



Important Information Regarding Prescription Coverage and/or Insurance Premium Assistance

Please keep this document in a safe place!

Client ID #: _____ Eligibility End Date: _____
 Enrollment Worker's Name: _____ Enrollment Worker's Phone Number: _____
 Enrollment Site Name/ #: _____

Maintaining Eligibility

Annual re-enrollment due by: _____

Annual re-enrollment: Happens every year on your birthday. Approximately 45 days before your birthday, you will receive a letter in the mail from the California Department of Public Health (CDPH) reminding you to meet with your enrollment worker to complete the re-enrollment process.

If enrolled in OA HIPP, you will be required to submit your most recent billing statement at your annual re-enrollment.

Reporting Changes: If you have changes to residency, income, or health insurance/other third-party payer coverage, you must provide supporting documentation, applicable to the change, by going to a local ADAP enrollment site.

Program Names

The California Department of Public Health (CDPH) will refer to our programs as Medication Assistance Program and Insurance Assistance Program in order to protect your privacy.

Medication Assistance Program refers to the AIDS Drug Assistance Program (**ADAP**) that helps pay copays or the cost of your medications.

Insurance Assistance Program refers to the programs that pay insurance premiums,


MDPP: Medicare Part D Premium Payment (MDPP) Program,

HIPP: Office of AIDS, and Health Insurance Premium Payment (OA-HIPP) Program

EB-HIPP: Employer Based Health Insurance Premium Payment (EB-HIPP) Program


What to Look for in the Mail

Annual Renewal Letter:



Karen L. Smith, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

Dear Client:

Your prescription coverage is ending soon. Please contact your enrollment worker by <Orig Eligibility End Dt> to renew your eligibility. You will need to meet with your enrollment worker to submit all of the required documentation in order to reassess your eligibility for the medication assistance program and (if applicable) health insurance assistance program. If you do not know your enrollment workers contact information, please call our Customer Service at 844-421-7050.

Su cobertura de recetas médicas finalizará pronto. Comuníquese con encargado de las inscripciones antes del <Orig Eligibility End Dt> para renovar su elegibilidad. Deberá reunirse con el encargado de las inscripciones para presentar toda la documentación necesaria a fin de reevaluar su elegibilidad para el programa de asistencia de medicamentos y (si corresponde) el programa de asistencia de seguro de salud. Si no tiene la información de contacto del encargado de las inscripciones, comuníquese con nuestro Servicio de Atención al Cliente al 844-421-7050.

您的處方承保即將結束。請在 [7/9/2018] 之前聯絡您的註冊入保工作人員。以更新您的資格您將需要與入保工作人員會面。提交所有必要文件以重新評估您的藥物援助計劃和（如適用）健康保險援助計劃的資格。若您不清楚入保工作人員的聯絡資訊，請致電我們的客戶服務部：844-421-7050。

Ang iyong coverage sa inireresetang gamot ay malapit nang magtapos. Mangyaring makipag-ugnayan sa iyong enrollment worker hanggang **7/9/2018** upang i-renew ang iyong pagiging karapat-dapat. Kakailanganin mong makipagkita sa iyong enrollment worker upang isumite ang lahat ng kinakailangang dokumento upang muling matasa ang iyong pagiging karapat-dapat para sa programang tulong sa gamot at (kung naaangkop) programang tulong sa segurong pangkalusugan. Kung hindi mo alam ang impormasyong pangkontak sa iyong enrollment worker, mangyaring tawagan ang aming Serbisyo sa Kostumer sa 844-421-7050.

Magellan Rx Card for Pharmacy and Medication Benefits (ADAP):



RxBIN #: 018786
RxPCN #:
RxGrp #: RX222327
Issuer: (80840)
Member ID #:
Member Name:

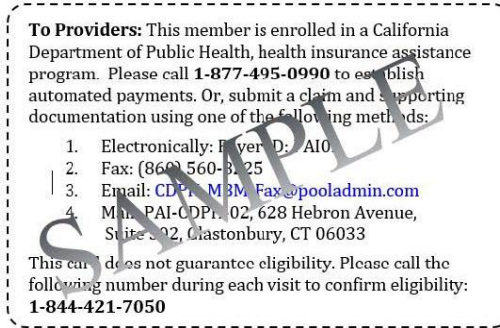


For pharmacy and medication billing questions, please call Magellan Rx Management at 1-800-424-5906.

To maintain your coverage in the program, you must re-enroll every year by your birth date and recertify every year six months after your birth date. If there is a change in your income, residency, or insurance, or if you have any questions about your program enrollment or eligibility, please contact your local enrollment worker or call CDPH at 1-844-421-7050.

Magellan Rx Management | 11013 W. Broad Street, Suite 500 | Glen Allen, VA 23060

PAI card for Insurance Premiums and Medical Out-of-Pocket Costs (MOOPS)
(Clients will only receive this card if enrolled in an Insurance Assistance Program)*



*OA-HIPP, MDPP, EB-HIPP, and MOOP

MOOP (Medical Out-of-Pocket) Expenses: If you are enrolled in an Insurance Assistance Program, you are eligible to have outpatient expenses that count towards your insurance plan's out of pocket maximum paid for by CDPH.

Contact Information

For **enrollment status, program eligibility, or general information questions:**

California Department of Public Health
Phone: (844) 421-7050
Fax: (844) 421-8008
Email: CDPHMedAssistFax@cdph.ca.gov
Available Monday- Friday, 8AM – 5PM



For **prescription, pharmacy, drug co-pay, drug formulary, or pharmacy location questions:**

Magellan Rx, Phone: (800) 424-5906
Available 24 hours a day, 7 days a week



For questions about **medical out-of-pocket cost claims and Health Insurance Premiums:**

Pool Administrators Inc., (PAI) Phone: (877) 495-0990
Available Monday - Friday, 8AM - 5PM

