

The Leukemia & Lymphoma Society (LLS) Co-Pay Assistance Program

Covered and Non-Covered Expenses

What's Covered

- Blood cell boosters and erythropoietin-stimulating agents
- Blood transfusions
- Chemotherapy, including oral and intravenous treatment
- Colonoscopy and endoscopy
- Insurance premiums, co-pays, deductibles and co-insurance for private or government health insurance plans; and Medicaid spend-down
- Intravenous preparation and maintenance procedures
- Iron chelation therapy
- Kyphoplasty
- Lab services, including blood work, biopsies, cultures, blood draws and bone marrow aspirations, and tissue typing and stem cell harvesting for transplants (**see full list on Page 2**)
- Photopheresis and ultraviolet (UV) light therapy
- Prescription drugs related to the covered diagnosis or used with blood and marrow stem cell transplants (**see full list on Page 4**)
- Radiation and radioimmunotherapy (RIT)
- Scans and tests, including electrocardiograms (ECGs or EKGs); PET, CT, and MRI scans; ultrasounds; X-rays, etc. (**see full list on Page 2**)

What's Not Covered (includes but is not limited to):

- Dental and vision exams and treatment
- Fertility and reproductive procedures
- Long-term care insurance and cancer insurance
- Hospital stays
- Office visits with no treatment for blood cancer, or for consultations or second opinions
- Over-the-counter (OTC) medicine and vitamins
- Prescribed devices, such as glasses and contacts; pumps, kits and supplies; wheelchairs
- Surgery for diagnosis or that's not related to blood cancer treatment
- Travel expenses, including air fare, train fare, taxi, hotel, meals, parking and tolls

The LLS Co-Pay Assistance Program

Covered Labs, Scans and Tests (continued on next page)

| Covered Labs | |
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| 24-hour urine | MRD testing |
| Albumin | MRD testing by flow cytometry |
| Bone marrow cytogenetics | Multi-parameter flow cytometry |
| Calcium | Multiplex RT-PCR |
| Calcium phosphorus | Partial thromboplastin time (PTT) |
| Chemistry Profile | Peripheral blood smear |
| Coagulation tests | Plasma cell FISH |
| Complete blood count (CBC) | Platelets |
| Comprehensive metabolic panel | Polymerase chain reaction (PCR) testing for cancer genes |
| Cytochemistry | Potassium |
| Cytogenetic analyses | Pregnancy testing |
| Differential | Prothrombin time (PT) |
| Disseminated intravascular coagulation | Serum BUN/creatinine |
| Electrolytes | Serum erythropoietin |
| Erythrocyte sedimentation rate (ESR) | Serum erythropoietin (EPO) level |
| Fibrinogen | Serum free light chain (FLC) assay |
| Flow cytometric immunophenotyping | Serum iron studies |
| Genetic testing | serum LDH |
| Human leukocyte antigen (HLA) | Serum protein electrophoresis (SPEP) |
| Immunoglobulins (IgG, M etc.) | Serum uric acid |
| Immunoelectrophoresis | Tumor lysis syndrome (TLS) panel |
| Immunohistochemistry (IHC) | Uric acid |
| Immunophenotyping | Urinalysis |
| Interphase fluorescence in situ hybridization (FISH) testing | Urine free light chains |
| Kappa/lambda light chain EP | |
| Karyotyping | |
| Lactate dehydrogenase (LDH) | |
| Liver function tests (LFTs) | |
| Measurable residual disease testing | |
| Molecular analyses for cancer genes | |
| Molecular testing for cancer genes | |

The LLS Co-Pay Assistance Program
Covered Labs, Scans and Tests
(continued)

| Covered Scans and Tests |
|--------------------------------------|
| CT Scans (with and without contrast) |
| Aspirate analyses |
| Bone marrow aspiration |
| Bone marrow biopsy |
| Bone marrow core biopsy |
| Cardiac nuclear medicine scan |
| MRI's |
| Echocardiogram (ECG) |
| FDG PET/CT |
| Human leukocyte antigen (HLA) typing |
| Lumbar puncture |
| MUGA scan |
| PET Scans |
| Pharmacogenomics |
| Pulmonary function tests (PFT) |
| Ultrasound |
| X-ray |
| Colonoscopy |
| Endoscopy |

| The Following are NOT Covered |
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| Egg harvest |
| Fertility counseling |
| Fertility preservation |
| Fertility testing |
| Genetic counseling |
| Smoking cessation |
| Sperm extraction |

The LLS Co-Pay Assistance Program

Covered Drug Categories

LLS covers all products prescribed by the patient's physician to treat his/her primary cancer diagnosis classified as a chemotherapy or prescription related to their covered diagnosis. All products must be covered by the patient's primary insurance provider. The following list contains drug categories that are commonly prescribed by physicians for blood cancer patients and therefore covered by the LLS Co-Pay Assistance program.

To receive assistance, patients must maintain insurance coverage at all times and the requested assistance must be covered by the patient's insurance carrier. The program cannot provide financial assistance for drugs or treatments that are not included on the patient's insurance plan or drug formulary.

Drug Categories

- Anti-anxiety
- Antibiotics
- Anti-coagulants
- Anti-depressants
- Anti-fungals
- Anti-nausea
- Anti-seizure
- Anti-virals
- Appetite Stimulants
- Blood Thinners
- Chemotherapy
- Muscle Relaxers
- Pain Medication
- Psychostimulants
- Sleep Aids
- Steroids

Drugs Not Listed Above:

It is impossible to list every drug category, if you are not sure if your medication is covered, please contact our co-pay program. However, if your doctor has prescribed a medication related to your treatment that **does not** fall into one of the drug categories above, please submit a doctor's note including the name of the drug and its supporting medical necessity for your treatment plan. If you do not submit supporting documents for a drug that does not fit into a category above, your claim will be denied.

If you believe your claim for a cancer related prescription has been denied in error, or if you have any questions, please contact the Co-Pay department, Monday through Friday between the hours of 8:30am and 5pm ET, at 1-877-LLS-COPAY or 1-877-557-2672.

Patients have complete freedom to choose doctors, providers, suppliers, insurance companies and treatment-related medications. Patients can make changes to these at any time without affecting your continued eligibility.