

CIMplicity® Savings

CIMplicity® Savings (the "Program") provides CIMZIA® (certolizumab pegol) Prefilled Syringe or Lyophilized Powder to eligible patients for as little as \$0 per dose. Eligible patients must have commercial insurance coverage and a valid prescription for CIMZIA Prefilled Syringe or Lyophilized Powder consistent with FDA-approved product labeling. The Program is not valid (1) for prescriptions that are reimbursed, in whole or in part, under Medicare (including Medicare Part D), Medicaid, or any other federal- or state-funded healthcare programs (including but not limited to any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico), (2) where a patient's commercial insurance plan reimburses for the entire cost of the drug, (3) for uninsured or cash paying patients, (4) where the product is not covered by patient's insurance, or (5) where otherwise prohibited by law. Product shall be dispensed pursuant to Program rules and federal and state laws. The value of the Program is exclusively for the benefit of patients and is intended to be credited in full toward patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance and deductibles. Patient may not seek reimbursement for the value received from this Program from other parties, including any health insurance program or plan, government healthcare program, flexible spending account, or healthcare savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the U.S. and Puerto Rico. This Program is not health insurance. Proof of purchase may be required. This Program is not transferrable and cannot be combined with any other savings, free trial, or similar offer. UCB, Inc. reserves the right to amend or end this Program at any time without notice. Subject to the prior sentence, this Program expires at 11:59 p.m. on December 31. Patients that meet the above requirements may re-enroll in the Program each year.

CIMplicity® Administration Savings Program

The CIMplicity® Administration Savings Program (the "Program") provides eligible patients with reimbursement for in-office administration-related costs (subject to an annual cap) for CIMZIA® (certolizumab pegol) Lyophilized Powder, subject to submission of an Explanation of Benefits (EOB) form to CIMplicity. Eligible patients must have commercial insurance coverage and a valid prescription for CIMZIA Lyophilized Powder consistent with FDA-approved product labeling. The total patient out-of-pocket cost under the Program is dependent on the patient's health insurance plan. The Program assists with costs related to the administration of CIMZIA Lyophilized Powder only. The Program does not assist with the cost of other administrations, medications, procedures, or office visit fees. After reaching the maximum Program's benefit amounts, the patient will be responsible for all remaining out-of-pocket expenses. The Program's benefit amounts cannot exceed the patient's out-of-pocket expenses for administration of CIMZIA Lyophilized Powder. The Program is not valid (1) for prescriptions that are reimbursed, in whole or in part, under Medicare (including Medicare Part D), Medicaid, or any other federal- or state-funded healthcare programs (including but not limited to any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico), (2) where a patient's commercial insurance plan reimburses for the entire cost of the drug, (3) for uninsured or cash paying patients, (4) where the product is not covered by patient's insurance, or (5) where otherwise prohibited by law. Product shall be dispensed pursuant to Program rules and federal and state laws. The value of the Program is exclusively for the benefit of patients and is intended to be credited in full toward patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Patient may not seek reimbursement for the value received from this Program from other parties, including any health insurance program or plan, government healthcare program, flexible spending account, or healthcare savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the U.S. and Puerto Rico. This Program is not health insurance. This Program is not transferrable and cannot be combined with any other savings, free trial, or similar offer. UCB, Inc. reserves the right to amend or end this Program at any time without notice. Subject to the prior sentence, this Program expires at 11:59 p.m. on December 31. Patients that meet the above requirements may re-enroll in the Program each year.