



Original Medicare Versus Medicare Advantage

People may choose Original Medicare or Medicare Advantage, but not both.

Original Medicare	Medicare Advantage Plan (Part C)
Administered by the federal government through CMS	Administered by private insurers or health systems under contract with CMS
Includes hospital coverage (Part A) and medical coverage (Part B)	Includes hospital coverage (Part A), medical coverage (Part B), and often drug coverage (Part D)
Allows for choice of any provider who accepts Medicare	Often restricted to in-network providers; may not include CF care center, other specialists, or transplant centers
Can be supplemented with optional drug plan (Part D) and/or Medigap plan	Often includes prescription drug coverage and coverage for some additional services
Has separate premiums, deductibles, and coinsurance for each part of Medicare (A, B, and D)	May include a monthly premium in addition to Part B premium
Has no out-of-pocket maximum	Has individual out-of-pocket maximum for Part A and B coverage. Part D costs do not count toward out-of-pocket maximum.



HELP AND MORE INFORMATION

Connect with Compass. CF Foundation *Compass* case managers can help with many questions related to Medicare for people with CF. Call 844-COMPASS (844-266-7277) or email compass@cff.org.



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Pros and Cons of Medicare Plans

	Pros	Cons
Original Medicare with Part D	<ul style="list-style-type: none">• Enrollees can see any provider that accepts Medicare.	<ul style="list-style-type: none">• Without Medigap, there is no out-of-pocket limit for Parts A and B.• Patient costs for Parts A, B, and D can be significant.• Some CF services and medications have limited or no coverage.
Original Medicare with Part D and Medigap	<ul style="list-style-type: none">• Depending on the Medigap plan, Medicare Parts A and B deductibles, coinsurance, and copays may be covered in full.• Patient costs for Part A and Part B are lower. <p>NOTE: Medigap sold to people who are new to Medicare are not permitted to cover the Part B deductible. Because of this rule, Plans C and F are no longer available to those who become eligible for Medicare after January 1, 2020.</p>	<ul style="list-style-type: none">• Medigap covers only what Original Medicare covers, so some CF services and medications have limited or no coverage.• The total cost of premiums for Parts A, B, and D and Medigap could be higher than for Medicare Advantage.• Medigap does not help pay Part D drug costs, so they can still be significant.• Medigap plans C and F, which covered the Medicare Part B deductible, are not available to those eligible for Medicare after January 2020.
Medicare Advantage	<ul style="list-style-type: none">• Must cover the same services and medication that Medicare covers, and many plans include additional coverage.• Monthly premium is low and some plans have no monthly premium.• Most include drug coverage.• Many offer extra benefits, such as dental, vision, hearing, expanded home care, more hospital days, and wellness programs.• Part B medication costs (if applicable) count toward the annual out-of-pocket maximum.	<ul style="list-style-type: none">• Providers are often limited to in-network, which can be a problem if someone goes to more than one CF care center or an out-of-state CF care center or transplant center.• Until annual out-of-pocket maximum is met, there is cost-sharing responsibility.• Covered prescription drug costs do not count toward out-of-pocket maximum.

Comparing Medicare Options

Priorities	Original Medicare Only	Original Medicare with Medigap	Medicare Advantage
Multiple CF Care Centers	✓	✓	⊖ Check provider network
Out-of-State CF Care Center	✓	✓	⊖ Check provider network
One or More Hospitalizations Per Year	⊖ Pay deductible and out-of-pocket costs	✓ Covers additional costs (additional premium)	⊖ High out-of-pocket maximum (Parts A and B)
Four or More Clinic Visits Per Year	⊖ Pay 20 percent coinsurance	✓ Covers additional costs (additional premium)	⊖ High out-of-pocket maximum (Parts A and B)
Transplant Services	⊗ Pay deductible and out-of-pocket costs (Parts A and B)	✓ Covers additional costs (additional premium)	⊖ High out-of-pocket maximum (Parts A and B)
Dual Eligible or State Program Available	✓ Limited out-of-pocket expenses	✓ Limited out-of-pocket expenses	✓ Limited out-of-pocket expenses
Employer-Sponsored Coverage	✓ Depends on employer plan and coordination of benefits	⊖ Medigap not needed	✓ Depends on employer plan and coordination of benefits
Home Health Care	⊗ Pay administration fees plus 20 percent coinsurance for Durable Medical Equipment (DME) and medical supplies needed in the home	⊗ Administration fee not covered	✓ Some plans may provide better coverage
Enteral Feeding	⊗ Not always covered	⊗ Does not cover what Medicare does not cover	✓ Some plans may provide better coverage
Dornase alfa (Pulmozyme®) Twice Per Day	⊗ Not covered	⊗ Does not cover what Medicare does not cover	✓ Some plans may provide better coverage
Compounded Medications	⊗ Not covered by Part D (off-label)	⊗ Does not cover what Medicare does not cover	✓ Some plans may provide better coverage (under DME)
CF-Related Diabetes (CFRD)	⊗ Insulin may be covered but costly; poor coverage for supplies	⊗ Insulin may be covered but costly; poor coverage for supplies	✓ Some plans may provide better coverage
Durable Medical Equipment	⊗ Pay 20 percent coinsurance	✓ Covers additional costs (additional premium)	✓ Some plans may provide better coverage



Questions to Ask When Comparing Part D Plans

When choosing among Part D prescription drug plans, here are some questions to keep in mind.

Before looking at plans, know:

- Current prescriptions, including dosages and usual costs (The care center or pharmacy can help create a list.)
- Pharmacies used

Drug coverage

- Are all prescriptions on the plan's formulary?
- Does the plan impose any coverage restrictions, such as prior authorization or step therapy?
- If the plan does not cover a medication, does it cover another acceptable drug, including generic options, that will work? (The care center or pharmacy can help.)



Costs

- What are the copayments or coinsurance for each drug?
- How much is the monthly premium and annual deductible?
- What is the out-of-pocket cost for brand name drugs? How much for generic drugs?
- If a drug has a very high coinsurance, is there an acceptable alternative drug that will cost less? (The care center or pharmacy can help.)
- Is Extra Help (Low-Income Subsidy) or a state pharmaceutical assistance program (SPAP) available? (SPAPs are specific to a patient's state of residence and may be available to assist with drug plan premiums or other drug costs. For more information by state, visit: www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx?)



Pharmacy network

- What is the service area for the plan?
- Are the regularly used pharmacies part of the network?
- Can prescriptions be filled when traveling?
- What are the coverage options and costs of using out-of-network pharmacies?
- Is mail order an option?



Coordination with other insurance

- Will Part D work with other coverage to lower costs?
- Is enrollment in Part D required with drug coverage from another plan?
- Is enrollment in Part D needed with job-based drug coverage?



The Medicare website has a tool to help you determine which plan provides the most comprehensive coverage for specific medications: www.Medicare.gov/find-a-plan



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Coverage for Common CF Medications and Durable Medical Equipment

Find more information on the Centers for Medicare & Medicaid Services Medicare Coverage Database (www.cms.gov/medicare-coverage-database/indexes/lcd-state-index.aspx?)

Medication or Equipment	Medicare Part	Notes
Inhalation Medications		
<i>Bronchodilators</i>		
Albuterol nebulizer or inhalation solution	B	Must have a confirmed diagnosis of reactive airway disease or asthma
Levalbuterol hydrochloride (Xopenex®) nebulizer or inhalation solution	B	Must have a confirmed diagnosis of reactive airway disease or asthma
Albuterol inhaler	D	
Levalbuterol hydrochloride (Xopenex®) inhaler	D	
<i>Mucolytics</i>		
Dornase alfa (Pulmozyme®)	B	Twice daily administration not covered
Hypertonic saline		Not covered as it is not approved by the FDA
Acetylcysteine (Mucomyst®)	B	May need to have a prior authorization
<i>Inhaled Antibiotics</i>		
Tobramycin inhalation solution (TOBI®, Kitabis®, Bethkis®)	B	May require prior authorization
Tobramycin inhalation powder (TOBI® Podhaler®)	D	(same)
Generic tobramycin inhalation solution	B	(same)
Aztreonam for inhalation solution (CAYSTON®)	D	(same)
<i>Modulators</i>		
Ivacaftor (Kalydeco®)	D	May require prior authorization, confirmation it is on formulary, and 5 percent coinsurance for each refill
Lumacaftor/ivacaftor (Orkambi®)	D	(same)
Tezacaftor/ivacaftor (Symdeko®)	D	(same)
Pancreatic Enzymes		
Pancrelipase (CREON®, ZENPEP®, PANCREAZE®, PERTZYE®)	D	Be mindful of quantity limits, may require prior authorization
Postural Drainage Devices		
Therapy vests	B	
Mobile therapy vests	B	
Aerosol machine	B	Can only be replaced every five years



Medication or Equipment	Medicare Part	Notes
Nebulizer cups	B	May have quantity limits
Acapella®	B	
Diabetic Supplies		
Blood glucose meter	B	
Lancet devices and lancets	B	
Meter test strips	B	
External insulin pump	B	
Insulin for a pump	B	Not covered by Part B unless administered by a pump
Insulin	D	Starting on January 1, 2021, people with CF may be able to get Medicare drug coverage that offers broad access to many types of insulin for no more than \$35 per month. To access this benefit, it will be important to search for coverage that participates in the insulin savings model. This model allows participants to choose among drug plans that offer insulin at a predictable and affordable cost.
Syringes	D	If not covered by Part D, person with CF is responsible for 100 percent of the cost; may require a prior authorization.
Needles	D	(same)
Gastrostomy tube supplies		
Replacement percutaneous endoscopic gastrostomy (PEG) tubes	B	May be limited coverage on some Original Medicare and Medicare Advantage plans
Enteral formula	B	(same)
Tubing	B	(same)
Bags	B	(same)
Syringes (large for flushing)	B	(same)
Pump	B	(same)
Immobilized lipase cartridge (RELIZORB®)		Currently not covered by any Medicare plan
Transplant Medications		
Immunosuppressant medications	B and/or D	Medicare Part B will ONLY pay if Medicare paid for the transplant. Medicare Part D may pay for some medications not covered by Part B.

Medications and equipment covered by Part B have a 20 percent coinsurance.



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