FOUNDATION MEDICINE®

Support with Insurance, Billing, and Financial Assistance

It's all part of ordering with Foundation Medicine

Nearly

9 OUT OF EVERY 10

patients owe $0 for testing[1]

Insurance Coverage Information

- Qualifying Original Medicare patients have no out-of-pocket costs for Foundation Medicine next-generation sequencing (NGS) testing.[2]
- Foundation Medicine has coverage for CGP testing for solid tumors with all major insurers, including Aetna, Anthem, United Healthcare and the majority of Blue Cross Blue Shield plans.[3]
- More than 80 insurance plans cover Foundation Medicine CGP testing.[4]

Billing Information

- Foundation Medicine will make every attempt to secure insurance coverage. If your insurance company denies coverage for a Foundation Medicine test, with your consent, we will work to obtain coverage and pursue appeals.
- Foundation Medicine will not bill you for any out-of-pocket cost until the entire claims process is complete. Your out-of-pocket cost will depend on your insurance plan and may include deductibles, co-insurances, copays, or non-covered charges.

FOUNDATION**ACCESS**®

Giving you access to insurance, billing, and financial assistance is a top priority at Foundation Medicine—and FoundationAccess®* is here to help. After we receive your test order, we start reviewing what your plan covers. If we expect that you will have an out-of-pocket cost, we'll mail information about what to expect as your test moves forward through the billing process.

Financial Assistance

- Foundation Medicine offers a needs-based financial assistance program for qualifying patients. Those who qualify will have an up to $100 out-of-pocket maximum. Anyone can apply at any time for financial assistance.
- Patients who are covered by a state-managed Medicaid program automatically qualify for $0 out-of-pocket for testing under Foundation Medicine's financial assistance program.
- Patients with Managed Medicaid plans will still need to apply for financial aid.

*Foundation Medicine's FoundationAccess® program is available to patients whose tests were ordered within the United States and U.S. territories.

Questions

You may receive an Explanation of Benefits (EOB) from your health insurance plan stating what medical services you received, including testing from Foundation Medicine. The EOB is not a bill. If you have questions about your EOB or any other issue related to costs, please contact our Client Services Team. This team's priority is helping you.

Call: 888-988-3639

Email: client.services@foundationmedicine.com

Fax: 617-418-2290

References

1. Data on File, Foundation Medicine, Inc., 2023. Based on US settled claims for FoundationOne®CDx, FoundationOne®Liquid CDx, FoundationOne®Heme, and PD-L1 IHC ordered from Foundation Medicine, reported between 1/1/2022 and 3/31/2023 before considering any financial assistance. 65% of commercially insured and 96% of Medicare and Medicare Advantage patients owe $0 for Foundation Medicine testing.
2. For FoundationOne®CDx and FoundationOne®Liquid CDx, see "Next Generation Sequencing (NGS) for Medicare Beneficiaries with Advanced Cancer CAG-00450R." For FoundationOne®Heme, see Local Coverage Determination, "Next Generation Sequencing for Solid Tumors L38158." For FoundationOne®RNA, see Local Coverage Determination, "Genomic Sequence Analysis Panels in the Treatment of Solid Organ Neoplasms L37810." See limitations section for NGS exclusions.
3. Data on File, Foundation Medicine, Inc., 2024. FoundationOne®RNA is not a CGP test and is not part of this analysis.
4. Data on File, Foundation Medicine, Inc., 2024. Based on number of medical policies covering FoundationOne®CDx, FoundationOne®Liquid CDx, and/or FoundationOne®Heme as medically necessary for qualifying patients who meet medical criteria. Even with medical policy that provides coverage, some plans may be out-of-network and patient out-of-pocket responsibility will vary.

FoundationOne®CDx and FoundationOne®Liquid CDx are qualitative next-generation sequencing based *in vitro* diagnostic tests for advanced cancer patients with solid tumors and are for prescription use only. FoundationOne CDx utilizes FFPE tissue and analyzes 324 genes as well as genomic signatures. FoundationOne Liquid CDx analyzes 324 genes utilizing circulating cell-free DNA and is FDA-approved to report short variants in 311 genes. The tests are companion diagnostics to identify patients who may benefit from treatment with specific therapies in accordance with the therapeutic product labeling. Additional genomic findings may be reported and are not prescriptive or conclusive for labeled use of any specific therapeutic product. Use of the tests does not guarantee a patient will be matched to a treatment. A negative result does not rule out the presence of an alteration. Some patients may require a biopsy for testing with FoundationOne CDx when archival tissue is not available which may pose a risk. Patients being considered for eligibility for therapy based on detection of *NTRK1/2/3* and *ROS1* fusions should only be tested if tissue is unavailable. Patients who are tested with FoundationOne Liquid CDx and are negative for other companion diagnostic mutations should be reflexed to tumor tissue testing and mutation status confirmed using an FDA-approved tumor tissue test, if feasible.

For the complete label, including companion diagnostic indications and important risk information, please visit www.F1CDxLabel.com and www.F1LCDxLabel.com.

FoundationOne®Heme was developed and its performance characteristics determined by Foundation Medicine. It has not been cleared or approved by the U.S. Food and Drug Administration. For more information on this laboratory developed test, please see the Technical Specifications at www.foundationmedicine.com/heme.

FoundationOne®RNA is a laboratory developed test that was developed and its performance characteristics determined by Foundation Medicine. FoundationOne RNA has not been cleared or approved by the U.S. Food and Drug Administration. FoundationOne RNA is a test for solid tumors which utilizes RNA sequencing to interrogate 318 cancer-related genes to capture gene fusions and rearrangements. A negative result does not rule out the presence of an alteration. Genomic findings are not prescriptive or conclusive for labeled use of any specific therapeutic product.

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