Preparing for your Annual Enrollment HICAP Counseling Appointment

Please bring the following to your appointment:

Medicare's Planfinder account will be used to access your prescription history, supports accurate plan comparisons, indicates coverage changes, and is the only place to save your comparison. If you do not have an account, we can help you create one at your appointment.

BE SURE TO BRING YOUR MEDICARE CARD TO YOUR APPOINTMENT.

1. Your Medicare account user name and password. if you don't have an account, we urge you to set one up prior to your appointment—this will simplify the appointment and save time. We have attached a document that explains how to set up a Medicare.gov account and even start to enter your medication list. If you are unable to do this, we will 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.

Fill out the Appointment Worksheet completely, making sure that you:

- Fill out a form for each person attending the appointment.
- Note whether you get 30 day refills or 90 day refills. We assume 30 if nothing is listed.
- 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 if generics are OK.
- List your preferred pharmacy.

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Medicare 'Plan Finder' Worksheet

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

Client Name _____ Nickname: _____

Address _____ City _____ Zip Code _____

Date of Birth _____ or Age ___ Email _____ Veteran? ❑ Yes ❑ No

Preferred Phone _____ Text Capable? ❑ Yes ❑ No Alternate Phone _____

Marital Status: ❑ Never married ❑ Married ❑ Widowed ❑ Divorced ❑ Domestic Partner

Race _____ Primary Language _____ Do you identify as Latino? ❑ Yes ❑ No

How did you learn about HICAP? ❑ Previous ❑ Agency ❑ WEB ❑ Presentation ❑ Other: _____

Preferred Doctor/Provider Network: ❑ Kaiser ❑ CCHP ❑ John Muir ❑ Other _____

Do you have a Medicare.gov account? ❑ Yes ❑ No If not, we can help you establish an account for Plan searches. If you do have an account, 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

If you have Original Medicare as primary, do you also have a Medicare supplement (Medigap) plan? ❑ Yes ❑ No

If you have Original Medicare as primary, do you also have a Medicare Part D drug plan? ❑ Yes ❑ No

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

Do you have retiree medical coverage through an employer/union? ❑ 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: Based on your income you might qualify for programs that save you money on some of your Medicare premiums and other costs. Would you like HICAP to evaluate your eligibility? ❑ Yes ❑ No

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.

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

Generic versions of listed medications are OK ❑ Yes ❑ No

Your Preferred pharmacy: _____

Contra Costa County **H**ealth **I**nsurance **C**ounseling and **A**dvocacy **P**rogram **(HICAP)**
Contact Us: (925) 655-1393, (800) 510-2020, or (800) 434-0222
Visit: cchicap.org then 'Contact Us' Email: ehsdhicap@ehsd.cccounty.us

SHIP State Health Insurance Assistance Program
Navigating Medicare

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EMPLOYMENT & HUMAN SERVICES