MOMMIES IN MIND

GENESIGHT EXAMPLE AND MEDICATION SELECTION

	her you metabolize (pro n between (yellow).	ocess and break down) me	dicine quickly (green) or	slowly (red), so
		ve side effects with standa ork as your body is so goo	•	ght need higher
	s it slowly, it builds up in e else to lessen side eff	n your body and you get si ects.	de effects. You might ne	ed lower doses
What genetic	testing can't do:			
Tell you whet	her you will get better o	on that medication.		
What the rep	ort looks like:		on in the yellow column	
Medications in the	ort looks like:	means th	on in the yellow column at you likely will have e effects to them	
-	ort looks like: Use as Directed	means th	at you likely will have	Medications in the

PROS	CONS
Tells you whether you will have side effects	Cannot tell you if medication will work
Saves weeks of trying out new medications that would have caused side effects anyway	Not covered by commercial insurances
Cheek swab and not a blood test	Not FDA approved
Can help you figure out if higher or lower dosing would be better	The results are not enough to guide treatment on their own. Need to consider other factors

Financial Information for the GeneSight® Test

THE GENESIGHT PROMISE

Insurance can be complicated, and we want you to feel comfortable knowing what you'll owe. We promise if your cost could be more than \$330, we'll call you before we process the test.

What to Know About the Cost of a GeneSight Test

We bill your insurance for the cost of the GeneSight test.

Medicare (Part B) Covered Tests	\$0 out of pocket cost	
Medicaid	Typically, \$0 out of pocket cost	
Medicare Advantage Covered Tests	Patient may be expected to cover a portion of the cost (typically \$330 or less)	
Commercial or Other		
Uninsured	Learn more at GeneSight.com/uninsured	

Learn more about covered tests at GeneSight.com/cost/insurance.

Get Financial Assistance

We offer financial assistance for patients with commercial insurance to help further reduce cost. Find out if you qualify using our financial assistance calculator on our website: GeneSight.com/cost. Our program is based on household income, number of people in your household, and other federal guidelines.

Total Annual Household Income*							
Number of People in Household**	1x Poverty Level	2x Poverty Level	3x Poverty Level	4x Poverty Level	Above 4X Poverty Level		
1	Less than \$13,590	\$13,590 - 27,180	\$27,181 - 40,770	\$40,771 - 54,360	More than \$54,360		
2	Less than \$18,310	\$18,310 - 36,620	\$36,621 - 54,930	\$54,931 - 73,240	More than \$73,240		
3	Less than \$23,030	\$23,030 - 46,060	\$46,061 - 69,090	\$69,091 - 92,120	More than \$92,120		
4	Less than \$27,750	\$27,750 - 55,500	\$55,501 - 83,250	\$83,251 - 111,000	More than \$111,000		
5	Less than \$32,470	\$32,470 - 64,940	\$64,941 - 97,410	\$97,411 - 129,880	More than \$129,880		
Patient Cost	\$0	\$0	\$100	\$200	GeneSight Promise Applies		

^{&#}x27;Based on U.S. Department of Health & Human Services 2022 Poverty Guidelines: https://aspe.hhs.gov/poverty-guidelines

Ask About Our Interest-Free Payment Plan

If your cost is \$100 or more, we offer an interest-free payment plan that allows you to spread out your cost over multiple months.





[&]quot;For households with more than five people, please refer to GeneSight.com/cost to see if you qualify

MOMMIES IN MIND

This site is for general informational purposes only and does not constitute the giving of medical advice. The contents do not constitute the practice of medicine, nursing, or other professional health care services. No provider-patient relationship is formed.