



My Biocon Biologics Co-Pay Card

Terms and Conditions

It is important that every patient read and understand the full My Biocon Biologics Co-Pay Card Terms and Conditions. These terms and conditions apply to the following product(s):

Yesafili™ (afibercept)

As further described below, in general:

- The My Biocon Biologics Co-Pay Card is available to patients with commercial insurance that cover the Biocon product(s) listed above, regardless of financial need. The program is not valid for patients whose prescription and/or in-office administration costs (Yesafili only) for a ("Covered") Biocon product is paid for in whole or in part by Medicare, Medicaid, TRICARE, Department of Defense, Veteran Affairs, or state pharmaceutical assistance programs, or any other federal or state healthcare program. For purposes of eligibility under this Program, federal and state healthcare programs include all programs operating within U.S. territories, including but not limited to Puerto Rico, Guam, and the U.S. Virgin Islands. The My Biocon Biologics Co-Pay Card cannot be combined with any other savings, free trial, free goods, or similar offer related to any of the products listed above. It is not valid for cash paying patients or where prohibited by law. State- or territory-specific exclusions and regulations may apply.
- The My Biocon Biologics Co-Pay Card may help lower your covered product out-of-pocket medication and/or in-office administration costs (Yesafili only). Patients who are residents of Massachusetts or Rhode Island are not eligible for injection administration support. Out-of-pocket costs may include deductible, co-payment, and co-insurance related to an eligible medication. The My Biocon Biologics Co-Pay Card does not cover any other costs related to office visits. The My Biocon Biologics Co-Pay Card provides support up to the Maximum Program Benefit or Patient Total Program Benefit. If a patient's commercial insurance plan imposes different or additional requirements on patients who receive My Biocon Biologics Co-Pay Card benefits, Biocon has the right to modify or eliminate those benefits. Whether you are eligible to receive the Maximum Program Benefit or Patient Total Program Benefit is determined by the type of plan coverage you have. A My Biocon Biologics Co-Pay Card representative can help you understand eligibility for the My Biocon Biologics Co-Pay Card, whether your particular insurance coverage is likely to result in your reaching the Maximum Program Benefit, or your Patient Total Program Benefit amount by calling 1-833-61-BIOCON (or 1-833-612-4626).
- My Biocon Biologics Co-Pay Card patients may pay as little as:
 - \$0 out-of-pocket for each dose or prescription of the My Biocon Biologics product.
 - Patients may also receive assistance for out-of-pocket costs for in-office administration (Yesafili only).

Biocon will pay the remaining eligible out-of-pocket costs on behalf of the patient until the Biocon payments have reached either the Maximum Program Benefit and/or the Patient Total Program Benefit. Patients are responsible for all amounts that exceed this limit. A savings limit per dose may apply. Please ask your My Biocon Biologics Co-Pay Card representative to help you understand eligibility for the My Biocon Biologics Co-Pay Card by calling 1-833-61-BIOCON (or 1-833-612-4626).

Program coverage through the My Biocon Biologics Co-Pay Card A is contingent on (1) the submission of the required Explanation of Benefits (EOB) form within 90 days of the date of approval documented on the EOB for medical benefit claims or (2) the submission of the claim within 90 days of the date of service for pharmacy benefit claims.

I. ELIGIBILITY

***Eligibility Criteria: Subject to program limitations and terms and conditions**, the My Biocon Biologics Co-Pay Card is available to patients who have been prescribed a My Biocon Biologics Co-Pay Card product and who have commercial or private insurance that covers it, including state and federal plans commonly referred to as “healthcare exchange” or “ACA” plans. This program helps eligible patients cover out-of-pocket medication costs related to a My Biocon Biologics Co-Pay Card product, up to program limits. The My Biocon Biologics Co-Pay Card does not cover any other costs related to office visits. There is no income requirement to participate in this program.

This offer is not valid for patients whose prescription for a My Biocon Biologics Co-Pay Card product is paid for in whole or in part by Medicare, Medicaid, TRICARE, Department of Defense, Veteran Affairs, or state pharmaceutical assistance programs, or any other federal or state healthcare program. For purposes of eligibility under this Program, federal and state healthcare programs include all programs operating within U.S. territories, including but not limited to Puerto Rico, Guam, and the U.S. Virgin Islands. The My Biocon Biologics Co-Pay Card cannot be combined with any other savings, free trial, free goods, or similar offer related to any of the products listed above. It is not valid for cash-paying patients or where prohibited by law. A patient is considered cash-paying where the patient has no insurance coverage for a My Biocon Biologics Co-Pay Card product or where the patient has commercial or private insurance but Biocon in its sole discretion determines the patient is effectively uninsured because such coverage does not provide a material level of financial assistance for the cost of a My Biocon Biologics Co-Pay Card product prescription. This offer is only valid in the United States, Puerto Rico, and other US territories.

II. PROGRAM BENEFITS

This copay assistance is not available if the patient's commercial insurance plan, pharmacy benefit manager (PBM), or other plan agent uses a copay adjustment or optimizer program that restricts program payments from being applied to satisfy the patient's out-of-pocket costs or counted toward the patient's out-of-pocket maximum limits. This copay assistance program also is not available to patients who are members of insurance plans that adjust, reduce, or waive their patients' out-of-pocket costs based on the availability of, or a member's participation in, manufacturer-sponsored copay assistance. These programs are often referred to as accumulator adjustment or maximizer programs. **If you believe your commercial insurance plan may have such limitations, please contact My Biocon Biologics Co-Pay Card support at 1-833-61-BIOCON (or 1-833-612-4626).**

If at any time a patient begins receiving coverage for medications or in-office administration (Yesafili only) under any federal, state, or government healthcare program (including but not limited to Medicare, Medicaid, TRICARE, Department of Defense, Veteran Affairs, or state pharmaceutical assistance programs), the patient will no longer be able to use this card and must contact My Biocon Biologics Co-Pay Card at 1-833-61-BIOCON (or 1-833-612-4626) (Monday through Friday, from 8am to 8pm ET) to stop participation in this program. For purposes of eligibility under this Program, federal and state healthcare programs include all programs operating within U.S. territories, including but not limited to Puerto Rico, Guam, and the U.S. Virgin Islands.

Patients may not seek reimbursement for the value received from the My Biocon Biologics Co-Pay Card from any third-party payers, including a flexible spending account or healthcare savings account. Participating in this program means that you are ensuring you comply with any required disclosure regarding your participation in the My Biocon Biologics Co-Pay Card with your insurance carrier or PBM. Restrictions may apply. Offer subject to change or discontinuation without notice. **This is not health insurance.**

III. PROGRAM DETAILS

For all eligible patients the My Biocon Biologics Co-Pay Card offers:

- A program benefit that covers the patient's eligible out-of-pocket medication and in-office administration costs (Yesafili only) for the My Biocon Biologics Co-Pay Card product (deductible, co-pay, or co-insurance) on behalf of the patient, up to a Maximum Program Benefit determined by the program per calendar year. The My Biocon Biologics Co-Pay

Card does not cover any other costs related to office visits.

- My Biocon Biologics Co-Pay Card patients may pay as little as:
 - \$0 out-of-pocket for each dose or cycle.
 - Patients may also receive assistance for out-of-pocket costs for in-office administration (Yesafili only).
- Biocon will pay the remaining eligible out-of-pocket prescription costs on behalf of the patient until the Biocon payments have reached either the Maximum Program Benefit and/or the Patient Total Program Benefit. Patients are responsible for all amounts that exceed this limit. This copay assistance program is not health insurance. The copay assistance program is not transferable, and the amount of the savings cannot exceed the patient's out-of-pocket costs.
- Program coverage through the My Biocon Biologics Co-Pay Card is contingent on (1) the submission of the required Explanation of Benefits (EOB) form within 90 days of the date of approval documented on the EOB for medical benefit claims or (2) the submission of the claim within 90 days of the date of service for pharmacy benefit claims.

Maximum Program Benefit, Patient Total Program Benefit, Benefits May Change, End or Vary Without Notice: The program provides up to a **Maximum Program Benefit** of support to reduce a patient's out-of-pocket medication costs that Biocon will provide per patient for each calendar year, which must be applied to the My Biocon Biologics Co-Pay Card patient's out-of-pocket costs (deductible, co-pay, or co-insurance, and annual out-of-pocket maximum). **Patient Total Program Benefit** amounts are unilaterally determined by Biocon in its sole discretion and will not exceed the Maximum Program Benefit. The Patient Total Program Benefit may be less than the Maximum Program Benefit, depending on the terms of a patient's plan, and may vary among individual patients covered by different plans, based on factors determined solely by Biocon, to ensure all program funds are used for the benefit of the patient. Each patient is responsible for costs above the Patient Total Program Benefit amounts. Please ask your My Biocon Biologics Co-Pay Card representative to help you understand whether your particular insurance coverage is likely to result in your reaching the Maximum Program Benefit or your Patient Total Program Benefit amount by calling 1-833-61-BIOCON (or 1-833-612-4626). Participating patients are solely responsible for updating Biocon with changes to their insurance including, but not limited to, the addition of any coverage terms that do not apply My Biocon Biologics Co-Pay Card benefits to reduce a patient's out-of-pocket costs, such as accumulator adjustment benefit design or a co-pay maximizer program. Participating patients are responsible for providing Biocon with accurate information necessary to determine program eligibility. By accepting payments from Biocon made on behalf of participating patients, participating PBMs and plans likewise are responsible for providing Biocon with accurate information regarding patient eligibility.

Patients may use the card every time they receive a dose or prescription of the My Biocon Biologics Co-Pay Card ("Covered") product, up to the Maximum Program Benefit or Patient Total Program Benefit. Benefits reset each calendar year. Re-enrollment in the program may be required at regular intervals. Patients may continue in the program as long as patients re-enroll as required by Biocon and continue to meet all of the program's eligibility requirements during participation in the program.

By utilizing this copay assistance program, you hereby accept and agree to abide by these terms and conditions. Any individual or entity who enrolls or assists in the enrollment of a patient in the copay assistance program represents that the patient meets the eligibility criteria and other requirements described herein. Further, you agree that you currently meet the eligibility criteria and other requirements described herein every time you use this copay assistance program.

NOTICE. Data related to your use of this copay assistance program may be collected, analyzed and shared with Biocon Biologics for market research and other purposes related to assessing its copay assistance programs. Data shared with Biocon Biologics will be aggregated and de-identified, meaning it will be combined with data related to other copay assistance program redemptions and will not identify you.