



Orange  
County  
HICAP

**2010 MA-PD Medicare Advantage (HMO, PPO or PFFS) Prescription Drug Plans**

Beneficiary must have both Medicare Part A and B to enroll in a Medicare Advantage Plan with the drug benefits shown below.

For Assistance, call HICAP 714-560-0424  
or 1-800-Medicare  
or www.medicare.gov

**Prescription Drug Plans associated with Health Maintenance Organizations (HMOs)**

Organization Name Non-Member Telephone No. Plan Internet Website	Plan Name	Monthly Drug Plan Premium Includes C+D	Annual Deductible	Co-Payments after deductible has been met and prior to reaching \$2,830 in full drug cost					Coverage in Gap	Mail Order	Overall Quality Rating (out of 5)	Drug Plan Quality Rating (out of 5)
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5				
<b>Aetna Medicare</b> 800-455-1560 aetnamedicare.com	Select Plan	\$0	\$0	\$5	\$30	\$40	\$80	33%	Many Gen	yes	3.0	3.0
<b>Anthem Blue Cross</b> 800-797-6438 anthem.com/ca/medicare	Senior Secure Plan 1	\$0	\$0	\$7	\$43	\$85	33%	33%	Many Gen	yes	2.5	3.0
<b>Arta Medicare</b> 866-844-2170 mdcareadvantage.com	Arta Medicare Health Plan	\$0	\$0	\$0	\$15	\$50	25%	n/a	Many Gen & Many Brands	yes	Insuf. Data	Insuf. Data
<b>Blue Shield of California</b> 800-488-8000 blueshieldca.com	65 Plus	\$0	\$0	\$5	\$35	\$68	33%	33%	Many Gen & Some Brands	yes	3.5	3.5
	65 Plus Choice	\$0	\$0	\$0	\$20	\$60	33%	33%	Many Gen & Some Brands	yes	3.5	3.5
<b>Care1st</b> 800-847-1222 care1st.com	Care1st Medicare Advantage Plan	\$0	\$0	\$0	\$5	\$30	\$50	25%	Many Gen	yes	2.5	3.5
<b>CareMore Health Plan</b> 866-622-2820 caremorehealthplan.com	Value Plus	\$0	\$0	\$0 - \$5	\$0	\$25	\$60	33%	All Formulary	yes	3.5	4.5
	Start Smart	\$0	\$0	\$5 - \$8	\$25	\$35	\$65	33%	No	yes	3.5	4.5
<b>Citizens Choice Health Plan</b> 866-646-2247 citizenschoicehealth.com	Citizens Choice Healthplan	\$0	\$0	\$0	\$20	\$40	33%	33%	Many Gen	yes	3.0	3.5
<b>Easy Choice Health Plan</b> 866-999-3945 easychoicehealthplan.com	Best Plan	\$0	\$0	\$5	\$25	\$80	25%	n/a	Many Gen	yes	Insuf. Data	3.5
	Golden	\$0	\$0	\$0	\$28	\$50	25%	n/a	Many Gen	yes	Insuf. Data	Insuf. Data
<b>Health Net of California</b> 800-935-6565 healthnet.com	Healthy Heart 1	\$0	\$0	\$5	\$42	\$84	33%	33%	Many Gen	yes	3.0	3.5
	Healthy Heart 2	\$39	\$0	\$5	\$42	\$84	33%	33%	Many Gen	yes	3.0	3.5
	Ruby 1	\$0	\$0	\$5	\$42	\$84	33%	33%	Many Gen	yes	3.0	3.5
	Ruby 2	\$39	\$0	\$5	\$42	\$84	33%	33%	Many Gen	yes	3.0	3.5
	Salud con Health Net	\$0	\$0	\$5	\$42	\$84	33%	33%	Many Gen	yes	3.0	3.5
<b>Kaiser Permanente</b> 800-777-1238 kp.org	Senior Advantage	\$0	\$0	\$5	\$35	25%	n/a	n/a	All Gen	yes	4.0	4.5

Generally, Tier 1 = Generics  
Tier 2 = Generics and Preferred Brands  
Tier 3 = Non-Preferred Brands  
Tiers 4 and 5 = Specialties and Injectables



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**Prescription Drug Plans associated with Health Maintenance Organizations (HMOs) continued**

Organization Name Non-Member Telephone No. Plan Internet Website	Plan Name	Monthly Drug Plan Premium Includes C+D	Annual Deductible	Co-Payments after deductible has been met and prior to reaching \$2,830 in full drug cost					Coverage in Gap	Mail Order	Overall Quality Rating (out of 5)	Drug Plan Quality Rating (out of 5)
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5				
<b>MD Care</b> 888-327-2730 mdadvantage.com	Advantage 1	\$0	\$0	\$0	\$15	\$50	25%	n/a	All Formulary	yes	2.0	3.5
<b>SCAN Health Plan</b> 800-915-7226 scanhealthplan.com	SCAN Health Plan Classic	\$0	\$0	\$0	\$5	\$32	\$60	25%	Many Gen	yes	3.5	4.0
	SCAN Health Plan Options	\$0	\$0	\$0	\$10	\$40	\$70	33%	Many Gen	yes	3.5	4.0
	My Choice POS*	\$40	\$0	\$0	\$5	\$32	\$60	33%	Many Gen	yes	3.5	4.0
<b>Secure Horizons by United Healthcare</b> 800-547-5514 aarpmedicarecomplete.com	AARP Complete 1	\$0	\$0	\$6	\$42	\$79	33%	n/a	no	yes	3.0	3.5
	AARP Complete 2	\$0	\$0	\$6	\$42	\$79	33%	n/a	Many Gen & Some Brands	yes	3.0	3.5
	Premier	\$0	\$0	\$6	\$42	\$79	33%	n/a	no	yes	3.0	3.5
	Value	\$0	\$0	\$6	\$44	\$85	33%	n/a	Many Gen	yes	3.0	3.5

\* This plan has a point of sale option.

**Prescription Drug Plans associated with Preferred Provider Organizations (PPOs)**

Organization Name Non-Member Telephone No. Plan Internet Website	Plan Name	Monthly Drug Plan Premium Includes C+D	Annual Deductible	Co-Payments after deductible has been met and prior to reaching \$2,830 in full drug cost					Coverage in Gap	Mail Order	Overall Quality Rating (out of 5)	Drug Plan Quality Rating (out of 5)
				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5				
<b>Anthem Blue Cross</b> 800-797-0524 bluecrossca.com	Freedom Blue Plan 1	\$0	\$0	\$7	\$43	\$85	33%	33%	Many Gen	yes	2.0	3.0
	Freedom Blue Plus	\$31	\$0	\$7	\$43	\$85	33%	33%	Many Gen	yes	2.0	3.0

**Prescription Drug Plans associated with Private Fee for Service Plans (PFFS)**

<b>Anthem Blue Cross</b> 800-797-1836 bluecrossca.com	Smart Value Plus	\$78.00	\$0	\$8	\$44	\$85	33%	33%	Many Gen	yes	2.5	3.0
<b>Universal American</b> 800-996-8867 todaysoptions.com	Todays Options Premier	\$186	\$0	\$5	\$35	\$65	33%	n/a	All Gen	no	Insuf Data	2.5
	Todays Options Value	\$99	\$0	25%	25%	25%	25%	n/a	no	no	Insuf Data	2.5

Generally, Tier 1 = Generics  
Tier 2 = Generics and Preferred Brands  
Tier 3 = Non-Preferred Brands  
Tiers 4 and 5 = Specialties and Injectables