

**It's
Health Insurance
Open Enrollment
Time**

Make sure you're covered in 2023!

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

Even if you keep the same health insurance plan, your benefits may change in 2023.

The good news is, during your health insurance open enrollment period, you can review your coverage and make changes, or choose a new plan. This Open Enrollment Guide will help you evaluate your health insurance options for 2023 to make sure you have the coverage you need for your Janssen medicines.

Before you get started, some things you need to know:

1 Your out-of-pocket costs for health care typically include:

Costs You Pay		Costs You Share With Your Health Insurance Plan	After Out-Of-Pocket Maximum Is Reached, Your Costs May Be \$0
Premium	Annual Deductible	Co-pay & Co-insurance	Out-of-pocket Maximum
The amount you pay for your health insurance every month.	The amount you pay for your healthcare costs before your health insurance starts to pay for their portion of your healthcare costs.	After you pay your annual deductible, you may pay a portion of your healthcare costs: <ul style="list-style-type: none"> • Co-pay is usually a set dollar amount • Co-insurance is usually a percentage of your healthcare costs Your deductible, co-pay, and co-insurance make up the out-of-pocket costs that count towards your maximum.	Some health insurance plans may have a limit on the amount you have to pay for covered healthcare services in a plan year. After that, the plan pays 100% of covered healthcare costs. <ul style="list-style-type: none"> • May not include out-of-network healthcare expenses • Does not include your monthly health insurance premiums

2 There's often a trade-off between insurance premiums and your out-of-pocket healthcare costs

Higher Premium	Plans with higher premiums typically have a lower deductible, so you may pay less when you use healthcare services. If you know you'll need a lot of health care, you might save money by choosing a plan that has a higher monthly premium .	Lower Premium	Plans with lower premiums typically have a higher deductible, so you may pay more when you use healthcare services. If you are healthy and only need routine health care, you might save money by choosing a plan with a lower monthly premium .
Lower Deductible		Higher Deductible	

3 Making sense of Medicare – important if you will be 65 or older in 2023

A + **B** = Original Medicare

Medicare Part A – Hospital Insurance

Covers inpatient care in hospitals and skilled nursing facilities, hospice, and some home health services (does not cover medicines).

Medicare 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.

C Medicare Part C – Medicare Advantage (MA)

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

D Medicare Part D – Prescription Drugs

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

Medigap (Medicare Supplement)

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

Catastrophic coverage

Once your prescription medicine costs reach \$10,824, you will enter the "catastrophic coverage" phase (this amount includes your out-of-pocket costs PLUS contributions from Medicare and Janssen). Then you pay 5% of all your prescription medicine costs above that amount.



List all medicines you and family members on your health insurance plan are taking

This may help you get a more accurate idea of your costs for the coming year. Be sure to include medicines given by a healthcare professional.



Call your health insurance plan and get the facts about your options for next year

Get the details on your medical and prescription drug plan benefits and your out-of-pocket costs. Use this Guide to help evaluate your options.



Check your plan and coverage options for:

- Annual health insurance plan premium?
- Annual deductible?
- Co-pay or co-insurance?
- Out-of-pocket maximum?
- Healthcare providers participate in plan?
- Janssen medicine covered?
- Require your healthcare provider to confirm that your prescribed medicine is medically necessary before the plan will cover it (prior authorization)? If so, is your prior authorization up to date? If not, work with your healthcare provider to renew it.
- For commercially insured patients, do contributions from medicine savings programs count towards deductible and out-of-pocket maximums?

Using this guide can help you get the facts about your health insurance options

Make sure your healthcare providers and Janssen medicine are covered in 2023. Using this Guide can help you get the facts about your health insurance options and make sure your healthcare providers and Janssen medicine are covered in 2023.

If you have Commercial or Private Insurance, including insurance you obtain from the Healthcare Marketplace, use worksheets on [pages 4 and 5](#)

If you have Medicare, use worksheets on [pages 6, 7, and 8](#)



Important dates for open enrollment

Look at the dates below to see the open enrollment dates for the different plans.

OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH
<p>Commercial Insurance: Dates vary. Check your plan.</p>					
	<p>Health Insurance Marketplace (HealthCare.gov): November 1 – December 15 (This is commercial insurance)</p>				
	<p>Medicare: October 15 – December 7</p> <p>You can:</p> <ul style="list-style-type: none"> • Choose original Medicare, and possibly buy a Medigap plan • Choose or change a Part C plan • Choose or change a Part D plan 		<p>Medicare Advantage: January 1 – March 31</p> <p>You can:</p> <ul style="list-style-type: none"> • Switch to a different Part C plan • Switch to original Medicare, and possibly buy a Medigap plan • Add a Part D plan 		

Check your Commercial or Private Health Insurance coverage—use this worksheet to evaluate your options



Medical Benefit



Typically covers medicines given by a healthcare professional (for example, an infusion or an injection)

Call your health insurance plan – ask about your costs for the following:

YOU PAY				Out-of-pocket Maximum? \$ _____
Annual Premium?	Annual Deductible?	After you pay your deductible: co-pay or co-insurance for treatment?		
		Medicine Cost?	Treatment Administration Cost?	
\$ _____ Does not count towards your out-of-pocket maximum	\$ _____	Is your medicine covered? <input type="checkbox"/> Yes <input type="checkbox"/> No Co-pay: \$ _____ OR Co-insurance: _____%	Is your treatment administration covered? <input type="checkbox"/> Yes <input type="checkbox"/> No Co-pay: \$ _____ OR Co-insurance: _____%	After out-of-pocket maximum is reached, your treatment costs for the rest of the year may be \$0
Full year				

Check your health insurance plan

- Some plans cover up to 100% of your medicine costs and treatment administration costs
- Most plans include an individual or family out-of-pocket maximum
 - Your family’s doctor and hospital visits and other medical services may count towards your out-of-pocket maximum
 - Typically includes out-of-pocket costs for your medicine (using your Medical or Prescription Benefit) and the cost for your treatment administration

Important: After you meet your out-of-pocket maximum, your treatment costs may be \$0 for the rest of the year.

Need help paying for your Janssen medicine?

Our Savings Programs
help eligible, commercially insured patients

save on out-of-pocket medicine costs

- Not valid for patients using Medicare, Medicaid, or other government-funded programs to pay for their medicines
- Terms expire at the end of each calendar year and may change. See program requirements and current terms at [JanssenCarePath.com](https://www.JanssenCarePath.com)
- Participate without sharing your income information
- To determine eligibility and enroll in the Savings Program, create an online account at [MyJanssenCarePath.com](https://www.MyJanssenCarePath.com)
- Does not include the cost to give you your medicine

Check your Commercial or Private Health Insurance coverage—use this worksheet to evaluate your options



Prescription Benefit



Typically covers prescription medicines, including medicines you give yourself at home

Call your health insurance plan – ask about your costs for the following:

YOU PAY		
Annual Premium?	Annual Deductible?	Co-pay or Co-insurance?
Separate premium for Prescription Benefit? \$ _____ Does not count towards your out-of-pocket maximum	\$ _____ Does your plan allow medicine savings card contributions to count towards your deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your medicine covered? <input type="checkbox"/> Yes <input type="checkbox"/> No Prescription/Refill Co-pay: \$ _____ OR Co-insurance: _____ %
Full year		

Check your health insurance plan

- Some health insurance plans require that your medicine be covered under the Prescription Benefit, even if it is given by a healthcare professional
- Some health insurance plans do not allow contributions from medicine savings programs offered by the manufacturer to count towards the deductible and out-of-pocket maximum. Make sure to take this into account as it may lead to greater than expected out-of-pocket medicine costs
- Call your health insurance plan and ask if your plan allows medicine savings card contributions to count towards the deductible or out-of-pocket maximum

Need help paying for your Janssen medicine?

Our Savings Programs
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- Participate without sharing your income information
- To determine eligibility and enroll in the Savings Program, create an online account at [MyJanssenCarePath.com](https://www.MyJanssenCarePath.com)
- Does not include the cost to give you your medicine

Compare Medicare options to see what's best for you—use this worksheet to evaluate your options



Medicare Part B or Medicare Part B + Medicare Supplement (Medigap)



Typically covers medicines given by a healthcare professional (for example, an infusion or an injection)

How Medicare Part B works:

YOU PAY			Medicare Part B covers 80% of medicine and administration costs
Monthly Premium \$170.10^a	Annual Deductible \$233^b	20% of medicine and administration costs	
For help with deductible and 20% cost sharing, consider enrolling in a supplemental Medigap plan (See below)			

Full year

^a 2022 Medicare Part B premium. The 2023 premium will be released in the 4th quarter of 2022. Check [Medicare.gov](https://www.medicare.gov) for updates. If you are a higher-income beneficiary, you will pay the premium PLUS an additional amount for Medicare Part B.

^b 2022 Medicare Part B deductible; 2023 deductible will be released in 4th quarter of 2022. Check [Medicare.gov](https://www.medicare.gov) for updates.

How Medicare Part B + Medigap works:

With Medicare Part B and a [Medigap plan](#), your out-of-pocket costs may be as low as \$0.

A number of Medigap plans are available. Contact your State Health Insurance Assistance Program (SHIP) or visit [Medicare.gov](https://www.medicare.gov) for help identifying the Medicare plan that's best for you. To identify your local SHIP, visit [ShipTACenter.org](https://www.shiptacenter.org) or call 1-877-839-2675.

YOU PAY	YOU OR YOUR MEDIGAP PLAN PAY		Most Medigap plans cover ALL of the 20%^d
Medicare Part B + Medigap monthly Premium?	Annual Deductible?	20% of medicine and administration costs ^d	
Medicare Part B monthly premium: \$ 170.10^a + Medigap monthly premium: \$ _____ Premiums do not count towards your out-of-pocket limit	Medicare Part B annual deductible: \$ 233^b Is this deductible covered by the Medigap plan? ^c <input type="checkbox"/> Yes <input type="checkbox"/> No Deductible with Medigap plan ^c : \$ _____ Medigap Plans C and F may cover Medicare Part B deductible (Deductible = \$0)^c	Are all of the 20% Medicare Part B costs covered by the Medigap plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the Medigap plan have an out-of-pocket limit? <input type="checkbox"/> Yes <input type="checkbox"/> No Out-of-pocket limit: \$ _____ Medigap Plans A-G and M-N pay 20% and you pay 0%^d	
			With a Medigap plan, your out-of-pocket costs may be as low as \$0^{c,d}

Full year

^a 2022 Medicare Part B premium. The 2023 premium will be released in the 4th quarter of 2022. Check [Medicare.gov](https://www.medicare.gov) for updates. If you are a higher-income beneficiary, you will pay the premium PLUS an additional amount for Medicare Part B.

^b 2022 Medicare Part B deductible; 2023 deductible will be released in 4th quarter of 2022. Check [Medicare.gov](https://www.medicare.gov) for updates.

^c If you obtained a Medigap Plan C or F prior to 2020, the Part B deductible is fully 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](https://www.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](https://www.medicare.gov) for more information.

A helpful tip—If you do not have prescription drug coverage, consider enrolling in a Medicare Prescription Drug Plan (Part D) to cover your prescription medicines. ([See page 8](#))

Compare Medicare options to see what's best for you—use this worksheet to evaluate your options



If you have Medicare Advantage (Part C)



Typically covers medicines given by a healthcare professional (for example, an infusion or an injection)
May also offer Part D to cover prescription medicines, including medicines you give yourself at home

How it works – call your Medicare Advantage (Part C) Plan Administrator to get the details:

YOU PAY			Medicare Advantage Plan pays remaining medicine and treatment administration costs ^f
Monthly Premium? ^e	Annual Deductible? ^e	Co-pay or Co-insurance? ^e	
\$ _____ Does not count towards your out-of-pocket maximum	\$ _____	Is your medicine covered? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your treatment administration covered? <input type="checkbox"/> Yes <input type="checkbox"/> No Co-pay: \$ _____ OR Co-insurance: _____ %	Consider your out-of-pocket costs when selecting a Medicare Advantage plan. Out-of-pocket maximum: \$ _____ IMPORTANT: If you use out-of-network services, your costs may exceed the plan's out-of-pocket maximum
Full year			

^e Check your plan – premiums and out-of-pocket costs vary by plan.

^f Medicare Advantage (Part C) plans have a yearly limit on your out-of-pocket costs for medical services. Once you reach this limit, you may pay \$0 for covered services.

Is Medicare Advantage (Part C) right for you?

Evaluate your Medicare Advantage (Part C) plan support for your medicine:

- Is your Janssen medicine and applicable treatment administration covered?
- Is it affordable?

If you answered “No” to either question, consider Medicare Part B plus a Medigap plan.

See Medigap information on [page 6](#).

Medicare Part B with a Medicare Supplement (Medigap) plan can help cover your out-of-pocket costs that Medicare Advantage does not cover.

IMPORTANT: If you have a Medicare Advantage plan, you may not use or buy a Medigap plan. (See [page 6](#))

A helpful tip—Visit [Medicare.gov/MedicareCoverageOptions](https://www.Medicare.gov/MedicareCoverageOptions) to compare your Medicare options and find the right coverage for you!



Medicare Prescription Drug Plan (Part D)



Typically covers prescription medicines, including medicines you give yourself at home

How it works – call your drug plan administrator to make sure you have the coverage you need:

		Initial coverage phase	Coverage gap	Catastrophic coverage
YOU PAY				
Monthly Premium? ^a	Annual Deductible? ^a	25% - 33% of medicine costs ^b	25% of branded medicine costs	5% of medicine costs
		Medicare pays up to 75%	Janssen pays 70%, Medicare pays 5%	Medicare pays 95%
\$ _____ ^a	\$ _____ ^a	25% - 33%^b of medicine costs up to \$4,660 minus deductible: \$ _____	25% of medicine costs between \$4,660 and \$10,824 ^c : \$ 1,541	5% of medicine costs above \$10,824 ^c : \$ _____ ^d
Full year				

^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 \$10,824 includes your out-of-pocket costs PLUS contributions from Medicare and Janssen. NOTE: This assumes use of 100% branded drugs.

^d Based on the total annual cost of your medicines.

Some key terms for Medicare Prescription Drug Plan (Part D):

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 prescription drug costs reach \$10,824, you will enter the “catastrophic coverage” phase (Note: \$10,824 includes your out-of-pocket costs PLUS contributions from Medicare and Janssen). Then you pay 5% of all your prescription medicine costs above that amount.

Find a plan that works for you

- Understand that out-of-pocket costs for prescription medicines may vary depending on the plan you choose
- Be sure to consider *all* the prescription medicines you are taking
- Look at total out-of-pocket medicine costs, not just premiums and deductibles

Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) or call 1-800-MEDICARE (1-800-633-4227) to compare Medicare Prescription Drug (Part D) plans in your area.

Do you have limited resources and income? You may qualify for **Medicare Extra Help** to assist with prescription drug plan costs, including deductibles and out-of-pocket expenses. For additional information, view “Extra Help with Medicare Prescription Drug Plan Costs”, available at ssa.gov/benefits/medicare/prescriptionhelp.

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](https://www.jjpac.org).

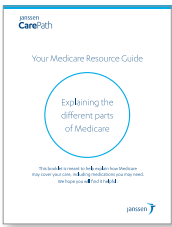
Questions? Call 800-652-6227 (Monday through Friday, 8:00 AM to 8:00 PM ET).

Need help finding the Medicare coverage that's best for you? Contact **State Health Insurance Assistance Programs (SHIPs)**.



State Health Insurance Assistance Programs (SHIPs)

Your local SHIP provides in-depth, objective counseling and assistance to people eligible for Medicare and their families and caregivers. To find a SHIP in your area, visit ShipTACenter.org or call 1-877-839-2675.



Medicare Resource Guide

Provides additional information about Medicare coverage options and is available at JanssenCarePath.com/MedicareGuide

The resources listed below can provide more information on the topics discussed in this Guide. If you need help or more information, please visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

RESOURCE/PUBLICATION NAME	WEBSITE
Medicare & You: The official U.S. government Medicare handbook	Medicare.gov/medicare-and-you
Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare	Medicare.gov/Publications
Medicare Part B Costs	Medicare.gov/Your-Medicare-Costs/Part-B-Costs
Understanding Medicare Advantage Plans	Medicare.gov/Publications
Your Guide to Medicare Prescription Drug Coverage	Medicare.gov/Publications
Medicare Plan Finder <i>Search tool enabling users to compare Medicare Prescription Drug (Part D) plans in local area</i>	Medicare.gov/plan-compare
Extra Help With Medicare Prescription Drug Plan Costs	ssa.gov/benefits/medicare/prescriptionhelp

Annual (yearly) deductible	The amount you must pay for healthcare services or prescriptions before your plan starts to pay their portion.
Catastrophic coverage	Once your prescription medicine costs reach \$10,824, you will enter the “catastrophic coverage” phase (this amount includes your out-of-pocket costs PLUS contributions from Medicare and the companies that make your medicines). Then you pay 5% of all your prescription medicine costs above that amount.
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.
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.
Formulary	The list of prescription medicines that your insurance plan pays for.
Health savings account	A savings account for people who enroll in a high deductible health plan. The money you put into the account can only be used to pay for certain health costs, such as doctor visits or prescription medicines. The money you put into the account is not taxed by the federal government.
In-network visits	Visits to providers, including doctors, hospitals, and other suppliers, who contract with your insurance plan to give healthcare services to you at a lower cost. Also called “preferred” providers.
Medicare	A government-funded program that gives healthcare coverage to people 65 years old and above, with certain disabilities who may be younger than 65 years old, or who have end-stage renal disease (ESRD) or ALS (also called Lou Gehrig’s disease).
Medical benefit	How insurance covers treatments given in a doctor’s office or clinic.
Medicare Part A – Hospital Insurance	Covers inpatient care in hospitals and skilled nursing facilities, hospice, and some home health services (does not cover medicines).
Medicare 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.

Medicare Part C – Medicare Advantage (MA)	An option to get Medicare Part A and Part B benefits through private health plans. Most plans include Part D as well. Cannot add Medigap to Part C.
Medicare Part D – Prescription Drugs	Helps cover the cost of prescription medicines for people in Medicare. It is optional.
Medicine savings programs	Medicine savings programs discount the price of your medicine. Many of these programs are offered by the companies that make your medicines. These can help if your plan does not cover all of your prescription cost or has a high deductible or co-pay. Some plans do not allow payments from medicine savings programs to count towards your deductible and out-of-pocket maximum. This may lead to higher out-of-pocket medicine costs for you. Call your plan and ask.
Medigap (Medicare Supplement)	Can help pay some of the costs (“gaps”) that Original Medicare (Parts A and B) does not cover. Offered through private health plans.
Out-of-network visits	Visits to providers, including doctors and hospitals, who have not contracted with your insurance plan, so they charge a higher cost. Also called “non-preferred” providers.
Out-of-pocket costs	Health care or prescription medicine costs you pay on your own, such as your co-pays, deductible, and co-insurance.
Out-of-pocket maximum	<p>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 out-of-pocket maximum. These services may count towards your out-of-pocket maximum:</p> <ul style="list-style-type: none"> • Doctor and hospital visits and other services • Out-of-pocket costs for your medicine (using your Medical or Prescription Benefit) • The cost of your doctor giving you any medicines <p>After you meet this maximum, the plan pays 100% of covered healthcare costs.</p>
Pharmacy benefit	How insurance covers medicines that patients can take on their own. Also called Prescription benefit.
Premium	The amount you pay, usually every month, for your health insurance. This does not count towards your deductible or out-of-pocket maximum.
Prior authorization	Requires your doctor to confirm that your prescribed medicine is medically necessary before the plan will cover it. This means there may be a delay getting your medicine while your plan contacts your doctor to confirm.

Make sure your health insurance plan covers your Janssen medicine in 2023

Call your health insurance plan to get the answers you need to evaluate your options:

- Annual health insurance plan premium?
- Annual deductible?
- Co-pay or co-insurance?
- Out-of-pocket maximum?
- Healthcare providers participate in plan?
- Janssen medicine covered?
- Require your healthcare provider to confirm that your prescribed medicine is medically necessary before the plan will cover it (prior authorization)?
If so, is your prior authorization up to date?
If not, work with your healthcare provider to renew it.
- For commercially insured patients, do contributions from medicine savings programs count towards deductible and out-of-pocket maximums?



Janssen—Your Partner for Cost Support

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 medicine cost for your Janssen medicine.

Explore savings options at [JanssenCarePath.com](https://www.janssencarepath.com)

**Need
help?**

Call us Monday–Friday, 8:00 AM–8:00 PM ET

Janssen—Your Partner

Visit [JanssenCarePath.com/Patient/Contact-Us](https://www.janssencarepath.com/Patient/Contact-Us)
for the phone number for your Janssen medicine

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](https://www.jjfaf.org).

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