

<p align="center"><b>SCAN Health Plan</b>  <b>January 1, 2026</b></p>
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Annual Maximum Out of Pocket for Medical Copays	\$3,000 per member
<ul style="list-style-type: none"> <li><b>Tier 1 &amp; 2 Generic Drugs</b> on the Prescription Drug List</li> </ul>	\$10 copay per prescription (\$5 when using preferred pharmacy)
<ul style="list-style-type: none"> <li><b>Tier 2 Preferred Brand</b> Medically Necessary Name Brand Drugs designated as preferred on the Prescription Drug List, with no Generic Equivalent</li> </ul>	\$20 copay per prescription
<ul style="list-style-type: none"> <li><b>Tier 3 Non-Preferred Brand</b> Non-Medically Necessary Name Brand Drugs on the Prescription Drug List with a Generic Equivalent and drugs designated non-preferred on the Prescription Drug List</li> </ul>	\$20 copay per prescription
<ul style="list-style-type: none"> <li><b>Tier 4 Specialty Drugs</b></li> </ul>	25% coinsurance
Pharmacy Initial Coverage Stage until your total out-of-pocket cost reaches \$2,100. You then move to Catastrophic Coverage Stage. You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$2,100 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year. During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.	\$0
100-days supply available at retail pharmacy or mail order through ESI	Two copays for 100-days supply
Inpatient Hospital Services	\$100 copay per admission
Outpatient Facility Services	\$0 copay
Hospital Emergency Room or Outpatient Facility	\$50 copay per visit, waived if admitted
Urgent Care Facility	\$15 copay per visit
Rehabilitative Therapy	\$15 copay per visit
Primary Care and Specialist Physician Office Visits	\$15 copay per visit
Preventive Services: Annual Physical Exam Well Woman Exam	\$0 copay per visit \$0 copay per visit
Chiropractic Service: For the diagnosis and treatment of disorders neuromusculoskeletal system	\$15 copay per visit; up to 20-self-referred visits
Vision Care: Eye Exam	\$15 copay per visit
Vision Care: One Pair	\$100 allowance towards glasses; \$0 copay for lenses' \$130 contact allowance in lieu of glasses
Hearing Exam Hearing Aids	\$15 copay \$2,000 maximum allowance for one or two aids every two calendar years
Durable Medical Equipment	\$0 copay
External Prosthetic Appliances	\$0 copay
Home Health Services	\$0 copay
Hospice Services	\$0 copay
Skilled Nursing and Rehabilitation Facilities	\$0 copay
Laboratory and Radiology Services	\$0 copay
Mental Health Inpatient Services	\$100 copay per admission
Mental Health Outpatient Services	\$15 copay per visit
Substance Abuse Detoxification Inpatient Services	\$100 copay per admission
Substance Abuse Detoxification Outpatient Services	\$10 copay per visit
Gym Membership – One Pass Fitness	\$0 copay
Telehealth	\$0 copay
Behavior Health Telehealth	\$0 copay
Transportation unlimited rides; 75 miles maximum per ride	\$0 copay
BrainHQ	\$0 copay
SCAN Healthtech	\$0 copay
Nurse Advice Line	\$0 copay

**Additional Services & Programs offered:**

Prospective members please contact SCAN Health Plan at **1-877-212-7654**. SCAN is available to assist you in reviewing SCAN benefits, primary care selection, prescription drug formulary, and coordination of service for pre-arrangement procedures. For member related questions, please contact Member Services at 1-800-559-3500.

**Independent Living Power®**

SCAN offers unique in-home services designed to keep people on Medicare healthy and independent. Called Independent Living Power, these services can help during recovery from a hospital stay or provide support during an acute or long-term illness. For many retirees, these benefits provide the extra help necessary to remain out of a nursing home. Qualifying members are eligible for up to \$1,200 monthly allowance for these additional services. Retirees must qualify for Independent Living Power. Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego Counties.

**Personal Care Coordinator**

\$0 copay

SCAN staff will provide personal assistance to coordinate your Independent Living Power services or other services within SCAN and refer members to community resources.

**Home Delivered Meals**

\$0 copay

SCAN members are covered for home delivery of meals to meet nutritional needs.

**Personal Care**

\$15 copay/visit

You are covered for in-home assistance for tasks such as bathing, dressing, eating, getting in and out of bed, moving about/walking, and grooming.

**Emergency Response System**

\$0 copay

SCAN members are covered for the installation of a personal emergency response device that alerts emergency medical personnel to provide immediate help. There is no cost for installation.

**Routine Transportation**

\$0 copay

Unlimited rides per year to or from pre-scheduled medical appointments to contracted providers. 75 miles maximum per ride.

**Transportation Escort**

\$15 copay

As a SCAN member you are eligible to receive an escort to assist you during transportation to and from medical appointments.

**Homemaker Service**

\$15 copay/visit

SCAN members are eligible to receive assistance with light cleaning, grocery shopping, laundry, and meal preparation.

**Inpatient Custodial Level Care**

\$0 copay

You are covered for up to five days for post-acute or respite support in an in-patient facility such as a skilled nursing facility. You may use this service following a hospital discharge, ER visit, or for respite care purposes.

**In-Home Caregiver Relief**

\$15 copay/visit

SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.

**Adult Day Care**

\$15 copay

SCAN covers adult day care services to provide relief for your regular Caregiver while addressing the individual needs of the member for physical, social, or intellectual exercises and stimulation.

**Incontinence supplies/Hygiene supplies**

\$0 copay

SCAN covers incontinence supply if members are living in Assisted Living Facility or Board and Care or at Home when they are wheelchair bound or bedbound.

**Select Bathroom Safety Equipment**

\$0 copay