

SCAN Health Plan
Monthly Plan Premium for People who get Extra Help from Medicare to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your level of extra help	Monthly Premium for SCAN Health Plan Classic (HMO)*; Ventura County	Monthly Premium for SCAN Health Plan Classic (HMO)*; Kern County
100%	\$0	\$0
75%	\$0	\$5.00
50%	\$0	\$10.00
25%	\$0	\$15.00

Your level of extra help	Monthly Premium for SCAN Health Plan Classic (HMO)*; San Diego County	Monthly Premium for SCAN Health Plan Signature (HMO)*; San Diego County
100%	\$0	\$0
75%	\$6.25	\$17.25
50%	\$12.50	\$34.50
25%	\$18.75	\$51.75

Your level of extra help	Monthly Premium for SCAN Health Plan Classic, Options & Legacy (HMO)*; Los Angeles, Orange, Riverside and San Bernardino Counties
100%	\$0
75%	\$0
50%	\$0
25%	\$0

Your level of extra help	Monthly Premium for SCAN Health Plan Connections (HMO)*; Los Angeles, Riverside and San Bernardino Counties
100%	\$0
75%	\$0
50%	\$0
25%	\$0

Your level of extra help	Monthly Premium for My Choice (HMO-POS)*; Los Angeles County	Monthly Premium for My Choice (HMO-POS)*; Orange County	Monthly Premium for My Choice (HMO-POS)*; Riverside and San Bernardino Counties
100%	\$0	\$0	\$0
75%	\$10.00	\$10.00	\$10.00
50%	\$20.00	\$20.00	\$20.00
25%	\$30.00	\$30.00	\$30.00

Your level of extra help	Monthly Premium for SCAN Health Plan Classic (HMO)*; Contra Costa County	Monthly Premium for SCAN Health Plan Options (HMO)*; Contra Costa County
100%	\$0	\$0
75%	\$9.75	\$7.25
50%	\$19.50	\$14.50
25%	\$29.25	\$21.75

Your level of extra help	Monthly Premium for SCAN Health Plan Classic (HMO)*; San Francisco County	Monthly Premium for SCAN Health Plan Options (HMO)*; San Francisco County
100%	\$0	\$0
75%	\$12.25	\$9.75
50%	\$24.50	\$19.50
25%	\$36.75	\$29.25

Your level of extra help	Monthly Premium for SCAN Health Plan Classic (HMO)*; Santa Clara County	Monthly Premium for SCAN Health Plan Options (HMO)*; Santa Clara County
100%	\$0	\$0
75%	\$14.75	\$12.25
50%	\$29.50	\$24.50
25%	\$44.25	\$36.75

Your level of extra help	Monthly Premium for SCAN Health Plan Gold (HMO)*; San Joaquin County	Monthly Premium for SCAN Health Plan Silver (HMO)*; San Joaquin County	Monthly Premium for SCAN Health Plan Gold Select (HMO)*; San Joaquin County
100%	\$0	\$0	\$0
75%	\$0	\$0	\$0
50%	\$0	\$0	\$0
25%	\$0	\$0	\$0

***This does not include any Medicare Part B premium you may have to pay.**

SCAN Health Plan’s premium includes coverage for both medical services and prescription drug coverage.

If you aren’t getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY/TDD users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY/TDD users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member Services at 1-800-559-3500, (TTY/TDD: 1-800- 735-2929) from 7 a.m. to 8 p.m., 7 days a week (PST).