# UNDERSTANDING YOUR GLAUCOMA MEDICATION COSTS



### Your deductible begins every January

There are many different coverage plans. Medication coverage may change to include additional options for you. This example can help address questions you may have about prescription costs.



#### **DEDUCTIBLE**

 Your medication costs will be lower when your deductible is met

### **Summary of your out-of-pocket cost**

#### **Average copay (fixed amount):**

• \$36 to \$66 for brand-name medications<sup>1,\*</sup>

**Note:** Most commercially insured patients may have access to manufacturers' copay programs

#### **Average coinsurance (percentage of cost):**

• 25% to 35% for brand-name medications<sup>1,\*</sup>



#### **DEDUCTIBLE**

- You will be responsible for all costs until \$505 is paid<sup>2,†</sup>
- After your deductible is fulfilled, you pay 25% of the cost of medications<sup>3,†</sup>

Patients with a dual-eligible and low-income subsidy (LIS) pay no more than \$10.35 for brand-name medications<sup>4</sup>

The average patient cost is \$42 for brand-name medications and 40% for generic medications<sup>5,‡</sup>

#### Donut hole, also known as coverage gap<sup>3</sup>

- You pay 25% of the cost of medications<sup>3,†</sup>
- Once you and your plan have spent \$4660 on covered drugs in 2023, you're in the coverage gap. This amount may change each year<sup>3,†</sup>

<sup>\*</sup>Costs based on 2021 commercial plan values.

<sup>&</sup>lt;sup>†</sup>2022 values for the standard Medicare Part D medication benefit, to which all Part D plans must be actuarially equivalent. Actual plan designs and cost sharing can vary. <sup>†</sup>Costs based on 2021 Part D plan values.

## **QUESTIONS YOU MAY HAVE**

#### **COMMERCIAL INSURANCE PRESCRIPTION**

What is a deductible?

Your **deductible** is the total cost you pay for health care services before your insurance starts to pay.

What is the difference between copay and coinsurance?

**Copays** are fixed fees that cover part of your medical services. This cost is set by your health plan. **Coinsurance** is the percentage of costs that you will need to provide after you have paid your yearly deductible.

Can I use copay savings programs to pay for the cost of my medication?

Patients who meet the manufacturer's savings program eligibility requirements can enroll to receive help with medication costs. Patients covered under government-funded insurance are not eligible. Check with manufacturers for any additional program requirements.

Can I use a health savings account (HSA) or flexible savings account (FSA) for my prescription medication?

Yes. If you have an HSA or FSA with available funding, this could be an option to help with costs. An HSA has no annual expiration. It can be used on medical expenses such as prescription medication, before or after the deductible is met. You can use FSA funds before they expire at the end of each calendar year to pay for certain medical and dental expenses, such as prescription medications.

#### MEDICARE PART D PRESCRIPTION COVERAGE

What are my out-of-pocket costs for dual-eligible and low-income subsidy (LIS) programs for branded medications?

LIS plans have low copays; patients with LIS have no deductible and pay no more than \$10.35 for brand-name medications.4

#### **PRESCRIPTION COSTS**

What are the options for receiving my prescription?

You may be given an option to purchase a 30-day supply of medication or the opportunity to buy a 90-day supply, which contains three, 30-day supplies with potential savings and convenience.

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