

HEALTH INSURANCE UNDERSTANDING MAKES A DIFFERENCE

Skyrizi[®] COMPLETE



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MAKING SENSE OF HEALTH INSURANCE

When you’re taking a specialty medicine like SKYRIZI, **understanding the insurance process can help you stay on track** with your prescribed treatment plan and avoid disruptions.

THIS BROCHURE CAN HELP YOU BETTER UNDERSTAND:

-  Medical and prescription drug coverage
-  How to verify your coverage
-  Specialty pharmacies
-  Dealing with interruptions
-  Commonly used insurance terms



This brochure focuses mainly on commercial insurance. If you have questions about Medicare or other coverage, just call **1.866.SKYRIZI** (1.866.759.7494).*

*Help is available Monday through Friday, from 8:00 AM to 8:00 PM ET, except for holidays.



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WHAT IS HEALTH INSURANCE?



Health insurance is a type of insurance that helps cover what we spend to maintain our health and wellness.

TYPES OF COVERAGE



Medical Benefits

May cover your SKYRIZI infusions and related costs.



Pharmacy Benefits

May cover SKYRIZI prescriptions, including the SKYRIZI On-Body Injector (OBI).



Why this matters to you

You may have questions about your health insurance plan. Your Skyrizi Complete Nurse Ambassador* will work with you and an Insurance Specialist to find answers. Reach out to your Nurse Ambassador at **1.866.SKYRIZI** (1.866.759.7494).

*Nurse Ambassadors are provided by AbbVie and do not work under the direction of your healthcare professional (HCP) or give medical advice. They are trained to direct patients to their HCP for treatment-related advice, including further referrals.

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TYPES OF HEALTH INSURANCE PROVIDERS

There are 2 major health insurance providers:

COMMERCIAL (PRIVATE)

Insurance offered by privately owned companies:

- Insurance you buy on your own
- Insurance provided by your employer
- An insurance plan you buy through “The Health Insurance Marketplace” provided by the Affordable Care Act (ACA)

GOVERNMENT

Insurance programs offered by the government:

- Medicare for people over 65
 - Medicare Part B - Medical benefits, including SKYRIZI infusions
 - Medicare Part D - Prescription drug benefits, including OBI
- Medicaid for people in financial need
- Veterans Affairs benefits for military veterans

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COMMERCIAL HEALTH INSURANCE PLANS

Some plans restrict you to using their network of doctors, hospitals, and other medical service providers. Others give you the option to use providers outside of the plan’s network, and may pay a share of the outside provider’s costs.

5 of the most common types are:

- 1

TYPE OF PLAN	Health Maintenance Organization (HMO)
TYPE OF NETWORK	Your doctors, hospitals, and health care services are all kept within one network.
OPTION TO GO OUT OF NETWORK?	No.
- 2

TYPE OF PLAN	Preferred Provider Organization (PPO)
TYPE OF NETWORK	You choose from a list of “preferred providers” who are considered “in network.” Doctors not on the preferred list are considered “out of network.”
OPTION TO GO OUT OF NETWORK?	Varies by plan.
- 3

TYPE OF PLAN	High-Deductible Health Plan (HDHP)
TYPE OF NETWORK	Higher annual deductible and lower premiums than a typical health insurance plan.
OPTION TO GO OUT OF NETWORK?	Varies by plan.
- 4

TYPE OF PLAN	Point-of-Service Plan
TYPE OF NETWORK	You can choose either a preferred provider or an outside provider.
OPTION TO GO OUT OF NETWORK?	You will need a referral from an in-network doctor and may likely have to pay more.
- 5

TYPE OF PLAN	Fee-for-Service Plan/ Indemnity Policies
TYPE OF NETWORK	There is no network.
OPTION TO GO OUT OF NETWORK?	You can choose whichever doctor you want, but you pay more.

WHICH TYPE OF INSURANCE DO YOU HAVE?

You can find your plan type on the front of your card.



Why this matters to you

Each plan has different rules around the healthcare providers, hospitals, and services you can use. Find out what options are available under your insurance plan.

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INSURANCE COSTS:

2 THINGS TO KNOW

1 Monthly Premium

How much you pay each month for your insurance policy. This payment is similar to your mortgage or phone bill.

2 Out-of-Pocket Costs

What you'll pay in healthcare costs throughout the policy year.

OUT-OF-POCKET COSTS CAN INCLUDE:

Your Deductible

What you owe before your insurance starts paying.

Example: If your healthcare deductible is \$1,500, that's how much you have to spend before your insurance begins to pay for healthcare costs.

Your Co-Pay/Co-Insurance

The cost you pay for each prescription and/or medical service.

Example: A co-pay is a flat amount; you might pay \$25 for an antibiotic. Co-insurance is a percentage of the costs; for example, you might pay 20% of the cost.

Out-of-Pocket Maximum

The most you'll pay in medical expenses in a year before you're fully covered.

Example: If your yearly maximum is \$3,900, once you have spent that amount, the insurance may pay 100% of your healthcare costs.



Why this matters to you

High-deductible health plans (HDHP) can be a balancing act. You may pay a lower monthly premium but higher out-of-pocket costs. Depending on your medical needs, you may end up spending more out-of-pocket on healthcare costs before meeting your deductible, which is when your insurance company starts paying its share. Combining a HDHP with a Health Savings Account (HSA) may help with these costs. An HSA allows you to set aside pre-taxed money to pay for certain healthcare expenses.

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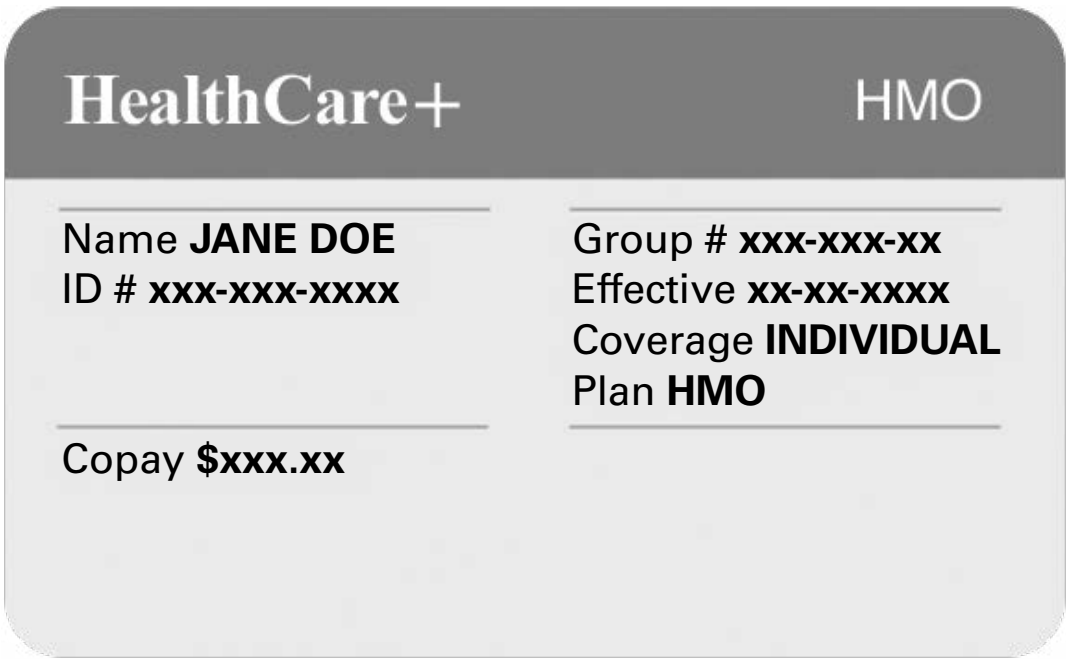
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WHAT YOU SHOULD KNOW ABOUT PRESCRIPTION DRUG COVERAGE

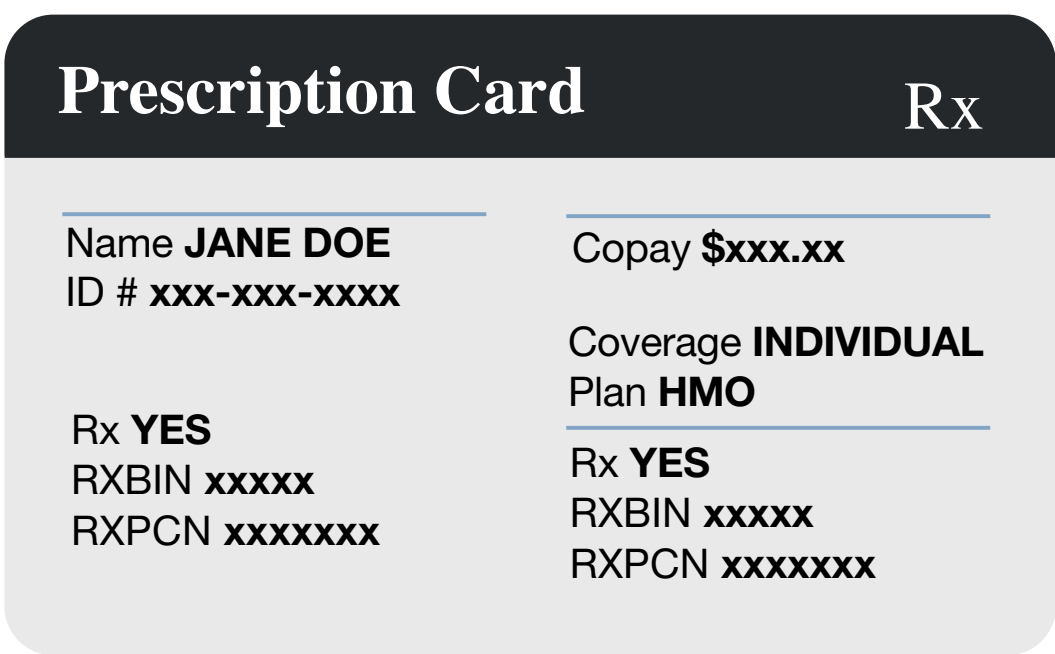
Your insurance company may not be the company that handles your drug coverage. While your insurance plan may offer drug benefits, the coverage may be managed through a separate company called a “pharmacy benefit manager.”

This company helps set the costs and requirements for the drugs you take, and can provide you with more information about your coverage.

You may have to carry 2 separate insurance cards:



From the company that provides your **medical benefits**.



From the company that manages your **pharmacy benefits**.

Note: Some insurance companies may have the same card for both medical and pharmacy coverage.



Why this matters to you

If your insurance company covers SKYRIZI infusions under your **medical benefit** and OBI treatments under your **pharmacy benefit**, you will need **two different benefit verifications**. See “**STEPS TO FILLING A PRESCRIPTION**” on page 10.

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WHAT IS A FORMULARY?

A formulary is a list of medications that have been approved for coverage by an insurance plan.

Within a formulary, there may be differences in your share of the cost (your copay or co-insurance) based on which “tier” your medication is in. Some plans have 4 or 5 tiers, but generally, the lower the tier, the lower the cost. Here’s an example:

TIER 1:

Generic drugs



TIER 2:

Common or preferred brand name medications



TIER 3:

Non-preferred brand name medications



TIER 4:

Specialty medications such as SKYRIZI



Why this matters to you

Your insurance plan may have special requirements before it will cover certain medicines. Your Skyrizi Complete Nurse Ambassador and Insurance Specialist can help explain how SKYRIZI is covered on your formulary. Just call **1.866.SKYRIZI** (1.866.759.7494).

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STEPS TO FILLING A PRESCRIPTION

When your doctor prescribes a specialty medication, they must first contact your insurance company to check your eligibility under your plan’s requirements. This process includes “**benefits verification**” and “**prior authorization**.” Keep in mind, your healthcare provider may need to request your benefits verification and prior authorization twice: first for your SKYRIZI infusion treatments and later for your OBI.

BENEFITS VERIFICATION (BV)

The process that confirms:

- Your coverage for your medicine
- Any specific pharmacy requirements
- How much insurance will pay
- What your deductible, co-pay, and co-insurance will be

PRIOR AUTHORIZATION (PA)

The process that confirms:

- Your prescription meets the plan’s coverage requirements

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HOW TO GET A BENEFITS VERIFICATION FOR YOUR MEDICINE

It's important to understand your insurance coverage for SKYRIZI. Changing circumstances may affect your coverage, such as enrolling in a new plan, or changes to your existing insurance benefits in the new calendar year.

Follow these steps to stay “in the know” about your SKYRIZI coverage:

STEP 1 - THE INFORMATION YOU'LL NEED



- Your name and address
- The name and address of your prescribing doctor
- Your Pharmacy Benefits Card
- Your Medical Benefits Card

Note: Some insurance companies may have the same card for both medical and prescription coverage.

STEP 2 - ONE CALL DOES IT



- Call your Skyrizi Complete Nurse Ambassador at **1.866.SKYRIZI** (1.866.759.7494)
- Tell them you want to complete a benefits verification for SKYRIZI.
- They will quickly coordinate a call with an Insurance Specialist.
- The 3 of you will all talk together to get the information you need.

STEP 3 - RESPONSE WITHIN 48 HOURS



- You will receive benefits verification in a follow-up phone call within **24-48 hours**
- A written benefits verification summary will arrive in the mail in about 1-2 weeks

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TAKE NOTE: THE COST OF YOUR COVERAGE

Once you receive a benefits verification and understand your coverage, take a moment **to write down your out-of-pocket costs** for your medicine.

MY YEARLY DEDUCTIBLE IS:

\$

Other questions to ask during the follow-up phone call.
Does my insurance:

- **Require a prior authorization?** This is something your healthcare provider must complete.
- **Require me to use a specific specialty pharmacy?**
If yes, note its name and number:
 - Specialty Pharmacy Name: _____
 - Specialty Pharmacy Phone Number: _____

MY CO-PAYMENTS AND CO-INSURANCE:

\$

Your doctor may have specified a specialty pharmacy for your prescriptions or already sent them to one.
You can call that pharmacy to confirm:

- If this specialty pharmacy is in or out of your insurance network.
- If this specialty pharmacy is out of network, how many “grace fills” are allowed, and would your prescription need to be transferred to an in-network pharmacy?
- Where is my prescription in the process of being filled?

MY OUT-OF-POCKET MAXIMUM:

\$



Why this matters to you

Understanding how your insurance covers SKYRIZI can help you plan for out-of-pocket costs.

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WORRIED ABOUT AFFORDING YOUR MEDICINE?

You don't need to do this alone. Reach out to your Nurse Ambassador. They are your dedicated partner and are trained to review your options to see if you are saving as much as possible.

Here are some of the ways you may be able to save.



Use the Skyrizi Complete Savings Card:

You could pay as little as \$0* per treatment, if eligible.



Submit rebates*:

If eligible, you can submit claims if you have a SKYRIZI infusion bill or have already paid out-of-pocket.



Navigate insurance decisions:

Your Nurse Ambassador is trained to explain your coverage, answer your questions, and work with an Insurance Specialist to help you choose the plan that's best for you.



Other ways to save

No matter what kind of insurance you have, or even if you don't have insurance, your Nurse Ambassador can **explain your coverage options and help you find ways you may be able to save.**



To connect with these resources, call your Nurse Ambassador at **1.866.SKYRIZI** (1.866.759.7494).

*For eligible, commercially insured patients only. Please see Terms and Conditions on page 17.

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UNDERSTANDING SPECIALTY PHARMACIES



What is a specialty pharmacy?

It's a pharmacy that manages the handling, dispensing, and specific requirements of specialty medicines.



What are specialty medicines?

They are medicines used to treat complex or rare conditions. They may need monitoring, special handling or shipping, or additional insurance approvals.

Some patients can order SKYRIZI directly from their specialty pharmacy, pick it up, and bring the medication to the infusion site. In other cases, the infusion site will handle ordering SKYRIZI and arrange for shipment directly to the site.

Note: You may have **2 different specialty pharmacies**; one for your SKYRIZI infusions and one for your OBI.

Getting your SKYRIZI from a specialty pharmacy

Once your health insurance approves your SKYRIZI, a specialty pharmacy fills your prescription.

STEP 1

Your specialty pharmacy will call you to coordinate payment and delivery of your SKYRIZI. If you do not receive a call, you can call them to start the process. Your doctor can help you confirm the pharmacy's contact information if needed.

STEP 2

If eligible, sign up for the **Skyrizi Complete Savings Card** by calling **1.866.SKYRIZI** (1.866.759.7494). Always mention your Savings Card when you talk with your specialty pharmacy.

STEP 3

Make sure to call your specialty pharmacy **2 weeks before** each injection to confirm where your SKYRIZI will be delivered.

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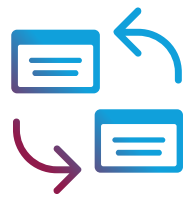
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LIFE DOESN'T ALWAYS GO EXACTLY AS PLANNED

Unexpected events can disrupt your ability to stay on track with your prescribed SKYRIZI treatment plan. Skyrizi Complete has resources to help you navigate these disruptions.



Changes in insurance coverage or costs?

Our **Health Insurance Comparison Chart** can help you choose the plan that's best for you:

- During Open Enrollment
- At other times when your insurance changes

Once your new coverage goes into effect, we can help you run a benefits verification. See the 3 simple steps **here**.



Job changes?

There may be a gap between when your previous coverage ends and your new employer's coverage begins.



Need guidance during a life change?

If you need specific information such as when your coverage changes or when you need to know exactly what your out-of-pocket costs will be, your Skyrizi Complete Nurse Ambassador will quickly set up a phone call with an Insurance Specialist. The three of you will talk together to make sure you have the answers you need.



Get answers when you need them

Reach out to your Nurse Ambassador at **1.866.SKYRIZI** (1.866.759.7494).



The **Skyrizi Complete Savings Card** may help eligible, commercially insured patients lower out-of-pocket costs for SKYRIZI to as little as \$0 per treatment, including costs for SKYRIZI infusions. Skyrizi Complete Rebate may also be an option if you have a bill for your infusion or have already paid out-of-pocket for your SKYRIZI.



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COMMONLY USED INSURANCE TERMS

Benefits Verification (BV):

The process that confirms your benefits and eligibility or your insurance coverage for a prescription or medical service.

Deductible:

The amount you will have to pay for your healthcare costs before your insurance starts paying.

Explanation of Benefits (EOB):

A statement from the insurance administrator that tells you what portion of the provider's charges are eligible for benefits under your insurance.

Formulary:

The list of medicines that your health insurance plan will pay for or cover.

Health Insurance Benefits:

The healthcare items or services covered under a health insurance plan.

Health Savings Account (HSA):

A savings account that lets you set aside money, tax free, to pay for qualified medical expenses.

Insurance Plans:

- **Commercial Insurance:**

Plans typically sold to consumers directly or to groups/employers.

- **Government Insurance:**

Insurance programs paid for and operated by the federal and state governments (examples: Medicaid, Medicare, and Veterans Affairs insurance).

Medicaid:

A government insurance plan that offers healthcare coverage and drug benefits to low-income individuals.

Medical Benefits:

The health care items or services covered under a health insurance plan.

Medicare:

A federal government insurance plan that provides healthcare coverage options and drug benefits for persons over 65 years old, or disabled persons under the age of 65.

Open Enrollment:

An annual period during which people can enroll in a group-sponsored health insurance plan.

Out-of-Pocket Costs:

Your expenses for medical care that aren't reimbursed by insurance.

Cost-Sharing Methods:

- **Co-Insurance:**

The percentage of the cost that you will have to pay for a prescription or a medical service. Example: You may pay 25%, and the insurance pays 75%.

- **Co-Pay:**

Your share of the cost for a medical service or prescription that is a fixed amount. For example, you may pay \$25.

- **Out-of-pocket Maximum:**

The most you have to pay for covered services in a plan year before your insurance plan begins paying 100%.

Pharmacy Benefit Manager (PBM):

A third-party administrator hired by the insurance plan to manage prescription drug coverage/programs for its insured population.

Pharmacy Benefits:

Covered prescription drugs, usually self-administered, such as oral, injectable, or taken in other ways outside the physician's office.

Premium:

The amount you pay for your health insurance every month.

Prior Authorization (PA):

The preapproval process your insurance plan uses to ensure that your medicine is covered before your doctor orders it.



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IMPORTANT SAFETY INFORMATION ABOUT SKYRIZI® (risankizumab-rzaa)¹

SKYRIZI USES¹

SKYRIZI is a prescription medicine used to treat adults with:

- moderate to severe Crohn’s disease.
- moderate to severe ulcerative colitis.

IMPORTANT SAFETY INFORMATION¹

What is the most important information I should know about SKYRIZI® (risankizumab-rzaa)?

SKYRIZI is a prescription medicine that may cause serious side effects, including:

Serious allergic reactions:

- Stop using SKYRIZI and get emergency medical help right away if you get any of the following symptoms of a serious allergic reaction:
 - fainting, dizziness, feeling lightheaded (low blood pressure)
 - swelling of your face, eyelids, lips, mouth, tongue, or throat
 - trouble breathing or throat tightness
 - chest tightness
 - skin rash, hives
 - itching

Infections:

SKYRIZI may lower the ability of your immune system to fight infections and may increase your risk of infections. Your healthcare provider should check you for infections and tuberculosis (TB) before starting treatment with SKYRIZI and may treat you for TB before you begin treatment with SKYRIZI if you have a history of TB or have active TB. Your healthcare provider should watch you closely for signs and symptoms of TB during and after treatment with SKYRIZI.

- Tell your healthcare provider right away if you have an infection or have symptoms of an infection, including:
 - fever, sweats, or chills
 - cough
 - shortness of breath
 - blood in your mucus (phlegm)
 - muscle aches
 - warm, red, or painful skin or sores on your body different from your psoriasis
 - weight loss
 - diarrhea or stomach pain
 - burning when you urinate or urinating more often than normal

Do not use SKYRIZI if you are allergic to risankizumab-rzaa or any of the ingredients in SKYRIZI. See the Medication Guide or Consumer Brief Summary for a complete list of ingredients.

Before using SKYRIZI, tell your healthcare provider about all of your medical conditions, including if you:

- have any of the conditions or symptoms listed in the section **“What is the most important information I should know about SKYRIZI?”**
- have an infection that does not go away or that keeps coming back.
- have TB or have been in close contact with someone with TB.
- have recently received or are scheduled to receive an immunization (vaccine). Medicines that interact with the immune system may increase your risk of getting an infection after receiving live vaccines. You should avoid receiving live vaccines right before, during, or right after treatment with SKYRIZI. Tell your healthcare provider that you are taking SKYRIZI before receiving a vaccine.
- are pregnant or plan to become pregnant. It is not known if SKYRIZI can harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if SKYRIZI passes into your breast milk.
- become pregnant while taking SKYRIZI. You are encouraged to enroll in the Pregnancy Registry, which is used to collect information about the health of you and your baby. Talk to your healthcare provider or call 1-877-302-2161 to enroll in this registry.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

What are the possible side effects of SKYRIZI?

SKYRIZI may cause serious side effects. See “What is the most important information I should know about SKYRIZI?”

Liver problems may happen while being treated for Crohn’s disease or ulcerative colitis: A person with Crohn’s disease who received SKYRIZI through a vein in the arm developed changes in liver blood tests with a rash that led to hospitalization. Your healthcare provider will do blood tests to check your liver before, during, and at least up to 12 weeks of treatment, and may stop treatment with SKYRIZI if you develop liver problems. Tell your healthcare provider right away if you notice any of the following symptoms: unexplained rash, nausea, vomiting, stomach (abdominal) pain, tiredness (fatigue), loss of appetite, yellowing of the skin and eyes (jaundice), and dark urine.

The most common side effects of SKYRIZI in people treated for Crohn’s disease and ulcerative colitis include: upper respiratory infections, headache, joint pain, stomach (abdominal) pain, injection site reactions, low red blood cells (anemia), fever, back pain, urinary tract infection, and rash.

These are not all the possible side effects of SKYRIZI. Call your doctor for medical advice about side effects.

Use SKYRIZI exactly as your healthcare provider tells you to use it.

SKYRIZI (risankizumab-rzaa) is available in a 600 mg/10 mL vial for intravenous infusion and a 180 mg/1.2 mL or 360 mg/2.4 mL single-dose prefilled cartridge with on-body injector.

Skyrizi Complete Savings Card Terms & Conditions

Eligibility: Available to patients with commercial insurance coverage for SKYRIZI® (risankizumab-rzaa) who meet eligibility criteria. This co-pay assistance program is not available to patients receiving prescription reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare [including Part D], Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs) or where prohibited by law. Offer subject to change or termination without notice. Restrictions, including monthly maximums, may apply. This is not health insurance. **For full Terms and Conditions, visit www.skyrizi.com/savings-card-terms or call 1.866.SKYRIZI for additional information. To learn about AbbVie’s privacy practices and your privacy choices, visit <https://abbv.ie/corpprivacy>.**

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/PatientAccessSupport to learn more.

Reference: 1. SKYRIZI [package insert]. North Chicago, IL: AbbVie Inc.

US-SKZG-240350

Please see full Prescribing Information, including Medication Guide, or visit https://www.rxabbvie.com/pdf/skyrizi_pi.pdf and discuss with your doctor.

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