

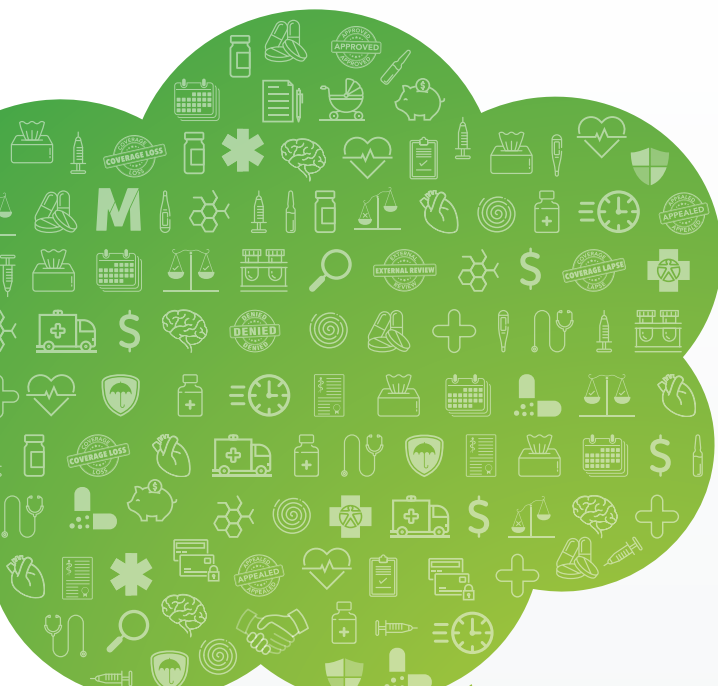


## Government health insurance and you

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:

- ✓ 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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**Click [Your Guide to Health Insurance Basics](#) for an overview of how health insurance works.**



# Government health insurance overview

## Health insurance is important for everyone

There are 5 state and federal government health insurance programs available in the US. 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 that 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.

## What is Medicaid?

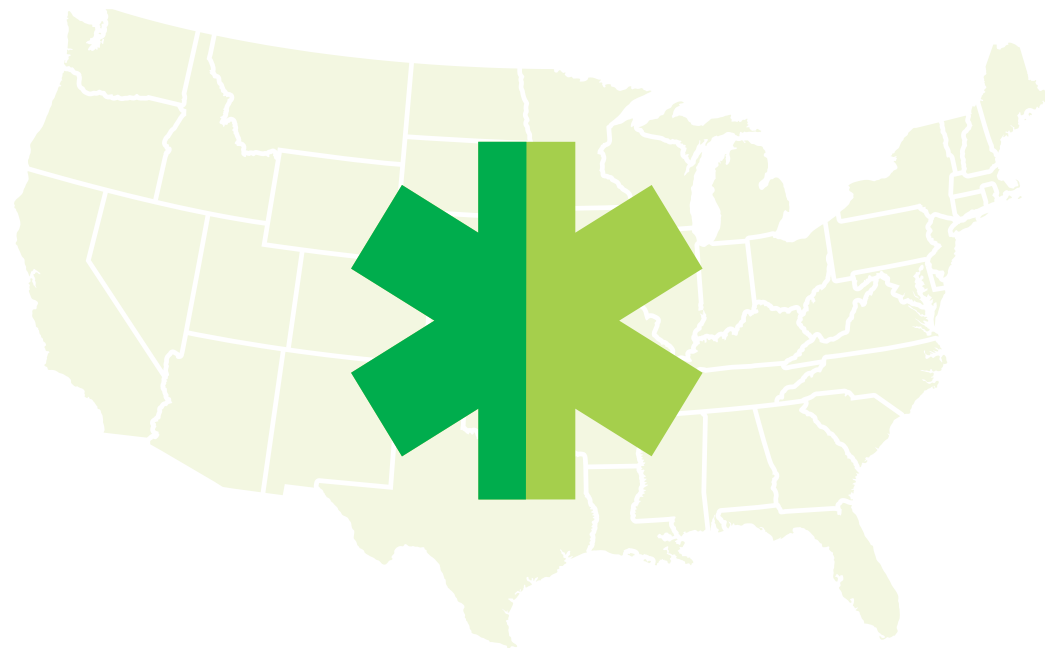
### Medicaid offers health insurance coverage for millions of eligible people, including

- 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 a Medicaid plan can charge for a drug on its PDL is **\$4.00**. Some states may have higher copays for drugs that are not preferred.



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

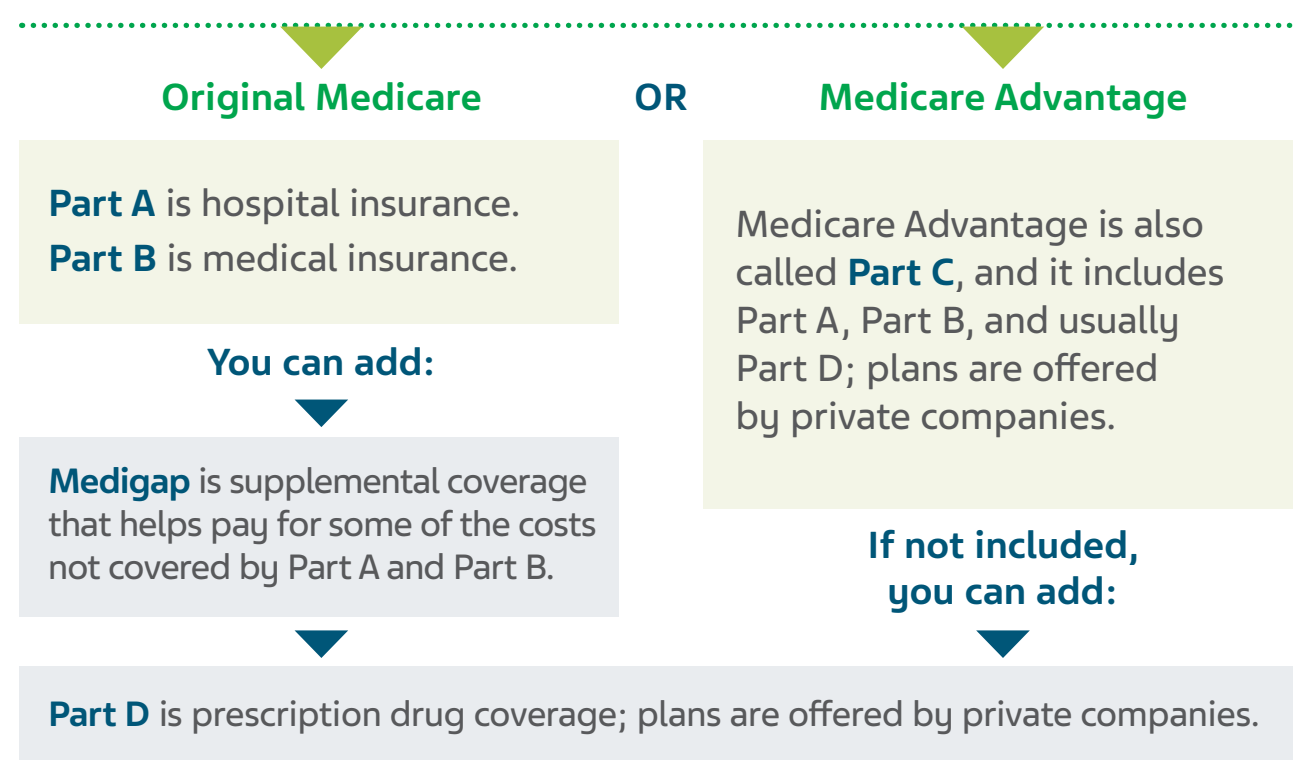


# What is Medicare?

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 US.

## How Medicare helps pay for your prescription drugs

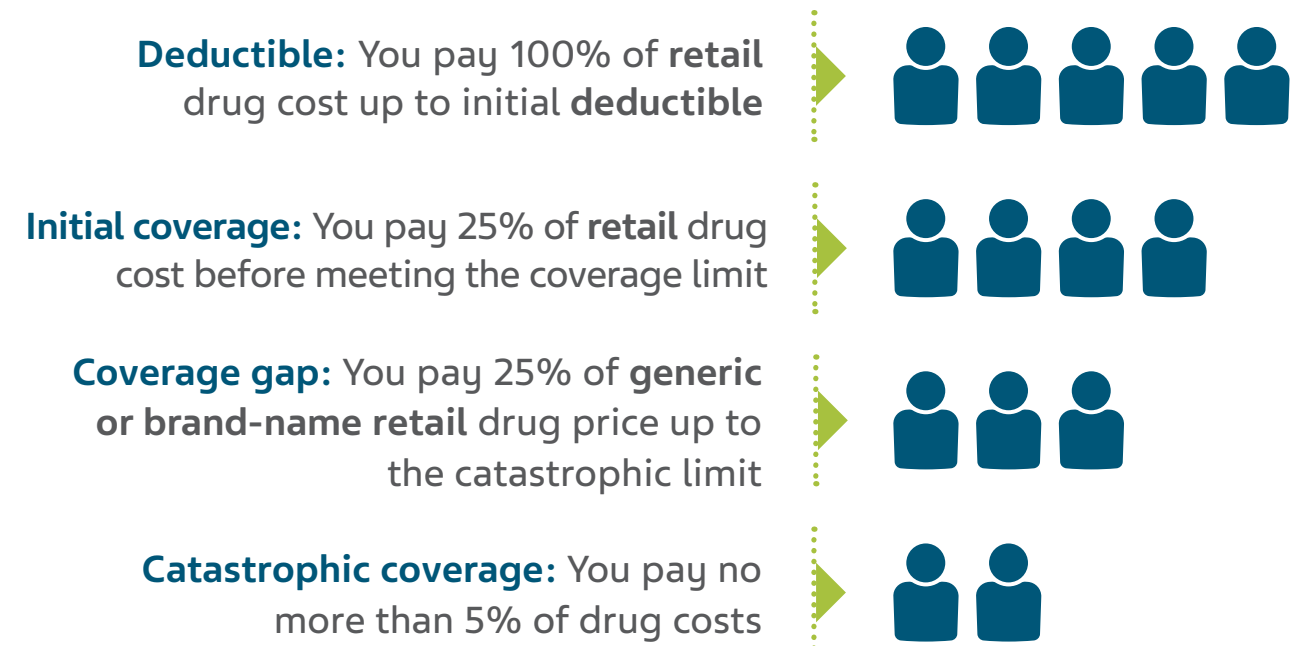
If you have Medicare, your medication may be covered under Part B or Part D.

**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.

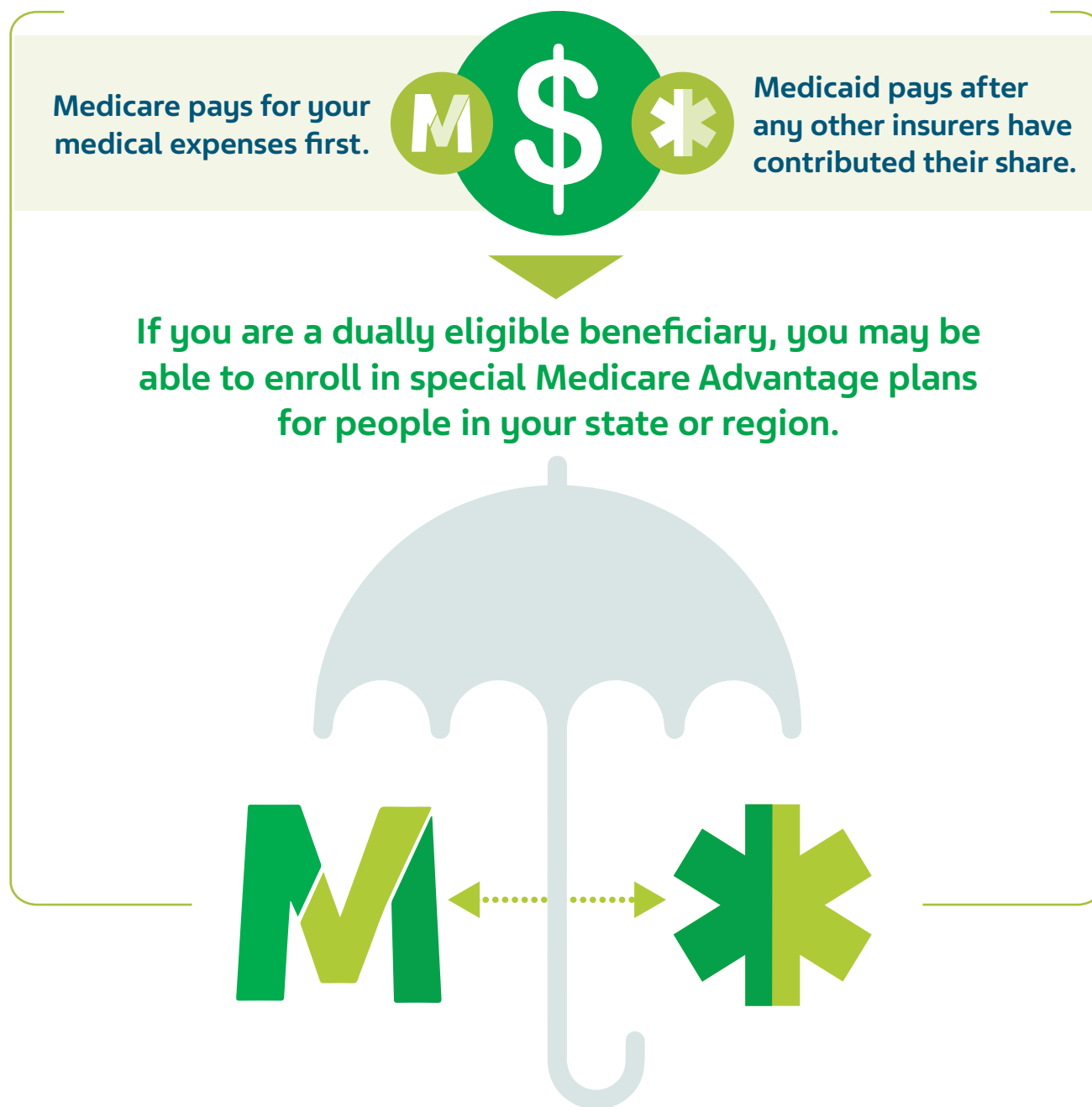
**Part D plans have 4 distinct phases**, each with specific out-of-pocket costs that accumulate over the course of the calendar or plan year. Once you have paid the maximum amount in each phase, you move into the next phase.

Not everyone with Part D coverage advances through all phases. Your prescription needs and individual policy determine your actual out-of-pocket costs.



## 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 may be able to enroll 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, doctor visits, 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 less than \$12 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.





# 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: 1/2/2022	3 RX PROVIDER Rx BIN: 00000 Rx GRP: GRP Name Rx PCN: 000 Rx Copay: Generic/Brand \$10/\$35
5 PCP Copay: \$20 Specialist Copay: \$35 Emergency Room Copay: \$75	4

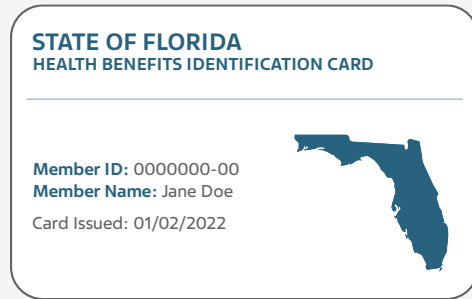
- 1 This is where you can find the **name of the insurance company** that administers your insurance plan.
- 2 This is where you can find additional **information about your specific type** of health insurance plan.
- 3 This is your **pharmacy benefits manager (PBM)**—the organization that provides your 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, and emergency room.



# How do you read your insurance card?

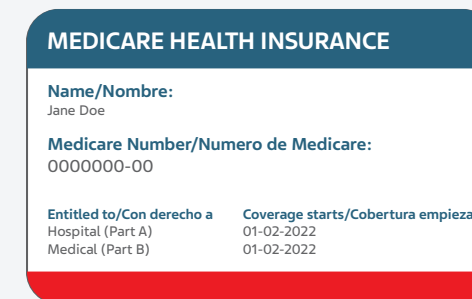
## Government-sponsored insurance cards

### Medicaid



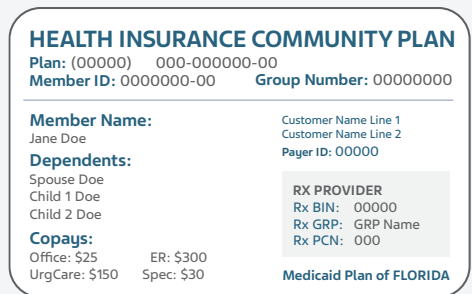
Does your card have a picture or image that identifies your state?  
If so, you're probably enrolled in a **Medicaid plan**.

### Original Medicare



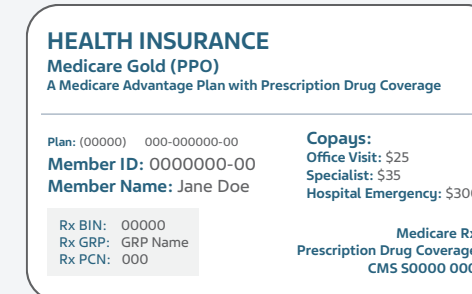
Does your card have a similar red, white, and blue design?  
If so, you're probably enrolled in **Original Medicare**.

### Medicaid Managed Care



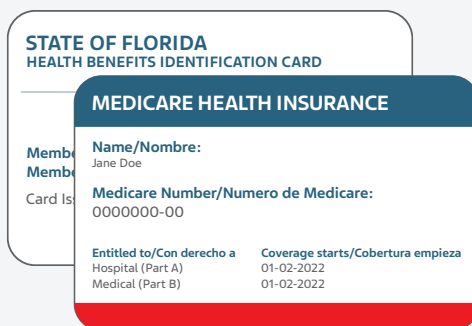
Does your card include both the state name and insurance company?  
If so, you're probably enrolled in a **managed Medicaid plan**.

### Medicare Advantage



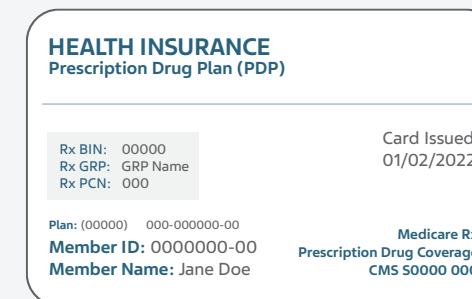
Does your card include both Medicare and insurance company?  
If so, you're probably enrolled in a **Medicare Advantage plan**.

### 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 the VA.

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 a job loss or marriage, you may enroll or change your health plan outside of the open enrollment period

If you have health insurance, review it every year, as your insurance needs may change over time. Click [Your Guide to Choosing Health Insurance](#) to learn more.

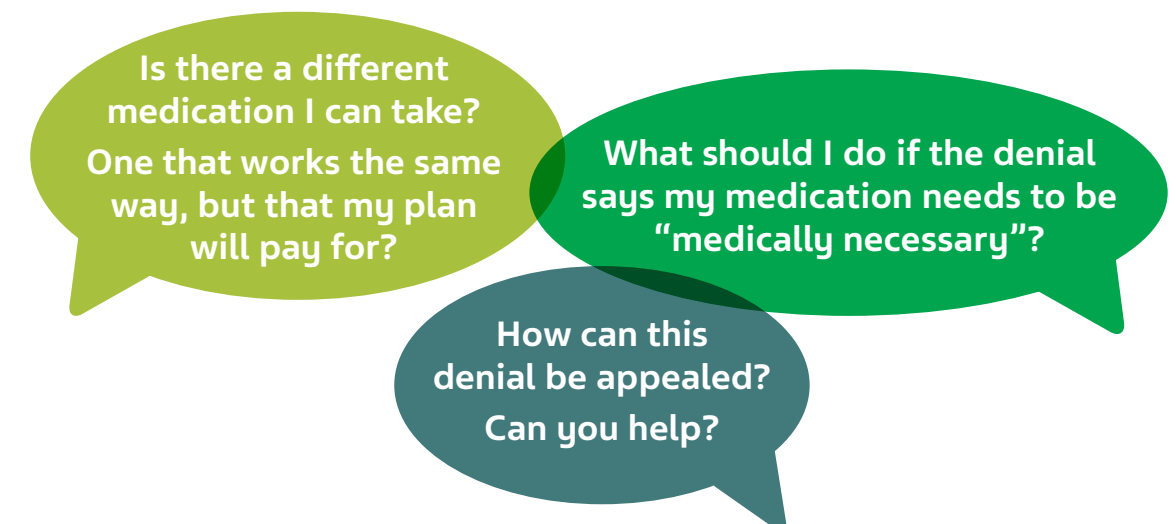


# Coverage denials

## 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](http://www.insurekidsnow.gov).

## Medicaid

Access the official Medicaid site at [www.medicaid.gov](http://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](http://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.

## Tricare

Learn all about the US military's healthcare program by visiting [www.tricare.mil](http://www.tricare.mil).

## Veterans Health Administration (VA)

Visit the official US Department of Veterans Affairs website at [www.va.gov](http://www.va.gov) for eligibility and enrollment information.

## Other resources

### Health Insurance Marketplace

Explore coverage options and connect with a local insurance agent/broker. Visit [www.healthcare.gov](http://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](http://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 Program, and the Health Insurance Marketplace. Visit [www.cms.gov](http://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

## Where can you get help with your prescriptions?

Many drug manufacturers have support programs that provide resources, including patient financial assistance.

Visit the website of the medicine you were prescribed to learn what program can provide you support.

**Teva offers support through the following programs:**



The **Teva Cares® Foundation** is a group of patient assistance programs created to make a positive difference in the lives of patients, families, and local communities. Teva's commitment to patients provides certain Teva medications at no cost to patients in the United States who meet certain insurance and income criteria.

Visit [tevacares.org](https://tevacares.org) or call **1-877-237-4881** to learn more about eligibility and program details.



Teva offers **Comprehensive Oncology Reimbursement Expertise (CORE)** to patients, their caregivers, and healthcare professionals. CORE offers assistance and resources to help patients better understand reimbursement eligibility.

Visit [tevacore.com](https://tevacore.com) or call **1-888-587-3263** to learn more.



**Teva Support Solutions®** offers information, resources, and personalized support from nurses, case administrators, and clinical nurse educators. Call **1-844-838-2211** to learn more.



**Teva Shared Solutions®** provides services that support you throughout your treatment journey and are designed to help you based on your needs and the Teva medication you've been prescribed.

**Program support includes**

**Nurse Support for Certain Brands**

Teva-trained nurses provide free support that's built around your schedule and routine.

**Copay and Financial Support**

Solutions may include locating your pharmacy, insurance coverage research, and a financial program to help you pay for therapy.

**Educational Resources**

Tools for making informed decisions about therapy, for every level of patient experience.

Call **1-800-887-8100** to learn more.



**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.**

