



The Leukemia & Lymphoma Society Co-Pay Assistance Program Covered and Non-Covered Expenses

Expenses covered by the Co-Pay Assistance Program:

- Medications associated with blood and marrow stem cell transplantation
- Blood cell boosters/erythropoietin-stimulating agents
- Blood transfusions
- Chemotherapy
- Intravenous preparation and or maintenance procedures
- Iron chelation therapy
- Kyphoplasty
- Photopheresis/UV light therapy
- Prescription drugs related to the covered diagnosis
- Public or private insurance premiums
- Radiation therapy
- Radioimmunotherapy (RIT)

Expenses not covered by the Co-Pay Assistance Program include but are not limited to:

- Co-insurance or deductibles that apply to treatments and or services that are not covered in the program
- Co-pays for office visits where treatment was not administered
- Consultation or second opinion fees
- Dental or vision insurance premiums or expenses
- Diagnostic procedures such as PET/CT/MRI scans, ultrasounds, x-rays, etc.
- Electrocardiogram, echocardiography (ECG or EKG), ultrasounds
- Fertility or reproductive procedures
- Hospitalization/Room or ward charges
- Laboratory services including blood work, biopsies, cultures, blood draws, bone marrow aspirations
- Long-term care insurance or cancer insurance policies
- OTC (over the counter) medication or vitamins
- Prescribed devices such as eyeglasses, wheelchairs, pumps, kits or supplies
- Surgery (diagnostic or non-treatment)
- Tissue typing & cell harvesting
- Travel expenses, including lodging, meals, parking, tolls