

Understanding Medicare Part D

A resource for patients taking VYNDAMAX

What Is Medicare?

Phases of Part D

Extra Help/ LIS

Helpful Resources

Open Enrollment

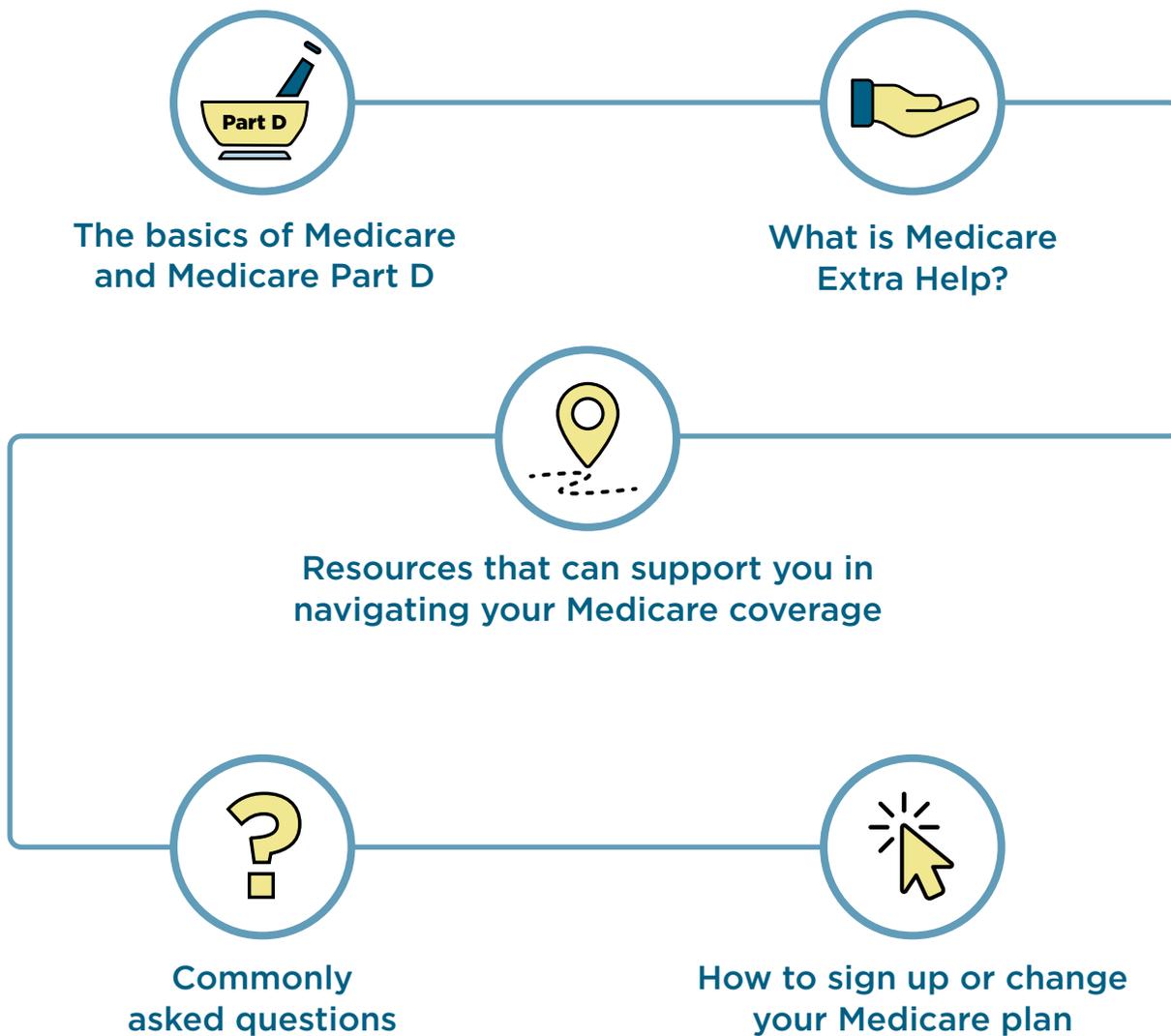
Commonly Asked Questions

Glossary

Introduction

Health insurance coverage can be difficult to understand, especially when trying to figure out how much you will pay for prescription drugs.

This guide pertains to **Medicare Part D**, which is the part of Medicare that covers prescription drugs you receive through a pharmacy. This guide explains:



Also, the **Glossary** at the end of this guide explains any terms that may be unfamiliar.

What Is Medicare?

Medicare is a federal government health insurance program for people ages 65 and older, and certain people with disabilities.¹ It differs from private (or “commercial”) insurance in that it is run by the government instead of private insurance companies.¹

Original Medicare

“Original Medicare” covers physician and hospital services under **Part A** and **Part B**.²

A

Part A covers expenses such as inpatient care in hospitals, skilled nursing facility care, hospice care, and some home healthcare.²

B

Part B covers general healthcare services such as care from healthcare providers, outpatient care, infusion costs including the cost of infused drugs, preventive services, some home healthcare, and some medical equipment.^{2,3}

Medicare Advantage

Medicare Advantage, or Medicare **Part C**, is an alternative plan that seniors can sign up for to receive their Medicare coverage. Medicare Advantage plans, which are managed care plans, provide coverage for all of **Part A**, **Part B**, and usually **Part D** (prescription drugs).²

C

In most cases, you'll need to use healthcare providers who participate in the plan's network.² However, many plans offer out-of-network coverage, though sometimes at a higher cost.² Medicare Advantage premiums may be higher, but sometimes total expected out-of-pocket cost is lower compared to Original Medicare.^{2,4} These plans may also include extra benefits like hearing, vision, and dental coverage.²

Prescription Drug Coverage

Medicare **Part D** helps cover the cost of prescription drugs.

You can enroll in a stand-alone **Part D** plan to get your prescription drug coverage, or you can enroll in a Medicare Advantage plan that includes prescription drug coverage.²

This guide will specifically discuss Part D

D

Medicare prescription drug plans are run by private insurance companies that follow rules set by Medicare. Most people will pay monthly premiums and co-pays or coinsurance for each prescription they need. If you decide to have a Medicare Advantage plan, it may include a Part D plan.²

To qualify for Medicare, you must meet one of the following criteria^{1,5}:



Aged 65 years or older



Under 65 years of age and receive Social Security Disability Insurance (SSDI) for 24 months due to severe disability



Have end-stage renal disease, regardless of age or income



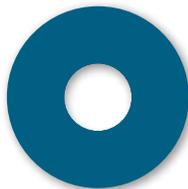
Receiving SSDI due to amyotrophic lateral sclerosis/
Lou Gehrig's disease

Understanding the Part D Benefit Design and Your Out-of-Pocket Costs

There are 4 phases of Medicare Part D coverage.⁶ The limits of each phase are defined every year. During each phase, you'll be responsible for a different portion of the cost of your prescription drugs in addition to your plan's monthly premiums. These phases apply to all of your prescription drugs, including VYNDAMAX® (tafamidis). The limits below are the set amounts for 2021, and may change each year.

Deductible Phase

Depending on which Part D plan you choose, the deductible may be up to \$445 or you may not have a deductible at all.^{6,7}

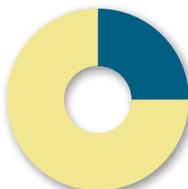


 Patient pays **100%**

Patient share = up to \$445

Initial Coverage Phase

After you meet your deductible, you and your insurance plan will split part of the prescription drug costs. Your part will be a co-pay or coinsurance. Most patients will pay a 25% coinsurance. The initial coverage phase lasts until total spending by you and your health plan equals \$4,130 (including deductible).⁶



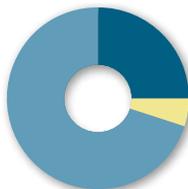
 Patient pays **25%**

 Plan pays **75%**

Patient share = approximately \$900

Coverage Gap or "Donut Hole"

After the \$4,130 limit is met, you enter the coverage gap, also known as the donut hole. During this phase, most patients are still responsible for a 25% coinsurance. This phase lasts until your out-of-pocket costs (including costs in the deductible and initial coverage phases) and the manufacturer's payments add up to \$6,550.^{6,8}



 Patient pays **25%**

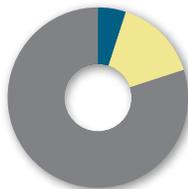
 Manufacturer pays **70%**

 Plan pays **5%**

Patient share = approximately \$1,300

Catastrophic Coverage Phase

After you have exited the coverage gap, you will be in a final phase called catastrophic coverage. During this final phase, you will pay 5% of the cost of covered drugs unless it is a generic drug.^{6,9}



 Patient pays **5%**

 Government pays **80%**

 Plan pays **15%**

Until January 1 of the following year

The phases of Part D reset at the start of a new benefit year, January 1.

Understanding the Phases of Part D and Your Out-of-Pocket Costs

With some prescription drugs, you can go through

MULTIPLE Part D phases with one prescription.



This will happen with VYNDAMAX® (tafamidis).

Therefore, your first month of taking VYNDAMAX will likely cost more than the following months.

While you can find cost estimates online using tools like [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)



...it is best to communicate with your specialty pharmacy to understand the monthly cost of VYNDAMAX specific to your insurance coverage.



If you are concerned about the cost of your medication, **VyndaLink®** may be able to help you find support to manage the costs of your medicine. You can call **VyndaLink** at 1-888-222-8475 (Monday-Friday, 8 AM-8 PM ET) or visit www.vyndalink.com/patient for more information.

What Is Medicare Extra Help?

Medicare Extra Help, also called the Medicare Part D Low-Income Subsidy (LIS) program, is a federal program that will pay part of the costs for prescription medications to lower the out-of-pocket costs for eligible Medicare Part D patients who have limited income and resources.¹⁰

If you qualify for Extra Help, you can potentially pay a lower price for your prescription drugs

2021 Extra Help/LIS and Dual Eligible* beneficiary costs¹¹⁺



The coverage gap is eliminated for patients receiving Extra Help.¹²

Full LIS Medicare patients pay no more than
\$9.20
per VYNDAMAX[®] (tafamidis) prescription.

For more information on Extra Help and other resources that could potentially help with your out-of-pocket costs, visit www.medicare.gov/your-medicare-costs/get-help-paying-costs

*Dual Eligible = patients who have both Medicare and Medicaid.

†2021 prices listed, prices and limits are subject to change each year.

Who Is Eligible?

Some patients are automatically eligible, while others need to enroll.



Automatic Enrollment

For patients who match any of the below criteria²:

- Have both Medicare and Medicaid—in which case, you are considered Dual Eligible
- Receive Supplemental Security Income benefits
- Receive help paying Medicare Part B premiums from a state Medicaid program (in a Medicare Savings Program)



Enroll Through Application

For patients who meet all of the below criteria²:

- Have income and assets below the limits (detailed below)
- Live in the 50 states or District of Columbia (if you are a resident of a US territory, separate Extra Help options are available)

2021 Extra Help Income Requirements and Benefits: (subject to change annually)

Medicare Part D	Dual Eligible ^{13,14*} (eligible for Medicaid and Medicare)	Full Subsidy ^{13†}	Partial Subsidy ¹³
Yearly Income [‡]	Single ≤\$12,880 Married ≤\$17,420	Single ≤\$17,388 Married ≤\$23,517	Single ≤\$19,320 Married ≤\$26,130
Co-pay [§]	\$4.00 (brands)	\$9.20 (brands)	\$9.20 (brands)
Coverage gap ¹²	NONE ¹⁵	NONE	NONE
Premium	\$0	\$0	Sliding Scale
Deductible	\$0	\$0	\$92.00

*Full-benefit dual eligible beneficiaries who receive a full range of Medicaid assistance, and Qualified Medicare Beneficiaries (QMBs) who are part of the Medicare Savings Program (MSP), with incomes ≤100% Federal Poverty Limit (FPL), are required under Medicare Part D to pay a \$4.00 co-pay for brand name drugs.

†Full subsidy includes individuals with incomes ≤135% FPL and who receive financial help through the MSP. It includes specified low-income Medicare beneficiaries (SLMBs) and qualifying individuals (QIs). It also includes other eligible LIS beneficiaries who meet the full subsidy income and assets requirements.

‡Yearly income based on 2021 Federal Poverty Guidelines for the contiguous 48 states plus the District of Columbia. May vary in Alaska and Hawaii.

§Depending upon the 2021 subsidy level, co-pays for generic formulary products are \$1.30 or \$3.70. Institutionalized full-benefit, dual eligible beneficiaries who have full Medicaid benefits and reside in an institution have a \$0 co-pay for Medicare-covered drugs.¹³

||\$0 monthly premium for partial LIS patients at or below 135% FPL.¹³

Resources That Can Help With Medicare Part D Coverage

Resources to help understand your costs and financial assistance options

Specialty Pharmacy



It is important to communicate with your specialty pharmacy to understand the monthly cost of VYNDAMAX® (tafamidis) specific to your insurance coverage.

Explanation of Benefits

Every month, you will receive an explanation of benefits (EOB) either in the mail or online from your Part D plan.



This explanation is not a bill. The EOB makes you aware of:



Current Medicare Part D phase



Your total out-of-pocket costs to date



Other details about your claims

This is a tool that can help you keep track of your out-of-pocket costs and also help you be aware of your current Medicare Part D phase.

Medicare

To find out more about Medicare, visit www.medicare.gov. The Medicare website offers many resources. To ask specific questions about your claims, medical records, or expenses, call **1-800-MEDICARE** (1-800-633-4227).

VyndaLink can help you understand your insurance coverage and look for potential financial assistance options to help pay for your VYNDAMAX® (tafamidis) prescription.*



Alternative funding sources

If you need help with the cost of your medicine, **VyndaLink** can check to see if you may be eligible for Medicare Extra Help or alternative sources of funding, and **VyndaLink** can provide information on how to apply.



Patient Assistance Program

If support through an alternative funding source is not an option, you may be eligible to receive VYNDAMAX at no cost through the Pfizer Patient Assistance Program.†

If you have a prescription for VYNDAMAX, you and your physician can complete the **VyndaLink** enrollment form from **www.VyndaLink.com** and either fax it to 1-888-878-8474 or mail it to **VyndaLink** at PO Box 221296, Charlotte, NC 28222. Please follow the directions on the form and complete all insurance and financial information in order for **VyndaLink** to assess your eligibility for financial assistance.



To learn more, visit
www.vyndalink.com/patient.

OR



Call **1-888-222-8475**
(Monday-Friday, 8 AM-8 PM ET).

*The same VyndaLink support offerings available to patients prescribed VYNDAMAX are also available to patients prescribed VYNDAQEL (tafamidis meglumine).

†Criteria depend on a number of factors, including the specific medicine prescribed, insurance status, and household size and income. The Pfizer Patient Assistance Program is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation™. The Pfizer Patient Assistance Foundation is a separate legal entity from Pfizer Inc., with distinct legal restrictions.

How to Compare Plan Options During Open Enrollment

Open enrollment is a specific time of year when you can make changes to your Medicare plan to help ensure you have the right plan for your needs. When open enrollment begins, check your VYNDAMAX® (tafamidis) coverage.



When open enrollment approaches, you have the chance to check if your current plan will still be the most affordable option for you. Factors to consider and explore include:

- Whether your prescription medications are on your plan's drug formulary (a list of drugs covered under the plan)
- Potential total out-of-pocket costs, which include:
 - Your deductible
 - Plan premiums
 - Co-pay and coinsurance for your medications



In some cases, it might be more affordable for you to bundle your prescription drug coverage with a Medicare Advantage plan (also known as Part C). Medicare Advantage plans include Part A, Part B, and usually Part D.

Medicare Plan Compare

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

- 1** When you conduct your search, you will select what kind of plan you are looking for (eg, Medicare Advantage, Part D drug plan, Medigap) and identify any sources that help with your costs such as Medicaid or Supplemental Security Income.
- 2** Click “Yes” to see drug costs when you compare plans.
- 3** Select the type of pharmacy you usually use to fill your prescriptions, but note that you should include “Mail Order” since VYNDAMAX is a specialty drug that is fulfilled through mail order directly to your home.
- 4** You will then input VYNDAMAX and the quantity of your prescription, along with any other prescriptions you take.
- 5** Once you are viewing all the plan options, be sure to click “Plan Details” to show the specific details for each plan. These details include your estimated annual premium and drug costs, and a breakdown of your estimated monthly drug costs, which will help you compare and select the best plan for your prescription drug needs.

When to Make Changes to Your Medicare Plan²

Beginning October 1

-  You can see if you can save on your out-of-pocket costs or total Medicare costs, check to see if your prescription drugs will be covered, and make a decision about whether you want to change your plan
-  Visit www.medicare.gov/plan-compare to enter your prescription drugs and compare your coverage options

October 15 to December 7—Open Enrollment

-  This period is your only opportunity to change your Medicare health plan and/or prescription drug plan during the year. During this time, you can change your coverage choices for the upcoming year, which will become effective January 1. Some exceptions apply if you are new to Medicare or currently on a Medicare Advantage plan

January 1

-  New coverage begins
-  If you changed your plan, your new plan starts on this date; if you kept your existing plan, any benefit changes or costs related to your plan will start on this date

January 1 to March 31—Medicare Advantage Plan Changes

-  During this time, beneficiaries currently on a Medicare Advantage plan may make changes to their Medicare Advantage plans or switch back to Original Medicare. Those with Original Medicare coverage cannot make changes to their coverage or join a Medicare Advantage plan during this time. Any changes made during this time will be effective on the first of the month after your request

Commonly Asked Questions

Premiums, deductible, and out-of-pocket costs

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

- Premium: a set rate that you pay each period (eg, monthly) for your Part D plan²
- Deductible: amount you pay for your prescription drugs before your insurance starts to help pay⁷
- Out-of-pocket costs: any amount that you are paying on your own for your prescription drugs, including your deductible, co-pays, and coinsurance¹⁶

Is there a Medicare Part D deductible?

Your Part D plan may have a deductible that you must pay before your plan begins to pay a portion of your covered drugs. However, some plans do not have a deductible.⁶

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

There are many factors that will affect the out-of-pocket cost of your drugs. Your out-of-pocket costs could vary each month based on which phase of your Part D plan you are in, which is driven by your spending on Part D-covered medicines.² It's important to review your plan choices during the open enrollment period and consider the potential cost changes when deciding about keeping or changing your Part D plan.

Commonly Asked Questions (cont'd)

Premiums, deductible, and out-of-pocket costs (cont'd)

What out-of-pocket expenses are included in the portion I pay before I reach catastrophic coverage for Medicare Part D?

See page 5 for Part D Phase details. Expenses that count toward catastrophic coverage include⁶:

- Your deductible
- Your co-pays or coinsurance during the initial coverage period
- Your costs during the coverage gap period, including costs paid by family members, charities, or other persons on your behalf for prescription drugs and costs paid by the State Pharmaceutical Assistance Programs, AIDS Drug Assistance Programs, or the Indian Health Service

Your monthly premiums, the cost of noncovered drugs, and the cost of covered drugs from pharmacies outside of the plan's network do not count toward the out-of-pocket limit to reach catastrophic coverage.⁶

Co-pay and coinsurance

Can Medicare enrollees use manufacturer co-pay savings programs for their prescription drug costs?

Patients covered under Medicare are not eligible for a co-pay card or coupon to pay for their prescription drugs.¹⁷

How does a co-pay differ from coinsurance?

Co-pays and coinsurance are amounts you pay for your covered prescriptions after your deductible has been paid. You pay your share and your drug plan pays its share for covered drugs. A co-pay is a fixed amount that you pay for a medicine you take. Coinsurance differs because it is a percentage of the total drug cost, instead of a fixed amount.²

Commonly Asked Questions (cont'd)

Enrollment and plan changes

When can I join, switch, or drop a Medicare drug plan?

When you first become eligible for Medicare, you can join during your Initial Enrollment Period, which is the 7-month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65. If you get Part A and Part B for the first time during the General Enrollment Period (which is January 1-March 31 of each year), you can also join a Medicare drug plan (Part D) from April 1-June 30. Your coverage will start on July 1. You can join, switch, or drop a Medicare drug plan between October 15-December 7 each year. Your changes will take effect on January 1 of the following year, as long as the plan gets your request before December 7. If you're enrolled in a Medicare Advantage Plan, you can join, switch, or drop a plan during the Medicare Advantage Open Enrollment Period, between January 1-March 31 each year.²

Do I need to renew my Medicare health or prescription coverage each year?

If you are already enrolled in Medicare, you don't need to sign up every year. However, during the open enrollment period each year, you should review your coverage to ensure that your plan meets your needs.² The Medicare Plan Compare tool offers helpful ways to view your coverage options. You can access it at www.Medicare.gov/plan-compare.

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

After you turn 65, you may remain on your creditable health insurance coverage from an employer for which you or your spouse actively works. You can delay enrolling in Medicare until the employment ends or the coverage stops (whichever happens first), without incurring any late penalties if you enroll later. If your employer has fewer than 20 employees, then they may designate Medicare as your primary insurance. This means Medicare would pay first before your employer health insurance. You should always talk to your employer, union, or other benefits administrator about their rules before you make changes or sign up for any other coverage. In some cases, joining a Medicare drug 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 that your health insurance sets.²

Commonly Asked Questions (cont'd)

Other questions

What is the difference between a medical benefit and a prescription benefit?

Your medical benefit helps pay for services such as routine medical care, doctor visits, preventive services, hospital stays, emergency services, mental and behavioral health, and substance abuse treatment. Your prescription benefit helps pay for the cost of medications prescribed by a doctor and filled by a retail or mail-order pharmacy.¹⁸

What is a specialty pharmacy?

Some prescriptions belong to a unique group of drugs called “specialty drugs.” These prescriptions may be managed in a specific way or require special handling. VYNDAMAX® (tafamidis) is fulfilled by a specialty pharmacy, which means that you do not pick up the medication at a retail pharmacy, but have it shipped by mail directly to your home address.

Where can I find help with financial assistance if I’m worried about the cost of my VYNDAMAX prescription?

VyndaLink® can help you understand your insurance coverage and look for potential financial assistance options to help pay for your VYNDAMAX prescription. To learn more, visit www.vyndalink.com/patient or call **1-888-222-8475** (Monday-Friday, 8 AM-8 PM ET).

Glossary

Assets

Assets are resources such as checking and savings accounts, stocks, bonds, mutual funds, retirement accounts, and real estate.¹⁹

Coinsurance

An amount you may be required to pay for medical services after you have paid any deductibles. Usually coinsurance is a percentage of the total cost (not a fixed rate).²

Co-pay

An amount you may be required to pay for medical services such as a doctor's visit, hospital outpatient visit, or prescription drug. Usually a co-pay is a set amount, not a percentage.²

Co-pay Card

A type of discount provided by a pharmaceutical company for medications. Patients covered under Medicare are not eligible for a co-pay or co-pay coupon to pay for their prescription drugs.¹⁷

Deductible

The amount you pay for medical services or prescription drugs before your plan starts to pay a portion of the cost.²

Dual Eligible

If you qualify for Medicare and Medicaid, you are considered to be Dual Eligible.²

Formulary

A prescription drug plan will have a list of drugs that are covered under that plan. The formulary will likely have different levels, known as tiers, that the prescription drugs are listed under. The tier level will affect the price of the drug on the formulary. The lower the tier, the lower the cost of the drug.²

Government Insurance

Government insurance, also known as public insurance, refers to plans such as Medicare, Medicaid, TRICARE, Indian Health Service, Veterans Health Administration program, and the State Children's Health Insurance Program. These programs are different from commercial insurance plans, which are run by private companies or nongovernmental organizations.^{1,18}

Glossary (cont'd)

Medical Benefit

Your medical benefit helps pay for services such as routine medical care, doctor visits, preventive services, hospital stays, emergency services, mental and behavioral health, and substance abuse treatment.¹⁸

Medigap

A Medigap policy is another term for Medicare Supplement Insurance. These supplemental plans can help pay for some of the remaining healthcare costs for covered services like co-pays, coinsurance, and deductibles. Medigap policies can no longer be sold with prescription drug coverage, so you will need a separate prescription drug plan. If you already have drug coverage under a current Medigap policy, you can keep it.²

Prescription Benefit

Your prescription benefit helps pay for the cost of medications prescribed by a doctor and filled by a pharmacy.¹⁸

Private Insurance

Another common term for commercial insurance, such as insurance you receive from your employer.

Public Insurance

Another common term for government-sponsored insurance, such as Medicare or Medicaid.

Medicare Part D Tools



When making changes to your plan...

- Communicate with your specialty pharmacy to understand monthly costs for your prescriptions specifically for your insurance coverage
- Use the Medicare Compare tool (www.Medicare.gov/plan-compare) to view plans and choose the coverage option for you



When looking for financial assistance options...

- Consider resources such as Extra Help, if you qualify
- Contact **VyndaLink**[®] support to help you and direct you to potential financial assistance options



For other questions about Medicare...

- To find out more about Medicare, visit www.medicare.gov. The Medicare website offers many resources
- To ask specific questions about your claims, medical records, or expenses, call **1-800-MEDICARE** (1-800-633-4227)



VyndaLink can help you understand your prescription insurance coverage for VYNDAMAX and look for potential financial assistance options.

To learn more about how **VyndaLink** can be of support,



visit **www.vyndalink.com/patient**

OR



call **1-888-222-8475** (Monday-Friday, 8 AM-8 PM ET).

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To find out more about Medicare, visit www.medicare.gov.

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