

# UNDERSTANDING VERTEX COPAY ASSISTANCE CHANGES



If you receive financial assistance from Vertex GPS™ for a modulator therapy (i.e., Trikafta®, Symdeko®, Orkambi®, or Kalydeco®), you may be impacted by changes Vertex has made to this program.

Anyone on Medicare, TRICARE, or Medicaid (either primary or secondary) will not be impacted.

The following can help you understand what these changes are, how you may be impacted, and who to contact when considering changes to your health insurance plan now during open enrollment\*.

## CHANGES TO VERTEX GPS AND HOW THEY MAY IMPACT YOU

**The following changes will take effect on January 1, 2023:**

- Vertex is changing the financial assistance offered through their Vertex GPS™ program so that those whose health insurance plans include an [accumulator or maximizer](#) may have to pay more for their modulator therapies. Specifically, this means that people with CF:
  - May only receive copay assistance of \$3,500 per monthly fill (down from \$8,950)
  - Will be subjected to an annual copay assistance maximum of \$20,000 (regardless of whether their plans include an accumulator or maximizer)
- Insurance plans with accumulator or maximizer programs mean that members can no longer count the total assistance received from the Vertex GPS™ toward their annual deductible and out-of-pocket maximum.
- Those who can attest that their insurance plans do not include an accumulator or maximizer program will continue to have the \$8,950 per-fill program cap.

## WHAT YOU NEED TO KNOW

**Contact the following sources to make informed decisions about your insurance coverage now during open enrollment for 2023:**

1. Review your health insurance options, including the health and pharmacy benefits (e.g., ExpressScripts, PillarRx). Refer to your plan's member handbook, or — in the case of employer-sponsored insurance — verify with your employer to find out:
  - Are any of your medications classified as “non-essential?”
  - Of the available coverage options, does copay assistance count toward your deductible or is it prohibited?
  - Can the copay assistance be used to satisfy your out-of-pocket maximum?
  - Do any other CF medications count toward your plan's out-of-pocket maximum?
  - What is the deductible (i.e., the amount you have to pay before the plan's benefits kick-in)?
  - What is the out-of-pocket maximum (i.e., the most you will pay in a plan year for covered services before your plan takes over at 100%)?
  - When does the insurance policy go into effect? Some policies start later in the year (e.g., August).
2. Contact [Vertex GPS](#) to learn about changes to their assistance program and explore your options, including:
  - Non-profit copay assistance
  - Direct reimbursement by Vertex
  - Vertex's patient assistance program

3. Once you know what your options are, contact CF Foundation [Compass](#) (email: [Compass@cff.org](mailto:Compass@cff.org) or call: 844-266-7277). Compass case managers can help you:
  - Evaluate your 2023 insurance options with a side-by-side comparison
  - Explore ways to help pay for unexpected medical costs if you have a copay accumulator

*\*Due to increased call volume, please contact Compass at least two weeks before your open enrollment period ends.*

4. Let your CF care team know as soon as possible if you are at risk of not being able to fill your modulator therapy or any other medications you use to manage your CF.

## GLOSSARY OF TERMS

- **Copay:** A fixed amount you pay for covered healthcare services and medications. In most cases, copays do not count toward (i.e., reduce) your deductible but do count toward out-of-pocket maximum. Different plans require different copays for different health care services, such as urgent care, office visits, or medications.
- **Coinsurance:** The percentage of the total cost you pay for healthcare services covered by the insurance plan. For example, if an office visit costs \$100, and the plan's coinsurance is 20%, you, as the policy holder will pay \$20. The insurance plan will then pay the remaining 80%, or \$80.
- **[Accumulator](#)** (sometimes referred to as coupon adjustment, benefit plan protection, or out-of-pocket protection): An insurance program where copay assistance dollars do not count towards your deductible or out-of-pocket maximum.
- **Maximizer** (sometimes referred to as variable copay program e.g., SaveOnSP, PrudentRx): An insurance program where the maximum value of a manufacturer's copay assistance is spread evenly to your copay throughout the year. This copay assistance does not count towards your deductible or out-of-pocket maximum.
- **Deductible:** A fixed amount you have to pay for covered healthcare services and medications before your insurance plan starts to pay. Some insurance plans have both individual and family deductibles. Not all services involve a deductible. For example, under the Affordable Care Act, people can get preventive care (such as annual exams and immunizations) without paying toward the deductible.
- **Out-of-pocket costs:** Costs that an insurance company does not cover that you, as the patient must pay.
- **Out-of-pocket maximum:** The most you will pay in a plan year for covered healthcare services and medications before your insurance plan's benefits can be applied to cover these costs at 100%.
- **Open Enrollment:** A time each year when you can add, drop, or make changes to your health insurance plan and enroll in benefit programs (e.g., flexible spending account or health savings plan).

For more on common insurance terms, visit: <https://www.cff.org/support/glossary-common-insurance-terms>