
2024

SCAN Health Plan Formulary

List of Covered Drugs

SCAN Health Plan 處方藥一覽表

承保藥物清單



This formulary was updated on 10/01/2023. For more recent information or other questions, please contact SCAN Health Plan Member Services at 1-800-559-3500 (TTY users should call 711), 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), or visit www.scanhealthplan.com.

本處方藥一覽表更新於 10/01/2023。如需瞭解最新資訊或有其他疑問，請聯絡 SCAN Health Plan 會員服務部，電話：1-800-559-3500（聽障人士應致電 711），10 月 1 日至 3 月 31 日期間，服務時間為每週 7 天，上午 8 點至晚上 8 點。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點（節假日及營業時間之外收到的訊息將在一個工作日內回覆），或瀏覽 www.scanhealthplan.com。

SCAN Health Plan 2024 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

24429, 9

This formulary was updated on 10/01/2023. For more recent information or other questions, please contact SCAN Health Plan Member Services at 1-800-559-3500 (TTY users should call 711), 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), or visit www.scanhealthplan.com.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means SCAN Health Plan. When it refers to “plan” or “our plan,” it means SCAN Affirm partnered with Included LGBTQ+ Health (HMO), SCAN Alta (HMO), SCAN Classic (HMO), SCAN Compass (HMO), SCAN Inspired by women for women (HMO), SCAN MyChoice (HMO), SCAN Navigate (HMO), SCAN Options (HMO), SCAN Prime (HMO), SCAN Venture (HMO), Scripps Classic offered by SCAN Health Plan (HMO), Scripps Signature offered by SCAN Health Plan (HMO), SCAN Balance (HMO C-SNP), SCAN Embrace (HMO I-SNP), SCAN Healthy at Home (HMO I-SNP), SCAN Heart First (HMO C-SNP), Scripps Heart First offered by SCAN Health Plan (HMO C-SNP) and SCAN Strive (HMO C-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of October 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year. You will receive notice when necessary.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts PharmacySM is one of our mail order pharmacies. You can fill your prescription medications at any of our network mail order pharmacies. 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 should 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.

Y0057_SCAN_20519_2024_C

Table of Contents

What is the SCAN Health Plan Formulary?.....	3
Can the Formulary (drug list) change?.....	3
How do I use the Formulary?.....	4
What are generic drugs?	4
Are there any restrictions on my coverage?.....	4
What if my drug is not on the Formulary?	5
How do I request an exception to the SCAN Health Plan's Formulary?	5
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?	6
For more information	6
SCAN Health Plan's Formulary.....	28
Formulary Drugs Arranged by Therapeutic Class	57
Formulary Drugs with Quantity Limits	92
Index	94

What is the SCAN Health Plan Formulary?

A formulary is a list of covered drugs selected by SCAN Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SCAN Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SCAN Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SCAN Health Plan’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SCAN Health Plan’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain

available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October, 2023. To get updated information about the drugs covered by SCAN Health Plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 57. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 57. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 94. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

SCAN Health Plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** SCAN Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SCAN Health Plan before you fill your prescriptions. If you don't get approval, SCAN Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, SCAN Health Plan limits the amount of the drug that SCAN Health Plan will cover. For example, SCAN Health Plan provides 30 tablets per prescription for BELSOMRA. This may be in addition to a standard one-month or three-month supply.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 57. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explain our prior authorization restriction. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SCAN Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the SCAN Health Plan’s formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that SCAN Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by SCAN Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by SCAN Health Plan.
- You can ask SCAN Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the SCAN Health Plan’s Formulary?

You can ask SCAN Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, SCAN Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, SCAN Health Plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply if you are not in a long-term care facility or a 31-day supply if you are a resident of a long-term care facility. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication if you are not in a long-term care facility or a 31-day supply of medication if you are a resident of a long-term care facility. After your first 30-day supply if you are not in a long-term care facility or a 31-day supply if you are a resident of a long-term care facility, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current member transitioning to a different level of care, you may be prescribed medications not on our formulary or your ability to get your drugs may be limited. In these instances, you need to talk with your doctor about the appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can request an exception and ask the plan to cover the drug or remove restrictions from the drug. While you are talking with your doctor to determine the course of action, you are eligible to receive a 30-day transition supply of the drug if you are moving from a long-term care facility or a hospital stay to home or a 31-day transition supply of the drug if you are moving from home or a hospital stay to a long-term care facility.

For more information

For more detailed information about your SCAN Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about SCAN Health Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

The charts below list what you will pay as your share of the costs for covered prescription drugs at our network pharmacies when you are in the Initial Coverage Stage.

Preferred cost-sharing is lower cost-sharing that may be available to you for certain covered Part D drugs at certain network pharmacies. For more information, please visit our online searchable Pharmacy Directory at www.scanhealthplan.com or call Member Services. Our contact information appears on the front and back cover pages.

Please refer to your Evidence of Coverage for information about the costs at Long-Term Care (LTC) pharmacies and out-of-network pharmacies.

If you receive “Extra Help,” your share of the cost for covered prescription drugs may vary based on the level of “Extra Help” you receive. For more information about your drug costs, look at the "LIS Rider".

You won't pay more than \$35 for a one-month supply and no more than \$105 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Most adult Part D vaccines are covered by our plan at no cost to you.

SCAN Classic (HMO): Los Angeles and Orange Counties

SCAN Alta (HMO): San Diego County

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$7	\$14
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Classic (HMO): Riverside County

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$9	\$18
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Classic (HMO): San Bernardino County

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$9	\$18
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Classic (HMO): Santa Clara and San Francisco Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$10	\$20
2	Generic		\$0	\$0	\$12	\$24
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$42	\$106	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Classic (HMO): Fresno and Madera Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$90	\$250	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Classic (HMO): Stanislaus County

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$40	\$100	\$47	\$121
4	Non-Preferred Drug		\$90	\$250	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
<p>We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.</p>						

SCAN Classic (HMO): Alameda County

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$10	\$20
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$37	\$91	\$47	\$121
4	Non-Preferred Drug		\$90	\$250	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
<p>We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.</p>						

SCAN Classic (HMO): San Mateo County

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$10	\$20
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$40	\$100	\$47	\$121
4	Non-Preferred Drug		\$90	\$250	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic) and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Classic (HMO): Ventura County

SCAN Options (HMO): Ventura County

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$10	\$20
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$37	\$91	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic) and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Options (HMO): Santa Clara County

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$10	\$20
2	Generic		\$0	\$0	\$17.50	\$35
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$40	\$100	\$45	\$115
4	Non-Preferred Drug		\$90	\$250	\$95	\$265
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Venture (HMO): Los Angeles, Orange, Riverside and San Bernardino Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$7	\$14
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic) and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

Scripps Classic offered by SCAN Health Plan (HMO): San Diego County

Drug Tier	Tier Name		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
1	Preferred Generic		\$0	\$0	\$9	\$18	\$0	\$18
2	Generic		\$5	\$10	\$15	\$30	\$0	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85	\$55	\$85
		Other Drugs	\$42	\$106	\$47	\$121	\$106	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280	\$265	\$280
5	Specialty Tier		33%	N/A	33%	N/A	N/A	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33	\$33	\$33
<p>We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic) and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.</p>								

Scripps Signature offered by SCAN Health Plan (HMO): San Diego County

Drug Tier	Tier Name		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
1	Preferred Generic		\$0	\$0	\$9	\$18	\$0	\$18
2	Generic		\$3	\$6	\$12	\$24	\$0	\$24
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85	\$55	\$85
		Other Drugs	\$37	\$91	\$47	\$121	\$91	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280	\$265	\$280
5	Specialty Tier		33%	N/A	33%	N/A	N/A	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33	\$33	\$33
<p>We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.</p>								

Scriptts Heart First offered by SCAN Health Plan (HMO C-SNP): San Diego County

Drug Tier	Tier Name		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
1	Preferred Generic		\$0	\$0	\$7	\$14	\$0	\$14
2	Generic		\$5	\$10	\$12	\$24	\$0	\$24
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85	\$55	\$85
		Other Drugs	\$42	\$106	\$47	\$121	\$106	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280	\$265	\$280
5	Specialty Tier		33%	N/A	33%	N/A	N/A	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0	\$0	\$0

We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic) and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

SCAN Prime (HMO): Los Angeles and Orange Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$12	\$24
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33

We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

SCAN Prime (HMO): Riverside and San Bernardino Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$7	\$14
2	Generic		\$0	\$0	\$14	\$28
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
<p>We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.</p>						

SCAN Affirm (HMO): Los Angeles, Orange, Riverside and San Diego Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$7	\$14
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		25%	N/A	25%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
<p>We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.</p>						

SCAN Affirm (HMO): San Francisco County

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$10	\$20
2	Generic		\$0	\$0	\$12	\$24
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		25%	N/A	25%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Balance (HMO C-SNP): Los Angeles and Orange Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$9	\$18
3	Preferred Brand	Insulin	\$0	\$0	\$0	\$0
		Other Drugs	\$30	\$70	\$35	\$85
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Balance (HMO C-SNP): Stanislaus and Santa Clara Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$0	\$0	\$0	\$0
		Other Drugs	\$35	\$85	\$45	\$115
4	Non-Preferred Drug		\$85	\$235	\$95	\$265
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Balance (HMO C-SNP): Alameda and San Mateo Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$10	\$20
3	Preferred Brand	Insulin	\$0	\$0	\$0	\$0
		Other Drugs	\$40	\$100	\$47	\$121
4	Non-Preferred Drug		\$90	\$250	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Balance (HMO C-SNP): Riverside and San Bernardino Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$9	\$18
3	Preferred Brand	Insulin	\$0	\$0	\$0	\$0
		Other Drugs	\$30	\$70	\$35	\$85
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
<p>We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.</p>						

SCAN Balance (HMO C-SNP): Fresno and Madera Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$0	\$0	\$0	\$0
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$90	\$250	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
<p>We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.</p>						

SCAN Balance (HMO C-SNP): San Diego County

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$9	\$18
3	Preferred Brand	Insulin	\$0	\$0	\$0	\$0
		Other Drugs	\$30	\$70	\$35	\$85
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Balance (HMO C-SNP): San Francisco County

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$0	\$0	\$0	\$0
		Other Drugs	\$35	\$85	\$45	\$115
4	Non-Preferred Drug		\$85	\$235	\$95	\$265
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Heart First (HMO C-SNP): Orange and Los Angeles Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$9	\$18
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Heart First (HMO C-SNP): Riverside and San Bernardino Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$7	\$14
2	Generic		\$0	\$0	\$14	\$28
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Heart First (HMO C-SNP): Alameda and San Mateo Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$10	\$20
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$40	\$100	\$47	\$121
4	Non-Preferred Drug		\$90	\$250	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
<p>We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.</p>						

SCAN Heart First (HMO C-SNP): Santa Clara and Stanislaus Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$40	\$100	\$47	\$121
4	Non-Preferred Drug		\$90	\$250	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
<p>We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.</p>						

SCAN Heart First (HMO C-SNP): Fresno and Madera Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$90	\$250	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Heart First (HMO C-SNP): San Francisco County

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$40	\$100	\$47	\$121
4	Non-Preferred Drug		\$90	\$250	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$0	\$0	\$0	\$0
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Embrace (HMO I-SNP): Los Angeles, Orange and San Bernardino Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$0	\$0
2	Generic		\$0	\$0	\$0	\$0
3	Preferred Brand	Insulin	\$0	\$0	\$0	\$0
		Other Drugs	\$37	\$91	\$37	\$91
4	Non-Preferred Drug		\$99	\$277	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Healthy at Home (HMO I-SNP): Los Angeles, Orange, Riverside and San Bernardino Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$15
2	Generic		\$0	\$0	\$12	\$36
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$42	\$126	\$47	\$141
4	Non-Preferred Drug		\$95	\$285	\$100	\$300
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic) and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Compass (HMO): Los Angeles, Orange, Riverside and San Bernardino Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$7	\$14
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Inspired (HMO): Los Angeles and Orange Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$5	\$10
2	Generic		\$0	\$0	\$12	\$24
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN Navigate (HMO): Los Angeles, Orange, Riverside and San Bernardino Counties

Drug Tier	Tier Name		Retail & Mail Order			
			Preferred		Standard	
			30-day supply	100-day supply	30-day supply	100-day supply
1	Preferred Generic		\$0	\$0	\$7	\$14
2	Generic		\$0	\$0	\$15	\$30
3	Preferred Brand	Insulin	\$25	\$55	\$35	\$85
		Other Drugs	\$35	\$85	\$47	\$121
4	Non-Preferred Drug		\$95	\$265	\$100	\$280
5	Specialty Tier		33%	N/A	33%	N/A
6	Select Care Drugs		\$11	\$33	\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic), Tier 2 (Generic), and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.						

SCAN MyChoice (HMO): Orange County

Drug Tier	Tier Name		Retail & Mail Order	
			30-day supply	100-day supply
1	Preferred Generic		\$0	\$0
2	Generic		\$0	\$0
3	Preferred Brand	Insulin	\$25	\$55
		Other Drugs	\$35	\$85
4	Non-Preferred Drug		\$70	\$190
5	Specialty Tier		33%	N/A
6	Select Care Drugs		\$11	\$33
We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic) and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.				

SCAN MyChoice (HMO): San Diego County

Drug Tier	Tier Name		Retail & Mail Order	
			30-day supply	100-day supply
1	Preferred Generic		\$0	\$0
2	Generic		\$0	\$0
3	Preferred Brand	Insulin	\$25	\$55
		Other Drugs	\$35	\$85
4	Non-Preferred Drug		\$70	\$190
5	Specialty Tier		33%	N/A
6	Select Care Drugs		\$11	\$33

We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic) and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

SCAN MyChoice (HMO): Alameda and San Mateo Counties

Drug Tier	Tier Name		Retail & Mail Order	
			30-day supply	100-day supply
1	Preferred Generic		\$0	\$0
2	Generic		\$0	\$0
3	Preferred Brand	Insulin	\$25	\$55
		Other Drugs	\$35	\$85
4	Non-Preferred Drug		\$70	\$190
5	Specialty Tier		33%	N/A
6	Select Care Drugs		\$11	\$33

We provide additional coverage of prescription drugs in Tier 1 (Preferred Generic) and Tier 3 (Preferred Brand – insulin only) in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

The chart below lists what you will pay as your share of the costs for covered prescription drugs at our network pharmacies when you are in the Initial Coverage Stage.

Please refer to your Evidence of Coverage for information about the costs at Long-Term Care (LTC) pharmacies and out-of-network pharmacies.

SCAN Strive (HMO C-SNP): Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Santa Clara, Stanislaus, Fresno and Madera Counties

Members with no "Extra Help" Retail & Mail Order Pharmacies (one-, two- or three-month supply)	Members with "Extra Help" Retail & Mail Order Pharmacies (one-, two- or three-month supply)
You pay a 25% coinsurance of the total drug cost for all Part D prescription drugs covered on our Drug List, which begins on page 57.	You pay a \$0 copayment for all Part D prescription drugs covered on our Drug List, which begins on page 57.
You won't pay more than \$35 for a one-month supply and no more than \$105 for a three-month supply of each insulin product covered by our plan, even if you haven't paid your deductible.	You won't pay more than \$0 for a one-month through three-month supply of each insulin product covered by our plan.
Most adult Part D vaccines are covered by our plan at no cost to you, even if you haven't paid your deductible.	Most Part D vaccines are covered by our plan at no cost to you.
Some medications (e.g., Specialty drugs) are available for up to a one-month supply. To see which medications are available for an extended day supply, turn to page 57.	

SCAN Health Plan's Formulary

The formulary that begins on page 57 provides coverage information about the drugs covered by SCAN Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin*).

The information in the Requirements/Limits column tells you if SCAN Health Plan has any special requirements for coverage of your drug.

- The symbol [PA] indicates that prior authorization applies.
- The symbol [B vs D] indicates that this drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- The symbol [QL] indicates that quantities dispensed are limited. To see the quantity limit amount for the formulary drugs with quantity limits, turn to the page 92.
- The symbol [LD] indicates that limited distribution applies. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-800-559-3500 (TTY users should call 711), 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), or visit www.scanhealthplan.com.
- The symbol [EDS] indicates that this drug is available for an extended day supply (e.g., greater than a 30-day supply) at mail-order and many retail pharmacies.

SCAN Health Plan

2024 年處方藥一覽表（承保藥物清單）

請閱讀：本文件包含有關本計劃承保藥物的資訊

24429, 9

本處方藥一覽表更新於 10/01/2023。如需瞭解最新資訊或有其他疑問，請聯絡 SCAN Health Plan 會員服務部，電話：1-800-559-3500（聽障人士應致電 711），10 月 1 日至 3 月 31 日期間，服務時間為每週 7 天，上午 8 點至晚上 8 點。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點（節假日及營業時間之外收到的訊息將在一個工作日內回覆），或瀏覽 www.scanhealthplan.com。

現有會員請注意：本處方藥一覽表自去年以來已經變更。請查看此文件以確保其中仍包含您使用的藥物。

本藥物清單（處方藥一覽表）中，凡提述「我們」或「我們的」時，均指 SCAN Health Plan。凡提及「計劃」或「我們的計劃」時，是指 SCAN Affirm 與 Included LGBTQ+ Health 聯盟 (HMO)、SCAN Alta (HMO)、SCAN Classic (HMO)、SCAN Compass (HMO)、SCAN Inspired 女性專屬計劃 (HMO)、SCAN MyChoice (HMO)、SCAN Navigate (HMO)、SCAN Options (HMO)、SCAN Prime (HMO)、SCAN Venture (HMO)、Scripps Classic offered by SCAN Health Plan (HMO)、Scripps Signature offered by SCAN Health Plan (HMO)、SCAN Balance (HMO C-SNP)、SCAN Embrace (HMO I-SNP)、SCAN Healthy at Home (HMO I-SNP)、SCAN Heart First (HMO C-SNP)、Scripps Heart First offered by SCAN Health Plan (HMO C-SNP) 和 SCAN Strive (HMO C-SNP)。

本文件包含一份適用於我們計劃的藥物清單（處方藥一覽表），該清單最近更新於 2023 年 10 月。如需獲取最新的處方藥一覽表，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

您通常必須使用網絡內藥房才能享受處方藥福利。福利、處方藥一覽表、藥房網絡和/或共付額/共同保險可能會在 2025 年 1 月 1 日及一年中不時更改。必要時您會收到通知。

您可以要求透過網絡內郵購快遞計劃將處方藥送達您的家中。Express Scripts PharmacySM 是我們的郵購藥房之一。您可以在我們的任何網絡郵購藥房配取處方藥。一般而言，您可在 Express Scripts 郵購藥房接獲訂單後 14 天內收到您的處方藥。如果您在此時限內沒有收到您的處方藥，請聯絡 SCAN Health Plan 會員服務部。對於郵購處方藥，您可撥打 1-866-553-4125 聯絡 Express Scripts 藥房，選擇參加一項自動重配計劃，服務時間為每週 7 天，每天 24 小時。聽障人士可致電 711。您可以隨時取消自動配送。

SCAN Health Plan 是一項簽有 Medicare 合約的 HMO 計劃。能否參保 SCAN Health Plan 視合約續簽情況而定。

Y0057_SCAN_20519_2024_C

目錄

什麼是 SCAN Health Plan 處方藥一覽表？	31
處方藥一覽表（藥物清單）是否會變更？	31
如何使用處方藥一覽表？	32
什麼是普通藥？	32
對於我享受的承保範圍是否有任何限制？	32
若我的藥物不在處方藥一覽表上，該怎麼辦？	32
如何申請 SCAN Health Plan 處方藥一覽表例外處理？	33
在向醫生提出變更藥物要求或提交例外處理申請之前，我應該做什麼？	33
瞭解更多資訊.....	34
SCAN Health Plan 處方藥一覽表	56
按治療類別排列的處方藥一覽表藥物.....	57
有數量限制的處方藥一覽表藥物.....	92
索引	94

什麼是 SCAN Health Plan 處方藥一覽表？

處方藥一覽表是 SCAN Health Plan 在諮詢保健服務提供者團隊後所選出的受保藥物清單，代表著高品質治療計劃中不可或缺的處方藥治療方案。只要具有醫療必需性，且於 SCAN Health Plan 網絡內藥房配藥，並遵守其他計劃規則，SCAN Health Plan 通常會承保列於處方藥一覽表中的藥物。要瞭解有關如何按您的處方配藥的更多資訊，請查閱您的《承保範圍說明書》。

處方藥一覽表（藥物清單）是否會變更？

大多數藥物的承保範圍在 1 月 1 日進行變更，但是我們可能會在一年之中添加或刪除藥物清單上的藥物、更改分攤費用層級或增設限制。進行變更時，我們必須遵守 Medicare 的規定。

今年可能會影響到您的變更：在下列情況中，您將受到當年承保範圍變更的影響：

- **新的普通藥。**如果我們計劃以新的普通藥取代某一品牌藥，而且這種普通藥將出現在相同或更低的分攤費用層級上，並具有相同或更少的限制，我們可能會立即將其從藥物清單上刪除。此外，在添加新的普通藥時，我們可能會決定保留我們藥物清單中的品牌藥，但會立即將其移至其他分攤費用層級或添加新的限制。如果您正在使用該品牌藥，我們可能不會在作出變更前提前通知您，但稍後我們會向您提供有關我們所做的具體變更的資訊。
 - 如果我們作出變更，您或您的處方醫生可以要求我們作出例外處理，並繼續為您承保該品牌藥。我們向您傳送的通知將詳細介紹如何申請例外處理，您可以在後文的「如何申請 SCAN Health Plan 處方藥一覽表例外」章節中查看更多資訊。
- **藥物下架。**若美國食品藥物管理局認為我們處方藥一覽表上的某種藥物不安全，或藥物製造商從市場中撤除該藥物，我們會立即從我們的處方藥一覽表上刪除該藥物，並向服用該藥物的會員發出通知。
- **其他變更。**我們可能會作出影響目前正在服用藥物的會員的其他變更。例如，我們可能會增加一種非新上市的普通藥來取代處方藥一覽表上現有的品牌藥，或者對品牌藥添加新的限制，或將其移至不同的分攤費用層級，或兩者兼而有之。我們也可能會根據新的臨床指南作出變更。如果我們從處方藥一覽表中移除了某些藥物，或對某個藥物新增了事先授權、數量限制和/或階段療法限制，或提高某個藥物的分攤費用層級，則我們必須在該變更生效前至少 30 天，或在會員要求重配該藥物時向受影響的會員發出通知（該名會員將收到 30 天份的藥物）。
 - 如果我們作出其他變更，您或您的開處方者可以要求我們作出例外處理，並繼續為您承保該品牌藥。我們向您傳送的通知將詳細介紹如何申請例外處理，您也可以後文的「如何申請 SCAN Health Plan 處方藥一覽表例外」章節中查看更多資訊。

這些變更不會影響您當前正在服用的藥物。一般而言，若您正在服用年初享受承保的 2024 年處方藥一覽表上的藥物，我們不會在 2024 年承保年度中終止或減少此藥物的承保，除非出現上文所述情況。換言之，在承保年度的剩餘時間內，此藥物將以相同的分攤費用向使用此藥物的會員提供，且不設新的限制。對於不會影響您的變更，今年內您不會收到有關直接通知。然而，自明年的 1 月 1 日起，此類變更將會影響到您，因此務必檢查新的福利年度的藥物清單以瞭解藥物是否有任何變更。

隨附的處方藥一覽表更新於 2023 年 10 月。如需瞭解有關 SCAN Health Plan 承保藥物的最新資訊，請聯絡我們。我們的聯絡資訊載於封面和封底。

如何使用處方藥一覽表？

有兩種方法在處方藥一覽表中查找您所需的藥物：

病症

處方藥一覽表從 57 頁開始。本處方藥一覽表中的藥物依照其所治療的病症類別分類。例如，用來治療心臟病的藥物列在「心血管藥物」類別。如果您知道您的藥物的用途，請在從第 57 頁開始的清單中查找類別名稱。然後，在此類別名稱下查找所需的藥物。

按字母順序排列的清單

如果您不確定要查看哪個類別，您應該在第 94 頁開始的索引中查找您的藥物。該索引提供一份按字母順序排列的清單，其中有本文件包含的所有藥物。該索引中列有品牌藥和普通藥。請在該索引中查找所需的藥物。藥物旁邊註有頁碼，您可以在該頁查找承保範圍資訊。轉到該索引中所列的頁碼，在清單的第一欄即可找到所需的藥物名稱。

什麼是普通藥？

SCAN Health Plan 同時承保品牌藥和普通藥。普通藥由 FDA 批准為具有與品牌藥相同的活性成分。一般來說，普通藥的費用低於品牌藥。

對於我享受的承保範圍是否有任何限制？

某些承保藥物可能有其他要求或承保範圍限制。這些要求和限制可能包括：

- **事先授權：**對於某些藥物，SCAN Health Plan 要求您或您的醫生取得事先授權。這表示您需要在配藥前取得 SCAN Health Plan 的批准。如果您沒有取得批准，SCAN Health Plan 可能不會承保該藥物。
- **數量限制：**對於某些藥物，SCAN Health Plan 限制了 SCAN Health Plan 承保的藥物數量。例如，SCAN Health Plan 為每份 BELSOMRA 處方提供 30 片藥片。這可以另外附加在標準的一個月或三個月的供藥上。

您可以通過查看從第 57 頁開始的處方藥一覽表來瞭解您的藥物是否有任何其他要求或限制。您也可以流覽我們的網站以取得更多關於特定承保藥物限制的資訊。我們已在網上發佈了一份文件，解釋了我們的事先授權限制。您也可以要求我們寄一份給您。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

您可以要求 SCAN Health Plan 對此類限制或使用上限作出例外處理，或提供能夠治療您的病症的其他相似藥物清單。請參閱第 33 頁上的「如何申請 SCAN Health Plan 處方藥一覽表例外處理？」章節以瞭解如何申請例外處理。

若我的藥物不在處方藥一覽表上，該怎麼辦？

如果您的藥物不在此處方藥一覽表（承保藥物清單）上，那麼您首先應該聯絡會員服務部，詢問您的藥物是否在承保範圍內。

如果您得知 SCAN Health Plan 不承保您的藥物，您有兩種選擇：

- 向會員服務部索要一份由 SCAN Health Plan 承保的相似藥物清單。收到該清單後，請出示給您的醫生看並要求開配 SCAN Health Plan 承保的類似藥物。
- 您可以要求 SCAN Health Plan 作出例外處理以便為您的藥物提供承保。請查看以下關於如何申請例外處理的資訊。

如何申請 SCAN Health Plan 處方藥一覽表例外處理？

您可以要求 SCAN Health Plan 對我們的承保規則作出例外處理。您可要求我們作出例外處理的類型有數種。

- 您可以要求我們承保一種藥物，即使它不在我們的處方藥一覽表上。如獲批准，此藥物將按預定分攤費用等級獲得承保，且您不得要求我們以更低的分攤費用等級提供此藥物。
- 除非此藥物屬於特殊級藥，否則您可要求我們按更低的分攤費用等級承保處方藥一覽表藥物。如獲批准，則可減少您必須為藥物支付的金額。
- 您可以要求我們撤銷對您的藥物的承保限制。例如，SCAN Health Plan 限制了某些藥物的承保數量。如果您的藥物有數量限制，則可以要求我們撤銷限制並承保更多數量。

通常情況下，只有在替代藥物處於計劃的處方藥一覽表上時，或是較低分攤費用的藥物或額外的使用限制對於治療您的病症無法達到相同的效果時，和/或可能造成副作用時，SCAN Health Plan 才會批准您申請的例外處理。

您應當與我們聯絡，要求我們做出針對處方藥一覽表、藥物等級，或使用限制例外處理的初始承保決定。**在提出針對處方藥一覽表藥物等級或使用限制例外處理申請時，您應提交一份處方醫師或醫師的聲明來支持您的申請。**通常，我們在收到處方醫師的支持聲明後，必須在 72 小時內做出決定。如果您或您的醫生認為等候 72 小時再作出決定會對您的健康造成嚴重傷害，您可以申請加急（快速）例外處理。如果您的加急申請獲得批准，我們在收到您的醫生或其他處方醫生的支持聲明後，必須在 24 小時內為您做出決定。

在向醫生提出變更藥物要求或提交例外處理申請之前，我應該做什麼？

無論是本計劃的新會員還是老會員，您可能正在使用我們處方藥一覽表上沒有的藥物。或者，您正在使用一種在我們處方藥一覽表上的藥物，但您在獲取該藥物時受到限制。例如，您在配藥之前可能要獲得我們的事先授權。您應當先和您的醫生談談，以決定您是否應該換用我們承保的適當藥物，或提出處方藥一覽表例外處理申請以使用我們承保您使用的藥物。在您與醫生討論以確定何種措施適合您時，我們會在您成為計劃會員後的頭 90 天內針對某些情況為您的藥物提供承保。

如果您的所有藥物都不在我們的處方藥一覽表上，或您獲取藥物時受到限制，則我們將承保 30 天（您不住在長期護理機構時）或 31 天（您住在長期護理機構時）的臨時供藥。如果您的處方天數較短，我們將允許重配藥物，提供最多 30 天（您不住在長期護理機構時）或 31 天（您住在長期護理機構時）的供藥。在您獲得 30 天（您不住在長期護理機構時）或 31 天（您住在長期護理機構時）的供藥後，我們將不再為您支付這些藥物的費用，即使您成為計劃會員還不足 90 天。

如果您居住在長期護理機構且需要的藥物不在處方藥一覽表上，或您獲取藥物時受到限制，但您成為我們計劃的會員已超過 90 天，則在您尋求處方藥一覽表例外處理時，我們將會對該藥物承保 31 天份的緊急藥量。

如果您是過渡到另一個護理級別的現任會員，則給您開處的藥物可能會不在處方藥一覽表上，或您獲得藥物時可能會受到限制。若出現上述情況，您需要諮詢您的醫生來瞭解我們處方藥一覽表上是否有適當的替代療法。如果我們處方藥一覽表上沒有適當的替代療法，您或您的醫生可提出例外請求，要求本計劃承保您所用的藥物或解除對您所用藥物的限制。在您諮詢醫生以確定治療方案的同時，您將有資格獲得 30 天（您從長期護理機構或醫院搬回家時）或 31 天（您從家中或醫院搬到長期護理機構時）的過渡期供藥。

瞭解更多資訊

如需瞭解更多關於 SCAN Health Plan 處方藥保險的詳細資訊，請查閱您的承保範圍說明書及其他計劃資料。

如果您對 SCAN Health Plan 有任何疑問，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

如果您對 Medicare 處方藥保險有任何疑問，請致電 Medicare：

1-800-MEDICARE (1-800-633-4227) 獲取資訊，全天候服務。聽障人士應致電 1-877-486-2048。或瀏覽 <http://www.medicare.gov>。

下表列出了您在初始承保阶段，在我們的網絡內藥房需要為承保範圍內的處方藥支付的分攤費用。

首選分攤費用是指在特定網絡內藥房為某些 D 部分承保藥物支付的較低分攤費用。如需瞭解更多資訊，請瀏覽我們線上的可搜尋「藥房目錄」，網址：www.scanhealthplan.com，或致電會員服務部。我們的聯絡資訊載於封面和封底。

如需瞭解長期護理 (LTC) 藥房和網絡外藥房費用的相關資訊，請參閱您的「承保範圍說明書」。

如果您接受「額外補助」，則您對承保的處方藥支付的分攤費用取決於您所接受的「額外補助」等級。如需瞭解更多有關藥物費用的資訊，請參見「LIS 附則」。

對於我們計劃承保的每種胰島素產品的一個月供應量，您支付的費用不會超過 \$35，三個月供應量的費用分攤費用也不會超過 \$105，無論其費用分攤等級如何。

大多數成人 D 部分疫苗由我們的計劃免費承保。

SCAN Classic (HMO)：洛杉磯郡和橘郡

SCAN Alta (HMO)：聖地牙哥郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$7	\$14
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Classic (HMO) : 河濱郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$9	\$18
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Classic (HMO) : 聖貝納迪諾

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$9	\$18
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Classic (HMO) : 聖塔克拉拉郡和三藩市郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$10	\$20
2	普通藥		\$0	\$0	\$12	\$24
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$42	\$106	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Classic (HMO) : 弗雷斯諾和馬德拉郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$90	\$250	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Classic (HMO) : 斯坦尼斯勞斯郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$40	\$100	\$47	\$121
4	非首選藥物		\$90	\$250	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Classic (HMO) : 阿拉米達郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$10	\$20
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$37	\$91	\$47	\$121
4	非首選藥物		\$90	\$250	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Classic (HMO) : 聖馬刁郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$10	\$20
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$40	\$100	\$47	\$121
4	非首選藥物		\$90	\$250	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Classic (HMO) : 文圖拉郡**SCAN Options (HMO) : 文圖拉郡**

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$10	\$20
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$37	\$91	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Options (HMO) : 聖塔克拉拉郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$10	\$20
2	普通藥		\$0	\$0	\$17.50	\$35
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$40	\$100	\$45	\$115
4	非首選藥物		\$90	\$250	\$95	\$265
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Venture (HMO) : 洛杉磯郡、橘郡、河濱郡和聖貝納迪諾郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$7	\$14
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

Scripps Classic offered by SCAN Health Plan (HMO) : 聖地牙哥郡

藥物等級	等級名稱		零售				郵購	
			首選		標準		首選	標準
			30 天份量	100 天份量	30 天份量	100 天份量	100 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$9	\$18	\$0	\$18
2	普通藥		\$5	\$10	\$15	\$30	\$0	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85	\$55	\$85
		其他藥物	\$42	\$106	\$47	\$121	\$106	\$121
4	非首選藥物		\$95	\$265	\$100	\$280	\$265	\$280
5	特殊級藥物		33%	不適用	33%	不適用	不適用	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33	\$33	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

Scripps Signature offered by SCAN Health Plan (HMO) : 聖地牙哥郡

藥物等級	等級名稱		零售				郵購	
			首選		標準		首選	標準
			30 天份量	100 天份量	30 天份量	100 天份量	100 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$9	\$18	\$0	\$18
2	普通藥		\$3	\$6	\$12	\$24	\$0	\$24
3	首選品牌	胰島素	\$25	\$55	\$35	\$85	\$55	\$85
		其他藥物	\$37	\$91	\$47	\$121	\$91	\$121
4	非首選藥物		\$95	\$265	\$100	\$280	\$265	\$280
5	特殊級藥物		33%	不適用	33%	不適用	不適用	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33	\$33	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

Scriptts Heart First offered by SCAN Health Plan (HMO C-SNP) : 聖地牙哥郡

藥物等級	等級名稱		零售				郵購	
			首選		標準		首選	標準
			30 天份量	100 天份量	30 天份量	100 天份量	100 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$7	\$14	\$0	\$14
2	普通藥		\$5	\$10	\$12	\$24	\$0	\$24
3	首選品牌	胰島素	\$25	\$55	\$35	\$85	\$55	\$85
		其他藥物	\$42	\$106	\$47	\$121	\$106	\$121
4	非首選藥物		\$95	\$265	\$100	\$280	\$265	\$280
5	特殊級藥物		33%	不適用	33%	不適用	不適用	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Prime (HMO) : 洛杉磯郡和橘郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$12	\$24
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Prime (HMO) : 河濱郡和聖貝納迪諾郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$7	\$14
2	普通藥		\$0	\$0	\$14	\$28
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Affirm (HMO) : 洛杉磯郡、橘郡、河濱郡和聖地牙哥郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$7	\$14
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		25%	不適用	25%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Affirm (HMO) : 舊金山郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$10	\$20
2	普通藥		\$0	\$0	\$12	\$24
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		25%	不適用	25%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Balance (HMO C-SNP) : 洛杉磯郡和橘郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$9	\$18
3	首選品牌	胰島素	\$0	\$0	\$0	\$0
		其他藥物	\$30	\$70	\$35	\$85
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Balance (HMO C-SNP) : 斯坦尼斯勞斯郡和聖塔克拉拉郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$0	\$0	\$0	\$0
		其他藥物	\$35	\$85	\$45	\$115
4	非首選藥物		\$85	\$235	\$95	\$265
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Balance (HMO C-SNP) : 阿拉米達郡和聖馬刁郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$10	\$20
3	首選品牌	胰島素	\$0	\$0	\$0	\$0
		其他藥物	\$40	\$100	\$47	\$121
4	非首選藥物		\$90	\$250	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Balance (HMO C-SNP) : 河濱郡和聖貝納迪諾郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$9	\$18
3	首選品牌	胰島素	\$0	\$0	\$0	\$0
		其他藥物	\$30	\$70	\$35	\$85
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Balance (HMO C-SNP) : 弗雷斯諾和馬德拉郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$0	\$0	\$0	\$0
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$90	\$250	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Balance (HMO C-SNP) : 聖地牙哥郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$9	\$18
3	首選品牌	胰島素	\$0	\$0	\$0	\$0
		其他藥物	\$30	\$70	\$35	\$85
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Balance (HMO C-SNP) : 舊金山郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$0	\$0	\$0	\$0
		其他藥物	\$35	\$85	\$45	\$115
4	非首選藥物		\$85	\$235	\$95	\$265
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Heart First (HMO C-SNP) : 橘郡和洛杉磯郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$9	\$18
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Heart First (HMO C-SNP) : 河濱郡和聖貝納迪諾郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$7	\$14
2	普通藥		\$0	\$0	\$14	\$28
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Heart First (HMO C-SNP) : 阿拉米達郡和聖馬刁郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$10	\$20
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$40	\$100	\$47	\$121
4	非首選藥物		\$90	\$250	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Heart First (HMO C-SNP) : 聖克拉拉郡和斯坦尼斯勞斯郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$40	\$100	\$47	\$121
4	非首選藥物		\$90	\$250	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Heart First (HMO C-SNP) : 弗雷斯諾和馬德拉郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$90	\$250	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Heart First (HMO C-SNP) : 舊金山郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$40	\$100	\$47	\$121
4	非首選藥物		\$90	\$250	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$0	\$0	\$0	\$0

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Embrace (HMO I-SNP)：洛杉磯郡、橘郡和聖貝納迪諾

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$0	\$0
2	普通藥		\$0	\$0	\$0	\$0
3	首選品牌	胰島素	\$0	\$0	\$0	\$0
		其他藥物	\$37	\$91	\$37	\$91
4	非首選藥物		\$99	\$277	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Healthy at Home (HMO I-SNP)：洛杉磯郡、橘郡、河濱郡和聖貝納迪諾郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$15
2	普通藥		\$0	\$0	\$12	\$36
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$42	\$126	\$47	\$141
4	非首選藥物		\$95	\$285	\$100	\$300
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Compass (HMO)：洛杉磯郡、橘郡、河濱郡和聖貝納迪諾郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$7	\$14
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Inspired (HMO)：洛杉磯郡和橘郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$5	\$10
2	普通藥		\$0	\$0	\$12	\$24
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN Navigate (HMO) : 洛杉磯郡、橘郡、河濱郡和聖貝納迪諾郡

藥物等級	等級名稱		零售和郵購			
			首選		標準	
			30 天份量	100 天份量	30 天份量	100 天份量
1	首選普通藥		\$0	\$0	\$7	\$14
2	普通藥		\$0	\$0	\$15	\$30
3	首選品牌	胰島素	\$25	\$55	\$35	\$85
		其他藥物	\$35	\$85	\$47	\$121
4	非首選藥物		\$95	\$265	\$100	\$280
5	特殊級藥物		33%	不適用	33%	不適用
6	選擇性護理藥物		\$11	\$33	\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）、第 2 級處方藥（普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN MyChoice (HMO) : 橘郡

藥物等級	等級名稱		零售和郵購	
			30 天份量	100 天份量
1	首選普通藥		\$0	\$0
2	普通藥		\$0	\$0
3	首選品牌	胰島素	\$25	\$55
		其他藥物	\$35	\$85
4	非首選藥物		\$70	\$190
5	特殊級藥物		33%	不適用
6	選擇性護理藥物		\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN MyChoice (HMO) : 聖地牙哥郡

藥物等級	等級名稱		零售和郵購	
			30 天份量	100 天份量
1	首選普通藥		\$0	\$0
2	普通藥		\$0	\$0
3	首選品牌	胰島素	\$25	\$55
		其他藥物	\$35	\$85
4	非首選藥物		\$70	\$190
5	特殊級藥物		33%	不適用
6	選擇性護理藥物		\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

SCAN MyChoice (HMO) : 阿拉米達郡和聖馬刁郡

藥物等級	等級名稱		零售和郵購	
			30 天份量	100 天份量
1	首選普通藥		\$0	\$0
2	普通藥		\$0	\$0
3	首選品牌	胰島素	\$25	\$55
		其他藥物	\$35	\$85
4	非首選藥物		\$70	\$190
5	特殊級藥物		33%	不適用
6	選擇性護理藥物		\$11	\$33

在承保缺口階段，我們會對第 1 級處方藥（首選普通藥）和第 3 級處方藥（首選品牌藥，僅限胰島素藥物）提供額外承保。關於此承保範圍的資訊，請參閱「承保範圍說明書」。

下表列出了您在初始承保阶段，在我們的網絡內藥房為承保處方藥支付的分攤費用。

如需瞭解長期護理 (LTC) 藥房和網絡外藥房費用的相關資訊，請參閱您的「承保範圍說明書」。

SCAN Strive (HMO C-SNP)：洛杉磯郡、橘郡、河濱郡、聖貝納迪諾、聖地牙哥郡、文圖拉郡、聖塔克拉拉郡、斯坦尼斯勞斯郡、弗雷斯諾郡和馬德拉郡

<p>沒有「額外補助」的會員</p> <p>零售和郵購藥房 (一個月、兩個月或三個月的份量)</p>	<p>享有「額外補助」的會員</p> <p>零售和郵購藥房 (一個月、兩個月或三個月的份量)</p>
<p>對於我們藥物清單（從第 57 頁開始）上承保的所有 D 部分處方藥，您需支付總藥費的 25% 共同保險。</p>	<p>您需為我們藥物清單（從第 57 頁開始）上承保的所有 D 部分處方藥支付 \$0 的共付額。</p>
<p>即使您尚未支付自付額，您也不會為我們計劃承保的每種胰島素產品的一個月供應量支付超過 \$35，為三個月供應量支付的費用也不會超過 \$105。</p> <p>大多數成人 D 部分疫苗由我們的計劃承保，即使您尚未支付自付額，也不收取任何費用。</p>	<p>對於我們計劃承保的每種胰島素產品的一個月到三個月的供應量，您支付的費用不會超過 \$0。</p> <p>大多數 D 部分疫苗由我們的計劃承保，您無需支付任何費用。</p>
<p>某些藥物（例如特殊藥物）可提供長達一個月的供應量。要查看哪些藥物可用於延長天數供應，請轉到第 57 頁。</p>	

SCAN Health Plan 處方藥一覽表

處方藥一覽表從第 57 頁開始，提供有關 SCAN Health Plan 承保藥物的承保範圍資訊。如果您在清單中查找藥物時遇到困難，請參閱從第 94 頁開始的索引。

圖表的第一欄列出了藥物名稱。品牌藥用大寫字母表示（例如 JANUVIA），普通藥用小寫斜體字母列出（例如 *metformin*）。

要求/限制欄中的資訊說明了 SCAN Health Plan 在承保您的藥物時是否有任何特殊要求。

- [PA] 表明適用於事先授權。
- [B vs D] 表明此藥物可能由 Medicare B 部分或 D 部分承保（視情況而定）。此時可能需要提交描述藥物用途與規定的資訊，以利裁決。
- [QL] 表明配發數量受限。要查看有數量限制的處方藥一覽表藥物的數量限制，請轉到第 92 頁。
- [LD] 表明配發受限。此處方藥可能只在某些藥房提供。如需瞭解更多資訊，請查看藥房目錄或致電會員服務部，電話：1-800-559-3500（聽障人士應致電 711），10 月 1 日至 3 月 31 日期間，服務時間為每週 7 天，上午 8 點至晚上 8 點。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點（節假日及營業時間之外收到的訊息將在一個工作日內回覆），或瀏覽 www.scanhealthplan.com。
- [EDS] 表示此藥物可在郵購和許多零售藥房獲得延長天數供藥（例如大於 30 天份量的供藥）。



The formulary and pharmacy network may change at any time. You will receive notice when necessary.

This formulary was updated on 10/01/2023. For more recent information or other questions, please contact SCAN Health Plan Member Services at 1-800-559-3500 (TTY users should call 711), 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), or visit www.scanhealthplan.com.

處方藥一覽表和藥房網絡可能會隨時變更。必要時您會收到通知。

本處方藥一覽表更新於 10/01/2023。如需瞭解最新資訊或有其他疑問，請聯絡 SCAN Health Plan 會員服務部，電話：1-800-559-3500（聽障人士應致電 711），10 月 1 日至 3 月 31 日期間，服務時間為每週 7 天，上午 8 點至晚上 8 點。4 月 1 日至 9 月 30 日期間的服務時間為週一至週五，上午 8 點至晚上 8 點（節假日及營業時間之外收到的訊息將在一個工作日內回覆），或瀏覽 www.scanhealthplan.com。

SCAN Health Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCAN Health Plan cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo. SCAN Health Plan 和 SCAN Desert 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。