

Preparing for your Annual Enrollment HICAP Counseling Appointment



Please bring the following to your appointment:

1. Your MyMedicare account user name and password. If you don't have an account and need help setting one up, please contact us. Otherwise we can help you create one at your appointment.
2. Your Medicare card and any other health insurance cards (e.g., prescription drug plan, Medigap plan, Advantage plan, Medi-Cal, employer/retiree plan)
3. Appointment worksheet or a list of all your drugs with specific dosages, quantities, and frequency of refills. The appointment worksheet is attached for your convenience. If you can't print it out from your e-mail or our WEB, we can mail you a hard copy.
4. Fill out the Appointment Worksheet completely, making sure that you:
 - List your preferred pharmacy and whether you get 30 day refills or 90 day refills.
 - List the full name of each of your drugs along with the dosage and frequency information. See the note on the worksheet on how to show drugs that are in vials, tubes, inhalers, etc.
 - Indicate whether generics are okay.

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 Visit: www.cchicap.org



Navigating Medicare



This project was supported, in part by grant number CFDA 93.324 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

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

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