Blue Insight℠
Monthly Financial Report

BROWNSVILLE NAVIGATION DISTRICT:
ALL

10/01/2024 to 09/30/2025

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BlueCross BlueShield of Texas

PLAN PERFORMANCE

Data Parameters

Current Period: The current reporting period represents claims paid from October 1, 2024 through September 30, 2025.

Prior Period: The prior reporting period represents claims paid from October 1, 2023 through September 30, 2024.

The report includes medical claims and pharmacy claims.

Reporting Segments: ALL

Characteristics: ALL

Group/Sections: ALL

Reporting Support Contact Information

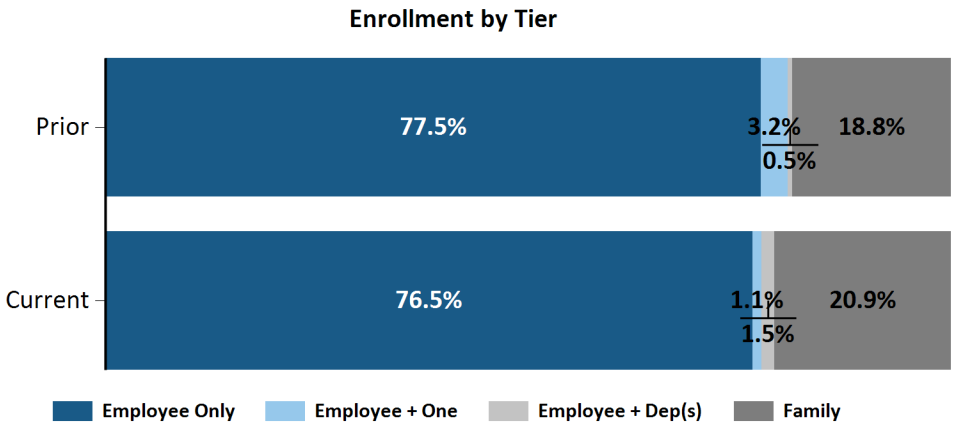
For reporting support, please contact Client Reporting Service Center
Email: client_reporting@bcbsil.com
Hours of Operation: Monday - Friday: 8:00am - 5:00pm CT

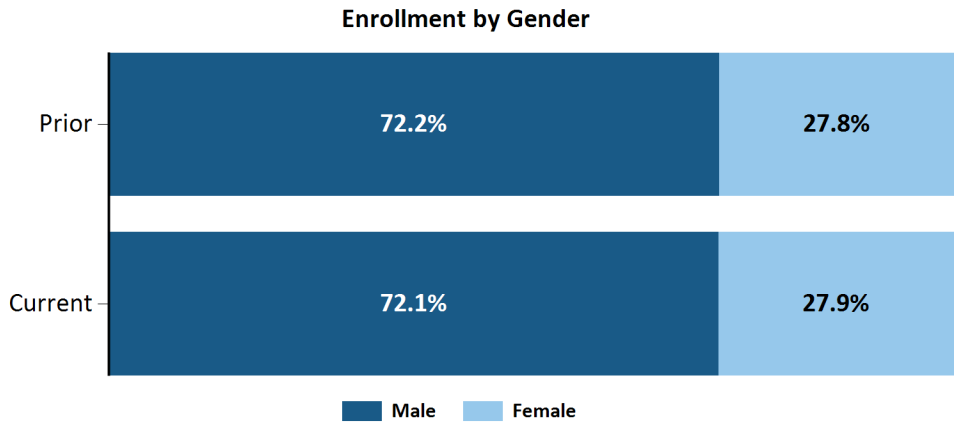
Report prepared on 10/11/2025

Enrollment Overview

Report Description: Provides the current enrollment based on the current period.

Month	Medical Subscribers	Medical Members	Pharmacy Subscribers	Pharmacy Members
Oct 2024	134	165	134	165
Nov 2024	133	164	133	164
Dec 2024	131	160	131	160
Jan 2025	123	147	123	147
Feb 2025	121	145	121	145
Mar 2025	125	150	125	150
Apr 2025	122	148	122	148
May 2025	120	145	120	145
Jun 2025	123	148	123	148
Jul 2025	122	147	122	148
Aug 2025	121	146	121	146
Sep 2025	121	146	121	146





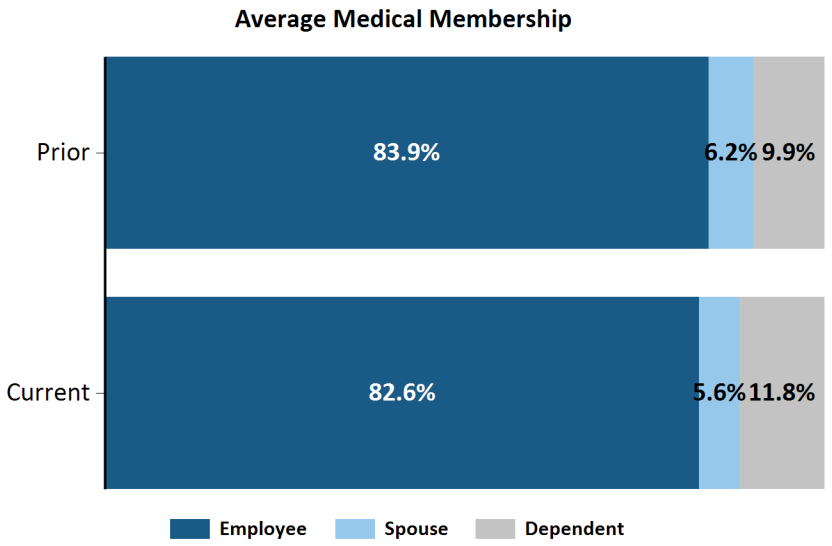
Enrollment Overview

Report Description: Provides medical demographics for the current period compared to the prior period and percent change.

Medical Demographics

	Oct 2023 - Sep 2024	Oct 2024 - Sep 2025	% Change
Average Membership	**161**	**151**	**-6.2%**
Employee	135	125	-7.4%
Spouse	10	8	-20.0%
Dependent	16	18	12.5%
Average Contract Size	1.2	1.2	
Average Age	**38.6**	**38.1**	**-1.3%**
Employee	41.6	42.1	1.2%
Spouse	45.9	40.7	-11.3%
Dependent	8.9	8.8	-1.1%
% Under 30	24.0%	26.3%	
% 30 to 49	53.5%	51.6%	
% 50 to 64	17.5%	17.3%	
% 65+	5.0%	4.6%	
Gender			
Proportion of Males	72.2%	72.1%	
Proportion of Females	27.8%	27.9%	
Females Ages 20-44	13.3%	13.8%	

- Overall, membership **decreased by 6.2%** between reporting periods.
- The average age was 38.1 and **decreased by 1.3%** between reporting periods.
- Contract size **remained stable by 0.0%** between reporting periods.
- Females between the ages of 20 and 44 **increased from 13.3% to 13.8%** between reporting periods.

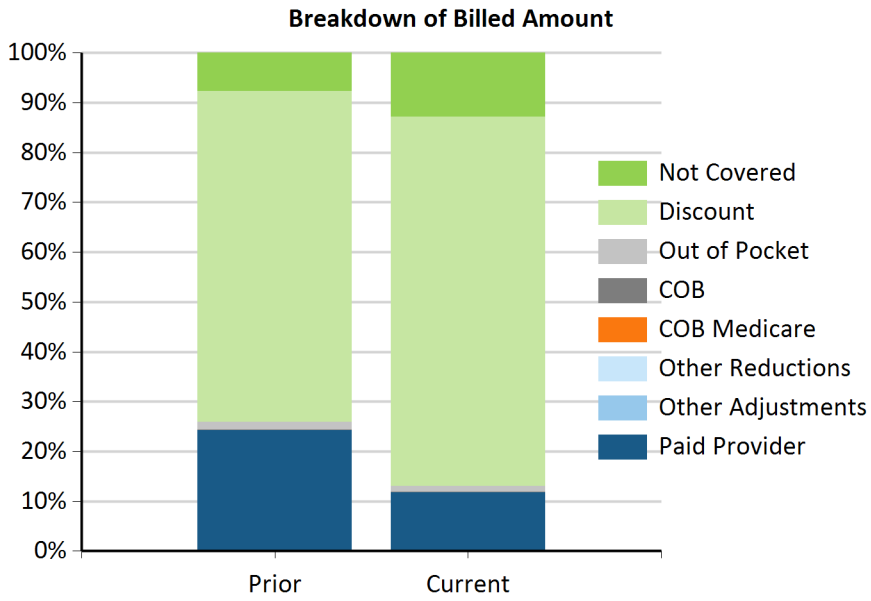


Financial Overview: Financial Summary

Report Description: Provides a breakdown of the medical order of reduction from billed to paid for the current month, current period, prior period and a percent change. This report may highlight key measures and their potential impact on paid expenses.

Medical Order of Reduction

Paid Month	Sep 2025	Oct 2023 - Sep 2024	Oct 2024 - Sep 2025	% Change
Billed	$140,855	$5,620,204	$6,561,484	16.8%
Not Covered	$96,510	$428,580	$845,807	97.4%
Covered	$44,345	$5,191,623	$5,715,677	10.1%
Discount	$36,075	$3,732,980	$4,861,203	30.2%
Allowed	$8,270	$1,458,643	$854,474	-41.4%
Out of Pocket	$5,152	$85,881	$71,791	-16.4%
COB	$0	$593	$841	41.7%
COB Medicare	$0	$49	$30	-38.7%
Other Reductions	$0	$209	$81	-61.3%
Other Adjustments	$0	$0	$0	0.0%
Paid - Provider	$3,118	$1,371,911	$781,732	-43.0%
Other Payments	$6	$722	$737	2.2%
Medical Paid	$3,124	$1,372,632	$782,469	-43.0%



Group Liability Breakdown

Paid Month	Sep 2025	Oct 2023 - Sep 2024	Oct 2024 - Sep 2025	% Change
Medical Paid	$3,124	$1,372,632	$782,469	-43.0%
Pharmacy Paid	$9,737	$130,802	$113,026	-13.6%
VBC Payments	$32	$658	$276	-58.0%
Total Paid Claims	$12,893	$1,504,092	$895,771	-40.4%
Recoveries	$0	$0	$0	0.0%
Total Paid Claims + Recoveries	$12,893	$1,504,092	$895,771	-40.4%
HCA Draft Amount	$0	$0	$0	0.0%
Capitation Paid	$0	$0	$0	0.0%
Group Liability	$12,893	$1,504,092	$895,771	-40.4%

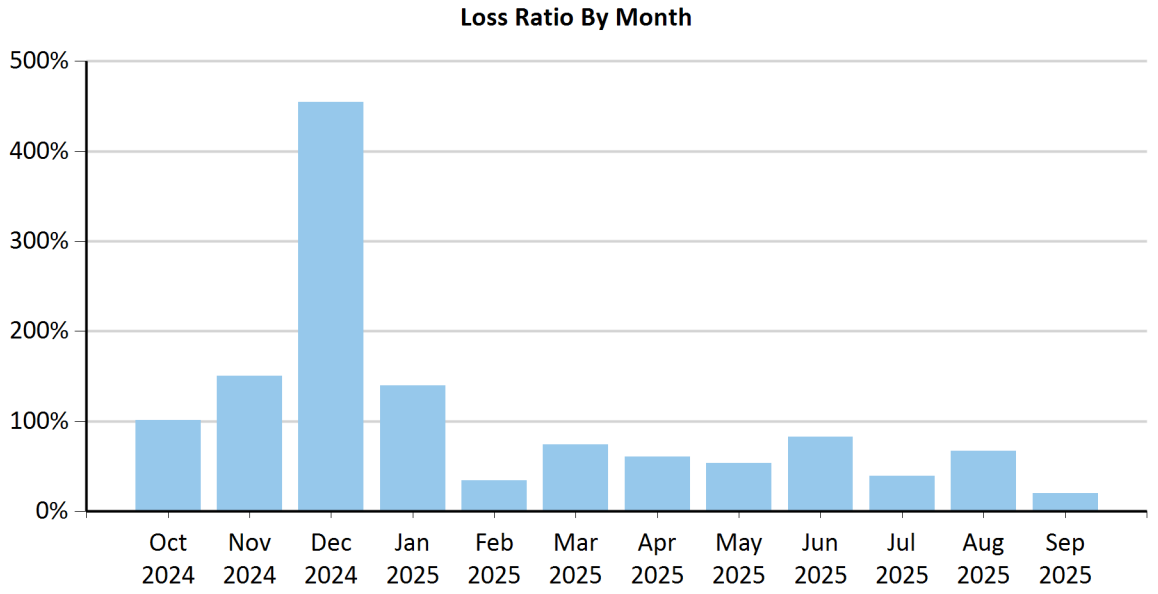
Other reductions *includes penalties, workers compensation savings, and subrogation savings.*
Other payments *includes Blue Card access fees and surcharges. Also displayed are other adjustments.*

Financial Overview: Medical & Pharmacy Loss Ratio

BlueCross BlueShield of Texas

Report Description: Provides the medical and pharmacy loss ratio and claims for the most recent reported twelve months.

Month	Premium	Medical Paid Claims	Pharmacy Paid Claims	Capitation	VBC Payments	Total Paid	Medical and Pharmacy Loss Ratio
Oct 2024	$75,875	$66,232	$10,588	$0	$0	$76,820	101.3%
Nov 2024	$75,360	$98,111	$14,951	$0	$0	$113,062	150.0%
Dec 2024	$73,755	$327,834	$7,518	$0	$23	$335,375	454.7%
Jan 2025	$65,365	$86,420	$5,099	$0	$0	$91,519	140.0%
Feb 2025	$64,382	$13,159	$8,767	$0	$23	$21,950	34.1%
Mar 2025	$66,347	$35,316	$13,798	$0	$23	$49,137	74.1%
Apr 2025	$64,874	$35,275	$3,997	$0	$23	$39,295	60.6%
May 2025	$63,342	$25,210	$8,677	$0	$32	$33,919	53.6%
Jun 2025	$64,815	$43,340	$9,999	$0	$29	$53,368	82.3%
Jul 2025	$64,324	$19,814	$5,566	$0	$55	$25,435	39.5%
Aug 2025	$63,833	$28,634	$14,329	$0	$35	$42,998	67.4%
Sep 2025	$63,833	$3,124	$9,737	$0	$32	$12,893	20.2%
Summary	**$806,103**	**$782,469**	**$113,026**	**$0**	**$276**	**$895,771**	**111.1%**



Key Findings: The medical and pharmacy loss ratio for the most recent reported month was **90.9% lower** than the average of the most recent reported twelve months, which was 111.1%.

Financial Overview: Network Overview

Report Description: This report displays the discount amount, discount percent, paid amount and paid percent for medical claims split by Medicare/Non-Medicare, in/out of network and service category for the current period.

Medicare Primary Indicator	Network Indicator	Service Category	Covered	Discount	Discount %	Paid	% Of Paid
No	In Network	Facility Inpatient	$2,114,399	$1,725,429	81.6%	$383,003	48.9%
		Facility Outpatient	$3,023,582	$2,756,728	91.2%	$237,213	30.3%
		Professional	$622,590	$431,320	69.3%	$160,507	20.5%
		Summary	**$5,760,571**	**$4,913,477**	**85.3%**	**$780,722**	**99.8%**
	Out of Network	Facility Inpatient					
		Facility Outpatient					
		Professional	($44,969)	($52,274)	116.2%	$1,722	**0.2%**
		Summary	**($44,969)**	**($52,274)**	**116.2%**	**$1,722**	**0.2%**
	Summary		**$5,715,602**	**$4,861,203**	**85.1%**	**$782,444**	**100.0%**
Yes	In Network	Facility Inpatient					
		Facility Outpatient					
		Professional	$75			$25	
		Summary	**$75**			**$25**	
	Out of Network	Facility Inpatient					
		Facility Outpatient					
		Professional					
		Summary					
	Summary		**$75**			**$25**	
Summary			**$5,715,677**	**$4,861,203**	**85.1%**	**$782,469**	**100.0%**

Key Findings: The overall network savings discount (excluding Medicare) was **85.3%** for the current period. The in-network paid percent was **99.8%** for the current period.

Financial Overview: Blue Card Savings Analysis

BlueCross BlueShield of Texas

Report Description: The Blue Card Savings report illustrates the value of having access to other BCBS contracts within the United States through the Blue Card program. Savings from BCBS network discounts are passed to the client, providing savings on potentially costly out of state claims that would otherwise be paid at full provider billed amount.

Oct 2024 - Sep 2025

Par Plan State	Billed	Allowed	Effective Allowed Rate	Discount	Paid	Effective Paid Rate	Blue Card Access Fee
OK	$824,661	$95,747	11.6%	$699,814	$92,307	11.2%	$0
FL	$25,091	$2,999	12.0%	$22,092	$1,133	4.5%	$731
IL	$7,179	$4,529	63.1%	$2,082	$3,158	44.0%	$0
BS CA	$450	$267	59.3%	$183	$213	47.3%	$6
UT	$233	$0	0.0%	$0	$0	0.0%	$0
All Other Non-Blue Card	$5,703,870	$750,932	13.2%	$4,137,032	$685,659	12.0%	$0
Summary	**$6,561,484**	**$854,474**	**13.0%**	**$4,861,203**	**$782,469**	**11.9%**	**$737**

Key Findings: OK had the greatest Blue Card savings amount, with a Discount amount of **$699,814**. The overall Effective Allowed Rate for the current period was **13.0%**.

Financial Overview: Medical Claim Expense Distribution

BlueCross BlueShield of Texas

Report Description: The distribution of medical paid expense by claimant and the average medical paid per claimant amount are shown for the current period.

Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
Less than $200	49	32.2%	$3,546	0.5%	$72
$200 - $1,000	49	32.2%	$25,610	3.3%	$523
$1,001 - $5,000	45	29.6%	$93,507	12.0%	$2,078
$5,001 - $10,000	3	2.0%	$21,162	2.7%	$7,054
$10,001 - $30,000	3	2.0%	$47,862	6.1%	$15,954
$30,001 - $50,000	1	0.7%	$40,055	5.1%	$40,055
Summary <= $50,000	**150**	**98.7%**	**$231,743**	**29.6%**	**$1,545**

Paid Band	Claimants	Claimants %	Paid	Paid %	Paid/Claimant
$50,001 - $75,000					
$75,001 - $100,000					
$100,001 - $150,000	1	0.7%	$144,394	18.5%	$144,394
$150,001 - $200,000					
$200,001 - $250,000					
$250,001 - $500,000	1	0.7%	$406,332	51.9%	$406,332
$500,001+					
Summary $50,001 or Greater	**2**	**1.3%**	**$550,727**	**70.4%**	**$275,363**
Combined Summary	**152**	**100.0%**	**$782,469**	**100.0%**	**$5,148**

Key Findings: The proportion of claimants who received less than $200 in services for the current period was **32.2%**. These claimants spent **0.5%** of the total paid expenses and the average paid expense per claimant was **$72**. **1.3%** of claimants had expenses over $50,001 for the current period. These claimants spent **70.4%** of the total paid expenses and the average paid expense per claimant was **$275,363**.

Financial Overview: High Cost Claimants

BlueCross BlueShield of Texas

Report Description: This report provides a detailed listing of the top 20 high cost claimants with paid expenses of $50,000 or more for the current period.

Oct 2024 - Sep 2025

Encrypted Member ID	Relationship	Age/Gender Band	Leading Diagnostic Category	Inpatient Paid	Outpatient Paid	Professional Paid	Pharmacy Paid	Paid	Currently Enrolled
5363498335756662556	Subscriber	Male 30-39	Infectious/Parasitic	$351,488	$22,727	$32,117	$100	**$406,432**	No
5302227416646850580	Subscriber	Male 60-64	Genitourinary	$8,360	$123,109	$12,925	$726	**$145,120**	Yes
High Cost Claimant Total				**$359,848**	**$145,836**	**$45,042**	**$826**	**$551,552**	

Financial Overview: Medical Out of Pocket

BlueCross BlueShield of Texas

Report Description: Provides a distribution of claimants by their total medical out of pocket expenses for the current period compared to the prior period and percent change. This report helps determine the impact of any changes in plan design on out of pocket.

Claimant Distribution by Out of Pocket Expense Bands

	Oct 2023 - Sep 2024				Oct 2024 - Sep 2025				% Change	
Out of Pocket Band	**Claimants**	**Claimants %**	**Out of Pocket**	**Out of Pocket %**	**Claimants**	**Claimants %**	**Out of Pocket**	**Out of Pocket %**	**Claimants Change**	**Out of Pocket Change**
Less than $100	75	48.4%	$2,938	3.4%	79	52.0%	$1,320	1.8%	5.3%	-55.1%
$101 - $200	14	9.0%	$2,103	2.4%	20	13.2%	$2,955	4.1%	42.9%	40.5%
$201 - $300	12	7.7%	$3,136	3.7%	9	5.9%	$2,303	3.2%	-25.0%	-26.6%
$301 - $400	7	4.5%	$2,398	2.8%	10	6.6%	$3,389	4.7%	42.9%	41.3%
$401 - $500	3	1.9%	$1,318	1.5%	8	5.3%	$3,560	5.0%	166.7%	170.2%
$501 - $750	9	5.8%	$5,531	6.4%	3	2.0%	$1,875	2.6%	-66.7%	-66.1%
$751 - $1,000	8	5.2%	$6,743	7.9%	3	2.0%	$2,732	3.8%	-62.5%	-59.5%
$1,001 - $1,500	12	7.7%	$14,305	16.7%	3	2.0%	$3,704	5.2%	-75.0%	-74.1%
$1,501 - $2,000	1	0.6%	$1,857	2.2%	4	2.6%	$6,915	9.6%	300.0%	272.3%
$2,001 - $2,500	3	1.9%	$6,948	8.1%	2	1.3%	$4,514	6.3%	-33.3%	-35.0%
$2,501 - $3,000	4	2.6%	$11,083	12.9%	4	2.6%	$10,782	15.0%	0.0%	-2.7%
$3,001 - $4,000	4	2.6%	$13,658	15.9%	4	2.6%	$12,333	17.2%	0.0%	-9.7%
$4,001 - $5,000	2	1.3%	$8,217	9.6%	1	0.7%	$4,381	6.1%	-50.0%	-46.7%
$Greater than $5,001	1	0.6%	$5,646	6.6%	2	1.3%	$11,028	15.4%	100.0%	95.3%
Summary	**155**	**100%**	**$85,881**	**100%**	**152**	**100%**	**$71,791**	**100%**	**-1.9%**	**-16.4%**

Out of Pocket Expense by Coverage Tier

	Oct 2024 - Sep 2025									
Coverage Tier	**Allowed**	**Deductible**	**Deductible % of Allowed**	**Copayment**	**Copay % of Allowed**	**Coinsurance**	**Coins % of Allowed**	**Out of Pocket**	**OPX % of Allowed**	**Paid**
Employee Only	$781,506	$25,911	3.3%	$16,329	2.1%	$14,150	1.8%	$56,390	7.2%	$724,200
Employee + One	$10,867	($961)	-8.8%	$390	3.6%	($26)	-0.2%	($597)	-5.5%	$11,433
Employee + Dependent(s)	$2,010	$0	0.0%	$210	10.4%	$0	0.0%	$210	10.4%	$1,800
Family	$60,092	$7,353	12.2%	$5,475	9.1%	$2,959	4.9%	$15,787	26.3%	$45,036
Summary	**$854,474**	**$32,303**	**3.8%**	**$22,404**	**2.6%**	**$17,084**	**2.0%**	**$71,791**	**8.4%**	**$782,469**

This is a claimant analysis, where only members who had a claim are included. The tables exclude all medical enrolled members that did not submit a claim.

This report is based on claim data and may not reflect client specific benefits being applied to member out of pocket. Please contact your Account Executive for ACCUMS reporting.

Financial Overview: Lag Report

BlueCross BlueShield of Texas

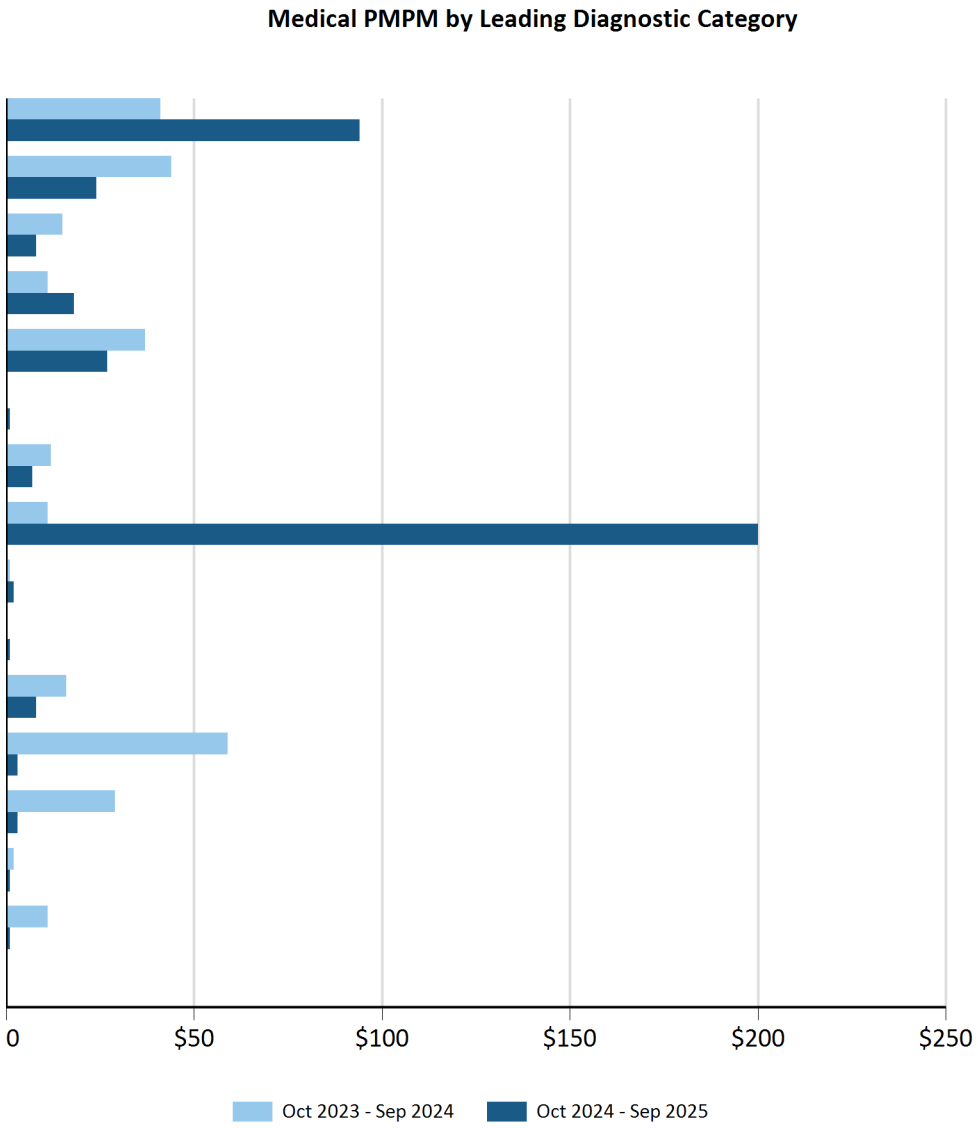
Report Description: Displays, by paid month, the medical dollars paid and the corresponding month incurred for a 12 month rolling paid period (if available for your account). This report provides insight into the monthly claim lag and can help identify IBNR.

Incurred Month	Paid Month												
	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	**Summary**
All Prior	$1,254	$554	$1,568				$115		$482				**$3,972**
Oct 2023		$168											**$168**
Nov 2023		$292	$1,356										**$1,648**
Dec 2023		$6,138											**$6,138**
Jan 2024		$204	$7,180							$117			**$7,500**
Feb 2024	$696	$6,128											**$6,824**
Mar 2024		$7,518		($424)									**$7,094**
Apr 2024		$5,589		$25					$132				**$5,746**
May 2024		$7,290	$1,300							$114			**$8,704**
Jun 2024		$198	$323					$99	$157				**$777**
Jul 2024	$343	$754	$56	$33	($98)	$188							**$1,275**
Aug 2024	$5,231	$4,213		$121	($1,551)	$315	$124	$59					**$8,511**
Sep 2024	$16,397	$1,046	$249	$121	$637	($103)							**$18,346**
Oct 2024	$42,311	$9,848	$302,542	$107	$549	$76		$405			$25		**$355,864**
Nov 2024		$48,171	($7,571)	$54,647	$2,974	$27	$98	$43	$1,807	($43)			**$100,153**
Dec 2024			$20,832	$25,883	$3,619	$2,359	$585	$1,430				($14,676)	**$40,033**
Jan 2025				$5,907	$2,258	$7,047	$199	$48			$41		**$15,499**
Feb 2025					$4,772	$8,569	$219	$98	$33	$56			**$13,747**
Mar 2025						$16,839	$8,576	$451		$112	$115		**$26,092**
Apr 2025							$25,358	$11,600	$712	$797	$10		**$38,478**
May 2025								$10,978	$26,692	$692	$3,536	$12	**$41,910**
Jun 2025									$13,326	$5,946	$169	$449	**$19,890**
Jul 2025										$12,021	$12,073	$1,682	**$25,776**
Aug 2025											$12,666	$5,434	**$18,100**
Sep 2025												$10,223	**$10,223**
Summary	**$66,232**	**$98,111**	**$327,834**	**$86,420**	**$13,159**	**$35,316**	**$35,275**	**$25,210**	**$43,340**	**$19,814**	**$28,634**	**$3,124**	**$782,469**

Financial Overview: Overall Medical Paid PMPM by Leading Diagnostic Category

Report Description: Lists the top 15 overall paid expense across inpatient facility, outpatient facility, and professional settings by leading diagnostic categories for the current month, current period, prior period and percent change.

Paid Period	Sep 2025	Oct 2023 - Sep 2024	Oct 2024 - Sep 2025	% Change
Leading Diagnostic Category	**Paid PMPM**	**Paid PMPM**	**Paid PMPM**	**Paid PMPM**
Genitourinary	$56	$41	$94	129.3%
Health Status	$20	$44	$24	-45.5%
Respiratory	$10	$15	$8	-46.7%
Endocrine	$7	$11	$18	63.6%
Symptoms/Ill-Defined	$6	$37	$27	-27.0%
Blood	$4		$1	0.0%
Circulatory	$4	$12	$7	-41.7%
Infectious/Parasitic	$3	$11	$200	1,718.2%
Mental Health	$3	$1	$2	100.0%
Not Available	$2		$1	0.0%
Nervous	$1	$16	$8	-50.0%
Musculoskeletal	$1	$59	$3	-94.9%
Neoplasms	$1	$29	$3	-89.7%
Ear	$1	$2	$1	-50.0%
Skin	$1	$11	$1	-90.9%
All Other Values	($98)	$422	$33	-92.2%
Summary	$21	$711	$432	-39.2%



Key Findings: The top three Leading Diagnostic Categories in the current reporting month based on Paid PMPM were **Genitourinary, Health Status, and Respiratory**.

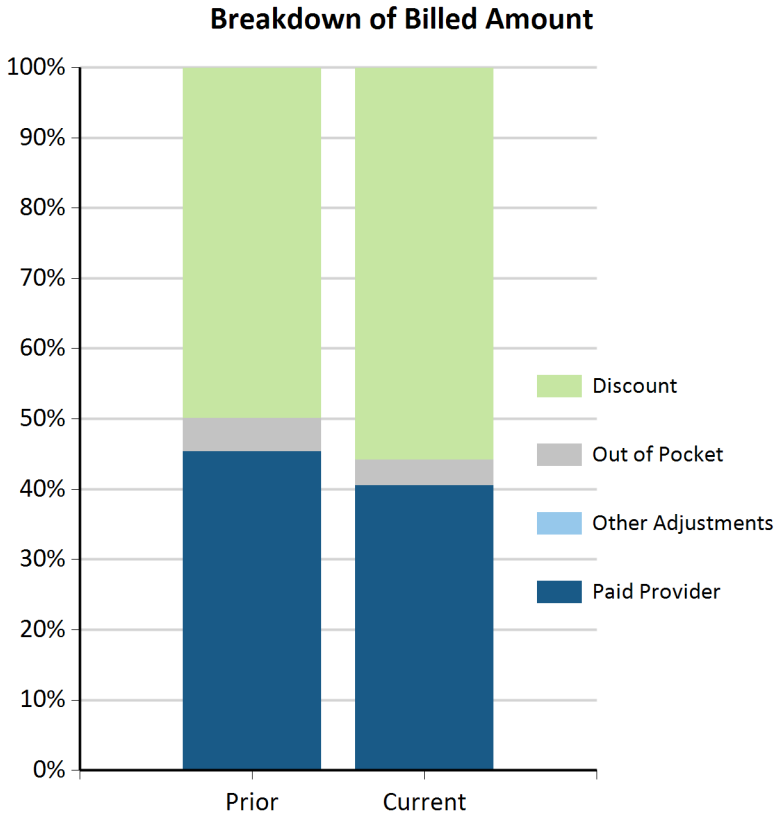
Pharmacy: Financial Summary

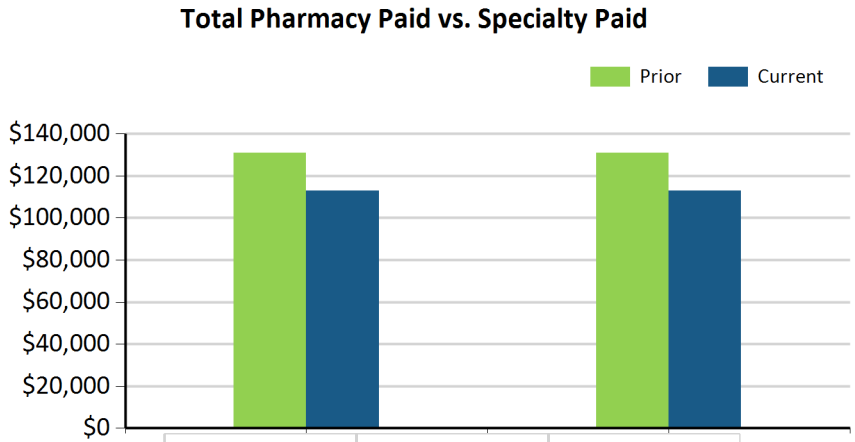
Report Description:

This report provides an overview of the pharmacy order of reduction from billed to paid for the current month, current period, prior period, and percent change.

Pharmacy Order of Reduction

	Sep 2025	Oct 2023 - Sep 2024	Oct 2024 - Sep 2025	% Change
Billed	$24,767	$287,470	$278,526	-3.1%
Discount	$14,015	$143,476	$155,558	8.4%
Allowed	$10,751	$143,994	$122,968	-14.6%
Out of Pocket	$1,014	$13,563	$10,060	-25.8%
Other Adjustments	$0	($371)	($117)	68.5%
Paid - Provider	$9,737	$130,802	$113,026	-13.6%
Paid	$9,737	$130,802	$113,026	-13.6%





	Total Paid	Specialty Paid	Non Specialty Paid
Prior	$130,802	$0	$130,802
Current	$113,026	$0	$113,026

Pharmacy: Key Indicators

Report Description: This report provides an overview of the prescription expenses for the current month. Prescription expenses and percent changes between the current and prior reporting periods are provided as well.

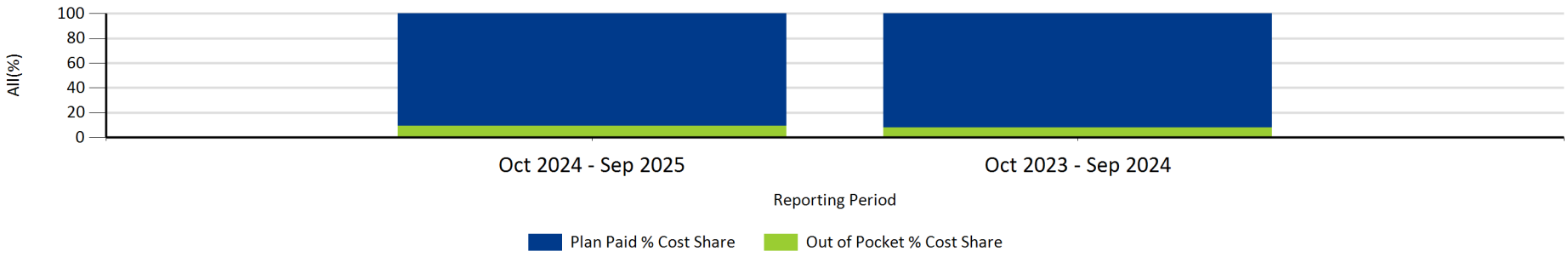
Key Indicators Summary

Key Indicators Summary	Sep 2025	Oct 2023 - Sep 2024	Oct 2024 - Sep 2025	% Change
Unique Pharmacy Members	146	184	193	4.9%
Claimants	39	121	108	-10.7%
Prescriptions	145	1,528	1,344	-12.0%
Prescriptions PMPM	0.99	0.79	0.74	-6.3%
Paid	$9,737	$130,802	$113,026	-13.6%
Paid PMPM	$66.69	$67.77	$62.41	-7.9%
Allowed	$10,751	$143,994	$122,968	-14.6%
Allowed PMPM	$73.64	$74.61	$67.90	-9.0%
Avg. Ingredient Cost/Prescription	$74.04	$94.09	$91.40	-2.9%
Generic Dispensing Rate	88.3%	87.5%	86.9%	-0.7%
Generic Substitution Rate	94.8%	98.8%	97.6%	-1.2%
Out of Pocket Percent of Allowed	9.4%	9.4%	8.2%	-13.1%
Retail as a Percent of Prescriptions	100.0%	100.0%	100.0%	0.0%
Mail Order as a Percent of Prescriptions	0.0%	0.0%	0.0%	0.0%
Specialty Percent of Total Prescriptions	0.0%	0.0%	0.0%	0.0%
Specialty Percent of Total Paid	0.0%	0.0%	0.0%	0.0%
Specialty Average Ingredient Cost/Prescription	$0	$0	$0	0.0%

Cost Sharing Distribution

	Sep 2025		Oct 2023 - Sep 2024		Oct 2024 - Sep 2025		% Change	
Cost Sharing Distribution	Retail	Mail	Retail	Mail	Retail	Mail	Retail	Mail
Member Out of Pocket	9.4%		9.4%		8.2%		-13.0%	
Plan Paid	90.6%		90.6%		91.8%		1.4%	

Cost Sharing Distribution



Pharmacy: Generic vs. Formulary Experience

BlueCross BlueShield of Texas

Report Description: For the current period, the prescription drug expenses are displayed below for retail and mail order providers and broken out by drug type and formulary indicator.

			Total Expense		Member Expense		Plan Expense	
Retail Prescriptions	**Prescriptions**	**% of Total Prescriptions**	**Allowed**	**Allowed / Prescription**	**Out of Pocket**	**Out of Pocket / Prescription**	**Paid**	**Paid/ Prescription**
Generic	1,164	87%	$12,600	$10.83	$3,247	$2.79	$9,353	$8.04
Brand	180	13%	$110,368	$613.15	$6,813	$37.85	$103,672	$575.96
Summary	**1,344**	**100%**	**$122,968**	**$91.49**	**$10,060**	**$7.48**	**$113,026**	**$84.10**
Brand Type Breakdown								
Single-Source Brand	151	11%	$98,604	$653.01	$5,539	$36.68	$93,182	$617.10
Multi-Source Brand	29	2%	$11,763	$405.63	$1,274	$43.91	$10,490	$361.72
Multi-Source Brand w/ DAW1								
Multi-Source Brand w/ DAW2	11	1%	$4,184	$380.34	$508	$46.21	$3,675	$334.13
Brand Formulary	178	13%	$108,549	$609.83	$6,613	$37.15	$102,053	$573.33
Brand Non-Formulary	2	0%	$1,819	$909.36	$200	$100.00	$1,619	$809.36

			Total Expense		Member Expense		Plan Expense	
Mail Prescriptions	**Prescriptions**	**% of Total Prescriptions**	**Allowed**	**Allowed / Prescription**	**Out of Pocket**	**Out of Pocket / Prescription**	**Paid**	**Paid/ Prescription**
Generic								
Brand								
Summary								
Single-Source Brand								
Multi-Source Brand								
Multi-Source Brand w/ DAW1								
Multi-Source Brand w/ DAW2								
Brand Formulary								
Brand Non-Formulary								

			Total Expense		Member Expense		Plan Expense	
Total Prescriptions	**Prescriptions**	**% of Total Prescriptions**	**Allowed**	**Allowed / Prescription**	**Out of Pocket**	**Out of Pocket / Prescription**	**Paid**	**Paid/ Prescription**
Generic	1,164	87%	$12,600	$10.83	$3,247	$2.79	$9,353	$8.04
Brand	180	13%	$110,368	$613.15	$6,813	$37.85	$103,672	$575.96
Summary	**1,344**	**100%**	**$122,968**	**$91.49**	**$10,060**	**$7.48**	**$113,026**	**$84.10**
Brand Type Breakdown								
Single-Source Brand	151	11%	$98,604	$653.01	$5,539	$36.68	$93,182	$617.10
Multi-Source Brand	29	2%	$11,763	$405.63	$1,274	$43.91	$10,490	$361.72
Multi-Source Brand w/ DAW1								
Multi-Source Brand w/ DAW2	11	1%	$4,184	$380.34	$508	$46.21	$3,675	$334.13
Brand Formulary	178	13%	$108,549	$609.83	$6,613	$37.15	$102,053	$573.33
Brand Non-Formulary	2	0%	$1,819	$909.36	$200	$100.00	$1,619	$809.36

Pharmacy: Top Non-Specialty Drug Classes and Drugs

BlueCross BlueShield of Texas

Report Description: The top 10 therapeutic and prescription drug classes and drugs for the current period are displayed below ranked by ingredient cost.

Current/ Prior Rank		Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	% Generic	Rank by Volume
1	1	Incretin Mimetic Agents	72	7	$69,695	$967.99	$833.98		1
2	2	Antiviral Combinations	5	6	$6,851	$1,370.11	$571.86		59
3	4	Antidiabetic Combinations	12	1	$6,085	$507.08	$519.16		31
4	5	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	10	2	$5,517	$551.67	$494.20		39
5		Direct Factor Xa Inhibitors	8	1	$4,945	$618.17	$0		46
6		Potassium Removing Agents	9	1	$4,860	$540.00	$721.64		44
7	9	Sympathomimetics	43	18	$3,399	$79.04	$46.15	74.4%	10
8	8	Insulin	17	3	$2,348	$138.10	$238.98		23
9		Ophthalmic Anti-infectives	13	9	$1,965	$151.17	$10.37	84.6%	29
10		Imidazole-Related Antifungals	11	7	$1,088	$98.95	$138.99	100.0%	35
		All Other	1,144	103	$16,085	$14.06	$28.69	97.0%	
		Summary	**1,344**	**108**	**$122,838**	**$91.40**	**$94.09**	**86.6%**	

Current/ Prior Rank		Brand Name	Plan Therapeutic Class	Prescriptions	Utilizing Members	Ingredient Cost	Avg. Ingredient Cost/ Prescription (Current)	Avg. Ingredient Cost/ Prescription (Prior)	Generic Indicator	Rank by Volume
1	6	OZEMPIC INJ 8MG/3ML	Incretin Mimetic Agents	21	2	$19,148	$911.82	$853.56	NO	2
2	2	MOUNJARO INJ 15MG/0.5	Incretin Mimetic Agents	18	2	$18,144	$1,008.00	$728.81	NO	6
3	1	MOUNJARO INJ 10MG/0.5	Incretin Mimetic Agents	16	2	$15,533	$970.81	$976.58	NO	9
4	8	MOUNJARO INJ 12.5/0.5	Incretin Mimetic Agents	13	1	$12,972	$997.83	$968.68	NO	14
5	4	PAXLOVID TAB 300-100	Antiviral Combinations	5	6	$6,851	$1,370.11	$1,358.17	NO	74
6	13	XIGDUO XR TAB 5-1000MG	Antidiabetic Combinations	12	1	$6,085	$507.08	$511.57	NO	18
7		XARELTO TAB 20MG	Direct Factor Xa Inhibitors	6	1	$3,707	$617.85		NO	66
8	14	LOKELMA PAK 5GM	Potassium Removing Agents	6	1	$3,079	$513.13	$721.64	NO	56
9	10	FARXIGA TAB 10MG	Sodium-Glucose Co-Transporter 2 (SGLT2	6	1	$3,032	$505.29	$494.20	NO	57
10	7	MOUNJARO INJ 7.5/0.5	Incretin Mimetic Agents	3	1	$2,957	$985.57	$1,022.91	NO	104
		All Other		1,238	108	$31,331	$25.31	$46.48		
		Summary		**1,344**	**108**	**$122,838**	**$91.40**	**$94.09**		

Pharmacy: Specialty Drug Analysis

Report Description: Specialty drugs generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more expensive than alternative drugs or therapies. This report provides specialty drug analysis for the current month, current period, prior period and percent change.

Specialty Drug Key Indicators

	Sep 2025	Oct 2023 - Sep 2024	Oct 2024 - Sep 2025	% Change
Unique Pharmacy Members	146	184	193	4.9%
Claimants				0.0%
Percent of Utilizing Members	0.0%	0.0%	0.0%	0.0%
Prescriptions				0.0%
Specialty Percent of Total Paid	0.0%	0.0%	0.0%	0.0%
Percent of Total Prescriptions Paid				0.0%
Paid				0.0%
Paid PMPM				0.0%
Average Ingredient Cost/Prescription				0.0%

Top 5 Specialty Classes by Ingredient Cost for the Current Period

No Data Available

Top 10 Specialty Drugs by Ingredient Cost for the Current Period

Brand Name	Specialty Class	Ingredient Cost	Prescriptions	Avg. Ingredient Cost/ Prescription	Specialty Claimants

Prior period is reflected only as it pertains to the Top 5 Specialty Classes of current period.

Appendix: ICD Category Definitions

Certain Conditions Original in the Perinatal Period: Includes infant-related conditions associated with prematurity and the newborn period until one month of age. Example conditions include prematurity, low birth weight, multiple births, various birth-related injuries, respiratory distress syndrome, and jaundice.

Certain Infectious and Parasitic Diseases: Includes communicable or transmissible diseases caused by bacteria and viruses that commonly cause widespread infection. Example conditions include sepsis, infectious shock, tuberculosis, and COVID-19. Of note: immunization claims, which were previously in this category in the CCS diagnostic category system, are now in the *Factors Influencing Health Status category*.

Congenital Malformations, Deformations, and Chromosomal Abnormalities: Includes any genetic condition and/or organ malformations present at birth. Example conditions within this category include Down Syndrome, various heart defects, diaphragmatic hernia, spina bifida, cleft palate, polycystic kidney disease, and limb malformations.

Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving the Immune Mechanism: Includes conditions related to white or red blood cells, platelets, or plasma. Example conditions include various types of anemias (e.g., iron deficiency, aplastic, sickle cell) and coagulation disorders such as hemophilia, and various immunodeficiency conditions.

Diseases of the Circulatory System: Includes conditions involving the heart, arteries, and veins. Example conditions within this category include hypertension, heart attack, coronary heart disease, congestive heart failure, arrhythmias, aneurysms, atherosclerosis, blood clots, and stroke.

Diseases of the Digestive System: Includes conditions involving the digestive organs, which includes the mouth, esophagus, stomach, intestines, gall bladder, liver, and pancreas. Example conditions within this category include stomach and intestinal ulcers, acid reflux, gallstones, cirrhosis, autoimmune hepatitis, pancreatitis, appendicitis, and various hernias.

Diseases of the Ear and Mastoid Process: Includes conditions involve in the ears, such as hearing loss, ear infection, earache, and tinnitus. Of note: This category is new within the CCSR system; these conditions were previously included in the *Diseases of the Nervous System and Sense Organs* category in the CCS system.

Diseases of the Eye and Adnexa: Includes conditions involving the eyes, such as cataracts, myopia, glaucoma, macular degeneration, and conjunctivitis. Of note: This category is new within the CCSR system; these conditions were previously included in the *Diseases of the Nervous System and Sense Organs* category in the CCS system.

Diseases of the Genitourinary System: Includes conditions involving the kidneys, bladder, and genitalia, including infertility diagnoses. Example conditions within this category include chronic kidney disease, kidney stones, incontinence, endometriosis, ovarian cysts, female and male infertility, and prostate enlargement. Of note: management related to infertility falls within the *Pregnancy, Childbirth and the Puerperium* category.

Diseases of the Musculoskeletal System: Includes conditions involving the bones, cartilage, joints, muscles, and connective soft tissue. Example conditions include osteoarthritis, osteoporosis, spinal stenosis, spondylosis, intervertebral disc disorders, radiculopathy, rheumatoid arthritis, and lupus.

Appendix: ICD Category Definitions

Diseases of the Nervous System: Includes conditions involving the brain, spinal cord, and nerves. Example conditions include multiple sclerosis, sleep apnea, migraine, fibromyalgia, carpal tunnel syndrome, myasthenia gravis, Parkinson's disease, Guillain-Barre syndrome, and spinal muscular atrophy. Of note: In the CCS system, this category previously included conditions related to the ears and eyes, but those conditions are now reported in the *Diseases of the Ear and Mastoid Process and Diseases of the Eye and Adnexa* categories, respectively.

Diseases of the Respiratory System: Includes conditions related to the airway and breathing, which includes the nose, bronchial tree, and lungs. Example conditions within this category include respiratory failure, throat infections, sinusitis, bronchitis, asthma, COPD, and pneumonia.

Diseases of the Skin and Subcutaneous Tissue: Includes conditions involving the skin, hair, and nails. Example conditions would be various skin/decubitus ulcers, cellulitis, psoriasis, dermatitis, alopecia, and fungal infections.

Endocrine, Nutritional and Metabolic Diseases: Includes conditions related to immune system functioning, nutrition, metabolism, and function of the endocrine glands, which include the thyroid, pituitary, pancreas, adrenal glands, ovaries, and testes. Example conditions would be diabetes, cystic fibrosis, thyroid disease, malnutrition, obesity, and hyperlipidemia. Of note: The immunodeficiency conditions that were previously reported in this category in the CCS system are now reported in the *Diseases of the Blood and Blood Forming Organs and Certain Disorders Involving the Immune Mechanism* category.

External Causes of Morbidity: Includes conditions related to accidents and exposure to harmful substances. Examples of conditions include injuries from motor vehicle accidents, exposure to the elements, and wounds from weapons or firearms.

Factors Influencing Health Status and Contact with Health Services: Includes diagnosis codes that are used for preventive screenings, immunizations, contraceptive management, post-operative rehabilitation, monitoring of post-operative organ transplants, and personal or family history of certain hereditary conditions such as cancer and heart disease. Note: Chemotherapy claims technically fall within this CCSR category, but the logic in Blue Insight ignores these codes to ensure that chemotherapy claims are categorized based on the underlying diagnoses they are treating, most of which are in the Neoplasms category. Also note: diagnosis codes for COVID-19 testing were previously reported in the *Infectious and Parasitic Diseases* category in the CCS system, but they are now reported under the *Factors Influencing Health Status* category.

Injury, Poisoning and Certain Other Consequences of External Causes: Includes treatment for injuries to the body, including various poisonings, as well as any complications from medical procedures and devices. Example conditions include sprains and strains, fractures, burns, lacerations, various drug or environmental poisonings, and complications from surgery.

Mental, Behavioral, and Neurodevelopmental Disorders: Includes psychiatric and behavioral conditions related to thinking, feeling, social skills or substance abuse. Example conditions include depression, anxiety, schizophrenia, eating disorders, autism, learning disorders, speech delay, Tourette's syndrome, and substance use disorders.

Appendix: ICD Category Definitions

Neoplasms: Includes any abnormal growth of cells, either benign or malignant (cancer). Includes various cancer conditions and any abnormal growth of cells, including related chemotherapy, immunotherapy, and radiation therapy services. Example conditions within this category would be Leukemia, Hodgkin's Disease, breast, lung, prostate, skin, and colon cancers. Of note: Diagnosis codes for personal or family history of cancer (as opposed to an active cancer diagnosis) were previously included in this category in the CCS system, but they are now included in the *Factors Influencing Health Status* category.

Pregnancy, Childbirth and the Puerperium: Includes vaginal and cesarean deliveries, maternally-related conditions associated with contraception and fertility management, and any complication of pregnancy. Example claims include fertility testing, artificial insemination, tubal ligation, IUD placement, pregnancy-induced hypertension, bleeding related to pregnancy, gestational diabetes, early or threatened labor, ectopic pregnancy, and delivery procedures. Of note: An actual diagnosis of infertility falls in the Diseases of the *Genitourinary System* category.

Signs, Symptom and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified: Includes abnormal lab results that may suggest, but do not always confirm, a more specific diagnosis, as well as general symptoms for which a more specific diagnosis cannot be found after medical evaluation, which is common for urgent care and emergency room claims. Example conditions include abdominal pain, shortness of breath, chest pain, fainting, nausea, fever, swelling, and abnormal test results. Note: Preventive screening claims were previously included in this category in the CCS system but are now included in the *Factors Influencing Health Status* category.

Glossary

Admin Fees: The charge to an account for HCSC's operational cost of doing business.

Administrative Services Only (ASO): A contract between HCSC and a self-funded plan where HCSC performs administrative services only and does not assume any financial risk. Services usually include claims processing but may include other services such as actuarial analysis and utilization review.

Aggregate: Constituting or amounting to a whole. For example, an aggregate account report includes data for the entire account.

Aggregate Stop Loss: A form of reinsurance that provides protection for medical expenses above a certain limit, generally on a year-by-year basis. Aggregate stop loss provides protection against the accumulation of total claims for a group as a whole exceeding a stated level.

Allowed: Amount considered eligible for payment by the plan

ASO Adjustments: An amount added or deducted from ASO (Administrative Services Only) fees. This includes Stop Loss Reimbursements.

Average Age: The difference between the claimant's year of enrollment and year of birth. Calculated using the measure Average Age divided by the members represented in the report.

Average Contract Size: The average number of members per subscriber. It is calculated as: Medical Members / Medical Subscribers

Average Dependents: Calculated using the measure Member Months (filtered on the Relationship = Dependents) divided by the number of months in the report.

Average Ingredient Cost: Represents the cost of the medication and is determined from the lowest submission of the pharmacy network rate, Usual & Customary amount, or Maximum Allowable Cost (MAC)

Average Members: Calculated using the measure Member Months divided by the number of months included in the report.

Average Subscribers: Calculated using the measure Subscriber Months divided by the number of months included in the report.

Billed: Amount submitted for payment by the provider

Billing and Accounts Receivable System (BARS): An HCSC financial system where all Administrative Services Only (ASO) customer bills are generated.

Blue Card Access Fee: Interplan Teleprocessing Services fee charged on out-of-state claims for accessing the local plan's provider network

Brand Formulary: Brand name medications that are listed on the formulary

Brand Non-Formulary: Brand name medications that are not listed on the formulary

Claimants: Number of individual members submitting a claim

Claim Lag: The amount of time between the date a claim is incurred and the date the claim payment is made.

Glossary

COB: Portion of amount considered eligible for payment that has been paid by another insurance company (Coordination of Benefits)

COB Medicare: Portion of amount considered eligible for payment that has been paid by Medicare

COBRA Members: Consolidated Omnibus Budget Reconciliation Act - A federal law which requires most employers sponsoring group health plans to offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) when coverage under the plan would otherwise end.

Coinsurance: Portion of covered amount member is responsible to pay for the claim

Co-payment: Flat rate that the member is responsible to pay for the claim

Coverage Tier: Eligibility tiers which stratify enrollment data based on the employee and others enrolled under the employee's coverage. Varying benefits can be assigned to tiers.

Covered Amount: Amount eligible for payment based on the terms of the medical/dental benefits agreement.

DAW/1: Indicates that the physician has specified 'do not substitute' on the prescription.

DAW2: Indicates that the Physician has allowed a substitution, but the patient requested brand to be dispensed

Deductible: Portion of annual deductible amount member is responsible to pay applied to the claim.

Dental Loss Ratio: Calculated as the Dental Paid Claims Amount divided by the Billed Dental Premium Amount.

Dental Paid Claims: An amount paid to cover the Health Plan's liability for dental services provided to members for claims that have been processed and approved for payment.

Discount: Amount of reduction from billed amount that has been negotiated with the provider

Discount %: For medical claims, the discount percent is calculated as Discount / Covered

Dispensing Rate: The proportion of total drugs claims a certain drug or drug type is being dispensed

Drug Type: An indicator on each Rx claim that tells whether a prescription is single source brand, multi-source brand or generic item.

Effective Discount %: The effective discount percentage is calculated as: Discount / (Discount + Paid)

Fees and Credits: Includes all account-specific member and account level fees. Can include Specific Stop Loss, Aggregate Stop Loss, Administration, Access Fees, ASO Adjustments (either debits or credits), Rx Credits and other miscellaneous fees.

Females (20-44 years): The total number of members who are women between the ages of 20 and 44 years. The proportion of females (20-44 years) is calculated as: Member Months for Women between 20-44 years / Member Months

Formulary Compliance Rate: The percentage of drugs dispensed that were included in the formulary

Glossary

Generic Dispensing Rate: Proportion of potential generic prescriptions that were filled as generic (excludes COVID claims).

Generic Drugs: A medication for which the patent has expired, allowing any manufacturer to produce and distribute the product under the chemical name.

Generic Substitution Rate: The rate in which generics were dispensed when a generic was available (excludes COVID claims).

Group Liability: Total Claim Expense plus Fees and Credits

HCC: High Cost Claimant, a claimant with total paid amount over a specified threshold (e.g., $30,000 or $50,000) within the reporting period

IBNR: An acronym for 'incurred but not reported'. IBNR claims are that group which are incurred before the fund reserving date, but not reported until after that date.

Ingredient Cost: The cost of the drug including sales tax, excluding dispensing fees.

In-Network Paid %: Percent of total paid expenses for in-network claims. It is calculated as: In-Network Paid / Paid

Inpatient Facility: Refers to Facility Inpatient claims

International Classification of Diseases (ICD): An official list of categories of diseases, physical and mental, issued by the World Health Organization (WHO).

Leading ICD Diagnostic Category: For each patient, summarize total paid amount for each diagnosis and its corresponding MDC. The MDC with the greatest paid amount for the patient becomes the Leading ICD Diagnostic Category for the reporting period

MAC Program Savings: Savings achieved by using the MAC (maximum allowable cost) discount on generic medications

Medical Paid Claims: An amount paid to cover the Health Plan's liability for medical (healthcare) services provided to members for claims that have been processed and approved for payment

Medical/Pharmacy Loss Ratio: Calculated as the combined Medical and Pharmacy Paid Claims Amount divided by the total Billed Premium Amount for Medical and Pharmacy, where appropriate

Member Months: Count of months of eligibility for members

Multi-Source Brand: Brand name medications with a generic equivalent

Network Indicator: An indicator that shows whether the claim was processed as in-network (e.g., in the Preferred Provider Organization network) or out-of-network and paid accordingly

Network Savings Discount: The discount that is applied when a member receives services from a contract provider.

Not Covered: Amount considered not eligible for payment by the plan (excludes the discount amount)

Glossary

Other Adjustments: Minor payments or credits not captured in other specific expense measures

Other Payments: Combination of Blue Card access fees and surcharge expenses

Other Reductions: Combination of maximum reductions, penalties, workers compensation savings, and subrogation savings

Out of Pocket: Total amount that is the responsibility of the claimant. It is calculated as: (Copay + Deductible + Coinsurance)

Outpatient Facility: Refers to Facility Outpatient claims

Paid: Total amount paid by the plan, including access fees, adjustments, and surcharges

Paid-Provider: Amount paid to the provider by the plan

Paid/Claimant: Amount paid to the provider by the plan per claimant. It is calculated as: Paid / Claimants

Paid/Service: Amount paid to the provider by the plan per admission (inpatient facility), per visit (outpatient facility and professional) or per script (prescription Rx). It is calculated as: Paid / Services

Paid PEPM: Amount paid to the provider by the plan per employee per month. It is calculated as: Paid / Subscriber Member Months

Paid PMPM: Amount paid to the provider by the plan per member per month. It is calculated as: Paid / Member Months

Penalty: Amount charged to the user of health care services for a non-approved contractual service

PEPM: Per employee per month

Pharmacy Discount %: For pharmacy claims, the discount percent is calculated as Discount / (Discount + Allowed)

Pharmacy Paid Claims: An amount paid to pharmacies (or members where applicable) to cover the Health Plan’s liability for pharmacy services provided to members for claims that have been processed and approved for payment. The calculation of “pharmacy paid claims” does not include pharmaceutical manufacturer rebates

Pharmacy Tier: An indicator on each Rx claim that tells whether a prescription is generic, preferred brand, non-preferred brand, specialty, or other

Plan Eligibility: Eligibility derived directly from the plan's enrollment system. It excludes eligibility created during data processing for claims without matching records in the enrollment system.

PMPM: Per member per month

Glossary

Premium: An agreed upon fee paid to the Health Plan for coverage of medical and/or dental benefits for an established benefit period and set intervals

Professional: Services provided by physicians or other professional providers.

Recoveries: Subrogation and/or Reimbursements for claims that are included in BARS but not in HCSC's data warehouse (since some of the reimbursements could be for members or claims that are no longer in our data warehouse). Recoveries are loaded from the BARS System and included in Blue Insight for reconciliation purposes.

Rx Credit Fees: Drug rebates that are credited back to the account.

Rx Paid PEPM: Prescription drug paid amount per employee per month

Rx Paid PMPM: Prescription drug paid amount per member per month

Service Category: A classification based on claim type

Service Type: Classification based on principal diagnosis or ICD Procedure Code

Services: Number of admissions (inpatient facility), number of visits (outpatient facility), number of claim lines (professional), or number of scripts (prescription Rx)

Services/1000: Number of services per 1,000 members. It is calculated as: (Services / Member Months) * 1000 * 12

Single Source Brand: Brand name medications with no generic equivalent

Specialty Drugs: Medications that generally have unique uses, require special dosing or administration, are typically prescribed by a specialist provider and are significantly more costly than alternative drugs or therapies.

Specific Stop Loss: A form of reinsurance that provides protection for medical expenses above a certain limit, generally on a year-by-year basis. Specific (or individual) stop loss limits the cost of eligible medical expenses for each covered individual.

Subrogation Savings: Portion of amount eligible for payment originally paid by the plan but that has since been recovered through a legal action

Surcharge: Amount charged as a tax by certain States on facility claims

Therapeutic Drug Class: Used to categorize or group prescription drugs which are considered similar by the disease they treat or by the effect they have on the body

Total Paid: The total amount of medical and pharmacy dollars paid to cover healthcare services provided to members for claims that have been processed and approved for payment

Total Paid Claims + Recoveries: The total amount paid by the plan plus any amount recovered through subrogation.

Workers Compensation Savings: Portion of amount eligible for payment that has been paid a third party Workers Compensation carrier