

Understanding Medicare

Your guide for simple and clear answers



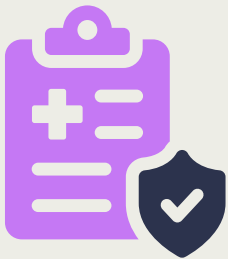


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Navigating Medicare with the support of CareASSIST

Sometimes insurance can feel like another language. Your **CareASSIST** Case Manager is here to help translate. They can walk you through things like:



Your insurance options, including government and commercial insurance

Insurance enrollment

Understanding insurance coverage and medical bills

Insurance shouldn't stand in the way of you and the treatment you need. **CareASSIST** can help simplify the insurance process so you can focus on what's important—your health.

Feel free to call **CareASSIST** at
1-833-WE+CARE (1-833-930-2273),
Monday through Friday, 9 AM to 6 PM ET.

Ervis, **CareASSIST** Case Manager



What is Medicare and why does it matter for me?

Medicare is a government health insurance program for those 65 and older and for people under 65 with qualifying disabilities.

Is there a difference between government insurance and commercial insurance?



Government insurance is mainly funded through taxes and is designed to assist specific groups, such as individuals aged 65+ (Medicare), low-income families (Medicaid), and current or former military members (Tricare/Veterans Administration). Benefits are available through government programs or private health insurance companies.



Commercial insurance is usually provided through employers or the health exchange and managed by private companies.

Who is eligible for Medicare?

Medicare isn't one-size-fits-all. Eligibility varies based on things like age and condition. Generally, you're eligible if:

You're	You're	You have
65 or older	under 65	a specific condition
	and have been receiving SSDI or RRB benefits for at least 24 months	like end-stage renal disease or amyotrophic lateral sclerosis





Knowing if you qualify for Medicare and how it stacks up against commercial insurance can help you make smart decisions about your coverage.

RRB=Railroad Retirement Board; SSDI=Social Security Disability Insurance.

Get to know the ABCDs of Medicare

Medicare is broken down into 4 parts: Part A (Original Medicare/**inpatient** coverage), Part B (Original Medicare/**outpatient** coverage), Part C (Medicare Advantage), and Part D (Prescription Drug Plan). Each part covers different healthcare needs.

Original Medicare is like planning a road trip where you book your hotel, food, and activities separately and pay for each as you go. With **Medicare Advantage**, everything is bundled together. Your hotel, meals, and activities are included for one price, but you can only pick from a set list of hotels and activities.

 Part A What's covered?	 Part B What's covered?	 Part C What's covered?	 Part D What's covered?
Hospital stays Skilled nursing facilities Hospice care Live-in care	Doctor visits Outpatient infusions and injections	Everything offered in Part A and Part B	Prescriptions
<p>Medigap provides additional insurance to help cover Part A and Part B out-of-pocket costs. For more information, see page 6.</p>		<p>What else is sometimes covered?</p>	<p><i>Medicare Part D helps cover the cost of prescription drugs. You can get Part D through a private insurance company. If you have Original Medicare, you can choose a separate plan called a Prescription Drug Plan. If you have a Medicare Advantage Plan (Part C), your prescription coverage could be bundled with your plan.</i></p>
<p><i>Usually, Medicare Part B covers drugs you wouldn't typically give to yourself, like the kind you'd get at a doctor's office or in a hospital outpatient setting. Drugs that are given intravenously (through an IV) by a medical professional often fall under Part B. Part B also covers some outpatient prescription drugs—like certain oral cancer drugs.</i></p>		<p>Vision Hearing Dental Prescriptions</p> <p><i>Medicare Part C, also known as Medicare Advantage, is offered through a private insurance company that contracts with Medicare.</i></p>	

Medicare can be nuanced. If you still have questions, that's totally normal. You can refer to **page 7** for a full breakdown of costs. You can also contact your Case Manager, who can provide additional information about your Medicare options.

Supplemental coverage

Supplemental coverage is an additional insurance plan that helps pay for healthcare costs not covered by your regular health insurance plan. Supplemental coverage for Medicare comes in the form of Medigap.

What is Medigap?

Medigap, also known as Medicare Supplement Insurance, helps pay for out-of-pocket costs not covered by Medicare Part A and Part B.

Medigap policies are sold by private insurance companies and **premiums** can vary. Coverage is guaranteed if you enroll during your Medigap Open Enrollment Period. If you apply later, approval is not guaranteed and the costs may be higher.

What does Medigap cover?

Generally, Medigap helps cover **copays**, **coinsurance**, and **deductibles** for Medicare Part A and Part B, but does not include coverage for prescription drugs.



What's the price tag on Medicare?

With so many options and factors to consider, it can be difficult to get a clear picture of your costs. Remember, the amounts you pay may change each year.

	Part A (Original Medicare)	Part B (Original Medicare)	Part C (Medicare Advantage)	Part D (Prescription Drug Plan)
Premium	<p>Most people don't pay a premium for Medicare Part A. If you're not eligible for premium-free Part A, you'll need to pay a monthly premium. Additionally, a penalty may apply if you delay enrollment after becoming eligible.</p> <p>When you buy a Medigap policy, you'll pay the private insurance company a monthly premium. This is separate from your monthly Medicare Part B premium that you still have to pay.</p>	<p>Most people pay the standard monthly premium amount. Social Security will tell you the exact amount you'll pay for Part B.</p>	<p>Monthly premiums vary based on which plan you join. You must keep paying your Part B premium to stay on your plan.</p>	<p>Monthly premiums vary based on which plan you join. You may also have to pay an extra amount each month based on your income.</p>
Deductible	<p>There will be a deductible for each inpatient hospital benefit period before Original Medicare starts to pay.</p>	<p>You will pay a deductible before Original Medicare starts to pay. You will be responsible for the full deductible each year. This amount changes from year to year.</p>	<p>Varies by plan.</p>	<p>Varies by plan.</p>
Copay	<p>Standard copays vary by service. There are no limits on out-of-pocket expenses.</p>	<p>There may be a copay for each hospital outpatient service.</p>	<p>Copays vary based on your plan and the type of care needed. Each year, there is a maximum limit on out-of-pocket expenses. Once this limit is reached, your plan covers all remaining costs for approved medical services.</p>	<p>Copays will vary by plan, but there's a yearly limit on out-of-pocket prescription costs. Starting in 2025, you'll have the option to evenly spread your prescription costs in monthly installments over time.</p>
Coinsurance	<p>Coinsurance will only apply if you've stayed at the hospital for over 60 days in a single benefit period.</p>	<p>Usually 20% of the cost for each Medicare-covered service or item after you've paid your deductible. There are no limits on out-of-pocket expenses.</p>	<p>Varies by plan.</p>	<p>Varies by plan and pharmacy.</p>

When it comes to Medicare enrollment, timing is everything

Interested in enrolling? Remember these important dates:



65th birthday

Initial Enrollment

If you're turning 65, you'll have a 7-month window to enroll in Medicare, **starting 3 months prior to your 65th birthday and ending 3 months after.**



October 15–December 7

Open/Annual Enrollment

During the annual re-enrollment period, you can make changes to your Medicare plan from **October 15 to December 7**. Changes will take effect on January 1 of the following year.



January 1–March 31

Medicare Advantage Open Enrollment

If you're currently enrolled in Medicare Advantage, you can make changes to your plan from **January 1 through March 31**. This includes switching to another Medicare Advantage plan or returning to Original Medicare. Your changes will start on the first day of the month following your enrollment.

General Enrollment Period

If you miss your initial enrollment period, you can enroll from **January 1 to March 31**, with coverage starting July 1.

It's important to sign up for Medicare during your Initial Enrollment Period unless you have comparable coverage, such as from an employer. Otherwise, you may face a late enrollment penalty. To learn more about other special enrollment periods, see **page 9**.



Are there any other times I can enroll?

Yes. You can make changes to your coverage when certain events happen in your life. You can do this during Special Enrollment Periods. Some examples of these events include:



Changing where you live

Losing your current coverage

The opportunity to get other coverage

Your current plan changing its contract with Medicare

If you switched from Medicare to an employer-sponsored plan and would like to re-enroll, there are specific rules. You have an **8-month Special Enrollment Period to re-enroll in Medicare Part A or Part B.**

Not seeing the type of life event you're looking for? The good news is that these aren't the only circumstances that qualify for Special Enrollment Periods. You can check with your Case Manager or visit [Medicare.gov](https://www.Medicare.gov) to get the full list.

I'm eligible for Medicare. Now what?

Ready to take the next step or want more information? Check out the links below for helpful resources.

[Sign up for Medicare](#)

[Medicare Part D Extra Help program](#)

[Medicare contact information](#)

[Find Medicare drug plans in your area](#)

[Explore your Medicare coverage options](#)

Your Case Manager is only a phone call away. They can help you navigate the different enrollment periods and answer your questions.

Nicole, **CareASSIST** Case Manager



Things to consider when enrolling in a Medicare plan

When weighing your options, think about your:

Health needs



Does this plan cover my medication(s)?

Can I still see the same doctors and specialists?

Will I be able to use the same pharmacy under this plan?

What will hospital visits cost under this plan?

Can I continue to receive treatments in the same place I've been getting them?

Will I have coverage while traveling?

Financial situation



What medication costs will I be responsible for?

Do this plan's out-of-pocket costs fit my budget?

What out-of-pocket costs should I consider and expect with this coverage (for example, premiums, deductibles, copays)?

Will I need supplemental insurance to cover costs?

Keep in mind that the answers to these questions may help you evaluate the best plan for you and whether that may be a combination of parts based on Original Medicare or a Medicare Advantage plan.

Not sure which plan is right for you? Your Case Manager is here to help



Your **CareASSIST** Case Manager can help you understand your insurance coverage options. Give them a call at **1-833-WE+CARE (1-833-930-2273)** to get started or ask any questions.

Affording your medication

Paying for healthcare costs can be a lot to handle. But you're not in this alone. There are financial assistance programs out there that may be able to help cover some of your costs. Click on the name of each program to learn more about it.

[The CareASSIST Patient Assistance Program](#)

If you don't have insurance or your out-of-pocket costs are too high due to limited coverage, you may qualify to receive your medication at no cost through the **CareASSIST Patient Assistance Program**.

[Medicaid](#)

Free or low-cost health insurance for children and adults who meet income and other eligibility requirements.

[State Medicare Savings Programs](#)

A Medicare program for people with limited income and resources that helps lower Medicare drug plan costs, such as premiums, deductibles, and coinsurance.

[Program of All-Inclusive Care for the Elderly \(PACE\)](#)

A Medicare and Medicaid program that helps people meet their healthcare needs in the community instead of going to a nursing home or other care facility. A team of healthcare professionals works with you to help coordinate your care.

[State Pharmaceutical Assistance Programs](#)

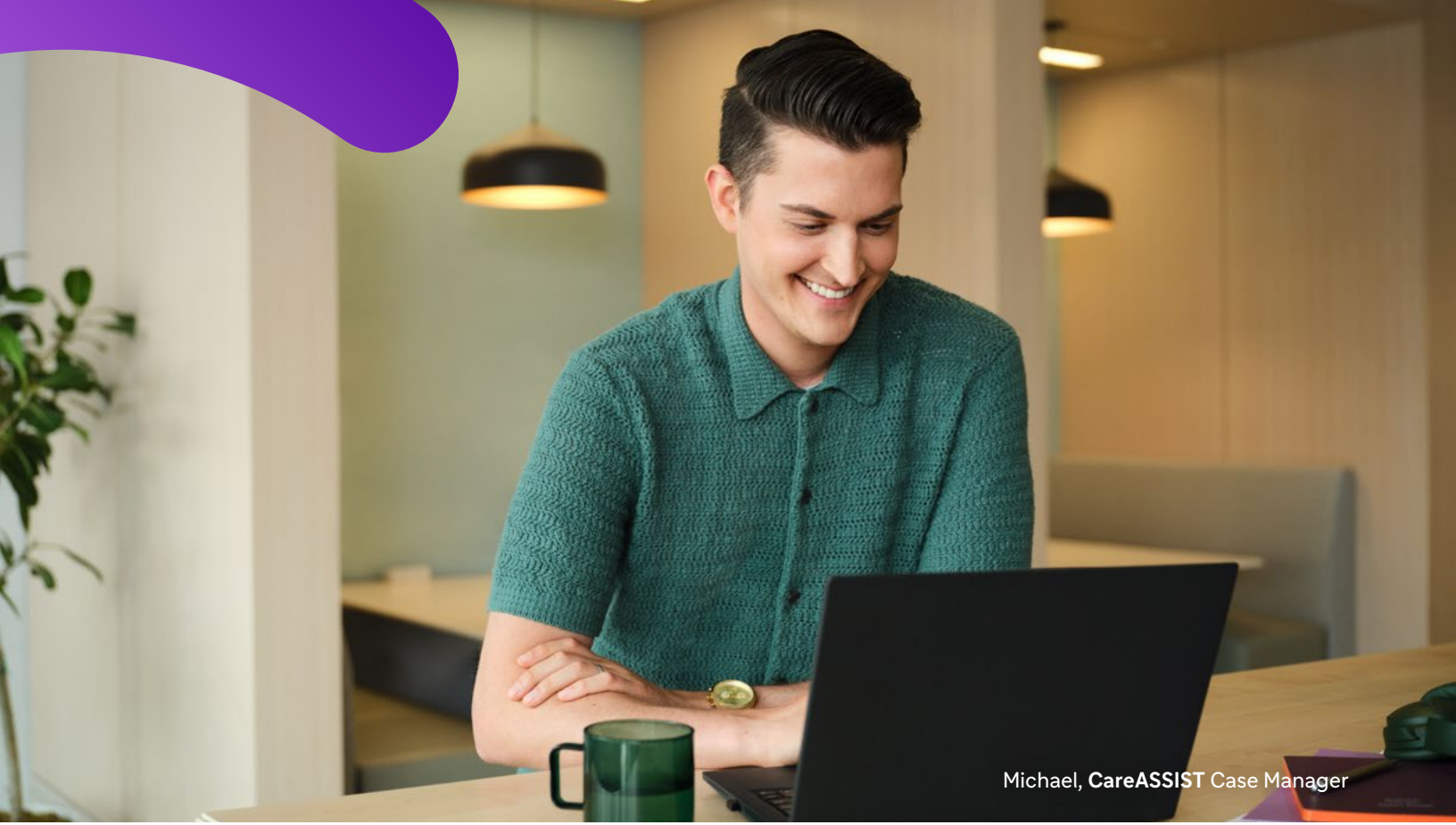
State-run programs that provide financial assistance to certain populations to help pay for prescriptions. Coverage varies by state, usage, and specificity. Some state-run programs help cover the cost of prescriptions that Medicare Part D does not pay for.

[Extra Help](#)

Also known as Low Income Subsidy (LIS), Extra Help is a Medicare program that helps people with limited income and resources pay for Part D costs (usually related to prescription drugs you pick up at the pharmacy and take yourself). You're automatically eligible if you get full Medicaid coverage, help from your state paying Part D premiums, or Supplemental Security Income (SSI).

Glossary

Coinsurance	An amount you may be required to pay for your share of the cost for services after you pay any deductibles. Coinsurance is a percentage (for example, 20%).
Copay	An amount you may be required to pay for your share of the cost for a medical service or supply, like a doctor visit, hospital outpatient visit, or prescription drug. A copay is usually a set amount rather than a percentage.
Deductible	The amount you must pay for healthcare or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.
Formulary	A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.
Inpatient	A person who goes into the hospital to receive medical care and stays there one or more nights while they are being treated.
Network	The facilities, providers, and suppliers your health insurer or plan has contracted with to provide healthcare services.
Out-of-pocket costs (OOP)	Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copays for covered services plus all costs for services that aren't covered.
Outpatient	A person who receives care that doesn't require an overnight stay in a hospital.
Premium	The amount you pay for your health insurance every month.
Prior authorization (PA)	Approval from your health insurance plan that may be required before a service or prescription is covered by your insurance.



Michael, CareASSIST Case Manager

Your Case Manager is your dedicated copilot

They'll help you steer the course

Navigating treatment and insurance can be complex, but with your **CareASSIST** Case Manager on your team, you're not doing it alone. They're here to help simplify things and explain the differences between plans. Your Case Manager can also introduce different support programs to help lower the cost of your medication.

Don't have a Case Manager?

Let's change that! You can reach out to **1-833-WE+CARE (1-833-930-2273)**, Monday through Friday, 9 AM to 6 PM ET to get connected to one.

Your peace of mind is their priority.



1-833-WE+CARE (1-833-930-2273)

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