

# It's Time for Open Enrollment

## Explore Your Child's Coverage Options for Growth Hormone!

Understanding insurance can be challenging, especially for caregivers of children with growth hormone deficiency (GHD). This guide will help simplify the process so you can make informed decisions during open enrollment.

### Steps to navigating open enrollment:

- 1 Understand your child's growth hormone needs
- 2 Ask the right questions to insurance providers
- 3 Compare different insurance plans
- 4 Evaluate growth hormone treatment costs and coverage
- 5 Seek support!

### Start with these important questions:

1. Is once-weekly growth hormone treatment covered under any of the plan options?  
*Note: Once-weekly growth hormone options may also be called "long-acting growth hormone therapies."*  
\_\_\_\_\_
2. What are the requirements to get coverage and reimbursement for once-weekly growth hormone treatment?  
\_\_\_\_\_
3. Is there a co-pay or co-insurance? \_\_\_\_\_
  - a. Do co-pay programs count towards my deductible or out-of-pocket? \_\_\_\_\_
  - b. Will I be affected by any co-pay accumulator programs? \_\_\_\_\_
4. Is an FSA or HSA available? If yes, can it help save on prescription costs? \_\_\_\_\_



Use the worksheet on the following pages to help you determine which available plan offers the best coverage for once-weekly growth hormone treatment.

### Insurance glossary

**Co-insurance:** Your share of the costs of a covered healthcare service

**Co-pay:** A fixed amount you pay for a covered healthcare service

**Co-pay accumulator program:** Restricts a manufacturer's assistance coupon from counting toward a patient's annual out-of-pocket maximum

**Deductible:** The amount you pay for covered healthcare services before your insurance plan starts to pay

**Flexible spending account (FSA):** Allows you to set aside money from your paycheck on a pretax basis to use for medical expenses

**Health savings account (HSA):** Allows you to set aside money to pay for out-of-pocket healthcare expenses

**Out-of-pocket costs:** Healthcare expenses that are not covered by your health insurance plan (co-payments, co-insurance, deductibles, etc)



Our team is here to help!  
For any questions,  
please call  
**1-844-442-7236** (available  
from 8 AM to 8 PM ET,  
Monday through Friday)



**Coverage-comparison worksheet**

Use this worksheet to compare insurance coverage under different plans. It will help you find a plan that best meets your family's needs, including once-weekly growth hormone treatment.

**Health insurance costs and medical services**

	Example	Plan 1	Plan 2	Plan 3
What is my monthly premium benefit?	\$ <u>600</u> per month x 12 months = \$ <u>7200</u>	\$ _____ per month x 12 months = \$ _____	\$ _____ per month x 12 months = \$ _____	\$ _____ per month x 12 months = \$ _____
What is my general office visit co-pay/co-insurance?	\$ <u>45</u> per visit x <u>5</u> visits = \$ <u>225</u>	\$ _____ per visit x _____ visits = \$ _____	\$ _____ per visit x _____ visits = \$ _____	\$ _____ per visit x _____ visits = \$ _____
What is my pediatric endocrinologist co-pay/co-insurance?	\$ <u>75</u> per visit x <u>2</u> visits = \$ <u>150</u>	\$ _____ per visit x _____ visits = \$ _____	\$ _____ per visit x _____ visits = \$ _____	\$ _____ per visit x _____ visits = \$ _____
Does my pediatric endocrinologist accept this insurance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is my pediatric endocrinologist in-network?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What are my total costs for health insurance and medical services?	\$ <u>7575</u>	\$ _____	\$ _____	\$ _____

## Annual deductibles

	Example	Option 1	Option 2	Option 3
Is there an annual deductible to meet before benefits take effect?	\$ <u>2500</u>	\$ _____	\$ _____	\$ _____
Is there a separate annual deductible for prescriptions?	\$ <u>300</u>	\$ _____	\$ _____	\$ _____
<b>My estimated yearly deductible costs</b> (Add all lines above)	\$ <u>2800</u>	\$ _____	\$ _____	\$ _____
Is there an annual out-of-pocket maximum?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does my yearly out-of-pocket limit include the deductible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



**Remember:** A higher premium may make more sense for your growth hormone needs. Higher premiums can equal a lower co-pay and/or deductible.

## Growth hormone cost and coverage

	Example	Option 1	Option 2	Option 3
Does this plan/policy cover your preferred growth hormone option?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the plan/policy cover once-weekly growth hormone?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the yearly prescription cost for growth hormone?	\$ <u>75</u> per prescription x 12 months = \$ <u>900</u>	\$ _____ per prescription x 12 months = \$ _____	\$ _____ per prescription x 12 months = \$ _____	\$ _____ per prescription x 12 months = \$ _____
Does the plan/policy cover the cost of supplies (for once-weekly growth hormone injections, testing, etc)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any growth hormone treatments or care excluded?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ones? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ones? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ones? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which ones? _____ _____ _____

What is/are the once-weekly growth hormone treatment option(s) that you would like to discuss with your doctor? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Additional considerations during open enrollment



Reach out to our patient support program! Our support team is ready to answer any questions during open enrollment. Ask about our support services today.



Continue to explore and research other financial assistance options.



*For patients new to growth hormone therapy:* There may be specific requirements or additional testing needed. Be sure to work with your doctor and support team as you navigate coverage approval.



*For patients currently on growth hormone therapy:* Make sure to speak with your doctor and support team if you are considering changing insurance plans. They may be aware of potential challenges or solutions regarding coverage for growth hormone.



Navigating open enrollment can be overwhelming.

**Our A·S·A·P support team is here to help!**

Please call **1-844-442-7236**  
(available from 8 AM to 8 PM ET, Monday through Friday)  
to speak with a Nurse Advocate