

SERFF Tracking #:

BCVT-134106867

State Tracking #:

Company Tracking #:

State: VermontGMCB **Filing Company:** BCBSVT
TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other
Product Name: 2025 Blue Cross VT Association Health Plan Rating Program Filing
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2025 Blue Cross VT AHP Rating Program Filing - Actuarial Memorandum.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):	2025 Blue Cross VT AHP Rating Program Filing - Rate Filing Certification.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	Blue Cross and Blue Shield of Vermont does not use a Third Party to submit filings.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Exhibits
Comments:	
Attachment(s):	2025 Blue Cross VT AHP Rating Program Filing - Exhibits (REDACTED).pdf 2025 Blue Cross VT AHP Rating Program Filing - Exhibits (REDACTED).xlsx
Item Status:	
Status Date:	

Satisfied - Item:	Attachment A
Comments:	
Attachment(s):	2025 Blue Cross VT AHP Rating Program Filing - Attachment A.pdf
Item Status:	

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Status Date:	
Satisfied - Item:	Attachment B
Comments:	
Attachment(s):	2025 Blue Cross VT AHP Rating Program Filing - Attachment B.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Plain Language Summary
Comments:	
Attachment(s):	2025 Blue Cross VT AHP Rating Program Filing - Plain Language Summary.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	2025 Blue Cross VT AHP Rating Program Filing - Cover Letter.pdf
Item Status:	
Status Date:	
Satisfied - Item:	VT Rx Data Template
Comments:	
Attachment(s):	VT Rx Data Template - BCBSVT - 2025 AHP.pdf VT Rx Data Template - BCBSVT - 2025 AHP.xlsx
Item Status:	
Status Date:	

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VermontGMCB

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Attachment 2025 Blue Cross VT AHP Rating Program Filing - Exhibits (REDACTED).xlsx is not a PDF document and cannot be reproduced here.

Attachment VT Rx Data Template - BCBSVT - 2025 AHP.xlsx is not a PDF document and cannot be reproduced here.

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1. Purpose

Blue Cross and Blue Shield of Vermont (Blue Cross VT) performs association health plan (AHP) rating on a case-by-case basis. We accomplish rating through a formulaic approach that blends recent AHP experience with a manual rate according to a credibility formula. We may adjust formula results for underwriting judgment and/or management decisions. This filing establishes the formula, manual rate, and accompanying factors that we will use to rate Pathway 1 AHPs beginning upon approval of this filing. The formula and factors in this filing apply to Pathway 1 AHPs only.

Once approved, we will use this filing for insured AHPs until superseded by a subsequent filing. In the event that we require factors with effective dates or experience periods beyond those explicitly presented in this filing, we will calculate appropriate factors using the same base data and methodology used in this 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 VT AHP Rating Program filings. The term “communicated,” for this purpose, means a written proposal delivered to an association health plan account.

2. Overview and Rate Impact

2.1. Overview

This filing includes a description of the rating formula and the development of each of the factors used in it. Blue Cross VT projects that this filing will affect 1,610 members (1,059 subscribers) in one AHP. These totals are as of December 31, 2023.

We will describe in detail the formula and factors applicable to all insured association health plans. The factors in the build-up of the projected claims cost include the trend factors, benefit relativities, manual rate, and large claims factors. In addition to the projected claims cost, we will explain the calculation of administrative charges, the net cost of reinsurance, contribution to reserve, and state and federal assessments, all of which we include in the rate development.

2.2. Historical Financial Results

Below is the combined medical and pharmacy experience for calendar year 2021, 2022, and 2023. In 2019, Blue Cross VT had two AHPs, neither of which was a Pathway 1 AHP. The financial results of those AHPs are not relevant to this filing.

Insured Association Health Plan Experience							
Year	Incurred Claims	Administrative Charges	Earned Premium	Gain/(Loss)	Loss & Expense Ratio	Target Loss and Expense Ratio	Member Months
2021	\$8,560,484	\$1,175,528	\$10,844,842	\$1,108,830	89.8%	98.5%	18,558
2022	\$8,277,525	\$792,386	\$9,123,914	\$54,004	99.4%	98.5%	17,600
2023	\$9,546,153	\$906,595	\$11,464,897	\$1,012,148	91.2%	98.5%	18,988

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The incurred claims, administrative expenses, and earned premium are from Blue Cross VT GAAP financials. The claims include capitations, fee-for-services claims, certain assessments, and other claims expenses.

2.3. Impact of Formula and Factor Changes

To compute the impact of changes to the rating formula and the various factors in this filing on AHP premium rates, we use the concept of a “pure manual premium,” which is the premium that can be developed for the manual rate base using none of their own experience data. Two renewals are developed for the manual rate base: the first renewal applies the approved factors currently in force (BCVT-133676244) with an effective date of January 1, 2024. The second renewal uses the factors and formulas detailed in this filing with a January 1, 2025 effective date. By nature of the differing effective dates, the latter renewal includes an additional year of health care cost trend.

Impact of Formula and Factor Changes				
Renewal and Filing Year	2024	2025	Component Increase	Premium Impact
Manual Claims (a)	\$754.46	\$835.63	10.8%	10.1%
Projected Rebates	-\$46.92	-\$55.53	18.4%	-1.1%
Pediatric Vision & Dental	\$1.68	\$2.17	29.2%	0.1%
Administrative Charges	\$45.28	\$50.83	12.3%	0.7%
Contribution to Reserve	\$24.08	\$26.52	10.2%	0.3%
Mandates and Assessments	\$17.57	\$17.31	-1.5%	0.0%
Additional Items (b)	\$6.39	\$7.08	10.8%	0.1%
Total	\$802.54	\$884.01		10.2%

(a) The manual claims increase is the change in the manual rate as described in section 6.1.

(b) Additional Items include net cost of reinsurance, hearing aids, payment reform initiative costs, and fees paid to outside vendors.

The above approach has been used to generate a proxy increase for a hypothetical AHP that is renewing with zero experience credibility, exactly average demographics and industry, and no underwriting judgment or management discretion applied to the proposed or in-force rates. The actual rate increase experienced by any specific AHP will be based on the AHP’s own circumstances, including its claims data, demographic makeup, large claims experience, and so forth.

This total 10.2 percent impact of formula and factor changes should not be interpreted as the premium increase for any specific AHP.

3. Formula Description

We develop rates for active and Medicare Primary subscribers separately based on their own experience. Both the formula and factors described in this filing are the same for both populations

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except where noted. We do not offer Medicare Primary rate tiers on Blue Cross VT Managed Care networks.

Benefit-Adjusted Projected Single Claims Rate

Exhibit 1A contains a sample calculation of the benefit-adjusted single claims rate. Page 1 of the exhibit applies to active members and page 2 applies to Medicare Primary members. For each case, we start the rating with a twelve-month experience period with at least two months of runout¹. We include any fees charged by our pharmacy benefits manager or associated with claims subrogation in the claims total. We develop the experience rate for medical and pharmacy claims separately. We determine a pooling point based on the size of the case at the end of the runout period and split the experience period claims (line A) into amounts above (line B) and below (referred to as capped claims, line D) the pooling point. We exclude certain COVID-19 related claims incurred through June 2021² (line C) from the development. Exhibit 6C contains a list of excluded primary diagnosis and procedure codes.

We apply completion factors (line E) developed from the monthly financial reporting process (best estimates before margin) to capped claims to produce completed capped claims (line F). We use the formula and factors described in Milliman's *2023 Health Cost Guidelines – Reinsurance* to calculate expected claims above the pooling limit (line G). We add the expected claims above the pooling limit to the completed capped claims to produce large-claim-adjusted experience period claims. Medicare Primary members generally do not have claims near the AHP's pooling point, so we do not pool their claims.

We then multiply the large-claim-adjusted experience claims by an adjustment factor (line H) to reflect structural changes between the experience period and the rating period. This adjustment modifies the experience to reflect such things as mandated benefit changes, contractual provision changes, mandated changes to provider payments, etc., that, in the judgment of the underwriter, are necessary to make the experience appropriate for the estimation of the expected claims in the rating period.

We divide the result (line I) by the number of member months during the experience period (line J) to produce the adjusted experience period claims per member per month (line K).

We then divide the adjusted experience period claims per member per month (PMPM) by a seasonally-adjusted benefit relativity value to neutralize any effect of seasonality and benefits on the paid claims. To determine this factor, we first determine a benefit relativity factor for each benefit plan (using the factors described in section 5) and contract tier type (single, 2-person, family, etc.). Based on the seasonal patterns observed as part of the reserving process for each calendar month, we determine seasonal factors for CDHPs and for non-CDHPs and normalize them so that they total to 12. We combine these factors to calculate seasonal benefit relativity factors for each combination of benefit plan, contract tier type, and month. We apply these factors to the number of contracts for each benefit plan, contract tier type, and month in the experience period. We total the results and divide the resultant sum by the number of member months in the experience period. We apply the seasonal factors regardless of the length of experience period, but if there is a 12-month experience period and there are no changes

¹ For first year renewals where twelve months of experience is not available, we typically use claims incurred in nine months with no runout.

² This corresponds with the conclusion of the state of emergency in Vermont.

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in benefits or enrollment, the normalization of the seasonality factors would cause the seasonal adjustment to be 1.000. This produces the average experience period seasonally-adjusted benefit relativity factor (line L).

We adjust for any change in the demographics of the AHP between the experience period and the rating period by calculating the average demographic factor for each period and applying the ratio of projection to experience (line M). We multiply the adjusted experience period claims PMPM (line K) by the demographic normalization factor and divide by the average experience period seasonally-adjusted benefit relativity factor (line L) to produce the benefit-adjusted experience period single claims rate (line N), which is the expected cost for a single contract in the experience, neutral of benefit and seasonality. We then multiply this by a trend factor (line Q, as discussed in section 4) to project the claims from the experience period to the rating period.

We blend the projected single contract rate (line R) with the adjusted manual rate (line S, as described in section 6.1) using the credibility formula described below.

We calculate the credibility factor (line T) as follows:

$$Credibility = \sqrt{\frac{Member\ Months}{Upper\ Bound}}$$

The pooling point determines the upper bound. We base the pooling limit on the AHP’s membership in the current month as shown in the abbreviated table below. The underwriter may apply discretion in the event the current month’s membership is not appropriate for determining a pooling limit (e.g. a material change in enrollment due to an acquisition or layoff).

Membership (Current Months)	Pooling Point	Upper Bound Member Months
Medicare Primary		8,325
0 to 299	\$100,000	17,055
300 to 499	\$120,000	18,745
500 to 999	\$140,000	20,266

If member months are greater than the upper bound, the credibility factor will be 1. Exhibit 6A provides a complete list of upper bound member months by pooling point, while Exhibit 6B details pooling points by current month membership.

To blend the projected single contract rate with the adjusted manual rate, we use the following equation:

$$Benefit-Adjusted\ Projected\ Single\ Claims\ Rate = Projected\ Single\ Contract\ Rate \times (Credibility) + Adjusted\ Manual\ Rate \times (1 - Credibility)$$

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Multiple Experience Periods

Blue Cross VT uses multiple experience periods (when available) to develop the benefit-adjusted projected single claims rate. Following the methodology described above, we calculate an experience rate for the first and second year preceding the experience period. We then apply the credibility formula recursively to the residual portion of the rate. The table below provides a demonstration of the application of the credibility formula for an AHP with 50 percent credibility in each experience year.

Experience Period	Proportion of Rate
YE 202406	50.0%
YE 202306	25.0%
YE 202206	12.5%
Manual Rate	12.5%

Three years of experience is the maximum that we will use. In the absence of extenuating circumstances, all renewals will use the maximum number of years available. In the event we do not consider historical experience appropriate or reliable for rating periods (e.g., a significant change in enrollment due to an acquisition or layoff), the underwriter will use fewer years of experience and document the rationale for such a change.

Exhibit 1B provides a detailed sample calculation of the benefit-adjusted projected single claims rate using three years of experience.

If the credibility of the first year of experience is more than 66.67 percent, the underwriter shall develop rates using a 3-2-1 blend of experience periods and not utilize the manual rate.

Required premium by Plan, Tier Type

Exhibit 1C provides a sample calculation of premium. For each plan and contract tier type anticipated in the rating period, we calculate projected claims (line B1) as the product of the benefit-adjusted projected single claims rate (S) and the benefit relativity factor (as described in section 5) for the plan and contract tier (line A). For any premium components that are exclusively applicable to either active or Medicare Primary members, we only include the component in the respective rate tier(s) to which it applies.

We use the members per contract tier during the last month of the runout period as the basis for the projected members per tier in the rating period. The underwriter will adjust this ratio if, in their opinion, the result is not representative of the expected values in the rating period.³

Underwriting Judgment Adjustments

If, in the underwriter's professional judgment, the standard formula would not produce appropriate rates for the case they are rating, the underwriter will make such modifications as needed to produce

³ E.g., the number of contracts in a particular tier may be small (or even 0). In such instances, the underwriter should use appropriate values based on total block of business or other appropriate sources.

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appropriate rates. The underwriter will document in the case file the reason(s) for the adjustment(s) and the method of determining the appropriate adjustment(s).

Management Discretionary Adjustments

For marketing or other reasons, management may decide to modify the rates on a specific case or block of cases. The underwriter will document in the case file the adjustment(s) made, along with a description of the nature of the adjustment(s).

4. Trend Factors

The source of data for trend development is the Blue Cross VT data warehouse, except where noted below. To ensure the accuracy of claims information, we reconcile the data used against internal reserving, enrollment, and other financial reports. The data includes claims from Blue Cross VT Cost Plus groups, Blue Cross VT self-funded groups of under 1,001 members, Blue Cross VT insured large groups, Blue Cross VT insured small groups with more than 10 members, Blue Cross VT insured association health plans, and TVHP insured large groups. The data also excludes insured large groups that left Blue Cross VT before September 2023, and any insured large groups new to Blue Cross VT in 2023. The above lines of business cover substantially similar populations under similar benefit packages. Combining these homogeneous populations creates greater consistency and credibility within the trend factor development.

We exclude large self-funded groups and self-funded groups with special pricing arrangements. We exclude claims from Medicare Primary members. We discuss Medicare Primary trend in section 4.5.

We use claims incurred from October 1, 2019, to September 30, 2023, paid through November 30, 2023. We apply completion factors to estimate the ultimate incurred claims for each period shown in the exhibits.

4.1. Medical Trend Development

Medical trend is composed of three pieces: cost, utilization, and intensity. In our analysis, we combine utilization and intensity within the utilization metric and analyze the unit cost separately. For fee-for-service claims, we combine plan payment with member cost sharing to calculate the allowed charges. For claims under a capitation arrangement, we combine a fee-for-service equivalent amount with the member cost sharing to calculate allowed charges.

4.1.1. Unit Cost

We use the population and claims base from the 2025 Blue Cross VT Large Group Rating Program Filing (BCVT-133971481). We use the unit cost trend factors assumptions established in the 2025 Vermont QHP Market rate filings (BCVT-134096633 and BCVT-134091560).

During the year ending September 2023, about 57 percent of total medical claims dollars occurred at Vermont facilities and providers impacted 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

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that the GMCB will approve hospital budgets for October 1, 2024, and October 1, 2025 at the GMCB guidance maximum for commercial rate growth of 3.4 percent³.

The provider contracting and actuarial departments worked together to assess the impact these increases would have on contract negotiations specific to the networks used for the large group and AHP markets.

For other providers within the Blue Cross VT service area, we work with the Blue Cross VT contracting team to include expected contract changes.

For drugs dispensed in a facility or office, we use the outpatient or professional increase for each facility or provider group to calculate an estimated unit cost trend.

Finally, we derive unit cost increases for providers outside the Blue Cross and Blue Shield of Vermont service area from the Fall 2023 Blue Trend Survey, which is a proprietary and confidential dissemination of the BlueCross BlueShield Association.

The chart below summarizes the results of the analysis:

Blue Cross VT Managed Contract				
Annual Reimbursement Changes due to Budget Increases and Contracting Season	Percent of Total Allowed Medical Claims	Cost Trend from 2023 to 2024	Cost Trend from 2024 to 2025	Total Annual Cost Trend
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	57.3%	5.2%	3.5%	4.4%
Other facilities and providers	42.7%	5.5%	5.1%	5.3%
Total	100.0%	5.3%	4.1%	4.8%

Blue Cross VT Non-Managed Contract				
Annual Reimbursement Changes due to Budget Increases and Contracting Season	Percent of Total Allowed Medical Claims	Cost Trend from 2023 to 2024	Cost Trend from 2024 to 2025	Total Annual Cost Trend
Vermont facilities and providers impacted by GMCB's Hospital Budget Review	57.3%	5.1%	3.5%	4.4%
Other facilities and providers	42.7%	5.5%	5.1%	5.3%
Total	100.0%	5.3%	4.1%	4.8%

4.1.2. Utilization & Intensity

We use the utilization trend factors from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

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4.1.3. Total Medical Trend

The total medical trend factors are the product of the utilization trend and the unit cost trend factors.

YE 202309 to CY 2025 Annualized Medical Trend – Blue Cross VT Managed Care				
Category	Facility	Professional	Pharmaceuticals	Total
Unit Cost	4.9%	4.5%	5.2%	
Utilization	1.8%	1.9%	4.0%	
Total Medical Trend	6.7%	6.5%	9.4%	6.9%

Component	Blue Cross VT Managed Care	Blue Cross VT Non-Managed Care
Total Annual Medical Trend	6.9%	6.8%

These represent the annualized trend from year-ended September 2023 to calendar year 2025. Due to the non-uniform trend assumptions for facility and all other professional services, we will apply monthly trend factors to bring the renewal experience period through the rating period. The monthly factors are shown on Exhibit 2G.

4.2. Retail Pharmacy Trend

We use the retail pharmacy trend factors from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

4.3. Overall Total Trend

Using the claims experience⁴ for the groups included in the manual rate (see section 6.1), we calculate the overall allowed trend as follows:

Category	Allowed PMPM	Allowed Trend
Medical	\$664.71	6.9%
Pharmacy	\$175.25	9.4%
Total	\$839.96	7.4%

4.4. Leveraged Trends

We use the leverage formulas from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

Applying the leverage factors for benefits present in the year ended September 2023 for the groups included in the manual rate, we calculate the following paid trends:

⁴ We use claims incurred September 1, 2021 through August 31, 2022, projected to calendar year 2024.

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Category	Paid PMPM	Paid Trend
Medical	\$541.70	8.3%
Pharmacy	\$159.76	10.1%
Total	\$701.46	8.8%

4.5. Medicare Secondary Trends

We use the Medicare Secondary trend factors from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

4.6. Vision Trend

AHP benefits must include pediatric vision benefits that are analogous to those offered in the individual and small group marketplace. We use the vision trend of 0.0 percent from the Blue Cross VT 2025 Vermont QHP Market - Small Group Rate Filing (SERFF: BCVT-134096633) since we expect the covered population to be substantially similar to the QHP Small Group population.

4.7. Dental Trend

AHP benefits must include pediatric dental benefits that are analogous to those offered in the individual and small group marketplace. We use the dental trend of 6.0 percent from the Blue Cross VT 2025 Vermont QHP Market - Small Group Rate Filing (SERFF: BCVT-134096633) since we expect the covered population to be substantially similar to the QHP Small Group population.

4.8. Monthly Trend Factors

We use the monthly trend factors from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024, and replace the medical unit cost trend factors with those established in section 4.1.1.

5. Benefit Factors

5.1. Models for Active Employees

We use the models for Active Employees from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

5.2. Tier Factors

We use the tier factors from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

5.3. Models For Age 65+ Medicare Secondary Plans

We use the models for Models For Age 65+ Medicare Secondary Plans from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

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5.4. Formulary & Pharmacy Options

We use the Formulary & Pharmacy Options factors from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024

5.5. Riders

Blue Cross VT files riders with the Vermont Department of Financial Regulation (DFR) that allow AHPs to add or modify covered services. These riders include, but are not limited to, the Benefit Enhancement Rider, Acupuncture Benefits Rider, and Wellness Drug Rider. For riders that modify covered services, we use the benefit relativity model to price the rider. For riders that cover an optional service, we develop allowed charges from groups offering that coverage and adjust to the AHP's benefit or use a reasonable approximation of allowed charges if no experience data exists. If, in the underwriter's professional judgment, the election of a rider will create material anti-selection, the underwriter will modify the rate as necessary to reflect appropriate rates for the rider they are rating, as described in section 3.

5.6. Rate Smoothing Charges

We use the rate smoothing charges from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

6. Other Factors Applicable to All Association Health Plans

6.1. Manual Rate

The AHP manual rate for active members is the medical and pharmacy paid claims PMPM incurred between January 1, 2023 and December 31, 2023, paid through March 31, 2024, for Blue Cross VT insured large groups, Blue Cross VT Cost Plus groups, Blue Cross VT insured association health plan member groups, and Blue Cross VT insured small groups. We only include in the manual rate experience groups where the average number of monthly subscribers exceeded 25, and where the group had active enrollment throughout the manual rate experience period. We consider the above lines of business to be representative of the expected membership of association health plans to be covered under this filing. We use claims from these groups, trended to calendar year 2025 using the trends and pharmacy contract adjustments described in section 4. We cap claims at \$200,000⁵ and add expected claims above \$200,000. We calculate the expected large claims using the method described in section 6.2.

⁵ Selected using the highest level a group in the manual rate membership base would be pooled at using the table in Exhibit 6B.

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Calculation of the Manual Rate (Actives)			
Claim Type		Medical	Pharmacy
Incurred and Paid Experience Paid Claims, capped at \$200,000	A	\$73,493,852	\$23,011,260
Estimated IBNR	B	\$293,452	\$0
Expected Claims above \$200,000	C	\$7,157,812	\$532,581
Experience Adjustment Factor ⁶	D	0.9996	0.9996
Demographic Normalization	E	0.9922	0.9922
Overall Paid Trend Factor	F	1.1981	1.2118
Projected Total Paid Claims	$G = (A + B + C) \times D \times E \times F$	\$96,183,507	\$28,295,231
Total Member Months	H	151,936	151,936
Medical/Pharmacy Manual Rate	$I = H / I$	\$633.05	\$186.23
2025 Manual Rate	$K = J_1 + J_2$	\$819.28	
2024 Approved Manual Rate	L	\$754.46	
Manual Rate Increase	$M = K / L - 1$	8.6%	

We use the Medicare Primary manual rate from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

We adjust the manual rate to reflect a group's particular characteristics, as demonstrated in Exhibit 4A. We make an adjustment for the average age/gender factor (line B) of the group. For active and Medicare primary members, we use factors from the SOA's report *Health Care Costs – From Birth to Death*⁷. We normalize the factors such that the membership in the manual rate experience period has an age/gender factor of one. We assign an industry factor (line C) to each group based on the Standard Industrial Classification code. See Exhibit 4B for the schedule of industry factors. We normalize the industry factors such that the manual rate has a factor of one. We do not apply an industry adjustment to the manual rate for Medicare Primary members. We normalize for the average benefit relativity factor in the experience base by applying the ratio of the manual rate base average over the benefit relativity model average. In 2025, this factor is 1.0664 (line F).

We then multiply the manual rate by an adjustment factor to reflect structural changes between the experience period to the rating period. This adjustment modifies the manual claims to reflect such things as mandated benefit changes, contractual provision changes, etc., that, in the judgment of the underwriter, are necessary to make the manual rate appropriate for the estimation of the expected claims in the rating period.

Finally, we calculate a contract conversion factor (line D) based on member distribution and tier factors in order to convert from a PMPM to a single rate basis. This factor is necessary because the rating

⁶ Adjustment for estimated cost sharing on COVID-19 claims.

⁷ <https://www.soa.org/Research/Research-Projects/Health/research-health-care-birth-death.aspx>

The factors for the age curve are in Chart 1 (for actives) and Chart 21 (for Medicare Primary) of the databook linked on the page.

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formula blends the adjusted manual rate (line S of Exhibit 1A) with the projected single contract rate (line R of Exhibit 1A), which is not on a PMPM basis.

6.2. Large Claims Factors

We use the large claims factors from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

6.3. Administrative Charges

The sources of administrative expense data in this filing are the Blue Cross VT data warehouse and accounting records. The experience period for this filing is January 2023 to December 2023. We use actual Blue Cross VT administrative expenses for the experience period on a GAAP reporting basis.

The Blue Cross VT cost accounting system allocates administrative expenses to lines of business. We use Blue Cross VT insured association health plan information for the base administrative charges.

The table below reflects reclassifications of the base data, including the removal of federal fees (we add these to premium rates separately; see section 6.9), GMCB billback (we add these to premium rates separately; see section 6.8), and fees paid to vendors for the administration of Health Savings Accounts and Health Reimbursement Accounts linked to our insurance products (participation in this service is optional; we assign these fees to groups who select the service). We also remove any expenses incurred due to one-time, non-recurring events, as these costs are not expected to continue to occur in the projection period. We are also reflecting the known value from our affiliation with BCBSM from processes and contracts already integrated. While there is still much to be done to fully integrate some functions with BCBSM, Blue Cross VT already started to experience lower costs of processing claims through NASCO (our claims processor) by accessing the lower fee schedule for BCBSM affiliates.

Reconciliation of Experience Base Administrative Expense to Reported GAAP Expenses		
	AHP	
	Total Dollars	PMPM
Reported Expenses	\$906,595	\$47.75
Commissions	\$0	\$0.00
Reclassification Items	-\$29,451	-\$1.55
Affiliation Value	-\$7,339	-\$0.39
Total	\$869,805	\$45.81

Projection Factors

The base administrative charges are projected to 2025 using a 4.0 percent annual trend. This projection factor is intended to make reasonable but modest provision for increases in overall operating costs PMPM. In light of continued inflationary pressures, Blue Cross VT believes that an overall administrative expenses annual trend of 4.0 percent reflects the expected growth in costs.

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We calculate PMPM admin charges with experience period enrollment and projected enterprise-wide 2025 enrollment. When projecting the 2025 enrollment, we include membership projections from all lines of business. Blue Cross VT variable costs represent approximately 30 percent of total administrative expenses. Blue Cross VT is committed to providing insurance coverage for our members at the most affordable rates possible; as a result, even though it is impractical to react to enrollment shifts by immediately right-sizing staff, we nonetheless remove from our projection the entirety of variable costs associated with the changes in enrollment. We therefore apply a net increase of 2.6 percent to the base PMPM charges to account for the decline in membership on core operating platform. The table below shows the calculation.

Development of Enterprise Membership Adjustment	
	Member Months
Experience Period	2,050,050
Projected 2025 Enrollment	1,976,657
Adjustment for Enterprise Membership	$= 1 + 0.7 \times (2,050,050 / 1,976,657 - 1) = 2.6\%$

To calculate the projected base administrative charges, we increase the reweighted base experience PMPM by 4.0 percent for two years of trend and by 2.6 percent for the impact of membership.

Projected Administrative Charges Calculation		
Experience Base Administrative Charges PMPM	A	\$45.81
Trend Projection	B	1.0816
Impact of Membership changes	C	1.0260
Projected Base Administrative Charges for January 2025	$D = A \times B \times C$	\$50.83

Charges for Group Accounts

The administrative charge for January 2025 is \$50.83 PMPM.

The administrative charges do not include amounts for special items or unique services not part of Blue Cross VT's standard scope of administrative services (e.g., special booklets, certificates, or reports). Charges for such services will be determined and applied separately on an account-specific basis. The filed charges also do not include commissions based on the commission scale applicable to the account. The rating formula calculates and applies commissions separately.

6.4. Net Cost of Reinsurance

We use the net cost of reinsurance charges from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

6.5. Pharmacy Rebates

We calculate pharmacy rebates by taking the experience period rebates and trending them using the total trend for brands eligible for rebates using the factors from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

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6.6. Pediatric Vision and Dental

AHPs must offer pediatric dental and vision benefits that are analogous to those offered in the individual and small group marketplace. To develop the projected claims, we use small group claims and trend from the Blue Cross VT 2025 Vermont QHP Market - Small Group Rate Filing (SERFF: BCVT-134096633).

Projected Pediatric Vision and Dental Claims			
		Dental	Vision
Base Data (CY 2023)	A	\$1.87	\$0.07
Annual Trend	B	6.0%	0.0%
Months of Trend	C	24	24
Projected Claims	$D = A \times (1+B)^{(C/12)}$	\$2.10	\$0.07

6.7. Payment Reform Initiatives

Blue Cross VT is committed to continuing its effort in payment reform through its Community Provider Value-Based programs such as Vermont Blue Integrated Care and Enhanced Community Primary Care programs. We estimate the monthly PMPM needed for our payment reform efforts as \$2.50 PMPM.

6.8. Contribution to Reserve

As recommended by management, we include the following contribution to reserve factors in the rate calculation: 3.0% of premium for insured AHPs.

A memo from Blue Cross VT senior management regarding the contribution to reserve factors can be found as Attachment A. We consider the above-listed contribution to reserve factors to be reasonable.

6.9. State Mandates and Assessments

Vermont Vaccine Purchasing Program Payments

The Vermont Vaccine Purchasing Program⁸ offers health care providers state-supplied vaccines at no charge by collecting payments from Health plans, insurers, and other payers. This assessment is a PMPM charge applied to members residing in Vermont who are ages 0 to 64. On May 5, 2023, the Vermont Vaccine Purchasing Program released a memo that included the rates for April 1, 2023 – March 31, 2024. The memo did not include an estimate of charges beyond March 31, 2023, so we use the approved state fiscal year 2024 rates throughout the projection period.

New Hampshire Purchasing Program Payments

The New Hampshire Purchasing Program⁹ offers health care providers state-supplied vaccines at no charge by collecting payments from health plans, insurers, and other payers. The assessment for 2024 is \$12.50 for each child that is a New Hampshire resident. The current best estimate of the 2025 rate is \$12.50 per assessable life per month. We will use the new rate once it is approved.

⁸ <http://www.vtvaccine.org/>

⁹ <https://nhvaccine.org/>

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New York State Health Care Reform Act

Blue Cross VT pays the New York GME Covered Lives Assessment¹⁰ for all members who are New York residents as part of the New York State Health Care Reform Act. The assessment varies based on the county of residence. We will use the new rates once they are approved.

Maine Guaranteed Access Reinsurance Association

Blue Cross VT pays the Maine Guaranteed Access Reinsurance Association Assessment¹¹. The 2019 assessment is \$4.00 per member per month for each member that is a Maine resident. We will use any new rates once they are approved.

Health Care Claims Tax

The Health Care Claims Tax of 0.999 percent applies to all claims or capitations incurred by members with Vermont zip codes. We use the percentage of current members with Vermont ZIP codes to estimate the percentage of rating period claims expected to be incurred by Vermont members.

Blueprint

Blue Cross VT participates in the Vermont Blueprint for Health program. The current assessments for this program, applied to members who are attributed to a Blueprint provider as of the month the renewal is produced, are \$2.77 PMPM for the Community Health Team and \$3.00 PMPM for the Patient Centered Medical Homes (PCMH). PCMH are eligible for up to \$0.50 for performance. We project that our total PMPM for PCMH will be \$3.25. We base the projected performance payment on the average payment for groups in the manual rate in the year ended December 2023. We will incorporate any updates made to the Blueprint Manual¹² in renewals.

Green Mountain Care Board Billback

The Green Mountain Care Board assesses Blue Cross VT a billback. We apply billback amounts from the administrative charges experience period described in section 6.3 to projected member months to develop the charge of \$1.90 PMPM.

Other Assessments

We include other state mandates and assessments in the calculation as applicable.

6.10. Federal Assessments

Patient-Centered Outcomes Research Institute Fee:

This fee is part of the Affordable Care Act and applies to all plan years ended after September 30, 2012 and before October 1, 2029. We include \$3.71 PMPY in the rates, which is the estimated charge for plans year ending between October 2025 and September 2026.

Other Assessments

We include other federal mandates and assessments in the calculation as applicable.

¹⁰ <https://www.health.ny.gov/regulations/hcra/gmecl.htm>

¹¹ <http://www.mgara.org/>

¹² <http://blueprintforhealth.vermont.gov/>

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6.11. Hearing Aids

In 2024, hearing aids became an essential health benefit for association health plans. We use the estimated paid cost for hearing aids from the 2025 Large Group Filing (BCVT-133971481) as approved by the GMCB on May 10, 2024.

6.12. Other Adjustments

H.766, which the Vermont legislature recently passed, is expected to materially change allowable payment integrity programs, prior authorizations, and step therapy. We identified key components of the legislation that would likely affect medical and pharmacy claims. On a program-by-program basis, we identified the expected impact of the legislation, either via an internal analysis or information provided by an external vendor. To estimate the impact of the legislation, we increase medical and pharmacy claims by the expected loss in savings.

Calculation of Impact of Reduction in Payment Integrity, Step Therapy and Prior Authorizations			
		Medical	Pharmacy
CY 2023 Allowed Charges ¹³	A	\$56,282,594	\$14,199,099
Estimated Reduction in Savings	B	\$865,679	\$504,150
Adjusted CY 2023 Charges	C = A + B	\$57,148,274	\$14,703,249
Experience Adjustment Factor	D = C / A	1.0154	1.0355

7. Medical Loss Ratio Projection

We use the factors and formula in this filing to project a Medical Loss Ratio (MLR) for 2025. Using the manual rate as a proxy for projected claims, we project a 2025 MLR of 90.3 percent. The Blue Cross VT credibility-adjusted MLR for Large Group¹⁴ was 89.5 percent in 2021 and 92.5 percent in 2022. 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 2022 values for various quantities (e.g. HCQ, commissions).

8. Act 193 Information

This information is included template filed in SERFF with this filing ([VT Rx Data Template - Blue Cross - 2025 AHP.xlsx](#)).

The data in the template is based on actual and projected experience for the groups included in the manual rate.

9. Actuarial Opinion

I, Martine Lemieux, Chief Actuary, am an employee of Blue Cross Blue Shield of Vermont. I have experience in the area of insured health care programs.

¹³ Fully insured large group and association health plan claims, paid through March 31, 2024.

¹⁴ AHP results are included in the Blue Cross VT Large Group MLR filing.

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Section 10 lists applicable limitations and disclosures.

It is my opinion that the rating formula and factors presented in this filing are reasonable and have been prepared in accordance with applicable Actuarial Standards of Practice. The formula and 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 Lemieux, F.S.A., M.A.A.A.

May 20, 2024

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10. Disclosures

Information Date: The analysis provided in the report is based on information as known on May 13, 2024.

Scope: The purpose of this filing is to establish the formula, manual rate, and accompanying factors that will be used for renewals of Blue Cross and Blue Shield of Vermont association health plans. This filing is not intended to be used for other purposes.

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

Uncertainty or Risk: Future events may affect the results presented in the memorandum.

Per Green Mountain Care Board guidance published on March 29, 2024.¹⁵ Vermont hospital budgets submissions are due July 1, 2024. 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 herein.

H.766 has not been enacted into law. If the final bill varies from the current version, or if the bill ultimately does not become law, it may affect the adequacy or excessiveness of the premium rates discussed herein. Blue Cross VT continues to evaluate the potential impacts of the bill. As such, the estimates included herein are likely to change based on further understanding of the impact of the bill.

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

This analysis relies upon several sources of information that are cited as footnotes at their respective references. If any of the sources I have relied upon are incorrect or inaccurate, it may affect the accuracy of the results presented in the report.

The H.766 impact estimates rely on clinical and legal internal analyses, internal reporting, vendor reporting, and vendor analyses. If any of the sources I have relied upon are incorrect or inaccurate, it may affect the accuracy of the results presented in the report.

This analysis relies upon several factors and formulas approved in 2025 Blue Cross VT Large Group Rating Program Filing (SERFF BCVT-133971481)

This analysis relies upon several factors submitted as part of the Blue Cross VT 2025 Vermont QHP Market - Small Group Rate Filing (SERFF: BCVT-134096633).

Subsequent Events: Subsequent events may affect the projected MLR presented herein. The degree to which future events may materially change the MLR is unknown.


¹⁵

<https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY25%20HBR%20Guidance%20FINAL%2003292024.pdf>

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

A handwritten signature in blue ink, appearing to read "Ruth Greene", written over a horizontal line.

Ruth Greene
Vice President, Treasurer & Chief Financial Officer

A handwritten date "5/20/2024" in blue ink, written over a horizontal line.

Date

BLUE CROSS AND BLUE SHIELD OF VERMONT
2025 ASSOCIATION HEALTH PLAN RATING PROGRAM FILING

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Example Calculation of Projected Single Claims Rate for Active Members

Benefit-Adjusted Projected Single Claims Rate:

	Medical	Pharmacy	Total	
Experience Period Paid Claims	\$1,600,000	\$320,000		A
Experience Period Claims Amount above \$100,000 Pooling Limit	\$182,000	\$36,400		B
COVID-19 Related Claims	N/A	N/A		C
Capped Claims	\$1,418,000	\$283,600		D = A — B — C
Completion Factor	1.005	1.001		E
Completed Capped Claims	\$1,430,000	\$283,884		F = D x E
Expected Claims above \$100,000 Pooling Limit	\$240,000	\$48,000		G
Experience Adjustment Factor ¹	1.0154	1.0355		H
Adjusted Experience Period Claims	\$1,695,718	\$343,665		I = (F + G) x H
Experience Period Member Months	4,000	4,000		J
Adjusted Experience Period Claims PMPM	\$423.93	\$85.92		K = I ÷ J
Average Experience Period Seasonally Adjusted Benefit Relativity Factor	0.768	0.768		L
Demographic Normalization	1.000	1.000		M
Benefit-Adjusted Experience Period Single Claims Rate	\$551.76	\$111.82		N = K * M ÷ L
Trend	1.081	1.109		O
Trend Months	18	18		P
Trend Factor	1.124	1.168		Q = O ^ (P/12)
Projected Single Contract Rate	\$620.35	\$130.59	\$750.94	R = N x Q
Adjusted Manual Rate			\$1,027.01	S
Credibility factor			48%	T
Benefit-Adjusted Projected Single Claims Rate			\$893.31	U = (R x T) + { S x (1 — T)}
Credibility Calculation				
Active Member Months		4,000	a	
Member Months for Full Credibility at \$100,000 Pooling Limit		17,055	b	
Credibility		48%	c = (a / b) ^ 0.5	

(1) Adjustment for legislative changes and estimated cost sharing on COVID-19 claims.

Example Calculation of Projected Single Claims Rate for Medicare Primary Members

Benefit-Adjusted Projected Single Claims Rate:

	Medical	Pharmacy	Total	
Experience Period Paid Claims	\$16,000	\$24,000		A
Experience Period Claims Amount above \$100,000 Pooling Limit	N/A	N/A		B
COVID-19 Related Claims	N/A	N/A		C
Capped Claims	\$16,000	\$24,000		$D = A - B - C$
Completion Factor	1.011	1.001		E
Completed Capped Claims	\$16,200	\$24,024		$F = D \times E$
Expected Claims above \$100,000 Pooling Limit	N/A	N/A		G
Experience Adjustment Factor	1.000	1.036		H
Adjusted Experience Period Claims	\$16,200	\$24,877		$I = (F + G) \times H$
Experience Period Member Months	96	96		J
Adjusted Experience Period Claims PMPM	\$168.75	\$259.13		$K = I \div J$
Average Experience Period Seasonal Adjusted Benefit Relativity Factor	0.900	0.900		L
Demographic Normalization	1.000	1.000		M
Benefit-Adjusted Experience Period Single Claims Rate	\$187.50	\$287.93		$N = K * M \div L$
Trend	1.066	1.109		O
Trend Months	18	18		P
Trend Factor	1.100	1.168		$Q = O ^ (P/12)$
Projected Single Contract Rate	\$206.29	\$336.25	\$542.54	$R = N \times Q$
Adjusted Manual Rate			\$564.38	S
Credibility factor			11%	T
Benefit-Adjusted Projected Single Claims Rate			\$562.04	$U = (R \times T) + \{ S \times (1 - T)\}$
Credibility Calculation				
Medicare Primary Member Months		96		a
Member Months for Full Credibility		8,325		b
Credibility		11%		$c = (a / b) ^ 0.5$

Example Calculation of Projected Single Claims Rate for Active Members with Multiple Experience Periods

Benefit-Adjusted Projected Single Claims Rate:

Period Category Experience Period Start Experience Period End	A		B		C		Manual
	Medical	Pharmacy	Medical	Pharmacy	Medical	Pharmacy	
7/1/2023	7/1/2023	7/1/2022	7/1/2022	7/1/2021	7/1/2021		
6/30/2024	6/30/2024	6/30/2023	6/30/2023	6/30/2022	6/30/2022		
Paid Claims in Experience Period	\$1,600,000	\$320,000	\$1,500,000	\$300,000	\$1,360,000	\$272,000	A
Claims over \$100,000 Pooling Limit	\$182,000	\$36,400	\$321,000	\$64,200	\$80,000	\$16,000	B
COVID-19 Related Claims	N/A	N/A	N/A	N/A	N/A	N/A	C
Capped Claims	\$1,418,000	\$283,600	\$1,179,000	\$235,800	\$1,280,000	\$256,000	D = A - B - C
Completion Factor	1.005	1.001	1.001	1.000	1.000	1.000	E
Completed Capped Claims	\$1,430,000	\$283,884	\$1,180,000	\$235,800	\$1,280,000	\$256,000	F = D x E
Expected Claims above \$100,000 Pooling Limit	\$240,000	\$48,000	\$212,000	\$42,400	\$180,000	\$36,000	G
Experience Adjustment Factor ¹	1.015	1.036	1.010	1.030	1.013	1.033	H
Adjusted Experience Period Claims	\$1,695,718	\$343,665	\$1,406,279	\$286,617	\$1,479,571	\$301,772	I = (F + G) x H
Experience Period Member Months	4,000	4,000	4,100	4,100	3,900	3,900	J
Adjusted Experience Period Claims PMPM	\$423.93	\$85.92	\$342.99	\$69.91	\$379.38	\$77.38	K = I ÷ J
Average Experience Period Med/Rx Total Seasonally Adjusted							
Benefit Relativity Factor	0.768	0.768	0.750	0.750	0.760	0.760	L
Demographic Normalization	1.000	1.000	1.002	1.002	0.998	0.998	M
Benefit-Adjusted Experience Period Single Claims Rate	\$551.76	\$111.82	\$458.24	\$93.40	\$498.18	\$101.61	N = K * M ÷ L
Trend to Period A			1.085	1.123	1.239	1.234	O
Trend	1.081	1.109	1.081	1.109	1.081	1.109	P
Trend Months	18	18	18	18	18	18	Q
Trend Factor	1.124	1.168	1.220	1.312	1.392	1.441	R = O x P ^ (Q/12)
Projected Single Contract Rate	\$620.35	\$130.59	\$559.16	\$122.52	\$693.70	\$146.44	S = N x R
Credibility Calculation							
Starting Residual	100.0%		51.6%		26.3%		T = 1 - Σ X
Active Member Months	4,000		4,100	4,100	3,900	3,900	U
Member Months for Full Credibility at \$100,000 Pooling Limit	17,055		17,055		17,055		V
Credibility	48.4%		49.0%		47.8%		W = (U / V) ^ 0.5
Rating Credibility	48.4%		25.3%		12.6%		X = Σ T x W
Benefit-Adjusted Projected Single Claims Rate	\$300.43	\$63.24	\$141.39	\$30.98	\$87.20	\$18.41	Y = X x S
Σ Benefit-Adjusted Projected Single Claims Rate	\$782.51						Z = Σ Y

(1) Adjustment for legislative changes and estimated cost sharing on COVID-19 claims.

**Example Calculation of Required Premium by Product and Tier
Illustrative Only**

From Exhibit 1A : Active Benefit-Adjusted Projected Single Claims Rate (\$) **\$893.31**
Medicare Primary Benefit-Adjusted Projected Single Claims Rate (\$) **\$562.04**

Plan A		Single	2-Person	Family	Medicare Primary
Members per contract		1.000	2.000	3.940	1.000
BRV:	A	0.929	1.859	2.585	0.984
Projected Claims:	B1 = A x S	\$830.16	\$1,660.32	\$2,309.30	\$553.05
Payment Reform Initiatives	B2	\$2.50	\$5.00	\$9.85	
Projected Rx Rebate:	B3	-\$40.00	-\$80.00	-\$157.60	-\$40.00
Net Cost of Reinsurance:	B4	\$3.08	\$6.16	\$12.14	
Hearing Aids	B5	\$1.50	\$3.00	\$5.91	\$1.50
Mandates and Assessments					
Vaccines for Vermonters	C1	\$2.50	\$5.00	\$9.85	\$2.50
Blueprint for Health	C2	\$5.98	\$11.96	\$23.56	
Health Care Claims Tax	C3 = 0.000% * B1	\$8.31	\$16.62	\$23.13	\$5.54
GMCB Billback	C4	\$1.90	\$3.80	\$7.49	\$1.90
NH Vaccines	C5	\$0.01	\$0.02	\$0.04	
NY GME	C6	\$0.02	\$0.04	\$0.08	
MGARA	C7	\$0.03	\$0.06	\$0.12	\$0.03
PCORI	C8	\$0.31	\$0.62	\$1.23	\$0.31
Administrative Charge	D	\$50.83	\$101.67	\$200.29	\$50.83
Commission (% premium)	E	3.00%			
Contribution to Reserve	F	3.00%			
Required Premium:	$H = [\sum(B_i) + \sum(C_i) + D] / (1 - E - F)$	\$922.48	\$1,844.96	\$2,601.46	\$612.41
Plan B					
		Single	2-Person	Family	Medicare Secondary
Members per contract		1.000	2.000	3.938	1.000
BRV:	A	1.023	2.046	2.846	1.046
Projected Claims:	B1 = A x S	\$913.86	\$1,827.72	\$2,542.15	\$587.89
Payment Reform Initiatives	B2	\$2.50	\$5.00	\$9.85	
Projected Rx Rebate:	B3	-\$40.00	-\$80.00	-\$157.60	-\$40.00
Net Cost of Reinsurance:	B4	\$3.08	\$6.16	\$12.14	
Hearing Aids	B5	\$1.50	\$3.00	\$5.91	\$1.50
Mandates and Assessments					
Vaccines for Vermonters	C1	\$2.50	\$5.00	\$9.85	\$2.50
Blueprint for Health	C2	\$5.98	\$11.96	\$23.56	
Health Care Claims Tax	C3 = 0.000% * B1	\$9.14	\$18.29	\$25.46	\$5.89
GMCB Billback	C4	\$1.90	\$3.80	\$7.49	\$1.90
NH Vaccines	C5	\$0.01	\$0.02	\$0.04	
NY GME	C6	\$0.02	\$0.04	\$0.08	
MGARA	C7	\$0.03	\$0.06	\$0.12	\$0.03
PCORI	C8	\$0.31	\$0.62	\$1.23	\$0.31
Administrative Charge	D	\$50.83	\$101.67	\$200.29	\$50.83
Commission (% premium)	E	3.00%			
Contribution to Reserve	F	3.00%			
Required Premium:	$H = [\sum(B_i) + \sum(C_i) + D] / (1 - E - F)$	\$1,012.42	\$2,024.83	\$2,851.64	\$649.85

MEDICAL TREND DEVELOPMENT
COST TREND

Inpatient	VHP			IND			TVHP		
	GMCB	Other	Total	GMCB	Other	Total	GMCB	Other	Total
YE 202309	\$22,221,067	\$15,771,876	\$37,992,943	\$22,221,067	\$15,771,876	\$37,992,943	\$22,221,067	\$15,771,876	\$37,992,943
CY 2024	\$23,572,031	\$16,932,118	\$40,504,149	\$23,424,280	\$16,932,118	\$40,356,398	\$23,571,377	\$16,932,118	\$40,503,495
CY 2025	\$24,377,090	\$17,768,121	\$42,145,211	\$24,224,316	\$17,768,121	\$41,992,437	\$24,376,414	\$17,768,121	\$42,144,535
Trend Y1/Y0	4.8%	5.8%	5.2%	4.3%	5.8%	4.9%	4.8%	5.8%	5.2%
Trend Y2/Y1	3.4%	4.9%	4.1%	3.4%	4.9%	4.1%	3.4%	4.9%	4.1%
Annual Cost Trend	4.2%	4.7%	4.7%	3.9%	5.4%	4.5%	4.2%	5.4%	4.7%

Outpatient	VHP			IND			TVHP		
	GMCB	Other	Total	GMCB	Other	Total	GMCB	Other	Total
YE 202309	\$70,639,396	\$25,412,899	\$96,052,295	\$70,639,396	\$25,412,899	\$96,052,295	\$70,639,396	\$25,412,899	\$96,052,295
CY 2024	\$75,900,538	\$27,224,713	\$103,125,250	\$75,914,187	\$27,224,713	\$103,138,900	\$75,898,698	\$27,224,713	\$103,123,410
CY 2025	\$78,542,251	\$28,538,206	\$107,080,457	\$78,556,364	\$28,538,206	\$107,094,570	\$78,540,348	\$28,538,206	\$107,078,554
Trend Y1/Y0	5.9%	5.6%	5.8%	5.9%	5.6%	5.8%	5.9%	5.6%	5.8%
Trend Y2/Y1	3.5%	4.8%	3.8%	3.5%	4.8%	3.8%	3.5%	4.8%	3.8%
Annual Cost Trend	4.8%	5.3%	4.9%	4.8%	5.3%	4.9%	4.8%	5.3%	4.9%

Pharmaceuticals	VHP			IND			TVHP		
	GMCB	Other	Total	GMCB	Other	Total	GMCB	Other	Total
YE 202309	\$7,451,818	\$6,829,522	\$14,281,340	\$7,451,818	\$6,829,522	\$14,281,340	\$7,451,818	\$6,829,522	\$14,281,340
CY 2024	\$7,964,646	\$7,368,087	\$15,332,734	\$7,964,646	\$7,368,087	\$15,332,734	\$7,963,730	\$7,368,087	\$15,331,817
CY 2025	\$8,236,275	\$7,764,007	\$16,000,282	\$8,236,275	\$7,764,007	\$16,000,282	\$8,235,328	\$7,764,007	\$15,999,335
Trend Y1/Y0	5.5%	6.2%	5.8%	5.5%	6.2%	5.8%	5.4%	6.2%	5.8%
Trend Y2/Y1	3.4%	5.4%	4.4%	3.4%	5.4%	4.4%	3.4%	5.4%	4.4%
Annual Cost Trend	4.5%	5.9%	5.2%	4.5%	5.9%	5.2%	4.5%	5.9%	5.2%

Professional	VHP			IND			TVHP		
	GMCB	Other	Total	GMCB	Other	Total	GMCB	Other	Total
YE 202309	\$18,238,914	\$40,399,588	\$58,638,501	\$18,238,914	\$40,399,588	\$58,638,501	\$18,238,914	\$40,399,588	\$58,638,501
CY 2024	\$18,897,806	\$42,984,234	\$61,882,039	\$18,897,806	\$42,984,234	\$61,882,039	\$18,897,806	\$42,984,234	\$61,882,039
CY 2025	\$19,540,331	\$45,236,064	\$64,776,395	\$19,540,331	\$45,236,064	\$64,776,395	\$19,540,331	\$45,236,064	\$64,776,395
Trend Y1/Y0	2.9%	5.1%	4.4%	2.9%	5.1%	4.4%	2.9%	5.1%	4.4%
Trend Y2/Y1	3.4%	5.2%	4.7%	3.4%	5.2%	4.7%	3.4%	5.2%	4.7%
Annual Cost Trend	3.1%	5.1%	4.5%	3.1%	5.1%	4.5%	3.1%	5.1%	4.5%

Total	VHP			IND			TVHP		
	GMCB	Other	Total	GMCB	Other	Total	GMCB	Other	Total
YE 202309	\$118,551,194	\$88,413,885	\$206,965,079	\$118,551,194	\$88,413,885	\$206,965,079	\$118,551,194	\$88,413,885	\$206,965,079
CY 2024	\$126,335,021	\$94,509,151	\$220,844,172	\$126,200,920	\$94,509,151	\$220,710,071	\$126,331,611	\$94,509,151	\$220,840,762
CY 2025	\$130,695,948	\$99,306,398	\$230,002,345	\$130,557,287	\$99,306,398	\$229,863,684	\$130,692,422	\$99,306,398	\$229,998,819
Trend Y1/Y0	5.2%	5.5%	5.3%	5.1%	5.5%	5.3%	5.2%	5.5%	5.3%
Trend Y2/Y1	3.5%	5.1%	4.1%	3.5%	5.1%	4.1%	3.5%	5.1%	4.1%
Annual Cost Trend	4.4%	5.3%	4.8%	4.4%	5.3%	4.8%	4.4%	5.3%	4.8%

**BLUE CROSS AND BLUE SHIELD OF VERMONT
2025 ASSOCIATION HEALTH PLAN RATING PROGRAM FILING**

MONTHLY TREND FACTOR DEVELOPMENT

Month	Members	Utilization Factor	Unit Cost			Month	Medical - Blue	Medical - Blue	Medical - TVHP	Medicare	
			VHP	IND	TVHP		Cross VT Managed	Cross VT Non-Managed	Managed	Pharmacy	Primary Medical
Oct-19	22,259										
Nov-19	22,483										
Dec-19	22,416										
Jan-20	22,029										
Feb-20	21,916										
Mar-20	21,897										
Apr-20	21,841										
May-20	21,746										
Jun-20	21,688										
Jul-20	21,579										
Aug-20	21,514										
Sep-20	21,553	1.00	1.0000	1.0000	1.0000	September 2020	1.0000	1.0000	1.0000	1.0000	1.0000
Oct-20	21,561	0.88	1.0143	1.0144	1.0144	October 2020	0.8901	0.8902	0.8901	1.0059	1.0063
Nov-20	21,626	0.88	1.0151	1.0152	1.0151	November 2020	0.8891	0.8892	0.8891	1.0177	1.0127
Dec-20	21,615	0.98	1.0158	1.0159	1.0159	December 2020	0.9909	0.9910	0.9910	1.0171	1.0191
Jan-21	22,145	1.06	1.0367	1.0381	1.0368	January 2021	1.1002	1.1017	1.1003	1.0207	1.0257
Feb-21	22,043	1.02	1.0374	1.0387	1.0374	February 2021	1.0616	1.0630	1.0616	1.0269	1.0324
Mar-21	21,999	1.01	1.0380	1.0394	1.0380	March 2021	1.0492	1.0506	1.0493	1.0344	1.0392
Apr-21	22,006	1.05	1.0386	1.0400	1.0387	April 2021	1.0933	1.0948	1.0934	1.0589	1.0460
May-21	22,027	1.18	1.0446	1.0460	1.0446	May 2021	1.2316	1.2333	1.2317	1.0792	1.0528
Jun-21	22,092	0.97	1.0452	1.0466	1.0453	June 2021	1.0140	1.0154	1.0141	1.1019	1.0596
Jul-21	22,080	0.94	1.0507	1.0543	1.0530	July 2021	0.9900	0.9935	0.9922	1.0958	1.0666
Aug-21	22,031	0.96	1.0513	1.0550	1.0536	August 2021	1.0047	1.0082	1.0069	1.1077	1.0735
Sep-21	22,022	1.07	1.0519	1.0556	1.0543	September 2021	1.1230	1.1269	1.1255	1.1200	1.0805
Oct-21	21,960	1.03	1.0597	1.0634	1.0621	October 2021	1.0900	1.0938	1.0924	1.1200	1.0876
Nov-21	21,832	1.17	1.0604	1.0641	1.0627	November 2021	1.2426	1.2469	1.2453	1.1343	1.0947
Dec-21	21,938	0.90	1.0610	1.0647	1.0633	December 2021	0.9549	0.9582	0.9570	1.1460	1.1018
Jan-22	25,937	0.88	1.0809	1.0858	1.0833	January 2022	0.9536	0.9579	0.9570	1.1492	1.1090
Feb-22	26,010	0.96	1.0818	1.0867	1.0842	February 2022	1.0416	1.0464	1.0439	1.1525	1.1162
Mar-22	26,089	1.04	1.0822	1.0872	1.0846	March 2022	1.1252	1.1303	1.1277	1.1564	1.1235
Apr-22	26,124	1.01	1.0832	1.0881	1.0856	April 2022	1.0916	1.0966	1.0941	1.1512	1.1308
May-22	26,146	1.02	1.0837	1.0886	1.0860	May 2022	1.1071	1.1122	1.1096	1.1557	1.1382
Jun-22	26,231	1.00	1.0959	1.1009	1.0983	June 2022	1.0960	1.1010	1.0984	1.1585	1.1457
Jul-22	26,245	1.11	1.1109	1.1160	1.1133	July 2022	1.2301	1.2358	1.2329	1.1717	1.1531
Aug-22	26,214	0.99	1.1113	1.1164	1.1138	August 2022	1.1052	1.1102	1.1076	1.1907	1.1606
Sep-22	26,128	1.05	1.1118	1.1169	1.1143	September 2022	1.1672	1.1726	1.1698	1.2027	1.1682
Oct-22	26,174	1.00	1.1417	1.1469	1.1442	October 2022	1.1413	1.1465	1.1438	1.2238	1.1758
Nov-22	26,242	1.15	1.1426	1.1478	1.1451	November 2022	1.3089	1.3148	1.3118	1.2323	1.1835
Dec-22	26,221	1.08	1.1435	1.1487	1.1460	December 2022	1.2398	1.2454	1.2425	1.2405	1.1912
Jan-23	31,237	0.96	1.1975	1.2029	1.2001	January 2023	1.1460	1.1511	1.1484	1.2539	1.1976
Feb-23	31,281	1.02	1.1981	1.2036	1.2007	February 2023	1.2251	1.2307	1.2278	1.2624	1.2039
Mar-23	31,341	1.07	1.1988	1.2042	1.2014	March 2023	1.2822	1.2879	1.2849	1.2778	1.2103
Apr-23	31,308	1.06	1.1995	1.2049	1.2021	April 2023	1.2666	1.2723	1.2693	1.2903	1.2168
May-23	31,363	1.09	1.2001	1.2056	1.2027	May 2023	1.3085	1.3144	1.3114	1.3135	1.2233
Jun-23	31,559	1.01	1.2008	1.2062	1.2034	June 2023	1.2090	1.2145	1.2116	1.3329	1.2298
Jul-23	31,810	1.05	1.2166	1.2221	1.2193	July 2023	1.2716	1.2774	1.2744	1.3516	1.2363
Aug-23	31,921	1.02	1.2173	1.2228	1.2199	August 2023	1.2470	1.2526	1.2497	1.3637	1.2429
Sep-23	32,094	1.01	1.2180	1.2235	1.2206	September 2023	1.2339	1.2395	1.2366	1.3732	1.2495
Oct-23	30,213	1.04	1.2365	1.2422	1.2393	October 2023	1.2916	1.2976	1.2946	1.3856	1.2562
Nov-23	30,213	1.05	1.2372	1.2429	1.2400	November 2023	1.3031	1.3091	1.3061	1.3982	1.2628
Dec-23	30,213	1.06	1.2379	1.2436	1.2407	December 2023	1.3070	1.3130	1.3100	1.4108	1.2696
Jan-24	30,213	1.06	1.2554	1.2603	1.2581	January 2024	1.3260	1.3312	1.3289	1.3758	1.2763
Feb-24	30,213	1.06	1.2562	1.2611	1.2589	February 2024	1.3298	1.3350	1.3327	1.3883	1.2831
Mar-24	30,213	1.06	1.2571	1.2620	1.2598	March 2024	1.3337	1.3390	1.3366	1.4008	1.2899
Apr-24	30,213	1.06	1.2577	1.2626	1.2604	April 2024	1.3374	1.3426	1.3403	1.4135	1.2968
May-24	30,213	1.07	1.2593	1.2642	1.2620	May 2024	1.3421	1.3473	1.3450	1.4262	1.3037
Jun-24	30,213	1.07	1.2598	1.2647	1.2625	June 2024	1.3456	1.3508	1.3485	1.4391	1.3106
Jul-24	30,213	1.07	1.2716	1.2766	1.2743	July 2024	1.3611	1.3664	1.3640	1.4521	1.3176
Aug-24	30,213	1.07	1.2721	1.2771	1.2748	August 2024	1.3646	1.3700	1.3676	1.4652	1.3246
Sep-24	30,213	1.08	1.2726	1.2776	1.2754	September 2024	1.3682	1.3736	1.3711	1.4785	1.3317
Oct-24	30,213	1.07	1.2896	1.2946	1.2924	October 2024	1.3741	1.3795	1.3771	1.4918	1.3387
Nov-24	30,213	1.07	1.2901	1.2952	1.2929	November 2024	1.3859	1.3914	1.3889	1.5053	1.3459
Dec-24	30,213	1.08	1.2906	1.2957	1.2934	December 2024	1.3898	1.3953	1.3928	1.5189	1.3530
Jan-25	30,213	1.08	1.3071	1.3122	1.3099	January 2025	1.4082	1.4137	1.4112	1.5327	1.3602
Feb-25	30,213	1.08	1.3078	1.3129	1.3106	February 2025	1.4120	1.4176	1.4151	1.5465	1.3675
Mar-25	30,213	1.08	1.3083	1.3134	1.3111	March 2025	1.4157	1.4213	1.4188	1.5605	1.3747
Apr-25	30,213	1.08	1.3088	1.3139	1.3116	April 2025	1.4195	1.4251	1.4225	1.5746	1.3820
May-25	30,213	1.09	1.3093	1.3145	1.3122	May 2025	1.4232	1.4288	1.4263	1.5888	1.3894
Jun-25	30,213	1.09	1.3099	1.3150	1.3127	June 2025	1.4269	1.4325	1.4300	1.6032	1.3968
Jul-25	30,213	1.09	1.3294	1.3346	1.3323	July 2025	1.4513	1.4570	1.4544	1.6177	1.4042
Aug-25	30,213	1.09	1.3299	1.3351	1.3328	August 2025	1.4550	1.4608	1.4582	1.6323	1.4117
Sep-25	30,213	1.10	1.3304	1.3357	1.3333	September 2025	1.4588	1.4645	1.4620	1.6470	1.4192
Oct-25	30,213	1.09	1.3401	1.3454	1.3430	October 2025	1.4567	1.4624	1.4598	1.6619	1.4268
Nov-25	30,213	1.10	1.3407	1.3459	1.3436	November 2025	1.4690	1.4748	1.4722	1.6769	1.4343
Dec-25	30,213	1.10	1.3412	1.3465	1.3441	December 2025	1.4731	1.4789	1.4763	1.6921	1.4420
Jan-26	30,213	1.10	1.3583	1.3636	1.3612	January 2026	1.4926	1.4984	1.4958	1.7074	1.4496
Feb-26	30,213	1.10	1.3588	1.3642	1.3618	February 2026	1.4965	1.5023	1.4997	1.7228	1.4574
Mar-26	30,213	1.10	1.3594	1.3647	1.3623	March 2026	1.5004	1.5063	1.5036	1.7384	1.4651
Apr-26	30,213	1.11	1.3599	1.3652	1.3628	April 2026	1.5043	1.5102	1.5076	1.7541	1.4729
May-26	30,213	1.11	1.3604	1.3658	1.3634	May 2026	1.5083	1.5142	1.5115	1.7699	1.4807
Jun-26	30,213	1.11	1.3610	1.3663	1.3639	June 2026	1.5121	1.5181	1.5154	1.7859	1.4886
Jul-26	30,213	1.11	1.3745	1.3799	1.3774	July 2026	1.5304	1.5364	1.5337	1.8021	1.4965

YE 202309 Factor	1.24	1.25	1.24	1.29	1.21
YE 202512 Factor	1.44	1.44	1.44	1.61	1.40
Allowed Trend Factor	1.1606	1.1599	1.1606	1.2461	1.1544
Annual Trend	6.8%	6.8%	6.8%	10.3%	6.6%

Example of Manual Rate Adjustment

Manual Rate	\$819.28
Average Age/Gender Factor	1.000
Average Industry Factor	1.000
Legislative Experience Adjustment Factor	1.020
Projection Period	1/1/2025
Benefit Normalization Factor	1.0664

Group Information	Active	Medicare Primary
Age/Gender Factor	0.940	1.030
Industry Factor	0.965	1.000
Projection Period	1/1/2025	

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	\$819.28	\$547.95
Adjustment for Age/Gender	B = 0.94 / 1	0.9400	1.0300
Adjustment for Industry	C = 0.965 / 1	0.9650	1.0000
Contract Conversion Factor	E = 214.09 / 272	1.2705	1.0000
Benefit Normalization Factor	F	1.0664	N/A
Adjustment for Legislation	G	1.0200	N/A
Adjusted Manual Rate	H = A x B x C x E x F	\$1,027.01	\$564.38

Industry Factors

2-Digit SIC Code	Industry Description	Normalized Factor
01	Agricultural Production - Crops	0.9514
02	Agricultural Production - Livestock And Animal Specialties	0.9583
07	Agricultural Services	0.9518
08	Forestry	0.9572
09	Fishing, Hunting And Trapping	1.0344
10	Metal Mining	1.0896
12	Coal Mining	1.0974
13	Oil And Gas Extraction	1.0031
14	Mining And Quarrying Of Nonmetallic Minerals, Except Fuels	1.0666
15	Building Cnstrctn - General Contractors & Operative Builders	0.9708
16	Heavy Cnstrctn, Except Building Construction - Contractors	0.9651
17	Construction - Special Trade Contractors	0.9662
20	Food And Kindred Products	0.9201
21	Tobacco Products	0.9834
22	Textile Mill Products	0.9362
23	Apparel, Finished Prdcts From Fabrics & Similar Materials	0.9484
24	Lumber And Wood Products, Except Furniture	0.9816
25	Furniture And Fixtures	0.9362
26	Paper And Allied Products	0.9460
27	Printing, Publishing And Allied Industries	0.9271
28	Chemicals And Allied Products	0.9747
29	Petroleum Refining And Related Industries	0.9755
30	Rubber And Miscellaneous Plastic Products	0.9323
31	Leather And Leather Products	0.9617
32	Stone, Clay, Glass, And Concrete Products	0.9689
33	Primary Metal Industries	0.9545
34	Fabricated Metal Prdcts, Except Machinery & Transport Eqpmnt	0.9351
35	Industrial And Commercial Machinery And Computer Equipment	0.9323
36	Electronic, Elctrcl Eqpmnt & Cmpnts, Excpt Computer Eqpmnt	0.9180
37	Transportation Equipment	0.9639
38	Mesr/Anlyz/Cntrl Instrmnts; Photo/Med/Opt Gds; Watches/Clocks	0.9165
39	Miscellaneous Manufacturing Industries	0.9305
40	Railroad Transportation	0.9755
41	Local, Suburban Transit & Interurban Hgwy Passenger Transport	1.0165
42	Motor Freight Transportation	1.0172
43	United States Postal Service	0.9441
44	Water Transportation	0.9952
45	Transportation By Air	0.9421
46	Pipelines, Except Natural Gas	0.9598
47	Transportation Services	0.9244
48	Communications	0.9002
49	Electric, Gas And Sanitary Services	0.9677
50	Wholesale Trade - Durable Goods	0.9466
51	Wholesale Trade - Nondurable Goods	0.9365
52	Building Matrials, Hrdwr, Garden Supply & Mobile Home Deals	0.9354
53	General Merchandise Stores	0.9349
54	Food Stores	0.9373
55	Automotive Dealers And Gasoline Service Stations	1.0090
56	Apparel And Accessory Stores	0.9362
57	Home Furniture, Furnishings And Equipment Stores	0.9283
58	Eating And Drinking Places	1.0601
59	Miscellaneous Retail	0.9666
60	Depository Institutions	0.9205
61	Nondepository Credit Institutions	0.8908
62	Security & Commodity Brokers, Dealers, Exchanges & Services	0.9209
63	Insurance Carriers	0.9441
64	Insurance Agents, Brokers And Service	0.9441
65	Real Estate	0.9677
67	Holding And Other Investment Offices	0.9205
70	Hotels, Rooming Houses, Camps, And Other Lodging Places	1.0094
72	Personal Services	0.9898
73	Business Services	0.9337
75	Automotive Repair, Services And Parking	0.9814
76	Miscellaneous Repair Services	0.9467
78	Motion Pictures	0.9592
79	Amusement And Recreation Services	1.0304
80	Health Services	1.0857
81	Legal Services	0.9795
82	Educational Services	0.9372
83	Social Services	1.0857
84	Museums, Art Galleries And Botanical And Zoological Gardens	0.9441
86	Membership Organizations	0.9918
87	Engineering, Accounting, Research, Management & Related Svcs	0.8961
88	Private Households	0.9441
89	Services, Not Elsewhere Classified	0.9480
91	Executive, Legislative & General Government, Except Finance	1.0857
92	Justice, Public Order And Safety	1.0857
93	Public Finance, Taxation And Monetary Policy	1.0007
94	Administration Of Human Resource Programs	1.0070
95	Administration Of Environmental Quality And Housing Programs	0.9991
96	Administration Of Economic Programs	1.0007
97	National Security And International Affairs	1.0315
99	Nonclassifiable Establishments	0.9441

PROJECTED 2025 MLR CALCULATION

Blue Cross VT

(A)	Manual Rate	\$841.80	Exhibit 4A
(B)	Rebates	\$55.53	Actuarial Memorandum, Section 2.3
(C)	Estimated HCQ	\$1.97	2022 MLR Filing, untrended
(D)	State Mandates and Assessments	\$15.10	Calculation as described on Exhibit 1C, using latest actual PMPM as needed
(E)	MLR Numerator	\$803.34	= (A) – (B) + (C) + (D)
(F)	Projected Claims	\$801.37	= (A) – (B) + (D)
(G)	Net Cost of Reinsurance	\$3.08	Actuarial Memorandum, Section 6.4
(H)	Administrative Charge	\$50.83	Exhibit 5A
(I)	GMCB Billbacks	\$1.90	Actuarial Memorandum, Section 6.8
(J)	Patient-Centered Outcomes Research Institute	\$0.31	Actuarial Memorandum, Section 6.9
(K)	Subtotal	\$857.49	= (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$889.63	= (K) / (1 - 0.005 - 0.03)
(M)	Commissions	\$5.45	= (L) x 0.5% (from 2022 MLR filing)
(N)	Contribution to Reserve	\$26.69	= (L) x 3.0% (from Actuarial Memorandum, Section 6.7)
(O)	MLR Denominator	\$889.63	= (L)
(P)	MLR	90.3%	= (E) / (O)

MEMBER MONTHS FOR FULL CREDIBILITY BY POOLING POINT

Pooling Limit	Member Months
\$30,000	8,325
\$35,000	9,182
\$40,000	9,990
\$45,000	10,747
\$50,000	11,462
\$55,000	12,142
\$60,000	12,786
\$65,000	13,406
\$70,000	14,002
\$75,000	14,573
\$80,000	15,117
\$85,000	15,633
\$90,000	16,127
\$95,000	16,600
\$100,000	17,055
\$105,000	17,497
\$110,000	17,923
\$115,000	18,338
\$120,000	18,745
\$125,000	19,140
\$130,000	19,523
\$135,000	19,897
\$140,000	20,266
\$145,000	20,624
\$150,000	20,974
\$155,000	21,313
\$160,000	21,643
\$165,000	21,969
\$170,000	22,289
\$175,000	22,600
\$180,000	22,905
\$185,000	23,199
\$190,000	23,486
\$195,000	23,766
\$200,000	24,039
\$205,000	24,307
\$210,000	24,570
\$215,000	24,827
\$220,000	25,077
\$225,000	25,323
\$230,000	25,563
\$235,000	25,799
\$240,000	26,032
\$245,000	26,259
\$250,000	26,480
\$255,000	26,695
\$260,000	26,905
\$265,000	27,111
\$270,000	27,316
\$275,000	27,517
\$280,000	27,712
\$285,000	27,903
\$290,000	28,086
\$295,000	28,262
\$300,000	28,438
\$305,000	28,613
\$310,000	28,786
\$315,000	28,955
\$320,000	29,123
\$325,000	29,284
\$330,000	29,438
\$335,000	29,586
\$340,000	29,732
\$345,000	29,876
\$350,000	30,019
\$355,000	30,161
\$360,000	30,305
\$365,000	30,445
\$370,000	30,579
\$375,000	30,709
\$380,000	30,839
\$385,000	30,967
\$390,000	31,087
\$395,000	31,201
\$400,000	31,311
\$405,000	31,418
\$410,000	31,521
\$415,000	31,620
\$420,000	31,718
\$425,000	31,816
\$430,000	31,912
\$435,000	32,005
\$440,000	32,097
\$445,000	32,188
\$450,000	32,280
\$455,000	32,370
\$460,000	32,459
\$465,000	32,550
\$470,000	32,639
\$475,000	32,726
\$480,000	32,813
\$485,000	32,899
\$490,000	32,984
\$495,000	33,068
\$500,000	33,152

POOLING POINT by MEMBERSHIP

Membership (Current Month)	Pooling Limit
0 to 299	\$100,000
300 to 499	\$120,000
500 to 999	\$140,000
1,000 to 1,499	\$175,000
1,500 to 1,999	\$200,000
2,000 to 2,499	\$220,000
2,500 to 2,999	\$250,000
3,000 to 3,999	\$275,000
4,000 to 4,999	\$315,000
5,000 to 7,499	\$350,000
7,500 to 9,999	\$400,000
10,000+	\$450,000

BLUE CROSS AND BLUE SHIELD OF VERMONT
2025 ASSOCIATION HEALTH PLAN RATING PROGRAM FILING

EXHIBIT 6C

COVID-19 DIAGNOSIS and PROCEDURE CODES

Diagnosis, Procedure, or Vaccine	Diagnosis or Procedure Code
Coronavirus Diagnosis Code	B34.2
Coronavirus Diagnosis Code	B97.21
Coronavirus Diagnosis Code	B97.29
Coronavirus Diagnosis Code	U07.1
Suspected COVID-19, Exposure to Infectious Disease	Z03.818
Suspected exposure to COVID-19	Z20.822
Suspected COVID-19, Exposure to Infectious Disease	Z20.828
Screening for Infectious Disease	Z11.59
COVID-19 Test	U0001
COVID-19 Test	U0002
COVID-19 Test	U0003
COVID-19 Test	U0004
COVID-19 Test	U0005
COVID-19 Test	87635
Specimen Collection	C9803
Specimen Collection	G2023
Specimen Collection	G2024
COVID-19 Test	0202U
COVID-19 Test	0223U
COVID-19 Test	87426
COVID-19 Test	0225U
COVID-19 Test	87636
COVID-19 Test	87637
COVID-19 Test	87811
COVID-19 Test	0240U
COVID-19 Test	0241U
COVID-19 Antibody Test	86328
COVID-19 Antibody Test	86769
COVID-19 Antibody Test	0224U
COVID-19 Antibody Test	86408
COVID-19 Antibody Test	86409
COVID-19 Antibody Test	86413
COVID-19 Antibody Test	0226U
Paxlovid	J8499
Evusheld and Evusheld Administration	Q0220
Evusheld and Evusheld Administration	M0220
Evusheld and Evusheld Administration	M0221
Pfizer-BioNTech COVID-19 Vaccine	91300
Pfizer-BioNTech COVID-19 Vaccine	0001A
Pfizer-BioNTech COVID-19 Vaccine	0002A
Moderna, Inc. Moderna COVID-19 Vaccine	91301
Moderna, Inc. Moderna COVID-19 Vaccine	0011A
Moderna, Inc. Moderna COVID-19 Vaccine	0012A
J&J COVID-19 Vaccine	0031A
J&J COVID-19 Vaccine	91303

MEMORANDUM

To: Martine Lemieux, Chief Actuary

From: Ruth Greene, VP and CFO

Date: February 7, 2024

Subject: Contribution to Policyholder Reserves for 2025 Large Group Rating Program Filings

Upon consideration of the points documented in this memorandum, I am recommending that you file as follows for the 2025 Blue Cross VT Large Group Rating Program Filings and the 2025 Association Health Plan (AHP) Filing: A contribution to policyholder reserves (CTR) of 3.0 percent for Blue Cross VT insured groups and 3.0 percent for Blue Cross VT insured association health plans.

Overall CTR Philosophy

Blue Cross VT continues to experience a significant period of unusual business volatility and the current economic and healthcare environment remains atypical. Blue Cross VT must maintain its long-term CTR rate because of ongoing elevated claims trend – driven by both unit costs and healthcare utilization – as well as market volatility, and recent capital demands. In particular, the large group and association health plan segments have not resulted in a contribution to reserves to the minimum level required in recent years.

While Blue Cross VT believes that CTR should be managed to an adequate long-term level rather than fluctuating significantly from year to year with changes in membership and healthcare cost trend, we need to continue to reflect the inherent risk within each market segment and current economic and healthcare environments.

For these reasons, we will maintain our long-term target CTR for the large group and AHP segments of 3.0 percent.

Risk Based Capital Outlook

On February 7, 2019, the Commissioner of the Vermont Department of Financial Regulation (DFR) issued an order approving a target Risk Based Capital (RBC) range of 590 percent to 745 percent. The order states, in part:

“If BCBSVT’s RBC ratio falls below or increases above the approved range, BCBSVT shall promptly develop a plan to move within the range within a reasonable time and shall submit such plan to the Commissioner.”

Blue Cross VT’s year end 2022 RBC was well below the targeted range, however, uncertainties with regard to future growth of insured membership, continued economic and market volatility as well as a very challenging competitive environment make it difficult to predict where Blue Cross VT will be in the

range by the end of 2025. Even with all the uncertainties, it appears to be unlikely that Blue Cross VT's RBC position will even *reach* the required range at the end of 2025.

Affiliation with Blue Cross and Blue Shield of Michigan

On May 1, 2023, Blue Cross VT announced that it intended to affiliate with Blue Cross and Blue Shield of Michigan. The affiliation was approved in October 2023.

Under the affiliation agreement, each organization continues to operate financially as a single state plan. There is no financial exchange of member reserves between the two organizations. The premiums from Vermonters are wholly used to pay Vermont member claims, fund Vermont member reserves and plan administration as is the case today. Adequately funded premiums to provide Vermonters with access to quality healthcare remain a critical part of each rate filing. Further, the two companies' member reserves remain separate and distinct. As a regulated insurer, Blue Cross VT must maintain financial member reserves to be able to ensure our solvency, invest in cost-saving programs, and protect our members through a pandemic or similar crisis.

Importance of Adequately Funded Premiums

Adequately funded premiums are the foundation of solvency, the most important element of consumer protection. An adequate long-term contribution to policyholder reserves should exceed the minimum required to keep pace with increases in total claims costs. While best estimate assumptions are by definition expected to lead to equal likelihood of gains and losses, unexpected events or periods of sustained losses may lead to financial deterioration of sufficient magnitude to threaten a company's solvency.

Apart from modest investment income, CTR is the only source of funding that sustains policyholder reserves for Blue Cross VT. While any rating program filing is by definition an estimate of future costs and is therefore subject to gains or losses, Blue Cross VT files no additional margin beyond the required CTR. Any rate shortfall will first be paid out of CTR, while any shortfall beyond the approved CTR for a particular filing will be funded from existing policyholder reserves (i.e. surplus).

Maintaining an adequate surplus level is critical for any insurer. Consequences of low surplus include reduced flexibility in responding to customer needs, a need for higher margins in rates in order to avoid further deterioration, and a reduced ability to attract or retain business or to support membership growth. Stability is particularly important in times of change, including the continuing evolution at both the federal and Vermont levels of the individual and small group market, the health care reform environment in Vermont and changing economic cycles. Blue Cross VT must remain financially stable in order to continue to provide Vermonters with access to high quality care, outstanding member experiences, and responsible cost management.

Current Capital Environment and Market Considerations

Blue Cross VT's finances and member reserves have experienced extreme turbulence since 2020. Between the pandemic, pension losses and subsequent partial recoveries, legal and tax settlements, equity market fluctuations, and other positive and negative factors, this has been a period of high volatility. This cascade of extraordinary one-time situations illustrates exactly why Blue Cross VT must maintain adequate member reserves. This is also why Blue Cross VT's RBC target is expressed as a range

rather than a point estimate—managing within an appropriate target range may be feasible in a volatile environment whereas managing to a specific point in the range is not.

Blue Cross VT experienced growth in insured membership from 2021 to 2023. As we continue to strive to grow membership, we cannot do so by intentionally underfunding premiums or by filing a CTR that does not adequately protect us from short-term fluctuations or unforeseen events, as membership growth puts downward pressure on RBC. Further, growth from our successful entry into the Medicare Advantage market is pressuring RBC in the near-term but is expected to provide significant benefits in the long-term by serving an increasing number of Vermonters with locally based solutions that diversify Blue Cross VT's business mix. Finally, Blue Cross VT continues to face strong competitive pressure on its largest accounts, which will continue to challenge our ability to sustain the scale that serves all of our local market clients and customers.

For these reasons, our leadership and our regulators must see beyond the volatility, recognize the need to support Blue Cross VT's ability to provide Vermonters with a trusted local solution, and steer Blue Cross VT based on underlying trends in a way that allows us to maintain adequate member reserves that will see policyholders through tough times.

Conclusion

In consideration of all the above, I recommend that you file a 3.0 percent CTR for the 2025 Blue Cross Large Group Rating Program Filing and the 2025 Association Health Plan Filing.

TO: Martine Lemieux, Chief Actuary

FROM: Rebecca C. Heintz, General Counsel
Tom Weigel, MD, Vice President and Chief Medical Officer

DATE: February 9, 2024

RE: Blue Cross Blue Shield of Vermont programs that enhance access, quality, and affordability for our members

Under the Green Mountain Care Board (GMCB) rate review rules, payers must demonstrate that their proposed filings produce rates that are affordable, promote quality care, and promote access to care. GMCB Rule 2.401 (See also 8 V.S.A. § 4062(a)(3)). Furthermore, in its large group decision dated May 11, 2023, the GMCB noted that “we expect better evidence [in future filings] regarding the affordability of rates from a consumer perspective.”

Affordability and the other non-actuarial “standards by which the Board reviews rate filings are ‘general and open-ended,’ the result of ‘the fluidity inherent in concepts of quality care, access, and affordability.’” In re Blue Cross 2018 Filing, GMCB-008-17rr, at 10 (Aug. 10, 2017) (quoting In re MVP Health Ins. Co., 2016 VT 111, ¶ 16). As the Board has noted, it must assess affordability “without specific statutory guidance or a standardized definition.” In re Blue Cross 2021 Filing, GMCB-005-20rr, at 17 (Aug. 14, 2020). But any approach to affordability cannot overlook the reality that rates “are driven by claims costs.” In re MVP Health, 2016 VT 111, ¶ 23. Therefore, resorting to economic factors like household income or wage data that are unrelated to the cost of health care would ignore that reality. Indeed, it would be futile to try to finance the health care system—with its high costs of services and the need to maintain robust access to those expensive services—with rates pegged to indicators like personal income or wage growth, without also greatly reducing the underlying costs being financed by the rates.

Blue Cross VT, in an effort to satisfy the GMCB’s request for “better evidence regarding the affordability of rates,” Blue Cross Blue Shield of Vermont (Blue Cross VT) has identified numerous programs aimed at reducing the cost of health care, thus enhancing affordability, while also promoting quality and access to necessary care. With these efforts, Blue Cross VT is able to offer competitive offering to large group employers in the state of Vermont. These efforts flow naturally from our mission as a not-for-profit organization, and advance our vision that together we can build a transformed health care system in which every Vermonter has health care coverage, and receives timely, effective, affordable care.

By working towards and achieving savings from programs identified in this memo, we’ve made our rates more affordable, because the savings allow us to reduce the rates we would otherwise have to charge to cover the expected health care costs of our members and employer groups. We implement and monitor programs for all our lines of business, which benefits smaller market segments such as insured large group due to scale.

Programs that enhance access, quality, and affordability usually fall under one of three categories: 1) value-based payment models, 2) payment integrity, and 3) integrated health management. As explained below,

our savings programs work across all three, and we also realized savings through our provider network, administrative costs management, and services for members and groups.

Value Based Payment Models

Value-based payment, where providers are rewarded for improving outcomes instead of increasing utilization, is widely accepted as a foundational element of a more sustainable and affordable health care system. In a value-based payment system, providers have the incentive to improve outcomes without the disincentive of losing income by reducing unnecessary care. Likewise, because they are rewarded for outcomes, as opposed to volume, they can shift to lower cost treatments and retain margin. For example, value-based payment generally rewards primary care practices for the savings achieved through reduced need for specialty care associated with better health.

Vermont Blue Integrated Care

Blue Cross VT is in its second year of an advanced primary care model, Vermont Blue Integrated Care (VBIC), in collaboration with four primary care practices, encompassing 7,500 attributed lives across our whole book of business. Recognizing the value of the primary care system and the importance of not overburdening such providers, VBIC's overarching goal is to keep the program as simple as possible and align with other existing programs wherever possible. VBIC focuses on implementing quality metrics for disease management, particularly for diabetes, hypertension, wellness (prevention), and colorectal screening, and targets large member cohorts that can benefit from interventions to reduce claims costs over time. The program also incorporates existing resources which have already been successfully piloted, such as case management to improve quality and reduce gaps in care. Providers are financially rewarded for participating, and then again for reaching quality and utilization metrics that improve outcomes and reduce costs.

VBIC is in its early stages and active refinements are being made in response to provider and member feedback. It is too soon to say what the return on investment will be, but Blue Cross VT believes programs such as VBIC will serve as the backbone of long-term health care affordability, access, and quality.

Enhanced Community Primary Care

New in 2024, Blue Cross VT has implemented the Enhanced Community Primary Care (ECPC) program. This program utilizes existing data – meaning no additional work for providers—to pay independent community primary care practices for delivering high quality care while encouraging low-cost referral patterns. This allows providers to focus on the provision of appropriate care. The maximum a practice can earn is \$6.30 per member per month (PMPM). Based on preliminary data, practices will earn an average payment of \$2.54 PMPM. Practices will receive annual score cards tracking performance on the program metrics and comparing them to the threshold and their peers. This is a new program, so it is too early to quantify any results, and Blue Cross VT will be closely monitoring whether it is effective to advance affordability, quality, and access to care.

Blueprint

At Blue Cross VT, our payment reform objectives are aligned with the Blueprint for Health and the statewide All Payer Model, simplifying the landscape for providers. Our aims encompass enhancing health outcomes, broadening care coordination and preventive services, overseeing chronic condition management, facilitating cancer screening, and curbing overall healthcare expenses. In fiscal year 2023, payments from Blue Cross VT to the Blueprint totaled \$5.6 million, underscoring our dedication to bolstering and engaging in Vermont's healthcare endeavors.

Payment Integrity

Through payment integrity programs, Blue Cross VT is ensuring that the submitted claims are accurate and appropriate with claims edits and payment audits.

Claims Edits

Claims edits are a widely used method to review claims, ensuring accuracy and consistency in provider billing. Claims edits examine how a claim is coded and adjust claims when a coding error has been made, rather than simply denying the claim. Claims edits thus reduce overpayment for improperly billed claims, such as duplicate claims for the same service. We use our claims edit systems to ensure that claims are accurately coded, properly represent the services provided, and are consistent across providers. Our claims editing process saved our members \$16 million in 2022.

Blue Cross VT uses an industry leading vendor to ensure claims filed are appropriately coded and paid. This technology ensures the precision and consistency of coding in accordance with established business standards and Vermont state law. Through this technology, Blue Cross VT can methodically assess claims based on current payment policies, encompassing aspects like global payment rates, multiple daily visits, pre/post-operative appointments, new patient consultations, frequency regulations, as well as edits for incidental, mutually exclusive, and re-bundled services.

To enhance payment policy compliance and coding validation, to minimize fraud, waste, and abuse, and to comply with the Blue Cross and Blue Shield Association (BCBSA) requirements, Blue Cross VT has also implemented a secondary claims editor in 2023. This technology analyzes large volumes of claims data to identify patterns suggestive of fraudulent billing activities, in addition to capturing a larger array of coding errors than other vendors. This technology greatly expands Blue Cross VT's ability to find and correct instances of fraud, waste and abuse. These enhanced capabilities align with state and federal transparency goals and ensure that a member is only charged for the care they receive. To date, Blue Cross VT achieved savings of over \$19 million in calendar year 2023 across all commercial lines of business¹ from this initiative, improving affordability for all members, including those purchasing in the large group market.

Coordination of Benefits and Internal Audits

Blue Cross VT works with other insurance carriers, including other health insurers, automobile insurance companies, and workers' compensation insurance companies to ensure that the right coverage is applied, and the correct insurance companies provide coverage. Blue Cross VT also has an internal team that reviews claims for fraud, waste, and abuse through data mining, review of outlier claims, review of claims against payment policies, and other internal audit investigations. In 2022, Blue Cross VT saved members \$5.5 million through these activities.

Integrated Health Management

Better Beginnings

Better Beginnings is an established care management program for pregnant persons, to support maternal health through and after pregnancy and reduce the risk of pregnancy complications. In addition to saving money, member satisfaction scores tend to increase for members participating in the Better Beginnings program. Better Beginnings offers specialized services during and after pregnancy, supported by experienced nurses who act as a resource and assist with system navigation. These nurses are the primary contacts, aiding in decision-making and care coordination. The program is supported with a mobile

¹ Excluding BlueCard and FEP.

application. In 2022, the Blue Cross VT book of business had approximately 23 avoided premature births, resulting in \$1.7 million in avoided costs, as compared to national benchmark.

Retrospective Utilization Review

Blue Cross VT's Retrospective Medical and Drug Utilization Review program integrates medical and pharmacy claims data to identify possible health and safety issues that would not be noticeable by looking at only the pharmacy claims. The program identifies gaps in care for heart failure, coronary heart disease, diabetes, osteoporosis, migraines, chronic obstructive pulmonary disease, HIV, and rheumatoid arthritis. It also identifies safety concerns such as drug-disease, drug-drug or drug-age interactions as well as therapeutic duplications and overuse. After identifying these clinical concerns, the program generates a notification to the prescribers involved to make them aware of the concern and providing recommended next steps.

Case Management

Blue Cross VT's integrated health programs provide a comprehensive approach, catering to individuals' diverse health needs regardless of their condition, life stage, or acuity. Each member connects with a single point of contact at Blue Cross VT who can address their needs. Member feedback on using our case management programs is largely positive as members appreciate the assistance in navigating a confusing health care ecosystem. The integrated health clinical staff offer compassionate assistance with expert knowledge on treatment options and resources. The overarching goal is to guide and educate members so they can receive timely, high-quality, and cost-effective care. These strategies are at the core of Blue Cross VT's long-term success in delivering high quality health plans at competitive prices by improving affordability, access and quality.

Poorly planned care after a patient is discharged from the hospital can result in readmissions that are both expensive and unnecessary. Blue Cross VT uses a proprietary program to identify members at the highest risk for re-admission and reaches out to offer discharge and care coordination support through case management.

Recognizing that a significant portion of Blue Cross VT members have both medical and mental health conditions, and understanding the benefits of integrating medical, mental health, and substance use disorder (MHSUD) care, Blue Cross VT transitioned to an integrated case management approach in 2013 with the creation of Vermont Care Collaborative (VCC), a partnership with the Brattleboro Retreat, Vermont's leading MHSUD provider. VCC established an in-house team of medical and MHSUD professionals, improving support quality, access, and addressing system gaps.

Blue Cross VT's case management efforts have reduced claims costs by 14 percent for members with medical and MHSUD conditions, and 8 percent for those with solely medical conditions.

Total savings for all member engagement case management programs, including readmission avoidance, complex case management, chronic condition management and care coordination in 2022 reached \$9.4M, significantly improving affordability through better health outcomes.

Rare Disease Management

The Blue Cross VT Specialty Health Support program provides support for members with rare, complex conditions in partnership with a third-party vendor that combines its deep rare condition experience and expertise with real-time electronic health record information to identify risks and gaps in care early and to create personalized care strategies, often including the member's caregiver. Through proactive intervention and the use of online tools, Blue Cross VT Specialty Health encourages healthier member choices and supports self-management, thereby preventing complications and emergencies and minimizing

hospitalizations and associated expenses. With this holistic approach, members enjoy improved quality of life and better health outcomes. This comprehensive strategy empowers members to manage their health and wellness, leading to long-term benefits and cost savings in 2022 of \$1.2 million for all our members.

Utilization Management

Blue Cross VT's utilization management programs play a crucial role in enhancing affordability by preventing unnecessary or inappropriate medical services. By authorizing only medically necessary and evidence-based treatments, the programs help control expenses for members and the larger healthcare system. The utilization management programs consists primarily of prior authorization and post-service review, which are done both by internal Blue Cross VT teams and third-party vendor partners.

Before certain medical services or procedures are administered, healthcare providers must obtain prior approval by submitting clinical information regarding the patient's condition and proposed treatment plan. Services and procedures that require prior approval are identified based on the likelihood of over-utilization based on market trends, high costs, or safety concerns. Post-service review assesses healthcare resource utilization. For example, such reviews involve the length of hospital stays, frequency of medical visits, and resource usage to align with established guidelines and medical necessity. By conducting thorough clinical reviews, the program ensures that treatments are medically necessary for each patient's condition. Members must also typically obtain prior approval for services from an out of network provider, where prices tend to be higher and quality can be, sometimes significantly, lower.

In 2022, Blue Cross VT's utilization management program reduced spending by almost \$18 million, including \$5.3 million from Blue Cross VT's internal department, and the remaining savings from the advanced imaging and laboratory programs described below.

- *Advanced Imaging Management*

Blue Cross VT has partnered with a third-party vendor to manage advanced imaging solutions for members. Advanced imaging is widely used but poses risks like radiation exposure and high costs. Provider margin on advanced imaging tends to be high, encouraging over-utilization. The advanced imaging management program mitigates these risks by ensuring members only undergo clinically necessary imaging, such as MRIs, CTs and PET scans. In 2022, we estimate that our medical expenses were reduced by \$6.5 million across the entire book of business. In addition, beginning in 2024, Blue Cross VT is waiving prior approval requirements for imaging at Open MRI, an independent provider of imaging services that is significantly less expensive than hospital imaging services but provides high quality services. This program will further reduce costs while promoting access and quality.

- *Lab Benefit Management*

Costs for lab tests can vary widely between labs. Furthermore, the lab industry has struggled with fraud, waste and abuse. Lab testing is an increasing cost in the health system. While it is driven by new and expanding genetic testing, it is also an area of significant waste of routine laboratory tests, such as blood counts. Blue Cross VT partners with a third-party vendor to manage the lab network and ensure that network laboratories are high quality and cost effective. Blue Cross VT is currently working with the vendor to implement genetic testing oversight, which should ensure that extremely expensive genetic tests are only used when the evidence supports their effectiveness. Additionally, oversight will be expanded to hospital laboratories. This will further help contain health care costs and improve affordability.

Pharmacy Cost Management

Blue Cross VT has been actively pursuing partnerships and initiatives that contribute to cost savings and improve access to care. Our partnership with Vermont Blue Rx for pharmacy benefit management services has been highly successful, providing the company with deeper discounts and rebates. In 2022 alone, these rebates resulted in nearly 30 percent savings on gross spend, totaling \$46.3 million across the entire book of business, including the large group market. Additionally, our pharmacy utilization management programs saved an additional \$30.6 million in 2022 for all our members, showcasing the efficacy of these cost-saving initiatives. The ongoing partnership with Vermont Blue Rx continues to benefit Blue Cross VT members.

To address the rising costs of drugs provided through the medical benefit (as opposed to the pharmacy benefit), including gene therapies and infusible cancer drugs, Blue Cross VT has joined forces with other Blue Cross and Blue Shield affiliated companies to establish Synergie Medication Collective. The collective's focus on improving affordability and access to these expensive drugs is projected to deliver millions in savings to overall medical drug claims upon full implementation. Synergie is actively working on creative cost-saving solutions and value-based contracting models with pharmaceutical manufacturers, promoting more sustainable drug pricing over time.

In another initiative, Blue Cross VT participates in a joint venture with CivicaRx and 18 other Blues plans to manufacture generic drugs that are currently expensive and bring them to market at a fraction of the cost. This venture has already resulted in the introduction of a generic high-cost cancer medication to the market in 2023, available at a remarkable 95 percent lower cost than the brand equivalent. With additional generic drugs in the pipeline, CivicaRx aims to bring generic insulins to market by 2025, delivering substantial savings to patients and plan sponsors and hopefully driving prices down across the entire market.

Blue Cross VT has recently contracted with a vendor who will provide medication therapy management to members. This vendor works on reducing readmissions and medication-related adverse events, which cost billions annually and cause significant morbidity and mortality. By connecting patients to appropriate care and helping providers find suitable medications on a patients' formulary, while minimizing unnecessary or harmful medications, this new program aims to decrease delays in care, manage utilization, and control costs.

Integrated Pain Pilot

Entering its fifth year, Blue Cross VT lead the development of pilot programs through comprehensive pain clinic centers of excellence, which provide support for members with pain-related diagnoses. The first partner clinic, the UVMHC Comprehensive Pain Program, opened its doors in January of 2019 for this outcomes-based, bundled payment, currently a 16-week comprehensive and integrative program called Partners Aligned in Transformative Healing (PATH). This program provides non-interventional primary care and mental health-based group medical care, while leveraging integrative therapies using a bundled payment model.

The PATH program has resulted in a 17 percent decrease in medical claims, a 23 percent decrease in pharmacy claims, and a 65 percent decrease in emergency department visits for members participating in the program. Participants also report an improvement in pain, fatigue, anxiety, depression, physical function and activity.

As we strive to broaden the scope of the pain program pilot, Blue Cross VT has collaborated with the Department of Vermont Health Access (DVHA) to offer this program to Medicaid beneficiaries. Although improved outcomes may not directly contribute to savings for Blue Cross VT members, population improvements in pain management and the costs of untreated or ineffectively treated pain benefit the community at large.

Other Blue Cross VT activities to promote Affordability, Access, and Quality

Network Size

Blue Cross VT's provider network is vast and comprehensive. Our networks offer members access to a nationwide network of providers, including over 95 percent of the providers in Vermont. Our comprehensive network allows our members to access the quality care their need in their local communities and nationally.

Administrative Costs

Blue Cross VT takes the management of its administrative costs very seriously. While these costs are less than 10 percent of the overall premiums, they are the only costs that Blue Cross VT can influence directly. Despite its small size, Blue Cross VT has consistently posted atypically low administrative costs. This is evidenced by the fact that the administrative charges included in this filing for 2025 are below the median administrative charge of \$61.50 PMPM for commercial insured Blues Plans in 2022². Serving our customers efficiently and effectively is one of our focuses and we carefully allocate our precious resources. This is further supported by an analysis from Lewis and Ellis³ which notes that "Among individual and small group carriers nationwide, these figures are in the 26th percentile on a PMPM basis, and the 4th percentile as a percentage of premium. That is, BCBSVT has atypically low administrative costs, despite not being a very large health plan. It therefore appears that BCBSVT manages and limits administrative costs better than the typical health plan nationally."

Comparison with Other Payers

Vermont only has three carriers offering fully insured coverage for large employer groups. Specific group rates are not available publicly, but formula and factors filings are available once carriers submit them. Since utilization and unit cost trends are both forward-looking assumptions that are highly dependent on emerging experience, we only looked for 2025 filings to compare this filing against. As of January 31, 2024, no other carrier had submitted a 2025 large group filing in Vermont. We also searched group major medical filings in SERFF for Maine, New Hampshire, New York, Connecticut, Rhode Island, New Jersey, and Pennsylvania. This search did not identify any filings applicable to 2025. Since we attempt to minimize overlap between our large group and QHP market filings, and 18 V.S.A. § 9375(b)(6) sets a 90-day review period⁴, we are likely the first carrier in the northeast to submit a large group filing.

The actuarial team regularly reviews trend surveys from the BCBSA, Oliver Wyman, Buck, and other sources, as well as reviewing emerging pharmacy news and trends from an external vendor. This allows our actuaries to consider our trends in a regional and national context in spite of being the first large group filing regionally.

Member and Group support

Blue Cross VT's world class customer service helps members navigate the healthcare system. We also offer members access to the Member Resource Center, which enables members to estimate the cost of their care, compare the cost of a service across multiple providers, review their summary of health plan payments, track their out-of-pocket costs, send us secure message, and many other health services Groups also have access to the Employer Resource Center, which allows groups to submit and update employee information, review benefit eligibility, request ID cards, view reports, and manage their groups' enrollment

² <https://sherlockco.com/docs/navigator/June2023/Blue%20June%20Navigator%202023.pdf>

³ From the Small Group QHP actuarial memo for the 2024 filing.

(<https://ratereview.vermont.gov/sites/dfr/files/documents/BCBSVT%202024%20VISG%20Filing%20-%20SG.pdf>)

⁴ In New Hampshire, the average time between submission and disposition on rate-only 2024 large group filings was 20 days (SERFFs CCGP-133780833, AETN-133727134, UHLC-133790541)

needs. Blue Cross VT also offers a broad choice of benefit designs to large groups, integration with HRA and HSA vendors, access to a wellness portal (Be Well Vermont), and group specific analytic reporting. With the support of their assigned account manager, large groups can offer their employees and dependents the best coverage for their needs.

Conclusion

Blue Cross VT is committed to providing the most affordable coverage possible to its members and promoting access to quality care. Through its many programs, Blue Cross VT ensures that members only pay for services that are medically necessary, reflect the services they received, and do not negatively impact interactions with their prescriptions. Blue Cross VT also supports members through its case management programs and by removing prior authorization for lower costs and high-quality providers. Finally, Blue Cross VT, through its value-based programs, supports local independent primary care providers which will help improve access and quality of care. It is the integration and application of [all the](#) programs discussed above that allows Blue Cross VT to offer products in the large group market that are affordable, promote quality care, and promote access to care, while meeting the standard applied by the GMCB. GMCB Rule 2.401 (See also 8 V.S.A. § 4062(a)(3)).

**BLUE CROSS BLUE SHIELD OF VERMONT
2025 AHP RATING PROGRAM FILING
PLAIN LANGUAGE SUMMARY**

Our commitment. For more than 40 years, our nonprofit health plan has had a simple, powerful mission: make healthcare work better for all Vermonters.

Rate request summary. Blue Cross and Blue Shield of Vermont (Blue Cross VT) calculates association health plan (AHP) premiums on a case-by-case basis. The rating process uses a formula that blends recent claims experience for each AHP with a manual rate. This filing establishes the rating formula, manual rate and factors that will be used to rate AHPs.

- There are an estimated 960 contracts (1,450 members) currently enrolled in one Blue Cross VT AHP that will be affected by this filing.
- The formula and factors in this filing will produce a premium increase of 10.2 percent for an AHP that is manually-rated using none of its own experience data.
- The result for any specific group may differ from a 10.2 percent increase, depending on the AHP's own claims experience.

Reasons for the change in factors. Our premiums must be adequately funded to ensure Blue Cross VT's financial solvency in order to protect members and to maintain access to quality care. The factors that drive this impact of change in factors are primarily the cost and utilization of care in hospitals and life-saving drugs.

- **Medical care continues to rise.** Blue Cross VT is proposing a paid trend of 8.3 percent for medical claims, which includes hospital unit cost increases and anticipated changes in the use of services. The medical trend is driven primarily by increases that were approved for Vermont hospitals in the most recent round of budget reviews and by expected increases in the next round of budget reviews.
- **Pharmacy costs also continue to grow.** Blue Cross VT is proposing a pharmacy trend of 10.1 percent. Increases in the cost and availability of high-cost medications, including specialty, diabetes, and weight loss drugs, are the biggest driver of pharmacy trend.
- **Vermont Legislative policy decision add to the rising cost of health care.** The Vermont Legislature is limiting our ability to contain the rising costs of health care with passage of H.766, increasing the premiums by 1.9 percent.

Regulatory requirements. The proposed rates reflect the federal and state requirements that Blue Cross VT must implement:

- **Solvency.** As a regulated insurer, Blue Cross VT must maintain member reserves to be able to ensure our solvency, invest in cost-saving programs, and protect our members through a pandemic or similar crisis. These reserves have been crucial during these past few years, and must be sufficient at any given time to cover the health needs of our members and maintain programs that reduce costs and promote quality care. This filing includes a 3.0 percent contribution to policyholder reserves, which is the same rate as in the 2025 filing.
- **Ongoing costs.** The rate request includes other ongoing regulatory costs, such as regulatory billbacks and federal and state taxes and fees.

Our experience in this market. This was a new line of business in 2021. Over the past three years Blue Cross VT has had an underwriting gain of \$2 million.

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

May 20, 2024

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

Subject: Blue Cross and Blue Shield of Vermont - NAIC # 53295
2025 Association Health Plan Rating Program Filing

Dear Ms. Beliveau:

Attached for the Green Mountain Care Board's review and approval is Blue Cross and Blue Shield of Vermont's 2025 Association Health Plan Rating Program Filing. As directed by the Board, this filing combines the various factor filings for large group rating components (trend, large claims, benefit relativity, administrative fees and contribution to reserve, and the formula itself) into a single filing.

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

Sincerely,



Ruth Greene

cc: Martine Lemieux/Blue Cross VT

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

Field Name	Description	Input
Insurance Company Name	Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	5 digit HIOS ID (if applicable)	13627
SERFF Filing Number	Filing number assigned by SERFF	BCVT-134106867
Market	Market type: Individual, Small Group, Large Group etc.	Large Group
Product Name	Product name entered in SERFF	2025 Blue Cross VT Association Health Plan Rating Program Filing
Period Prior to Experience Period Start Date	Beginning date for the 12 month period preceding the base period experience (MM/DD/YYYY)	1/1/2022
Period Prior to Experience Period End Date	End date for the 12 month period preceding the base period experience (MM/DD/YYYY)	12/31/2022
Experience Period Start Date	Beginning date for base period experience (MM/DD/YYYY)	1/1/2023
Experience Period End Date	End date for base period experience (MM/DD/YYYY)	12/31/2023
Projection Period Start Date	Beginning effective date for proposed rates (MM/DD/YYYY)	1/1/2025
Projection Period End Date	Ending effective date for proposed rates (MM/DD/YYYY)	12/31/2025

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-134106867
Market	Large Group
Product Name	2025 Blue Cross VT Association Health Plan Rating Program 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 mail-order pharmacy**. Additionally, enter the total premium PMPM and member months for each period.

Gross of Member Cost Sharing and Rebates (Allowed Basis)						
	Experience Period -1		Experience Period		Projection Period	
	01/01/2022-12/31/2022		01/01/2023-12/31/2023		01/01/2025-12/31/2025	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$12.32	\$0.64	\$13.19	\$0.55	\$14.05	\$0.59
Non-Specialty Brand PMPM	\$54.08	\$3.60	\$65.56	\$3.00	\$76.92	\$3.52
Specialty PMPM	\$41.76	\$20.72	\$39.13	\$27.72	\$50.86	\$36.03
(B) Medical Rx PMPM	\$84.69		\$70.58		\$84.45	
Total (Medical and Rx) Premium PMPM	\$612.39		\$669.61		\$884.01	
(I) Non-Specialty Generic % of Premium	2.01%	0.10%	1.97%	0.08%	1.59%	0.07%
Non-Specialty Brand % of Premium	8.83%	0.59%	9.79%	0.45%	8.70%	0.40%
Specialty Total % of Premium	6.82%	3.38%	5.84%	4.14%	5.75%	4.08%
(B) Medical Rx PMPM	13.83%		10.54%		9.55%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			-0.04%	-0.02%	-0.38%	-0.02%
Non-Specialty Brand % of Premium Change vs Prior Period			0.96%	-0.14%	-1.09%	-0.05%
Specialty % of Premium Change vs Prior Period			-0.97%	0.76%	-0.09%	-0.06%
(B) Medical Rx % of Premium Change vs Prior Period			-3.29%		-0.99%	

Net of Member Cost Sharing (Paid Amount), Gross of Rebates						
	Experience Period -1		Experience Period		Projection Period	
	01/01/2022-12/31/2022		01/01/2023-12/31/2023		01/01/2025-12/31/2025	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$7.33	\$0.38	\$8.00	\$0.36	\$8.63	\$0.38
Non-Specialty Brand PMPM	\$49.26	\$3.39	\$59.24	\$2.76	\$70.48	\$3.29
Specialty PMPM	\$40.77	\$20.36	\$37.99	\$27.29	\$50.07	\$35.97
(B) Medical Rx PMPM	\$81.79		\$67.61		\$83.07	
Total Medical and Rx Premium PMPM	\$612.39		\$669.61		\$884.01	
(I) Non-Specialty Generic % of Premium	1.20%	0.06%	1.19%	0.05%	0.98%	0.04%
Non-Specialty Brand % of Premium	8.04%	0.55%	8.85%	0.41%	7.97%	0.37%
Specialty Total % of Premium	6.66%	3.32%	5.67%	4.08%	5.66%	4.07%
(B) Medical Rx PMPM	13.36%		10.10%		9.40%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			0.00%	-0.01%	-0.22%	-0.01%
Non-Specialty Brand % of Premium Change vs Prior Period			0.80%	-0.14%	-0.88%	-0.04%
Specialty % of Premium Change vs Prior Period			-0.98%	0.75%	-0.01%	-0.01%
(B) Medical Rx % of Premium Change vs Prior Period			-3.26%		-0.70%	

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	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-134106867
Market	Large Group
Product Name	2025 Blue Cross VT Association Health Plan Rating Program 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)
ABECMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ABECMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
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
ADBRY	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADBRY	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADCETRIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADCETRIS	PREFERRED-BRAND-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
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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALIMTA	NON-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
ALTUVIIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALTUVIIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALUNBRIG	ORAL-CHEMO	Blue Cross Formulary
ALUNBRIG	ORAL-CHEMO	National Performance Formulary
ALYMSYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALYQ	GENERIC-SPECIALTY	Blue Cross Formulary
ALYQ	GENERIC-SPECIALTY	National Performance Formulary
AMBRISENTAN	GENERIC-SPECIALTY	Blue Cross Formulary
AMBRISENTAN	GENERIC-SPECIALTY	National Performance Formulary
AMJEVITA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMJEVITA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

AMJEVITA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AMONDYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMPYRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMVUTTRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMVUTTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
APOKYN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
APOKYN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
APOMORPHINE	GENERIC-SPECIALTY	Blue Cross Formulary
APOMORPHINE	GENERIC-SPECIALTY	National Performance Formulary
ARALAST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARALAST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARANESP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARANESP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARCALYST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARCALYST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARIKAYCE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARIKAYCE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARIXTRA	TIER 03	Blue Cross Formulary
ARIXTRA	TIER 03	National Performance Formulary
ARRANON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARRANON	NON-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	TIER 03	Blue Cross Formulary
ASTAGRAF	TIER 03	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
AVONEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVONEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVSOLA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVSOLA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AYVAKIT	ORAL-CHEMO	Blue Cross Formulary
AYVAKIT	ORAL-CHEMO	National Performance Formulary
AZACITIDINE	GENERIC-SPECIALTY	Blue Cross Formulary
AZACITIDINE	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	TIER 03	Blue Cross Formulary
BARACLUDE	TIER 03	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
BENDAMUSTINE	GENERIC-SPECIALTY	Blue Cross Formulary
BENDAMUSTINE	GENERIC-SPECIALTY	National Performance Formulary
BENDAMUSTINE	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
BESREMI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BETAINE	GENERIC-SPECIALTY	Blue Cross Formulary
BETAINE	GENERIC-SPECIALTY	National Performance Formulary
BETASERON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BETASERON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEVACIZUMAB	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BEVACIZUMAB	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEXAROTENE	GENERIC-SPECIALTY	Blue Cross Formulary
BEXAROTENE	GENERIC-SPECIALTY	National Performance Formulary

BEXAROTENE	ORAL-CHEMO	Blue Cross Formulary
BEXAROTENE	ORAL-CHEMO	National Performance Formulary
BICNU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BICNU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BIVIGAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BIVIGAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BLENREP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BLENREP	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BLEOMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
BLEOMYCIN	GENERIC-SPECIALTY	National Performance Formulary
BLINCYTO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BLINCYTO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BORTEZOMIB	GENERIC-SPECIALTY	Blue Cross Formulary
BORTEZOMIB	GENERIC-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	TIER 03	Blue Cross Formulary
BOTOX	TIER 03	National Performance Formulary
BRAFTOVI	ORAL-CHEMO	Blue Cross Formulary
BRAFTOVI	ORAL-CHEMO	National Performance Formulary
BREYANZI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BREYANZI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRINEURA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BRINEURA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRIUMVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BRIUMVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRUKINSA	ORAL-CHEMO	Blue Cross Formulary
BRUKINSA	ORAL-CHEMO	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
BYLVAY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BYLVAY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BYOOVIZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CABLIVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CABLIVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CABOMETYX	ORAL-CHEMO	Blue Cross Formulary
CABOMETYX	ORAL-CHEMO	National Performance Formulary
CALQUENCE	ORAL-CHEMO	Blue Cross Formulary
CALQUENCE	ORAL-CHEMO	National Performance Formulary
CAMCEVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAMCEVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CAMPTOSAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAMPTOSAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CAMZYOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAPECITABINE	ORAL-CHEMO	Blue Cross Formulary
CAPECITABINE	ORAL-CHEMO	National Performance Formulary
CAPRELSA	ORAL-CHEMO	Blue Cross Formulary
CAPRELSA	ORAL-CHEMO	National Performance Formulary
CARBAGLU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CARBAGLU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CARBOPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
CARBOPLATIN	GENERIC-SPECIALTY	National Performance Formulary
CARGLUMIC	GENERIC-SPECIALTY	Blue Cross Formulary
CARGLUMIC	GENERIC-SPECIALTY	National Performance Formulary
CARMUSTINE	GENERIC-SPECIALTY	Blue Cross Formulary
CARMUSTINE	GENERIC-SPECIALTY	National Performance Formulary
CARVYKTI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CARVYKTI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CAYSTON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CELLCEPT	TIER 03	Blue Cross Formulary
CELLCEPT	TIER 03	National Performance Formulary
CERDELGA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CERDELGA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CEREZYME	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CEREZYME	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CETRORELIX	GENERIC-SPECIALTY	Blue Cross Formulary
CETRORELIX	GENERIC-SPECIALTY	National Performance Formulary
CETROTIDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHENODAL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHENODAL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

CHOLBAM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHOLBAM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CHOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CHOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CIBINQO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CIBINQO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CIMERLI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CIMERLI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CIMZIA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CIMZIA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CINQAIR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CINQAIR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CINRYZE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CISPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
CISPLATIN	GENERIC-SPECIALTY	National Performance Formulary
CISPLATIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CISPLATIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CLADRIBINE	GENERIC-SPECIALTY	Blue Cross Formulary
CLADRIBINE	GENERIC-SPECIALTY	National Performance Formulary
CLOFARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
CLOFARABINE	GENERIC-SPECIALTY	National Performance Formulary
CLOLAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CLOLAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COAGADEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COAGADEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COMETRIQ	ORAL-CHEMO	Blue Cross Formulary
COMETRIQ	ORAL-CHEMO	National Performance Formulary
COPAXONE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COPAXONE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COPAXONE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COPIKTRA	ORAL-CHEMO	Blue Cross Formulary
COPIKTRA	ORAL-CHEMO	National Performance Formulary
CORIFACT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CORIFACT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CORTROPHIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CORTROPHIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COSELA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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
CUTAQUIG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUVITRU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUVITRU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CUVRIOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPH	GENERIC-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPH	GENERIC-SPECIALTY	National Performance Formulary
CYCLOPHOSPH	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPH	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOPHOSPHA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPHA	NON-PREFERRED-BRAND-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
CYSTADROPS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTAGON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTAGON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTARAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTARAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYTARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
CYTARABINE	GENERIC-SPECIALTY	National Performance Formulary
CYTOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYTOGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DACARBAZINE	GENERIC-SPECIALTY	Blue Cross Formulary
DACARBAZINE	GENERIC-SPECIALTY	National Performance Formulary
DACTINOMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
DACTINOMYCIN	GENERIC-SPECIALTY	National Performance Formulary
DALFAMPRIDIN	GENERIC-SPECIALTY	Blue Cross Formulary
DALFAMPRIDIN	GENERIC-SPECIALTY	National Performance Formulary
DANYELZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DANYELZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

DARAPRIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DARAPRIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DARZALEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DARZALEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DAUNORUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
DAUNORUBICIN	GENERIC-SPECIALTY	National Performance Formulary
DAURISMO	ORAL-CHEMO	Blue Cross Formulary
DAURISMO	ORAL-CHEMO	National Performance Formulary
DAYBUE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DECITABINE	GENERIC-SPECIALTY	Blue Cross Formulary
DECITABINE	GENERIC-SPECIALTY	National Performance Formulary
DEPEN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DEPEN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DEXRAZOXANE	GENERIC-SPECIALTY	Blue Cross Formulary
DEXRAZOXANE	GENERIC-SPECIALTY	National Performance Formulary
DIACOMIT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DIACOMIT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DICHLORPHENA	GENERIC-SPECIALTY	Blue Cross Formulary
DICHLORPHENA	GENERIC-SPECIALTY	National Performance Formulary
DIMETHYL	GENERIC-SPECIALTY	Blue Cross Formulary
DIMETHYL	GENERIC-SPECIALTY	National Performance Formulary
DOCETAXEL	GENERIC-SPECIALTY	Blue Cross Formulary
DOCETAXEL	GENERIC-SPECIALTY	National Performance Formulary
DOPTelet	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DOPTelet	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DOXIL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DOXIL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DOXORUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
DOXORUBICIN	GENERIC-SPECIALTY	National Performance Formulary
DROXIDOPA	GENERIC-SPECIALTY	Blue Cross Formulary
DROXIDOPA	GENERIC-SPECIALTY	National Performance Formulary
DUPIXENT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DUPIXENT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EGRIFTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EGRIFTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELAHERE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELAHERE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELAPRASE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELAPRASE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELELYSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELELYSO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELIGARD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELIGARD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELITEK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELITEK	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELLECE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELLECE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELOCTATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELOCTATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ELZONRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELZONRIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EMFLAZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EMFLAZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EMPAVELI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EMPAVELI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EMPLICITI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EMPLICITI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENBREL	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENBREL	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENHERTU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENHERTU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENJAYMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENJAYMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENOXILUV	TIER 03	Blue Cross Formulary
ENOXILUV	TIER 03	National Performance Formulary
ENSPRYNG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENSPRYNG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENTYVIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENTYVIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENVARUSUS	TIER 03	Blue Cross Formulary
ENVARUSUS	TIER 03	National Performance Formulary
EPCLUSA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPCLUSA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPIDIOLEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPIDIOLEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPIVIR	TIER 03	Blue Cross Formulary

EPIVIR	TIER 03	National Performance Formulary
EPOGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPOPROSTENOL	GENERIC-SPECIALTY	Blue Cross Formulary
EPOPROSTENOL	GENERIC-SPECIALTY	National Performance Formulary
ERBITUX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ERBITUX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ERIVEDGE	ORAL-CHEMO	Blue Cross Formulary
ERIVEDGE	ORAL-CHEMO	National Performance Formulary
ERLEADA	ORAL-CHEMO	Blue Cross Formulary
ERLEADA	ORAL-CHEMO	National Performance Formulary
ERLOTINIB	ORAL-CHEMO	Blue Cross Formulary
ERLOTINIB	ORAL-CHEMO	National Performance Formulary
ESBRIET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ESPEROCT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ESPEROCT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ETOPOPHOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ETOPOPHOS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ETOPOSIDE	GENERIC-SPECIALTY	Blue Cross Formulary
ETOPOSIDE	GENERIC-SPECIALTY	National Performance Formulary
ETOPOSIDE	ORAL-CHEMO	Blue Cross Formulary
ETOPOSIDE	ORAL-CHEMO	National Performance Formulary
EVENITY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVENITY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVEROLIMUS	ORAL-CHEMO	Blue Cross Formulary
EVEROLIMUS	ORAL-CHEMO	National Performance Formulary
EVKEEZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVKEEZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVOMELA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVOMELA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVRYSDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVRYSDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EKKIVITY	ORAL-CHEMO	Blue Cross Formulary
EKKIVITY	ORAL-CHEMO	National Performance Formulary
EXONDYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EXTAVIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EYLEA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EYLEA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FABRAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FABRAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FASENRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FASENRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FASLODEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FASLODEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FEIBA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FEIBA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FENSOLVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FENSOLVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FIBRYGA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIBRYGA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FILSPARI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FILSPARI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FINGOLIMOD	GENERIC-SPECIALTY	Blue Cross Formulary
FINGOLIMOD	GENERIC-SPECIALTY	National Performance Formulary
FINTEPLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FINTEPLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FIRDAPSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIRMAGON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIRMAGON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FLEBOGAMMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FLEBOGAMMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FLOLAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FLOLAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FLOXURIDINE	GENERIC-SPECIALTY	Blue Cross Formulary
FLOXURIDINE	GENERIC-SPECIALTY	National Performance Formulary
FLUDARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
FLUDARABINE	GENERIC-SPECIALTY	National Performance Formulary
FLUOROURACIL	GENERIC-SPECIALTY	Blue Cross Formulary
FLUOROURACIL	GENERIC-SPECIALTY	National Performance Formulary
FOLLISTIM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOLLISTIM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FOLOTYN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOLOTYN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FORTEO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOTIVDA	ORAL-CHEMO	Blue Cross Formulary
FRAGMIN	TIER 03	Blue Cross Formulary
FRAGMIN	TIER 03	National Performance Formulary

FULPHILA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FULVESTRANT	GENERIC-SPECIALTY	Blue Cross Formulary
FULVESTRANT	GENERIC-SPECIALTY	National Performance Formulary
FYARRO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FYARRO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FYLNETRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FYREMADEL	GENERIC-SPECIALTY	Blue Cross Formulary
FYREMADEL	GENERIC-SPECIALTY	National Performance Formulary
GALAFOLD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GALAFOLD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMASTAN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMASTAN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMIFANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMIFANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMMAGARD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMMAGARD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMMAKED	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMMAKED	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMMAPLEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMMAPLEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAMUNEX-C	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAMUNEX-C	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GANIRELIX	GENERIC-SPECIALTY	Blue Cross Formulary
GANIRELIX	GENERIC-SPECIALTY	National Performance Formulary
GATTEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GATTEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GAVRETO	ORAL-CHEMO	Blue Cross Formulary
GAVRETO	ORAL-CHEMO	National Performance Formulary
GAZYVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAZYVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GEL-ONE	TIER 03	Blue Cross Formulary
GEMCITABINE	GENERIC-SPECIALTY	Blue Cross Formulary
GEMCITABINE	GENERIC-SPECIALTY	National Performance Formulary
GENOTROPIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GENVISC	TIER 03	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
GLASSIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GLASSIA	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	ORAL-CHEMO	National Performance Formulary
GONAL-F	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GRANIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HAEGARDA	NON-PREFERRED-BRAND-SPECIALTY	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
HEMGENIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEMGENIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HEMLIBRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEMLIBRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HEMOFIL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEMOFIL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERCEP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HERCEP	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERCEPTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HERCEPTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HERZUMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HETLIOZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HIZENTRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HIZENTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HUMATE-P	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HUMATE-P	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HUMATROPE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HUMIRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HUMIRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary

HYCAMTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYCAMTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYCAMTIN	ORAL-CHEMO	Blue Cross Formulary
HYCAMTIN	ORAL-CHEMO	National Performance Formulary
HYDROXY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYDROXY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYDROXYPROG	GENERIC-SPECIALTY	Blue Cross Formulary
HYDROXYPROG	GENERIC-SPECIALTY	National Performance Formulary
HYMOVIS	TIER 03	Blue Cross Formulary
HYPERRHO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYPERRHO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
HYQVIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HYQVIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IBRANCE	ORAL-CHEMO	Blue Cross Formulary
IBRANCE	ORAL-CHEMO	National Performance Formulary
ICATIBANT	GENERIC-SPECIALTY	Blue Cross Formulary
ICATIBANT	GENERIC-SPECIALTY	National Performance Formulary
ICLUSIG	ORAL-CHEMO	Blue Cross Formulary
ICLUSIG	ORAL-CHEMO	National Performance Formulary
IDAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IDAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IDARUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
IDARUBICIN	GENERIC-SPECIALTY	National Performance Formulary
IDELVION	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IDELVION	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IDHIFA	ORAL-CHEMO	Blue Cross Formulary
IDHIFA	ORAL-CHEMO	National Performance Formulary
IFEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IFEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IFOSFAMIDE	GENERIC-SPECIALTY	Blue Cross Formulary
IFOSFAMIDE	GENERIC-SPECIALTY	National Performance Formulary
ILARIS	PREFERRED-BRAND-SPECIALTY	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
IMATINIB	ORAL-CHEMO	Blue Cross Formulary
IMATINIB	ORAL-CHEMO	National Performance Formulary
IMBRUVICA	ORAL-CHEMO	Blue Cross Formulary
IMBRUVICA	ORAL-CHEMO	National Performance Formulary
IMCIVREE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMFINZI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMFINZI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IMJUDO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMJUDO	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
INCRELEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INCRELEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INFLECTRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INFLECTRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INFLIXIMAB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INFUGEM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INFUGEM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
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
INQOVI	ORAL-CHEMO	Blue Cross Formulary
INREBIC	ORAL-CHEMO	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
IRINOTECAN	GENERIC-SPECIALTY	National Performance Formulary
ISTODAX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ISTODAX	NON-PREFERRED-BRAND-SPECIALTY	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
IXINITY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JAKAFI	ORAL-CHEMO	Blue Cross Formulary

JAKAFI	ORAL-CHEMO	National Performance Formulary
JAYPIRCA	ORAL-CHEMO	Blue Cross Formulary
JAYPIRCA	ORAL-CHEMO	National Performance Formulary
JEMPERLI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JEMPERLI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JEVTANA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JEVTANA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JIVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JIVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JOENJA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JYNARQUE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KANUMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEPIVANCE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KEPIVANCE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KESIMPTA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KESIMPTA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KEVEYIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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
KIMMTRAK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KIMMTRAK	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KINERET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KINERET	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KISQALI	ORAL-CHEMO	Blue Cross Formulary
KISQALI	ORAL-CHEMO	National Performance Formulary
KITABIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOATE-DVI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOATE-DVI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOGENATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOGENATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KORLYM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KORLYM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KORSUVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KORSUVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOSELUGO	ORAL-CHEMO	Blue Cross Formulary
KOSELUGO	ORAL-CHEMO	National Performance Formulary
KOVALTRY	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOVALTRY	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KRAZATI	ORAL-CHEMO	Blue Cross Formulary
KRAZATI	ORAL-CHEMO	National Performance Formulary
KRYSTEXXA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KRYSTEXXA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KYMRIAH	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KYMRIAH	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KYNMOBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KYNMOBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KYPROLIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KYPROLIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LAMZEDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LAMZEDE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LANREOTIDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LAPATINIB	ORAL-CHEMO	Blue Cross Formulary
LAPATINIB	ORAL-CHEMO	National Performance Formulary
LEDIP-SOFOSB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEMTRADA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEMTRADA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LENALIDOMIDE	ORAL-CHEMO	Blue Cross Formulary
LENALIDOMIDE	ORAL-CHEMO	National Performance Formulary

LENVIMA	ORAL-CHEMO	Blue Cross Formulary
LENVIMA	ORAL-CHEMO	National Performance Formulary
LEUKINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEUKINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LEUPROLIDE	GENERIC-SPECIALTY	Blue Cross Formulary
LEUPROLIDE	GENERIC-SPECIALTY	National Performance Formulary
LEUPROLIDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LEUPROLIDE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LEVOLEUCOVOR	GENERIC-SPECIALTY	Blue Cross Formulary
LEVOLEUCOVOR	GENERIC-SPECIALTY	National Performance Formulary
LIBTAYO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LIBTAYO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LIVMARLI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LIVTENCITY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LIVTENCITY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LONSURF	ORAL-CHEMO	Blue Cross Formulary
LONSURF	ORAL-CHEMO	National Performance Formulary
LORBRENA	ORAL-CHEMO	Blue Cross Formulary
LORBRENA	ORAL-CHEMO	National Performance Formulary
LOVENOX	TIER 03	Blue Cross Formulary
LOVENOX	TIER 03	National Performance Formulary
LUCENTIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUMAKRAS	ORAL-CHEMO	Blue Cross Formulary
LUMAKRAS	ORAL-CHEMO	National Performance Formulary
LUMIZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUMIZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUMOXITI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUMOXITI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUNSUMIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUNSUMIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPKYNIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPRON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPRON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUPRON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPRON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LYNPARZA	ORAL-CHEMO	Blue Cross Formulary
LYNPARZA	ORAL-CHEMO	National Performance Formulary
LYTGOBI	ORAL-CHEMO	Blue Cross Formulary
LYTGOBI	ORAL-CHEMO	National Performance Formulary
MAKENA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAKENA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MARGENZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MARGENZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MATULANE	ORAL-CHEMO	Blue Cross Formulary
MATULANE	ORAL-CHEMO	National Performance Formulary
MAVENCLAD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAVENCLAD	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MAVYRET	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAVYRET	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MAYZENT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAYZENT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MEKINIST	ORAL-CHEMO	Blue Cross Formulary
MEKINIST	ORAL-CHEMO	National Performance Formulary
MEKTOVI	ORAL-CHEMO	Blue Cross Formulary
MEKTOVI	ORAL-CHEMO	National Performance Formulary
MELPHALAN	GENERIC-SPECIALTY	Blue Cross Formulary
MELPHALAN	GENERIC-SPECIALTY	National Performance Formulary
MELPHALAN	ORAL-CHEMO	Blue Cross Formulary
MELPHALAN	ORAL-CHEMO	National Performance Formulary
MENOPUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MENOPUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MEPSEVII	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MEPSEVII	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MESNA	GENERIC-SPECIALTY	Blue Cross Formulary
MESNA	GENERIC-SPECIALTY	National Performance Formulary
MESNEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MESNEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MESNEX	ORAL-CHEMO	Blue Cross Formulary
MESNEX	ORAL-CHEMO	National Performance Formulary
MICRHOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MICRHOGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MIGLUSTAT	GENERIC-SPECIALTY	Blue Cross Formulary

MIGLUSTAT	GENERIC-SPECIALTY	National Performance Formulary
MIRCERA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MIRCERA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MITOMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
MITOMYCIN	GENERIC-SPECIALTY	National Performance Formulary
MITOXANTRON	GENERIC-SPECIALTY	Blue Cross Formulary
MITOXANTRON	GENERIC-SPECIALTY	National Performance Formulary
MONJUVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MONJUVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MONOVISC	TIER 03	Blue Cross Formulary
MOZOBIL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MOZOBIL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MULPLETA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MULPLETA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MUTAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
MUTAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
MVASI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MVASI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYALEPT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYALEPT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYCAPSSA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYFORTIC	TIER 03	Blue Cross Formulary
MYFORTIC	TIER 03	National Performance Formulary
MYLOTARG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYLOTARG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NAGLAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NAGLAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NATPARA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NATPARA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NELARABINE	GENERIC-SPECIALTY	Blue Cross Formulary
NELARABINE	GENERIC-SPECIALTY	National Performance Formulary
NEORAL	TIER 03	Blue Cross Formulary
NEORAL	TIER 03	National Performance Formulary
NERLYNX	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
NEXVIAZYME	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NEXVIAZYME	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NILANDRON	ORAL-CHEMO	Blue Cross Formulary
NILANDRON	ORAL-CHEMO	National Performance Formulary
NILUTAMIDE	ORAL-CHEMO	Blue Cross Formulary
NILUTAMIDE	ORAL-CHEMO	National Performance Formulary
NINLARO	ORAL-CHEMO	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
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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVOSEVEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NPLATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NPLATE	NON-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	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NULIBRY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NULIBRY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NULOJIX	TIER 03	Blue Cross Formulary
NULOJIX	TIER 03	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
NYVEPRIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCTAGAM	NON-PREFERRED-BRAND-SPECIALTY	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
OLUMIANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OMNITROPE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OMNITROPE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONCASPAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONCASPAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONIVYDE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONIVYDE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONPATTRO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONPATTRO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ONTRUZANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ONUREG	ORAL-CHEMO	Blue Cross Formulary
ONUREG	ORAL-CHEMO	National Performance Formulary
OPDIVO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OPDIVO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OPDUALAG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OPDUALAG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OPSUMIT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OPSUMIT	PREFERRED-BRAND-SPECIALTY	National Performance 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
ORGOVYX	ORAL-CHEMO	Blue Cross Formulary
ORGOVYX	ORAL-CHEMO	National Performance Formulary
ORKAMBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORKAMBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORLADEYO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORLADEYO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORSERDU	ORAL-CHEMO	Blue Cross Formulary
ORSERDU	ORAL-CHEMO	National Performance Formulary
ORTHOVISC	TIER 03	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
PACLITAXEL	GENERIC-SPECIALTY	Blue Cross Formulary
PACLITAXEL	GENERIC-SPECIALTY	National Performance Formulary
PACLITAXEL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PACLITAXEL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PADCEV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PADCEV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PALFORZIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PALYNZIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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

PARAPLATIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PARAPLATIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PARSABIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PARSABIV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PEGASYS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PEGASYS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PEMAZYRE	ORAL-CHEMO	Blue Cross Formulary
PEMETREXED	GENERIC-SPECIALTY	Blue Cross Formulary
PEMETREXED	GENERIC-SPECIALTY	National Performance Formulary
PEMETREXED	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PEMETREXED	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PEMFEXY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PEMFEXY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PENICILLAMIN	GENERIC-SPECIALTY	Blue Cross Formulary
PENICILLAMIN	GENERIC-SPECIALTY	National Performance Formulary
PERJETA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PERJETA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PHEBURANE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PHEBURANE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PHENYL BUTYRA	GENERIC-SPECIALTY	Blue Cross Formulary
PHENYL BUTYRA	GENERIC-SPECIALTY	National Performance Formulary
PHESGO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PHESGO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PHOTOFRIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PHOTOFRIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PIQRAY	ORAL-CHEMO	Blue Cross Formulary
PIQRAY	ORAL-CHEMO	National Performance Formulary
PIRFENIDONE	GENERIC-SPECIALTY	Blue Cross Formulary
PIRFENIDONE	GENERIC-SPECIALTY	National Performance Formulary
PLEGRIDY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
POLIVY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
POLIVY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
POMALYST	ORAL-CHEMO	Blue Cross Formulary
POMALYST	ORAL-CHEMO	National Performance Formulary
PONVORY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PORTRAZZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PORTRAZZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
POTELIGEO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
POTELIGEO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PRALATREXATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PRALATREXATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PREGNYL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PREGNYL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PREVYMIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PREVYMIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PRIVIGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PRIVIGEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROCRIT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROCRIT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROCYSBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROCYSBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROFILNINE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROFILNINE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROGRAF	TIER 03	Blue Cross Formulary
PROGRAF	TIER 03	National Performance Formulary
PROLASTIN-C	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROLASTIN-C	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROLEUKIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROLEUKIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROLIA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROLIA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROMACTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROMACTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROVENGE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROVENGE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PULMOZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PULMOZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PURIXAN	ORAL-CHEMO	Blue Cross Formulary
PURIXAN	ORAL-CHEMO	National Performance Formulary
PYRIMETHAMIN	GENERIC-SPECIALTY	Blue Cross Formulary
PYRIMETHAMIN	GENERIC-SPECIALTY	National Performance Formulary
PYRUKYND	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PYRUKYND	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
QINLOCK	ORAL-CHEMO	Blue Cross Formulary
QINLOCK	ORAL-CHEMO	National Performance Formulary
RADICAVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

RADICAVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RADICAVA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RADICAVA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RAPAMUNE	TIER 03	Blue Cross Formulary
RAPAMUNE	TIER 03	National Performance Formulary
RAVICTI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBIF	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBINYN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBINYN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REBLOZYL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REBLOZYL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RECLAST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RECLAST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RECOMBINATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RECOMBINATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RECORLEV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RELEUKO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RELYVRIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RELYVRIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REMICADE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REMODULIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RENFLEXIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETACRIT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETACRIT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RETEVMO	ORAL-CHEMO	Blue Cross Formulary
RETEVMO	ORAL-CHEMO	National Performance Formulary
REVATIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REVCOVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REVCOVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REVLIMID	ORAL-CHEMO	Blue Cross Formulary
REVLIMID	ORAL-CHEMO	National Performance Formulary
REZLIDHIA	ORAL-CHEMO	Blue Cross Formulary
REZUROCK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RHOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RHOGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RIABNI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIASTAP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIASTAP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RIBAVIRIN	GENERIC-SPECIALTY	Blue Cross Formulary
RIBAVIRIN	GENERIC-SPECIALTY	National Performance Formulary
RIDAURA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIDAURA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RINVOQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RINVOQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RITUXAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RITUXAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RIXUBIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RIXUBIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ROLVEDON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ROMIDEPSIN	GENERIC-SPECIALTY	Blue Cross Formulary
ROMIDEPSIN	GENERIC-SPECIALTY	National Performance Formulary
ROMIDEPSIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ROMIDEPSIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ROZLYTREK	ORAL-CHEMO	Blue Cross Formulary
ROZLYTREK	ORAL-CHEMO	National Performance Formulary
RUBRACA	ORAL-CHEMO	Blue Cross Formulary
RUCONEST	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RUCONEST	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RUXIENCE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RUXIENCE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RYBREVANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RYBREVANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RYDAPT	ORAL-CHEMO	Blue Cross Formulary
RYDAPT	ORAL-CHEMO	National Performance Formulary
RYLAZE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAIZEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAIZENPREP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAJAZIR	GENERIC-SPECIALTY	Blue Cross Formulary
SAJAZIR	GENERIC-SPECIALTY	National Performance Formulary
SAMSCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAMSCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDIMMUNE	TIER 03	Blue Cross Formulary
SANDIMMUNE	TIER 03	National Performance Formulary
SANDOSTATIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDOSTATIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SAPHNELO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

SAPHNELO	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
SCEMBLIX	ORAL-CHEMO	Blue Cross Formulary
SCEMBLIX	ORAL-CHEMO	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
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
SKYCLARYS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYCLARYS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SKYSONA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYSONA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SKYTROFA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYTROFA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SOD	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOD	NON-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	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SOMATULINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOMATULINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SOMAVERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOMAVERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SORAFENIB	ORAL-CHEMO	Blue Cross Formulary
SORAFENIB	ORAL-CHEMO	National Performance Formulary
SOTYKTU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOVALDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOVALDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SPEVIGO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SPEVIGO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SPRAVATO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SPRAVATO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SPRYCEL	ORAL-CHEMO	Blue Cross Formulary
SPRYCEL	ORAL-CHEMO	National Performance Formulary
STELARA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
STELARA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
STIMUFEND	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
STIVARGA	ORAL-CHEMO	Blue Cross Formulary
STIVARGA	ORAL-CHEMO	National Performance Formulary
STRENSIQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
STRENSIQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUBLOCADE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUBLOCADE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUCRAID	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUCRAID	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUNITINIB	ORAL-CHEMO	Blue Cross Formulary
SUNITINIB	ORAL-CHEMO	National Performance Formulary
SUPARTZ	TIER 03	Blue Cross Formulary
SUPPRELIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUPPRELIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUSVIMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUSVIMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYFOVRE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYFOVRE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYLVANT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYLVANT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYMDEKO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYMDEKO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYNAGIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYNAGIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary

SYNOJOYNT	TIER 03	Blue Cross Formulary
SYNRIBO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYNRIBO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYNVISC	TIER 03	Blue Cross Formulary
TABLOID	ORAL-CHEMO	Blue Cross Formulary
TABLOID	ORAL-CHEMO	National Performance Formulary
TABRECTA	ORAL-CHEMO	Blue Cross Formulary
TABRECTA	ORAL-CHEMO	National Performance Formulary
TADALAFIL	GENERIC-SPECIALTY	Blue Cross Formulary
TADALAFIL	GENERIC-SPECIALTY	National Performance Formulary
TADLIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TALTZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TALTZ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TALZENNA	ORAL-CHEMO	Blue Cross Formulary
TARPEYO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TASCENSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TASIGNA	ORAL-CHEMO	Blue Cross Formulary
TASIGNA	ORAL-CHEMO	National Performance Formulary
TASIMELTEON	GENERIC-SPECIALTY	Blue Cross Formulary
TASIMELTEON	GENERIC-SPECIALTY	National Performance Formulary
TAVALISSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAVALISSE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TAVNEOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAZVERIK	ORAL-CHEMO	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
TECVAYLI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TECVAYLI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEGSEDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEGSEDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEMODAR	PREFERRED-BRAND-SPECIALTY	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	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEPEZZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEPEZZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEPMETKO	ORAL-CHEMO	Blue Cross Formulary
TERIFLUNOMID	GENERIC-SPECIALTY	Blue Cross Formulary
TERIFLUNOMID	GENERIC-SPECIALTY	National Performance Formulary
TERIPARATIDE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TERIPARATIDE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TETRABENAZIN	GENERIC-SPECIALTY	Blue Cross Formulary
TETRABENAZIN	GENERIC-SPECIALTY	National Performance Formulary
TEZSPIRE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEZSPIRE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
THALOMID	ORAL-CHEMO	Blue Cross Formulary
THALOMID	ORAL-CHEMO	National Performance Formulary
THIOLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
THIOLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
THIOTEPA	GENERIC-SPECIALTY	Blue Cross Formulary
THIOTEPA	GENERIC-SPECIALTY	National Performance Formulary
TIBSOVO	ORAL-CHEMO	Blue Cross Formulary
TIBSOVO	ORAL-CHEMO	National Performance Formulary
TICE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TICE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TIOPRONIN	GENERIC-SPECIALTY	Blue Cross Formulary
TIOPRONIN	GENERIC-SPECIALTY	National Performance Formulary
TIVDAK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TIVDAK	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOBRAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
TOBRAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
TOBRAMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

TOLVAPTAN	GENERIC-SPECIALTY	Blue Cross Formulary
TOLVAPTAN	GENERIC-SPECIALTY	National Performance Formulary
TOPOSAR	GENERIC-SPECIALTY	Blue Cross Formulary
TOPOSAR	GENERIC-SPECIALTY	National Performance Formulary
TOPOTECAN	GENERIC-SPECIALTY	Blue Cross Formulary
TOPOTECAN	GENERIC-SPECIALTY	National Performance Formulary
TORISEL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TORISEL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TOTECT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOTECT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRACLEER	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRACLEER	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRAZIMERA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRAZIMERA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TREANDA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRELSTAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRELSTAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TREMFYA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TREMFYA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TREPROSTINIL	GENERIC-SPECIALTY	Blue Cross Formulary
TREPROSTINIL	GENERIC-SPECIALTY	National Performance Formulary
TRETINOIN	ORAL-CHEMO	Blue Cross Formulary
TRETINOIN	ORAL-CHEMO	National Performance Formulary
TRETEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRETEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRIENTINE	GENERIC-SPECIALTY	Blue Cross Formulary
TRIENTINE	GENERIC-SPECIALTY	National Performance Formulary
TRIKAFTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRIKAFTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRILURON	TIER 03	Blue Cross Formulary
TRIPTODUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRIPTODUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRISENOX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRISENOX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRIVISC	TIER 03	Blue Cross Formulary
TRODELVY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRODELVY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TRUSELTIQ	ORAL-CHEMO	Blue Cross Formulary
TRUSELTIQ	ORAL-CHEMO	National Performance Formulary
TRUXIMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TUKYSA	ORAL-CHEMO	Blue Cross Formulary
TUKYSA	ORAL-CHEMO	National Performance Formulary
TURALIO	ORAL-CHEMO	Blue Cross Formulary
TURALIO	ORAL-CHEMO	National Performance Formulary
TYMLOS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TYMLOS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TYSABRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TYSABRI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TYVASO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TYVASO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UDENYCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
UDENYCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ULTOMIRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ULTOMIRIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UNITUXIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
UNITUXIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UPLIZNA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
UPLIZNA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
UPTRAVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
UPTRAVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VABYSMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VABYSMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VALCHLOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VALCHLOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VALRUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
VALRUBICIN	GENERIC-SPECIALTY	National Performance Formulary
VALSTAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VALSTAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VECTIBIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VECTIBIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VEGZELMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VELCADE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VELCADE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VELETRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VELETRI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VEMLIDY	TIER 03	Blue Cross Formulary

VENCLEXTA	ORAL-CHEMO	Blue Cross Formulary
VENCLEXTA	ORAL-CHEMO	National Performance Formulary
VENTAVIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VENTAVIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VERZENIO	ORAL-CHEMO	Blue Cross Formulary
VERZENIO	ORAL-CHEMO	National Performance Formulary
VIDAZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIDAZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIEKIRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIEKIRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIGABATRIN	GENERIC-SPECIALTY	Blue Cross Formulary
VIGABATRIN	GENERIC-SPECIALTY	National Performance Formulary
VIGADRONE	GENERIC-SPECIALTY	Blue Cross Formulary
VIGADRONE	GENERIC-SPECIALTY	National Performance Formulary
VIOICE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VILTEPSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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
VINCASAR	GENERIC-SPECIALTY	Blue Cross Formulary
VINCASAR	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	TIER 03	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
VIVIMUSTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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
VONJO	ORAL-CHEMO	Blue Cross Formulary
VONJO	ORAL-CHEMO	National Performance Formulary
VONVENDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VONVENDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
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
VOXZOGO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VOXZOGO	NON-PREFERRED-BRAND-SPECIALTY	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
VYVGART	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYVGART	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VYXEOS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VYXEOS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WAKIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
WAKIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WELIREG	ORAL-CHEMO	Blue Cross Formulary
WELIREG	ORAL-CHEMO	National Performance Formulary
WILATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
WILATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
WINRHO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
WINRHO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XALKORI	ORAL-CHEMO	Blue Cross Formulary
XELJANZ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XELJANZ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XEMBIFY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XEMBIFY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XENPOZYME	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XENPOZYME	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XERMELO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XERMELO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

XGEVA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XGEVA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XIAFLEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XIAFLEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XOLAIR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XOLAIR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XOSPATA	ORAL-CHEMO	Blue Cross Formulary
XOSPATA	ORAL-CHEMO	National Performance Formulary
XPOVIO	ORAL-CHEMO	Blue Cross Formulary
XPOVIO	ORAL-CHEMO	National Performance Formulary
XTANDI	ORAL-CHEMO	Blue Cross Formulary
XTANDI	ORAL-CHEMO	National Performance Formulary
XURIDEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XURIDEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XYNTHA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XYNTHA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
XYREM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XYWAV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XYWAV	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YERVOY	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YERVOY	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
YESCARTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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
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
ZEJULA	ORAL-CHEMO	Blue Cross Formulary
ZEJULA	ORAL-CHEMO	National Performance Formulary
ZELBORAF	ORAL-CHEMO	Blue Cross Formulary
ZELBORAF	ORAL-CHEMO	National Performance Formulary
ZEMAIRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEMAIRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEPATIER	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEPATIER	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEPOSIA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEPOSIA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEPZELCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEPZELCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEVALIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZEVALIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZIEXTENZO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZIRABEV	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZIRABEV	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOKINVY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOKINVY	NON-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
ZOLINZA	ORAL-CHEMO	Blue Cross Formulary
ZOLINZA	ORAL-CHEMO	National Performance Formulary
ZOMACTON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORBTIVE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORBTIVE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZORTRESS	TIER 03	Blue Cross Formulary
ZORTRESS	TIER 03	National Performance Formulary
ZTALMY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZTALMY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZULRESSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZULRESSO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZYDELIG	ORAL-CHEMO	Blue Cross Formulary
ZYDELIG	ORAL-CHEMO	National Performance Formulary
ZYKADIA	ORAL-CHEMO	Blue Cross Formulary
ZYKADIA	ORAL-CHEMO	National Performance Formulary
ZYNLONTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZYNLONTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

ZYNTEGLO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZYNTEGLO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZYNYZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZYNYZ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-134106867
Market	Large Group
Product Name	2025 Blue Cross VT Association Health Plan Rating Program 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	
	01/01/2022-12/31/2022		01/01/2023-12/31/2023		01/01/2025-12/31/2025	
Pharmacy Benefit Manager #1	Optum Rx (ORx)		Optum Rx (ORx)		Optum Rx (ORx)	
Pharmacy Benefit Manager #2						
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 Period -1		Experience Period		Projection Period	
	01/01/2022-12/31/2022		01/01/2023-12/31/2023		01/01/2025-12/31/2025	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	ORx	ORx	ORx	ORx	ORx	ORx
Non-Specialty Brand PMPM	ORx	ORx	ORx	ORx	ORx	ORx
Specialty PMPM	ORx	ORx	ORx	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 Period -1		Experience Period		Projection Period	
	01/01/2022-12/31/2022		01/01/2023-12/31/2023		01/01/2025-12/31/2025	
	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.