

Journey Ahead:

Transitioning to Medicare

WHAT YOU'LL FIND IN THIS BOOKLET



Ed, Living with Fabry Disease

It's essential for all people living with a chronic condition to have health insurance. Most people with disabilities or end-stage renal disease (ESRD, kidney failure), or who are turning 65 are eligible to switch to Medicare. Medicare is the health insurance program provided by the federal government for people 65 years or older and for certain younger people with disabilities or ESRD.

Choosing a Medicare plan can be confusing and overwhelming. In this booklet, we hope to support you in this process by providing some key points, including:

Things to consider when transitioning to Medicare

Summary of Medicare Parts A, B, C, D

Understanding eligibility and enrollment

Medigap supplemental insurance

How CareConnectPSS can help

Previous coverage



Medicare

Top things to consider when switching to Medicare

If you have a disability, ESRD, or are close to turning 65, there are a few things you should consider regarding your health insurance.



Find out if you will be automatically enrolled into Medicare Part A or if you have to enroll. (You will need to enroll in any other Medicare plans that you choose).



Are you ready to retire?

If not, how will your employer's benefits coordinate with Medicare? Which insurance will be your primary insurance?

If so, do you know what Social Security benefits you'll receive? Are you eligible for any retiree health benefits through your former employer?



Get familiar with Medicare plan options and which one may be best for you.

Do I need prescription drug coverage?

Can I continue to receive my treatment in the same setting?

Can I keep my current doctors and other healthcare providers? Which plans do they accept?

Will I need supplemental insurance to cover the costs not covered by Medicare?

Which supplemental plans or Medicare Advantage plans will help me with my Medicare out-of-pocket costs?

What are the different Medicare plans?

Medicare isn't one-size-fits all. You choose the coverage options that fit your needs. Each option has different premium costs, deductibles, and out-of-pocket costs.

Original Medicare

Medicare has four Parts: A, B, C, and D.



Part A (Inpatient Hospital Insurance):

- Automatically enrolled when you apply for Medicare
- Covers most of the costs for hospital stays
- Deductible for first 60 days in the hospital
- Free for most: no premium



Part B (MD office and Outpatient Hospital Insurance):

- Covers doctor visits, lab tests (eg, x-rays, blood tests) and preventative care screenings (eg, mammograms, colonoscopies)
- Annual deductible, then covers 80% of covered services
- Must pay a premium



Part C (Medicare Advantage Plan):

- You must have Medicare to enroll in a Part C drug plan
- Includes Part A and B coverage + other benefits, such as vision and dental
- Managed care plans that require the use of specific provider networks
- May also include Part D
- Premiums may vary



Part D (Medicare Prescription Drug Insurance):

- You must have Part A and B to enroll in a Part D drug plan
- Coverage for prescription drugs
- Purchased through a private insurer
- Premiums may vary
- Some people with limited income may also qualify for the Extra Help program, which helps with out-of-pocket prescription drug costs

Jorge, living with Pompe Disease



Do I need to enroll in Medicare?

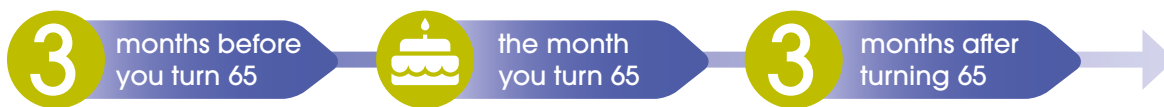
If you are under 65 years and are receiving Social Security due to a disability or ESRD, you are automatically enrolled into Part A. But, you'll need both Part A and Part B to get the full covered benefits available under Original Medicare, which includes inpatient services, outpatient and doctor office services, and kidney dialysis services. Social security retirees (by age or disability) are enrolled in Medicare Part A, but must actively choose to enroll in Parts B, C, and/or D.

- You may waive or delay Parts B, C, or D enrollment due to coverage under your (or your spouse's) employer group insurance, but be aware of the coordination of benefits with Medicare.

How do I enroll?

There are different enrollment periods to sign up for Medicare.

Initial Enrollment Period: When you turn 65, you have a 7-month period to sign up for Medicare.



General Enrollment Period:



For those who didn't enroll during the initial enrollment period. You may pay a premium penalty for delaying enrollment.

- Note: Medicare Advantage (Part C) plan members also have the option to re-evaluate their coverage at this time.

Special Enrollment Period: If you delayed enrollment because you had other insurance (from an employer, spouse, or union), you have 8 months to enroll after employment benefits end. People who are disabled or have ESRD may have different enrollment opportunities.

- For new enrollees, ESRD Medicare benefits begin in the first few months of treatment for kidney failure and are based on your treatment plan. (For example, coverage for at-home dialysis services may be available sooner than coverage for dialysis services at a hospital or outpatient facility.).
- If you are already enrolled in Part A and then develop ESRD, you will not pay a late enrollment premium penalty when applying for Part B.

Each situation is unique when enrolling or waiving Medicare Part B. Your CareConnectPSS team will help examine your situation and your options.

How does Medicare work with my employer's insurance?



Medicare and your employer's insurance will "coordinate benefits." Medicare has rules surrounding who will act as your primary and secondary insurance.



Typically, the primary insurance plan pays first in accordance with their coverage guidelines. Then the secondary insurance plan will make a determination to pay some or all of the remaining balance. You may still have some financial responsibility in the form of deductibles, copays, or coinsurance as required by each plan.



Some plans will follow Medicare coverage guidelines and others work as standalone policies. Speak with your Case Manager to understand more about how your policies may work together.

What is a Medigap policy (Medicare supplement)?



Supplemental insurance addresses the beneficiary's out-of-pocket costs for services covered by Original Medicare (Part A and Part B).



Available for those enrolled in Original Medicare (Parts A and B), but not for those with Medicare Advantage Plan (Part C).



Medigap insurance policies are sold by private insurance companies but are regulated by states and federal government.



Premiums may vary based on the level of coverage selected.

FAQ on insurance coverage when turning 65

Do I have to sign up for Medicare when I turn 65?

If you sign up for Social Security, you must sign up for Medicare Part A. Parts B, C, and D are optional. You can delay enrollment if you have other creditable coverage, but delaying your enrollment for any other reason can result in paying premium penalties.

When can I enroll in Medicare?

When you turn 65, you have a 7-month period to sign up for Medicare (Initial Enrollment Period). If you do not enroll during that time, each year from Jan 1 to Mar 31 (General Enrollment Period) you will have an opportunity to enroll, but you may pay a premium penalty for waiting. If your insurance through an employer ends, you have 8 months to enroll into Medicare (Special Enrollment Period). Each eligible enrollment period has its own policy effective date.

I'm still working. Should I enroll in Medicare?

If you are keeping your employer's insurance, you can still enroll in Medicare. One plan will be your primary insurance and the other will be your secondary. You may want to consider the coordination of benefit rules with Medicare that apply to your employer's plan before making this decision. When you stop working, you will be eligible for a Special Enrollment Period to evaluate your coverage options.

What's the difference between Original Medicare and Medicare Advantage (Part C)?

Medicare Parts A and B are referred to as Original Medicare. They cover hospital stays and doctor visits, but do not cover prescription costs unless the beneficiary purchases standalone Part D prescription drug coverage. Medicare Advantage (Part

C) includes Original Medicare (Part A and Part B) coverage and additional benefits, such as vision and dental. It may also include integrated Part D prescription drug coverage. However, unlike Original Medicare, Medicare Advantage (Part C) plans are provided through private insurance companies and are subject to provider network restrictions, cost sharing, and prior authorization requirements.

What's the difference between Medigap Insurance and Medicare Advantage (Part C)?

Medigap insurance is supplemental to Original Medicare (Part A and Part B) and is not comprehensive medical coverage. Medigap insurance only addresses the beneficiary's out-of-pocket costs for services covered by and paid for by Original Medicare.

Medicare Advantage (Part C) includes Original Medicare (Part A and Part B, and possibly Part D) coverage and does not require supplemental insurance. You cannot sign up for both Medicare Advantage and Medigap insurance at the same time.

- Medicare Advantage plans must offer the same benefits as Original Medicare and may offer enhanced benefits (ie, dental, vision). They may impose some of their own coverage guidelines (eg, provider networks, prior authorizations).



How your CareconnectPSS team will support you

CareConnectPSS — Personalized support services for patients

CareConnectPSS®, personalized support services for patients, represents Sanofi Genzyme’s more than 35-year commitment to supporting the rare disease community. CareConnectPSS is designed to support each patient’s unique journey.

Our range of support to help patients living with a rare disease includes:



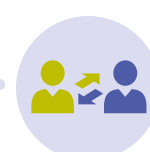
Programs such as the Copay Assistance Program and Charitable Access Program for eligible patients



Disease-specific information, including genetic education



Care coordination for treatment



Dedicated CareConnectPSS Patient Education Liaisons and Case Managers

Depending on your individual needs, your CareConnectPSS Team of experts can assist with the following:



Your **Case Manager** offers expertise in health insurance, navigating the health care system, facilitating transitions which may impact your access to insurance or treatment, and can assist you in identifying resources to help manage out-of-pocket costs related to your treatment.



Your **Patient Education Liaison** can help educate you, your family, friends, teachers, or employers about your disease.

To learn more about our range of support offerings, or to reach your existing CareConnectPSS Case Manager:

Call **1-800-745-4447 (Option 3)**
Email us at **Info@CareConnectPSS.com**
Visit **www.careconnectpss.com**

Additional resources

For more information on Medicare coverage and enrollment:
Visit the official Medicare website: **www.medicare.gov**
Visit the Social Security Administration website: **www.ssa.gov**
Talk to you employer’s human resources department or office administrator

Glossary of key terms

Coinsurance: Percentage or amount of the healthcare costs that you are responsible for. Most insurance plans have a ratio of 90/10 or 80/20, 70/30, etc. For example, the insurance carrier pays 80% and you would pay 20% of the costs.

Coordination of benefits: Process by which plans that provide health and/or prescription coverage for a person with Medicare determine their payment responsibilities.

Copay: Set amount that you pay at each doctor visit/for each service as defined by the insurance plan.

Cost sharing: The share of costs covered by your insurance that you pay out of your own pocket. This includes deductibles, coinsurance, and copayments, but not premiums or costs for non-network providers or non-covered services.

Deductible: The amount you have to pay before your insurance begins to cover medical costs. For example, you could have a \$1000 deductible per year before your health insurance will begin paying. It could take several doctor's visits or prescriptions to reach the deductible.

Inpatient: Care that you receive when you are admitted to the hospital on doctor's orders.

Medicare: Health insurance program funded by the federal government for people over age 65 and to some people younger than 65 with disabilities or end-stage renal (kidney) disease.

Medicare Advantage: Also, referred to as Part C, includes Original Medicare coverage plus additional benefits. It may also include integrated Part D prescription drug coverage. Medicare Advantage plans are provided through private insurance companies and are subject to provider network restrictions, cost sharing, and prior authorization requirements.

Original Medicare: Original Medicare includes Medicare Parts A and B. It covers hospital stays and doctor visits, but does not cover prescription costs.

Out-of-pocket costs: The amount you may have to pay for covered healthcare services over the course of a year. The portion you pay may include your plan's deductible, copays, and/or coinsurance.

Outpatient: Care that you receive at a hospital or a medical facility without being admitted or for a stay of less than 24 hours.

Premium: The amount you pay (usually monthly) for health insurance coverage.

Prior authorization: Authorization your provider may need to get from the insurance plan prior to providing certain types of treatment, medications, tests, or procedures.

Provider network: A group of healthcare providers (eg, doctors), facilities (eg, hospitals), and suppliers (eg, pharmacies) that work with an insurer to provide services and products to its members.

Supplemental insurance: Extra or additional insurance that you can purchase to help you pay for services and out-of-pocket expenses that your Medicare plan does not cover. Medigap insurance is supplemental insurance to Original Medicare.

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BY YOUR SIDE

through your journey with a rare disease

JUST A PHONE CALL OR EMAIL AWAY

Whether your needs are large or small, your CareConnectPSS team will work closely with you and your family to ensure you receive the confidential and personalized support you need. To learn more about our range of support offerings, or to reach your CareConnectPSS Case Manager, please call **1-800-745-4447**, and select **Option 3**, or email us at **Info@CareConnectPSS.com**.

For more information, visit us at **www.CareConnectPSS.com**.

