SULLIVAN COUNTY
Office for the Aging
100 North Street, PO Box 5012
Monticello, New York 12701
Tel: (845) 807-0241
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HIICAP Intake Form

Health Insurance Information, Counseling, and Assistance Program

PLEASE PRINT CLEARLY

Name_____ Date of Birth _____ Age _____

Physical Address_____

Mailing Address _____

Email Address (recommended)_____

Best numbers to reach you at:

_____

Medicare # (required):

_____

Are you married? Yes No
If so, list spouse's income below in addition to your own.

Medicare effective dates from red/white/blue card
HOSPITAL (PART A)__ __/__ __ /_____
MEDICAL (PART B)__ __ /__ __ /_____

ALL Monthly **GROSS** Income, List Source(s):

_____

Are you a member of EPIC? Yes No

EPIC ID#_____

Do you have a Medicare.gov account? Yes No
If no, we will create one for you. *1

Username:
Password:

*1 If OFA assists you with creating your Medicare.gov account, CMS (Centers for Medicare and Medicaid Services) will send you a letter confirming.

I would like assistance with the following:

_____Medicare Part D (prescription) plan
_____Medicare Supplemental Plans
_____Completing enrollment in Medicare Part A/B
_____ Medicare Advantage Plans
_____ Something else

I currently have the following insurance coverage:

_____

Prescription Medications

List all prescription drugs. Please print clearly in blue or black ink. See example below.

*Drug Name*2*	*Dosage (mg/mcg)*	*Frequency*	*Tab/Capsule*3*
Example: Simvastatin (generic for Zocor)	**25 mg**	**2x a day**	**cap**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

***2 SPECIFY WHETHER YOU ARE USING BRAND NAME OR GENERIC MEDICATIONS**

***3 SPECIFY WHETHER YOU TAKE CAPSULES, TABLETS, ETC.**

If additional space is needed, please continue on a separate piece of paper.

Please list the pharmacies you use and where they are located.

Pharmacy name _____ Town/village _____

Pharmacy name _____ Town/village _____

****IF YOU ARE CURRENTLY ON OR LOOKING FOR INFORMATION ON MEDICARE ADVANTAGE PLANS, YOU MUST FIND OUT WHAT PLANS YOUR DOCTORS WILL BE PARTICIPATING WITH FOR 2026 PRIOR TO BEING SEEN BY AN OFA HIICAP COUNSELOR*THIS INCLUDES ANY DOCTOR/SPECIALIST YOU MAY BE SEEN BY****

Please Sign/Date _____

Office Use Only

HIICAP Counselor _____ Date _____

Notes:

10/2025 ks

HIICAP DISCLAIMER FORM

I understand that the HIICAP counselor provides health insurance counseling based on information currently available at www.medicare.gov (the official site of the Plan Finder), and based on information about personal prescription medications I will have provided to the counselor. I also understand that information on the Plan Finder site may not always reflect accurate and/or the most up-to-date information. It is my responsibility to follow up with the plan of my choice to verify coverage, cost, and answer any specific questions pertaining to the plan, prior to enrolling. I understand that the HIICAP counselor cannot advise me to choose one plan over another, and that it is up to me to decide and enroll in a plan of my choice, based on my needs and preferences. If I have reason to believe that the enrollment did not go through for some reason, I will notify the plan and HIICAP counselor right away.

HIICAP utilizes the Medicare.gov Plan Finder to compare Medicare Part D and Medicare Advantage drug plans. Medicare recently released new security requirements when accessing personal information within the Medicare Plan Finder. In order for HIICAP to perform a personal comparison for you, you will need to have an online MyMedicare.gov user account. You may already have one, but if not, a HIICAP counselor can assist you in setting one up.

By having an online MyMedicare.gov user account, you can:

- check your Medicare claims as soon as they are processed,
- find your eligibility, entitlement, and preventive service information,
- check your health and prescription enrollment information,
- view your Part B deductible information, and
- manage your prescription drug list.

For assistance during the Medicare Annual Election Period (AEP), I understand that enrollment in the plan must take place before December 7, or I risk incurring a late enrollment penalty, and/or be without needed coverage until the next opportunity for enrollment occurs.

I will not hold the HIICAP counselor/Sullivan County OFA liable for any or all consequences that will result from (1) my choice of plan, (2) submission of incomplete or incorrect information and/or (3) my delay in submitting for assistance.

_____ _____

Client's Name ~ Signature Date

_____

Client's Name ~ Print

10/2025 ks

MEDICARE ANNUAL ELECTION 2025

Fall Annual Election Period is quickly approaching! From October 15 through December 7, you can make changes as you need to your Medicare coverage such as your Part D (prescription coverage) or your Part C (Medicare Advantage Plan.) Any changes you make will take effect January 2026. If you choose to stay with your current coverage, nothing will change.

Medicare Part D, the prescription drug benefit, is the part of Medicare that covers most outpatient prescription drugs. Part D is offered through private companies either as a stand-alone prescription drug plan (PDP), for those enrolled in Original Medicare, or a set of benefits included with your Medicare Advantage Plan.

Here are some questions you should ask before choosing a Part D plan:

- Are my prescriptions on the plan's formulary?
  The formulary is the list of prescription drugs for which a Part D plan will help pay.
- Does the plan impose any coverage restrictions, such as prior authorization, step therapy, or quantity limits?
- How much will I pay at the pharmacy (copayments or coinsurance) for each drug I need?
- How much will I pay for monthly premiums and the annual deductible?
- How much will I have to pay for brand-name drugs? How much for generic drugs?
- Do I need to enroll in Part D if I have other creditable coverage?
- Do I need to enroll in Part D if I have job-based drug coverage?

While the majority of people with Medicare get their health coverage from Original Medicare, some choose to get their benefits from a Medicare Advantage Plan (like a HMO or PPO), also known as a Medicare private health plan or Part C. MA Plans contract with the federal government and are paid a fixed amount per person to provide Medicare benefits. Remember: MA Plans may have different networks of providers, coverage rules, premiums (in addition to the Part B premium), and cost-sharing for covered services. Even plans of the same type offered by different companies may have different rules, so you should always check with a plan directly to find out how its coverage works.

Here are some questions you ask before choosing a Medicare Advantage Plan:

- Providers, hospitals, and other facilities: Will I be able to use my doctors? Are they in the plan's network? Do doctors and providers I may want to see in the future take new patients who have this plan? If my providers are not in network, will the plan still cover my visits? Which specialists, hospitals, home health agencies, and skilled nursing facilities are in the plan's network?
- Access to health care: What is the service area for the plan? Do I have any coverage for care received outside the service area? Who can I choose as my primary care provider (PCP)? Does my doctor need to get approval from the plan to admit me to a hospital? Do I need a referral from my PCP to see a specialist?
- Costs: What costs should I expect for my coverage (premiums, deductibles, copayments)? What is the annual maximum out-of-pocket (MOOP) cost? Note: PPOs have different out-of-pocket limits for in-network and out-of network care. If you're considering a PPO, find out what the different out-of pocket limits are for in-network and out-of-network care. How much will I have to pay out of pocket before coverage starts (what is the deductible)? How much is my copayment for services I regularly receive, such as PCP or specialist care? How much will I pay if I visit an out-of-network provider or facility? Are there higher copays for certain types of care, such as hospital stays or home health care?

- Benefits: Does the plan cover any services that Original Medicare does not (such as dental, vision, or hearing)? • Are there any rules or restrictions I should be aware of when accessing these benefits?
- Prescription drugs: Does the plan cover outpatient prescription drugs? Are my prescriptions on the plan's formulary? Does the plan impose any coverage restrictions? What costs should I expect to pay for my drug coverage (premiums, deductibles, copayments)? How much will I have to pay for brand-name drugs? How much for generic drugs? What will I pay for my drugs during the coverage gap? Will I be able to use my pharmacy? Can I get my drugs through mail order? Will the plan cover my prescriptions when I travel? Beneficiaries should keep their Medicare card in a safe place because they'll need it if they ever switch back to Original Medicare.

Contact the Office for the Aging and let a HIICAP counselor assist you in navigating the system and help you find the best possible coverage for your needs. We ask that you complete a HIICAP Intake Form and submit it to the office. Someone will then contact you. Please have forms to us, no later than December 3rd, 2025.

Kelly Soller
Coordinator of Services for the Aging
HIICAP/NY Connects
Sullivan County Office for the Aging