

Medicare-Only Funds

In order to qualify for a PAN Medicare-only fund, a patient must meet the following criteria:

- Patient must be a Medicare beneficiary and the patient’s Medicare benefit must cover the medication for which the patient seeks assistance;
- Medication must treat the disease directly;
- Patient must reside and receive treatment in the United States; and,
- The patient’s income must fall at or below the Federal Poverty Level specified by the assistance program. Visit our assistance programs to learn more about each fund’s income requirements.

Use the chart below to determine if a patient is eligible for a Medicare-only fund. Please note, the order of benefits is not a determining factor for coverage.

Type of Insurance	Drug Covered under Medical Benefit	Drug Covered under Prescription Benefit
Medicare Part A/B only	Yes	No
Medicare Part A/B and Part D	Yes	Yes
Medicare Advantage or Replacement	Yes	Yes
Medicare Part A/B and Medigap	Yes	No
Medicare Part A/B and Commercial	Yes	No
Medicare Part A/B and Medicaid	Yes	No
Medicare Part A/B and Tricare	Yes	No
Medicare Part A/B and COBRA	Yes	No
Medicare Part A/B and Marketplace plan	Yes	Yes
Medicare Part A/B and Part D and Commercial	Yes	Yes
Medicare Part A/B and Part D and Tricare	Yes	Yes
Medicare Part A/B and Part D and COBRA	Yes	Yes
Medicare Part A/B and Part D and Marketplace plan	Yes	Yes
Commercial only	No	No
Medicaid only	No	No
Tricare only	No	No
COBRA only	No	No
Marketplace plan only	No	No

