UNITY Complete®

Coverage and Eligibility Information

Your provider recommended UNITY Complete for your pregnancy, which screens your baby for common and serious conditions. Prenatal screening tests are recommended for all pregnant individuals and we're committed to making this important testing affordable and accessible to every expecting parent.

UNITY Complete Affordability Program

We believe everyone deserves access to important information about their pregnancy, regardless of financial situation. **All Medicaid patients automatically receive UNITY Complete at no-cost and do not need to complete the application form.**

You may also be eligible for a no-cost or reduced-cost test if:

- You have limited income[1]
- Are facing economic challenges, extenuating circumstances, or other hardships
- Meet other eligibility criteria

[1]See reverse for no-cost UNITY Complete income qualification details.

How to Apply

1. **Check if you qualify** based on the reference table
2. **Complete the form** on the back of this page
3. **Return the form to your provider** who will include it with your test kit[2]
4. **What happens next?**
   - **If you qualify** for a no-cost UNITY Complete test based on your household size and annual income, you won't receive any bills or balance notices.
   - **If you do not qualify** for a no-cost UNITY Complete test based on your household size and annual income, please **call us at 650-460-2551** for a personalized discussion about your situation as your eligibility is based on your unique circumstance. This can be done before or after your UNITY Complete test.

[2]If the form is not included in the kit, you can still contact our billing specialists to discuss your eligibility at any time.

Have Questions?

For billing questions, concerns, or to get an estimated cost: Call 650-460-2551

We're committed to making testing accessible and affordable for everyone.

Patient Information

First name _____ **Last name** _____ **Date of birth** _____

Number of people in household _____ **Annual household income** *(pre-tax)* _____

Reference Table

2025 household size and annual income eligiblility limits for a no-cost UNITY Complete Test[3]

Number of people in household **including the current pregnancy*	**Annual household income** *(pre-tax)*[4]
2	$21,150
3	$26,650
4	$32,150
5	$37,650
6	$43,150
7	$48,650
8	$54,150
Other:	Other:

[3]If you do not meet these criteria, you may still qualify for a no-cost or reduced-cost UNITY Complete test. Please call our billing specialists at 650-460-2551 to discuss your specific situations and alternative options available to you.

[4]Based on 2025 FPG (subject to change)

Patient Attestation *(sign and date)*

I hereby certify that the information I have provided above is true and accurate. I also certify that I do not carry any U.S. federal or state-funded health insurance (e.g., Medicare, Medicaid, Tricare, Medicare Advantage). I understand and agree that BillionToOne reserves the right, at any time and without notice, to modify the application form, to modify or terminate this program, to audit my information or to request additional information.

Patient signature _____ Date _____

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