



For access and financial assistance for your Bristol-Myers Squibb medication:

Support with You in Mind

 Bristol-Myers Squibb
access|support® 

Welcome to BMS Access Support[®]

We know being a patient can be difficult, but we may be able to help you get your BMS medication.

Bristol-Myers Squibb (BMS) is committed to helping patients like you gain access to the BMS medications their doctor prescribed. That is why we offer the BMS Access Support program, which helps patients and their doctors' offices with the healthcare coverage process.

Your doctor's office plays a key role in the coverage process, but when requested, BMS Access Support can help you too. This brochure can help you understand the process and become a more active participant in your treatment journey.

For more information, you can give us a call at 1-800-861-0048, 8 AM to 8 PM ET, Monday-Friday and speak with a Care Counselor or visit www.BMSAccessSupport.com.

Gaining Access to Your Prescribed BMS Medication

HERE IS HOW IT WORKS:

- ✓ You visit your doctor and receive an examination and diagnosis.
- ✓ You and your doctor decide on a treatment.
- ✓ The office staff asks for your health insurance information to find out about your coverage.

We Work With Your Doctor's Office To Help Understand Your Coverage For Your Prescribed BMS Medication

THE SERVICES WE PROVIDE MAY INCLUDE:



Benefits Review

This service helps identify what is covered by your health insurance, if there are restrictions, and how much you may have to pay (out-of-pocket costs). This review will also show whether you need a Prior Authorization.



Prior Authorization (PA) Assistance

Some health insurers require a prior approval (a PA) before they will cover a medication. If your insurer requires a PA, it is up to your doctor to prepare and submit the proper documents. BMS Access Support can provide information about this process.

If Coverage Is Denied



Claims Appeal: Almost all health insurers have a special process for making an appeal if they have denied you coverage. We can help your doctor by providing information about this process.



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Healthcare Coverage Journey Map



Doctor Appointment

You visit your doctor and receive medical care.



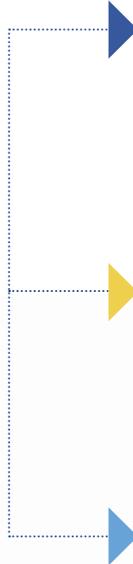
Treatment Decision

Doctor charts notes and makes a diagnosis and prescribing decision.



Office Checks Benefits

Office staff will ask for your health insurance information.



If You Are Covered With No Out-of-pocket Costs

Office will schedule an appointment with you for treatment.

If You Are Covered With Out-of-pocket Costs

Ensure understanding of insurance coverage and any out-of-pocket costs you may have. Office will schedule an appointment with you for treatment.

If You Are NOT Covered

If you do not have health insurance, there may be options to discuss with your doctor.*

Treatment Received

Doctor administers your treatment.



Claim Submitted

Office submits claim to your health insurance for payment.



Insurance Processes Claim

Claim processed and doctor's office receives payment for treatment or services.

Treatment Received

Doctor administers your treatment.



Claim Submitted

Office submits claim to your health insurance for payment.



Insurance Processes Claim

Out-of-pocket costs confirmed. Claim processed and doctor's office receives payment for treatment or services.



Office Bills Patient

Doctor's office bills you for out-of-pocket costs.*

*These include Monthly Payment Plan, Patient Protection and Affordable Care Act (PPACA) options (if eligible), and Charitable foundations.

*Made up of co-pay, deductible, or coinsurance payment.

Understanding Out-of-pocket Treatment Costs

The amount you will pay out-of-pocket for your treatment depends on your healthcare plan.

WHAT YOU MAY BE ASKED TO PAY AND WHY

- ✔ **Your healthcare plan** may have an annual deductible.

- ✔ **Your healthcare plan** will start to pay for covered treatment once you have paid the deductible.

- ✔ **After you pay or “meet” your deductible** you may still need to pay co-pay or coinsurance.

HOW MUCH YOUR HEALTHCARE PLAN ASKS YOU TO PAY MAY DEPEND ON:



Office visit, out patient facility, or hospital stay



Co-pay amount



Cost of drug or its place on formulary



Cost-sharing, such as coinsurance



Plan deductible



Other costs, depending on your coverage

See next page for health insurance terms and definitions.

Key Health Insurance Terms

Knowing common insurance terms can be helpful when trying to understand your healthcare coverage.

▶ **Coinsurance:**

A type of cost-sharing after you meet your annual deductible in some health plans. You pay a certain percentage of the cost of a covered service (typically 20%) and your plan pays the remaining amount.¹

▶ **Co-pay/Co-payment:**

Another type of cost-sharing in some health plans. You pay a fixed amount (\$20, for example) for a covered healthcare service or drug after you've paid your deductible. Co-pays can vary for different items or services within the same plan, like drugs, lab tests, and visits to specialists.¹

▶ **Deductible:**

After you pay your insurance premium, the deductible is the amount you pay for healthcare services each year before the health plan starts to pay its share. Each health plan may have a different deductible amount. After you pay your deductible, you usually pay either a co-pay or coinsurance for covered services. Your insurance company pays the rest.²

Formulary:

A list of prescription drugs covered by a drug plan or another health plan offering prescription drug benefits (also called a drug list). Drugs may be grouped into “tiers” depending on how expensive they are. More expensive, “higher-tier” drugs may require additional cost-sharing.³

1. Mayo Clinic. Glossary of Billing and Insurance Terms. <http://www.mayoclinic.org/patient-visitor-guide/billing-insurance/glossary>. Accessed October 29, 2018.
2. Coverage to Care: A road map to better care and a healthier you. CMS product 11839. Downloaded on October 29, 2018.
3. CMS.gov. Medicare and You 2019. <https://www.medicare.gov/sites/default/files/2018-09/10050-medicare-and-you.pdf>. Accessed October 29, 2018.

Online Patient and Caregiver Support

BMSAccessSupport.com provides reimbursement information, financial support options, and other resources for patients prescribed BMS medications.

- ✔ **Help With Co-pay Costs:** For eligible patients with commercial insurance who have been prescribed certain BMS products, BMS Access Support® may be able to provide financial help with co-pay (out-of-pocket) costs.*
- ✔ **Other Financial Support:** If you have Medicare, Medicaid, and/or TRICARE, we may be able to refer you to other sources of support. If you do not have insurance coverage, we may be able to refer you to additional resources.
- ✔ **Understanding Your Healthcare Benefits Guide:** Download this reference tool to better understand how health insurance assists with paying for treatment.

*Restrictions apply. Whether or not you are eligible will be based on a review of your completed application. Please see full terms and conditions for the applicable program for your therapeutic area at www.BMSAccessSupport.com.



✔ **Educational Videos** Watch informational videos like “What is Health Insurance?” and “What is an Explanation of Benefits?” to learn the basics of health insurance, coverage, and more.

✔ **Local Support Resources** Find transportation, medical services, care at home, and other local healthcare-related resources through Patient Resource Connections.



For patient specific resources, visit: www.BMSAccessSupport.com/patient



Have Questions About Our Services or Possible Financial Support?



Call **1-800-861-0048**,
8 AM to 8 PM ET, Monday-Friday
and speak with a Care Counselor

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Visit www.BMSAccessSupport.com

The accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider and patient. Bristol-Myers Squibb and its agents make no guarantee regarding coverage or reimbursement for any service or item.