

Understanding Medicare



How prescription coverage works under Medicare

Medicare is a federal health insurance program that mainly provides coverage for people who are over the age of 65, blind, or permanently disabled. This program pays for medical services and procedures that have been determined as “reasonable and necessary.” It is important to note that there are various parts of Medicare and benefits vary based on the type of coverage you select.

Medicare Part A	Medicare Part B	Medicare Part C	Medicare Part D
<i>Hospital Insurance:</i> Covers inpatient hospital services and certain follow-up care.	<i>Medical Insurance:</i> Covers medically necessary services and supplies. Also covers drugs prescribed and administered by a healthcare provider.	<i>Medicare Advantage:</i> Also known as Medicare Advantage, covers Part A and Part B benefits and could also include prescription coverage.	<i>Medicare Prescription Drug Coverage:</i> These are private insurance plans specifically for prescription drug coverage.

Which prescription drugs are covered under Medicare Part B?

In general, Medicare Part B covers drugs that are not self-administered. This includes drugs given by healthcare providers in their offices and drugs infused in outpatient settings.

Understanding key terms

Below are key terms to help you better understand Medicare.

Brand-Name Drugs	Drugs marketed under a trade name by the manufacturer that develops and patents them.
Generic Drugs	Once the patent (or license) expires on a brand-name drug, a generic chemically equivalent version can be developed and sold at a lower cost.
True Out-of-Pocket (TrOOP)	Total amount of patient contribution, including deductible, co-pay, and co-insurance.
Premium	Payments made by patient to maintain insurance coverage. This is a monthly payment and varies by insurance plan.
Co-payments (Co-pays)	The set fee patients pay for a covered service every time that service is provided. Co-payments vary depending on the plan. Co-payments do not count toward a deductible but do count toward the annual out-of-pocket maximum for most services. Nearly all plans have co-payments or co-insurance.
Co-insurance	The percentage of the cost the patient pays for a covered service. Co-insurances vary according to the plan and do not apply toward deductibles. However, they do count toward the annual out-of-pocket maximum for most services.
Deductible	The set amount patients must pay each contract year for covered medical services before the insurance plan begins to pay its share. Patients with a deductible will be billed for the full allowable amount for each service that is subject to the deductible.
Out-of-Pocket (OOP) Maximum	The maximum amount patients pay out-of-pocket each contract year for most covered services. Depending on the plan, the co-payments, co-insurance, and deductibles for most services will count toward the out-of-pocket maximum.
Initial Coverage	After deductible is met, payment responsibility is shared by patient and insurance until out-of-pocket threshold is met.
Extra Help/Low-Income Subsidy (LIS)	Extra Help, also known as LIS, is a program that may assist enrolled Medicare Part D patients who have limited income and resources to pay their monthly premiums, annual deductibles, and co-payments related to the Medicare Prescription Drug program. To apply for Extra Help/LIS, patients can visit www.socialsecurity.gov/extrahelp or call 1-800-772-1213.

How do I enroll in Medicare coverage?

Initial enrollment period:

Based on when you turn 65 years old



3 months before your
65th birthday

3 months after your 65th birthday

Initial enrollment includes the month you turn 65, plus the 3 months before and after

General enrollment period:

When you can change or disenroll from your current plan



The annual enrollment period
is between October 15th and
December 7th



Visit Medicare Plan Finder at [Medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan) to learn more about plans that are available to you in your area. For personalized support, contact your State Health Insurance Assistance Program or by calling 800-MEDICARE

Helping you access the care you need



The AstraZeneca Access 360™ program provides personal support to help streamline access and reimbursement for select AstraZeneca medicines. Access 360 provides:

- Assistance with understanding patient insurance coverage and pharmacy options
- Referrals to the AZ&Me™ Prescription Savings Program, AstraZeneca's patient assistance program
- Prior authorization support
- Information about independent charitable patient assistance foundations
- Claims and appeal process support
- Eligibility requirements and enrollment assistance with AstraZeneca's Co-pay Savings Programs

For more information, please contact Access 360 at **1-844-ASK-A360**, Monday through Friday, 8 AM to 6 PM ET.

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