

2010 Part D Prescription Drug Plans for Medicare/Medi-Cal and Low Income Subsidy Beneficiaries

The following Medicare Prescription Drug Plans are for:

1. People with Medicare AND Full Medi-Cal benefits.
2. People who do NOT belong to HMO Plans such as OneCare, Secure Horizons etc.
3. People who have met their "share of cost" (SOC) at least once, since July 2009, for Medi-Cal benefits.
4. People who are approved for Low Income Subsidy through the Social Security Application
5. People who are on Medicare Savings Programs — such as QMB, SLMB or QI-1 Programs
 (These programs pay for your Part A and/or Part B premiums)

Prescription Drug Company	Plan Name	Toll Free Telephone number	Website
Bravo Health	BravoRx	1-800-723-9209	Mybravohealth.com
First Health Part D	Premier	1-800-588-3322	Firsthealthpartd.com
Health Net	Option 1	1-800-606-3604	Healthnet.com
Rx America	Advantage Star	1-800-429-6686	meds4medicare.com
Fox Insurance Company	Fox Value Plan (PDP)	1-888-369-7979	foxinsurancecompany.com
WellCare	Classic	1-888-293-5151	wellcarepdp.com
Anthem Blue Cross	MedicareRx Standard	1-800-261-8667	anthem.com/medicarerx

- Instructions to Enroll:**
1. Call Toll Free Number or go to Website.
 2. Identify yourself as Medicaid (Medi-Cal) or Low Income Subsidy
 3. Ask about coverage of the medication you use.
 4. Ask if the pharmacy you prefer is approved by that plan.
 5. Ask for information and enrollment form be sent to your home (optional)
 6. Some plans allow you to enroll over the telephone.

- Things to remember:**
1. Recipients of Medi-Cal, QMB, SLMB, QI-1 may change plans on a monthly basis.
 2. There will be a \$1.10 to \$6.30 copay for each prescription depending on the cost of the drug. You will pay this at the pharmacy.
 3. If you do **NOT** have **full** Medi-Cal benefits, you may pay a percentage of a monthly premium and drug costs depending on the Low Income Subsidy category you qualify for. This also applies to QBM, SLBM, QI-1.