

Dear Medicare patients receiving REMICADE® (infliximab):

Beginning in January 2006, a new government-sponsored voluntary prescription drug program called **Medicare Part D** will be made available to all Medicare beneficiaries. You may have read about this new program or perhaps seen advertisements on television and wondered how the new Medicare prescription drug plans might impact your coverage for REMICADE. This information is being provided by Centocor, Inc., the marketer of REMICADE, to help explain how REMICADE will be covered by Medicare in 2006.

In simple terms, Medicare will continue to cover REMICADE under the Medicare Part B program in 2006.

This is because physician-administered drugs (drugs that are infused or injected in a physician's office or in a hospital outpatient department) like REMICADE will continue to be covered under the Medicare Part B program. In addition, some Medicare prescription drug plans may also decide to cover these drugs as well.

Why will REMICADE continue to be covered under Medicare Part B?

Medicare Part B is one component of the total Medicare program that you may already be familiar with. It is designed largely for people age 65 or older, and those under 65 with certain disabilities, to help pay for a variety of medical services including physician office-visits, lab tests, and outpatient hospital care. Since REMICADE is typically administered in a physician's office or in a hospital outpatient department, it is currently and will remain covered in 2006 as a Part B benefit.

How does Part B work?

The payment structure for traditional Medicare Part B has not changed and is easy to understand. Medicare beneficiaries who enroll in Medicare Part B will be required to pay a monthly premium of \$88.50 in 2006 and will have a \$124 annual deductible. However, beneficiaries with lower incomes may be eligible for assistance that can pay for some or all of their Medicare premiums. The government estimates that about one in four Medicare beneficiaries may be eligible for assistance to pay for their entire Part B premium.¹

Once a Medicare patient meets their annual deductible, Medicare will pay for 80% of all allowable charges, leaving the patient responsible for the remaining 20% of the payment. That being said, approximately 85% of Medicare beneficiaries have supplemental or other secondary health insurance that may help pay for some or even the entire 20% patient co-insurance requirement.² Common forms of secondary insurance include Medicaid, employer-sponsored insurance plans, and Medigap plans.

What are Medigap plans?

Medigap plans are health insurance policies sold by private insurance companies designed to fill the "gaps" in traditional Medicare coverage. There are 12 standardized Medigap policies, called Plans "A" through "L," and these plans are offered in all 50 states. While each standardized Medigap plan must cover basic benefits, specific coverage and premiums may vary by individual plan. It is important to note that while Medigap plans can help cover some or even all of your 20% Part B co-insurance requirement, they cannot help cover the patient out-of-pocket cost requirements for the new Medicare Part D prescription drug plans. For more information about Medigap plans, Medicare has created a helpful publication entitled "Choosing a Medigap Policy," which is available at www.medicare.gov/publications or by calling 1-800-MEDICARE (1-800-633-4227).

If you are enrolled in a Medicare Advantage plan, your payment structure may vary from the details provided above.

(Letter continues on reverse)

1. Medicare Fact Sheet, September 16, 2005.

2. CMS, Office of Research, Development, and Information: Data from the MCBS 2000, www.cms.hhs.gov/charts/series/sec3-b1.ppt.

What is the new Medicare prescription drug program?

Currently, Medicare does not pay for most of the prescription drugs that you might take at home. However, beginning January 1, 2006, Medicare prescription drug plans will be available to cover these drugs for people with Medicare. Patient enrollment in these plans will begin in November 2005 and, depending on which state you live in, you may have a variety of different Medicare prescription drug plans to choose from.

How do the various Medicare prescription drug plans differ and how do they work?

The Medicare drug plans will be offered by many different insurance companies and will vary in terms of what prescription drugs are covered, how much you have to pay, and which pharmacies you can use. Enrollment in these plans will be voluntary and may require the following out-of-pocket cost sharing from the patient (actual out-of-pocket costs may vary depending on your specific Part D plan):

- A monthly premium that is in addition to your Medicare Part B premium (if you are enrolled in Part B as well)
- A deductible that is separate from the Part B deductible
- Payment of some percentage of your total drug costs
- Also, you may be eligible for government-sponsored low-income subsidies or financial assistance from qualifying charities

For more information about the Medicare prescription drug program, you can call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov.

In closing... it is important to remember that in 2006, REMICADE[®] (infliximab) will continue to be covered for Medicare patients under the Part B program. If you decide to enroll in one of the new Medicare prescription drug plans, this plan will not affect your Medicare coverage for REMICADE.

This document is presented for informational purposes only. While we have made every effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it.

If you have questions or concerns, or if you need additional information related to insurance coverage or patient assistance for REMICADE, you may call AccessOneSM, the Centocor support system, at:



1-888-ACCESS-1 (222-3771)
Monday–Friday, 8:00 AM–8:30 PM E.T.

Please read important safety information about REMICADE at www.REMICADE.com.

