Preparing for your Annual Enrollment HICAP Counseling Appointment



Please bring the following to your appointment:

<u>Medicare.gov</u> accounts will be used to access your prescription history and are the best way to make plan comparisons. Your plan comparison can be saved only through your account. If you don't have an account, we will help you create one at your appointment.

BE SURE TO BRING YOUR MEDICARE CARD TO YOUR APPOINTMENT.

Your MyMedicare account user name and password. If you don't have an account and need help setting one up, we will assist you.

Your Medicare card and any other health insurance cards (e.g., prescription drug plan, Medigap plan, Advantage plan, Medi-Cal, employer/retiree plan)

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. It is a fillable PDF file, so you can fill in the downloaded copy.

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.

Medicare Plan Finder Worksheet for 2026 Plans

CONFIDENTIAL

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

<u></u>						
Client Name		Nickname:				
Address		City	Zip Code			
Date of Birth	or AgeEmail		Veteran? 🔲 Yes 🔲 No			
Preferred Phone	Text/Cell Phone	e Alt	ernate Phone			
Marital Status: 🔲 N	Never married 🔲 Married 🔲 Wid	owed \Box Divorced	☐ Domestic Partner			
Race	Primary Language	Do you ide	ntify as Latino? 🗖 Yes 📮 No			
How did you learn ab	oout HICAP? 🔲 Previous 🔲 Agency	/ ☐ WEB ☐ Presen	tation 🗖 Other:			
Preferred Doctor/Pro	ovider Network: 🔲 Kaiser 🔲 CCHF) 🔲 John Muir 🔲 (Other			
Plan searches. If so	dicare.gov account? Yes Noon Noon Yes Noon Noon Noon Noon Noon Noon Noon No	nd Password with yo	ou!			
If you have Original N	Medicare as primary, do you also hav	e a Medicare supplem	ent (Medigap) plan? 🔲 Yes 🔲 N			
	Medicare as primary, do you also hav					
Do you have a Medic	care Advantage Plan instead (Medicar	re HMO)? 🔲 Yes 🔲	No			
Do you have retiree ı	medical coverage through an employ	er/union? 🗖 Yes 🗀	No			
Do you currently hav	re Medi-Cal? 🔲 Yes 🔲 No 🛮 Any M	ledi-Cal Share of Cost __	?			
Do you have Medica	re's "Extra Help" for drug costs? 🗖 ነ	Yes 🔲 No 🔲 Not Su	ıre			
Income: Based on yo premiums and other	our income you might qualify for prog costs.	rams that save you mo	oney on some of your Medicare			
Is your gross monthl	y income less than \$2,006 (single) or	\$2,823 (married)?	☐ Yes ☐ No			
HICAP DISCLOSUR HICAP counseling servare acting in good fair clients. Counselors do	me from employment? Yes New Yes New Yes New Yes New Yes Yes	ere after reading: ors, registered by the Conformation about health rage. They do not endo	alifornia Department of Aging, who insurance policies and benefits to orse or recommend any specific plan			

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.

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
our Preferred pharmacy:	1	1	1	

Contra Costa County Health Insurance Counseling and Advocacy Program (HICAP)
Contact Us: 925-655-1393, (800) 510-2020 or (800) 434-0222

Visit: www.cchicap.org then 'Contact Us' Email: ehsdhicap@ehsd.cccounty.us



