

Boehringer Ingelheim Cares Foundation

BI Cares Patient Assistance Program Eligibility*

You may be eligible for the BI Cares Patient Assistance Program if all terms below are met:

- ❖ You reside in the U.S. or a U.S. territory and are being treated as an outpatient by a U.S. licensed health care provider
- ❖ Insurance, the influence of insurance coverage levels on eligibility differs across products. Refer to the individual product application for eligibility details.
- ❖ Your total household income before taxes and deductions is at or below our annual income limit
 - Our income limits are based on the total number of people in your household
 - A household includes the individual applying to our program plus, if living with the individual, his or her spouse and children who are under 19 years old
 - To qualify, your household annual income before taxes is at or below the amounts listed below for the medicine that you need

BI Cares Patient Assistance Program Length of Enrollment

- ❖ Uninsured
 - Enrollment is for 12 months from date of approval
- ❖ Insured enrollments between 1/1-10/14
 - New patient enrollment is valid through 12/31 of enrollment year based on date of approval
- ❖ Insured enrollments between 10/15-12/31
 - New Medicare Part D eligible or enrolled or Commercially insured Primary Care patients who are approved between 10/15 – 12/31 of any year are approved through 12/31 of the following year, for a maximum enrollment of up to 15 months.

Note: Because Specialty PAP applications are held until after Jan. 1 to perform the benefit investigation, all new and re-enrolling Specialty patients have a maximum enrollment of up to one year. Patients enrolled until 12/31 may begin to be re-enrolled for the following calendar year beginning on 10/15.

Group 1 Medicines and Income Limits

Glyxambi®
Jardiance®
Jentadueto®

Jentadueto® XR
Synjardy®
Synjardy ®XR

Tradjenta®
Trijardy® XR

Household Size

Annual Household Income Limit Before Taxes*

48 States Alaska Hawaii

1	\$ 36,450	\$ 45,525	\$ 41,925
2	\$ 49,300	\$ 61,600	\$ 56,700
3	\$ 62,150	\$ 77,675	\$ 71,475
4	\$ 75,000	\$ 93,750	\$ 86,250
5	\$ 87,850	\$109,825	\$101,025
6	\$100,700	\$125,900	\$115,800

Group 2 Medicines and Income Limits

Atrovent® HFA

Spiriva® Respimat®

Combivent ® Respimat®

Striverdi® Respimat®

Spiriva® HandiHaler

Stiolto®

Household Size

Annual Household Income Limit Before Taxes*

48 States Alaska Hawaii

1	\$ 29,160	\$ 36,420	\$ 33,540
2	\$ 39,440	\$ 49,280	\$ 45,360
3	\$ 49,720	\$ 62,140	\$ 57,180
4	\$ 60,000	\$ 75,000	\$ 69,000
5	\$ 70,280	\$ 87,860	\$ 80,820
6	\$ 80,560	\$100,720	\$ 92,640

Group 3 Medicines and Income Limits

Aptivus® Capsules
Gilotrif®
Ofev® Spevigo®

Household Size	Annual Household Income Limit Before Taxes*		
	48 States	Alaska	Hawaii
1	\$ 72,900	\$ 91,050	\$ 83,850
2	\$ 98,600	\$123,200	\$113,400
3	\$124,300	\$155,350	\$142,950
4	\$150,000	\$187,500	\$172,500
5	\$175,700	\$219,650	\$202,050
6	\$201,400	\$251,800	\$231,600

Group 4 Medicines and Income Limits

Cyltezo®

Household Size	Annual Household Income Limit Before Taxes*		
	48 States	Alaska	Hawaii
1	\$87,480	\$109,260	\$100,620
2	\$118,320	\$147,840	\$136,080
3	\$149,160	\$186,420	\$171,540
4	\$180,000	\$225,000	\$207,000
5	\$210,840	\$263,580	\$242,460
6	\$241,680	\$302,160	\$277,920

*Please Note: BI Cares Foundation reviews program eligibility rules periodically and reserves the right to change them at any time.

