

# Contra Costa HICAP

## Health Insurance Counseling and Advocacy Program

### Medicare Plan Finder Worksheet for 2024 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 **\$1862 (single)** or **\$2618 (married)**?  Yes  No

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

#### **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.

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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

<b>COMPLETE NAME OF DRUG</b> Example: Metoprolol Succinate ER Please indicate the Brand and type of insulin (e.g. Humulin R, Novolog, Solostar Pen 70/30, etc.)	<b>DOSAGE</b> Example: 50 mg.	<b>How often?</b> Example: 1 pill per day	<b>Quantity per month?*</b> Example: 1 tube or 2 inhalers per month	<b>30, 60 or 90 day fill; retail or mail order?</b>
1.				
2.				
3.				
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9.				
10.				
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 County Health Insurance Counseling and Advocacy Program (HICAP)

**Contact Us: (925) 655-1393, (800) 510-2020 or (800) 434-0222**

**Email: [ehsdhicap@ehsd.cccounty.us](mailto:ehsdhicap@ehsd.cccounty.us) Visit: [www.cchicap.org](http://www.cchicap.org)**



Navigating Medicare



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