my compass support

Understanding Your Insurance

A simple guide to help you navigate the approval process

Navigating insurance can feel complicated and stressful. Your Patient Access Liaison (PAL) is here to help guide you through every step so you can focus on what matters most — your health. This guide explains what to expect in plain language.

TIP: Your PAL is your dedicated support person. They provide detailed information on your insurance benefits, keep you updated on your doctor's request for authorization and can answer non-medical questions anytime.

The 5 Steps to Understanding Your Insurance

Here is the typical path your insurance review will follow. Not every patient goes through every step — many are approved early in the process.

1	**Benefits Investigation**	Your PAL contacts your insurance plan to find out if your treatment is a covered benefit, whether you have a deductible, copay, or co-insurance, and the steps for authorization.
2	**Prior Authorization (PA)**	Many insurance plans require your doctor to request authorization before covering the cost of your treatment. Your doctor will submit this request on your behalf by providing your medical records and explaining why you need this treatment. Your PAL helps support your doctor's office through this process.
3	**Medical Exception (if needed)**	Sometimes newly approved therapies require a different type of authorization called a medical exception. Your doctor will likely need to write a letter to your insurance plan explaining why you need this treatment and attach your medical records.
4	**Authorization Review**	Your insurance plan reviews the information submitted by your doctor and sends a written decision to both of you. If approved, your PAL will coordinate shipment of your treatment with the Specialty Pharmacy.
5	**Appeal (if denied)**	Insurance plans sometimes ask for more information before deciding whether to pay for your treatment. When this happens, your doctor may receive a denial until the plan reviews the additional details or medical records. This is called an appeal — and your PAL is here to help guide you through every step.

TIP: Hold onto any written letters or decisions from your insurance plans – including the **denial letters** – and share them with your PAL right away. Denial letters are especially time-sensitive, as they include appeal deadlines and reasons for denial that are critical for coordinating your coverage.

When Authorization is Approved

Once approved, here is what happens next:

- Your insurance plan notifies you and your doctor's office.
- Your PAL identifies assistance programs to help cover your share of treatment costs.
- A specialty pharmacy processes your prescription (this may take a few days).
- The pharmacy contacts you to arrange delivery — right to your home or a location of your choice.

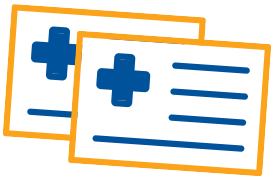
Staying on Treatment

Insurance plans usually approve your authorization for a set period of time. To continue treatment, you may need a reauthorization. Your doctor will need to show that the therapy is helping you.

- Keep a journal of your health and how you are feeling — it can support your renewal.
- Take pictures to show your improvement over time.
- Your PAL will remind you and your doctor when reauthorization is coming up and help coordinate the process.

If You Have More Than One Insurance Plan

Some patients have two insurance plans — for example, through their own employer and a spouse's employer. Here is what that means for you:



- Your insurance plans are referred to as your primary plan (billed first) and your secondary plan (billed after).
- In most cases, both plans review your request for authorization at the same time, so the process does not necessarily take twice as long.
- If your primary plan denies authorization, your secondary plan may still approve it — so a denial from one plan is not the final answer.
- Your PAL coordinates across both plans on your behalf and will keep you informed of where things stand with each.

TIP: Keep your PAL informed of any changes to your insurance plan so there are no delays.

Key Terms, Simply Explained

Term	What it Means
Benefits Investigation	A review of your insurance plan to understand what they pay for and what you will pay.
Prior Authorization	Your doctor's request for your insurance to authorize your treatment.
Medical Exception	A special request asking your insurance plan to approve and pay for your medication.
Deductible	Your share of the cost before your insurance starts paying for your medical care.
Copay	The set amount you pay each time you fill a prescription or see a doctor.
Coinsurance	The percentage of the cost you pay each time you fill a prescription or see a doctor.
Appeal	A request to your insurance plan to reconsider a denial.
Reauthorization	A renewal of your authorization, required periodically to continue treatment
PAL	Your dedicated support person who helps you navigate the insurance process.

Questions?

Contact your PAL directly.

For general questions contact **My Compass Support** at **1-888-736-9788** or **mcs@priovant.com.**

The information in this guide is for general educational purposes only and does not constitute legal or medical advice.

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