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MyGuide to: Evaluating your Medicare options

In the third of a three-part series of resources about transitioning to Medicare, we provide tips for using a benefits comparison worksheet and other resources.

Plan Name(s)	1		
Accual premium	5	5	5
Financial	1.		
Annual deductible	5	5	5
Coinsurance	5	5	5
Preventive Care			
Annual physical exam copays and/or coinsurance	5	5	5
Annual immunizations copays and/or coinsurance	5	5	5
Outpatient Care (ongoing copays after deductible is met)	-		
Physician's office visit copays	5	5	5
Specialist's office visit copays	5	s	5
Surgical expense	5	5	5
Laboratory services expense	5	5	5
Hospital Care Charges (rpatient services)			
Physician's and surgeon's services expense	5	5	5
Immune Globulin Therapy			
Copays/coinsurance	5	5	5
Are nursing and ancillary tees covered?	Yes/No	Yes / No	Yes / No
Total Estimated Cost per Healthcare Plan	5	5	5
Pharmacy Benefit			
Do you have a copy of the plan's drug formulary list?	Yes/No	Yes / No	Yes / No
Yearly deductible (pharmacy)	5	5	5
Copay Tier 1 (generics)	5	5	5
Copay Tier 2 (brand/preferred)	5	5	5
Copay Tier 3 (brand/hon-preferred)	5	5	5
Coinsurance Ter 4 (specially tier) % of cost share or copay dollar amount	2		12
If your plants) has a speciality tier with consurance.			
is there a maximum OOP cost for each prescription?	Yes/No	Yes / No	Yes / No
Is there a yearly COP maximum?	Yes/No	Yes / No	Yes / No
Is ig covered under the pharmacy benefit?	Yes/No	Yes / No	Yes / No
Do you have more than one choice of pharmacy provider?	Yes/No	Yes / No	Yes / No
Total Estimated Cost per Pharmacy Plan	\$	5	5
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Benefits comparison worksheet

The worksheet on the back of this resource can help you compare coverage and costs of different Medicare plans.

Questions guide you in calculating a plan's:

Annual premiums, deductibles, and out-of-pocket (OOP) limits.

Outpatient, hospital, and emergency care coverage. Pharmacy benefits, including the drug formulary list, which may tell you whether your immune globulin (Ig) medication is covered.

Visit these third-party resources

 State Health Insurance Assistance Program (SHIP)—These programs provide counseling services to Medicare beneficiaries. They review plan specifics and assist in making educated, informed Medicare decisions.

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- Hardship assistance program—This is aid that may be available through your infusion provider.
- Drug discount companies (GoodRx, NeedyMeds, ScriptSave WellRx)— The drug discount companies negotiate prices with pharmacies and your cost for a prescription medication may be less than what you'd pay under Part D.
- Medicare.gov and primaryimmune.org— These and other sites offer comprehensive worksheets and resources online.



As you navigate the evaluation of Medicare options, education and self-advocacy can help. So can our Patient Advocates. For our complete Medicare resources series, contact a Patient Advocate at 855-250-5111.

Plan Cost Comparison Worksheet

Plan Name(s)			
Annual premium	\$	\$	\$
Financial			
Annual deductible	\$	\$	\$
Coinsurance	\$	\$	\$
Preventive Care			
Annual physical exam copays and/or coinsurance	\$	\$	\$
Annual immunizations copays and/or coinsurance	\$	\$	\$
Outpatient Care (ongoing copays after deductible is m	et)		
Physician's office visit copays	\$	\$	\$
Specialist's office visit copays	\$	\$	\$
Surgical expense	\$	\$	\$
Laboratory services expense	\$	\$	\$
Hospital Care Charges (inpatient services)			
Physician's and surgeon's services expense	\$	\$	\$
Immune Globulin Therapy			
Copays/coinsurance	\$	\$	\$
Are nursing and ancillary fees covered?	Yes / No	Yes / No	Yes / No
Total Estimated Cost per Healthcare Plan	\$	\$	\$

Pharmacy Benefit			
Do you have a copy of the plan's drug formulary list?	Yes / No	Yes / No	Yes / No
Yearly deductible (pharmacy)	\$	\$	\$
Copay Tier 1 (generics)	\$	\$	\$
Copay Tier 2 (brand/preferred)	\$	\$	\$
Copay Tier 3 (brand/non-preferred)	\$	\$	\$
Coinsurance Tier 4 (specialty tier) % of cost share or copay dollar amount	% \$	% \$	% \$
If your plan(s) has a specialty tier with coinsurance, is there a maximum OOP cost for each prescription?	Yes / No	Yes / No	Yes / No
Is there a yearly OOP maximum?	Yes / No	Yes / No	Yes / No
Is Ig covered under the pharmacy benefit?	Yes / No	Yes / No	Yes / No
Do you have more than one choice of pharmacy provider?	Yes / No	Yes / No	Yes / No
Total Estimated Cost per Pharmacy Plan	\$	\$	\$

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US-NON-6144v1.0 09/21