

Contra Costa HICAP

Health Insurance Counseling and Advocacy Program

Medicare Plan Finder Worksheet for 2023 Plans

CONFIDENTIAL

Please bring this worksheet along with your Medicare and other health insurance cards with you to your appointment

Name: _____

Address: _____

City: _____ Zip Code: _____

Preferred phone: _____ Alternate phone: _____ Best time to call: _____

Email address: _____

Medicare.gov accounts will be used to access your prescription history and are the best way to run plan comparisons. Your plan comparison can be saved only through your account. If you don't have an account, we can help you enroll.

BE SURE TO BRING YOUR MEDICARE CARD TO YOUR APPOINTMENT WITH US.

Do you have a Medicare.gov account? Yes No Be sure to bring your user ID and Password with you!

Do you have Medicare Part A? Yes No Eff. Date _____ Part B? Yes No Eff. Date _____

If you have Original Medicare do you also have a separate Medicare Part D drug plan? Yes No

Do you also have a Medigap supplement plan? Yes No

Do you have a Medicare Advantage Plan instead (Medicare HMO)? Yes No

Do you have coverage through an employer/union/retiree plan? Yes No

Do you currently have Medi-Cal? Yes No Any Medi-Cal Share of Cost? \$ _____

Do you have Medicare Extra Help/Low Income Subsidy for drug costs? Yes No

Income/Assets: You might qualify for programs that save you money, based on your income and assets. Let us know if you have income or assets from IRA's or 401k's since they're treated differently for some programs.

Is your **gross monthly income** greater than **\$1753 (single)** or **\$2466 (married)**? Yes No

Is some of your income from employment? Yes No (only about half of earned income is counted)

Are your **assets (excluding house and car)** more than **\$130,000 (single)** or **\$195,000 (married)**? Yes No

HICAP DISCLOSURE STATEMENT: (Please initial after reading: _____)

HICAP counseling services are provided by trained counselors, registered by the California Department of Aging, who are acting in good faith to provide independent, impartial information about health insurance policies and benefits to clients. Counselors do not sell any type of health care coverage. They do not endorse or recommend any specific plan or policy. Any information presented by HICAP volunteers should not be construed to be legal advice, and volunteers are not liable for acts and omissions in providing counseling to recipients of service.

If you choose a plan and have difficulty completing the necessary forms or process for enrollment, the HICAP counselor will assist you. However, you will be responsible for the actual plan contract. The HICAP counselor will NOT choose a plan for you.

TURN PAGE OVER

Please bring this worksheet and your Medicare and other insurance cards to your appointment

CURRENT PRESCRIPTION DRUGS

- Please list all your prescription drugs, including dosages and frequency. Print carefully
- Generic drugs will save you money. Do you want to consider generic drugs? Yes No
- Name and address of preferred pharmacy (can list three): _____

- Check preferences: Refills monthly 90-day retail refills Mail order

COMPLETE NAME OF DRUG Example: Metoprolol Succinate ER <u>Please indicate the Brand and type of insulin (e.g. Humulin R, Novolog, Solostar Pen 70/30, etc.)</u>	DOSAGE Example: 50 mg.	How often? Example: 1 pill per day	Quantity per month?* Example: 1 tube or 2 inhalers per month	30, 60 or 90 day fill; retail or mail order?
1.				
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11.				
PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED				

*for insulin, inhalers, creams, sprays - indicate how many packages (vials, tubes, bottles, pens, boxes) per month

Contra Costa Health Insurance Counseling and Advocacy Program (HICAP)

For assistance call HICAP: 925-655-1393,
or 800-434-0222, or 800-510-2020 (from land lines)

e-mail: ehsdhicap@ehsd.cccounty.us Visit: www.cchicap.org



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