



Health Plan Arizona

1313 E. Osborn Road, Suite 150
Phoenix, AZ 85014



Sales Information

8 A.M.—8 P.M., 7 days per week
1-866-490-7226



TTY Users

8 A.M.—8 P.M., 7 days per week
1-800-367-8939



Visit our web site

www.scanhealthplan.com

SCAN Health Plan is a Medicare Advantage Organization with a Medicare contract.

Individuals must have both Part A and Part B to enroll. You must continue to pay your Medicare Part B premium. Members may enroll in the plan only during specific times of the year.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

SCAN offers a network of primary care doctors, specialists and hospitals. You must receive all routine care from in-network plan providers; except for emergent or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor SCAN will be responsible for the costs. Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Quantity limitations, copayments and restrictions may apply.

For those members who qualify for extra help: premiums, co-pays and deductibles may vary based on the level of help received. For more information contact the plan.

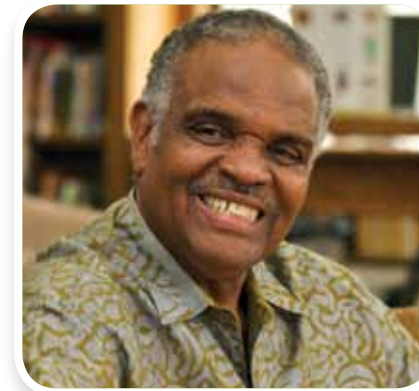
You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or Your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to one hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

This document is available in alternate formats or languages. Please call 1-877-916-1234 for more information. Este documento se encuentra disponible en formatos o idiomas alternativos. Sírvase llamar al 1-877-916-1234 para obtener más información.

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2011 **SCAN**® Health Plan Benefit Highlights



Maricopa & Pima Counties Plan

SCAN Classic (HMO) Features:

- No Monthly Plan Premium
- Free Silver Sneakers gym membership
- Low office visit copays



COMPREHENSIVE COVERAGE

	CLASSIC PLAN
Monthly Plan Premium	\$0
Annual Deductible	\$0
Maximum Out-of-pocket	\$5,000
PCP Office Visits	\$10
Specialist Office Visits	\$35
Routine Physical Exams	\$0
Immunizations	\$0*

DIAGNOSTIC CARE

	CLASSIC PLAN
Lab Services and X-Rays	\$0*
Mammography	\$0
Pap Smears/Pelvic Exams	\$0*
Prostate Cancer Screenings	\$0*

EMERGENCY CARE

	CLASSIC PLAN
Worldwide Emergency Care	\$50 waived if admitted immediately
Worldwide Urgent Care	\$30
Ambulance	\$150

*Separate office visit copay may apply

HOSPITAL CARE

	CLASSIC PLAN
Inpatient Hospital Care: Days 1-5	\$150 per day
Skilled Nursing Facility: Days 1-20	\$0
Outpatient Surgery	\$150

ADDED BENEFITS & SERVICES

	CLASSIC PLAN
Routine Vision Exam	\$5
Silver Sneakers Gym Membership	\$0
Diagnostic Hearing Exam	\$10

PRESCRIPTION COVERAGE

	CLASSIC PLAN
Initial Coverage Period – SCAN Contracted Pharmacy (1-month/31-Day Supply of Drugs)	
Tier 1: Preferred Generic drugs	\$5
Tier 2: Generic drugs	\$10
Tier 3: Preferred Brand drugs	\$40
Tier 4: Brand drugs	\$65
Tier 5: Specialty drugs	33%
Use SCAN Mail Order Services on 3 month/90 day supply of drugs and save!	
Coverage Gap	After \$2,840 Initial Coverage Limit: you pay the same copays as in the Initial Coverage Period for all drugs in tiers 1 and 2; you pay a discounted price for brand name drugs and 93% of the costs for generic drugs in tiers 3, 4, and 5.
Catastrophic Coverage	After \$4,550 out-of-pocket limit, you pay a greater of: \$2.50 for generic drugs and \$6.30 for all other drugs or 5% coinsurance.