SCAN Health Plan

For Additional Information call SCAN First Touch
1-877-212-7654

Annual Maximum Out of Pocket for Medical Co-pays	$3,400 per member
Pharmacy – Generic Drugs on the Prescription Drug List	 $10 Co-payment per prescription
– Preferred Brand - Medically Necessary Name Brand Drugs designated as preferred on the Prescription Drug List, with no Generic Equivalent	$20 Co-payment per prescription
– Non-Preferred Brand - 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	$20 Co-payment per prescription
– Specialty Drugs	25% co-insurance
Inpatient Hospital Services	$100 Co-payment per admission
Outpatient Facility Services	$0 Co-payment
Hospital Emergency Room or Outpatient Facility	$50 Co-payment per visit, waived if admitted
Urgent Care Facility	$15 Co-payment per visit
Rehabilitative Therapy	$15 Co-payment per visit
Primary Care and Specialist Physician Office Visits	$15 Co-payment per visit
Preventative Services: Annual Physical Exam Well Woman Exam	 $0 Co-payment per visit $0 Co-payment per visit
Chiropractic Services: For the diagnosis and treatment of disorders neuromusculoskeletal system.	$15 Co-payment per visit ; up to 20 self-referred visits
Vision Care: Eye Exam	$15 Co-payment per visit
Vision Care: One Pair of Approved Glasses	$100 allowance towards glasses; $0 co-payment for lenses; $130 contact allowance in lieu of glasses
Hearing Exam Hearing Aids	$15 Co-payment $300 allowance per aid; or $600 for two aids every two calendar years
Durable Medical Equipment	$0 Co-payment
External Prosthetic Appliances	$0 Co-payment
Home Health Services	$0 Co-payment
Hospice Services	$0 Co-payment
Skilled Nursing and Rehabilitation Facilities	$0 Co-payment
Laboratory and Radiology Services	$0 Co-payment
Mental Health Inpatient Services	$100 Co-payment per admission
Mental Health Outpatient Services	$15 Co-payment per visit
Substance Abuse Detoxification Inpatient Services	$100 Co-payment per admission
Substance Abuse Detoxification Outpatient Services	$10 Co-payment per visit
Gym Membership offered by Healthways SilverSneakers	$0 Co-payment

Additional Services & Programs offered:

For Prospective members please contact SCAN First Touch at 1-877-212-7654.

SCAN First Touch is available to assist you in reviewing SCAN benefits, primary care selection, prescription drug formulary, and coordination of service for pre-arrangement procedures.

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 a recovery from a hospital stay or provide support during an acute of 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 $500 per month of these additional services. Retirees must qualify for Independent Living Power. Services are only available in Los Angeles, Orange, Riverside and San Bernardino Counties.

Personal Care Coordinator $0 co-pay
SCAN staff will provide personal assistance to coordinate your Independent Living Power services

Home Delivered Meals $0 co-pay
SCAN members are covered for home delivery of meals to meet nutritional needs.

Personal Care $15 co-pay
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 $15 per month
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 co-pay
Unlimited rides per year to or from pre-scheduled medical appointment to contracted providers.

Transportation Escort $15 co-pay
As a SCAN member you are eligible to receive an escort to assist you during transportation to and from medical appointments.

Homemaker Service $15 co-pay
SCAN members are eligible to receive assistance with light cleaning, grocery shopping, laundry and meal preparation.

Inpatient Custodial Level Care $0 co-pay
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 co-pay
SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.

Adult Day Care $15 co-pay
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.

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