2024 Open Enrollment Guide for Patients

It's health insurance open enrollment time.

Make sure you're covered!

Use this guide to figure out if your health insurance plan is meeting your needs.

Looking at your health insurance options for next year?

During your health insurance open enrollment period, you can review your plan and make changes. This guide will help you gather the facts about your plan options to find out if your providers and medicines are covered in 2024.

First, let's talk health insurance

In this guide, we'll discuss 2 types of plans:

Commercial health plans

Commercial
Commercial health insurance is a health plan from non-government agencies, such as through an employer, the Health Insurance Marketplace®,* or a private broker.
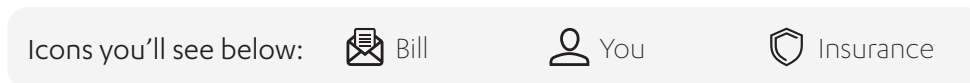
Government health plans

Government
Government insurance is a health plan you get from the government, such as Medicare, Medicaid, TRICARE, or VA/DoD. **In this booklet, we'll be discussing Medicare.** Medicare is a government-funded program that offers healthcare coverage for people who are age 65 or older, disabled, or have end-stage renal disease (ESRD) or ALS (also called Lou Gehrig's disease).

How does health insurance work?

Basics of how plans work

Icons you'll see below: ✉ Bill   👤 You   🛡 Insurance

✉ **When you have healthcare costs:**

First, you pay your **deductible**.

→ After you meet your deductible, you and your plan will start to share the cost of care. You will pay your portion through **co-insurance** or **co-pay**.

→ If you have an **out-of-pocket maximum**, after you've paid this amount, your insurance company pays the rest of the covered costs.

*Health Insurance Marketplace® is a registered trademark of the Department of Health and Human Services.

Terms to know

Annual (yearly) deductible
The amount you must pay for healthcare services or prescriptions before your plan starts to pay their portion.

Co-insurance
The amount you pay as your portion of healthcare services **after you meet your deductible.** Services may include a doctor's visit, hospital outpatient visit, or prescription medicine. Co-insurance is usually a percentage of the cost of the healthcare service (for example, 20%).

Co-pay
Amount you pay as your portion of healthcare services, like a doctor's visit, hospital outpatient visit, or prescription medicine. A co-pay is usually a set amount, rather than a percentage. For example, you might pay $10 or $20 for a doctor's visit or prescription medicine.

Out-of-pocket costs
Healthcare **costs you pay on your own**, such as deductible, co-pay, and co-insurance.

Out-of-pocket maximum
A **limit** that some health plans have **on the total amount you have to pay** for your medicines and healthcare services in one year. Most plans have an individual or family maximum. **After you meet this maximum, the plan pays 100% of covered healthcare costs.**

Example

Let's assume you have a health plan with a **$1,000 deductible, 20% co-insurance,** and a **$3,000 out-of-pocket maximum.**

Remember the icons: Bill   You   Insurance

If you get an $11,000 medical bill

First, **you pay your deductible,** which is $1,000.

After you meet your deductible, **you pay 20% of the bill in co-insurance,** which is $2,000. **Your insurance company pays 80%** of the bill, which is $8,000.

After you pay your $1,000 deductible and $2,000 in co-insurance, **you've reached your $3,000 out-of-pocket maximum** and **your insurance company will pay any remaining** covered healthcare costs for the year.

$1,000	$2,000	Any remaining covered costs for the year
	$8,000	

There's a trade-off between your monthly premium and deductible

When choosing a plan, you want to consider your overall costs, but often 2 numbers matter most: Premium and Deductible.

Higher premium

Lower deductible

Lower premium

Higher deductible

Higher premium/Lower deductible

Usually, the higher your plan's premium (monthly payment), the lower your deductible.

This may mean lower out-of-pocket costs if you know you'll need a lot of healthcare – your monthly payment will be higher, but you may reach your deductible sooner, which means your plan starts sharing costs with you, getting you closer to your out-of-pocket maximum.

Lower premium/Higher deductible

Usually, the lower your plan's premium (monthly payment), the higher your deductible.

This may mean lower out-of-pocket costs if you are healthy and only need routine healthcare – you'll save on premium costs each month. However, if you need unexpected healthcare services, your out-of-pocket costs may be higher than on a higher premium plan because you'll have to pay until you reach the high deductible.

ⓘ **Please note:** Individual costs may vary.

Medicare basics (get to know Medicare if you will be 65 or older in 2024)

There are 4 parts of Medicare: A, B, C, and D.

You must choose:

Original Medicare (Part A and Part B)

or

Part A – Hospital insurance

Covers inpatient care in hospitals and skilled nursing facilities, hospice, and some home health services.

Part B – Medical insurance

Covers doctors' and other providers' services, including some medicines given by your doctor, outpatient care, durable medical equipment, and some home health services.

You can add:

Medicare Supplement Insurance (Medigap)

Can help pay some of the costs ("gaps") that Original Medicare (Parts A and B) does not cover. Offered through private health plans.

Prescription drug coverage (Part D)

Helps cover the cost of prescription medicines for people with Medicare. It is optional.

Medicare Advantage (Part C)

Part C – Medicare Advantage

An option to get Medicare Part A and Part B benefits through private health plans. Most plans include Part D prescription drug coverage as well. You cannot add Medigap to Part C.

You can add:

Prescription drug coverage (Part D)

Helps cover the cost of prescription medicines for people with Medicare. It is optional.
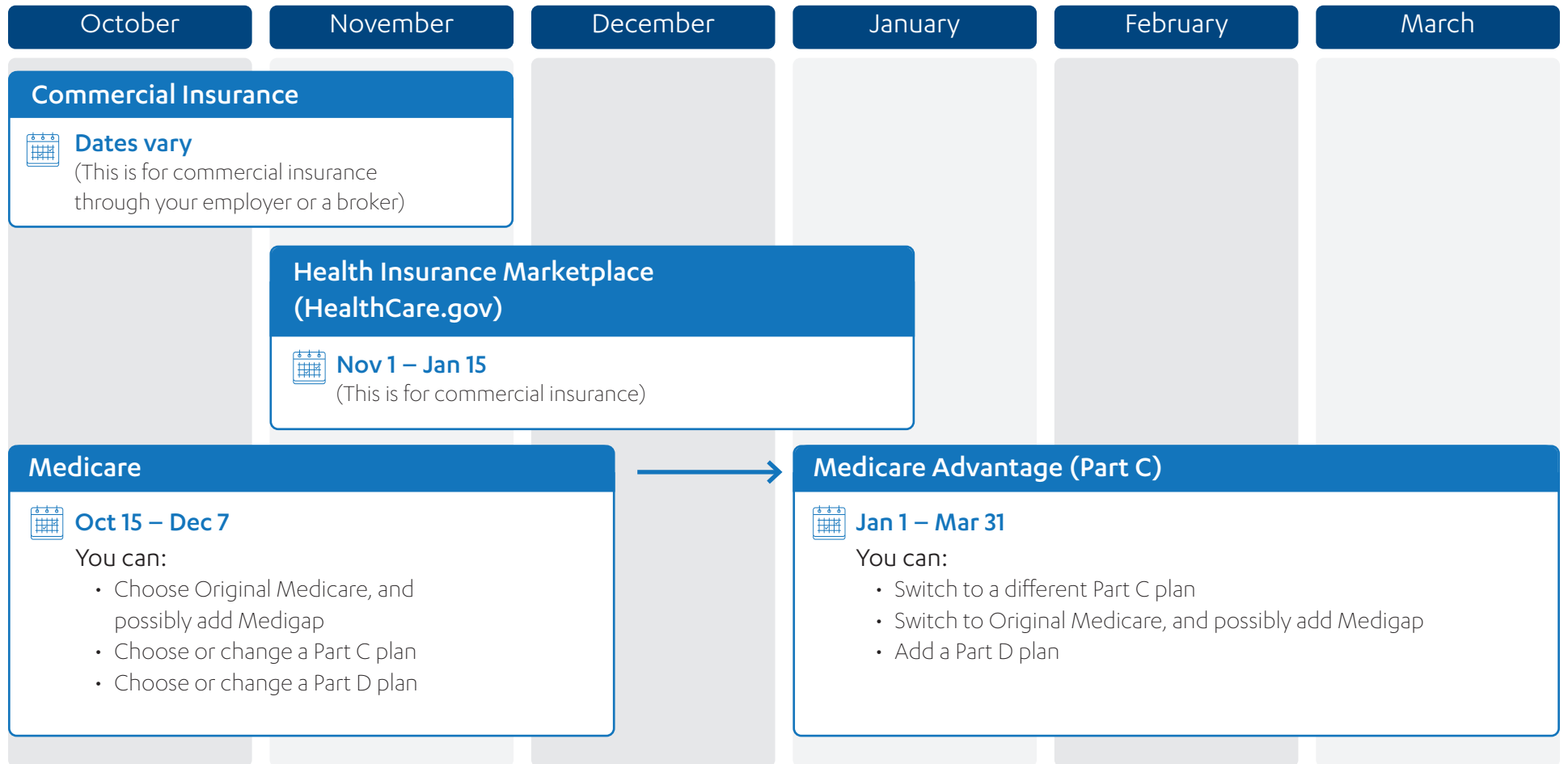
Together the "Parts" of Medicare cover a large amount of healthcare needs – but they do not cover everything. For example, Part A and Part B (together referred to as Original Medicare) do not cover: dental care, certain hearing tests, care when you are traveling outside of the United States, eye care, and long-term care. Medicare Advantage (Part C) plans may cover some of these services, but if they include "extras" such as basic dental care, they may charge a higher premium.
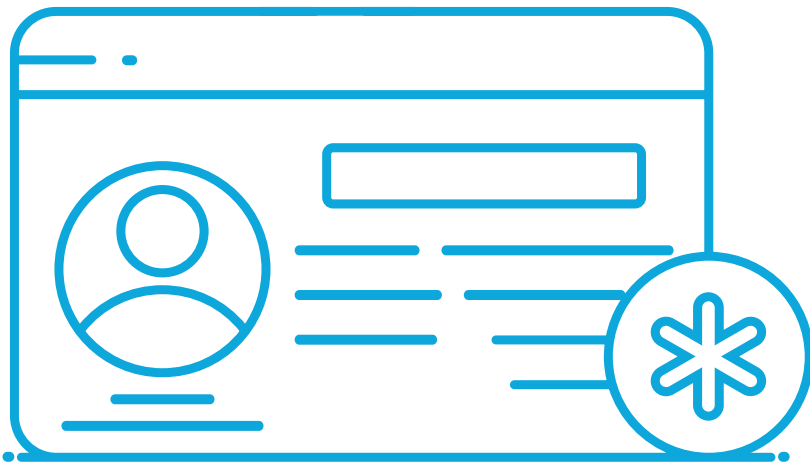
To learn more, visit: **Medicare.gov**

Important dates for open enrollment

October	November	December	January	February	March

Commercial Insurance

📅 **Dates vary**
(This is for commercial insurance through your employer or a broker)

Health Insurance Marketplace (HealthCare.gov)

📅 **Nov 1 – Jan 15**
(This is for commercial insurance)

Medicare

📅 **Oct 15 – Dec 7**

You can:
- Choose Original Medicare, and possibly add Medigap
- Choose or change a Part C plan
- Choose or change a Part D plan

Medicare Advantage (Part C)

📅 **Jan 1 – Mar 31**

You can:
- Switch to a different Part C plan
- Switch to Original Medicare, and possibly add Medigap
- Add a Part D plan

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Which type of plan do you have?

Go to the appropriate section:

I have a **commercial health plan**

I have **Medicare**

Commercial health insurance plans

Let's gather information about your current plan and next year's options

Step **1**

Medical Benefit:
Fill in the plan information and costs of healthcare services for you and the family members on your plan after you meet your deductible, **including:**
→ Out-of-pocket costs for medicines that are given by a healthcare provider in a doctor's office, hospital, or clinic
→ Doctor and hospital visits, and other services – this could include **treatment administration**, for example an infusion or an injection

Current plan	Next year's option 1	Next year's option 2
Plan name: _____	Plan name: _____	Plan name: _____
Premium: $ _____	Premium: $ _____	Premium: $ _____
Deductible: $ _____	Deductible: $ _____	Deductible: $ _____
Out-of-pocket max: $ _____	Out-of-pocket max: $ _____	Out-of-pocket max: $ _____

Medicine 1 given to you: _____

Current plan	Next year's option 1	Next year's option 2
Is the medicine covered? ○ Yes ○ No	Is the medicine covered? ○ Yes ○ No	Is the medicine covered? ○ Yes ○ No
Co-pay $ / co-insurance %: [ ]	Co-pay $ / co-insurance %: [ ]	Co-pay $ / co-insurance %: [ ]
Is the treatment administration covered? ○ Yes ○ No	Is the treatment administration covered? ○ Yes ○ No	Is the treatment administration covered? ○ Yes ○ No
Co-pay $ / co-insurance %: [ ]	Co-pay $ / co-insurance %: [ ]	Co-pay $ / co-insurance %: [ ]

Medicine 2 given to you: _____

Current plan	Next year's option 1	Next year's option 2
Is the medicine covered? ○ Yes ○ No	Is the medicine covered? ○ Yes ○ No	Is the medicine covered? ○ Yes ○ No
Co-pay $ / co-insurance %: [ ]	Co-pay $ / co-insurance %: [ ]	Co-pay $ / co-insurance %: [ ]
Is the treatment administration covered? ○ Yes ○ No	Is the treatment administration covered? ○ Yes ○ No	Is the treatment administration covered? ○ Yes ○ No
Co-pay $ / co-insurance %: [ ]	Co-pay $ / co-insurance %: [ ]	Co-pay $ / co-insurance %: [ ]

ⓘ After you meet your out-of-pocket maximum, your medicine and treatment administration costs may be $0 for the rest of the year.

Medicine 3 given to you: _____

Current plan	Next year's option 1	Next year's option 2
Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____
Is the treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____

Medicine 4 given to you: _____

Current plan	Next year's option 1	Next year's option 2
Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____
Is the treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____

Medicine 5 given to you: _____

Current plan	Next year's option 1	Next year's option 2
Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____
Is the treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____

Medicine 6 given to you: _____

Current plan	Next year's option 1	Next year's option 2
Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____
Is the treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____	Is the treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: _____

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Step 2

Prescription Benefit:

Some plans require that your prescription medicine be covered under the **Prescription Benefit**, even if it is given by a healthcare provider.

Fill in the plan information and costs for prescription medicines. **This includes:**

→ Any additional premium or deductible for prescription medicines
→ The costs you pay for prescription medicines for you and the family members on your plan

Current plan	Next year's option 1	Next year's option 2
Is there a separate **premium** for Prescription Benefit? ○ Yes $ _____ ○ No	Is there a separate **premium** for Prescription Benefit? ○ Yes $ _____ ○ No	Is there a separate **premium** for Prescription Benefit? ○ Yes $ _____ ○ No
Is there a separate **deductible** for Prescription Benefit? ○ Yes $ _____ ○ No	Is there a separate **deductible** for Prescription Benefit? ○ Yes $ _____ ○ No	Is there a separate **deductible** for Prescription Benefit? ○ Yes $ _____ ○ No

Prescription medicine 1: _____

Current plan	Next year's option 1	Next year's option 2
Is the medicine covered by the plan? ○ Yes ○ No	Is the medicine covered by the plan? ○ Yes ○ No	Is the medicine covered by the plan? ○ Yes ○ No
Co-pay $ / co-insurance %: [ ]	Co-pay $ / co-insurance %: [ ]	Co-pay $ / co-insurance %: [ ]
Does it require prior authorization? ○ Yes ○ No	Does it require prior authorization? ○ Yes ○ No	Does it require prior authorization? ○ Yes ○ No

Prescription medicine 2: _____

Current plan	Next year's option 1	Next year's option 2
Is the medicine covered by the plan? ○ Yes ○ No	Is the medicine covered by the plan? ○ Yes ○ No	Is the medicine covered by the plan? ○ Yes ○ No
Co-pay $ / co-insurance %: [ ]	Co-pay $ / co-insurance %: [ ]	Co-pay $ / co-insurance %: [ ]
Does it require prior authorization? ○ Yes ○ No	Does it require prior authorization? ○ Yes ○ No	Does it require prior authorization? ○ Yes ○ No

Terms to know

Prescription Benefit
Insurance that covers medicines that patients can take on their own. Also called Pharmacy benefit.

Prior authorization
Some plans require a review and approval of your prescribed medicine before it is used. Your doctor will submit the request, but it may mean there is a delay getting your medicine while your plan contacts your doctor to confirm.

Tip

If any of your medicines require prior authorization, reach out to your doctor to:

→ Confirm it's up-to-date
→ Renew if needed

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Prescription medicine 3: _____

Is the medicine covered by the plan? ○ Yes ○ No	Is the medicine covered by the plan? ○ Yes ○ No	Is the medicine covered by the plan? ○ Yes ○ No
Co-pay $ / co-insurance %: [____]	Co-pay $ / co-insurance %: [____]	Co-pay $ / co-insurance %: [____]
Does it require prior authorization? ○ Yes ○ No	Does it require prior authorization? ○ Yes ○No	Does it require prior authorization? ○ Yes ○ No

Prescription medicine 4: _____

Is the medicine covered by the plan? ○ Yes ○ No	Is the medicine covered by the plan? ○ Yes ○ No	Is the medicine covered by the plan? ○ Yes ○ No
Co-pay $ / co-insurance %: [____]	Co-pay $ / co-insurance %: [____]	Co-pay $ / co-insurance %: [____]
Does it require prior authorization? ○ Yes ○ No	Does it require prior authorization? ○ Yes ○ No	Does it require prior authorization? ○ Yes ○ No

Prescription medicine 5: _____

Is the medicine covered by the plan? ○ Yes ○ No	Is the medicine covered by the plan? ○ Yes ○ No	Is the medicine covered by the plan? ○ Yes ○ No
Co-pay $ / co-insurance %: [____]	Co-pay $ / co-insurance %: [____]	Co-pay $ / co-insurance %: [____]
Does it require prior authorization? ○ Yes ○ No	Does it require prior authorization? ○ Yes ○ No	Does it require prior authorization? ○ Yes ○ No

Prescription medicine 6: _____

Is the medicine covered by the plan? ○ Yes ○ No	Is the medicine covered by the plan? ○ Yes ○ No	Is the medicine covered by the plan? ○ Yes ○ No
Co-pay $ / co-insurance %: [____]	Co-pay $ / co-insurance %: [____]	Co-pay $ / co-insurance %: [____]
Does it require prior authorization? ○ Yes ○ No	Does it require prior authorization? ○ Yes ○ No	Does it require prior authorization? ○ Yes ○ No

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A few more items:

The costs you pay for healthcare can also depend on other factors. Fill in some of these other factors in the table below. **These include:**

- → Whether your doctors and healthcare providers are **in-network** or **out-of-network**
- → Whether the company that makes your medicines offers **medication savings programs** and how your plan treats these payments

	Current plan		Next year's option 1		Next year's option 2	
Are all of your doctors and other healthcare providers in-network?						
Your healthcare providers	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**
For example, Dr. Smith	x			x	x	

	Current plan	Next year's option 1	Next year's option 2
Write down any medicines that offer savings programs, coupons, or discounts.			
Your medicines	**Does the health plan allow payments from savings programs to count toward the deductible or out-of-pocket maximum?**		
	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No

Terms to know

In-network visits
Visits to providers, including doctors, hospitals, and other suppliers, who **contract with your health plan to give healthcare services to you at a lower cost.** Also called "preferred" providers.

Out-of-network visits
Visits to providers, including doctors and hospitals, who **have not contracted with your health plan, so they charge a higher cost.** Also called "non-preferred" providers.

Medication savings programs
Programs that discount the price of your medicine. These programs may be offered by the companies that make your medicines.

Be informed! Some health insurance plans do not allow payments from medication savings programs to count toward your deductible and out-of-pocket maximum. Some plans may also seek to enroll you in programs that could impact your out-of-pocket costs or claim to offer low to zero out-of-pocket costs. Signing up for these plan-run programs can change how your medication savings program supports you. **Call the plan and ask before signing up.**

Step

4

Let's see which of next year's plan options will best meet your needs.

✏ **Review steps 1-3 of this guide and fill out the plan information below,** including any notes or questions about the plan.

❓ **Do you have enough information to make a decision? Or do you need to gather more information?**

Next year's option 1

Plan name:

_____

Premium: Deductible: Out-of-pocket max:

$ _____ $ _____ $ _____

Notes about the plan:

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Next year's option 2

Plan name:

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Premium: Deductible: Out-of-pocket max:

$ _____ $ _____ $ _____

Notes about the plan:

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Medicare health insurance plans

Compare your Medicare options

Use this tool to compare your Medicare options for next year:

- → Step 1: Learn the differences between Original Medicare (Parts A and B) and Medicare Advantage (Part C) to decide which may be right for you.
- → Step 2: Fill out the table for the plan you want to use next year to estimate your health plan costs. Then, if needed, consider your options for adding more coverage.
- → Step 3: Fill out the table to estimate your medicine costs and if they're covered by your plan.

Step 1

Step 1: Is Original Medicare (Parts A and B) or Medicare Advantage (Part C) right for you?

Whether you're new to Medicare, or you've had it for years, to enroll you must choose between Original Medicare (Parts A and B) or Medicare Advantage (Part C). This is an important choice! Here are some things to consider:

	Original Medicare (Parts A and B)	Medicare Advantage (Part C)
Do you have many health concerns?	**If yes,** consider **Original Medicare:** • There are no network limits • You can easily see a wider choice of providers	**If no,** consider **Medicare Advantage** if you are less concerned about: • If there are network limits • If there are administrative requirements like prior authorization
Do you want or need access to your preferred doctors?	**If yes,** consider **Original Medicare:** • You can see any doctor accepting new Medicare patients	**If no,** consider **Medicare Advantage:** • It may limit your choice or access to preferred doctors. Check if your doctors are in-network
Do you travel a lot or are you planning to move out of state?	**If yes,** consider **Original Medicare:** • It covers doctors anywhere in the U.S.	**If no,** consider **Medicare Advantage:** • It often requires in-network local doctors • Going out-of-network may cost you more or require prior authorization
Are you comfortable handling administrative processes like prior authorization?	**If no,** consider **Original Medicare:** • Drugs given to patients under Part A and Part B are not prior authorized	**If yes,** consider **Medicare Advantage:** • Some drugs may require prior authorization
How do you want to manage your out-of-pocket costs?	**With Original Medicare:** • There's no limit on your yearly out-of-pocket costs unless you have other coverage • You can buy a Medigap plan to help lower your out-of-pocket costs	**With Medicare Advantage:** • There are limits on your yearly out-of-pocket costs • It may offer a Part D prescription drug plan

Consider your overall **out-of-pocket costs** when choosing between Original Medicare and Medicare Advantage.

Add-ons

In addition to choosing Original Medicare or Medicare Advantage, you may have options for adding:

→ Prescription drug coverage (Part D)   → Medicare Supplement Insurance (Medigap) to Original Medicare only

Step 2: Let's gather information about next year's options

Step **2**

Now that you've learned the difference between Original Medicare and Medicare Advantage, let's estimate your costs for next year. Take a look at your options in the tables in this section.

Medicare Parts A and B (Original Medicare)

Medicare Part A helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care. **Medicare Part B** usually covers medicines given by a healthcare provider in a doctor's office, hospital, or clinic – for example, an infusion or an injection. Check **Medicare.gov** to see what Medicare may cost for you.

Review this table: (Values for 2023 – check **Medicare.gov** for updates. The 2024 costs are released in 4th quarter 2023.)

You pay			Medicare Part B pays
Medicare Part B monthly premium $165[a]	**Medicare Part B annual deductible** $226[b]	**Medicare Part B co-insurance** 20% of medicine and administration costs, after you meet your deductible	**Medicare Part B co-insurance** 80% of medicine and administration costs, after you meet your deductible

[a] 2023 Medicare Part B premium. Check **Medicare.gov/basics/costs** for updates. Above a certain income level, you will be required to pay the premium PLUS an additional amount for Medicare Part B.

[b] 2023 Medicare Part B deductible. Check **Medicare.gov/basics/costs** for updates.

If you choose Parts A and B, consider how you will pay for the costs that Medicare does not cover:

→ **You may decide** to pay the out-of-pocket costs yourself (deductible and co-insurance).

→ **Consider** adding a Medigap plan (Medicare Supplement Insurance) for help with your deductible and for 20% cost-sharing (**page 16**). Medigap is private health insurance that can help pay some of the costs ("gaps") that Parts A and B do not cover. It may cover all of your out-of-pocket costs. There are many Medigap plans to choose from. Contact your State Health Insurance Assistance Program (SHIP) or visit **Medicare.gov/medigap-supplemental-insurance-plans** to find a plan that's best for you. To find your local SHIP, visit **ShipHelp.org** or call 1-877-839-2675.

→ **Consider** adding Medicare Part D (**page 18**). Medicare Part D is prescription drug coverage for anyone with Medicare. These plans are offered by private companies that are approved by Medicare. Visit **Medicare.gov/plan-compare** or call 1-800-MEDICARE (1-800-633-4227) to compare plans.

→ **Consider** switching to Medicare Part C (Medicare Advantage). Learn more about Medicare Advantage on **page 17**.

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Medicare Parts A and B (Original Medicare) — Plus Medigap

Medicare Part A helps cover inpatient care in hospitals, skilled nursing facility care, hospice care, and home health care.

Medicare Part B usually covers medicines given by a healthcare provider in a doctor's office, hospital, or clinic – for example, an infusion or an injection.

Medigap is private health insurance that can help pay some of the costs ("gaps") that Original Medicare does not cover. **With Medicare Part B and a Medigap plan, your out-of-pocket costs may be as low as $0.**

Call your plan and fill out this table: (Values for 2023 – check **Medicare.gov** for updates. The 2024 costs are released in 4th quarter 2023.)

You pay

Medicare Part B monthly premium
$165[a]

(+)

Medigap monthly premium
$ _____

(i) Premiums do not count toward your out-of-pocket maximum.

You might pay

Medicare Part B annual deductible
$226[b]

Is the deductible covered by the Medigap plan?

If yes, your Medigap plan pays

If no, you pay: $ _____

(i) Medigap Plans C and F may cover the Medicare Part B deductible (Deductible = $0)[c].

Medicare Part B co-insurance
20% of medicine and administration costs, after you meet your deductible

Is all of the Medicare Part B co-insurance covered by the Medigap plan?

If yes, you pay $0[d]

If no, you may pay 5-10%, depending on your Medigap plan, until you reach your out-of-pocket maximum (Plans K, L)

Out-of-pocket maximum: $ _____

Medicare Part B pays

Medicare Part B co-insurance
80% of medicine and administration costs, after you meet your deductible

[a] 2023 Medicare Part B premium. Check **Medicare.gov/basics/costs** for updates. Above a certain income level, you will be required to pay the premium PLUS an additional amount for Medicare Part B.

[b] 2023 Medicare Part B deductible. Check **Medicare.gov/basics/costs** for updates.

[c] If you got a Medigap Plan C or F before 2020, the Part B deductible is fully covered. If you got Medicare in 2020 or after, the Part B deductible is not covered. If you were newly eligible for Medicare on or after January 1, 2020, Plans C and F are no longer available. Visit **Medicare.gov** for more information.

[d] Typically, Medigap Plans A-G and M-N pay 20% and you pay $0. Some states also offer high deductible versions of certain Medigap plans. Visit **Medicare.gov/medigap-supplemental-insurance-plans** for more information.

If you need more coverage, consider:

→ **Switching** to a new Medigap plan.

→ **Adding** Medicare Part D for prescription drug coverage (**page 18**). Medicare Part D is prescription drug coverage for anyone with Medicare. These plans are offered by private companies that are approved by Medicare. Visit **Medicare.gov/plan-compare** or call 1-800-MEDICARE (1-800-633-4227) to compare plans.

→ **Switching** to Medicare Part C – Medicare Advantage (**page 17**). **However, if you drop your Medigap policy, there are only certain situations where you may be able to get it back**.

Medicare Part C (Medicare Advantage)

Medicare Part C (Medicare Advantage) plans are an alternative to Original Medicare (Parts A and B). Part C plans cover some medicines given by a healthcare provider in a doctor's office, hospital, or clinic – for example, an infusion or an injection. Most plans also offer Part D, which covers prescription medicines – including those you take at home. **These plans may have benefits that are not offered under Original Medicare.**

Call your plan and fill out this table:
(Premiums and out-of-pocket costs vary by plan)

You pay

Medicare Advantage monthly premium

$ _____

ⓘ Premiums do not count toward your out-of-pocket maximum.

Medicare Advantage annual deductible

$ _____

Medicare Advantage co-pay or co-insurance

Co-pay: $ _____ (or)

Co-insurance: _____ %

Out-of-pocket maximum:

$ _____

→ **Ask** if your medicine and/or treatment administration is covered. (Fill out more details on **page 20**)

Medicare Advantage pays

Medicare Advantage pays remaining medicine and treatment administration costs

ⓘ Your in-network doctor and hospital visits and other medical services may count toward your out-of-pocket maximum.

If you use out-of-network services, your costs may be higher than the plan's out-of-pocket maximum.

After you reach your out-of-pocket maximum, you may pay $0 for covered services.

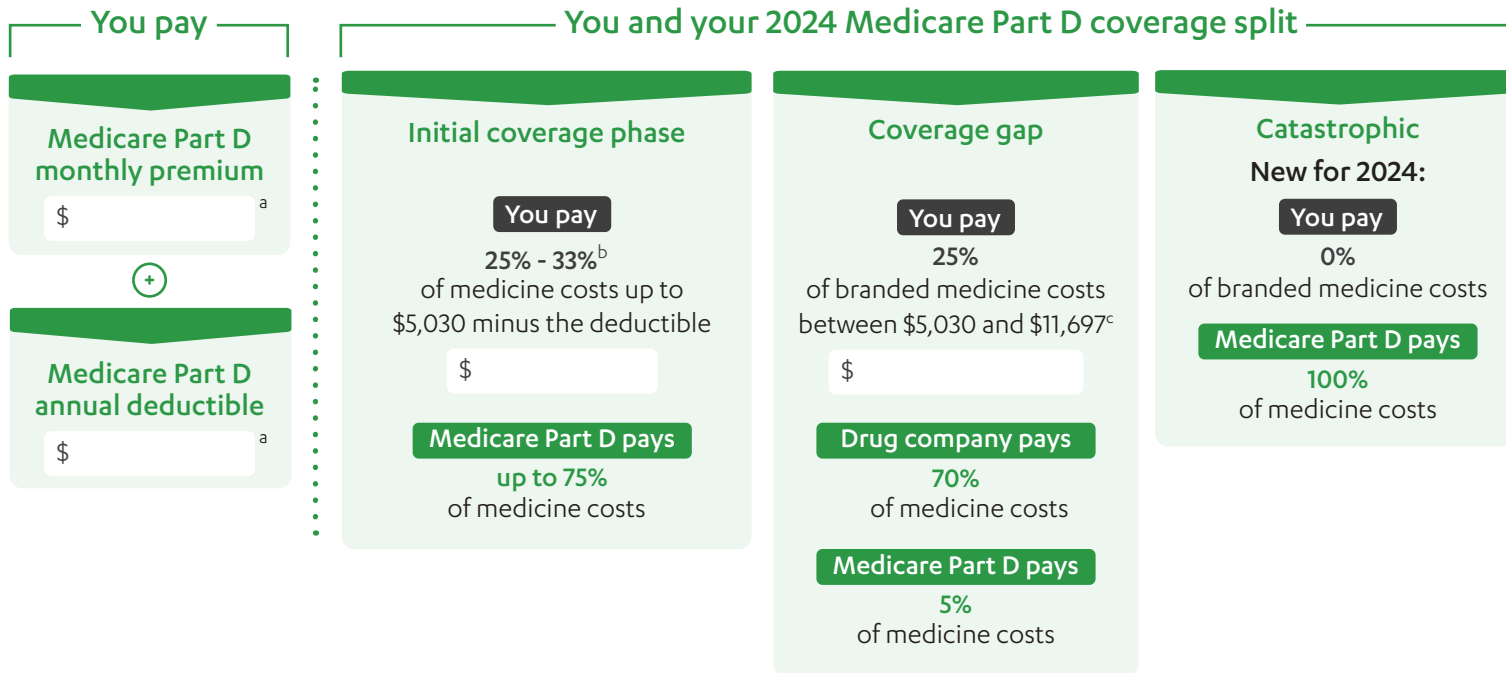**If your medicine or treatment is not covered or your out-of-pocket costs are too high, consider:**

→ **Switching** to a different Medicare Advantage plan.

→ **Switching** to Original Medicare plus Medigap (**page 16**). Medigap is private health insurance that can help pay some of the costs ("gaps") that Parts A and B do not cover. It may cover all of your out-of-pocket costs. There are many Medigap plans to choose from. To find a plan that's best for you visit **Medicare.gov/medigap-supplemental-insurance-plans** or contact your State Health Insurance Assistance Program (SHIP) at 1-877-839-2675 or **ShipHelp.org**.

→ **Adding** Medicare Part D for prescription drug coverage (**page 18**). Medicare Part D is prescription drug coverage for anyone with Medicare. These plans are offered by private companies that are approved by Medicare.

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Medicare Part D

Medicare Part D is prescription drug coverage (including medicines you take at home) that is an optional benefit for anyone with Medicare. These plans are offered by private companies that are approved by Medicare.

ⓘ Medicare Part D is additional coverage.

Call your plan and fill out this table:

You pay

Medicare Part D monthly premium

$ _____ [a]

(+)

Medicare Part D annual deductible

$ _____ [a]

You and your 2024 Medicare Part D coverage split

Initial coverage phase

You pay

25% - 33% [b]
of medicine costs up to $5,030 minus the deductible

$ _____

Medicare Part D pays

up to 75%
of medicine costs

Coverage gap

You pay

25%
of branded medicine costs between $5,030 and $11,697 [c]

$ _____

Drug company pays

70%
of medicine costs

Medicare Part D pays

5%
of medicine costs

Catastrophic

New for 2024:

You pay

0%
of branded medicine costs

Medicare Part D pays

100%
of medicine costs

---

[a] Check your plan – premiums and deductibles vary by plan. If you are a higher-income beneficiary, you will pay the premium PLUS an additional amount for Medicare Part D.

[b] Co-insurance for specialty medicines may be up to 33% in plans that do not have a deductible.

[c] $11,697 includes your out-of-pocket costs PLUS contributions from Medicare and the drug company. Note: This assumes use of 100% branded drugs.

If you need more prescription drug coverage, consider:

→ **Switching to a new Medicare Part D plan.** To compare Part D plans, visit **Medicare.gov/plan-compare** or call 1-800-MEDICARE (1-800-633-4227).

Terms to know

Coverage gap
The coverage gap **begins after you have paid your deductible and spent a set dollar amount** for covered medicines. It ends when you spend enough to qualify for catastrophic coverage.

Catastrophic coverage
Once your total prescription medicine costs reach $11,697 (this amount includes your out-of-pocket costs PLUS contributions from Medicare and the companies that make your medicines), you will enter the catastrophic coverage phase. Then **you pay 0%** of all your prescription medicine costs above that amount.

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Step 3: Gather your medicine information

Step 3

To get an idea of your prescription costs for next year, make a list of all your medicines. Then, for the plan you have chosen, call your plan or check their formulary (covered drug list) to see if your medicines are covered.

Current plan	Medicare Part B	Medigap	Medicare Part C	Medicare Part D
Medicine 1: _____				
Is the medicine covered? ○ Yes ○ No If needed, is treatment administration covered? ○ Yes ○ No Co-pay $ / co-insurance %: [＿＿＿]	Is the medicine covered? ○ Yes ○ No If needed, is treatment administration covered? ○ Yes ○ No Co-pay $ / co-insurance %: [＿＿＿]	Does Medigap cover all of your Part B co-insurance? ○ **Yes** (you pay $0) ○ **No** (you may pay 5-10%, depending on your plan)	Is the medicine covered? ○ Yes ○ No If needed, is treatment administration covered? ○ Yes ○ No Co-pay $ / co-insurance %: [＿＿＿]	Is the medicine covered? ○ Yes ○ No Co-pay $ / co-insurance %: [＿＿＿]
Medicine 2: _____				
Is the medicine covered? ○ Yes ○ No If needed, is treatment administration covered? ○ Yes ○ No Co-pay $ / co-insurance %: [＿＿＿]	Is the medicine covered? ○ Yes ○ No If needed, is treatment administration covered? ○ Yes ○ No Co-pay $ / co-insurance %: [＿＿＿]	Does Medigap cover all of your Part B co-insurance? ○ **Yes** (you pay $0) ○ **No** (you may pay 5-10%, depending on your plan)	Is the medicine covered? ○ Yes ○ No If needed, is treatment administration covered? ○ Yes ○ No Co-pay $ / co-insurance %: [＿＿＿]	Is the medicine covered? ○ Yes ○ No Co-pay $ / co-insurance %: [＿＿＿]
Medicine 3: _____				
Is the medicine covered? ○ Yes ○ No If needed, is treatment administration covered? ○ Yes ○ No Co-pay $ / co-insurance %: [＿＿＿]	Is the medicine covered? ○ Yes ○ No If needed, is treatment administration covered? ○ Yes ○ No Co-pay $ / co-insurance %: [＿＿＿]	Does Medigap cover all of your Part B co-insurance? ○ **Yes** (you pay $0) ○ **No** (you may pay 5-10%, depending on your plan)	Is the medicine covered? ○ Yes ○ No If needed, is treatment administration covered? ○ Yes ○ No Co-pay $ / co-insurance %: [＿＿＿]	Is the medicine covered? ○ Yes ○ No Co-pay $ / co-insurance %: [＿＿＿]

ⓘ You can add more medicines on the **next page**.

Medicine 4: _____

Current plan	Medicare Part B	Medigap	Medicare Part C	Medicare Part D
Is the medicine covered? ◯ Yes ◯ No If needed, is treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]	Is the medicine covered? ◯ Yes ◯ No If needed, is treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]	Does Medigap cover all of your Part B co-insurance? ◯ Yes (you pay $0) ◯ No (you may pay 5-10%, depending on your plan)	Is the medicine covered? ◯ Yes ◯ No If needed, is treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]	Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]

Medicine 5: _____

Current plan	Medicare Part B	Medigap	Medicare Part C	Medicare Part D
Is the medicine covered? ◯ Yes ◯ No If needed, is treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]	Is the medicine covered? ◯ Yes ◯ No If needed, is treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]	Does Medigap cover all of your Part B co-insurance? ◯ Yes (you pay $0) ◯ No (you may pay 5-10%, depending on your plan)	Is the medicine covered? ◯ Yes ◯ No If needed, is treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]	Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]

Medicine 6: _____

Current plan	Medicare Part B	Medigap	Medicare Part C	Medicare Part D
Is the medicine covered? ◯ Yes ◯ No If needed, is treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]	Is the medicine covered? ◯ Yes ◯ No If needed, is treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]	Does Medigap cover all of your Part B co-insurance? ◯ Yes (you pay $0) ◯ No (you may pay 5-10%, depending on your plan)	Is the medicine covered? ◯ Yes ◯ No If needed, is treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]	Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]

Medicine 7: _____

Current plan	Medicare Part B	Medigap	Medicare Part C	Medicare Part D
Is the medicine covered? ◯ Yes ◯ No If needed, is treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]	Is the medicine covered? ◯ Yes ◯ No If needed, is treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]	Does Medigap cover all of your Part B co-insurance? ◯ Yes (you pay $0) ◯ No (you may pay 5-10%, depending on your plan)	Is the medicine covered? ◯ Yes ◯ No If needed, is treatment administration covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]	Is the medicine covered? ◯ Yes ◯ No Co-pay $ / co-insurance %: [_____]

Get help with your Medicare costs

You may get help with costs that Medicare does not cover if you have low income and limited resources. If you think you might qualify, go ahead and apply – there is no cost or penalty if you find out later that you are not eligible.

Programs to help with Medicare costs

Medicaid

Helps pay costs not covered by Medicare

Some patients with limited income and resources may qualify for this government program that offers free or low-cost healthcare.

Contact your state Medicaid office at **Medicaid.gov**

Extra Help (Low-Income Subsidy)

Helps pay for Medicare Prescription Drug Plan (Part D) costs

Including premiums, deductible, co-insurance, co-pays

What is Medicare *Extra Help*?

Medicare patients can qualify for *Extra Help* (also called Low-Income Subsidy, or LIS) with their Medicare prescription drug plan costs. To qualify, a person must be enrolled in Medicare Part D and have both limited resources and limited income. You may qualify if your annual income is below 150% of the federal poverty level and you meet the resource requirements.

You should look into the *Extra Help* program whenever you update your Medicare Plan, especially if your income has recently changed. Learn more at **medicare.gov/basics/costs/help/drug-costs**

See "Apply for Medicare Part D *Extra Help* program", available at **ssa.gov**

Medicare Savings Programs

Help pay for Medicare Part A and Part B costs

Including premiums, deductibles, co-insurance, and co-pays

To qualify for a Medicare Savings Program, you must have income and resources below a certain limit.

You apply for Medicare Savings Programs through your state. When you apply, your state determines which program(s) you qualify for.

Visit **Medicare.gov/medicare-savings-programs**

ⓘ There may be other programs available to you, including State Pharmacy Assistance Programs and Patient Assistance Programs offered by drug companies.

ⓘ For help finding additional financial support, check out **MAT.org**, a free search engine that provides information on hundreds of patient assistance resources.

Explore Medicare resources

Learn more about Medicare, Medical Benefits, and Prescription Benefits below. Visit **Medicare.gov/publications** to order or download free Medicare resources in a variety of formats and languages.

I want to learn more about Medicare

Medicare
Visit **Medicare.gov/publications** to order or download free Medicare resources.

Medicare Resource Guide
Read this Janssen guide to learn more about Medicare coverage options. Visit **JanssenCarePath.com/MedicareGuide**

Medicare and You Handbook
Visit **Medicare.gov/medicare-and-you** to download the official U.S. government Medicare handbook.

Understanding Medicare Advantage Plans
Read this Medicare guide. Visit **Medicare.gov/publications/12026-Understanding-Medicare-Advantage-Plans.pdf**

Medicare Costs
To learn more about Medicare costs, visit **Medicare.gov/basics/costs/medicare-costs**

State Health Insurance Assistance Programs (SHIPs)
Your local SHIP helps Medicare-eligible individuals, their families, and caregivers make informed health insurance decisions to get the best care and benefits. To find a SHIP in your area, visit **ShipHelp.org** or call **1-877-839-2675.**

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Explore Medicare resources (cont'd)

I want to learn more about Medical Benefits

Medicare Supplement Insurance
Read this Medicare guide. Visit **Medicare.gov/publications/11575-Medicare-Supplement-Insurance-Getting-Started.pdf**

Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare
Read this Medigap guide. Visit **Medicare.gov/publications/02110-medigap-guide-health-insurance.pdf**

I want to learn more about Prescription Benefits

Your Guide to Medicare Prescription Drug Coverage
To learn more about Prescription Drug Coverage, visit **Medicare.gov/drug-coverage-part-d**

Medicare Plan Finder
Use the search tool on **Medicare.gov/plan-compare** to compare Medicare Prescription Drug (Part D) plans in your local area.

Extra Help with Medicare Prescription Drug Plan Costs
To see resources for Extra Help with Medicare Prescription Drug Plan Costs, visit **ssa.gov/benefits/medicare/prescriptionhelp**

Notes

Next steps

Go to the appropriate section:

I want to sign up for my new plan

I may need help paying for my Janssen medicine

What's next?

You're ready to sign up for your new plan

Follow the steps below to sign up for insurance, based on the type of plan you have:

If you have coverage through the Health Insurance Marketplace®,* take this information to a trained assister in your area or visit **HealthCare.gov**

If you have private or commercial insurance through your employer, talk to the appropriate department such as Human Resources or call your plan.

If you have private or commercial insurance through a broker, call them or call your plan and share this information.

If you have Medicare, call 1-800-MEDICARE (1-800-633-4227) or visit **Medicare.gov/MedicareCoverageOptions**

> ⓘ Keep in mind the dates for your open enrollment period, which are on **page 6**.

Once you've signed up for a new plan:

- Give your new plan information to:
  - your healthcare providers
  - your pharmacies
  - any patient support programs you use
- Check to see if any new prior authorizations are needed for your medications

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*Health Insurance Marketplace® is a registered trademark of the Department of Health and Human Services.

Notes

Get help paying for your Janssen medicines

At Janssen, we don't want cost to get in the way of treatment you need. We can help you explore options to lower your out-of-pocket cost for your Janssen medication. No matter what type of insurance you have—or even if you don't have insurance—Janssen Patient Support Programs can help explain your medication insurance coverage and potential out-of-pocket costs and help find programs that may help you pay for your Janssen medication.

Janssen Savings Programs

If you use commercial or private health insurance and need help paying for your Janssen medication, Janssen offers Savings Programs that may be able to help. Depending on your insurance plan, savings may apply to co-pay, co-insurance, or deductible. There are no income requirements, and you may participate without sharing your income information. See program requirements at **JanssenCarePath.com**.

Insured patients may be eligible for additional support from Janssen

Patient assistance is available if you have commercial, employer-sponsored, or government coverage that does not fully meet your needs. You may be eligible to receive your Janssen medication free of charge for up to one year. You must meet the eligibility and income requirements for the Janssen Patient Assistance Program. See terms and conditions at **PatientAssistanceInfo.com** or call 833-742-0791.

Johnson & Johnson Patient Assistance Foundation, Inc. (JJPAF)

The Johnson & Johnson Patient Assistance Foundation, Inc. (JJPAF) is an independent, nonprofit organization. JJPAF gives eligible patients free prescription medicines donated by Johnson & Johnson companies. You may be eligible if you don't have insurance.

Want to see if you qualify? Get an application at **JJPAF.org**.

Questions? Call 800-652-6227 (Monday–Friday, 8:00 AM to 8:00 PM ET).

To learn more
- **Explore savings options** at **JanssenCarePath.com**
- **Visit JanssenCarePath.com/Contact-Us** for the phone number for your Janssen medicine.

Congrats!

You've finished the 2024 Open Enrollment Guide for patients. We hope this guide helped you gather the information you need to make an informed decision about the best health insurance plan for you and your family.

Questions?

Visit **JanssenCarePath.com/Contact-Us** for the phone number for your Janssen medicine. Multilingual phone support is available.

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Johnson&Johnson