

SCAN Connections (HMO D-SNP) offered by SCAN Health Plan

Annual Notice of Changes for 2024

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook (Evidence of Coverage)*, which is located on our website at www.scanhealthplan.com. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in other languages and formats.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call Member Services at 1-866-722-6725 for additional information (TTY users 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, 8 a.m. to 8 p.m., Monday through Friday. We are closed on most federal holidays. When we are closed you have the option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day. The call is free.
- Please call Member Services to request materials in a language other than English or in an alternate format.
- **Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة لديك تتعلق بخطتنا الصحية أو جدول الدواء. سيقوم شخص ما يتحدث العربية 1-866-722-6725 للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم بمساعدتك. هذه الخدمة المجانية.
- **Armenian:** Առողջութեան կամ դեղերի ծրագրի վերաբերյալ որևէ հարց առաջանալու դեպքում կարող եք օգտվել անվճար թարգմանչական ծառայությունից: Թարգմանչի ծառայությունից օգտվելու համար զանգահարե՛ք 1-866-722-6725 հեռախոսահամարով: Ձեզ կօգնի հայերենին տիրապետող մեր աշխատակիցը: Ծառայությունն անվճար է:
- **Chinese Cantonese (Traditional):** 我們提供免費的口譯服務，以解答您對我們的健康或藥物計劃可能有的任何問題。如需獲得口譯服務，請致電 1-866-722-6725 聯絡我們。我們有會說中文的工作人員可以為您提供幫助。這是一項免費服務。

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For more information, visit www.scanhealthplan.com.

- **Chinese Mandarin (Simplified):** 我们提供免费的口译服务，以解答您对我们的健康或药物计划可能有的任何问题。如需获得口译服务，请致电 1-866-722-6725 联系我们。我们有会说中文的工作人员可以为您提供帮助。这是一项免费服务。
- **English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-722-6725. Someone who speaks English can help you. This is a free service.
- **French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan sante oswa medikaman nou yo. Pou w jwenn yon entèprèt, jis rele nou nan 1-866-722-6725. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
- **French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-722-6725. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.
- **German:** Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-722-6725. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
- **Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-722-6725 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।
- **Hmong:** Peb muaj cov kev pab cuam txhais lus los teb koj cov lus nug uas koj muaj txog ntwam peb lub phiaj xwm kho mob thiab tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntwam 1-866-722-6725. Muaj qee tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov no yog kev pab cuam pab dawb.
- **Hmong-Mien:** Peb muaj kev pab cuam txhais lus pub dawb los teb cov lus nug uas koj muaj txog ntwam peb lub phiaj xwm kev noj qab haus huv los sis phiaj xwm tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntwam 1-866-722-6725. Muaj tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov kev pab cuam no yog pab dawb xwb.
- **Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per usufruire di un interprete, contattare il numero 1-866-722-6725. Un nostro incaricato che parla Italiano Le fornirà l'assistenza necessaria. È un servizio gratuito.

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- **Japanese:** 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご利用になるには 1-866-722-6725 にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。
- **Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-722-6725번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.
- **Lao:** ພວກເຮົາມີການບໍລິການນາຍພາສາພາສາລາວ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ຄວາມກາຍຂອງພວກເຮົາ. ເພື່ອຮັບເອົານາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-866-722-6725. ບາງຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພາສາລາວ.
- **Mon-Khmer, Cambodian:** យើងខ្ញុំមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយមិនគិតថ្លៃចាំឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីសុខភាព ឬផែនការឱសថរបស់យើងខ្ញុំ។ ដើម្បីទទួលបានអ្នកបកប្រែ គ្រាន់តែហៅទូរស័ព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-866-722-6725។ មានគេដែលនិយាយភាសាខ្មែរអាចជួយលោកអ្នកបាន។ សេវាកម្មនេះមិនគិតថ្លៃទេ។
- **Persian:** ما خدمات مترجم رایگان داریم تا به هر سوالی که ممکن است در مورد برنامه بهداشتی یا داروهای ما داشته باشید پاسخ دهیم. توجه: شخصی که به زبان فارسی صحبت می‌تواند به شما کمک کند. این یک سرویس رایگان است. تماس بگیرید. 1-866-722-6725 برای آن که مترجم دریافت کنید فقط کافیست با شماره 1-866-722-6725. Ta usługa jest bezpłatna.
- **Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-722-6725. Ta usługa jest bezpłatna.
- **Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-722-6725. Irá encontrar alguém que fale português para o ajudar. Este serviço é gratuito.
- **Punjabi:** ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲਾਂ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਬੱਸ ਸਾਨੂੰ 1-866-722-6725 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ, ਉਹ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।
- **Russian:** Если у вас возникнут вопросы относительно плана медицинского обслуживания или обеспечения лекарственными препаратами, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по номеру 1-866-722-6725. Вам окажет помощь сотрудник, который говорит на русском языке. Данная услуга бесплатная.

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- **Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, llame al 1-866-722-6725. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.
- **Tagalog:** Mayroon kaming mga libreng serbisyo ng interpreter upang masagot ang anumang katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng interpreter, tawagan lamang kami sa 1-866-722-6725. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.
- **Thai:** เรามีบริการล่ามฟรีเพื่อตอบข้อสงสัยต่าง ๆ ที่คุณอาจมีเกี่ยวกับแผนสุขภาพและด้านเภสัชกรรมของเรา ขอความช่วยเหลือจากล่ามโดยโทรติดต่อเราที่หมายเลข 1-866-722-6725 เจ้าหน้าที่ในภาษาไทยจะเป็นผู้ให้บริการโดยไม่มีค่าใช้จ่ายใด ๆ
- **Ukrainian:** Ми надаємо безкоштовні послуги усного перекладача, який відповість на будь-які ваші запитання щодо нашого плану медичного обслуговування або лікарського забезпечення. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером 1-866-722-6725. Вам може допомогти людина, яка володіє українською мовою. Ця послуга безкоштовна.
- **Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi quý vị có thể có về chương sức khỏe và chương trình thuốc men. Để được thông dịch, chỉ cần gọi theo số 1-866-722-6725. Người nói Tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.

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A. Disclaimers

- ❖ SCAN Connections (HMO D-SNP) is an HMO plan with a Medicare contract and a contract with the California Medi-Cal 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.
- ❖ This document gives you the details about your Medicare and Medi-Cal health care and prescription drug coverage from January 1 - December 31, 2024.

B. Reviewing your Medicare and Medi-Cal coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- Medi-Cal options and services in **Section F2**.

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B1. Information about SCAN Connections

- SCAN Health Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under SCAN Connections is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.

B2. Important things to do

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they will work for you next year.
 - Refer to **Section D1** for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.

This section is continued on the next page.

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- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with SCAN Connections:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in SCAN Connections.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section F2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our network providers and pharmacies

Our provider and pharmacy network has changed for 2024.

Please review the 2024 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.scanhealthplan.com. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.

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D. Changes to benefits for next year

D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2023 (this year)	2024 (next year)
Fitbit Care powered by Google	Fitbit Care powered by Google is not covered.	You pay a \$0 copayment for Fitbit Care powered by Google.
Maximum Out of Pocket (MOOP)	Your MOOP is \$8,300 per year. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for Medicare covered Part A and Part B services.	Your MOOP is \$8,850. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for Medicare covered Part A and Part B services.
Over-the-Counter (OTC) items	You are covered for up to \$175 of over-the-counter products available through SCAN OTC mail-order catalog every quarter. Unused balance will rollover each quarter.	You are covered for up to \$175 of over-the-counter products available through SCAN OTC mail-order catalog every quarter. Unused balance will not rollover each quarter.
Podiatry services (routine/non-Medicare-covered)	You pay a \$0 copayment for each visit for up to 6 visits per year.	Routine (non-Medicare-covered) podiatry services are not covered.
Respite care services	Respite care services are not covered.	You pay a \$0 copayment for up to 40 hours of in-home respite care services per year. Please see your <i>Member Handbook (Evidence of Coverage)</i> .
SCAN Healthy Foods Card (SSBCI)	You are covered for up to \$50 for groceries per quarter.	SCAN Healthy Foods Card is not covered.
Solutions for Togetherness - Headspace Mindfulness/Meditation App	You pay \$0 to use the Headspace application.	Headspace is not covered.

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D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs (Formulary)* is located on our website at www.scanhealthplan.com. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs (Formulary)*.

The *List of Covered Drugs (Formulary)* is also called the “Drug List.”

We made changes to our “Drug List”, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the “Drug List” to **make sure your drugs will be covered next year** and to find out if there are any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to a 30-day supply (for those members who aren’t in a long-term care facility) or a 31-day supply (for those members who reside in a long-term care facility). If your prescription is written for fewer days, we will allow multiple fills to provide up to a 30-day supply (for those members who aren’t in a long-term care facility) or a 31-day supply (for those members who reside in a long-term care facility). The prescription must be filled at a network pharmacy. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste). (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

In most cases, if the Plan has approved a formulary exception to cover your current drug, this drug will continue to be covered next year.

Changes to prescription drug costs

? If you have questions, please call SCAN Connections Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

For more information, visit www.scanhealthplan.com.

There are no changes to the amount you pay for prescription drugs in 2024. Read below for more information about your prescription drug coverage.

The following table shows your costs for drugs in each of our 6 drug tiers.

	2023 (this year)	2024 (next year)
<p>Drugs in Tier 1 (Preferred Generic)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
<p>Drugs in Tier 2 (Generic)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
<p>Drugs in Tier 3 (Preferred Brand)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
<p>Drugs in Tier 4 (Non-Preferred Drug)</p> <p>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
<p>Drugs in Tier 5 (Specialty Tier)</p> <p>Cost for a one-month supply of a drug in Tier 5 that is filled at a network pharmacy</p>	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
<p>Drugs in Tier 6 (Select Care Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 6 that is filled at a network pharmacy</p>	Not Available.	Your copay for a one-month (30-day) supply is \$0 per prescription.

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For more information, visit www.scanhealthplan.com.

You won't pay more than \$0 for a one-month supply of each covered insulin product.

Most Part D 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 details about specific vaccines.

E. Administrative changes

The table below compares the administrative changes for next year:

	2023 (this year)	2024 (next year)
Health Club Membership Provider	Health club membership is provided by SilverSneakers.	Health club membership is provided by OnePass.

F. Choosing a plan

F1. Staying in SCAN Connections

We hope to keep you as a SCAN Connections plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare by December 7, you automatically stay enrolled as a member of our SCAN Connections plan for 2024.

F2. Changing plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from October 15 until December 7. The change will take effect on January 1, 2024. Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you may be able to end your membership in our plan or switch to a different plan one time during each of the following

Special Enrollment Periods:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

? If you have questions, please call SCAN Connections Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

For more information, visit www.scanhealthplan.com.

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- if you recently moved into, currently are getting care in, or just moved out of a nursing facility or a long-term care hospital.

Your Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you automatically end your membership in our plan. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

? If you have questions, please call SCAN Connections Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

For more information, visit www.scanhealthplan.com.

<p>1. You can change to:</p> <p>Another Medicare health plan, including another Medicare Medi-Cal Plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs and Services/Medicare Counseling/. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You will automatically be disenrolled from our plan when your new plan's coverage begins.</p> <p>Your Medi-Cal plan may change.</p>
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? If you have questions, please call SCAN Connections Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

For more information, visit www.scanhealthplan.com.

<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs and Services/Medicare Counseling/. <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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? If you have questions, please call SCAN Connections Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

For more information, visit www.scanhealthplan.com.

<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs and Service s/Medicare Counseling/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs and Services/Medicare Counseling/. <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

G. Getting help

G1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

? If you have questions, please call SCAN Connections Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

For more information, visit www.scanhealthplan.com.

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2024. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2024 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at www.scanhealthplan.com. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2024.

Our website

You can visit our website at www.scanhealthplan.com. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs (Formulary)*).

G2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

G3. Ombuds Program

The Medicare Medi-Cal Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages.

The Medicare Medi-Cal Ombuds Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombuds Program is 1-888-804-3536.

G4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

? If you have questions, please call SCAN Connections Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

For more information, visit www.scanhealthplan.com.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2024

You can read the *Medicare & You 2024* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

G5. California Department of Managed Health Care

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. The DMHC Help Center can help you with appeals and complaints about Medi-Cal services. 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.

? If you have questions, please call SCAN Connections Member Services at 1-866-722-6725 (TTY users call 711), October 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to September 30, 8 a.m. to 8 p.m., Monday through Friday. The call is free.

For more information, visit www.scanhealthplan.com.