

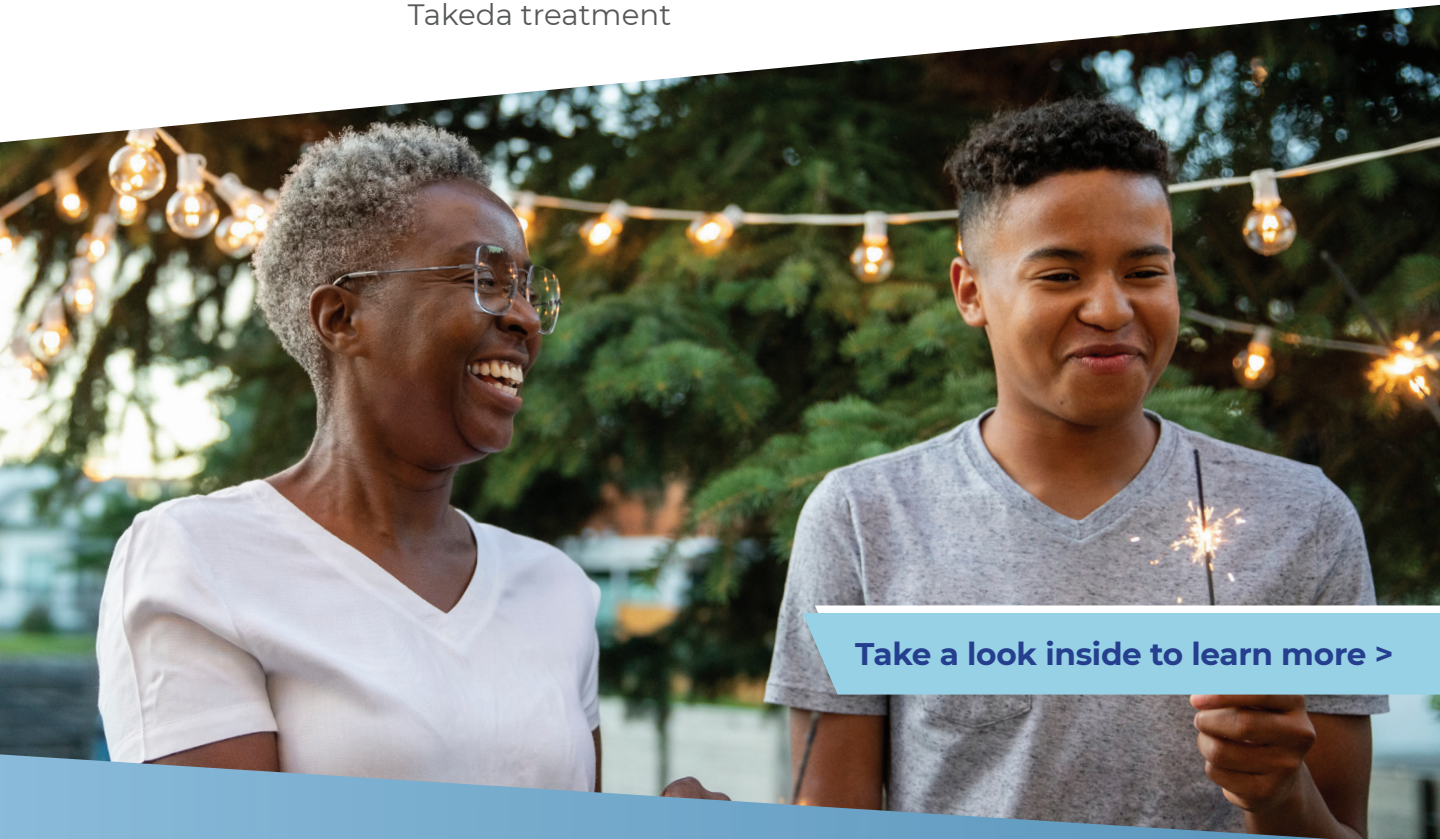
Transitioning to Medicare:

What you need to know—and how your Takeda support specialist can help



As you approach your 65th birthday, you may have questions about Medicare and your Takeda treatment. In this booklet, you'll find:

- An overview of the different parts of Medicare
- Information on how to enroll
- Things to consider regarding coverage and your Takeda treatment



[Take a look inside to learn more >](#)



Medicare: An overview

Medicare is federal health insurance for people 65 years or older. Medicare has 4 parts, including Part A and Part B, which are also known as Original Medicare.

Medicare Part A (Original Medicare) is hospital insurance. People aged 65 or older are eligible for free Part A if they or their spouse has worked and paid Medicare taxes for at least 10 years.

Medicare Part B (Original Medicare) is medical insurance. It is optional coverage that requires you to pay a monthly premium.

Medicare Part C (also known as Medicare Advantage) is coverage offered through private insurance companies that follow rules set by Medicare.

Medicare Part D is optional prescription drug coverage. It has a monthly premium, and the cost will vary from plan to plan.

Please see the charts on pages 4, 5, and 7 for more information on the different parts of Medicare.

For definitions of terms related to Medicare, please see the glossary on pages 14-15.

Medicare coverage options: A helpful summary

	Medicare Part A (Original Medicare)	Medicare Part B (Original Medicare)	Medicare Part C (Medicare Advantage)	Medicare Part D
What it is	Hospital insurance	Medical insurance for people aged 65 or older	An alternative to Original Medicare offered by Medicare-approved private insurance companies	An optional prescription drug coverage plan for anyone who has Medicare. Available as a standalone prescription drug plan through private insurance companies that follow rules set by Medicare
What it covers	Inpatient hospital care, skilled nursing facility care, hospice care, and home healthcare	Non-hospital medical expenses such as healthcare provider's office visits, blood tests, and X-rays	Covers all medically necessary services that Original Medicare covers, and may offer extra benefits like vision, hearing, and dental services	Prescription drugs; multiple plans depending on your needs
What you pay	Most people aged 65 years or older get Part A for free	Monthly premium	Monthly premium	Monthly fee varies



It's important to know the differences between Original Medicare (Parts A and B) and Medicare Advantage (Part C)

Medicare Advantage, sometimes called Part C, is a health plan that private companies offer. There are many different Medicare Advantage plans to choose from. Before you join Medicare Advantage, take the time to find and compare plans in your area using Medicare's plan finder at **Medicare.gov/plan-compare**.

See the chart to the right for a comparison between Original Medicare and Medicare Advantage.

Because everyone's needs are unique, it's important to compare between Original Medicare and Medicare Advantage. Talk with your Takeda support specialist about which option may best cover your treatment needs.



	Original Medicare	Medicare Advantage
Healthcare provider and hospital choice	Covers care from any US healthcare provider or hospital that takes Medicare	For non-emergency care, visits generally must be with in-network providers
Coverage	Most medically necessary healthcare services and supplies are covered	Plans cover all medically necessary services covered by Original Medicare, plus possible extra benefits not covered by Original Medicare
Premiums	Medicare Part B has a monthly premium. If you choose to purchase Medicare Part D, you will also pay the monthly premium for that	You pay monthly premiums for Medicare Part B and Medicare Advantage . Most Medicare Advantage plans include Part D
Out-of-pocket costs	You will usually have to pay a 20% coinsurance after hitting your deductible	Your out-of-pocket costs will depend on the service you receive
Prescription drug coverage	You can join Medicare part D to get drug coverage	Most plans include Medicare Part D

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Frequently asked questions about Medicare

When am I eligible to sign up for Medicare?

You're first eligible to sign up for Medicare in the period starting 3 months before the month of your 65th birthday and ending 3 months after it. That's a 7-month period when you can enroll in Medicare.

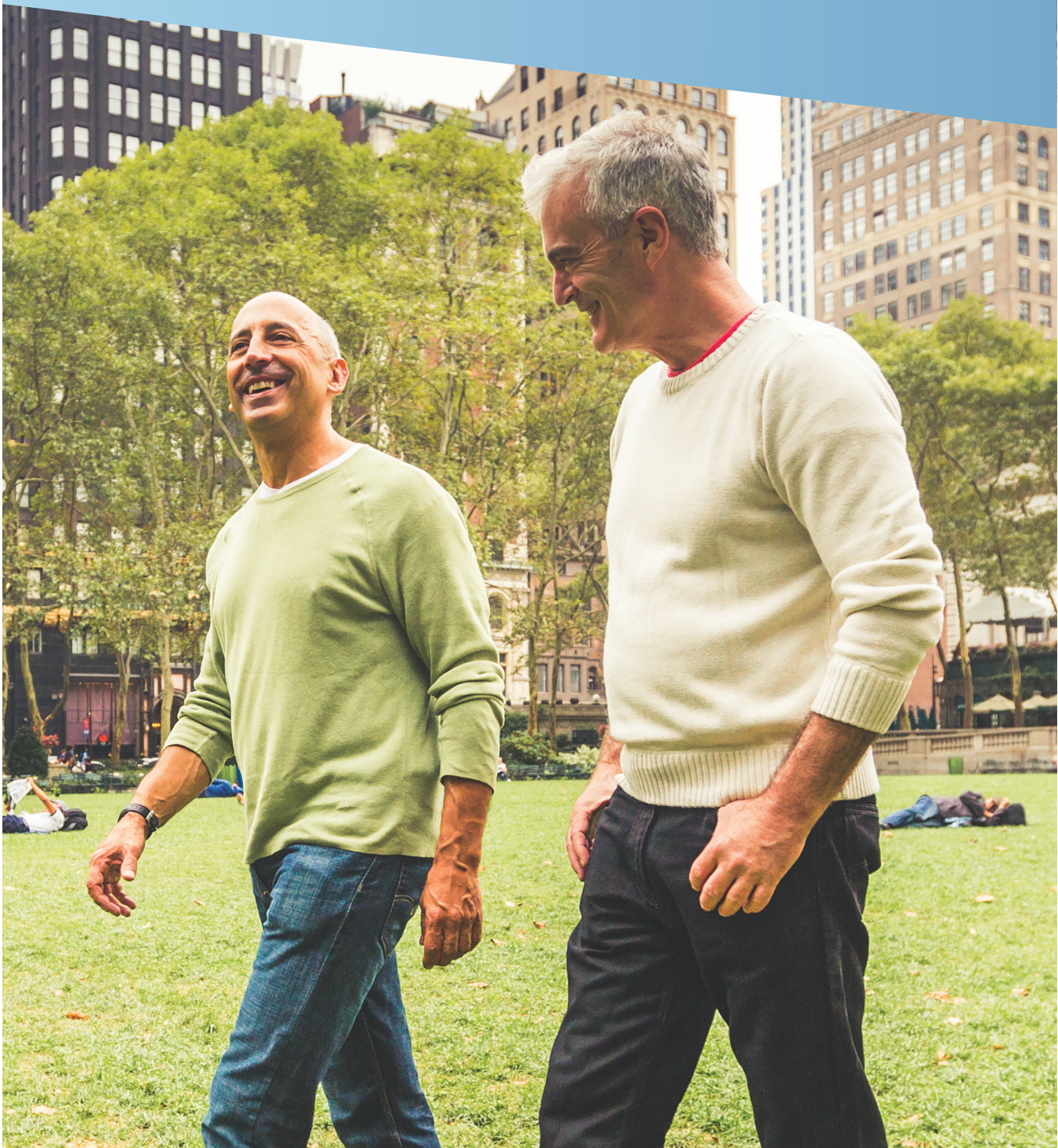
Do I have to sign up for both Medicare and Social Security?

- If you have been receiving Social Security benefits, you will be automatically enrolled in Medicare Part A and Part B on the first day of the month you turn 65. If you have just applied for benefits, you will be enrolled once you are approved. No action is needed from you to enroll
 - Since Part B has a monthly premium, you can choose whether to stay enrolled in it or not
- If you have not applied for Social Security and are not ready to, you must enroll in Medicare on the Social Security website at ssa.gov

What is the difference between Medicare and Medicaid?

- Medicare is a medical insurance program for people aged 65 or older and people with certain disabilities
- Medicaid is an assistance program that helps people of low income of any age pay for their medical expenses

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You can be eligible for both Medicare and Medicaid. This is known as **dual eligibility**. For more information, visit **Medicare.gov** or talk to your Takeda support specialist.



Frequently asked questions about Medicare (cont'd)

What is Medigap (supplemental coverage)?

Medigap is supplemental health coverage that can help pay for services that aren't covered by Original Medicare. It can help cover healthcare costs like:

- Co-payments
- Coinsurance
- Deductibles

To qualify for Medigap, you must have Medicare Part A and Part B. You cannot have Medicare Advantage and Medigap at the same time. If you have Medicare Advantage, you can apply for a Medigap policy, but you must leave Medicare Advantage before Medigap coverage starts.

How do I sign up for Medigap?

1. Visit **Medicare.gov/plan-compare** and select **Medigap policy only**.
2. Decide which Medigap plan (A-N) best meets your needs.
3. Find Medigap policies in your area by entering your ZIP Code.
4. Compare prices for the policies in your chosen plan.
5. Visit the insurance provider website to buy the policy.

If you need help enrolling or deciding which Medicare plan is right for you, contact your Takeda support specialist.

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How your Takeda support specialist can help with Medicare enrollment

At Takeda Patient Support, we're here to help. Your Takeda support specialist can:

- Walk you through the Medicare process step by step
- Help you compare Medicare options
- Help you understand what's covered, what's not, and what to do next
- Help answer your questions about Medicare
- Provide information about Medicare options that may help cover your prescribed Takeda treatment costs



Questions for your Takeda support specialist

As you prepare to sign up for Medicare, you may want to ask your Takeda support specialist questions such as:

- How can I avoid a lapse in coverage when transitioning to Medicare?
- What are my options if I need more coverage?
- If I'm already receiving Social Security, do I need to enroll in Medicare?
- How do I compare Medicare plans?
- How do I compare retirement benefits and Medicare benefits?
- Is financial assistance available if I need help paying for my Takeda treatment?
- What is the difference between Original Medicare and Medicare Advantage?
- Can you explain Medigap?
- I'm on Medicaid. What does this mean for me when I transition to Medicare?
- Will my Medicare Part D plan notify me if there's a change in coverage for my Takeda treatment?

Glossary of key terms

Benefit period – The length of time that you received hospital and skilled nursing facility (SNF) services. A benefit period begins the day you’re admitted as an inpatient in a hospital or SNF and ends when you haven’t gotten any inpatient hospital/SNF care for 60 consecutive days.

Claim – A request submitted to Medicare asking for payment for covered healthcare services or supplies.

Co-payment – The amount you pay to a healthcare provider at the time of an appointment or other service. This amount may vary for different services within the same plan, including prescriptions, lab tests, or visits to specialists. Medicare Parts A and B typically don’t have co-pays, but Medicare Advantage and Part D may.

Coinsurance – Your share of healthcare costs after you’ve met your deductible. So, for example, if your Medicare plan covers 80% of a service, you’ll have to pay the other 20%. The 20% you pay is the coinsurance.

Deductible – The amount you must pay each year for covered prescriptions or healthcare services before your Medicare plan starts to pay. Once you have reached the plan’s deductible amount for the year, you will most likely only pay the co-pay or coinsurance for any covered prescription or service after that. Your Medicare plan will pay the rest.

Medicare Savings Program – A Medicaid program that helps people with low income pay some or all of their Medicare costs.

Medicare-approved amount – In Original Medicare, this is the amount that Medicare will pay a provider or supplier for a service or prescription.

Premium – The amount you pay to Medicare, an insurance company, or a healthcare plan for health or prescription drug coverage every month.

Supplemental insurance – Insurance offered by private companies that helps with costs that are not covered by Original Medicare.

Survivors’ benefits – Social Security benefits that are paid to the spouse or children of a deceased individual.

Out-of-pocket maximum – The most you have to pay for covered services in a plan year. After you spend this amount, your Medicare plan will pay the full cost of covered services for the rest of the year.



Have more questions about Medicare?
Talk to your Takeda support specialist.
Visit [TakedaPatientSupport.com](https://www.takeda.com/patient-support) for
contact information



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