



The benefits charts below list information for more than one of our Plans. The name of the plan you are in is listed on the cover of your Evidence of Coverage. If you are not sure which plan you are in or if you have any questions, please call Member Services.

SCAN Employer Group (HMO) copayments and other benefits may vary. Please refer to your Evidence of Coverage or contact your employer group benefits administrator for more information.

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, 2018, and from time to time during the year.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You can get prescription drugs shipped to your home through our network mail order delivery program. 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 Member Services at 1-800-559-3500 (Medicare and Medi-Cal eligible members should call 1-866-722-6725), 8 a.m.–8 p.m., 7 days a week from October 1 to February 14. From February 15 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 users should call 711.

The charts below list what you will pay as your share of the cost for covered prescription drugs when you are in the Initial Coverage Stage. The information applies to the following Plans:



**To view VillageHealth benefit charts, please see [page 26](#)**

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

The charts below list what you will pay as your share of the costs for covered prescription drugs when you are in the Initial Coverage Stage. Please refer to your Evidence of Coverage for more information.

**SCAN Classic (HMO):**

Los Angeles County

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0
2	Generic	\$5	\$10	\$10	\$20	\$10	\$20
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tiers 1 and 2 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

**SCAN Classic II (HMO):**

Los Angeles County

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$5	\$0	\$10	\$0	\$0
2	Generic	\$5	\$10	\$10	\$20	\$10	\$20
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tiers 1 and 2 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

**SCAN Classic (HMO):**

Orange County

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0
2	Generic	\$5	\$10	\$10	\$20	\$10	\$20
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tiers 1 and 2 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

**SCAN Classic (HMO):**

Riverside and San Bernardino Counties

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$5	\$0	\$10	\$0	\$10
2	Generic	\$7	\$12	\$14	\$24	\$14	\$24
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tiers 1 and 2 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

**SCAN Classic II (HMO):**

Riverside and San Bernardino Counties

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$2	\$7	\$4	\$14	\$4	\$14
2	Generic	\$7	\$12	\$14	\$24	\$14	\$24
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tier 1 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	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$5	\$0	\$10	\$0	\$10
2	Generic	\$5	\$10	\$10	\$20	\$10	\$20
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

**Scripps Signature offered by SCAN Health Plan (HMO):**

San Diego County

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$5	\$0	\$10	\$0	\$10
2	Generic	\$3	\$8	\$6	\$16	\$6	\$16
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tiers 1 and 2 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.



**SCAN Classic (HMO):**

Ventura County

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$2	\$7	\$4	\$14	\$4	\$14
2	Generic	\$5	\$12	\$10	\$24	\$10	\$24
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

**SCAN Classic (HMO):**

San Francisco and Santa Clara Counties

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$3	\$8	\$6	\$16	\$6	\$16
2	Generic	\$5	\$10	\$10	\$20	\$10	\$20
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

**SCAN Classic (HMO):**

Marin County

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$3	\$0	\$6	\$0	\$6
2	Generic	\$2	\$7	\$4	\$14	\$4	\$14
3	Preferred Brand	\$40	\$45	\$80	\$90	\$110	\$125
4	Non-Preferred Drug	\$80	\$85	\$160	\$170	\$230	\$245
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

**SCAN Classic (HMO):**

Napa and Sonoma Counties

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$5	\$0	\$10	\$0	\$10
2	Generic	\$10	\$15	\$20	\$30	\$20	\$30
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

**SCAN Healthy At Home (HMO SNP):**

Los Angeles, Orange, Riverside and San Bernardino Counties

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$3	\$0	\$6	\$0	\$9
2	Generic	\$5	\$10	\$10	\$20	\$15	\$30
3	Preferred Brand	\$42	\$47	\$84	\$94	\$126	\$141
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$285	\$300
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tier 1 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

**Heart First (HMO SNP):**

Orange County

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$3	\$0	\$6	\$0	\$6
2	Generic	\$2	\$7	\$4	\$14	\$4	\$14
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tiers 1 and 2 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

**Heart First (HMO SNP):**

Marin County

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$3	\$0	\$6	\$0	\$6
2	Generic	\$2	\$7	\$4	\$14	\$4	\$14
3	Preferred Brand	\$40	\$45	\$80	\$90	\$110	\$125
4	Non-Preferred Drug	\$90	\$95	\$180	\$190	\$260	\$275
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tiers 1 and 2 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

**Heart First (HMO SNP):**

Riverside and San Bernardino Counties

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$5	\$0	\$10	\$0	\$10
2	Generic	\$7	\$12	\$14	\$24	\$14	\$24
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tiers 1 and 2 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.



**Scripps Heart First offered by SCAN Health Plan (HMO SNP):**

San Diego County

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$5	\$0	\$10	\$0	\$10
2	Generic	\$5	\$10	\$10	\$20	\$10	\$20
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tier 1 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

**Heart First (HMO SNP):**

Napa and Sonoma Counties

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$5	\$0	\$10	\$0	\$10
2	Generic	\$10	\$15	\$20	\$30	\$20	\$30
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tier 1 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

**SCAN Balance (HMO SNP):**

Los Angeles and Orange Counties

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$3	\$0	\$6	\$0	\$6
2	Generic	\$2	\$7	\$4	\$14	\$4	\$14
3	Preferred Brand	\$30	\$35	\$60	\$70	\$80	\$95
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tiers 1 and 2 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

**SCAN Balance (HMO SNP):**

Marin County

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$3	\$0	\$6	\$0	\$6
2	Generic	\$2	\$7	\$4	\$14	\$4	\$14
3	Preferred Brand	\$40	\$45	\$80	\$90	\$110	\$125
4	Non-Preferred Drug	\$90	\$95	\$180	\$190	\$260	\$275
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tiers 1 and 2 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

**SCAN Balance (HMO SNP):**

Napa and Sonoma Counties

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$5	\$0	\$10	\$0	\$10
2	Generic	\$10	\$15	\$20	\$30	\$20	\$30
3	Preferred Brand	\$42	\$47	\$84	\$94	\$116	\$131
4	Non-Preferred Drug	\$95	\$100	\$190	\$200	\$275	\$290
5	Specialty Tier	33%	33%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

We provide additional coverage of prescription drugs in tier 1 in the Coverage Gap. Please refer to your Evidence of Coverage for more information about this coverage.

**SCAN Plus (HMO):**

Los Angeles, Riverside, San Bernardino and San Francisco Counties

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$8.50	\$0	\$17	\$0	\$25.50
2	Generic	25%	25%	25%	25%	25%	25%
3	Preferred Brand	25%	25%	25%	25%	25%	25%
4	Non-Preferred Drug	25%	25%	25%	25%	25%	25%
5	Specialty Tier	25%	25%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

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".

**SCAN Plus (HMO):**

Orange County

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$7.50	\$0	\$15	\$0	\$22.50
2	Generic	25%	25%	25%	25%	25%	25%
3	Preferred Brand	25%	25%	25%	25%	25%	25%
4	Non-Preferred Drug	25%	25%	25%	25%	25%	25%
5	Specialty Tier	25%	25%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

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

**Scripps Plus offered by SCAN Health Plan (HMO):**

San Diego County

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$6	\$0	\$12	\$0	\$18
2	Generic	25%	25%	25%	25%	25%	25%
3	Preferred Brand	25%	25%	25%	25%	25%	25%
4	Non-Preferred Drug	25%	25%	25%	25%	25%	25%
5	Specialty Tier	25%	25%	N/A	N/A	N/A	N/A

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.

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".



The chart below is for Medicare and Medi-Cal eligible members only. It lists what you will pay as your share of the cost for covered prescription drugs when you are in the Initial Coverage Stage. For information about your costs in the Coverage Gap Stage or the Catastrophic Coverage Stage, please refer to your Evidence of Coverage.

Co-pays may vary based on the level of Extra Help you receive. Please contact Member Services for further details. Our contact information appears on the front and back cover pages.

**SCAN Connections (HMO SNP) – Medicare and Medi-Cal eligible members only:**

Los Angeles, Riverside and San Bernardino Counties

**SCAN Connections at Home (HMO SNP) – Medicare and Medi-Cal eligible members only:**

Los Angeles, Riverside, and San Bernardino Counties

Drug Tier	Tier Name	Preferred Retail and Mail-Order cost-sharing (in-network)	Standard Retail cost-sharing (in-network)
1	Preferred Generic (One - three month supply)	\$0	\$0 or \$1.25 or \$3.35
2	Generic (One - three month supply)	<p>You pay:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <p>– \$0 or \$1.25 or \$3.35</p> <p>For all other drugs, either:</p> <p>– \$0 or \$3.70 or \$8.35</p>	
3	Preferred Brand (One - three month supply)		
4	Non-Preferred Drug (One - three month supply)		
5	Specialty Tier (One month supply only)		

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

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](http://www.scanhealthplan.com) or call Member Services. Our contact information appears on the front and back cover pages.



The benefits charts below list information for more than one of our Plans. The name of the plan you are in is listed on the cover of your Evidence of Coverage. If you are not sure which plan you are in or if you have any questions, please call Member Services.

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, 2018, and from time to time during the year.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You can get prescription drugs shipped to your home through our network mail order delivery program. 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 VillageHealth Member Services at 1-800-399-7226, 8 a.m. – 8 p.m., 7 days a week from October 1 to February 14. From February 15 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 users should call 711.

The chart below lists what you will pay as your share of the cost for covered prescription drugs when you are in the Initial Coverage Stage. The information applies to the following Plans:

VillageHealth (HMO-POS SNP) is an HMO plan; and is a Point of Service (POS) plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

The charts below list what you will pay as your share of the costs for covered prescription drugs when you are in the Initial Coverage Stage. For information about your costs in the Coverage Gap Stage or the Catastrophic Coverage Stage, please refer to your Evidence of Coverage.

**VillageHealth (HMO-POS SNP):**

Los Angeles and Orange Counties

Drug Tier	Tier Name	Preferred Retail & Mail-Order cost-sharing (in-network) (30-day supply)	Standard Retail cost-sharing (in-network) (30-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (60-day supply)	Standard Retail cost-sharing (in-network) (60-day supply)	Preferred Retail & Mail-Order cost-sharing (in-network) (90-day supply)	Standard Retail cost-sharing (in-network) (90-day supply)
1	Preferred Generic	\$0	\$2	\$0	\$4	\$0	\$6
2	Generic	25%	25%	25%	25%	25%	25%
3	Preferred Brand	25%	25%	25%	25%	25%	25%
4	Non-Preferred Drug	25%	25%	25%	25%	25%	25%
5	Specialty Tier	25%	25%	N/A	N/A	N/A	N/A

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

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.villagehealthca.com](http://www.villagehealthca.com) or call Member Services. Our contact information appears on the front and back cover pages.

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.”

**VillageHealth (HMO-POS SNP):**

Riverside and San Bernardino Counties

<b>Drug Tier</b>	<b>Tier Name</b>	<b>Preferred Retail &amp; Mail-Order cost-sharing (in-network) (30-day supply)</b>	<b>Standard Retail cost-sharing (in-network) (30-day supply)</b>	<b>Preferred Retail &amp; Mail-Order cost-sharing (in-network) (60-day supply)</b>	<b>Standard Retail cost-sharing (in-network) (60-day supply)</b>	<b>Preferred Retail &amp; Mail-Order cost-sharing (in-network) (90-day supply)</b>	<b>Standard Retail cost-sharing (in-network) (90-day supply)</b>
<b>1</b>	Preferred Generic	\$0	\$3	\$0	\$6	\$0	\$9
<b>2</b>	Generic	\$6	\$11	\$12	\$22	\$18	\$33
<b>3</b>	Preferred Brand	25%	25%	25%	25%	25%	25%
<b>4</b>	Non-Preferred Drug	25%	25%	25%	25%	25%	25%
<b>5</b>	Specialty Tier	25%	25%	N/A	N/A	N/A	N/A

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

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.villagehealthca.com](http://www.villagehealthca.com) or call Member Services. Our contact information appears on the front and back cover pages.

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.”