

ABOUT FINANCIAL OPTIONS ACCESSING TECENTRIQ



There may be options that may help you afford your **TECENTRIQ**, no matter what type of health insurance you have.



THE GENENTECH ONCOLOGY CO-PAY ASSISTANCE PROGRAM

The Genentech Oncology Co-pay Program helps you if you have commercial health insurance and meet other eligibility criteria.*

NO INCOME REQUIREMENTS	PATIENTS PAY AS LITTLE AS \$0 FOR TECENTRIQ	ANNUAL BENEFIT LIMIT OF CO-PAY PROGRAM IS \$25k
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No physical card needed; patients simply need their Member ID. To learn more about the Genentech Oncology Co-pay Assistance Program, call **(855) MY-COPAY (855-692-6729)** or visit [copayassistancenow.com](https://www.copayassistancenow.com)

*The Co-pay Program is valid ONLY for patients with commercial (private or non-governmental) insurance who have a valid prescription for a Food and Drug Administration (FDA)-approved indication of a Genentech medicine. Patients using Medicare, Medicaid or any other federal or state government program (collectively, "Government Programs") to pay for their Genentech medicine are not eligible.

Under the Program, the patient may pay a co-pay. The final amount owed by a patient may be as little as \$0 for the Genentech medicine (see Program specific details). The total patient out-of-pocket cost is dependent on the patient's health insurance plan. The Program assists with the cost of the Genentech medicine only. It does not assist with the cost of other medicines, procedures or office visit fees. After reaching the maximum annual Program benefit amount, the patient will be responsible for all remaining out-of-pocket expenses. The Program benefit amount cannot exceed the patient's out-of-pocket expenses for the cost associated with the Genentech medicine.

All participants are responsible for reporting the receipt of all Program benefits as required by any insurer or by law. The Program is only valid in the United States and U.S. Territories, is void where prohibited by law and shall follow state restrictions in relation to AB-rated generic equivalents (e.g., MA, CA) where applicable. No party may seek reimbursement for all or any part of the benefit received through the Program. The Program is intended for the patient. Only the patient using the Program may receive the funds made available through the Program. The Program is not intended for third parties who reduce the amount available to the patient or take a portion for their own purposes. Patients with health plans that redirect Genentech Program assistance intended for patient out-of-pocket costs may be subject to alternate Program benefit structures. Genentech reserves the right to rescind, revoke or amend the Program without notice at any time.

Additional terms and conditions apply. Please visit the [Co-pay Program](https://www.copayprogram.com) website for the full list of Terms and Conditions.



INDEPENDENT CO-PAY ASSISTANCE FOUNDATION

If you need help with the co-pay for your TECENTRIQ, Genentech Access Solutions can refer you to an independent co-pay assistance foundation.† Independent co-pay assistance foundations help patients with public or commercial health insurance.

†Independent co-pay assistance foundations have their own rules for eligibility. We cannot guarantee a foundation will help you. We only can refer you to a foundation that supports your disease state. We do not endorse or show financial preference for any particular foundation. The foundations we refer you to are not the only ones that might be able to help you.



THE GENENTECH PATIENT FOUNDATION

The Genentech Patient Foundation‡ provides free TECENTRIQ to people who need it.

‡To be eligible for free TECENTRIQ from the Genentech Patient Foundation, insured patients who have coverage for their medicine must have exhausted all other forms of patient assistance (including the Genentech Oncology Co-pay Assistance Program and support from independent co-pay assistance foundations) and must meet certain financial criteria. Uninsured patients and insured patients without coverage for their medicine must meet different financial criteria.

LEARN HOW TO ENROLL ON THE NEXT PAGE

**TECENTRIQ**[®]
atezolizumab 840 mg | 1200 mg
INJECTION FOR IV USE



HOW TO ENROLL

To enroll in Genentech Oncology Access Solutions, simply fill out the Patient Consent Form. Your doctor must also complete a form called the Prescriber Service Form. Once we have both forms, we can begin working with you and your doctor's office. You can find the Patient Consent Form at Genentech-Access.com/PatientConsent or your doctor might give it to you.

**FOR MORE INFORMATION VISIT
TECENTRIQ.COM/ACCESS**