

Your guide to

GOVERNMENT HEALTH INSURANCE



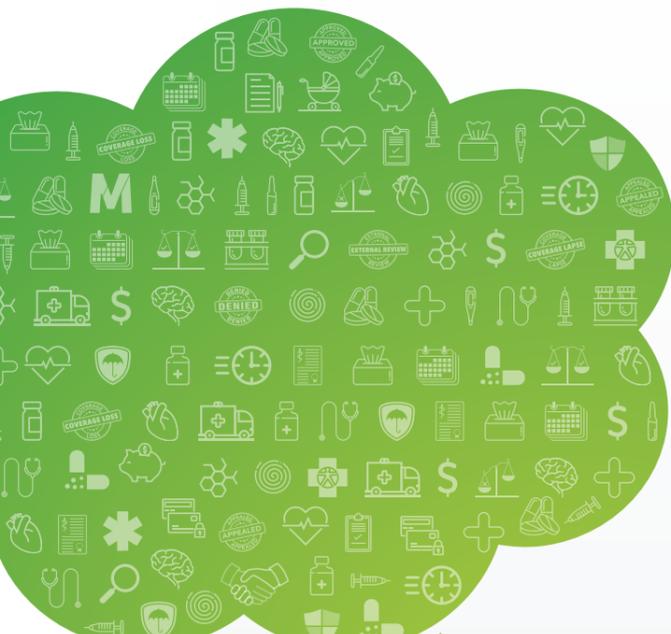
A guide that explains how **Medicare, Medicaid, and other government-sponsored health insurance programs** help with your healthcare costs.

Government health insurance and you

Health insurance is designed to help you manage your healthcare expenses. This guide provides practical information about how some government health insurance programs can help pay for covered healthcare services and prescription drugs.

Use this guide to help you:

- ✓ Better understand what type of government health insurance you have or may be able to get
- ✓ Learn how your insurance helps pay for healthcare services and treatments
- ✓ Find answers to questions about your health insurance



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Government health insurance overview

Health insurance is important for everyone

There are 6 state and federal government health insurance programs available in the United States. They are:

-  **Medicaid:** A joint state and federal program for low-income families and children, pregnant women, and some people with disabilities; programs vary from state to state.
-  **Medicare:** A federal program for people aged 65 and older, some younger people with a long-term disability, and some others with specific diagnoses.
-  **Children's Health Insurance Program (CHIP):** A joint state and federal program for children of families who don't qualify for Medicaid; programs vary from state to state.
-  **Veterans Health Administration (VA):** A federal program for eligible veterans.
-  **Tricare:** A federal program for military service members, retirees, and their families.
-  **Indian Health Service (IHS):** A federal program that provides health services to American Indians and Alaska Natives.

What is Medicaid?

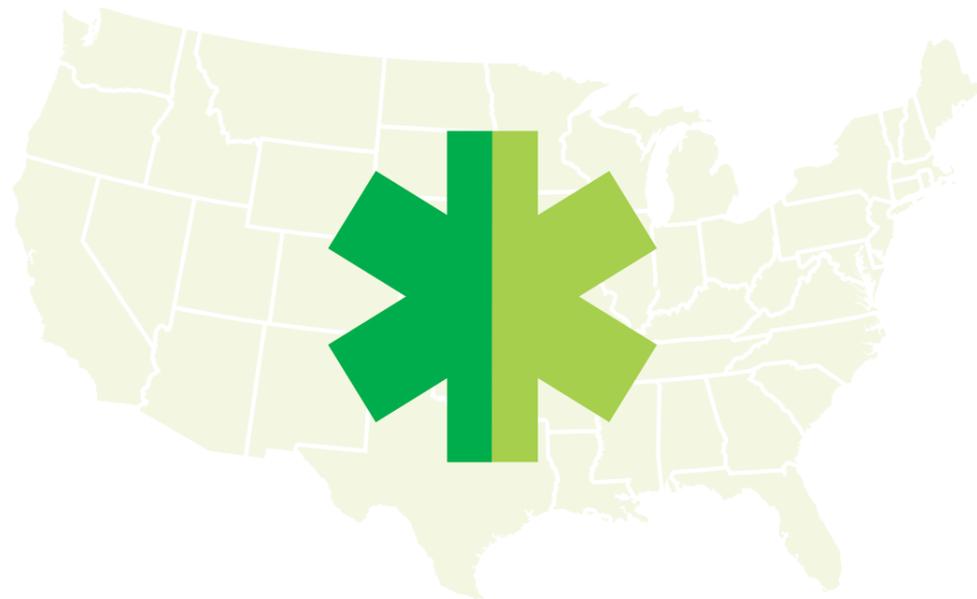
Medicaid offers health insurance coverage for millions of eligible people, including

- Low-income families and children
- Pregnant women
- Some people with disabilities

Coverage varies by state

Each state Medicaid program has its own name. Individual states set their own rules for Medicaid eligibility based on income and other considerations.

Medicaid programs are administered by the individual states, which follow federal government rules.



How Medicaid helps pay for your prescription drugs

All state Medicaid plans, including Medicaid managed care plans, currently have prescription drug coverage. Drugs that are available to those with Medicaid coverage will be listed on the plan's formulary or preferred drug list (**PDL**), which can be easily found with a simple online search.

The maximum amount a Medicaid plan can charge for a drug on its PDL is **\$4.00**. Some states may have copays up to **\$8.00** for drugs that are not preferred.



If you are covered by a Medicaid managed care plan, you may see your state and your insurance company on your insurance card.

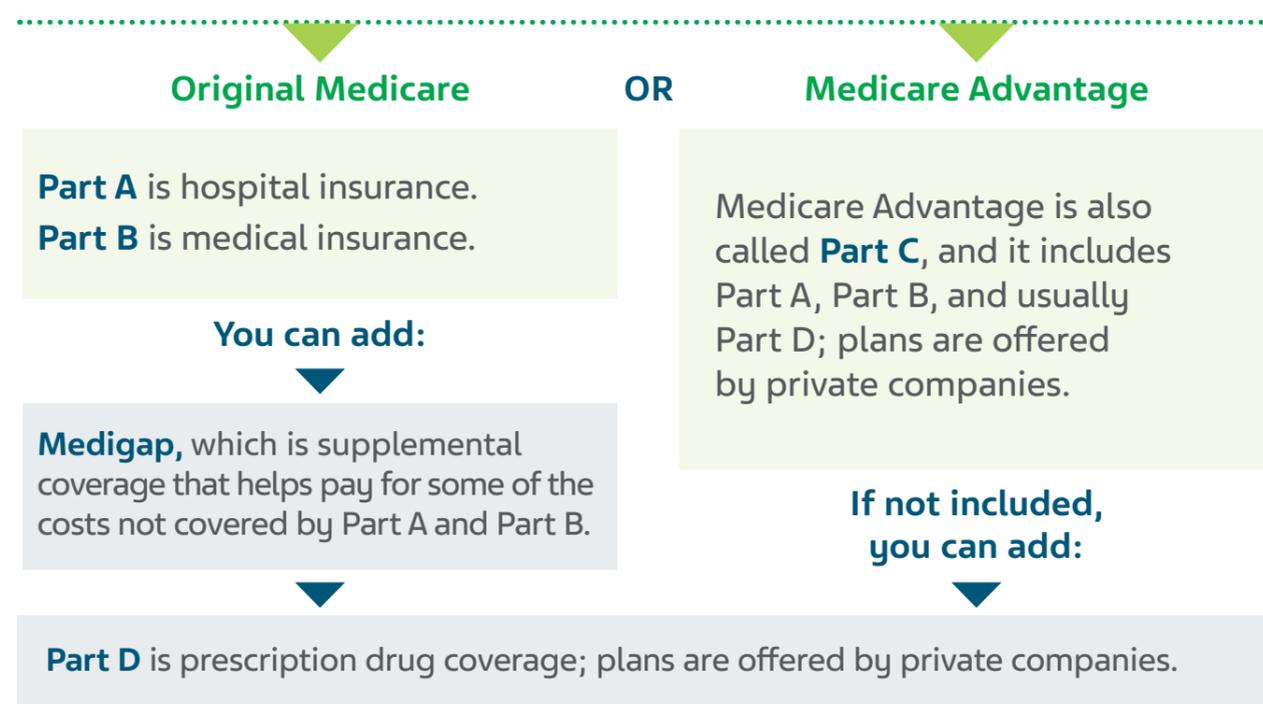


What is Medicare?

Medicare offers health insurance coverage for people aged 65 and older as well as:

- Some younger people with a long-term disability
- Some people with specific diagnoses

Medicare coverage is accessed in 2 main ways



Original Medicare and Medicare Advantage plans generally don't cover care outside the United States.

Many drug plans have preferred and non-preferred pharmacies in their network. You may pay less for your drugs at preferred pharmacies.

How Medicare helps pay for your prescription drugs

If you have Medicare, your medication may be covered under Part B or Part D.

Part B: Typically covers medications given by a healthcare professional, such as a doctor or nurse.

Part D: May cover your medication if obtained through a retail pharmacy or, in some cases, a specialty pharmacy.

Part D plans have 3 phases, each with specific out-of-pocket costs that accumulate over the course of the calendar or plan year. Once you have paid the maximum amount in each phase, you move into the next phase.

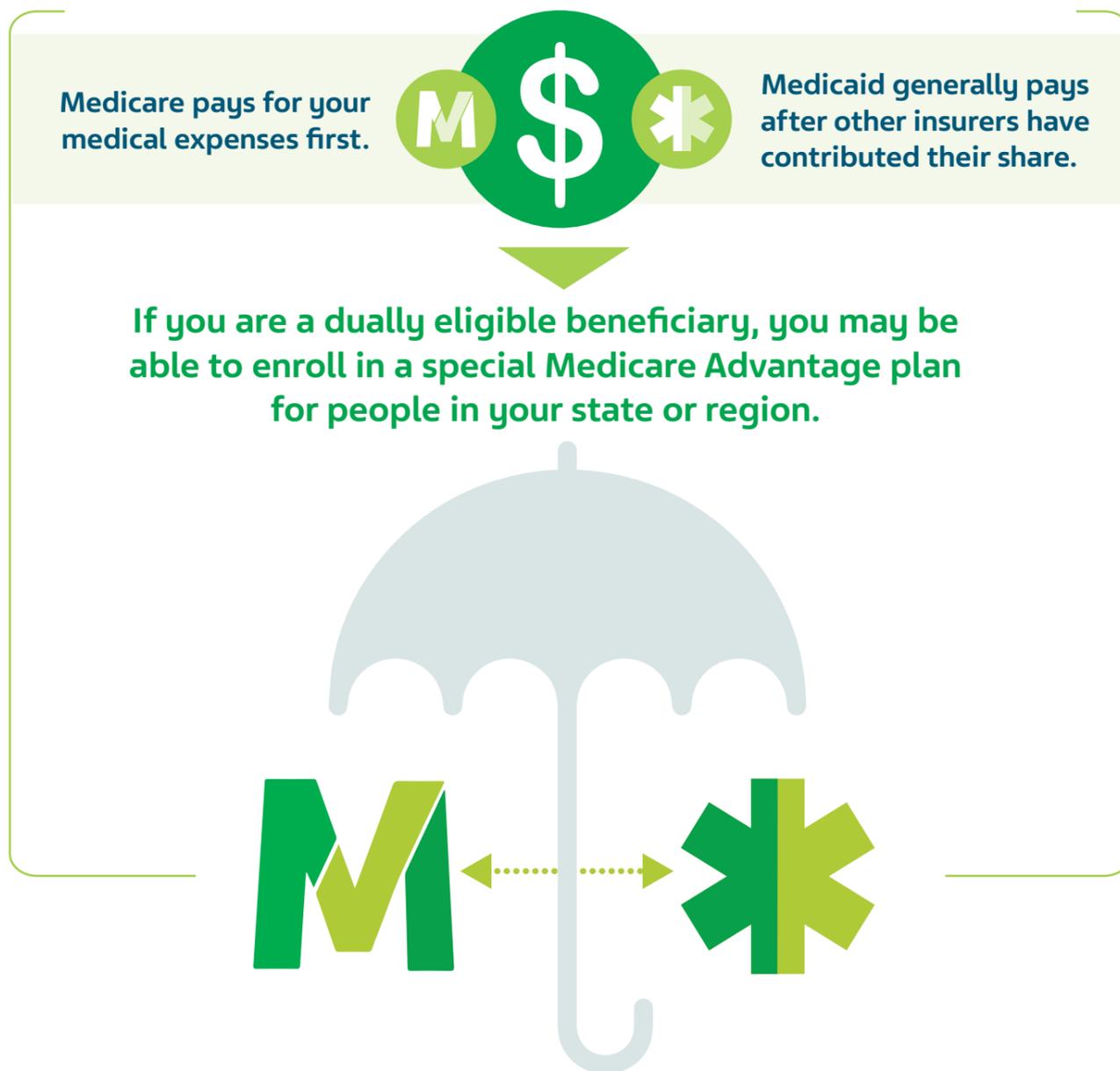
Phases



- Out-of-pocket costs, including your deductible, copayments, and coinsurance, are capped at \$2,000 in 2025
- To help manage out-of-pocket prescription drug costs, Part D enrollees can spread the cost across the calendar year by enrolling in the Medicare Prescription Payment Plan

What does it mean to be dually eligible?

If you are enrolled in both Medicare and Medicaid, you are considered a “**dually eligible**” beneficiary.



How Medicare and Medicaid help pay for your prescription drugs

If you are dually eligible, you are automatically enrolled in the Part D Low-Income Subsidy (**LIS**) or **Extra Help program**. Depending on your income and assets, you could receive valuable additional benefits through this program. Program eligibility and costs change from year to year.

The LIS/Extra Help program helps pay some or all of your Medicare Part D costs, including:

- Monthly premiums
- Annual deductibles
- Coinsurance



What are other government programs?



Do you have a child or children and have difficulty affording health insurance but you earn too much to qualify for Medicaid?

You may qualify for benefits through CHIP.



Children's Health Insurance Program (CHIP)

Every state offers CHIP coverage, although benefits and eligibility may be different. All states provide comprehensive coverage, including routine checkups, immunizations, and preferred prescription drugs for limited or lower copayments.



Did you serve in the active military, naval, or air service and receive an honorable discharge?

You may qualify for benefits through the VA.



Veterans Health Administration (VA)

VA health beneficiaries can fill prescriptions at any VA facility or obtain medications from the VA's national mail order pharmacy system. Copayments for prescription drugs generally cost \$11 or less per prescription.



Are you active duty military? Do you serve in the National Guard or Reserves? Are you retired military or a family member for any of these?

You may qualify for benefits through Tricare.



Tricare

Tricare has a pharmacy program that lets members fill prescriptions at a military treatment facility pharmacy, through the Tricare mail order pharmacy, or at a network or non-network pharmacy. Copayments for prescription drugs vary based on drug type and where the prescription is filled.



Are you an enrolled member of a federally recognized tribe?

You may qualify for benefits through the IHS.



Indian Health Service (IHS)

The IHS formulary includes most of the medications that have proven to be beneficial and cost-effective. Patients may fill their prescription at an IHS pharmacy or request that a prescription be electronically transferred to their requested pharmacy.





How your insurance works

Take out all the insurance cards you use when you visit a doctor, go for a lab test, or pick up a prescription. Insurance cards can look different but generally include the same type of information.

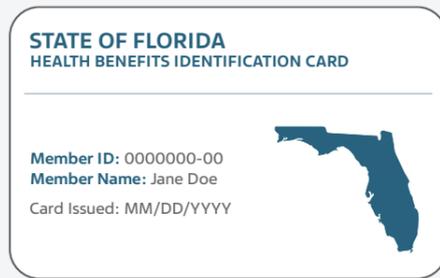
1	HEALTH INSURANCE PLAN	PLAN TYPE	2
	Plan: (00000) 000-000000-00 Member ID: 0000000-00 Group Number: 00000000		
	Member Name: Jane Doe Effective Date: MM/DD/YYYY	3	
	PCP Copay: \$20 Specialist Copay: \$35 Emergency Room Copay: \$75	RX PROVIDER Rx BIN: 00000 Rx GRP: GRP Name Rx PCN: 000 Rx Copay: Generic/Brand \$10/\$35	4
5			

- 1** This is where you can find the **name of the insurance company** that administers your insurance plan.
- 2** This is where you can find additional **information about your specific type** of health insurance plan.
- 3** This is your **pharmacy benefits manager (PBM)**—the organization that provides your pharmacy coverage. You may have a separate insurance card for your pharmacy benefit.
- 4** This is your **prescription drug (Rx) copay**—the amount you'll pay per prescription for different types of medications.
- 5** This shows your **covered service copay**—the amount you will pay out of pocket for a visit to your primary care physician (PCP), specialist, or emergency room.

How do you read your insurance card?

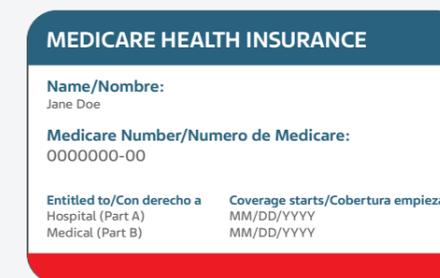
Government-sponsored insurance cards

Medicaid



Does your card have a picture or image that identifies your state?
If so, you're probably enrolled in a **Medicaid plan**.

Original Medicare



Does your card have a similar red, white, and blue design?
If so, you're probably enrolled in **Original Medicare**.

Medicaid Managed Care



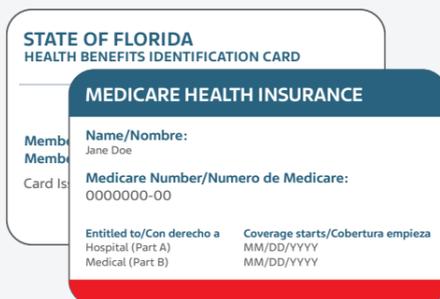
Does your card include both the state name and an insurance company?
If so, you're probably enrolled in a **managed Medicaid plan**.

Medicare Advantage



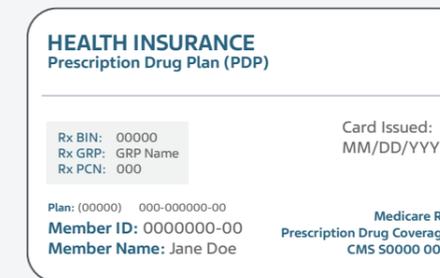
Does your card include both Medicare and an insurance company?
If so, you're probably enrolled in a **Medicare Advantage plan**.

Dually Eligible: Medicaid and Medicare



Does your card say "dual", or do you have 2 cards, one for Medicare and one for Medicaid?
If so, you're probably enrolled in **both Medicare and Medicaid plans**.

Medicare Part D



Do you have a card that says "drug plan" or "Prescription Drug Plan (PDP)"?
If so, you're probably enrolled in a **Medicare Part D prescription drug plan**.

If you need help, call the customer service number on your card and ask a representative to explain your coverage.

How do different insurance plans work together?

If you have coverage through more than one government program, it's important to know how plans like Medicare work with other government insurance, like Medicaid or Tricare.

Below are a few key terms related to **Coordination of Benefits**—the process used by health insurance plans to decide who pays first when you have coverage from more than one insurer.

Primary payer – the insurance that pays first up to the limits of its coverage.

Secondary payer – the insurance that pays second if there are costs the primary payer didn't cover.



In rare situations, there may be a third or **tertiary payer**.



Your situation and combination of insurances will dictate who pays first. If you have questions, call the Benefits Coordination & Recovery Center at 1-855-798-2627.



Why is it important to review your plan every year?

Once you are insured, be sure to review your plan at least once a year. Many insurance plans change coverage and premium costs each year. When it's time to renew, check to make sure that your preferred healthcare providers are still in the plan network and review any changes to your costs.

Open enrollment period

- Time when you can enroll in or change your health plan
- Occurs every year

Special enrollment periods

- If you have a life change such as getting married, having a baby, or have lost your health insurance coverage, you may enroll in or change your health plan outside of the open enrollment period

Changes in government policies and laws are good reasons to review your health plan every year. These types of updates can affect coverage benefits and how much you pay out of pocket for your health care coverage and medications.





Coverage denials

Steps to take when coverage is denied

- 1 ► **Talk to your doctor or someone at the office.**
Most providers have an office manager who can help you.

Questions you could ask if your plan denies coverage for your prescription medication:



- 2 ► **Contact your health plan.**
If you've received a denial and want to appeal, you can prepare for a conversation by gathering your documents:



Insurance cards



Denial letter

Resources

Children's Health Insurance Program (CHIP)

Access your individual state's Medicaid and CHIP website at www.insurekidsnow.gov.

Medicaid

Access the official Medicaid site at www.medicaid.gov to find links for every state's individual Medicaid website to learn about eligibility and coverage and to explore their resources.

Medicare

You can find many helpful resources at www.medicare.gov/publications, including the following publications:



Medicare & You Handbook

The official government Medicare handbook that includes a summary of Medicare benefits, rights, and protections; lists available health and drug plans; and answers frequently asked questions about Medicare.



Your Guide to Medicare Prescription Drug Coverage

Explains how your coverage works, how to get Extra Help if you have limited income and resources, and how Medicare drug coverage works with other prescription drug coverage you may have.



Medicare & Other Health Benefits: Your Guide to Who Pays First

Explains how Medicare works with other types of coverage, who should pay your bills first, and where to get help.



Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare

Provides information on choosing a Medigap policy to supplement the Original Medicare plan.

Veterans Health Administration (VA)

Visit the official US Department of Veterans Affairs website at www.va.gov for eligibility and enrollment information.

Tricare

Learn all about the US military's healthcare program by visiting www.tricare.mil.

Other resources

Health Insurance Marketplace

Explore coverage options and connect with a local insurance agent/broker. Visit www.healthcare.gov or call **1-888-318-2596** to learn more.

State Health Insurance Assistance Program (SHIP)

Provides local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers. Visit www.shiphelp.org or call **1-877-839-2675**.

Centers for Medicare and Medicaid Services (CMS)

The federal agency that is responsible for Medicare, Medicaid, state Children's Health Insurance Programs, and the Health Insurance Marketplace. Visit www.cms.gov or call **1-877-267-2323** to explore their resources.

Other ways to get the help you need



If you have health insurance, contact customer or member services

- Find the phone number on the back of your insurance card, or
- Use the chat function on your online member portal (this gets your information in writing)



Talk to your doctor's office and ask if there is a staff member who can help you

At Teva, our mission and values guide us to ensure that you—our patients, our customers, our colleagues, and our communities—are at the heart of every decision we make.

