



Medicare

Help your Medicare patients understand how to use their benefits.

Eligibility

Your patients may be eligible for Medicare if:



They are at least 65 years old¹



They have collected Social Security Disability Insurance for 24 consecutive months^{2*}



They have been diagnosed with end-stage renal disease¹

Medi+care = the sum of its 4 parts

Your patients have choices when it comes to their Medicare coverage. Parts A and B are known as Original Medicare. To get prescription medication coverage, they can purchase a Part D plan. Part C is a Medicare-approved plan that bundles Parts A and B (and sometimes D).²

ORIGINAL MEDICARE

Part A: Hospital insurance¹

- In-patient care
- Limited stays in nursing facilities
- Some home healthcare
- Hospice care

Part B: Medical insurance^{1,2}

- Medically necessary doctor services and covered preventive services
- Durable medical equipment like wheelchairs and walkers
- Provider-administered prescription medications

Part D: Prescriptions¹

- Prescription drugs not covered in Part B
- Medical supplies, like needles and syringes
- Vaccines covered under the Public Health Service Act

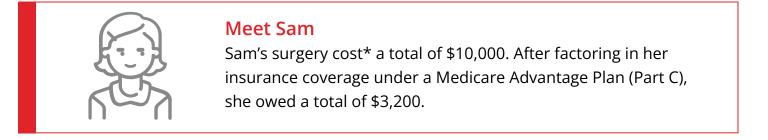


Part C: Medicare Advantage²

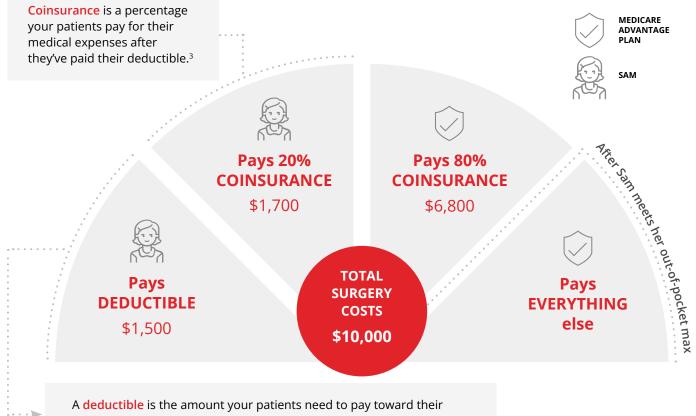
- Bundled plans (Parts A and B + sometimes D) through Medicareapproved private companies
- Can offer services beyond Original Medicare, charge different out-of-pocket costs, and make different rules for how a patient gets care, such as needing a referral or staying in-network for non-emergency care

Sharing the cost

It's not uncommon for people to be confused about who pays for what after they receive care. Use this illustration to help them understand how they might share the cost with their insurance company.







healthcare costs before their Medicare plan begins to pay.⁴

These numbers are for illustrative purposes only and do not reflect actual deductibles or coinsurance requirements for any Medicare or Medicare Advantage plan.

Break it down

Patients should be aware of some important differences between **Original Medicare** (Parts A and B) and **Medicare Advantage** (Part C).²

		Original Medicare	Medicare Advantage
Ç	Healthcare provider	Any provider who accepts Medicare	In many cases, providers in their plan's network
66	Out-of-pocket (OOP) costs	 No yearly limit on what patient pays OOP, unless they have supplemental coverage—like Medicare Supplement Insurance (Medigap), Medicaid, employer, retiree, or union coverage Patient pays a monthly premium for Part B coverage 	 Plans have a yearly limit on what patients pay for covered Part A and Part B services; however, no supplemental coverage is allowed Patient pays the monthly Part B premium and may also have to pay the plan's premium
	Prescriptions	Patient pays the full cost of many medications unless they enroll in Part D*	Patient pays partial cost of most medications depending on their plan's coverage

*Starting in 2025, if patients are enrolled in Medicare Part D, OOP prescription costs will not exceed \$2,000.² The amount may increase each year based on inflation and Medicare costs.⁵

Changes coming to Medicare Part D

The Inflation Reduction Act (IRA) was signed into legislation in 2022 and aims to lower prescription medication costs for patients enrolled in Medicare Part D.

Changes patients can expect include:

- Capped total OOP costs⁶
 Annual OOP costs for patients will be capped at \$2,000 for covered brand-name and generic drugs.
- Reduced insulin treatment co-pays⁷
 All Medicare Part D enrollees will pay no more than \$35 a month for covered insulin products.
- The ability to pay for prescriptions in capped monthly payments through the Medicare Prescription Payment Plan (MPPP or smoothing)⁸

The MPPP is an optional program that allows patients to pay for their prescriptions throughout the plan year instead of all at once.

Medicare Part D Prescription Payment Plan (aka MPPP or smoothing)

Starting in 2025, this program will help patients enrolled in Medicare Part D manage their OOP costs.



Not enrolled in MPPP

Remember Sam? Sam did not enroll in the MPPP program. She was prescribed a medication covered by Medicare Part D after her surgery that **cost \$1,500** and needed to **pay \$500 later** in the year for a refill.

Paid \$1,500 up front Remaining \$500 cost incurred later in the year

Sam was responsible for paying for her prescription and refill when they were filled at her pharmacy.⁸



Enrolled in MPPP

Meet Roger. Roger opted in for MPPP so he could make monthly payments for his prescriptions. Roger is prescribed the same medication as Sam and has the same OOP costs.

> Roger fills his prescription at his pharmacy and is billed in monthly payments (for example, \$250 a month) until he pays a total of \$2,000 OOP.

Roger's costs are spread across the year. This reduces his up-front cost burden, making budgeting easier, and expensive medications more affordable in the short term.⁸ Monthly costs will differ for patients, depending on what month they fill their prescriptions.

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Helpful programs

The following programs may help Medicare patients struggling with their healthcare costs.

Financial support programs

Pharmaceutical assistance programs

Some drug manufacturers offer programs that provide medications at no cost to patients that meet certain financial criteria.

Before your patients leave, check https://www.medicare.gov/plan-compare/#/ pharmaceutical-assistance-program to help them see if their medication is on the list.

State-funded programs

Know if your state has a pharmaceutical assistance program so you can direct patients to the website for more information and to apply.

Check to see if your state is on the list here: https://www.medicare.gov/plan-compare/#/ pharmaceutical-assistance-program/states



Extra Help for limited-income patients

Medicare and Social Security have a program called Extra Help—a way for people with limited income and resources to get help with prescription costs.

Open enrollment season

Medicare has different enrollment dates depending on a person's situation.²

Initial Enrollment Period (IEP)



7 months

Patients enrolling in Medicare for the first time can start signing up 3 months before they turn 65 or during their birthday month. The period ends 3 months after their 65th birthday. Patients may have to pay a monthly penalty if they do not sign up for Part B when they are first eligible for Medicare.

Open Enrollment Period (OEP)

Oct 15 - Dec 7

This is the time each year when changes can be made to Medicare medical and prescription drug coverage.



General Enrollment Period (GEP)



Jan 1 - Mar 31

Patients can enroll in Part A, Part B, and Medicare Advantage plans during this period.

Special Enrollment Period (SEP)



If your patient experiences certain life events like getting married, moving, or losing other insurance coverage, they can make changes during a SEP.

Patients can enroll in the MPPP during open enrollment or in any month during the plan year⁸

References: 1. Medicare 101: your guide to Medicare. BlueCross BlueShield of Tennessee. Accessed September 19, 2024. https://www.bcbstmedicare.com/docs/Medicare-101-Guide.pdf **2.** Medicare & you 2025. Medicare.gov. Accessed September 19, 2024. https://www.medicare.gov/ publications/10050-medicare-and-you.pdf **3.** Coinsurance. HealthCare.gov. Accessed September 19, 2024. https://www.healthcare.gov/glossary/ co-insurance/ **4.** Deductible. HealthCare.gov. Accessed September 19, 2024. https://www.healthcare.gov/glossary/deductible/ **5.** Sayed BA, Finegold K, Olsen TA, et al. Inflation Reduction Act research series: Medicare Part D enrollee out-of-pocket spending: recent trends and projected impacts of the Inflation Reduction Act. July 7, 2023. Updated January 30, 2024. Accessed October 7, 2024. https://aspe.hhs.gov/sites/default/files/ documents/1b652899fb99dd7e6e0edebbcc917cc8/aspe-part-d-oop.pdf **6.** Final CY 2025 Part D redesign program instructions fact sheet. Centers for Medicare & Medicaid Services. April 1, 2024. Accessed September 19, 2024. https://www.cms.gov/newsroom/fact-sheets/final-cy-2025-part-dredesign-program-instructions-fact-sheet **7.** Cubanski J, Neuman T, Freed M. Explaining the prescription drug provisions in the Inflation Reduction Act. January 24, 2023. Accessed September 19, 2024. https://www.kff.org/medicare/issue-brief/explaining-the-prescription-drug-provisions-inthe-inflation-reduction-act/ **8.** Fact sheet: Medicare prescription payment plan final part one guidance. Centers for Medicare & Medicaid Services. February 2024. Accessed September 19, 2024. https://www.cms.gov/files/document/fact-sheet-medicare-prescription-payment-plan-final-partone-guidance.pdf

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