



## QHerit<sup>®</sup>

Helping to make genetic carrier screening more accessible

### Your patients won't be surprised with their out-of-pocket costs when they choose QHerit



**Quest Diagnostics<sup>®</sup> is in-network with a majority of health plans nationwide.** If a patient is enrolled with an in-network health plan, consistent with our arrangements with contracted health plans, patient responsibility is limited to \$300 when noncovered for QHerit



**80% of insured patients pay less than \$25<sup>a</sup>**



**Our patient assistance program provides transparency and avoids surprises**

- **The QHerit No Surprise program** determines prior authorization requirements and patient coverage. If Quest estimates the patient will receive a bill of over \$300, Quest will notify you and/or your patient. If you and/or your patient are not notified, the patient will owe no more than \$300

# Quest is committed to providing access to QHerit carrier screening to all patients, regardless of ability to pay

With insurance coverage, a patient may pay as little as \$0 (based on the patient’s insurance plan agreement). The **QHerit No Surprise program** determines prior authorization requirements and patient coverage.

Individual health plan benefits vary greatly. The patient should consult their insurance company directly for the most accurate information relative to their individual coverage.

Depending on the patient’s household income and household size, the patient may be eligible for a discounted price. See description below.

## Supplemental Financial Assistance Program (SFAP)

Quest Diagnostics offers flexible and easy-to-use financial assistance for both insured and uninsured patients.

- For patients whose income falls below the base income level for family size, testing is provided at no charge
- Patients with household incomes between 101% and 400% of the federal base income level may qualify for an out-of-pocket cost of no more than \$200

### Income requirements for eligibility (48 contiguous states and Washington, DC)

The below chart is an example of base incomes that are eligible for financial assistance.

Persons in family/household	Base income level	x400%
1	\$14,580	\$58,320
2	\$19,720	\$78,880
3	\$24,860	\$99,440
4	\$30,000	\$120,000
5	\$35,140	\$140,560

### Applying for the Supplemental Financial Assistance Program is easy with Quest’s Patient Navigators:

Patient Navigators are women’s health billing service professionals who will work directly with your patient to assist with their SFAP application and provide other billing support as needed for prenatal genetic testing.

Patients can call a Patient Navigator at 1.888.445.5011 or email [PatientNavigators@QuestDiagnostics.com](mailto:PatientNavigators@QuestDiagnostics.com).

Applications may be provided by a Patient Navigator or downloaded from [QuestWomensHealth.com/Resources](http://QuestWomensHealth.com/Resources)



Visit **QHerit.com** to learn more



QHerit, QHerit Plus, QHerit Extended, QHerit 421, and QHerit 381 are carrier “screening” tests, and they screen for variations in genes linked to certain health disorders, which can be passed from parents to children. QHerit screens 24 genes; QHerit Plus screens 85 genes; QHerit Extended screens 150 genes; QHerit 421 screens 421 genes; and QHerit 381 screens 381 genes. For a full list of genes that each panel in the QHerit family screens, visit [QHerit.com](http://QHerit.com). If the results from any panel in the QHerit family suggest that a patient may be a carrier of a gene variation that can cause a health disorder in her offspring, it is recommended that her reproductive partner be offered genetic screening and that genetic counseling be provided. Pregnancy management decisions should not be based on the results of these screening tests alone. As with any test, there may be false positives or false negatives. The positive predictive value of the screening test varies by genetic variation and may be lower for rare conditions. Each panel in the QHerit family is a laboratory-developed test that has been developed and validated pursuant to the Clinical Laboratory Improvements Amendments of 1988 (CLIA) and, as such, it has not been reviewed by the FDA.

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