



A woman with blonde hair, wearing a bright yellow-green top, is shown in a close-up. She is resting her chin on her hand and looking thoughtfully upwards. The background is a teal color with a subtle polka-dot pattern.

**SUPPORT AS
unique
AS YOU ARE**

**ACCESS AND
AFFORDABILITY OPTIONS**

FIND YOUR IDEAL *support option*

Concerned about affording BIMZELX® (bimekizumab-bkzx)?

The BIMZELX Navigate® program can help you understand the support and resources available to assist with medication costs. While costs will be based on different factors, such as your health insurance plan and level of coverage, the information in this guide can help you feel more prepared to navigate financial planning.



Contact a Nurse Navigator*

to help you understand your support options.

1-833-931-6877

8am–8pm ET, Monday–Friday

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IF YOU HAVE COMMERCIAL OR PRIVATE INSURANCE



Commercial or private health insurance is sold and administered by a private company rather than provided by the government. This generally includes employer-provided plans and plans purchased through the HealthCare.gov exchange (see page 6).

Access and affordability programs are available for eligible patients with commercial insurance



If insurance coverage has been **approved**:

PAY AS LITTLE AS \$5 PER DOSE

for BIMZELX with **BIMZELX Navigate Savings[†]**

If insurance coverage has been **delayed or denied**:

PAY \$15 PER DOSE

for up to 2 years with **BIMZELX Navigate Bridge[‡]**



DISCOVER EVERYTHING BIMZELX NAVIGATE CAN OFFER

Contact a Nurse Navigator* with questions about the BIMZELX Navigate Savings and BIMZELX Navigate Bridge programs, your prescription status, insurance coverage, access and affordability assistance, and more.



Contact a Nurse Navigator

1-833-931-6877

8am–8pm ET, Monday–Friday

*Nurse Navigators do not provide medical advice and will refer you to your healthcare professional for any treatment-related questions.

[†]Eligible, commercially insured patients with approved coverage may pay as little as \$5 per dose. Please see full eligibility requirements and terms at BIMZELX.com/Terms-and-Conditions.

[‡]For eligible, commercially insured patients only. Eligible patients whose insurance coverage is delayed or denied may receive BIMZELX for \$15 per dose for up to 2 years or until the patient's coverage is approved, whichever comes first. View complete eligibility requirements and terms at BIMZELX.com/Terms-and-Conditions.

IF YOU HAVE A PUBLIC OR GOVERNMENT-FUNDED HEALTH PLAN



Public or government-funded insurance
includes programs such as Medicare, Medicaid, TRICARE, Department of Defense/Veterans Affairs, etc.

Medicare

Medicare is administered by the federal government and is typically only available to people age 65 years and over.

- **Medicare Part D** helps cover the cost of prescription drugs
 - Effective January 2025, the out-of-pocket cost can be spread over the course of the year to help patients manage their medication costs
- **Medicare Part D Extra Help** (also called **Low Income Subsidy [LIS]**)
 - The Extra Help program helps people with limited income and resources lower or cut Part D costs
 - If you don't qualify for Extra Help, your out-of-pocket costs may vary throughout the year, depending on which phase of the Part D benefit you are currently in

Visit for more information:

Medicare: [Medicare.gov](https://www.medicare.gov)

Medicare Prescription Payment Plan: [CMS.gov/Inflation-Reduction-Act-And-Medicare/Part-D-Improvements/Medicare-Prescription-Payment-Plan](https://www.cms.gov/Inflation-Reduction-Act-And-Medicare/Part-D-Improvements/Medicare-Prescription-Payment-Plan)

Medicare Part D Extra Help: [SSA.gov/Medicare/Part-D-Extra-Help](https://www.ssa.gov/Medicare/Part-D-Extra-Help)
or call **1-800-MEDICARE** (1-800-633-4227)

Medicaid

Medicaid is a health coverage program administered and operated by individual states. Each state's program is a little different, depending on the needs and goals of that state.

Visit [Medicaid.gov](https://www.medicaid.gov) to learn more about state-specific program features and how to enroll in your state's program, if eligible.

Find more information about each program at their websites, or contact your doctor's office to discuss your options. You can also reach out to your BIMZELX Navigate® Nurse Navigator* to help you get the information you need.
THEY ARE HERE TO SUPPORT YOU THROUGHOUT THIS PROCESS.

*Nurse Navigators do not provide medical advice and will refer you to your healthcare professional for any treatment-related questions.

IF YOUR TREATMENT IS NOT COVERED BY AN INSURANCE PLAN



People are considered **uninsured** or **underinsured** if they have no health insurance coverage or insufficient coverage under commercial, private, public, or government-funded insurance plans. Uninsured or underinsured people may qualify for patient assistance programs.

UCBCares®:

UCB is committed to ensuring patients who need our medications can access them. If you don't qualify for the BIMZELX Navigate Savings program, other assistance may be available through UCB's Patient Assistance Program.

If you meet the eligibility criteria, you can enroll and receive medication cost-savings support through UCBCares in a few easy steps.



Speak to a specialist to find information about Patient Assistance Program options for underinsured or uninsured patients.

Call 1-844-599-CARE (2273)

8am–8pm ET, Monday–Thursday; 8am–5pm ET, Friday



VISIT AskUCBCares.com TO LEARN MORE

COMMON HEALTH PLAN DEFINITIONS

Exclusive Provider Organization (EPO)

A managed care plan where services are covered only if you use doctors, specialists, or hospitals in the plan's network (except in an emergency).

Health Maintenance Organization (HMO)

A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care, except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.

HealthCare.gov exchange plans

HealthCare.gov enables patients to find individual, privately managed insurance plans in their state to purchase. For assistance with finding or applying for healthcare through this service, Navigators or Assisters are trained counselors who can help provide information to understand the available coverage and cost-assistance options. To find a Navigator or Assister in your area, visit localhelp.healthcare.gov. Filter your search by "Assisters" when prompted.

Point of Service (POS)

A type of plan where you pay less if you use doctors, hospitals, and other healthcare providers that belong to the plan's network. POS plans require you to get a referral from your primary care doctor in order to see a specialist.

The following terms can be used when working with insurance plans, and may appear in documents and guides about your treatment.

Preferred Provider Organization (PPO)

A type of health plan where you pay less if you use providers in the plan's network. You can use doctors, hospitals, and providers outside of the network without a referral for an additional cost.

Medicare

A federal health insurance program for people who are 65 or older, certain young people with disabilities, or people with end-stage renal disease.

There are different parts of Medicare that help cover specific services:

- **Medicare Part A (Hospital Insurance):** Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home healthcare
- **Medicare Part B (Medical Insurance):** Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services
- **Medicare Part D (prescription drug coverage):** Helps cover the cost of prescription drugs (including many recommended shots or vaccines)
- **Medicare Part D Extra Help, or Low Income Subsidy (additional prescription drug coverage):** Helps lower Medicare drug plan costs for people with limited income and resources

Medicaid

A joint federal and state program that is the single largest source of health coverage in the US. Mandatory groups that must be eligible for Medicaid include low-income families, qualified children and pregnant women, and individuals receiving Supplemental Security Income (SSI). Individual states have additional options for coverage and may choose to cover other groups.

COMMON INSURANCE TERMS

Accumulator

A program within an insurance plan where the maximum value of an eligible patient's manufacturer copay support is used, and those funds do not count toward the patient's out-of-pocket limits or deductible. The patient will be responsible for any remaining costs once the copay support is depleted.

Appeal

A request for a health insurer or plan to review a decision (approval/denial) again.

Bridge

A temporary product access program sponsored by the drug manufacturer that can help eligible patients access treatment if they experience an unexpected delay or denial of insurance coverage.

Commercial Insurance

Health insurance that is sold and administered by a private company rather than provided by the government.

Copay

A fixed amount a patient may pay for a covered healthcare service, usually when they receive the service. The amount can vary by the type of covered healthcare service and healthcare plan.

Deductible

The amount a patient owes for healthcare services their health

insurance or plan covers before their health insurance or plan begins to pay. (For example, if a patient's deductible is \$1,000, their plan won't pay anything until they've met their \$1,000 deductible for covered healthcare services subject to the deductible.) The deductible may not apply to all services.

Dispense as Written (DAW)

Codes used at the point of prescribing that give instructions on a prescription that indicate what the pharmacist should dispense. DAW laws can vary by state.

Formulary

The list of generic and brand-name prescription drugs covered by a specific health insurance plan.

Health Insurance

A contract that requires a patient's health insurer to pay some or all of their healthcare costs in exchange for a premium.

Healthcare Provider

A physician (typically a medical doctor), healthcare professional, or healthcare facility that is licensed, certified, or accredited as required by state law.

Maximizer

A program within an insurance plan where the maximum value of an eligible patient's manufacturer copay card is applied evenly throughout the benefit year, and is not counted

toward the patient's plan deductible or out-of-pocket limits. The patient will pay \$0 for the specific medication once the funds are depleted.

Medically Necessary

Healthcare services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Out-of-Pocket Maximum

The maximum amount that you will pay for covered healthcare costs per covered period.

Premium

The amount that a patient must pay for health insurance, usually monthly, quarterly, or annually.

Prior Authorization (PA)

A decision by a health insurer or plan that a healthcare service, treatment plan, prescription drug, or durable medical equipment is medically necessary. Sometimes called preauthorization, prior approval, or precertification. A patient's health insurance or plan may require prior authorization for certain services before the patient can receive them, except in an emergency. Prior authorization isn't a promise that a patient's health insurance or plan will cover the cost.

BIMZELX NAVIGATE® TERMS

BIMZELX Navigate

The patient support program for patients who have been prescribed BIMZELX® (bimekizumab-bkzx). BIMZELX Navigate is open to any person who has been prescribed BIMZELX.

BIMZELX Navigate Savings

The savings program for BIMZELX Navigate. After insurance coverage approval, eligible, commercially insured patients may pay as little as \$5 per dose.*

BIMZELX Navigate Bridge

The bridge program for BIMZELX Navigate. Eligible, commercially insured patients who experience a delay or denial of insurance coverage pay just \$15 per dose of BIMZELX for up to 2 years or until their insurance plan approves coverage, whichever comes first.*

MyNavigate Portal

An online site where BIMZELX patients can find informational resources, view their BIMZELX Navigate Savings Card, request a sharps disposal container, and connect with their Nurse Navigator.† Patients can use the MyNavigate Portal regardless of the type of insurance they carry.

Nurse Navigators

Registered nurses who serve as reliable points of contact for BIMZELX patients to help answer their questions about insurance coverage, injection training support, access and affordability assistance, and more. A patient is assigned a Nurse Navigator once they are enrolled in BIMZELX Navigate and provide their HIPAA authorization. Patients who give their authorization can expect to receive a welcome call from their Nurse Navigator within 24 hours after enrolling in the program.

*View complete eligibility requirements and terms at BIMZELX.com/Terms-and-Conditions.

†Nurse Navigators do not provide medical advice and will refer you to your healthcare professional for any treatment-related questions.

Resources FOR MORE INFORMATION

➤ COMMERCIAL OR PRIVATE INSURANCE

**BIMZELX Navigate Savings or
BIMZELX Navigate Bridge programs:**

Contact your Nurse Navigator with any questions:

1-833-931-6877 8am–8pm ET, Monday–Friday

➤ PUBLIC OR GOVERNMENT-FUNDED PLAN

Medicare

Visit [Medicare.gov](https://www.medicare.gov) or call **1-800-MEDICARE** (1-800-633-4227)

Medicaid

Visit [Medicaid.gov](https://www.medicaid.gov) to learn more about state-specific program features in your state.

➤ UNINSURED OR UNDERINSURED

UCBCares®

UCBCares is a UCB patient support program providing support to patients, caregivers, and healthcare professionals throughout treatment. If you do not have insurance coverage, UCB's Patient Assistance Program[†] may be able to help.

Speak to a specialist to find information about options for underinsured or uninsured patients.

Call **1-844-599-CARE** (2273)
8am–8pm ET, Monday–Thursday; 8am–5pm ET, Friday

Or visit AskUCBCares.com.

[†]If you are uninsured, other financial assistance may be available. Call UCBCares® toll-free at 1-844-599-CARE (2273) for more information. The BIMZELX Navigate program is provided as a service of UCB, Inc., and is intended to support the appropriate use of BIMZELX. Any BIMZELX Navigate program may be amended or canceled at any time without notice. Some program and eligibility restrictions apply. Please consult your doctor if you have any questions about your condition or treatment. 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.

WHAT TO EXPECT

YOUR DOCTOR PRESCRIBES BIMZELX® (bimekizumab-bkzx)



Your doctor's office and BIMZELX Navigate® begin the **benefits investigation** process to review your insurance coverage and help you understand what your out-of-pocket costs may be.

During this time, it may be necessary for the doctor's office to submit further documentation, such as a **prior authorization**.

IMPORTANT: To avoid process delays, please watch for and be sure to respond to calls from your doctor's office, Nurse Navigator, or the Specialty Pharmacy that will supply your medication. Additional information may be needed to complete the process.

This process may take days to several weeks, so it's important to stay in close contact with your doctor's office and make sure they have all the information they need.

CONNECT WITH YOUR SUPPORT TEAM



You may receive a call from a **BIMZELX Navigate Nurse Navigator*** to introduce you to the resources available to you through the BIMZELX Navigate patient support program.

If you don't receive a call, please reach out to your Nurse Navigator to ensure they have your correct contact information and that you are enrolled in the program.

You may receive a call from the **Specialty Pharmacy** that will be shipping your medication to you.

Remember! You can contact your BIMZELX Navigate Nurse Navigator for updates on your insurance approval status, to get help communicating with the Specialty Pharmacy, or with any other questions at any point in this process. Your Nurse Navigator is here to help!



1-833-931-6877

8am–8pm ET, Monday–Friday

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INSURANCE COVERAGE BENEFITS INVESTIGATION BEGINS



IF YOU HAVE COMMERCIAL INSURANCE

IF INSURANCE APPROVES



BIMZELX Navigate Savings Card

See if you are eligible at
UCBSavings.com/Patient.

The Specialty Pharmacy
will call to schedule
shipment and to collect
any required copay.

IF INSURANCE IS DELAYED



You may be eligible for the **BIMZELX Navigate Bridge Program**. Once eligibility is confirmed, the Specialty Pharmacy creates a BIMZELX Navigate Savings Card.



The **Specialty Pharmacy will call** to schedule shipment of BIMZELX and collect the \$15 copay.



Once approved by your insurance, your medication may ship from a different pharmacy. **It is important to answer calls from the pharmacy.**



The **BIMZELX Navigate Savings Card** used for BIMZELX Navigate Bridge is also used in the BIMZELX Navigate Savings Program to provide savings support.

IF YOU HAVE GOVERNMENT INSURANCE

Review your specific plan for next steps
(**Medicaid, Medicare, etc**) and follow up
with your doctor's office (see page 4).

IF YOU ARE UNINSURED/ UNDERINSURED

Refer to **UCBCares®/Patient Assistance Program** (see page 5).



NOT SURE WHERE TO START?

Your BIMZELX Navigate® Nurse Navigator* is available to help you understand your options for access and affordability support.

Find answers by calling:

1-833-931-6877

8am–8pm ET, Monday–Friday

*Nurse Navigators do not provide medical advice and will refer you to your healthcare professional for any treatment-related questions.



Inspired by **patients**.
Driven by **science**.

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