

Your guide to

CHOOSING HEALTH INSURANCE



A guide to evaluate your healthcare costs to help you choose the right health insurance plan.

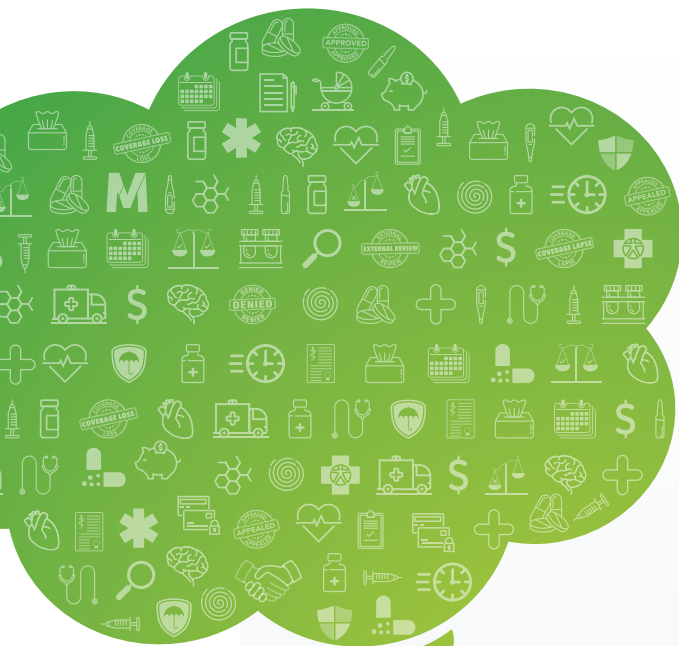
It's time to make decisions about your health insurance

Whether it's your yearly open enrollment time or you've had a life event that allows you to enroll in or change your health insurance plan, be sure your insurance addresses your medical needs in the coming year.

This guide to **Choosing Health Insurance** is designed to help you evaluate your current or new health insurance plan options.

Use this guide to help:

- ✓ Better understand what your insurance covers
- ✓ Learn how to gather the right information
- ✓ Compare your costs under different insurance plan options



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



Understanding your health insurance

Just like your health, your health insurance plan deserves a yearly checkup.

Even if you are continuing coverage with the same health insurance plan you've had for years, your benefits and costs may change. Many insurance plans change coverage benefits and premium costs each year. It's important to **understand what your current health insurance covers** to help you decide if you need to make a change.

Later in this guide, you can use the **Health Insurance Workbook** pages to make comparisons and generate a list of the questions you can ask to better understand your health insurance options.



How do you read your insurance card?

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.

What are your healthcare costs?



Health insurance doesn't always cover 100% of your costs—it's designed to share costs with you up until a certain point.

Costs that you pay out-of-pocket

- **Premium** is the amount you pay for health insurance every month. Monthly premiums do not count toward your deductible.
- **Copay** is a fixed amount you pay for covered services, and this amount can vary by the type of service.
- **Coinsurance** is the percentage you pay for a covered healthcare service. You pay coinsurance after you've met your deductible.
- **Deductible** is the amount you pay for healthcare before your health insurance starts covering costs.
- **Out-of-pocket limit** is the maximum dollar amount you'll have to pay for covered healthcare services during the calendar year before your insurance will cover 100% of your medical bills.

What are managed care plans?

Whether you have private health insurance or a government plan through Medicare or Medicaid, chances are your insurance is a “**managed care**” plan. Managed care is a type of health care that focuses on helping to **reduce costs**, while delivering a **high quality of care**. There are several common types of managed care plans.

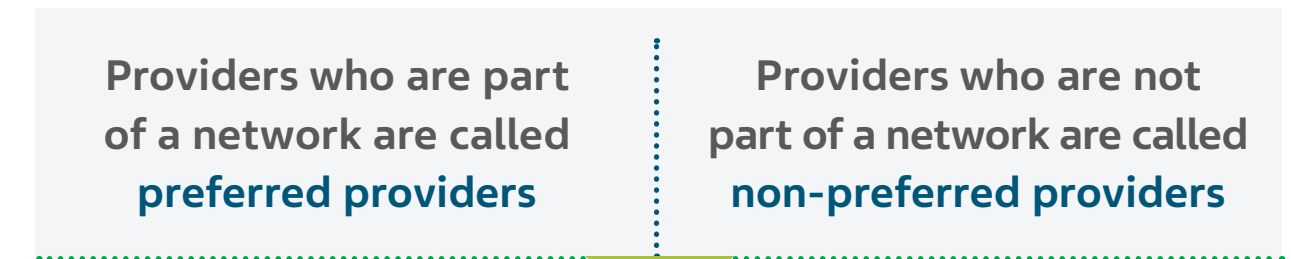
Health maintenance organization (HMO)
 ● Your coverage may be limited to care from doctors, hospitals, and providers in your network

Point-of-service (POS) plan
 ● You pay less if you use providers in the plan’s network. You need a referral from your primary care physician to use doctors, hospitals, and providers outside of the network, for an additional cost

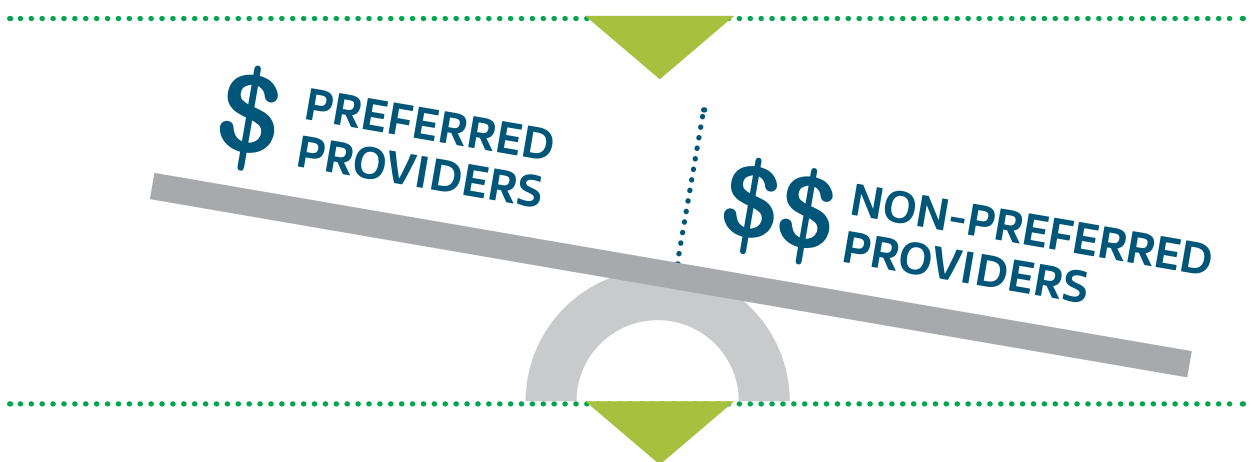
Preferred provider organization (PPO)
 ● You pay less if you use providers in the plan’s network. You can use doctors, hospitals, and providers outside of the network without a referral for an additional cost

What are provider networks?

Some insurance plans pay for medical care only when the provider who treats you is part of the network.



Depending on the plan, you may have to pay some or all of the costs yourself if you choose to visit a **non-preferred provider**. To learn more about a plan’s in-network and out-of-network coverage, be sure to review your plan documents.



When choosing a new plan, or renewing your existing plan, go online or call your plan to see if your healthcare providers are part of the network.

Out-of-pocket costs, choice of providers, and access to care in different parts of the country are some important considerations when choosing your plan.

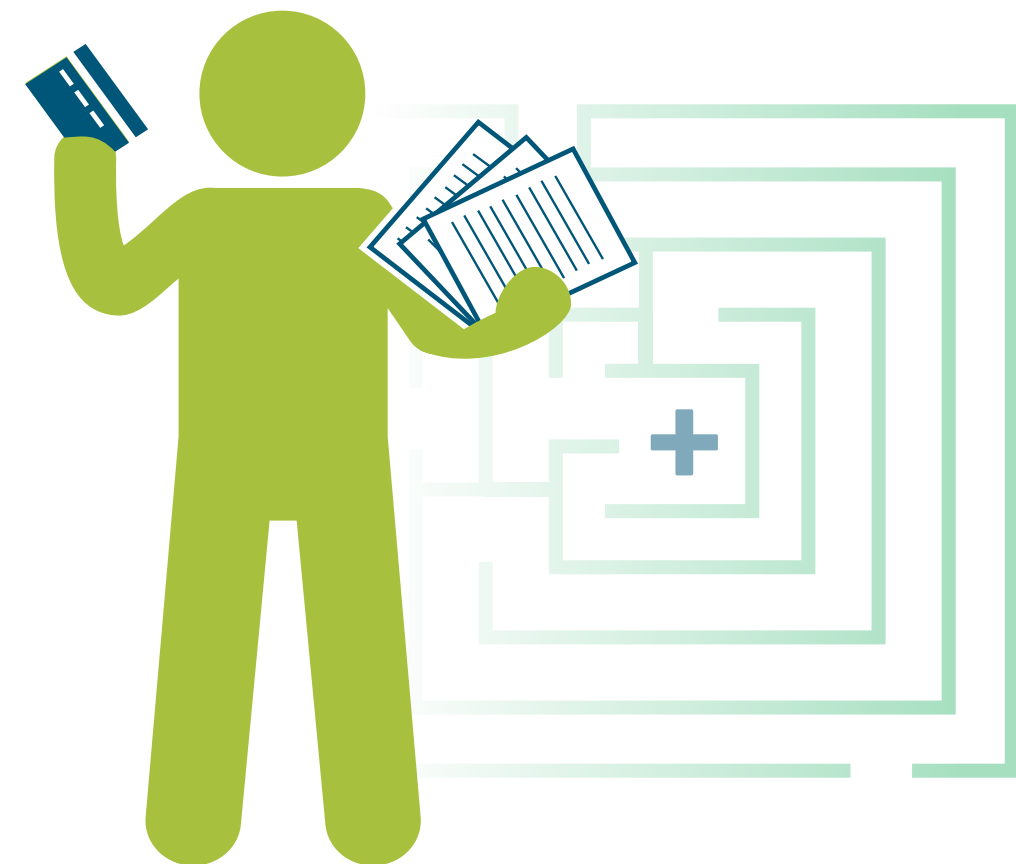




Your healthcare considerations

Follow these steps for choosing the right health insurance plan

- 1 ▶ Review your current plan
- 2 ▶ Assess your plan options
- 3 ▶ Gather information about your costs using the workbook
- 4 ▶ Ask an expert or use the resources to help you make a final decision



How do you review your current plan?

Gather and review your current health insurance plan documents

Whether you're thinking of staying with the same health insurance plan or enrolling in a different plan, the following documents will be helpful as you weigh your options:

- Your current health insurance plan(s) **documents**
- Your current health insurance **card(s)**
- Recent **explanation of benefits (EOBs)** received from your health insurance plan

As you prepare to explore your insurance options, list your medications and doctors below. Use these lists to investigate if your medications are covered and your doctors are in-network.

Medication name	Doctor name
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Think about the following questions as you consider your health insurance plan options:

- ✓ Am I comfortable with my current out-of-pocket costs (premiums, deductibles, copays, or coinsurances)?
- ✓ Can I see the doctors and healthcare providers that I want to see?
- ✓ Does my plan have prescription coverage, and how much are my medications going to cost?
- ✓ Have I (or a family member) had a change in medical needs?
- ✓ Do I need a referral to see a specialist?
- ✓ If I don't live in the same place year-round, will my insurance cover my medical care in other locations?
- ✓ Have I had any life changes that require me to switch or add additional coverage such as:
 - Turning age 65 soon
 - Getting married or divorced
 - Having children
 - Changing or losing a job
 - Experiencing a death in the family
 - Moving to a different area

How do you assess your plan options?

There are many ways to explore your health insurance options

If you have existing insurance, call your current health insurance plan or look at your plan options for next year.

If you are not sure and you are:

Younger than 65 years old

Almost 65 years old or older, or have a long-term disability or specific diagnosis

Then you may be able to get insurance through:

Private group plan, offered through you or your family member's employer

Original Medicare, which is a federal program

If you don't have a private group plan, you can purchase insurance through:

Medicare Advantage offered by private companies

Health Insurance Marketplace®, which is a federal program that may have some plans available at a reduced cost if certain requirements are met

or

Private individual plan purchased directly from an insurance company

Go to the RESOURCES tab for additional helpful information to explore your options

What are your private plan options?

Use the **Private health insurance workbook** to compare your options, including plans you are considering from the Health Insurance Marketplace.

When comparing health plans, keep in mind

- Your monthly premiums do not count toward your annual deductible or your out-of-pocket maximum
- Most plans include an individual and/or family out-of-pocket maximum
- Your plan may have a separate pharmacy benefit deductible, or this may be included in a combined medical-pharmacy deductible



There are many private insurance options to choose from, and coverage varies.

Private health insurance workbook

Work with your family or an insurance expert to help you fill in the information below.

Once completed, this will help you better see and understand what options are best for you.

Private plan options	Current plan name	Option 1 plan name	Option 2 plan name	Option 3 plan name
Monthly premium	\$	\$	\$	\$
Annual deductible (member)	\$	\$	\$	\$
Annual deductible (family)	\$	\$	\$	\$
Annual out-of-pocket limit (member)	\$	\$	\$	\$
Annual out-of-pocket limit (family)	\$	\$	\$	\$
Primary care visit copay	\$	\$	\$	\$
Specialist care visit copay	\$	\$	\$	\$
Emergency room copay	\$	\$	\$	\$
Are all of my doctors in network?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all of my medications covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Generic drug copay/coinsurance	\$	\$	\$	\$
Brand drug copay/coinsurance	\$	\$	\$	\$

What are your Medicare plan options?

Some Medicare choices may be a better fit, depending on individual healthcare needs and the types of medications taken. Use the [Medicare workbook](#) on the following pages to compare your Medicare plan options and estimate your total annual out-of-pocket costs.

Original Medicare

For **Part B** covered services, you will usually pay:

- ✓ A monthly premium
- ✓ 20% coinsurance after you meet your deductible
- ✓ NO yearly out-of-pocket maximum

Part A is hospital insurance.
Part B is medical insurance.

Does **NOT** include prescription drug coverage.

You can add:

Medigap is supplemental coverage that helps pay for some of the costs not covered by Part A and Part B.

Part D is prescription drug coverage; plans are offered by private companies.

Click [Your Guide to Government Health Insurance](#) to learn more about Medicaid, Medicare, and other government-sponsored health insurance programs.

Medicare Advantage

Most plans offer extra benefits that Original Medicare doesn't cover, like some routine exams and vision, hearing, and dental services.

For **Medicare Advantage** plans, you will usually pay:

- ✓ A monthly premium
- ✓ Varying out-of-pocket costs (copays, coinsurance, deductibles) depending on the plan you choose
- ✓ A yearly out-of-pocket maximum

Medicare Advantage is also called **Part C**, and it includes Part A, Part B, and usually Part D; plans are offered by private companies.

If not included, you can add:

Part D is prescription drug coverage; plans are offered by private companies.



There are many Part D, Medigap, and Medicare Advantage plan options to choose from, and coverage varies.

Medicare workbook

Work with your family or an insurance expert to help you fill in the information below.

Once completed, this will help you better see and understand what options are best for you.

Medicare plan options	Original Medicare + Part D plan + Medigap plan	Medicare Advantage Option 1 plan name	Medicare Advantage Option 2 plan name	Medicare Advantage Option 3 plan name
Monthly premium	Part A: \$0 (for most) Part B: \$170.10 (or higher depending on income)	\$	\$	\$
Part D monthly premium <i>Note: Many Medicare Advantage plans offer Part D coverage</i>	\$	\$	\$	\$
Medigap monthly premium	\$	Medigap only available to purchase with Original Medicare	Medigap only available to purchase with Original Medicare	Medigap only available to purchase with Original Medicare
TOTAL MONTHLY PREMIUM	\$	\$	\$	\$

Annual deductible	Part A: \$1,556 Part B: \$233	\$	\$	\$
Annual out-of-pocket limit <i>Note: Original Medicare alone has NO out-of-pocket limit</i>	\$	\$	\$	\$
Primary care visit copay	Most Medigap plans cover copays	\$	\$	\$
Specialist care visit copay	Most Medigap plans cover copays	\$	\$	\$
Emergency room copay	Most Medigap plans cover copays	\$	\$	\$
Are all of my doctors in network?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all of my medications covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Generic drug copay/coinsurance	\$	\$	\$	\$
Brand drug copay/coinsurance	\$	\$	\$	\$

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

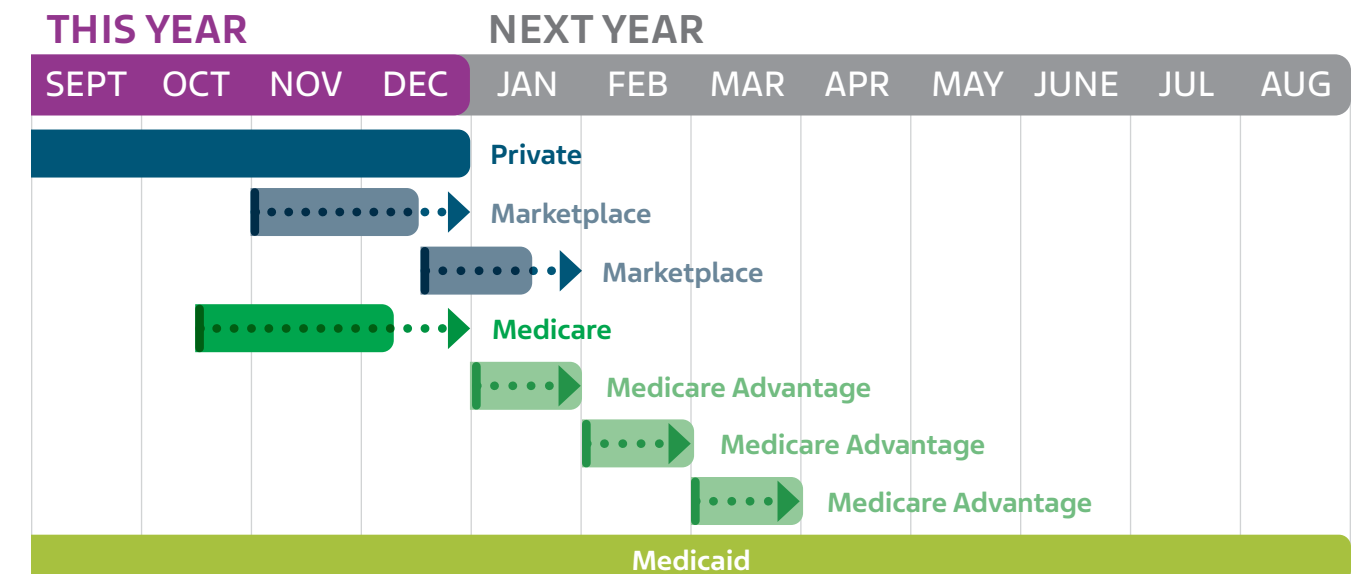
- If you have a life change, such as a job loss or marriage, you may enroll in or change your health plan outside of the open enrollment period

It is important to check with the health plan on dates to ensure you don't miss the deadline for open enrollment.

When do you enroll?

Plan	Enrollment	Coverage start
Private insurance	Check your plan as dates vary; usually enroll between Sept to Dec	
The Health Insurance Marketplace	Nov 1 to Dec 14	Jan 1
	Dec 15 to Jan 15	Feb 1
Medicare	Oct 15 to Dec 7	Jan 1
Medicare Advantage	Jan 1 to Jan 31	Feb 1
	Feb 1 to Feb 28	Mar 1
	Mar 1 to Mar 31	Apr 1
Medicaid	You can sign up at any time during the year	

There are many different potential Medicare enrollment scenarios. You may have to pay a penalty if you don't sign up for Medicare when first eligible.



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.

Tricare

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

Veterans Health Administration (VA)

Visit the official US Department of Veterans Affairs website at 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 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 Program, 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

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 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 or call **1-888-587-3263** to learn more.

TEVA SUPPORT SOLUTIONS®

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

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.

