

Terms and Conditions

The Gilead Co-Pay Coupon Card (“Card”) can be used only by eligible residents of the US, Puerto Rico, or US territories at participating eligible retail, specialty, or mail-order pharmacies in the US, Puerto Rico, or US territories. Product must originate in the US or Puerto Rico, or US territories. You must be 18 years or older to use the Card for yourself or a minor.

The Card is limited to one per person and is not transferable. No substitutions are permitted. This Card is available for each valid prescription. No other purchase necessary. The offer cannot be combined with any other coupon, free trial, discount, prescription savings card, or other offer. Patient may not be currently receiving free drug assistance through Gilead Sciences, Inc. (“Gilead”)’s patient assistance programs.

The Card is not insurance and is not intended to substitute for insurance.

THE CARD IS VALID ONLY FOR PATIENTS WITH COMMERCIAL INSURANCE OR CASH-PAY PATIENTS AND IS NOT VALID FOR PRESCRIPTIONS THAT ARE ELIGIBLE TO BE REIMBURSED:

- **IN WHOLE OR PART, BY MEDICARE, MEDICAID OR A MEDICARE PART D PLAN, TRICARE, VA, DOD, PUERTO RICO GOVERNMENT HEALTH INSURANCE PLAN (“HEALTHCARE REFORM”), OR ANY OTHER FEDERAL OR STATE-FUNDED HEALTHCARE BENEFIT PROGRAM (COLLECTIVELY, “GOVERNMENT PROGRAMS”); OR**
- **BY COMMERCIAL PLANS OR OTHER HEALTH OR PHARMACY BENEFIT PROGRAMS THAT REIMBURSE FOR THE ENTIRE COST OF PRESCRIPTION DRUGS.**

Patients without insurance coverage or who have commercial insurance that does not cover the Gilead product are considered “cash-pay” patients. Medicare Part D enrollees who are in the prescription drug coverage gap (the “donut hole”) are not considered cash pay, and are not eligible for the co-pay coupon. Patients who begin receiving prescription benefits from such Government Programs at any time will no longer be eligible to use the Card. Void where prohibited by law, taxed, or restricted.

Patient, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the patient through the offer. Both patient and pharmacist are each individually responsible for reporting receipt of coupon benefit to any insurer, health plan, or other third party that pays for or reimburses any part of the prescription filled using the Card, as required.

It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the Card.

Certain information pertaining to your use of the Card will be shared with Gilead, the sponsor of the Card, and its affiliates. The information disclosed will include the date the prescription is filled, the number of pills or product dispensed by the pharmacists, and the amount of your co-pay that will be paid for by using this Card. For more information, please see the Gilead Privacy Policy at www.gilead.com.

Gilead reserves the right to terminate, rescind, revoke, or modify this Card at any time without notice.