

INTERCEPT SUPPORT SERVICES SAVINGS PROGRAM

TERMS AND CONDITIONS

The Intercept Support Services Savings Program will provide financial assistance for the out-of-pocket costs for eligible patients with a valid prescription, up to a maximum of \$10,000 per calendar year.

The Intercept Support Services Savings Program is not insurance and is not intended to substitute for insurance.

Before you enroll in the program, you will be asked to provide personal information that may include your name, address, phone number, email address, and information related to your prescription medication insurance and treatment. This information is needed for Intercept Pharmaceuticals, Inc. and our service providers to enroll you in the Intercept Support Services Savings Program. We may also use the information you give us to learn more about the patients who use our products and to improve the information we provide to them. Intercept Pharmaceuticals, Inc. will not share your information with anyone else except where legally required. The information you provide will be governed by our site's [Privacy Policy](#).

The patient must meet the program requirements every time the co-pay program card/coupon is used.

The Intercept Support Services Savings Program terms will expire at the end of each calendar year.

The program may change or end without notice, including within specific states.

In order to participate in the Intercept Support Services Savings Program and receive a benefit, the patient must meet certain eligibility criteria and comply with all the terms and conditions described below:

- **This program is only available for patients 18 years or older who use commercial or private insurance.**
- This program is not for patients who use:
 - any state or federal government funded health program. Examples of these programs are Medicaid, Medicare, Medigap, Veterans Affairs, Department of Defense, Tricare or other federal or state healthcare programs (including any state prescription drug assistance programs); or
 - private insurance plans or other health or pharmacy benefit programs that reimburse you for the entire cost of your prescription drugs.
- The savings received under this program must be deducted from any reimbursement request submitted to the patient's insurance plan, either directly or on behalf of the patient.
- The patient and the pharmacist each must report the patient's receipt of benefits under this program as required by any insurer, health plan, or other third-party payer.
- Absent a change in Massachusetts law, effective January 1, 2023, this offer is not valid for Massachusetts residents whose prescriptions are covered, in whole or in part, by third-party insurance.
- This program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer.

- This program offer is valid only in the United States and Puerto Rico and void where prohibited, taxed, or limited by law.

You may end your participation in the Intercept Support Services Support Program at any time by calling 844-622-4278.

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