



FlexAccess™

Savings for You and Your Employees



FlexAccess is a unique copay assistance solution for Blue Cross and Blue Shield of Oklahoma (BCBSOK) members. It maximizes savings opportunities, ease of use and access to cost-sharing assistance.

Key Features



Savings

FlexAccess proactively and continuously helps members find available manufacturer copay assistance programs that lower their cost share. When members save on their prescription fills, you can save up to \$9 PMPM.¹



Access

Using automated data analysis to determine and match eligible members, FlexAccess increases participation and value for members. An omnichannel approach offers more pharmacy choices and coverage of **more than 200** specialty and non-specialty drugs.²



Support

A dedicated team provides members with **unrivaled support** throughout their participation in the program, including proactive outreach and education about options, enrollment and assistance such as reaching out to their doctor as needed.

Employer Reporting and Billing

Quarterly reports will be available, demonstrating the financial impact of your program participation. The reports include claims by therapeutic class, manufacturer dollars used, savings of participating members, savings per claim and claims count.

The program fee is 20% of the savings realized.

The program fee is reconciled monthly and will be listed on the subsequent month's bill as a separate line item. The first FlexAccess program bill can be expected two to three months after implementation. Please note: If no savings are identified, you will not be charged.

Member Experience

- 1. Identification & Outreach:** Members are identified based on claims history, first prescription fills and prior authorization approvals. During pre-implementation, program eligible members will receive notification letters 60-30 days pre-implementation and/or phone calls from the FlexAccess team if there is no response from the letter. After implementation, newly qualified members will be identified on an ongoing basis and contacted by phone.
- 2. Enrollment:** The FlexAccess team will review all manufacturer coupon program options with the member, help them get enrolled with their coupon program choice, set the copay amount and provide information for ongoing education and support.
- 3. At the Pharmacy:** Once enrolled, members will not need to use a separate coupon card to get their medication at a network retail or mail order pharmacy and can just use their BCBSOK Member ID card. Members can also expect more consistent copays throughout the calendar year, typically \$0-\$25 per prescription fill.³

What if members are already using a manufacturer coupon?

Members currently using a manufacturer's coupon can continue to do so but **should still sign up with FlexAccess**. Enrollment with FlexAccess helps to determine how to set the member's copay amount to a consistent amount throughout the calendar year.

What if a member does not want to or cannot participate?

If a member chooses to opt-out, they may be responsible for their full variable copay, up to the full retail cost of the drug, as determined by FlexAccess. The entire member payment will be applied to the member's plan benefits (deductible and/or yearly out-of-pocket maximum).

Members who are not eligible at any time will pay the applicable cost share amount based on their standard benefit design. Ineligibility can occur when a member's benefit no longer qualifies for manufacturer coupon assistance, when a member's drug no longer has an available assistance program or when a member switches to a drug that is not on the FlexAccess drug list.

Contact your BCBSOK Account Representative for more information about the FlexAccess program. Pre-sale analysis to estimate potential savings is available upon request.

1. Prime internal ASO book of business data 2021. Savings may differ depending on current benefit design.

2. Based on benefit design, members can use more than one in-network specialty pharmacy and retail pharmacies for select HIV medications. The medications included in the program are covered under the pharmacy benefit and are subject to change.

3. Member cost share will vary by drug. All member payments will count toward the plan deductible and yearly out-of-pocket maximum, where applicable.

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