

UNDERSTANDING MEDICARE

And how to help your patients
with Medicare access their
Genentech medicines

 See [page 8](#) for links to helpful resources
for discussing Medicare with your patients.

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Medicare Is an Important Part of the Payer Landscape

Medicare is a government health plan that covered 60 million people in 2023, including people who were^{1,2}:

- Aged 65 or older
- Under age 65 with disabilities
- Any age with end-stage renal disease or amyotrophic lateral sclerosis (ALS)

Parts of Medicare and patient out-of-pocket (OOP) costs in 2024^{1,3-5}

	PREMIUM	DEDUCTIBLE	CO-PAY/ CO-INSURANCE
PART A			
Hospital Insurance Covers inpatient care, skilled nursing facilities, hospice care, home health care	<ul style="list-style-type: none"> • \$0 to \$505 per month • Most people do not have a premium 	\$1,632 per benefit period	Varies by length of stay
PART B			
Medical Insurance Covers services from doctors and other health care providers, outpatient care, home health care, durable medical equipment, many preventive services	\$174.70 per month or higher depending on income	\$240 per year	20% for most services
PART C			
Medicare Advantage Run by private payers, replaces Parts A and B and often D	\$18.50, but varies by plan	Varies by plan	Varies by plan
PART D			
Prescription Drug Plan (PDP) Run by private payers, helps with prescription drug costs and coverage	Varies by plan, but \$34.70 on average	Varies by plan and pharmacy; ranges from \$0 to \$545	Varies by plan and pharmacy, but must be actuarially equivalent to 25%



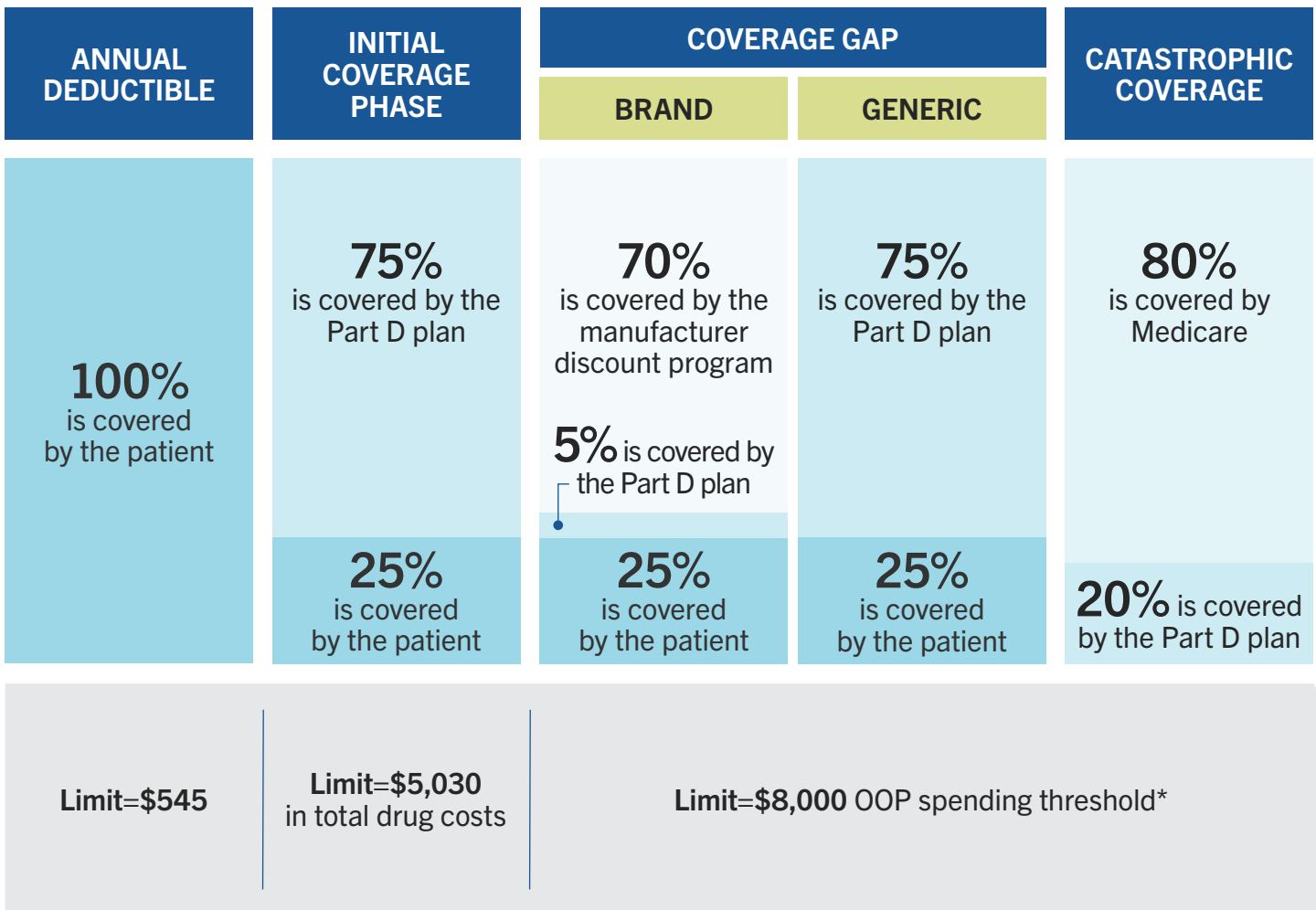
Medigap or supplemental insurance plans may be purchased from private insurance companies to help cover some Medicare Part A and Part B costs, including deductibles, co-insurance and co-pays. These plans are not available for Medicare Advantage or Part D.⁶

Prescription Drug Coverage With Part D

Patient OOP responsibilities for Part D fluctuate depending on the coverage phase⁵

2024 Standard Medicare Prescription Drug Benefit⁵

The sample figures shown are for 2024 Part D Standard Benefit Plan cost sharing. Coverage and cost may vary by product and plan.



As of 2024, the 5% co-insurance requirement for Catastrophic Coverage has been eliminated due to a provision in the Inflation Reduction Act.⁵

OOP=out-of-pocket.

*Includes the patient OOP spending plus the 70% manufacturer price discount in the coverage gap. For brand-name drugs, patients will pay \$3,300 OOP before reaching the catastrophic phase.

“Extra Help” or Low-Income Subsidy (LIS) Program



LIS is available for people with low income and limited resources⁷

People with limited resources and income may be able to use the LIS program, also known as “Extra Help,” to get assistance with their monthly premiums, annual deductibles and prescription co-pays **related to their Medicare Part D plans.**

LIS is estimated to be worth about **\$5,900** per year for each beneficiary.



Many people who qualify aren't aware of LIS

Some beneficiaries automatically qualify, including⁸:

- Dual eligibles (Medicare/Medicaid, also referred to as Medicare-Medicaid Plans)
- Qualified Medicare Beneficiaries (QMBs)
- Specified Low-Income Medicare Beneficiaries (SLMBs)
- Qualified Individuals (QIs)
- Supplemental Security Income (SSI)-onlys

Consider discussing LIS with patients who are not automatically enrolled and who express concerns about their OOP costs.



To apply for LIS, patients can:

- Call Social Security: **(800) 772-1213**
 - TTY: (800) 325-0778
 - Visit ssa.gov/medicare/part-d-extra-help
 - Visit their local Social Security office
-

LIS or “Extra Help” Eligibility Criteria

LIS eligibility criteria and patient costs for 2024⁸⁻¹²

	ELIGIBILITY	OOP*
Dual Eligible (Medicare/Medicaid, also referred to as Medicare-Medicaid Plans)	<ul style="list-style-type: none"> • Must meet LIS criteria and be eligible for Medicaid 	<ul style="list-style-type: none"> • \$0 deductible • Co-pay of \$11.20 (>100% FPL) or \$4.60 (≤100% FPL) per prescription for noninstitutionalized beneficiaries
LIS^{†‡}	<ul style="list-style-type: none"> • Annual income[§] of ≤\$20,331 for individuals or ≤\$27,594 for couples • Total assets of ≤\$15,720 for individuals or ≤\$31,360 for couples 	<ul style="list-style-type: none"> • \$0 deductible • Co-pay of \$11.20 per prescription

FPL=federal poverty level; LIS=low-income subsidy; OOP=out-of-pocket.

*The OOP amounts shown are for brand-name products.¹¹

[†]Beneficiaries who previously met the requirements for partial LIS assistance are now eligible for LIS assistance.¹²

[‡]The 2024 OOP threshold is \$8,000. Beginning in 2024, there is no cost-sharing for covered Part D drugs above the annual OOP threshold for Part D beneficiaries, including LIS eligible beneficiaries.¹²

[§]Patients with a higher income may still qualify for assistance if they support other family members living with them, have earnings from work or live in Alaska or Hawaii.⁷ The criteria above are provided as an example of anticipated costs.

Considerations for LIS eligibility⁷

Items that **count** toward assets include real estate (aside from the primary residence), bank accounts, stocks, bonds and savings bonds, mutual funds and individual retirement accounts.

Items that **do not count** toward assets include the primary residence, personal possessions, vehicles, property that doesn’t easily convert to cash, property needed for self-support and life insurance policies.

Medicare Advantage Versus Medigap Coverage

Key differences between the private insurance plans⁶

	Medicare Advantage Replaces Original Medicare but provides additional coverage	Medigap Supplemental coverage that helps to fill gaps by paying some OOP costs associated with Original Medicare
Targeted audience	<ul style="list-style-type: none"> • Patients with good health and few medical expenses 	<ul style="list-style-type: none"> • Patients with serious medical conditions
Availability and enrollment	<ul style="list-style-type: none"> • Purchase after enrolling in Medicare Part A and B • Not all plans are available in all areas of the United States 	<ul style="list-style-type: none"> • Purchase when first eligible for Medicare, after enrolling in Medicare Part A and B • Available anywhere in the United States
Premium costs*	<ul style="list-style-type: none"> • Lower premiums • Co-pays 	<ul style="list-style-type: none"> • Higher premiums • Low or minimal to no co-pays
Providers	<ul style="list-style-type: none"> • May be restricted to network 	<ul style="list-style-type: none"> • No restrictions
Referrals	<ul style="list-style-type: none"> • May need referrals for specialists 	<ul style="list-style-type: none"> • No referrals needed
Additional benefits	<ul style="list-style-type: none"> • May included vision, hearing, dental and fitness coverage 	<ul style="list-style-type: none"> • Does not cover additional services
Prescription drug coverage (Part D)	<ul style="list-style-type: none"> • Usually included 	<ul style="list-style-type: none"> • Not included

OOP=out-of-pocket.

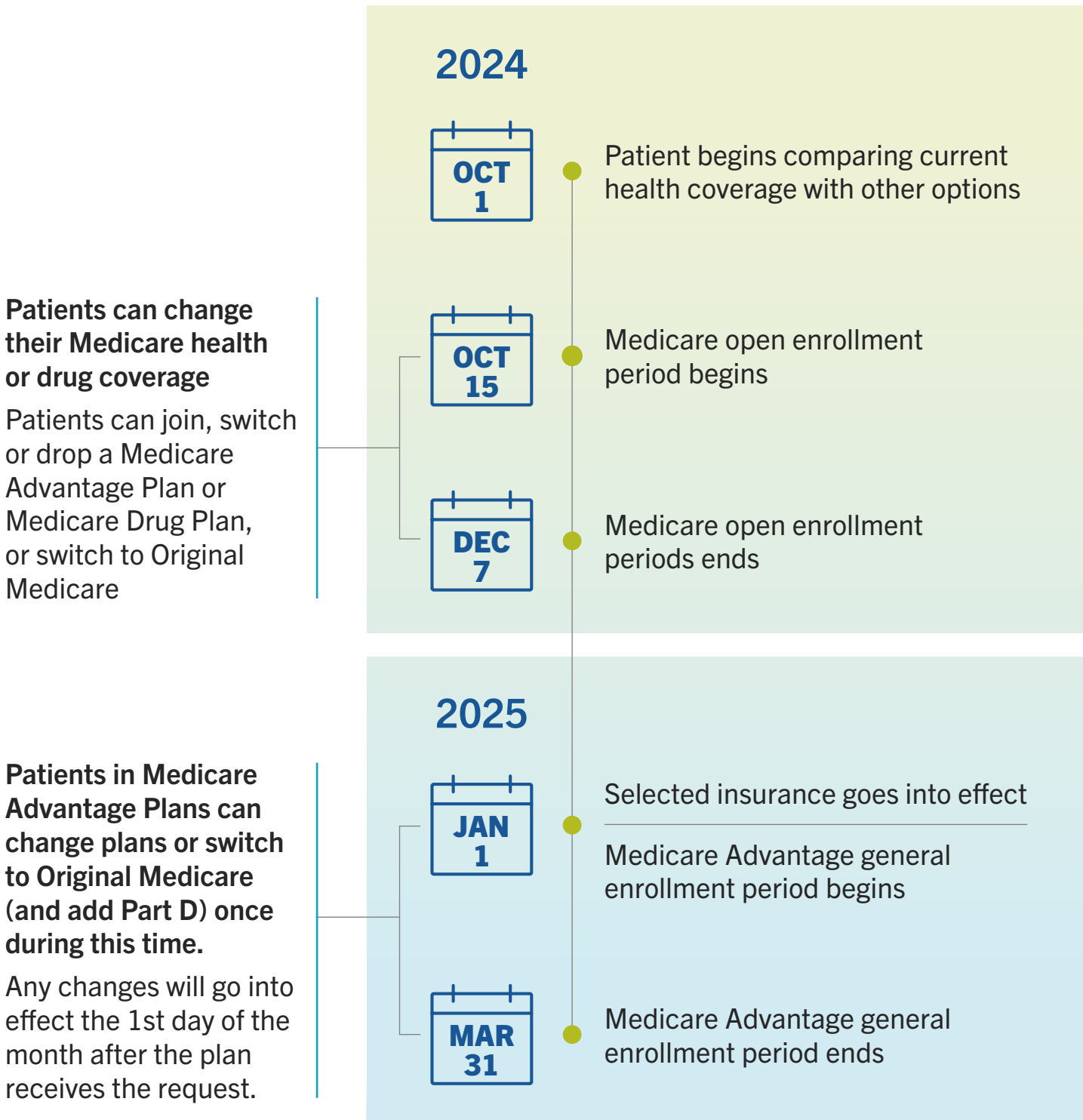
*Average premiums vary based on a patient's location, the amount of coverage and other factors. Patients will still be expected to pay their monthly Part B premium as well.



Patients may choose to buy a Medicare Advantage plan or a Medigap policy, **but they cannot have both at the same time**. If your patient's health care costs change, they can switch coverage between the two plans.

Medicare Open Enrollment Dates

Key dates for patients to evaluate health insurance options⁸



TO LEARN MORE

ABOUT MEDICARE AND SUPPLEMENTAL COVERAGE,
SELECT A TOPIC BELOW:

MEDICARE NEWS AND POLLING

MEDICARE ELIGIBILITY AND PREMIUMS

MEDICARE CHANGES IN 2024

EXTRA HELP BASICS

ENROLL IN MEDICARE

APPLY FOR EXTRA HELP

For other reliable sources of information, visit [CMS.gov](https://www.cms.gov) and [Medicare.gov](https://www.Medicare.gov).



For additional questions, please contact your Genentech Field Reimbursement Manager, Genentech Representative or visit [Genentech-pro.com](https://www.Genentech-pro.com)

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