SCAN Embrace (HMO-POS I-SNP) offered by SCAN Desert Health Plan, Inc. (SCAN Desert Health Plan)

Annual Notice of Changes for 2024

You are currently enrolled as a member of SCAN Embrace. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.scanhealthplan.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost-sharing.

☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan
   - To change to a **different plan**, you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 1-855-650-7226 for additional information. (TTY users should 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, hours are 8 a.m. to 8 p.m., Monday through Friday. We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day. This call is free.
- We can also give you information for free in large print, braille, audio recording, or other alternate formats if you need it.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About SCAN Embrace

- SCAN Embrace (HMO-POS I-SNP) is an HMO plan and is a Point of Service (POS) plan with a Medicare contract. Enrollment in SCAN Desert Health Plan depends on contract renewal.
- When this document says "we," "us," or "our," it means SCAN Desert Health Plan. When it says "plan" or "our plan," it means SCAN Embrace.

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Y0057_SCAN_20696_2024_M

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for SCAN Embrace in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	**In-Network** $1,500	**In and Out-of-Network** $1,500
Doctor office visits	**In-Network** **Primary care visits:** $0 copayment per visit. **Specialist visits:** $0 copayment per visit. **Out-of-Network** Doctor office visits are not covered.	**In-Network** **Primary care visits:** $0 copayment per visit. **Specialist visits:** $0 copayment per visit. **Out-of-Network** **Primary care visits:** Not covered **Specialist visits:** $10 copayment per visit.
Inpatient hospital stays	**In-Network** $150 copayment per day (unlimited days). **Out-of-Network** Inpatient hospital is not covered.	**In-Network** $150 copayment per day (unlimited days). **Out-of-Network** Inpatient hospital is not covered.

Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • **Drug Tier 1:** $0 per prescription (*Standard cost-sharing* 30-day supply) $0 per prescription (*Preferred cost-sharing* 30-day supply) • **Drug Tier 2:** $0 per prescription (*Standard cost-sharing* 30-day supply) $0 per prescription (*Preferred cost-sharing* 30-day supply)	Deductible: $0 Copayment/Coinsurance during the Initial Coverage Stage: • **Drug Tier 1:** $0 per prescription (*Standard cost-sharing* 30-day supply) $0 per prescription (*Preferred cost-sharing* 30-day supply) • **Drug Tier 2:** $0 per prescription (*Standard cost-sharing* 30-day supply) $0 per prescription (*Preferred cost-sharing* 30-day supply)

Cost	2023 (this year)	2024 (next year)
	• **Drug Tier 3:** $37 per prescription for other drugs (*Standard cost-sharing* 30-day supply) You pay $0 per month supply of each covered insulin product on this tier. (*Standard cost-sharing* 30-day supply) $37 per prescription for other drugs (*Preferred cost-sharing* 30-day supply) You pay $0 per month supply of each covered insulin product on this tier. (*Preferred cost-sharing* 30-day supply) • **Drug Tier 4:** $100 per prescription (*Standard cost-sharing* 30-day supply) $99 per prescription (*Preferred cost-sharing* 30-day supply)	• **Drug Tier 3:** $37 per prescription for other drugs (*Standard cost-sharing* 30-day supply) You pay $0 per month supply of each covered insulin product on this tier. (*Standard cost-sharing* 30-day supply) $37 per prescription for other drugs (*Preferred cost-sharing* 30-day supply) You pay $0 per month supply of each covered insulin product on this tier. (*Preferred cost-sharing* 30-day supply) • **Drug Tier 4:** $100 per prescription (*Standard cost-sharing* 30-day supply) $99 per prescription (*Preferred cost-sharing* 30-day supply)

Cost	2023 (this year)	2024 (next year)
	• **Drug Tier 5:** 33% of the total cost (*Standard cost-sharing* 30-day supply) 33% of the total cost (*Preferred cost-sharing* 30-day supply) • **Drug Tier 6:** Not available Catastrophic Coverage: • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called **coinsurance**), or a copayment ($4.15 for a generic drug or a drug that is treated like a generic, and $10.35 for all other drugs.).	• **Drug Tier 5:** 33% of the total cost (*Standard cost-sharing* 30-day supply) 33% of the total cost (*Preferred cost-sharing* 30-day supply) • **Drug Tier 6:** $11 per prescription (*Standard cost-sharing* 30-day supply) $11 per prescription (*Preferred cost-sharing* 30-day supply) Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Part B Premium Reduction	$20	$0
Monthly Optional Supplemental Plan Premium	Dental PPO Plan: $32	Dental PPO Plan: Not covered

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	**In-Network** $1,500	**In and Out-of-Network** $1,500 Once you have paid $1,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.scanhealthplan.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider & Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Provider & Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Activity Tracker	**In-Network** You pay a $0 copayment.	**In-Network** An activity tracker is not covered.
Acupuncture services (Medicare-covered)	**Out-of-Network** Acupuncture services (Medicare-covered) are not covered.	**Out-of-Network** You pay a $10 copayment per visit.
Acupuncture services (routine/ Non-Medicare-covered)	**In-Network** You pay a $10 copayment for up to 10 routine acupuncture visits per year. Combined with chiropractic services.	**In-Network** You pay a $10 copayment for up to 20 routine acupuncture visits per year. Combined with chiropractic services.

Cost	2023 (this year)	2024 (next year)
Behavioral Telehealth	**In-Network** Behavioral Telehealth is not covered.	**In-Network** You pay a $0 copayment for each virtual doctor visit. Please see your *Evidence of Coverage* for more details.
Chiropractic services (routine/ Non-Medicare-covered)	**In-Network** You pay a $10 copayment for up to 10 routine chiropractic visits per year. Combined with acupuncture services.	**In-Network** You pay a $10 copayment for up to 20 routine chiropractic visits per year. Combined with acupuncture services.
Dental services (Medicare-covered)	**Out-of-Network** Dental services are not covered.	**Out-of-Network** You pay a $0 copayment per visit.
Dental services (Optional Supplemental)	**In-Network** Optional Supplemental Dental PPO is available for an additional monthly premium.	**In-Network** Optional Supplemental Dental PPO is not available.
Dialysis services	**Out-of-Network** Dialysis services are not covered.	**Out-of-Network** You pay a $0 copayment per visit.
Doctor office visits - Specialists	**Out-of-Network** Specialist services are not covered.	**Out-of-Network** You pay a $10 copayment per visit.
Hearing services (Medicare-covered)	**Out-of-Network** Hearing services are not covered.	**Out-of-Network** You pay a $0 copayment per visit.
Medical Sitter Services (SSBCI)	**In-Network** You pay a $0 copayment for up to 30 hours for Medical Sitter Services per year.	**In-Network** Medical Sitter services are not covered.

Cost	2023 (this year)	2024 (next year)
Outpatient diagnostic tests and services - Diagnostic Radiology	**Out-of-Network** Diagnostic radiology services are not covered.	**Out-of-Network** You pay a $0 copayment per visit for ultrasounds. You pay a $125 copayment per visit for all other procedures.
Outpatient diagnostic tests and services - Laboratory	**Out-of-Network** Laboratory services are not covered.	**Out-of-Network** You pay a $0 copayment per visit.
Outpatient diagnostic tests and services - Tests and Procedures	**Out-of-Network** Tests and procedures services are not covered.	**Out-of-Network** You pay a $0 copayment per visit.
Outpatient diagnostic tests and services - Therapeutic Radiology	**Out-of-Network** Therapeutic radiology services are not covered.	**Out-of-Network** You pay a $60 copayment per visit.
Outpatient diagnostic tests and services - X-ray	**Out-of-Network** X-ray services are not covered.	**Out-of-Network** You pay a $0 copayment per visit.
Outpatient mental health care (non-psychiatrist)	**Out-of-Network** Outpatient mental health care (non-psychiatrist) are not covered.	**Out-of-Network** You pay a $10 copayment for each individual or group visit.
Outpatient mental health care (psychiatrist)	**Out-of-Network** Outpatient mental health care (psychiatrist) are not covered.	**Out-of-Network** You pay a $10 copayment for each individual or group visit.

Cost	2023 (this year)	2024 (next year)
Over-the-counter (OTC) items	**In-Network** You are covered for up to $125 of over-the-counter products available through the SCAN OTC mail-order catalog every quarter. Unused balance will rollover each quarter.	**In-Network** You are covered for up to $190 of over-the-counter products available through the SCAN OTC mail-order catalog every quarter. Unused balance will rollover each quarter.
Part B prescription drugs (In-Network) You pay $0 for select Part B nebulized medications. Beginning April 1, 2023, you pay $0 - 20% of the Medicare-approved amount for other Part B prescription drugs. Beginning July 1, 2023, you pay no more than $35 for a one-month supply of a Part B insulin furnished through an item of durable medical equipment, such as a medically necessary insulin pump. **Prior Authorization rules apply.** Please see your *Evidence of Coverage* for more details.		
Podiatry services (Medicare-covered)	**Out-of-Network** Podiatry services (Medicare-covered) are not covered.	**Out-of-Network** You pay a $10 copayment per visit.
SCAN Healthy Foods Card (SSBCI)	**In-Network** You are covered for up to $50 for groceries per quarter.	**In-Network** SCAN Healthy Foods Card is not covered.
Vision services (Medicare-covered) - Eye exams - Eyewear	**Out-of-Network** Visions services are not covered.	**Out-of-Network** You pay a $0 copayment for medically necessary eye exams. You pay a $0 copayment for eyewear after cataract surgery.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier**.

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, 2023, please call Member Services and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost-Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our "Drug List." To see if your drugs will be in a different tier, look them up on the "Drug List." Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply at a network pharmacy: **Tier 1: Preferred Generic:** *Standard cost-sharing:* You pay $0 per prescription. *Preferred cost-sharing:* You pay $0 per prescription. **Tier 2: Generic:** *Standard cost-sharing:* You pay $0 per prescription. *Preferred cost-sharing:* You pay $0 per prescription.	Your cost for a one-month supply at a network pharmacy: **Tier 1: Preferred Generic:** *Standard cost-sharing:* You pay $0 per prescription. *Preferred cost-sharing:* You pay $0 per prescription. **Tier 2: Generic:** *Standard cost-sharing:* You pay $0 per prescription. *Preferred cost-sharing:* You pay $0 per prescription.

Stage	2023 (this year)	2024 (next year)
	Tier 3: Preferred Brand: *Standard cost-sharing:* You pay $37 per prescription for other drugs. You pay $0 per month supply of each covered insulin product on this tier. *Preferred cost-sharing:* You pay $37 per prescription for other drugs. You pay $0 per month supply of each covered insulin product on this tier. **Tier 4: Non-Preferred Drug:** *Standard cost-sharing:* You pay $100 per prescription. *Preferred cost-sharing:* You pay $99 per prescription. **Tier 5: Specialty Tier:** *Standard cost-sharing:* You pay 33% of the total cost. *Preferred cost-sharing:* You pay 33% of the total cost.	**Tier 3: Preferred Brand:** *Standard cost-sharing:* You pay $37 per prescription for other drugs. You pay $0 per month supply of each covered insulin product on this tier. *Preferred cost-sharing:* You pay $37 per prescription for other drugs. You pay $0 per month supply of each covered insulin product on this tier. **Tier 4: Non-Preferred Drug:** *Standard cost-sharing:* You pay $100 per prescription. *Preferred cost-sharing:* You pay $99 per prescription. **Tier 5: Specialty Tier:** *Standard cost-sharing:* You pay 33% of the total cost. *Preferred cost-sharing:* You pay 33% of the total cost.

Stage	2023 (this year)	2024 (next year)
	Tier 6: Select Care Drugs: Not available ______________ Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).	**Tier 6: Select Care Drugs:** *Standard cost-sharing:* You pay $11 per prescription. *Preferred cost-sharing:* You pay $11 per prescription. ______________ Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

The table below compares the administrative changes for next year:

Description	2023 (this year)	2024 (next year)
Dental Provider Network Changes	You have access to the Delta D-HMO Provider network.	You have access to the D-EPO Provider network. See your *Evidence of Coverage* for more details.

Description	2023 (this year)	2024 (next year)
Health Club Membership Provider	Health club membership is provided by Silver & Fit.	Health club membership is provided by OnePass.
Plan Type Designation	HMO I-SNP (HMO Institutional Special Needs Plan) You can access services from in-network providers only.	HMO POS I-SNP (HMO Point-of-Service Institutional Special Needs Plan) You can receive certain services from in and out-of-network providers who accept Medicare (prior authorization rules may apply).

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in SCAN Embrace

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our SCAN Embrace.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR* -- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from SCAN Embrace.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from SCAN Embrace.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll or visit our website to disenroll online. Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for 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.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. 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.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Arizona, the SHIP is called Arizona State Health Insurance Assistance Program (SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Arizona State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can

help you understand your Medicare plan choices and answer questions about switching plans. You can call Arizona State Health Insurance Assistance Program (SHIP) at 1-800-432-4040. You can learn more about Arizona State Health Insurance Assistance Program (SHIP) by visiting their website (des.az.gov/services/older-adults/medicare-assistance).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- "**Extra Help**" **from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, 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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Arizona Department of Health Services - AIDS Drug Assistance Program (ADAP), 150 N. 18th Ave., Phoenix, AZ 85007. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-334-1540 or 1-602-364-3610.

SECTION 7 Questions?

Section 7.1 – Getting Help from SCAN Embrace

Questions? We're here to help. Please call Member Services at 1-855-650-7226. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. We are closed on most federal holidays. When we are closed you have an option to leave a message. Messages received on holidays and outside of our business hours will be returned within one business day. Calls to these numbers are free.

Read your 2024 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the 2024 *Evidence of Coverage* for SCAN Embrace. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.scanhealthplan.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

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

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document 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. If you don't have a copy of this document, you can get it at the Medicare website (https://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.

SCAN Desert Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of, or because of, race, color, national origin, age, disability, or sex. SCAN Desert Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
SCAN Desert Health Plan provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact SCAN Member Services.

If you believe that SCAN Desert Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by phone, mail, or fax, at:

SCAN Desert Health Plan
Attention: Grievance and Appeals Department
P.O. Box 22616
Long Beach, CA 90801-5616

SCAN Member Services
PHONE: 1-855-650-7226
FAX: 1-562-989-0958
TTY: 711

Or by filling out the "File a Grievance" form on our website at:
https://www.scanhealthplan.com/contact-us/file-a-grievance

If you need help filing a grievance, SCAN Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are available at https://www.hhs.gov/civil-rights/filing-a-complaint/index.html.

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call 1-916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Services).
- In writing: Fill out a complaint form or send a letter to:
  Deputy Director, Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413
  Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.
- Electronically: Send an email to CivilRights@dhcs.ca.gov

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 1-855-650-7226. Someone who speaks English can help you. This is a free service.

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 1-855-650-7226. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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 1-855-650-7226 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。

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 1-855-650-7226 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。

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 1-855-650-7226. Người nói Tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.

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 1-855-650-7226. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-650-7226 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Armenian: Առողջության կամ դեղերի ծրագրի վերաբերյալ որևէ հարց առաջանալու դեպքում կարող եք օգտվել անվճար թարգմանչական ծառայություններից: Թարգմանչի ծառայություններից օգտվելու համար զանգահարե՛ք 1-855-650-7226 հեռախոսահամարով: Ձեզ կօգնի հայերենին տիրապետող մեր աշխատակիցը: Ծառայությունն անվճար է:

Persian: توجه: ما خدمات مترجم رایگان داریم تا به هر سؤالی که ممکن است در مورد برنامه بهداشتی یا داروهای ما داشته باشید پاسخ دهیم. برای آن که مترجم دریافت کنید فقط کافیست با شماره1-855-650-7226 تماس بگیرید. شخصی که به زبان فارسی صحبت می کند، می تواند به شما کمک کند. این یک سرویس رایگان است.

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 1-855-650-7226. Вам окажет помощь сотрудник, который говорит на русском языке. Данная услуга бесплатная.

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、1-855-650-7226 にお電話ください。日本語を話す人者が支援いたします。これは無料のサー ビスです。

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة لديك تتعلق بخطتنا الصحية أو جدول الدواء. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم1-855-650-7226. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه الخدمة المجانية.

Punjabi: ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲਾਂ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਬੱਸ ਸਾਨੂੰ 1-855-650-7226 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ, ਉਹ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫ਼ਤ ਸੇਵਾ ਹੈ।

Mon-Khmer, Cambodian:
យើងខ្ញុំមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយមិនគិតថ្លៃចាំឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីសុខភាព
ឬផែនការឱសថរបស់យើងខ្ញុំ។ ដើម្បីទទួលបានអ្នកបកប្រែ គ្រាន់តែហៅទូរស័ព្ទមកយើងខ្ញុំតាមរយៈលេខ
1-855-650-7226។ មានគេដែលនិយាយភាសាខ្មែរអាចជួយលោកអ្នកបាន។ សេវាកម្មនេះមិនគិតថ្លៃទេ។

Hmong: Peb muaj cov kev pab cuam txhais lus los teb koj cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kho mob thiab tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntawm 1-855-650-7226. Muaj qee tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov no yog kev pab cuam pab dawb.

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 1-855-650-7226 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Thai: เรามีบริการล่ามฟรีเพื่อตอบข้อสงสัยต่าง ๆ ที่คุณอาจมีเกี่ยวกับแผนสุขภาพและด้านเภสัชกรรมของเรา
ขอความช่วยเหลือจากล่ามโดยโทรติดต่อเราที่หมายเลข 1-855-650-7226
เจ้าหน้าที่ในภาษาไทยจะเป็นผู้ให้บริการโดยไม่มีค่าใช้จ่ายใด ๆ

Lao: ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງ
ພວກເຮົາ. ເພື່ອຮັບເອົານາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-855-650-7226. ບາງຄົນທີ່ເວົ້າພາສາລາວ
ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

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 1-855-650-7226. 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 1-855-650-7226. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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 1-855-650-7226. Un nostro incaricato che parla Italiano Le fornirà l'assistenza necessaria.
È un servizio gratuito.

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 1-855-650-7226. Irá encontrar alguém que fale português para o ajudar. Este serviço é gratuito.

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 1-855-650-7226. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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 1-855-650-7226. Ta usługa jest bezpłatna.

Hmong-Mien: Peb muaj kev pab cuam txhais lus pub dawb los teb cov lus nug uas koj muaj txog ntawm 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 ntawm 1-855-650-7226. Muaj tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov kev pab cuam no yog pab dawb xwb.

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 1-855-650-7226. Вам може допомогти людина, яка володіє українською мовою. Ця послуга безкоштовна.

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