Co-pay foundations are independent 501(c)(3) non-profit charitable organizations that help underinsured patients with chronic disease, cancers, or life-altering conditions obtain the medications they need. They provide financial assistance to eligible patients to help cover certain out-of-pocket healthcare costs, including:

- Prescription drug co-insurance, co-payments, and deductibles
- Health insurance premiums
- Other selected out-of-pocket healthcare costs

Co-pay foundations depend on donations from corporations, foundations, providers, patients, and other individuals to provide co-payment assistance for underinsured patients. However, organizations providing funding are only permitted to target funds for specific disease states (not for specific medications).

Each foundation funds specific disease states based on their own criteria, which are subject to change at any time.

Eligibility
Each co-pay foundation takes into account an individual’s financial, medical, and insurance situation when determining who is eligible for assistance.

- **Medical:** The patient’s diagnosis must be verified by a physician’s signature, and the patient must receive treatment in the United States
- **Financial:** Eligibility requirements are usually based on some multiple of the federal poverty level (FPL); cost of living in a particular city or state; annual income; and amount of medical expenses
- **Insurance:** Foundations need to verify the patient’s insurance type and co-pay amount
- **Other criteria may exist depending on the foundation**

How the Programs Work
Once enrolled, co-pay foundations generally provide partial assistance for up to 12 months; the range of assistance is specific to each foundation. In most circumstances, these foundations do not provide 100% of a patient’s out-of-pocket expenses.

Each foundation supports patients’ cost-sharing obligations in different ways, including:

- Financial payments to insurers, pharmacies, physicians, or other providers
- Reimbursement to patients for expenses they must pay themselves
- An “access card” that allows patients to pay for their out-of-pocket expenses

For Part D products, assistance made on the patient’s behalf is considered an incurred cost by the patient and counts toward the patient’s true out-of-pocket (TrOOP) obligation.

Amount of Financial Assistance
Financial assistance varies across foundations or disease states (may be subject to annual caps or restrictions), and foundations will assist all eligible, financially qualified applicants on a first-come, first-served basis to the extent funding is available. **Annual award amounts and the average award per eligible patient will vary by foundation.**

- VRAP is available as a resource to help identify and provide information related to these co-pay foundations. VRAP Case Managers are available from 8 AM–8 PM ET at 1-866-835-2233, option 2.
CO-PAY FOUNDATION RESOURCES

Co-Pay Foundations
Five of the main organizations that have funding for multiple myeloma and/or mantle cell lymphoma are:

- **Patient Access Network Foundation (PANF)**
  1-866-316-PANF (7263)
  panfoundation.org

- **Chronic Disease Fund (CDF)**
  1-877-968-7233
  gooddaysfromcdf.org

- **CancerCare, Inc.**
  1-800-813-4673
  canercare.org

- **Leukemia & Lymphoma Society (LLS)**
  1-800-955-4572
  lls.org

- **Patient Advocate Foundation (PAF)**
  1-800-532-5274
  patientadvocate.org

2015 Federal Poverty Level Guidelines

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The Federal Poverty Guidelines presented here are current as of the development of this document. This information should be validated prior to use.