

SCAN Health Plan®

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

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

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

SCAN Classic (HMO):

Your level of extra help	Monthly Premium for SCAN Classic* Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Mateo, Stanislaus & Ventura Counties, CA
Non-LIS Premium	\$0
100%	\$0
75%	\$0
50%	\$0
25%	\$0

Your level of extra help	Monthly Premium for SCAN Classic* San Francisco County, CA
Non-LIS Premium	\$35.00
100%	\$35.00
75%	\$35.00
50%	\$35.00
25%	\$35.00

Your level of extra help	Monthly Premium for SCAN Classic* Napa & Sonoma Counties, CA
Non-LIS Premium	\$45.00
100%	\$45.00
75%	\$45.00
50%	\$45.00
25%	\$45.00

Your level of extra help	Monthly Premium for SCAN Classic* Santa Clara County, CA
Non-LIS Premium	\$54.00
100%	\$54.00
75%	\$54.00
50%	\$54.00
25%	\$54.00

Scripps Classic offered by SCAN Health Plan (HMO):

Your level of extra help	Monthly Premium for Scripps Classic offered by SCAN Health Plan* San Diego County, CA
Non-LIS Premium	\$0
100%	\$0
75%	\$0
50%	\$0
25%	\$0

Scripps Signature offered by SCAN Health Plan (HMO):

Your level of extra help	Monthly Premium for Scripps Signature offered by SCAN Health Plan* San Diego County, CA
Non-LIS Premium	\$74.00

100%	\$74.00
75%	\$74.00
50%	\$74.00
25%	\$74.00

SCAN Plus (HMO):

Your level of extra help	Monthly Premium for SCAN Plus* Los Angeles, Orange, Riverside, San Bernardino, San Francisco, Santa Clara, Stanislaus & Ventura Counties, CA
Non-LIS Premium	\$32.20
100%	\$0
75%	\$8.30
50%	\$16.60
25%	\$24.90

Scripps Plus offered by SCAN Health Plan (HMO):

Your level of extra help	Monthly Premium for Scripps Plus offered by SCAN Health Plan* San Diego County, CA
Non-LIS Premium	\$32.20
100%	\$0
75%	\$8.30
50%	\$16.60
25%	\$24.90

SCAN Prime (HMO):

Your level of extra help	Monthly Premium for SCAN Prime* Los Angeles County, CA
Non-LIS Premium	\$25.00
100%	\$25.00

75%	\$25.00
50%	\$25.00
25%	\$25.00

Your level of extra help	Monthly Premium for SCAN Prime* Orange County, CA
Non-LIS Premium	\$26.00
100%	\$26.00
75%	\$26.00
50%	\$26.00
25%	\$26.00

Your level of extra help	Monthly Premium for SCAN Prime* Riverside and San Bernardino Counties, CA
Non-LIS Premium	\$23.00
100%	\$23.00
75%	\$23.00
50%	\$23.00
25%	\$23.00

SCAN Compass (HMO):

Your level of extra help	Monthly Premium for SCAN Compass* Napa & Sonoma Counties, CA
Non-LIS Premium	\$25.00
100%	\$25.00
75%	\$25.00
50%	\$25.00
25%	\$25.00

SCAN Options (HMO):

Your level of extra help	Monthly Premium for SCAN Options* Santa Clara & Ventura Counties, CA
Non-LIS Premium	\$0
100%	\$0
75%	\$0
50%	\$0
25%	\$0

SCAN Venture (HMO):

Your level of extra help	Monthly Premium for SCAN Venture* Los Angeles, Orange, Riverside & San Bernardino Counties, CA
Non-LIS Premium	\$0
100%	\$0
75%	\$0
50%	\$0
25%	\$0

SCAN Alta (HMO):

Your level of extra help	Monthly Premium for SCAN Alta* San Diego County, CA
Non-LIS Premium	\$0
100%	\$0
75%	\$0
50%	\$0
25%	\$0

SCAN Connections (HMO SNP):

Your level of extra help	Monthly Premium for SCAN Connections* Los Angeles, Riverside & San Bernardino Counties, CA
Non-LIS Premium	N/A
100%	\$0
75%	
50%	
25%	

SCAN Connections at Home (HMO SNP):

Your level of extra help	Monthly Premium for SCAN Connections at Home* Los Angeles, Riverside & San Bernardino Counties, CA
Non-LIS Premium	N/A
100%	\$0
75%	
50%	
25%	

SCAN Healthy at Home (HMO SNP):

Your level of extra help	Monthly Premium for SCAN Healthy at Home* Los Angeles, Orange, Riverside & San Bernardino Counties, CA
Non-LIS Premium	\$0
100%	\$0
75%	\$0
50%	\$0
25%	\$0

SCAN Heart First (HMO SNP):

Your level of extra help	Monthly Premium for SCAN Heart First* Alameda, Orange, Riverside, San Bernardino & San Mateo Counties, CA
Non-LIS Premium	\$0
100%	\$0
75%	\$0
50%	\$0
25%	\$0

Your level of extra help	Monthly Premium for SCAN Heart First* Napa & Sonoma Counties, CA
Non-LIS Premium	\$49.00
100%	\$49.00
75%	\$49.00
50%	\$49.00
25%	\$49.00

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

Your level of extra help	Monthly Premium for Scripps Heart First offered by SCAN Health Plan* San Diego County, CA
Non-LIS Premium	\$26.00
100%	\$0.00
75%	\$6.50
50%	\$13.00
25%	\$19.50

SCAN Balance (HMO SNP):

Your level of extra help	Monthly Premium for SCAN Balance* Alameda, Los Angeles, Orange, San Mateo & Stanislaus Counties, CA
Non-LIS Premium	\$0
100%	\$0
75%	\$0
50%	\$0
25%	\$0

Your level of extra help	Monthly Premium for SCAN Balance* Napa & Sonoma Counties, CA
Non-LIS Premium	\$38.00
100%	\$38.00
75%	\$38.00
50%	\$38.00
25%	\$38.00

SCAN Embrace (HMO SNP):

Your level of extra help	Monthly Premium for SCAN Embrace* Los Angeles & Orange Counties, CA
Non-LIS Premium	\$0
100%	\$0
75%	\$0
50%	\$0
25%	\$0

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