

WELL 
INFORMED

MEDICARE

Understand how Medicare works and how to make the choice that's right for you.



WELL INFORMED

Everyone deserves straightforward and clear information about healthcare.

Well+Informed is a health literacy series dedicated to providing patients and providers with straightforward explanations to complicated healthcare topics.



Takeda is dedicated to providing accessible education for patients and healthcare personnel.



Medicare and **you**



You're eligible for Medicare if:



You are at least 65 years old



You've collected Social Security Disability Insurance for 24 consecutive months



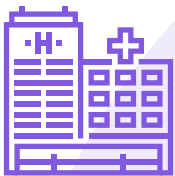
You've been diagnosed with end-stage renal disease

Medi+care =

The sum of its 4 parts

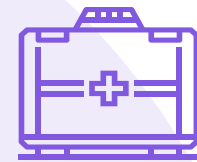
You have choices when it comes to your Medicare coverage. Parts A and B are known as Original Medicare. To get drug coverage, you can purchase a Part D plan. Part C is a Medicare-approved plan that bundles Parts A and B (and sometimes D).

ORIGINAL MEDICARE



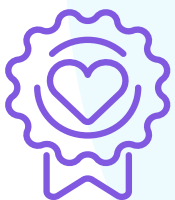
PART A: Hospital Insurance¹

- In-patient care
- Stays in nursing facilities
- 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



PART C: Medicare Advantage²

- Bundled plans (Parts A and B + sometimes D) through private companies
- Can offer services beyond Original Medicare and make different rules for how you can get care



PART D: Prescriptions¹

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



Sharing the **cost**

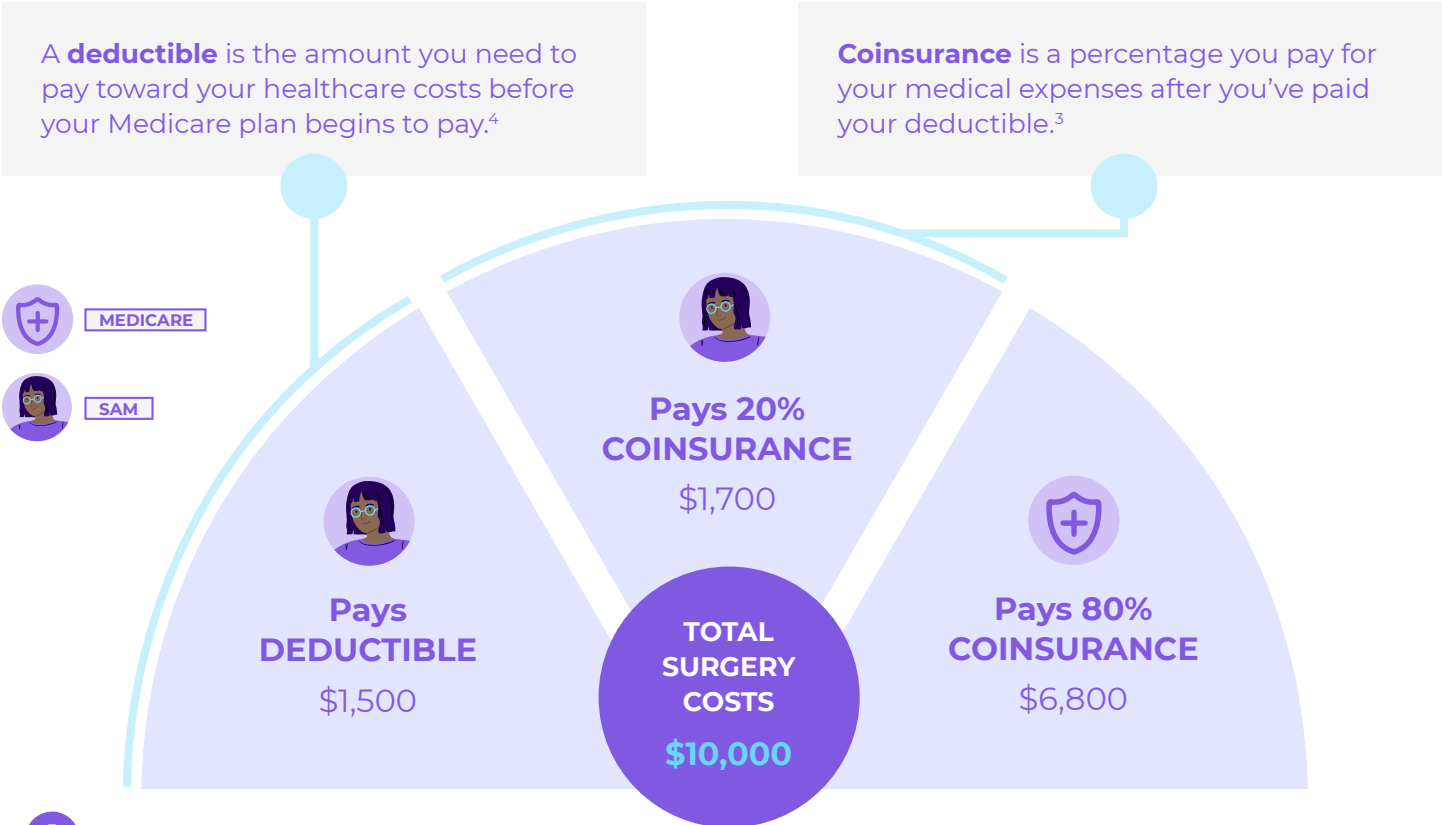
Most Medicare plans include cost sharing. This means that you and your insurer will each pay a portion of your medical costs.



Meet Sam.

She recently had surgery, which cost a total of \$10,000. After factoring in her insurance coverage, she owed a total of \$3,200.

Here's how Sam's cost sharing worked.






With some Medicare plans, you may also have a copay for certain services and prescription drugs. A copay is a set amount you pay after you've met your deductible.



Break it down

There are some important differences between Original Medicare (Parts A and B) and Medicare Advantage (Part C).²

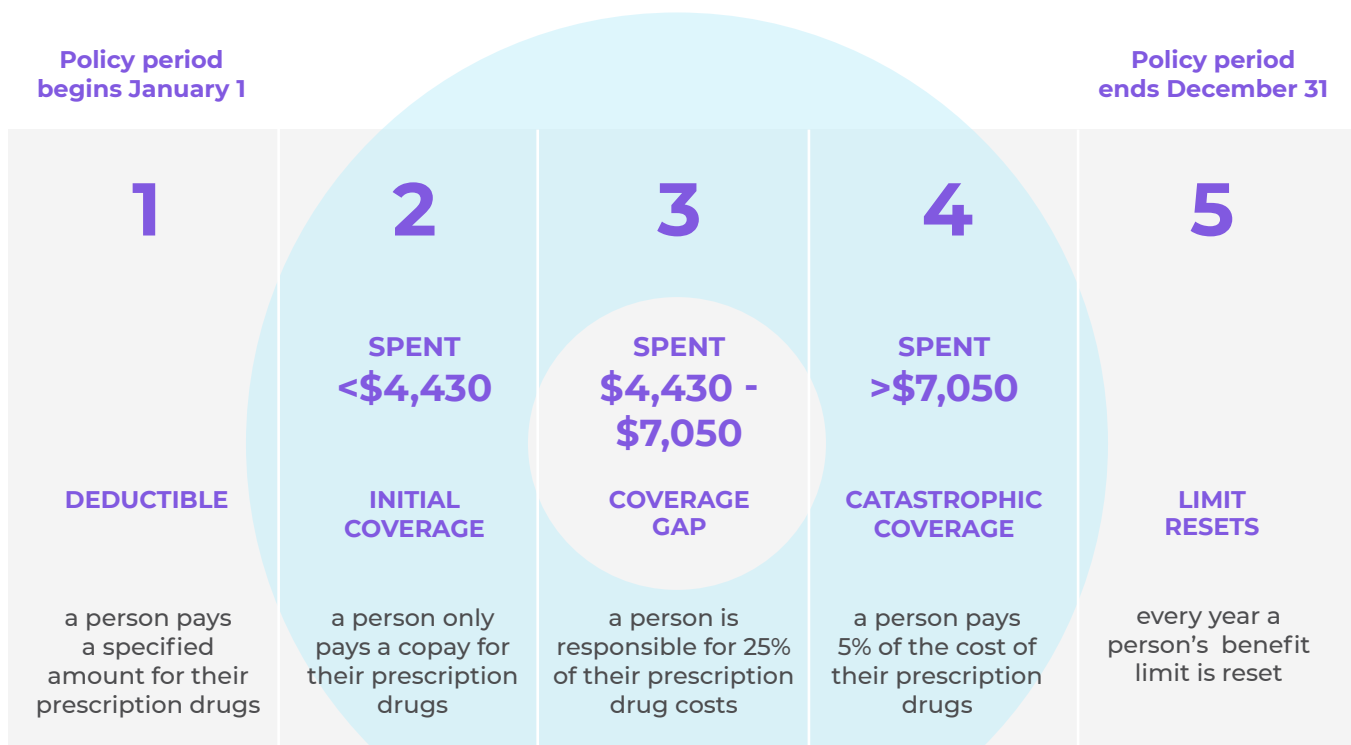
	ORIGINAL MEDICARE	MEDICARE ADVANTAGE
 HEALTHCARE PROVIDER	Any provider who accepts Medicare	Providers in your plan's network
 OUT OF POCKET (OOP) COSTS	No maximum but you can buy a supplement to cover some OOP costs	Maximum varies by plan but no supplemental coverage is allowed
 PRESCRIPTIONS	Full cost of most medications unless you enroll in Part D	Partial cost of most medications depending on your plan's coverage



Mind the gap

Most plans with Medicare prescription drug coverage (Part D) have a coverage gap (called a “donut hole”). This means that after you and your drug plan have spent a certain amount of money for covered drugs, you have to pay a higher percentage out-of-pocket for your prescriptions up to a yearly limit. Once you have spent up to the yearly limit, your coverage gap ends and your drug plan helps pay for covered drugs again.⁵

Medicare Donut Hole



Costs in this chart reflect Medicare coverage for 2022.



Sidestepping the coverage gap

Avoid extra costs associated with the coverage gap by choosing generic over brand-name drugs whenever possible, checking prices online before filling prescriptions, and comparing drug plans each year to make sure yours offers the best coverage for your medications.

NEED EXTRA HELP?

Low-income households may be able to get help paying Medicare prescription drug coverage's (Part D) monthly premium, any yearly deductible, coinsurance, and copayments through the Extra Help program.

To find out more and apply:

 Call 1-800-772-1213 (TTY 1-800-325-0778)

 Go online to <https://secure.ssa.gov/i1020/start>

 Visit your local Social Security Administration office

+ DUAL ELIGIBILITY

If you qualify for coverage from both Medicare and Medicaid you are considered "dual eligible." Medicare and Medicaid work together to lower healthcare costs for dual eligible individuals.

+ STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)

SHIP provides unbiased help to Medicare beneficiaries, their families, and caregivers. SHIP counselors are members of your community who have been screened, trained, and certified as Medicare experts.

Find your local SHIP

shiphelp.org

1-877-839-2675

Open enrollment season



You can sign up for Medicare at different times of the year depending on your situation.²



Initial Enrollment Period (IEP)

7 Months

You can enroll in Medicare for the first time during this 7-month period:

- 3 months before you turn 65
- The month you turn 65
- 3 months after you turn 65



Open Enrollment Period (OEP)

Oct 15 - Dec 7

You can make changes to your Medicare medical and prescription drug coverage.



General Enrollment Period (GEP)

Jan 1 - Mar 31

You can enroll for Part A, Part B, and Medicare Advantage plans during this period.



Special Enrollment Period (SEP)

You can change your coverage when certain events happen in your life, like if you move or lose other insurance coverage.

References 1. Blue Cross Blue Shield of Tennessee. Medicare 101. Accessed October 3, 2022. <https://www.bcbst-medicare.com/docs/Medicare-101-Guide.pdf> **2.** Medicare. Medicare and You 2023. Accessed October 3, 2022. <https://www.medicare.gov/publications/10050-Medicare-and-You.pdf> **3.** Healthcare.gov. Coinsurance. Accessed October 3, 2022. <https://www.healthcare.gov/glossary/co-insurance> **4.** Healthcare.gov. Deductible. Accessed October 3, 2022. <https://www.healthcare.gov/glossary/co-payment> **5.** Tufts Health Plan. Understanding the Medicare Donut Hole. Accessed October 3, 2022. <https://www.tuftsmedicarepreferred.org/documents/understanding-2022-medicare-donut-hole>

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