

It's open enrollment time

We're here
to help

Make sure you're covered for your
Janssen biologic medication in 2017



**Need
help?**

Call **877-CarePath** (877-227-3728)
Monday–Friday, 8:00 AM–8:00 PM ET

Please read the full Prescribing Information, including Boxed Warnings, for [SIMPONI ARIA® \(golimumab\)](#), [REMICADE® \(infliximab\)](#), and [SIMPONI® \(golimumab\)](#), and the Medication Guide for [SIMPONI ARIA®](#), [REMICADE®](#), and [SIMPONI®](#), and discuss any questions you have with your doctor.

Please read the full [Prescribing Information](#) and [Medication Guide](#) for [STELARA® \(ustekinumab\)](#), and discuss any questions you have with your doctor.

Your health plan coverage may change in 2017.



Even if you keep the same health plan, your benefits may change in the new year.

How much you pay out-of-pocket for your Janssen biologic medication could change in 2017.

The good news is you can review your health plan coverage and make changes, or choose a new plan. Now is the time.

We're here to help you understand your plan options, so you can make the coverage decision that's best for you.

Just read the information about the type of health plan coverage you have:

Dark blue If you have Commercial or Private Insurance

Light blue If you have Medicare

Get started



1 List all medications you and your family are taking

Be sure to include medications injected or infused by a medical professional.



2 Check your plan options for next year

Make sure your doctors, medications, and treatments are covered. **Use the checklist on the next page.**



3 Call your plan representative

Get the details on your Medical and Pharmacy/Prescription Plan benefits.

**For commercial or private insurance, see [pages 4-5](#).
For Medicare, see [pages 6-7](#).**



4 Then call Janssen CarePath

Get answers to your additional questions about coverage for your biologic medication. Learn about cost support options that may be available.

Important dates for open enrollment

OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY
Commercial or Private Insurance: Dates vary. Most plan decisions must be made by November 30.				
		Health Insurance Marketplace (HealthCare.gov): In many states, starts November 1 and ends January 31. Check with your plan.		
Medicare: October 15 – December 7 You can select or change a Medicare Supplement (Medigap), Medicare Part D, or Medicare Advantage plan.		<div style="border: 1px solid black; padding: 5px;"> <p>January 1 – February 14 You can switch from a Medicare Advantage Plan to Original Medicare. If you switch, you can sign up for a Medicare Supplement (Medigap) and Medicare Part D coverage plan.</p> </div>		

Coverage for your biologic medication typically depends on how it is given



Infusion or injection by a medical professional at a doctor's office or infusion center



Self-injection at home, after training

If you have Commercial or Private Insurance

Biologic medications may be covered under:

- Your Medical benefit
- Your Pharmacy/Prescription benefit
- Both your Medical benefit and your Pharmacy/Prescription benefit

How your treatment is given can determine how much you pay.

Your plan may require that Pharmacy/Prescription benefit be used, no matter how you receive your treatment.



Medical Benefit

Check your plan for:

- Annual deductible
- Coverage of medication costs **and** the cost of your infusion or injection
- Co-pay or co-insurance for each treatment
- Individual or family out-of-pocket maximum

[Go to page 4](#)



Pharmacy/ Prescription Benefit

Check your plan for:

- Annual deductible
- Coverage of medication costs
- Co-pay or co-insurance for each prescription and refill

[Go to page 5](#)

Call us—a Janssen CarePath Savings Program may be available to help you save on the cost of your medication.

If you have Medicare

Your costs may change next year. Visit [Medicare.gov](https://www.medicare.gov) to find out more.



Medicare Part B

Check your coverage for:

- Annual deductible
- Co-insurance costs before Medicare pays its share
- Availability of a Medicare Supplement (Medigap) plan to help cover your costs

[Go to page 6](#)



Medicare Part D

Check your plan for:

- Annual deductible
- Co-insurance costs
- Cost of your biologic medication in the coverage gap or “donut hole”
- Costs after the “donut hole”

[Go to page 7](#)



Prior Authorization reminder

If required, be sure to confirm that your prior authorization is up-to-date. If not, work with your doctor to renew it.



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[See page 8](#) for a helpful glossary of health insurance terms.

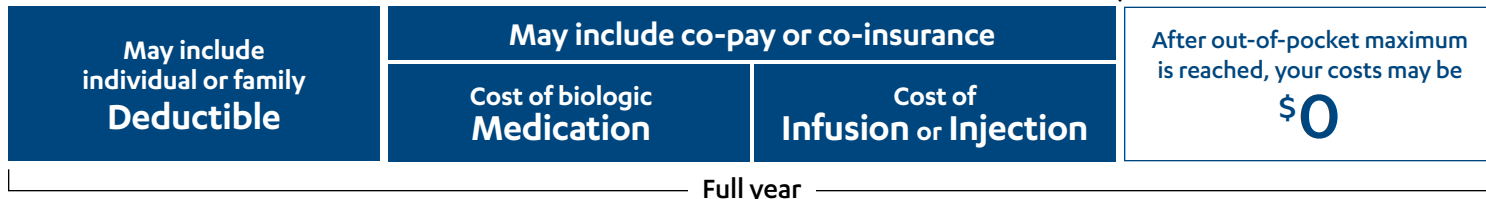


Medical Benefit

Typically covers infused or injected biologic medications given by a medical professional

Here's how it works:

May include an individual or family out-of-pocket maximum



Call your insurance plan representative—make sure you have the coverage you need.

Individual or family Deductible	Co-pay or co-insurance for a full year of treatment		Out-of-pocket Maximum
	Cost of biologic Medication	Cost of Infusion or Injection	
Does your plan include an annual deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No Your annual deductible: \$ _____ Does your deductible count towards your out-of-pocket maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your plan cover your biologic medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Your co-pay for your biologic medication: \$ _____ OR Your co-insurance for your biologic medication: _____ %	Does your plan cover the cost of giving you your infusion or injection? <input type="checkbox"/> Yes <input type="checkbox"/> No Your co-pay for your infusion or injection: \$ _____ OR Your co-insurance for your infusion or injection: _____ %	Does your plan include an out-of-pocket maximum? <input type="checkbox"/> Yes <input type="checkbox"/> No Out-of-pocket maximum: \$ _____ After you reach your out-of-pocket maximum, your medical costs may be \$0 for the rest of the year.

Talk with your doctor about the number of treatments you may need throughout the year.

Check your plan

- Some plans cover up to 100% of your biologic medication costs, and the costs of your infusion or injection
- Most plans include an individual or family out-of-pocket maximum
 - All of your family's doctor and hospital visits, and other services count toward your out-of-pocket maximum
 - Includes co-pay or co-insurance costs for your biologic medication, and the cost for your infusion or injection, **AND** these costs may also count toward your deductible

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

You may be eligible for Janssen CarePath Savings Program

Pay just \$5 per dose*

*\$20,000 maximum program benefit per calendar year. Not valid for patients using Medicare or Medicaid. Eligibility requirements apply. There is no income requirement. Does not include the cost to give you your infusion or injection.



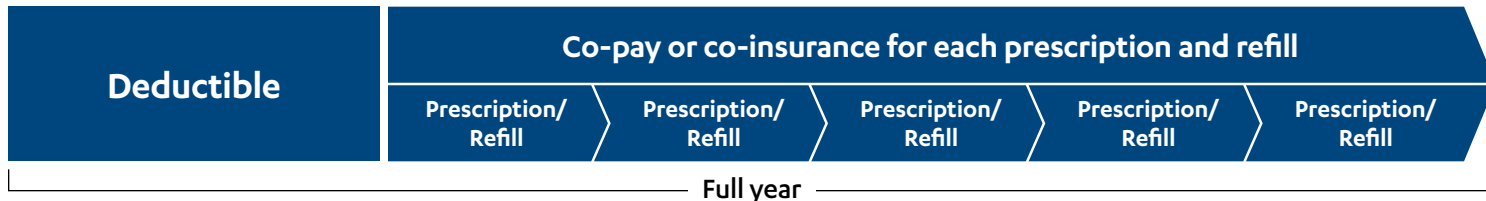
To determine eligibility, enroll and activate, or get a savings card, visit JanssenCarePath.com or call 877-CarePath (877-227-3728).



Pharmacy/Prescription Benefit

Typically covers prescription medications, including biologic medications you inject yourself at home

Here's how it works:



Call your insurance plan representative—make sure your biologic medication is covered.

Deductible	Co-pay or co-insurance for a full year of treatment				
	Prescription/ Refill	Prescription/ Refill	Prescription/ Refill	Prescription/ Refill	Prescription/ Refill
Does your plan include an annual deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No Your annual deductible: \$ _____	Does your plan cover your biologic medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Co-pay: \$ _____ OR Co-insurance: _____ %				

Talk with your doctor about the number of treatments you may need throughout the year.

Check your plan

- Some plans require that your biologic medication be covered under the Pharmacy/Prescription benefit even if it is infused or injected by a medical professional

You may be eligible for Janssen CarePath Savings Program

Pay just \$5 per dose*

*\$20,000 maximum program benefit per calendar year. Not valid for patients using Medicare or Medicaid. Eligibility requirements apply. There is no income requirement.



To determine eligibility, enroll and activate, or get a savings card, visit JanssenCarePath.com or call 877-CarePath (877-227-3728).



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Medicare Part B

Covers infused or injected biologic medications given by a medical professional

Here's how it works:

<p>You pay annual Deductible</p>	<p>You or your secondary plan[†] pay 20% of medication and infusion or injection costs</p>	<p>Medicare Part B covers 80% of medication and infusion or injection costs</p>
<p>Medicare Part B Deductible for 2017: <u> \$166* </u></p>	<p>20% co-insurance for medication and treatment costs <u> \$?* </u></p>	<p><small>*Based on preliminary Medicare Part B plan information for 2017. † In most cases, the secondary plan provides payment after the primary plan pays its share of the costs. * Include costs for biologic medication and costs to give you your infusion or injection.</small></p>

Make sure you have the coverage you need. Support may be available to help with the 20%.

Visit Medicare.gov or your State Health Insurance Assistance Program (SHIP) at ShipTACenter.org for help identifying programs and resources that may be available to help you, including:

- A Medicare Supplement (Medigap) plan
- Medicaid
- A Medicare Savings Program
- Your retirement health plan benefits

Ask about Medicare Supplement (Medigap) plans

With a Medigap plan, your out-of-pocket costs may be as low as \$0.

Use the following information to compare Medigap plans:

Medigap plan option _____ Monthly Premium \$ _____ x 12 months = Annual Premium \$ _____

<p>Does the plan cover the Medicare Part B annual deductible for 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual deductible: \$ _____</p>	<p>Does the plan cover all of the 20% Medicare Part B medication and infusion or injection costs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How much of the 20% Medicare Part B medication and infusion or injection costs are covered? _____ %</p>	<p>Does the plan have an out-of-pocket limit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Out-of-pocket limit: \$ _____</p>
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A Medicare Advantage (Medicare Part C) Plan may be available. Some limitations may apply to biologic medications.

Important: If you are enrolled in a Medicare Advantage (Medicare Part C) Plan, you cannot enroll in a Medigap plan



Need help?

We can direct you to resources that may be available to help you save on the cost of your biologic medication.

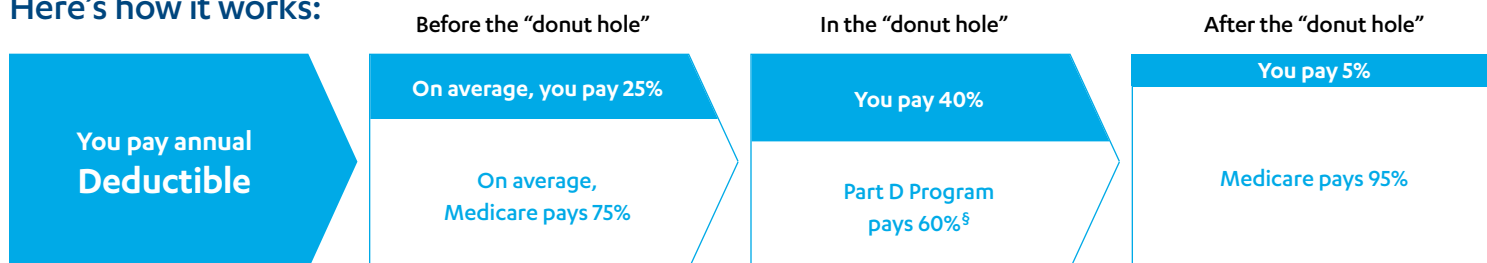
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Medicare Part D

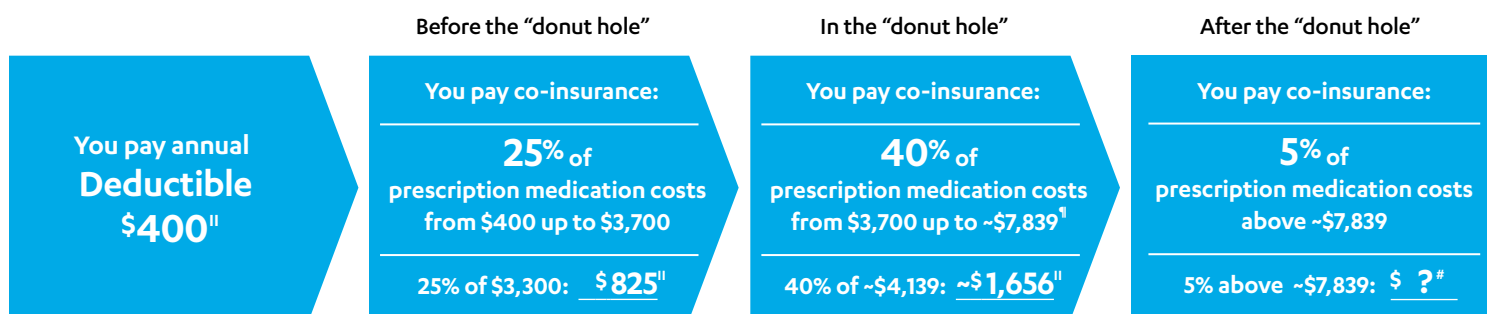
Typically covers prescription medications, including biologic medications you inject yourself at home

Here's how it works:



[§]Janssen pays 50%; Medicare pays 10%.

Call your insurance plan representative—make sure you have the coverage you need.



^{||} Based on Medicare Part D plan information for 2017.

[¶] \$7,839 upper limit in the "donut hole" assumes that 100% of costs are for brand name medications.

[#] Based on the total annual cost of your medications.

Call us—supplemental coverage may be available. If you have limited income and resources, you may qualify for Medicare "Extra Help" Low Income Subsidy.

A Medicare Advantage (Medicare Part C) Plan may be available. Some limitations may apply to biologic medications.

Other Resources

Johnson & Johnson Patient Assistance Foundation, Inc. (JJPAF) provides free prescription medications to eligible individuals who do not have insurance coverage for their medications and do not have adequate financial resources to pay for them. Medicare Part D patients who cannot afford their medications, and who meet certain financial criteria, may also be eligible for assistance. Please contact a JJPAF program specialist at 800-652-6227 (9 AM to 6 PM ET) or visit the foundation website at JJPAF.org to see if you may qualify for assistance.



Need help?

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Glossary

Deductible: What you must pay before your health plan begins to pay.

Co-pay: A set amount, determined by your health plan, that you pay for medications and healthcare services.

Co-insurance: A percentage amount that you pay for medications and healthcare services. Typically, this is a lower percentage amount than what your health plan pays.

Out-of-pocket maximum: The total maximum amount you may pay for your medications and healthcare services during one year.

Prior authorization: Your health plan may require your doctor to confirm that your prescription medication is medically necessary before the plan will cover it.

Secondary insurance plan: Some people may be covered by more than one health plan. In most cases, the secondary plan provides payment after the primary plan pays its share of the costs.

Health Insurance Marketplace or “Exchange”: The Health Insurance Marketplace helps people find a health plan that meets their needs and fits their budget. People who use the Marketplace may qualify for a subsidy to help cover the cost of their insurance.

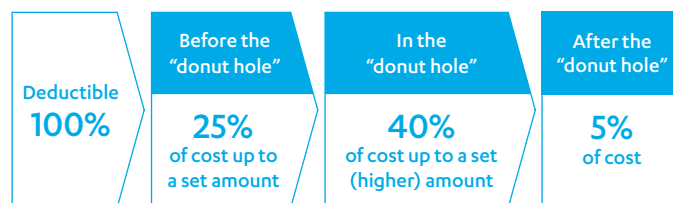
If you buy a plan through the Marketplace, you have private insurance.

MEDICARE

Supplemental coverage or “Medigap”: Private health plan that can help pay some of the costs (“gaps”) that basic Medicare does not cover. It is called “supplemental” because it adds to or “supplements” your Medicare benefits for physician-administered drugs and services.

Medicare Advantage (Medicare Part C): A Medicare health plan offered by a private healthcare insurance company. These companies have contracts with Medicare to replace Original Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. Most of these plans also offer prescription medication coverage.

“Donut hole” or coverage gap: A limit on what a Medicare Part D prescription plan will cover after you have paid your deductible and spent a set amount for covered medications. It ends when you reach a set (higher) amount. Then you pay 5% of all your prescription medication costs above that amount. See example on page 7.



Medicare “Extra Help” Low Income Subsidy: A Medicare program to help people with limited income and resources pay for prescription drug plan costs, including deductibles and out-of-pocket expenses.



For additional information about prescription assistance programs, visit [JanssenPrescriptionAssistance.com](https://www.JanssenPrescriptionAssistance.com).

Make sure you’re covered for 2017

Check with your health plan to get the information and answers you need.
Ask us about cost support that may be available to help you save on the cost of your medication.



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