Understanding the Benefits Investigation Report From Genentech Ophthalmology Access Solutions

Your Case Manager can conduct a benefits investigation (BI) to help you determine your patient's health insurance plan coverage. The results of the BI are provided in a BI Report, which can be faxed to your office or viewed via My Patient Solutions® for Health Care Practices, our online patient management tool.

- The information on the documents accompanying this BI Report is confidential. It is intended only for the individual or entity named on this BI Report

- More details can be found on the subsequent page(s) of the BI Report

Overview of Fax Cover Letter

1 **Service Request ID**
Identifies the Genentech Ophthalmology Access Solutions case or action. Multiple Case ID numbers may apply for a given patient

2 **Patient Information**
Provides information for whom the BI Report has been prepared, including Patient ID, name, date of birth and their prescription

3 **Prior Authorization (PA) and Pre-determination Summary**
Identifies whether a PA/pre-determination is required by the health insurance plan for treatment

4 **Patient Contact Status**
Indicates whether or not Genentech has attempted to contact the patient and inform them of their Genentech ophthalmology drug coverage

The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.

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Overview of BI Report

The BI Report contains information about the payer, product coverage, the plan and how to acquire the ophthalmology product selected on the Prescriber Service Form.

The first page of the BI Report will contain information for your practice to view at a glance.

Plan Coverage

Genentech | ACCESS SOLUTIONS

Phone: (866) 724-9394 | Fax: (877) 428-2326 | Genentech-Access.com/Ophthalmology

Patient: **John Smith**	Patient ID: **PAT-1234567**	Diagnosis Code(s): **E08.3311 / E08.3322**
Patient DOB: **10/10/1981**	BI Date: **08/28/2020**	Prescriber: **Carl Fisher, MD**

Next Steps for Primary Insurance

Prior Authorization IS Required

for Products: (Lucentis® (ranibizumab injection), Ophthalmology Product X, Ophthalmology Product Y
[Status] as of 08/28/2020

Submit by: Phone: (888) 888-8888
Fax: (123) 123-1234
Online: Genentech-Access.com

Note: Obtaining pre-determination before services are rendered and any limitation under a plan can be addressed before services are provided.

Pre-Determination is NOT Required

Note: Obtaining Pre-Determination can help you address any coverage limitations prior to treatment.

Benefit Summary

Insurance Submitted for Benefit Investigation (BI):

Primary: BLUE SHIELD OF CALIFORNIA: PPO
Secondary: AETNA HEALTH INC - CALIFORNIA: PPO

Products Submitted for Benefit Investigation (BI):

GENENTECH PRODUCT(S)	Billing Code:	Admin Code:
Lucentis® (ranibizumab injection)	J2778	67028 /

PRIMARY   Primary Insurance Name: Plan Product | In-Network
- The drugs are considered at [BENEFITS %, Deductible $1234123]. There is a monthly drug out-of-pocket max of [$200 / $000Met.] The administration is considered at 100% after the $45 copay. The copay is waived once the out of pocket max is met.
- [PRIOR AUTH REQUIREMENT] [STATUS] [PA TAT] [Submission info]
- A primary care physician referral is not required.

SECONDARY   Secondary Insurance Name: Plan Product | In-Network
- [PRIOR AUTH REQUIREMENT] [STATUS] [PA TAT] [Submission info]
- The drugs are considered at 85% with no deductible. There is a monthly drug out-of-pocket max of $200 ($0 met). The administration is considered at 100% after the $45 copay. Copay is waived once the out of pocket max is met.

TERTIARY   Tertiary Insurance Name: Plan Product | In-Network
- [PRIOR AUTH REQUIREMENT] [STATUS] [PA TAT] [Submission info]
- The drugs are considered at 85% with no deductible. There is a monthly drug out-of-pocket max of $200 ($0 met). The administration is considered at 100% after the $45 copay. Copay is waived once the out of pocket max is met.

This benefit investigation (BI) is based on info mation you provided to Genentech Access Solutions for the purpose of asking payer(s) about your patient's insurance coverage for the Product(s) below. This BI is based on the payer(s) response as of date(s) specified in the P oduct Coverage section below, and does not guarantee coverage, reimbursement, or payment at any particular rate for the Product(s). If the indication for which you are prescribing a product is not listed in the FDA approved label, you are prescribing the medication for an "unapproved" use, meaning that the FDA has not approved the efficac , dosage amount or safety of this medication when used for such a use. Provision of this BI is not an endorsement of use or prescribing practice. Please check directly with the payer(s) to verify codes, reimbursement rates, and special billing requirements.

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1 Demographic Information

Includes patient-specific information, including diagnosis codes

2 PA and Pre-determination

Identifies whether a PA/ pre-determination is required by the patient's health insurance for treatment

3 Benefit Summary

Summary of all insurers and Genentech Ophthalmology products submitted for BI, including applicable coding information

4 Payer Coverage Summary

Summary of coverage details for the Genentech ophthalmology products and insurances requested

In-depth Payer Summary

This section is available for up to 3 payers per BI Report.

The BI Report is adaptive. If a certain field does not pertain to a patient's insurance, the field will not show up on the report.

Plan Coverage

Phone: (866) 724-9394 | Fax: (877) 428-2326 | Genentech-Access.com/Ophthalmology

| Patient: **John Smith** | Patient ID: **PAT-1234567** | Patient DOB: **10/10/1981** |

Primary Payer (In-Network)

Cigna Healthcare of Oklahoma
Type: Major Medical
Phone: (999) 999-999

Subscriber ID: 123456
Effective Date: 3/24/2017
Group #: 987654321

Contact: primary-sachin
Eligibility Period: Quarterly
Reference #: sa-11

	GENENTECH PRODUCT(S): (Lucentis® (ranibizumab injection)	Ophthalmology Product X	Ophthalmology Product Y
BI Date	08/28/2020	08/28/2020	
Is Step Therapy Required?	No	Yes	
Ind. Deductible /Amount Met	$2345.00	$2345.00	
Fam. Deductible /Amount Met	$2345.00	$2345.00	
Insurer / Patient Drug Cost Share	80% / 20%	80%	
Insurer / Patient Device Cost Share	80% / 20%	20%	
Specialist Co-pay	$25.00	$25.00	
Place of Service Co-pay	$25.00	$25.00	
Drug Co-pay	$100.00	$100.00	
Individual OOP /Amount Met	$4,999.00	$4,999.00	
Family OOP /Amount Met	$4,999.00	$4,999.00	
Deductible Apply to OOP?	No	No	
Facility Fee		$300.00	
Insurer/Patient Procedure Fee Cost Share	80%	80%	
Specialty Pharmacy	Yes		

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1 Payer Coverage by Product
Compares coverage for selected Genentech ophthalmology products within each plan

2 Step Therapy
Identifies whether step therapy is required for the product

3 Cost Share
Shows the details of the plan's coverage, including patient cost-sharing responsibilities (e.g., deductibles, co-pays, co-insurance)
— This section also shows the patient's **individual and family out-of-pocket maximums**

4 Specialty Pharmacy
Lets you know if the Genentech product can be acquired via specialty pharmacy (SP). If there is a preferred SP, its name is listed

Choose How You Want to Connect With Us

Visit **Genentech-Access.com/Ophthalmology**

Enroll in **My Patient Solutions® for Health Care Practices** to manage your patients online and connect with a Case Manager via our Secure Messaging portal

Call a Case Manager at **(866) 724-9394**

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