

Understanding Medicare

Your guide to understanding medication costs

Learn more about insurance types, Medicare Part D costs and coverage, the Medicare Prescription Payment Plan, the **Extra Help** program, and support from the Ascendis Signature Access Program® (A·S·A·P).



Understanding Different Insurance Plans

Medicare is a federal program

This program is for adults who are 65 or older, certain younger people with disabilities, or people with end-stage renal disease.







Medicaid is a joint state and federal program

This program is for eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities.



Learn the Medicare alphabet:

Part A	Part B	Part C	Part D
			
Hospital coverage	Medical coverage	Medicare Advantage*	Prescription coverage*
Covers	Covers	Covers	Covers
<ul style="list-style-type: none"> Inpatient hospital stays Care in a skilled nursing facility Hospice care Some home health care 	<ul style="list-style-type: none"> Certain doctors' services Outpatient care Medical supplies Preventive services 	<ul style="list-style-type: none"> Part A Part B Part D (typically) May cover: <ul style="list-style-type: none"> Vision benefits Dental care Hearing 	<ul style="list-style-type: none"> Prescription drugs Many recommended shots or vaccines

Commercial insurance is run by private companies

People who are eligible may purchase non-group coverage on their own or get group coverage through their employer.

*Offered by private health insurance companies.

Medicare Part D: Costs and Coverage

Overview of enrollee benefit

New for 2025: annual drug costs will not exceed \$2000 for people who are enrolled in Medicare Part D.

There are 3 phases of Part D coverage

Phase 1: Annual deductible

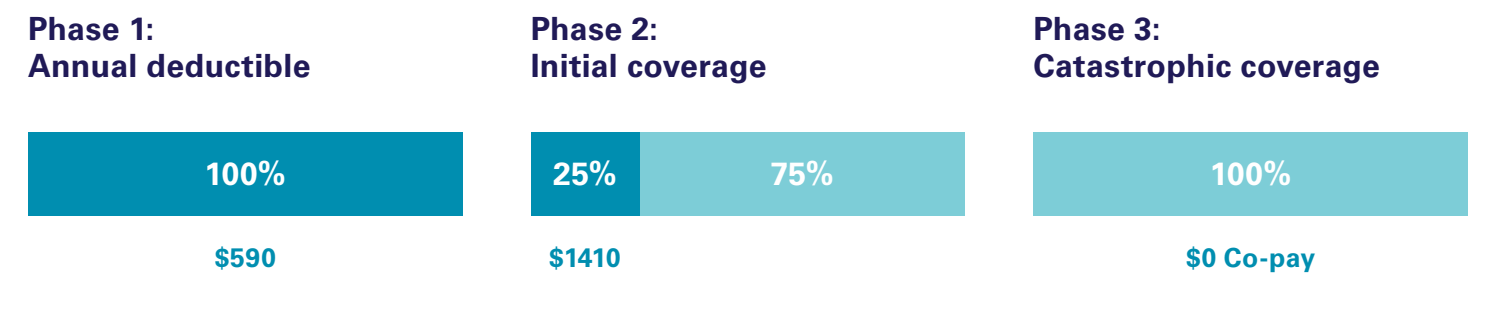
Each year, enrollees are responsible for their annual deductible. Enrollees pay 100% of this amount before Medicare starts to cover any costs. For 2025, the Part D deductible is **\$590**.

Phase 2: Initial coverage

After the annual deductible is paid, enrollees pay 25% of drug costs until they have paid a total of **\$2000** out of pocket, known as the annual out-of-pocket (OOP) threshold.

Phase 3: Catastrophic coverage

Once an enrollee reaches the OOP threshold, they move into the **catastrophic coverage** phase. This means they won't have to pay out of pocket for covered Part D drugs for the rest of the calendar year. During this phase, drug costs are shared by the insurance plan, Medicare, and drug manufacturers. Enrollees pay **\$0** OOP and remain in this phase for the remainder of the year.



Total patient OOP: \$2000 limit

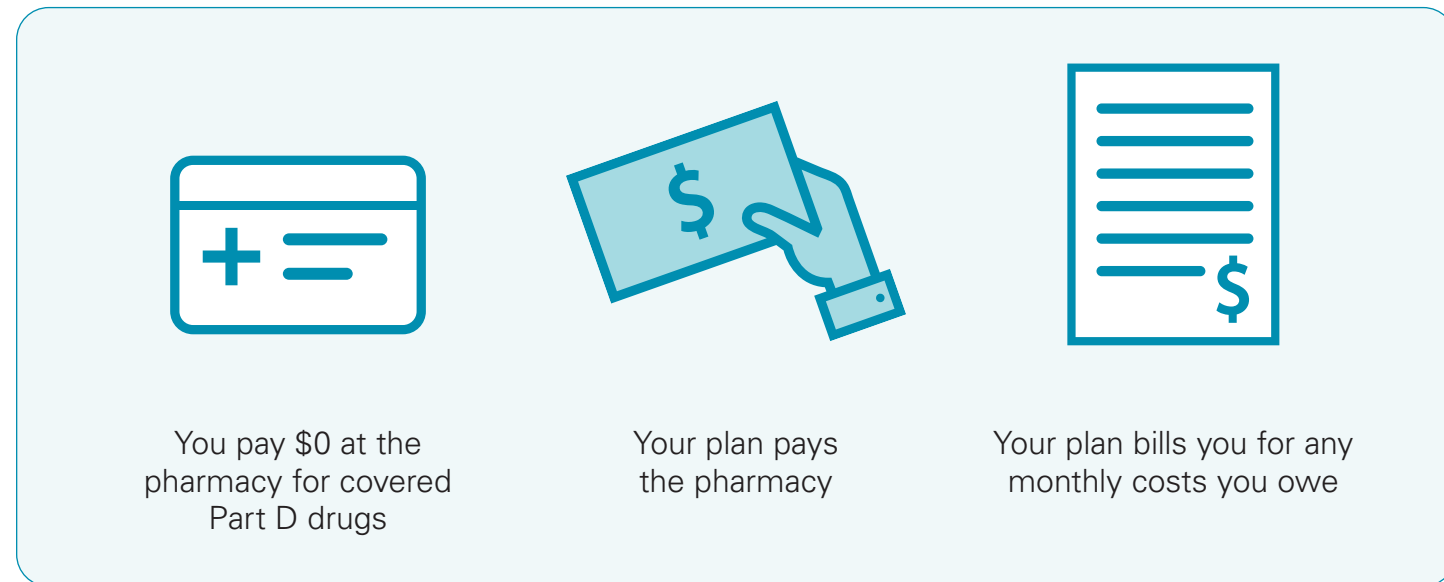
- What enrollee pays
- What Medicare Part D pays (including discount programs from drug manufacturers)

Medicare Prescription Payment Plan Overview

The Medicare Prescription Payment Plan is a program that gives enrollees the option to pay for prescription costs in installments that are spread across the calendar year (January to December). Enrollees should contact their Part D or Medicare Advantage plan to use this program.

Starting **January 1, 2025**, anyone enrolled in Part D can use this option to pay OOP drug costs in monthly payments, instead of all at once at the pharmacy. Each month, enrollees will continue to pay their plan premium (if there is one), and they will get a bill from their health or drug plan to pay for their prescription drugs (instead of paying the pharmacy). They may receive a "Medicare Prescription Payment Plan Likely to Benefit" notice from their plan with more information.

How it works



- All plans offer this payment option, and participation is voluntary
- Enrollees can opt in before the plan year begins or in any month during a plan year
- There is no cost to participate in the Medicare Prescription Payment Plan



To learn more about the Medicare Prescription Payment Plan, scan the QR code or visit www.medicare.gov/prescription-payment-plan

Extra Help Is Here for People Who Have Medicare



Those who qualify can get lower or no:

- ✓ Monthly premium
- ✓ Deductible
- ✓ Prescription co-insurance and co-pays

If you have limited income and assets*:

Extra Help provides financial assistance for costs related to your Medicare prescription drug plan, which may include monthly premiums, annual deductibles, and prescription co-pays

Am I eligible for Extra Help?

You can apply for Extra Help if you:

<p>Have Medicare Part A and/or Part B</p>	<p>Live in one of the 50 states or the District of Columbia</p>	<p>Have an annual income below a certain limit</p>	<p>Have assets* below a certain limit</p>
--	--	---	--

*Assets, also known as resources, include the value of the things you own. Some examples are: real estate (other than your primary residence), bank accounts (including checking and savings, and certificates of deposit), stocks, bonds (including US savings bonds), mutual funds, retirement accounts, and cash.

How to Apply for *Extra Help*

Before you apply

Extra Help, also called the Low-Income Subsidy (LIS), could help you if you have limited income and assets. Before applying, see if you qualify.

You qualify for a full subsidy payment, if:	
You have Medicare <u>and</u> qualify for 1 of the following:	<ul style="list-style-type: none">• Medicaid• Supplemental Security Income (SSI)• Some Medicare Savings Programs
You are single (or married but not living with your spouse), and:	<ul style="list-style-type: none">• Annual income is \$22,590 or less• Assets are \$17,220 or less*
You are married and living with your spouse, and:	<ul style="list-style-type: none">• Annual combined income is \$30,660 or less• Assets are \$34,360 or less*

Even if your annual income is higher, you still may be able to get some help if you support other family members who live with you, or if you live in Alaska or Hawaii.

*Assets do not include your home, car, household items, burial plot, or life insurance policies. All asset limits shown include the \$1500 per person burial exclusion.

What else do I need to apply?




You will need to look at your income and assets. This information will help you figure out if you are eligible for financial help. Are you married and living with your spouse? You will need your spouse's information as well.

Use this list to keep track of important documents:

- Social Security card
- Tax returns
- Payroll slip
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds (including book-entry securities[†]), mutual funds, and other investment statements
- Bank statements, including checking and savings accounts, and certificates of deposit
- Most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions, and annuities

[†]Book-entry securities are electronic savings bonds.

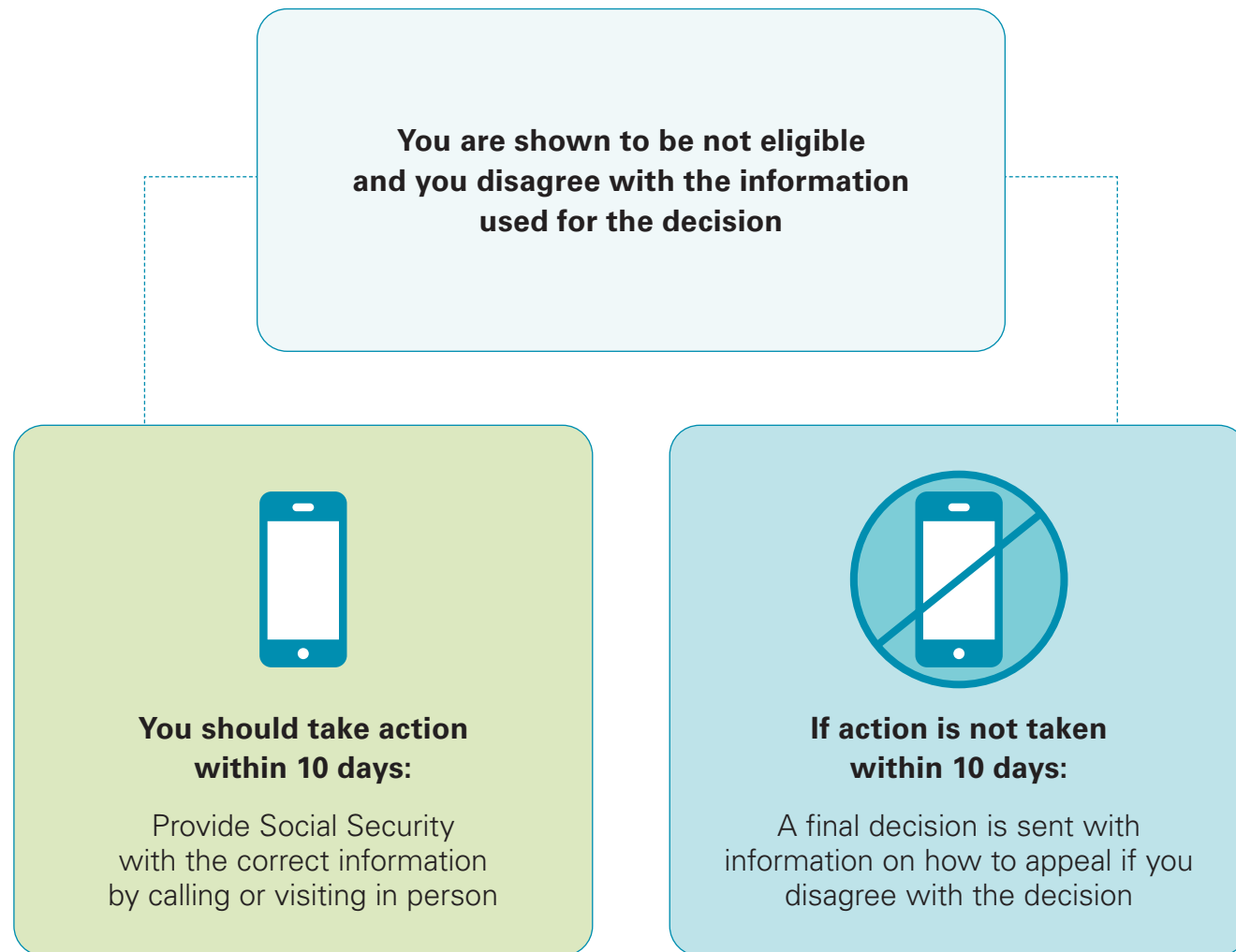
There are 3 ways to apply

Online	Call	In person
		
Scan the QR code to apply online at ssa.gov/extrahelp	Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) to apply or request an application	Scan here or visit ssa.gov/locator to find a local Social Security office where you can apply

Appealing a Decision

What if I am found not eligible for *Extra Help*?

If you are found not eligible, you will be notified before a final decision is sent. After you receive this notice, you may need to provide more details to prove your eligibility. If you do not provide the correct information, you will get a formal letter explaining the decision. You have the right to appeal the decision if you believe it is incorrect.



Appealing a final decision

Submit an appeal form within 60 days of receiving a final decision*

Scan here or visit ssa.gov/forms/ssa-1021.pdf to download an appeal form:



Mail your completed appeal form to:

Wilkes-Barre Data Operations Center,
P.O. Box 1030,
Wilkes-Barre,
PA 18767-1030

Scan here or visit ssa.gov/locator to find a local Social Security office to get help:



The appeal review hearing

On your appeal form, you'll choose the type of hearing you prefer:

Telephone hearing	Hearing by case review
Social Security will ask for 2 preferred times for the hearing	Social Security will take another look at the information on file and any new details provided on the appeal form
An appointment notice will be sent with the time and date of hearing	
Hearing will occur	
You will be notified when Social Security completes the appeal review[†]	

*If you do not appeal within 60 days, you may lose your right to appeal, and the decision will be final. However, you can request an extension. To ask for an extension, call Social Security at **1-800-772-1213** and explain why your appeal was not sent within the time limit.

[†] If you disagree with the decision on the appeal, you may file a lawsuit in a federal district court. In the event you reach a final denial, you can reapply if your financial circumstances change at any time during the year. There is no limit to how often you can apply.

Important Information

My type of insurance plan:

My primary insurance carrier and number(s):

My secondary insurance carrier and number(s):

Extra Help application date:

My local Social Security office:

Date of appeal:

Appeal review hearing date and time:

Notes

The Ascendis Signature Access Program[®] (A·S·A·P)

**Designed to support patients
every step of the way**

Once enrolled, you will have a dedicated Nurse Advocate. They will provide one-on-one support and answer any questions about insurance coverage. They can also guide you through other insurance issues, such as:

- Working to avoid a gap in treatment
- Helping you seek financial assistance when needed (if eligible)
- Offering support throughout the insurance approval process
 - Confirming prescription benefits
 - Obtaining insurance approvals
 - Managing the appeal process (if necessary)

A · S · A · P
ASCENDIS SIGNATURE
ACCESS PROGRAM[®]



For more help, talk with a member of our support team. Call **1-844-442-7236** (available from 8 AM to 8 PM ET, Monday through Friday) and follow the prompts to reach A·S·A·P.