

Napa and Sonoma Counties

SCAN Heart First (HMO SNP)

SCAN Balance (HMO SNP)

2021 Enrollment Kit

Medicare Advantage Plan

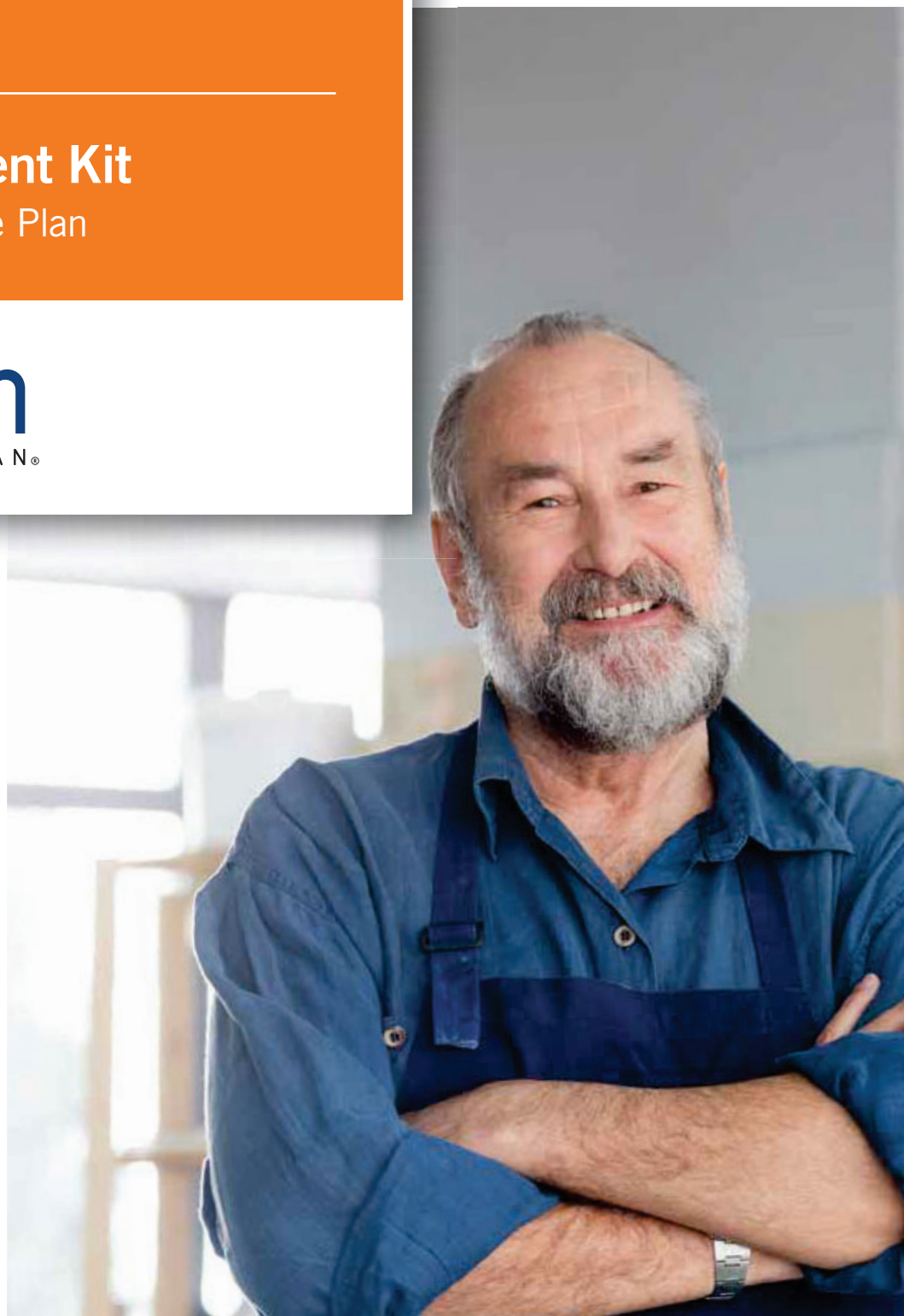


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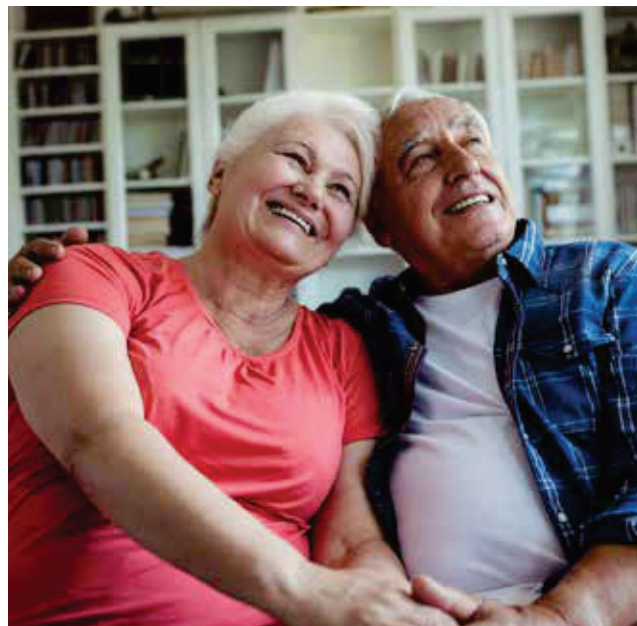
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The SCAN Story

Keeping Seniors Healthy and Independent.
That's been the SCAN mission since the organization was founded in 1977.

We began when a group of senior activists in Long Beach, California got together, determined to improve access to the care and services they needed so they could stay as independent as possible. They brought together experts in medicine, gerontology, psychology and social services and formed the not-for-profit Senior Care Action Network, now known as SCAN.

More than forty years later, seniors are still at the heart of all we do — and they always will be. You can count on SCAN to help you stay healthy, vibrant and connected for years to come.



Sales Appointment Confirmation

Please initial below beside the type of product(s) you want the agent to discuss.

The Centers for Medicare and Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative).

Medicare Advantage Plans (Part C) and Cost Plans	
<input type="checkbox"/>	Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
<input type="checkbox"/>	Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
<input type="checkbox"/>	Optional Supplemental Dental Plans — Administered by Delta Dental Insurance Company

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above.

Agreeing to this appointment does not affect your current or future Medicare enrollment status and there is no obligation to enroll. In addition, completing this confirmation will not automatically enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare Plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature Signature Date

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

Plan Use Only: To be completed by Agent	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	Date Appointment Completed:
Plan(s) the agent represented during this meeting:	
If the form was signed by the beneficiary at time of appointment, provide explanation why Sales Appointment Confirmation was not documented prior to meeting:	

Sales Appointment Confirmation (Scope of Appointment Form) documentation is subject to CMS record retention requirements.

SCAN Health Plan - H5425

2020 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2020, SCAN Health Plan received the following Overall Star Rating from Medicare.

★★★★½
4.5 Stars

We received the following Summary Star Rating for SCAN Health Plan's health/drug plan services:

Health Plan Services:

★★★★½
4.5 Stars

Drug Plan Services:

★★★★½
4.5 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars - average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 1-888-315-7226 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time.

Current members please call 1-800-559-3500 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

Summary of Benefits



2021

Summary of Benefits

**SCAN Heart First (HMO SNP)
and SCAN Balance (HMO SNP)
Napa and Sonoma Counties**

January 1, 2021 - December 31, 2021

SCAN Heart First (HMO SNP) and SCAN Balance (HMO SNP) are HMO plans with Medicare contracts. Enrollment in SCAN Health Plan depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage” by calling our Member Services Department at the phone number listed in this document or online at www.scanhealthplan.com.

Y0057_SCAN_12087_2020F_M

R1359 8/20 21C-SMB155



SUMMARY OF BENEFITS JANUARY 1, 2021 – DECEMBER 31, 2021

PREMIUM AND BENEFITS	SCAN HEART FIRST	SCAN BALANCE	WHAT YOU SHOULD KNOW
Monthly Health Plan Premium	You pay \$38 per month	You pay \$38 per month	You must continue to pay your Medicare Part B premium.
Deductible	You pay \$0	You pay \$0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	\$3,400 annually	\$3,400 annually	The most you pay for copays and coinsurance for Medicare-covered medical services for the year.
Inpatient Hospital Coverage	You pay \$200 copay per day for days 1-8 You pay \$0 per day for days 9-90 and beyond	You pay \$200 copay per day for days 1-8 You pay \$0 per day for days 9-90 and beyond	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization rules apply.
Outpatient Hospital Services Ambulatory Surgical Center Outpatient Hospital	You pay \$15-\$225 copay per visit You pay \$15-\$225 copay per visit	You pay \$15-\$225 copay per visit You pay \$15-\$225 copay per visit	Prior authorization rules apply for outpatient hospital services.
Doctor Visits Primary Care Specialists	You pay \$0 You pay \$15 copay per visit	You pay \$0 You pay \$15 copay per visit	Prior authorization rules apply for specialist visits.
Preventive Care	You pay \$0	You pay \$0	Any additional preventive services approved by Medicare during the contract year will be covered. Prior authorization rules apply.

PREMIUM AND BENEFITS	SCAN HEART FIRST	SCAN BALANCE	WHAT YOU SHOULD KNOW
Emergency Care	You pay \$90 copay per visit	You pay \$90 copay per visit	<p>The emergency room copay will be waived if you are immediately admitted to the hospital.</p> <p>You are covered for worldwide emergency services.</p>
Urgently Needed Services	You pay \$25 copay per visit	You pay \$25 copay per visit	You are covered for worldwide urgent care services.
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology • Diagnostic radiology (e.g., MRI, CT) 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$60 copay per visit</p> <p>You pay \$60 copay per visit</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$60 copay per visit</p> <p>You pay \$60 copay per visit</p>	Prior authorization rules apply for diagnostic, lab, and imaging services.
Hearing Services <ul style="list-style-type: none"> • Medicare-covered diagnostic hearing and balance exam • Non-Medicare-covered (routine) hearing exam • Non-Medicare-covered (routine) hearing aids 	<p>You pay \$0</p> <p>You pay \$0 for up to 1 visit every 12 months</p> <p>You pay \$450 copay per aid for a TruHearing Advanced hearing aid or \$750 copay per aid for a TruHearing Premium hearing aid</p> <p>You are covered for up to 2 hearing aids every 12 months</p>	<p>You pay \$0</p> <p>You pay \$0 for up to 1 visit every 12 months</p> <p>You pay \$450 copay per aid for a TruHearing Advanced hearing aid or \$750 copay per aid for a TruHearing Premium hearing aid</p> <p>You are covered for up to 2 hearing aids every 12 months</p>	<p>Prior authorization rules apply for Medicare-covered diagnostic hearing and balance exams.</p> <p>You must go to a SCAN-contracted provider to obtain a routine hearing exam and hearing aids.</p>

PREMIUM AND BENEFITS	SCAN HEART FIRST	SCAN BALANCE	WHAT YOU SHOULD KNOW
<p>Dental Services</p> <ul style="list-style-type: none"> • Medicare-covered dental services • Non-Medicare-covered (routine) oral exam • Non-Medicare-covered (routine) dental cleaning • Non-Medicare-covered (routine) dental X-rays 	<p>You pay \$25 copay per visit</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>	<p>You pay \$25 copay per visit</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>	<p>Prior authorization rules apply for Medicare-covered dental services.</p> <p>Routine dental benefits are available with an additional premium. See the “Optional Supplemental Benefits” chart at the end of this document.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat diseases of the eye • Medicare-covered glasses after cataract surgery • Non-Medicare-covered (routine) vision exam • Non-Medicare-covered (routine) glasses or contact lenses • Non-Medicare-covered (routine) vision coverage limit 	<p>You pay \$15 copay per visit</p> <p>You pay \$0</p> <p>You pay \$0 for up to 1 visit every 12 months</p> <p>You pay \$0 per pair every 24 months</p> <p>You are covered for up to \$130 for frames or contact lenses every 24 months</p>	<p>You pay \$15 copay per visit</p> <p>You pay \$0</p> <p>You pay \$0 for up to 1 visit every 12 months</p> <p>You pay \$0 per pair every 24 months</p> <p>You are covered for up to \$130 for frames or contact lenses every 24 months</p>	<p>Prior authorization rules apply for Medicare-covered vision exam and glasses after cataract surgery.</p> <p>Routine vision services do not require prior authorization. You must go to a SCAN-contracted vision provider to obtain routine vision services.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visit • Outpatient individual/group therapy visit • Outpatient individual/group therapy visit with a psychiatrist 	<p>You pay \$900 copay per admission for days 1-90</p> <p>You pay \$25 copay per visit</p> <p>You pay \$15 copay per visit</p>	<p>You pay \$900 copay per admission for days 1-90</p> <p>You pay \$25 copay per visit</p> <p>You pay \$15 copay per visit</p>	<p>Prior authorization rules apply for inpatient mental health hospitalization. You are covered for up to 90 days per benefit period.*</p> <p>No prior authorization is required for outpatient individual/group therapy visits.</p>

PREMIUM AND BENEFITS	SCAN HEART FIRST	SCAN BALANCE	WHAT YOU SHOULD KNOW
Skilled Nursing Facility	You pay \$0 per day for days 1-20 You pay \$50 copay per day for days 21-100	You pay \$0 per day for days 1-20 You pay \$50 copay per day for days 21-100	Prior authorization rules apply for skilled nursing facility services. You are covered for up to 100 days per benefit period.* No prior hospitalization is required.
Physical Therapy	You pay \$0	You pay \$0	Prior authorization rules apply for outpatient physical therapy services.
Ambulance	You pay \$200 copay per one-way trip	You pay \$175 copay per one-way trip	
Transportation (Non-Medicare- covered—routine)	Not covered	Not covered	
Medicare Part B Drugs	You pay 20% of the total cost for chemotherapy and other Part B drugs	You pay 20% of the total cost for chemotherapy and other Part B drugs	Prior authorization rules apply to select drugs.

*A benefit period begins the day you go into a hospital or SNF. The benefit period ends when you haven't received any inpatient hospital or SNF care for 60 days in a row.

OUTPATIENT PRESCRIPTION DRUGS (PART D DRUGS):

You pay the following:

SCAN HEART FIRST

Drug Tier	Retail				Mail-Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	100-day supply	30-day supply	100-day supply	100-day supply	100-day supply
Initial Coverage Stage						
Tier 1 (Preferred Generic)	You pay \$0	You pay \$0	You pay \$7	You pay \$14	You pay \$0	You pay \$14
Tier 2 (Generic)	You pay \$10	You pay \$20	You pay \$17	You pay \$34	You pay \$0	You pay \$34
Tier 3 (Preferred Brand)	You pay \$42	You pay \$106	You pay \$47	You pay \$121	You pay \$106	You pay \$121
Tier 4 (Non-Preferred Drug)	You pay \$95	You pay \$265	You pay \$100	You pay \$280	You pay \$265	You pay \$280
Tier 5 (Specialty Tier)	You pay 33%	Not available	You pay 33%	Not available	Not available	Not available

Coverage Gap Stage

Begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.

You pay the same copays as in the Initial Coverage Stage for Tier 1 drugs. For drugs in other tiers, you pay 25% of the negotiated price (and a portion of the dispensing fee) for your brand name drugs and 25% of the cost for your generic drugs.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of:

- 5% of the cost, or
- \$3.70 copay for generic (including drugs that are treated like a generic) and \$9.20 copay for all other drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less for certain drugs if you use these pharmacies. Your cost-sharing may vary depending on the pharmacy you choose (e.g., Preferred Retail, Standard Retail, Preferred Mail-Order, Standard Mail-Order, Long Term Care (LTC), Home infusion, etc.) or whether you receive a one-month or a three-month supply or when you enter another phase of the Part D benefit or if you receive “Extra Help.” For more information, please call our Member Services Department at the number provided in this document or access your Evidence of Coverage online. If you reside in a long-term care facility, your cost-sharing for a 31-day supply is the same as at a standard retail

pharmacy for a 30-day supply. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts PharmacySM is our Preferred mail order pharmacy. While you can fill your prescription medications at any of our network mail order pharmacies, you may pay less at the Preferred mail order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan's Member Services. For your mail order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users call 711. You may opt out of automatic deliveries at any time. Other pharmacies are available in our network.

OUTPATIENT PRESCRIPTION DRUGS (PART D DRUGS):

You pay the following:

SCAN BALANCE

Drug Tier		Retail				Mail-Order	
		Preferred		Standard		Preferred	Standard
		30-day supply	100-day supply	30-day supply	100-day supply	100-day supply	100-day supply
Initial Coverage Stage							
Tier 1 (Preferred Generic)		You pay \$0	You pay \$0	You pay \$7	You pay \$14	You pay \$0	You pay \$14
Tier 2 (Generic)		You pay \$10	You pay \$20	You pay \$17	You pay \$34	You pay \$0	You pay \$34
Tier 3 (Preferred Brand)	Select Insulins	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0	You pay \$0
	Other Drugs	You pay \$42	You pay \$106	you pay \$47	You pay \$121	You pay \$106	You pay \$121
Tier 4 (Non-Preferred Drug)		You pay \$95	You pay \$265	You pay \$100	You pay \$280	You pay \$265	You pay \$280
Tier 5 (Specialty Tier)		You pay 33%	Not available	You pay 33%	Not available	Not available	Not available

Coverage Gap Stage

Begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.

You pay the same copays as in the Initial Coverage Stage for Tier 1 drugs and Tier 3 (select insulins only). For drugs in other tiers, you pay 25% of the negotiated price (and a portion of the dispensing fee) for your brand name drugs and 25% of the cost for your generic drugs.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of:

- 5% of the cost, or
- \$3.70 copay for generic (including drugs that are treated like a generic) and \$9.20 copay for all other drugs.

The \$0 copay for select insulins applies to members who do not qualify for a program that helps pay for your drugs (“Extra Help”). Select insulins are all insulin pens and vials in Tier 3 covered on our most recent Drug List we provided electronically. If you have questions about the Drug List, you can call Member Services.

Some of our network pharmacies have preferred cost-sharing. You may pay less for certain drugs if you use these pharmacies. Your cost-sharing may vary depending on the pharmacy you choose (e.g., Preferred Retail, Standard Retail, Preferred Mail-Order, Standard Mail-Order, Long Term Care (LTC), Home infusion, etc.) or whether you receive a one-month or a three-month supply or when you enter another phase of the Part D benefit or if you receive “Extra Help.” For more information, please call our Member Services Department at the number provided in this document or access your Evidence of Coverage online. If you reside in a long-term care facility, your cost-sharing for a 31-day supply is the same as at a standard retail pharmacy for a 30-day supply. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts PharmacySM is our Preferred mail order pharmacy. While you can fill your prescription medications at any of our network mail order pharmacies, you may pay less at the Preferred mail order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan’s Member Services. For your mail order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users call 711. You may opt out of automatic deliveries at any time. Other pharmacies are available in our network.

ADDITIONAL BENEFITS

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

BENEFITS	SCAN HEART FIRST	SCAN BALANCE	WHAT YOU SHOULD KNOW
Acupuncture Services	You pay \$10 copay for up to 30 visits per year combined with routine chiropractic services	You pay \$10 copay for up to 30 visits per year combined with routine chiropractic services	You do not need a referral for an initial acupuncture visit. Any subsequent visits require prior authorization.
Chiropractic Services			
<ul style="list-style-type: none"> • Medicare-covered chiropractic care • Routine chiropractic care 	<p>You pay \$20 copay per visit</p> <p>You pay \$10 copay for up to 30 visits per year combined with acupuncture services</p>	<p>You pay \$20 copay per visit</p> <p>You pay \$10 copay for up to 30 visits per year combined with acupuncture services</p>	<p>Prior authorization rules apply</p> <p>You do not need a referral for an initial routine chiropractor visit. Any subsequent visits require prior authorization.</p>
Home Health Care (Medicare-covered)	You pay \$0	You pay \$0	Prior authorization rules apply
Medical Equipment/Supplies			
<ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetic supplies 	<p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p> <p>You pay \$0</p>	<p>You pay 20% of the total cost</p> <p>You pay 20% of the total cost</p> <p>You pay \$0</p>	<p>Prior authorization rules apply for covered durable medical equipment, prosthetic devices, and certain diabetic supplies.</p> <p>SCAN covers diabetic supplies such as glucose monitors, test strips, and control solution from a select manufacturer. Lancets are also covered and are available from all manufacturers.</p>

ADDITIONAL BENEFITS

BENEFITS	SCAN HEART FIRST	SCAN BALANCE	WHAT YOU SHOULD KNOW
Telehealth Services	You pay \$0	You pay \$0	<p>A visit with a board-certified doctor in the comfort of your own home. This benefit is for non-life threatening conditions such as, but not limited to, cough, flu, nausea, sore throat, fever, and allergies.</p> <p>Visits with doctors can be conducted either by telephone or secure video capabilities from your computer or smart phone.</p>

OPTIONAL SUPPLEMENTAL BENEFITS

DENTAL SERVICES – SCAN HEART FIRST AND SCAN BALANCE

Basic Dental Plan

Monthly Premium	\$6 per month
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- Access to a large network of Delta Dental DHMO providers
- Over 270 dental procedures included
- Predictable copayments
- Low monthly premium - higher copayments for certain procedures

Enhanced Dental Plan

Monthly Premium	\$16 per month
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- Access to a large network of Delta Dental DHMO providers
- Over 300 dental procedures included
- Predictable copayments
- Monthly premium - lower copayments for many procedures

SCAN Heart First and **SCAN Balance** have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

ABOUT SCAN HEART FIRST AND SCAN BALANCE

<p>Who can join?</p>	<p>SCAN Heart First You must:</p> <ul style="list-style-type: none"> – have both Medicare Part A and Part B – live in the plan service area (Napa and Sonoma counties, California) – be a United States citizen or be lawfully present in the United States – be diagnosed with cardiovascular disorders and/or chronic heart failure <p>SCAN Balance You must:</p> <ul style="list-style-type: none"> – have both Medicare Part A and Part B – live in the plan service area (Napa and Sonoma counties, California) – be a United States citizen or be lawfully present in the United States – be diagnosed with diabetes mellitus
<p>Phone Number (Members) Phone Number (Non-Members) TTY</p>	<p>1-800-559-3500 1-877-870-4867 Calling this number will direct you to a licensed insurance agent. 711</p>
<p>Hours of Operation</p>	<p>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 Messages received on holidays and outside of our business hours will be returned within one business day.</p>
<p>Website</p>	<p>http://www.scanhealthplan.com</p>

To get more information about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048.

This information is not a complete description of benefits. Call 1-800-559-3500 (TTY: 711) for more information.

You can get prescription drugs shipped to your home through our network mail-order delivery program, which is called Express Scripts Pharmacy.SM Typically, you should expect to receive your prescription drugs within 14 days from the time that the mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan’s Member Services at 1-800-559-3500, 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 (messages received on holidays and outside of our business hours will be returned within one business day). TTY: 711.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-870-4867 (TTY users call 711) Hours are 8 a.m. to 8 p.m., seven 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. Messages received on holidays and outside of our business hours will be returned within one business day.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.scanhealthplan.com or call 1-877-870-4867 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.

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SCAN 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 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 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 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 Member Services
Attention: Grievance and Appeals Department
P.O. Box 22616, Long Beach, CA 90801-5616
1-800-559-3500 (TTY: 711)
FAX: 1-562-989-5181

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 <http://www.hhs.gov/ocr/office/file/index.html>.

SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-559-3500. (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-559-3500. (TTY: 711).

Chinese Traditional: 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-800-559-3500。(TTY: 711)。

Chinese Simplified: 注意：如果您使用中文，您可以免费获得语言援助服务，请致电 1-800-559-3500。(TTY: 711)。

Vietnamese: CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin vui lòng gọi số 1-800-559-3500. (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-559-3500. (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-559-3500 번으로 연락해 주십시오. (TTY: 711).

Armenian: Ուշադրություն: Եթե խոսում եք հայերեն, ապա Ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգախարհ՝ 1-800-559-3500 հեռախոսահամարով: Հեռատիպի համարն է՝ 711:

Persian: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره 1-800-559-3500 تماس بگیرید. (TTY: 711).

Russian: ВНИМАНИЕ! Если вы говорите по-русски, вы можете бесплатно получить услуги перевода;а. Звоните по телефону 1-800-559-3500 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お問合せ先 1-800-559-3500. (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-559-3500. (الهاتف النصي: 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-559-3500 ਉੱਤੇ ਕਾਲ ਕਰੋ। (TTY: 711)।

Mon-Khmer, Cambodian: សូមយកចិត្តទុកដាក់: បើសិនជាអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ អាចមានសំរាប់បំរើអ្នក។ សូមទូរស័ព្ទទៅលេខ 1-800-559-3500 ។ (TTY: 711) ។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob (Ntawv Suav - Hmoob), muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-559-3500. (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। काल करें 1-800-559-3500, (TTY: 711)।

Thai: โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-559-3500 (TTY: 711)

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-559-3500 (TTY: 711).

Additional Plan Information



Benefits Beyond

Original Medicare



SCAN offers you benefits beyond what Original Medicare alone provides. For some of these benefits, we partner with companies that specialize in that type of care. We are pleased to be able to provide you added coverage through these programs.

Good health goes beyond the doctor's office, so check out your "more than Original Medicare" benefits on the following pages.

These program offerings may vary based on plan and county. Please turn to the Summary of Benefits for a detailed description of your plan.

For more information on these benefits

Call SCAN at **1-877-870-4867 (TTY: 711)**

October 1 to March 31: 8 a.m. to 8 p.m., seven days a week

April 1 to September 30: 8 a.m. to 8 p.m., Monday through Friday

Messages received on holidays and outside of our business hours will be returned within one business day.

You can also visit **www.scanhealthplan.com/other-providers**

Or contact the companies directly – either call or visit their websites.

SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

Core Extras

Vision Services (routine)



SCAN offers routine vision care services through the EyeMed Select optometry provider network:

- Routine eye exam, limited to one every calendar year
- An eyewear allowance to apply towards the cost of standard frames or lenses
- Access to a large network of independent and retail locations

Please note SCAN Health Plan members are part of the EyeMed “SELECT” network when searching for a provider.

EyeMed Vision Care

To find an optometrist or optician near you, call:

1-844-226-2850 or go to:

www.eyemedvisioncare.com/locator

October 1–March 31

5 a.m.–8 p.m. (PT), seven days a week

April 1–September 30

5 a.m.–8 p.m. (PT), Monday–Saturday

8 a.m.–5 p.m. (PT), Sunday

Acupuncture and Chiropractic Services (routine)



- Access to routine acupuncture and chiropractic services
- Large network of providers
- Call a participating provider to schedule an initial examination

American Specialty Health (ASH)

To find a professional near you, call:

1-800-678-9133

5 a.m.–6 p.m. (PT),
Monday–Friday

Or go to:

www.ashlink.com/ash/SCAN

Podiatry Services (routine)



- Six self-referred visits for \$0 copay per calendar year
- Comprehensive network of podiatrists
- Routine foot care services including toenail clipping, callus removal and treatment of corns

Podiatry Plan

To find a podiatrist near you, call:

1-800-367-7762

9 a.m.–5 p.m. (PT),
Monday–Friday

Or go to:

[www.podiatryplan.com/
find-a-provider/](http://www.podiatryplan.com/find-a-provider/)

Optional Dental Plans

Offered by Delta Dental of California



With a DeltaCare[®] USA plan, you'll enjoy:

- Set copayments — so you always know what your out-of-pocket costs will be
- \$0 copayment for office visits (unspecified diagnostic procedures)
- No deductibles or maximums for covered benefits
- Low out-of-pocket costs for diagnostic and preventive services
- \$0–\$5 cleanings (two cleanings every 12 months)

SCAN Heart First (HMO SNP) and SCAN Balance (HMO SNP) enrollees have the option to enroll in the Basic or Enhanced Dental plans.

Compare the optional dental plans		
Service	Your copayment	
	Basic Plan	Enhanced Plan
Monthly premium	\$6	\$16
Office visit	\$0–\$36	\$0–\$5
Cleaning (prophylaxis)	\$0	\$0
Scaling and root planing	\$5–\$101	\$0
Partial denture	\$215–\$803	\$120–\$440



Have questions about enrolling?

1-855-830-6583 5 a.m. to 6 p.m., (PT), Monday through Friday.

To search for a dentist, use the “Find a Dentist” tool at

www.deltadentalins.com/scan

How do I sign up?

Just fill out the dental application.

Copyright ©2019 Delta Dental. All rights reserved.



We keep you smiling[®]
deltadentalins.com/scan

TruHearing



Your hearing aid benefit includes:

Personalized Care

- Guidance and assistance from a TruHearing Hearing Consultant
- Professional exam from a local, licensed provider
- Three follow-up visits for fitting and adjustments

Next-Generation Sound

- Coverage for up to two Advanced or Premium hearing aids per year
- Powerful hearing aids to hear what matters most, wherever you are
- Automatically adjusting device sensors, for a natural sound even while you're moving

Devices for Your Lifestyle

- Bluetooth® connectivity for streaming your favorite music, TV and phone calls straight to your ears¹
- A “smart app” that acts as a hearing aid remote control, allows you to interface with your provider and even tracks your physical activity²

Your 2021 Hearing Coverage:

Your Plan	TruHearing Advanced	TruHearing Premium	Your benefit also includes:
SCAN Heart First (HMO SNP)	\$450 per aid	\$750 per aid	Risk-free 45-day trial period + 48 free batteries with non-rechargeable models + Full 3-year manufacturer warranty
SCAN Balance (HMO SNP)	\$450 per aid	\$750 per aid	

*Rechargeable battery option is available on select styles for an additional \$50 per hearing aid.

Think you might have hearing loss?

Try our free, fast online screening, visit: TruHearing.com/SCAN

Call to learn more: **1-844-255-7148 | (TTY 711)**

Hours: 5 a.m.–6 p.m. (PT), Monday–Friday

¹ Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Connectivity also available to many Android® phones with use of an accessory. TV streaming available through most TVs with use of an accessory.

² In- app interfacing requires provider activation. All content ©2020 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc. Three follow-up visits must be used within one year after the date of initial purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant.



Featured Extras

Telehealth - MDLive



When it's not an emergency, you don't have an appointment to see your primary care physician (PCP) or when you just want a convenient alternative to an urgent care center, your telehealth benefit offers care 24 hours a day, 7 days a week, 365 days a year.

- The doctor can diagnose your non-emergency symptoms and send medically necessary prescriptions to your SCAN network pharmacy
- Speak with a Board Certified medical doctor in the comfort of your own home for non-life-threatening conditions
- The visit can be conducted either by telephone or secure video capabilities from your computer or smart phone

Request a telehealth visit today.

**Call 1-888-993-4087
(TTY: 1-800-770-5531),**

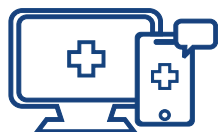
24 hours a day, 7 days a week.

Or go to:

**www.mdlive.com/
scanhealthplan.com**

MDLIVE[®]

SCAN HEALTH*tech* Technology Support Assistance



A technology support line to provide education and training on how to use your computer, tablet or smartphone to access health care and health care related information.

Areas where Health*tech* can help you

- Skype/Zoom/FaceTime training for physician visits
- Telehealth visit overview, setup on personal equipment (phone, tablet, or computer)
- Prescription delivery setup
- Email account creation for health care communication
- Setting up your medical group's online portal access
- SCAN Health Plan Member Portal registration

To access technology support assistance please call:

**1-833-437-0555
(TTY: 711)**

24 hours a day, 7 days a week.



SCAN *on the go*



SCAN goes where you go.

Life can take you many places, so SCAN goes where you go. Whether you're out of town or across the country, you can count on SCAN to be there, too, with benefits to help you stay healthy and safe. And if you need care, we're there with coverage you can count on.

Benefits available on the go include:

- Personal Emergency Reponse System
- SilverSneakers®
- CVS MinuteClinic®
- Travel Assurance
- Prescription refills
- Urgent care
- Eyeglasses
- Emergency care
- Emergency dental
- Telehealth benefit
- Hearing aids

Benefits may vary by plan and must be obtained by contracted providers.

At home or on the go, we've got you covered.

To access any of these benefits, call SCAN Health Plan 1-800-559-3500



SCAN Travel Assurance Worldwide Coverage



With SCAN you can travel with confidence, knowing your SCAN coverage travels with you anywhere you go. Members will have access to resources that facilitate the reimbursement of approved claims.

The SCAN Travel Assurance kit includes:

- Step-by-step instructions on what to do if you need to see a doctor while traveling
- Room to store helpful health information, such as your medication list or vaccination record, and hold your passport
- A copy of your SCAN Member ID card
- A claim form so you can be repaid for any covered out-of-pocket costs when you return home

Have safe and confident travels with SCAN Travel Assurance!

To access this benefit, call SCAN Health Plan 1-800-559-3500



Solutions For Healthy Living

Health Club Membership



SilverSneakers is a health and fitness program that provides gym access, fitness classes and programs.

SilverSneakers members:

- Have access to a no cost gym membership with access to all basic amenities
- Thousands of gyms, community centers, and other participating fitness locations across the nation
- Exercise classes designed for seniors of all fitness levels and led by trained instructors
- Access to SilverSneakers Live virtual classes and hundreds of On-Demand classes at SilverSneakers.com

SilverSneakers® Fitness Program

To find a SilverSneakers location or get your SilverSneakers ID Number, call:

1-888-423-4632

5 a.m.–5 p.m. (PT),
Monday–Friday

Or go to:

www.SilverSneakers.com

BrainHQ



Exercise your mind with BrainHQ, an online brain health program.

Keeping your mind “physically fit” is important. Brain fitness helps strengthen connections in order to maintain important brain functions. Exercising the brain should be on every adult’s daily to-do list.

BrainHQ is offered at no-cost to SCAN members.

Features include:

- Mental games that focus on attention, memory, brain speed, intelligence, navigation, and people skills exercises
- A useful and meaningful workout tailored to your unique brain. Using a special method, each exercise adapts in difficulty as you use it so you’re always working at your optimum level—where you are most likely to improve your performance

To start using BrainHQ, please go to www.scan.brainhq.com

For additional questions you can call:

1-888-844-6598 (TTY: 711)

7:30 a.m.–4 p.m.
Monday–Friday



Solutions for Independence

Home-Delivered Meals



Home-delivered meals help members maintain a nutritionally balanced lifestyle, recover after a hospital stay and provide a jump start to healthy eating for chronic conditions.

Fully prepared, complete and refrigerated meals:

- Delivered to your doorstep
- A variety of meal choices to select from every order
- Health specific menu options (9 health support menus, e.g. lower sodium, diabetic-friendly, etc.)
- Criteria apply, please call SCAN Member Services for details

To access this benefit,
call SCAN Health Plan
1-800-559-3500



Emergency Response System



Get the help you need wherever life takes you with a GPS enabled Personal Emergency Response System (PERS).

PERS enables you to remain at home, living safely and independently.

Your PERS includes:

- A water resistant, two-way voice wearable mobile device and charging cradle
- GPS to identify your location if you need help
- Just press the button on the mobile device and our response center operator will respond immediately

To access this benefit,
call SCAN Health Plan
1-800-559-3500

Safety at your fingertips!

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Pharmacy Benefit



Save Money on Your Medications¹

\$0 Insulin



If you have diabetes, we understand how hard that can be on your budget. That's why SCAN Balance (HMO SNP) offers all insulin pens and vials covered on our Drug List (i.e., Humalog, Humulin, Lantus, Lyumjev, Toujeo) for a \$0 copay, including gap coverage, at any of our network pharmacies.

The \$0 insulin copay is available in SCAN Balance plans and applies to members who do not qualify for a program that helps pay for prescription drugs (such as Extra Help). Your insulin copay may change when you enter the Catastrophic Coverage.

Make it Mail-Order

Some of the lowest prices are available through Mail Order from Express Scripts PharmacySM

The easy way to fill your maintenance medications. Make fewer trips to the pharmacy by having your 3-month supply delivered right to you and right on time. And standard shipping is free!



A 3-month supply of Tier 1 and Tier 2 drugs is \$0 through Express Scripts Pharmacy

Many other medications get Preferred Pharmacy pricing. So if low cost, convenience and great service are at the top of your list, you'll want to make it mail-order.

Take advantage of the savings and convenience of home delivery, plus the added benefits of:



Automatic Refills

Sign up for automatic refills with Express Scripts Pharmacy, they'll remember so you don't have to.



Online Tracking

Easily manage your medications on the Express Scripts website or app.



Payment Flexibility

Express Scripts Pharmacy offers payment options that work with your budget.



Have Questions?

24/7 telephone access to a pharmacist at 1-866-553-4125 (TTY: 711).

Make the Switch

Once your SCAN membership begins, contact:

- Express Scripts Personal Enrollment Specialist at 1-877-842-9792 (TTY: 711)

OR

- Your doctor's office and ask about home delivery for your maintenance medications. They can send your 3-month prescriptions right to Express Scripts Pharmacy

Keeping Prescription Medications Affordable

We know how important it is to keep the cost of medications low. Here are even more ways to save with SCAN Health Plan.



Preferred Pharmacies = Lower Copayments!

If you prefer to fill your prescriptions at a local pharmacy but still want to save money, we have you covered. Just use a SCAN Preferred pharmacy. These are pharmacies in the SCAN network that generally offer lower copayments than Standard pharmacies for most drugs.

While you can fill your prescriptions at any of the pharmacies listed below, you may pay less at a Preferred pharmacy.

Preferred Pharmacies

CVS	Costco	Safeway
Rite Aid	Ralphs	Albertsons
Walmart	Home Delivery from Express Scripts Pharmacy	Select independent pharmacies

Standard Pharmacies

Walgreens	Medicine Shoppe	Select independent pharmacies
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3-Month Supply = Savings

Save money and time by getting 3-month supply of the medications you take on an ongoing basis. The amount you save will depend on the tier your medication is on and what pharmacy you use (e.g., Preferred or Standard). Specialty tier (Tier 5) drugs are not available for a 3-month supply.

SCAN Health Plan 2021 Drug Listing

About this list:

This is not a complete list of drugs covered by our plan. For a complete and updated list of drugs, please refer to the 2021 SCAN Health Plan Formulary or visit our website at www.scanhealthplan.com. The Formulary will also note if there are any restrictions to the medication.

This list of drugs is current as of **August 2020** and is subject to change. Generally, you must use network pharmacies to use your prescription drug benefit. The Formulary may change at any time. You will receive notice when necessary.

Drug Name	Drug Tier	Drug Name	Drug Tier
A		AFINITOR TAB 10MG	5
<i>abacavir & lamivudine</i>	5	AIMOVIG	4
<i>abacavir & lamivudine & zidovudine</i>	5	<i>albendazole</i>	4
<i>abacavir soln</i>	4	<i>albuterol sulfate er</i>	3
<i>abacavir tabs</i>	4	<i>albuterol sulfate hfa 6.7gm inhaler</i>	2
ABELCET INJ	4	<i>albuterol sulfate hfa 8.5gm inhaler</i>	2
ABILIFY MAINTENA	5	<i>albuterol sulfate nebulizer</i>	2
<i>abiraterone acetate</i>	5	<i>albuterol sulfate syrup</i>	2
<i>acamprosate calcium dr</i>	2	<i>albuterol sulfate tabs</i>	3
<i>acarbose</i>	2	<i>alclometasone dipropionate</i>	2
<i>acebutolol</i>	2	<i>alcohol pads</i>	2
<i>acetaminophen & codeine</i>	2	ALECENSA	5
<i>acetazolamide er caps</i>	2	<i>alendronate oral soln</i>	2
<i>acetazolamide tabs</i>	2	<i>alendronate tabs</i>	1
<i>acetic acid & hydrocortisone</i>	2	<i>alfuzosin hcl er</i>	2
<i>acetylcysteine nebulizer soln</i>	2	ALINIA SUSP	4
<i>acitretin</i>	4	ALINIA TABS	5
ACTHIB INJ	3	<i>aliskiren</i>	3
ACTIMMUNE INJ	5	<i>allopurinol tab</i>	1
<i>acyclovir caps & tabs</i>	2	ALORA	3
<i>acyclovir cream & oint 5%</i>	4	<i>alose tron hcl tabs</i>	5
<i>acyclovir inj</i>	2	ALPHAGAN P 0.1%	3
<i>acyclovir oral susp</i>	4	<i>alprazolam er tabs</i>	2
ADACEL INJ	3	<i>alprazolam intensol</i>	2
<i>adapalene cream 0.1%</i>	4	<i>alprazolam tabs</i>	2
<i>adapalene gel 0.1% & 0.3%</i>	4	<i>altavera</i>	2
<i>adefovir dipivoxil</i>	5	ALTRENO	3
ADEMPAS	5	ALUNBRIG	5
ADVAIR HFA	3	ALUNBRIG INITIATION PACK	5
AFINITOR DISPERZ	5	<i>alyacen 1/35</i>	2

Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin*).

Drug Name	Drug Tier	Drug Name	Drug Tier
<i>alyq</i>	5	<i>aripiprazole tabs</i>	3
<i>amabelz</i>	3	ARISTADA INITIO INJ	4
<i>amantadine</i>	2	ARISTADA INJ	5
AMBISOME INJ	5	<i>armodafinil</i>	3
<i>ambrisentan</i>	5	ASMANEX HFA	3
<i>amikacin inj</i>	2	ASMANEX TWISTHALER	3
<i>amiloride</i>	2	ASTAGRAF XL	4
<i>amiloride & hydrochlorothiazide</i>	1	<i>atazanavir sulfate caps</i>	4
AMINOSYN INJ	3	<i>atenolol</i>	1
<i>amiodarone tabs</i>	2	<i>atenolol & chlorthalidone</i>	1
AMITIZA	3	<i>atomoxetine</i>	3
<i>amitriptyline</i>	2	<i>atorvastatin</i>	1
<i>amlodipine</i>	1	<i>atovaquone</i>	5
<i>amlodipine & atorvastatin</i>	2	<i>atovaquone/proguanil</i>	2
<i>amlodipine & benazepril</i>	1	ATRIPLA	5
<i>ammonium lactate topical</i>	2	<i>atropine sulfate soln</i>	2
<i>amnesteem caps</i>	4	ATROVENT HFA	3
<i>amoxapine</i>	2	AUBAGIO	5
<i>amoxicillin</i>	1	<i>aubra</i>	2
<i>amoxicillin & clavulanate potassium</i>	2	AURYXIA	5
<i>amoxicillin & clavulanate potassium er</i>	2	AUSTEDO	5
<i>amphetamine & dextroamphetamine tabs</i>	2	<i>aviane</i>	2
<i>amphotericin b inj</i>	2	AVONEX INJ	5
<i>ampicillin & sulbactam inj 10-5gm, 2-1gm, & 1-0.5gm</i>	2	AVONEX PEN INJ	5
<i>ampicillin inj</i>	2	AYVAKIT	5
<i>ampicillin oral</i>	2	AZASAN	4
ANADROL-50	3	AZASITE	3
<i>anagrelide</i>	2	<i>azathioprine oral</i>	2
<i>anastrozole</i>	2	<i>azelastine 0.05%</i>	2
ANORO ELLIPTA	3	<i>azelastine nasal 0.1%</i>	2
APOKYN INJ	5	<i>azelastine nasal 0.15%</i>	2
<i>aprepitant caps 80mg & 125mg</i>	4	<i>azithromycin inj</i>	2
<i>aprepitant pack</i>	4	<i>azithromycin tabs & oral susp</i>	2
<i>apri</i>	2	<i>aztreonam inj 1gm</i>	4
APTIOM	5	B	
APTIVUS	5	<i>bacitracin & polymyxin b ointment</i>	2
<i>aranelle</i>	2	<i>bacitracin ophthalmic ointment</i>	2
ARCALYST INJ	5	<i>baclofen</i>	2
<i>aripiprazole odt</i>	5	<i>balsalazide</i>	3
<i>aripiprazole soln 1mg/ml</i>	3	BALVERSA	5
		BANZEL	4

Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin*).

Drug Name	Drug Tier	Drug Name	Drug Tier
BAQSIMI	3	<i>bromocriptine</i>	2
BARACLUDE ORAL SOLN 0.05MG/ML	4	BROVANA NEBULIZER	4
BCG INJ	3	BRUKINSA	5
<i>bd insulin syringe safetyglide</i>	2	<i>budesonide ec caps</i>	4
<i>bd insulin syringe ultrafine</i>	2	<i>budesonide er tabs 9mg</i>	5
<i>bd pen needle ultrafine</i>	2	<i>budesonide nebulizer</i>	3
BELSOMRA	3	<i>bumetanide oral</i>	2
<i>benazepril</i>	1	<i>buprenorphine & naloxone sublingual film</i>	2
<i>benazepril & hydrochlorothiazide</i>	1	<i>buprenorphine & naloxone sublingual tabs</i>	2
BENLYSTA INJ 200MG/ML	5	<i>buprenorphine oral</i>	1
<i>benztropine tabs</i>	2	<i>bupropion</i>	2
<i>betamethasone dipropionate</i>	2	<i>bupropion sr</i>	2
<i>betamethasone dipropionate augmented</i>	2	<i>bupropion sr 150mg</i>	2
<i>betamethasone valerate cream, oint, lotion</i>	2	<i>bupropion xl 150mg, 300mg</i>	2
BETASERON INJ	5	<i>bupropion xl 450mg</i>	3
<i>betaxolol soln</i>	2	<i>buspirone</i>	2
<i>bethanechol</i>	2	<i>butorphanol tartrate nasal</i>	2
BETHKIS	5	BYDUREON BCISE INJ	3
BEVESPI AEROSPHERE	3	BYDUREON INJ	3
<i>bexarotene</i>	5	BYETTA INJ	3
BEXSERO INJ	3	BYSTOLIC	4
<i>bicalutamide</i>	2	C	
BICILLIN L-A INJ	3	<i>cabergoline</i>	2
BIKTARVY	5	CABOMETYX	5
<i>bisoprolol</i>	2	<i>caffeine-ergotamine</i>	3
<i>bisoprolol & hydrochlorothiazide</i>	2	<i>calcipotriene cream & oint</i>	4
BLEPHAMIDE	3	<i>calcipotriene soln</i>	4
BLEPHAMIDE S.O.P.	3	<i>calcitonin-salmon nasal</i>	2
<i>blisovi fe 1.5/30</i>	2	<i>calcitriol caps</i>	2
BOOSTRIX INJ	3	<i>calcium acetate</i>	2
<i>bosentan 62.5mg & 125mg tab</i>	5	CALQUENCE	5
BOSULIF TABS	5	CAPEX SHAMPOO	4
BRAFTOVI	5	CAPLYTA	5
BREO ELLIPTA	3	CAPRELSA	5
<i>briellyn</i>	2	<i>captopril</i>	1
BRILINTA	3	<i>captopril & hydrochlorothiazide</i>	1
<i>brimonidine tartrate soln 0.15%</i>	3	CARAC	5
<i>brimonidine tartrate soln 0.2%</i>	2	CARBAGLU	5
BRIVIACT ORAL SOLN	4	<i>carbamazepine er tabs & caps</i>	3
BRIVIACT TABS	5	<i>carbamazepine tabs, chewable tabs & oral susp</i>	2

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>carbidopa</i>	4	<i>chlorthalidone</i>	1
<i>carbidopa & levodopa</i>	2	<i>chlorzoxazone tabs 500mg</i>	2
<i>carbidopa & levodopa & entacapone</i>	4	<i>cholestyramine</i>	2
<i>carbidopa & levodopa er</i>	2	<i>cholestyramine light</i>	2
<i>carbidopa & levodopa odt</i>	2	<i>ciclopirox 8% nail soln</i>	2
<i>carteolol</i>	1	<i>ciclopirox cream & susp</i>	2
<i>cartia xt</i>	2	<i>ciclopirox gel & shampoo</i>	2
<i>carvedilol</i>	1	<i>cilastatin/imipenem inj</i>	2
<i>carvedilol phosphate er</i>	4	<i>cilostazol</i>	2
<i>caspofungin inj</i>	5	CIMDUO	5
CAYSTON	5	<i>cimetidine oral</i>	2
<i>caziant</i>	2	<i>cinacalcet tabs 30mg</i>	3
<i>cefaclor</i>	2	<i>cinacalcet tabs 60mg & 90mg</i>	5
<i>cefaclor er</i>	2	CINRYZE INJ	5
<i>cefadroxil caps & tabs</i>	2	CIPRO HC	3
<i>cefazolin inj</i>	2	CIPRODEX	3
<i>cefdinir</i>	2	<i>ciprofloxacin in d5w inj</i>	2
<i>cefepime inj</i>	2	<i>ciprofloxacin ophthalmic soln 0.3%</i>	2
<i>cefixime caps</i>	3	<i>ciprofloxacin tabs immediate-release 250mg, 500mg, 750mg</i>	1
<i>cefixime susp</i>	4	<i>citalopram oral soln</i>	2
<i>cefoxitin sodium</i>	2	<i>citalopram tabs</i>	1
<i>cefpodoxime tabs</i>	2	<i>claravis</i>	4
<i>cefprozil</i>	2	<i>clarithromycin</i>	2
<i>ceftazidime inj 1gm, 2gm & 6gm</i>	2	<i>clarithromycin er</i>	2
<i>ceftriaxone inj</i>	2	CLEOCIN VAGINAL SUPP	3
<i>cefuroxime inj</i>	2	<i>clindamycin & benzoyl peroxide gel 5%-1% & 5%-1.2%</i>	3
<i>cefuroxime oral</i>	2	<i>clindamycin oral</i>	2
<i>celecoxib</i>	3	<i>clindamycin phosphate inj</i>	2
CELLCEPT CAPS	4	<i>clindamycin topical gel, lotion, soln & swab</i>	2
CELLCEPT ORAL SUSPENSION & TABS	5	<i>clindamycin vaginal cream</i>	2
CELONTIN	4	CLINISOL SF INJ	4
<i>cephalexin caps & tabs 250mg & 500mg</i>	1	<i>clobazam</i>	4
<i>cephalexin oral susp</i>	1	<i>clobetasol propionate cream, foam, gel, oint, soln</i>	4
CERDELGA	5	<i>clobetasol propionate emollient</i>	4
<i>cevimeline</i>	3	<i>clomipramine</i>	4
CHANTIX	4	<i>clonazepam</i>	2
CHANTIX STARTING & CONTINUING MONTH PAK	4	<i>clonazepam odt</i>	2
<i>chlorhexidine gluconate</i>	2	<i>clonidine er</i>	2
<i>chloroquine</i>	2		
<i>chlorpromazine oral</i>	4		

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>clonidine patches</i>	4	<i>cyclobenzaprine hcl ir</i>	2
<i>clonidine tabs immediate-release</i>	1	<i>cyclophosphamide caps</i>	4
<i>clopidogrel tabs 75mg</i>	2	CYCLOSET	3
<i>clorazepate</i>	2	<i>cyclosporine caps</i>	3
<i>clotrimazole & betamethasone</i>	2	<i>cyclosporine modified</i>	2
<i>clotrimazole 1% cream</i>	2	<i>cyproheptadine</i>	2
<i>clotrimazole 1% topical soln</i>	2	<i>cyred eq</i>	2
<i>clotrimazole troche</i>	2	CYSTADANE	4
<i>clozapine</i>	2	CYSTAGON	3
<i>clozapine odt</i>	4	CYSTARAN	5
COARTEM	3	CYTOMEL	3
<i>codeine sulfate</i>	2	<i>dalfampridine er</i>	5
COLCHICINE	4	D	
COLCRYS	4	DALIRESP	3
<i>colesevelam</i>	4	<i>danazol</i>	3
<i>colestipol granules</i>	2	<i>dapsone tabs</i>	3
<i>colestipol tabs</i>	2	DAPTACEL INJ	3
<i>colistimethate inj</i>	2	<i>daptomycin inj</i>	5
COMBIGAN	3	DAURISMO	5
COMBIVENT RESPIMAT	3	<i>deblitane</i>	2
COMETRIQ	5	<i>deferasirox</i>	5
COMPLERA	5	DELSTRIGO	5
<i>compro</i>	2	<i>demeclocycline</i>	4
<i>constulose soln</i>	2	DEMSER	5
COPAXONE INJ 40MG/ML	5	DENAVIR	5
COPIKTRA	5	DEPO-PROVERA INJ 400MG/ML	4
CORLANOR	4	DESCOVY	5
<i>cortisone</i>	2	<i>desipramine</i>	2
CORTISPORIN CREAM	3	<i>desloratadine tabs</i>	2
CORTISPORIN OINT	3	<i>desmopressin acetate nasal</i>	4
COSENTYX	5	<i>desmopressin acetate oral</i>	2
COSENTYX SENSOREADY PEN	5	<i>desogestrel & ethinyl estradiol</i>	2
COTELLIC	5	<i>desonide</i>	3
CREON DR	3	<i>desoximetasone topical cream, & oint 0.25%</i>	3
CRESEMBA ORAL	5	<i>desoximetasone topical cream, gel & oint 0.05%</i>	4
CRIXIVAN	3	DESVENLAFAXINE ER	4
<i>cromolyn sodium nebulizer soln</i>	4	<i>desvenlafaxine succinate er</i>	3
<i>cromolyn sodium ophthalmic soln</i>	2	<i>dexamethasone dose pack</i>	2
<i>cromolyn sodium oral</i>	4	<i>dexamethasone elixir</i>	2
<i>cyclafem 1/35</i>	2		
<i>cyclafem 7/7/7</i>	2		

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>dexamethasone ophthalmic soln</i>	2	<i>divalproex sodium</i>	2
<i>dexamethasone tabs</i>	2	<i>divalproex sodium dr</i>	2
<i>dexmethylphenidate ir tabs</i>	2	<i>divalproex sodium er</i>	2
<i>dextroamphetamine sulfate er</i>	4	<i>dofetilide</i>	4
<i>dextroamphetamine sulfate tabs</i>	3	<i>donepezil odt</i>	2
<i>dextrose (10%, 5% or 2.5%) & sodium chloride inj</i>	2	<i>donepezil tabs 5mg & 10mg</i>	2
<i>dextrose inj</i>	2	<i>dorzolamide</i>	2
DIAZEPAM RECTAL GEL	3	<i>dorzolamide & timolol maleate</i>	2
<i>diazepam tabs & soln</i>	2	<i>dotti</i>	3
<i>diazoxide</i>	4	DOVATO	5
<i>diclofenac potassium</i>	1	<i>doxazosin</i>	2
<i>diclofenac sodium dr</i>	1	<i>doxepin caps</i>	2
<i>diclofenac sodium er</i>	1	<i>doxepin oral soln</i>	2
<i>diclofenac sodium gel 1%</i>	3	<i>doxepin tabs</i>	3
<i>diclofenac sodium gel 3%</i>	4	<i>doxercalciferol oral</i>	3
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	<i>doxy 100 inj</i>	2
<i>dicloxacillin sodium</i>	2	<i>doxycycline immediate-release tabs, caps & oral susp</i>	2
<i>dicyclomine oral</i>	2	DRIZALMA SPRINKLE	4
<i>didanosine</i>	2	<i>dronabinol</i>	4
<i>diflorasone diacetate</i>	4	DUAVEE	3
<i>diflunisal</i>	2	DULERA	3
<i>digitek</i>	2	<i>duloxetine hcl</i>	2
<i>digox</i>	2	<i>duramorph inj</i>	2
<i>digoxin oral</i>	2	DUREZOL	3
<i>dihydroergotamine mesylate nasal</i>	5	<i>dutasteride</i>	3
DILANTIN CAPS 100MG	3	<i>dutasteride & tamsulosin</i>	3
DILANTIN CAPS 30MG	3	E	
DILANTIN INFATABS	3	<i>econazole nitrate</i>	4
DILANTIN SUSP	3	EDURANT	5
<i>diltiazem er caps</i>	2	<i>efavirenz caps</i>	4
<i>diltiazem tabs</i>	2	<i>efavirenz tab</i>	5
<i>dilt-xr</i>	2	ELIGARD INJ	4
DIPENTUM	5	ELIQUIS	3
<i>diphenoxylate & atropine</i>	2	ELIQUIS STARTER PACK	3
DIPHThERIA & TETANUS TOXOIDS PEDIATRIC INJ	3	ELMIRON	4
<i>dipyridamole er & aspirin</i>	3	EMCYT	3
<i>dipyridamole oral</i>	2	<i>emoquette</i>	2
<i>disopyramide phosphate</i>	4	EMSAM	5
<i>disulfiram</i>	2	EMTRIVA	4
		<i>enalapril</i>	1

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>enalapril & hydrochlorothiazide</i>	1	<i>estradiol oral</i>	2
ENBREL INJ	5	<i>estradiol patches</i>	3
ENBREL MINI	5	<i>estradiol vaginal cream</i>	3
ENBREL SURECLICK INJ	5	<i>estradiol vaginal tabs</i>	3
<i>endocet 5-325mg, 7.5-325mg, 10-325mg</i>	3	<i>ethambutol</i>	2
ENGERIX-B INJ	3	<i>ethinyl estradiol & ethynodiol</i>	2
<i>enoxaparin inj syringe 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml 100mg/ml, 120mg/0.8ml, & 150mg/ml</i>	4	<i>ethinyl estradiol & norethindrone acetate 5mcg/1mg & 2.5mcg-0.5mg</i>	3
<i>enpresse-28</i>	2	<i>ethosuximide</i>	2
<i>enskyce</i>	2	<i>etodolac</i>	2
<i>entacapone</i>	4	<i>etodolac er</i>	2
<i>entecavir tabs</i>	4	<i>everolimus 0.25mg</i>	4
ENTRESTO	3	<i>everolimus 0.5mg, 0.75mg</i>	5
<i>enulose</i>	2	<i>everolimus tabs 2.5mg, 5mg & 7.5mg</i>	5
ENVARUS XR	4	EVOTAZ	5
EPCLUSA	5	<i>exemestane</i>	3
EPIDIOLEX	5	<i>ezetimibe</i>	2
EPINEPHRINE AUTO-INJECTOR 0.15MG/0.3ML & 0.3MG/0.3ML	3	<i>ezetimibe & simvastatin</i>	3
<i>epitol</i>	2	F	
EPIVIR HBV SOLN 5MG/ML	4	<i>falmina</i>	2
<i>eplerenone</i>	3	<i>famciclovir</i>	2
<i>ergoloid mesylates</i>	3	<i>famotidine tabs</i>	1
ERIVEDGE	5	FANAPT	4
ERLEADA	5	FANAPT TITRATION PACK	4
<i>erlotinib</i>	5	FARXIGA	3
<i>ertapenem inj</i>	4	FARYDAK	5
ERYTHROCIN LACTOBIONATE INJ	4	FASENRA	5
<i>erythrocin stearate</i>	3	<i>febuxostat</i>	3
<i>erythromycin caps & tabs</i>	3	<i>felbamate oral susp 600mg/5ml</i>	5
<i>erythromycin dr</i>	3	<i>felbamate tabs 400mg</i>	2
<i>erythromycin ophthalmic oint</i>	2	<i>felbamate tabs 600mg</i>	4
<i>erythromycin topical gel & soln</i>	2	<i>felodipine er</i>	2
ESBRIET	5	<i>femynor</i>	2
<i>escitalopram</i>	2	<i>fenofibrate caps 43mg, 130mg, 134mg</i>	2
<i>esomeprazole magnesium dr caps</i>	3	<i>fenofibrate micronized</i>	2
<i>estarylla</i>	2	<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
<i>estazolam</i>	2	<i>fenofibric acid dr caps</i>	3
<i>estradiol & norethindrone acetate 0.5mg/0.1mg & 1mg/0.5mg</i>	3	<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
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		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibrate micronized</i>	2
		<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
		<i>fenofibric acid dr caps</i>	3
		<i>fenofibrate tabs 48mg, 5</i>	

Drug Name	Drug Tier	Drug Name	Drug Tier
FERRIPROX	5	<i>fosinopril & hydrochlorothiazide</i>	1
FETZIMA	4	<i>furosemide inj</i>	2
FETZIMA TITRATION PACK	4	<i>furosemide oral</i>	1
<i>finasteride tabs 5mg</i>	2	FUZEON INJ	3
<i>flavoxate</i>	2	<i>fyavolv</i>	3
<i>flecainide acetate</i>	2	FYCOMPA	4
<i>fluconazole in sodium chloride inj</i>	2	G	
<i>fluconazole oral</i>	2	<i>gabapentin caps, tabs, & oral soln</i>	2
<i>flucytosine</i>	5	<i>galantamine</i>	2
<i>fludrocortisone acetate</i>	2	<i>galantamine er</i>	2
<i>flunisolide nasal</i>	2	<i>galantamine oral soln</i>	4
<i>fluocinolone acetonide cream, oint, soln</i>	3	GAMMAGARD INJ	5
<i>fluocinolone acetonide otic soln</i>	3	GAMUNEX-C INJ	5
<i>fluocinolone acetonide scalp oil</i>	3	GARDASIL 9 INJ	4
<i>fluocinonide emulsified base cream</i>	2	GATTEX INJ	5
<i>fluocinonide gel & oint</i>	2	<i>gauze pads 2"x2"</i>	2
<i>fluocinonide soln</i>	2	<i>gavilyte-c</i>	2
<i>fluorometholone</i>	2	<i>gavilyte-g</i>	2
<i>fluorouracil 2% and 5% topical</i>	3	<i>gavilyte-n</i>	2
<i>fluoxetine hcl caps 10mg, 20mg & 40mg</i>	2	GELNIQUE	3
<i>fluoxetine hcl oral soln</i>	2	<i>gemfibrozil</i>	2
<i>fluoxetine hcl tabs 10mg & 20mg</i>	2	<i>generlac</i>	2
<i>fluphenazine decanoate inj</i>	2	<i>gengraf</i>	2
<i>fluphenazine inj</i>	2	GENOTROPIN INJ	5
<i>fluphenazine oral</i>	2	GENOTROPIN MINIQUICK INJ 0.2MG, 0.4MG, 0.6MG, 0.8MG	4
<i>flurazepam</i>	2	GENOTROPIN MINIQUICK INJ 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, & 2MG	5
<i>flutamide</i>	2	<i>gentamicin cream 0.1% & oint 0.1%</i>	2
<i>fluticasone propionate cream & oint</i>	2	<i>gentamicin inj 40mg/mL</i>	2
<i>fluticasone propionate nasal</i>	2	<i>gentamicin ophthalmic soln 0.3%</i>	2
<i>fluticasone propionate/salmeterol diskus 100mcg-50mcg, 250mcg-50mcg & 500mcg-50mcg</i>	3	GENVOYA	5
<i>fluvoxamine</i>	2	GILENYA	5
<i>fluvoxamine er</i>	4	GILOTRIF	5
<i>fondaparinux inj 2.5mg/0.5ml & 5mg/0.4ml</i>	4	<i>glatiramer acetate inj</i>	5
<i>fondaparinux inj 7.5mg/0.6ml & 10mg/0.8ml</i>	5	<i>glatopa inj</i>	5
FORFIVO XL	3	<i>glimepiride</i>	1
FORTEO INJ	5	<i>glimepiride & pioglitazone</i>	2
<i>fosamprenavir tabs</i>	5	<i>glipizide</i>	1
<i>fosinopril</i>	1	<i>glipizide & metformin tabs</i>	1
		<i>glipizide er</i>	1

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Drug Name	Drug Tier	Drug Name	Drug Tier
GLUCAGEN HYPOKIT	3	HUMULIN R U-500 (CONCENTRATED) VIAL INJ	3
GLUCAGON EMERGENCY KIT INJ	3	HUMULIN R VIAL INJ	3
<i>glycopyrrolate 1mg & 2mg tabs</i>	2	<i>hydralazine oral</i>	2
<i>granisetron oral</i>	2	<i>hydrochlorothiazide</i>	1
<i>griseofulvin microsize</i>	2	<i>hydrocodone & acetaminophen soln 7.5-325mg/15ml</i>	2
<i>guanfacine ir</i>	2	<i>hydrocodone & acetaminophen tabs 5-325mg, 7.5-325mg, 10-325mg</i>	2
<i>guanidine</i>	2	<i>hydrocodone & ibuprofen</i>	2
H		<i>hydrocortisone 2.5% cream, lotion, oint</i>	2
<i>halobetasol propionate cream & ointment</i>	2	<i>hydrocortisone butyrate cream, oint & soln</i>	2
<i>haloperidol decanoate inj</i>	2	<i>hydrocortisone enema</i>	2
<i>haloperidol lactate inj</i>	2	<i>hydrocortisone oral</i>	2
<i>haloperidol oral</i>	2	<i>hydrocortisone valerate</i>	2
HARVONI	5	<i>hydromorphone immediate-release oral soln & tabs</i>	2
HAVRIX INJ	3	<i>hydromorphone inj</i>	3
<i>heparin inj vials 1000u/ml, 5000u/ml, 10000u/ml & 20000u/ml</i>	2	<i>hydroxychloroquine</i>	2
HETLIOZ	5	<i>hydroxyurea</i>	2
HIBERIX INJ	3	<i>hydroxyzine hcl tabs</i>	2
HUMALOG CARTRIDGE INJ	3	I	
HUMALOG JUNIOR KWIKPEN INJ	3	<i>ibandronate oral</i>	2
HUMALOG KWIKPEN INJ	3	IBRANCE CAPS	5
HUMALOG MIX 50/50 KWIKPEN INJ	3	IBRANCE TABS	5
HUMALOG MIX 50/50 VIAL INJ	3	<i>ibu</i>	1
HUMALOG MIX 75/25 KWIKPEN INJ	3	<i>ibuprofen</i>	1
HUMALOG MIX 75/25 VIAL INJ	3	<i>icatibant inj</i>	5
HUMALOG VIAL INJ	3	ICLUSIG	5
HUMATROPE INJ 5MG VIAL, 12MG & 24MG CARTRIDGE	5	IDHIFA	5
HUMATROPE INJ 6MG CARTRIDGE	4	<i>imatinib</i>	5
HUMIRA INJ	5	IMBRUVICA	5
HUMIRA PEDIATRIC CROHNS INJ	5	<i>imipramine hcl tabs</i>	2
HUMIRA PEN INJ	5	IMIQUIMOD CREAM 3.75% PUMP	5
HUMIRA PEN-CD/UC/HS STARTER	5	<i>imiquimod cream 5%</i>	3
HUMIRA PEN-PS/UV STARTER	5	IMOVAX RABIES INJ	3
HUMULIN 70/30 KWIKPEN INJ	3	IMURAN TABS	4
HUMULIN 70/30 VIAL INJ	3	<i>incassia</i>	2
HUMULIN N KWIKPEN INJ	3	INCRELEX INJ	5
HUMULIN N VIAL INJ	3	<i>indapamide</i>	1
HUMULIN R U-500 (CONCENTRATED) KWIKPEN INJ	3	<i>indomethacin er</i>	2

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>indomethacin ir caps</i>	2	J	
INFANRIX INJ	3	JAKAFI	5
INLYTA	5	<i>jantoven</i>	1
INREBIC	5	JANUMET	3
INTELENCE 100MG & 200MG TABS	5	JANUMET XR	3
INTELENCE 25MG TAB	4	JANUVIA	3
INTRALIPID INJ	4	<i>jasmiel</i>	2
INTRON-A INJ	3	<i>jinteli</i>	3
<i>introvale</i>	2	JULUCA	5
INVEGA SUSTENNA INJ 39MG	4	<i>junel 21 day</i>	2
INVEGA SUSTENNA INJ 78MG, 117MG, 156MG, & 234MG	5	JUXTAPID	5
INVEGA TRINZA INJ	5	K	
INVIRASE	4	KALETRA TABS 100-25MG	4
INVOKAMET	3	KALETRA TABS 200-50MG	5
INVOKAMET XR	3	KALYDECO	5
INVOKANA	3	<i>kariva</i>	2
IPOL INACTIVATED IPV INJ	3	<i>kelnor 1/35, 1/50</i>	2
<i>ipratropium bromide & albuterol sulfate nebulizer</i>	2	<i>ketoconazole cream, shampoo, & tabs</i>	2
<i>ipratropium bromide nasal</i>	2	<i>ketorolac oral tabs</i>	2
<i>ipratropium bromide nebulizer</i>	2	<i>ketorolac soln 0.4% & 0.5%</i>	2
<i>irbesartan</i>	1	KINERET INJ	5
<i>irbesartan hct</i>	1	KINRIX INJ	3
IRESSA	5	<i>kionex</i>	2
ISENTRESS 100MG CHEW TABS	5	KISQALI	5
ISENTRESS 25MG CHEW TABS	3	KISQALI FEMARA CO-PACK	5
ISENTRESS HD TABS	5	<i>klor-con pack</i>	4
ISENTRESS ORAL POWDER	5	<i>klor-con tabs</i>	2
ISENTRESS TABS	5	KOMBIGLYZE XR	3
<i>isibloom</i>	2	KORLYM	5
<i>isoniazid oral</i>	2	<i>kurvelo</i>	2
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, & 30mg</i>	2	KUVAN	5
<i>isosorbide mononitrate</i>	2	L	
<i>isosorbide mononitrate er</i>	2	<i>labetalol oral</i>	2
<i>isotretinoin caps</i>	4	LACRISERT	4
<i>isradipine</i>	2	<i>lactulose soln 10g/15ml</i>	2
<i>itraconazole</i>	4	<i>lamivudine & zidovudine</i>	2
<i>ivermectin tabs</i>	2	<i>lamivudine soln</i>	2
IXIARO INJ	4	<i>lamivudine tabs 100mg</i>	2
		<i>lamivudine tabs 150mg & 300mg</i>	2
		<i>lamotrigine chewable tabs</i>	2
		<i>lamotrigine immediate-release tabs</i>	2

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>lamotrigine starter kit</i>	4	<i>lidocaine patch</i>	3
LANOXIN ORAL	3	<i>lidocaine topical gel</i>	2
<i>lansoprazole dr caps</i>	2	<i>lidocaine topical soln</i>	2
<i>lanthanum carbonate</i>	5	<i>lidocaine viscous soln</i>	2
LANTUS SOLOSTAR PEN INJ	3	<i>linezolid inj</i>	5
LANTUS VIAL INJ	3	<i>linezolid oral susp</i>	5
<i>larin</i>	2	<i>linezolid tabs</i>	4
<i>larin fe</i>	2	LINZESS	3
<i>larissia</i>	2	<i>liothyronine tabs</i>	2
<i>latanoprost</i>	1	<i>lisinopril</i>	1
LATUDA	5	<i>lisinopril & hydrochlorothiazide</i>	1
LEDIPASVIR/SOFOSBUVIR	5	<i>lithium carbonate</i>	2
<i>leena</i>	2	<i>lithium carbonate er</i>	2
<i>leflunomide</i>	2	<i>lithium citrate soln</i>	2
LENVIMA	5	LODINE TABS	2
<i>letrozole</i>	2	LONSURF	5
<i>leucovorin oral</i>	2	<i>loperamide caps 2mg</i>	2
LEUKERAN	3	<i>lopinavir & ritonavir soln</i>	4
LEUKINE INJ	5	<i>lorazepam oral soln</i>	2
<i>leuprolide acetate inj</i>	2	<i>lorazepam tabs</i>	2
<i>levabuterol nebulizer</i>	2	LORBRENA	5
<i>levetiracetam er</i>	2	<i>lorcet hd tabs 10-325mg</i>	2
<i>levetiracetam oral</i>	2	<i>lorcet plus tabs 7.5-325mg</i>	2
<i>levobunolol</i>	2	<i>lorcet tabs 5-325mg</i>	2
<i>levocarnitine oral</i>	2	<i>losartan</i>	1
<i>levocetirizine</i>	2	<i>losartan hct</i>	1
<i>levofloxacin inj</i>	2	<i>lovastatin</i>	1
<i>levofloxacin oral soln</i>	2	<i>low-ogestrel</i>	2
<i>levofloxacin tabs</i>	1	<i>loxapine</i>	2
<i>levonest</i>	2	LUMIGAN	3
<i>levonorgestrel & ethinyl estradiol 0.1-0.02mg & 0.15-0.03mg & triphasic packs</i>	2	LUPRON DEPOT INJ	5
<i>levonorgestrel & ethinyl estradiol and ethinyl estradiol 0.1/0.02mg-0.01mg packs</i>	2	LYNPARZA	5
<i>levora</i>	2	LYSODREN	3
<i>levothyroxine tabs</i>	1	LYUMJEV INJ	3
<i>levoxyl</i>	1	LYUMJEV KWIKPEN	3
LEXIVA ORAL SUSP	4	<i>lyza</i>	2
<i>lidocaine & prilocaine</i>	3	M	
<i>lidocaine ointment</i>	4	<i>magnesium sulfat inj</i>	2
		<i>malathion</i>	4
		<i>maprotiline</i>	2
		<i>marlissa 28 day</i>	2

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Drug Name	Drug Tier	Drug Name	Drug Tier
MARPLAN	4	<i>methylprednisolone dose pack</i>	2
MATULANE	5	<i>methylprednisolone oral</i>	2
MAYZENT	5	<i>metoclopramide oral tablets & soln</i>	2
<i>meclizine</i>	2	<i>metolazone</i>	2
MEDROL TABS	4	<i>metoprolol & hydrochlorothiazide</i>	2
<i>medroxyprogesterone acetate inj</i>	2	<i>metoprolol succinate er</i>	2
<i>medroxyprogesterone acetate tabs</i>	2	<i>metoprolol tartrate 25mg, 50mg,100mg tabs</i>	1
<i>mefloquine</i>	2	<i>metronidazole inj</i>	2
<i>megestrol acetate oral susp 40mg/ml</i>	2	<i>metronidazole oral</i>	2
<i>megestrol tabs</i>	2	<i>metronidazole topical</i>	3
MEKINIST	5	<i>metronidazole vaginal</i>	2
MEKTOVI	5	<i>mexiletine</i>	2
<i>meloxicam tabs</i>	1	<i>microgestin 1/20 & 1.5/30</i>	2
<i>memantine hcl immediate release</i>	2	<i>midodrine tabs</i>	3
<i>memantine hcl soln</i>	2	<i>migergot suppository</i>	4
MENACTRA INJ	3	<i>miglustat</i>	5
MENEST	4	<i>mili</i>	2
MENVEO-A/C/Y/W-135 INJ	3	MILLIPRED	4
<i>meprobamate</i>	4	<i>mimvey</i>	3
<i>mercaptopurine</i>	2	<i>minitran patches</i>	2
<i>meropenem inj</i>	4	<i>minocycline ir</i>	2
<i>mesalamine dr 400mg</i>	3	<i>minoxidil</i>	2
<i>mesalamine enema kit</i>	4	<i>mirtazapine</i>	1
<i>mesalamine er caps</i>	4	<i>mirtazapine odt</i>	1
MESNEX TABS	5	<i>misoprostol</i>	2
<i>metformin er uncoated tabs 500mg & 750mg</i>	1	M-M-R II INJ	3
<i>metformin tabs</i>	1	<i>modafinil</i>	4
<i>methadone oral</i>	2	<i>moexipril</i>	1
<i>methazolamide</i>	4	<i>molindone</i>	2
<i>methenamine hippurate</i>	2	<i>mometasone cream, oint & soln</i>	2
<i>methimazole</i>	2	<i>mometasone furoate nasal</i>	3
<i>methocarbamol tabs</i>	2	<i>mondoxyne nl</i>	2
<i>methotrexate inj 50mg/2ml</i>	2	<i>montelukast</i>	2
<i>methotrexate oral</i>	2	<i>morphine sulfate er tabs</i>	3
<i>methoxsalen</i>	5	<i>morphine sulfate oral</i>	2
<i>methyl dopa</i>	2	MOVANTIK	3
<i>methyl dopa& hydrochlorothiazide</i>	2	MOVIPREP	3
<i>methylphenidate er tabs 10mg & 20mg</i>	3	<i>moxifloxacin hcl ophthalmic</i>	2
<i>methylphenidate ir tabs 5mg, 10mg & 20mg</i>	2	<i>moxifloxacin oral</i>	2
		<i>mupirocin cream</i>	4

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>mupirocin ointment</i>	2	NEXAVAR	5
<i>mycophenolate mofetil caps & tabs</i>	2	<i>niacin er tabs</i>	3
<i>mycophenolate mofetil oral susp</i>	5	<i>nicardipine caps</i>	2
<i>mycophenolic acid dr</i>	4	NICOTROL INHALER	3
MYFORTIC	4	NICOTROL NASAL	3
<i>myorisan</i>	4	<i>nifedipine caps</i>	2
MYRBETRIQ	3	<i>nifedipine er</i>	2
N		<i>nilutamide</i>	5
<i>nabumetone</i>	2	<i>nimodipine caps</i>	4
<i>nadolol</i>	2	NINLARO	5
<i>naftyllin sodium inj</i>	4	<i>nisoldipine er</i>	4
<i>naloxone inj 0.4mg/ml & 2mg/2ml</i>	2	<i>nitisinone</i>	5
NALOXONE PEN INJ	3	<i>nitro-bid oint</i>	2
<i>naltrexone</i>	1	NITRO-DUR PATCHES 0.3MG/HR & 0.8MG/HR	3
<i>naproxen dr tabs</i>	1	<i>nitrofurantoin caps</i>	2
<i>naproxen sodium ir tabs</i>	1	<i>nitroglycerin lingual</i>	2
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	<i>nitroglycerin patches</i>	2
<i>naratriptan</i>	2	<i>nitroglycerin sublingual</i>	2
NARCAN	3	NIVESTYM	5
NATACYN	4	<i>norethindrone</i>	2
<i>nateglinide</i>	2	<i>norethindrone, ethinyl estradiol, ferrous fumarate 0.4mg/0.035mg</i>	2
NATPARA	5	<i>norgestimate-ethinyl estradiol</i>	2
NAYZILAM	4	NORTHERA	5
NEBUPENT NEBULIZER	4	<i>nortriptyline oral</i>	2
<i>necon</i>	2	NORVIR PACK & SOLN	3
<i>nefazodone</i>	2	NOXAFIL SUSPENSION	5
<i>neomycin & polymyxin & bacitracin</i>	2	NUBEQA	5
<i>neomycin & polymyxin & bacitracin & hydrocortisone</i>	2	NUDEXTA	5
<i>neomycin & polymyxin & dexamethasone</i>	2	NUPLAZID	5
<i>neomycin & polymyxin & gramicidin ophthalmic</i>	2	<i>nyamyc</i>	2
<i>neomycin & polymyxin & hydrocortisone</i>	2	<i>nystatin</i>	2
<i>neomycin & polymyxin & hydrocortisone</i>	2	<i>nystatin & triamcinolone</i>	3
<i>neomycin sulfate oral</i>	2	<i>nystop</i>	2
NEORAL	4	O	
NERLYNX	5	<i>octreotide inj 500mcg/ml & 1000mcg/ml</i>	5
NEUPOGEN INJ	5	<i>octreotide inj 50mcg/ml, 100mcg/ml & 200mcg/ml</i>	2
NEUPRO PATCH	4	ODEFSEY	5
<i>nevirapine er</i>	2	ODOMZO	5
<i>nevirapine susp & tabs</i>	2		

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Drug Name	Drug Tier	Drug Name	Drug Tier
OFEV	5	<i>oxycodone & acetaminophen 2.5-325mg, 5-325mg, 7.5-325mg, 10-325mg</i>	3
<i>ofloxacin ophthalmic</i>	2	<i>oxycodone & aspirin</i>	2
<i>ofloxacin oral</i>	2	OXYCODONE ER	4
<i>ofloxacin otic</i>	2	<i>oxycodone immediate-release</i>	2
<i>olanzapine inj 10mg</i>	2	<i>oxycodone oral soln</i>	2
<i>olanzapine odt</i>	2	OXYTROL	4
<i>olanzapine tabs</i>	2	OZEMPIC	3
<i>olmesartan</i>	2	P	
<i>olmesartan & amlodipine</i>	2	<i>pacerone tabs</i>	2
<i>olmesartan hct</i>	2	<i>paliperidone er 1.5mg, 3mg & 6mg tabs</i>	4
<i>olmesartan medoxomil & amlodipine & hydrochlorothiazide tabs</i>	2	<i>paliperidone er 9mg tabs</i>	5
<i>olopatadine soln 0.1%</i>	2	<i>pantoprazole tabs</i>	2
<i>olopatadine soln 0.2%</i>	2	<i>paricalcitol caps</i>	3
<i>omega-3-acid ethyl esters</i>	3	<i>paromomycin</i>	3
<i>omeprazole caps</i>	2	<i>paroxetine hcl er</i>	2
<i>ondansetron odt</i>	2	<i>paroxetine hcl immediate-release</i>	1
<i>ondansetron oral soln</i>	2	<i>paroxetine mesylate</i>	3
<i>ondansetron tabs</i>	2	PASER	4
ONGLYZA	3	PAXIL 10MG/5ML SUSP	4
OPSUMIT	5	PEDIARIX INJ	3
ORAPRED ODT	4	PEDVAX HIB INJ	3
ORAVIG	4	<i>peg 3350 & electrolytes</i>	2
ORENCIA CLICKJET	5	<i>peg 3350 & sodium chloride & sodium bicarbonate & potassium chloride</i>	2
ORENCIA INJ PF SYRINGE	5	PEGANONE	4
ORFADIN	5	PEGASYS INJ	5
ORKAMBI	5	PEGASYS PROCLICK INJ	5
<i>orsythia 28 day</i>	2	PEMAZYRE	5
<i>oseltamivir caps</i>	2	<i>penicillamine tabs</i>	5
<i>oseltamivir susp</i>	3	<i>penicillin g inj 2 million units, 5 million units</i>	2
OSMOPREP	3	<i>penicillin v potassium</i>	2
OTEZLA	5	<i>pentamidine inhalation soln</i>	3
OTEZLA STARTER	5	<i>pentamidine inj</i>	4
<i>oxandrolone 10mg tabs</i>	4	PENTASA	4
<i>oxandrolone 2.5mg tabs</i>	3	<i>pentoxifylline er</i>	2
<i>oxazepam</i>	3	PERFOROMIST NEBULIZER	4
<i>oxcarbazepine susp</i>	4	<i>perindopril</i>	1
<i>oxcarbazepine tabs</i>	2	<i>permethrin cream</i>	2
<i>oxybutynin</i>	2	<i>perphenazine</i>	2
<i>oxybutynin er</i>	2		

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>perphenazine & amitriptyline</i>	2	<i>potassium chloride pack 20meq</i>	4
PERSERIS	5	<i>potassium citrate er</i>	2
<i>phenelzine</i>	2	PRADAXA	4
<i>phenobarbital elixir</i>	2	<i>pramipexole ir</i>	2
<i>phenobarbital tabs</i>	2	<i>prasugrel</i>	2
<i>phenytek</i>	2	<i>pravastatin</i>	1
<i>phenytoin chewable tabs</i>	2	<i>prazosin</i>	2
<i>phenytoin er</i>	2	PRED MILD	3
PHOSPHOLINE IODIDE	3	<i>prednicarbate</i>	2
PIFELTRO	5	<i>prednisolone acetate</i>	2
<i>pilocarpine soln</i>	2	<i>prednisolone odt</i>	4
<i>pilocarpine tabs</i>	3	<i>prednisolone oral soln</i>	2
<i>pimecrolimus</i>	4	<i>prednisolone sodium phosphate</i>	2
<i>pimozide</i>	2	PREDNISONE INTENSOL	4
<i>pimtrea</i>	2	<i>prednisone oral soln</i>	2
<i>pindolol</i>	2	<i>prednisone tabs</i>	1
<i>pioglitazone</i>	1	<i>pregabalin</i>	3
<i>pioglitazone & metformin</i>	2	PREMARIN ORAL	4
<i>piperacillin/tazobactam inj</i>	3	PREMARIN VAGINAL CREAM	3
PIQRAY	5	PREMPHASE	4
<i>pirmella 1/35</i>	2	PREMPRO	4
<i>piroxicam</i>	2	<i>prenatal multi-vitamin</i>	2
PLEGRIDY INJ	5	<i>prevalite</i>	2
PLEGRIDY STARTER PACK INJ	5	PREVYMIS	5
<i>plenamine inj</i>	2	PREZCOBIX	5
PLENVU	3	PREZISTA SUSP 100MG/ML	4
<i>podofilox</i>	2	PREZISTA TABS 600MG & 800MG	5
<i>polymyxin b sulfate & trimethoprim sulfate ophthalmic soln</i>	2	PREZISTA TABS 75MG & 150MG	4
POMALYST	5	PRIFTIN	4
<i>posaconazole dr tabs</i>	5	PRIMAQUINE	3
<i>potassium chloride & dextrose & lactated ringers inj</i>	2	<i>primidone</i>	2
<i>potassium chloride & dextrose & sodium chloride inj 30mEq/5%/0.45% & 20mEq/5%/0.2%</i>	2	PROAIR RESPICLICK	3
<i>potassium chloride & dextrose 20mEq/5% inj</i>	2	<i>probenecid</i>	2
<i>potassium chloride er & cr</i>	2	<i>probenecid & colchicine</i>	2
<i>potassium chloride inj</i>	2	<i>prochlorperazine oral</i>	2
<i>potassium chloride oral soln</i>	4	<i>prochlorperazine suppositories</i>	2
		PROCRIT INJ 20000UNIT/ML & 40000UNIT/ML	5
		PROCRIT INJ 2000UNIT/ML	3
		PROCRIT INJ 3000UNIT/ML, 4000UNIT/ML & 10000UNIT/ML	4

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>procto-med hc</i>	2	<i>quinine sulfate caps 324mg</i>	3
<i>procto-pak</i>	2	QVAR REDHALER	3
<i>proctosol hc</i>	2	R	
<i>proctozone-hc</i>	2	RABAVERT INJ	3
<i>progesterone caps</i>	2	<i>raloxifene hcl</i>	3
PROGRAF CAPS	4	<i>ramelteon</i>	3
PROGRAF PACK	4	<i>ramipril</i>	1
PROLASTIN C INJ	5	<i>ranolazine er</i>	4
PROLIA	4	RAPAMUNE SOLN	5
PROMACTA	5	RAPAMUNE TABS	4
<i>promethazine suppositories</i>	3	<i>rasagiline</i>	4
<i>promethazine syrup</i>	2	RAVICTI	5
<i>promethazine tabs 12.5mg, 25mg & 50mg</i>	2	REBIF INJ	5
<i>promethegan</i>	3	REBIF REBIDOSE INJ	5
<i>propafenone</i>	2	REBIF REBIDOSE TITRATION PACK INJ	5
<i>propranolol & hydrochlorothiazide</i>	1	REBIF TITRATION PACK INJ	5
<i>propranolol er caps</i>	2	RECOMBIVAX HB INJ	3
<i>propranolol ir tabs</i>	1	RECTIV	4
<i>propranolol oral soln</i>	2	REGRANEX	5
<i>propylthiouracil</i>	2	RELENZA DISKHALER	3
PROQUAD INJ	3	RELISTOR INJ	5
PROSOL INJ	4	RELISTOR TABS	5
<i>protriptyline</i>	2	<i>repaglinide</i>	2
PULMICORT NEBULIZER	4	REPATHA INJ	3
PULMOZYME	5	RESTASIS	3
PURIXAN	5	RETACRIT INJ 2000UNIT/ML	3
<i>pyrazinamide</i>	2	RETACRIT INJ 3000UNIT/ML, 4000UNIT/ML & 10000UNIT/ML	4
<i>pyridostigmine er tabs 180mg</i>	4	RETACRIT INJ 40000UNIT/ML	5
<i>pyridostigmine soln</i>	4	RETEVMO	5
<i>pyridostigmine tabs 60mg</i>	3	REVLIMID	5
<i>pyrimethamine</i>	5	REXULTI	5
Q		REYATAZ ORAL POWDER	5
QINLOCK	5	<i>ribavirin</i>	3
QUADRACEL INJ	3	RIDAURA	5
<i>quetiapine</i>	2	<i>rifabutin</i>	4
<i>quetiapine er tabs</i>	3	<i>rifampin inj</i>	2
<i>quinapril</i>	1	<i>rifampin oral</i>	2
<i>quinapril & hydrochlorothiazide</i>	1	<i>riluzole</i>	3
<i>quinidine gluconate cr</i>	4	<i>rimantadine</i>	2
<i>quinidine sulfate</i>	2	RINVOQ	5

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>risedronate sodium</i>	3	<i>sertraline tabs</i>	1
<i>risedronate sodium dr</i>	3	<i>setlakin</i>	2
RISPERDAL CONSTA INJ 12.5MG & 25MG	4	<i>sevelamer carbonate powder</i>	5
RISPERDAL CONSTA INJ 37.5MG & 50MG	5	<i>sevelamer carbonate tabs</i>	4
<i>risperidone</i>	2	<i>sharobel</i>	2
<i>risperidone odt</i>	2	SHINGRIX	3
<i>ritonavir tabs</i>	3	SIGNIFOR INJ	5
<i>rivastigmine caps</i>	3	<i>sildenafil tab 20mg</i>	3
<i>rivastigmine patches</i>	4	<i>silver sulfadiazine</i>	2
<i>rizatriptan</i>	2	<i>simvastatin</i>	1
<i>rizatriptan odt</i>	2	<i>sirolimus soln</i>	5
<i>ropinirole ir</i>	2	<i>sirolimus tabs</i>	4
<i>rosuvastatin</i>	2	SIRTURO	5
ROTARIX	3	SIVEXTRO	5
ROTATEQ	3	SKYRIZI	5
<i>roweepra</i>	2	<i>sodium chloride inj</i>	2
<i>roweepra xr</i>	2	<i>sodium phenylbutyrate powder & tabs</i>	5
ROZLYTREK	5	<i>sodium polystyrene sulfonate</i>	2
RUBRACA	5	SOFOSBUVIR/VELPATASVIR	5
RYBELSUS	3	<i>solifenacin succinate</i>	3
RYDAPT	5	SOLTAMOX	3
S		SOMATULINE DEPOT INJ	5
SANDIMMUNE CAPS 25MG & 100MG	4	SOMAVERT INJ	5
SANDIMMUNE ORAL SOLN 100MG/ML	4	<i>sorine</i>	2
SANTYL	3	<i>sotalol tabs</i>	2
SAPHRIS	5	SPIRIVA HANDIHALER	3
SAVELLA	3	SPIRIVA RESPIMAT	3
SAVELLA TITRATION PACK	3	<i>spironolactone</i>	1
<i>scopolamine patch</i>	3	<i>spironolactone & hydrochlorothiazide</i>	1
SECUADO	5	SPRITAM	4
SEGLUROMET	3	SPRYCEL	5
<i>selegiline</i>	2	<i>sps suspension</i>	2
<i>selenium sulfide lotion</i>	2	<i>ssd</i>	2
SELZENTRY 150MG & 300MG	5	<i>stavudine caps</i>	2
SELZENTRY 25MG & 75MG	4	STEGLATRO	3
SELZENTRY SOLN	4	STELARA INJ 45MG/0.5ML, & 90MG/ML	5
SEREVENT DISKUS	3	STIMATE	4
SEROQUEL XR	4	STIOLTO RESPIMAT	3
<i>sertraline oral soln</i>	2	STIVARGA	5
		<i>streptomycin inj</i>	2
		STRIBILD	5

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Drug Name	Drug Tier	Drug Name	Drug Tier
STRIVERDI RESPIMAT	3	TALZENNA	5
SUCRAID	5	<i>tamoxifen</i>	2
<i>sucralfate tabs</i>	2	<i>tamsulosin</i>	2
<i>sulfacetamide sodium & prednisolone sodium phosphate ophthalmic</i>	2	TARGRETIN GEL	5
<i>sulfacetamide sodium ophthalmic oint & soln 10%</i>	2	<i>tarina fe 1/20</i>	2
<i>sulfacetamide sodium topical lotion 10%</i>	2	TASIGNA	5
<i>sulfadiazine tabs</i>	4	<i>tazarotene</i>	3
<i>sulfamethoxazole & trimethoprim ds tabs</i>	1	<i>tazicef inj</i>	2
<i>sulfamethoxazole & trimethoprim oral susp</i>	2	TAZORAC 0.05% CREAM	3
<i>sulfamethoxazole & trimethoprim tabs</i>	1	TAZORAC GEL	3
<i>sulfasalazine</i>	2	<i>taztia xt</i>	2
<i>sulindac</i>	2	TAZVERIK	5
<i>sumatriptan nasal</i>	4	TDVAX	3
<i>sumatriptan succinate inj</i>	4	TECFIDERA	5
<i>sumatriptan succinate tabs</i>	2	TECFIDERA STARTER PACK	5
SUPRAX CHEWABLE TABS & ORAL SUSP 500MG/5ML	4	TEFLARO INJ	5
SUPREP BOWEL PREP	3	TEGRETOL	3
SUTENT	5	TEGRETOL XR	3
SYLATRON INJ	5	TEKTURNA HCT	3
SYMFI	5	<i>temazepam caps 22.5mg</i>	3
SYMFI LO	5	<i>temazepam caps 7.5mg, 15mg & 30mg</i>	2
SYMLIN PEN INJ	5	TENIVAC	3
SYMPAZAN 10MG & 20MG	5	<i>tenofovir disoproxil fumarate 300mg tabs</i>	4
SYMPAZAN 5MG	4	<i>terazosin</i>	1
SYMTUZA	5	<i>terbinafine</i>	2
SYNAREL	4	<i>terbutaline sulfate oral</i>	2
SYNRIBO INJ	5	<i>terconazole</i>	2
SYNTHROID	3	<i>teriparatide inj</i>	5
T		<i>testosterone 1% & 1.62% gel</i>	3
TABLOID	4	<i>testosterone cypionate inj</i>	2
TABRECTA	5	<i>testosterone enanthate inj</i>	2
<i>tacrolimus caps 0.5mg & 1mg</i>	3	<i>testosterone gel 25mg/2.5g, 20.25mg/1.25g, 40.5mg/2.5g & 50mg/5g gel</i>	3
<i>tacrolimus caps 5mg</i>	4	<i>tetracycline</i>	3
<i>tacrolimus oint</i>	4	THALOMID	5
<i>tadalafil tab 20mg</i>	5	<i>theophylline er tabs</i>	2
TAFINLAR	5	THIOLA	5
TAGRISO	5	THIOLA EC	5
		<i>thioridazine</i>	2
		<i>thiothixene</i>	2

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Drug Name	Drug Tier	Drug Name	Drug Tier
<i>tiadylt er</i>	2	<i>tretinoin caps</i>	5
<i>tiagabine tabs</i>	4	<i>tretinoin cream, gel</i>	3
TIBSOVO	5	<i>triamcinolone acetonide topical cream, lotion</i>	2
TIGECYCLINE INJ	5	<i>triamcinolone acetonide topical oint 0.025%, 0.1%, 0.5%</i>	2
<i>timolol ophth soln 12 hours 0.25% & 0.5%</i>	1	<i>triamcinolone dental paste</i>	2
<i>timolol ophthalmic gel forming</i>	2	<i>triamterene & hydrochlorothiazide</i>	1
<i>timolol oral</i>	1	<i>triazolam</i>	2
TIVICAY 10MG TAB	4	<i>triderm</i>	2
TIVICAY 25MG & 50MG TABS	5	<i>trientine</i>	5
<i>tizanidine caps</i>	3	<i>tri-estarylla</i>	2
<i>tizanidine tabs</i>	2	<i>trifluoperazine</i>	2
TOBI PODHALER	5	<i>trifluridine</i>	2
TOBI SOLN	5	<i>trihexyphenidyl elixir</i>	2
TOBRADEX OINT	3	<i>trihexyphenidyl tabs</i>	2
<i>tobramycin & dexamethasone ophthalmic suspension</i>	2	TRIKAFTA	5
<i>tobramycin nebulizer</i>	5	TRILEPTAL	4
<i>tobramycin ophthalmic solution</i>	2	<i>tri-lo-estarylla</i>	2
<i>tobramycin sulfate inj</i>	2	<i>tri-lo-sprintec</i>	2
<i>tolterodine tartrate er</i>	2	<i>trimethoprim</i>	2
<i>topiramate immediate-release</i>	2	<i>tri-mili</i>	2
<i>toremifene citrate</i>	5	<i>trimipramine maleate</i>	2
<i>torseamide oral</i>	2	TRINTELLIX	4
TOUJEO MAX SOLOSTAR	3	<i>tri-sprintec</i>	2
TOUJEO SOLOSTAR	3	TRIUMEQ	5
TOVIAZ	3	<i>trivora-28</i>	2
TPN ELECTROLYTES INJ	3	<i>tri-vylibra</i>	2
TRACLEER 32MG	5	<i>tri-vylibra lo</i>	2
<i>tramadol & acetaminophen</i>	2	<i>trospium</i>	2
<i>tramadol 100mg tab</i>	2	<i>trospium er</i>	2
<i>tramadol 50mg tab</i>	2	TRULICITY INJ	3
<i>tramadol er tabs</i>	3	TRUMENBA INJ	3
<i>trandolapril</i>	1	TRUVADA	5
<i>tranexamic acid tabs</i>	3	TUKYSA	5
<i>tranylcypromine</i>	4	TURALIO	5
TRAVASOL INJ	4	TWINRIX INJ	3
<i>trazodone</i>	1	TYBOST	3
TRECTOR	4	TYKERB	5
TRELSTAR MIXJECT	5	TYMLOS	5

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Drug Name	Drug Tier	Drug Name	Drug Tier
TYPHIM VI INJ	3	VIIBRYD	4
U		VIIBRYD STARTER PACK	4
<i>unithroid</i>	1	VIMPAT ORAL	4
UPTRAVI	5	VIRACEPT	5
<i>ursodiol</i>	3	VIREAD 150MG, 200MG, 250MG TABS	5
V		VIREAD POWDER	4
<i>valacyclovir</i>	2	VITRAKVI	5
VALCHLOR	5	VIZIMPRO	5
<i>valganciclovir tabs</i>	5	<i>voriconazole inj</i>	5
<i>valproic acid oral caps & soln</i>	2	<i>voriconazole oral suspension</i>	5
<i>valsartan</i>	1	<i>voriconazole tabs 200mg</i>	5
<i>valsartan & amlodipine</i>	1	<i>voriconazole tabs 50mg</i>	4
<i>valsartan & amlodipine & hct</i>	2	VOTRIENT	5
<i>valsartan hct</i>	1	VRAYLAR CAPSULES	5
VALTOCO	4	VRAYLAR DOSE PACK	4
<i>vancomycin caps 125mg</i>	4	VUMERITY	5
<i>vancomycin caps 250mg</i>	5	<i>vyfemla</i>	2
<i>vancomycin inj</i>	3	<i>vylibra</i>	2
<i>vancomycin oral soln</i>	4	W	
<i>vandazole</i>	2	<i>warfarin</i>	1
VAQTA INJ	3	<i>wixela inhub</i>	3
VARIVAX INJ	3	<i>wymzya fe</i>	2
VARIZIG INJ	4	X	
VASCEPA	4	XALKORI	5
<i>velivet</i>	2	XARELTO	3
VELTASSA	3	XARELTO STARTER PACK	3
VENCLEXTA STARTING PACK	5	XATMEP	4
VENCLEXTA TABS 100MG	5	XCOPRI MAINTENANCE PACK	5
VENCLEXTA TABS 10MG & 50MG	3	XCOPRI TABS 200MG	5
<i>venlafaxine er caps & tabs</i>	2	XCOPRI TABS 50MG, 100MG & 150MG	4
<i>venlafaxine ir tabs</i>	2	XCOPRI TITRATION PACK	4
VENTAVIS	5	XELJANZ	5
<i>verapamil er</i>	2	XELJANZ XR	5
<i>verapamil ir</i>	1	XGEVA INJ	5
<i>verapamil sr</i>	2	XIFAXAN TABS 200MG	3
VERSACLOZ	5	XIFAXAN TABS 550MG	5
VERZENIO	5	XIGDUO XR	3
VICTOZA INJ	3	XIIDRA	4
<i>vienva</i>	2	XOFLUZA	4
<i>vigabatrin powder for oral soln & tabs</i>	5	XOLAIR	5
<i>vigadrone powder for oral soln</i>	5	XOPENEX NEBULIZER	4

Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin*).

Drug Name	Drug Tier	Drug Name	Drug Tier
XOSPATA	5	ZIRGAN	4
XPOVIO	5	ZOLINZA	5
XTANDI	5	<i>zolmitriptan odt</i>	3
XYREM	5	<i>zolmitriptan tabs</i>	3
Y		<i>zolpidem ir tabs 5mg & 10mg</i>	2
YF-VAX INJ	3	ZOMIG NASAL	4
YONSA	5	<i>zonisamide</i>	2
YUPELRI	5	ZORTRESS TABS 0.25MG	4
<i>yuvafem</i>	3	ZORTRESS TABS 0.5MG, 0.75MG & 1MG	5
Z		ZOSTAVAX INJ	4
<i>zafirlukast</i>	2	ZOSYN INJ 2GM/0.25GM & 3GM/0.375GM	4
ZEJULA	5	<i>zovia</i>	2
ZELBORAF	5	ZYDELIG	5
<i>zenatane</i>	4	ZYKADIA TABS	5
<i>zenzedi tabs 5mg & 10mg</i>	3	ZYPREXA RELPREV 210MG INJ	4
ZERBAXA INJ	5	ZYTIGA 500MG TABS	5
<i>zidovudine</i>	2		
<i>ziprasidone inj</i>	3		
<i>ziprasidone oral</i>	2		

Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin*).



Alternatives for Medications Not Covered by SCAN

Non-formulary medications are drugs that are not listed in the SCAN Formulary because they are not covered by SCAN. The following is a list of some non-formulary medications with examples of alternatives that are on the formulary. The list is not all-inclusive. For a complete, up-to-date formulary, please visit our website at www.scanhealthplan.com.

This list of alternatives found in the SCAN Formulary is current as of **August, 2020** and is subject to change.

Drug Class	Drugs Not Covered by SCAN	Alternative(s) found in the SCAN Formulary
ASTHMA/COPD	ADVAIR DISKUS, SYMBICORT	<i>wixela inhub</i> (generic for Advair Diskus) <i>fluticasone propionate-salmeterol diskus</i> (generic for Advair Diskus) BREQ ELLIPTA
	PROAIR HFA, VENTOLIN HFA, PROVENTIL HFA	<i>albuterol hfa 6.7g & 8.5g</i> [QL]
	FLOVENT HFA, PULMICORT HFA	QVAR, ASMANEX
GASTROINTESTINAL	DEXILANT, PREVACID, NEXIUM, PRILOSEC	<i>omeprazole, pantoprazole, lansoprazole, esomeprazole</i> [ST]
DIABETES ORAL	TRADJENTA, NESINA, OSENI	JANUVIA, ONGLYZA
	JARDIANCE	FARXIGA [ST], INVOKANA [ST], STEGLATRO [ST]
DIABETES INSULIN	NOVOLOG, NOVOLIN, APIDRA, FIASP, ADMELOG, INSULIN LISPRO, INSULIN ASPART	HUMALOG, HUMULIN, LYUMJEV
	LEVEMIR, BASAGLAR, TRESIBA	LANTUS, TOUJEO

[PA] = Prior Authorization; [ST] = Step Therapy; [QL] = Quantity Limit; [BvsD] = B versus D
Brand name drugs are capitalized and generic drugs are listed in lowercase italics.

For a complete and updated list of drugs covered by SCAN, please refer to the 2021 SCAN Health Plan Formulary on our website at www.scanhealthplan.com.

1. Copay/coinsurance may vary by plan, county, contract year, the pharmacy you choose (e.g., Preferred or Standard, etc.) or whether you receive a one-month or a three-month supply or when you enter another phase of the Part D benefit or if you receive “Extra Help”. You can fill your prescriptions at any of our network pharmacies, but you may pay less at a SCAN Preferred pharmacy. Check your Evidence of Coverage or call SCAN Member Services for details.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts Pharmacy is our Preferred mail order pharmacy. While you can fill your prescription medications at any of our network mail order pharmacies, you may pay less at the Preferred mail order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan’s Member Services. For your mail order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users call 711. You may opt out of automatic deliveries at any time.

SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal. Other Pharmacies are available in our network.

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Enrollment Forms



Ready to join **SCAN Health Plan**[®]?

We're so glad!

First, you'll need to completely fill out the Individual Enrollment Request Form located at the back of this enrollment kit. We'll walk you through it, section by section. You'll need to have your Medicare ID card handy.

Let's get started:

SECTION 1

- Select a plan. Be sure to select only one plan name. You can find the plan name on the cover of this booklet.
- Fill in your name, date of birth, address and other contact information.
- You have options for receiving some of your plan information. Check the boxes to tell us how you want them delivered.

SECTION 2

- Refer to your Medicare ID card to fill in this information. If your Medicare card doesn't have your Part A and Part B effective dates, go ahead and leave them blank. It won't slow down the application process.

SECTION 3

- If your plan has a monthly premium or if you are adding optional supplemental coverage, you can choose to receive a monthly bill. Or you can choose to have the amount automatically deducted in one of three ways listed—just select that payment option and fill out the separate Auto-Pay Authorization Form in this packet.

SECTION 4

- Answer all of the Yes/No questions. For “Yes” answers, please fill in any extra information needed.
- Select a primary care physician and fill in his/her name and physician ID number. Are you already seeing this doctor? If so, let us know that too in the space provided on the form. If you do not fill in a doctor's name, SCAN will choose a doctor for you.

SECTION 5

- Please review if you currently have health coverage through an employer or union.

SECTION 6

- Read through this section and sign the form. You or your authorized representative must sign and date this page.
- Review the “Attestation of Eligibility for an Enrollment Period” checklist on the last page. Check off all that apply to you and fill in any extra information needed.
- Send all pages of the enrollment form to SCAN in the postage-paid envelope provided.

NOT QUITE DONE!

- If you are enrolling in the Heart First (HMO SNP) or SCAN Balance (HMO SNP) plans, we need two more forms. You will find them both in this packet. We can process your enrollment immediately when we receive your:
 - **CSNP Pre-Enrollment Qualification Assessment Form:** Fill out the form specific to your condition (congestive heart failure/cardiovascular disease or diabetes) and return it to SCAN with your enrollment form.
 - **Permission to Send Health Information to SCAN Health Plan Form:** Complete the top portion and return it to SCAN with your enrollment form.
- If the plan you’ve selected offers optional supplemental dental coverage, you’ll find a separate enrollment form in this booklet. You have two months to sign up for these added benefits (starting from the day your SCAN membership begins), but why not take care of it now?

Welcome to **SCAN**.

If you have any questions, please call your authorized SCAN representative at the number below.

1-877-870-4867 (TTY: 711)

April 1 to September 30: 8 a.m. to 8 p.m., Monday through Friday

October 1 to March 31: 8 a.m. to 8 p.m., seven days a week

Messages received on holidays or outside of our business hours will be returned within one business day.

What to Expect Next

You've sent in your SCAN Health Plan® enrollment form—so now what happens?



Verification Letter. This letter is required by Medicare to make sure the SCAN plan was fully explained to you and to confirm that you want to enroll in SCAN.



Approval Letter. This letter will let you know if your enrollment with SCAN has been approved by Medicare.



SCAN Member ID Card + Quick Start Guide.

Your member ID card and Quick Start Guide will arrive together. Put your ID card in your wallet or purse so you have it when you go to the doctor, hospital or pharmacy.

The Quick Start Guide is filled with information to help you get your membership started off right.



Welcome Call. In your first few months of membership, you will receive a welcome call and/or an invitation to join an informational conference call. Both are designed to help you get the most out of your new health plan.



SCAN Club Newsletter. This newsletter is just one of the ways we stay in touch with plan updates, health reminders and more.



Health Survey. A few months into your SCAN membership you may receive a health survey, either by mail or online. We encourage you to fill it out to help us serve you better.



You might also receive:

- **A call to arrange for health services** (if you filled out the "Coordination of Services" form). Expect this call shortly before/after your membership takes effect.
- **An offer to help with costs.** This letter tells you how to get help with your Medicare premiums and other healthcare costs (sent only to those who qualify).

Once you receive your ID card, you can contact SCAN Member Services with any questions about your new plan.

 MemberServices@scanhealthplan.com

 1-800-559-3500 (TTY: 711)

Apr. 1 - Sept. 30: 8 a.m. to 8 p.m., Mon. - Fri. | **Oct. 1 - Mar. 31:** 8 a.m. to 8 p.m., 7 days a week

Messages received on holidays or outside of business hours will be returned within one business day.

(Medicare and Medi-Cal eligible members call 1-866-722-6725)

Visit scanhealthplan.com/getstarted
to get a head start on your new health plan!

 **REGISTER ONLINE**
For all your plan info
scanhealthplan.com/register





Contact an authorized SCAN
representative today

1-877-870-4867



Or visit:

www.scanhealthplan.com

TTY users: 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



SCAN Heart First (HMO SNP) and SCAN Balance (HMO SNP) are HMO plans with Medicare contracts. Enrollment in SCAN Health Plan depends on contract renewal.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-559-3500. (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-559-3500. (TTY: 711). 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-800-559-3500。（聽障專線：711）。