



A GUIDE TO PICKING A MEDICARE PLAN

Genentech
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HOW MEDICARE HELPS PAY FOR HEALTH CARE

Medicare is a government health plan for people who are¹:

- Aged 65 or older
- Under age 65 with disabilities
- Any age with late-stage kidney disease

Parts of Medicare and patient out-of-pocket (OOP) costs in 2025²⁻⁸

Medicines that you receive in a physician's office or hospital are covered under Medicare Part B or by your Medicare Advantage plan. You may still have OOP costs that are not reimbursed by your health insurance, including deductibles, co-insurance and co-pays.

	Premium	Deductible	Co-pay/ Co-insurance
	The amount you must pay for your health insurance coverage either monthly, quarterly or yearly.	The amount you owe for covered health care services before the health care plan begins to pay.	The amount you pay 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.
Part B Medical Insurance Covers services from doctors and other health care providers, outpatient care, home health care, durable medical equipment and many preventative 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 per month on average in addition to Medicare Part B premiums, 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.

WHAT ARE THE DIFFERENCES BETWEEN ORIGINAL MEDICARE AND MEDICARE ADVANTAGE?^{9,10}

- **Original Medicare** is a fee-for-service health plan that consists of Part A and Part B coverage
- **Medicare Advantage (also called Part C)** is a health plan offered by **private companies**. It combines all your Medicare benefits, including hospital, doctor and prescription drugs, into **one plan**. These plans might offer extra benefits, such as dental care

What to Compare	Original Medicare	Medicare Advantage
Cost		
How Much You Pay for Care (Your Share)	<ul style="list-style-type: none">After deductible is met, usually 20% of the bill for doctor visits and some other care	<ul style="list-style-type: none">May change a lot depending on your plan and the service
Monthly Costs	<ul style="list-style-type: none">A monthly fee to cover doctor visits (Part B)<ul style="list-style-type: none">– Usually, \$185 a monthAn extra monthly fee if you want a separate plan for prescription drugs (Part D)	<ul style="list-style-type: none">A monthly fee to cover doctor visits (Part B)<ul style="list-style-type: none">– There may be an extra fee to your plan– Some plans cost \$0 each month and might even help pay your Part B feeMost plans include a prescription drug plan
Yearly OOP Costs	<ul style="list-style-type: none">No yearly limit for what you pay OOP<ul style="list-style-type: none">– Your bills could add up if you get very sick, unless you have Extra Help (Medigap)	<ul style="list-style-type: none">There's a yearly limit on what you pay for hospital and doctor services<ul style="list-style-type: none">– Once you hit the limit, you pay nothing for covered care for the rest of the year
Extra Help (Medigap)	<ul style="list-style-type: none">You may choose Medigap (extra insurance) to help pay your share of the bills*	<ul style="list-style-type: none">Medigap is not available
Coverage		
What It Pays for	<ul style="list-style-type: none">Most needed medical care from hospitals, doctors' offices and clinicsDoes not cover some things, like regular check-ups or most dental work	<ul style="list-style-type: none">Must cover everything Original Medicare doesMight also offer extra benefits that Original Medicare doesn't
Getting Approval	<ul style="list-style-type: none">No special permission needed before Medicare covers most of your care	<ul style="list-style-type: none">May need to get approval from your plan before it will pay for many services or treatments<ul style="list-style-type: none">– Called a prior authorization
Drug Coverage	<ul style="list-style-type: none">You can get a separate Medicare drug plan to help pay for your prescription medicines (Part D)	<ul style="list-style-type: none">Prescription drug coverage (Part D) is included in most plansYou usually can't buy a separate drug plan if you have Medicare Advantage

*You might also have help from a former job or Medicaid.

LEARN HOW MEDIGAP WORKS¹¹

Medigap is extra insurance a person can buy. It works **with Original Medicare** to help pay for costs that Original Medicare doesn't cover, like small fees for doctor visits. Medigap does not pay for prescription drugs.

How Medigap helps pay:



- When you get medical care, **Original Medicare pays its part first**. Then, your **Medigap** plan usually steps in and **pays your doctor the rest of what you owe**. After that, **you only pay for what's left**
- Many Medigap companies get your bills right from Medicare, so it's easy for you



Buying Medigap:

- To buy Medigap, you must first have **Original Medicare (Parts A and B)**
- **Medigap plans only cover one person**. If both you and your spouse want Medigap, you each need to buy your own plan



Keeping your plan:

- Once you buy a Medigap plan, you get to keep it as long as you keep paying your monthly fees and remain enrolled in Original Medicare. Your plan will **renew automatically** each year, even if you get sick
- A Medigap insurance company can only stop your coverage if:
 - You stop paying your monthly fees
 - You didn't tell the truth on your application
 - The insurance company closes down

MEDIGAP AND MEDICARE ADVANTAGE: KEY POINTS¹¹



They're different: Medigap is extra insurance that **adds to** your Original Medicare. You must have Original Medicare to get Medigap. Medicare Advantage is an **alternative to Original Medicare** that gives you **all your Medicare** benefits, run by private companies.



Pick one: When you start Medicare, you can either choose to get **Original Medicare with Medigap** as an add on or a **Medicare Advantage Plan**. You can't have Medigap if you're in a Medicare Advantage Plan. Medigap won't pay for your Advantage plan's bills or monthly fees. If you want Medigap, you need to choose Original Medicare first.



If you change your mind: If you try a Medicare Advantage plan and then decide to go back to Original Medicare within the first 12 months, you might be able to get your old Medigap plan back. If not, you can usually buy a new Medigap plan (unless it's Plan M or N). You can also get a drug plan at this time.



Choosing early (first year at age 65): If you first joined Medicare Advantage when you turned 65, you have a chance to choose Original Medicare and pick any Medigap plan sold in your state within your first year. You can also get a drug plan at this time.

WHAT IS COVERED BY MEDIGAP IN 2025?¹²

✓ = Fully covered by plan ✗ = No coverage by plan

Medigap Benefits	Plan A	Plan B	Plan C	Plan D	Plan F	Plan G*	Plan K	Plan L	Plan M	Plan N
Part A co-insurance and hospital costs up to an additional 365 days after Medicare benefits are used	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B co-insurance or co-payment (20%)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓ [†]
Blood benefit (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care co-insurance or co-payment	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Skilled nursing facility care co-insurance	✗	✗	✓	✓	✓	✓	50%	75%	✓	✓
Part A deductible	✗	✓	✓	✓	✓	✓	50%	75%	50%	✓
Part B deductible (\$257 per year)	✗	✗	✓	✗	✓	✗	✗	✗	✗	✗
Part B excess charge	✗	✗	✓	✗	✓	✓	✗	✗	✗	✗
Foreign travel emergency (up to plan limits)	✗	✗	80%	80%	80%	80%	✗	✗	80%	80%
Out-of-pocket (OOP) limit ^{‡\$II}	N/A	N/A	N/A	N/A	N/A	N/A	\$7,220 in 2025	\$3,610 in 2025	N/A	N/A

Plan C and Plan F aren't available if you turned 65 on or after January 1, 2020, and to some people under age 65. You might be able to get these plans if you were eligible for Medicare before January 1, 2020, but not yet enrolled.

*Plans F and G offer a high deductible plan in some states.

[†]Plan N pays 100% of the costs of Part B services, except for co-payments for some office visits and some emergency room visits.

[‡]Plans K and L show how much they'll pay for approved services before you meet your out-of-pocket yearly limit and Part B deductible. After you meet them, the plan will pay 100% of your costs for approved services.

^{\$}OOP limit is 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.

^{II}OOP limits are expected to increase in 2026.

WHEN WILL MY MEDIGAP PLAN COVER MY PRE-EXISTING CONDITION?¹³

Sometimes, your new Medigap plan might make you wait up to **6 months** before it covers a health problem you already had (this is called a “pre-existing condition”).

Good news! If you already had other health insurance (like from a job or another Medigap plan), your new Medigap plan **must count that time**.

- **Example:** If you had a pre-existing condition and were covered by another plan for 2 months, your new Medigap plan will only make you wait 4 months (6 months minus 2 months)
- If your new Medigap plan offers something new that your old plan didn’t, you might still have to wait up to 6 months for the **new** part to be covered
- If you had your old Medigap plan for more than 6 months, and your new plan covers the same things, the new company **can’t make you wait** to cover your pre-existing conditions

Once the insurance company approves your new Medigap policy, they can’t add any new waiting times or rules for your pre-existing conditions in that new plan.

SCAN THE QR CODES BELOW TO LEARN MORE ABOUT MEDICARE AND SUPPLEMENTAL COVERAGE:

Medicare News



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](https://www.cms.gov) and [Medicare.gov](https://www.medicare.gov).

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For additional questions, please contact your Genentech Field Reimbursement Manager, Genentech Representative or visit Genentech-Pro.com

WHEN CAN I CHANGE MY MEDICARE PLAN?

Here are the important dates to know when you're looking at your health insurance choices¹⁴

2025



- Start looking at your current health plan and comparing it with other choices



- Medicare Open Enrollment Period begins

During this period, you can join or drop your health or drug plan, including Medicare Advantage Plans or Original Medicare



- Medicare Open Enrollment Period ends

2026



- Your selected health insurance plan starts
 - If you have a Medicare Advantage Plan, you can choose Original Medicare (and add a drug plan) during these dates. If you choose Original Medicare, you can add a Medigap plan



- Medicare Advantage Open Enrollment Period ends

Starting in 2025, patients with Medicaid or receiving Extra Help may be able to change their drug coverage once per month.¹⁵

UNDERSTANDING YOUR HEALTH INSURANCE COSTS

Use this worksheet to note information about your health insurance coverage for your Genentech medicine. This information might come from your doctor's office or directly from your insurance plan.



Does my insurance plan cover my Part B medication that my physician gives me in the clinic or hospital?

Yes No



How much is my medicine going to cost?

- Does my health insurance plan have a **deductible**? This is the amount I pay for health care services or medicines out-of-pocket before my insurance begins to pay. My deductible is \$_____
- I have a **co-pay** for my medicine. This is an amount I have to pay for office visits, medicines or administration. I pay this amount after I pay my deductible. A co-pay is usually a set amount. My co-pay is \$_____
- I have **co-insurance** for my medicine. This is like a co-pay, but it is usually a percentage of the total cost instead of a set amount. My co-insurance for my Part B medication that my physician administers is: \$_____
- My health insurance plan has an **out-of-pocket maximum**, which is the most I have to pay for health care services or medicines each year. My out-of-pocket maximum is \$_____



How can I get help with the cost of my Genentech medicine?

We may be able to help you understand how to get the Genentech medicine you need, even if you can't pay for it. Genentech Access Solutions will help you understand the support options available to you. You can always discuss any concerns and questions about your coverage with your doctor's office.

For more information, visit **Genentech-Access.com** or contact the Genentech Patient Resource Center at **(877) GENENTECH/(877) 436-3683**.

This information is for educational purposes only. It is not a recommendation or endorsement of any specific health plan or type of health plan. If you have questions about your choice of health plan, please consult your physician or another qualified professional.

At Genentech, we believe every person should get the medicine their doctor prescribed.

If your insurance has changed or you are worried about paying for your Genentech medicine, please visit **Genentech-Access.com** or contact the Genentech Patient Resource Center at **(877) GENENTECH**/(877) 436-3683.

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