



2024 Medicare Resource Guide for Patients

This guide explains the different parts of Medicare. Use it to understand how Medicare may cover your healthcare services and medicines.

[Click here](#) to access a Spanish version of the Guide.



An Introduction to Medicare

Medicare is a federal health insurance program for:

- People age 65 or older,
- Certain younger people with disabilities,
- Or, people of any age with End-Stage Renal Disease or ALS (amyotrophic lateral sclerosis)

Medicare can be complex! But understanding basics can help you choose the best Medicare option based on your healthcare needs.

Keep reading to learn 4 key points about Medicare.



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1 Medicare basics

We tend to think about Medicare as a single program, but it is actually made up of 4 different parts that each provide certain types of coverage. **There are 4 parts of Medicare: A, B, C, and D.**

Original Medicare

Part A

Hospital insurance



Inpatient care in hospitals and skilled nursing facilities; hospice care, and some home health care.

Part B

Medical insurance



Doctor visits and other outpatient services; medications given by a healthcare provider.

Medicare Advantage

Part C

Hospital and medical insurance



Part A and Part B offered by private health plans; most plans include prescription drug coverage. Some Part C plans provide extra benefits that may require an extra cost.



Medicare Supplement Insurance (Medigap)



You may also have the choice to sign up for Medicare Supplement Insurance (Medigap), which is private health insurance that can help pay some of the costs (“gaps”) that Original Medicare does not cover.



Part D

Prescription coverage



An optional benefit that helps cover the cost of prescription medications and some recommended vaccines. Part D can be added to Original Medicare and some Medicare Advantage plans.





Terms to know

Out-of-pocket costs

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

② Comparing Original Medicare and Medicare Advantage

Use this chart to help you compare Original Medicare to Medicare Advantage:

Original Medicare (Parts A and B)	Medicare Advantage (Part C)
Do you have many health concerns?	
If yes, consider Original Medicare: <ul style="list-style-type: none"> • There are no network limits • You can easily see a wider choice of providers 	If no, consider Medicare Advantage: <ul style="list-style-type: none"> • If you're not concerned with network limits • If you're comfortable with administrative requirements like prior authorization
Do you want or need access to your preferred doctors?	
If yes, consider Original Medicare: <ul style="list-style-type: none"> • You can see any doctor accepting new Medicare patients 	If no, consider Medicare Advantage: <ul style="list-style-type: none"> • It may limit your choice or access to preferred doctors
Do you travel a lot or are you planning to move out of state?	
If yes, consider Original Medicare: <ul style="list-style-type: none"> • It covers doctors anywhere in the U.S. 	If no, consider Medicare Advantage: <ul style="list-style-type: none"> • You can use in-network local doctors • Keep in mind, going out-of-network may cost you more or require prior authorization
Are you uncomfortable handling administrative processes like prior authorization?	
If yes, consider Original Medicare: <ul style="list-style-type: none"> • Drugs given to patients under Part A and Part B are not prior authorized 	If no, consider Medicare Advantage: <ul style="list-style-type: none"> • Some drugs may need prior authorization
How do you want to manage your out-of-pocket costs?	
With Original Medicare: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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

3 Medicare costs

Medicare helps with the cost of your care, but does not pay for all of it. In general, you will pay a portion of the costs – this is called “cost-sharing.”

Medicare Cost-sharing¹⁻³



Premium

- Medicare **Part A** is usually premium-free; most people pay \$0 premium
- Medicare **Part B** standard and income-adjusted premiums are published each year. In 2024 the standard premium is \$174.70 each month (or higher depending on your income)
- **Medicare Advantage** premiums vary by plan. You must also pay the Part B premium
- Medicare **Part D** premiums vary by plan. You may also have to pay an extra amount each month if your income is over a certain amount



Deductible

- Medicare **Part A** standard deductible is published each year. In 2024 the standard deductible is \$1,632. This covers your share of costs for the first 60 days of Medicare-covered inpatient hospital care
- Medicare **Part B** standard deductible is published each year. In 2024 the standard deductible is \$240
- **Medicare Advantage** deductibles vary by plan
- Medicare **Part D** deductibles vary by plan; some plans don't have a deductible



Co-payment (“co-pay”) + Co-insurance

- Medicare **Part A** standard co-pays are published each year
- Medicare **Part B** usually pays 80% and you pay 20% co-insurance; the percentage can vary by service
- **Medicare Advantage** co-pays and co-insurance vary by plan. Plans also have a yearly limit on what you pay out-of-pocket. Once you pay the plan's limit, the plan pays 100% for covered health services for the rest of the year
- Medicare **Part D** co-pays or co-insurance vary by plan



Terms to know

Premium

The amount you pay, usually every month, for your health insurance. This does not count toward your deductible or out-of-pocket maximum.

Deductible

The amount you must pay for healthcare services or prescriptions before your plan starts to pay their portion.

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.

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%).

¹Some Medigap plans can help pay deductibles, co-insurance, and co-pays 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.

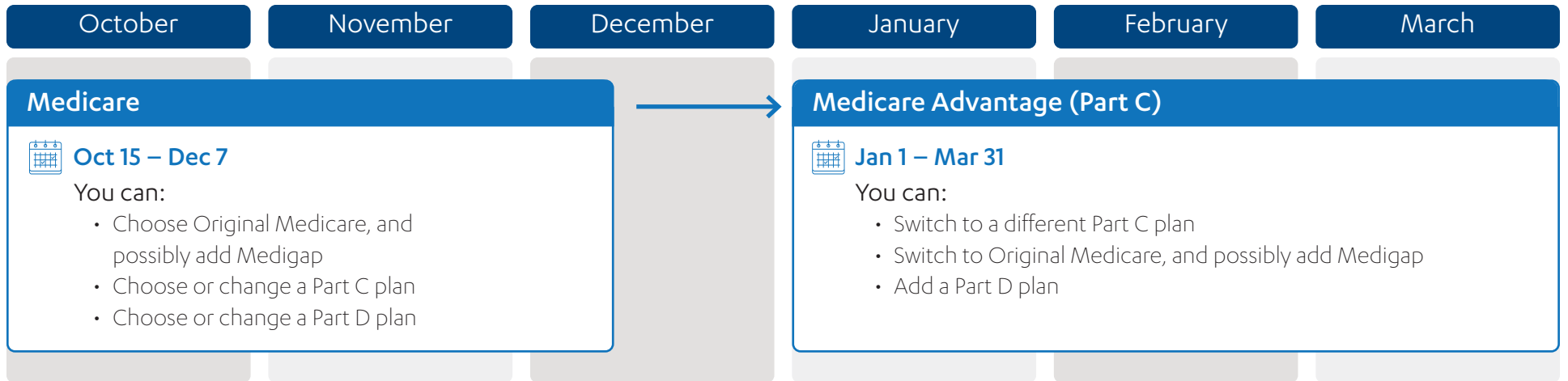
²Medicare Advantage plans cap the yearly amount you can spend on cost-sharing by setting out-of-pocket limits. The amount varies by plan. Original Medicare does not have out-of-pocket limits for cost-sharing.

³Medicare 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.

For more information visit [medicare.gov/basics/costs](https://www.medicare.gov/basics/costs)

④ You can enroll in Medicare during open enrollment

Your healthcare needs may change over time. You can change your Medicare choices during open enrollment each year.



To learn more about open enrollment, read our “Open Enrollment Guide for Patients”: JanssenCarePath.com/OpenEnrollment

A Spanish version of the Guide is also available at JanssenCarePath.com/OpenEnrollment-Spanish.

The graphic features four small photos at the top: a family on a couch, two elderly people walking, a woman talking to a doctor, and a woman at a desk. Below the photos is the title 'Open Enrollment Guide for Patients' in a blue box. The main headline reads 'It's health insurance open enrollment time.' Below this, it says 'Make sure you're covered!' and 'Use this guide to figure out if your health insurance plan is meeting your needs.' There is a blue circular icon with a right-pointing arrow. On the right side, there is a stylized blue line-art illustration of a computer monitor displaying a checklist with a heart icon and a checkmark.

Medicare Part A (Hospital insurance)

Medicare Part A + Medicare Part B are called “Original Medicare.”



What does Part A cover?



Medicare Part A helps cover:

- ✓ Drugs you get during an inpatient hospital or nursing home stay, and drugs for pain relief and symptoms in hospice
- ✓ Inpatient hospital care
- ✓ Nursing home care
- ✓ End-of-life care in hospice
- ✓ Certain home health services

To learn more about what Medicare Part A covers, visit: [medicare.gov/what-medicare-covers/what-part-a-covers](https://www.medicare.gov/what-medicare-covers/what-part-a-covers)

What do I need to pay for Part A?

Premium

Medicare Part A is **premium-free** if you or your spouse paid into Social Security (FICA taxes), usually for 40 quarters. If you are not eligible for premium-free Part A, you can buy it.

To learn more about Medicare quarters (or credits), visit: [ssa.gov/benefits/retirement/planner/credits.html](https://www.ssa.gov/benefits/retirement/planner/credits.html)

Deductible and out-of-pocket costs

In general, you must meet a **deductible** for each benefit period before Medicare begins to pay its share. For stays beyond a certain number of days, you will then pay a daily **co-pay**.

If you have **Medigap** (Medicare Supplement Insurance), it may help pay the deductible and co-pay.

What to consider about cost

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 costs (deductible and co-insurance) yourself
- You may choose to buy a Medigap plan (See “**Medicare Supplement Insurance: Getting Started**” in the Resources section)
- Or you may also be eligible for Medicaid as a secondary payer if you qualify based on low income and limited assets. If you are “dually eligible,” you will normally have very low or zero out-of-pocket costs

How do I sign up for Part A?

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. Keep in mind that most people do not need to pay a premium for Medicare Part A.

As you near Medicare eligibility, consider whether you should enroll in Original Medicare (Part A and Part B) or a Medicare Advantage plan.



See the “[Programs to help with Medicare costs](#)” section for help paying Medicare Part A costs.

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

For help choosing the best Medicare option for you, read our “[Open Enrollment Guide for Patients](#)” at [JanssenCarePath.com/OpenEnrollment](https://www.JanssenCarePath.com/OpenEnrollment). A Spanish version of the Guide is available at [JanssenCarePath.com/OpenEnrollment-Spanish](https://www.JanssenCarePath.com/OpenEnrollment-Spanish). To learn how to sign up for Medicare, visit [medicare.gov/basics/get-started-with-medicare](https://www.medicare.gov/basics/get-started-with-medicare).

Medicare Part B (Medical insurance)

Medicare Part A + Medicare Part B are called “Original Medicare.”

What does Part B cover?



Medicare Part B helps cover:

- ✓ Doctor visits
- ✓ Healthcare provider services
- ✓ Outpatient hospital care and treatment (when you are not admitted to the hospital)
- ✓ Drugs given to you by your doctor, such as an infusion (for drugs you take on your own, Medicare Part D or other prescription drug plans may provide coverage)
- ✓ Certain preventive services
- ✓ Outpatient mental health services
- ✓ Outpatient surgery center care
- ✓ Lab tests
- ✓ Certain home health services
- ✓ Emergency department services
- ✓ Durable medical equipment

Part B generally does not cover dental, vision, hearing, or custodial care (dressing, bathing, feeding).

What do I need to pay for Part B?

Premium

You will pay a monthly **premium**, based on your income. If you make above a certain income level, you will pay a higher premium.

Deductible and out-of-pocket costs

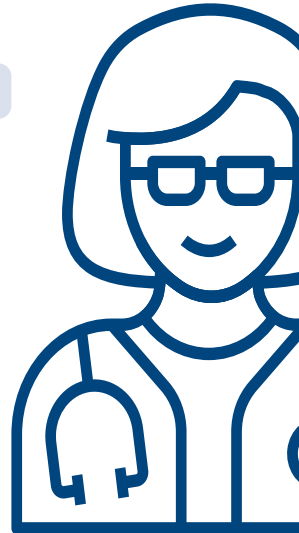
In general, you must meet a **deductible** before Medicare begins to pay its share. Then, you typically pay 20% **co-insurance** of the Medicare-approved amount, while Medicare pays 80%. The percentage can vary by service.

If you have **Medigap** (Medicare Supplement Insurance), it may help pay the deductible and co-insurance amounts.

What to consider about cost

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 costs (deductible and co-insurance) yourself
- You may choose to buy a Medigap plan (See [“Medicare Supplement Insurance: Getting Started”](#) in the Resources section)
- Or you may also be eligible for Medicaid as a secondary payer if you qualify based on low income and limited assets. If you are “dually eligible,” you will normally have very low or zero out-of-pocket costs



How do I sign up for Part B?

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.

When you sign up for Part B, a 6-month Medigap Open Enrollment Period begins. After 6 months, your options to buy Medigap may be limited and it may cost more.

As you near Medicare eligibility, consider whether you should enroll in Original Medicare (Part A and Part B) or a Medicare Advantage plan.



See the “[Programs to help with Medicare costs](#)” section for help paying Medicare Part B costs.

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Medigap (Medicare Supplement Insurance)

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. To buy a Medigap plan, you must already have Original Medicare (Part A + Part B). A Medigap plan only covers one person.

What does Medigap cover?

There are several Medigap plans to choose from, and each has different benefits and coverage.



Medigap helps pay for:

- ✓ Your Part A **deductible, co-insurance, co-pays**, and additional hospital days
- ✓ Your Part B **co-insurance** (Some Medigap plans cover 100% of Part B co-insurance costs)
- ✓ Drugs covered under Part B
- ✓ Some services not covered by Original Medicare, such as medical care outside of the U.S.

Medigap does not cover costs related to Medicare Part D or Medicare Advantage.

Medigap generally does not cover:

- Long-term care
- Hearing aids and eyeglasses
- Vision or dental services
- Private-duty nursing

What do I need to pay for Medigap?

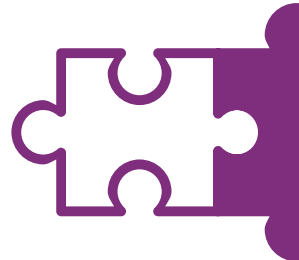
Premium

You will pay a monthly **premium** for Medigap in addition to your Part B premium. The cost of a Medigap plan can vary by type of plan or insurance.

How do I sign up for Medigap?

There may be multiple times you can sign up for Medigap:

- The best time to buy a Medigap plan is within 6 months of enrolling in Medicare Part B
- You may also choose a Medigap plan at the end of each year during the open enrollment period
- In some cases, you might be able to buy a Medigap plan outside of your open enrollment period, but there may be limits (only certain plans) or requirements (waiting periods or higher costs)



How to pick the best Medigap plan for you

1. Think about your current and possible future health needs, and what benefits will be the most helpful. For example, if you need help with out-of-pocket costs, which plan will cover enough for you?
2. Find out which insurance companies sell Medigap plans in your state. See **“Find a Medigap policy that works for you”** or **“State Health Insurance Assistance Programs (SHIPs)”** in the Resources section.
3. Once you find some plans you’re interested in, call the insurance companies that sell the plans and ask your questions and compare costs.
4. Once you choose a plan, call the insurance company for a clearly worded summary of the plan and the date it will start.
5. Buy the plan if it is right for you.

For help choosing the best Medicare option for you, read our **“Open Enrollment Guide for Patients”** at [JanssenCarePath.com/OpenEnrollment](https://www.janssencarepath.com/OpenEnrollment). A Spanish version of the Guide is available at [JanssenCarePath.com/OpenEnrollment-Spanish](https://www.janssencarepath.com/OpenEnrollment-Spanish). You can also see **“Medicare Supplement Insurance: Getting Started”** and **“Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare”** in the Resources section.

To learn how to sign up for Medicare, visit [medicare.gov/basics/get-started-with-medicare](https://www.medicare.gov/basics/get-started-with-medicare).



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

Medicare Advantage (Part C)

Medicare Advantage is an alternative to Original Medicare. It is also called “Part C” or “MA Plans.”

Medicare Advantage plans are offered by private insurance companies that are approved by Medicare. If you join a Medicare Advantage plan, you will still have Medicare. But, you will get Part A and Part B coverage from a private insurance company, not from Original Medicare.

Medicare Advantage plans may also:

- Include prescription coverage (called MA-PD)
- Offer extra benefits that are not offered under Original Medicare

Compare Medicare Advantage and Original Medicare on [page 4](#) of this guide.

What does Medicare Advantage cover?



Medicare Advantage may help cover:

- ✓ The same services as Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance)
- ✓ Vision, dental, hearing, and other services
- ✓ Often includes a prescription drug plan (MA-PD)

MA plans with prescription drug coverage cover:

- ✓ Drugs that you give to yourself or that a caregiver gives to you
- ✓ Some drugs given to you by your doctor, such as an injection

- ⊕ If a Medicare Advantage plan does not have prescription drug coverage, you may be able to add drug coverage.

What do I need to pay for Medicare Advantage?

Premium

You will usually pay a monthly **premium** for a Medicare Advantage plan, plus the premium for Part B. You must have Part B and keep paying your Part B premium to stay in your Medicare Advantage plan.

Deductible and out-of-pocket costs

Each Medicare Advantage plan has different:

- **Deductibles**
- **Co-pays**
- **Co-insurance**
- **Rules for how you get services**, for example, you may need a referral to see a specialist

Most Medicare Advantage plans have an out-of-pocket limit on the costs you pay for covered health services. Once you reach this limit, the plan pays 100% of your covered health services for the rest of the calendar year.

You cannot buy a Medigap plan to cover your out-of-pocket costs when you enroll in a Medicare Advantage Plan.



How do I sign up for Medicare Advantage?

In order to join a Medicare Advantage plan, you must first be enrolled in Medicare Part A and Part B, and live in the plan's service area.

There are two times you can sign up for Medicare Advantage plans:

- When you first become eligible for Medicare
- Or you can enroll or switch Medicare Advantage plans at certain times of the year and under certain circumstances

What if I want to switch from Original Medicare to Medicare Advantage?

If you switch from Original Medicare with a Medigap plan to a Medicare Advantage plan, you can no longer use Medigap to cover expenses. If you drop your Medigap policy, there are only certain conditions where you may be able to get it back.

To learn when you can join, switch, or drop Medicare Advantage plans and how Medigap may be affected, see: **“Medicare & You Handbook”** and **“Understanding Medicare Advantage Plans”** in the Resources section, or call Medicare directly at **1-800-MEDICARE (1-800-633-4227)**; TTY users: **1-877-486-2048**.

How to pick the best Medicare Advantage plan for you

There are different types of Medicare Advantage plans that require you to meet certain criteria, such as:

- Health Maintenance Organization (HMO) plans
- Preferred Provider Organization (PPO) plans
- Special Needs Plans (SNPs)

To help find the best Medicare Advantage plan for you:

1. Review your current and expected health needs.
2. Compare the different types of plans to find what best fits your needs.
3. Make sure you understand how a plan works and what it will cost before you join – to learn more, you can call any Medicare Advantage plan and ask for a **Summary of Benefits** document.

To learn about the different plan types and comparing the costs and benefits, see **“Medicare & You Handbook,”** **“Medicare Plan Finder,”** and **“State Health Insurance Assistance Programs (SHIPs)”** in the Resources section.



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



Terms to know

Summary of Benefits
A summary of a health plan's costs, benefits, covered health care services, and other features that may be important to you.

Medicare Part D (Prescription drug plan)

Part D is optional prescription drug coverage available to anyone with Medicare.

This is coverage you can add to your other Medicare coverage. These plans are from private companies that are approved by Medicare. They must meet guidelines and minimum coverage standards set by the Federal Government.



What does Part D cover?



Medicare Part D helps pay for:

- ✓ Prescription brand-name and generic drugs that you take yourself
- ✓ Some drugs given to you by your doctor, like vaccines or injections (infusions are usually covered by Part B)

In general, Part D does not cover over-the-counter drugs. Also, most Part D plans exclude certain prescription drug categories, such as weight loss or sleep aid drugs.

What do I need to pay for Part D?

Premium

You will pay a monthly **premium**, which varies by plan. If you make above a certain income level, you may have to pay the premium plus an extra amount.

The 4 phases of prescription drug coverage

There are 4 different phases to drug coverage. This means the amount you pay in out-of-pocket costs changes throughout the year.

Phase 1: Deductible

This is the amount you must pay before your plan begins to pay its share of your covered drugs. You pay between \$0 and \$545,¹ depending on your plan.

Phase 2: Initial coverage

For each prescription, you will have a co-pay or pay a portion (co-insurance) of the cost of your medicine, depending on your plan. When your costs, plus your insurance plan's costs, reach \$5,030,¹ you will enter the Coverage Gap.¹

Phase 3: Coverage gap

For each prescription, you will typically pay about 25% of the cost of your medicine. The rest of the cost is paid by the drug maker (70%) and your plan (5%). Once the combined spending reaches a certain level, you will move to the last phase.

Phase 4: Catastrophic coverage

Once your total prescription medicine costs reach \$11,697,* you'll automatically get "catastrophic coverage."

New for 2024
You will pay \$0 for your prescription drugs for the rest of the calendar year.

① Check your Explanation of Benefits each month to know when you will move from one phase of coverage to the next. Not everyone will move through all 4 phases.

*This amount includes your out-of-pocket costs PLUS contributions from Medicare and the companies that make your medicines. Assumes 100% branded drugs.

How do I sign up for Part D?

- **If you have Medicare Part A and/or Part B**, you can join a Medicare prescription drug plan
- **If you have Medicare Advantage (Part C)**, you can join an MA-PD (Medicare Advantage plan that includes Medicare Part D prescription drug coverage)

In both cases, you must live in the plan's service area.

The best time to join a Part D plan is when you are first eligible for Medicare. You may pay a late fee if you choose to join later. There are two times you can sign up for drug coverage through Medicare:

- You can enroll when you first become eligible for Medicare
- Or you can enroll or switch 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 a Medicare prescription drug plan.

To learn more, see [“Medicare & You Handbook”](#) and [“Your Guide to Medicare Drug Coverage”](#) in the Resources section.

How to pick the best Part D plan for you

1. Make a list of all your medicines and their doses
2. Look for plans in your area that include your drugs on their covered list ([formulary](#)).

Then, compare the plans for:

- **Costs** – what would be your monthly **premium, deductible, co-pay**, and **co-insurance**?
- **Coverage rules** – does the plan cover your medicines without any restrictions?
- **Convenience** – are the plan's pharmacies close by, or do they have a [mail-order prescription program](#)?

For help choosing the best Medicare option for you, read our [“Open Enrollment Guide for Patients”](#) at [JanssenCarePath.com/OpenEnrollment](#). A Spanish version of the Guide is available at [JanssenCarePath.com/OpenEnrollment-Spanish](#). Also see [“Medicare Plan Finder”](#) and [“State Health Insurance Assistance Programs \(SHIPs\)”](#) in the Resources section.



Terms to know

Formulary

The **list of prescription medicines** that your insurance plan pays for.

Mail-order prescription program

A **program that delivers your medicines to you** so you don't have to pick them up from a pharmacy.



See the [“Programs to help with Medicare costs”](#) section for help paying Medicare Part D costs. These programs include “Extra Help” (also called the low-income subsidy, or LIS) to help people with limited income.

If you need help or more information, visit: [medicare.gov](#) or call **1-800-MEDICARE (1-800-633-4227)**; TTY users: **1-877-486-2048**

Programs to help with 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 later that you are not eligible.

Programs to help with Medicare costs



Medicaid



Helps pay costs not covered by Medicare

May provide additional benefits not covered by Original Medicare



Extra Help (Low-Income Subsidy)



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

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



Medicare Savings Programs



Help pay for Medicare Part A and Part B costs

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

i There may be other programs available, including State Pharmacy Assistance Programs and Patient Assistance Programs offered by drug companies. For help finding additional financial support, check out [MAT.org](https://www.mat.org), a free search engine that provides information on hundreds of patient assistance resources.

To learn more:

Your State Medical Assistance (Medicaid) office:

[medicare.gov](https://www.medicare.gov) 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:

[ssa.gov](https://www.ssa.gov) or call 1-800-772-1213; TTY users: 1-800-325-0778

See **“Get help with your Medicare costs: Getting Started”**

in the Resources section

Contact Medicare directly:

1-800-MEDICARE (1-800-633-4227); TTY users: 1-877-486-2048

Visit [medicare.gov/basics/costs](https://www.medicare.gov/basics/costs)

Consider independent foundations:

There are foundations that offer help with out-of-pocket costs for prescription drugs if you are having trouble paying for the medicines you need.

Keep in mind:

- These foundations have their own rules for eligibility, which may be subject to change
- Foundations are usually set up to support specific conditions

Funding varies over time – if it’s not available at first, check back to see if it has changed.

Resources

The websites and phone numbers listed below can provide more information on the topics discussed within this guide. If you need help or more information, please visit [medicare.gov](https://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227); TTY users 1-877-486-2048.

I want to learn more about Medicare

A Quick Look at Medicare
[medicare.gov/publications/11514-A-Quick-Look-at-Medicare.pdf](https://www.medicare.gov/publications/11514-A-Quick-Look-at-Medicare.pdf)

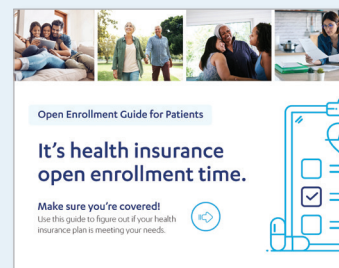
Medicare & You Handbook
[medicare.gov/medicare-and-you](https://www.medicare.gov/medicare-and-you)

Medicare Plan Finder
[medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)

Helpful Contacts
[medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone)

Janssen Open Enrollment Guide for Patients
[JanssenCarePath.com/OpenEnrollment](https://www.JanssenCarePath.com/OpenEnrollment)

Learn more about open enrollment and figure out if your health insurance plan is meeting your needs.



A Spanish version of the Guide is also available at
[JanssenCarePath.com/OpenEnrollment-Spanish](https://www.JanssenCarePath.com/OpenEnrollment-Spanish)

I want to learn more about Medicare Advantage (Part C)

Understanding Medicare Advantage Plans
[medicare.gov/publications/12026-Understanding-Medicare-Advantage-Plans.pdf](https://www.medicare.gov/publications/12026-Understanding-Medicare-Advantage-Plans.pdf)

I want to learn more about Medicare Prescription Drug Plan (Part D)

Your Guide to Medicare Drug Coverage
[medicare.gov/publications/11109-Medicare-Drug-Coverage-Guide.pdf](https://www.medicare.gov/publications/11109-Medicare-Drug-Coverage-Guide.pdf)

Things to think about when you compare Medicare drug coverage
[medicare.gov/publications/11163-Compare-Medicare-Drug-Coverage.pdf](https://www.medicare.gov/publications/11163-Compare-Medicare-Drug-Coverage.pdf)

I want to learn more about Medicare Supplement Insurance (Medigap)

Medicare Supplement Insurance: Getting Started

[medicare.gov/publications/11575-Medicare-Supplement-Insurance-Getting-Started.pdf](https://www.medicare.gov/publications/11575-Medicare-Supplement-Insurance-Getting-Started.pdf)

Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare

[medicare.gov/publications/02110-medigap-guide-health-insurance.pdf](https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf)

Find a Medigap policy that works for you

[medicare.gov/medigap-supplemental-insurance-plans/](https://www.medicare.gov/medigap-supplemental-insurance-plans/)

Help with Medicare costs

2024 Medicare Costs

[medicare.gov/publications/11579-medicare-costs.pdf](https://www.medicare.gov/publications/11579-medicare-costs.pdf)

Get help with your Medicare costs: Getting Started

[medicare.gov/publications/10126-getting-help-with-your-medicare-costs.pdf](https://www.medicare.gov/publications/10126-getting-help-with-your-medicare-costs.pdf)

Extra Help with Medicare Prescription Drug Plan Costs

[ssa.gov/medicare/part-d-extra-help](https://www.ssa.gov/medicare/part-d-extra-help)

State Health Insurance Assistance Programs (SHIPs)

To find a SHIP in your area, visit [ShipHelp.org](https://www.shiphelp.org) or call 1-877-839-2675.



Explore other resources

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](https://www.PatientAssistanceInfo.com) or call 833-742-0791.