



LOCAL HELP FOR PEOPLE WITH MEDICARE



For Office use only:  
Received: \_\_\_\_\_

# HICAP

## MEDICARE PRESCRIPTION DRUG PLAN FINDER

**PLEASE PRINT AND RETURN AS SOON AS POSSIBLE**

Different Medicare drug plans cover different drugs. Submit this confidential questionnaire to HICAP and we will compare your existing plan with two other least expensive plans that meet your needs.

Today's Date \_\_\_\_\_ Name \_\_\_\_\_  
Mailing address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

(If you wish to receive results electronically)

**Please copy from your Medicare card:**

- Medicare Claim Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Effective Date of Hospital (Part A): Month \_\_\_\_\_ Year \_\_\_\_\_
- Effective Date of Medical (Part B): Month \_\_\_\_\_ Year \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Hispanic: Yes/No \_\_\_\_\_ Marital Status \_\_\_\_\_

1. Do you have health coverage other than original Medicare? yes \_\_\_ no \_\_\_  
If yes, which company? \_\_\_\_\_  
Medi-Cal? Yes \_\_\_ No \_\_\_ Share of Cost? \_\_\_\_\_ (indicate amount)
3. Do you prefer a particular pharmacy? Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_

### NEW SERVICE AVAILABLE!

PASSAGES has a "safety drug check" service that identifies potential interactions of your current medications and allows you to better monitor your use of prescription drugs in order to reduce your risk of serious side effects. Information obtained from this service is meant to be used in consultation with your health provider.

If you would like us to provide you with this "safety summary" together with your Part D plan options, please check Yes \_\_\_\_\_. If you only want more information, please check Yes \_\_\_\_\_

### **IF YOU HAVE FULL MEDI-CAL, STOP HERE AND TURN PAGE**

#### **EXTRA HELP (LOW INCOME SUBSIDY) to reduce your prescription costs**

1. **Extra Help** for paying drug costs is available for people who have less than \$1,396.25(single)/ \$1,891.25 (couple) a month in income and less than \$13,070 (single), \$26,120 (couple) in assets. (Note: these amounts will change for year 2013).
2. **Medicare Savings Program** helps with paying your Part B premium, deductible, and co-pays depending on income level. Eligibility: up to \$1,277 (single)/ \$1,723(couple) per month and assets no more than \$6,940 (individual) or \$10,410 (couple).

**If your income and resources are within the limits stated above, call for an appointment:**

**800-434-0222**

