



Are you Considering Making Changes to Your Medicare Coverage?

During Medicare's Open Enrollment Period, between October 15 – December 7, you can make changes to your Medicare coverage and those changes will take effect January 1 of the following year. We encourage you to review this checklist to learn how benefits, coverage, and costs may impact you.

- Have you reviewed any [changes](#) to your health care benefits and costs? Visit www.Medicare.gov to find health and drug plans, compare coverage options and estimate Medicare costs.
- Will your doctors remain in the same network next year?
- Does another plan offer the same value at a lower cost?
- Are you aware of programs that help reduce the cost of Medicare premiums, deductibles, coinsurance, copayments and Part D coverage?



If you want to keep your current plan and you confirmed that your doctor(s) will remain in the same network, your prescription drug plan will continue to cover your prescriptions next year, and your pharmacy will remain on the plan's list, you do not need to take any action.

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**If you want to assess, enroll in, or change to a different healthcare / prescription drug plan, proceed by completing pages 2-5 to receive free, unbiased Medicare counseling from Arlington's Virginia Insurance Counseling and Assistance Program (VICAP). Once pages 2-5 are complete, email them to [MedicareHelp@arlingtonva.us](mailto:MedicareHelp@arlingtonva.us) or call 703-228-1725 and provide your name, phone number, and zip code. A Certified VICAP Counselor will follow-up with you to schedule a virtual appointment. VICAP will need to review this completed intake paperwork prior to meeting with you virtually.**

When you send an email to [MedicareHelp@arlingtonva.us](mailto:MedicareHelp@arlingtonva.us) or call 703-228-1725, please indicate which appointment type works best for you (phone or Telehealth).

We look forward to working with you. Thank you!



## Arlington County VICAP Personal Information Form

**The ANNUAL ENROLLMENT PERIOD for Medicare PART D is October 15 to December 7 each year. Changes made during this period will be effective JANUARY 1 of the following year.** Please complete this form and submit prior to your VICAP appointment to review Medicare Part D (Prescription Plan) or Part C (Medicare Advantage Plans).

**If you would like assistance with reviewing options and changing a plan or enrolling in a health/prescription drug plan, please complete this form and submit in one of the following ways:**

- Mail to: VICAP, 2100 Washington Blvd., 4<sup>th</sup> Floor, Arlington, VA 22204
- Email [MedicareHelp@arlingtonva.us](mailto:MedicareHelp@arlingtonva.us)

Name (as it appears on your **Red, White, & Blue** Medicare Card):

Address:

Email Address:

Zip Code:

Date of Birth:

Phone Number:

Age:

Alternate Phone Number:

Race:  White  Black/African American  Asian  Native American  Other

Ethnicity:  Hispanic/Latino  Not Hispanic Latino

Emergency Contact:

Relationship:

Phone Number:

Preferred language:

Medicare Card #:

Part A Effective Date:

Part B Effective Date:

Current Plan Name (If Any):

Preferred Pharmacy:



You may qualify for extra help to pay for monthly premiums, annual deductibles, and co-payments if in 2024, your **gross income** is up to \$1,903 per month for one-person \$2,575 per month for a two-person household (married or domestic partner) and your **combined savings, investments, and real estate** are not worth more than \$17,220 for one-person or \$34,360 for a two-person household. *If you have children or grandchildren living with you, you may qualify for financial assistance with higher income.*

Total monthly household income:

Total worth of assets?  Under \$2,000  \$2,001 - \$16,660  more than \$16,660

Do you have children or grandchildren living with you in your household?  Yes

### Appointment Preference

**Please check the box below to indicate your preferred method of appointment.**

In-Person

Virtual (Telehealth or Phone)

**View the list of required documents in preparation for your appointment.**

Health insurance card(s)

Proof of income

List of physicians

Completed Personal Information

Please be sure to scroll below and complete the list of current prescription medications. Are you interested in receiving a free medication deactivation kit to safely discard expired or unused medications?  Yes or  No



**LIST OF CURRENT PRESCRIPTION MEDICATIONS.**

**Please do not include over-the-counter drugs.**

- Give exact name of drug, including ER, XR, etc. after the name
- If you take generics, give only the generic name
- List the strength of each drug (for example 100mg, or 0.3% solution)
- List how much do you need for **ONE month** (even if you buy a 90-day supply)
  - **Number of pills, tablets, capsules you need for ONE month (30 days)**
  - **Size of bottles or tubes & number you need for ONE month (30 days)**
  - **Number of boxes of units** (e.g., 1 box of 5 insulin pens) for **ONE month**
  - **Number of inhalers (NOT number of puffs per day) for ONE month**

*To ensure timely completion of counseling session, please list complete information.*

| <b>MEDICATION NAME</b><br>e.g., Atorvastatin | <b>DOSAGE/SIZE</b><br>e.g., 10 mg for tablets or 0.5%<br>for solutions or creams | <b>HOW OFTEN TAKEN</b><br>e.g., 30 per month<br>Do NOT put "as needed" |
|----------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------|
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| For Office Use Only:<br>Date Received:<br>Assigned to:<br>Date Assigned:<br>Date of Contact:<br>Follow Up / Appointment Date: |
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## **Virginia Insurance Counseling and Assistance Program (VICAP) Client Agreement and Release Form**

I understand that Arlington County's Virginia Insurance Counseling and Assistance Program (VICAP) located within the Department of Human Services, is Virginia's component of the federal State Health Insurance Assistance Program (SHIP), a program that provides free, unbiased, confidential counseling and assistance for Medicare beneficiaries and persons about to be eligible for Medicare. Counseling services are intended to help me understand Medicare, Medicare supplemental insurance, long-term care insurance, and other health insurance options in an objective manner that supports my independent decision. I understand that counseling services are provided by certified VICAP Counselors, acting in good faith to provide information about health insurance policies to me, the client.

I understand that this information shall not be construed to be legal advice. Certified VICAP Counselors are neither affiliated with the insurance industry, nor are they financial planners. They do not sell, recommend, or endorse any specific insurance product, agent, insurance company or Health Maintenance Organization (HMO).

Counseling is confidential and free of charge. I understand that the VICAP Counselor assumes no responsibility for decisions made or actions taken by me because of counseling. I, therefore, hold harmless Arlington County's Virginia Insurance Counseling and Assistance Program, the Department for Aging and Rehabilitative Services – Virginia Division for the Aging, the Bureau of Insurance, the Centers for Medicare and Medicaid Services, the Volunteer VICAP Counselor, Arlington County's Area Agency on Aging, and all other supporting agencies and organizations, for any liability arising out of this service provided through the VICAP Program.

Furthermore, to facilitate the processing of my medical insurance claims, I authorize VICAP to receive information as necessary directly from my physician, hospital, other providers of medical services and supplies, from Medicare Part A and Part B contractors, and other health insurance companies. I also authorize VICAP to make inquiries on my behalf with other agencies regarding assistance for which I might be eligible.

Client's Printed Name:

Client's Signature:

Date:



## How did you hear about us?

### Online:

- Arlington County Website
- Search Engine (Google, Bing, etc.)
- Social Media
- Email Newsletter
- Blogs or Articles

### Offline:

- Word of mouth
- In-person event
- Print media (bus advertisement, newspaper, etc.)

### Other Options:

- Referral from family or a friend
- Referral from other organization
- Previous client
- Other: