Johnson&Johnson

2026

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; medicines 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.

↓ You can add ↓

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.

Prescription drug coverage

Part D

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

↓ You can add ↓

Prescription drug coverage

Part D

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

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)	or	Medicare Advantage (Part C)
What is included?	• Part A (Hospital Insurance) and Part B (Medical Insurance) are included • Medigap supplement insurance **can be added** to help pay your share of Parts A+B costs • Part D for prescription drug coverage **can also be added**		• Part C combines Part A and Part B and is offered by private companies approved by Medicare • Medigap supplement insurance is **not available** but some plans have extra benefits like vision, hearing, and dental • **Nearly 90% of plans include Part D but some may require an additional premium for Part D coverage**
Can I see my doctors and specialists?	• You can see any doctor that accepts Medicare **(99% of doctors in the US)**		⚠ **In-network choices may be more limited**, with access to <50% of doctors in the US, on average
Are my medicines and services covered?	• **Typically, no pre-approvals needed** for the physician-administered medicines and medical services you need		⚠ Almost all plans **typically require pre-approval** for some services like physician-administered drugs—**this could delay or restrict your access to care**
What are the costs?	• Part A premium (may be $0) and Part B standard monthly premium • Fixed deductible for Part A and Part B • No annual limit on out-of-pocket costs • Medigap supplement insurance plans may help bring down certain Part A & B out-of-pocket expenses for the beneficiary depending on the Medigap plan and the date the beneficiary enrolled		• Part A premium (may be $0) and Part B standard monthly premium • Medicare Advantage may have an additional premium • Deductibles vary by plan • Annual limit on out-of-pocket costs varies by plan • Medigap not available with Medicare Advantage • Plan costs vary and there may be a trade-off between higher premium and lower deductible or lower premium and higher deductible

Terms to know

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

Add-ons

In addition to choosing Original Medicare or Medicare Advantage, you may have options for adding:
→ Medicare Supplement Insurance (Medigap) to Original Medicare only → Prescription drug coverage (Part D)

*This table does not include Part D prescription drug plans comparison.

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-sharing[1-3]		
Premium	**Deductible**	**Co-payment ("co-pay") + Co-insurance**
• 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 2026 the standard premium is $202.90 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	• Medicare **Part A** standard deductible is published each year. In 2026 the standard deductible is $1,736. 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 2026 the standard deductible is $283 • **Medicare Advantage** deductibles vary by plan • Medicare **Part D** annual deductible is published each year. In 2026 the standard deductible is $615	• 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** requires a deductible up to $615 for 2026. After that, you pay 25% co-insurance until reaching the $2,100 out-of-pocket maximum. Once you hit this limit, you pay $0 for covered drugs for the rest of the year

[1]Some Medigap plans can help pay deductibles, co-insurance, and co-pays for Medicare Part A and Part B. For beneficiaries first eligible after 2020, Medigap plans cannot cover the Part B deductible. 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 a deductible and an initial coverage period up to an out-of-pocket cap. Specific cost-sharing requirements vary by plan.

For more information visit medicare.gov/basics/costs

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

The amount you pay for healthcare services, like a doctor's visit, hospital outpatient visit, or prescription medicine. A co-pay is usually a set amount, such as $10 or $20, rather than a percentage.

Co-insurance

The amount you pay for 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%).

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.

October	November	December	January	February	March

Medicare

Oct 15 – Dec 7

You can:
- Choose Original Medicare, and possibly add Medigap
- Choose or change a Part C plan
- Choose or change a Part D plan

Medicare Advantage (Part C)

Jan 1 – Mar 31

You can:
- Switch to a different Part C plan
- Switch to Original Medicare, and possibly add Medigap
- Add a Part D plan

To learn more about open enrollment, read our "Open Enrollment Guide for Patients": **JNJwithMe.com/OpenEnrollment**

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

*Other enrollment periods such as initial enrollment (eg, 65th birthday) or special circumstances are also opportunities to enroll or change plan depending on situation.

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**

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**

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

Medicare Part A (Hospital insurance) (cont'd)

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.

For help choosing the best Medicare option for you, read our **"Open Enrollment Guide for Patients"** at **JNJwithMe.com/OpenEnrollment**.

A Spanish version of the Guide is available at **JNJwithMe.com/OpenEnrollment-Spanish**.

To learn how to sign up for Medicare, visit **medicare.gov/basics/get-started-with-medicare**.

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

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 co-insurance amounts, and for certain beneficiaries, the deductible.

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

Medicare Part B (Medical insurance) (cont'd)

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.

For help choosing the best Medicare option for you, read our "**Open Enrollment Guide for Patients**" at **JNJwithMe.com/OpenEnrollment**.

A Spanish version of the Guide is available at **JNJwithMe.com/OpenEnrollment-Spanish**.

To learn how to sign up for Medicare, visit **medicare.gov/basics/get-started-with-medicare**.

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

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 cover:

- ☑ Your Part A **deductible, co-insurance, co-pays,** and additional hospital days
- ☑ Your Part B **co-insurance**, which may include co-insurance for Part B drugs (Some Medigap plans cover 100% of Part B co-insurance costs)
- ☑ Some services not covered by Original Medicare, such as medical care outside of the US

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

Medigap generally does not cover:

- Long-term care
- Vision or dental services
- Hearing aids and eyeglasses
- 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)

Medigap (Medicare Supplement Insurance) (cont'd)

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 **JNJwithMe.com/OpenEnrollment**.

A Spanish version of the Guide is available at **JNJwithMe.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**.

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 care partner 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.

Medicare Advantage (Part C) (cont'd)

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 main 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.

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.

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 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.

⚠ Your out-of-pocket costs will be capped at $2,100 in total for branded and generic Part D medicines. The Coverage Gap was eliminated in 2025.

Medicare Prescription Payment Plan

Instead of paying large, up-front costs for Part D medicines, you can now enroll in a monthly payment plan to spread out your out-of-pocket expenses over the year.

If you have high prescription costs early in the year, this plan could benefit you.

For more details or to enroll, visit your prescription drug plan's website or call member services.

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.

Phases of prescription drug coverage

The amount you pay in out-of-pocket costs can change 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 $615, depending on your plan.

Phase 2

Standard benefit

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.

Phase 3

Catastrophic coverage

Once your total prescription medicine costs reach $2,100 out-of-pocket cap, you will pay $0 for your covered prescription medicines for the rest of the calendar year.

ⓘ 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 3 phases.

Medicare Part D (Prescription drug plan) (cont'd)

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

Make a list of all your medicines and their doses.

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 **JNJwithMe.com/OpenEnrollment**.

A Spanish version of the Guide is available at **JNJwithMe.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.

See if you qualify for Medicaid

Some patients with limited income and resources may qualify for this government program that offers free or low-cost health care. People who qualify for both Medicare and Medicaid are considered "dual eligible." Medicare pays first, and then Medicaid pays the remaining costs. You'll automatically be enrolled in a Medicare prescription drug plan, and Medicaid may cover some drugs that Medicare doesn't cover. Contact your state Medicaid office at **Medicaid.gov**.

Programs to help with Medicare costs

Medicare Prescription Payment Plan

Helps you budget your out-of-pocket costs for Part D medicines

Instead of paying large, up-front costs for Part D medicines, you can now enroll in a monthly payment plan to spread out your out-of-pocket expenses over the year.

3 things to know about the Medicare Prescription Payment Plan:

- It's free to sign up with your health plan
- You must opt in; it's not included automatically
- There is no interest or additional fees

Extra Help (Low-Income Subsidy)

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

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

What is Medicare Extra Help? Medicare patients can qualify for Extra Help (also called Low-Income Subsidy, or LIS) with their Medicare prescription drug plan costs. To qualify, a person must be enrolled in Medicare Part D and have both limited resources and limited income. You may qualify if your annual income is below 150% of the federal poverty level and you meet the resource requirements. You should look into the Extra Help program whenever you update your Medicare Plan, especially if your income has recently changed. Learn more at **medicare.gov/basics/costs/help/drug-costs**

Medicare Savings Programs

Help pay for Medicare Part A and Part B costs

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

To qualify for a **Medicare Savings Program**, you must have income and resources below a certain limit. You apply for Medicare Savings Programs through your state. When you apply, your state determines which program(s) you qualify for.

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**, a free search engine that provides information on hundreds of patient assistance resources.

To learn more:

Your State Medical Assistance (Medicaid) office: **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** 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**

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** 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

Medicare & You Handbook
medicare.gov/medicare-and-you

Medicare Plan Finder
medicare.gov/plan-compare

Helpful Contacts
medicare.gov/talk-to-someone

Johnson & Johnson Open Enrollment Guide for Patients
JNJwithMe.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 JNJwithMe.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

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

Things to think about when you compare Medicare drug coverage
medicare.gov/publications/11163-Compare-Medicare-Drug-Coverage.pdf

Resources (cont'd)

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

Medicare Supplement Insurance: Getting Started
medicare.gov/publications/11575-Getting-Started-Medicare-Supplement-Insurance.pdf

Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare
medicare.gov/publications/02110-medigap-guide-health-insurance.pdf

Find a Medigap policy that works for you
medicare.gov/medigap-supplemental-insurance-plans/

Help with Medicare costs

2026 Medicare Handbook
medicare.gov/publications/10050-medicare-and-you.pdf

Get help with your Medicare costs: Getting Started
medicare.gov/basics/costs/help

Extra Help with Medicare Prescription Drug Plan Costs
ssa.gov/medicare/part-d-extra-help

State Health Insurance Assistance Programs (SHIPs)
To find a SHIP in your area, visit **ShipHelp.org** or call 1-877-839-2675.

Explore other resources

Patients may be eligible for additional support from Johnson & Johnson

Patient assistance is available if you are uninsured or if you have commercial, employer-sponsored, or government coverage that does not fully meet your needs. You may be eligible to receive your medicine from J&J at no cost for up to one year. You must meet the eligibility and income requirements for the Johnson & Johnson Patient Assistance Program. See terms and conditions at **PatientAssistanceInfo.com** or call 833-742-0791.

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