

# BMS Access Support® Oncology Co-Pay Assistance Program Terms & Conditions (program only available for EMLICITI, OPDIVO, OPDIVO + YERVOY, & YERVOY)

The BMS Oncology Co-Pay Assistance Program is designed to assist eligible commercially insured patients who have been prescribed select BMS medications with out-of-pocket deductibles, co-pays, or co-insurance requirements.

## Patient Eligibility:

- You have 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.
- You are 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 Health Options Program [SHOP] Marketplace), you are currently eligible.
- You live in the United States or Puerto Rico.

## Program Benefits:

- Patient must pay the first \$25 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 \$25,000 per BMS medication during a calendar year. (For clarification, if a patient is prescribed two BMS medications in combination, the maximum is \$50,000.) Patients are responsible for any costs that exceed the Program's per medication \$25,000 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 receiving each dose.
- The Program may apply retroactively to out-of-pocket expenses that occurred within 120 days prior to the date of the enrollment. These benefits are subject to the \$25 patient co-pay requirement and the 12-month Program maximum of \$25,000 per medication.
- 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, 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.
- Patients must enroll by December 31, 2019.
- Absent a change in Massachusetts law, effective July 1, 2019, Massachusetts residents will no longer be able to participate in this Program

## 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 Program 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.

Bristol-Myers Squibb is committed to helping appropriate patients get access to our medications by providing access and reimbursement support services.



**In Person, On The Phone, Online**

For more details, visit [www.BMSAccessSupport.com](http://www.BMSAccessSupport.com) or call 1-800-861-0048.

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