## Affordability Options for Prescription Drugs

This summary presents resources that may assist patients with their prescription drug costs and correlates the options with primary insurance status.

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| *Note: The ability to enroll/disenroll and switch between types of Medicare coverage and Medigap plans is limited to the annual open enrollment periods, unless specific circumstances qualify a beneficiary for a Special Enrollment Period (SEP).

Medicaid eligibility criteria varies by state.

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**GLOSSARY**

**Drug Discount Cards:** Discount drug cards provide discounts off the purchase price of certain medications and may be used by people who are uninsured or choose not to use their insurance. Not all medications are included and the amount of discount varies. Some discount cards are free and others must be purchased. The cards are offered by state governments, drug companies, non-profit, and for-profit businesses.

**Exception Request:** Under most prescription drug benefit programs, a beneficiary, or a provider on the beneficiary's behalf, may request a coverage determination regarding his or her drug benefits, including the amount that a payer requires a patient to pay for a prescription drug. Policies and specific processes may vary by plan.

**Independent Charitable Organizations:** As used in this resource, “independent charitable organizations” are those organizations and programs that offer assistance with prescription out-of-pocket costs to insured individuals, including those whose prescriptions are paid, in whole or part, by any state or federally-funded programs such as Medicare, Medicaid, Medigap, VA, DOD, TRICARE, or State Pharmaceutical Assistance Programs (SPAPs). This classification differs from Manufacturer’s Co-Pay Assistance Programs (see below), which are specifically prohibited from use with state or federally-funded programs.

**Manufacturer’s Co-pay Assistance Programs:** Some pharmaceutical manufacturers offer assistance with out-of-pocket costs for the drugs they sell. Support may include savings on private insurance co-pay and coinsurance medication costs. Use of co-pay assistance cards is prohibited if prescriptions are paid in whole or in part by any state or federally-funded program including, but not limited to, Medicare or Medicaid, Medigap, VA, DOD, TRICARE, or State Pharmaceutical Assistance Programs (SPAPs). Qualified Health Plans (QHPs) offered through Health Insurance Marketplaces are not considered federal healthcare programs. Thus, QHP enrollees may be eligible for co-pay assistance programs.

**Medicare Low Income Subsidy (LIS):** LIS is a Medicare program to help people with limited income and resources pay Medicare prescription drug costs. This program is also called “Extra Help”. Those who qualify can receive help paying the drug plan premium, deductible, coinsurance, and co-payments, and have no gap in coverage.

**Medigap (Medicare Supplement Insurance):** Medigap policies, sold by private insurance companies, help pay for some of the healthcare costs that Original Medicare (Medicare Parts A and B) does not cover, including co-payments, coinsurance, and deductibles. Medigap does not cover costs associated with Medicare Part D or Medicare Advantage (Medicare Part C).

**Qualified Medicare Beneficiary (QMB):** The QMB Program is one of the Medicare Savings Programs available to low-income Medicare beneficiaries who meet the eligibility criteria. QMB helps pay for Part A and/or Part B premiums, deductibles, coinsurance, and co-payments, and thus may help with the out-of-pocket costs associated with Medicare Part B drugs.

**State Pharmaceutical Assistance Programs (SPAPs):** States can offer help paying drug plan premiums and/or other drug costs. Eligibility may be based on financial need, age, or medical condition. Benefits may vary between programs.

**REFERENCES:**