SERFF Tracking #:	BCVT-133270485	State Tracking #:	c	Company Tracking #:
State:	VermontGMCB		Filing Company:	TVHP
TOI/Sub-TOI:	ML02 Multi-Line	- Other/ML02.000 Multi-Line	e - Other	
Product Name:	Q4 2022 TVHP	Large Group Unit Cost Tren	d Filing	
Project Name/Num	ber: /			

Filing at a Glance

i mig al a clanee	
Company:	TVHP
Product Name:	Q4 2022 TVHP Large Group Unit Cost Trend Filing
State:	VermontGMCB
TOI:	ML02 Multi-Line - Other
Sub-TOI:	ML02.000 Multi-Line - Other
Filing Type:	GMCB Trend / Admin Charge
Date Submitted:	05/20/2022
SERFF Tr Num:	BCVT-133270485
SERFF Status:	Pending State Action
State Tr Num:	
State Status:	
Co Tr Num:	
Effective	On Approval
Date Requested:	
Author(s):	Martine Brisson-Lemieux, Andrew Proulx, Matthew Goodrich
Reviewer(s):	Geoffrey Battista (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Michael
	Barber, Laura Beliveau, Jennifer DaPolito
Disposition Date:	
Disposition Status:	
Effective Date:	

State Filing Description:

SERFF Tracking #:	BCVT-133270485	State Tracking #:	Co	ompany Tracking #:	
State:	VermontGMCB		Filing Company:	TVHP	
TOI/Sub-TOI:	ML02 Multi-Line	- Other/ML02.000 Multi-Line	e - Other		
Product Name: Project Name/Numb		arge Group Unit Cost Tren.	d Filing		

General Information

Project Name: Project Number: Requested Filing Mode: Review & Approval Explanation for Combination/Other: Submission Type: New Submission Group Market Type: Employer Filing Status Changed: 07/19/2022 State Status Changed: Created By: Matthew Goodrich Corresponding Filing Tracking Number: Status of Filing in Domicile: Date Approved in Domicile: Domicile Status Comments: Market Type: Group Group Market Size: Large Overall Rate Impact:

Deemer Date: Submitted By: Matthew Goodrich

Filing Description: May 19, 2022

Laura Beliveau Staff Attorney Green Mountain Care Board 144 State Street Montpelier, Vermont 05602

Subject:Blue Cross and Blue Shield of Vermont - NAIC # 53295 The Vermont Health Plan - NAIC # 95696 Q4 2022 Large Group Unit Cost Trend Filing

Dear Ms. Beliveau:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's and The Vermont Health Plan's Q4 2022 Large Group Unit Cost Trend Filing. This filing updates unit cost trend factors to align with those filed in the 2023 Vermont ACA Market rate filings in an effort to establish rates effective Q4 2022 and beyond that are aligned with hospital budget requests that will be submitted on July 1, 2022. This filing is intended to allow for actual hospital budget submissions to be incorporated into large group rates in the same manner that they will be incorporated into ACA rates.

Please let me know if we can answer any questions or provide further information during your review.

Sincerely,

Ruth Greene

cc:Michael Barber/GMCB Christina McLaughlin/GMCB Paul Schultz/Blue Cross Martine Lemieux/Blue Cross Greg Boulbol/Blue Cross

SERFF Tracking #:	BCVT-133270485	State Tracking #:	Co	ompany Tracking #:
State:	VermontGMCB		Filing Company:	TVHP
TOI/Sub-TOI:	ML02 Multi-Line	- Other/ML02.000 Multi-Line	- Other	
Product Name:	Q4 2022 TVHP	Large Group Unit Cost Trend	l Filing	
Project Name/Numl	ber: /			
Company a	Ind Contact			
Filing Contact	Information			
Jude Daye, Exec	cutive Assistant	dayej@bcbs	svt.com	
445 Industrial La	ine	802-371-324	14 [Phone]	
Montpelier, VT 0	5601			
Filing Compan	y Information			
TVHP		CoCode: 95	696	State of Domicile: Vermont
PO BOX 186		Group Code	:	Company Type: HMO
Montpelier, VT (05601	Group Name	e:	State ID Number:
(802) 371-3450 6	ext. [Phone]	FEIN Numbe	er: 03-0354356	

SERFF Tracking #:	BCVT-133270485	State Tracking #:	Co	ompany Tracking #:	
State:	VermontGMCB		Filing Company:	TVHP	
TOI/Sub-TOI:	ML02 Multi-Line	- Other/ML02.000 Multi-Lin	e - Other		
Product Name:	Q4 2022 TVHP	Large Group Unit Cost Trer	nd Filing		
Project Name/Numb	er: /				

Filing Fees

State Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:	BCVT-133270485	State Tracking #:	c	Company Tracking #:	
State:	VermontGMCB		Filing Company:	TVHP	
TOI/Sub-TOI:	ML02 Multi-Line -	Other/ML02.000 Multi-Line - Other			
Product Name:	Q4 2022 TVHP La	arge Group Unit Cost Trend Filing			
Project Name/Number:	/				

Correspondence Summary

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Response	Jacqueline Lee	07/15/2022	07/15/2022	Matthew Goodrich	07/19/2022	07/19/2022

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
GMCB Order - Revised Exhibits	Note To Reviewer	Matthew Goodrich	08/19/2022	08/19/2022

SERFF Tracking #:	BCVT-133270485	State Tracking #:		Company Tracking #:	
State:	VermontGMCB		Filing Company:	TVHP	
TOI/Sub-TOI:	ML02 Multi-Line	- Other/ML02.000 Multi-Line - Oth	ner		
Product Name:	Q4 2022 TVHP	Large Group Unit Cost Trend Filin	g		
Project Name/Numl	ber: /				
Objection L	_etter				
Dbjection Letter	Status	Pending Respor	ise		
Objection Letter	Date	07/15/2022			

Submitted Date	07/15/2022	
Respond By Date	07/19/2022	
Dear Jude Daye,		
Introduction		

Introduction: Please see the attached letter.

Conclusion:

Sincerely, Jacqueline Lee



Actuaries and Consultants

700 Central Expressway South Suite 550 Allen, TX 75013

972-850-0850 lewisellis.com

L<mark>&</mark>E

July 15, 2022

Jude Daye, Executive Assistant Blue Cross and Blue Shield of Vermont 445 Industrial Lane Montpelier, VT 05601

Re: Blue Cross and Blue Shield of Vermont, The Vermont Health Plan 4Q 2022 LG Rating Program Filing SERFF Tracking #: BCVT-133270497, BCVT-133270485

Dear Jude Daye:

We have been retained by the Green Mountain Care Board ("GMCB") to review the above referenced group products filings submitted on 5/20/2022. The following additional information is required for these filings.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Using the FY2023 budget submission narratives posted on the GMCB website (https://gmcboard.vermont.gov/node/3183), please disclose the impact to the rates if the unit cost trend was set equal to the budget increases submitted and provide quantitative support for the impact.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but no later than July 19, 2022. Note that the responses can be submitted separately and do not have to be submitted all at the same time.

LEWIS[&]ELLIS

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,

Kevin Ruggeberg, FSA, MAAA Vice President and Consulting Actuary Lewis & Ellis, Inc. kruggeberg@lewisellis.com (972)850-0850

SERFF Tracking #:	BCVT-133270485	State Tracking #:		Company Tracking #:	
State:	VermontGMCB		Filing Company:	TVHP	
TOI/Sub-TOI:	ML02 Multi-Line -	Other/ML02.000 Multi-Line - Other			
Product Name:	Q4 2022 TVHP La	rge Group Unit Cost Trend Filing			
Project Name/Number:	/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/19/2022
Submitted Date	07/19/2022

Dear Geoffrey Battista,

Introduction:

Response 1

Comments:

Please find attached our responses to the Q4 2022 TVHP Large Group Unit Cost Trend Filing Inquiries dated July 15, 2022.

Changed Items:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes			
Satisfied - Item:	Responses to 4Q 2022 LG Rating Program Inquiry Letter 1		
Comments:			
Attachment(s):	Responses to 4Q 2022 LG Rating Program Inquiry Letter 1.pdf Responses to 4Q 2022 LG Rating Program Inquiry Letter 1 - Exhibits (REDACTED).pdf Responses to 4Q 2022 LG Rating Program Inquiry Letter 1 - Exhibits (REDACTED).xlsx		

Conclusion:

Sincerely, Matthew Goodrich

SERFF Tracking #: 1	BCVT-133270485	State Tracking #:	C	Company Tracking #:	
State:	VermontGMCB		Filing Company:	TVHP	
TOI/Sub-TOI:	ML02 Multi-Line	- Other/ML02.000 Multi-Lin	e - Other		
Product Name:	Q4 2022 TVHP I	arge Group Unit Cost Trer	nd Filing		
Project Name/Numbe	er: /				

Note To Reviewer

Created By:

Matthew Goodrich on 08/19/2022 07:55 AM

Last Edited By:

Matthew Goodrich

Submitted On:

08/19/2022 07:56 AM

Subject:

GMCB Order - Revised Exhibits

Comments:

Please find attached exhibits reflecting the GMCB order dated August 18, 2022.



BERLIN HQ 445 INDUSTRIAL LANE BERLIN, VERMONT 05641 P.O. BOX 186 MONTPELIER VT 05601-0186 800 247 2583 800 922 8778 802 255 4550

August 19, 2022

Laura Beliveau Staff Attorney Green Mountain Care Board 144 State Street Montpelier, Vermont 05602

Subject:Blue Cross and Blue Shield of Vermont - NAIC # 53295The Vermont Health Plan - NAIC # 95696Q4 2022 Large Group Unit Cost Trend Filing

Dear Ms. Beliveau:

Pursuant to the Green Mountain Care Board's Decision and Order dated August 18, 2022, we are writing to confirm that Blue Cross and TVHP will incorporate the ordered modifications to the large group unit cost trend filing. Blue Cross and TVHP have filed amended exhibits, which incorporate the ordered allowed medical trend. A supplemental exhibit is provided which calculates the impact of the ordered trends on the manual rate.

Should you have any questions, please do not hesitate to contact us.

Sincerely,

Paul A Schultz, F.S.A., M.A.A.A.

BLUE CROSS AND BLUE SHIELD OF VERMONT and THE VERMONT HEALTH PLAN Q4 2022 LARGE GROUP UNIT COST TREND FILING MANUAL RATE IMPACT OF FORMULA AND FACTOR CHANGES USING APPROVED TREND AMENDED PER GMCB ORDER

Calculation of the Manual Rate (Actives)					
Claim Type		Medical	Pharmacy	Total	
Q4 2022 Filed Manual Rate	A	\$556.59	\$122.77	\$679.36	
Q4 2022 Filed Paid Trend Factor	В	1.238	N/A		
Q4 2022 Approved Paid Trend Factor	С	1.266	N/A		
Q4 2022 Approved Manual Rate	$D = A \times (C/B)$	\$569.22	\$122.77	\$691.99	
Change in Manual Rate				1.9%	

Q4 2022 Approved Manual Rate					
Renewal Year	2023	2023	Component Increase	Premium Impact	
Filing Year	Q3 2022	Q4 2022			
Manual Claims	\$44,934,613	\$47,102,041	4.8%	4.4%	
Projected Rebates	-\$2,819,567	-\$2,819,567	0.0%	0.0%	
Admin	\$4,167,412	\$4,241,448	1.8%	0.1%	
Reserve	\$728,621	\$763,087	4.7%	0.1%	
Mandates and Assessments	\$1,056,704	\$1,075,655	1.8%	0.0%	
Additional Items	\$1,320,353	\$1,357,731	2.8%	0.1%	
Total				4.7%	

BLUE CROSS AND BLUE SHIELD OF VERMONT and THE VERMONT HEALTH PLAN Q4 2022 LARGE GROUP UNIT COST TREND FILING MONTHLY TREND FACTORS AMENDED PER GMCB ORDER

Month	Medical - BCBSVT	Medical - BCBSVT Non-	Modical TV/HD Managed
August 2018	Managed 1.0000	Managed 1.0000	Medical - TVHP Managed 1.0000
September 2018	1.0420	1.0420	1.0500
October 2018	1.0598	1.0598	1.0691
November 2018	1.1016	1.1018	1.1131
December 2018	1.3374	1.3376	1.3513
January 2019	1.3124	1.3126	1.3260
February 2019	1.2200	1.2320	1.2323
March 2019	1.2244	1.2365	1.2368
April 2019	1.2063	1.2182	1.2185
May 2019	1.1972	1.2090	1.2093
June 2019	1.2433	1.2556	1.2559
July 2019	1.3002	1.3130	1.3133
August 2019	1.1294	1.1426	1.1429
September 2019	1.1535	1.1670	1.1673
October 2019	1.2577	1.2725	1.2728
November 2019	1.2775	1.2926	1.2929
December 2019	1.2109	1.2251	1.2254
January 2020	1.2042	1.2183	1.2186
February 2020	1.2628	1.2770	1.2782
March 2020	0.9276	0.9380	0.9389
April 2020	0.7084	0.7164	0.7170
May 2020	0.9781	0.9890	0.9900
June 2020	1.2444	1.2583	1.2595
July 2020	1.2442	1.2582	1.2593
August 2020	1.2167	1.2312	1.2324
September 2020	1.2661	1.2813	1.2825
October 2020	1.1646	1.1785	1.1796
November 2020	1.1335	1.1471	1.1482
December 2020	1.2562	1.2713	1.2724
January 2021	1.3171	1.3347	1.3341
February 2021	1.3602	1.3784	1.3777
March 2021	1.3271	1.3448	1.3442
April 2021	1.3611	1.3794	1.3787
May 2021	1.5489	1.5697	1.5689
June 2021 July 2021	1.3523 1.3260	1.3704 1.3468	1.3698 1.3462
August 2021	1.2725	1.2924	1.2918
September 2021	1.3283	1.3491	1.3485
October 2021	1.3419	1.3629	1.3623
November 2021	1.3445	1.3655	1.3649
December 2021	1.3471	1.3681	1.3675
January 2022	1.3736	1.3964	1.3943
February 2022	1.3767	1.3996	1.3976
March 2022	1.3795	1.4024	1.4004
April 2022	1.3936	1.4168	1.4147
May 2022	1.4073	1.4307	1.4286
June 2022	1.4691	1.4935	1.4913
July 2022	1.4918	1.5167	1.5145
August 2022	1.4947	1.5197	1.5175
September 2022	1.4814	1.5061	1.5040
October 2022	1.5175	1.5427	1.5405
November 2022	1.5203	1.5456	1.5434
December 2022	1.5231	1.5485	1.5463
January 2023	1.6033	1.6301	1.6275
February 2023	1.6065	1.6333	1.6307
March 2023	1.6095	1.6364	1.6339
April 2023	1.6126	1.6395	1.6370
May 2023	1.6230	1.6500	1.6475
June 2023	1.6261	1.6532	1.6507
July 2023	1.6450	1.6726	1.6700
August 2023	1.6483	1.6759	1.6733
September 2023	1.6336	1.6609	1.6584
October 2023	1.6623	1.6901	1.6875
November 2023	1.6654	1.6932	1.6906
December 2023	1.6685	1.6963	1.6938
January 2024	1.7322	1.7621	1.7584
February 2024	1.7356	1.7656	1.7618
March 2024	1.7390	1.7690	1.7652
April 2024	1.7423	1.7723	1.7686
May 2024	1.7531	1.7833	1.7796
June 2024	1.7565	1.7868	1.7830

State: VermontGMCB Filing Company: TVHP TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other TVHP
Product Names
Product Name: Q4 2022 TVHP Large Group Unit Cost Trend Filing
Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:	Experience Rated and Manually Rated
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	7.600%
Effective Date of Last Rate Revision:	05/18/2022
Filing Method of Last Filing:	Experience Rated and Manually Rated
SERFF Tracking Number of Last Filing:	BCVT-133154563

Company Rate Information

Company	Overall % Indicated	Overall % Rate	Written Premium Change for	Number of Policy Holders Affected	Written Premium for	Maximum % Change	Minimum % Change
Name:	Change:	Impact:	this Program:	for this Program:	this Program:	(where req'd):	(where req'd):
TVHP	2.900%	%		198	\$2,573,224	%	%

SERFF Tracking #:	BCVT-133270485	BCVT-133270485 State Tracking #:		Company Tracking #:	
State:	VermontGMCB		Filing Company:	TVHP	
TOI/Sub-TOI:	ML02 Multi-Line - Oth	ML02 Multi-Line - Other/ML02.000 Multi-Line - Other			
Product Name:	Q4 2022 TVHP Large	e Group Unit Cost Trend Filing			
Project Name/Number:	/				

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Q4 2022 TVHP Large Group Unit Cost Trend Filing - Actuarial Memorandum (REDACTED).pdf
Item Status:	
Status Date:	
Bypassed - Item:	Civil Union Rating Requirements
Bypass Reason:	Not required.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Q4 2022 TVHP Large Group Unit Cost Trend Filing - Rate Filing Certification.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	TVHP does not use a Third Party to submit filings.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	Q4 2022 TVHP Large Group Unit Cost Trend Filing - Cover Letter.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	Q4 2022 TVHP Large Group Unit Cost Trend Filing - Exhibits (REDACTED).pdf Q4 2022 TVHP Large Group Unit Cost Trend Filing - Exhibits (REDACTED).xlsx
Item Status:	

SERFF Tracking #:	BCVT-133270485	State Tracking #:	Co	ompany Tracking #:
itate:	VermontGMCB		Filing Company:	TVHP
TOI/Sub-TOI:		- Other/ML02.000 Multi-Line - Other		
Product Name:	Q4 2022 TVHP I	Large Group Unit Cost Trend Filing		
Project Name/Number:	/			
Status Date:				
Satisfied - Item:	F	106		
Comments:				
Attachment(s):	G	4 2022 TVHP Lg Grp Filing - F106	6 Form signed.pdf	
Item Status:				
Status Date:				
Satisfied - Item:	P	lain Language Summary		
Comments:				
Attachment(s):	G	4 2022 TVHP Large Group Unit C	ost Trend Filing - Plain Lang	juage Summary.pdf
Item Status:				
Status Date:				
Satisfied - Item:	V	T Rx Data Template		
Comments:				
Attachment(s):	V V	T Rx Data Template - TVHP - Q4 2 T Rx Data Template - TVHP - Q4 2	2022 Large Group.pdf 2022 Large Group.xlsx	
Item Status:				
Status Date:				
Satisfied - Item:	R	esponses to 4Q 2022 LG Rating P	Program Inquiry Letter 1	
Comments:				
Attachment(s):	R	esponses to 4Q 2022 LG Rating P esponses to 4Q 2022 LG Rating P esponses to 4Q 2022 LG Rating P	Program Inquiry Letter 1 - Exl	hibits (REDACTED).pdf hibits (REDACTED).xlsx
Item Status:				
Status Date:				

SERFF Tracking #:	BCVT-133270485	State Tracking #:		Company Tracking #:			
State:	VermontGMCB		Filing Company:	TVHP			
TOI/Sub-TOI:	ML02 Multi-Line -	Other/ML02.000 Multi-Line - Other					
Product Name:	Q4 2022 TVHP La	Q4 2022 TVHP Large Group Unit Cost Trend Filing					
Project Name/Number:	/						

Attachment Q4 2022 TVHP Large Group Unit Cost Trend Filing - Exhibits (REDACTED).xlsx is not a PDF document and cannot be reproduced here.

Attachment VT Rx Data Template - TVHP - Q4 2022 Large Group.xlsx is not a PDF document and cannot be reproduced here.

Attachment Responses to 4Q 2022 LG Rating Program Inquiry Letter 1 - Exhibits (REDACTED).xlsx is not a PDF document and cannot be reproduced here.

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan Q4 2022 Large Group Unit Cost Trend Filing Actuarial Memorandum

1. Purpose

Blue Cross and Blue Shield of Vermont (Blue Cross) and The Vermont Health Plan (TVHP) perform large group rating on a case-by-case basis. We accomplish rating through a formulaic approach that blends recent group experience with a manual rate according to a credibility formula. We may adjust formula results for underwriting judgment and/or management decisions. This filing updates the medical unit cost trend factors that we will use for renewals beginning upon approval of this filing, most notably January 2023 renewals. Updates to the unit cost trend factors flow through to impact the manual rate as well—we also demonstrate this impact as part of this Q4 filing.

Once approved, we will use this filing for insured large group and grandfathered small group renewals (we will refer to them collectively as large groups for the remainder of the filing) until superseded by a subsequent filing. This filing will apply beginning with rates communicated within seven business days after the date of its approval and continuing until at most seven business days after the date of approval of the next Blue Cross and TVHP Large Group Rating Program filings. The term "communicated," for this purpose, means a written proposal delivered to a large group account.

2. Overview and Rate Impact

2.1. Overview

This filing includes the development of medical unit cost factors and illustrates a manual rate developed using the medical unit cost trend factors. The medical unit cost factors update those approved in the Q3 2022 BCBSVT Large Group Rating Program Filing and the Q3 2022 TVHP Large Group Rating Program Filing (BCVT-133154621 and BCVT-133154563). The unit cost trend factors align with those filed in the 2023 Vermont ACA Market rate filings (BCVT-133243619 and BCVT-133243509). We use this filing for insured products, including Cost Plus. Blue Cross projects that this filing will affect 6,396 members (3,563 subscribers) in 38 groups. These totals are as of December 31, 2021 and include members of both Blue Cross and TVHP. We will refer to the combined population as Blue Cross throughout this memorandum.

2.2. Impact of Formula and Factor Changes

This total impact of changes in medical unit cost factors is 2.9 percent.

3. Medical Unit Cost Trend

Observations of recent contracting and provider budgetary changes are the main source of unit cost trends. During the year ended August 2021, roughly 52 percent of total claims dollars were provided by Vermont facilities and providers directly affected by the hospital budget review process of the Green Mountain Care Board (GMCB). For hospitals under the jurisdiction of GMCB review, we start with the assumption that the GMCB will approve hospital budgets for the 2022 cycle that support identical commercial increases as those approved for the 2021 cycle. For hospitals that requested a midyear increase in the spring of 2022, we assume that their next approved budget will be higher than the 2021 cycle by the annualized proportion that was not granted as a midyear adjustment.

Based upon the above assumptions concerning hospital budget and fee schedule changes, the provider contracting and actuarial departments worked together to assess the impact such an increase would have on contract negotiations for the Blue Cross Managed Care, Blue Cross Non-Managed Care, and TVHP Managed Care contracts. For marketing reasons, Blue Cross negotiates different unit cost increases for each of the three contracts. To reflect these differences, we calculate a cost trend for each contract.

We assumed for other providers within the Blue Cross service area that overall 2022 and 2023 budget increases would be identical to those implemented during the 2021 cycle, with the exception that we have reflected any more recent information gleaned from our early negotiations with providers. Again, the provider contracting and actuarial departments worked closely together to assess the impact these assumptions would have on contract negotiations for the Blue Cross Managed Care, Blue Cross Non-Managed Care, and TVHP Managed Care contracts.

Finally, we derive unit cost increases for providers outside the Blue Cross service area from the Fall 2021 Blue Trend Survey, which is a proprietary and confidential dissemination of the BlueCross BlueShield Association.

Exhibit 2A shows the details of the cost increases by contract and type of claim. We use the expected increases to trend the contract-normalized claims to the projection period.

Medical Unit Cost Trend – CY 2022							
	Blue Cross Managed Care	Blue Cross Non- Managed Care	TVHP Managed Care				
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	6.4%	6.6%	6.4%				
Other facilities and providers	5.5%	5.7%	5.7%				
Total	6.0%	6.2%	6.1%				

The chart below summarizes the results of the analysis:

Medical Unit Cost Trend – CY 2023							
	Blue Cross Managed Care	Blue Cross Non- Managed Care	TVHP Managed Care				
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	10.1%	10.1%	10.1%				
Other facilities and providers	5.7%	5.7%	5.7%				
Total	8.0%	8.0%	8.0%				

4. Manual Rate

We have updated the manual rate for actives from the Q3 2022 BCBSVT Large Group Rating Program Filing and the Q3 2022 TVHP Large Group Rating Program Filing only to apply the trends as described in

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan Q4 2022 Large Group Unit Cost Trend Filing Actuarial Memorandum

Calculation of the Manual Rate (Actives)								
Claim Type		Medical	Pharmacy	Total				
Q3 2022 Manual Rate	Α	\$537.27	\$122.77	\$660.04				
Q3 2022 Paid Trend Factor	В	1.1951	N1/A					

1.2380

\$556.59

С

 $D = A \times (C/B)$

N/A

\$122.77

\$679.36

section 3. Other than this update, the manual rate development for actives is identical to that described within the O3 2022 filings (BCVT-133154621 and BCVT-133154563)

5. **Medical Loss Ratio Projection**

Q4 2022 Paid Trend Factor

Q4 2022 Manual Rate

We use the factors and formula in this filing to project a Medical Loss Ratio (MLR) for 2023. Using the manual rate as a proxy for projected claims, we project a 2023 MLR of 89.5 percent for Blue Cross and 88.7 percent for TVHP. The Blue Cross credibility-adjusted MLR for Large Group was 95.3 percent in 2019 and 90.1 percent in 2020. The TVHP credibility-adjusted MLR for Large Group 94.5 percent in 2019 and 97.0 percent in 2020. Exhibit 4C provides the development of the projected MLR. The calculations represent estimates assuming that all pricing assumptions hold true, and assuming no change from 2020 values for various quantities (e.g. HCQ, commissions).

6. Act 193 Information

This information is included template filed in SERFF with this filing (VT Rx Data Template - BCBSVT - Q4 2022 Large Group.xlsx). The data in the template is based on actual and projected experience for the groups included in the manual rate.

7. **Actuarial Opinion**

I, Martine Lemieux, am an employee of Blue Cross Blue Shield of Vermont and a member of the American Academy of Actuaries. I have experience in the area of insured health care programs.

Section 8 lists applicable limitations and disclosures.

It is my opinion that the factors presented in this filing are reasonable and have been prepared in accordance with applicable Actuarial Standards of Practice. The factors will produce premium rates that are reasonable in relation to the benefits provided and will not be excessive inadequate or unfairly discriminatory.

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's Qualification Standards to render this opinion.

Martine B Lemieux, Martine Lemieux, F.S.A., M.A.A.A.

May 19, 2022

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan Q4 2022 Large Group Unit Cost Trend Filing Actuarial Memorandum

8. Disclosures

Information Date: The analysis provided in the report is based on information as known on May 18, 2022.

Scope: The purpose of this filing is to update the trend factors and manual rate that will be used for renewals of Blue Cross and Blue Shield of Vermont and The Vermont Health Plan large group plans. This filing is not intended to be used for other purposes.

Intended Users: This material has been prepared for the GMCB. Blue Cross understands that this memorandum and accompanying exhibits will be posted publicly.

Uncertainty or Risk: Future events will affect the results presented in the memorandum. Per GMCB guidance published on March 31, 2022¹ Vermont hospital budgets submissions are due July 1, 2022. The hospital budget submissions will be different from the assumptions included in this filing and may call into question the adequacy or excessiveness of the premium rates discussed here.

Reliance on Other Sources for Data and Other Information: This analysis relies upon data from the Blue Cross data warehouse. I have reviewed the data for reasonableness, but no audit was performed.

Subsequent Events: New information related to the COVID-19 pandemic continues to emerge on a regular basis. Subsequent events may affect the projected MLR presented herein. The degree to which future events may materially change the MLR is unknown.

¹ <u>https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY23%20Hospital%20Budget%20Guidance-%20FINAL.pdf</u>

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and, to the best of my knowledge, the filing complies with all applicable statutory and regulatory provisions for the state of Vermont

RuthStreene

5/19/2022

Ruth Greene Vice President, Treasurer & Chief Financial Officer

Date

BERLIN HQ 445 INDUSTRIAL LANE BERLIN, VERMONT 05641 P.O. BOX 186 MONTPELIER VT 05601-0186 800 247 2583 800 922 8778 802 255 4550

May 19, 2022

Laura Beliveau Staff Attorney Green Mountain Care Board 144 State Street Montpelier, Vermont 05602

Subject: Blue Cross and Blue Shield of Vermont - NAIC # 53295 The Vermont Health Plan - NAIC # 95696 Q4 2022 Large Group Unit Cost Trend Filing

Dear Ms. Beliveau:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's and The Vermont Health Plan's Q4 2022 Large Group Unit Cost Trend Filing. This filing updates unit cost trend factors to align with those filed in the 2023 Vermont ACA Market rate filings in an effort to establish rates effective Q4 2022 and beyond that are aligned with hospital budget requests that will be submitted on July 1, 2022. This filing is intended to allow for actual hospital budget submissions to be incorporated into large group rates in the same manner that they will be incorporated into ACA rates.

Please let me know if we can answer any questions or provide further information during your review.

Sincerely,

th Greene

Ruth Greene

cc: Michael Barber/GMCB Christina McLaughlin/GMCB Paul Schultz/Blue Cross Martine Lemieux/Blue Cross Greg Boulbol/Blue Cross

BLUE CROSS AND BLUE SHIELD OF VERMONT and THE VERMONT HEALTH PLAN Q4 2022 LARGE GROUP UNIT COST TREND FILING

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BLUE CROSS AND BLUE SHIELD OF VERMONT and THE VERMONT HEALTH PLAN Q4 2022 LARGE GROUP UNIT COST TREND FILING

UNIT COST TREND SUMMARY

		Inpatient	Inpatient	Inpatient	Inpatient	Inpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Professional	Professional	Professional	Professional	Professional	Professional			Total		
		GMCB	NH	BlueCard	Other	Total	GMCB	NH	BlueCard	Other	Total	GMCB	Community	NH	BlueCard	Other	Total	VT / GMCB	NH	BlueCard	Other	Total
	Exp Period					\$86.90					\$232.82						\$136.18					\$455.91
	CY 2021					\$88.22					\$237.12						\$137.83					\$463.17
	YE 202206					\$90.78					\$243.40						\$140.71					\$474.90
	CY 2022					\$94.26					\$251.84						\$144.81					\$490.91
đHy	CY 2023					\$103.12					\$274.32						\$152.91					\$530.35
>	Exp % of Total					100.0%					100.0%						100.0%					100.0%
	Prj % of Total					100.0%					100.0%						100.0%					100.0%
	CY 2022 / CY 2021					6.9%					6.2%						5.1%					6.0%
	CY 2023 / CY 2022					9.4%					8.9%						5.6%					8.0%
	Annual Cost Trend					8.9%					8.3%						5.7%					7.6%
	Exp Period					\$86.90					\$232.84						\$136.18					\$455.92
	CY 2021					\$88.42					\$237.39						\$137.93					\$463.74
	YE 202206					\$90.93					\$244.35						\$140.96					\$476.24
	CY 2022					\$94.24					\$253.24						\$145.07					\$492.55
Q	CY 2023					\$103.09					\$275.88						\$153.18	_	_		_	\$532.15
	Exp % of Total					100.0%					100.0%						100.0%					100.0%
	Prj % of Total CY 2022 / CY 2021			_		100.0% 6.6%					100.0% 6.7%						100.0% 5.2%					100.0% 6.2%
	CY 2022 / CY 2021 CY 2023 / CY 2022					9.4%					6.7% 8.9%						5.6%					8.0%
	Annual Cost Trend					9.4% 8.7%					8.4%						5.7%					7.7%
	Annual Cost menu					0.7%					0.470						3.776					1.170
	Exp Period					\$86.90					\$232.83						\$136.18					\$455.91
	CY 2021					\$88.31					\$237.29						\$137.93					\$463.52
	YE 202206					\$91.00					\$243.82						\$140.96					\$475.78
	CY 2022					\$94.49					\$252.27						\$145.07					\$491.83
Ъ	CY 2023					\$103.37					\$274.79						\$153.18					\$531.35
≥	Exp % of Total					100.0%					100.0%						100.0%					100.0%
	Prj % of Total					100.0%					100.0%						100.0%					100.0%
	CY 2022 / CY 2021					7.0%					6.3%						5.2%					6.1%
	CY 2023 / CY 2022					9.4%					8.9%						5.6%					8.0%
	Annual Cost Trend					8.9%					8.3%						5.7%					7.6%
									-													

BLUE CROSS AND BLUE SHIELD OF VERMONT and THE VERMONT HEALTH PLAN Q4 2022 LARGE GROUP UNIT COST TREND FILING

MONTHLY TREND FACTORS

Month	Medical - BCBSVT Managed	Medical - BCBSVT Non- Managed	Medical - TVHP Managed
August 2018	1.0000	1.0000	1.0000
September 2018	1.0420	1.0420	1.0511
October 2018	1.0598	1.0598	1.0691
November 2018	1.1016	1.1018	1.1131
December 2018	1.3374	1.3376	1.3513
January 2019	1.3124	1.3126	1.3260
February 2019	1.2200	1.2320	1.2323
March 2019	1.2244	1.2365	1.2368
April 2019	1.2063	1.2182	1.2185
•	1.1972	1.2182	1.2093
May 2019	1.2433	1.2556	1.2559
June 2019			
July 2019	1.3002	1.3130	1.3133
August 2019	1.1294	1.1426	1.1429
September 2019	1.1535	1.1670	1.1673
October 2019	1.2577	1.2725	1.2728
November 2019	1.2775	1.2926	1.2929
December 2019	1.2109	1.2251	1.2254
January 2020	1.2042	1.2183	1.2186
February 2020	1.2628	1.2770	1.2782
March 2020	0.9276	0.9380	0.9389
April 2020	0.7084	0.7164	0.7170
May 2020	0.9781	0.9890	0.9900
, June 2020	1.2444	1.2583	1.2595
July 2020	1.2442	1.2582	1.2593
August 2020	1.2167	1.2312	1.2324
September 2020	1.2661	1.2813	1.2825
October 2020	1.1646	1.1785	1.1796
November 2020	1.1335	1.1471	1.1482
December 2020	1.2562	1.2713	1.2724
January 2021	1.2562	1.3347	1.3341
	-		
February 2021	1.3602	1.3784	1.3777
March 2021	1.3271	1.3448	1.3442
April 2021	1.3611	1.3794	1.3787
May 2021	1.5489	1.5697	1.5689
June 2021	1.3523	1.3704	1.3698
July 2021	1.3260	1.3468	1.3462
August 2021	1.2725	1.2924	1.2918
September 2021	1.3283	1.3491	1.3485
October 2021	1.3419	1.3629	1.3623
November 2021	1.3445	1.3655	1.3649
December 2021	1.3471	1.3681	1.3675
January 2022	1.3736	1.3964	1.3943
February 2022	1.3767	1.3996	1.3976
March 2022	1.3795	1.4024	1.4004
April 2022	1.3936	1.4168	1.4147
May 2022	1.4073	1.4307	1.4286
June 2022	1.4691	1.4935	1.4913
July 2022	1.4918	1.5167	1.5145
August 2022	1.4947	1.5197	1.5175
September 2022	1.4947	1.5061	1.5040
October 2022	1.5031	1.5281	1.5259
November 2022	1.5059	1.5310	1.5288
December 2022	1.5087	1.5339	1.5317
January 2023	1.5702	1.5965	1.5940
February 2023	1.5734	1.5996	1.5972
March 2023	1.5764	1.6027	1.6003
April 2023	1.5794	1.6058	1.6034
May 2023	1.5897	1.6162	1.6138
lune 2023	1.5928	1.6194	1.6169
July 2023	1.6117	1.6387	1.6363
August 2023	1.6149	1.6420	1.6395
September 2023	1.6005	1.6274	1.6249
October 2023	1.6159	1.6430	1.6405
November 2023	1.6189	1.6460	1.6436
December 2023	1.6220	1.6491	1.6467
January 2024	1.6554	1.6849	1.6806
February 2024	1.6588	1.6883	1.6840
March 2024	1.6620	1.6916	1.6872
April 2024	1.6652	1.6949	1.6905
May 2024	1.6760	1.7058	1.7014
June 2024	1.6793	1.7091	1.7048

EXHIBIT 4A

Example of Manual Rate Adjustment

Manual Rate Average Age/Gender Factor Average Industry Factor	\$679.36 1.000 1.000			
Projection Period	1/1/2023			
Trend Factor	10.70%			
Group Information	Active	Medicare Prima	ry	
Age/Gender Factor	0.940	1.030		
Industry Factor	0.965	1.000		
Projection Period	7/1/2023			
			_,	"
Contract Conversion	Contract Distribution	Members	Tier Factor	"Contract Tiers"
Single	25	25	1	25
Two-Person	25	50	2.000	50
Family	50	197	2.782	139.09
	100	272		214.09

		Active	Medicare Primary
Manual Rate	A	\$679.36	\$497.79
Adjustment for Age/Gender	B = 0.94 / 1	0.9400	1.0300
Adjustment for Industry	C = 0.965 / 1	0.9650	1.0000
Adjustment for Trend	D = 10.7% for 6 months	1.0521	1.0521
Contract Conversion Factor	E = 214.09 / 272	1.2705	1.0000
Adjusted Manual Rate	$F = A \times B \times C \times D \times E$	\$823.76	\$539.45

PROJECTED 2023 MLR CALCULATION

			BCBSVT
(A)	Manual Rate	\$679.36	Exhibit 4A
(B)	Rebates	\$39.62	Q3 2022 LG Actuarial Memorandum, Section 2.3
(C)	Estimated HCQ	\$2.70	2020 MLR Filing, untrended
(D)	State Mandates and Assessments	\$14.61	Calculation as described on Q3 2022 LG Exhibit 1C, using latest actual PMPM as needed
(E)	MLR Numerator	\$657.04	= (A) - (B) + (C) + (D)
(F)	Projected Claims	\$654.34	= (A) - (B) + (D)
(G)	Net Cost of Reinsurance	\$2.09	Q3 2022 LG Actuarial Memorandum, Section 6.4
(H)	Administrative Charge	\$58.63	Calculation as of January 2023, from Q3 2022 LG Exhibit 5A
(1)	GMCB Billbacks	\$2.31	Q3 2022 LG Actuarial Memorandum, Section 6.8
(L)	Patient-Centered Outcomes Research Institute	\$0.26	Q3 2022 LG Actuarial Memorandum, Section 6.9
(K)	Subtotal	\$717.63	= (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$734.16	= (K) / (1 - 0.008 - 0.015)
(M)	Commissions	\$5.52	= (L) x 0.8% (from 2020 MLR filing)
(N)	Contribution to Reserve	\$11.01	= (L) x 1.5% (from Q3 2022 LG Actuarial Memorandum, Section 6.6)
(0)	MLR Denominator	\$734.16	= (L)
(P)	MLR	89.5%	= (E) / (O)

TVHP

(A)	Manual Rate	\$679.36	Exhibit 4A
(B)	Rebates	\$39.62	Q3 2022 LG Actuarial Memorandum, Section 2.3
(C)	Estimated HCQ	\$6.43	2020 MLR Filing, untrended
(D)	State Mandates and Assessments	\$14.61	Calculation as described on Q3 2022 LG Exhibit 1C, using latest actual PMPM as needed
(E)	MLR Numerator	\$660.77	= (A) - (B) + (C) + (D)
(F)	Projected Claims	\$654.34	= (A) - (B) + (D)
(G)	Net Cost of Reinsurance	\$2.09	Q3 2022 LG Actuarial Memorandum, Section 6.4
(H)	Administrative Charge	\$58.63	Calculation as of January 2023, from Q3 2022 LG Exhibit 5A
(I)	GMCB Billbacks	\$2.31	Q3 2022 LG Actuarial Memorandum, Section 6.8
(L)	Patient-Centered Outcomes Research Institute	\$0.26	Q3 2022 LG Actuarial Memorandum, Section 6.9
(К)	Subtotal	\$717.63	= (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$744.98	= (J) / (1 - 0.017 - 0.020)
(M)	Commissions	\$12.45	= (L) x 1.7% (from 2020 MLR filing)
(N)	Contribution to Reserve	\$14.90	= (L) x 1.5% (from Q3 2022 LG Actuarial Memorandum, Section 6.6)
(0)	MLR Denominator	\$744.98	= (L)
(P)	MLR	88.7%	6 = (E) / (O)



Vermont Department of Financial Regulation

Health Filing Form F-106

City, State, Zip: Montpelier, VT 05601-0	186	
hone: () (802) 371-3734	Contact Person: Greg Boulbol	
022 TVHP Large Group Unit Cost Trend I	Filing	
Amends a previously filing,	Departmental File No.:	Approval Date:
fype o f Filing :Form(s <u>) </u>		
Completely and accurately identing hen add comments below (check	fy this product filing. If one of the following c k all that apply):	ategories does not describe the product f
Accident Only	Disability	Miscellaneous
AD&D	——Home Health Only	Nursing Home Only
Advertising	Hospital Indemnity	Organ Transplant
— Blanket	Limited Benefit	Prescription Drug
Cancer Expense	Long Term Care	Student/Athlete
Conversion	Qualified	Stop Loss/Excess Risk
	Non-Qualified	Travel
Critical Illness	Major Medical	Vision
	Medicare Supplement	— ^X Other (explain)
omments: -Health		
IANDATORY - Filing Fee Infor	mation:	
. State of Domicile: Vermont		

4. Explain how each part of the fee was determined, show all calculations (use a separate sheet if necessary): Vermont filing fee

5. Fee calculated by: (Print Name) Greg Boulbol	(Signature) <u>/S/ Gregory J Boulbol</u>
Failure to accurately and fully complete this form will	result in the filing being rejected .

BLUE CROSS BLUE SHIELD OF VERMONT & THE VERMONT HEALTH PLAN Q4 2022 LARGE GROUP UNIT COST TREND FILING PLAIN LANGUAGE SUMMARY

Our mission and vision. Blue Cross and Blue Shield of Vermont (Blue Cross) is committed to giving our members access to high-value health care while responsibly managing healthcare costs. To that end, we seek to improve the health of Vermonters by promoting preventive care and healthy lifestyles. We use our strong care management program to assure better care for our members and avoid unnecessary costs. And we work with providers on strategies to improve health care services and reduce health care costs.

Blue Cross's vision is a transformed health care system in which every Vermonter has health care coverage, and receives timely, effective, affordable care. To achieve that vision, Blue Cross must be financially sound. That means we need to charge rates that cover the cost of providing health care to our members.

Rate request summary. Blue Cross and TVHP create large group premiums on a case-by-case basis. The rating process uses a formula that blends recent claims experience for each group with a manual rate. This filing updates the medical trend factors and manual rate that will be used to create large group renewals.

- There are an estimated 3,300 contracts (6,000 members) currently enrolled in one of 35 Blue Cross large group plans that will be affected by this filing.
- TVHP has an estimated 200 contracts (400 members) enrolled in three large group plans that will be affected by this filing.
- The factors in this filing will increase premium 2.9 percent for a group that is manually-rated using none of its own experience data.

Reasons for the change in factors. The only change to this filing is to incorporate the expected increases for Vermont and New Hampshire hospitals in the next round of cost increases. Specifically:

- Blue Cross and TVHP are proposing a paid trend of 10.7 percent for medical claims, which includes hospital unit cost increases and anticipated changes in the use of services.
- The higher paid trend factors results in a manual rate increase of 2.9 percent.

Our efforts to reduce premium increases. We know that paying for health insurance is a struggle for many, and we strive to keep premiums as low as possible. The proposed factors reflect our efforts to reduce rate increases, which included the launch of Vermont Blue Rx, an innovative prescription drug benefit service that will improve the consumer experience, drive better health outcomes and lower costs for members, providers, and employers.

Our experience in this market. Over the past five years, Blue Cross has lost almost \$23 million on this line of business. Blue Cross has not included any additional contribution to member reserves to offset this loss.

Our health care system must be adequately funded in order to keep it strong and accessible. Since the factors that determine premiums are primarily the cost and utilization of health care, we believe that there is no way to further reduce the filed factors without underfunding the health care coverage on which Vermonters rely.

Public comment. Members of the public can submit comments to the Green Mountain Care Board about this rate request. For more information, please visit the Board's Public Comment page: https://ratereview.vermont.gov/public_comment

Please provide Company specific inputs for any cells shaded in blue.

Field Name	Description	Input
Insurance Company Name	Company Name	The Vermont Health Plan
HIOS ID	5 digit HIOS ID (if applicable)	99852
SERFF Filing Number	Filing number assigned by SERFF	BCVT-133270485
Market	Market type: Individual, Small Group, Large Group etc.	Large Group
Product Name	Product name entered in SERFF	Q4 2022 TVHP Large Group Unit Cost Trend Filing
Period Prior to Experience Period Start Date	Beginning date for the 12 month period preceding the base period experience (MM/DD/YYYY)	9/1/2019
Period Prior to Experience Period End Date	End date for the 12 month period preceding the base period experience (MM/DD/YYYY)	8/31/2020
Experience Period Start Date	Beginning date for base period experience (MM/DD/YYYY)	9/1/2020
Experience Period End Date	End date for base period experience (MM/DD/YYYY)	8/31/2021
Projection Period Start Date	Beginning effective date for proposed rates (MM/DD/YYYY)	1/1/2023
Projection Period End Date	Ending effective date for proposed rates (MM/DD/YYYY)	12/31/2023

Insurance Company Name	The Vermont Health Plan
HIOS ID	99852
SERFF Filing Number	BCVT-133270485
Market	Large Group
Product Name	Q4 2022 TVHP Large Group Unit Cost Trend Filing

Prescription Drug Costs as Percentage of Premium¹

Enter PMPM drug costs incurred during the below periods for the following prescription drug tiers **dispensed only at a pharmacy, network pharmacy, or mailorder pharmacy**. Additionally, enter the total premium PMPM and member months for each period.

Gross of Mer	nber Cost Sharing a	nd Rebates (Allow	wed Basis)			
	Experien	ce Period -1	Experie	nce Period	Project	ion Period
	09/01/201	9-08/31/2020	09/01/202	0-08/31/2021	01/01/202	3-12/31/2023
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	\$16.99	\$1.03	\$16.77	\$0.97	\$15.62	\$0.90
II) Non-Specialty Brand PMPM	\$38.54	\$4.21	\$44.32	\$3.88	\$49.88	\$4.37
Specialty PMPM	\$31.22	\$14.10	\$43.74	\$6.02	\$60.37	\$8.31
B) Medical Rx PMPM	\$4	19.37	\$7	1.47	\$8	33.28
Total (Medical and Rx) Premium PMPM	\$5	08.69	\$5	48.92	\$7	14.51
Non-Specialty Generic % of Premium	3.34%	0.20%	3.06%	0.18%	2.19%	0.13%
I) Non-Specialty Brand % of Premium	7.58%	0.83%	8.07%	0.71%	6.98%	0.61%
Specialty Total % of Premium	6.14%	2.77%	7.97%	1.10%	8.45%	1.16%
B) Medical Rx PMPM	9	.70%	13	.02%	11	.66%
			-		-	
Non-Specialty Generic % of Premium Change vs Prior Period			-0.29%	-0.03%	-0.87%	-0.05%
I) Non-Specialty Brand % of Premium Change vs Prior Period			0.50%	-0.12%	-1.09%	-0.10%
Specialty % of Premium Change vs Prior Period			1.83%	-1.67%	0.48%	0.07%
B) Medical Rx % of Premium Change vs Prior Period			3.	31%	-1	.36%

	Experier	ice Period -1	Experie	nce Period	Project	ion Period
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	\$10.97	\$0.65	\$11.05	\$0.69	\$10.43	\$0.65
Non-Specialty Brand PMPM	\$34.15	\$3.98	\$39.55	\$3.69	\$45.11	\$4.21
Specialty PMPM	\$30.54	\$13.58	\$42.60	\$5.78	\$59.60	\$8.08
Medical Rx PMPM	\$	47.12	\$6	9.22	\$8	33.05
Total Medical and Rx Premium PMPM	\$5	08.69	\$5	48.92	\$7	14.51
	-					
Non-Specialty Generic % of Premium	2.16%	0.13%	2.01%	0.12%	1.46%	0.09%
Non-Specialty Brand % of Premium	6.71%	0.78%	7.20%	0.67%	6.31%	0.59%
Specialty Total % of Premium	6.00%	2.67%	7.76%	1.05%	8.34%	1.13%
Medical Rx PMPM	9	.26%	12	.61%	11	62%
Non-Specialty Generic % of Premium Change vs Prior Period			-0.14%	0.00%	-0.55%	-0.03%
Non-Specialty Brand % of Premium Change vs Prior Period			0.49%	-0.11%	-0.89%	-0.08%
Specialty % of Premium Change vs Prior Period			1.76%	-1.62%	0.58%	0.08%
Medical Rx % of Premium Change vs Prior Period			3.	35%	-0	.99%

¹ Vermont Statute 8 V.S.A. § 4062

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(i) for all covered prescription drugs, including generic drugs, brand-name drugs excluding specialty drugs, and specialty drugs dispensed at a pharmacy, network pharmacy, or mail-order pharmacy for outpatient use:

(I) the percentage of the premium rate attributable to prescription drug costs for the prior year for each category of prescription drugs;

(II) the year-over-year increase or decrease, expressed as a percentage, in per-member, per-month total health plan spending on each category of prescription drugs; and

(III) the year-over-year increase or decrease in per-member, per-month costs for prescription drugs compared to other components of the premium rate.

(B) The insurer shall provide, if available, the percentage of the premium rate attributable to prescription drugs administered by a health care provider

in an outpatient setting that are part of the medical benefit as separate from the pharmacy benefit.

Insurance Company Name HIOS ID SERFF Filing Number Market Product Name The Vermont Health Plan

99852

BCVT-133270485 Large Group Q4 2022 TVHP Large Group Unit Cost Trend Filing

Vermont Statute 8 V.S.A. § 4062

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:

(ii) the specialty tier formulary list.

Specialty Formulary List

Provide the specialty formulary information listed below.	

Drug Name	Drug Tier	Formulary Name (if multiple formularies are used)
ABIRATERONE	ORAL-CHEMO	Blue Cross Formulary
ABIRATERONE	ORAL-CHEMO	National Performance Formulary
ABRAXANE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ABRAXANE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTEMRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTEMRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTHAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTHAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTIMMUNE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTIMMUNE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADAKVEO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADAKVEO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADCETRIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADCETRIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADEFOV	GENERIC-SPECIALTY	Blue Cross Formulary
ADEFOV	GENERIC-SPECIALTY	National Performance Formulary
ADEMPAS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADEMPAS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADRIAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
ADRIAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
ADVATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADVATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADYNOVATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADYNOVATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AFINITOR	ORAL-CHEMO	Blue Cross Formulary
AFINITOR	ORAL-CHEMO	National Performance Formulary
AFSTYLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AFSTYLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALDURAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALDURAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALECENSA	ORAL-CHEMO	Blue Cross Formulary
ALECENSA	ORAL-CHEMO	National Performance Formulary
ALFERON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALFERON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALIMTA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALIMTA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALIQOPA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALIQOPA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALKERAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALKERAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALKERAN	ORAL-CHEMO	Blue Cross Formulary
ALKERAN	ORAL-CHEMO	National Performance Formulary
ALPHANATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPHANATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALPHANINE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPHANINE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALPROLIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPROLIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALUNBRIG	ORAL-CHEMO	Blue Cross Formulary
ALUNBRIG	ORAL-CHEMO	National Performance Formulary
ALVIDAL	GENERIC-SPECIALTY	Blue Cross Formulary
ALIQ	GENERIC-SPECIALTY	National Performance Formulary
AMBRISENTAN	GENERIC-SPECIALTY	Blue Cross Formulary
AMBRISENTAN	GENERIC-SPECIALTY GENERIC-SPECIALTY	National Performance Formulary
AMBRISENTAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMPTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AMPYRA APOKYN		Blue Cross Formulary
	PREFERRED-BRAND-SPECIALTY	
APOKYN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARALAST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

		National Darformance Formulary
ARALAST ARANESP	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
ARANESP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARIKAYCE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARIKAYCE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARIXTRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARIXTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARRANON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARRANON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARSENIC	GENERIC-SPECIALTY	Blue Cross Formulary
ARSENIC	GENERIC-SPECIALTY	National Performance Formulary
ARZERRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARZERRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ASCENIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASPARLAS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASPARLAS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ASTAGRAF	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASTAGRAF	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ATGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ATGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AUBAGIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AUBAGIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AUSTEDO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AUSTEDO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVASTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVASTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVONEX	PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVSOLA		Blue Cross Formulary
AVSOLA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AYVAKIT AYVAKIT	ORAL-CHEMO ORAL-CHEMO	Blue Cross Formulary
AZACITIDINE	GENERIC-SPECIALTY	National Performance Formulary Blue Cross Formulary
AZACITIDINE	GENERIC-SPECIALTY GENERIC-SPECIALTY	National Performance Formulary
BAFIERTAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BAFIERTAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BALVERSA	ORAL-CHEMO	Blue Cross Formulary
BALVERSA	ORAL-CHEMO	National Performance Formulary
BARACLUDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BARACLUDE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BAVENCIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BAVENCIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BELEODAQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BELEODAQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BELRAPZO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENDEKA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENDEKA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BENEFIX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENEFIX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BENLYSTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENLYSTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEOVU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BERINERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BERINERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BESPONSA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BESPONSA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BETASERON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BETASERON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BETHKIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BETHKIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEVACIZUMAB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BEVACIZUMAB	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEVACIZUMAB	TIER 03	Blue Cross Formulary
BEVACIZUMAB	TIER 03	National Performance Formulary
BEXAROTENE	ORAL-CHEMO	Blue Cross Formulary
BEXAROTENE BICNU	ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
BICNU	NON-PREFERRED-BRAND-SPECIALIY	National Performance Formulary
BIVIGAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BIVIGAM		National chornalice formulary
BIVIGAM		Blue Cross Formulary
BLENREP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
BLENREP BLENREP	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BLENREP BLENREP BLEOMYCIN	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY	National Performance Formulary Blue Cross Formulary
BLENREP BLENREP	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

BORTEZOMIB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BORTEZOMIB	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BOSENTAN	GENERIC-SPECIALTY	Blue Cross Formulary
BOSENTAN	GENERIC-SPECIALTY	National Performance Formulary
BOSULIF	ORAL-CHEMO	Blue Cross Formulary
BOSULIF	ORAL-CHEMO	National Performance Formulary
BOTOX BOTOX	PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
BRAFTOVI	ORAL-CHEMO	Blue Cross Formulary
BRAFTOVI	ORAL-CHEMO	National Performance Formulary
BRINEURA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BRINEURA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRUKINSA	ORAL-CHEMO	Blue Cross Formulary
BRUKINSA	ORAL-CHEMO	National Performance Formulary
BUPHENYL BUPHENYL	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
BUSULFAN	GENERIC-SPECIALTY	Blue Cross Formulary
BUSULFAN	GENERIC-SPECIALTY	National Performance Formulary
BUSULFEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BUSULFEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CABLIVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CABLIVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CABOMETYX CABOMETYX	ORAL-CHEMO ORAL-CHEMO	Blue Cross Formulary National Performance Formulary
CALQUENCE	ORAL-CHEMO ORAL-CHEMO	Blue Cross Formulary
CALQUENCE	ORAL-CHEMO ORAL-CHEMO	National Performance Formulary
CAMPTOSAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAMPTOSAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CAPECITABINE	ORAL-CHEMO	Blue Cross Formulary
CAPECITABINE	ORAL-CHEMO	National Performance Formulary
CAPRELSA CAPRELSA	ORAL-CHEMO ORAL-CHEMO	Blue Cross Formulary National Performance Formulary
CARBAGLU	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CARBAGLU	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CARBOPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
CARBOPLATIN	GENERIC-SPECIALTY	National Performance Formulary
CARMUSTINE	GENERIC-SPECIALTY	Blue Cross Formulary
CARMUSTINE	GENERIC-SPECIALTY	National Performance Formulary
CAYSTON CAYSTON	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
CELLCEPT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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		National renormance ronnulary
CERDELGA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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CERDELGA CERDELGA CEREZYME CEREZYME CETROTIDE CHENODAL CHENODAL CHOLBAM CHOLBAM CHOLBAM CHOR CHOR CHOR CHOR CIMZIA CIMZIA CINQAIR	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
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СОРІКТКА	ORAL-CHEMO	National Performance Formulary
CORIFACT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CORIFACT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COSENTYX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COSMEGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COSMEGEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COTELLIC	ORAL-CHEMO	Blue Cross Formulary
COTELLIC	ORAL-CHEMO	National Performance Formulary
CRYSVITA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CRYSVITA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CUPRIMINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUPRIMINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CUTAQUIG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUVITRU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUVITRU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOPHOSPH	GENERIC-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPH	GENERIC-SPECIALTY	National Performance Formulary
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CYCLOPHOSPHA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOSPORINE	GENERIC-SPECIALTY	Blue Cross Formulary
CYCLOSPORINE	GENERIC-SPECIALTY	National Performance Formulary
CYRAMZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYRAMZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTADANE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTADANE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTADROPS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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CYSTAGON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTAGON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
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CYTARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
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CYTARABINE CYTOGAM	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYTARABINE CYTOGAM CYTOGAM	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM CYTOGAM	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
CYTARABINE CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACTINOMYCIN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACOGEN DACTINOMYCIN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACINOMYCIN DACTINOMYCIN DALFAMPRIDIN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACTINOMYCIN DACTINOMYCIN DALFAMPRIDIN DALFAMPRIDIN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary Blue Cross Formulary
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CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACTINOMYCIN DACTINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DANYELZA DANYELZA	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary National Performance Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACTINOMYCIN DACTINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DANYELZA DANYELZA	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACTINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DANYELZA DARAPRIM DARAPRIM DARAPRIM DARAPRIM	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY SENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary National Performance Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACTINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DANYELZA DANYELZA DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARZALEX DAUNORUBICIN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACTINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARZALEX DAUNORUBICIN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACTINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DANYELZA DANYELZA DANYELZA DARAPRIM DARAAPRIM DARAALEX DARZALEX DARZALEX DAUNORUBICIN DAUNORUBICIN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY OGENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY OGENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY OGENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY ORAL-CHEMO	Blue Cross Formulary National Performance Formulary Blue Cross Formulary </td
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACTINOMYCIN DACTINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DANYELZA DANYELZA DANYELZA DARAPRIM DARAPRIM DARZALEX DARZALEX DARZALEX DAUNORUBICIN DAUNORUBICIN DAUNISMO	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY OGENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY OGENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORN-PREFERRED-BRAND-SPECIALTY ORN-PREFERRED-BRAND-SPECIALTY OGENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY ORAL-CHEMO ORAL-CHEMO	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACOGEN DACTINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DANYELZA DANYELZA DANYELZA DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARZALEX DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAURISMO DAURISMO	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY OGENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY OGENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY OGENERIC-SPECIALTY ORAL-CHEMO ORAL-CHEMO GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary Blue Cross Formulary Blue Cross
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACOGEN DACTINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DANYELZA DANYELZA DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARZALEX DARZALEX DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAURISMO DAURISMO DECITABINE DECITABINE	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY OGENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY OGENERIC-SPECIALTY OR-PREFERRED-BRAND-SPECIALTY OR-PREFERRED-BRAND-SPECIALTY OR-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARAZALEX DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNISMO DAURISMO DECITABINE DECITABINE DEPEN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY MON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY SENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACOGEN DACTINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARAZALEX DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNSMO DECITABINE DECITABINE DEPEN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY MON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARAZALEX DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNISMO DECITABINE DECITABINE DEPEN DEPEN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY MON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DARAPRIM DARAPRIM DARAPRIM DARAPRIM DARZALEX DARZALEX DAUNORUBICIN DECITABINE DEPEN DEPEN DEPEN	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY OR-PREFERRED-BRAND-SPECIALTY OR-PREFERRED-BRAND-SPECIALTY OR-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
CYTARABINE CYTOGAM CYTOGAM DACARBAZINE DACARBAZINE DACOGEN DACOGEN DACOGEN DACTINOMYCIN DALFAMPRIDIN DALFAMPRIDIN DALFAMPRIDIN DANYELZA DANYELZA DANYELZA DANYELZA DARAPRIM DARAPRIM DARZALEX DARZALEX DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAUNORUBICIN DAURISMO DECITABINE DECITABINE DEPEN DEPEN DEPEN DEPEN DEXRAZOXANE DEXRAZOXANE	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO ORAL-CHEMO GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary National Performance Formulary
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DYSPORT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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ELIGARD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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FARRAZVME	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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FINTEPLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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FIRAZYR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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FOLOTYN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOLOTYN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FONDAPARINUX	GENERIC-SPECIALTY	Blue Cross Formulary
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GEL-ONE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GELSYN-3	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary Blue Cross Formulary
GELSYN-3	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GEMCITABINE	GENERIC-SPECIALTY	Blue Cross Formulary
GEMCITABINE	GENERIC-SPECIALTY	National Performance Formulary
GENGRAF	GENERIC-SPECIALTY	Blue Cross Formulary
GENGRAF GENOTROPIN	GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
GENVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary Blue Cross Formulary
GILENYA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GILENYA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GILOTRIF	ORAL-CHEMO	Blue Cross Formulary
GILOTRIF	ORAL-CHEMO	National Performance Formulary
GIVLAARI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GIVLAARI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
GLASSIA GLASSIA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GLATIRAMER	GENERIC-SPECIALTY	Blue Cross Formulary
GLATIRAMER	GENERIC-SPECIALTY	National Performance Formulary
GLATOPA	GENERIC-SPECIALTY	Blue Cross Formulary
GLATOPA	GENERIC-SPECIALTY	National Performance Formulary
GLEOSTINE	ORAL-CHEMO	Blue Cross Formulary
GLEOSTINE		National Performance Formulary
GONAL-F GRANIX	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary Blue Cross Formulary
HAEGARDA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary Blue Cross Formulary
HAEGARDA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HALAVEN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HALAVEN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HARVONI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HARVONI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HEMLIBRA HEMLIBRA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
HEMOFIL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEMOFIL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HEPSERA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEPSERA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERCEP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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HERCEPTIN HERCEPTIN	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
HERZUMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HETLIOZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HETLIOZ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HIZENTRA	NON-PREFERRED-BRAND-SPECIALTY	
	NON THEFERINED DIVIND STEEMENT	Blue Cross Formulary
HIZENTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HUMATE-P	NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
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IDHIFA	ORAL-CHEMO	National Performance Formulary
IFEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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IFOSFAMIDE	GENERIC-SPECIALTY	Blue Cross Formulary
IFOSFAMIDE ILARIS	GENERIC-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
ILARIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ILUMYA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ILUMYA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ILUVIEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ILUVIEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IMATINIB	ORAL-CHEMO	Blue Cross Formulary
IMATINIB IMBRUVICA	ORAL-CHEMO ORAL-CHEMO	National Performance Formulary Blue Cross Formulary
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IMFINZI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMFINZI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IMLYGIC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMLYGIC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INBRIJA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INBRIJA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
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INFLECTRA	PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INFUGEM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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INGREZZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INGREZZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INLYTA	ORAL-CHEMO	Blue Cross Formulary
INLYTA	ORAL-CHEMO	National Performance Formulary
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INQOVI INREBIC	ORAL-CHEMO ORAL-CHEMO	National Performance Formulary Blue Cross Formulary
INREBIC	ORAL-CHEMO	National Performance Formulary
INTRON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INTRON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IRESSA	ORAL-CHEMO	Blue Cross Formulary
IRESSA	ORAL-CHEMO	National Performance Formulary
IRINOTECAN	GENERIC-SPECIALTY	Blue Cross Formulary
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ISTODAX ISTODAX	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
ISTURISA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IXEMPRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IXEMPRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IXINITY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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JAKAFI	ORAL-CHEMO	Blue Cross Formulary
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JELMYTO JELMYTO	NON-PREFERRED-BRAND-SPECIAL IT	National Performance Formulary
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JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JYNARQUE JYNARQUE	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
KADCYLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KADCYLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KALBITOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KALBITOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KALYDECO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KALYDECO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KANJINTI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KANJINTI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KANUMA KANUMA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
KEPIVANCE	PREFERRED-BRAND-SPECIALITY	Blue Cross Formulary
KEPIVANCE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KESIMPTA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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KEVEYIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEVZARA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEVZARA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEYTRUDA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEYTRUDA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KHAPZORY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KHAPZORY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KINERET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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KISQALI	ORAL-CHEMO	Blue Cross Formulary
KISQALI	ORAL-CHEMO	National Performance Formulary
KITABIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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KORLYM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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KOSELUGO	ORAL-CHEMO	Blue Cross Formulary
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KRYSTEXXA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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KUVAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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KYPROLIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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NEORAL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NEOKAL	ORAL-CHEMO	Blue Cross Formulary
NERLYNX	ORAL-CHEMO	National Performance Formulary
NEULASTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEULASTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NEUPOGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEXAVAR	ORAL-CHEMO	Blue Cross Formulary
NEXAVAR	ORAL-CHEMO	National Performance Formulary
NILANDRON	ORAL-CHEMO	Blue Cross Formulary
NILANDRON	ORAL-CHEMO	National Performance Formulary
NILUTAMIDE	ORAL-CHEMO	Blue Cross Formulary
NILUTAMIDE NINLARO	ORAL-CHEMO ORAL-CHEMO	National Performance Formulary Blue Cross Formulary
NINLARO	ORAL-CHEMO	National Performance Formulary
NIPENT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NIPENT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NITISINONE	GENERIC-SPECIALTY	Blue Cross Formulary
NITISINONE	GENERIC-SPECIALTY	National Performance Formulary
NITYR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NITYR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NIVESTYM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NIVESTYM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NORDITROPIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NORDITROPIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NORTHERA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
NORTHERA NOVAREL	NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY	Blue Cross Formulary
NOVAREL	GENERIC-SPECIALTY	National Performance Formulary
NOVAREL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVAREL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NOVOEIGHT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVOEIGHT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NOVOSEVEN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVOSEVEN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NPLATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NPLATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUBEQA	ORAL-CHEMO	Blue Cross Formulary
NUBEQA	ORAL-CHEMO	National Performance Formulary
NUCALA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUCALA NULOJIX	PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
NULOJIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUTROPIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUTROPIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUWIQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUWIQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OBIZUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OBIZUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCALIVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCALIVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCREVUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCREVUS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCTAGAM OCTAGAM	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
OCTREOTIDE	GENERIC-SPECIALTY	Blue Cross Formulary
OCTREOTIDE	GENERIC-SPECIALTY	National Performance Formulary
ODOMZO	ORAL-CHEMO	Blue Cross Formulary
ODOMZO	ORAL-CHEMO	National Performance Formulary
OFEV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OFEV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OGIVRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OLUMIANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OMNITROPE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONCASPAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONCASPAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONIVYDE ONPATTRO	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
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ONPATTRO		
ONPATTRO ONTRUZANT	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	· · ·
ONTRUZANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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ONTRUZANT ONUREG	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO	Blue Cross Formulary Blue Cross Formulary
ONTRUZANT ONUREG ONUREG	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO	Blue Cross Formulary Blue Cross Formulary National Performance Formulary
ONTRUZANT ONUREG ONUREG OPDIVO	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary

ORENCIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORENCIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORENITRAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORENITRAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORFADIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORFADIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORKAMBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORKAMBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORTHOVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OTEZLA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OTEZLA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OVIDREL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OVIDREL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OXALIPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
OXALIPLATIN	GENERIC-SPECIALTY	National Performance Formulary
OXBRYTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXERVATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXERVATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OXLUMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXLUMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OZURDEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OZURDEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PACLITAXEL	GENERIC-SPECIALTY	Blue Cross Formulary
PACLITAXEL	GENERIC-SPECIALTY	National Performance Formulary
PACETAXEL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PADCEV	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
		Blue Cross Formulary
PALFORZIA	NON-PREFERRED-BRAND-SPECIALTY	
PALYNZIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PALYNZIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PAMIDRONATE	GENERIC-SPECIALTY	Blue Cross Formulary
PAMIDRONATE	GENERIC-SPECIALTY	National Performance Formulary
PANZYGA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PARAPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
PARAPLATIN	GENERIC-SPECIALTY	National Performance Formulary
		Dive Crease Fernerian
PARSABIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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SAIZEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAIZENPREP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAMSCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAMSCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SAMSCA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAMSCA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDIMMUNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDIMMUNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDIMMUNE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDIMMUNE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDOSTATIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDOSTATIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SAPROPTERIN	GENERIC-SPECIALTY	Blue Cross Formulary
SAPROPTERIN	GENERIC-SPECIALTY	National Performance Formulary
SARCLISA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SARCLISA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SCENESSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SCENESSE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SEROSTIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SEROSTIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SEVENFACT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SEVENFACT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIGNIFOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SIGNIFOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SILDENAFIL	GENERIC-SPECIALTY	Blue Cross Formulary
SILDENAFIL	GENERIC-SPECIALTY	National Performance Formulary
SILIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SILIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIMPONI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SIMPONI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
SIROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SODIUM	GENERIC-SPECIALTY	Blue Cross Formulary
SODIUM	GENERIC-SPECIALTY	National Performance Formulary
SOFOS/VELPAT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOLIRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOLIRIS SOLIRIS	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary
SOLIRIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SOLIRIS SOMATULINE	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
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SOLIRIS SOMATULINE SOMATULINE SOMAVERT SOMAVERT SOVALDI	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
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SOLIRIS SOMATULINE SOMAVERT SOMAVERT SOVALDI SOVALDI SPRAVATO SPRAVATO SPRAVATO SPRYCEL SPRYCEL	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO ORAL-CHEMO	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
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TACROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
TACROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
TADALAFIL	GENERIC-SPECIALTY	Blue Cross Formulary
TADALAFIL	GENERIC-SPECIALTY	National Performance Formulary
TAFINLAR	ORAL-CHEMO	Blue Cross Formulary
TAFINLAR	ORAL-CHEMO	National Performance Formulary
TAGRISSO	ORAL-CHEMO	Blue Cross Formulary
TAGRISSO	ORAL-CHEMO	National Performance Formulary
TAKHZYRO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAKHZYRO TALTZ	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
TALTZ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TALZENNA	ORAL-CHEMO	Blue Cross Formulary
TALZENNA	ORAL-CHEMO	National Performance Formulary
TARGRETIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TARGRETIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TASIGNA	ORAL-CHEMO	Blue Cross Formulary
TASIGNA	ORAL-CHEMO	National Performance Formulary
TAVALISSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAVALISSE TAZVERIK	NON-PREFERRED-BRAND-SPECIALTY ORAL-CHEMO	National Performance Formulary Blue Cross Formulary
TECARTUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TECARTUS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TECENTRIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TECENTRIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TECFIDERA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TECFIDERA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEGSEDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEGSEDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEMODAR	ORAL-CHEMO	Blue Cross Formulary
TEMODAR TEMODAR	ORAL-CHEMO PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
TEMODAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEMOZOLOMIDE	ORAL-CHEMO	Blue Cross Formulary
TEMOZOLOMIDE	ORAL-CHEMO	National Performance Formulary
TEMSIROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
TEMSIROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
TEPADINA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEPADINA TEPADINA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEPADINA TEPADINA TEPEZZA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
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	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALRUBICIN VALRUBICIN VALSTAR VANTAS VANTAS VANTAS VECTIBIX VECTIBIX VELCADE VELCADE VELETRI VELETRI	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALRUBICIN VALSTAR VALSTAR VALSTAR VALSTAR VANTAS VANTAS VECTIBIX VECTIBIX VELCADE VELCADE VELETRI	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Form
VENCLEXTA ORAL-CHEMO Blue Cross Formulary	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALSTAR VALSTAR VALSTAR VALSTAR VANTAS VECTIBIX VECTIBIX VECTIBIX VECTIBIX VECTIBIX VELCADE VELCADE VELETRI VELETRI VELETRI	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VELCTIBIX VECTIBIX VECTIBIX VECTIBIX VECTIBIX VELCADE VELCADE VELETRI VELETRI VELETRI VELETRI VEMLIDY VENCLEXTA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
VENTAVIS NON-PREFERRED-BRAND-SPECIALTY Blue Cross Formulary	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VELCTIBIX VECTIBIX VECTIBIX VECTIBIX VECTIBIX VELCADE VELCADE VELETRI VELETRI VELETRI VELETRI VEMLIDY VENCLEXTA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Form
VENTAVIS NON-PREFERRED-BRAND-SPECIALTY National Performance Formula	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VALCHLOR VELCADE VELCADE VELETRI VELETRI VELETRI VELETRI VEMLIDY VENCLEXTA VENTAVIS	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Form
VERZENIO ORAL-CHEMO Blue Cross Formulary	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VALCHLOR VELCADE VELCADE VELETRI VELETRI VELETRI VELETRI VEMLIDY VENCLEXTA VENTAVIS	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Form
VERZENIO ORAL-CHEMO National Performance Formula	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCUBICIN VALRUBICIN VALSTAR VALSTAR VANTAS VANTAS VANTAS VANTAS VECTIBIX VECTIBIX VECTIBIX VELCADE VELCADE VELCADE VELETRI VELETRI VELETRI VELETRI VENLIDY VENLIDY VENLEXTA VENTAVIS	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
VIDAZA NON-PREFERRED-BRAND-SPECIALTY Blue Cross Formulary	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCUR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALSTAR VANTAS VANTAS VANTAS VANTAS VECTIBIX VECTIBIX VECTIBIX VECTIBIX VELCADE VELCADE VELCADE VELETRI VENCLEXTA VENCLEXTA VENTAVIS VENTAVIS VENTAVIS	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
VIDAZA NON-PREFERRED-BRAND-SPECIALTY National Performance Formula	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALTAS VANTAS VANTAS VANTAS VANTAS VECTIBIX VECTIBIX VECTIBIX VECTOBIX VELCADE VELCADE VELETRI VELETRI VELETRI VENCLEXTA VENCLEXTA VENTAVIS VENTAVIS VENTAVIS VENTAVIS VERZENIO	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ON-PREFERRED-BRAND-SPECIALTY ON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
VIEKIRA NON-PREFERRED-BRAND-SPECIALTY Blue Cross Formulary	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCALOR VALCHLOR VALCALOR VALSTAR VANTAS VANTAS VANTAS VECTIBIX VECTIBIX VECTIBIX VECTIBIX VELCADE VELCADE VELETRI VELETRI VELETRI VELETRI VENCLEXTA VENCLEXTA VENTAVIS VENTAVIS VETZENIO VERZENIO VIDAZA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPIIZNA UPIZNA UPIZNA UPTRAVI UDTRAVI VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCALOR VALTAS VANTAS VANTAS VANTAS VECTIBIX VECTIBIX VECTIBIX VECTIBIX VECTIBIX VELCADE VELCADE VELCADE VELETRI VELETRI VELETRI VENCLEXTA VENCLEXTA VENCLEXTA VENTAVIS VENTAVIS VERZENIO VERZENIO VIDAZA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
VIGABATRIN GENERIC-SPECIALTY Blue Cross Formulary	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPIIZNA UPIZNA UPIZNA UPTRAVI UPTRAVI VALCHLOR VELCADE VELCADE VELCADE VELETRI VELETRI VELETRI VENCLEXTA VENCLEXTA VENTAVIS VENTAVIS VENTAVIS VENTAVIS VERZENIO VERZENIO VIDAZA VIDAZA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary
	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPIIZNA UPIZNA UPIZNA UPTRAVI UPTRAVI VALCHLOR VECTIBIX VECTIBIX VECTIBIX VECTIBIX VECTIBIX VELCADE VELCADE VELCADE VELETRI VELETRI VELETRI VELETRI VENCLEXTA VENCLEXTA VENCLEXTA VENTAVIS VERZENIO VERZENIO VERZENIO VERZENIO VIDAZA VIDAZA VICKIRA	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY GENERIC-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue
VIGADRONE GENERIC-SPECIALTY Blue Cross Formulary	ULTOMIRIS ULTOMIRIS UNITUXIN UNITUXIN UPLIZNA UPLIZNA UPTRAVI UPTRAVI VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCHLOR VALCUBICIN VALRUBICIN VALRUBICIN VALSTAR VALSTAR VANTAS VANTAS VANTAS VECTIBIX VECTIBIX VECTIBIX VECTIBIX VECTIBIX VELCADE VELCADE VELCADE VELETRI VELETRI VELETRI VELETRI VENLIDY VENLLEXTA VENTAVIS VENTAVIS VERTAVIS VERTAVIS VERTAVIS VERTAVIS VERZENIO VERZENIO VIDAZA VIDAZA VIGABATRIN	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY ON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary National Performance Formulary Blue Cross Formulary Blue

VIGADRONE	GENERIC-SPECIALTY	National Performance Formulary
VILTEPSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VILTEPSO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIMIZIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIMIZIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VINBLASTINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINBLASTINE	GENERIC-SPECIALTY	National Performance Formulary
VINCRISTINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINCRISTINE	GENERIC-SPECIALTY	National Performance Formulary
VINORELBINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINORELBINE	GENERIC-SPECIALTY	National Performance Formulary
VISCO-3	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VISUDYNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VISUDYNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VITRAKVI	ORAL-CHEMO	Blue Cross Formulary
VITRAKVI	ORAL-CHEMO	National Performance Formulary
VIVITROL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIVITROL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIZIMPRO	ORAL-CHEMO	Blue Cross Formulary
VIZIMPRO	ORAL-CHEMO	National Performance Formulary
VONVENDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VONVENDI		
VOSEVI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VOSEVI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VOTRIENT	ORAL-CHEMO	Blue Cross Formulary
VOTRIENT	ORAL-CHEMO	National Performance Formulary
VPRIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VPRIV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VUMERITY	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VUMERITY	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYNDAMAX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYNDAMAX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYNDAQEL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYNDAQEL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYONDYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIUNDIS		
		Blue Cross Formulary
VYXEOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYXEOS VYXEOS	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYXEOS VYXEOS WAKIX	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary
VYXEOS VYXEOS WAKIX WAKIX	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary
VYXEOS VYXEOS WAKIX WAKIX WILATE	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
VYXEOS VYXEOS WAKIX WAKIX WILATE WILATE	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary
VYXEOS VYXEOS WAKIX WAKIX WILATE WILATE WILATE WINRHO	NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY NON-PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY PREFERRED-BRAND-SPECIALTY	National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary National Performance Formulary Blue Cross Formulary
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YESCARTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YONDELIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YONDELIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YONSA	ORAL-CHEMO	Blue Cross Formulary
YUTIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YUTIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZALTRAP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZALTRAP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZANOSAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZANOSAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZARXIO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZARXIO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZAVESCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZAVESCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEJULA	ORAL-CHEMO	Blue Cross Formulary
ZEJULA	ORAL-CHEMO	National Performance Formulary
ZELBORAF	ORAL-CHEMO	Blue Cross Formulary
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ZEMAIRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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ZEPATIER	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEPATIER	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
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ZEVALIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEVALIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZIEXTENZO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZIEXTENZO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZIRABEV	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZIRABEV	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLADEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLADEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLADEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLADEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLEDRONIC	GENERIC-SPECIALTY	Blue Cross Formulary
ZOLEDRONIC	GENERIC-SPECIALTY	National Performance Formulary
ZOLGENSMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLGENSMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLIGENSINA	ORAL-CHEMO	Blue Cross Formulary
ZOLINZA	ORAL-CHEMO	National Performance Formulary
ZOMACTON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORBTIVE	NON-PREFERRED-BRAND-SPECIAL IY	Blue Cross Formulary Blue Cross Formulary
ZORBTIVE	NON-PREFERRED-BRAND-SPECIAL IY	National Performance Formulary
ZORTRESS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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ZYDELIG	ORAL-CHEMO	National Performance Formulary
ZYKADIA	ORAL-CHEMO	Blue Cross Formulary
ZYKADIA	ORAL-CHEMO	National Performance Formulary
ZYTIGA	ORAL-CHEMO	Blue Cross Formulary

Insurance Company Name	The Vermont Health Plan
HIOS ID	99852
SERFF Filing Number	BCVT-133270485
Market	Large Group
Product Name	Q4 2022 TVHP Large Group Unit Cost Trend Filing

Pharmacy Benefit Manager Information²

Please list any pharmacy benefit managers utilized for the following periods. Include additional lines as necessary.

	Experience Period -1	Experience Period	Projection Period
	09/01/2019-08/31/2020	09/01/2020-08/31/2021	1/01/2023-12/31/2023
Pharmacy Benefit Manager #1	Express Scripts (ESI)	Express Scripts (ESI)	Optum Rx (ORx)
Pharmacy Benefit Manager #2		Optum Rx (ORx)	
Pharmacy Benefit Manager #3			
Pharmacy Benefit Manager #4			

For each period, enter the PBM, if applicable, administering pharmacy benefits **at a pharmacy, network pharmacy, or mail-order pharmacy** for each drug tier.

	Experience	e Period -1	Experience	ce Period	Projection Period		
	09/01/2019	-08/31/2020	09/01/2020-	08/31/2021	1/01/2023-12/31/202		
	Retail	Mail	Retail	Mail	Retail	Mail	
Non-Specialty Generic PMPM	ESI	ESI	ESI/ORx	ESI/ORx	ORx	ORx	
Non-Specialty Brand PMPM	ESI	ESI	ESI/ORx	ESI/ORx	ORx	ORx	
Specialty PMPM	ESI	ESI	ESI/ORx	ESI/ORx	ORx	ORx	

For each period, enter the PBM, if applicable, administering drug benefits by a health care provider in an outpatient setting as part of the medical benefit as separate from the pharmacy benefit for each drug tier.

	Experience	e Period -1	Experience	ce Period	Projection Period		
	09/01/2019	-08/31/2020	09/01/2020-	08/31/2021)1/01/2023-12/31/202		
	Retail	Mail	Retail	Mail	Retail	Mail	
Non-Specialty Generic PMPM	N/A	N/A	N/A	N/A	N/A	N/A	
Non-Specialty Brand PMPM	N/A	N/A	N/A	N/A	N/A	N/A	
Specialty PMPM	N/A	N/A	N/A	N/A	N/A	N/A	

² Vermont Statute 8 V.S.A. § 4062

(2)(A) In conjunction with a rate filing required by subsection (a) of this section, an insurer shall disclose to the Board:
(C) The insurer shall include information on its use of a pharmacy benefit manager, if any, including which components of the prescription drug coverage described in subdivisions (A) and (B) of this subdivision (2) are managed by the pharmacy benefit manager, as well as the name of the pharmacy benefit manager or managers used.

BERLIN HQ 445 INDUSTRIAL LANE BERLIN, VERMONT 05641

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July 19, 2022

Kevin Ruggeberg, FSA, MAAA Vice President & Consulting Actuary Lewis & Ellis, Inc.

Subject: Your 07/15/2022 Questions re: Blue Cross and Blue Shield of Vermont and TVHP Q4 2022 Large Group Unit Cost Trend Filings (SERFF Tracking #: BCVT-133270497 and BCVT-133270485)

Dear Mr. Ruggeberg:

In response to your request dated July 15, 2022, here is *your question* and our answer:

 Using the FY2023 budget submission narratives posted on the GMCB website (https://gmcboard.vermont.gov/node/3183), please disclose the impact to the rates if the unit cost trend was set equal to the budget increases submitted and provide quantitative support for the impact.

For each hospital subject to GMCB budget review, except UVMHN, we incorporated the chargemaster increase included in Table 1 of Appendix 1 of the budget submissions. For UVMHN, we incorporated the commercial rate increases included in the narrative. The information is summarized below:

Hospital Commercial Rate Increases	Submitted Average
Brattleboro Memorial Hospital	14.9%
Central Vermont Medical Center	14.5%
Copley Hospital	12.0%
Gifford Medical Center	3.7%
Grace Cottage	5.0%
Mt. Ascutney Hospital and Health Center	4.7%
North Country Hospital	12.0%
Northeastern Vermont Regional Hospital	10.8%
Northwestern Medical Center	9.4%
Porter Medical Center	11.5%
Rutland Regional Medical Center	17.8%
Southwestern VT Medical Center	9.5%
Springfield Hospital	10.0%
University of Vermont Medical Center	19.9%

For hospitals with October fiscal years, we assume that the October 2023 increase will be halfway between the October 2021 and October 2022 increases.

Please find attached revised versions of the filing exhibits. The tables below show the impact on the overall increase and manual rate.

Filed Rates	Rate Changes with submitted hospital budget information
+2.9%	+5.9%

Calculation of the Manual Rate (Actives)									
Claim Type Medical Pharmacy Total									
Q3 2022 Manual Rate	A	\$537.27	\$122.77	\$660.04					
Q3 2022 Paid Trend Factor	В	1.1951	NI/A						
Q4 2022 Paid Trend Factor	C	1.2844	N/A						
Q4 2022 Manual Rate	$D = A \times (C/B)$	\$577.45	\$122.77	\$700.22					

Please let us know if you have any further questions, or if we can provide additional clarity on any of the items above.

Sincerely,

Martine & Lemieury

Martine Lemieux, F.S.A., M.A.A.A.

BLUE CROSS AND BLUE SHIELD OF VERMONT and THE VERMONT HEALTH PLAN Q4 2022 LARGE GROUP UNIT COST TREND FILING

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BLUE CROSS AND BLUE SHIELD OF VERMONT and THE VERMONT HEALTH PLAN Q4 2022 LARGE GROUP UNIT COST TREND FILING

UNIT COST TREND SUMMARY

			Inpatient	Inpatient	Inpatient	Inpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Professional	Professional	Professional	Professional	Professional	Professional			Total		
		GMCB	NH	BlueCard	Other	Total	GMCB	NH	BlueCard	Other	Total	GMCB	Community	NH	BlueCard	Other	Total	VT / GMCB	NH	BlueCard	Other	Total
	Exp Period					\$86.90					\$232.82						\$136.18					\$455.91
	CY 2021					\$88.22					\$237.12						\$137.83					\$463.17
	YE 202206					\$90.78					\$243.40						\$140.71					\$474.90
	CY 2022					\$94.57					\$253.29						\$144.81					\$492.67
4H	CY 2023					\$107.78					\$287.75						\$154.84					\$550.37
-	Exp % of Total					100.0%					100.0%						100.0%					100.0%
	Prj % of Total					100.0%					100.0%						100.0%					100.0%
	CY 2022 / CY 2021					7.2%					6.8%						5.1%					6.4%
	CY 2023 / CY 2022					14.0%					13.6%						6.9%					11.7%
A	Annual Cost Trend					12.1%					11.8%						6.6%					10.3%
	Exp Period					\$86.90					\$232.84						\$136.18					\$455.92
	CY 2021					\$88.42					\$237.39						\$137.93					\$463.74
	YE 202206					\$90.93					\$244.35						\$140.96					\$476.24
	CY 2022					\$94.55					\$254.69						\$145.07					\$494.31
0	CY 2022					\$107.72					\$289.39						\$155.12					\$552.23
g	Exp % of Total		_			100.0%					100.0%						100.0%	_	_			100.0%
	Prj % of Total					100.0%					100.0%						100.0%					100.0%
	CY 2022 / CY 2021					6.9%					7.3%						5.2%					6.6%
	CY 2023 / CY 2022	- 1				13.9%	1				13.6%						6.9%					11.7%
A	Annual Cost Trend					12.0%					11.9%						6.6%					10.4%
			-	_				-					-			_				-		
	Exp Period					\$86.90					\$232.83						\$136.18					\$455.91
	CY 2021					\$88.31					\$237.29						\$137.93					\$463.52
	YE 202206					\$91.00					\$243.82						\$140.96					\$475.78
	CY 2022					\$94.80					\$253.71						\$145.07					\$493.58
dH2	CY 2023					\$108.03					\$288.18						\$155.12					\$551.33
	Exp % of Total					100.0%					100.0%						100.0%					100.0%
	Prj % of Total					100.0%					100.0%	_					100.0%					100.0%
	CY 2022 / CY 2021					7.4%					6.9%						5.2%					6.5%
	CY 2023 / CY 2022					13.9%					13.6%						6.9%					11.7%
A	Annual Cost Trend					12.1%					11.8%						6.6%					10.3%

BLUE CROSS AND BLUE SHIELD OF VERMONT and THE VERMONT HEALTH PLAN Q4 2022 LARGE GROUP UNIT COST TREND FILING

MONTHLY TREND FACTORS

Month	Medical - BCBSVT Managed	Medical - BCBSVT Non- Managed	Medical - TVHP Manage
August 2018	1.0000	1.0000	1.0000
September 2018	1.0420	1.0420	1.0511
October 2018	1.0598	1.0598	1.0691
November 2018	1.1016	1.1018	1.1131
December 2018	1.3374	1.3376	1.3513
January 2019	1.3124	1.3126	1.3260
February 2019	1.2200	1.2320	1.2323
March 2019	1.2244	1.2365	1.2368
April 2019	1.2063	1.2182	1.2185
May 2019	1.1972	1.2090	1.2093
June 2019	1.2433	1.2556	1.2559
July 2019	1.3002	1.3130	1.3133
August 2019	1.1294	1.1426	1.1429
September 2019	1.1535	1.1670	1.1673
October 2019	1.2577	1.2725	1.2728
November 2019	1.2775	1.2926	1.2929
December 2019	1.2109	1.2251	1.2254
January 2020	1.2042	1.2183	1.2186
February 2020	1.2628	1.2770	1.2782
March 2020	0.9276	0.9380	0.9389
April 2020	0.7084	0.7164	0.7170
May 2020	0.9781	0.9890	0.9900
June 2020	1.2444	1.2583	1.2595
July 2020	1.2442	1.2582	1.2593
August 2020	1.2167	1.2312	1.2324
September 2020	1.2661	1.2813	1.2825
October 2020	1.1646	1.1785	1.1796
November 2020	1.1335	1.1471	1.1482
December 2020	1.2562	1.2713	1.2724
January 2021	1.3171	1.3347	1.3341
February 2021	1.3602	1.3784	1.3777
March 2021	1.3271	1.3448	1.3442
April 2021	1.3611	1.3794	1.3787
May 2021	1.5489	1.5697	1.5689
June 2021	1.3523	1.3704	1.3698
July 2021	1.3260	1.3468	1.3462
August 2021	1.2725	1.2924	1.2918
September 2021	1.3283	1.3491	1.3485
October 2021	1.3285	1.3629	1.3623
November 2021	1.3415	1.3655	1.3649
December 2021	1.3443	1.3681	1.3675
January 2022	1.3736	1.3964	1.3943
February 2022	1.3767	1.3996	1.3945
March 2022			
	1.3795	1.4024	1.4004
April 2022	1.3936	1.4168	1.4147
May 2022	1.4073	1.4307	1.4286
June 2022	1.4691	1.4935	1.4913
July 2022	1.4918	1.5167	1.5145
August 2022	1.4947	1.5197	1.5175
September 2022	1.4814	1.5061	1.5040
October 2022	1.5241	1.5495	1.5472
November 2022	1.5270	1.5524	1.5500
December 2022	1.5298	1.5553	1.5530
January 2023	1.6259	1.6530	1.6503
February 2023	1.6291	1.6563	1.6535
March 2023	1.6322	1.6594	1.6567
April 2023	1.6353	1.6626	1.6598
May 2023	1.6457	1.6731	1.6703
June 2023	1.6488	1.6763	1.6736
July 2023	1.6678	1.6957	1.6929
August 2023	1.6710	1.6990	1.6963
September 2023	1.6561	1.6839	1.6811
October 2023	1.6894	1.7176	1.7148
November 2023	1.6925	1.7207	1.7180
December 2023	1.6956	1.7239	1.7212
January 2024	1.7706	1.8011	1.7971
February 2024	1.7740	1.8046	1.8006
March 2024	1.7774	1.8081	1.8040
April 2024	1.7808	1.8115	1.8075
May 2024	1.7917	1.8225	1.8185
June 2024	1.7951	1.8260	1.8220

EXHIBIT 4A

Example of Manual Rate Adjustment

Manual Rate Average Age/Gender Factor Average Industry Factor Projection Period Trend Factor	\$700.22 1.000 1.000 1/1/2023 10.70%			
Group Information Age/Gender Factor Industry Factor Projection Period	Active 0.940 0.965 7/1/2023	1.000		
Contract Conversion Single Two-Person Family	Contract Distribution 25 25 50 100	Members 25 50 197 272	Tier Factor 1 2.000 2.782	"Contract Tiers" 25 50 139.09 214.09

		Active	Medicare Primary
Manual Rate	A	\$700.22	\$497.79
Adjustment for Age/Gender	B = 0.94 / 1	0.9400	1.0300
Adjustment for Industry	C = 0.965 / 1	0.9650	1.0000
Adjustment for Trend	D = 10.7% for 6 months	1.0521	1.0521
Contract Conversion Factor	E = 214.09 / 272	1.2705	1.0000
Adjusted Manual Rate	$F = A \times B \times C \times D \times E$	\$849.07	\$539.45

PROJECTED 2023 MLR CALCULATION

	BCBSVT				
(A)	Manual Rate	\$700.22	Exhibit 4A		
(B)	Rebates	\$39.62	Q3 2022 LG Actuarial Memorandum, Section 2.3		
(C)	Estimated HCQ	\$2.70	2020 MLR Filing, untrended		
(D)	State Mandates and Assessments	\$14.61	Calculation as described on Q3 2022 LG Exhibit 1C, using latest actual PMPM as needed		
(E)	MLR Numerator	\$677.91	= (A) - (B) + (C) + (D)		
(F)	Projected Claims	\$675.21	= (A) - (B) + (D)		
(G)	Net Cost of Reinsurance	\$2.09	Q3 2022 LG Actuarial Memorandum, Section 6.4		
(H)	Administrative Charge	\$58.63	Calculation as of January 2023, from Q3 2022 LG Exhibit 5A		
(1)	GMCB Billbacks	\$2.31	Q3 2022 LG Actuarial Memorandum, Section 6.8		
(L)	Patient-Centered Outcomes Research Institute	\$0.26	Q3 2022 LG Actuarial Memorandum, Section 6.9		
(K)	Subtotal	\$738.50	= (F) + (G) + (H) + (I) + (J)		
(L)	Total Premium	\$755.50	= (K) / (1 - 0.008 - 0.015)		
(M)	Commissions	\$5.68	= (L) x 0.8% (from 2020 MLR filing)		
(N)	Contribution to Reserve	\$11.33	= (L) x 1.5% (from Q3 2022 LG Actuarial Memorandum, Section 6.6)		
(0)	MLR Denominator	\$755.50	= (L)		
(P)	MLR	89.7%	= (E) / (O)		

TVHP

(A)	Manual Rate	\$700.22	Exhibit 4A
(B)	Rebates	\$39.62	Q3 2022 LG Actuarial Memorandum, Section 2.3
(C)	Estimated HCQ	\$6.43	2020 MLR Filing, untrended
(D)	State Mandates and Assessments	\$14.61	Calculation as described on Q3 2022 LG Exhibit 1C, using latest actual PMPM as needed
(E)	MLR Numerator	\$681.64	= (A) - (B) + (C) + (D)
(F)	Projected Claims	\$675.21	= (A) - (B) + (D)
(G)	Net Cost of Reinsurance	\$2.09	Q3 2022 LG Actuarial Memorandum, Section 6.4
(H)	Administrative Charge	\$58.63	Calculation as of January 2023, from Q3 2022 LG Exhibit 5A
(I)	GMCB Billbacks	\$2.31	Q3 2022 LG Actuarial Memorandum, Section 6.8
(L)	Patient-Centered Outcomes Research Institute	\$0.26	Q3 2022 LG Actuarial Memorandum, Section 6.9
(K)	Subtotal	\$738.50	= (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$766.64	= (J) / (1 - 0.017 - 0.020)
(M)	Commissions	\$12.81	= (L) x 1.7% (from 2020 MLR filing)
(N)	Contribution to Reserve	\$15.33	= (L) x 1.5% (from Q3 2022 LG Actuarial Memorandum, Section 6.6)
(0)	MLR Denominator	\$766.64	= (L)
(P)	MLR	88.9%	= (E) / (O)