Navigating Insurance for Geographic Atrophy Treatment

Learning About Coverage and Costs

astellas

You or your loved one have been diagnosed with geographic atrophy, the advanced form of dry age-related macular degeneration (AMD).
Living with geographic atrophy can feel overwhelming. Insurance coverage for geographic atrophy treatments can seem confusing.

This guide helps explain your care and coverage in simple terms.

Inside, you will learn:

- What kinds of insurance may cover geographic atrophy treatments
- How Medicare and other insurance options work
- Key insurance terms to know and what they mean
- What costs to expect and where to look for potential financial help
- Questions to ask your insurance company and your doctor's office

The goal of this guide is simple: to give you clear information about insurance and costs for geographic atrophy, so you know how to navigate costs and coverage.

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Astellas Pharma US, Inc. ("Astellas") does not promise that your insurance or other programs will pay for any treatment, service, or product, and does not recommend any specific insurance plan. Patients should check copay, coverage, and any new updates with their insurance plan.

What's inside

You may be reviewing this brochure together with your doctor or their office team. It's designed to support conversations about your care and coverage.

Use the tabs on the side to help you find the section you need.

How does insurance cover geographic atrophy treatment?

- Understanding costs
- What goes into geographic atrophy treatment costs
- Overview of Medicare
- Overview of other types of insurance

Understanding insurance paperwork

Insurance questions

- Thinking of changing your insurance?
- Where can you get help with insurance?

Common questions and answers

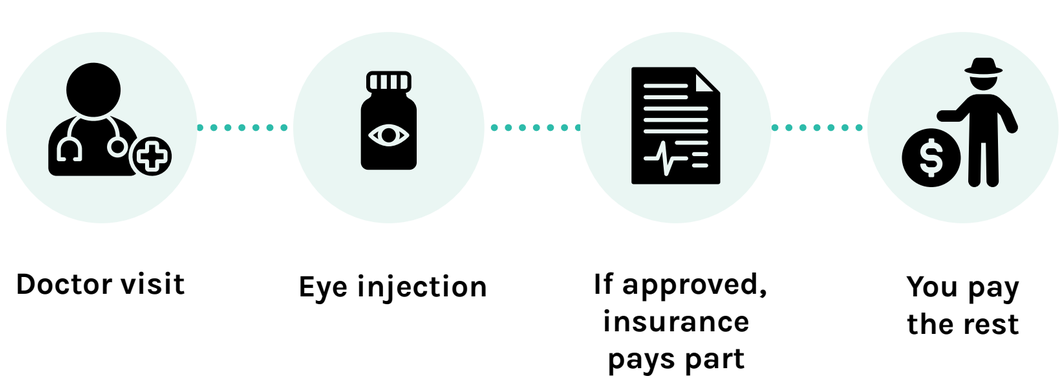
Word list

How does insurance cover geographic atrophy treatment?

If your doctor has prescribed injections to treat geographic atrophy, you may want to know how your health insurance can help.

Insurance may cover some costs, but you may still have to pay for some things. Unlike many other prescriptions, geographic atrophy medication is not picked up at a pharmacy. Your doctor orders the medication and gives you the injection during your visit.

In most cases, your doctor will submit the claim for your treatment to your insurance company. Your insurance company will process the claim and let you know if you owe anything.



The cost of geographic atrophy treatment will vary. It depends on factors like:

- The drug your doctor prescribes
- How often you get injections and other factors
- Where you get care (for example, a private practice or a hospital clinic)
- Whether your doctor is in your insurance network
- Your insurance plan and any extra coverage you may have (also called "supplemental insurance")
- Whether you have met your deductible

If you get an injection for geographic atrophy, the cost may be split into two parts:

- **Medicine** – the cost of the actual drug product
- **Doctor's or administration fee** – the fee for injection of the medicine into the eye (intravitreal injection)

You may also have to pay for doctor fees or facility charges that your insurance does not fully cover.

What you may have to pay

Your insurance may cover costs for eye injections. But you may still have to pay some of the costs yourself. These are called out-of-pocket costs.

Type of out-of-pocket cost	What it means	Simple example
Deductible	How much you pay each year before insurance starts helping	If your deductible is **$200**, you must pay that amount before insurance starts to pay*
Copay	A set fee you pay each time you get care	You might pay **$25** every time you see your eye doctor*
Coinsurance	A percentage of the bill you pay	If your eye injection costs **$500** and coinsurance is **10%** and you already met your deductible, you pay **$50** and insurance pays **$450** for the injection*

*These are fictional examples. Actual costs may be different. You may pay more than one of these types of out-of-pocket costs in a single visit. See the example on the right side of the page. Please contact your insurance company for details on your plan.

What Mary may have to pay†

Mary has already met her deductible. Mary gets an eye injection

Mary pays a $25 copay for doctor visit

The remaining total on the bill is $500

Insurance pays $450 for the injection

Mary pays coinsurance of $50

Mary's total **out-of-pocket cost (copay + coinsurance) is $75**

$75

†This is only a fictional example. Your cost may be different. In this example, Mary has a Medicare Advantage or private insurance plan. Copays and coinsurance will vary by plan. To learn more about these plan types, see the following pages.

How does Medicare cover geographic atrophy treatments?

Medicare is the main health insurance for most people 65 years of age and older. It is run by the federal government and has several parts that cover different services.

Medicare Part A

(hospital insurance)

- Covers eligible costs of hospital stays, skilled nursing facilities, and some home health services
- Does not cover eye injections or doctor visits for geographic atrophy

Medicare Part B (medical insurance)

See details on the right

Medicare Advantage (Part C)

- Private plans that combine Part A and Part B coverage
- Often include extra benefits like vision, dental, or hearing
- You may have to use a doctor in your network for coverage

Medicare Part D

- Helps cover prescription drugs that are usually dispensed by a pharmacy
- For geographic atrophy treatments, Part D may apply if your doctor uses a specialty pharmacy for eye injection drugs or if your plan requires it

Supplemental insurance

- Extra insurance sold by private companies that helps pay what Medicare Parts A, B, and C do not cover

  Medigap (Medicare supplement insurance)

  - Works only with Original Medicare (Part A and Part B) and may help cover the 20% Medicare Part B coinsurance costs you are responsible for
  - Common Medigap plans include **F**, **G**, and **N**, which may help lower out-of-pocket costs

Medicare Part B often helps to pay for geographic atrophy eye injections and doctor visits

Medicare Part B includes many services, such as doctor visits, eye injections, and clinic visits.

- **Doctor visits and preventive care:** Part B often covers your doctor visits, including visits to specialists like retina doctors. It also often covers diagnostic testing and other preventive care related to your geographic atrophy treatment
- **Eye injections:** Part B includes coverage for drugs given by a doctor in their office or a hospital clinic, like geographic atrophy eye injections
- **Costs and coinsurance:** Each year, you pay your set deductible before Medicare starts to help. After you have paid your deductible, Medicare usually pays 80% of the approved cost. You pay the other 20%. What you pay for your deductible and your 20% share both count toward a yearly limit on what you pay out of pocket

The information above is a general summary. Before treatment, you should contact your insurance directly for the most accurate information. Astellas does not guarantee payment or coverage for any product or service.

How do other insurance types cover geographic atrophy treatments?

Medicaid

- Helps people with low income or those who qualify based on other factors like certain disabilities
- Coverage varies state by state

TRICARE

- Health coverage for active duty members, military retirees, and their families
- May cover geographic atrophy eye injections for eligible members

Veterans Affairs (VA)

- Health coverage for veterans
- May cover geographic atrophy eye injections for eligible members

Private/commercial insurance

- Plans from employers or bought on your own
- Coverage varies by plan

Uninsured

- If you don't have insurance, there may be other options to help pay for treatment. Talk to your doctor to find out what other resources may be available to you

Insurance rules differ by plan and state. Your doctor's office can help you understand your coverage.

Types of insurance: At a glance

Type of insurance	Geographic atrophy treatments covered?	Things to know
Medicare Part A	Not applicable	Geographic atrophy treatments typically are not given during hospital admissions
Medicare Part B	Yes, if all requirements are met	Most geographic atrophy treatments for traditional Medicare patients are billed under Part B
Medicare Advantage (Part C)	• Plan-specific • May require a prior authorization	Many require using in-network doctors; benefits vary by plan
Medicare Part D	Generally no (but may be covered if a specialty pharmacy is used)*	Covers prescription medicines you pick up at a pharmacy
Supplemental insurance	Plan-specific	Extra insurance that works with Medicare Parts A, B, and C
Medigap insurance	Plan-specific	• Works with original Medicare Parts A and B, but not Advantage plans • Plans including **F**, **G**, and **N** may help cover out-of-pocket costs
Medicaid	Plan-specific	Rules differ by state; check with your local Medicaid office
Private/ commercial	Plan-specific	Coverage differs by plan; check if your doctor is in-network

This information is for educational purposes only. The information in this guide can change and is not intended to provide coverage advice. For the most recent details, contact your health plan directly. Astellas does not promise that your plan will cover or pay for any product or service. Your doctor is responsible for your diagnosis and sending correct information to your health plan.

*See Part D explanation on page 5 for more information.

Coverage rules vary by plan and state. Always check with your doctor and/or your plan.

Understanding your insurance paperwork: EOB form

An Explanation of Benefits (EOB) is a statement from your insurance company that you may get in the mail or electronically. It is not a bill.

It shows:

- What your doctor charged
- What your insurance paid
- What you may owe

See a fictional example below of what this may look like.

INSURANCE COMPANY NAME

This is not a bill

EXPLANATION OF BENEFITS (EOB)

For services provided by Dr. Jane Doe
Claim received May 5, 2026
Processed May 13, 2026

Your total responsibility
$XXX.00

Claim summary for John Smith
Claim# 1234567890

For services on 4/13/26

			YOUR PLAN DISCOUNTS & PAYMENTS		YOUR TOTAL RESPONSIBILITY					
Service/Product	Dates of service	Amount billed	Insurance company discount	Amount paid by your health plan	Copay	Deductible	Coinsurance	Amount not covered	Your total responsibility	Claim notes
Office visit	04/13/26	$XX	$XX	$XX	$XX	$XX	$XX	$XX	$XX	
Eye injection	04/13/26	$XX	$XX	$XX	$XX	$XX	$XX	$XX	$XX	
Totals		$XX	$XX	$XX	$XX	$XX	$XX	$XX	$XX	

Please keep in mind
- Go paperless. To receive your EOBs by email, visit out website.
- Use the "Find Care" tool to find an in-network provider.

This is only a fictional example. No physician or patient information is displayed.

Easy takeaways from an EOB

This paper is just for information.
It tells you what the doctor did and what the insurance paid. It is not a bill.

This shows which doctor the patient visited

This shows who the visit was for
- Patient name
- Claim number used by your insurance company

This shows the date the patient received care

For each service, it shows
- What the doctor charged
- What the insurance will pay
- What you may have to pay
- Anything the insurance did not cover

This helps you understand the costs in a simple way.

The bottom shows the total amounts
- The total cost
- How much insurance covers
- How much you might owe

This makes it easy to see everything for the visit in one place.

Keep this paper. You may need it when you get your real bill.

Understanding your insurance paperwork: Your insurance card

Your insurance card has important information about your health plan. Your doctor's office uses it to bill for your care. You may need to show this card at appointments, so it helps to know what the different parts mean.

These are just fictional examples. Your own insurance card may look different.

FRONT

INSURANCE COMPANY NAME

COVERAGE TYPE

MEMBER NAME: **JOHN SMITH**
MEMBER NUMBER: **XXX-XX-XXXX**

EFFECTIVE DATE: **XX/XX/XXXX**

GROUP #: **XXXXXX-XXX-XXX**

PCP CO-PAY: **$15.50**
SPECIALIST CO-PAY: **$25.00**
EMERGENCY ROOM CO-PAY: **$75.00**

PRESCRIPTION CO-PAY:
$15.50 GENERIC
$20.00 NAME BRAND

MEMBER SERVICES: **1-800-XXX-XXXX**
CLAIMS/INQUIRIES: **1-800-XXX-XXXX**

BACK

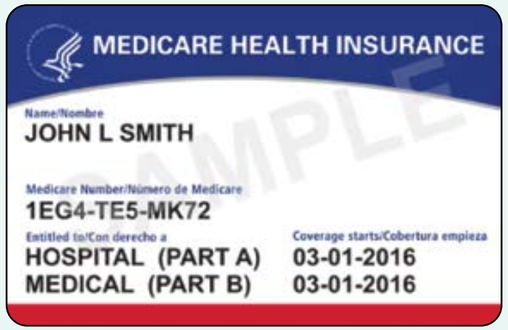
INSURANCE COMPANY NAME

Website www.companyname.com

1212 Main Street
Anytown, USA 000000

Phone numbers
Customer service: XXX-XXX-XXXX
Provider services: XXX-XXX-XXXX
Medical authorizations: XXX-XXX-XXXX
Rx prior authorizations: XXX-XXX-XXXX
Part B pharmacy services: XXX-XXX-XXXX

Providers only: XXX-XXX-XXXX
Pharmacy Benefit Manager Pharmacists/Rx
Claims: XXX-XXX-XXXX



This is a fictional example of a Medicare card.

It shows your name, your Medicare number, and which parts of Medicare you have (Part A and/or Part B). Your doctor's office uses this information to bill Medicare for your care.

Member ID number: A number your insurance company uses to identify you

Group number: Used for people covered through an employer or group plan

This tells the type of your insurance plan.

Common types include:

HMO (Health Maintenance Organization): You usually need to use doctors in the plan's network and may need referrals.

PPO (Preferred Provider Organization): You may have more choice in doctors and may not need referrals.

EPO (Exclusive Provider Organization): You must use doctors in the plan's network, but referrals are often not needed.

Copay amounts

Some cards list your copays for visits or services.

The back of your insurance card lists phone numbers and websites.

You can use these to contact your insurance company with questions about coverage, costs, or claims.

Tip

Bring your insurance card to every appointment. If something is unclear, your doctor's office or insurance company can help explain it.

Changing your insurance?

Sometimes you may need to change or add insurance. This may be because your medical or financial needs have changed, or you want a plan that pays for more things.

You may also need to change insurance because of a job change, retirement, or starting Medicare.

If you want to change your insurance, it is possible you may only be able to do so at certain times of the year:

- During annual enrollment periods*
  - For Medicare: fall or early winter of each year
  - For Medicare Advantage: end of the year
  - Affordable Care Act (ACA) plans: end of the year
  - Private/commercial: varies
- After a big life change (such as job change, retirement, or turning 65 years old)

*This information is subject to change. Always check with your plan.

Tip

If your insurance changes, call your doctor's office. Be sure to give them your new insurance information before your next visit. And remember to bring your new insurance card to your next doctor visit.

Here are some key words about insurance that can help you understand your choices and what each plan covers.

Primary care doctor	The doctor you see for most of your health needs. Some plans require that you choose one
Specialist	A doctor with special training in a specific area, such as a retina specialist who treats geographic atrophy
Referral	Recommendation from a doctor (often your primary care doctor) to see a specialist. A referral does not always mean insurance will pay
Preapproval (prior authorization)	When your insurance company requires that they approve a treatment before you get it
Network	A list of doctors, clinics, and hospitals your insurance company works with • In-network: lower cost, because your plan works with the doctor, clinic, or hospital • Out-of-network: often higher cost because your plan does not work with them
Premium	Your monthly insurance payment. This is in addition to the out-of-pocket costs you pay for health care received
Formulary	The list of medicines your insurance plan will cover. If a medicine is not on the list, you may have to pay more or it may not be covered at all

Questions to ask your insurance company

Before choosing a new insurance plan, you may want to make a list of:

- Your doctors
- Your prescription medicines
- Treatments you get in your doctor's office

This will help you find out what your new plan does or doesn't cover.

You can ask the insurance company questions like:

- How does this plan cover my current medicines and treatments?
- Does this plan have a limit on what I pay out of pocket?
- Are my doctors and treatment centers in the plan's network?

When talking with your insurance company about geographic atrophy coverage, you can use the questions on the right as a guide. Use the space below each question to note the answers. If writing is hard, you can answer these with the help of your doctor's office.

Tip

Are you thinking about changing your plan? Ask your doctor how this may affect your care and treatment.

Always ask the insurance company about the **exact product name** your doctor prescribes. This will help you get the most accurate coverage information.

- **Do I need a referral to see a retina specialist? (from my primary care doctor, ophthalmologist, or optometrist)** ☐ Yes ☐ No
- **Is my retina specialist in-network?** ☐ Yes ☐ No
- **Do you cover the eye injection medicine my doctor prescribed to treat my geographic atrophy, as well as the doctor's fee?** ☐ Yes ☐ No
- **What will my annual deductible be?**

  _____
- **What will my copay or coinsurance be for each eye injection, including the doctor's fee?**

  _____
- **Do I need approval before starting treatment (prior authorization)?** ☐ Yes ☐ No
- **If I also get injections for other eye diseases, will you cover them?** ☐ Yes ☐ No
- **Is there a limit on what I pay each year (out-of-pocket maximum)?** ☐ Yes ☐ No

  What is the limit?

  _____

Where can you get more information about insurance?

If you need more information about your insurance coverage, you can contact:

Medicare
1-800-MEDICARE
medicare.gov/medicare-and-you
Learn about coverage and costs

Medicaid
medicaid.gov
Visit your state's Medicaid website to learn more about the Medicaid plans available where you live

TRICARE
tricare.mil

VA
va.gov

Private/commercial insurance
Check your insurance company's website

In some cases, you may be able to get financial help.

Patient assistance programs
Some drug companies and non-profits may offer help. Some offer support programs that can help you:

- Understand insurance
- Find financial assistance
- Deal with insurance paperwork

Ask your doctor's office if there are financial assistance programs that may help.

Common questions and answers

In this section, you will find common questions and answers about health insurance for geographic atrophy treatment.

Insurance coverage

Q: Will insurance cover my treatments for the rest of my life?

A: Many insurance plans may pay for treatment if your doctor prescribes it and you meet all the plan's rules. But coverage will be different for each plan and may change later. That's why it's always important to check with your insurance company.

Q: If I already get eye injections for wet AMD, will insurance also cover geographic atrophy treatments?

A: Coverage varies by plan. Many insurance plans will pay for both treatments, as long as you meet the plan's rules. Each treatment is billed separately. Still, it is important to check with your insurance company before scheduling treatment.

Q: If both my eyes need treatment for geographic atrophy, are they covered?

A: If your doctor says both eyes need treatment and all coverage rules are met, many insurance plans will cover both. We recommend contacting your insurance plan to confirm coverage details.

Q: Does insurance cover both the treatment and the doctor's or administration fee for giving it?

A: Many insurance plans pay for both the treatment and the doctor's fee, as long as you meet the plan's rules. You may still have to pay a copay, deductible, or coinsurance. Please check with your insurance company to confirm coverage information.

Q: How can I tell if my insurance covers a geographic atrophy treatment?

A: Ask your doctor's office to check with your plan. The office can confirm coverage and give you an estimate of what you may owe.

Astellas does not promise that your insurance or other programs will pay for any treatment, service, or product, and does not recommend any specific insurance plan. Patients should check copay, coverage, and any new updates with their insurance plan.

Common questions and answers (continued)

Out-of-pocket costs

Q: How much will a geographic atrophy treatment cost me?

A: It depends on your insurance plan. You may pay:

- A deductible (the amount you pay before insurance starts to help)
- A copay (a set fee per visit)
- Coinsurance (a percentage of the bill you pay for treatment)

Q: What's the difference between a copay and coinsurance?

A:

- Copay: A set fee you pay each time you get care
- Coinsurance: A percentage of the bill you cover

Understanding your insurance paperwork

Q: How can I know my costs before treatment?

A: Ask your doctor's office to check coverage with your insurance. This will give you an estimate before you begin treatment.

Q: Does my insurance plan check that my treatment is covered one time or more than once?

A: Many insurance plans look at your treatment from time to time to make sure you still need it and that it follows their rules. Your doctor's office often takes care of getting approval — or re-approval — from your insurance.

Astellas does not promise that your insurance or other programs will pay for any treatment, service, or product, and does not recommend any specific insurance plan. Patients should check copay, coverage, and any new updates with their insurance plan.

Word list

A

Age-related macular degeneration (AMD)

An eye disease that damages the macula (the center part of vision).

C

Coinsurance

The percentage of the bill you share with your insurance. Example: If your bill is $100 and your coinsurance is 20%, you may have to pay $20.

Copay

A set fee you pay each time you get certain types of care. Example: $25 copay at a doctor's visit.

Coverage

What your insurance agrees to pay for your care. Even when insurance provides coverage, you may still be responsible for some out-of-pocket costs.

D

Deductible

The amount you must pay each year before insurance starts to help pay.

E

Explanation of Benefits (EOB)

A paper from your insurance that shows what your hospital, clinic, or doctor charged, what insurance paid, and what you may still owe. It is not a bill.

F

Formulary

The list of medicines your insurance plan will cover.

G

Geographic atrophy

An advanced form of dry AMD that causes retina cells to die and leads to irreversible vision loss.

M

Medicaid

A health insurance program run by each state for people with low income or those who qualify based on other factors like certain disabilities.

Medicare Part A

Covers eligible hospital stays, skilled nursing care, and some home health services for Medicare beneficiaries. Does not usually cover eye injections.

Medicare Part B

Covers eligible doctor visits, outpatient care, and eye injections for Medicare beneficiaries.

Medicare Advantage (Part C)

Plans from private companies that include Medicare Part A and Part B coverage. They may also offer extra benefits like vision, dental, hearing, and rides to the doctor.

Medicare Part D

Helps pay for covered prescription drugs for Medicare beneficiaries.

Medigap (Medicare supplement insurance)

Extra insurance that helps pay what Medicare Part A or B does not (like copays or deductibles).

N

Network

The group of doctors, hospitals, and clinics your insurance company works with. Some plans only pay if you use in-network doctors.

Word list (continued)

O

Ophthalmologist

A medical doctor who specializes in eye and vision care, treats eye diseases, and performs surgery on the eye.

Optometrist

A licensed eye care professional who checks vision and eye health, prescribes glasses or contact lenses, and treats some eye problems, but does not perform major eye surgery.

Out-of-pocket (OOP) cost

The amount you pay, even with insurance. This can include deductibles, copays, coinsurance, and uncovered costs.

P

Patient assistance program or patient support program

Financial assistance programs from drug companies to lower the cost of medicine for eligible patients.

Preapproval (prior authorization)

When your insurance company must approve a treatment before you get it.

Premium

Your monthly insurance payment. This is in addition to the out-of-pocket costs you pay for health care received.

Primary care doctor

The doctor you see for most of your health needs. Some plans may require that you choose one.

Prior authorization

See *Preapproval*.

R

Referral

Recommendation from a doctor (often your primary care doctor) to see a specialist. A referral does not always mean insurance will pay.

S

Specialist

A doctor with special training in a specific area, such as a retina specialist who treats geographic atrophy.

Specialty pharmacy

A pharmacy that provides specialized services and medications for patients with complex, chronic, or rare medical conditions.

Supplemental insurance

Extra insurance sold by private companies that helps pay for expenses not covered by existing insurance.

T

Treatment

Care from your doctor to help slow or manage a disease. For geographic atrophy, this may include medical services like eye injections, vision aids, or rehab.

TRICARE

Government-provided health insurance for active-duty service members, military retirees, and their families.

V

VA

Government-provided health insurance for veterans and people who have served in the US military.

Sources

Centers for Medicare & Medicaid Services. *Medicare & You.* January 2026. CMS Product No. 10050. Accessed March 3, 2026. https://www.medicare.gov/medicare-and-you

Churchill J, Gudgel DT. What is an ophthalmologist vs optometrist? American Academy of Ophthalmology. January 22, 2026. Accessed March 3, 2026. https://www.aao.org/eye-health/tips-prevention/what-is-ophthalmologist

Filing health insurance claims. National Association of Insurance Commissioners. Accessed March 3, 2026. https://content.naic.org/sites/default/files/consumer-health-insurance-filing-claims.pdf

Geographic atrophy. American Macular Degeneration Foundation. Accessed March 3, 2026. https://www.macular.org/about-macular-degeneration/geographic-atrophy

Geographic atrophy. Macular Degeneration Research. Accessed March 5, 2026. https://www.brightfocus.org/macular/signs-symptoms/geographic-atrophy

How to read an explanation of benefits (EOB). Centers for Medicare & Medicaid Services. Updated November 5, 2024. Accessed March 3, 2026. https://www.cms.gov/medical-bill-rights/help/guides/explanation-of-benefits

Part B vs. Part D drugs. State Health Insurance Assistance Program. Published April 1, 2025. Accessed March 3, 2026. https://www.shiphelp.org/part-b-vs-part-d-drugs

Specialty pharmacy. American Pharmacists Association. Accessed March 3, 2026. https://www.pharmacist.com/Practice/Patient-Care-Services/Specialty

Using your health plan. National Association of Insurance Commissioners. Accessed March 3, 2026. https://content.naic.org/sites/default/files/pio-using-your-health-plan.pdf

What's the difference between in network and out of network? Blue Cross Blue Shield of Michigan. Accessed March 5, 2026. https://www.bcbsm.com/individuals/help/how-health-insurance-works/difference-in-network-out-of-network

When can you get health insurance? HealthCare.gov. Accessed March 3, 2026. https://www.healthcare.gov/quick-guide/dates-and-deadlines

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