Your 2021 Medicare Resource Guide

Explaining the different parts of Medicare

This booklet is meant to help explain how Medicare may cover your care, including medications you may need. We hope you will find it helpful.
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An Introduction to Medicare

Medicare is a federal system of health insurance for people over 65 years of age, certain younger people with disabilities, and people of any age with End Stage Renal Disease or Amyotrophic Lateral Sclerosis (ALS). The details of Medicare can be complicated, but understanding some basic facts can help you start down the path to matching Medicare with your healthcare needs.

Fact #1 – Medicare has 4 “Parts”

We tend to think about Medicare as one big insurance plan, but it is actually made up of 4 different parts that each provide certain types of coverage:

- **Part A – Hospital Insurance**
  - Helps cover inpatient care in hospitals and skilled nursing facilities, hospice, and certain home health services

- **Part B – Medical Insurance**
  - Helps cover doctors’ and other providers’ services, including some drugs administered by your doctor, outpatient care, durable medical equipment, and certain home health services

- **Part C – Medicare Advantage (MA)**
  - MA is an option to get Medicare Part A and Part B benefits through private health plans; some MA plans provide extra benefits for extra cost; most MA plans also provide prescription drug coverage under terms similar to Part D

- **Part D – Prescription Drugs**
  - Helps cover the cost of prescription drugs

Together the “Parts” of Medicare cover a large amount of healthcare needs – but they do not cover everything. Some of the things not covered by Part A and Part B (together referred to as Original Medicare) include: 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 such “extras,” they may charge a higher premium.

Fact #2 – You Have Choices About Your Medicare Coverage

There are two main ways to get your Medicare coverage: Original Medicare and Medicare Advantage. The chart on the next page shows the difference between the two. There are also options for adding prescription drug coverage (Part D) and Medicare Supplement Insurance (Medigap). As your healthcare needs change over time, remember that you can review and change your coverage selections at least once a year.

continued
Fact #3 – There are Costs for Medicare Coverage

Understanding how Medicare benefits work may be the first step when considering your coverage choices, but understanding what the different options will cost you may be just as important. Medicare helps with the cost of your care but does not pay for all of it. It is expected that you will pay a portion, also referred to as “cost-sharing.” Depending on your healthcare needs, certain coverage combinations may be less costly to you than others.

Medicare Cost-sharing

<table>
<thead>
<tr>
<th>Term</th>
<th>What it is</th>
<th>How it works in Medicare</th>
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</thead>
<tbody>
<tr>
<td>Premium</td>
<td>A fixed amount that you have to pay to participate in a plan, usually a monthly payment</td>
<td>• Medicare Part A is usually premium-free</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Medicare Part B standard and income-adjusted premiums are published each year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Medicare Advantage premiums vary by plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Medicare Part D premiums vary by plan</td>
</tr>
<tr>
<td>Deductible</td>
<td>A preset, fixed amount that you are required to pay before insurance starts to pay</td>
<td>• Medicare Part A standard deductible is published each year; applies to inpatient hospital stays (benefit periods)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Medicare Part B standard deductible is published each year; applies to Part B covered services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Medicare Advantage deductibles vary by plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Medicare Part D deductibles vary by plan; some do not charge a deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Term</th>
<th>What it is</th>
<th>How it works in Medicare</th>
</tr>
</thead>
</table>
| Co-payment           | A preset, fixed amount that you are required to pay for each service or product                                                                                                                                                                                                                                                        | • Medicare Part A standard co-payments are published each year; they apply to inpatient hospital and skilled nursing facility days  
• Medicare Advantage Plans commonly charge co-pays; the amount and how they apply vary by plan  
• Medicare Part D co-payments vary by plan                                                                                                                                                                       |
| Co-insurance         | An amount (usually a percentage) you pay as your share of the cost for services after you pay any deductibles                                                                                                                                                                                                                  | • Medicare Part B generally pays 80% and you pay 20% co-insurance; the percentage can vary by service  
• Medicare Advantage Plans may charge co-insurance; the percentage and how it applies varies by plan  
• Medicare Part D co-insurance varies by plan                                                                                                                                                                 |

1 Some Medigap plans can help pay deductibles, co-insurance, and co-payment amounts for Medicare Part A and Part B. Medigap cannot be used to cover costs for Medicare Part C or Medicare Part D. Premiums for Medigap policies vary by plan and may even vary between insurance companies for the same level of benefits.

2 Medicare Advantage Plans cap the yearly amount you can spend on cost-sharing by setting out-of-pocket limits. The amount varies by plan. Original Medicare does not have out-of-pocket limits for cost-sharing.

3 Medicare Part D plans are modeled on a standard benefit that includes an initial coverage period, a coverage gap, and a catastrophic coverage period; specific cost-sharing requirements vary by plan.

Fact #4 – Help Is Available

There is help available to pay for many of the costs that Medicare does not cover. You may be eligible if you have low income and limited resources. There is no cost or penalty if you later find that you do not meet the requirements — so if you think you might qualify, go ahead and apply.

Programs to Help With Medicare Costs*

<table>
<thead>
<tr>
<th>Program</th>
<th>Helps pay costs not covered by Medicare</th>
<th>May provide some additional benefits not covered by Original Medicare</th>
</tr>
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<tr>
<td>Medicaid</td>
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<td></td>
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<tr>
<td>Medicare Savings Programs</td>
<td>Help pay for Medicare Part A and Part B costs</td>
<td>Premiums; other cost-sharing like deductibles, co-payments, and co-insurance</td>
</tr>
<tr>
<td>Extra Help (Low-Income Subsidy)</td>
<td>Helps pay for Medicare Prescription Drug Plan (Part D) costs</td>
<td>Premium, deductible, co-insurance, co-payments, coverage gap</td>
</tr>
</tbody>
</table>

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

For More Information

Your State Medical Assistance (Medicaid) office:
www.medicare.gov/contacts or call 1-800-MEDICARE (1-800-633-4227) to get the phone number for your state office; TTY users: 1-877-486-2048

Social Security Administration:
www.socialsecurity.gov or call 1-800-772-1213; TTY users: 1-800-325-0778
Medicare Part A

Medicare Part A is also called “Hospital Insurance.” It helps cover inpatient care in hospitals and skilled nursing facilities (SNFs), and provides benefits for end-of-life care in hospice. Medicare Part A does not pay all of the costs. In general, you must meet a deductible for each hospital stay, before Medicare begins to pay its share. For hospital stays beyond a certain number of days, you will then pay a daily co-payment. If you have Medicare supplement insurance (Medigap), it may help pay the deductible and co-payment amounts.

What Medicare Part A Does*

- Helps cover inpatient hospital care
- Helps cover qualified stays in an SNF
- Helps cover certain home health services and hospice services

* Medicare Part A does not cover doctor services you get while in the hospital or SNF. Doctors’ services are covered under Medicare Part B.

Some Important Points to Know About Medicare Part A:

1. Medicare Part A (Hospital Insurance) along with Medicare Part B (Medical Insurance) is known as “Original Medicare.”
2. Medicare Part A is premium free if you or your spouse paid into Social Security for at least 40 quarters. If you are not eligible for premium-free Part A, you can buy it.
3. Some people get Part A automatically and some will need to sign up for it. To avoid coverage delays, the best time to enroll is within the 3 months before your 65th birthday.
4. Medicare Part A covers drugs you receive during an inpatient hospital stay or qualified SNF stay, and drugs for pain relief and symptom management in hospice.

continued
Things to Consider About Medicare Part A

As you near Medicare eligibility, review your current and expected health needs and compare them to the services covered under Medicare Part A. You may also want to compare Original Medicare (Part A and Part B) coverage with Medicare Advantage (Part C) plans to find the best fit for you. If you are already enrolled in Medicare, you have a chance to review and change your coverage each year during the annual Medicare Open Enrollment Period (October 15 to December 7). See “A Quick Look at Medicare” and “Understanding Medicare Enrollment Periods” on Resources page 23.

If you choose Original Medicare, consider how you will pay for the costs that Medicare does not cover. You may decide to pay the out-of-pocket expenses (deductible and co-insurance) yourself or you may choose to purchase Medigap. See “Medicare Supplement Insurance: Getting Started” on Resources page 23.

If you have limited income, resources, or assets, and are having trouble paying healthcare costs, there is help. Medicaid and the Medicare Savings Programs may help pay premiums and costs not covered by Original Medicare. There is no penalty or fee to apply, even if you don’t qualify for assistance. See “Get Help With Your Medicare Costs” on Resources page 23, or contact Social Security or Medicare directly.

If you need help or more information, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227); TTY users: 1-877-486-2048
Medicare Part B

Medicare Part B is also called “Medical Insurance.” It helps cover doctor visits and treatments you may receive as an outpatient (e.g., you are not admitted to the hospital for an inpatient stay). Except for select preventive services, Medicare Part B does not pay all of the costs. In general, you must meet a yearly Part B deductible before Medicare begins to pay its share. Then you typically pay 20% of the Medicare-approved amount. If you have Medicare supplement insurance (Medigap), it may help pay the deductible and co-insurance amounts.

What Medicare Part B Does*

● Helps cover doctor and other healthcare provider services
● Helps cover outpatient hospital care
● Helps cover drugs administered by your doctor

*Medicare Part B also helps cover durable medical equipment, laboratory tests, certain home health services, emergency department services, outpatient mental health services, and care provided in ambulatory surgery centers. Part B generally does not cover dental, vision, hearing, or custodial (dressing, bathing, feeding) care.

Some Important Points to Know About Medicare Part B:

1. Medicare Part B (medical insurance) along with Medicare Part A (hospital insurance) is known as “Original Medicare.”
2. You must pay a monthly premium for Part B. The amount is based on your income.
3. The best time to enroll in Part B is when you are first eligible (Initial Enrollment Period). You can also sign up later but may have to pay a late enrollment penalty.
4. When you sign up for Part B your 6-month Medigap Open Enrollment Period begins. After 6 months your options to buy Medigap may be limited and it may cost more.
5. Medicare Part B typically covers drugs administered by your doctor. For drugs that you normally take on your own, coverage may be provided through Medicare Part D or other prescription drug plan.
Things to Consider About Medicare Part B

As you near Medicare eligibility, review your current and expected health needs and compare them to the services covered under Medicare Part B. You may also want to compare Original Medicare coverage with Medicare Advantage (Part C) plans to find the best fit for you. If you are already enrolled in Medicare, you have a chance to review and change your coverage each year during the annual Medicare Open Enrollment Period (October 15 to December 7). See “A Quick Look at Medicare” and “Understanding Medicare Enrollment Periods” on Resources page 23. If you choose Original Medicare, consider how you will pay for the costs that Medicare does not cover. You may decide to pay the out-of-pocket expenses (deductible and co-insurance) yourself, or you may choose to purchase Medigap. See “Medicare Supplement Insurance: Getting Started” on Resources page 23.

If you have limited income, resources, or assets and are having trouble paying healthcare costs, there is help. Medicaid and the Medicare Savings Programs may help pay premiums and costs not covered by Original Medicare (Part A and Part B). There is no penalty or fee to apply, even if you don’t qualify for assistance. See “Get Help With Your Medicare Costs” on Resources page 23, or contact Social Security or Medicare directly.

If you need help or more information, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227); TTY users: 1-877-486-2048
Medigap (Medicare Supplement)

Although Original Medicare pays for many healthcare services and supplies, it does not pay for all expenses. Medigap is private health insurance that can help pay some of the costs (“gaps”) that Original Medicare does not cover. Medigap is also called “Medicare Supplement Insurance” because it adds to or “supplements” your Original Medicare benefits. You may only buy a Medigap policy if you already have Original Medicare.

What Medigap Does*

● Helps pay Part A deductible, co-insurance/co-payments, and additional hospital days
● Helps pay Part B co-insurance/co-payments
● May cover some services not covered by Original Medicare (eg, medical care during travel outside of the USA)

* This illustrates general coverage categories; actual benefits may vary by plan. Medigap does not cover costs associated with Medicare Part D, Medicare Advantage, long-term care, vision or dental care, or private-duty nursing.

Some Important Points to Know About Medigap:

1. You must have Medicare Part A and Part B to buy Medigap.
2. There are 10 Medigap plan options available; they provide different benefits and levels of coverage for out-of-pocket costs.
3. The best time to buy a Medigap policy is within 6 months of enrolling in Medicare Part B (this is your initial “Medigap Open Enrollment Period”). You may also select a Medigap plan at the end of each year during the annual enrollment period.
4. Under certain circumstances it may be possible to buy a Medigap policy outside of your open enrollment period but there may be limitations (eg, only certain plan types may be sold) or special requirements (eg, waiting periods or higher costs).
5. The cost of a Medigap policy can vary by plan type or insurance provider; the monthly premium must be paid in addition to your Part B premium.

continued
How to Buy a Medigap Policy

1. Consider your current and future health needs to decide what benefits best fit your needs (e.g., will the plan cover enough of your out-of-pocket costs) and select a policy that will work best for you. See “Choosing a Medigap Policy” on Resources page 23, or go to: http://www.medicare.gov/supplement-other-insurance/medigap/whats-medigap.html

2. Find out which insurance companies sell Medigap policies in your state. See “Medigap Policy Search,” “State Health Insurance Assistance Program,” or “State Insurance Department” on Resources page 23.

3. Call the insurance companies that sell the Medigap policies you are interested in, ask for more information, and compare costs. See “Choosing a Medigap Policy” on Resources page 23 for questions to ask.

4. Obtain a clearly worded summary of the Medigap policy, request the date it is to start, and buy the policy if it is right for you. See “Choosing a Medigap Policy” on Resources page 23 for buying steps.

If you need help or more information, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227); TTY users: 1-877-486-2048
Medicare Part D (Prescription Drugs)

Prescription drug coverage is available for anyone with Medicare. This optional benefit is called “Part D.” Medicare prescription drug coverage adds to your other Medicare healthcare coverage. Medicare drug plans are insurance policies offered by private companies that are approved by Medicare. These companies must meet guidelines and minimum coverage standards set by the Federal government. To get Medicare drug coverage, you may either join a Medicare Prescription Drug Plan (PDP), or join a Medicare Advantage Plan that includes prescription drug coverage (MA-PD).

What Medicare Part D Does*

- Helps cover costs of prescription drugs that are usually self-administered
- Helps pay for both brand-name and generic drugs
- May help pay for some drugs administered by your doctor (eg, vaccines and injections). Drugs administered by infusion are usually covered under Part B

* Medicare drug plans generally do not pay for over-the-counter drugs; most Medicare drug plans exclude certain drug categories (weight loss, sleep aids, etc.), but some plans may offer them as additional benefits.

Some Important Points to Know About Medicare Part D:

1. To join a Medicare PDP, you must have Medicare Part A or Part B. To join an MA-PD, you must have Medicare Part A and Part B. In both cases, you must also live in the plan’s service area.
2. The monthly premium for drug plans varies by plan. Depending on your income, you may have to pay an extra amount in addition to your plan premium.
3. Most Medicare drug plans have a coverage gap or temporary limit on what the drug plan will cover for drugs.
4. The best time to join a Medicare drug plan is when you are first eligible. You may pay a late enrollment penalty if you choose to join later.
5. “Extra Help” (also called the low-income subsidy, or LIS) is one of the Medicare programs to help people with limited income and resources pay Medicare prescription drug costs. There are also other programs to help with Medicare costs.

continued
Enrolling in a Medicare Prescription Drug Plan

Make a list of all of your medications, including dose. Find plans in your area that include your drugs on their covered list (formulary) and compare the plans for:

- cost – monthly premium, deductible, co-payment/co-insurance, coverage gap
- coverage rules – pre-authorization, step therapy
- convenience – location of network pharmacies, mail-order program

See “Medicare Plan Finder” and “State Health Insurance Assistance Program” on Resources page 23.

You may join a Medicare prescription plan when you first become eligible for Medicare. After that you can only enroll in or switch prescription drug plans at certain times of the year and under specific circumstances. If you switch from an MA-PD Plan to Original Medicare, you will have a chance to add Medicare prescription drug coverage. See “Understanding Medicare Enrollment Periods” and “Your Guide to Medicare Prescription Drug Coverage” on Resources page 23.

If you need help or more information, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227); TTY users: 1-877-486-2048
Medicare Advantage is an alternative to Original Medicare. Sometimes called “Part C” or “MA Plans,” Medicare Advantage Plans are offered by private insurance companies that are approved by Medicare. If you join an MA Plan, you will still have Medicare but you will get your Part A and Part B coverage from the MA Plan and not Original Medicare. MA Plans may also include prescription coverage (MA-PD) and may provide additional benefits that are not offered under Original Medicare.

**What Medicare Advantage Does**

- Helps cover the same services as Medicare Part A (Hospital Insurance)
- Helps cover the same services as Medicare Part B (Medical Insurance)
- May cover vision, dental, hearing, and other services
- Often includes a prescription drug plan (MA-PD)

**Some Important Points to Know About Medicare Advantage:**

1. You must be enrolled in Medicare Part A and Part B, and live in the plan’s service area, in order to join a Medicare Advantage Plan.
2. In addition to your Part B premium, you will usually pay a monthly premium for the Medicare Advantage Plan.
3. Each Medicare Advantage Plan can charge different out-of-pocket costs (deductibles, co-payments, co-insurance) and have different rules for how you get services (eg, to see a specialist you may need a referral from your primary care doctor).
4. You cannot use a Medicare Supplement Insurance (Medigap) policy to pay for any expenses you have under a Medicare Advantage Plan.
5. Medicare Advantage Plans cover some drugs that are administered by your doctor.
6. MA Plans with a prescription drug benefit cover drugs that you would self-administer. Most Medicare Advantage Plans cover prescription drugs. You may be able to add drug coverage in some plan types if it is not already included.
Things to Consider About Medicare Advantage

Consider your current and future health needs to determine what you want in a healthcare policy. There are different types of MA Plans: Health Maintenance Organization (HMO) plans, Preferred Provider Organization (PPO) plans, Special Needs Plans (SNP) in which participants must meet certain criteria, and others. Compare these plans to find what best fits your needs. Make sure you understand how a plan works and what it will cost before you join. If you want more information, you can call any MA Plan and request a Summary of Benefits (SB) document. For help understanding the different plan types and comparing the costs and benefits of available plans, see “Medicare and You,” “Medicare Plan Finder,” and “State Health Insurance Assistance Program” on Resources page 23.

You may join an MA Plan when you first become eligible for Medicare. After that you can only enroll in or switch MA Plans at certain times of the year and under specific circumstances. If you switch from Original Medicare with a Medigap policy and join an MA Plan, you can no longer use Medigap to cover expenses. If you drop your Medigap policy, there are only certain conditions under which you may be able to get it back. For help understanding when you can join, switch, or drop Medicare Advantage Plans and how Medigap may be affected, see: “Understanding Medicare Enrollment Periods,” “Medicare and You,” and “What’s a Medicare Advantage Plan?” on Resources page 23, or call Medicare directly.

If you need help or more information, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227); TTY users: 1-877-486-2048
Drug Coverage and Comparing Costs

How Medicare Covers Drugs
Medicare helps cover prescription drugs under one of the following benefits:

- Medicare Part B
- Medicare Part D

How the coverage works depends on the kind of medication you need and how it must be given. Certain medications may need to be taken by an injection (“shot”) or infusion (through a needle placed in a vein). If it is an injection that you can give to yourself then it will likely be covered under Part D, the “pharmacy benefit.” If it is an injection or infusion that the nurse or doctor must give to you in the office then it will likely be covered under Part B, the “medical benefit.” Let’s take a little closer look at just how Medicare Part B and Medicare Part D work when it comes to covering drugs.

Medicare Part B
Medicare Part B helps cover the cost of some drugs that you cannot take yourself but are given in your doctor’s office or the hospital outpatient clinic. As with most insurance coverage, Medicare Part B does not pay all of the costs. In general you must first pay a yearly deductible before Medicare begins to pay its share. Then you typically pay 20% of the Medicare-approved amount.

Medicare Part D
Medicare Part D helps cover the costs of prescription drugs that you usually take or give to yourself. Part D may also help pay for some drugs administered in your doctor’s office (like vaccines) but if a drug must be given by infusion it will usually be covered under Part B. Medicare Part D does not pay all of the drug costs. Although the amounts vary by Part D plan and the type of drug, in general you must pay part of the cost, including a yearly deductible and a co-payment or co-insurance for each medication.

continued
Both Medicare Part B and Medicare Part D require payment of monthly premiums. The minimum premium for Medicare Part B is updated every year. If your income is above a certain level you must pay a higher premium. The premiums for Medicare Part D vary with the different plans but if you have a higher income you will be required to pay a higher premium. The following chart compares drug coverage under Medicare Part B and Part D.

### Comparison of Medicare Part B and Part D Drug Coverage

<table>
<thead>
<tr>
<th>Medicare Benefit</th>
<th>2020 Deductible</th>
<th>Cost-Sharing</th>
<th>Scope</th>
<th>Help With Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part B</td>
<td>$198/Year¹</td>
<td>20% co-insurance</td>
<td>Helps cover drugs that must be given by your healthcare provider</td>
<td>Available</td>
</tr>
<tr>
<td>Part D</td>
<td>$445/Year²</td>
<td>Varies by plan</td>
<td>Helps cover drugs that you take yourself</td>
<td>Available</td>
</tr>
</tbody>
</table>

¹ This uses the Medicare Part B deductible for 2020 as estimated or projected rate for 2021. Final 2021 deductible will be available from www.medicare.gov by December 2020.

² Based on 2021 Medicare Part D benefit parameters for the Defined Standard Benefit.

### What About Medicare Advantage?

Medicare Advantage (MA) plans are offered by private insurance companies that are approved by Medicare. If you join an MA plan, you will still have Medicare but you will get your Part B (Medical Benefit) coverage from the Medicare Advantage Plan and not Original Medicare. MA plans help cover some drugs that are given to you by your healthcare provider, but how much you have to pay may be different than under Original Medicare. MA plans may also include Medicare Part D prescription drug coverage, which helps cover drugs that you take yourself. You should consider your overall out-of-pocket costs when evaluating Medicare Advantage versus Original Medicare.

continued
Comparing Drug Costs

Medicare helps with the costs of your health care but does not pay for it all. The good news is that there is a way to help pay for the drug costs that Medicare Part B does not cover.

Medicare Supplement Insurance (Medigap)

Medigap is private health insurance that can help pay some of the costs (“gaps”) that Original Medicare does not cover. You may only buy a Medigap policy if you already have Medicare Part A and Part B (Original Medicare). You will pay a monthly premium for Medigap in addition to your Part B premium. In most states you can choose from ten Medigap policy types, identified by letters of the alphabet. The benefits vary between plans but eight of the ten cover 100% of the Medicare Part B co-insurance or co-payment. Here is how a Medigap plan can help reduce your cost for drugs that are covered under Medicare Part B:

*Note: Plan F also offers a high-deductible plan in some states. If you choose this version of Plan F, it will require you to pay for Medicare-covered costs up to the deductible amount before your policy pays for anything.*

Medigap does not help cover costs for Medicare Part D. If your drug treatment is covered under Medicare Part D, you will still be responsible for any deductible, co-payments, or co-insurance required by your Part D plan:

continued
Now let’s take a look at how Medigap works by using a practical example. Your doctor has discussed with you the need for a medication. There are options for a pill or an injection you will take yourself or an infusion for which you will go to the doctor’s office. On a yearly basis they cost about the same. Let’s use $25,000 for this example and review what you would be expected to pay under three insurance scenarios, Medicare Part D, Medicare Part B, and Medicare Part B with a Medigap Plan F.

<table>
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<tr>
<th>Scenario</th>
<th>Annual Drug Cost</th>
<th>Estimated Annual Patient Cost/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pill or self-injection</strong></td>
<td>$25,000</td>
<td>about $3,500</td>
</tr>
<tr>
<td><strong>Medicare Part D</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infusion or injection</strong></td>
<td>$25,000</td>
<td>about $5,000</td>
</tr>
<tr>
<td><strong>Medicare Part B without supplemental coverage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infusion or injection</strong></td>
<td>$25,000</td>
<td>$0 or $198</td>
</tr>
<tr>
<td><strong>Medicare Part B plus Medigap Plan F</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
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*Excludes the high-deductible version of Plan F. As of January 1, 2020, Medigap plans sold to new people with Medicare are not allowed to cover the Part B deductible. Because of this, Plans C and F are not available to people new to Medicare starting on January 1, 2020. If you already have either of these 2 plans (or the high-deductible version of Plan F) or are covered by one of these plans before January 1, 2020, you’ll be able to keep your plan. If you were eligible for Medicare before January 1, 2020, but not yet enrolled, you may be able to buy one of these plans.

The amounts used are for illustrative purposes and not intended to reflect the cost, co-pay amounts, or benefit calculations for any specific product and may vary depending upon product.

If you need help or more information, visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227); TTY users: 1-877-486-2048
Talking to Your Doctor

Did you know that patients who work together with their doctors to plan their care generally have better results? Together you are more likely to make choices that you will be able to follow and stick with over time. Good communication with your healthcare provider allows you to make treatment decisions that are consistent with your wants, beliefs, and values. It also opens the door to talking about costs and how treatments may be covered by your insurance. When your doctor suggests a medication to treat your health condition, here are some questions you may want to ask:

- **Risks and benefits**: How does it work? How do you think it will work for me? Are there any risks or side effects?
- **Requirements**: How do I take it? Is it an injection that I take at home? Do I need to come to the office for an injection or infusion?
- **Timeframe**: How long will I need to take it? How often do I need to take it?
- **Costs**: How much does it cost? Will my insurance pay for it?

How well you and your doctor talk to each other is very important but it is not always easy. The time you have with your doctor during an office visit is limited and you may be anxious. If you prepare ahead you can often make the most of that time. Think about what you want to discuss — both what you want to be sure to tell your doctor as well as any questions you may have. Write it down and then you can take notes during your visit. You may want to take along a family member or friend to help listen. Ask if there is anyone other than the doctor that can help with your questions. For example, ask about an insurance or financial counselor, social worker, or nurse educator, depending on the need.

continued
When meeting with your doctor you may find the following checklists helpful:

**Getting Ready for an Appointment**

- Make a list of what you want to discuss and any questions you have
- Bring a list of all the medications you are taking
- Consider taking a family member or friend to help you listen and take notes
- If you use glasses or a hearing aid be sure to take them along with you
- Take your insurance cards, contact numbers, and any information you may have about your plan(s)

**During the Appointment**

- Refer to your list of questions and concerns
- Listen carefully and repeat back what you understand; for example, “So what I heard you say is... Is that correct?”
- If you do not understand something, say so and ask for help
- Ask if there is someone with whom to discuss cost questions (eg, financial counselor, insurance specialist, social worker)
- Request additional information (brochures, websites, organizations, or agencies)
- Discuss your beliefs, values, and what is most important to you

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## Glossary of Common Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal</td>
<td>An appeal is the action you can take if you disagree with a coverage or payment decision made by Medicare, your Medicare health plan, or your Medicare Prescription Drug Plan.</td>
</tr>
<tr>
<td>Claim</td>
<td>A request for payment that you or your doctor submit to Medicare or other health insurance when you get items and services that you think are covered.</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Co-insurance is usually a percentage (for example, 20%).</td>
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<tr>
<td>Co-payment</td>
<td>An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor’s visit, hospital outpatient visit, or prescription. A co-payment is usually a set amount, rather than a percentage. For example, you might pay $10 or $20 for a doctor’s visit or prescription.</td>
</tr>
<tr>
<td>Cost-sharing</td>
<td>An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor’s visit, hospital outpatient visit, or prescription drug. This amount can include co-payments, co-insurance, and/or deductibles.</td>
</tr>
<tr>
<td>Deductible</td>
<td>The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.</td>
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<tr>
<td>Dual eligible</td>
<td>Individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of Medicaid benefit.</td>
</tr>
<tr>
<td>Exception</td>
<td>A type of Medicare prescription drug coverage determination. You must request an exception, and your doctor or other prescriber must send a supporting statement explaining the medical reason for the exception.</td>
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<tr>
<td>Extra Help</td>
<td>A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and co-insurance.</td>
</tr>
<tr>
<td>Formulary</td>
<td>A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits.</td>
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<tr>
<td>Generic drug</td>
<td>A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs.</td>
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<tr>
<td>Healthcare provider (HCP)</td>
<td>A person or organization that’s licensed to give health care. Doctors, nurses, and hospitals are examples of healthcare providers.</td>
</tr>
<tr>
<td>Out-of-pocket costs</td>
<td>Health or prescription drug costs that you must pay on your own because they aren’t covered by Medicare or other insurance.</td>
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<tr>
<td>Premium</td>
<td>The periodic payment to Medicare, an insurance company, or a healthcare plan for health or prescription drug coverage.</td>
</tr>
<tr>
<td>Prior authorization</td>
<td>Approval from a Medicare drug plan that may be required before you fill your prescription for the prescription to be covered by your plan.</td>
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</table>
The websites and phone numbers listed below can provide more information on the topics discussed within this booklet. **If you need help or more information, please visit** [www.medicare.gov](https://www.medicare.gov) **or call 1-800-MEDICARE (1-800-633-4227); TTY users 1-877-486-2048.**

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<thead>
<tr>
<th>Resource/Publication Name</th>
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<tr>
<td>A Quick Look at Medicare</td>
<td>On the web go to <a href="https://www.medicare.gov/Publications/">https://www.medicare.gov/Publications/</a></td>
</tr>
<tr>
<td>Understanding Medicare Part C &amp; D Enrollment Periods</td>
<td>On the web go to <a href="https://www.medicare.gov/Publications/">https://www.medicare.gov/Publications/</a></td>
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<tr>
<td>Medicare &amp; You 2021</td>
<td>On the web go to <a href="https://www.medicare.gov/Publications/">https://www.medicare.gov/Publications/</a></td>
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<tr>
<td>Medicare Supplement Insurance: Getting Started</td>
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<tr>
<td>Get Help With Your Medicare Costs: Getting Started</td>
<td>On the web go to <a href="https://www.medicare.gov/Publications/">https://www.medicare.gov/Publications/</a></td>
</tr>
<tr>
<td>Social Security</td>
<td>1-800-772-1213 (TTY users: 1-800-325-0778)</td>
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<tr>
<td>How Medicare Prescription Drug Coverage Works With a Medicare Advantage Plan or Medicare Cost Plan</td>
<td>On the web go to <a href="https://www.medicare.gov/Publications/">https://www.medicare.gov/Publications/</a></td>
</tr>
<tr>
<td>State Health Insurance Assistance Programs</td>
<td>On the web go to <a href="https://www.shiptacenter.org">https://www.shiptacenter.org</a></td>
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<tr>
<td>Your Guide to Medicare Prescription Drug Coverage</td>
<td>On the web go to <a href="https://www.medicare.gov/Publications/">https://www.medicare.gov/Publications/</a></td>
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<tr>
<td>Things to Think About When You Compare Medicare Drug Coverage</td>
<td>On the web go to <a href="https://www.medicare.gov/Publications/">https://www.medicare.gov/Publications/</a></td>
</tr>
<tr>
<td>Extra Help With Medicare Prescription Drug Plan Costs</td>
<td>On the web go to <a href="https://www.ssa.gov/medicare/prescriptionhelp/">https://www.ssa.gov/medicare/prescriptionhelp/</a>, or call 1-800-772-1213 (TTY 1-800-325-0778)</td>
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<tr>
<td>Medigap Policy Search (Find a Medigap Policy in Your Area)</td>
<td>On the web go to <a href="https://www.medicare.gov/find-a-plan/questions/medigap-home.aspx">www.medicare.gov/find-a-plan/questions/medigap-home.aspx</a></td>
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<tr>
<td>Helpful Contacts</td>
<td>On the web go to <a href="https://www.medicare.gov/contacts">www.medicare.gov/contacts</a></td>
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Other Sources of Support

Multiple foundations offer assistance with out-of-pocket costs for prescription drugs. If you are having difficulty paying for the medications you need, and you have federally-funded Medicare, Medicaid, TRICARE, or commercial insurance, you may qualify for additional support from independent foundations.

Independent co-pay assistance foundations have their own rules for eligibility. We cannot guarantee a foundation will help you. We only can refer you to a foundation that supports your disease state. This information is provided as a resource for you. We do not endorse or show financial preference for any particular foundation.

Please note that foundation funding varies over time. If funding is not available when you first contact a foundation, you may want to check back occasionally to see if the situation has changed.

Call Janssen CarePath at 877-CarePath (877-227-3728) to speak with a Care Coordinator about foundation support that may be available.

Other Resources

The Johnson & Johnson Patient Assistance Foundation, Inc. (JJP AF), is an independent, nonprofit organization that is committed to helping eligible patients without insurance coverage receive prescription products donated by Johnson & Johnson operating companies. To see if you might qualify for assistance, please contact a JJP AF program specialist at 800-652-6227 (Monday – Friday, 9:00 AM to 6:00 PM ET) or visit the foundation website at JJP AF.org.
Support for patients and their caregivers

Once you and your doctor have decided that a Janssen medication is right for you, Janssen CarePath will help you find the resources you may need to get started and stay on track.

Call a Janssen CarePath Care Coordinator today at 877-CarePath (877-227-3728) Monday–Friday, 8:00 AM–8:00 PM ET

Create a Janssen CarePath Account at MyJanssenCarePath.com

or visit JanssenCarePath.com