

The CareASSIST Copay Program



Program benefits

Eligible patients with commercial insurance may pay as little as \$0. The program covers any product-specific copay, coinsurance, and insurance deductibles – up to \$25,000 per year. Restrictions apply.*



Out-of-pocket responsibility

Patients are responsible for any out-of-pocket expenses associated with prescribed medication that exceed the program assistance limit of \$25,000 per year. This is in addition to non-product-specific expenses related to supplies and procedures for physician-related services.



Patient eligibility

- **Insurance** – Patient must have commercial or private insurance, including state or federal employee plans and health insurance exchanges
 - **Note:** Patients who have government-funded insurance are **not** eligible
- **Residency** – Patient must be a resident of the US or its territories or possessions
- **Prescription** – Patient must be prescribed medication for an FDA-approved indication

There is no income requirement to qualify for this program.

How to Apply



Application

To get started, visit SanofiCareAssist.com/hcp to download and print a CareASSIST Application. Make sure the *Copay Assistance* box in Section 1 is checked. You and your patient must complete the application and either mail or fax it back to CareASSIST.

Fax
1-855-411-9689

Mailing address
CareASSIST by Sanofi Genzyme
PO Box 220616
Charlotte, NC 28222



Phone

You may start the application process by calling CareASSIST at **1-833-WE+CARE** (1-833-930-2273), Mon – Fri, 9 AM – 8 PM ET. A CareASSIST Patient Access Specialist will assist you with the next steps.

If eligibility is confirmed, your office will receive a welcome call for each new patient enrolled. The call provides a program overview, explains the copay reimbursement process, and allows CareASSIST to answer any questions you or your staff may have.

How CareASSIST Handles Patient Reimbursement



In order for your patient to be reimbursed, your office must submit the following to CareASSIST on your patient's behalf:

- A CMS-1500 or a UB-04
- The date of service (DOS)
- Explanation of Benefits

CareASSIST must receive reimbursement requests **within 120 days of the DOS. You may also seek reimbursement for CareASSIST treatments that your patients have received in the 120 days prior to the date of enrollment** in the CareASSIST Copay Program.

The copay billing specialist team will review these documents to determine patient out-of-pocket costs. CareASSIST will mail a reimbursement check approximately 7 to 14 business days after these materials are reviewed and approved.

CareASSIST Copay Program Terms and Conditions

Subject to annual maximum copay assistance amount of \$25,000. This program is not valid for prescriptions covered by or submitted for reimbursement under Medicare, Medicaid, Veterans Affairs/Department of Defense, TRICARE, or similar federal or state programs. Not a debit card program. The program does not cover or provide support for supplies, procedures, or any physician-related service associated with prescribed treatment. General non-product-specific copays, coinsurance, or insurance deductibles are not covered. This program only applies to patients who are residents of the United States or its territories or possessions, are prescribed treatment for an FDA-approved indication, and are insured by a commercial health plan that requires a copayment, coinsurance, and/or deductible amount for prescribed treatment. It is not an insurance benefit. The CareASSIST Copay Program reserves the right to rescind, terminate, or amend this offer, eligibility, and terms and conditions at any time without notice. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this offer. This offer is not conditional on any past, present, or future purchase, including refills. This offer is nontransferable, limited to one per person, and cannot be combined with any other offer or discount. This program is not valid where prohibited by law, taxed, or restricted. Offer has no cash value. Program is not valid for cash-paying customers. Additional program conditions may apply.

