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?



50%

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



29% **MORE**

A HealthScape study found that Blue Cross and Blue Shield of Oklahoma engaged 29% more integrated pharmacy members than carved-out members.²



LOWER

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

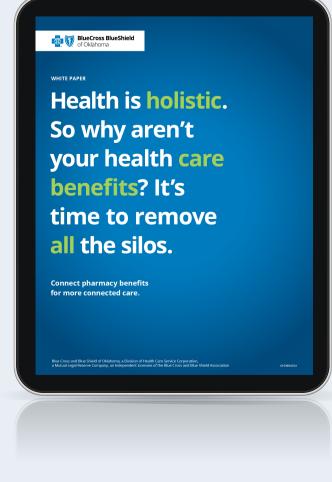
Here's a look at the complexity of chronic conditions and the upside of bringing your benefits together.



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. Read our white paper on how integrating pharmacy and medical benefits together can be better for your employees and your business.



within each population, respectively, in 2021.

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

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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