

The KabiCare Copay Support Program

TERMS AND CONDITIONS

To receive benefits under the Copay Support Program, the patient may contact The KabiCare Access Program for current Program Product(s) subject to these Terms and Conditions. By participating in the Copay Support Program, patient acknowledges and agrees that he/she is eligible to participate and that he/she understands and agrees to comply with these Terms and Conditions.

- Patient must be prescribed the Program Product for an FDA-approved indication.
- Patient must have private health insurance that provides coverage for the cost of the Program Product under a pharmacy or medical benefit plan.
- Patients who are uninsured are eligible for the Copay Support Program. **The Copay Support Program is not valid for patients covered under Medicaid (including Medicaid patients enrolled in a qualified health plan purchased through a health insurance exchange [marketplace] established by a state government or the federal government), Medicare, a Medicare Part D or Medicare Advantage plan (regardless of whether a specific prescription is covered) a Medigap plan, an employer-sponsored health plan or prescription drug benefit program for Medicare-eligible retirees, VA, TRICARE, CHAMPUS, Puerto Rico Government Health Insurance Plan (“Healthcare Reform”), or any other state or federal medical or pharmaceutical benefit program or pharmaceutical assistance program (collectively, “Government Programs”).** If you live in Massachusetts, the Card expires on the earlier of: (i) the expiration date of this card 12/31/2022; (ii) the date an AB-rated generic equivalent becomes available; or (iii) December 31, 2022 absent a change in Massachusetts state law. If you live in California, the card expires on the earlier of: (i) the expiration date of this card 12/31/2022 or (ii) the date an FDA approved therapeutically equivalent for Glucagon or over the counter product with the same active ingredients becomes available.
- For insured patients, each patient is required to pay at least \$5.00 of his or her copay amount for each prescription prior to receiving the benefits available under the Copay Support Program (the “Patient Responsibility Amount”). As such, patients must have an out-of-pocket cost for the Program Product prior to the expiration date of the Copay Support Program. The benefit available under the Copay Support Program is valid for the patient’s out-of-pocket cost for the Program Product only. It is not valid for any other out-of-pocket costs (for example, office visit charges or medication administration charges) even if such costs are associated with the administration of the Program Product.
- The benefit available under the Copay Support Program is limited to the amount the patient’s private health insurance company indicates that the patient is obligated to pay for the Program Product, up to a monthly/annual maximum. The maximum Copay Support Program benefit per patient, per month is \$125 and \$1,500 per calendar year (January 1 through December 31) minus the Patient Responsibility Amount per prescription during each month or year as applicable.

- Qualifying patients who are un-insured are eligible for a \$25 cash discount per dispensed prescription. The maximum Copay Support Program benefit for cash paying patients is \$125 per month and \$1500 per calendar year (January 1 through December 31).
- Patient agrees not to seek reimbursement for all, or any part, of the benefit received by the patient through the Copay Support Program. Patients are responsible for reporting receipt of Copay Support Program benefits to any private insurer, health plan, or other third party who pays for or reimburses any part of the medication cost paid for by the Copay Support Program, as may be required.
- Patient must be a resident of the United States or the Commonwealth of Puerto Rico. Product must originate and be administered to patient in the United States or the Commonwealth of Puerto Rico.
- The Program may apply to patient out-of-pocket costs incurred for Program subject to annual Program maximum and the applicable Terms and Conditions based on Program Product administration date. Patient or provider may contact The KabiCare Access Program for more information.
- All information applicable to the Copay Support Program requested on the KabiCare site must be provided, and all certifications must be selected. No other purchase is necessary
- **The Copay Support Program is not insurance.**
- The Copay Support Program form may not be sold, purchased, traded, or counterfeited. Void if reproduced.
- The Copay Support Program is intended to comply with all applicable laws and regulations, including, without limitation, the federal Anti-Kickback Statute, its implementing regulations, and related guidance.
- The Copay Support Program is void where prohibited by law, taxed, or restricted. The Copay Support Program is not transferable. No substitutions are permitted.
- The Copay Support Program benefit has no cash value and cannot be combined with any other Copay Support Program, free trial, discount, prescription savings card, or other offer.
- KabiCare reserves the right to rescind, revoke, or amend the Copay Support Program at any time without notice.
- Data related to patient's receipt of Copay Support Program benefits may be collected, analyzed, and shared with KabiCare, for market research and other purposes related to assessing Copay Support Programs. Data shared with KabiCare will be aggregated and de-identified, meaning it will be combined with data related to other Copay Support Program redemptions and will not identify patient.
- These Terms and Conditions are valid for Program Product administered between January 1, 2020, and December 31, 2023.
- **Expiration Date: 12/31/2023.**