

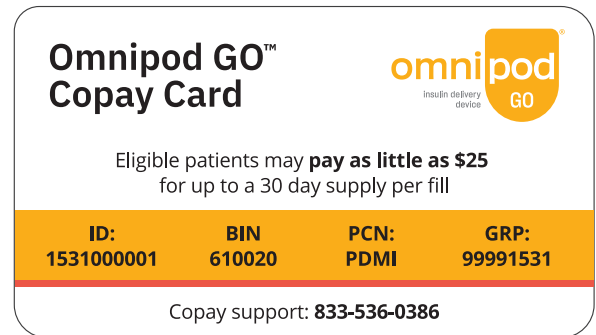


OMNIPOD GO™

# Copay Card

Eligible consumers can pay as low as \$25.00\* on their next Omnipod GO prescription with the Omnipod GO Copay Card.

Your health care provider will electronically send your prescription to an approved Omnipod GO mail order pharmacy. When the pharmacy representative calls you back to arrange for shipment please provide them the information on the card to confirm your eligibility.



## \*Omnipod GO Copay Card Program Terms and Conditions

- 1. Program Eligibility** Eligibility criteria: Subject to program limitations and terms and conditions, the Omnipod GO Copay Card program (the "Program") is open to patients who have a valid Omnipod GO prescription. This offer is not valid for participants whose Omnipod GO prescription is paid for in whole or in part by Medicare, Medicaid, or any other federal or state program. It is not valid where prohibited by law. 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 \$25 copay per month for their Omnipod GO 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 GO 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 \$50. The actual monthly benefit depends on the participant's out-of-pocket costs, for a copay target of \$25. The Participant's monthly benefits 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 \$25. For the purpose of clarity and as an example, a participant with a copay of \$75 shall receive a monthly benefit of \$50, to bring the copay to \$25. Similarly, a participant with a copay of \$150 shall receive a monthly benefit of \$50, to bring the copay to \$100.
  - The Maximum Annual Benefit may be up to \$600. 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 \$25.
  - The participant shall not receive a monthly benefit of more than \$50, even if the target copay of \$25 is not reached, when the participant's monthly copay is greater than \$75.
  - 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 GO.
  - Participants are responsible to provide Insulet with accurate information on their copay.
  - Participants may use the card every time they fill their Omnipod GO prescription.
  - The Omnipod GO Copay Card may not be applied to the procurement of the Omnipod GO Sample Kit. 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.