

# Health Insurance: Understanding the Basics

Please see Important Safety Information on pages 18-19.  
Please see full Prescribing Information, including the  
Medication Guide, and discuss with your doctor.

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## Making sense of the mystery

For many people, health insurance is a mystery. The insurance process can be complex and confusing, but understanding it can play a key role in managing your treatment plan.

● This brochure is designed to give you a better understanding of:

- **Medical and prescription drug insurance**
- **The different kinds of coverage available**
- **The prescription benefits process and the steps to getting started on treatment**
- **Commonly used insurance terms**



Your personal Ambassador\* is here to help you:

- **Understand insurance and medical terminology**
- **Feel empowered to interact with your healthcare team**

**Simply call 1-844-ONCREON (1-844-662-7366).**

\*Ambassadors are provided by AbbVie and do not work under the direction of your healthcare professional (HCP) or give medical advice. They are trained to direct patients to their HCP for treatment-related advice, including further referrals.

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# What is health insurance?

- Health insurance is a type of insurance that helps cover what we spend to maintain our health and wellness. Coverage includes:



or



## **Medical services**

such as doctor visits, hospital stays, surgical care, laboratory tests, mental healthcare services, and preventive and wellness care

## **Prescription drug expenses**

such as the cost of medicines you take

# What are the types of health insurance?

- There are 2 major types of health insurance:



## **Insurance offered by privately owned companies:**

- Insurance you purchase on your own
- Insurance provided by your employer
- Insurance you purchase through the Affordable Care Act (aka Obamacare)



## **Insurance programs offered by the government:**

- Medicare for people over 65
- Medicaid for people in financial need
- Veterans Affairs benefits for military veterans

**This brochure will focus primarily on commercial insurance.**

**See page 7 for more on commercial insurance plans.**

**For more information on Medicare plans, ask your personal Ambassador to send you a copy of the Medicare Brochure.**

# What are the different kinds of commercial insurance plans?

There are several different types of commercial insurance plans to help you pay for the costs of healthcare. It's important to know that some of these plans restrict you to using in-network doctors, hospitals, and other medical service providers. Others offer you the option to use out-of-network providers and may pay a share of their costs. Five of the most common types are:

Type of Plan	Type of Network	Option to Go Out-of-Network
<b>Health Maintenance Organization (HMO)</b>	Your doctors, hospitals, and healthcare services are all kept within one network.	No.
<b>Preferred Provider Organization (PPO)</b>	You choose from a list of "preferred providers" who are considered "in-network." Doctors not on the preferred list are considered "out-of-network."	Varies with individual plan.
<b>High-Deductible Health Plan (HDHP)</b>	Higher annual deductible and lower premiums than a typical health insurance plan (e.g., a PPO).	Varies with individual plan.
<b>Point of Service Plan</b>	You can choose either a preferred provider or an outside provider.	You will need a referral from an in-network doctor and may have to pay more.
<b>Fee for Service Plan Indemnity Policies</b>	There is no network.	You can choose whichever doctor you want, but you may pay more.

Which type of insurance do you have?

Your plan type will be identified on the front of your card.

HealthCare+

HMO

HealthCare+

PPO

Name **JANE DOE**  
ID # **xxx-xxx-xxxx**

Group # **xxx-xxx-xx**  
Effective **xxx-xxx-xx**  
Coverage **INDIVIDUAL**  
Plan **PPO**

Co-pay \$**xxx.xx**

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## Insurance costs: 2 key things to consider

### 1. Monthly Premium

#### What you pay to purchase an insurance policy

Paid each month—similar to your mortgage or phone bill.  
Some employers can deduct it from your paycheck.

### 2. Out-of-Pocket Costs

What you'll pay in healthcare costs throughout the policy year.

#### Your Deductible

What you have to pay before your insurance starts paying  
Example: If your healthcare deductible is \$1,500, that's how much you have to spend before your insurance begins to pay for healthcare.

#### Your Co-pay/Co-insurance

Your share of the cost required for each prescription and/or medical service  
Example: A co-pay is a flat amount; you might pay \$25 for an antibiotic. Co-insurance is a percentage of the cost; you might pay 20% of the cost.

#### Maximum Out-of-Pocket

If your yearly maximum is \$3,900, once you have reached that amount, your insurance will pay 100% of your healthcare costs.



#### Trade-offs with high-deductible health plans:

##### A lower premium but higher out-of-pocket costs

Choosing a plan with a lower monthly premium can require you to pay a larger portion of your yearly healthcare costs (maximum out-of-pocket deductible). Depending on your needs, this could end up costing you more for the year. A Health Savings Account (HSA) may help with these costs.

## What you should know about prescription drug coverage

While your insurance plan may offer drug benefits, the coverage may be managed through a separate company called a "pharmacy benefit manager."

The pharmacy benefit manager helps set the costs and requirements for the drugs you take. You can contact the pharmacy benefit manager if you have questions about coverage of the drugs in your treatment plan.

### You may have to carry 2 separate insurance cards:

From the company that provides your medical benefits.

HealthCare+	HMO
Name JANE DOE ID # xxx-xxx-xxxx	Group # xxx-xxx-xx Effective xx-xx-xxxx Coverage INDIVIDUAL Plan HMO
Co-pay \$xxx.xx	

From the company that manages your prescription benefits.

Prescription Card	Rx
Name JANE DOE ID # xxx-xxx-xxxx	Co-pay \$xxx.xx
Rx YES RxBIN xxxxxx RxPCN xxxxxxxx	



#### Go directly to your insurance company or pharmacy benefit manager.

Personal Ambassadors cannot answer specific questions about your insurance benefits. So if you need to get more details, **it's best to reach out to your insurance company directly.**

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# What is a formulary?

A formulary is a list of medications that have been approved for insurance coverage within a plan.

Within a formulary, there may be differences in your share of the cost (your co-pay or co-insurance) based on “tiers.”

● Tier 1: Least expensive



● Tier 2: More expensive



● Tier 3: Most expensive



**Some plans may have 4 or 5 tiers.**

Your insurance may also have special requirements before it will cover a particular medication. For example, your doctor may have to prove that one medicine didn't work for you before your insurance company will cover another medicine.



**It's important that you know the limits and requirements that apply to your treatment plan.**

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# Insurance requirements for your prescriptions

Because of insurance requirements for prescriptions, a verification or authorization process may be required when a doctor prescribes certain types of medications (such as specialty medications, like biologics).

## ● Benefits Verification (BV)

### **The process that confirms:**

- Your coverage for a medication
- Any specific pharmacy requirements
- How much your insurance will pay
- What your deductible, co-pay, or co-insurance will be



**Ask your personal Ambassador or pharmacist about determining your coverage.**

## ● The cost of your coverage

Once you receive a benefits verification and understand the coverage, take a moment to write down all of your out-of-pocket costs for your treatment.

**My Yearly Deductible:**

\$ \_\_\_\_\_

**My Co-payments and Co-insurance:**

\$/% \_\_\_\_\_

**My Out-of-Pocket Maximum:**

\$ \_\_\_\_\_

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# Other terms you may need to know

Prior Authorization (PA)

Your prescription may require a prior authorization. This means your healthcare provider must submit additional information (eg, lab work, drug history) to your insurance before they will cover a service or medication.

Step Edits

Insurance companies may use Step Edits to lower treatment costs. This means approving the use of more expensive drugs only if more cost-effective drugs prove ineffective.

# Filling your prescription

Types of pharmacies

You may have your prescription filled at 1 of 3 types of pharmacies:  
**Mail-Order Pharmacy**—Operates online and ships orders by mail. FDA BeSafeRx (online) offers tips to find a secure mail-order pharmacy.  
**Retail Pharmacy**—Provides prescription drugs and offers access to a pharmacist.  
**Specialty Pharmacy**—Handles specialty drugs (such as biologics) for complex or rare chronic conditions.  
**My preferred pharmacies:**

Ask how you can save on CREON.

Your personal Ambassador\* can help identify ways you can save on CREON. If you're eligible and commercially insured, you can use the CREON Complete Savings Card to pay as little as \$5 a month for your 30- or 90-day prescription for CREON.†

Worried about affording your medication?  
Your personal Ambassador can help navigate cost savings.  
Just call 1-844-ONCREON (1-844-662-7366).

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†Please see Terms and Conditions on page 19.

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FILLING YOUR  
PRESCRIPTION

# You're not alone

Understanding healthcare terms is often challenging and may be a barrier to making healthcare decisions.



Don't get overwhelmed by complicated insurance terms.

**Your personal Ambassador\* can help explain complicated language so you can start making sense of your healthcare insurance today. Just call 1-844-ONCREON (1-844-662-7366).**

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# Commonly used insurance terms

**Benefits Verification (BV):** The process that confirms your benefits and eligibility or your insurance coverage for a prescription or medical service.

**Deductible:** The amount you will have to pay for your healthcare costs before your insurance starts paying.

**Explanation of Benefits (EOB):** A statement from the insurance administrator that tells you what portion of the provider's charges are eligible for benefits under your insurance.

**Formulary:** The list of medicines that your health insurance plan will pay for or cover.

**Health Insurance Benefits:** The healthcare items or services covered under a health insurance plan.

**Health Savings Account (HSA):** A type of tax-deductible savings account for people who are covered under high-deductible health plans to set aside money for qualified medical expenses.

## Insurance Plans:

- **Commercial insurance:** Plans typically sold to consumers directly or to groups/employers.
- **Government insurance:** Insurance programs paid for and operated by the federal and state governments (examples: Medicaid, Medicare, Veterans Affairs).

**Medicaid:** A state government insurance plan that offers healthcare coverage and drug benefits to low-income individuals.

**Medicare:** A federal government insurance plan that provides healthcare coverage options and drug benefits for persons over 65 years old, or for disabled persons under the age of 65.

**Open Enrollment:** An annual period during which people can enroll in a group-sponsored health insurance plan.

**Patient Out-of-Pocket Costs:** The shared healthcare costs between the insurance company and the patient.

## Cost-Sharing Methods:

- **Co-insurance:** The percentage of cost that you will have to pay for a prescription or a medical service. Example: You may pay 25% and the insurance pays 75%.
- **Co-pay:** Your share of the cost for a medical service or prescription that is a fixed amount. For example, you may pay \$25.
- **Out-of-Pocket Maximum:** The most you have to pay for covered services in a plan year before your insurance begins paying 100%. Your share of the cost for a medical service or prescription that is a fixed amount.

**Pharmacy Benefits:** Coverage for prescription drugs, usually self-administered (such as oral, injectable, or other delivery methods) outside the physician's office.

**Pharmacy Benefit Manager (PBM):** A third-party administrator hired by the insurance plan to manage prescription drug coverage/programs for their insured members.

**Premium:** The amount you pay for your health insurance every month.

**Prior Authorization (PA):** Many insurance plans require a prior authorization or approval for certain services. This means your healthcare provider must submit additional information to your insurance before they will cover a service or medication.

**Step Edits:** Insurance companies may use Step Edits to lower treatment costs. This means approving the use of more expensive drugs only if more cost-effective drugs prove ineffective.

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# Use and Important Safety Information

## About CREON<sup>®</sup> (pancrelipase)

### USE

CREON<sup>®</sup> (pancrelipase) is a prescription medicine used to treat people who cannot digest food normally because their pancreas does not make enough enzymes.

### IMPORTANT SAFETY INFORMATION

#### What is the most important information I should know about CREON?

CREON may increase your chance of having a rare bowel disorder called fibrosing colonopathy. The risk of having this condition may be reduced by following the dosing instructions that your healthcare professional (HCP) gave you. **Call your HCP right away if you have any unusual or severe:** stomach area (abdominal) pain, bloating, trouble passing stool, nausea, vomiting, or diarrhea.

#### What should I tell my HCP before taking CREON?

**Before taking CREON, tell your HCP about all the medicines you take and all your medical conditions, including if you** are allergic to pork (pig) products; have a history of intestinal blockage or scarring or thickening of your bowel wall (fibrosing colonopathy), gout, kidney disease, or high blood uric acid (hyperuricemia); or are pregnant, plan to become pregnant, are breastfeeding, or plan to breastfeed.

#### How should I take CREON?

**Take CREON exactly as your HCP tells you.** Always take CREON with a meal or snack and enough liquid to swallow CREON completely. **Do not crush or chew the CREON capsule or its contents, as this may cause irritation in your mouth** or change the way CREON works in your body. Talk to your HCP or consult the CREON Medication Guide for how to take CREON if you have trouble swallowing capsules.

#### What are the possible side effects of CREON?

**CREON may cause additional serious side effects, including:**

- **Increase in blood uric acid levels (hyperuricemia), including pain, stiffness, redness or swelling of your joints.**
- **Allergic reactions, including trouble with breathing, skin rashes, swollen lips, or itching.**

Call your HCP right away if you have any of these symptoms.

**The most common side effects of CREON include** blood sugar increase (hyperglycemia) or decrease (hypoglycemia), pain in your stomach, frequent or abnormal bowel movements, gas, vomiting, dizziness, sore throat, and cough.

**CREON and other pancreatic enzyme products are made from the pancreas of pigs, the same pigs people eat as pork. These pigs may carry viruses. Although it has never been reported, it may be possible for a person to get a viral infection from taking pancreatic enzyme products that come from pigs.**

These are not all the possible side effects of CREON. For more information, ask your HCP or pharmacist.

**You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**

**If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit [AbbVie.com/PatientAccessSupport](http://AbbVie.com/PatientAccessSupport) to learn more.**

**Please see full [Prescribing Information](#), including the Medication Guide, and discuss with your doctor.**

#### <sup>†</sup>Terms and Conditions:

Eligibility: Available to patients with commercial prescription insurance coverage for CREON<sup>®</sup> (pancrelipase) who meet eligibility criteria. Neither co-pay assistance nor multivitamins/nutritional supplements are available to patients receiving prescription reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare [including Part D], Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs) or where prohibited by law. Offers subject to change or discontinuance without notice. Restrictions, including monthly maximums, may apply. This is not health insurance. For full Terms and Conditions, visit <https://patientsupport.creoninfo.com/costsavings#terms-conditions> or call 1-844-ONCREON (1-844-662-7366) for additional information. To learn more about AbbVie's privacy practices and your privacy choices, visit <https://abbvie/corpprivacy>.

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