

Patient Assistance Program

Objectives of Program

1. Help eliminate financial barriers for uninsured and underinsured patients accessing our technologies.
2. Streamline billing and appeals
3. Establishing the uBiome brand with patients as fair, helpful, and patient centered

Philosophy of Program

Ensure the broadest possible patient access to SmartGut and SmartJane by eliminating financial barriers for uninsured and underinsured patients.

One of our corporate values is our responsibility as a partner in public health. With a large number of uninsured and underinsured patients in the United States, uBiome is committed to doing its part to ensure that all patients have access to our testing services, regardless of their financial circumstances and ability to pay.

Patient Communication

- Engender confidence in patients that uBiome, Inc. will do everything legally possible to secure insurance payment for SmartGut and SmartJane tests
- Establish relationship between patient and uBiome to solve payer and reimbursement challenges
- Email to patient explaining billing, appeals and patient financial assistance programs; sent when uBiome receives a sample
- Patient advocate department (CS) to handle patient concerns and questions about reimbursement both before and after the test is run

Industry Benchmarks

Molecular Diagnostic Companies:

- Income threshold of 600% of FPL for 100% discount with the option to reduce the balance based on additional factors such as medical expenses, college tuition etc. if income is above 600%
- Income threshold of 450% of FPL for 100% discount
- Income threshold of \$80,000 for single income below which you qualify for 100% discount

Hospital examples:

- St. Joseph's Hospital, Orange County, CA uses 400% FPL as threshold for assistance
- Rush University Medical Center in Chicago uses 250% of poverty guideline to qualify for up to a 100% write off; self-pay patients automatically get a 50% discount off charges

uBiome Patient Financial Assistance Criteria

Uninsured Patients:

- Uninsured patients whose referring physician attests that the patient is uninsured and qualifies for discounted or for free services from the physician will be eligible for a discount of 100% from uBiome
- Uninsured patients whose income level is 400% of the Federal Poverty Guidelines or less will be eligible for a discount off their uBiome bill of 100%
- Patients who do not have insurance and state that they need assistance due to family economic hardship will be eligible for a discount off their uBiome bill of 100%.

- Uninsured patients whose income level is between 400% and 600% of the Federal Poverty Guidelines will be eligible for a discount off their uBiome bill of up to 50% and will be eligible for a payment plan to pay off the remainder of the bill
- All uninsured patients regardless of income will be eligible for payment plans to pay off any outstanding balance of their bill after any discounts are applied
- The minimum monthly payment for any payment plan will be \$10 per month

Privately Insured Patients:

- Insured patients whose insurance has partially or completely denied coverage of a uBiome test and whose income level is 400% of the Federal Poverty Guidelines (family size adjusted and based on income tax returns or equivalent documentation) or less will be eligible for a discount off their uBiome bill of 100% of the remaining balance after application of co-pays and deductibles
- Insured patients whose insurance has partially or completely denied coverage of a uBiome test who state that they need assistance due to family economic hardship will be eligible for a discount off their uBiome bill of 100% of the remaining balance after application of co-pays and deductibles.
- Insured patients whose insurance has partially or completely denied coverage of a uBiome test and whose income level is between 400% and 600% of the Federal Poverty Guidelines (family size adjusted and based on income tax returns or equivalent documentation) will be eligible for a discount off their uBiome bill of 50% of the remaining balance after application of co-pays and deductibles and will be eligible for a payment plan to pay off the remainder of the bill
- All privately insured patients regardless of income will be eligible for payment plans to pay off any outstanding balance of their bill after any discounts are applied
- The minimum monthly payment for any payment plan will be \$10 per month

2018 HHS Poverty Guidelines

Persons in Family/Household	Poverty Guideline	125% of Poverty Guideline (OCS/CED)	400% of Poverty Guideline	600% of Poverty Guideline
1	\$12,140	\$15,175	\$48,560	\$72,840
2	\$16,460	\$20,575	\$65,840	\$98,760
3	\$20,780	\$25,975	\$83,120	\$124,680
4	\$25,100	\$31,375	\$100,400	\$150,600
5	\$29,420	\$36,775	\$117,680	\$176,520
6	\$33,740	\$42,175	\$134,960	\$202,400
7	\$38,060	\$47,575	\$152,240	\$228,360
8	\$42,380	\$52,975	\$169,520	\$254,280