAN Connections may not cover the services. SCAN Connections can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the *Member Handbook* to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under SCAN Connections?	No. Because you have Medi-Cal, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of SCAN Connections?	No. You don't pay deductibles in SCAN Connections.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of SCAN Connections?	There's no cost-sharing for medical services in SCAN Connections, so your annual out-of-pocket costs will be $0.

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C. LIST OF COVERED SERVICES

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need hospital care	Hospital stay	$0	There is no limit to the number of medically necessary hospital days covered by the plan. **Physician referral and prior authorization rules apply**
	Doctor or surgeon care	$0	Doctor and surgeon care are provided as part of your hospital stay. **Physician referral and prior authorization rules may apply**
	Outpatient hospital services, including observation	$0	**Physician referral and prior authorization rules apply**
	Ambulatory surgical center (ASC) services	$0	You must go to network doctors within the SCAN Connections plan. **Physician referral and prior authorization rules apply**
You want a doctor (continued on the next page)	Visits to treat an injury or illness	$0	You must go to network doctors within the SCAN Connections plan. **Physician referral and prior authorization rules apply**
	Specialist care	$0	You must go to network doctors within the SCAN Connections plan. **Physician referral and prior authorization rules apply**
	Wellness visits, such as a physical	$0	You must go to your assigned PCP for your annual wellness and routine **physical exam**. You are covered for one routine physical examination and one wellness visit every year. The routine physical exam includes screening laboratory services as needed.

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You want a doctor (continued from the previous page)	Telehealth services	$0	Medical care telehealth is available 24 hours a day, 7 days a week, 365 days a year. This benefit allows you to conduct a visit with a licensed doctor in the comfort of your own home. This benefit is for non-life-threatening conditions such as, but not limited to cough, flu, nausea, sore throat, fever, and allergies. Behavioral Telehealth is also covered. This benefit allows you to connect with licensed Psychologists, Master's level therapists, or Psychiatrists via video visits 7 days a week by appointment. Flexible scheduling provides night and weekend access, and many times, same day appointments. Telehealth visits with practitioners can be conducted by secure video capabilities from your computer, tablet, or smart phone.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	**Physician referral and prior authorization rules may apply**
	"Welcome to Medicare" (preventative visit one time only)	$0	During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need emergency care	Emergency room services	$0	You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization or referral. Covered emergency services worldwide are also available if you have medical symptoms that require immediate medical attention. This does not include physician office visits.
	Urgent care	$0	You may get covered urgent care whenever you need it, anywhere in the United States or its territories, without prior authorization or referral. Covered urgent care services worldwide are also available if you have medical symptoms that require immediate medical attention. This does not include physician office visits.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	**Physician referral and prior authorization rules apply**
	Lab tests and diagnostic procedures, such as blood work	$0	**Physician referral and prior authorization rules apply**

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need hearing/auditory services	Hearing screenings	$0	**Physician referral and prior authorization rules apply**
	Hearing aids	$0	You are covered for one routine hearing exam every year. You do not need a referral for a visit to a contracted routine hearing provider for a hearing screening to determine the need for hearing aids. Hearing aids are covered when determined to be necessary and obtained from a contracted provider. Hearing aid fittings and evaluations are covered for 12 months after the purchase of a SCAN-covered hearing aid.
You need dental care (continued on the next page)	Dental check-ups and preventive care	$0	Oral Exam: 2 every 12 months Prophylaxis (cleaning): 2 every 12 months Dental X-Rays (bitewing): 1 set every 12 months Fluoride Treatment: 2 every 12 months See your dental Evidence of Coverage for a complete list of covered services limitations, exceptions, and prior authorization requirements.

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need dental care (continued from the previous page)	Comprehensive dental care	$0	Services below subject to the frequency limitations, exceptions, and prior authorization requirements stated within your Evidence of Coverage. • Restorative services • Endodontics • Periodontics • Prosthodontics (removable / fixed) • Oral and Maxillofacial Surgery • Implant • Adjunctive General Servies Covered up to the $5,000 calendar year maximum benefit. You pay any remaining costs beyond what SCAN Health Plan will cover. **Prior Authorization rules apply** See your Evidence of Coverage for a complete list of covered services, limitations, exceptions, and prior authorization requirements.

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need eye care	Eye exams	$0	**Vision care (Medicare-covered)** One exam every year for medically necessary eye exams to diagnose and treat diseases and injuries of the eye. **Physician referral and prior authorization rules apply** **Vision care (Routine/non-Medicare-covered)** One routine eye exam (refraction) every 12 months to determine vision prescription. You do not need a referral or prior authorization for visits to contracted visionproviders.
	Glasses or contact lenses	$0	**Vision care (Medicare-covered)** One pair of Medicare-covered eye wear after cataract surgery. **Physician referral and prior authorization rules apply** **Vision care (Routine/non-Medicare-covered)** Covered up to $325 every 12 months for frame s/lens options or contact lenses. Contact lens coverage to include the cost of the contact lenses only. You pay any remaining costs beyond what SCAN Health Plan will cover. You do not need a referral or prior authorization for visits to contracted vision providers. You have an annual allowance for routine eyewear: • $325 if using an **EyeMed Select** vision provider • $375 if using an **EyeMed360** vision provider
	Other vision care	$0	Vision care including Eyeglasses, Contact Lenses, Prosthetic Eyes, and other Eye Appliances. **Physician referral and prior authorization rules may apply.**

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need mental health services	Mental health services	$0	**Coverage includes:** • Individual and group mental health evaluation and treatment • Psychological testing when clinically indicated to evaluate a mental health condition • Outpatient Services for the purpose of monitoring drug therapy • Outpatient laboratory, drugs, supplies and supplements • Psychiatric consultation for medication management. • Behavioral telehealth services **Physician referral and prior authorization rules apply**
	Inpatient and outpatient care and community-based services for people who need mental health services	$0	There is no limit to the number of medically necessary hospital days covered by the plan. **Physician referral and prior authorization rules apply**

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need substance use disorder services	Substance use disorder services	$0	You are covered for alcohol and substance abuse treatment services. SCAN will assist you in: • Inpatient detoxification • Outpatient individual and group substance abuse treatment services • Medicare-covered opioid treatment services • Medicare-covered opioid medication treatment • Medicare-covered toxicology testing • Partial hospitalization • Case management • Behavioral telehealth services **Physician referral and prior authorization rules apply**
You need a place to live with people available to help you	Skilled nursing care	$0	There is no limitation to the number of medically necessary skilled nursing days covered by the plan. No prior hospital stay is required. **Physician referral and prior authorization rules apply**
	Nursing home care	$0	You are covered for a skilled nursing facility (SNF) or continuing care retirement community as long as it provides skilled nursing care. **Physician referral and prior authorization rules apply.**
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	**Physician referral and prior authorization rules apply**

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need help getting to health services	Ambulance services	$0	You are covered for ground or air ambulance services to the nearest appropriate facility that can provide care only if your medical condition is such that other means of transportation could endanger your health or is prior authorized by SCAN. **Physician referral and prior authorization rules apply**
	Emergency transportation	$0	You are covered for emergency ambulance services in situations where getting to the emergency room in any other way could endanger your health. Worldwide emergency transportation in an ambulance is covered from the scene of an emergency to the nearest medical treatment facility.
	Transportation to medical appointments and services	$0	You are covered for unlimited one-way trips provided in a taxi or wheelchair or gurney van for non-emergent medical services. Transportation requests must be made at least 24 hours in advance (not including weekends) for a passenger vehicle and at least 48 hours in advance (not including weekends) for wheelchair or gurney service. Door-to-door service requires 72 hours in advance notice (not including weekends). One-way trips exceeding 75 miles and trips to non-medical/non-contracted destinations require prior authorization. Certain destinations require specific criteria. See the SCAN Connections *Member Handbook* for more details. **Prior authorization rules apply**

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	$0	Part B drugs include drugs given by your doctor in their office, some oral anti-cancer drugs, and some drugs used with certain durable medical equipment (such as nebulizers). Read the *Member Handbook* for more information on these drugs. You pay $0 for Medicare-covered Part B drugs subject to Medicare coverage guidelines. **Prior authorization** rules apply to select drugs.
	Medicare Part D drugs • Cost-Sharing Tier 1: Preferred Generic. This tier includes generic drugs (the lowest tier). • Cost-Sharing Tier 2: Generic. This tier includes generic drugs. • Cost-Sharing Tier 3: Preferred Brand. This tier includes Insulin, other brand drugs and some generic drugs. • Cost-Sharing Tier 4: Non-Preferred Drug. This tier includes brand drugs and some generic drugs.	**Tier 1: Preferred Generic:** *Standard cost-sharing:* You pay $0 per prescription for a 30-day supply. *Preferred cost-sharing:* You pay $0 per prescription for a 30-day supply. **Tier 2: Generic:** *Standard cost-sharing:* You pay $0 or $1 per prescription for a 30-day supply. *Preferred cost-sharing:* You pay $0 per prescription for a 30-day supply.	There may be limitations on the types of drugs covered. Please refer to SCAN Connections *List of Covered Drugs* (Formulary) for more information. Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Member Handbook* for more information on this stage. Most adult Part D vaccines, including shingles, tetanus and travel vaccines, are covered by our plan at no cost to you. Refer to your plan's "Drug List" (Formulary) or contact Member Services for coverage and cost-sharing details about specific vaccines. Some network pharmacies allow you to get a long-term supply of maintenance drugs. Our plan's mail-order service allows you to order up to a 100-day supply. If you reside in a long-term care facility, you pay a copayment for covered Part D prescription drugs. You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy. Some medications are available up to a one-month supply.

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need drugs to treat your illness or condition (continued on the next page)	• Cost-Sharing Tier 5: Specialty Tier. This tier includes specialty drugs (the highest tier).	**Tier 3: Preferred Brand:** *Standard cost-sharing:* You pay $0 or $1.65 or $5.80 or $5.00 or $14.40 per prescription for a 30-day supply. Your copay for a one-month (30-day) supply of each covered insulin product on our drug list on this tier is $0. *Preferred cost-sharing:* You won't pay more than $0 or $5.00 or $14.40 for a one-month supply of each insulin product covered through a coverage determination, appeal, or transition. Your copay for a one-month (30-day) supply of each covered insulin product on our drug list on this tier is $0.	For more information, please call our Member Services Department at the number provided in this document or access your *Member Handbook* online.

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need drugs to treat your illness or condition (continued on the next page)		**Tier 4: Non-Preferred Drug:** *Standard cost-sharing:* You pay $0 or $1.65 or $5.80 or $5.00 or $14.40 per prescription for a 30-day supply. You won't pay more than $0 or $5.00 or $14.40 for a one-month supply of each insulin product covered through a coverage determination, appeal, or transition. *Preferred cost-sharing:* You pay $0 or $1.65 or $5.80 or $5.00 or $14.40 per prescription for a 30-day supply. You won't pay more than $0 or $5.00 or $14.40 for a one-month supply of each insulin product covered through a coverage determination, appeal, or transition.	

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need drugs to treat your illness or condition (continued from the previous page)		**Tier 5: Specialty Tier:** *Standard cost-sharing:* You pay $0 or $1.65 or $5.80 or $5.00 or $14.40 per prescription for a 30-day supply. *Preferred cost-sharing:* You pay $0 or $1.65 or $5.80 or $5.00 or $14.40 per prescription for a 30-day supply. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	
	Over-the-counter (OTC) drugs	$0	Select prescription and over-the-counter drugs are covered for you under your Medi-Cal benefits with your doctor's prescription at our network pharmacies. There may be limitations on the types of drugs covered. Please contact Member Services or visit our website (www.scanhealthplan.com) for additional information regarding which drugs are covered. This plan also offers coverage of additional OTC items through the FlexEssentials card. See "FlexEssentials" benefit later in the document for more information.

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need help getting better or have special health needs	Rehabilitation services	$0	You are covered for the following outpatient rehabilitation services: • Cardiac rehabilitation • Occupational Therapy • Physical Therapy • Speech Therapy • Pulmonary services • Supervised exercise therapy for peripheral artery disease (PAD) • Covered up to 36 sessions over 12 weeks. Additional sessions available if deemed medically necessary. **Physician referral and prior authorization rules apply**
	Medical equipment for home care	$0	**Physician referral and prior authorization rules apply**
	Dialysis services	$0	Covered services include: • Kidney disease education • Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area or when your provider for this service is temporarily unavailable or inaccessible) • Inpatient dialysis treatments (if you are admitted as an inpatient to a hospital for special care) • Self-dialysis training (includes training for you and anyone helping you with your home dialysis treatments) • Home dialysis equipment and supplies • Certain home support services (such as, when necessary, visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and check your dialysis equipment and water supply) **Physician referral and prior authorization rules apply**

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need foot care	Podiatry services	$0	You are covered for the treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) Routine foot care (nail/callus trimming) is available if you have certain medical conditions affecting the lower limbs. **Physician referral and prior authorization rules apply**
	Orthotic services	$0	**Physician referral and prior authorization rules apply**
You need durable medical equipment (DME) **Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the *Member Handbook*.**	Wheelchairs, crutches, and walkers	$0	**Physician referral and prior authorization rules apply**
	Nebulizers	$0	Coverage does not include items to be used outside of the home, such as oxygen, ramps, portable nebulizers, and other equipment unless medically necessary, meets criteria and is covered by Medicare/Medi-Cal. **Physician referral and prior authorization rules apply**
	Oxygen equipment and supplies	$0	Durable medical equipment (DME) supplies are limited to equipment and devices which do not duplicate the function of another piece of equipment or device covered by SCAN Connections and are appropriate for use in the home. Coverage does not include items to be used outside of the home, such as oxygen, ramps, portable nebulizers, and other equipment unless medically necessary, meets criteria and is covered by Medicare/Medi-Cal. **Physician referral and prior authorization rules apply**

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need help living at home (continued on the next page)	Home health services	$0	**Physician referral and prior authorization rules apply**
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	**Prior authorization rules apply**
	Adult day health, Community Based Adult Services (CBAS), or other support services	$0	**Prior authorization rules apply**
	Day habilitation services	$0	
	Services to help you live on your own (home health care services or personal care attendant services) (continued)	$0	You are covered for the following services: **Home-Delivered Meals** Home delivery of meals to meet nutritional needs. **Homemaker Services** Assistance with light cleaning, laundry and meal preparation. **Incontinence and Hygiene Supplies** Creams and washes, disposable briefs, diapers, underpants, undergarments, liners and pads. **In-Home Caregiver Relief** Alternative caregiver services in your home when your regular caregiver can't be there. **Inpatient Custodial Level Care** Up to five days of post-acute or respite support in a skilled nursing facility. You may use this service following a hospital discharge, ER visit, or for respite care services. **Personal Care Services** In-home assistance for tasks such as bathing, dressing, eating, getting in and out of bed, moving about/walking, and grooming.

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need help living at home (continued from the previous page)			**Transportation Escort Services** An escort to assist you during transportation to and from medical appointments. **Prior authorization rules apply**
Additional services (continued on the next page)	Acupuncture services	$0	**Acupuncture for chronic low back pain (Medicare-covered)** Up to 12 visits in 90 days and additional sessions up to 20 treatments will be covered if Medicare criteria is met. **Physician referral and prior authorization rules apply** **Acupuncture (Routine/non-Medicare-covered)** You are covered for 36 visits per year of routine acupuncture services. You must use SCAN's contracted routine acupuncture providers. You do not need a referral or authorization for an initial acupuncture visit. Any subsequent visits require **prior authorization.**
	Caregiver Advantage	$0	The member's family caregiver or the member as a family caregiver has access to telephonic and virtual guidance, online resources, and an on-demand coach who provides crisis navigation, emotional support, and resource coordination.
	Chiropractic services	$0	**Chiropractic services (Medicare-covered)** Covers manual manipulation of the spine to correct subluxation. **Prior authorization rules apply** **Chiropractic services (Routine/non-Medicare-covered)** You are covered for 30 visits per year of routine chiropractic services. You must use SCAN's contracted routine chiropractic provider. You do not need a referral for an initial chiropractic visit. Any subsequent visits require prior authorization.

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
Additional services (continued)	Diabetes supplies and services	$0	**Coverage includes:** • Supplies to monitor your blood glucose levels • diabetes self-management training • diabetic therapeutic shoes and inserts Blood glucose monitors, test strips, and control solutions are only available from one manufacturer (Abbott). Lancets are available from any manufacturer. **Physician referral and prior authorization rules apply** **Prior authorization rules apply to diabetes self-management training, therapeutic shoes, and inserts.**
	Prosthetic services	$0	**Physician referral and prior authorization rules apply**
	Radiation therapy	$0	**Physician referral and prior authorization rules apply**
	Services to help manage your disease	$0	

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
Additional services (continued)	California Integrated Care Management (CICM)	$0	California Integrated Care Management (CICM) refers to California's program for integrated care coordination available to specific vulnerable populations as determined by the state.pulations as determined by the state. To be eligible for CICM benefits, members must reside in one of SCAN's four core counties: Los Angeles, Riverside, San Bernardino, or San Diego. CICM benefits are available to members who belong to one of the following Populations of Focus: • Adults Experiencing Homelessness • Adults at Risk for Avoidable Hospital or Emergency Department Utilization • Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs • Adults Living in the Community and At Risk for Long-Term Care (LTC) Institutionalization • Adult Nursing Facility Residents Transitioning to the Community • Adults with Documented Dementia Needs Each Population of Focus has its own eligibility criteria and is designed to ensure that members receive targeted care coordination to support their specific health and social needs. For more information please contact SCAN Member Services at the number listed at the bottom of this page.

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
Additional services (continued)	At-Home Support	$0	• **In-Home Care Visits -** Services available after a hospitalization or SNF stay or if needing assistance with two or more activities of daily living. Up to twenty-five 4-hour in-home care visits (100 hours total per year) to help with activities of daily living. • **Respite Care -** Up to ten 4-hour in-home care visits (40 hours total per year) to relieve full-time, un-paid caregivers. • **Home Modifications –** Up to $1,300 allowance per year toward qualifying home modification items and services including in-home safety assessment, air quality items**, Pest control**, and bathroom safety. **Prior authorization rules apply.** ** This is a special supplemental benefit for chronically ill members. That means, to get this benefit, you must have an eligible chronic condition such as heart disease, diabetes, cancer, lung disease, or dementia. Other chronic conditions may apply. Not all members with chronic conditions may qualify. See your *Member Handbook* for a complete list of eligible chronic conditions and coverage criteria. For more information, please call Member Services.
	Care management	$0	SCAN care manager available to help you manage your health conditions. **This service <u>does not</u> require a referral or prior authorization.**

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
Additional services (continued)	Community Supports	$0	**Community Supports (Available to Members in Los Angeles County)** This benefit offers additional services to members living in Los Angeles County who are experiencing homelessness. Services include: • Housing transition navigation • Security deposit support • Tenancy and sustaining services • Recuperative care • Transitional Rent Prior authorization is generally required for these services. However, for recuperative care, SCAN must allow up to three (3) days of service without prior authorization, but only when timely authorization cannot be obtained due to SCAN's hours of operation, per DHCS requirements.
	Fitness membership	$0	Access to contracted gyms and premier fitness facilities. Some sites have visit limits. **This service does not require a referral or prior authorization.**

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
Additional services (continued)	FlexEssentials	$0	You are covered for up to $110 per month with the FlexEssentials card. This amount can be spent on Over-the-counter (OTC) items, Groceries (SSBCI), and Utilities (SSBCI). The benefit does not carry over to the following month. 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) for the SSBCI benefit include cardiovascular disorders, chronic heart failure, diabetes, cancer, chronic lung disorders, and dementia. Other chronic conditions may apply. Medical records will be used to establish qualifications for the benefit.
	HEALTH*tech*	$0	Technology assistance to help access health related applications. **This service does not require a referral or prior authorization.**
	Meals (Home-delivered)	$0	• Chronic Conditions - Up to 4 weeks (84 meal maximum per year) of meals delivered to your home. • Post-Acute - Up to 4 weeks (84 meal maximum per year) of meals delivered to your home. **Prior authorization rules apply**
	Nurse Advice Line	$0	Available 24 hours a day, 7 days a week. **This service does not require a referral or prior authorization.**

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
Additional services (continued)	Nutritional Supplements	$0	Supplements like Ensure, Boost or Glucerna are available if prescribed by your PCP. **Prior authorization rules apply**
	Personal Assistance Line (PAL)	$0	Dedicated line to assist SCAN Connections members in accessing SCAN services. **This service does not require a referral or prior authorization.**
	Personal Emergency Response System (PERS)	$0	Home unit or wearable neck pendant to call for emergency assistance. **This service does not require a referral or prior authorization.**

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the SCAN Connections *Member Handbook*. If you don't have a *Member Handbook*, call SCAN Connections Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit www.scanhealthplan.com.

D. BENEFITS COVERED OUTSIDE OF SCAN CONNECTIONS

There are some services that you can get that aren't covered by SCAN Connections but are covered by Medicare, Medi-Cal, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

OTHER SERVICES COVERED BY MEDICARE, MEDI-CAL, OR A STATE AGENCY	YOUR COSTS
Day Habilitation	$0
Expanded Alpha-Fetoprotein Testing (Administered by the Genetic Disease Branch of DHCS)	$0
Intermediate Care Facility Services for the Developmentally Disabled Habilitative	$0
Intermediate Care Facility Services for the Developmentally Disabled Nursing	$0
Services provided in a State or Federal Hospital	$0
Short-Doyle Mental Health Medi-Cal Program Services	$0
Specialized Rehabilitative Services in Skilled Nursing Facilities and Intermediate Care Facilities	$0
Medi-Cal Specialty Mental Health and Substance Use Disorder Services	$0
State Supported Services	$0
Targeted Case Management Services Program	$0
Targeted Case Management Services	$0
Targeted Case Management	$0
Psychosocial rehabilitation	$0

E. SERVICES THAT SCAN CONNECTIONS, MEDICARE, AND MEDI-CAL DON'T COVER

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

SERVICES SCAN CONNECTIONS, MEDICARE, AND MEDI-CAL DON'T COVER
• services considered not "reasonable and medically necessary", according to Medicare and Medi-Cal, unless we list these as covered services
• experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them.
• private duty nurse
• personal items in your room at a hospital or a nursing facility, such as a telephone or television
• full-time nursing care in your home
• fees charged by your immediate relatives or members of your household
• elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary
• cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it
• routine foot care, except as described in Podiatry services
• orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease
• supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease
• radial keratotomy, LASIK surgery
• reversal of sterilization procedures and non-prescription contraceptive supplies
• naturopath services (the use of natural or alternative treatments)
• services provided to veterans in Veterans Affairs (VA) facilities. However, when a veteran gets emergency services at a VA hospital and the VA cost-sharing is more than the cost-sharing under our plan, we will reimburse the veteran for the difference. You are still responsible for your cost-sharing amounts.

F. YOUR RIGHTS AS A MEMBER OF THE PLAN

As a member of SCAN Connections, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - o Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
  - o Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - o Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - o Description of the services we cover
  - o How to get services
  - o How much services will cost you
  - o Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - o Choose a primary care provider (PCP) and change your PCP at any time during the year
  - o Use a women's health care provider without a referral
  - o Get your covered services and drugs quickly
  - o Know about all treatment options, no matter what they cost or whether they're covered
  - o Refuse treatment, even if your health care provider advises against it
  - o Stop taking medicine, even if your health care provider advises against it
  - o Ask for a second opinion. SCAN Connections will pay for the cost of your second opinion visit
  - o Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - o Get timely medical care
  - o Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - o Have interpreters to help with communication with your health care providers and your health plan

? **If you have questions**, please call SCAN Connections (HMO D-SNP) at 1-866-722-6725, (TTY users should 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, hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day. The call is free. **For more information**, visit www.scanhealthplan.com.

F. YOUR RIGHTS AS A MEMBER OF THE PLAN (continued)

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - o Get emergency services without prior authorization in an emergency
  - o Use an out-of-network urgent or emergency care provider, when necessary

- **You have a right to confidentiality and privacy.** This includes the right to:
  - o Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - o Have your personal health information kept private

- **You have the right to file a complaint or appeal a denied, delayed, or modified service. Please see section G below.** This includes the right to:
  - o File a complaint or grievance against us or our providers
  - o Appeal certain decisions made by us or our providers
  - o File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website (www.dmhc.ca.gov/) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - o Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
  - o Ask for a State Hearing
  - o Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call SCAN Connections Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9 a.m. and 5 p.m., or the Medi-Cal Office of the Ombudsman at 1-888-452-8609, Monday through Friday, between 8 a.m. and 5 p.m.

G. HOW TO FILE A COMPLAINT OR APPEAL A DENIED, DELAYED, OR MODIFIED SERVICE

If you have a complaint or think SCAN Connections improperly denied, delayed, or modified a service, call Member Services at the numbers listed at the bottom of this page. You may also submit a complaint in writing to https://www.scanhealthplan.com/Help-Center/Contact-Us/File-A-Grievance. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call SCAN Connections Member Services at the numbers listed at the bottom of this page.

SCAN Member Services
Attention: Grievance and Appeals Department
P.O. Box 22644
Long Beach, CA 90801-5644
Phone: 1-866-722-6725, (TTY users should call 711)
FAX: 1-562-989-0958
Or by filling out the "File a Grievance" form on our website at:
https://www.scanhealthplan.com/Help-Center/Contact-Us/File-A-Grievance
If you need help filing a grievance, SCAN Member Services is available to help you.

Help from the 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 has complaint forms, IMR application forms and instructions online.

H. WHAT TO DO IF YOU SUSPECT FRAUD

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at SCAN Connections Member Services. Phone numbers are 1-866-722-6725, (TTY users should 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, hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

? **If you have questions**, please call SCAN Connections (HMO D-SNP) at 1-866-722-6725, (TTY users should 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, hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day. The call is free. **For more information**, visit www.scanhealthplan.com.

ABOUT SCAN CONNECTIONS

IF YOU HAVE GENERAL QUESTIONS OR QUESTIONS ABOUT OUR PLAN, SERVICES, SERVICE AREA, BILLING, OR MEMBER ID CARDS, PLEASE CALL SCAN CONNECTIONS MEMBER SERVICES:

1-866-722-6725

Calls to this number are free. 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, hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. 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, hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

IF YOU HAVE QUESTIONS ABOUT YOUR HEALTH:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call SCAN Connections Nurse Line. A nurse will listen to your problem and tell you how to get care. The numbers for the SCAN Connections Nurse Line are:

1-866-722-6725

Calls to this number are free. 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, hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

SCAN Connections also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are 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, hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

IF YOU NEED IMMEDIATE BEHAVIORAL HEALTH CARE, PLEASE CALL THE BEHAVIORAL HEALTH CRISIS LINE:

1-866-722-6725

Calls to this number are free. 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, hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.

SCAN Connections also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are 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, hours are 8 a.m. to 8 p.m., Monday through Friday. Messages received on holidays and outside of our business hours will be returned within one business day.