

Health Insurance 101: Covering the Basics



*A brief introduction to the
general terms and processes of
health insurance coverage plans*



What is health insurance?

Health insurance is a type of insurance that helps cover the cost of different medical expenses, including surgery, prescription medications, doctor appointments, tests, and more. Health insurance is provided through a health insurer, who covers these costs either in part or in full.

Who provides health insurance?

There are two types of health insurance:



Commercial/private health insurance

Offered through an employer — either your own, or that of a spouse or partner — such as a private company or nongovernmental organization. They help pay for some of the costs of health insurance.

This type of insurance can also be purchased out of pocket. Exchange plans are another alternative which allows you to purchase your own affordable insurance through the healthcare insurance marketplace.



Government-sponsored health insurance

Government programs, primarily paid for through taxes, for certain groups of people.

Medicaid is for low-income individuals and families, or for those who are pregnant, elderly, and/or disabled.

Medicare is for people who are older than 65 years of age, people who are younger and have a disability, or people who have end-stage kidney disease (permanent kidney failure). There are four phases to Medicare drug coverage that change throughout the year based on the amount you have already paid for prescription medication(s). To learn more about the four phases, [click here](#) to visit the Medicare website.

TRICARE is for people who are currently serving or have previously served in the military. Their families are also covered.

Do you need help selecting insurance?

If you need help selecting insurance, several insurance advocacy groups can assist you.

For individuals who are uninsured or underinsured, it is important to explore other options, such as a patient assistance program. For specialty drugs, an AMICUS ASSIST® case manager may be able to provide more information on this type of program.

Rx \$ What prescription medications do health insurance plans cover?

Medications are sorted into different classifications that vary based on the health insurance you have. How a medication is listed determines how much you may pay for it.

Formulary: A list of preferred medications. Though these are covered by your prescription plan, you may be charged a co-pay. Formulary medications are what are most commonly prescribed.

Non-formulary: A list of non-preferred medications that have lower-cost alternatives that work just as well to treat an illness or disease. You may pay more for these medications.

Exclusion: A list of medications that are not covered by your insurance plan. You would be responsible for paying the full cost of these medications.

Prior authorization may be necessary to cover your medication

Some medications require approval from your health insurer before they can be prescribed to you. Otherwise, they may not be covered. This is where a process called prior authorization comes into play. Your health insurer will review the medication based on how necessary it is for treating your condition.



First, your healthcare provider will provide your health insurer with their reasoning for why this medication is needed for you.



Then, typically in about 1-2 weeks, you will be notified about your health insurer's decision.



If your prior authorization is denied, you and your healthcare provider can choose to appeal this decision if your insurance plan allows it. Common reasons for denial include lack of information or incorrect information, which are often easy to address. You may also be allowed to appeal more than once.

Payment-related terms you should know

Premium: The amount you pay each month for health insurance. Your premium is based on the plan you choose to purchase and/or renew each year.

Deductible: The amount you pay for covered healthcare services before your health insurance begins to pay.

Co-payment or co-pay: The fixed amount you pay for a service after a deductible is paid. Some companies offer co-pay assistance to help reduce out-of-pocket costs for patients with commercial insurance. Visit [AmicusAssist.com](https://www.AmicusAssist.com) to learn more.

Out-of-pocket (OOP) maximum: The limit on the amount you have to spend on covered services in a year. Once this total is reached, your health insurance will pay for 100% of the cost of services covered under your plan.

Rx What is a specialty drug?

Specialty drugs are mostly prescribed for complex, chronic, and rare medical conditions. These diseases may get worse over time, may have no known cure, and could be debilitating or fatal if left untreated. Specialty drugs can potentially have a high monthly cost. They often need additional support beyond the usual dispensing process, and are therefore typically handled by **Specialty Pharmacies** rather than traditional retail pharmacies.

There are two ways in which specialty drugs may be covered, depending on the type of medication and how it is administered:

Medical Benefit: Includes drugs that are injected or infused by a healthcare professional in a doctor's office, infusion center, or hospital outpatient center.

Pharmacy Benefit: Includes drugs that are self-administered either orally, by injection, or by inhalation.

For more common terms and their definitions, visit [healthcare.gov](https://www.healthcare.gov).

Questions about your specific insurance?

Contact your health plan directly

It is common practice for insurance companies to provide a patient portal to help answer your questions. These are services that are dedicated to helping you throughout the insurance process. Information on how to reach your insurer is usually available on the back of the insurance card they provided you.



AMICUS ASSIST® is committed to helping you get access to your prescribed treatment. Please see the last page of this brochure for more information on the services we provide.

*AMICUS ASSIST[®] is designed to support you at every step on your treatment path.**



Once your healthcare provider has prescribed your treatment and you are enrolled in the program, AMICUS ASSIST will provide you with a dedicated case manager who will be your point of contact for accessing the product support services.

*Individuals must be prescribed an Amicus medication for an approved indication to be eligible for support from AMICUS ASSIST[®].

Your case manager can:



Verify and explain your insurance coverage



Assist with the prior-authorization process



Help coordinate prescription delivery



Identify possible sources of financial assistance



Provide ongoing product support throughout your treatment journey



Spanish-speaking case managers are available upon request



Connect with a case manager at:

1-833-AMICUS-A (1-833-264-2872) | Monday – Friday | 8AM – 8PM ET



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