



F.A.Q.s about Insurance Plans

How do I choose a plan?

Gather information about your plan options and make a list for each plan option available to you.

1. List your medications and any medical care you expect to need in the upcoming year, include routine tests and hospitalization.
2. See if plan choices include coverage for prescription drugs or will you need to purchase that separately.
 - Take note of the premium, or monthly cost, for each option.
 - Will the plan options require you to pay a deductible before coverage begins? If so, how much is the deductible?
3. Review your list of anticipated medical needs. Review the plan options to determine whether they are covered.
 - Are your PH medications included on the prescription formulary? Does the plan cover a limited number of hospital nights? What portion of the cost of these items will your plan cover?
 - For example, for each of your PH medications, will you be charged a set dollar amount - a copay - or will you be responsible for a percent of the drug price, a co-insurance?
4. After gathering your information, compare the **total** cost of the plan options. Include costs for the premium, medication copays, and other expected medical service needs.
 - As a rule, plans with more expensive premiums tend to cover more services or cover them at a higher rate. Higher premiums may be a better option than lower premium plans when considering your total expected costs for the full year.
5. Finally, double check your pharmacy's network. Individuals with PH should pay special attention to pharmacy network, as it is critical that you be able to receive your medications through specific specialty pharmacies.

Visit the [PHAssociation.org/Help](https://www.phaassociation.org/Help) for more information. Check with your pharmacy and/or healthcare provider to see if they offer an assistance program.



Affording coverage

These medications are so expensive! How do I afford my copays?

- Finding the right resource can be challenging, but stick with your search!
- Some drug manufacturers offer financial assistance programs for brand-name drugs. These patient assistance programs (PAPs) may provide co-pay coupons or even free medication to eligible individuals. Often, this means people with commercial insurance through an employer, but check for eligibility requirements.
 - Some programs may also accept Medicare recipients if other funding sources such as grants from charitable assistance are not available at the time of your application.
- There are independent charitable foundations that offer financial assistance for people with PH. Medicare or Medicaid recipients are typically eligible. Research the various foundations for eligibility guidelines and to see where you may qualify.
- Some specialty pharmacies offer assistance programs or a “pay what you can” option for individuals at risk of running out of medication. Typically, pharmacies want you to exhaust all other options before you can enroll in an assistance program. Your specialty pharmacy can be a great resource especially for a small stop-gap supply of medication.
- Although not as common, your provider (physician or hospital) may offer a financial assistance program to waive certain fees OR provide payment plan options.
- Visit PHA’s website to find more information about PAPs/other sources of financial assistance: PHAssociation.org/Help

Considering Medicare Advantage

- *Do Medicare Advantage plans have a smaller provider network than Original Medicare with supplemental insurance policy (Medigap)?*
 - Short answer: It depends on where you live.
 - Long answer: It’s possible. Medicare Advantage plans follow the private insurer’s network rather than allowing you to see any provider that accepts Medicare coverage.

It also may require a referral for you to see a specialist. For those with many different doctors and specialists, most Advantage plans may not be suitable. When considering an Advantage plan, be sure to check whether each of your providers, nearby hospitals or care centers are in that plan’s network before making a decision.



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- *How much does a Medicare Advantage Plan cost?*
 - Short answer: It depends on the plan.
 - Long answer: Out-of-pocket costs are typically higher for Medicare Advantage when compared with Original Medicare plus Medigap supplemental plan. Unlike Medicare Advantage, most Medigap plans have no out-of-pocket maximums.

Higher out-of-pocket costs for Advantage plan cost-sharing requirements generally come from hospital stays and coinsurance for drugs administered by a physician. These are expenses that medigap plans mostly cover, while the copays required for these expenses from a Medicare Advantage plan can add up.

Patients who become ill may be required to pay thousands of dollars for care until they reach their Advantage plan's out-of-pocket maximum.

- *Does the “donut hole” coverage gap apply to Medicare Advantage plans?*
 - All Medicare Part D prescription drug plans have a coverage gap known as the “donut hole,” which temporarily limits the amount of drug costs that are covered. Not all Medicare Advantage plans include a prescription drug plan. However, if you choose a Medicare Advantage plan that has prescription drug coverage, that is still considered a Medicare Part D plan so, YES, it will still have a donut hole just like a regular Part D plan. Medicare Advantage does not cover any additional Part D costs during the coverage gap.
- *I signed up for Medicare Advantage and it’s not working for me – what can I do?*
 - There is a 3-month period from Jan. 1 to Mar. 31 where enrollees in a Medicare Advantage plan can switch between Advantage plans or go back to Original Medicare. If you’ve signed up for a Medicare Advantage plan and realize it’s not going to work, e.g. one of your doctors is out of network or one of your drugs is not covered or will have too high of a copay cost, this window provides you with a grace period.

What about Medicare Supplemental Insurance/ Medigap/ Part G?

- *What’s the difference between Medigap and Medicare Advantage?*
 - Medicare Advantage is offered through private health care plans and is an alternate to Original Medicare. Advantage combines parts A and B from Original Medicare and may include Part D for prescription drug coverage. Medigap is a Supplement Insurance that helps fill “gaps” in Original Medicare, Part A and Part B, by covering cost-sharing responsibilities required by Medicare. It is also sold by private insurers.
 - With Medicare Advantage you will use health care providers who participate in the health insurer plan’s network. For Medigap (supplement), you will use Original Medicare’s network of providers.



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- Some Advantage plans require a referral for specialists – be sure to check. If Original Medicare does not require a referral to specialists, then you will not need one with Medigap.
- Each Advantage plan will have different out-of-pocket costs for deductibles, copayments, and coinsurances for different services. Check to see if the types of services you'll need are covered at a rate you can afford. Original Medicare typically charges a 20% coinsurance for Part B-covered services and the Medigap plan helps cover that cost
- Regardless of the plan you choose; you'll still be responsible for Part B premium. With Advantage plans, you'll still have to pay another premium, although some plans have a \$0 premium and offer help with Part B premium coverage. Medigap plans also come with a premium cost, and you'll also owe a Part D premium cost for your prescription drug coverage.
- *Who is eligible for Medigap policies?*
 - Anyone who is eligible for Medicare Part B may apply for a Medigap policy. You must be age 65 and older to qualify for a Medigap policy. Companies who sell Medigap policies have the right to review your medical records to determine your qualification, a process called Medical Underwriting. See below for details.

Medical Underwriting

- *What is medical underwriting?*
 - When applying for a Medigap policy, and other private health plans, the insurer will review your medical history in a risk analysis to determine your eligibility for coverage; your costs for a premium; if they should impose a waiting period before coverage starts.
- *How do I avoid medical underwriting?*
 - The main exception to the underwriting requirement is during your Medigap Open Enrollment Period, which starts on the first day of the month of your enrollment in Part B coverage (after 65th birthday). During this period, you have Guarantee Issue rights, meaning your acceptance into a Medigap plan is guaranteed. It will not change if you develop a health condition(s).

Some states have other exceptions for the underwriting requirements: As of 2022, OR, CA, ID, IL, LA, and NV all have birthday rules for Medicare Supplemental policies.

This rule allows beneficiaries to change their Medigap policy around their birth month with no need for the underwriting process. The beneficiary must already have a Supplement policy that is currently active to qualify. However, birthday rules and regulations vary in each state – some allow changes from one plan to another, while others only allow changes within the same health plan insurer. Washington





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allows supplement eligibility all year – you can apply at any time to receive coverage.

* Rates in Washington for supplements may also be higher.

- *Are Medicare Advantage plans subject to medical underwriting?*
 - No. Insurers are required to accept all eligible Medicare beneficiaries.
- *How can people who are eligible for Medicare through a qualifying disability get a Medigap plan?*
 - If you are under 65 years old, eligibility for Medigap is limited and may also be more expensive. Insurers are not required to accept people under the age of 65 years old to their plans. If you obtain a Medigap policy outside of the Medigap Open Enrollment period, you are likely to be subject to medical underwriting. The plan may cost more than the same plan would for someone over 65, and the plans available to you may be less comprehensive.

Currently, there are 27 states with laws requiring Medicare Supplement Insurance companies to sell at least one Medigap policy to Medicare recipients under 65 years old, due to a qualifying disability or medical condition. All plans are created equal, some states may apply restrictions/ limitations to this requirement. Click [here](#) to learn more.

Drug Coverage

- *How do I know if my medications are covered?*
 - Look up the drug formulary for your plan, the list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. All plans are required to make their formulary available. The simplest way to do this is by searching on your insurer's website. You may need to sign into a patient portal to access this information.

Tip! To easily find your drug - use the "find" function within a pdf or on a website – use the keyboard shortcut "*ctrl + f*" to bring up the "find" search bar, and you can type in key words like "pulmonary hypertension" or the name of the medication. The search will guide you to the places where that word appears on the webpage or within the pdf you're viewing.

The formulary should list whether a drug is generic, preferred, non-preferred, or non-formulary. If it's non-formulary, your provider is required to apply for an exception before the insurer will cover that particular drug.

It's also a good idea to reach out to your specialty pharmacy to ask about coverage if you are unsure what is covered and what the estimated costs for copay.



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- *Can I get a 90-day prescription fill? Will the costs change getting a 90-day versus a 30-day supply?*
 - Possibly. You should talk to your provider about getting a 90-day supply. It may require a special request to your pharmacy. Some drugs are not eligible for a 90-day supply. Depending on your plan your copay may be higher for a 90-day supply. There may not be a cost savings for a 90-day supply as compared to 30-day.
- *What can I do if my medication was lost?*
 - If you receive your prescription through the mail and it is lost, contact your pharmacy immediately to determine the problem. Time is limited for the insurance company and/or pharmacy to act and replace the missing prescription, if necessary. If you delay, you will likely have to pay out of pocket for a replacement.
 - Contact the delivery company to track the package especially if it's marked delivered. Also, check with your neighbors or front desk, depending on where you live, in case the package was mis-delivered.

If you can't locate the package, your pharmacy may direct you to contact your insurer. Your plan may have an option such as "lost medication override" to cover a replacement prescription.

Drug Coverage: Remodulin

- Remodulin is administered with a pump and is in the durable medical equipment category covered by Medicare Part B. This is not expected to change in 2023, Remodulin should continue to be covered under Part B.

Drug Coverage: Tyvaso

- There is a new form of Tyvaso, called Tyvaso DPI – dry powder inhaler, it is covered under Part D prescription drug coverage. Previous forms of Tyvaso using a nebulizer were covered under Part B due to the use of durable medical equipment to administer the drug, and for those older forms that will still be the case.



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PHA resources:

- [Brand and Generic Drug Choices](#)
- [Financial Assistance with PH medications](#)
- [Medicare Basics](#)
- [Insurance and Treatment Access directory](#)
- [Video series on Insurance and Open Enrollment](#)

Additional resources:

- [Patient Advocate Foundation](#) offers free case management services to people with chronic illnesses including pulmonary hypertension. Their case managers are equipped to help you determine what insurance plan is right for you
 - Call [800-532-5274](tel:800-532-5274) Monday to Friday 8:30 AM to 5:00 PM Eastern Time
 - Visit their website: <https://www.patientadvocate.org/connect-with-services/case-management-services-and-medcarelines/>
- [Understanding Medicare Advantage Plans](#)
- [Medicare Prescription Drug Plans](#)
- [What is Medical Underwriting](#)
- [Guaranteed Issue Rights - when can I buy Medigap insurance?](#)
- [Can I Buy Medicare Supplement Insurance While Disabled?](#)