



Orange  
County  
California

## 2009 MA-PD Medicare Advantage (HMO, PPO or PFFS) Prescription Drug Plans

\*Beneficiary must have Medicare A & B and join the Medicare Advantage Plan  
associated with the Prescription Drug Plans below

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

### Prescription Drug Plans associated with Health Maintenance Organization(HMO)

Medicare Advantage (HMO) Company Name	Plan Name	Monthly* Drug Plan Premium	Annual Deductible	Generic Copays PG/NPG	Brand Name Copays with Rx expenses up to \$2,700 (see legend below)	Extra Coverage in Coverage gap \$2700 - \$6153.75	Mail Order refill savings available †	Misc Comments	
Aetna Health of California 1-800-455-1560 aetnamedicare.com	Golden Select Plan	\$0	\$0	\$0/\$2	PB=\$45 NPB=\$94 S=33%	no	yes	Must join Aetna	
	Golden Premier Plan	\$22.30	\$0	\$0/\$10	PB=\$35 NPB=\$75 S=33%	Many Generics	yes	Golden Medicare	
Arta Medicare Health Plan 1-866-844-2170 artamedicare.com	Gold Plan	\$0	\$0	\$0	PB=\$35 NPB=33% S=33%	Many Generics	yes	Must join Arta Health Plan	
Anthem Blue Cross 1-888-211-9813 bluecrossca.com	Senior Secure Plan 1	\$0	\$0	\$10/\$75	PB=\$35 NPB=\$75 S=33% INJ=33%	Many Generics	yes	Must join Blue Cross Plan	
Blue Shield of California 1-800-488-8000 blueshieldca.com	65 Plus Plan	\$0	\$0	\$6	PB=\$25 NPB=\$60 S=33% INJ=33%	Many Gen./Some Br.	yes	Must join	
	65 Plus Choice Plan	\$0	\$0	\$0	PB=\$15 NPB=\$60 S=33% INJ=33%	Many Gen./Some Br.	yes	Blue Shield Plan	
CareMore Health Plan 1-866-622-2820 caremorehealthplan.com	CareMore Value Plus	\$0	\$0	\$0/\$5	PB=\$25 NPB=\$50 S=33% INJ=20%	All Formulary Drugs	yes	Must join	
	CareMore StartSmart Plan	Information not yet available, contact plan for more details				All Gen./Few Br.			CareMore Plan
Care1st Orange County 1-800-847-1222 care1st.com	Value Plus Plan	\$0	\$0	\$5	PB=\$25 NPB = \$40 S=20%	Many Generics	yes	Must Join Care1st plan	
Citizens Choice Healthplan 1-866-646-2247 citizenschoicehealth.com	Citizens Choice Healthplan	\$0	\$0	\$0	PB=\$15 NPB = \$25 S=25%	All Formulary Drugs	yes	Must join Citizens Choice Plan	
Health Net of California 1-800-935-6565 healthnet.com	Seniority Plus Ruby	\$0	\$0	\$5	PB=\$39 NPB = \$78 S=33% INJ=33%	Many Generics	yes	Must join	
	Healthy Heart I	\$0	\$0	\$5	PB=\$39 NPB = \$78 S=33% INJ=33%	Many Generics	yes	Health Net Plan	
Kaiser Permanente 1-800-777-1238 kaiserpermanente.com	Senior Advantage	\$0	\$0	\$5	B=\$35 S=25%	All Generics		Must join Senior Advantage Plan	
Easy Choice Health Plan 1-866-999-3945 easychoicehealthplan.co	Best Plan	Information not yet available, contact plan for more details				Many Gen./Some Br.			Must join Easy
	Plus Plan	\$24.80	\$0	\$0	PB=\$40 NPB=\$80 S=25%	Many Generics	yes	Choice Plan	
MD Care Inc 1-888-327-2730 mdadvantage.com	Advantage I Plan	\$0	\$0	Tier 1: \$0	Tiers: 2=\$15, 3=\$50, 4=25%	All Formulary Drugs	yes	Must join MD Care Inc Plan	

\*Monthly drug plan premium is the total cost for the Medicare Advantage Health plan and not an additional cost -see premium info on HMO/PPO comparison chart.

†Some plans have a Mail Order option but were not noted here unless they provided a savings with this option.

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<b>SCAN Health Plan</b> 1-800-915-7226 scanhealthplan.com	SCAN Health Plan(007)	\$0	\$0	\$0/\$5	PB=\$28 NPB=\$50 S=25%	Many Generics	yes	Must Join
	SCAN Health Plan(014)	\$0	\$0	\$0/\$10	PB=\$30 NPB=\$60 S=33%	Many Generics	yes	SCAN Health Plan
<b>Secure Horizons</b> By UnitedHealthcare/AARP 1-800-547-5514 aarpmedicarecomplete.com	MedicareComplete Value	\$0	\$0	\$5	PB=\$35 NPB= \$65 S=33%	Many Generics	yes	Must join 1 of Secure Horizons Plans
	MedicareComplete Premier	\$0	\$0	\$5	PB=\$32 NPB= \$65 S=33%	no	yes	
	MedicareComplete Plan 1	\$0	\$0	\$5	PB=\$32 NPB= \$65 S=33%	no	yes	
	MedicareComplete Plan 2	\$0	\$0	\$5	PB=\$35 NPB= \$65 S=33%	Many Gen./Some Br.	yes	

**Prescription Drug Plans associated with Preferred Provider Plans (PPO)**

Medicare Advantage (PPO) Company Name	Plan Name	Monthly Drug Plan Premium	Annual Deductible	Generic Copays PG/NPG	Brand Name Copays with Rx expenses up to \$2,700 (see legend below)	Extra Coverage in Coverage gap \$2700 - \$6153.75	Mail Order refill savings available †	Misc Comments
<b>Anthem Blue Cross</b> 1-800-211-9813 bluecrossca.com	Freedom Blue Plan I	\$0	\$0	\$10/\$75	PB=\$35 NPB=\$75 S=33% INJ=33%	Many Generics	yes	Must join Freedom Blue Plan 1

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

Medicare Advantage (PFFS) Company Name	Plan Name	Monthly Drug Plan Premium	Annual Deductible	Generic Copays PG/NPG	Brand Name Copays with Rx expenses up to \$2,700 (see legend below)	Extra Coverage in Coverage gap \$2700 - \$6153.75	Mail Order refill savings available †	Misc Comments
<b>Anthem Blue Cross</b> 1-866-211-9813 bluecrossca.com	Smart Value Plus	\$35.00	\$0	\$10/\$75	PB=\$35 NPB=\$75 S=33% INJ=33%	Many Generics	yes	Must join Smart Value PFFS plan
<b>WellCare</b> 1-866-238-9898 wellcarepffs.com	Concert Plan	\$29.00	\$0	Tier 1: \$3	Tiers: 2=\$28, 3=\$58, 4=\$33%	no		Must join WellCare plan
<b>Universal American</b> 1-866-996-8866 todaysoptions.com	CCRx Value(074 & 029)	\$71.70	\$0	\$5	PB=\$30 NPB=\$60 S=25%	no		Must join CCRx Plan
	CCRx Premier(023 & 068)	\$138.50	\$0	\$5	PB=\$25 NPB=\$60 S=25%	All Generics		
<b>Mennonite Mutual Aid Assoc.</b> 1-800-348-7468 mma-online.org	Team Care Advantage Rx	\$36.00	\$100	\$10	PB=\$35 NPB=\$65 S=25%	no	yes	Must join Team Care Advantage Rx

\*Monthly drug plan premium is the total cost for the Medicare Advantage Health plan and not an additional cost -see premium info on HMO/PPO comparison chart

†Some plans have a Mail Order option but were not noted here unless they provided a savings with this option.