

HOW TO GET THE MEDICINE YOUR DOCTOR PRESCRIBED

Understanding your
health insurance
coverage for
Genentech medicines



Genentech
A Member of the Roche Group

Health Insurance Can Be Hard to Understand. Genentech Is Here to Help.

We are dedicated to helping you understand your health insurance. This way, you can get the Genentech medicine your doctor prescribed.

In this brochure, you will find:



A short overview of **how health insurance works** after you are prescribed a **specialty medicine**



Questions to ask your health care team about health insurance for your Genentech medicine



Tips for discussing health insurance with your health care team



A checklist to help you get ready to talk with your health care team about your health insurance

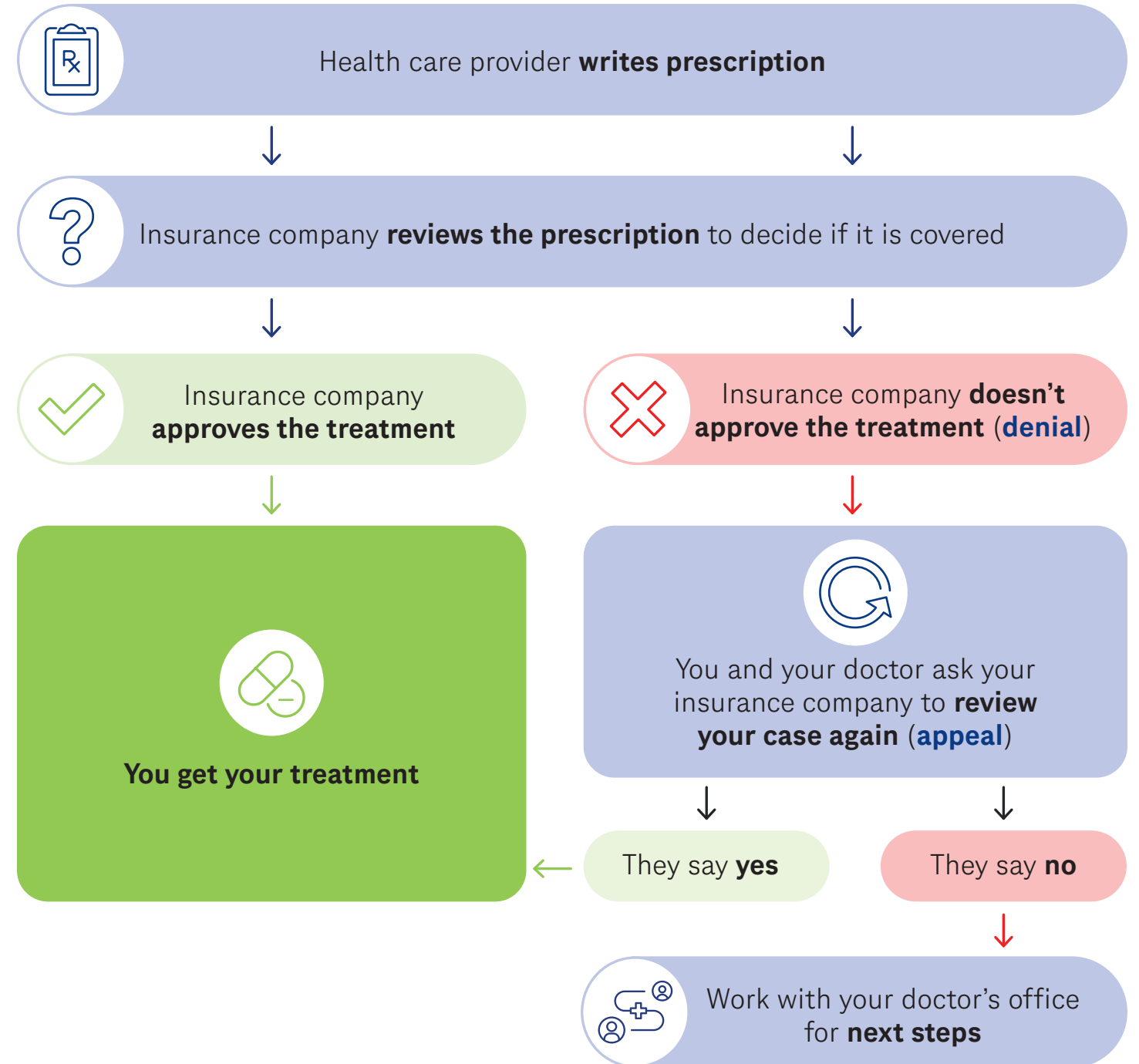


Meanings of important health insurance words



You Got a Prescription. What Happens Next?

After your doctor writes your prescription, you might not get your medicine right away. Sometimes a few steps have to happen before you can start your treatment.





Questions to Ask Your Health Care Team

Here are some **questions that might be helpful to ask** when talking to your health care team about your health insurance. You can **write down the answers** to the questions below.

Questions about health insurance

Does my health insurance need to **approve my medicine?** How does this work?

What else has to happen **so I can get my medicine?**

What happens if my **health insurance changes?**



Questions about costs

How much will my medicine **cost?**

Can I get help to **lower my costs?** If so, how?

Besides my medicine, will there be **any costs for my treatment?**

Questions about other help

Who can I talk to if I have **more questions** about my health insurance?

What **other help** is available?



What to Keep in Mind When Talking About Health Insurance

Tips for talking with your health care team



If you don't understand something, ask if they can:

- **Slow down**
- Go over the information again **in a different way**



Repeat the information **in your own words** to make sure you are understanding it correctly.



Write down **the steps you need to do** and what your health care team will do for you.



Write down the **names and phone numbers** of the people you can call if you have questions after your visit.

Items to have ready

- Your **health insurance card** or other proof of insurance
- The **type of health insurance plan** you have (**commercial or private, government or public**)
- Your **Explanation of Benefits** statement, if you have one
- The **name and phone number** of your **specialty pharmacy**, if you have one
- Any **denial** letters, if you received one
- Any other **letters from your health insurance company** or a **third party** about changes in your coverage
 - They might talk about programs that help you pay for your medicine
 - Sometimes these are called **alternative funding programs, co-pay accumulator programs** or **co-pay maximizer programs**
 - They might also be called something like “cost savings programs”





Important Health Insurance Words to Know

Here are some definitions of words you might hear when talking about health insurance.

Alternative Funding Program (AFP)

The health insurance plan may stop covering some or all specialty medicines. They direct people to apply for a patient assistance program to get their medicine instead. These programs are usually run by **third-party** companies that partner with employers.

Appeal

If your health insurance plan does not cover your medicine (called a **denial**), you may file an appeal. This is when you or your doctor's office ask your health insurance plan to take another look at your medical information to see if they will cover your medicine.

Benefits Investigation (BI)

A review of how your health insurance plan covers a medicine or treatment your doctor has prescribed.

Commercial or Private Insurance

An insurance plan you get from a private health insurance company. This can be insurance from your job, from a plan you bought yourself or from a Health Insurance Marketplace. Medicare and Medicaid are not considered commercial insurance.

Consent

When you give permission to someone like your doctor's office or health insurance company to use your personal information. This is often in writing.

Coordination of Benefits (COB)

When you have more than one health insurance plan, this is how they decide which one pays first.

Co-pay Accumulator Program

Some **commercial or private insurance** plans offered by employers have these programs. They use a **co-pay program** to pay for your medicines until all of the help is used up. Then, you will have to pay for the full cost of your medicine until you meet your **deductible**. This is because the payments from the co-pay program don't count toward your deductible or **out-of-pocket maximum**.

Co-pay Assistance Foundation (CAF)

An independent charitable organization that helps people pay for medicines. These foundations are not part of Genentech.

Co-pay Maximizer Program

Some **commercial or private insurance** plans offered by employers have these programs. They increase the amount of your co-pay for your medicine to match the amount of help from a **co-pay program**. The payments from the co-pay program don't count toward your **deductible** or **out-of-pocket maximum**. If you have other health care costs, you will have to pay them until you meet your deductible.

Co-pay Program

Genentech co-pay programs help people with **commercial health insurance**. This might be a plan you get through your employer or one you purchased through a Health Insurance Marketplace. You must meet other rules to get this help.

Deductible

The amount you pay for health care services or medicines out-of-pocket before your health insurance plan begins to pay.

Denial

This happens when your health insurance plan says it won't pay for your medicine, even if your doctor thinks you need it. If this happens, you or your doctor's office can ask the insurance company to change their decision. This is called an **appeal**.

Explanation of Benefits (EOB)

A letter from your health insurance plan explaining the reason why they have paid or not paid for each medical procedure or medicine.

Genentech Patient Foundation

If you don't have health insurance coverage or have financial concerns and meet eligibility criteria, you may be able to get free medicine from the Genentech Patient Foundation.

Government or Public Insurance

A health insurance plan you get from the federal or state government. This includes Medicare, Medicaid, TRICARE and Department of Defense (DoD) or Veterans Affairs (VA) insurance.

Low-Income Subsidy (LIS) or "Extra Help"

The Extra Help program helps people with lower incomes pay for their Medicare Part D medicines. It can help pay for monthly costs, **deductibles** and the amount you pay at the pharmacy.

Out-of-Pocket Costs (OOP Costs)

The amount not paid by the health insurance plan that you must pay for your treatment. This includes premiums, **deductibles**, co-pays and co-insurance.

OUR TEAM IS READY TO HELP

We know how important it is to start your treatment as quickly as possible. That's why we have a team to help you get your Genentech medicine.

Genentech is here to help you:



Visit [Gene.com/Patients](https://www.gene.com/Patients)



Call (877) GENENTECH/(877) 436-3683
Monday–Friday, 6 a.m.–5 p.m. PST



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