

2017 Pharmacy Benefit Changes for BCBSTX Fully Insured Groups

(Applies to non-metallic Plans upon the group's 2017 renewal/effective date, unless otherwise noted)*

Plan	2016 Drug List	2017 Drug List		2016 Pharmacy Network	2017 Pharmacy Network**
Standard (51+) - Prepackaged, regardless of funding	Generics Plus Drug List	Performance Drug List		Broad Network	Preferred Pharmacy Network
Custom Insured (51+)	Standard Drug List	Enhanced Drug List Optional: Performance Drug List		Broad Network	Broad Network (without CVS effective 1/1/17) Optional: Preferred Pharmacy Network
Custom ASO	Standard Drug List or Generics Plus Drug List	All Drug List options available: Basic, Enhanced, Performance, Performance Select (Current drug list is default)		Broad Network	All Pharmacy Network options available: Broad with or without CVS, Preferred, Open+90, Performance (Broad Network with CVS is default)
Drug List Definitions and Key Open formulary = Printed list shows mostly drugs covered at the generics/preferred brand member payment tiers. Covered non-preferred brands are generally not shown. Closed formulary = All available covered drugs shown on the printed list. Drugs not on the list are not covered. Basic (formerly Standard) Drug List = Open formulary; Covers more preferred brands; promotes low generic utilization. Enhanced (formerly Generics Plus) Drug List = Open formulary; Covers fewer			Pharmacy Network Key** Broad Pharmacy Network = Current network available for all plans. Note: Effective 1/1/17, regardless of renewal date, CVS removed from network for all fully insured group and Metallic plan members (ASO groups can choose to remove CVS by selecting Broad without CVS). Preferred Pharmacy Network = Members' copay/coinsurance may be lower if use a preferred pharmacy vs. a non-preferred, in-network pharmacy. 90-day retail can be filled at a preferred pharmacy, or members can use home delivery, for coverage. CVS is not included. Open+90 Pharmacy Network = New network for ASO groups only. Network is		

preferred brands; promotes a higher generic utilization. **Performance Drug List =** New closed formulary; Focuses on driving members to lower cost generics and preferred brands, as well as drugs with over-the-counter (OTC) products available.

Performance Select Drug List = New closed formulary for ASO clients only; Similar to Performance but includes additional brand drugs that optimize rebates.

Performance Pharmacy Network = New network for ASO groups only. Limited/narrow network. Some 90-day retail options available. **CVS is not included.**

smaller than Broad but does include some 90-day retail options. CVS is not

included.

**Note: 2017 Pharmacy Network names subject to change. CVS exclusion Jan. 1, 2017 (regardless of renewal date). All other pharmacy network changes effective on renewal date.

^{*1)} Groups on a Metallic small group plan to remain on same closed formulary (Health Insurance Marketplace Drug List). Plans have either a 3-tier or 5-tier benefit design. Members may be impacted by annual changes to the list of covered drugs. Effective Jan. 1, 2017 (regardless of renewal date), the pharmacy network changes are: CVS excluded and changes to the participating pharmacies in the 2017 Preferred Pharmacy Network.

²⁾ Effective Jan. 1, 2017 (regardless of renewal date), groups on a standard non-metallic grandfathered, grandmothered or closed (renewal only) plan will see a change in the name of their drug list and have CVS excluded from the pharmacy network. There are no pharmacy benefit changes.