

UNDERSTANDING MEDICARE

And how to help your patients with
Medicare access their Genentech medicines

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Medicare Is an Important Part of the Payer Landscape



Medicare is a government health plan that covered 61.2 million people in 2024, including people who were^{1,2}:

- Aged 65 or older
- Any age with end-stage renal disease or amyotrophic lateral sclerosis (ALS)
- Under age 65 with disabilities

Parts of Medicare and patient out-of-pocket (OOP) costs in 2025^{1,3-5}

	Premium	Deductible	Co-pay/Co-insurance
Part A			
Hospital Insurance Covers inpatient care, skilled nursing facilities, hospice care, home health care	• \$0 to \$518 per month • Most people do not have a premium	\$1,676 per inpatient hospital benefit period	Varies by length of stay
Part B			
Medical Insurance Covers services from doctors and other health care providers, outpatient care, home health care, durable medical equipment, many preventive services	\$185 per month or higher depending on income	\$257 per year	20% for most services
Part C			
Medicare Advantage Run by private payers, replaces Parts A and B and often D	\$17 a month on average, but varies by plan	Varies by plan	Varies by plan
Part D			
Prescription Drug Plan (PDP) Run by private payers, helps with prescription drug costs and coverage	Varies by plan, but the base beneficiary premium is \$36.78	Varies by plan and pharmacy; ranges from \$0 to \$590	Varies by plan and pharmacy, but OOP costs do not exceed \$2,000

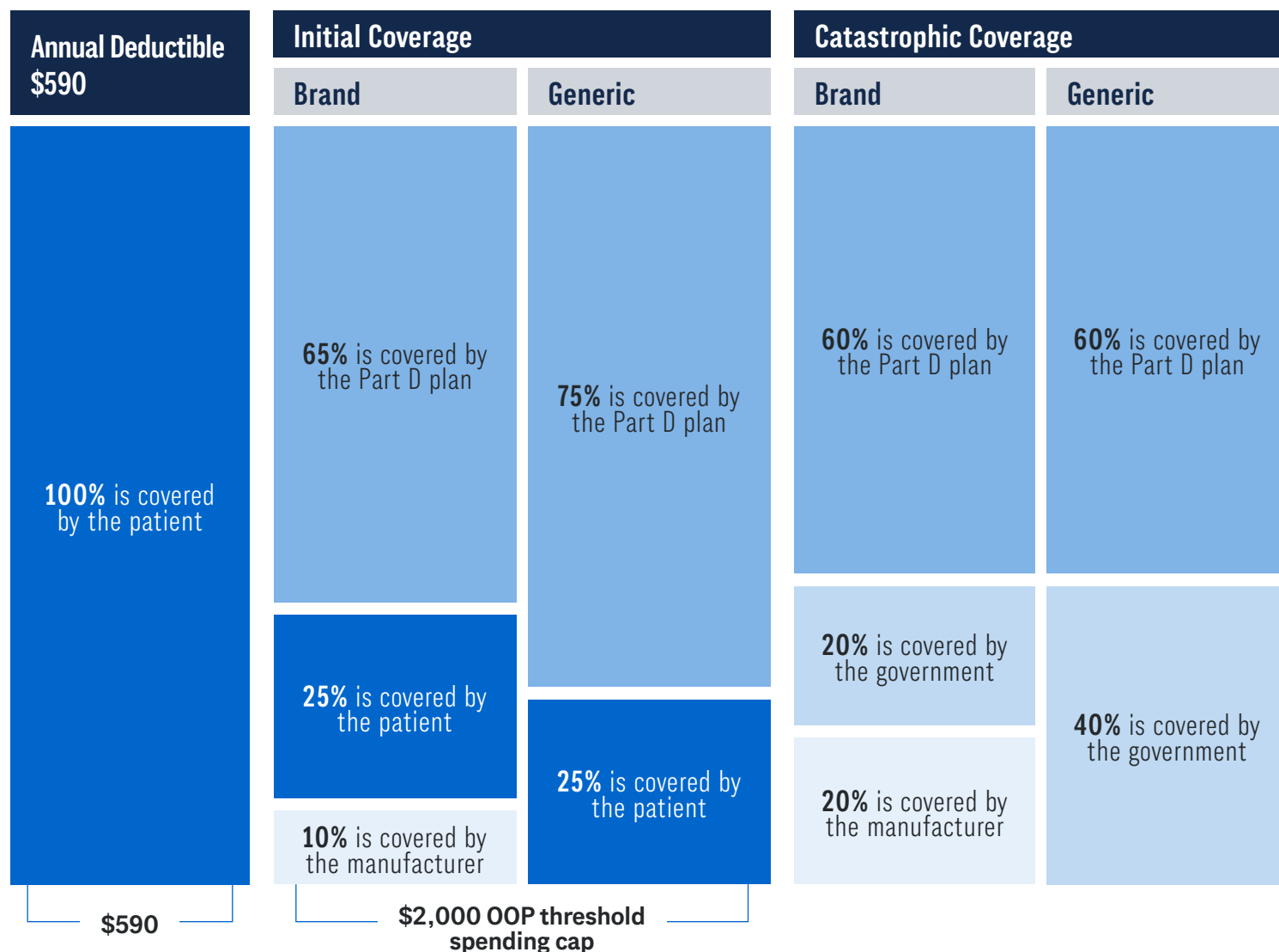


Medigap or supplemental insurance plans may be purchased from private insurance companies to help cover some Medicare Part A and Part B costs, including deductibles, co-insurance and co-pays. These plans are not available for Medicare Advantage or Part D.⁶

Prescription Drug Coverage With Part D

2025 Standard Medicare Prescription Drug Benefit^{5,7}

The sample figures shown are for 2025 Part D Standard Benefit Plan cost sharing. Coverage and cost may vary by product and plan.



The Medicare Prescription Payment Plan (MPPP)⁸

As of January 1, 2025, people with Medicare can opt-in to a new voluntary program that helps manage OOP costs by providing the option to pay those OOP prescription costs in the form of monthly payments throughout the calendar year.

[A resource to share with patients is available.](#)

“Extra Help” or Low-Income Subsidy (LIS) Program



LIS is available for people with low income and limited resources⁹

People with limited resources and income may be able to use the LIS program, also known as “Extra Help,” to get assistance with their monthly premiums, annual deductibles and prescription co-pays **related to their Medicare Part D plans**.

LIS is estimated to be worth about **\$6,200** per year.



Many people who qualify aren't aware of LIS

Some beneficiaries automatically qualify, including¹⁰:

- ✓ Dual eligibles (Medicare/Medicaid, also referred to as Medicare-Medicaid Plans)
- ✓ Qualified Medicare Beneficiaries (QMBs)
- ✓ Specified Low-Income Medicare Beneficiaries (SLMBs)
- ✓ Qualified Individuals (QIs)
- ✓ Supplemental Security Income (SSI)-onlys

Consider discussing LIS with patients who are not automatically enrolled and who express concerns about their OOP costs.



To apply for LIS, patients can:

- Call Social Security: **(800) 772-1213**
– TTY: (800) 325-0778
- Visit ssa.gov/medicare/part-d-extra-help
- Visit their local Social Security office

LIS or “Extra Help” Eligibility Criteria

LIS eligibility criteria and patient costs for 2025¹⁰⁻¹⁴

	Eligibility	OOP*
Dual Eligible (Medicare/Medicaid, also referred to as Medicare-Medicaid Plans)	Automatically enrolled in LIS	\$0 deductible - Co-pay of \$12.15 (>100% FPL) or \$4.80 (≤100% FPL) per prescription for noninstitutionalized beneficiaries
LIS^{†‡}	Annual income[§] of ≤\$23,475 for individuals or ≤\$31,725 for couples Total assets of ≤\$17,600 for individuals or ≤\$35,130 for couples	\$0 deductible - Co-pay of \$12.15 per prescription

Asset considerations for LIS eligibility⁹



Items that **count** toward assets include real estate (aside from the primary residence), bank accounts, stocks, bonds and US savings bonds, mutual funds and individual retirement accounts.



Items that **do not count** toward assets include the primary residence, personal possessions, vehicles, resources that don't easily convert to cash, property needed for self-support and life insurance policies.



If ineligible, **patients can reapply for “Extra Help”** at any time if their income or assets change.¹²

FPL=federal poverty level; LIS=low-income subsidy; OOP=out-of-pocket.

*The OOP amounts shown are for brand-name products.^{12,13}

[†]Effective January 1, 2024, beneficiaries who previously met the requirements for partial LIS assistance are now eligible for LIS assistance.¹⁴

[‡]The 2025 OOP threshold is \$2,000. As of 2024, there is no cost-sharing for covered Part D drugs above the annual OOP threshold for Part D beneficiaries, including LIS eligible beneficiaries.¹⁴

[§]Patients with a higher income may still qualify for assistance if they support other family members living with them, have earnings from work or live in Alaska or Hawaii.⁹ The criteria above are provided as an example of anticipated costs.

^{||}Totals include burial expenses. Patients must notify the Social Security Administration that they expect to use some of their assets for these expenses.¹⁴

Medicare Advantage Versus Medigap Coverage

Key differences between the private insurance plans⁶

	Medicare Advantage	Medigap
Availability and enrollment	• Purchase after enrolling in Medicare Part A and B • Not all plans are available in all areas of the United States	• Purchase when first eligible for Medicare, after enrolling in Medicare Part A and B • Available anywhere in the United States
Costs*	• Lower premiums • Variable OOP costs (co-pay, co-insurance, deductible)	• Higher premiums • Low or minimal to no co-pays
Providers	• May be restricted to network	• No restrictions
Referrals	• May need referrals for specialists	• No referrals needed
Additional benefits	• May include vision, hearing, dental and fitness coverage	• Does not cover additional services
Prescription drug coverage (Part D)	• Usually included	• Not included



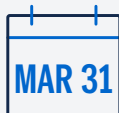
Patients may choose to buy a Medicare Advantage plan or a Medigap policy, **but they cannot have both at the same time**. If your patient's health care costs change, they can switch coverage between the two plans.

OOP=out-of-pocket.

*Average premiums vary based on a patient's location, the amount of coverage and other factors. Patients will still be expected to pay their monthly Part B premium as well.

Medicare Open Enrollment Dates

Key dates for patients to evaluate health insurance options¹⁰

2025		
	● Patient begins comparing current health coverage with other options	
	● Medicare open enrollment period begins	Patients can change their Medicare health or drug coverage Patients can join, switch or drop a Medicare Advantage Plan or Medicare Drug Plan, or switch to Original Medicare
	● Medicare open enrollment periods ends	
2026		
	● Selected insurance goes into effect Medicare Advantage general enrollment period begins	Patients in Medicare Advantage Plans can change plans or switch to Original Medicare (and add Part D) once during this time. Any changes will go into effect the 1st day of the month after the plan receives the request.
	● Medicare Advantage general enrollment period ends	



Starting in 2025, patients with Medicaid or receiving Extra Help may be able to **change their drug coverage once per month.**¹²

Helpful Terms

Some terminology to help patients better understand their Medicare coverage and costs¹⁵⁻¹⁹

Co-insurance or co-pay: The amount a patient pays for health care services or medicines. Co-insurance is usually a percentage, such as 20%, while co-pay is a set amount, such as \$15.

Deductible: The amount a patient owes for covered health care services before the health care plan begins to pay.

Durable medical equipment (DME): Equipment and supplies ordered by a provider for everyday or extended use, such as oxygen equipment, hospital beds or wheelchairs.

Generic drugs: A lower cost prescription medicine that has the same active ingredient formula as a brand-name medicine.

Inpatient/outpatient care: Inpatient care refers to when a patient is admitted into a health facility to receive health services/diagnostic services, while outpatient care refers to when a patient receives care at a facility without being admitted.

Medicaid: Federal and state-funded program for low-income people, regardless of age, based on income requirements.

Original Medicare: A fee-for-service health plan that consists of Part A and Part B coverage.

Out-of-pocket costs: The amount a patient owes for medical care that isn't reimbursed by their health insurance, including deductibles, co-insurance and co-pays.

Out-of-pocket limit: The most a patient pays during a policy period, such as a year, before the health plan begins to pay 100% of the allowed amount for the health care services. Does not include their premium and some plans do not count all co-pays/co-insurance and deductibles.

Premium: The amount a patient must pay for their health insurance coverage either monthly, quarterly or yearly.



A full glossary is available at [Healthcare.gov](https://www.healthcare.gov).

To Learn More About Medicare and Supplemental Coverage, Select a Topic Below:

[Medicare News and Polling](#)

[Medicare Eligibility and Premiums](#)

[Medicare Changes in 2025](#)

[Extra Help Basics](#)

[Medicare Enrollment](#)

[Extra Help Enrollment](#)

For other reliable sources of information, visit [CMS.gov](#) and [Medicare.gov](#).

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For additional questions, please contact your Genentech Field Reimbursement Manager, Genentech Representative or visit [Genentech-pro.com](#).

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