

County of Chatham	
Effective Date:	7/1/2024
Members:	1,063
Employees:	617

CUSTOM TRADITIONAL PRICING	
Contract Period	Broad Plus
BRAND DISCOUNTS	
Retail Network	
7/1/2024 to 6/30/2025	20.00%
7/1/2025 to 6/30/2026	20.05%
7/1/2026 to 6/30/2027	20.15%
Extended Supply Network (ESN) - 90 Day Channel	
7/1/2024 to 6/30/2025	22.10%
7/1/2025 to 6/30/2026	22.15%
7/1/2026 to 6/30/2027	22.20%
Exclusive Mail	
7/1/2024 to 6/30/2025	24.90%
7/1/2025 to 6/30/2026	24.90%
7/1/2026 to 6/30/2027	24.90%
GENERIC DISCOUNTS	
Retail Network	
7/1/2024 to 6/30/2025	83.25%
7/1/2025 to 6/30/2026	83.35%
7/1/2026 to 6/30/2027	83.45%
Extended Supply Network (ESN) - 90 Day Channel	
7/1/2024 to 6/30/2025	87.00%
7/1/2025 to 6/30/2026	87.10%
7/1/2026 to 6/30/2027	87.20%
Exclusive Mail	
7/1/2024 to 6/30/2025	88.00%
7/1/2025 to 6/30/2026	88.10%
7/1/2026 to 6/30/2027	88.20%
BRAND DISPENSING FEES	
Retail Network	
7/1/2024 to 6/30/2025	\$0.30
7/1/2025 to 6/30/2026	\$0.30
7/1/2026 to 6/30/2027	\$0.30
Extended Supply Network (ESN) - 90 Day Channel	
7/1/2024 to 6/30/2025	\$0.30
7/1/2025 to 6/30/2026	\$0.30
7/1/2026 to 6/30/2027	\$0.30
Exclusive Mail	
7/1/2024 to 6/30/2025	\$0.00
7/1/2025 to 6/30/2026	\$0.00
7/1/2026 to 6/30/2027	\$0.00
GENERIC DISPENSING FEES	
Retail Network	
7/1/2024 to 6/30/2025	\$0.30
7/1/2025 to 6/30/2026	\$0.30
7/1/2026 to 6/30/2027	\$0.30
Extended Supply Network (ESN) - 90 Day Channel	
7/1/2024 to 6/30/2025	\$0.30
7/1/2025 to 6/30/2026	\$0.30
7/1/2026 to 6/30/2027	\$0.30
Exclusive Mail	
7/1/2024 to 6/30/2025	\$0.00
7/1/2025 to 6/30/2026	\$0.00
7/1/2026 to 6/30/2027	\$0.00
AGGREGATE SPECIALTY	
Discount	
7/1/2024 to 6/30/2025	19.25%
7/1/2025 to 6/30/2026	19.25%
7/1/2026 to 6/30/2027	19.25%
Specialty Pharmacy Dispensing Fee	
7/1/2024 to 6/30/2025	\$0.00
7/1/2025 to 6/30/2026	\$0.00
7/1/2026 to 6/30/2027	\$0.00

**Notes:**

- Discounts are based on the actual NDC-11 dispensed on the fill date.
- Guarantees are based upon the above selected BCBS NC Network.
- Guarantees are based upon an implemented BCBS NC Extended Supply Network (90-day retail). If not implemented, Retail rates apply.
- Discount and dispensing fee rates exclude compound, long term care (LTC) pharmacy, home infusion (HI) pharmacy, veterans affairs (VA) pharmacy, Indian/tribal/urban (I/T/U) pharmacy, U.S. territory (TER) pharmacy, 340B, Medicare/Medicaid, out-of-network, member-submitted (e.g. DMRs), coordination of benefits (COB), subrogation, invalid, usual and customary (U&C) claims and non-specialty discount and dispensing fees also exclude specialty (as defined by the BCBS NC specialty drug file) claims.
- For discount purposes, Specialty is defined by the BCBS NC specialty drug file.
- Guarantees are based upon the Blue Cross NC specialty network.
- Aggregate Specialty discount guarantees do not include limited distribution drugs (LDDs) nor any new specialty drugs brought to market and added to the specialty list during the term of each contract year.
- For discount and dispensing fees, Brand drugs are defined as drugs that have a Medi-Span multisource code field equal to "M", "N", or "O".
- For discount and dispensing fees, Generic drugs are defined as drugs that have a Medi-Span multisource code field equal to "Y".
- Unexpected generic launches and products launched at risk or under patent litigation are excluded from generic guarantees.
- Guarantees are based upon Amazon as the exclusive mail provider.

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CUSTOM TRADITIONAL PRICING	
Contract Period	Net Results
REBATES PER BRAND	
Retail Network	
7/1/2024 to 6/30/2025	\$304.81
7/1/2025 to 6/30/2026	\$344.37
7/1/2026 to 6/30/2027	\$386.56
Extended Supply Network (ESN) - 90 Day Channel	
7/1/2024 to 6/30/2025	\$799.50
7/1/2025 to 6/30/2026	\$853.19
7/1/2026 to 6/30/2027	\$921.12
Exclusive Mail	
7/1/2024 to 6/30/2025	\$726.01
7/1/2025 to 6/30/2026	\$762.23
7/1/2026 to 6/30/2027	\$792.52
Specialty	
7/1/2024 to 6/30/2025	\$3,027.18
7/1/2025 to 6/30/2026	\$3,446.26
7/1/2026 to 6/30/2027	\$3,949.26

**Notes:**

- For rebate purposes, Specialty is defined by the BCBS NC Specialty Rebate List.
- Compound, long term care (LTC) pharmacy, home infusion (HI) pharmacy, veterans affairs (VA) pharmacy, Indian/tribal/urban (I/T/U) pharmacy, U.S. territory (TER) pharmacy, 340b, Medicare/Medicaid, out of network, member-submitted (e.g. DMRs), coordination of benefits (COB), subrogation, invalid, vaccine, over-the-counter (OTC), and biosimilar claims are excluded from rebate guarantees.
- For rebate purposes, Brand drugs are defined as all drugs that have a Medi-Span multisource code field equal to "M", "N", or "O".
- Guaranteed rebates will be paid on all eligible claims incurred during the life of the contract.
- Pharmacy handling fees of \$1.40 per retail and specialty script and \$2.80 per mail script will be deducted from rebates at time of rebate settlement.
- If pharmacy coverage is terminated prior to 6/30/2027, County of Chatham will forfeit any unpaid rebates.
- Rebate are inclusive of and reflect the insulin pricing changes effective 1/1/2024.

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Notes:

**Additional Caveats:**

- For the purpose of reconciliation at contract year end, all guarantees are reconciled in aggregate, as long as the contract remains in effect.
- Guarantees are based on adoption and adherence of an above BCBS NC formulary, including associated utilization management, recommended formulary strategies, and clinical programs. BCBS NC reserves the right to make an equitable modification to the pricing terms of the agreement for the following: changes in any law or regulation, changes in interpretation of a law or regulation, changes within PBM marketplace which lead to a significant deviation from the current economic environment, unexpected market events, unexpected generic launches, authorized generic launches, biosimilar products, products launched at risk, products under patent litigation, new lower cost NDCs priced net of rebates from the innovator, products with WAC decreases, biosimilar utilization or mix being materially different from underwriting assumptions, changes in drug indications, implementation of new clinical programs, removal of existing clinical programs, changes in pharmacy benefit plan design, specialty drug file, limited distribution list, or formulary changes.
- Members will pay the lower of the contracted rate, U&C, or their applicable copayment.
- Assumes client does not have 340B pricing.
- Guarantees provided does not include savings from DUR or other clinical programs.
- Specialty drugs dispensed through the medical benefit will not be included in reconciliation of guarantees.
- Guarantees assumes 30% ESN penetration, if that differs significantly, BCBS NC reserves the right to revise guarantees terms and financials.
- Guarantees assumes 1% Mail penetration, if that differs significantly, BCBS NC reserves the right to revise guarantees terms and financials.
- BCBS NC reserves the right to equitably adjust guarantees in the event that membership in high deductible (CDHP) plan increases such that CDHP membership represents greater than 10% of total membership over the course of the contract.
- BCBS NC reserves the right to equitably adjust the guarantees in the event the number of covered members or pharmacy claims volume changes by greater than 10% over the course of the contract.
- Products with government mandated reimbursement, emergency use protocols, or related to Covid-19 (e.g testing, vaccines, and treatments) are excluded from guarantee reconciliation.
- Mail guarantees only include claims from a mail vendor with 84 days of supply or greater. Claims from 1 to 83 days of supply from a mail vendor are included in the retail guarantees.