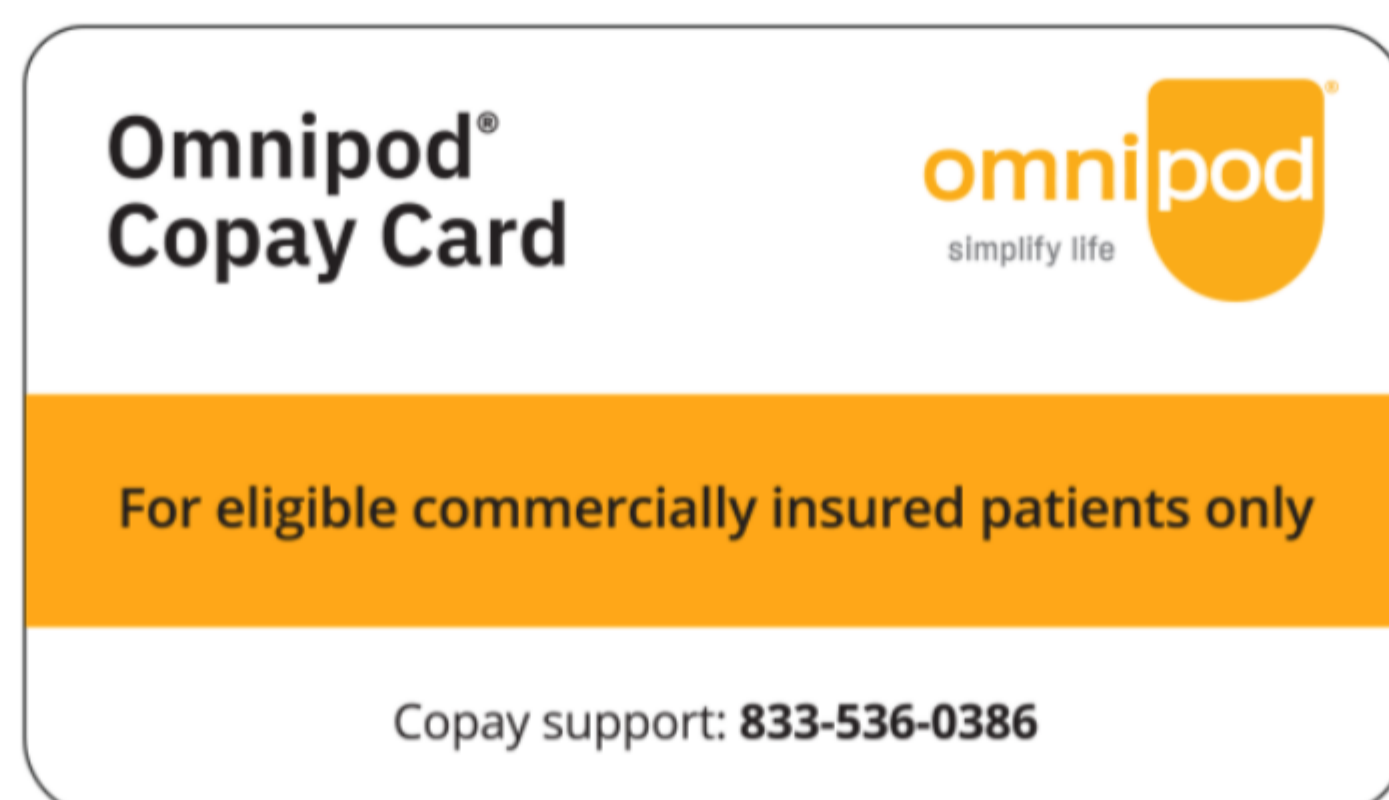


Omnipod® Copay Card

Eligible users may save up to \$100 per month on copays of \$50 or more* for the Omnipod 5 Automated Insulin Delivery System or the Omnipod DASH® Insulin Management System.



Check your eligibility

Use one of the options below to get started and an Omnipod Pharmacy Specialist will be in touch with details regarding your eligibility for the copay card program.

Get started online

[Omnipod.com/upgrade](https://omnipod.com/upgrade)

Use our automated phone system

[1-800-591-3455](tel:1-800-591-3455)

Omnipod® 5 Copay Card Program Terms and Conditions

1. Program Eligibility

Eligibility criteria: Subject to program limitations and terms and conditions, the Omnipod® 5 Copay card program (the "Program") is open to patients who have a valid Omnipod® 5 prescription and who have commercial or private insurance, including plans available through state and federal healthcare exchanges.

This offer is not valid for participants whose Omnipod® 5 prescription is paid for in whole or in part by Medicare, Medicaid, or any other federal or state program. It is not valid for cash-paying participants or where prohibited by law. A participant is considered cash-paying where the participant has no insurance coverage for Omnipod® 5 or where the participant has commercial or private insurance but Insulet determines in its sole discretion the participant is effectively uninsured because such coverage does not provide a material level of financial assistance for the cost of an Omnipod® 5 prescription. This offer is only valid in the United States, Puerto Rico, and the U.S. territories. Participants receiving their products through the Durable Medical Equipment or Pharmacy Durable Medical Equipment channel are not eligible to participate in the copay card program. Participants on certain commercial insurance plans may not be eligible. Please contact Insulet Customer Support at 1-800-591-3455 for details.

2. Program Details

With the Program, a commercially insured participant who meets eligibility criteria may pay as little as a \$50 copay per month for their Omnipod® 5 monthly out-of-pocket costs

For all eligible participants, the Program offers:

- A program benefit that covers the participant's eligible out-of-pocket prescription costs for Omnipod® 5 Pods (copay, deductible, or co-insurance) on behalf of the participant, up to a Maximum Monthly Benefit and/or a Maximum Annual Benefit.
- The copay card covers a thirty (30) days' fill of Pods.
- The Program offers to participants a Maximum Monthly Benefit of up to \$100. The actual monthly benefit depends on the participant's out-of-pocket costs, for a copay target of \$50. The Participant's monthly benefit are unilaterally determined by Insulet in its sole discretion (not to exceed the Maximum Monthly Benefit). The monthly benefit may be less than the Maximum Monthly Benefit based on the participant's insurance coverage and the copay target of \$50. For the purpose of clarity and as an example, a participant with a copay of \$75 shall receive a monthly benefit of \$25, to bring the copay to \$50. Similarly, a participant with a copay of \$200 shall receive a monthly benefit of \$100, to bring the copay to \$100.
- The Maximum Annual Benefit may be up to \$1200. The actual Maximum Annual Benefit shall vary depending on each participant's actual monthly benefits throughout the year.
- The participant shall not receive any benefit if at any point their monthly copay is equal to or lower than \$50.
- The participant shall not receive a monthly benefit of more than \$100, even if the target copay of \$50 is not reached, when the participant's monthly copay is greater than \$150.
- Participants are solely responsible for updating Insulet with changes to their prescription or health insurance, including but not limited to, initiation of insurance provided by the government, in addition to any change in coverage terms or other offers such as accumulator adjustment benefit design or copay maximization programs. Participants shall further inform Insulet of any change or lapse in coverage for Omnipod® 5.
- Participants are responsible to provide Insulet with accurate information on their copay.
- Participants may use the card every time they fill their Omnipod® 5 prescription.
- The copay card covers only Omnipod® 5 Pods, and does not apply to any out-of-pocket expenses from third parties suppliers, including, but not limited to, continuous glucose monitors or other diabetes-related supplies.

Insulet reserves the right to change, amend or rescind this Program, in whole or in part, at any time.

3. Limitations

The Program may not be combined with any other offer, rebate or coupon. If at any point a participant begins receiving coverage under any state or government program, the participant will no longer be able to use this card and they must contact Insulet Customer care at 1-800-591-3455 to stop their participation. Participating in this Program means that you are ensuring you comply with any required disclosure regarding your participation in the Program. Other restrictions may apply. Health plans, specialty pharmacies and Pharmacy Benefits Managers not specifically authorized by Insulet are prohibited from enrolling participants in the Program.

The copay card shall last for a maximum of twelve (12) months per participant.

This Program is not health insurance. Insulet reserves the right to rescind, revoke or amend this offer, as well as any eligibility criterion without further notice.

Omnipod DASH Copay Card Program Terms and Conditions

1. Program Eligibility

Eligibility Criteria: Subject to program limitations and terms and conditions, the Omnipod DASH Copay Card Program (the "Program") is open to patients who have a valid Omnipod DASH prescription and who have commercial or private insurance, including plans available through state and federal healthcare exchanges.

This offer is not valid for participants whose Omnipod DASH prescription is paid for in whole or in part by Medicare, Medicaid, or any other federal or state program. It is not valid for cash-paying participants or where prohibited by law. A participant is considered cash-paying where the participant has no insurance coverage for Omnipod DASH or where the participant has commercial or private insurance but Insulet determines in its sole discretion the participant is effectively uninsured because such coverage does not provide a material level of financial assistance for the cost of an Omnipod DASH prescription. This offer is only valid in the United States, Puerto Rico, and the U.S. territories. Participants receiving their products through the Durable Medical Equipment or Pharmacy Durable Medical Equipment channel are not eligible to participate in the copay card program. Participants on certain commercial insurance plans may not be eligible. Please contact Insulet Customer Support at 1-833-536-0386 for details.

2. Program Details:

With the Program, a commercially insured participant who meets eligibility criteria may pay as little as a \$50 copay per month for their Omnipod DASH® monthly out-of-pocket costs.

For all eligible participants, the Program offers:

- A program benefit that covers the participant's eligible out-of-pocket prescription costs for Omnipod DASH Pods (copay, deductible, or co-insurance) on behalf of the participant, up to a Maximum Monthly Benefit and/or a Maximum Annual Benefit.
- The copay card covers a thirty (30) days' fill of Pods.
- The Program offers to participants a Maximum Monthly Benefit of up to \$100. The actual monthly benefit depends on the participant's out-of-pocket costs, for a copay target of \$50. The Participant's monthly benefit are unilaterally determined by Insulet in its sole discretion (not to exceed the Maximum Monthly Benefit). The monthly benefit may be less than the Maximum Monthly Benefit based on the participant's insurance coverage and the copay target of \$50. For the purpose of clarity and as an example, a participant with a copay of \$75 shall receive a monthly benefit of \$25, to bring the copay to \$50. Similarly, a participant with a copay of \$200 shall receive a monthly benefit of \$100, to bring the copay to \$100.
- The Maximum Annual Benefit may be up to \$1200. The actual Maximum Annual Benefit shall vary depending on each participant's actual monthly benefits throughout the year.
- The participant shall not receive any benefit if at any point their monthly copay is equal to or lower than \$50.
- The participant shall not receive a monthly benefit of more than \$100, even if the target copay of \$50 is not reached, when the participant's monthly copay is greater than \$150.
- Participants are solely responsible for updating Insulet with changes to their prescription or health insurance, including but not limited to, initiation of insurance provided by the government, in addition to any change in coverage terms or other offers such as accumulator adjustment benefit design or copay maximization programs. Participants shall further inform Insulet of any change or lapse in coverage for Omnipod DASH.
- Participants are responsible to provide Insulet with accurate information on their copay.
- Participants may use the card every time they fill their Omnipod DASH prescription.
- Insulet reserves the right to change, amend or rescind this Program, in whole or in part, at any time.

3. Limitations:

The Program may not be combined with any other offer, rebate or coupon. If at any point a participant begins receiving coverage under any state or government program, the participant will no longer be able to use this card and they must contact Insulet Customer Care at 1-833-536-0386 to stop their participation. Participating in this Program means that you are ensuring you comply with any required disclosure regarding your participation in the Program. Other restrictions may apply. Health plans, specialty pharmacies and Pharmacy Benefits Managers not specifically authorized by Insulet are prohibited from enrolling participants in the Program.

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