



 GETTING STARTED GUIDE

Let us be
your advocate.

Welcome to MedImpact Assist®.

We understand the financial burden that expensive yet needed medications can present. To help support continued access to affordable prescription drugs, your Plan and MedImpact, your pharmacy benefit manager, have partnered up to offer a new discount program for specialty drugs, called MedImpact Assist®.

This program helps members reduce their out-of-pocket expenses for high-cost specialty drugs by utilizing assistance programs offered by drug manufacturers or charitable foundations. In some cases, your costs could be as low as \$0 out-of-pocket.

Through the program, you have access to a dedicated Member Advocate who will work with you and your provider to determine the best options available to reduce your costs.

Let's get started.

If you are prescribed a new specialty medicine, please call Benefit Services at **866-377-1255** right away to be assigned your Member Advocate. This person will help enroll you and start looking for ways to lower the cost of your medication.

Assistance programs offered by drug manufacturers may take up to 60 days to process your application so as soon as you know that you have been prescribed a new specialty medication, or if you have any concerns, reach out immediately to ensure proper coverage.

Connect with us.

You can contact your dedicated Member Advocate at 866-377-1255 or you can have all future contact made via secure email. Member Advocates are available from 6 a.m. to 6 p.m. MT, Monday through Friday.

Your Member Advocate will provide concierge service and will follow up with you to verify you have no issues getting your medication, answer your questions, and make sure that you are ready for your next appointment.

What are specialty drugs?

Specialty drugs are very high-cost prescription drugs used to treat conditions such as autoimmune diseases, cancer, HIV, or any other conditions requiring a medical specialist.

FAQ



What is MedImpact Assist?

MedImpact Assist is a member advocate program which is included in the Plan's Benefits to reduce your member liability, possibly to \$0 out of pocket, for high-cost drugs. We do this by utilizing assistance programs offered by manufacturers, finding Preferred Providers, or contracting with the provider directly.

What can I expect?

A dedicated Member Advocate will contact you to advocate on your behalf. As a member, you may be asked to provide information to verify you qualify for certain assistance programs.

This might include:

- The size of your household
- The estimated income of your household
- What state you reside in
- If you are a U.S. citizen
- Your eligibility for any federal healthcare benefits

Any responses obtained by the Member Advocate will be kept in the strictest confidence and will not be shared with your Plan Sponsor. Any assistance used by you, the member, will not be used by your Plan Sponsor in any way to determine benefit or drug coverage under your plan benefit.

What are specialty drugs?

Specialty drugs are used to treat conditions such as autoimmune diseases, cancer, HIV, or any other conditions requiring a medical specialist, and typically require a Prior Authorization by your insurance provider.

How will I know if any of my medications are specialty drugs?

If you have any questions about if your medication is a specialty drug you can ask your doctor, your insurance provider, pharmacy, or you can call your Member Advocate.

Will my specialty drug be delayed?

Your specialty drug will not be delayed if prompt notification and information is received. To avoid any delays please follow all the Program's guidelines and communicate regularly with your dedicated Member Advocate.

What if I do not communicate or engage with the process?

To help reduce your out-of-pocket costs, your Member Advocate will attempt to reach you via your preferred and alternate contact methods (phone or email) multiple times. In the event there is no response from you, your Plan Sponsor will be notified to assist in our efforts to reach you.

What if I do not qualify for a financial assistance program?

If you do not qualify for a manufacturer program, and other alternative sourcing is not available, your Member Advocate will work with your Plan Sponsor to request a coverage determination review. If the Plan Sponsor determines that all criteria have been met, your medicine may be covered based on your standard plan benefit and will be subject to any deductible, coinsurance, or copay until your maximum out-of-pocket is met.

