

## SCAN Retiree Group

# Los Angeles City Employees' Retirement System

(LACERS) (HMO)

January 1, 2021 - December 31, 2021

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## 2021 Enrollment Kit

Medicare Advantage Plan



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## The SCAN Story

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

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

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



# 2021 Benefit Highlights

## SCAN Retiree Group

Los Angeles City Employees' Retirement System (LACERS) (HMO)

January 1, 2021 - December 31, 2021



### Comprehensive Care

Maximum Out-of-Pocket (MOOP)	\$3,400
PCP Office Visits	\$10
Specialist Office Visits	\$10
Immunizations	\$0
Lab Services and X-rays	\$0
Breast Cancer Screening	\$0
Prostate Cancer Screening	\$0
Annual Wellness Exam/Visit	\$0
Medicare-covered Chiropractic Services	\$10

### Hospital and Emergency Care

Inpatient Hospital Care	\$0
Skilled Nursing Facility	\$0 (days 1- 100)
Outpatient Surgery	\$0
Outpatient Rehabilitation Services	\$0
Worldwide Emergency Care	\$50
Worldwide Urgent Care Services	\$10
Ambulance Services	\$0

## Prescription Drug Coverage

*Initial Coverage Stage – SCAN Contracted Retail Pharmacy (1-month/30-Day Supply)*

	PREFERRED	STANDARD
Tier 1: Preferred Generic	\$5	\$10
Tier 2: Generic	\$5	\$10
Tier 3: Preferred Brand	\$20	\$20
Tier 4: Non-Preferred Drug	\$20	\$20
Tier 5: Specialty Tier	25%	25%

Get a 3-month supply (100 days) of Tiers 1, 2, 3, and 4 drugs at either a Retail Pharmacy or SCAN Mail-Order Pharmacy and only pay for 2 months. (Not available for Tier 5 drugs)

## Additional Benefits and Services

Routine Hearing Test	\$10 (1 per year)
Hearing Aid Fitting Evaluations	\$10 (3 visits within the first year of purchase)
Hearing Aid Allowance	\$4,000 hearing aid(s) allowance every 2 years
Routine Chiropractic Services	\$10 (up to 20 visits every year)
Routine Acupuncture	\$10 (up to 20 visits every year)
Routine Transportation	\$0 (unlimited trips per year)
Health Club Membership	\$0
Telehealth Services - MDLive	\$0 per virtual or telephonic medical visit
Brain Fitness	\$0
SCAN Healthtech	\$0

## Independent Living Power/Long Term Services and Supports (ILP/LTSS)\*

SCAN Health Plan offers unique home and community-based services designed to keep you healthy and independent. These services are offered under the Independent Living Power/Long Term Services and Supports (ILP/LTSS) program.

Qualifying members are eligible for up to \$650 per month of these additional services. Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

Please Note: You must be eligible to qualify for ILP/LTSS. An initial assessment is required. Once you are enrolled with ILP/LTSS, you must agree to receive your personal care and related homemaking services from SCAN Health Plan. Contact SCAN Member Services for details.

<b>Homemaker Service</b> You are eligible to receive assistance with light cleaning, grocery shopping, laundry and meal preparation.	You pay \$15 per visit
<b>Home Delivered Meals</b> You are covered for home delivery of meals to meet nutritional needs.	You pay \$0
<b>Personal Care Services</b> You are covered for in-home assistance for tasks such as bathing, dressing, eating, getting in and out of bed, moving about/walking, and grooming.	You pay \$15 per visit
<b>Emergency Response System</b> You are covered for the installation of a personal emergency response device that alerts emergency medical personnel to provide immediate help. There is no cost for installation.	You pay \$0
<b>Transportation Escort Services</b> You are eligible to receive an escort to assist you during transportation to and from medical appointments.	You pay \$15 per visit
<b>Personal Care Coordinator</b> SCAN staff will provide personal assistance to coordinate your Independent Living Power/Long Term Support Services.	You pay \$0
<b>Inpatient Custodial Care</b> You are covered for up to 5 days per year for post-acute or respite support in a skilled nursing facility. You may use this service following a hospital discharge, ER visit, or for respite care purposes.	You pay \$0

## Independent Living Power/Long Term Services and Supports (ILP/LTSS)\*

### **In-Home Caregiver Relief**

SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.

You pay \$15 per visit

### **Community-Based Adult Services (CBAS)-Adult Day Care**

SCAN covers adult day care services to provide relief for your regular caregiver while addressing the individual needs of the member for physical, social or intellectual exercises and stimulation. Criteria applies.

You pay \$15 per visit

### **Incontinence Supplies**

Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.

You pay \$0

### **Select Bathroom Safety Equipment**

Members may be eligible to receive selected bathroom safety equipment to assist you in performing certain daily activities. Please contact your Care Manager for further information.

You pay \$0

\*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

# Summary of Benefits





# 2021

## Summary of Benefits

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### SCAN Retiree Group

### Los Angeles City Employees' Retirement System

(LACERS) (HMO)

January 1, 2021 - December 31, 2021



SCAN Retiree Group - LACERS (HMO) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage" by calling our Member Services Department at the phone number listed in this document or online at [www.scanhealthplan.com](http://www.scanhealthplan.com).



**SUMMARY OF BENEFITS JANUARY 1, 2021 - DECEMBER 31, 2021**

<b>PREMIUM AND BENEFITS</b>	<b>LACERS</b>	<b>WHAT YOU SHOULD KNOW</b>
<b>Monthly Health Plan Premium</b>	For premium information, please contact your Plan Sponsor Benefits Administrator.	You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	You pay \$0	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)</b>	\$3,400 annually	The most you pay for copays and coinsurance for <b>Medicare-covered medical services</b> for the year.
<b>Inpatient Hospital Coverage</b>	You pay \$0	Our plan covers an unlimited number of days for an inpatient hospital stay. <b>Prior authorization rules apply.</b>
<b>Outpatient Hospital Coverage</b>		<b>Prior authorization</b> is required for outpatient hospital visits.
<ul style="list-style-type: none"> <li>• Ambulatory Surgical Center</li> <li>• Outpatient Hospital</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p>	
<b>Doctor Visits</b>		<b>Prior authorization</b> is required for specialist visits.
<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialists</li> </ul>	<p>You pay \$10 copay per visit</p> <p>You pay \$10 copay per visit</p>	
<b>Preventive Care</b>	You pay \$0	Any additional preventive services approved by Medicare during the contract year will be covered. <b>Prior authorization rules apply.</b>
<b>Emergency Care</b>	You pay \$50 copay per visit	The emergency room copay will be waived if you are immediately admitted to the hospital. You are covered for worldwide emergency services.

PREMIUM AND BENEFITS	LACERS	WHAT YOU SHOULD KNOW
<b>Urgently Needed Services</b>	You pay \$10 copay per visit	You are covered for worldwide urgent care services.
<b>Diagnostic Services/Labs/Imaging</b> <ul style="list-style-type: none"> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient X-rays</li> <li>• Therapeutic radiology</li> <li>• Diagnostic radiology (e.g., MRI, CT)</li> </ul>	You pay \$0 You pay \$0 You pay \$0 You pay \$0 You pay \$0	<b>Prior authorization</b> rules apply for diagnostic, lab, and imaging services.
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Medicare-covered diagnostic hearing and balance exam</li> <li>• Non-Medicare-covered (routine) hearing exam</li> <li>• Non-Medicare-covered (routine) hearing aid fitting/evaluation</li> <li>• Non-Medicare-covered (routine) hearing aids</li> </ul>	You pay \$10 copay per visit You pay \$10 copay for up to 1 visit per year You pay \$10 copay for up to 3 visits within the first year of purchase You are covered up to \$4,000 for up to 2 hearing aids every 2 years	<b>Prior authorization</b> rules apply for Medicare-covered diagnostic hearing and balance exams.  You must go to a SCAN-contracted provider to obtain a routine hearing exam and hearing aids.
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Medicare-covered dental services</li> <li>• Non-Medicare-covered (routine) oral exam</li> <li>• Non-Medicare-covered (routine) dental cleanings</li> <li>• Non-Medicare-covered (routine) dental X-rays</li> </ul>	You pay \$10 copay per visit Not covered Not covered Not covered	<b>Prior authorization</b> rules apply for Medicare-covered dental services.

PREMIUM AND BENEFITS	LACERS	WHAT YOU SHOULD KNOW
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered vision exam to diagnose/treat diseases of the eye</li> <li>• Medicare-covered glasses after cataract surgery</li> <li>• Non-Medicare-covered (routine) vision exam</li> <li>• Non-Medicare-covered (routine) glasses or contact lenses</li> <li>• Non-Medicare-covered (routine) vision coverage limit</li> </ul>	<p>You pay \$10 copay per visit</p> <p>You pay \$10 copay per visit</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>	<p><b>Prior authorization</b> rules apply for Medicare-covered vision exams and glasses after cataract surgery.</p> <p>Routine vision services do not require a prior authorization.</p> <p>You must go to a SCAN-contracted vision provider to obtain routine vision services.</p>
<p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• Inpatient visit</li> <li>• Outpatient individual/group therapy visit</li> <li>• Outpatient individual/group therapy visit with a psychiatrist</li> </ul>	<p>You pay \$0 unlimited days</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p><b>Prior authorization</b> rules apply for inpatient mental health hospitalization. You are covered for up to 90 days per benefit period.*</p> <p><b>Prior authorization</b> rules apply for outpatient mental health services.</p>
<p><b>Skilled Nursing Facility</b></p>	<p>You pay \$0 for days 1-100</p>	<p><b>Prior authorization</b> rules apply for skilled nursing facility services. You are covered for up to 100 days per benefit period.*</p> <p>No prior hospitalization is required.</p>

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

PREMIUM AND BENEFITS	LACERS	WHAT YOU SHOULD KNOW
<b>Physical Therapy</b>	You pay \$0	<b>Prior authorization</b> rules apply for outpatient physical therapy services.
<b>Ambulance</b>	You pay \$0 per one-way trip	
<b>Transportation (Non-Medicare-covered - routine)</b>	You pay \$0 for unlimited one-way trips per year  75-mile limit applies to each one-way trip	<b>Prior authorization</b> rules apply for routine transportation services.  You must use a SCAN-contracted provider to obtain routine transportation services.
<b>Medicare Part B Drugs</b>	You pay \$30 copay for chemotherapy and other Part B drugs	<b>Prior authorization</b> rules apply to select drugs.

## Outpatient Prescription Drugs (PART D DRUGS):

You pay the following:

### LACERS

	Preferred Retail & Mail-Order (in-network) (30-day supply)	Standard Retail & Mail-Order (in-network) (30-day supply)	Preferred Retail (in-network) (100-day supply)	Standard Retail & Mail-Order (in-network) (100-day supply)	Preferred Mail-Order (in-network) (100-day supply)
<b>Initial Coverage Stage</b>					
<b>Tier 1</b> (Preferred Generic)	You pay \$5	You pay \$10	You pay \$10	You pay \$20	You pay \$10
<b>Tier 2</b> (Generic)	You pay \$5	You pay \$10	You pay \$10	You pay \$20	You pay \$10
<b>Tier 3</b> (Preferred Brand)	You pay \$20	You pay \$20	You pay \$40	You pay \$40	You pay \$40
<b>Tier 4</b> (Non-Preferred Drug)	You pay \$20	You pay \$20	You pay \$40	You pay \$40	You pay \$40
<b>Tier 5</b> (Specialty Tier)	You pay 25%	You pay 25%	Not available	Not available	Not available

#### Catastrophic Coverage Stage

You stay in the Initial Coverage Stage until your yearly out-of-pocket costs reach \$6,550. After your yearly out-of-pocket drug costs reach \$6,550, you pay whichever is the larger amount:

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

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

## ADDITIONAL BENEFITS

PREMIUM AND BENEFITS	LACERS	WHAT YOU SHOULD KNOW
<p><b>Medical Equipment/Supplies</b></p> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>• Prosthetics (e.g., braces, artificial limbs)</li> <li>• Diabetic supplies</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p><b>Prior authorization</b> rules apply for covered durable medical equipment, prosthetic devices, and certain diabetic supplies.</p> <p>SCAN covers diabetic supplies such as glucose monitors, test strips, and control solution from a select manufacturer. Lancets are also covered and are available from all manufacturers.</p>
<p><b>Telehealth Services - MDLive</b></p>	<p>You pay \$0</p>	<p>A visit with board-certified doctor in the comfort of your own home. This benefit is for non-life threatening conditions such as, but not limited to cough, flu, nausea, sore throat, fever, and allergies.</p> <p>Visits with doctors can be conducted either by telephone or secure video capabilities from your computer or smart phone.</p>
<p><b>Wellness Programs</b></p> <ul style="list-style-type: none"> <li>• Health club membership</li> </ul>	<p>You pay \$0</p>	<p>You are covered for SCAN-contracted health clubs in your area.</p>
<p><b>Brain Fitness</b></p>	<p>You pay \$0</p>	
<p><b>SCAN Healthtech</b></p>	<p>You pay \$0</p>	

## Independent Living Power/Long Term Services and Supports (ILP/LTSS)\*

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Qualifying members are eligible for up to \$650 per month of these additional services. Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

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<p><b>Homemaker Service</b> You are eligible to receive assistance with light cleaning, grocery shopping, laundry and meal preparation.</p>	<p>You pay \$15 per visit</p>
<p><b>Home Delivered Meals</b> You are covered for home delivery of meals to meet nutritional needs.</p>	<p>You pay \$0</p>
<p><b>Personal Care Services</b> You are covered for in-home assistance for tasks such as bathing, dressing, eating, getting in and out of bed, moving about/walking, and grooming.</p>	<p>You pay \$15 per visit</p>
<p><b>Emergency Response System</b> You are covered for the installation of a personal emergency response device that alerts emergency medical personnel to provide immediate help. There is no cost for installation.</p>	<p>You pay \$0</p>
<p><b>Transportation Escort Services</b> You are eligible to receive an escort to assist you during transportation to and from medical appointments.</p>	<p>You pay \$15 per visit</p>
<p><b>Personal Care Coordinator</b> SCAN staff will provide personal assistance to coordinate your Independent Living Power/Long Term Support Services.</p>	<p>You pay \$0</p>

\*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

## Independent Living Power/Long Term Services and Supports (ILP/LTSS)\*

<p><b>Inpatient Custodial Care</b>          You are covered for up to 5 days per year for post-acute or respite support in a skilled nursing facility. You may use this service following a hospital discharge, ER visit, or for respite care purposes.</p>	<p>You pay \$0</p>
<p><b>In-Home Caregiver Relief</b>          SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.</p>	<p>You pay \$15 per visit</p>
<p><b>Community-Based Adult Services (CBAS)-Adult Day Care</b>          SCAN covers adult day care services to provide relief for your regular caregiver while addressing the individual needs of the member for physical, social or intellectual exercises and stimulation. Criteria applies.</p>	<p>You pay \$15 per visit</p>
<p><b>Incontinence Supplies</b>          Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.</p>	<p>You pay \$0</p>
<p><b>Select Bathroom Safety Equipment</b>          Members may be eligible to receive selected bathroom safety equipment to assist you in performing certain daily activities. Please contact your Care Manager for further information.</p>	<p>You pay \$0</p>

\*Members who qualify for Independent Living Power/Long Term Services and Supports must meet state criteria for Nursing Home Certifiable as determined by a SCAN Specialist after enrollment in the plan. Copayments apply for most services. Limits also apply. Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

**SCAN Retiree Group - LACERS** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

## About SCAN

<p><b>Who can join?</b></p>	<p><b>You must:</b></p> <ul style="list-style-type: none"> <li>- have both Medicare Part A and Part B</li> <li>- live in the plan service areas (Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Santa Clara, San Francisco, Napa, Sonoma, and Stanislaus counties, California)</li> <li>- be a United States citizen or be lawfully present in the United States</li> </ul>
<p><b>Phone Number (Members)</b></p>	<p><b>1-800-559-3500</b></p>
<p><b>Phone Number (Non-Members)</b></p>	<p><b>1-877-230-7226</b>          Calling this number will direct you to a licensed insurance agent.</p>
<p><b>TTY</b></p>	<p><b>711</b></p>
<p><b>Hours of Operation</b></p>	<p><b>October 1 to March 31:</b>          8 A.M. to 8 P.M., 7 days a week</p> <p><b>April 1 to September 30:</b>          8 A.M. to 8 P.M., Monday through Friday          Messages received on holidays and outside of our business hours will be returned within one business day.</p>
<p><b>Website</b></p>	<p><a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a></p>

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

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

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-877-230-7226 (TTY: 711). Hours are 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.

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [www.scanhealthplan.com](http://www.scanhealthplan.com) or call 1-877-230-7226 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

SCAN Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of, or because of, race, color, national origin, age, disability, or sex.

SCAN Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).

SCAN Health Plan provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact SCAN Member Services.

If you believe that SCAN Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by phone, mail, or fax, at:

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

Or by filling out the “File a Grievance” form on our website at:  
<https://www.scanhealthplan.com/contact-us/file-a-grievance>

If you need help filing a grievance, SCAN Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

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

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

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

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

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

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

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

**Armenian:** Ուշադրութեամբ: Եթե խոսում եք հայերեն, ապա Ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարե՛ք 1-800-559-3500 հեռախոսահամարով: Հեռատիպի համարն է՝ 711:

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

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

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

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

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

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

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

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

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

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

# Additional Plan Information





# Benefits Beyond

Original Medicare



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

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

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

## For more information on these benefits

Call SCAN at **1-800-559-3500 (TTY: 711)**

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

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

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

You can also visit **[www.scanhealthplan.com/other-providers](http://www.scanhealthplan.com/other-providers)**

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

# Core Extras

## Acupuncture and Chiropractic Services



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

### American Specialty Health (ASH)

To find a professional near you, call:

**1-800-678-9133**

5 a.m.–6 p.m. (PT),  
Monday–Friday

Or go to:

**[www.ashlink.com/ash/SCAN](http://www.ashlink.com/ash/SCAN)**

## Hearing Services (routine)



- \$10 Routine Hearing Exam
- High-quality hearing aids
- Hearing aids in a variety of colors and styles
- Access to a network of local professional care providers

### TruHearing

**1-844-255-7148 (TTY 711)**

5 a.m.–6 p.m. (PT),  
Monday–Friday

Or go to:

**[www.truhearing.com](http://www.truhearing.com)**

## Transportation Services (routine)



National MedTrans Network & IPA  
*"Transporting members to better health"*



- Curb-to-curb transportation to medical appointments, pharmacies, and dentists
- Taxi, wheelchair vans and other modes to meet people's physical needs
- 75-mile limit applies to each one-way trip

### National MedTrans Network

To schedule a ride:

**1-844-714-2218**

7 a.m. to 6 p.m. (PT), Monday–Friday

Where's my Ride:

**1-844-864-3359**

Available 24 hours a day, 7 days a week

# Featured Extras

## Telehealth - MDLive



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

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

**Request a telehealth visit today.**

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

24 hours a day, 7 days a week.

Or go to:

**[www.mdlive.com/](http://www.mdlive.com/)  
[scanhealthplan.com](http://scanhealthplan.com)**

**MDLIVE<sup>®</sup>**

## SCAN HEALTH*tech* Technology Support Assistance



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

### Areas where Health*tech* can help you

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

**To access technology support assistance please call:**

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

24 hours a day, 7 days a week.



## SCAN *on the go*



### SCAN goes where you go.

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

### Benefits available on the go include:

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

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

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



## SCAN Travel Assurance Worldwide Coverage



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

### The SCAN Travel Assurance kit includes:

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

**Have safe and confident travels with SCAN Travel Assurance!**

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



# Solutions For Healthy Living

## Health Club Membership



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

### **SilverSneakers members:**

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

### **SilverSneakers® Fitness Program**

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

**1-888-423-4632**

5 a.m.–5 p.m. (PT),  
Monday–Friday

Or go to:

**[www.SilverSneakers.com](http://www.SilverSneakers.com)**

# BrainHQ



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

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

BrainHQ is offered at no-cost to SCAN members.

### Features include:

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

To start using BrainHQ,  
please go to

[www.scan.brainhq.com](http://www.scan.brainhq.com)

For additional questions you  
can call:

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

7:30 a.m.–4 p.m.  
Monday–Friday



# Save Money on Your Medications<sup>1</sup>

## Make it Mail-Order From Express Scripts Pharmacy<sup>SM</sup>

The easy way to fill your maintenance medications. Make fewer trips to the pharmacy by having your 3-month supply delivered right to you and right on time. And standard shipping is free! Having more medication on hand can also help make sure that you don't run out of these important medications.



### Tiers 1, 2, 3, and 4: Buy two, get one free!

You'll pay just two copayments when you pick up a 3-month supply of prescription drugs on tiers 1, 2, 3 and 4. That means you pay for 2 months and get the 3rd month free!

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



### Automatic Refills

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



### Online Tracking

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



### Payment Flexibility

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



### Have Questions?

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

## Make the Switch

Once your SCAN membership begins, contact:

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

OR

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

# Keeping Prescription Medications Affordable

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



## Preferred Pharmacies = Lower Copayments!

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

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

### Preferred Pharmacies

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

### Standard Pharmacies

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

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

# SCAN Health Plan 2021 Drug Listing

## About this list:

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

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

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

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

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

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

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

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

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

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

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

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Drug Name	Drug Tier
<i>enalapril &amp; hydrochlorothiazide</i>	1
ENBREL INJ	5
ENBREL MINI	5
ENBREL SURECLICK INJ	5
<i>endocet 5-325mg, 7.5-325mg, 10-325mg</i>	3
ENGERIX-B INJ	3
<i>enoxaparin inj syringe 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml 100mg/ml, 120mg/0.8ml, &amp; 150mg/ml enpresse-28</i>	4
<i>enpresse-28</i>	2
<i>enskyce</i>	2
<i>entacapone</i>	4
<i>entecavir tabs</i>	4
ENTRESTO	3
<i>enulose</i>	2
ENVARUS XR	4
EPCLUSA	5
EPIDIOLEX	5
EPINEPHRINE AUTO-INJECTOR 0.15MG/0.3ML & 0.3MG/0.3ML	3
<i>epitol</i>	2
EPIVIR HBV SOLN 5MG/ML	4
<i>eplerenone</i>	3
<i>ergoloid mesylates</i>	3
ERIVEDGE	5
ERLEADA	5
<i>erlotinib</i>	5
<i>ertapenem inj</i>	4
ERYTHROCIN LACTOBIONATE INJ	4
<i>erythrocin stearate</i>	3
<i>erythromycin caps &amp; tabs</i>	3
<i>erythromycin dr</i>	3
<i>erythromycin ophthalmic oint</i>	2
<i>erythromycin topical gel &amp; soln</i>	2
ESBRIET	5
<i>escitalopram</i>	2
<i>esomeprazole magnesium dr caps</i>	3
<i>estarylla</i>	2
<i>estazolam</i>	2
<i>estradiol &amp; norethindrone acetate 0.5mg/0.1mg &amp; 1mg/0.5mg</i>	3

Drug Name	Drug Tier
<i>estradiol oral</i>	2
<i>estradiol patches</i>	3
<i>estradiol vaginal cream</i>	3
<i>estradiol vaginal tabs</i>	3
<i>ethambutol</i>	2
<i>ethinyl estradiol &amp; ethynodiol</i>	2
<i>ethinyl estradiol &amp; norethindrone acetate 5mcg/1mg &amp; 2.5mcg-0.5mg</i>	3
<i>ethosuximide</i>	2
<i>etodolac</i>	2
<i>etodolac er</i>	2
<i>everolimus 0.25mg</i>	4
<i>everolimus 0.5mg, 0.75mg</i>	5
<i>everolimus tabs 2.5mg, 5mg &amp; 7.5mg</i>	5
EVOTAZ	5
<i>exemestane</i>	3
<i>ezetimibe</i>	2
<i>ezetimibe &amp; simvastatin</i>	3
<b>F</b>	
<i>falmina</i>	2
<i>famciclovir</i>	2
<i>famotidine tabs</i>	1
FANAPT	4
FANAPT TITRATION PACK	4
FARXIGA	3
FARYDAK	5
FASENRA	5
<i>febuxostat</i>	3
<i>felbamate oral susp 600mg/5ml</i>	5
<i>felbamate tabs 400mg</i>	2
<i>felbamate tabs 600mg</i>	4
<i>felodipine er</i>	2
<i>femynor</i>	2
<i>fenofibrate caps 43mg, 130mg, 134mg</i>	2
<i>fenofibrate micronized</i>	2
<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	2
<i>fenofibric acid dr caps</i>	3
<i>fentanyl citrate lozenges</i>	5
<i>fentanyl patches 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	3

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

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

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Drug Name	Drug Tier
<i>indomethacin ir caps</i>	2
INFANRIX INJ	3
INLYTA	5
INREBIC	5
INTELENCE 100MG & 200MG TABS	5
INTELENCE 25MG TAB	4
INTRALIPID INJ	4
INTRON-A INJ	3
<i>introvale</i>	2
INVEGA SUSTENNA INJ 39MG	4
INVEGA SUSTENNA INJ 78MG, 117MG, 156MG, & 234MG	5
INVEGA TRINZA INJ	5
INVIRASE	4
INVOKAMET	3
INVOKAMET XR	3
INVOKANA	3
IPOL INACTIVATED IPV INJ	3
<i>ipratropium bromide &amp; albuterol sulfate nebulizer</i>	2
<i>ipratropium bromide nasal</i>	2
<i>ipratropium bromide nebulizer</i>	2
<i>irbesartan</i>	1
<i>irbesartan hct</i>	1
IRESSA	5
ISENTRESS 100MG CHEW TABS	5
ISENTRESS 25MG CHEW TABS	3
ISENTRESS HD TABS	5
ISENTRESS ORAL POWDER	5
ISENTRESS TABS	5
<i>isibloom</i>	2
<i>isoniazid oral</i>	2
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, &amp; 30mg</i>	2
<i>isosorbide mononitrate</i>	2
<i>isosorbide mononitrate er</i>	2
<i>isotretinoin caps</i>	4
<i>isradipine</i>	2
<i>itraconazole</i>	4
<i>ivermectin tabs</i>	2
IXIARO INJ	4

Drug Name	Drug Tier
<b>J</b>	
JAKAFI	5
<i>jantoven</i>	1
JANUMET	3
JANUMET XR	3
JANUVIA	3
<i>jasmiel</i>	2
<i>jinteli</i>	3
JULUCA	5
<i>junel 21 day</i>	2
JUXTAPID	5
<b>K</b>	
KALETRA TABS 100-25MG	4
KALETRA TABS 200-50MG	5
KALYDECO	5
<i>kariva</i>	2
<i>kelnor 1/35, 1/50</i>	2
<i>ketoconazole cream, shampoo, &amp; tabs</i>	2
<i>ketorolac oral tabs</i>	2
<i>ketorolac soln 0.4% &amp; 0.5%</i>	2
KINERET INJ	5
KINRIX INJ	3
<i>kionex</i>	2
KISQALI	5
KISQALI FEMARA CO-PACK	5
<i>klor-con pack</i>	4
<i>klor-con tabs</i>	2
KOMBIGLYZE XR	3
KORLYM	5
<i>kurvelo</i>	2
KUVAN	5
<b>L</b>	
<i>labetalol oral</i>	2
LACRISERT	4
<i>lactulose soln 10g/15ml</i>	2
<i>lamivudine &amp; zidovudine</i>	2
<i>lamivudine soln</i>	2
<i>lamivudine tabs 100mg</i>	2
<i>lamivudine tabs 150mg &amp; 300mg</i>	2
<i>lamotrigine chewable tabs</i>	2
<i>lamotrigine immediate-release tabs</i>	2

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier
TYPHIM VI INJ	3
<b>U</b>	
<i>unithroid</i>	1
UPTRAVI	5
<i>ursodiol</i>	3
<b>V</b>	
<i>valacyclovir</i>	2
VALCHLOR	5
<i>valganciclovir tabs</i>	5
<i>valproic acid oral caps &amp; soln</i>	2
<i>valsartan</i>	1
<i>valsartan &amp; amlodipine</i>	1
<i>valsartan &amp; amlodipine &amp; hct</i>	2
<i>valsartan hct</i>	1
VALTOCO	4
<i>vancomycin caps 125mg</i>	4
<i>vancomycin caps 250mg</i>	5
<i>vancomycin inj</i>	3
<i>vancomycin oral soln</i>	4
<i>vandazole</i>	2
VAQTA INJ	3
VARIVAX INJ	3
VARIZIG INJ	4
VASCEPA	4
<i>velivet</i>	2
VELTASSA	3
VENCLEXTA STARTING PACK	5
VENCLEXTA TABS 100MG	5
VENCLEXTA TABS 10MG & 50MG	3
<i>venlafaxine er caps &amp; tabs</i>	2
<i>venlafaxine ir tabs</i>	2
VENTAVIS	5
<i>verapamil er</i>	2
<i>verapamil ir</i>	1
<i>verapamil sr</i>	2
VERSACLOZ	5
VERZENIO	5
VICTOZA INJ	3
<i>vienna</i>	2
<i>vigabatrin powder for oral soln &amp; tabs</i>	5
<i>vigadrone powder for oral soln</i>	5

Drug Name	Drug Tier
VIIBRYD	4
VIIBRYD STARTER PACK	4
VIMPAT ORAL	4
VIRACEPT	5
VIREAD 150MG, 200MG, 250MG TABS	5
VIREAD POWDER	4
VITRAKVI	5
VIZIMPRO	5
<i>voriconazole inj</i>	5
<i>voriconazole oral suspension</i>	5
<i>voriconazole tabs 200mg</i>	5
<i>voriconazole tabs 50mg</i>	4
VOTRIENT	5
VRAYLAR CAPSULES	5
VRAYLAR DOSE PACK	4
VUMERITY	5
<i>vyfemla</i>	2
<i>vylibra</i>	2
<b>W</b>	
<i>warfarin</i>	1
<i>wixela inhub</i>	3
<i>wymzya fe</i>	2
<b>X</b>	
XALKORI	5
XARELTO	3
XARELTO STARTER PACK	3
XATMEP	4
XCOPRI MAINTENANCE PACK	5
XCOPRI TABS 200MG	5
XCOPRI TABS 50MG, 100MG & 150MG	4
XCOPRI TITRATION PACK	4
XELJANZ	5
XELJANZ XR	5
XGEVA INJ	5
XIFAXAN TABS 200MG	3
XIFAXAN TABS 550MG	5
XIGDUO XR	3
XIIDRA	4
XOFLUZA	4
XOLAIR	5
XOPENEX NEBULIZER	4

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

Drug Name	Drug Tier
XOSPATA	5
XPOVIO	5
XTANDI	5
XYREM	5
<b>Y</b>	
YF-VAX INJ	3
YONSA	5
YUPELRI	5
<i>yuvafem</i>	3
<b>Z</b>	
<i>zafirlukast</i>	2
ZEJULA	5
ZELBORAF	5
<i>zenatane</i>	4
<i>zenzedi tabs 5mg &amp; 10mg</i>	3
ZERBAXA INJ	5
<i>zidovudine</i>	2
<i>ziprasidone inj</i>	3
<i>ziprasidone oral</i>	2
ZIRGAN	4
ZOLINZA	5
<i>zolmitriptan odt</i>	3
<i>zolmitriptan tabs</i>	3
<i>zolpidem ir tabs 5mg &amp; 10mg</i>	2
ZOMIG NASAL	4

Drug Name	Drug Tier
<i>zonisamide</i>	2
ZORTRESS TABS 0.25MG	4
ZORTRESS TABS 0.5MG, 0.75MG & 1MG	5
ZOSTAVAX INJ	4
ZOSYN INJ 2GM/0.25GM & 3GM/0.375GM	4
<i>zovia</i>	2
ZYDELIG	5
ZYKADIA TABS	5
ZYPREXA RELPREVV 210MG INJ	4
ZYTIGA 500MG TABS	5

Many SCAN plans have additional coverage for the prescription drug listed below. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your out-of-pocket costs. If you are receiving "Extra Help" to pay for your prescriptions, you will not get any extra help to pay for this drug. **This drug has a quantity limit of 4 tablets per 30 days (a maximum of 49 tablets per year).**

Drug Name	Drug Tier
<i>Generic Viagra</i>	1
<i>sildenafil tabs 25mg, 50mg, 100mg</i>	



# Alternatives for Medications Not Covered by SCAN

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

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

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

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

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

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

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

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

# Enrollment Forms









**3 Physician Information**

**Please choose a Primary Care Physician (PCP), and Medical Group.**

Physician Name:	Physician ID Number:
Medical Group Name:	Group ID Number:
Is this a new physician for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**4 Please Read and Answer These Important Questions**

1.	Are you the retiree? If yes, retirement date (month/date/year): _____ If no, name of retiree: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you covering a spouse or dependents under this employer or union plan? If yes, name of spouse: _____ Name(s) of dependent(s): _____ <b>** A separate application is required for a spouse or dependent for enrollment in SCAN Health Plan.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you work? Does your spouse work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you have end stage renal disease (ESRD)? If you have had a successful kidney transplant and/or you don't need regular dialysis any more, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits or state pharmaceutical assistance programs. Will you have other <u>prescription</u> drug coverage in addition to SCAN Health Plan? If "yes" please provide the following information: Name of other coverage: _____ ID # for other coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. Please call SCAN Member Services at 1-800-559-3500. TTY: 711.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. DO NOT pay SCAN Health Plan the Part D-IRMAA. For more information about contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.



**By completing this enrollment application, I agree to the following:**

SCAN Health Plan is a Medicare Advantage plan and has a contract with the Federal Government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15 – December 7 of every year), or under certain special circumstances.

SCAN Health Plan serves a specific service area. If I move out of the area that SCAN Health Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of SCAN, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from SCAN when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date SCAN coverage begins, I must get all of my health care from SCAN, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by SCAN and other services contained in my SCAN Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR SCAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with SCAN, he/she may be paid based on my enrollment in SCAN.

**Release of Information:** By joining this Medicare health plan, I acknowledge that SCAN will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that SCAN will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

If you are the authorized representative, you must sign above and provide the following information:

Name: \_\_\_\_\_ Relationship to enrollee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

**OFFICE USE ONLY**

NAME OF STAFF MEMBER/AGENT/BROKER (if assisted in enrollment):	NATIONAL PRODUCER NUMBER (NPN):
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ENROLLEE'S PREFERRED SPOKEN LANGUAGE (IF OTHER THAN ENGLISH):

EFFECTIVE DATE OF COVERAGE ____ / ____ / ____ ( M M / D D / Y Y Y Y )	ICEP/IEP <input type="checkbox"/>	AEP <input type="checkbox"/>	SEP (TYPE) <input type="checkbox"/> _____	NOT ELIGIBLE <input type="checkbox"/>	REC'D DATE:
CHECK THE APPROPRIATE BOX(ES) ABOVE					

3800 Kilroy Airport Way, Suite 100, Long Beach, CA 90806



# Coordination of Services



\*PLEASE PRINT LEGIBLY\*

Member last name				Effective date	
First name				D.O.B.	
Phone				Emergency phone	
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to answer				
Is enrollee a Connections enrollee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Employer Group enrollee, does the enrollee have an immediate need for services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current MG/IPA (prior to enrolling with SCAN):	Is enrollee staying with this MG/IPA? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Current PCP (prior to enrolling with SCAN):	Is enrollee staying with the same PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Current PCP phone number:				
Enrollee's preferred spoken language:					
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean	<input type="checkbox"/> Japanese <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian	<input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> Thai <input type="checkbox"/> Russian <input type="checkbox"/> Cambodian	<input type="checkbox"/> American Sign Language/Braille <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to state		
Race/ethnicity:					
<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Mixed Race	<input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to state		
The enrollee is currently receiving the following services/equipment which will be needed <b>after the effective enrollment date</b> (check all that apply): <input type="checkbox"/> In a hospital or a skilled nursing facility Provider: _____ <input type="checkbox"/> Home health (e.g., nursing care and/or in-home physical therapy) Provider: _____ <input type="checkbox"/> Rented medical equipment or supplies (oxygen, wheelchair, nebulizer/breathing treatment device, ostomy supplies, hospital bed, etc.) Provider: _____			The enrollee is currently scheduled to receive the following treatment <b>after the effective enrollment date</b> (check all that apply): <input type="checkbox"/> Scheduled surgeries or procedures within 30 days of effective date      Date: / / <input type="checkbox"/> Specialist appointment within 30 days of effective date Specialty: _____ Date: / / <input type="checkbox"/> Dialysis treatment Provider: _____ Date: / / <input type="checkbox"/> Chemotherapy/radiation Provider: _____ Date: / /		
<b>Please indicate if the enrollee has difficulty in the following areas:</b> <input type="checkbox"/> Unable to obtain food <input type="checkbox"/> Unable to meet housing needs/homeless <input type="checkbox"/> Unable to afford medications					

Requests for continuity of care are reviewed on a case by case basis, with the goal to establish and continue care with an in-network provider. SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

<input type="checkbox"/> Electronic enrollment completed <input type="checkbox"/> Completed paper enrollment – sent separately	<input type="checkbox"/> Fax completed form to Enrollment Dept. Fax number: <b>562-989-5243</b>
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# Receipt of Application

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment and you receive your SCAN Health Plan Member ID Card. Enrollment is subject to Medicare approval, this receipt is not a guarantee of enrollment.

Applicant Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Plan County: \_\_\_\_\_

Sales Representative Name: \_\_\_\_\_

Writing Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

RX Bine: 003858

RX PCN: MD

RX Group: AN9A

Proposed Effective Date: \_\_\_\_\_

If you have questions you can contact Member Services at 1-800-559-3500 or, for TTY users, 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](http://www.scanhealthplan.com). SCAN Health Plan is an HMO Plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.



# What to Expect Next

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



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



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



**SCAN Member ID Card.** Put your ID card in your wallet or purse so you have it when you go to the doctor, hospital or pharmacy.



**SCAN Welcome Kit.** This packet is filled with helpful information, including the complete Evidence of Coverage brochure. You will receive this in the mail, even if you signed up to receive future plan materials online.



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



**Total Health Questionnaire.** You may be contacted to complete a total health questionnaire. This questionnaire is important because your answers will help to make sure that you're getting the care you need. The questionnaire is optional—your benefits won't be affected in any way whether you participate or not—but when you get the call, we hope you'll say "Yes."



## You might also receive:

- **A call to arrange for health services** (if you filled out the "Coordination of Services" form). Expect this call shortly before/after your membership takes effect.

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

✉ MemberServices@scanhealthplan.com

☎ 1-800-559-3500 (TTY: 711)

Oct. 1 - Mar. 31: 8 a.m. to 8 p.m., 7 days a week

Apr. 1 - Sept. 30: 8 a.m. to 8 p.m., Mon. - Fri.

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

Visit [scanhealthplan.com/getstarted](https://scanhealthplan.com/getstarted)  
to get a head start on your new health plan!





Contact an authorized SCAN  
representative today:

**1-877-796-7226**



Or visit:

**[www.scanhealthplan.com](http://www.scanhealthplan.com)**

**TTY users: 711**

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

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



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

08/20 21EG-SKB111