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Understanding Medicare Part D

A GUIDE FOR PATIENTS TAKING VYNDAMAX

Medicare Part D is the part of Medicare that covers medicine you receive through a pharmacy.[1]

In this guide, you will learn the basics of Medicare Part D, Medicare Extra Help, how to sign up or change your health plan, and tools that can support you in navigating your Medicare coverage.

Click to learn more →

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All patients prescribed VYNDAMAX can request support from a VynAssist Access Care Manager

What is an Access Care Manager?

- A dedicated patient resource for support throughout the medication access journey
- A primary point of contact for patients and caregivers

Once support is requested, your Access Care Manager can:

Give you a welcome call to discuss how they will support you

Help you understand your insurance coverage and expected out-of-pocket costs

Answer questions on reimbursement, access, and insurance coverage for your VYNDAMAX prescription

Explain how to get VYNDAMAX from a specialty pharmacy

Provide you (and your caregiver) prompt updates, especially when it's time to complete an action step



To sign up for support from a VynAssist Access Care Manager, visit myVynSupport.com.

Please note: VynAssist Access Care Managers are employees of Pfizer.

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What is Medicare?

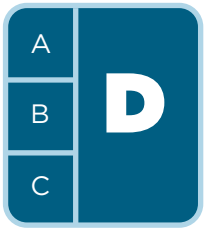
Medicare is a federal government health insurance program. Medicare differs from private (or "commercial") insurance because it is run by the government, not private insurance companies.

To qualify for Medicare, you must meet one of the following criteria:

- ✓ Aged 65 years or older
- ✓ Have end-stage renal disease, regardless of age or income
- ✓ Less than 65 years of age and receiving Social Security Disability Insurance (SSDI) for 24 months
- ✓ Receiving SSDI due to ALS/Lou Gehrig's disease



The Medicare program has different parts:



A, B, C, and D.[1] This guide focuses on Medicare **Part D**. To learn more, visit **Medicare.gov/basics/get-started-with-medicare**

Prescription Drug Coverage

- Medicare Part D helps cover costs of prescription medicines
- You can enroll in a Medicare **Part D** stand-alone health plan to get your prescription coverage
- You can also enroll in a Medicare Advantage (Medicare Part C) health plan that includes prescription coverage

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While Medicare is run by the government, Medicare **Part D** health plans are managed by private insurance companies. These companies follow the rules set by Medicare. Most people pay monthly premiums and co-pays, or coinsurance, for each prescription. Even a Medicare Advantage plan may include a **Part D** plan.

ALS=amyotrophic lateral sclerosis.

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Get to know Medicare Part D

There are 3 phases of Medicare Part D coverage: deductible, initial coverage, and catastrophic coverage. During each phase, you will pay your health plan's premium each month. The amount you pay for your medicines depends on which phase of Medicare Part D you are in. These phases apply to **all** your medicines that are covered by Medicare Part D.

PHASE 1

Deductible phase

Based on the Medicare Part D health plan you choose, you will be required to pay your health plan's deductible.

Once you have met your deductible, you will move to the initial coverage phase.



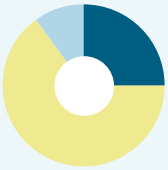
Patient pays **100%**

PHASE 2

Initial coverage phase

You, your health plan, and the medicine manufacturer split the medicine costs. Your part is a co-pay, or coinsurance (most patients pay 25%).

Once you have met the co-pay/coinsurance cap, you will move to the catastrophic coverage phase.



Patient pays **25%**

Health plan pays **65%**

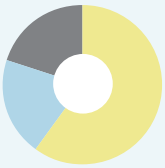
Manufacturer pays **10%**

PHASE 3

Catastrophic coverage phase

In 2027, once you pay $2400 out of pocket (this includes your deductible and co-pay/coinsurance) for **all** your medicines in the calendar year, you pay $0 for your medicines for the rest of the year.[1]

Once you have moved into the catastrophic coverage phase, you will pay $0 for your medicines until January 1 of the next year.



Patient pays **0%**

Health plan pays **60%**

Manufacturer pays **20%**

Medicare pays **20%**

JAN 1

The phases of Medicare Part D reset on January 1 of each new benefit year.

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Understanding your out-of-pocket costs

$2400 is the out-of-pocket cap for covered Part D medicines in 2027.[1] Once reached, you pay $0 for all of your covered prescription medicines for the rest of the calendar year. This includes your yearly deductible.

With some medicines, you can move through

more than one Medicare Part D phase

PHASE 1 Deductible → **PHASE 2** Initial coverage → **PHASE 3** Catastrophic coverage



Financial support options are available to eligible patients

Medicare Prescription Payment Plan (M3P)*
Spread out costs through monthly payments to meet your out-of-pocket drug cap for 2027

Third-party financial support
Financial support information from resources that are wholly independent from Pfizer

Pfizer Patient Assistance Program (PAP)†
May be able to help eligible patients who are uninsured or have government-issued

Connect with a VynAssist Access Care Manager to learn more at 1-888-863-1177 (Mon-Fri, 8am-7pm ET)

*There is no fee to join the Medicare Prescription Payment Plan. The program does not cover your monthly premium. You need to opt-in to the payment plan before filling your prescription. Please know you may also leave the program any time during the plan year. †For eligible patients when other financial assistance options aren't available. Patients are required to apply for and provide proof of denial prior to being considered for enrollment in the Pfizer Patient Assistance Program.

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What is Medicare Extra Help?

Medicare Extra Help, also called the Medicare Part D Low-Income Subsidy (LIS), pays part of the costs of prescription medicines to lower out-of-pocket costs for eligible Medicare Part D patients who have limited income and resources.

If you qualify for Extra Help, you could lower your out-of-pocket expenses

2027 Extra Help/LIS and Dual Eligible* beneficiary costs†

$0
Prescription deductible

$5.80
Generics
to
$14.40
Brand medicines

$0
Catastrophic coverage

Full LIS Medicare patients pay no more than
$14.40
per VYNDAMAX prescription

*Dual Eligible=patients who have both Medicare and Medicaid.
†2027 prices are listed; prices and limits may change each year.



For more information on Extra Help and other resources that may help with your out-of-pocket costs, visit **Medicare.gov/basics/costs/help/drug-costs**

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Find the right health plan during open enrollment, October 15 to December 7, 2026

Open enrollment is a time of year when you can make changes to your Medicare health plan to make sure you have the right coverage for your needs. During open enrollment, check your medicines' coverage.

You should think about:

Whether your medicines are on your health plan's formulary (a list of medicines covered under the health plan)

Potential total out-of-pocket costs, which include:

- Your deductible
- Your health plan premium
- Co-pay/ coinsurance for your medicines



Medicare health plan compare

The health plan compare tool on **Medicare.gov/plan-compare** offers a helpful view of your coverage options.

1. When you search for a plan, select the kind of health plan you are looking for (eg, Medicare Advantage, Medicare Part D, Medigap) and choose which programs will help with your costs (eg, Medicaid, Supplemental Security Income)
2. **Click "Yes"** to see drug costs when comparing health plans
3. **Select the types of pharmacies** you usually use to get your medicines, including mail order for **specialty pharmacies**
4. Enter **all the prescription medicines you take**
5. When you go through your health plan options, be sure to **click "Plan Details."** These details include your estimated annual premium and estimated monthly medicine costs

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Medicare enrollment timeline

Beginning October 1, 2026

- Check your out-of-pocket or total Medicare costs, and make sure your medicines would be covered
- If you see your medicine is “not covered,” your doctor can request special approval with a **Prior Authorization** or **Formulary Exception**
- Visit **Medicare.gov/plan-compare** to enter your prescription medicines and compare your coverage options

October 15 to December 7, 2026—open enrollment

- This is when you can change your Medicare health plan and/or prescription drug plan for the year beginning on January 1

After the open enrollment deadline, you may still be able to change your Medicare health plan. See more at **Medicare.gov**

January 1, 2027

- Coverage begins
- If you changed your health plan, your new health plan starts on this date. If you kept your health plan, any changes or costs related to your plan will start on this date

January 1 to March 31, 2027—Medicare Advantage changes

- If you’re enrolled in a Medicare Advantage plan, you can make additional plan changes between January 1 and March 31, 2027.

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Commonly asked questions

Premiums, deductibles, and out-of-pocket costs

Q How do my premium, deductible, and out-of-pocket costs differ?

A
- **Premium:** a set amount you pay each period (eg, monthly) for your Medicare Part D health plan
- **Deductible:** the amount you pay for your prescription drugs before your health plan starts to help pay
- **Out-of-pocket costs:** any amount that you are paying on your own for your medicines, including your deductible, co-pays, and coinsurance

Q Is there a Medicare Part D deductible?

A Your Medicare Part D plan may or may not have a deductible.

Q Why do my prescription drug costs vary from month to month, and year to year?

A Your out-of-pocket costs could vary each month based on the phase you and your Medicare Part D health plan are in; phases are driven by your spending on Medicare Part D–covered medicines. It is important to review plan choices during the open enrollment period (October 15 through December 7) and consider how your costs may change when deciding to keep, or change, your Medicare Part D health plan.

The Medicare Prescription Payment Plan program allows you to spread the costs of your prescription medicines over the calendar year. The program is voluntary, and you can enroll at any time. When enrolled, you may pay as little as $0 at the pharmacy. Your health plan sends you monthly bills for cost-sharing. This program also has a health plan finder and calculator so you can preview monthly costs for medicines, with or without enrolling.

Q What out-of-pocket costs are included in the amount I pay before moving into catastrophic coverage for Medicare Part D?

A See page 5 for Medicare Part D phase details.
Costs that count toward catastrophic coverage include:

- Your deductible
- Your co-pay/coinsurance during the initial coverage phase

Your monthly premiums, the cost of noncovered medicines, and the cost of covered medicines from pharmacies outside of your health plan's network **do not** count toward the $2400 out-of-pocket cap before moving into the catastrophic coverage phase.

Co-pays and coinsurance

Q If I'm enrolled in Medicare, can I use manufacturer co-pay savings programs to cover my medicine costs?

A If you are covered under Medicare, you are not eligible for co-pay cards and coupons to pay for your prescription medicines.

Q How does a co-pay differ from coinsurance?

A Co-pays and coinsurance are amounts you pay for prescription medicines after your deductible has been paid. A co-pay is a fixed amount you pay for a medicine you take; coinsurance is a percentage of the total prescription medicine cost, not a fixed amount.

Enrollment and health plan changes

Q Can I remain on my employer-sponsored coverage after I turn 65?

A After you turn 65, you may remain on your current employer health plan. You can delay enrolling in Medicare until the employment ends or the coverage stops (whichever happens first), without any penalties. If your employer has fewer than 20 employees, they may designate Medicare as your primary insurance. This means Medicare would pay first, before your employer health plan. **You should always talk to your employer, union, or other benefits administrator before you make changes or sign up for any other health plan.** In some cases, joining a Medicare prescription plan could cause you, your spouse, or your dependents to lose your employer or union health coverage, so it is important to understand the rules of your health plan.

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Medicare Part D tools



When making changes to your health plan

- **CALL** your pharmacy and ask about the monthly costs for your medicines under your health plan coverage
- **REVIEW** your coverage, even if you are already enrolled in Medicare
- **CHECK** the Medicare compare tool (**Medicare.gov/plan-compare**) to help select the right coverage option for you



When looking for financial assistance options

- **THINK ABOUT** resources such as Extra Help, if you qualify
- **CHECK** to see if you qualify for resources like Extra Help at **SSA.gov/extrahelp**
- **LEARN** how a VynAssist Access Care Manager can support you throughout the VYNDAMAX access journey at **myVynSupport.com**

Pfizer Rare Disease

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