As you get closer to age 65 and near retirement, there are many things to consider about your insurance coverage. OnePath is here to help if you are preparing to transition to a plan that best suits your situation and treatment.

**OnePath® is**

**HELP GETTING COVERAGE AT 65**

Getting Started: Questions to consider

| Consider what benefits your employer offers when you retire | • Do any benefits carry over in retirement?  
| | • Will you be able to continue with your current benefits?  
| | • Are you eligible to receive a pension? And, if so, does your pension plan include insurance benefits?  
| | • Will your employer work with Medicare to coordinate your benefits as you turn 65?  
| Using your Social Security benefits for retirement | • Do you know what Social Security benefits you’ll receive?  
| | • Will you need to rely on Supplemental Security Income?  
| Weigh your Medicare options | • Which option is best for you?  

Shire’s product support program for eligible patients and caregivers
OnePath is Help knowing your options

Be sure to find a plan that suits your coverage needs

Moving on from your current insurance plan to retiree benefits doesn’t have to be a confusing process. Your OnePath Patient Support Manager and local OnePath team member are available to help make the transition easier. We help by providing information about insurance options for your treatment needs. Here is a checklist of questions to consider as you get closer to age 65:

Checklist of questions to consider as you get closer to age 65

- What retirement benefits are offered by your employer?
- Do you know if your commercial insurance plan will work with Medicare regarding your benefits?
- Have you applied for Medicare benefits 3 months before turning age 65?
- Have you considered your Medicare options, including prescription drug coverage?
- Will you need supplemental Medicare coverage?
- Have you begun to prepare for using your Social Security benefits?

For questions or concerns about insurance or other matters, call OnePath at 1-866-888-0660.
Medicare coverage options available to you

Medicare is a health insurance program administered by the Centers for Medicare & Medicaid Services (CMS). It is available to most people aged 65 and over. An initial enrollment questionnaire is generally filled out 3 months prior to eligibility in order to set up your Medicare file.

The Medicare enrollment period lasts 7 months—3 months before, 3 months after, and the month you turn 65 years old.

Traditional Medicare

Part A: Hospital insurance
Part B: Medical insurance

- Gives you the option of choosing your own doctor, hospital, and other healthcare providers
- Part A is available to most people 65 and older and doesn’t require a monthly premium
- Eligibility for Part B is automatic when you have Part A; however, you must enroll to elect coverage. A monthly premium based on your monthly income is required

Optional Part D:
 Prescription drug coverage

- Must join a Medicare prescription drug plan for this coverage
- These prescription plans are run by private companies approved by Medicare

Medicare Advantage Plan

Part C: Combines Part A and Part B coverage

- Typically carries 20% copay and coinsurance, and operates similar to an HMO or PPO
- Provided by private insurance companies approved by Medicare
- In most plans, your doctors, hospitals, and other healthcare providers must be within the plan
- Usually involves a monthly premium in addition to your Part B premium to cover expenses not covered by original Medicare

Optional Part D:
 Prescription drug coverage

- Some Medicare Advantage plans (but not all) cover Part D drugs. If your plan offers prescription drug coverage, you would be covered for prescriptions through that plan
- If your plan doesn’t offer this coverage, you can join a Medicare prescription drug plan

Learn more about Medicare insurance:

- Visit www.medicare.gov
- Talk to your employer’s human resources department or office administrator
- Consult with your OnePath team members
Making sense of insurance-related terminology*

The following terminology may be useful to learn as you consider alternative insurance coverage plans.

**Certificate of creditable coverage:** Document that confirms the period of time you were covered by your health plan.

**Co-payment:** A set amount that you may have to pay for a specific health-related service.

**Coordination of benefits:** Two or more health plans determine respective financial responsibilities for a claim.

**Cost sharing:** The amount you pay for healthcare and/or prescriptions.

**Creditable coverage:** Coverage rights you have when you obtain new coverage.

**Creditable prescription drug coverage:** Drug coverage that pays out the same as or more than Medicare's standard prescription drug coverage on average.

**Criteria for Specialty Medications:** Specialty medications are generally for chronic or rare health conditions. They typically require special handling, administration or monitoring. It's also likely they will need special approval to order, and you may have to order them through a specialty pharmacy.

**Deductible:** Amount you must pay for healthcare or prescriptions in addition to your co-pays that is not covered by your insurance provider.

**Donut hole:** Describes the coverage gap in Part D Medicare prescription plans, in which a beneficiary is responsible to pay a percentage of the total cost of covered drugs. In 2017, a beneficiary enters the coverage gap after they and the plan spend $3,700 on covered drugs - and remains in this coverage gap (the "donut hole") until they've spent $4,950. This total may change each year, and the percentage differs between generic and brand name drugs. Visit www.medicare.gov to determine how the donut hole may impact your situation.

**EOB/Explanation of Benefits:** An explanation of benefits (or an EOB form) is a statement from your insurance company that explains what medical treatments or services were covered under your plan.

**Formulary:** Also referred to as “Preferred Drug List”. Prescription drugs covered by your prescription plan.

Terms were modified or adapted from www.medicare.gov. Please visit www.medicare.gov to reference the original terms.
Making sense of insurance-related terminology (continued)

**Medicare Select:** Type of Medigap policy that may require using hospitals and/or doctors within its network for benefits eligibility.

**Medigap policy:** Also referred to as “Supplemental policy”, a supplement insurance sold by private insurance companies to compensate gaps in Medicare coverage. This policy is typically for office-administered drugs (not pharmacy delivered).

**Penalty:** Amount added to your monthly premium for Medicare Part B or Medicare prescription drug plan when you don’t join immediately. (Some exceptions apply.)

**Point-of-service (POS):** Option that lets you use doctors/hospitals outside the plan for additional cost.

**Premium:** Payment made to Medicare, private insurance, or other healthcare plan for coverage.

**Primary Plan:** For individuals with multiple insurance plans, primary insurance plans will pay on claims first. Primary insurance covers the major portion of the bill according to plan allowances. Certain rules apply to determine which health insurance plan pays first.

**Private fee-for-service plan:** Type of Medicare Advantage Plan that allows you to go to any doctor/hospital approved by Medicare that accepts the plan’s payment.

**Secondary Plan:** For individuals with multiple insurance plans, secondary insurance will pay for any claims not covered by primary insurance.

**Specialty Pharmacy:** This type of pharmacy provides a variety of specialized services for people with chronic conditions; services offered may include selling and providing timely delivery of specialty pharmaceuticals and supplies, working with patients and their healthcare providers to implement the prescribed care plan, and helping manage reimbursement issues; also referred to as a specialty pharmacy provider (SPP).