

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.

Patient Eligibility:

- The patient has commercial (private) insurance that covers your prescribed Bristol Myers Squibb (BMS) medication, but your insurance does not cover the full cost; that is, you have a co-pay obligation (out-of-pocket cost) for your prescribed medication.
- The patient is an adult kidney transplant patient being treated with a BMS kidney transplant medication for prevention of kidney rejection.
- The patient is not participating in any state or federal healthcare program including Medicaid, Medicare, Medigap, CHAMPUS, TRICARE, Veterans Affairs (VA), or Department of Defense (DoD), or any state, patient, or pharmaceutical assistance program. Patients who move from commercial (private) insurance to a state or federal healthcare program will no longer be eligible. If you purchased your prescription insurance through a Health Exchange (also known as a Health Insurance Marketplace or Small Business Options Program [SHOP] Marketplace), you are currently eligible.
- The patient lives in the United States or Puerto Rico.

Program Benefits:

- The patient must pay the first \$50 of the co-pay for each dose of a BMS medication covered by this Program. 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.
- In order to receive the Program benefits, the patient or provider must submit an Explanation of Benefits (EOB) form, or a Remittance Advice (RA). 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 that was given. The form must be submitted within 180 days of the date of the EOB.
- The Program may apply to retroactive out-of-pocket expenses that occurred within 180 days prior to the date of the enrollment. These benefits are subject to the \$50 patient co-pay requirement and the 12-month Program maximum of \$7,000.
- The Program benefits are limited to the co-pay costs for BMS medications covered by this Program that the patient receives as an outpatient. The Program will not cover, and shall not be applied toward, the cost of any dosing procedure, any other healthcare provider service or supply charges or other treatment costs, or any costs associated with a hospital stay.
- All Program payments are for the benefit of the patient only.

Program Timing:

- The enrollment period is 1 calendar year.

Additional Terms and Conditions of Program:

- Patients, pharmacists, and healthcare providers must not seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this Program. Patients must not seek reimbursement from any health savings, flexible spending, or other healthcare reimbursement accounts for the amount of assistance received from the Program.
- 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 as may be required by patient's insurance provider.
- This offer is not valid with any other program, discount, or incentive involving a BMS medication eligible for this Program.
- Only valid in the United States and Puerto Rico; this offer is void where prohibited by law, taxed, or restricted.
- The Program benefits are nontransferable.
- No membership fees.
- This offer is not conditioned on any past, present, or future purchase, including additional doses.
- **The Program is Not Insurance.**
- Bristol Myers Squibb reserves the right to rescind, revoke, or amend this offer at any time without notice.