

Understanding Your Commercial Health Insurance

What you need to know about your health benefits

*Helping You
Access the Care
You Need*

What is Commercial Health Insurance?

Commercial health insurance

(sometimes called private health insurance) often covers **prescription medications** and **medical services**.



Generally, medications provided by a pharmacy are covered by **prescription insurance**.



Generally, medications you receive in a doctor's office (usually injected or infused) are covered by **medical insurance**.

You may have 1 combined insurance card for both your prescription medications and medical services or a separate card for each one.



How your commercial health insurance works



Your doctor
 makes the
 medical decision
 to write a
 prescription for
 a medication.



The pharmacy
 that will fill your
 prescription
 submits a claim
 to your health
 insurance plan
 for payment.



**Your health
 insurance plan**
 approves your claim,
 then determines
 the amount they
 will cover and the
 remaining cost you
 will be asked to pay.

Medication Cost Depends on Your Health Insurance Coverage

Depending on the type of medication, your health insurance plan may assign your medication to one of the following groups. This will help determine the cost of your medication.

Generic	Preferred	Non-preferred	Specialty
These are unbranded medications usually covered by your health insurance and contain the same active medicine as a more costly, branded version.	These are branded medications your health insurance covers at a lower cost to you.	These are branded medications your health insurance covers, but they may be more costly to you than preferred medications.	These are medications usually for rare or serious medical conditions and can be the most costly .
\$ \$\$\$\$ Co-pay or co-insurance cost			

Questions to ask your health insurance plan about your prescription medication coverage:

▶ **Is my medication covered by my insurance plan?**

Does my medication require prior authorization?

▶ **Will co-pay support offered by the company who makes my medication count toward my deductible and/or out-of-pocket maximum?**

▶ **What will the co-pay be for my medication?**

Which medications and/or medical services will I have to pay co-insurance for?

▶ **What is my deductible?**

How much will I have to pay out-of-pocket for my medications after meeting my deductible?

Important Terms for Understanding Your Health Insurance

Co-payment (co-pay)

After your health insurance approves your claim, you may have a set cost for a covered medication called a **co-pay**. Co-pays differ based on your insurance plan.

Co-insurance

Some plans may have **co-insurance**. Unlike the set cost in a co-pay, co-insurance is a percentage of the full price of your medication that you must pay.

Note that some insurance plans may ask that you pay both a co-pay and co-insurance, based on the type of medication. Specialty medications are more likely to require co-insurance than other types of medications.

Deductible

Each year, you must spend a set amount on covered medications or medical services before your health insurance starts to pay. This set amount is called your **deductible**, and it differs based on your insurance plan.

Note that co-pays and co-insurance usually do not count toward your deductible. Sometimes, if you use a co-pay card or coupon sponsored by the company that makes your medication, this co-pay may NOT count toward the deductible either.

Out-of-pocket maximum

After you pay a certain amount toward your deductible, co-pays, and/or co-insurance, your health insurance will cover all costs for medications and medical services for the rest of the year. This amount is set by your insurance plan and is called the **out-of-pocket maximum**. Out-of-pocket maximums differ based on the insurance plan.

Note that co-pays and co-insurance DO count toward the out-of-pocket maximum in most insurance plans.

Prior authorization

For some medications and medical services, your health insurance may need **prior authorization** from your doctor. If prior authorization is needed for your medication or medical service to be covered by your plan, your doctor will submit the request to your health insurance on your behalf.

Co-pay accumulator program

If your health insurance has a **co-pay accumulator program**, your co-pay cards or coupons (sponsored by the company who makes your medication) may not count toward your deductible or out-of-pocket maximum. You can still use them at the pharmacy to help pay for your medication.

If your doctor has prescribed select
AstraZeneca medicines, you may have questions.
The AstraZeneca Access 360™ program can help.

AstraZeneca
Access 360™

*Helping You
Access the Care
You Need*

We can answer your questions about:



Insurance coverage



Out-of-pocket costs



Patient assistance programs



AstraZeneca's Co-pay Savings Programs

If you qualify, Co-pay Savings Programs help patients pay a set amount of out-of-pocket costs. This program offer may be different based on the medication.

To learn more, go to www.astrazenecaspecialtysavings.com or
call Access 360 at **1-844-ASK-A360 (1-844-275-2360)**.

To learn more about these programs, please call



1-844-ASK-A360 (1-844-275-2360)

Monday through Friday, 8 AM - 8 PM ET,



or visit **www.MyAccess360.com**.