

SCAN Health Plan®

LIS PREMIUM SUMMARY TABLE 2012

This table will show you the monthly plan premium for people who get Extra Help from Medicare to help pay for their prescription drug costs

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

These tables show you what your monthly plan premium will be if you get extra help.

These tables do not include any Medicare Part B premium you have to pay.

Your SCAN Health Plan, plan premium includes coverage for hospital (Part A), doctor (Part B) and prescription drug coverage (Part D).

SCAN Classic (HMO):

<i>Your level of extra help</i>	<i>Monthly Premium for SCAN Classic</i>	<i>Monthly Premium for SCAN Classic</i>
	<i>Ventura County</i>	<i>Kern County</i>
100%	\$0	\$0
75%	\$7.25	\$6.25
50%	\$14.50	\$12.50
25%	\$21.75	\$18.75

<i>Your level of extra help</i>	<i>Monthly Premium for SCAN Classic</i>
	<i>San Diego County</i>
100%	\$0
75%	\$5.00
50%	\$10.00
25%	\$15.00

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Classic</i> <i>Los Angeles, Orange, Riverside, & San Bernardino County</i>
100%	\$0
75%	\$0
50%	\$0
25%	\$0

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Classic</i> <i>Contra Costa County</i>
100%	\$0
75%	\$12.25
50%	\$24.50
25%	\$36.75

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Classic</i> <i>San Francisco County</i>
100%	\$0
75%	\$14.75
50%	\$29.50
25%	\$44.25

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Classic</i> <i>Santa Clara County</i>
100%	\$0
75%	\$17.25
50%	\$34.50
25%	\$51.75

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Classic</i> <i>San Joaquin County</i>
100%	\$0
75%	\$9.75
50%	\$19.50
25%	\$29.25

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Classic</i> <i>Maricopa County & Pima County</i>
100%	\$0
75%	\$0
50%	\$0
25%	\$0

SCAN Options (HMO):

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Options</i> <i>Orange, Riverside & San Bernardino County</i>
100%	\$0
75%	\$0
50%	\$0
25%	\$0

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Options</i> <i>Contra Costa County</i>
100%	\$0
75%	\$9.75
50%	\$19.50
25%	\$29.25

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Options</i> <i>San Francisco County</i>
100%	\$0
75%	\$12.25
50%	\$24.50
25%	\$36.75

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Options</i> <i>Santa Clara County</i>
100%	\$0
75%	\$14.75
50%	\$29.50
25%	\$44.25

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Options</i> <i>San Joaquin County</i>
100%	\$0
75%	\$7.25
50%	\$14.50
25%	\$21.75

SCAN Signature (HMO):

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Signature</i> <i>San Diego County</i>
100%	\$0
75%	\$17.25
50%	\$34.50
25%	\$51.75

My Choice (HMO-POS):

<i>Your level of extra help</i>	<i>Monthly Premium for My Choice Los Angeles County</i>	<i>Monthly Premium for My Choice Orange County</i>	<i>Monthly Premium for My Choice Riverside, & San Bernardino County</i>
100%	\$0	\$0	\$0
75%	\$10.00	\$10.00	\$10.00
50%	\$20.00	\$20.00	\$20.00
25%	\$30.00	\$30.00	\$30.00

SCAN Connections (HMO SNP):

<i>Your level of extra help</i>	<i>Monthly Premium for SCAN Connections Los Angeles, Riverside & San Bernardino County</i>
100%	\$0
75%	\$0
50%	\$0
25%	\$0

<i>Your level of extra help</i>	<i>Monthly Premium for SCAN Connections San Joaquin County</i>
100%	\$0
75%	\$0
50%	\$0
25%	\$0

<i>Your level of extra help</i>	<i>Monthly Premium for SCAN Connections Maricopa County</i>
100%	\$0
75%	\$0
50%	\$0
25%	\$0

SCAN Connections at Home (HMO SNP):

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Connections at Home</i> <i>Los Angeles, Riverside & San Bernardino County</i>
100%	\$0
75%	\$0
50%	\$0
25%	\$0

SCAN Healthy at Home (HMO SNP):

<i>Your level of extra help</i>	Monthly Premium for <i>SCAN Healthy at Home</i> <i>Los Angeles, Orange, Riverside, & San Bernardino County</i>
100%	\$0
75%	\$0
50%	\$0
25%	\$0

Heart First (HMO SNP):

<i>Your level of extra help</i>	Monthly Premium for <i>Heart First</i> <i>Los Angeles County</i>
100%	\$0
75%	\$0
50%	\$0
25%	\$0

VillageHealth (HMO-POS SNP):

<i>Your level of extra help</i>	<i>Monthly Premium for VillageHealth Riverside & San Bernardino County</i>
100%	\$0
75%	\$7.70
50%	\$15.40
25%	\$23.10

Need More Help?

Should you have any questions or concerns about the information found on this table, or what your plan premium will be, please call the SCAN Member Services Department at 1-800-559-3500. We are available to assist you between the hours of 7:00 a.m. to 8:00 p.m., seven days a week. TTY users call: 1-800- 735-2929.

Hablamos español (We speak Spanish)

Additional Important Information:

SCAN Health Plan® is a Medicare Advantage Organization with a Medicare contract.

*SCAN Connections is a Medicare Advantage Organization with a Medicare Contract. SCAN also contracts with the California Department of Health Care Services (DHCS), and with the state of Arizona for Medicare/Medicaid eligible beneficiaries.

*[1]VillageHealth is a Medicare Advantage Organization with a Medicare contract; and is an ESRD Special Needs Plan with a Point of Service (POS) option for those who have been diagnosed by your doctor with End Stage Renal Disease (ESRD), or be in a pre or post kidney transplant status.

[2]My Choice is a POS plan with a Medicare contract.

*Heart First is a Medicare Advantage Organization with a Medicare contract; and is a Chronic or Disabling Condition Special Needs Plan for those who have been diagnosed with Chronic or Congestive Heart Failure.

*SCAN Healthy at Home is a Medicare Advantage Organization with a Medicare Contract; and is an Institutional Equivalent (Living in the Community) Special Needs

Plan for Medicare beneficiaries who require a Skilled Nursing Facility (SNF) level of care and reside within the community.

Individuals must have both Part A and Part B to enroll. You must continue to pay your Medicare Part B premium. Members may enroll in the plan only during specific times of the year. (Exceptions: For people who receive "Extra Help" (qualify for LIS), there are no restriction to the time of year when you may enroll into one of our plans. For more information, please contact the plan.) (*For additional enrollment eligibility requirements please contact the plan.)

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. SCAN benefits, formulary, pharmacy network, premium, co-payments and/or co-insurance may change on January 1, from year to year.

SCAN offers a network of primary care doctors, specialists and hospitals. You must receive all routine care from in-network plan providers; except for emergent or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor SCAN will be responsible for the costs (Exceptions: [1]VillageHealth & [2]My Choice. For more information, please contact the plan. You may also see the [1] [2] plan specific Evidence of Coverage for details)

Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Quantity limitations, copayments and restrictions may apply.

For those members who qualify for extra help: premiums, co-pays and deductibles may vary based on the level of help received. For more information contact the plan.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or Your State Medicaid Office.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for up to one hundred (100) percent of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

This information is available for free in other languages. Please contact our Customer Service (Member Services) number at 1-800-559-3500 for additional

information. We are available to assist you 7:00 a.m. – 8:00 p.m., 7 days a week. TTY users call 1-800-735-2929.

Esta información está disponible gratuitamente en otros idiomas. Comuníquese a nuestro número de Servicio al Cliente (Servicios para Miembros) al 1-800-559-3500 para obtener más información. Estamos disponibles para atenderlo de 7:00 a.m. a 8:00 p.m., los 7 días de la semana. Usuarios de TTY, llamen al: 1-800-735-2929.

1-800-559-3500 戶服務部 (會員服務部) 洽詢詳情。我們可以在 7:00 8:00 TTY 1-800-735-2929

Thông tin này được cung cấp miễn phí bằng các ngôn ngữ khác. Vui lòng liên hệ Dịch Vụ Khách Hàng (Dịch Vụ Hội Viên) của chúng tôi qua số 1-800-559-3500 để biết thêm thông tin. Chúng tôi sẽ có mặt giúp đỡ quý vị 7:00 sáng – 8:00 chiều, 7 ngày trong tuần. Người dùng TTY nên gọi số 1-800-735-2929.