

**Contra Costa HICAP**  
**Health Insurance Counseling and Advocacy Program**  
**Medicare Plan Finder Worksheet for 2025 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](https://www.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](https://www.medicare.gov) account?  Yes  No If not, we can help you establish an account for Plan searches. If so, 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 Medicare Part D drug plan?  Yes  No

Do you also have a Medigap supplement (Medigap) 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's "Extra Help" for drug costs?  Yes  No  Not Sure

**Income:** You might qualify for programs that save you money based on your income.

Is your **gross monthly income** greater than **\$1,927 (single)** or **\$2,722 (married)**?  Yes  No

Is some of your income from employment?  Yes  No (if so, only count about half of any earned income in your gross monthly income)

**HICAP DISCLOSURE STATEMENT: (Please initial here 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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COMPLETE NAME OF DRUG	DOSAGE	How often	Quantity per month	30 or 90 day fill
Examples: Metoprolol Succinate ER Spriva HandiHaler  Please indicate the Brand and type of insulin (e.g.Humulin R, Novolog, Solostar Pen 70/30)	Examples: 50 mg. 18 mcg capsule	Examples: 1 pill/day ; Box of 30	Examples: 30 pills; 1 tube; 1 inhaler	Examples: 30 day CVS; 90 day Mail Order
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**PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED**

**Contra Costa County Health Insurance Counseling and Advocacy Program (HICAP)**

Contact Us: 925-655-1393, 1-(800) 510-2020 or 1-(800) 434-0222

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



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