



To participate in the Glatiramer Acetate injection Co-Pay Program ("Program"), you must present this card, along with a valid prescription for Glatiramer Acetate injection to your pharmacist. Patients with commercial health insurance who qualify to participate may pay as little as \$0 per month for Glatiramer Acetate injection prescription. Enrollment is subject to the Eligibility Rules and Terms and Conditions, stated below. If you have any questions regarding Eligibility, the Terms and Conditions, or to discontinue participation, please call 1-877-274-3244 (8:00 AM-6:00 PM EST, Monday-Friday).

Eligibility Rules

- [X] To participate in this Program, you must have commercial health insurance and be a resident of the United States, Puerto Rico, Guam, or the Virgin Islands.
- [X] Patients who are members of health plans (often termed "maximizer" plans) that claim to reduce their patients' out-of-pocket costs may have a reduced maximum program benefit of \$7,000 per calendar year. Out-of-pocket costs may be co-pay, co-insurance, or deductible.
- [X] The following patients are *ineligible* for this Program:
 - Patients covered under Medicaid (including Medicaid patients enrolled in a Medicaid Managed Care Plan or a qualified health plan purchased through a health insurance exchange marketplace established by a state government or the federal government).
 - Patients covered by Medicare or a Medicare Part D or Medicare Advantage plan (regardless of whether a specific prescription is covered).
 - Patients covered by TRICARE, CHAMPUS, Puerto Rico Government Health Insurance Plan or any other state or federal medical or pharmaceutical benefit program or pharmaceutical assistance program.
 - Patients who are members of health plans that claim to eliminate their out-of-pocket costs are not eligible for cost support. If you are a member of one of these plans, please call 1-877-274-3244.
 - Patients with no insurance.

Terms and Conditions

- [X] You agree to not to seek any reimbursement for all or any part of the co-pay assistance received through the Program. By using this card, you are certifying that you understand the Eligibility Rules and Terms and Conditions, that you have responded truthfully to questions when activating the card, and that you will disclose and report your receipt of any Program benefits to your insurer, health plan, or any third party that pays or reimburses you for the cost of medications, if required.
- [X] This offer may be rescinded, revoked, or cancelled at any time, without further notice, and the rules may be amended at any time, without further notice.

Disclosures

- [X] This Program is not insurance.
- [X] The Program is void where prohibited by law, taxed, or restricted. Any benefit provided is not transferable and cannot be combined with any other program, free trial, discount, prescription savings card, or other offer. No purchase, other than for a Glatiramer Acetate injection prescription, is required to participate.
- [X] Personal data that you provide to the Program may be collected, analyzed, and shared with the program sponsor for market research and other lawful purposes, but only in aggregated and de-identified form.

By downloading, you agree and confirm that you have a valid prescription for Glatiramer Acetate injection, you are commercially insured, and you comply with all Glatiramer Acetate injection Terms and Conditions.