One card that can help with your financial needs

The Genentech BioOncology Co-pay Card helps with your out-of-pocket costs
Helping you connect to your treatment

At Genentech, we are committed to helping patients access the treatment they have been prescribed.

That’s why we offer the Genentech BioOncology Co-pay Card. If you are eligible, this card can help assist with out-of-pocket costs like co-payments, co-insurance, or deductibles for your Genentech cancer therapy. Out-of-pocket costs are the part of your treatment that your healthcare plan requires you to pay.

Your Genentech BioOncology Co-pay Card*:

- Patient pays a $25 co-pay per prescription or infusion
- No income requirements
- Annual benefit limit of Co-pay Card is $25,000
- Retroactive requests for assistance from the Co-pay Card may be honored if the infusion or prescription fill occurred within 120 days†
- No physical card needed; patients simply need their ID code

If a patient is taking more than one Genentech cancer medicine, benefits apply to each medicine individually

The card covers

You pay

During the enrollment process, you may be asked to provide details on the treatment prescribed by your doctor.

Please note that your enrollment in the program must be renewed every 12 months.

To find out more, call 855-MYCOPAY (855-692-6729).

How do I enroll?

1. Visit www.copayassistancenow.com or call 855-MYCOPAY (855-692-6729) from 9 am – 8 pm ET, Monday through Friday.
2. Answer a few simple questions, including your name, address, phone number, and date of birth.‡
3. You may also have to provide additional information including your doctor’s name, phone number, address, and insurance policy information.

That’s it. After these 3 steps, if you are eligible, your assistance will start immediately.

* Not available for patients covered by federally funded health insurance. Patients who purchase health insurance through a state or federal exchange pursuant to the ACA can qualify to use the Co-pay Card.

‡ You may also have to answer some other questions about your treatment, and what type of healthcare plan you have.

By providing your information you agree to allow Genentech and its agents to collect the information provided and to be contacted by Genentech and its agents using this information in the future. Furthermore you are agreeing that Genentech and its agents may contact you by phone, email, or mail and that such electronic or other written communications may include information regarding your health within them. Genentech will not sell, rent or otherwise distribute your name and any personally identifiable information outside of Genentech and its agents. Genentech will only use your information in accordance with the Genentech Privacy Policy located at www.gene.com/privacy.

†Patient must have met eligibility requirements when the product or service was received.

If you need help with enrollment or have any questions, visit www.copayassistancenow.com or call 855-MYCOPAY (855-692-6729) from 9 am – 8 pm ET, Monday through Friday.
At Genentech, we are committed to helping patients access the treatment they have been prescribed. That’s why we offer the Genentech BioOncology Co-pay Card. If you are eligible, this card can help assist with out-of-pocket costs like co-payments, co-insurance, or deductibles for your Genentech cancer therapy. Out-of-pocket costs are the part of your treatment that your healthcare plan requires you to pay.

Helping you connect to your treatment

Activate your card by enrolling today.

Visit www.copayassistancenow.com or call 855-MYCOPAY (855-692-6729) from 9 am – 8 pm ET, Monday through Friday.

What are the features of the card?

Your out-of-pocket costs can add up fast. That’s why we offer assistance.

<table>
<thead>
<tr>
<th>You pay</th>
<th>The card covers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient pays a $25 co-pay</strong> per prescription or infusion</td>
<td><strong>No income requirements</strong></td>
</tr>
<tr>
<td></td>
<td>• Annual benefit limit of Co-pay Card is $25,000</td>
</tr>
<tr>
<td></td>
<td>• Retroactive requests for assistance from the Co-pay Card may be honored if the infusion or prescription fill occurred <strong>within 120 days</strong> prior to enrollment†</td>
</tr>
<tr>
<td></td>
<td>• <strong>No physical card needed</strong>; patients simply need their ID code</td>
</tr>
</tbody>
</table>

**Multiple medicines**

If a patient is taking more than one Genentech cancer medicine, benefits apply to each medicine individually

†Patient must have met eligibility requirements when the product or service was received.

During the enrollment process, you may be asked to provide details on the treatment prescribed by your doctor.

Please note that your enrollment in the program must be renewed every 12 months.

To find out more, call **855-MYCOPAY (855-692-6729)**.
How do I enroll?

There are 3 easy steps to getting enrolled:

1. Visit [www.copayassistancenow.com](http://www.copayassistancenow.com) or call **855-MYCOPY (855-692-6729)** from 9 AM – 8 PM ET, Monday through Friday.

2. Answer a few simple questions, including your name, address, phone number, and date of birth.†

3. You may also have to provide additional information including your doctor’s name, phone number, address, and insurance policy information.

That’s it. After these 3 steps, if you are eligible, your assistance will start immediately.

†You may also have to answer some other questions about your treatment, and what type of healthcare plan you have.

By providing your information you agree to allow Genentech and its agents to collect the information provided and to be contacted by Genentech and its agents using this information in the future. Furthermore you are agreeing that Genentech and its agents may contact you by phone, email, or mail and that such electronic or other written communications may include information regarding your health within them. Genentech will not sell, rent or otherwise distribute your name and any personally identifiable information outside of Genentech and its agents. Genentech will only use your information in accordance with the Genentech Privacy Policy located at [www.gene.com/privacy](http://www.gene.com/privacy).

If you need help with enrollment or have any questions, visit [www.copayassistancenow.com](http://www.copayassistancenow.com) or call **855-MYCOPY (855-692-6729)** from 9 AM – 8 PM ET, Monday through Friday.
## Can I use this card?

### Am I eligible?*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am covered by commercial or private insurance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To answer “yes” to this question, you cannot be covered by Medicare, Medicaid, Medigap, VA, DoD, TRICARE, or any other state or federal government-funded health plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My treatment is consistent with the FDA approved use of the Genentech therapy. If you are unsure how to answer this question, ask your provider.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am age 18 years or older.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I currently live or get treatment in the United States or Puerto Rico, and I am not a resident of Vermont.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am NOT receiving free treatment or assistance through any charitable organization, including the Genentech® Access to Care Foundation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered “yes” to all the questions above, you may be eligible.

## What if I am not eligible?

If you answered “no” to any of the questions above but need help paying for your treatment, we can still help you by referring you to an independent co-pay foundation.¹ If you do not have insurance, you may be able to get free treatment through the Genentech Access to Care Foundation. Call a Genentech BioOncology® Access Solutions® Specialist at (888) 249-4918 from 6 AM – 5 PM PT, Monday through Friday, or visit [www.genentech-access.com](http://www.genentech-access.com) to find out more.

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*Please see back page of this brochure for a full list of terms and conditions. Patients taking most Genentech cancer therapies must meet certain medical criteria to be eligible.

¹We cannot guarantee you will get help from a co-pay foundation. These independent co-pay foundations each have their own rules, including financial rules. Genentech does not influence or control these co-pay foundations. But Genentech BioOncology Access Solutions can help you. We can refer you to an appropriate co-pay foundation. We can also help with the application process.
Terms & Conditions

By using the Genentech BioOncology Co-pay Card Assistance Program, the patient acknowledges and confirms that, at the time of usage, (s)he is currently eligible and meets the criteria set forth in the terms and conditions described.

This Co-pay Card is valid ONLY for patients with commercial (private or nongovernmental) insurance. It is not valid for patients who are Government beneficiaries or whose medications are covered, in whole or in part, under Medicaid; Medicare Part A, B, C, and/or D; TRICARE; CHAMPUS; Puerto Rico Government Health Insurance Plan; or any other state or federal healthcare program. Patients who become Government beneficiaries during their enrollment period will no longer be eligible for the program as of the date they become a Government beneficiary.

This Co-Pay Card program is not health insurance or a benefit plan. Distribution or use of the Co-pay Card does not obligate use or continuing use of any specific product or provider. Patient or guardian is responsible for reporting the receipt of all Co-pay Card program benefits or reimbursement received, to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the Co-pay Card program, as may be required.

The Co-pay Card is not valid for medications the patient receives for free or that are eligible to be reimbursed by private insurance plans or other healthcare or pharmaceutical assistance programs (such as GATCF or any other charitable organization) that reimburse the patient in part or for the entire cost of his/her medication. Patient, guardian, pharmacist, prescriber, and any other person using the Co-pay Card agree not to seek reimbursement for all or any part of the benefit received by the recipient through the offer.

The Co-pay Card will be accepted by participating pharmacies, physician offices, or hospitals. To qualify for the benefits of this Co-pay Card program, the patient may be required to pay out-of-pocket expenses for each treatment. Once the patient is enrolled, this Co-pay Card program will not honor claims for which the date of service or medication dispensing precedes enrollment by more than 120 days. This Co-pay Card is only available with a valid prescription and cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription. Use of this Co-pay Card must be consistent with all relevant health insurance requirements and payer agreements. Participating patients, pharmacies, physician offices, and hospitals are obligated to inform third-party payers about the use of the Co-pay Card as provided for under the applicable insurance or as otherwise required by contract or law. The Co-pay Card may not be sold, purchased, traded, or offered for sale, purchase, or trade. The Co-pay Card is limited to 1 per person during this offering period and is not transferable. This program expires within 12 months from enrollment. This program is not valid where prohibited by law. For Massachusetts residents, the Co-pay Card is not valid for any prescription drug that has an AB-rated generic equivalent as determined by the United States Food and Drug Administration. For Massachusetts residents, this program shall expire on or before July 1, 2017.

The patient or his/her guardian must be 18 years or older to receive Co-pay Card program assistance. This Co-pay Card program is: (1) void if the card is reproduced; (2) void where prohibited by law; (3) only valid in the United States and Puerto Rico; and (4) only valid for Genentech products. Healthcare providers may not advertise or otherwise use the program as a means of promoting their services or Genentech’s products to patients. Genentech, Inc. reserves the right to rescind, revoke, or amend the program without notice at any time.
Pharmacy Claim:
RxBin: 610524
RxPCN: Loyalty
RxGroup: 50775372
Issuer: (80840)

Medical Claim:
ID#: 05587

Genentech BioOncology
Co-pay Card Assistance Program

ID: XXXXXXXXXXX

Genentech BioOncology
Co-pay Card Assistance Program
To the Patient: Please present this card to your pharmacist (along with your prescription) or to your healthcare provider to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call 855-MYCOPAY (855-692-6729) from 9 AM – 8 PM ET, Monday through Friday. When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if medications are paid by any state or other federally funded programs, including, but not limited to, Medicare or Medicaid, Medigap, VA, DOD, or TRICARE, and where prohibited by law; and you will otherwise comply with the full terms and conditions, available at www.copayassistancenow.com at time of enrollment.

To the Pharmacist or Healthcare Provider:
• Patient is not eligible if medications are paid in part or full by any state or federally funded programs, including, but not limited to, Medicare or Medicaid, Medigap, VA, DOD, or TRICARE, and where prohibited by law.
• Acceptance of this card and your submission of claims for the Genentech BioOncology Co-pay Card are subject to the terms and conditions.
• This program expires 12 months from date of enrollment.
• This card is not a health insurance or a benefit plan.
• Pharmacist—Pharmacy Claims
  — Submit transaction to McKesson Corporation using BIN #610524
  — If primary coverage exists, input card information as secondary coverage and transmit using the COB segment of the NDPDP transaction. Applicable discounts will be displayed in the transaction response.
• Healthcare Provider—Medical Claims
  — Submit 837 ANSI ASC X12N electronic claims to the Genentech BioOncology Co-pay Card using ID #05587 and the Group # for the drug. If you do not know the Group #, please call 855-MYCOPAY (855-692-6729)
  — Submit paper claims by fax to 877-885-2607
  — If primary coverage exists, input card information as secondary coverage in your billing system and submit.
• For questions regarding setup, claim transmission, patient eligibility or other issues, call 855-MYCOPAY (855-692-6729)

Powered By:

MCKESSION
Empowering Healthcare