

**State:** VermontGMCB **Filing Company:** BCBSVT  
**TOI/Sub-TOI:** ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
**Product Name:** 2023 Blue Cross AHP Rating Program Filing  
**Project Name/Number:** /

## Filing at a Glance

Company: BCBSVT  
Product Name: 2023 Blue Cross AHP Rating Program Filing  
State: VermontGMCB  
TOI: ML02 Multi-Line - Other  
Sub-TOI: ML02.000 Multi-Line - Other  
Filing Type: GMCB Trend / Admin Charge  
Date Submitted: 07/07/2022  
SERFF Tr Num: BCVT-133316538  
SERFF Status: Closed-Approved  
State Tr Num:  
State Status:  
Co Tr Num:  
  
Effective: On Approval  
Date Requested:  
Author(s): Martine Brisson-Lemieux, Andrew Proulx, Matthew Goodrich  
Reviewer(s): Geoffrey Battista (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Michael Barber, Laura Beliveau, Jennifer DaPolito  
  
Disposition Date: 10/05/2022  
Disposition Status: Approved  
Effective Date: 01/01/2023  
  
State Filing Description:

**State:** VermontGMCB **Filing Company:** BCBSVT  
**TOI/Sub-TOI:** ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
**Product Name:** 2023 Blue Cross AHP Rating Program Filing  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small and Large  
Group Market Type: Association Overall Rate Impact:  
Filing Status Changed: 10/11/2022  
State Status Changed: Deemer Date:  
Created By: Matthew Goodrich Submitted By: Matthew Goodrich  
Corresponding Filing Tracking Number:

Filing Description:  
July 7, 2022

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

Subject:Blue Cross and Blue Shield of Vermont - NAIC # 53295  
2023 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 2023 Association Health Plan Rating Program Filing. As directed by the Board, this filing combines the various factor filings for association health plan rating components (trend, large claims, benefit relativity, administrative fees and contribution to reserve, and the formula itself) into a single filing. As noted in the April 22, 2022 withdrawal letter of the prior AHP filing, this filing primarily differs only to reflect the higher than previously anticipated hospital budgets. This timing of this filing submission is intended to allow for actual hospital budget approvals to be incorporated into AHP rates.

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

Sincerely,

Ruth Greene

cc:Paul Schultz/BCBSVT  
Martine Lemieux/BCBSVT

## Company and Contact

### Filing Contact Information

**State:** VermontGMCB **Filing Company:** BCBSVT  
**TOI/Sub-TOI:** ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
**Product Name:** 2023 Blue Cross AHP Rating Program Filing  
**Project Name/Number:** /

Matthew Goodrich, goodrichm@bcbsvt.com  
PO Box 186 802-371-3586 [Phone]  
Montpelier, VT 05601

**Filing Company Information**

BCBSVT	CoCode: 53295	State of Domicile: Vermont
PO BOX 186	Group Code:	Company Type: Hospital
Montpelier, VT 05601	Group Name:	Service Corp
(802) 371-3450 ext. [Phone]	FEIN Number: 03-0277307	State ID Number:

---

State: VermontGMCB

Filing Company: BCBSVT

TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name: 2023 Blue Cross AHP Rating Program Filing

Project Name/Number: /

## Filing Fees

### State Fees

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

SERFF Tracking #:

BCVT-133316538

State Tracking #:

Company Tracking #:

**State:** VermontGMCB  
**TOI/Sub-TOI:** ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
**Product Name:** 2023 Blue Cross AHP Rating Program Filing  
**Project Name/Number:** /

**Filing Company:** BCBSVT

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Geoffrey Battista	10/11/2022	10/11/2022

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Response	Jacqueline Lee	08/17/2022	08/17/2022

#### Response Letters

Responded By	Created On	Date Submitted
Matthew Goodrich	08/22/2022	08/22/2022

SERFF Tracking #:

BCVT-133316538

State Tracking #:

Company Tracking #:

**State:** VermontGMCB  
**TOI/Sub-TOI:** ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
**Product Name:** 2023 Blue Cross AHP Rating Program Filing  
**Project Name/Number:** /

**Filing Company:** BCBSVT

## Disposition

Disposition Date: 10/05/2022

Effective Date: 01/01/2023

Status: Approved

Comment: This filing is approved per GMCB Order, GMCB-009-22rr, dated 10/5/22.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
BCBSVT	11.100%	%		959	\$10,844,842	11.100%	11.100%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Actuarial Memorandum		No
Supporting Document	Civil Union Rating Requirements		No
Supporting Document	Filing Compliance Certification		No
Supporting Document	Third Party Filing Authorization		No
Supporting Document	Cover Letter		No
Supporting Document	Exhibits		No
Supporting Document	Appendix A		No
Supporting Document	VT Rx Data Template - Blue Cross - 2023 AHP		No
Supporting Document	Plain Language Summary		No
Supporting Document	F106		No
Supporting Document	Responses to 2023 AHP Rating Program Inquiry Letter 1		No

---

**State:** VermontGMCB **Filing Company:** BCBSVT  
**TOI/Sub-TOI:** ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
**Product Name:** 2023 Blue Cross AHP Rating Program Filing  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Response
Objection Letter Date	08/17/2022
Submitted Date	08/17/2022
Respond By Date	08/22/2022

---

Dear Matthew Goodrich,

**Introduction:**

Please see the attached letter.

**Conclusion:**

Sincerely,  
Jacqueline Lee



August 17, 2022

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

Re: Blue Cross and Blue Shield of Vermont, The Vermont Health Plan  
2023 AHP Rating Program Filing  
SERFF Tracking #: BCVT-133316538

Dear Jude Daye:

We have been retained by the Green Mountain Care Board (“GMCB”) to review the above referenced group products filings submitted on 7/7/2022. The following additional information is required for these filings.

Notice regarding proper responses:

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

Questions:

1. Please provide exhibits in spreadsheet format detailing the buildup of the aggregate unit cost assumptions from facility- and month-level inputs, under the following 2 scenarios:
  - a. The assumptions used to populate the filed AHP actuarial memorandum.
  - b. Assuming the Board were to reduce filed FY2023 hospital budget increase amounts by 17%.

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



To ensure that the review of your filing has been completed before statutory deadlines, we expect you to respond as expeditiously as possible to every objection in our letter, but no later than August 22, 2022.

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

Sincerely,

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

SERFF Tracking #:

BCVT-133316538

State Tracking #:

Company Tracking #:

State: VermontGMCB Filing Company: BCBSVT  
 TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
 Product Name: 2023 Blue Cross AHP Rating Program Filing  
 Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 08/22/2022  
 Submitted Date 08/22/2022

Dear Geoffrey Battista,

**Introduction:**

**Response 1**

**Comments:**

Please find attached our responses to the 2023 Blue Cross AHP Rating Program Filing Filing Inquiries dated August 17, 2022.

**Changed Items:**

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Responses to 2023 AHP Rating Program Inquiry Letter 1
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2023 AHP Rating Program Inquiry Letter 1.pdf 2023 AHP Rating Program - Response to Inquiry 1 (REDACTED).pdf 2023 AHP Rating Program - Response to Inquiry 1 (REDACTED).xlsx

**Conclusion:**

Sincerely,  
Matthew Goodrich

State: VermontGMCB Filing Company: BCBSVT  
 TOI/Sub-TOI: ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
 Product Name: 2023 Blue Cross AHP Rating Program Filing  
 Project Name/Number: /

**Rate Information**

Rate data applies to filing.

Filing Method:  
 Rate Change Type: %  
 Overall Percentage of Last Rate Revision: %  
 Effective Date of Last Rate Revision:  
 Filing Method of Last Filing:  
 SERFF Tracking Number of Last Filing:

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
BCBSVT	9.400%	%		959	\$10,844,842	%	%

SERFF Tracking #:

BCVT-133316538

State Tracking #:

Company Tracking #:

**State:** VermontGMCB  
**TOI/Sub-TOI:** ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
**Product Name:** 2023 Blue Cross AHP Rating Program Filing  
**Filing Company:** BCBSVT  
**Project Name/Number:** /

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 BCBSVT AHP Rating Program Filing - Actuarial Memorandum (REDACTED).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Civil Union Rating Requirements
<b>Bypass Reason:</b>	Not required.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Filing Compliance Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 BCBSVT AHP Rating Program Filing - Rate Filing Certification.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Third Party Filing Authorization
<b>Bypass Reason:</b>	BCBSVT does not use a Third Party to submit filings.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 BCBSVT AHP Rating Program Filing - Cover Letter.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Exhibits
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 BCBSVT AHP Rating Program Filing - Exhibits (REDACTED).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

**SERFF Tracking #:**

BCVT-133316538

**State Tracking #:****Company Tracking #:**

**State:** VermontGMCB **Filing Company:** BCBSVT  
**TOI/Sub-TOI:** ML02 Multi-Line - Other/ML02.000 Multi-Line - Other  
**Product Name:** 2023 Blue Cross AHP Rating Program Filing  
**Project Name/Number:** /

<b>Satisfied - Item:</b>	Appendix A
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 BCBSVT AHP Rating Program Filing - Appendix A.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	VT Rx Data Template - Blue Cross - 2023 AHP
<b>Comments:</b>	
<b>Attachment(s):</b>	VT Rx Data Template - Blue Cross - 2023 AHP.pdf VT Rx Data Template - Blue Cross - 2023 AHP.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Plain Language Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 BCBSVT AHP Rating Program Filing - Plain Language Summary.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	F106
<b>Comments:</b>	
<b>Attachment(s):</b>	2023 BCBSVT AHP Filing - F106 Form.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Responses to 2023 AHP Rating Program Inquiry Letter 1
<b>Comments:</b>	
<b>Attachment(s):</b>	Response to 2023 AHP Rating Program Inquiry Letter 1.pdf 2023 AHP Rating Program - Response to Inquiry 1 (REDACTED).pdf 2023 AHP Rating Program - Response to Inquiry 1 (REDACTED).xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

BCVT-133316538

State Tracking #:

Company Tracking #:

State:

VermontGMCB

Filing Company:

BCBSVT

TOI/Sub-TOI:

ML02 Multi-Line - Other/ML02.000 Multi-Line - Other

Product Name:

2023 Blue Cross AHP Rating Program Filing

Project Name/Number:

/

***Attachment VT Rx Data Template - Blue Cross - 2023 AHP.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment 2023 AHP Rating Program - Response to Inquiry 1 (REDACTED).xlsx is not a PDF document and cannot be reproduced here.***

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
 2023 Association Health Plan Rating Program Filing  
 Actuarial Memorandum

<b>1.</b>	<b>PURPOSE .....</b>	<b>2</b>
<b>2.</b>	<b>OVERVIEW AND RATE IMPACT .....</b>	<b>2</b>
2.1.	Overview.....	2
2.2.	Historical Financial Results .....	2
2.3.	Impact of Formula and Factor Changes.....	3
<b>3.</b>	<b>FORMULA DESCRIPTION.....</b>	<b>3</b>
<b>4.</b>	<b>TREND FACTORS .....</b>	<b>7</b>
4.1.	Medical Trend Development .....	7
4.2.	Retail Pharmacy Trend .....	9
4.3.	Overall Total Trend.....	9
4.4.	Leveraged Trends .....	9
4.5.	Medicare Secondary Trends .....	10
4.6.	Vision Trend.....	10
4.7.	Dental Trend .....	10
4.8.	Prior Experience Period Trend Factors .....	10
<b>5.</b>	<b>BENEFIT FACTORS .....</b>	<b>10</b>
5.1.	Models for Active Employees .....	10
5.2.	Tier Factors .....	11
5.3.	Models For Age 65+ Medicare Secondary Plans .....	11
5.4.	Formulary & Pharmacy Options .....	11
5.5.	Riders .....	11
5.6.	Rate Smoothing Charges .....	12
<b>6.</b>	<b>OTHER FACTORS APPLICABLE TO ALL ASSOCIATION HEALTH PLANS.....</b>	<b>12</b>
6.1.	Manual Rate .....	12
6.2.	Large Claims Factors.....	14
6.3.	Administrative Charges.....	14
6.4.	Net Cost of Reinsurance.....	14
6.5.	Pharmacy Rebates.....	14
6.6.	Pediatric Vision and Dental.....	15
6.7.	OneCare Coordination Fee.....	15
6.8.	Contribution to Reserve.....	15
6.9.	State Mandates and Assessments .....	15
6.10.	Federal Assessments .....	17
<b>7.</b>	<b>MEDICAL LOSS RATIO PROJECTION .....</b>	<b>17</b>
<b>8.</b>	<b>ACT 193 INFORMATION.....</b>	<b>17</b>
<b>9.</b>	<b>ACTUARIAL OPINION.....</b>	<b>17</b>
<b>10.</b>	<b>DISCLOSURES.....</b>	<b>18</b>

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

**1. Purpose**

Blue Cross and Blue Shield of Vermont (Blue Cross) 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 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 projects that this filing will affect 1,434 members (959 subscribers) in one AHP. These totals are as of December 31, 2021.

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 are included in the rate development.

**2.2. Historical Financial Results**

Below is the combined medical and pharmacy experience for calendar year 2021. In 2019, Blue Cross 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



Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

The incurred claims, administrative expenses, and earned premium are from Blue Cross 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-132760913) with an effective date of January 1, 2022. The second renewal uses the factors and formulas detailed in this filing with a January 1, 2023 effective date. By nature of the differing effective dates, the latter renewal includes an additional year of health care cost trend.

<b>Impact of Formula and Factor Changes</b>				
<b>Renewal and Filing Year</b>	<b>2022</b>	<b>2023</b>	<b>Component Increase</b>	<b>Premium Impact</b>
Manual Claims (a)	\$631.02	\$688.92	9.2%	8.6%
Projected Rebates	-\$37.95	-\$38.45	1.3%	-0.1%
Pediatric Vision & Dental	\$2.24	\$1.88	-16.1%	-0.1%
Admin	\$50.41	\$54.94	9.0%	0.7%
Reserve	\$10.11	\$11.06	9.4%	0.1%
Mandates and Assessments	\$14.88	\$15.37	3.3%	0.1%
Additional Items (b)	\$3.06	\$3.59	17.3%	0.1%
<b>Total</b>	<b>\$673.77</b>	<b>\$737.31</b>		<b>9.4%</b>

(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, Cost Plus stop loss, broker commissions, the OneCare Coordination Fee, 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 9.4 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 except where noted.

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

**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 runout<sup>1</sup>. 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 (line C) from the development. Exhibit 6C contains a list of excluded primary diagnosis and procedure codes, which we will update as new information becomes available. Section 6.7 provides further details on the exclusion of COVID-19 related claims.

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 2021 *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 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, 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 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).

---

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

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

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. Please see the abbreviated table below for details. The underwriter may apply discretion in the event the current month’s membership is not appropriate for determining a pooling limit (e.g. a significant 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	\$70,000	14,002
300 to 499	\$90,000	16,127
500 to 999	\$110,000	17,923

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:

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

**Multiple Experience Periods**

Blue Cross 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

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

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.

<b>Experience Period</b>	<b>Proportion of Rate</b>
YE 202206	50.0%
YE 202106	25.0%
YE 202006	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 in excess of 66.67%, 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.<sup>2</sup>

**Underwriting Judgment Adjustments**

If, in the underwriter's professional judgment, the standard formula would not produce appropriate rates for the case being rated, the underwriter will make such modifications as needed to produce 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).

---

<sup>2</sup> 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.

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

**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 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 Cost Plus groups, Blue Cross ASO groups of under 1,001 members, Blue Cross insured large groups, Blue Cross insured small groups with more than 10 members, Blue Cross insured association health plans with more than 10 members, and TVHP insured large groups. The data also excludes insured large groups with much higher costs than average that have left Blue Cross in 2020 and 2021. 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 ASO groups and ASO groups with special pricing arrangements. Blue Cross experienced large membership movement out of the small group market during the trend experience period. Due to significant changes in membership, we exclude all membership from small groups that were not continuously with Blue Cross throughout the trend experience period. We exclude claims from Medicare Primary members. Medicare Primary trend is discussed in section 4.5. We exclude compounds, vaccines, and over-the-counter drugs from the pharmacy cost trend development.

We use claims incurred from September 1, 2017 to August 31, 2021, paid through October 31, 2021. We apply completion factors to estimate the ultimate incurred claims for each period shown in the exhibits.

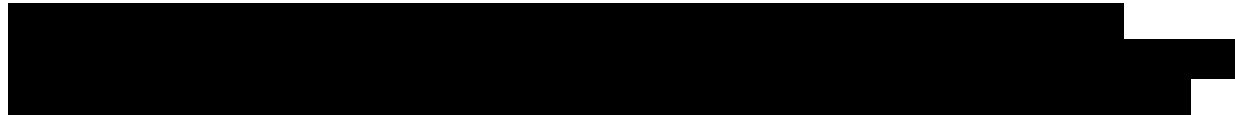
**4.1. Medical Trend Development**

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**

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

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum



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

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

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

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

The chart below summarizes the results of the analysis:

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

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

**4.1.2. Utilization & Intensity**

We use the utilization trend factors from the Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

**4.1.3. Total Medical Trend**

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

Annual Medical Trend – BCBSVT Managed Care				
Category	Facility	Professional	Pharmaceuticals	Total
Unit Cost	7.4%	5.1%	7.3%	
Utilization	2.4%	1.8%	1.9%	
Total Medical Trend	9.9%	6.9%	9.3%	9.0%

Component	BCBSVT Managed Care	BCBSVT Non-Managed Care
Total Annual Medical Trend	9.0%	9.2%

These represent the annualized trend from year-ended August 2021 to calendar year 2023. 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 Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

**4.3. Overall Total Trend**

Using the claims experience<sup>3</sup> 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	\$577.50	9.0%
Pharmacy	\$129.05	9.9%
Total	\$706.55	9.2%

**4.4. Leveraged Trends**

We use the leverage formulas from the Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

Applying the leverage factors for benefits present in the year ended August 2021 for the groups included in the manual rate, we calculate the following paid trends:

<sup>3</sup> We use claims incurred September 1, 2020 through August 31, 2021, projected to calendar year 2023.

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

Category	Paid PMPM	Paid Trend
Medical	\$474.54	10.5%
Pharmacy	\$116.24	10.7%
Total	\$590.78	10.5% <sup>4</sup>

**4.5. Medicare Secondary Trends**

We use the Medicare Secondary trend factors from the Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

**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 2022 Vermont ACA Market - Small Group Rate Filing (SERFF: BCVT-132829562) since we expect the covered population to be substantially similar to the ACA 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 0.0 percent from the Blue Cross 2022 Vermont ACA Market - Small Group Rate Filing (SERFF: BCVT-132829562) since we expect the covered population to be substantially similar to the ACA Small Group population.

**4.8. Prior Experience Period Trend Factors**

We trend prior experience periods to the most current experience period using observed trends and apply the trend factors in section 4 to trend from the most current experience period to the rating period. Exhibit 2G contains the trend factors applicable to prior periods. For months following our trend base (that is, after August 2021), the observed trend is set to the trend factors in section 4. There are separate observed trend factors for active medical, Medicare Primary medical, and pharmacy.

To develop the observed medical trend factors, we calculate a monthly utilization trend. We apply actual cost increases to calculate the total observed medical trend. The observed pharmacy trend is the allowed claims trend of the trend experience base described in section 4. Historical trend factors for Medicare Primary medical claims are the approved trends for prior periods from the 2022 TVHP Medigap Blue Rate Filing (SERFF# BCVT-132956934).

**5. Benefit Factors**

**5.1. Models for Active Employees**

We use the models for Active Employees from the Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

---

<sup>4</sup> The paid trend without the pharmacy contract adjustment is [REDACTED].



Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

**5.2. Tier Factors**

We use the tier factors from the Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

**5.3. Models For Age 65+ Medicare Secondary Plans**

We use the models for Models For Age 65+ Medicare Secondary Plans from the Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

**5.4. Formulary & Pharmacy Options**

Blue Cross offers AHPs a selection of formularies. AHPs can select either the Blue Cross Formulary or the National Performance Formulary. AHPs electing the National Performance Formulary receive greater rebates than those on the Blue Cross Formulary. To calculate the impact of the change, we identify rebate-eligible claims for the groups in the manual rate base. We calculate rebate totals under the contracted terms of each formulary. For AHPs changing formularies, we apply the below factors to projected rebates. We adjust the factors proportionately if the experience period includes a mix of formularies.

Experience Formulary	Rating Formulary	Rebate Multiplier
Blue Cross Formulary	National Performance	
National Performance	Blue Cross Formulary	

The National Performance Formulary covers different drugs than the Blue Cross Formulary. To reflect the difference in covered drugs between the two formularies, we apply a factor to the drug BRV for the Blue Cross Formulary. Using the claims in the drug BRV model, we compare the average cost per script, including the impact of brand and generic dispensing rates, for both formularies. We compare the cost per script for each formulary to the cost per script for all claims in the model to calculate adjustment factors for each formulary.

Formulary	Adjustment Factor
Blue Cross Formulary	
National Performance Formulary	

**5.5. Riders**

Blue Cross 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 being rated, as described in section 3.

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

**5.6. Rate Smoothing Charges**

We use the rate smoothing charges from the Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

**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 November 1, 2020 and October 31, 2021, paid through December 31, 2021, for Blue Cross insured large groups, Blue Cross Cost Plus groups, TVHP insured large groups, Blue Cross insured association health plan member groups, and Blue Cross 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 2023 using the trends and pharmacy contract adjustments described in section 4. We cap claims at \$145,000<sup>5</sup> and add expected claims above \$145,000. We calculate the expected large claims using the method described in section 6.2.

We calculate a separate manual rate for Medicare Primary members using the paid claims PMPM from the BRV experience period, trended to calendar year 2023 using the Medicare Primary trends described in section 4.5 and the pharmacy contract adjustments described in section 4.2. There are not enough Medicare Primary members in association health plans to develop a credible manual rate with only association health plan experience, so we base the Medicare Primary manual rate on the larger set of claims in the BRV experience, which includes Medicare Primary members from ASO groups as well as large groups. We make no adjustments to the Medicare Primary manual rate for large claims.

---

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

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

<b>Calculation of the Manual Rate (Actives)</b>			
Claim Type		Medical	Pharmacy
Incurring and Paid Experience Paid Claims, capped at \$145,000	A	\$52,500,140	\$14,168,435
COVID-19 Related Claims	B	\$2,953,431	\$144,782
Estimated IBNR	C	\$287,197	\$869
Expected Claims above \$145,000	D	\$7,202,262	\$516,735
Experience Adjustment Factor	E	1.0000	1.0000
Demographic Normalization	F	1.0034	1.0034
Overall Paid Trend Factor	G	1.2371	1.2450
Projected Total Paid Claims	$H = (A - B + C + D) \times E \times F \times G$	\$70,801,538	\$18,165,609
Total Member Months	I	129,140	129,140
Medical/Pharmacy Manual Rate	$J = H / I$	\$548.25	\$140.67
<b>2023 Manual Rate</b>	<b><math>K = J_1 + J_2</math></b>	<b>\$688.92</b>	
Q3 2021 Approved Manual Rate	L	\$631.02	
Manual Rate Increase	$M = K / L - 1$	9.2%	

We use the Medicare Primary manual rate from the Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

Changes in the experience base, an update to the trends detailed in this filing, and an additional year of trend cause the change in the active manual rate. As noted in the trend section, the "Update Experience Base" component results in a decrease to the manual rate due to claims being lower than expected due to COVID-19. We expect an increase to unit cost and utilization trend, which results in an increase in the "Update Trend" line. Lastly, we trend the claims underlying the manual rate from 2022 to 2023.

Manual Rate Development	PMPM	PMPM Change	Impact
2022 Manual Rate	\$631.02		
Update Experience Base		\$(39.90)	-6.3%
Update Trend		\$25.74	4.1%
Trend to 2023		\$72.06	11.4%
2023 Manual Rate	\$688.92		

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*<sup>6</sup>. We normalize the factors such that the membership in the manual rate experience period has

<sup>6</sup> <https://www.soa.org/Research/Research-Projects/Health/research-health-care-birth-death.aspx>

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

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 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 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 Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

**6.3. Administrative Charges**

We use the administrative charge schedule from the Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

**6.4. Net Cost of Reinsurance**

We use the net cost of reinsurance charges from the Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

**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 Q3 Large Group Filings (BCVT-133154621 and BCVT-133154563) as approved by the GMCB on May 18, 2022.

We subject the trended rebates to the minimum guarantees for the rating period. There is a lag between the receipt of pharmacy rebates and the time of the original claims. For months in the experience for which we do not have detailed rebate information, we include an estimated rebate amount in the calculation.

---

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.

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

**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 2022 Vermont ACA Market - Small Group Rate Filing (SERFF: BCVT-132829562).

Projected Pediatric Vision and Dental Claims			
		Dental	Vision
Base Data (CY 2020)	A1	\$1.39	\$0.10
Adjustment for Deferred Care	A2	1.2756	1.0000
Adjusted Base Data	$A = A1 \times A2$	\$1.78	\$0.10
Annual Trend	B	0.0%	0.0%
Months of Trend	C	36	36
Projected Claims	$D = A \times (1+B)^{(C/12)}$	\$1.78	\$0.10

**6.7. OneCare Coordination Fee**

Blue Cross pays OneCare Vermont a care coordination fee for attributed members. This payment directly supports ACO providers, including community providers, as they deploy new care models. This model mirrors the investment Medicaid has made in the ACO provider network and supports the comprehensive care models being tested within the ACO program. The monthly charge for members attributed to OneCare is \$3.25. We will update this estimate if we receive additional information.

**6.8. Contribution to Reserve**

As recommended by management, we include the following contribution to reserve factors in the rate calculation:

Contribution to Reserve	
Blue Cross Insured AHPs	1.5% of premium

A memo from Blue Cross 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 Program 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 4, 2022, the Vermont Vaccine Purchasing Program released a memo that included the rates for April 1, 2022 – March 31, 2023.

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

**New Hampshire Purchasing Program Payments**

The New Hampshire Purchasing Program<sup>7</sup> offers health care providers state-supplied vaccines at no charge by collecting payments from health plans, insurers, and other payers. The assessment for 2022 is \$6.85 for each child that is a New Hampshire resident. The current best estimate of the 2023 rate is \$7.15 per assessable life per month. We will use the new rate once it is approved.

**New York State Health Care Reform Act**

Blue Cross pays the New York GME Covered Lives Assessment<sup>8</sup> 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 pays the Maine Guaranteed Access Reinsurance Association Assessment<sup>9</sup>. 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. Act 73 of 2013 sunset the 0.199 percent assessment for the Health IT-Fund. Given this fee has routinely been extended close to its sunset date, we will include it in the calculation and update the charge if new information becomes available.

**Blueprint**

Blue Cross 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 \$3.21. We base the projected performance payment on the average payment for groups included in the manual rate for the year ended October 2021. We will incorporate any updates made to the Blueprint Manual<sup>10</sup> in renewals.

**Green Mountain Care Board Billback**

The Green Mountain Care Board assesses Blue Cross 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 \$2.31 PMPM.

**Other Assessments**

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

---

<sup>7</sup> <https://nhvaccine.org/>

<sup>8</sup> <https://www.health.ny.gov/regulations/hcra/gmecl.htm>

<sup>9</sup> <http://www.mgara.org/>

<sup>10</sup> <http://blueprintforhealth.vermont.gov/>

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

**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 provide the estimated fees in the table below. We will update this estimate if we receive additional information.

<b>PCORI</b>	
Plan Year Ending Between	Fee Amount
October 2021 - September 2022	\$2.79 PMPY
October 2022 - September 2023	\$2.93 PMPY
October 2023 - September 2024	\$3.07 PMPY

**Other Assessments**

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

**7. Medical Loss Ratio Projection**

We use the factors and formula in this filing to project a Medical Loss Ratio (MLR) for 2023. Using the manual rate as a proxy for projected claims, we project a 2023 MLR of 90.1 percent. The Blue Cross credibility-adjusted MLR for Large Group<sup>11</sup> was 95.3 percent in 2019 and 90.1 percent in 2020. Exhibit 4C provides the development of the projected MLR. The calculations represent estimates assuming that all pricing assumptions hold true, and assuming no change from 2020 values for various quantities (e.g. HCQ, commissions).

**8. Act 193 Information**

This information is included template filed in SERFF with this filing ([VT Rx Data Template - Blue Cross - 2023 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, Manager, Actuarial Services, am an employee of Blue Cross Blue Shield of Vermont and a member of the American Academy of Actuaries. I have experience in the area of insured health care programs.

Section 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

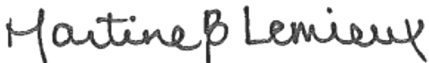
---

<sup>11</sup> AHP results are included in the Blue Cross Large Group MLR filing.

Blue Cross and Blue Shield of Vermont and The Vermont Health Plan  
2023 Association Health Plan Rating Program Filing  
Actuarial Memorandum

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.

July 7, 2022

## 10. Disclosures

**Information Date:** The analysis provided in the report is based on information as known on June 17, 2022.

**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 and The Vermont Health Plan large group plans. This filing is not intended to be used for other purposes.

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

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

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

This analysis relies upon several sources of information that are cited as footnotes at their respective references. If any of the sources we 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 the Blue Cross and TVHP Q3 2022 Large Group Rating Program Filing (SERFF BCVT-133154621 and BCVT-133154563). The approved mental health utilization trend was modified from the filed value as recommended by Lewis & Ellis. All other factors and formula were approved by the GMCB as filed by Blue Cross.

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



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

\_\_\_\_\_

Ruth Greene  
Vice President, Treasurer & Chief Financial Officer

\_\_\_\_\_

Date

July 7, 2022

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

**Subject: Blue Cross and Blue Shield of Vermont - NAIC # 53295  
2023 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 2023 Association Health Plan Rating Program Filing. As directed by the Board, this filing combines the various factor filings for association health plan rating components (trend, large claims, benefit relativity, administrative fees and contribution to reserve, and the formula itself) into a single filing.

As noted in the April 22, 2022 withdrawal letter of the prior AHP filing, this filing primarily differs only to reflect the higher than previously anticipated hospital budgets. This timing of this filing submission is intended to allow for actual hospital budget approvals to be incorporated into AHP rates.

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

Sincerely,



Ruth Greene

cc: Paul Schultz/BCBSVT  
Martine Lemieux/BCBSVT

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2023 ASSOCIATION HEALTH PLAN RATING PROGRAM FILING

TABLE OF CONTENTS

<b>Exhibit 1</b>	<b>Example Calculations</b>
1A	Example Calculation of Projected Single Claims Rate
1B	Example Calculation of Projected Single Claims Rate with Multiple Experience Periods
1C	Example Calculation of Required Premium by Product and Tier
<b>Exhibit 2</b>	<b>Trend</b>
2A	Medical Cost Trend Calculation - CONFIDENTIAL
2G	Monthly Trend Factors
<b>Exhibit 4</b>	<b>Manual Rate</b>
4A	Example of Manual Rate Adjustment
4C	Projected 2023 MLR Calculation
<b>Exhibit 6</b>	<b>Other Factors</b>
6A	Credibility Table
6B	Pooling Point By Membership
6C	COVID-19 Diagnosis and Procedure Codes

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 \$70,000 Pooling Limit	\$182,000	\$36,400		B
COVID-19 Related Claims	\$14,000	\$2,000		C
Capped Claims	\$1,404,000	\$281,600		D = A — B — C
Completion Factor	1.005	1.001		E
Completed Capped Claims	\$1,410,000	\$281,882		F = D x E
Expected Claims above \$70,000 Pooling Limit	\$168,000	\$33,600		G
Experience Adjustment Factor	1.000	1.000		H
Adjusted Experience Period Claims	\$1,578,000	\$315,482		I = (F + G) x H
Experience Period Member Months	4,000	4,000		J
<b>Adjusted Experience Period Claims PMPM</b>	<b>\$394.50</b>	<b>\$78.87</b>		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	\$513.46	\$102.65		N = K ÷ L * M
Trend	1.090	1.106		O
Trend Months	18	18		P
Trend Factor	1.138	1.163		Q = O ^ (P/12)
Projected Single Contract Rate	\$584.31	\$119.40	\$703.71	R = N x Q
Adjusted Manual Rate			\$793.96	S
Credibility factor			53%	T
<b>Benefit-Adjusted Projected Single Claims Rate</b>			<b>\$745.73</b>	U = (R x T) + { S x ( 1 — T)}
<b>Credibility Calculation</b>				
Active Member Months			4,000	a
Member Months for Full Credibility at \$70,000 Pooling Limit			14,002	b
Credibility			53%	c = (a / b) ^ 0.5

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
COVID-19 Related Claims	\$400	\$0		B
Capped Claims	\$15,600	\$24,000		C = A — B
Completion Factor	1.011	1.001		D
Completed Capped Claims	\$15,800	\$24,024		E = C x D
Experience Adjustment Factor <sup>1</sup>	1.000	1.000		F
Adjusted Experience Period Claims	\$15,800	\$24,024		G = E x F
Experience Period Member Months	96	96		H
<b>Adjusted Experience Period Claims PMPM</b>	<b>\$164.58</b>	<b>\$250.25</b>		I = G ÷ H
Average Experience Period Seasonal Adjusted Benefit Relativity Factor	0.900	0.900		J
Demographic Normalization	1.000	1.000		K
Benefit-Adjusted Experience Period Single Claims Rate	\$182.87	\$278.06		L = I ÷ J * K
Trend	1.043	1.106		M
Trend Months	18	18		N
Trend Factor	1.065	1.163		O = M ^ (N/12)
Projected Single Contract Rate	\$194.79	\$323.42	\$518.21	P = L x O
Adjusted Manual Rate			\$512.72	Q
Credibility factor			11%	R
<b>Benefit-Adjusted Projected Single Claims Rate</b>			<b>\$513.31</b>	S = (P x R) + { Q x ( 1 — R)}
<b>Credibility Calculation</b>				
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	
7/1/2021	7/1/2021	7/1/2020	7/1/2020	3/1/2019	7/1/2019		
6/30/2022	6/30/2022	6/30/2021	6/30/2021	2/29/2020	6/30/2020		
Paid Claims in Experience Period	\$1,600,000	\$320,000	\$1,500,000	\$300,000	\$1,360,000	\$272,000	A
Claims over \$70,000 Pooling Limit	\$182,000	\$36,400	\$321,000	\$64,200	\$80,000	\$16,000	B
COVID-19 Related Claims	\$14,000	\$0	\$8,000	\$2,000	\$0	\$0	C
Capped Claims	\$1,404,000	\$283,600	\$1,171,000	\$233,800	\$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	\$1,410,000	\$283,884	\$1,170,000	\$234,000	\$1,280,000	\$256,000	F = D x E
Expected Claims above \$70,000 Pooling Limit	\$168,000	\$33,600	\$212,000	\$42,400	\$200,000	\$40,000	G
Experience Adjustment Factor	1.000	1.000	1.000	1.000	1.000	1.000	H
Adjusted Experience Period Claims	\$1,578,000	\$317,484	\$1,382,000	\$276,400	\$1,480,000	\$296,000	I = (F + G) x H
Experience Period Member Months	4,000	4,000	4,100	4,100	3,900	3,900	J
<b>Adjusted Experience Period Claims PMPM</b>	<b>\$394.50</b>	<b>\$79.37</b>	<b>\$337.07</b>	<b>\$67.41</b>	<b>\$379.49</b>	<b>\$75.90</b>	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	\$513.46	\$103.30	\$450.33	\$90.07	\$498.33	\$99.67	N = K + L x M
Trend to Period A			1.052	1.110	1.115	1.198	O
Trend	1.090	1.106	1.090	1.106	1.090	1.106	P
Trend Months	18	18	18	18	18	18	Q
Trend Factor	1.138	1.163	1.197	1.291	1.269	1.394	R = O x P ^ (Q/12)
<b>Projected Single Contract Rate</b>	<b>\$584.31</b>	<b>\$120.16</b>	<b>\$539.24</b>	<b>\$116.23</b>	<b>\$632.54</b>	<b>\$138.92</b>	<b>\$793.96</b> S = N x R
<b>Credibility Calculation</b>							Manual
Starting Residual	A		B		C		10.1%
Active Member Months	100.0%		46.6%		21.4%		T = 1 - Σ Y
Member Months for Full Credibility at \$70,000 Pooling Limit	4,000		4,100	4,100	3,900	3,900	U
Credibility	14,002		14,002	14,002	14,002	14,002	V
Med/Rx Weights <sup>1</sup>	53.4%		54.1%	54.1%	52.8%	52.8%	W = (T / U) ^ 0.5
<b>Rating Credibility</b>	<b>53.4%</b>		<b>25.2%</b>		<b>11.3%</b>		<b>10.1%</b> X Y = Σ T x W x X <sub>i</sub>
Projected Single Contract Rate	\$584.31	\$120.16	\$539.24	\$116.23	\$632.54	\$138.92	Z
Credibility	53.4%		25.2%		11.3%		α
Benefit-Adjusted Projected Single Claims Rate	\$312.31	\$64.22	\$135.83	\$29.28	\$71.31	\$15.66	β = Z x α
<b>Σ Benefit-Adjusted Projected Single Claims Rate</b>	<b>\$708.71</b>						<b>\$80.09</b> γ = Σ β

(1) Claim weights underlying BRV model

Example Calculation of Required Premium by Product and Tier  
Illustrative Only

From Exhibit 1A : Active Benefit-Adjusted Projected Single Claims Rate (S) **\$745.73**  
Medicare Primary Benefit-Adjusted Projected Single Claims Rate (S) **\$513.31**

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	\$693 00	\$1,386.01	\$1,927.77	\$505.10	
OneCare Coordination Fee	B2	\$3 25	\$6.50	\$12.81		
Projected Rx Rebate:	B3	-\$14 00	-\$28.00	-\$55.16	-\$14.00	
Net Cost of Reinsurance:	B4	\$2 09	\$4.18	\$8.23		
Mandates and Assessments						
Vaccines for Vermonters	C1	\$2 50	\$5.00	\$9.85	\$2.50	
Blueprint for Health	C2	\$6 01	\$12.02	\$23.68		
Health Care Claims Tax	C3 = 0.999% * B1	\$6 92	\$13.85	\$19.26	\$5.05	0.999%
GMCB Billback	C4	\$2 31	\$4.62	\$9.10	\$2.31	
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 26	\$0.51	\$1.01	\$0.26	
Administrative Charge	D	\$50 00	\$100.00	\$197.00	\$50.00	
Commission (% premium)	E	3.00%				
Contribution to Reserve	F	1.50%				
Required Premium:	$H = [ \sum(B_i) + \sum(C_i) + D ] / (1 - E - F)$	\$787 86	\$1,575.71	\$2,255.27	\$577.21	
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	\$762 88	\$1,525.76	\$2,122.15	\$536.92	
OneCare Coordination Fee	B2	\$3 25	\$6.50	\$12.81		
Projected Rx Rebate:	B3	-\$14 00	-\$28.00	-\$55.16	-\$14.00	
Net Cost of Reinsurance:	B4	\$1.71	\$3.42	\$6.74		
Mandates and Assessments						
Vaccines for Vermonters	C1	\$2 50	\$5.00	\$9.85	\$2.50	
Blueprint for Health	C2	\$6 01	\$12.02	\$23.68		
Health Care Claims Tax	C3 = 0.999% * B1	\$7.62	\$15.24	\$21.20	\$5.36	0.999%
GMCB Billback	C4	\$2 31	\$4.62	\$9.10	\$2.31	
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 26	\$0.51	\$1.01	\$0.26	
Administrative Charge	D	\$50 00	\$100.00	\$197.00	\$50.00	
Commission (% premium)	E	3.00%				
Contribution to Reserve	F	1.50%				
Required Premium:	$H = [ \sum(B_i) + \sum(C_i) + D ] / (1 - E - F)$	\$861 36	\$1,722.71	\$2,459.27	\$610.87	

UNIT COST TREND SUMMARY

	Inpatient GMCB	Inpatient NH	Inpatient BlueCard	Inpatient Other	Inpatient Total	Outpatient GMCB	Outpatient NH	Outpatient BlueCard	Outpatient Other	Outpatient Total	Professional GMCB	Professional Community	Professional NH	Professional BlueCard	Professional Other	Professional Total	VT / GMCB	NH	Total BlueCard	Other	Total
VHP	Exp Period				\$86.90					\$232.82						\$136.18					\$455.91
	CY 2021				\$88.22					\$237.12						\$137.83					\$463.17
	YE 2022/06				\$90.78					\$243.40						\$140.71					\$474.90
	CY 2022				\$94.26					\$251.84						\$144.81					\$490.91
	CY 2023				\$103.12					\$274.32						\$152.91					\$530.35
	Exp % of Total				100.0%					100.0%						100.0%					100.0%
	Prj % of Total				100.0%					100.0%						100.0%					100.0%
	CY 2022 / CY 2021				6.9%					6.2%						5.1%					6.0%
	CY 2023 / CY 2022				9.4%					8.9%						5.6%					8.0%
	Annual Cost Trend				8.9%					8.3%						5.7%					7.6%
IND	Exp Period				\$86.90					\$232.84						\$136.18					\$455.92
	CY 2021				\$88.42					\$237.39						\$137.93					\$463.74
	YE 2022/06				\$90.93					\$244.35						\$140.96					\$476.24
	CY 2022				\$94.24					\$253.24						\$145.07					\$492.55
	CY 2023				\$103.09					\$275.88						\$153.18					\$532.15
	Exp % of Total				100.0%					100.0%						100.0%					100.0%
	Prj % of Total				100.0%					100.0%						100.0%					100.0%
	CY 2022 / CY 2021				6.6%					6.7%						5.2%					6.2%
	CY 2023 / CY 2022				9.4%					8.9%						5.6%					8.0%
	Annual Cost Trend				8.7%					8.4%						5.7%					7.7%



MONTHLY TREND FACTORS

Month	Medical - BCBSVT Managed	Medical - BCBSVT Non- Managed	Pharmacy	Medicare Primary Medical
August 2018	1.0000	1.0000	1.0000	1.0000
September 2018	1.0420	1.0420	1.0018	1.0024
October 2018	1.0598	1.0598	1.0143	1.0316
November 2018	1.1016	1.1018	1.0197	1.0341
December 2018	1.3374	1.3376	1.0323	1.0366
January 2019	1.3124	1.3126	1.0409	1.0391
February 2019	1.2200	1.2320	1.0552	1.0416
March 2019	1.2244	1.2365	1.0550	1.0441
April 2019	1.2063	1.2182	1.0651	1.0466
May 2019	1.1972	1.2090	1.0839	1.0491
June 2019	1.2433	1.2556	1.0924	1.0516
July 2019	1.3002	1.3130	1.1104	1.0541
August 2019	1.1294	1.1426	1.1263	1.0567
September 2019	1.1535	1.1670	1.1463	1.0592
October 2019	1.2577	1.2725	1.1519	1.0617
November 2019	1.2775	1.2926	1.1596	1.0643
December 2019	1.2109	1.2251	1.1782	1.0668
January 2020	1.2042	1.2183	1.1894	1.0701
February 2020	1.2628	1.2770	1.2009	1.0733
March 2020	0.9276	0.9380	1.2324	1.0765
April 2020	0.7084	0.7164	1.2336	1.0798
May 2020	0.9781	0.9890	1.2278	1.0831
June 2020	1.2444	1.2583	1.2347	1.0863
July 2020	1.2442	1.2582	1.2442	1.0896
August 2020	1.2167	1.2312	1.2390	1.0929
September 2020	1.2661	1.2813	1.2428	1.0962
October 2020	1.1646	1.1785	1.2533	1.0995
November 2020	1.1335	1.1471	1.2641	1.1028
December 2020	1.2562	1.2713	1.2678	1.1062
January 2021	1.3171	1.3347	1.2690	1.1092
February 2021	1.3602	1.3784	1.2761	1.1122
March 2021	1.3271	1.3448	1.2837	1.1152
April 2021	1.3611	1.3794	1.3077	1.1182
May 2021	1.5489	1.5697	1.3254	1.1213
June 2021	1.3523	1.3704	1.3541	1.1243
July 2021	1.3260	1.3468	1.3451	1.1273
August 2021	1.2725	1.2924	1.3598	1.1304
September 2021	1.3283	1.3491	1.3723	1.1335
October 2021	1.3419	1.3629	1.3848	1.1365
November 2021	1.3445	1.3655	1.3975	1.1396
December 2021	1.3471	1.3681	1.4102	1.1427
January 2022	1.3736	1.3964	1.4231	1.1458
February 2022	1.3767	1.3996	1.4361	1.1489
March 2022	1.3795	1.4024	1.4493	1.1520
April 2022	1.3936	1.4168	1.4625	1.1551
May 2022	1.4073	1.4307	1.4759	1.1583
June 2022	1.4691	1.4935	1.4894	1.1614
July 2022	1.4918	1.5167	1.5030	1.1646
August 2022	1.4947	1.5197	1.5167	1.1677
September 2022	1.4814	1.5061	1.5306	1.1709
October 2022	1.5031	1.5281	1.5446	1.1741
November 2022	1.5059	1.5310	1.5587	1.1772
December 2022	1.5087	1.5339	1.5730	1.1804
January 2023	1.5702	1.5965	1.5873	1.1836
February 2023	1.5734	1.5996	1.6019	1.1868
March 2023	1.5764	1.6027	1.6165	1.1901
April 2023	1.5794	1.6058	1.6313	1.1933
May 2023	1.5897	1.6162	1.6462	1.1965
June 2023	1.5928	1.6194	1.6612	1.1998
July 2023	1.6117	1.6387	1.6764	1.2030
August 2023	1.6149	1.6420	1.6918	1.2063
September 2023	1.6005	1.6274	1.7072	1.2095
October 2023	1.6159	1.6430	1.7228	1.2128
November 2023	1.6189	1.6460	1.7386	1.2161
December 2023	1.6220	1.6491	1.7545	1.2194
January 2024	1.6554	1.6849	1.7705	1.2227
February 2024	1.6588	1.6883	1.7867	1.2260
March 2024	1.6620	1.6916	1.8030	1.2293
April 2024	1.6652	1.6949	1.8195	1.2327
May 2024	1.6760	1.7058	1.8361	1.2360
June 2024	1.6793	1.7091	1.8529	1.2394

**Example of Manual Rate Adjustment**

Manual Rate	\$688.92
Average Age/Gender Factor	1.000
Average Industry Factor	1.000
Projection Period	1/1/2023
Trend Factor	8.60%

<b>Group Information</b>	Active	Medicare Primary
Age/Gender Factor	0.940	1.030
Industry Factor	0.965	1.000
Projection Period	1/1/2023	

Contract Conversion	Contract Distribution	Members	Tier Factor	"Contract Tiers"
Single	25	25	1	25
Two-Person	25	50	2.000	50
Family	50	197	2.782	139.09
	100	272		214.09

		Active	Medicare Primary
Manual Rate	A	\$688.92	\$497.79
Adjustment for Age/Gender	B = 0.94 / 1	0.9400	1.0300
Adjustment for Industry	C = 0.965 / 1	0.9650	1.0000
Adjustment for Trend	D = 8.6% for 0 months	1.0000	1.0000
Contract Conversion Factor	E = 214.09 / 272	1.2705	1.0000
Adjusted Manual Rate	F = A x B x C x D x E	\$793.96	\$512.72

PROJECTED 2023 MLR CALCULATION

BCBSVT

(A)	Manual Rate	\$692.30	A = Actuarial Memorandum, Section 6.1, 6.6, 6.7
(B)	Rebates	\$38.45	B = Actuarial Memorandum, Section 2.3
(C)	Estimated HCQ	\$2.70	C = 2020 BCBSVT LG MLR Filing, untrended
(D)	State Mandates and Assessments	\$12.80	D = Calculation as described on Exhibit 1C, using latest actual PMPM as needed
(E)	<b>MLR Numerator</b>	<b>\$669.35</b>	<b>E = (A) - (B) + (C) + (D)</b>
(F)	Projected Claims	\$666.66	F = (A) - (B) + (D)
(G)	Net Cost of Reinsurance	\$2.09	G = Actuarial Memorandum, Section 6.4
(H)	Administrative Charge	\$54.94	H = Actuarial Memorandum, Section 6.3
(I)	GMCB Billbacks	\$2.31	I = Actuarial Memorandum, Section 6.8
(J)	Patient-Centered Outcomes Research Institute	\$0.26	J = Actuarial Memorandum, Section 6.9
(K)	Subtotal	\$726.25	K = (F) + (G) + (H) + (I) + (J)
(L)	Total Premium	\$742.98	L = (K) / (1 - 0.008 - 0.015)
(M)	Commissions	\$5.58	M = (L) x 0.8% (from 2020 BCBSVT LG MLR filing)
(N)	Contribution to Reserve	\$11.14	N = (L) x 1.5% (from Actuarial Memorandum, Section 6.8)
(O)	<b>MLR Denominator</b>	<b>\$742.98</b>	<b>O = (L)</b>
(P)	<b>MLR</b>	<b>90.1%</b>	<b>P = (E) / (O)</b>

MEMBER MONTHS FOR FULL CREDIBILITY BY POOLING POINT

<b>Pooling Limit</b>	<b>Member Months</b>
\$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

POOLING POINT by MEMBERSHIP

<b>Membership (Current Month)</b>	<b>Pooling Limit</b>
0 to 299	\$70,000
300 to 499	\$90,000
500 to 999	\$110,000
1,000 to 1,499	\$145,000
1,500 to 1,999	\$170,000
2,000 to 2,499	\$190,000
2,500 to 2,999	\$215,000
3,000 to 3,999	\$235,000
4,000 to 4,999	\$275,000
5,000 to 7,499	\$300,000
7,500 to 9,999	\$350,000
10,000+	\$400,000

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2023 ASSOCIATION HEALTH PLAN RATING PROGRAM FILING

EXHIBIT 6C

COVID-19 DIAGNOSIS and PROCEDURE CODES

<b>Diagnosis, Procedure, or Vaccine</b>	<b>Diagnosis or Procedure Code</b>
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, Manager, Actuarial Services

From: Ruth Greene, VP and CFO

Date: February 16, 2022

Subject: Administrative Charges and Contribution to Policyholder Reserves for Q3 2022 Large Group Rating Program Filings

Upon consideration of the points documented in this memorandum, I am recommending that you file as follows for the Q3 2022 Blue Cross and TVHP Large Group Rating Program Filings and the 2023 Association Health Plan Filing:

1. A contribution to policyholder reserves (CTR) of 1.5 percent for Blue Cross insured groups, 2.0 percent for TVHP insured groups, and 0.375 percent for Cost Plus groups; and
2. Exclude from the filing any explicit claims costs related to testing and treatment for the COVID-19 pandemic.

### Overall CTR Philosophy

Blue Cross holds that a long-term CTR of 1.5 percent represents an adequate, yet not excessive, contribution to policyholder reserves. CTR at this level within a typical trend and growth environment allows us to navigate short-term fluctuations in order to maintain surplus levels that are within our established, modest target range.

Blue Cross 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 health care cost trend. For this reason, we file a CTR equal to our long-term target. It is our expectation that our future filings will also include contribution to policyholder reserves equal to this target. While the long-term CTR target may exceed or fall below that required to maintain our surplus position in any given year, maintaining an adequate long-term assumption will allow the market to avoid rate shocks in years of high growth in projected claims costs.

The impact of the ongoing pandemic on financial results is one example of a short-term fluctuation. In order to remain in the target range and provide stability to its policyholders, the Blue Cross CTR philosophy looks beyond a single year of experience to establish the required levels.

Should the outlook for the Blue Cross surplus level fail to fall within our target range, we would adjust our filed CTR accordingly. That is, in the event that surplus is projected to materially exceed our targeted range, we would reduce our filed CTR from the long-term rate, all else being equal. Similarly, in the

absence of mitigating factors, we would file a CTR that exceeds the long-term rate should surplus project to fall materially below our target range.

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. While any rating program filing is by definition an estimate of future costs and is therefore subject to gains or losses, Blue Cross 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 (for instance, a restricted ability to give payment flexibility to customers during an economic crisis), 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 the ongoing COVID-19 crisis.

Blue Cross must remain financially strong in order to continue to provide Vermonters with access to high quality care, outstanding member experiences, and responsible cost management. Realizing a sustainable CTR over time is key to achieving that goal.

### 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’s RBC is currently within 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 will be in the range by the end of 2023. We note that, all else being equal, it is better to be near the middle of the target RBC range rather than at an end point, as this minimizes the probability of falling out of the range and triggering a required corrective market action<sup>1</sup>.

---

<sup>1</sup> The Axene Health Partners RBC study indicates that the point within the target RBC range from which it is least likely to fall outside the range within a one-year period is 690 percent.



We do not intend to waver from our CTR philosophy while within the target range, which will generally have the effect of very modestly increasing RBC when near the low end of the target range and very modestly decreasing RBC when approaching the high end of the target range.

### COVID-19

During this difficult time, Blue Cross's primary responsibility to Vermonters is to maintain continuity of coverage and claims payments for the duration of the COVID-19 crisis. This understanding necessitates that we continue to rate appropriately so that we can provide flexibility to customers and providers who are struggling financially.

As discussed in our prior filings, Blue Cross has long maintained that a pandemic is one reason to hold surplus. Given that the designed function of policyholder reserves is to weather the types of uncertainties created by a pandemic without resorting to extreme rate fluctuations, any increased cost in 2021 and 2022 due explicitly to the COVID-19 pandemic has been and will be funded through policyholder reserves. For 2023, Blue Cross expects that COVID-19 vaccines will be recurring annually, and these endemic costs will be included in the claims projections. Other costs related to this pandemic, such as testing and treatment, will be funded through policyholder reserves. Said differently, I am comfortable that the filed CTR of 1.5 percent will yield our targeted financial outcome in the event that the COVID-19 pandemic is responsible for 2023 claims increases beyond those projected in the filing.

### Federal Taxes

The Tax Cuts and Jobs Act resulted in the Blue Cross legal entity being no longer subject to federal income taxes (note that Blue Cross subsidiaries continue to be taxable). The savings resulting from the elimination of Blue Cross's annual federal tax obligation have been passed on directly to our customers in premium rates through the reduction of our long-term CTR to 1.5 percent from its historical level of 2.0 percent<sup>2</sup>.

### Conclusion

In consideration of all the above, I recommend that you file a 1.5 percent CTR for the Q3 2022 Blue Cross Large Group Rating Program Filing and the 2023 Association Health Plan Filing, a 2.0 percent CTR for the Q3 2022 TVHP Large Group Rating Program Filing, a 0.375 percent CTR for Cost Plus business. Further, I recommend that you exclude direct testing and treatment costs for COVID-19 from claims projections to reflect Blue Cross's intention to fund these items through policyholder reserves.

---

<sup>2</sup> Because TVHP remains taxable at the federal level, its long-term CTR target is 2 percent.

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-133316538
Market	Market type: Individual, Small Group, Large Group etc.	Group
Product Name	Product name entered in SERFF	2023 Blue Cross AHP 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)	11/1/2019
Period Prior to Experience Period End Date	End date for the 12 month period preceding the base period experience (MM/DD/YYYY)	10/31/2020
Experience Period Start Date	Beginning date for base period experience (MM/DD/YYYY)	11/1/2020
Experience Period End Date	End date for base period experience (MM/DD/YYYY)	10/31/2021
Projection Period Start Date	Beginning effective date for proposed rates (MM/DD/YYYY)	1/1/2023
Projection Period End Date	Ending effective date for proposed rates (MM/DD/YYYY)	12/31/2023

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-133316538
Market	Group
Product Name	2023 Blue Cross AHP Rating Program Filing

**Prescription Drug Costs as Percentage of Premium<sup>1</sup>**  
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	
	11/01/2019-10/31/2020		11/01/2020-10/31/2021		01/01/2023-12/31/2023	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$16.38	\$0.49	\$17.88	\$0.63	\$16.66	\$0.58
(III) Non-Specialty Brand PMPM	\$41.86	\$2.63	\$44.11	\$1.81	\$49.65	\$2.04
Specialty PMPM	\$33.91	\$35.05	\$60.76	\$28.13	\$83.86	\$38.83
(B) Medical Rx PMPM	\$64.23		\$65.35		\$76.15	
Total (Medical and Rx) Premium PMPM	\$629.75		\$650.99		\$737.31	
(I) Non-Specialty Generic % of Premium	2.60%	0.08%	2.75%	0.10%	2.26%	0.08%
(I) Non-Specialty Brand % of Premium	6.65%	0.42%	6.78%	0.28%	6.73%	0.28%
Specialty Total % of Premium	5.39%	5.57%	9.33%	4.32%	11.37%	5.27%
(B) Medical Rx PMPM	10.20%		10.04%		10.33%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			0.15%	0.02%	-0.49%	-0.02%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			0.13%	-0.14%	-0.04%	0.00%
Specialty % of Premium Change vs Prior Period			3.95%	-1.24%	2.04%	0.94%
(B) Medical Rx % of Premium Change vs Prior Period			-0.16%		0.29%	

Net of Member Cost Sharing (Paid Amount), Gross of Rebates						
	Experience Period -1		Experience Period		Projection Period	
	11/01/2019-10/31/2020		11/01/2020-10/31/2021		01/01/2023-12/31/2023	
	Retail	Mail	Retail	Mail	Retail	Mail
(III) Non-Specialty Generic PMPM	\$11.35	\$0.30	\$12.92	\$0.38	\$12.21	\$0.36
(III) Non-Specialty Brand PMPM	\$37.37	\$2.41	\$39.86	\$1.69	\$45.52	\$1.93
Specialty PMPM	\$33.27	\$34.40	\$59.96	\$27.35	\$83.96	\$38.30
(B) Medical Rx PMPM	\$60.21		\$60.78		\$72.85	
Total Medical and Rx Premium PMPM	\$629.75		\$650.99		\$737.31	
(I) Non-Specialty Generic % of Premium	1.80%	0.05%	1.99%	0.06%	1.66%	0.05%
(I) Non-Specialty Brand % of Premium	5.93%	0.38%	6.12%	0.26%	6.17%	0.26%
Specialty Total % of Premium	5.28%	5.46%	9.21%	4.20%	11.39%	5.19%
(B) Medical Rx PMPM	9.56%		9.34%		9.88%	
(II) Non-Specialty Generic % of Premium Change vs Prior Period			0.18%	0.01%	-0.33%	-0.01%
(II) Non-Specialty Brand % of Premium Change vs Prior Period			0.19%	-0.12%	0.05%	0.00%
Specialty % of Premium Change vs Prior Period			3.93%	-1.26%	2.18%	0.99%
(B) Medical Rx % of Premium Change vs Prior Period			-0.22%		0.54%	

<sup>1</sup> **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-133316538
Market	Group
Product Name	2023 Blue Cross AHP 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)
ABIRATERONE	ORAL-CHEMO	Blue Cross Formulary
ABIRATERONE	ORAL-CHEMO	National Performance Formulary
ABRAXANE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ABRAXANE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTEMRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTEMRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTHAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTHAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ACTIMMUNE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ACTIMMUNE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADAKVEO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADAKVEO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADCETRIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADCETRIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADEFOV	GENERIC-SPECIALTY	Blue Cross Formulary
ADEFOV	GENERIC-SPECIALTY	National Performance Formulary
ADEMPAS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADEMPAS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADRIAMYCIN	GENERIC-SPECIALTY	Blue Cross Formulary
ADRIAMYCIN	GENERIC-SPECIALTY	National Performance Formulary
ADVATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADVATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ADYNOVATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ADYNOVATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AFINITOR	ORAL-CHEMO	Blue Cross Formulary
AFINITOR	ORAL-CHEMO	National Performance Formulary
AFSTYLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AFSTYLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALDURAZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALDURAZYME	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALECENSA	ORAL-CHEMO	Blue Cross Formulary
ALECENSA	ORAL-CHEMO	National Performance Formulary
ALFERON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALFERON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALIMTA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALIMTA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALIQOPA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALIQOPA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALKERAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALKERAN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALKERAN	ORAL-CHEMO	Blue Cross Formulary
ALKERAN	ORAL-CHEMO	National Performance Formulary
ALPHANATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPHANATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALPHANINE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPHANINE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALPROLIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ALPROLIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ALUNBRIG	ORAL-CHEMO	Blue Cross Formulary
ALUNBRIG	ORAL-CHEMO	National Performance Formulary
ALYQ	GENERIC-SPECIALTY	Blue Cross Formulary
ALYQ	GENERIC-SPECIALTY	National Performance Formulary
AMBRISENTAN	GENERIC-SPECIALTY	Blue Cross Formulary
AMBRISENTAN	GENERIC-SPECIALTY	National Performance Formulary
AMPYRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AMPYRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
APOKYN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
APOKYN	PREFERRED-BRAND-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
ARIKAYCE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARIKAYCE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARIXTRA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARIXTRA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARRANON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARRANON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ARSENIC	GENERIC-SPECIALTY	Blue Cross Formulary
ARSENIC	GENERIC-SPECIALTY	National Performance Formulary
ARZERRA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ARZERRA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ASCENIV	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASPARLAS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASPARLAS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ASTAGRAF	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ASTAGRAF	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ATGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ATGAM	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AUBAGIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AUBAGIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AUSTEDO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AUSTEDO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
AVASTIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
AVASTIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BARACLUDE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BAVENCIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BAVENCIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BELEODAQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BELEODAQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BELRAPZO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENDEKA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENDEKA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BENEFIX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENEFIX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BENLYSTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BENLYSTA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEOVU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BERINERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BERINERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BESPONSA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BESPONSA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BETASERON	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BETASERON	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BETHKIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BETHKIS	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEVACIZUMAB	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BEVACIZUMAB	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BEVACIZUMAB	TIER 03	Blue Cross Formulary
BEVACIZUMAB	TIER 03	National Performance Formulary
BEXAROTENE	ORAL-CHEMO	Blue Cross Formulary
BEXAROTENE	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
BLNREP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BLNREP	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	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	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BOTOX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRAFTOVI	ORAL-CHEMO	Blue Cross Formulary
BRAFTOVI	ORAL-CHEMO	National Performance Formulary
BRINEURA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BRINEURA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BRUKINSA	ORAL-CHEMO	Blue Cross Formulary
BRUKINSA	ORAL-CHEMO	National Performance Formulary
BUPHENYL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BUPHENYL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
BUSULFAN	GENERIC-SPECIALTY	Blue Cross Formulary
BUSULFAN	GENERIC-SPECIALTY	National Performance Formulary
BUSULFEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
BUSULFEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CABLIVI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CABLIVI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CABOMETYX	ORAL-CHEMO	Blue Cross Formulary
CABOMETYX	ORAL-CHEMO	National Performance Formulary
CALQUENCE	ORAL-CHEMO	Blue Cross Formulary
CALQUENCE	ORAL-CHEMO	National Performance Formulary
CAMPTOSAR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAMPTOSAR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CAPECITABINE	ORAL-CHEMO	Blue Cross Formulary
CAPECITABINE	ORAL-CHEMO	National Performance Formulary
CAPRELSA	ORAL-CHEMO	Blue Cross Formulary
CAPRELSA	ORAL-CHEMO	National Performance Formulary
CARBAGLU	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CARBAGLU	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CARBOPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
CARBOPLATIN	GENERIC-SPECIALTY	National Performance Formulary
CARMUSTINE	GENERIC-SPECIALTY	Blue Cross Formulary
CARMUSTINE	GENERIC-SPECIALTY	National Performance Formulary
CAYSTON	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CAYSTON	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CELLCEPT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CELLCEPT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CERDELGA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CERDELGA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CEREZYME	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CEREZYME	PREFERRED-BRAND-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	GENERIC-SPECIALTY	Blue Cross Formulary
CHOR	GENERIC-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
CINRYZE	NON-PREFERRED-BRAND-SPECIALTY	National Performance 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
CLOVIQUE	GENERIC-SPECIALTY	Blue Cross Formulary
CLOVIQUE	GENERIC-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	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
COSENTYX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COSMEGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
COSMEGEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
COTELLIC	ORAL-CHEMO	Blue Cross Formulary
COTELLIC	ORAL-CHEMO	National Performance Formulary
CRYSVITA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CRYSVITA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CUPRIMINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUPRIMINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CUTAQUIG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUVITRU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CUVITRU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYCLOPHOSPH	GENERIC-SPECIALTY	Blue Cross Formulary
CYCLOPHOSPH	GENERIC-SPECIALTY	National Performance Formulary
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
CYCLOSPORINE	GENERIC-SPECIALTY	Blue Cross Formulary
CYCLOSPORINE	GENERIC-SPECIALTY	National Performance Formulary
CYRAMZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYRAMZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTADANE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
CYSTADANE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
CYSTADROPS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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
DACOGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DACOGEN	NON-PREFERRED-BRAND-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
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
DEXTENZA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DEXTENZA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DIACOMIT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DIACOMIT	NON-PREFERRED-BRAND-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
DUPIXENT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DUPIXENT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DUROLANE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DUROLANE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
DYSPORT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
DYSPORT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EGRIFTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EGRIFTA	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
ELLENC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ELLENC	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
EMPLICITI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EMPLICITI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENBREL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENBREL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENHERTU	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENHERTU	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENOXAPARIN	GENERIC-SPECIALTY	Blue Cross Formulary
ENOXAPARIN	GENERIC-SPECIALTY	National Performance Formulary
ENSPRYNG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENSPRYNG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENTECAVIR	GENERIC-SPECIALTY	Blue Cross Formulary
ENTECAVIR	GENERIC-SPECIALTY	National Performance Formulary
ENTYVIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENTYVIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ENVARBUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ENVARBUS	NON-PREFERRED-BRAND-SPECIALTY	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
EPIRUBICIN	GENERIC-SPECIALTY	Blue Cross Formulary
EPIRUBICIN	GENERIC-SPECIALTY	National Performance Formulary
EPIVIR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPIVIR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EPIVIR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EPIVIR	PREFERRED-BRAND-SPECIALTY	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
ERLOTINIB	ORAL-CHEMO	Blue Cross Formulary
ERLOTINIB	ORAL-CHEMO	National Performance Formulary
ESBRIET	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ESBRIET	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ESPROCT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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
EUFLEXA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EUFLEXA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVENITY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
EVENITY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
EVEROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
EVEROLIMUS	GENERIC-SPECIALTY	National Performance Formulary



EVEROLIMUS	ORAL-CHEMO	Blue Cross Formulary
EVEROLIMUS	ORAL-CHEMO	National Performance Formulary
EVKEEZA	TIER 03	Blue Cross Formulary
EVKEEZA	TIER 03	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
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
FARYDAK	ORAL-CHEMO	Blue Cross Formulary
FARYDAK	ORAL-CHEMO	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
FINTEPLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FINTEPLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FIRAZYR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FIRAZYR	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
FOLAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOLAN	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	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FOLOTYN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FONDAPARINUX	GENERIC-SPECIALTY	Blue Cross Formulary
FONDAPARINUX	GENERIC-SPECIALTY	National Performance Formulary
FORTEO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FORTEO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FRAGMIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FRAGMIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
FULPHILA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
FULVESTRANT	GENERIC-SPECIALTY	Blue Cross Formulary
FULVESTRANT	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
GAZYVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GAZYVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary

GEL-ONE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GELSYN-3	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GELSYN-3	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
GEMCITABINE	GENERIC-SPECIALTY	Blue Cross Formulary
GEMCITABINE	GENERIC-SPECIALTY	National Performance Formulary
GENGRAF	GENERIC-SPECIALTY	Blue Cross Formulary
GENGRAF	GENERIC-SPECIALTY	National Performance Formulary
GENOTROPIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
GENVISC	NON-PREFERRED-BRAND-SPECIALTY	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
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
HEPSERA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
HEPSERA	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
HETLIOZ	NON-PREFERRED-BRAND-SPECIALTY	National Performance 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	GENERIC-SPECIALTY	Blue Cross Formulary
HYDROXY	GENERIC-SPECIALTY	National Performance Formulary
HYDROXYPROG	GENERIC-SPECIALTY	Blue Cross Formulary
HYDROXYPROG	GENERIC-SPECIALTY	National Performance Formulary
HYMOVIS	NON-PREFERRED-BRAND-SPECIALTY	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
ILUVIEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ILUVIEN	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
IMFINZI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMFINZI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
IMLYGIC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
IMLYGIC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
INBRIJA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
INBRIJA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
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
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
INQOVI	ORAL-CHEMO	National Performance 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
JELMYTO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JELMYTO	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
JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JUXTAPID	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
JYNARQUE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
JYNARQUE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KADCYLA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KADCYLA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KALBITOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KALBITOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KALYDECO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KALYDECO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KANJINTI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KANJINTI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KANUMA	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
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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOGENATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KORLYM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KORLYM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KOSELUGO	ORAL-CHEMO	Blue Cross Formulary
KOSELUGO	ORAL-CHEMO	National Performance Formulary
KOVALTRY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KOVALTRY	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KRYSTEXXA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KRYSTEXXA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
KUVAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
KUVAN	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
LAMIVUDINE	GENERIC-SPECIALTY	Blue Cross Formulary
LAMIVUDINE	GENERIC-SPECIALTY	National Performance 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
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
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
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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LOVENOX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LUCENTIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUCENTIS	PREFERRED-BRAND-SPECIALTY	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
LUPANETA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUPANETA	NON-PREFERRED-BRAND-SPECIALTY	National Performance 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
LUXTURNA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
LUXTURNA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
LYNPARZA	ORAL-CHEMO	Blue Cross Formulary

LYNPARZA	ORAL-CHEMO	National Performance Formulary
MAKENA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MAKENA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MARQIBO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MARQIBO	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
MITOMYCIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MITOMYCIN	NON-PREFERRED-BRAND-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
MONONINE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MONONINE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MONOVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MOZOBIL	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MOZOBIL	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	TIER 03	Blue Cross Formulary
MYCOPHENOLAT	GENERIC-SPECIALTY	Blue Cross Formulary
MYCOPHENOLAT	GENERIC-SPECIALTY	National Performance Formulary
MYCOPHENOLIC	GENERIC-SPECIALTY	Blue Cross Formulary
MYCOPHENOLIC	GENERIC-SPECIALTY	National Performance Formulary
MYFORTIC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYFORTIC	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYLOTARG	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYLOTARG	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
MYOBLOC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
MYOBLOC	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
NAVELBINE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NAVELBINE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NEORAL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary

NEORAL	NON-PREFERRED-BRAND-SPECIALTY	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
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
NORTHERA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NORTHERA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NOVAREL	GENERIC-SPECIALTY	Blue Cross Formulary
NOVAREL	GENERIC-SPECIALTY	National Performance Formulary
NOVAREL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVAREL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NOVOEIGHT	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVOEIGHT	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NOVOSEVEN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NOVOSEVEN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NPLATE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NPLATE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUBEQA	ORAL-CHEMO	Blue Cross Formulary
NUBEQA	ORAL-CHEMO	National Performance Formulary
NUCALA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUCALA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NULOJIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NULOJIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUTROPIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUTROPIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
NUWIQ	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
NUWIQ	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OBIZUR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OBIZUR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCALIVA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCALIVA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCREVUS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OCREVUS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OCTAGAM	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
OMNITROPE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross 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
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
ORKAMBI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ORKAMBI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ORTHOVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OTEZLA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OTEZLA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OVIDREL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OVIDREL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OXALIPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
OXALIPLATIN	GENERIC-SPECIALTY	National Performance Formulary
OXBRYTA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXERVATE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXERVATE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OXLUMO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OXLUMO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
OZURDEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
OZURDEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PACLITAXEL	GENERIC-SPECIALTY	Blue Cross Formulary
PACLITAXEL	GENERIC-SPECIALTY	National Performance Formulary
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
PALYNZIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PAMIDRONATE	GENERIC-SPECIALTY	Blue Cross Formulary
PAMIDRONATE	GENERIC-SPECIALTY	National Performance Formulary
PANZYGA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PARAPLATIN	GENERIC-SPECIALTY	Blue Cross Formulary
PARAPLATIN	GENERIC-SPECIALTY	National Performance Formulary
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
PEMAZYRE	ORAL-CHEMO	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
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
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
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
PREGNYL	GENERIC-SPECIALTY	Blue Cross Formulary
PREGNYL	GENERIC-SPECIALTY	National Performance Formulary
PREVMIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PREVMIS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PRIVIGEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PRIVIGEN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
PROCRIT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROCRIT	PREFERRED-BRAND-SPECIALTY	Blue Cross 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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
PROGRAF	NON-PREFERRED-BRAND-SPECIALTY	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
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
RAPAMUNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RAPAMUNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RAVICTI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RAVICTI	NON-PREFERRED-BRAND-SPECIALTY	National Performance 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
REMICADE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REMODULIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RENFLEXIS	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RENFLEXIS	PREFERRED-BRAND-SPECIALTY	National Performance 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
RETISERT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RETISERT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
REVATIO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
REVATIO	NON-PREFERRED-BRAND-SPECIALTY	National Performance 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
RHOGAM	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RHOGAM	PREFERRED-BRAND-SPECIALTY	National Performance 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
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
RUBRACA	ORAL-CHEMO	National Performance 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
RUZURGI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
RUZURGI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
RYDAPT	ORAL-CHEMO	Blue Cross Formulary
RYDAPT	ORAL-CHEMO	National Performance Formulary



SAIZEN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAIZENPREP	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAMSCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAMSCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SAMSCA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SAMSCA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDIMMUNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDIMMUNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDIMMUNE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDIMMUNE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SANDOSTATIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SANDOSTATIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SAPROPTERIN	GENERIC-SPECIALTY	Blue Cross Formulary
SAPROPTERIN	GENERIC-SPECIALTY	National Performance Formulary
SARCLISA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SARCLISA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SCENESSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SCENESSE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SEROSTIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SEROSTIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SEVENFACT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SEVENFACT	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIGNIFOR	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SIGNIFOR	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SILDENAFIL	GENERIC-SPECIALTY	Blue Cross Formulary
SILDENAFIL	GENERIC-SPECIALTY	National Performance Formulary
SILIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SILIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIMPONI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SIMPONI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SIROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
SIROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SKYRIZI	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SODIUM	GENERIC-SPECIALTY	Blue Cross Formulary
SODIUM	GENERIC-SPECIALTY	National Performance Formulary
SOFOS/VELPAT	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOLIRIS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOLIRIS	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
SOVALDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SOVALDI	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
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
SUPARTZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUPPRELIN	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SUPPRELIN	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SUTENT	ORAL-CHEMO	Blue Cross Formulary
SUTENT	ORAL-CHEMO	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
SYNRIBO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
SYNRIBO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
SYNVISC	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TABLOID	ORAL-CHEMO	Blue Cross Formulary
TABLOID	ORAL-CHEMO	National Performance Formulary
TABRECTA	ORAL-CHEMO	Blue Cross Formulary

TACROLIMUS	GENERIC-SPECIALTY	Blue Cross Formulary
TACROLIMUS	GENERIC-SPECIALTY	National Performance Formulary
TADALAFIL	GENERIC-SPECIALTY	Blue Cross Formulary
TADALAFIL	GENERIC-SPECIALTY	National Performance Formulary
TAFINLAR	ORAL-CHEMO	Blue Cross Formulary
TAFINLAR	ORAL-CHEMO	National Performance Formulary
TAGRISSO	ORAL-CHEMO	Blue Cross Formulary
TAGRISSO	ORAL-CHEMO	National Performance Formulary
TAKHZYRO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAKHZYRO	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
TALZENNA	ORAL-CHEMO	National Performance Formulary
TARGETIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TARGETIN	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TASIGNA	ORAL-CHEMO	Blue Cross Formulary
TASIGNA	ORAL-CHEMO	National Performance Formulary
TAVALISSE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TAVALISSE	NON-PREFERRED-BRAND-SPECIALTY	National Performance 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
TECFIDERA	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TECFIDERA	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEGSEDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TEGSEDI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
TEMODAR	ORAL-CHEMO	Blue Cross Formulary
TEMODAR	ORAL-CHEMO	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
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
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
TIGLUTIK	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TIGLUTIK	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
TOLVAPTAN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TOLVAPTAN	NON-PREFERRED-BRAND-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	NON-PREFERRED-BRAND-SPECIALTY	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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRODELVY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
TRODELVY	NON-PREFERRED-BRAND-SPECIALTY	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
TYKERB	ORAL-CHEMO	Blue Cross Formulary
TYKERB	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
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
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
VANTAS	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VANTAS	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VECTIBIX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VECTIBIX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VELCADE	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VELCADE	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VELETRI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VELETRI	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VEMLIDY	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VEMLIDY	NON-PREFERRED-BRAND-SPECIALTY	National Performance 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
VILTEPSO	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VILTEPSO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIMIZIM	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIMIZIM	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VINBLASTINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINBLASTINE	GENERIC-SPECIALTY	National Performance Formulary
VINCRISTINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINCRISTINE	GENERIC-SPECIALTY	National Performance Formulary
VINORELBINE	GENERIC-SPECIALTY	Blue Cross Formulary
VINORELBINE	GENERIC-SPECIALTY	National Performance Formulary
VISCO-3	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VISUDYNE	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VISUDYNE	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VITRAKVI	ORAL-CHEMO	Blue Cross Formulary
VITRAKVI	ORAL-CHEMO	National Performance Formulary
VIVITROL	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
VIVITROL	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
VIZIMPRO	ORAL-CHEMO	Blue Cross Formulary
VIZIMPRO	ORAL-CHEMO	National Performance Formulary
VONVENDI	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
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
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
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
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
XALKORI	ORAL-CHEMO	National Performance Formulary
XELJANZ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XELJANZ	NON-PREFERRED-BRAND-SPECIALTY	National Performance 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
XEOMIN	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
XEOMIN	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
XYREM	NON-PREFERRED-BRAND-SPECIALTY	National Performance 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
YUTIQ	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
YUTIQ	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZALTRAP	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZALTRAP	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZANOSAR	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZANOSAR	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZARXIO	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZARXIO	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZAVESCA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZAVESCA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZEJULA	ORAL-CHEMO	Blue Cross Formulary
ZEJULA	ORAL-CHEMO	National Performance Formulary
ZELBORAF	ORAL-CHEMO	Blue Cross Formulary
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
ZIEXTENZO	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZIRABEV	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZIRABEV	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLADEX	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLADEX	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLADEX	PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLADEX	PREFERRED-BRAND-SPECIALTY	National Performance Formulary
ZOLEDRONIC	GENERIC-SPECIALTY	Blue Cross Formulary
ZOLEDRONIC	GENERIC-SPECIALTY	National Performance Formulary
ZOLGENSMA	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZOLGENSMA	NON-PREFERRED-BRAND-SPECIALTY	National Performance Formulary
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	NON-PREFERRED-BRAND-SPECIALTY	Blue Cross Formulary
ZORTRESS	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
ZYTIGA	ORAL-CHEMO	Blue Cross Formulary

Insurance Company Name	Blue Cross and Blue Shield of Vermont
HIOS ID	13627
SERFF Filing Number	BCVT-133316538
Market	Group
Product Name	2023 Blue Cross AHP Rating Program Filing

**Pharmacy Benefit Manager Information<sup>2</sup>**  
Please list any pharmacy benefit managers utilized for the following periods. Include additional lines as necessary.

	Experience Period -1	Experience Period	Projection Period
	11/01/2019-10/31/2020	11/01/2020-10/31/2021	11/01/2023-12/31/2023
Pharmacy Benefit Manager #1	Express Scripts (ESI)	Express Scripts (ESI)	Optum Rx (ORx)
Pharmacy Benefit Manager #2		Optum Rx (ORx)	
Pharmacy Benefit Manager #3			
Pharmacy Benefit Manager #4			

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

	Experience Period -1		Experience Period		Projection Period	
	11/01/2019-10/31/2020		11/01/2020-10/31/2021		11/01/2023-12/31/2023	
	Retail	Mail	Retail	Mail	Retail	Mail
Non-Specialty Generic PMPM	ESI	ESI	ESI/ORx	ESI/ORx	ORx	ORx
Non-Specialty Brand PMPM	ESI	ESI	ESI/ORx	ESI/ORx	ORx	ORx
Specialty PMPM	ESI	ESI	ESI/ORx	ESI/ORx	ORx	ORx

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

	Experience Period -1		Experience Period		Projection Period	
	11/01/2019-10/31/2020		11/01/2020-10/31/2021		11/01/2023-12/31/2023	
	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

<sup>2</sup> **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.

**BLUE CROSS BLUE SHIELD OF VERMONT  
2023 AHP RATING PROGRAM FILING  
PLAIN LANGUAGE SUMMARY**

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

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

***Rate request summary.*** Blue Cross creates 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 (1,400 members) currently enrolled in one Blue Cross AHP that will be affected by this filing.
- The formula and factors in this filing will produce a premium increase of 9.4 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 9.4 percent increase, depending on the AHP's own claims experience.

***Reasons for the change in factors.*** The primary reasons for premium increases due to the change in factors is that the cost of providing health care to our members is increasing. Specifically:

- Blue Cross is proposing a paid trend of 10.5 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 large increases that were approved for Vermont hospitals in the most recent round of budget reviews and by expected large increases in the next round of budget reviews.
- Blue Cross is proposing a pharmacy trend of 10.7 percent. Increases in the cost and availability of high-cost "specialty" medications are the biggest driver of pharmacy trend.

Other items also contribute to the change in factors, including:

- Due to increases in base administrative expenses, premiums went up 0.6 percent.
- The contribution to reserves established in this filing is required to maintain a level of policyholder reserves that is in compliance with that ordered by the Vermont Department of Financial Regulation.

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

***Our experience in this market.*** This was a new line of business in 2021 and Blue Cross had an underwriting gain of \$1 million.

**BLUE CROSS BLUE SHIELD OF VERMONT  
2023 AHP RATING PROGRAM FILING  
PLAIN LANGUAGE SUMMARY**

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

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



NAIC#: 53295 Transmittal Date: 07/07/2022Company Name: Blue Cross and Blue Shield of VermontAddress: PO Box 186City, State, Zip: Montpelier, VT 05601-0186Phone: ( ) (802) 371-3734Contact Person: Greg Boulbol

2023 BCBSVT AHP Rating Program Filing

 Amends a previously filing, Departmental File No.: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Type of Filing:  Form(s)  Rate(s)

Completely and accurately identify this product filing. If one of the following categories does not describe the product filing, then add comments below (check all that apply):

 Accident Only AD&D Advertising Blanket Cancer Expense Conversion Critical Illness Dental Disability Home Health Only Hospital Indemnity Limited Benefit Long Term Care Qualified Non-Qualified Major Medical Medicare Supplement Miscellaneous Nursing Home Only Organ Transplant Prescription Drug Student/Athlete Stop Loss/Excess Risk Travel Vision Other (explain)Comments: Health**MANDATORY - Filing Fee Information:**1. State of Domicile: Vermont2. **A: Filing fee for the Company's State of Domicile:** 150.00**B: Amount of filing fee being submitted with this filing:** 150.003. Is this fee based on state of domicile's retaliatory fee? **Yes** \_\_\_\_\_ **No**  \_\_\_\_\_4. Explain how each part of the fee was determined, show all calculations (use a separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_5. Fee calculated by: (Print Name) Greg Boulbol (Signature) /s/ Gregory J. BoulbolFailure to accurately and fully complete this form will result in the filing being **rejected**.

August 18, 2022

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

**Subject: Your 08/17/2022 Questions re:**  
**Blue Cross and Blue Shield of Vermont 2023 AHP Rating Program Filing**  
**(SERFF Tracking #: BCVT-133316538)**

Dear Mr. Ruggeberg:

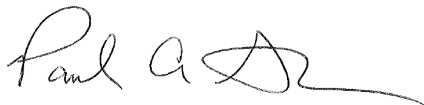
In response to your request dated August 17, 2022, here is *your question* and our answer:

1. *Please provide exhibits in spreadsheet format detailing the buildup of the aggregate unit cost assumptions from facility- and month-level inputs, under the following 2 scenarios:*
  - a. *The assumptions used to populate the filed AHP actuarial memorandum.*
  - b. *Assuming the Board were to reduce filed FY2023 hospital budget increase amounts by 17%*

Please see the attached file *2023 AHP Rating Program - Response to Inquiry 1.xlsx*. Sheets with the suffix 'Filed' reflect Scenario A, and sheets labeled 'Aug 17' reflect Scenario B. A calculation of the manual rate using the trend factors in Scenario B is provided below.

Calculation of the Manual Rate (Actives)				
Claim Type		Medical	Pharmacy	Total
Filed Manual Rate	A	\$548.25	\$140.67	\$688.92
Scenario A Paid Trend Factor	B	1.237	N/A	
Scenario B Paid Trend Factor	C	1.265		
Scenario B Manual Rate	$D = A \times (C/B)$	\$560.70	\$140.67	<b>\$701.37</b>
<b>Change in Manual Rate</b>				<b>1.8%</b>

Sincerely,



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

UNIT COST TREND SUMMARY

	Inpatient					Outpatient					Professional						Total					
	GMCB	NH	BlueCard	Other	Total	GMCB	NH	BlueCard	Other	Total	GMCB	Community	NH	BlueCard	Other	Total	VT / GMCB	NH	BlueCard	Other	Total	
VHP	Exp Period																					
	CY 2021					\$86.90											\$136.18					\$455.91
	YE 202206					\$88.22											\$137.83					\$463.17
	CY 2022					\$90.78											\$140.71					\$474.90
	CY 2023					\$94.47											\$144.81					\$492.11
						\$105.94											\$154.02					\$542.47
	Exp % of Total					100.0%											100.0%					100.0%
	Prj % of Total					100.0%											100.0%					100.0%
	CY 2022 / CY 2021					7.1%											5.1%					6.2%
	CY 2023 / CY 2022					12.1%											6.4%					10.2%
Annual Cost Trend					10.8%											6.2%					9.3%	
IND	Exp Period																					
	CY 2021					\$86.90											\$136.18					\$455.92
	YE 202206					\$88.42											\$137.93					\$463.74
	CY 2022					\$90.93											\$140.96					\$476.24
	CY 2023					\$94.45											\$145.07					\$493.75
						\$105.89											\$154.29					\$544.31
	Exp % of Total					100.0%											100.0%					100.0%
	Prj % of Total					100.0%											100.0%					100.0%
	CY 2022 / CY 2021					6.8%											5.2%					6.5%
	CY 2023 / CY 2022					12.1%											6.4%					10.2%
Annual Cost Trend					10.7%											6.2%					9.3%	

MONTHLY TREND FACTORS

Month	Medical - BCBSVT	Medical - BCBSVT Non-
	Managed	Managed
August 2018	1.0000	1.0000
September 2018	1.0420	1.0420
October 2018	1.0598	1.0598
November 2018	1.1016	1.1018
December 2018	1.3374	1.3376
January 2019	1.3124	1.3126
February 2019	1.2200	1.2320
March 2019	1.2244	1.2365
April 2019	1.2063	1.2182
May 2019	1.1972	1.2090
June 2019	1.2433	1.2556
July 2019	1.3002	1.3130
August 2019	1.1294	1.1426
September 2019	1.1535	1.1670
October 2019	1.2577	1.2725
November 2019	1.2775	1.2926
December 2019	1.2109	1.2251
January 2020	1.2042	1.2183
February 2020	1.2628	1.2770
March 2020	0.9276	0.9380
April 2020	0.7084	0.7164
May 2020	0.9781	0.9890
June 2020	1.2444	1.2583
July 2020	1.2442	1.2582
August 2020	1.2167	1.2312
September 2020	1.2661	1.2813
October 2020	1.1646	1.1785
November 2020	1.1335	1.1471
December 2020	1.2562	1.2713
January 2021	1.3171	1.3347
February 2021	1.3602	1.3784
March 2021	1.3271	1.3448
April 2021	1.3611	1.3794
May 2021	1.5489	1.5697
June 2021	1.3523	1.3704
July 2021	1.3260	1.3468
August 2021	1.2725	1.2924
September 2021	1.3283	1.3491
October 2021	1.3419	1.3629
November 2021	1.3445	1.3655
December 2021	1.3471	1.3681
January 2022	1.3736	1.3964
February 2022	1.3767	1.3996
March 2022	1.3795	1.4024
April 2022	1.3936	1.4168
May 2022	1.4073	1.4307
June 2022	1.4691	1.4935
July 2022	1.4918	1.5167
August 2022	1.4947	1.5197
September 2022	1.4814	1.5061
October 2022	1.5175	1.5427
November 2022	1.5203	1.5456
December 2022	1.5231	1.5485
January 2023	1.6033	1.6301
February 2023	1.6065	1.6333
March 2023	1.6095	1.6364
April 2023	1.6126	1.6395
May 2023	1.6230	1.6500
June 2023	1.6261	1.6532
July 2023	1.6450	1.6726
August 2023	1.6483	1.6759
September 2023	1.6336	1.6609
October 2023	1.6623	1.6901
November 2023	1.6654	1.6932
December 2023	1.6685	1.6963
January 2024	1.7322	1.7621
February 2024	1.7356	1.7656
March 2024	1.7390	1.7690
April 2024	1.7423	1.7723
May 2024	1.7531	1.7833
June 2024	1.7565	1.7868

UNIT COST TREND SUMMARY

	Inpatient					Outpatient					Professional						Total					
	GMCB	NH	BlueCard	Other	Total	GMCB	NH	BlueCard	Other	Total	GMCB	Community	NH	BlueCard	Other	Total	VT / GMCB	NH	BlueCard	Other	Total	
VHP	Exp Period					\$86.90					\$232.82						\$136.18					\$455.91
	CY 2021					\$88.22					\$237.12						\$137.83					\$463.17
	YE 202206					\$90.78					\$243.40						\$140.71					\$474.90
	CY 2022					\$94.26					\$251.84						\$144.81					\$490.91
	CY 2023					\$103.12					\$274.32						\$152.91					\$530.35
	Exp % of Total					100.0%					100.0%						100.0%					100.0%
	Prj % of Total					100.0%					100.0%						100.0%					100.0%
	CY 2022 / CY 2021					6.9%					6.2%						5.1%					6.0%
	CY 2023 / CY 2022					9.4%					8.9%						5.6%					8.0%
	Annual Cost Trend					8.9%					8.3%						5.7%					7.6%
IND	Exp Period					\$86.90					\$232.84						\$136.18					\$455.92
	CY 2021					\$88.42					\$237.39						\$137.93					\$463.74
	YE 202206					\$90.93					\$244.35						\$140.96					\$476.24
	CY 2022					\$94.24					\$253.24						\$145.07					\$492.55
	CY 2023					\$103.09					\$275.88						\$153.18					\$532.15
	Exp % of Total					100.0%					100.0%						100.0%					100.0%
	Prj % of Total					100.0%					100.0%						100.0%					100.0%
	CY 2022 / CY 2021					6.6%					6.7%						5.2%					6.2%
	CY 2023 / CY 2022					9.4%					8.9%						5.6%					8.0%
	Annual Cost Trend					8.7%					8.4%						5.7%					7.7%

BLUE CROSS AND BLUE SHIELD OF VERMONT  
2023 AHP RATING PROGRAM FILING

EXHIBIT 2G - Filed

MONTHLY TREND FACTORS

Month	Medical - BCBSVT Managed	Medical - BCBSVT Non- Managed	Pharmacy	Medicare Primary Medical
August 2018	1.0000	1.0000	1.0000	1.0000
September 2018	1.0420	1.0420	1.0018	1.0024
October 2018	1.0598	1.0598	1.0143	1.0316
November 2018	1.1016	1.1018	1.0197	1.0341
December 2018	1.3374	1.3376	1.0323	1.0366
January 2019	1.3124	1.3126	1.0409	1.0391
February 2019	1.2200	1.2320	1.0552	1.0416
March 2019	1.2244	1.2365	1.0550	1.0441
April 2019	1.2063	1.2182	1.0651	1.0466
May 2019	1.1972	1.2090	1.0839	1.0491
June 2019	1.2433	1.2556	1.0924	1.0516
July 2019	1.3002	1.3130	1.1104	1.0541
August 2019	1.1294	1.1426	1.1263	1.0567
September 2019	1.1535	1.1670	1.1463	1.0592
October 2019	1.2577	1.2725	1.1519	1.0617
November 2019	1.2775	1.2926	1.1596	1.0643
December 2019	1.2109	1.2251	1.1782	1.0668
January 2020	1.2042	1.2183	1.1894	1.0701
February 2020	1.2628	1.2770	1.2009	1.0733
March 2020	0.9276	0.9380	1.2324	1.0765
April 2020	0.7084	0.7164	1.2336	1.0798
May 2020	0.9781	0.9890	1.2278	1.0831
June 2020	1.2444	1.2583	1.2347	1.0863
July 2020	1.2442	1.2582	1.2442	1.0896
August 2020	1.2167	1.2312	1.2390	1.0929
September 2020	1.2661	1.2813	1.2428	1.0962
October 2020	1.1646	1.1785	1.2533	1.0995
November 2020	1.1335	1.1471	1.2641	1.1028
December 2020	1.2562	1.2713	1.2678	1.1062
January 2021	1.3171	1.3347	1.2690	1.1092
February 2021	1.3602	1.3784	1.2761	1.1122
March 2021	1.3271	1.3448	1.2837	1.1152
April 2021	1.3611	1.3794	1.3077	1.1182
May 2021	1.5489	1.5697	1.3254	1.1213
June 2021	1.3523	1.3704	1.3541	1.1243
July 2021	1.3260	1.3468	1.3451	1.1273
August 2021	1.2725	1.2924	1.3598	1.1304
September 2021	1.3283	1.3491	1.3723	1.1335
October 2021	1.3419	1.3629	1.3848	1.1365
November 2021	1.3445	1.3655	1.3975	1.1396
December 2021	1.3471	1.3681	1.4102	1.1427
January 2022	1.3736	1.3964	1.4231	1.1458
February 2022	1.3767	1.3996	1.4361	1.1489
March 2022	1.3795	1.4024	1.4493	1.1520
April 2022	1.3936	1.4168	1.4625	1.1551
May 2022	1.4073	1.4307	1.4759	1.1583
June 2022	1.4691	1.4935	1.4894	1.1614
July 2022	1.4918	1.5167	1.5030	1.1646
August 2022	1.4947	1.5197	1.5167	1.1677
September 2022	1.4814	1.5061	1.5306	1.1709
October 2022	1.5031	1.5281	1.5446	1.1741
November 2022	1.5059	1.5310	1.5587	1.1772
December 2022	1.5087	1.5339	1.5730	1.1804
January 2023	1.5702	1.5965	1.5873	1.1836
February 2023	1.5734	1.5996	1.6019	1.1868
March 2023	1.5764	1.6027	1.6165	1.1901
April 2023	1.5794	1.6058	1.6313	1.1933
May 2023	1.5897	1.6162	1.6462	1.1965
June 2023	1.5928	1.6194	1.6612	1.1998
July 2023	1.6117	1.6387	1.6764	1.2030
August 2023	1.6149	1.6420	1.6918	1.2063
September 2023	1.6005	1.6274	1.7072	1.2095
October 2023	1.6159	1.6430	1.7228	1.2128
November 2023	1.6189	1.6460	1.7386	1.2161
December 2023	1.6220	1.6491	1.7545	1.2194
January 2024	1.6554	1.6849	1.7705	1.2227
February 2024	1.6588	1.6883	1.7867	1.2260
March 2024	1.6620	1.6916	1.8030	1.2293
April 2024	1.6652	1.6949	1.8195	1.2327
May 2024	1.6760	1.7058	1.8361	1.2360
June 2024	1.6793	1.7091	1.8529	1.2394