

Genzyme's Co-Pay Assistance Program will help eligible individuals who are prescribed treatment with one of Genzyme's enzyme replacement therapies with their drug and infusion related co-pay expenses, including co-insurance and deductibles, regardless of financial status.

## Program Benefit: What's New for 2013?

Once enrolled in the Co-Pay Assistance Program, Genzyme will cover 100% of your eligible out-of-pocket drug and infusion costs (**new in 2013**) up to the program maximum. The program is effective from the date of approval through the end of the current calendar year (January 1 through December 31).

## Who is eligible for the Program?

Regardless of financial status, the program is open to individuals who are:

- U.S. citizens or legal residents who have primary commercial insurance
- Prescribed treatment with one of Genzyme's enzyme replacement therapies

## Who is NOT eligible?

As required by law, the program is not available to individuals who:

- Have coverage or prescriptions paid for in part or full under any state or federally funded healthcare program including:

- Medicare
- Medicare Advantage Plans (*Example: FreedomBlue offered through Blue Cross Blue Shield*)
- Medicaid
- Medigap
- Veterans Affairs, Department of Defense or TRICARE
- High Risk Pool or Pre-existing Condition Insurance Plan (PCIP)
- Federal Employee Plan (FEP)

- In accordance to state law, infusion costs are not covered in MA, MI, MN, RI

Please call your Genzyme Case Manager if you have any questions about your eligibility. If you are not eligible for our Co-Pay Assistance Program and need help with your out-of-pocket expenses, your Genzyme Case Manager is available to help review your coverage options and refer you to other financial assistance programs that may offer financial support for eligible individuals.

## How do I enroll/re-enroll in the Program?

- If you are currently enrolled in our Co-Pay Assistance Program you will be automatically enrolled in the program for the next calendar year (January 1 through December 31).
- If you are new to the Co-Pay Assistance Program, please see the back of this letter for instructions.

## How do I un-enroll from the Program?

- If you are currently enrolled in the Co-Pay Assistance Program and prefer to un-enroll from the Program for the next calendar year (January 1 through December 31), please see instructions on back of letter.
- If at any time of the calendar year (January 1 through December 31) you decide to re-enroll, please contact your case manager at 1-800-745-4447, option 3.

Genzyme reserves the right to make eligibility determinations, to set program benefit maximums, to monitor participation, and to modify or discontinue the program at any time.

*Detach and Return in Sealed Envelope*

I would like to un-enroll from the Genzyme Co-Pay Assistance Program.

Patient Name \_\_\_\_\_ Drug Name \_\_\_\_\_

Guardian/Parent \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

Signature \_\_\_\_\_

## If You Are Not Currently Enrolled Get Started Today In *3 Easy Steps!*

**1** You complete  
the program  
application

For more information about the program and to complete the online application, please visit:

[www.genzyme.com/fzcopy](http://www.genzyme.com/fzcopy)

You can also call your Genzyme Case Manager directly to learn more about the program and application process at 1-800-745-4447, option 3

**2** Your eligibility  
is verified

Your application will be reviewed for eligibility. If you are eligible, you will be automatically enrolled in the program. Enrollment in the program is subject to confirmation of eligibility.

**3** You're enrolled

Once approved, you will receive a confirmation letter and an enrollment card within 7-10 days. Contact your Genzyme Case Manager if you do not receive this confirmation. Your doctor or specialty pharmacy will receive a phone call with instructions on how to submit claims for reimbursement through the program. Your enrollment in the program is effective from the date of approval through the end of the calendar year (calendar year is January 1 through December 31).

## Un-enroll Today In *1 Easy Step!*

Email

Opt out by emailing: [Copay.Program@genzyme.com](mailto:Copay.Program@genzyme.com)

**OR**

Send un-enrollment form  
from front of this letter

Complete un-enrollment form on the front of this letter, detach and send back in a sealed envelope to:

Ms. Cheryl Averso  
Genzyme Corporation  
500 Kendall Street - 9<sup>th</sup> Floor  
Cambridge, MA 02142



**For more information about the program,  
please call your Genzyme Case Manager at 1-800-745-4447, option 3**

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