

SCAN Classic HMO - Evidence of Coverage 2025

Table of Contents

1. Plan Overview and Eligibility
2. Cost Sharing and Deductibles
3. Copayments and Coinsurance
4. Covered Services and Benefits
5. Provider Network and Access
6. Prescription Drug Benefits
7. Prior Authorization Requirements
8. Appeals and Grievances

1. Plan Overview and Eligibility

SCAN Classic HMO is a Medicare Advantage plan offered by SCAN Health Plan. This plan provides comprehensive healthcare coverage for eligible Medicare beneficiaries in Alameda and San Mateo Counties. The plan combines Medicare Part A (hospital insurance) and Part B (medical insurance) benefits with additional coverage for prescription drugs and other services not covered by Original Medicare.

To be eligible for SCAN Classic HMO, you must be enrolled in both Medicare Part A and Part B, live in our service area, and not have End-Stage Renal Disease (ESRD) at the time of enrollment. The plan operates on a calendar year basis from January 1st through December 31st.

This Evidence of Coverage (EOC) document explains your benefits, rights, and responsibilities as a member of SCAN Classic HMO. It is important to read this document carefully and keep it for your records. If you have questions about your coverage, please contact Member Services at 1-800-559-3500.

2. Cost Sharing and Deductibles

ANNUAL DEDUCTIBLE: \$0

SCAN Classic HMO has a \$0 annual deductible for both medical and prescription drug benefits. This means you do not need to pay a specific amount out-of-pocket before your plan begins covering your healthcare services. Unlike Original Medicare, which has deductibles for Part A (\$1,632 in 2024) and Part B (\$240 in 2024), SCAN Classic HMO eliminates these deductibles to make healthcare more affordable for our members.

The \$0 deductible applies to all covered services, including:

- Primary care physician visits
- Specialist visits

- Hospital stays
- Emergency room visits
- Prescription medications
- Preventive services

This benefit is one of the key advantages of choosing SCAN Classic HMO over Original Medicare, as it provides predictable healthcare costs without the burden of meeting annual deductibles.

3. Copayments and Coinsurance

COPAYMENT SCHEDULE:

Primary Care Physician Visits: \$0 copay
 Specialist Visits: \$45 copay
 Emergency Room Visits: \$90 copay
 Urgent Care Visits: \$25 copay
 Mental Health Visits: \$20 copay
 Physical Therapy: \$20 copay per visit
 Occupational Therapy: \$20 copay per visit
 Speech Therapy: \$20 copay per visit

COINSURANCE:

Inpatient Hospital Stays: \$0 per day (unlimited days)
 Outpatient Surgery: \$0 copay
 Diagnostic Tests and Lab Work: \$0 copay
 X-rays and Imaging: \$0 copay
 Preventive Services: \$0 copay (100% covered)

The copayment amounts listed above are the maximum you will pay for each service. These copayments apply to in-network providers only. If you receive services from out-of-network providers without prior authorization, you may be responsible for the full cost of those services.

4. Covered Services and Benefits

SCAN Classic HMO covers all services that are covered by Original Medicare, plus additional benefits:

MEDICARE PART A COVERED SERVICES:

- Inpatient hospital care
- Skilled nursing facility care
- Home health care
- Hospice care
- Inpatient mental health care

MEDICARE PART B COVERED SERVICES:

- Doctor visits and outpatient services
- Preventive services (annual wellness visits, screenings, vaccinations)

- Durable medical equipment
- Ambulance services
- Laboratory tests and X-rays
- Physical and occupational therapy
- Mental health services

ADDITIONAL SCAN BENEFITS:

- Prescription drug coverage (Part D)
- Routine dental care (up to \$1,500 per year)
- Routine vision care (annual eye exam and \$200 toward glasses)
- Routine hearing care (annual hearing exam and \$1,000 toward hearing aids)
- Fitness program membership
- Transportation to medical appointments
- Over-the-counter benefit (\$50 per quarter)

All covered services must be provided by in-network providers unless prior authorization is obtained for out-of-network care.

5. Provider Network and Access

FINDING A DOCTOR:

To find a doctor or other healthcare provider in the SCAN Classic HMO network, you can:

1. Visit our website at www.scanhealthplan.com and use our online provider directory
2. Call Member Services at 1-800-559-3500 and speak with a representative
3. Use our mobile app to search for providers by location, specialty, or name
4. Request a printed provider directory by calling Member Services

NETWORK REQUIREMENTS:

You must use in-network providers for all non-emergency care. The SCAN Classic HMO network includes:

- Over 5,000 primary care physicians
- Over 15,000 specialists
- Over 200 hospitals
- Over 1,000 pharmacies
- Mental health providers
- Physical therapy providers
- Home health agencies

If you need to see a specialist, you must first get a referral from your primary care physician (PCP). Your PCP will coordinate your care and ensure you receive the most appropriate treatment.

EMERGENCY CARE:

For emergency situations, you can go to any hospital emergency room, whether in-network or out-of-network. Emergency care is covered at the same cost-sharing level regardless of the hospital's network status.

6. Prescription Drug Benefits

PRESCRIPTION DRUG COVERAGE:

SCAN Classic HMO includes comprehensive prescription drug coverage through Medicare Part D. The plan uses a formulary (list of covered drugs) to determine which medications are covered and at what cost.

COST SHARING FOR PRESCRIPTIONS:

Generic Drugs (Tier 1): \$0 copay
Preferred Brand Drugs (Tier 2): \$10 copay
Non-Preferred Brand Drugs (Tier 3): \$40 copay
Specialty Drugs (Tier 4): \$100 copay

PHARMACY NETWORK:

You can fill your prescriptions at any of the 1,000+ pharmacies in our network, including:

- CVS Pharmacy
- Walgreens
- Rite Aid
- Safeway
- Costco
- Independent pharmacies

MAIL ORDER PHARMACY:

For maintenance medications (drugs you take regularly), you can use our mail order pharmacy service and receive up to a 90-day supply with significant savings on copayments.

PRIOR AUTHORIZATION:

Some medications require prior authorization before they will be covered. Your doctor can submit prior authorization requests online or by calling our pharmacy department.

7. Prior Authorization Requirements

PRIOR AUTHORIZATION REQUIRED FOR:

- MRI and CT scans
- Certain surgical procedures
- Durable medical equipment over \$500
- Home health services beyond 60 days
- Skilled nursing facility stays beyond 20 days
- Some prescription medications

HOW TO GET PRIOR AUTHORIZATION:

1. Your doctor submits a request to SCAN Classic HMO
2. We review the request within 14 days (72 hours for urgent requests)

3. We notify you and your doctor of the decision
4. If approved, you can proceed with the service
5. If denied, you have the right to appeal

You can check the status of prior authorization requests online or by calling Member Services.

8. Appeals and Grievances

IF YOU DISAGREE WITH A COVERAGE DECISION:

You have the right to appeal any decision we make about your coverage. There are several levels of appeal:

LEVEL 1 APPEAL:

- Submit a written request within 60 days
- We will review and respond within 30 days
- For urgent requests, we respond within 72 hours

LEVEL 2 APPEAL:

- If you disagree with Level 1 decision
- Submit within 60 days of Level 1 decision
- Independent review organization makes decision

LEVEL 3 APPEAL:

- Administrative Law Judge hearing
- Available for claims over \$180 (2024 amount)

HOW TO FILE AN APPEAL:

1. Call Member Services at 1-800-559-3500
2. Submit online at www.scanhealthplan.com
3. Mail to: SCAN Health Plan, Appeals Department, P.O. Box 12345, Long Beach, CA 90802

You can also file a complaint (grievance) about the quality of care or service you received.

This document is for testing purposes only. Not an actual insurance policy.