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Human Services Agency - Ventura County Area Agency on Aging
Health Insurance Counseling and Advocacy Program (HICAP)

Comparison-Appointment Request Form

www.vcaaa.org/comparison-form

First Name_____ M.I. _____ Last Name _____

Address _____ City _____ Zip _____

Mailing Address (if different) _____

Birthdate ____/____/_____Telephone (_____)_____-_____ Email _____

Preferred appointment type: ☐ Email ☐ Telephone ☐ Online Zoom ☐ In person

Preferred appointment time: _____ ☐ AM ☐ PM

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Social History

Marital Status ☐ Married ☐ Separated ☐ Domestic Partner ☐ Never Married ☐ Divorced ☐ Widowed ☐ Decline to State

Race ☐ African American/Black ☐ American Indian/Alaskan Indian ☐ Caucasian/White (not Hispanic) ☐ Asian Indian
☐ Cambodian ☐ Chinese ☐ Filipino ☐ Guamanian ☐ Hawaiian ☐ Japanese ☐ Laotian ☐ Samoan ☐ Vietnamese
☐ Not Collected ☐ Decline to State ☐ Two or More Races ☐ Other Race: _____

Ethnicity ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Not Collected ☐ Decline to State

The Gay, Bisexual and Transgender Disparities Reduction Act of 2016 (AB 959)

What is your gender? ☐ Male ☐ Female ☐ Transgender Female to Male ☐ Transgender Male to Female
☐ Genderqueer/Non-Binary ☐ Decline to State ☐ Missing/Not Collected ☐ Not Listed, Please Specify: _____

What was your sex at birth? ☐ Male ☐ Female ☐ Decline to State ☐ Missing/Not Collected

How do you describe your sexual orientation or sexual identity? ☐ Straight/Heterosexual ☐ Bisexual ☐ Gay/Lesbian
☐ Questioning/Unsure ☐ Decline to State ☐ Missing/Not Collected ☐ Not Listed, Please Specify:_____

Military Service

Have you ever served in the United States military? ☐ No ☐ Yes

Are you the spouse, legal partner, parent, or child of a person who is serving, or who has served, in the U.S. military? ☐ No ☐ Yes

If you answered yes to either of the last two questions, do you consent to this agency and the California Department of Aging transmitting your name, email addresss, mailing address, and telephone number(s) to the Department of Veterans Affairs only for the purpose of receiving addtional information on veterans benefits for which you may be eligible? I understand that this consent is valid for 12 months from the date of signature. ☐ No ☐ Yes ☐ N/A

Please look at your prescription drug card/health plan card and look for PDP or HMO.

Do you have Medicare Part A? ☐ No ☐ Yes If yes, enter effective date: _____

Do you have Medicare Part B? ☐ No ☐ Yes If yes, enter effective date:_____

Do you have a Medicare Stand Alone Part D Plan (PDP)? ☐ No ☐ Yes If yes, please specify name of plan: _____

Do you have an HMO Medicare Advantage (Plan C)? ☐ No ☐ Yes If yes, please specify name of plan: _____

Do you receive prescription drug coverage from a retiree, union or employer plan? ☐ No ☐ Yes

Specify your preferred pharmacy: _____

How did you hear about us?

☐ Another agency (SSA, Medi-Cal, etc.) ☐ Aging Into Medicare booklet ☐ California Department of Aging
☐ California Health Associates ☐ Centers for Medicaid and Medicare Services ☐ Friend/Relative ☐ Info Van ☐ Internet
☐ Mailing ☐ Media ☐ Outreach Event by HICAP ☐ Other: _____

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You may be eligible to save on prescription drug costs and qualify for other programs.

Are you on Medi-Cal? ☐ No ☐ Yes

If no, are you interested in applying? ☐ No ☐ Yes

If yes, what is your share-of-cost (SOC) amount:_____

Are you receiving Cal Fresh benefits? ☐ No ☐ Yes

If no, are you interested in applying? ☐ No ☐ Yes

If you are interested in applying, is your MONTHLY GROSS INCOME LESS than $1,580 for one person or $2,137 for two people purchasing and preparing food together? ☐ No ☐ Yes

Are you interested in receiving help paying for your home energy bills, certain repairs, and/or weatherization projects? ☐ No ☐ Yes

Are your ASSETS (bank and IRA accounts) LESS than $15,720 if single or $31,360 if married? ☐ No ☐ Yes

Is your MONTHLY GROSS INCOME LESS than $1,883 if single or $2,555 if married? ☐ No ☐ Yes

Prescription Drug Information — PLEASE LIST ALL CURRENT PRESCRIPTIONS

Please print clearly. The information you provide will guide our comparison.

TIP: Pull out your medication bottles and transcribe full drug name onto the list below.

	NAME OF PRESCRIPTION DRUG	DOSAGE (how many mg)	HOW OFTEN (# per day/ week/month)	BRAND NAME REQUIRED? (yes/no)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
ATTACH ADDITIONAL SHEETS IF NEEDED				

Please indicate the reason why you are requesting an appointment with a HICAP counselor:

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It is the mission of the Health Insurance Counseling & Advocacy Program (HICAP) to provide accurate and objective counseling, advocacy, and assistance with Medicare, health insurance, managed care, long-term care, and related health coverage plans for Medicare beneficiaries, their representatives, or persons imminent of Medicare eligibility, and to educate the public on Medicare and health coverage issues.

Disclosure Statement

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. 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. Welfare and Institutions Code, Section 9541 (1)(4)

By signing your name and entering the date below, you acknowledge that you have read and understand this disclosure.

☐ I have read and understand this disclosure.

Electronic Signature/Signature: _____

Type/Print Name: _____ Date: _____

Return completed worksheet by email, mail or fax.

HICAP@ventura.org
Ventura County HICAP
646 County Square Dr., Suite 100, Ventura, CA 93003
Fax: 805-477-7341
Phone: 805-477-7300 or 800-434-0222

Information for the Medicare Beneficiary

Drug Plan Term	Definition	Application
Premium	Monthly fee plan charges to allow cost-sharing for your prescription drugs.	You may pay the plan directly or have it withheld from Social Security.
Deductible	This is the amount you must pay each year for your prescriptions before your Medicare drug plan pays its share. Deductibles vary between plans. A maximum is set each year.	You pay the negotiated retail price for your drugs until you have met the Plan's Deductible. Many plans waive the Deductible for tier 1 and 2 (generic) drugs.
Tier	Plans have levels or tiers of copayments/coinsurance with different costs for different types of drugs.	Brand drugs are in higher tiers than generic drugs and cost more. Different plans may place the same drug in different tiers affecting the cost.
Not on Formulary	Plan may have negotiated a retail price with the pharmacy. You don't get the benefit of cost-sharing.	You pay the same price January-December in your plan.
Prior Authorization	Plan requires your doctor to tell the plan why this drug is medically necessary.	You and/or your prescriber can contact the plan to request an exception.
Quantity Limits	Plans may limit the amount of prescription drugs they cover over a certain period of time.	If your prescriber believes that, because of your medical condition, a quantity limit isn't medically appropriate, you or your prescriber can contact the plan to ask for an exception.
Step Therapy	In most cases, you must first try a certain, less expensive drug on the plan's formulary that's been proven effective for most people with your condition before you can move up a "step" to a more expensive drug.	If your prescriber believes it's medically necessary for you to be on a more expensive step therapy drug without trying the less expensive drug first, you or your prescriber can contact the plan to request an exception.

Reference: medicare.gov

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COUNTY of VENTURA Human Services Agency Area Agency on Aging

SMP Senior Medicare Patrol

California Department of AGING

SHIP State Health Insurance Assistance Program Navigating Medicare