



Health Insurance Counseling and Advocacy Program
Funded by the California Department of Aging and
County of San Diego Aging and Independence Services

December 21, 2005

Ms. Linda Walkup
Aging & Independence Services
9335 Hazard Way
San Diego, CA 92123

Dear Linda:


I am seeking your help in disseminating information to callers who may receive their health care through the combined Medicare and Medi-Cal programs. As you know, HICAP is mandated to assist persons who have Medicare or both Medicare and Medi-Cal.

Beneficiary calls to HICAP have more than doubled since the new Medicare prescription drug benefit was announced. Of particular concern is the fact that those persons who have both Medicare and Medi-Cal benefits must make decisions by December 31, 2005 in order to be assured that any new drug plan will cover all or most of their current prescription drugs. Our information offers "solutions" and practical advice which differs from most mailings to these dual eligibles.

We have prepared a summary of recommended steps that these beneficiaries may take to obtain the best possible coverage. We are trying to respond to as many calls as possible, but recognize that the 12/31/05 deadline is approaching rapidly. Can you help us to provide the enclosed information to the various senior centers and nutrition sites?

Please let me know if you need additional information. I would appreciate any help you can provide as we try to reach this special segment of our community as quickly as possible.

Sincerely,


Jennifer Duncan
Program Manager

Enclosure

A program of Elder Law & Advocacy
(a California non profit)

3675 Ruffin Rd., #315 • San Diego, CA 92123
(858) 565-8772 • Fax: (858) 751-1313

591 W. Main St., Suite A • El Centro, CA 92243
(760) 339-9977 • Fax: (760) 353-3276

Toll Free (800) 434-0222



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**IMPORTANT NOTICE FOR
MEDICARE / MEDI-CAL BENEFICIARIES
WITH NO SHARE OF COST**

Payment for your prescription drugs will change as of January 1, 2006. You will have to make decisions about your new Rx drug insurance. This packet gives you a step-by-step plan to help you make the decisions that only you can make.

There are 9 drug plans available free to persons on Medicare and Medi-Cal. You have been assigned into one of these plans by the federal government. The plan may or may not cover all your current medications. *What to do?*

- **STEP 1: Make a list** of all the medications you take on the enclosed form.
- **STEP 2: Contact the drug plan** you have been assigned to. The name and telephone number of this plan was on the yellow-colored letter you received from Medicare. If you have **not** received this letter, you should call **Medicare (1-800-633-4227)** to get this information.
- **STEP 3: Talk to the people** at the drug plan you have been assigned to and see if that plan will cover all of your drugs. You should also ask about **what the co-pays will be in the plan**.

ARE YOU **SATISFIED** WITH THE ASSIGNED PLAN? If Yes, you do NOT have to do anything. You will be enrolled automatically in that plan as of January 1, 2006.

ARE YOU **NOT SATISFIED** WITH THE ASSIGNED PLAN? Contact the other plans which are free to you. A list of those plans is included in this packet. Find out which of them covers your medications. Ask about the **co-pays**.

DO YOU WANT A **DIFFERENT PLAN**? You should sign up before **December 31, 2005**. You will be able to sign up for a plan after this date, but you might have a problem getting all the medications you need on time.

- **STEP 4: Call your doctor** and ask for prescriptions to cover a 100-day supply of your most important medications, so that you do not run out of the drugs you need if there is any problem beginning on January 1.

December 16, 2005

COURTESY OF HICAP

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MEDICARE PART D
STAND-ALONE PRESCRIPTION DRUG PLANS
AVAILABLE TO MEDICARE – MEDI-CAL BENEFICIARIES

AARP United HealthCare: 1-888-867-5564
www.aarpmedicarerx.com

Blue Cross Medicare Rx [Anthem] Value Plan: 1-800-928-6201
www.bluecrossca.com

Health Net Orange 1: 1-800-892-1301
www.healthnet.com

Humana Standard Plan: 1-800-611-2353
www.humana-medicare.com

PacifiCare Life & Health Saver Plan: 1-800-797-9794
www.prescriptionsolutions.com

Sierra Rx Sense: 1-877-559-4512
www.sierrarx.com

Unicare Rx Rewards: 1-800-928-6201
www.unicare.com

United HealthCare Ins. Co. United Health Rx: 1-888-556-7052
www.unitedmedicarerx.com

WellCare Signature Plan: 1-888-896-5252
www.wellcarepdp.com

HICAP
1-800-434-0222

The information above is provided as a convenience for the clients of the Health Insurance Counseling and Advocacy Program (HICAP), and represents the information available at the time of publication. The HICAP makes no claim as to any plan's financial status, reputation, sales practices or status in the marketplace. We make no claims on the value of products sold by these plans or that this information is complete. The HICAP does not endorse any specific health insurer or other related profit-making enterprise. Any decision related to the selection of an organization or firm or the purchase of any product is the responsibility of the client.

HICAP, the Health Insurance Counseling and Advocacy Program, is funded by the California Department of Aging and the County of San Diego Aging and Independence Services

ATTENTION: Please have your prescription bottles/packages in front of you when you call to be sure you spell the names of your medications correctly.

ARP
Blue Cross
Health Net
Humana
PacificCare
Sierra
United Healthcare
WellCare

Drug Name	Dosage	How Often Taken	Medications Covered?																																									
Example: Coreg (generic: carvedilol)	12.5 mg	twice a day																																										



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**NOTICIA IMPORTANTE PARA
LOS BENEFICIARIOS DE
MEDICARE / MEDI-CAL SIN COSTO**

El tipo de pago para sus medicamentos cambiara a partir del 1ro de Enero del 2006. Usted tendrá que tomar una decisión sobre la aseguranza de sus medicamentos. Este paquete le provee un plan que le ayudará paso a paso a tomar una decisión, **decisión que sólo usted puede tomar.**

Hay 9 diferentes planes gratuitos disponibles para las personas que están en Medicare y Medi-Cal. Usted fué asignado a uno de estos planes, por el gobierno federal. El plan podría ó no prodría cubrir todos los medicamentos que tiéne actualmente. **Que Hacer?**

PASO 1: Haga una lista de todos los medicamentos que toma, en la forma incluída en el paquete.

PASO 2: Contacte el plan al cuál ha sido asignado. El nombre y teléfono del plan se encuentra en la carta de color Amarillo que revision del Medicare. Si usted **no** ha recibido esta carta, usted debe hablar a **Medicare (1-800-633-4227)** para obtener información.

PASO 3: Hable con las personas del plan que le fué asignado y asegúrese que éste plan cubrirá todos sus medicamentos. Usted también debería preguntar **cuáles son los co-pagos del plan.**

USTED ESTA SATISFECHO CON EL PLAN QUE LE FUE ASIGNADO? Si lo está, usted **no** necesita hacer nada más. Usted será inscrito automáticamente en ese plan a partir del 1ro de Enero del 2006.

USTED NO ESTA SATISFECHO CON EL PLAN QUE LE FUE ASIGNADO? Contacte a los otros planes, los cuáles también son gratuitos. Una lista de estos planes se encuentra incluída en este paquete. Búsque cuál de estos planes cubre sus medicamentos. Pregunte sobre los **co-pagos**. Usted debe inscribirse ántes del día 31 de Diciembre del 2005. Usted podrá inscribirse en un plan después de esta fecha, pero podría tener dificultades para obtener sus medicamentos a tiempo.

PASO 4: Hable con su doctor y pida una receta con la cual pueda surtir sus medicamentos más importantes por 100 días, para que en caso de algún problema usted no se quede sin medicamentos el 1ro de enero.

16 de Diciembre del 2005

CORTESIA DE HICAP

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MEDICARE PARTE D
PLANES INDEPENDIENTES DE LAS RECETAS MEDICAS
DISPONIBLES PARA LOS BENEFICIARIOS DE
MEDICARE Y MEDI-CAL

AARP United HealthCare: 1-888-867-5564
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Esta información es proporcionada para el beneficio de los clientes del Programa de Consejería y Abogacía de Seguros de Salud (HICAP), y representa la información disponible en el momento de publicación. HICAP no hace reclamos a ningún plan financiero, reputación, práctica de ventas ó por el Estrada del mercadeo. No hacemos reclamos en el valor de productos vendidos por los planes ó que esta información sea completa. Cualquier decision sobre la selección de alguna organización és sólo responsabilidad del cliente.

ATENCIÓN: POR FAVOR TENGA LAS CAJAS/BOTELLAS DE SUS MEDICAMENTOS ENFRENTA DE USTED CUANDO LLAME, PARA CERCIOARCE QUE USTED DELETREE LOS NOMBRES DE LOS MEDICAMENTOS CORRECTAMENTE

ARP
 Blue Cross
 Health Net
 Humana
 PacificCare
 Sierra
 Unicare
 United Health Care
 Wellcare

Nombre del Medicamento	Dosis	Que tan seguido lo toma	Medicamentos Cubiertos?																			
<i>Ejemplo: Coreg (generico: carvedilol)</i>	12.5 mg	Dos veces al dia																				