

# WHAT YOU SHOULD KNOW ABOUT COMMERCIAL INSURANCE OPEN ENROLLMENT



## IMPORTANT INFORMATION

### **About commercial insurance for people living with pulmonary arterial hypertension (PAH)**

The Commercial Insurance Open Enrollment period is usually between November and January each year, but it is important to check with your employer or health plan, as dates may vary.

This is an important time frame to enroll or update your coverage for next year and make certain your plan covers your healthcare needs. The following information outlines key facts about commercial insurance to help you better understand your options.



## WHAT IS COMMERCIAL INSURANCE?

Commercial health insurance is a health insurance plan that is managed and administered by a private company, not a state government or the federal government.

## TERMS TO KNOW

**CO-INSURANCE:** The amount you pay as your share after you pay your deductible. Co-insurance is usually a percentage (for example, 15%). Patients will have to pay either a co-pay or co-insurance, not both at the same time.

**CO-PAY:** The amount you pay as your share of a medical cost, such as for a doctor's visit or a prescription drug. It's usually a set amount. For example, if a prescription drug costs \$50, you may have a co-pay of \$5.

**DEDUCTIBLE:** The amount you pay for prescriptions or other healthcare costs before your insurance plan begins to pay.

**EMPLOYER-SPONSORED HEALTH PLAN:** A group insurance plan offered by an employer or union to their employees. Typically these plans offer coverage at a lower cost than individual insurance plans.

**FORMULARY:** A list of prescription drugs that are covered by a health plan. If a prescriber decides to start a patient on a non-formulary medicine, then a special approval process may be required to obtain insurance coverage.

**MEDICAL BENEFIT:** Typically covers medicines given by a healthcare professional (for example, an infusion or an injection).

**PREMIUM:** The periodic payment you make to your healthcare plan to continue your coverage.

**PRESCRIPTION BENEFIT:** Typically covers prescription medicines, including medicines you give yourself at home.

**SPECIALTY MEDICINES:** Medicines that are only available from a specialty pharmacy. Health insurance plans may have specific policies regarding these medicines.

Your deductible, co-pay, and co-insurance make up the out-of-pocket costs that count toward your **out-of-pocket maximum**.

- An out-of-pocket maximum is a limit that some health plans have on the total amount you have to pay for your medicines and healthcare services in 1 year. After you meet this maximum, the plan pays 100% of covered healthcare costs
- This may not include out-of-network healthcare expenses and does not include your monthly health insurance premiums. Your family's doctor visits, hospital visits, medicine (using your Medical or Prescription Benefit), and the cost for your treatment administration may count toward your out-of-pocket maximum



## THE TRADE-OFF BETWEEN INSURANCE PREMIUMS AND YOUR OUT-OF-POCKET HEALTHCARE COSTS

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



## THINGS TO CONSIDER WHEN CHOOSING A COMMERCIAL HEALTH PLAN

- Some health insurance plans:
  - Require that your medicine be covered under the Prescription Benefit, even if it is given by a healthcare professional
  - Do not allow contributions from medicine savings programs offered by the manufacturer to count toward the deductible and out-of-pocket maximum. Make sure to take this into account, as it may lead to greater than expected out-of-pocket medicine costs
  - May have different policies regarding specialty medicines. These medicines often have high costs and may be subject to additional requirements for approval. Make sure to evaluate your plan's coverage of specialty medicines to ensure access and affordability

**Call your health insurance plan and ask if your plan allows medicine savings card contributions to count toward the deductible or out-of-pocket maximum**



## BE INFORMED BEFORE YOU SIGN UP

- Your insurance company may seek to enroll you in programs that could impact your out-of-pocket costs. Upon enrollment in this insurance company program, your insurance company may also request you to sign up for the J&J withMe Oral PAH Savings Program
- While these insurance company programs claim to offer low to zero out-of-pocket costs, signing up for these insurance company–run programs can have negative implications for your J&J withMe Oral PAH Savings Program co-pay support throughout the year
- It's important to understand that the insurance company–run programs may impact the coverage for the medicines you are taking. We suggest calling the plan to find out the specifics of the insurance company programs before signing up

The support and resources provided by J&J withMe and PAH Companion withMe are not intended to provide medical advice, replace a treatment plan you receive from your doctor or nurse, or serve as a reason for you to start or stay on treatment.

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### LEARN HOW J&J withMe CAN HELP

Call a J&J withMe Care Coordinator at 866-228-3546,  
Monday–Friday, 8:00 AM–8:00 PM ET.

Visit [JNJwithMe.com](https://www.JNJwithMe.com)

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