

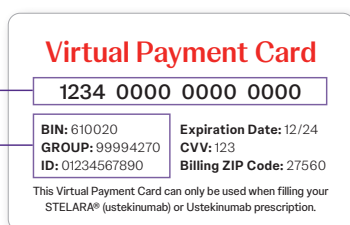
The STELARA withMe Savings Program is designed to help you save on your out-of-pocket medicine costs for STELARA® or Ustekinumab. All you need is your Savings Program Virtual Payment Card.

Here's how it works:

Each time you fill your prescription, you can use your Savings Program Virtual Payment Card to reduce your out-of-pocket cost to \$5 per dose.

16-digit number

BIN #, Group #, ID



- Maximum program benefit per calendar year shall apply. Terms expire at the end of each calendar year. Offer subject to change or end without notice. Restrictions, including monthly maximums, may apply. See program requirements on next page
- You may access your Virtual Payment Card by visiting JNJwithMeCard.com or calling 833-742-0702
- You can sign up to receive text message updates by texting **"INFO"** to **76087** (message and data rates may apply). The text message will tell you the amount that will be loaded to your Virtual Payment Card. You will need to provide this amount to the pharmacy. If you do not wish to sign up for text message updates, you may visit JNJwithMeCard.com to obtain this amount information. See [Terms](#) and [Privacy Policy](#)

Here's how to use:

Step 1

When you go to fill your prescription, provide the BIN number, Group number, and Member ID on your Virtual Payment Card.

They will process the information and tell you your out-of-pocket medicine cost.

Step 2

Provide your pharmacy with the 16-digit number from your Virtual Payment Card to pay for your medicine costs, less \$5 per dose.*

You can ask your pharmacy to keep this Virtual Payment Card number on file for future refills, or you can provide it each time you fill your prescription.

The Virtual Payment Card is only to be used for STELARA® or Ustekinumab.

- *If you've opted in to text messages, you will receive a text message informing you of the amount charged to your Virtual Payment Card*
- *If you haven't opted in to text messages, you can see this amount under View Your Account on JNJwithMeCard.com*

Step 3

Pay your \$5 co-pay per dose using a personal form of payment.

*Please allow 30 minutes for funds to be loaded to your card.

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

Savings Program

Am I eligible?

You may be eligible for the STELARA withMe Savings Program if you are age 6 or older, use commercial or private health insurance for your prescribed STELARA® or Ustekinumab, and must pay an out-of-pocket cost for your medicine. Participate without sharing your income information.

Some health plans have programs or benefit designs known as “accumulators” or “maximizers.” These programs divert patient assistance funds away from patients.

- Accumulators don’t allow patient assistance to count toward the patient’s deductible and out-of-pocket maximum until the maximum value of the patient assistance is reached.
- Maximizers also don’t allow patient assistance to count toward the patient’s deductible and out-of-pocket maximum. Maximizers apply the full value of the patient assistance over the year. This could be either the same amount each month or a larger amount early in the year that tapers off, without allowing any of those funds to count toward the patient’s annual deductible or out-of-pocket maximum.
- The STELARA withMe Savings Program is designed solely for the benefit of the patient. Thus, Johnson & Johnson reserves the right to reduce the STELARA withMe Savings Program maximum benefit for patients in an accumulator or maximizer program or benefit design, except where prohibited by law.

In addition, some health plans have “non-essential health benefit maximizers” that conflict with the program requirements of the STELARA withMe Savings Program.

- These programs or benefit designs, like the services offered by SaveOnSP, classify certain specialty medicines such as STELARA® or Ustekinumab as “non-essential.” This takes away protections for patients provided by the Affordable Care Act (ACA) related to maximum out-of-pocket limits.
- The STELARA withMe Savings Program is designed solely for the benefit of the patient. If your insurance company or health plan partners with SaveOnSP, then except where prohibited by law, you will not be eligible for, and you agree not to use, the STELARA withMe Savings Program.
- Please let STELARA withMe know if your insurance company or health plan has one of these programs or benefit designs, including SaveOnSP, by calling 844-4withMe (844-494-8463) to discuss your options. Since you may not know you are subject to one of these programs or benefit designs when you enroll in STELARA withMe, J&J will monitor your utilization.
- J&J reserves the right to discontinue cost support if you no longer meet eligibility requirements.
- If your health plan removes STELARA® or Ustekinumab from its partnership with SaveOnSP or other non-essential health benefit maximizer, you may be eligible to be reinstated in the STELARA withMe Savings Program.

By utilizing this Savings Program, you accept and agree to abide by these program requirements. Any individual or entity who enrolls or assists in the enrollment of a patient in the Savings Program represents that the patient meets the eligibility criteria and other requirements described.

Savings Program (cont'd)

Other requirements

- **This program is only for people age 6 or older using commercial or private health insurance who must pay an out-of-pocket cost for their prescribed STELARA[®] or Ustekinumab. This includes plans from the Health Insurance Marketplace.** This program is not for people who use any state or federal government-funded healthcare program. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration.
- By enrolling in this program, you agree that this program is intended solely for the benefit of you, the patient. You may not seek payment for the value received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account.
- You must meet the program requirements every time you use the Savings Program.
- Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states.
- Program participants are subject to an annual maximum benefit. Program benefits are set at the discretion of J&J and may change without notice.
- Patients who are subject to programs, health plans, or benefits that claim to **reduce** their patients' out-of-pocket co-pay, co-insurance, or deductible obligations for certain prescription drugs based upon the availability of, or patient's enrollment in, manufacturer-sponsored co-pay assistance for such drugs will be subject to a reduced annual maximum program benefit per calendar year (not applicable to patients in Maine).
- Patients who are subject to programs, health plans, or benefits that claim to **eliminate** their out-of-pocket costs are not eligible for the STELARA withMe Savings Program, because this program is only for people who must pay an out-of-pocket cost for STELARA[®] or Ustekinumab.
- Notwithstanding any other term of this program, patients who are members of health plans that partner with SaveOnSP, or who are subject to services administered by SaveOnSP, are not eligible for the STELARA withMe Savings Program. If your health plan removes STELARA[®] or Ustekinumab from its partnership with SaveOnSP, you may be eligible for the STELARA withMe Savings Program.
- To use this program, you must follow any health plan requirements, including telling your health plan how much co-payment support you get from this program, if required. By using the Savings Program, you confirm that you have read, understood, and agree to the program requirements on this page, and you are giving permission for information related to your Savings Program transactions to be shared with your healthcare provider(s). These transactions include rebates and any funds placed on the card or balance remaining on the card.
- Before you enroll in the program, you will be asked to provide personal information that may include your name, address, phone number, email address, and/or other information, including information related to your prescription medicine insurance and treatment. This information is needed for Johnson & Johnson Health Care Systems Inc. and our service providers to enroll you in the STELARA withMe Savings Program. The use of your information will be governed by our [Privacy Policy](#).
- If you use medical/primary insurance to pay for your medicine, you need to submit a rebate request with an Explanation of Benefits (EOB) to get payment from the Savings Program. With your permission, your provider may submit the rebate request and EOB for you. Please make sure you and your provider know who will submit the rebate request. Rebate requests must be submitted within 365 days of the date of service.
- This program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer. Offer good only in the United States and its territories. Void where prohibited, taxed, or limited by law.

You may end your participation in STELARA withMe at any time by calling 866-708-8987.

Please read the full Prescribing Information for STELARA[®] and Ustekinumab, and Medication Guides for STELARA[®] and Ustekinumab and discuss any questions you have with your doctor.

Information about your insurance coverage, cost support options, and treatment support is given to you by service providers for STELARA withMe. The information you get does not require you to use any Johnson & Johnson product.