

# BMS Access Support® Kidney Transplant Co-Pay Assistance Program Terms & Conditions

The BMS Kidney Transplant Co-Pay Assistance Program is designed to assist eligible commercially insured patients who have been prescribed a BMS kidney transplant medication with out-of-pocket deductibles, co-pay, or co-insurance requirements.

## Eligibility Requirements:

- Patients must have commercial (private) insurance, but their coverage does not cover the full cost of the prescription. Co-pay assistance is not valid where the entire cost of the prescription is reimbursed by insurance.
- Patients must live in the United States or United States territories.
- Cash-paying patients are not eligible for co-pay assistance.
- Patients or their guardian must be 18 years of age or older.
- Patients are not eligible if they have medical insurance coverage through a state or federal healthcare program, including but not limited to Medicare, Medicaid, Medigap, CHAMPVA, TRICARE, Veterans Affairs (VA), or Department of Defense (DoD) programs; patients who move from commercial plans to state or federal healthcare programs will no longer be eligible.
- The patient is an adult kidney transplant patient being treated with a kidney transplant medication for prevention of kidney rejection.
- All Program payments are for the benefit of the patient only.

## Program Benefits:

- For eligible commercially insured patients, the patient may pay as little as \$50 per infusion. The Program includes a medical benefit offer for reimbursement of patient's out-of-pocket costs where the full cost is not covered by the patient's insurance; program does not reimburse for other associated costs such as supplies, office visits or physician-related services. This program will cover the remainder of the co-pay, up to a maximum of \$7,000 during a calendar year. Patients are responsible for any costs that exceed the Program's \$7,000 maximum.
- To receive the Program benefits, an Explanation of Benefits (EOB) and the CMS 1500 or UB-40 form must be submitted within 180 days from the date the claim was processed. The submitted form must include the name of the insurer, plan information and show that the BMS medication supported by this program was the medication given.
- The program may apply retroactively to out-of-pocket costs for drug administrations that occurred within 180 days prior to the date of enrollment.

## Program Timing

- Patients will be evaluated for ongoing eligibility to continue enrollment into the program. In the event patients experience a change in insurance coverage or BMS makes changes to the co-pay assistance program, patients may be required to re-enroll into the program and provide updated insurance information to determine eligibility.

## Additional Terms and Conditions of Program

- Patients, pharmacists, and healthcare prescribers may not seek reimbursement from health insurance, health savings, or flexible spending accounts, or any third party, for any part of the benefit received by the patient through this offer.
- Acceptance of this offer confirms that this offer is consistent with patient's insurance. Patients, pharmacists, and healthcare providers must report the receipt of co-pay assistance benefits if required by patient's insurance provider.
- Offer valid only in United States or United States territories. Void where prohibited by law, taxed, or restricted.
- The Program is not insurance.
- The Program benefits are not transferable and is limited to one (1) per patient. This offer cannot be combined with any other offer, rebate, coupon, or free trial. Other limitations may apply.
- This Program is not conditioned on any past, present, or future purchase, including additional doses.
- No membership fees.
- Bristol Myers Squibb reserves the right to rescind, revoke, or amend this offer at any time without notice.