

# When you carve out pharmacy, many challenges come in like higher costs and lower utilization. What can you do? How can you spend less and engage more?



Drug spend represents 26% of total health care cost, yet 50% of people in the U.S. aren't taking their drugs as prescribed.<sup>1</sup>

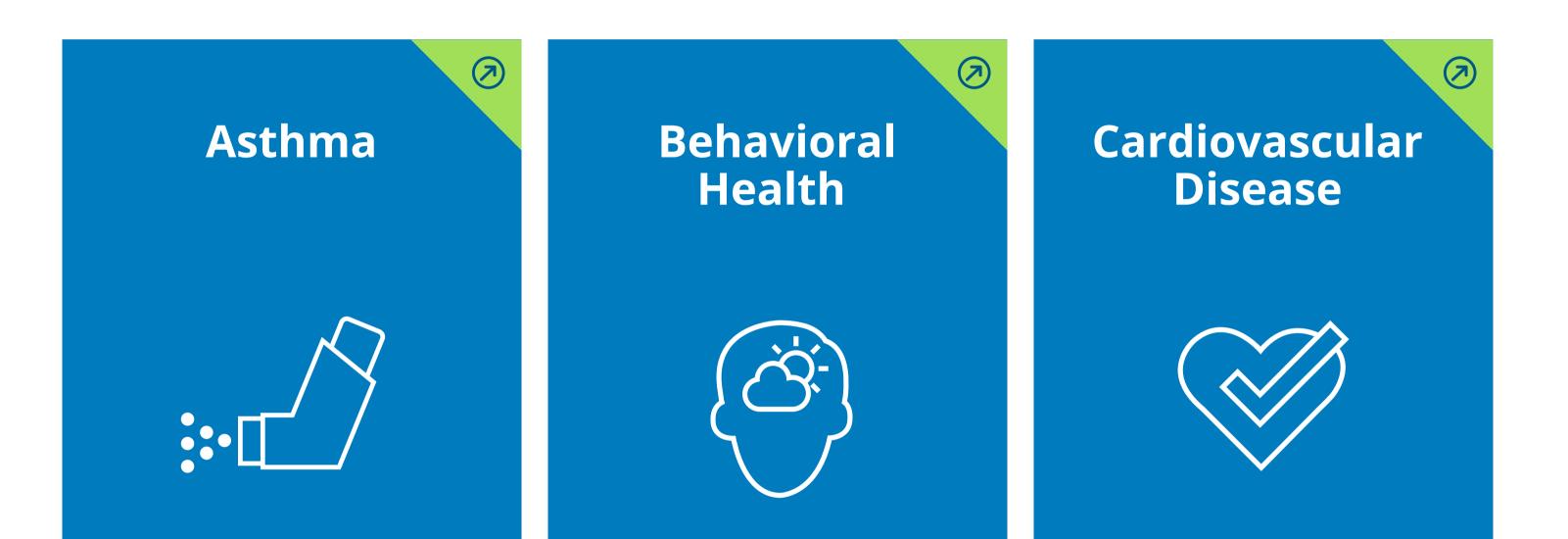
## MORE

A HealthScape study found that Blue Cross and Blue Shield of Montana engaged 29% more integrated pharmacy members than carved-out members.<sup>2</sup>

### LOWER

Medical costs were 9% lower for employers who carved in versus carved out pharmacy benefits.<sup>3</sup>

## Here's a look at the complexity of chronic conditions and the upside of bringing your benefits together.





## **100 MILLION**

More than 100 million people in the U.S. have some form of liver disease. Risk factors for liver disease include heavy alcohol use, obesity, type 2 diabetes, exposure to certain chemicals or toxins, and family history of liver disease.<sup>19</sup>

## **36% SAVINGS**

This is a complex condition and treatment can be costly. Across the Healthscape study population, groups that had connected benefits realized 36 percent savings, or \$3,161 per member per year, among members diagnosed with liver disease.<sup>20</sup>

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Integrating your medical and pharmacy benefits helps get your employees and business all on the same page.

## We're here for you, so you can be there for them.

When employees are facing complex conditions, their pharmacy needs can also be complex. So, it's important to look at the whole picture. We can help. <u>Read our white paper</u> on how integrating pharmacy and medical benefits together can be better for your employees and your business.

#### of Montana

Health is holistic. So why aren't your health care benefits? It's time to remove all the silos.

Connect pharmacy benef for more connected care.

#### 1 2020 National Health Expenditure Study

2, 3, 5, 9, 12, 15, 18, 20 Results of BCBSIL's Integrated Pharmacy study, a robust analytical exercise conducted across the five markets: Illinois, Montana, New Mexico, Oklahoma and Texas. Over 2,500 hypotheses were tested across five markets and in aggregate with 545 findings identified as statistically significant and favorable for groups with connected benefits. The study population consisted of 1,530 groups with connected benefits and 514 groups with medical-only benefits, and 2.6M and 4.5M members within each population, respectively, in 2021.

The methodology and results of this study have been reviewed and validated by Scott Allen, a credentialed health care actuary who is a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries.

Results may vary and performance may be driven by client-specific benefit design and program engagements.

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