

Augmentation therapy is expensive, so having **insurance coverage** for your infusions is very important. When your insurance changes or there is an open season, coverage for your augmentation therapy should be a major consideration. Here are some questions to ask your HR department or the insurance company when considering changing your plan:

- Does your insurance have a high deductible? You can sometimes buy a “cheaper” plan that ends up costing you a lot more in deductibles, cost-sharing or copays than the premiums themselves.
- Is augmentation therapy covered under major medical or the drug plan? Is there a separate deductible for each?
- Are there copays or co-insurance that would apply to your infusions?
- Will you be able to get your infusions at home? Is there a cost difference for home infusions versus going to an infusion center or a healthcare provider’s office?
- What about your other medications? Be sure to check about coverage for any other expensive medications.

**Medicare:** Traditional Medicare normally covers infusions under Part B in a hospital setting, and, in some situations at home (for example, if you are homebound). If you do not have a supplement, you will have a significant cost share.

Infusions can sometimes be covered under Part D (Drug Plan) or Part C (Advantage Plans), but be diligent about checking formularies, deductibles and copays. Advantage plans should only be chosen if you are certain augmentation therapy is a covered item when the Advantage Plan includes a drug plan. Many do not.

#### When is open season?

- **Health Insurance Marketplace (federal exchange):** November 1, 2024 – January 15, 2025 (but for coverage to begin January 1, 2025, enroll by December 15, 2024)
- **Medicare:** October 15 – December 7, 2024
- **State-run marketplaces:** Depending on the state, may begin as early as November 1, 2024, and end between December 15, 2024 – January 31, 2025

**Prior Authorizations:** These reviews typically take place every 12 months or anytime you obtain new insurance. Your healthcare provider’s office will usually not know when they expire, but your pharmacist or specialty pharmacy will. It is helpful to know when your prior authorization needs to be resubmitted because your specialty pharmacy and/or your healthcare provider’s office requires some lead time to obtain the prior authorization from the insurance company. The goal is to eliminate or minimize the number of infusions that you miss.

**Prescriptions:** Make sure your prescription is not expiring soon. Keep track of the expiration date. Typically, a prescription is good for up to a year. Sometimes a call by the patient to the healthcare provider’s office is necessary to get a new prescription signed.

**Financial Assistance:** There are some **assistance programs** available for Alphas on augmentation therapy. Some help pay for insurance premiums and some help with copays. You might be eligible for both. Ask your AlphaNet Coordinator for information on the programs. They cannot tell you if you qualify, but they can point you to programs that you should investigate. Some organizations that provide financial assistance are [Accessia Health](#), [National Organization of Rare Disorders \(NORD\)](#) and [The Assistance Fund \(TAF\)](#)

If you are on a waiting list for financial assistance, you will normally have to reapply at the beginning of every year. If you have financial assistance, you usually have to send in some documents before the beginning of each year to continue to qualify. There is usually a wait to make sure there is enough money to continue to keep you on the list. If you get infusions at home, try to time the delivery of medication so you have some beginning the new year.

For more information on insurance, look in the [Big Fat Reference Guide \(BFRG\)](#).