

PROPOSED NORTH CAROLINA EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Plan from largest small group product, Preferred Provider Organization
Issuer Name	Blue Cross and Blue Shield of NC
Product Name	Blue Options
Plan Name	Blue Options
Supplemented Categories (Supplementary Plan Type)	<ul style="list-style-type: none">• Pediatric Oral (FEDVIP)• Pediatric Vision (FEDVIP)
Habilitative Services	No

BENEFITS AND LIMITS

Row Number	A Benefit	B Covered (Required): Is benefit Covered or Not Covered	C Benefit Description (Required if benefit is Covered): Enter a Description, it may be the same as the Benefit name	D Quantitative Limit on Service? (Required if benefit is Covered): Select "Yes" if Quantitative Limit applies	E Limit Quantity (Required if Quantitative Limit is "Yes"): Enter Limit Quantity	F Limit Units (Required if Quantitative Limit is "Yes"): Select the correct limit units	G Other Limit Units Description (Required if "Other" Limit Unit): If a Limit Unit of "Other" was selected in Limit Units, enter a description	H Minimum Stay (Optional): Enter the Minimum Stay (in hours) as a whole number	I Exclusions (Optional): Enter any Exclusions for this benefit	J Explanation: (Optional) Enter an Explanation for anything not listed	K Does this benefit have additional limitations or restrictions? (Required if benefit is Covered): Select "Yes" if there are additional limitations or restrictions that need to be described
1	Primary Care Visit to Treat an Injury or Illness	Covered	Primary Care Visit Includes services such as: Allergy testing Office surgery Drugs that must be administered by a provider	No					Prescription drugs that can be self-administered		No
2	Specialist Visit	Covered	Specialist visit Includes services such as: Allergy testing Office surgery Drugs that must be administered by a provider	No					Prescription drugs that can be self-administered		No
3	Other Practitioner Office Visit (Nurse, Physician Assistant)	Covered	Includes: Drugs that must be administered by a provider Includes nutritional counseling for ESRD	No							No
4	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	Outpatient surgeries and procedures including: Re-constructive surgery Re-constructive procedures Internal prosthesis Voluntary male sterilization Termination of pregnancy	No							No
5	Outpatient Surgery Physician/Surgical Services	Covered	Outpatient surgeries and procedures including: Re-constructive surgery Re-constructive procedures Internal prosthesis Voluntary male sterilization Termination of pregnancy	No							No
6	Hospice Services	Covered	Hospice Services	No					Homemaker services such as: Cooking House keeping Food or meal preparation	Requires life expectancy of 6 months or less.	No
7	Non-Emergency Care When Traveling Outside the U.S.	Covered	Non-Emergency Care When Traveling Outside the U.S.	No							No
8	Routine Dental Services (Adult)	Not Covered									

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9	Infertility Treatment	Covered	Services to diagnose cause of infertility, services for or related to artificial insemination, care needed to correct an underlying cause of infertility	Yes	5000	Other other	\$5000 per member per lifetime		Services for or related to invitro-fertilizaion, GIFT, ZIFT and reversal of voluntary sterilization No coverage for dependent children Infertility resulting from menopause Ovum or embryo placement Intracytoplasmic sperm injection (ICSI) Donor eggs and sperm Surrogate mothers		No
10	Long-Term/Custodial Nursing Home Care	Not Covered									
11	Private-Duty Nursing	Covered	Private Duty Nursing	No						Private duty nursing must provide more individual and continuous skilled care than can be provided in a skilled nursing visit through a home health agency.	No
12	Routine Eye Exam (Adult)	Covered	Routine screening and refraction	Yes	1	Visits per year					No
13	Urgent Care Centers or Facilities	Covered	Urgent care centers	No							No
14	Home Health Care Services	Covered	Home health care services	No					Homemaker services, such as cooking and housekeeping Dietician services or meals		No
15	Emergency Room Services	Covered	Emergency room services	No							No
16	Emergency Transportation/Ambulance	Covered	Ground transportation to the hospital and between facilities and air ambulance when necessary	No					Transportation for convenience or comfort or any non-medically necessary conditions.		No
17	Inpatient Hospital Services (e.g., Hospital Stay)	Covered	Inpatient surgeries and procedures including: Re-constructive surgery Re-constructive procedures Internal prosthesis Voluntary male sterilization Termination of pregnancy Intensive care units	No					Admissions primarily for the purpose of receiving rehab therapy.		No

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18	Inpatient Physician and Surgical Services	Covered	Inpatient surgeries and procedures including: Reconstructive surgery Reconstructive procedures Internal prosthesis Voluntary male sterilization Termination of pregnancy Intensive care units Rehab services	No						Therapy limits do not apply when inpatient.	No
19	Bariatric Surgery	Covered	Baritric services	No							No
20	Cosmetic Surgery	Not Covered								Reconstructive surgery is covered	
21	Skilled Nursing Facility	Covered	Skilled nursing facility	Yes	60	Days per year					No
22	Prenatal and Postnatal Care	Covered	Includes: Pregnancy testing when performed in physician office. Complications of pregnancy	No					Services related to surrogacy No coverage for dependents except for mandated complications of pregnancy		No
23	Delivery and All Inpatient Services for Maternity Care	Covered	Includes: Complications of pregnancy Anesthesia Newborn nursery and care Neonatal intensive care unit Circumcision	No					Dependent maternity except for state mandated complications of pregnancy and federally mandated services. Services related to surrogacy.		No
24	Mental/Behavioral Health Outpatient Services	Covered	Includes: Evaluation and diagnosis Medically necessary biofeedback Neuro psychological testing Partial day hospitalization Intensive therapy services	No					Marital counseling		No
25	Mental/Behavioral Health Inpatient Services	Covered	Mental/behavioral health inpatient services	No					Inpatient residential treatment centers Supervised living		No
26	Substance Abuse Disorder Outpatient Services	Covered	Includes: Evaluation and diagnosis Partial day hospitalization Intensive therapy services	No							No
27	Substance Abuse Disorder Inpatient Services	Covered	Inpatient services Including: Inpatient residential treatment centers Detoxification	No					Inpatient residential treatment centers Supervised living		No

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28	Generic Drugs	Covered	Generic drugs	No							No
29	Preferred Brand Drugs	Covered	Preferred brand drugs	No							No
30	Non-Preferred Brand Drugs	Covered	Non-preferred brand drugs	No							No
31	Specialty Drugs	Covered	Specialty drugs	No							No
32	Outpatient Rehabilitation Services	Covered	Outpatient therapy	No					Cognitive therapy	These outpatient rehab services have limitations. They will be listed on the separately on the next tab.	Yes
33	Habilitation Services	Not Covered	Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking, talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.								
34	Chiropractic Care	Covered	Chiropractic care Includes spinal manipulation	Yes	30	Visits per year				Combined with physical and occupational therapies	No
35	Durable Medical Equipment	Covered	Durable medical equipment Includes: Orthotics Prosthetics Medical devices Medical equipment and supplies	No					Wigs Items of personal comfort Home exercise Pools, whirlpools, spas, hydrotherapy equipment Surgical supports, corstets, clothing unless for the purpose of recovery from surgery or injury Common first aid supplies Health club membership		Yes

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36	Hearing Aids	Covered	Hearing aids	Yes	1	Other other	State mandated benefit: for members under age 22, one hearing aid per hearing impaired ear, and replacement hearing aids. Once every 36 months. \$2500 per hearing impaired ear every 36 months.				No
37	Diagnostic Test (X-Ray and Lab Work)	Covered	Diagnostic test (x-ray and lab work)	No							No
38	Imaging (CT/PET Scans, MRIs)	Covered	Imaging (CT/PET Scans, MRIs)	No							No
39	Preventive Care/ Screening/ Immunization	Covered	Includes: Preventative health care services mandated by ACA PSA Routine hearing test Oral contraceptives Contractive-IUD Contractives - injection Contraceptive-patch Contractive-diaphragm Contraceptive-implant Comprehensive lactation support and counseling by trained provider for pregnant women and those in the postpartum period Purchase of lactation equipment Screening and counseling for interpersonal and domestic violence Pediatric preventive services mandated by the ACA	No						Purchase of lactation equipment was covered as of 8/1 implementation of ACA women's preventive mandate	No

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40	Routine Foot Care	Covered	Routine foot care only for persons diagnosed with diabetes	No					Routine foot care that is palliative or cosmetic.		No
41	Acupuncture	Not Covered									
42	Weight Loss Programs	Not Covered									
43	Routine Eye Exam for Children	Covered	Routine eye exam	Yes	1	Visits per year					No
44	Eye Glasses for Children	Covered	Eyeglasses for adults and children	Yes	1	Other other	1 pair of glasses (lenses and frames per year				No
45	Dental Check-Up for Children	Covered	Dental Exams	Yes	1	Other other	1 every 6 months			Limitations, including dollar limits, may apply	No
46	Other										

OTHER BENEFITS

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1	Outpatient Rehabilitation Services	Covered	Cardiac rehab	Yes	30	Visits per year				More available beyond the initial allotment if deemed medically necessary.	No
2	Outpatient Rehabilitation Services	Covered	Pulmonary rehab	Yes	1	Other other	One course of treatment per year		Group classes		No
3	Outpatient Rehabilitation Services	Covered	Physical therapy	Yes	30	Visits per year				Visit limit combined with occupational therapy and chiropractic therapy	No
4	Outpatient Rehabilitation Services	Covered	Occupational therapy	Yes	30	Visits per year				Visit limit combined with physical therapy and chiropractic therapy	No
5	Outpatient Rehabilitation Services	Covered	Speech therapy	Yes	30	Visits per year			Speech therapy for stuttering is not covered		No
6	Other	Covered	Renal Dialysis/Hemodialysis	No							No
7	Other	Covered	Radiation Therapy	No							No
8	Other	Covered	Chemotherapy	No							No
9	Durable Medical Equipment	Covered	Orthotic device for positional plagiocephaly	Yes	600	Other other	\$600 lifetime maximum				No
10	Other	Covered	Cochlear implants	No							No

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11	Other	Covered	Dental	No						Services provided for anesthesia and facility charges related to dental procedures performed in a hospital or ambulatory surgical center. This benefit is only available to DEPENDENT CHILDREN below the age of nine years, persons with serious mental or physical conditions and persons with significant behavioral problems. The treating PROVIDER must certify that the patient's age, condition or problem requires hospitalization or general anesthesia in order to safely and effectively perform the procedure. Accidental injury of the natural teeth, jaw, cheeks, lips, tongue, roof and floor of the mouth CONGENITAL deformity, including cleft lip and cleft palate Removal of: - tumors - cysts which are not related to teeth or associated dental procedures - exostoses for reasons other than for preparation for dentures	No
12	Other	Covered	TMJ Includes: Diagnostic, therapeutic or surgical procedures Surgical correction of malocclusion Splinting Intraoral prosthetic appliances	No					Treatment for periodontal disease Dental implants or root canals Crowns and bridges Orthodontic braces Occlusal (bite) adjustments Extractions		No
13	Other	Covered	Organ Transplants	No					Investigational transplant services Purchase price of any organ or tissue Donor services if the recipient is not a member Services for or related to the transplantation of animal or artificial organs or tissues	Includes: Hematopoietic stem-cell Cardiac Heart-Lung Lung and Lobar Lung Pancreas Renal Small Bowel Small Bowel with Liver Multi Visceral Islet Cell Liver Donor Search Transportation and Lodging Recipient must be a member	Yes
14	Other	Covered	Organ Donor Search	Yes	10000	Other other	\$10000 per transplant			Services related to the search for a living donor for a member recipient.	No

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15	Other	Covered	Basic Dental Care – Child	No						Limitations, including dollar limits, may apply	No
16	Other	Covered	Major Dental Care – Child	No						Limitations, including dollar limits, may apply	No
17	Other	Covered	Orthodontia - Child	No						Limitations, including dollar limits, may apply	No

PREScription DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

Please note that in some cases, a category is listed without a class because there are some drugs within the category that have not been assigned to a specific class.

Category	Class	Submission Count
ANALGESICS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	16
ANALGESICS	OPIOID ANALGESICS, LONG-ACTING	4
ANALGESICS	OPIOID ANALGESICS, SHORT-ACTING	8
ANESTHETICS	LOCAL ANESTHETICS	2
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	ALCOHOL DETERRENENTS/ANTI-CRAVING	2
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	OPIOID ANTAGONISTS	2
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	SMOKING CESSATION AGENTS	1
ANTI-INFLAMMATORY AGENTS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	16
ANTIBACTERIALS	AMINOGLYCOSIDES	4
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	7
ANTIBACTERIALS	BETA-LACTAM, CEPHALOSPORINS	7
ANTIBACTERIALS	BETA-LACTAM, OTHER	0
ANTIBACTERIALS	BETA-LACTAM, PENICILLINS	4
ANTIBACTERIALS	MACROLIDES	4
ANTIBACTERIALS	QUINOLONES	3
ANTIBACTERIALS	SULFONAMIDES	3
ANTIBACTERIALS	TETRACYCLINES	3
ANTICONVULSANTS	ANTICONVULSANTS, OTHER	1
ANTICONVULSANTS	BARBITURIC ACID DERIVATIVE	1
ANTICONVULSANTS	BENZODIAZEPINE DERIVATIVE	2
ANTICONVULSANTS	CALCIUM CHANNEL MODIFYING AGENTS	2
ANTICONVULSANTS	GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	3
ANTICONVULSANTS	GLUTAMATE REDUCING AGENTS	3
ANTICONVULSANTS	SODIUM CHANNEL AGENTS	3
ANTIDEMENTIA AGENTS	ANTIDEMENTIA AGENTS, OTHER	1
ANTIDEMENTIA AGENTS	CHOLINESTERASE INHIBITORS	3
ANTIDEMENTIA AGENTS	N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	0
ANTIDEPRESSANTS	ANTIDEPRESSANTS, OTHER	3
ANTIDEPRESSANTS	MONOAMINE OXIDASE INHIBITORS	2
ANTIDEPRESSANTS	SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS	6
ANTIDEPRESSANTS	TRICYCLICS	7
ANTIEMETICS	ANTIEMETICS, OTHER	9
ANTIEMETICS	EMETOGENIC THERAPY ADJUNCTS	3
ANTIFUNGALS	ANTIFUNGALS	13

Category	Class	Submission Count
ANTIGOUT AGENTS	ANTIGOUT AGENTS	2
ANTIMIGRAINE AGENTS	ERGOT ALKALOIDS	1
ANTIMIGRAINE AGENTS	PROPHYLACTIC	2
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	2
ANTIMYASTHENIC AGENTS	PARASYMPATHOMIMETICS	1
ANTIMYCOBACTERIALS	ANTIMYCOBACTERIALS, OTHER	0
ANTIMYCOBACTERIALS	ANTITUBERCULARS	3
ANTINEOPLASTICS	ALKYLATING AGENTS	0
ANTINEOPLASTICS	ANTIANGIOGENIC AGENTS	0
ANTINEOPLASTICS	ANTIESTROGENS/MODIFIERS	1
ANTINEOPLASTICS	ANTIMETABOLITES	1
ANTINEOPLASTICS	ANTINEOPLASTICS	0
ANTINEOPLASTICS	ANTINEOPLASTICS, OTHER	1
ANTINEOPLASTICS	AROMATASE INHIBITORS, 3RD GENERATION	3
ANTINEOPLASTICS	ENZYME INHIBITORS	0
ANTINEOPLASTICS	MOLECULAR TARGET INHIBITORS	0
ANTINEOPLASTICS	MONOCLONAL ANTIBODIES	0
ANTINEOPLASTICS	RETINOIDS	1
ANTIPARASITICS	ANTHELMINTICS	0
ANTIPARASITICS	ANTIPROTOZOALS	5
ANTIPARASITICS	PEDICULICIDES/SCABICIDES	3
ANTIPARKINSON AGENTS	ANTICHOLINERGICS	3
ANTIPARKINSON AGENTS	ANTIPARKINSON AGENTS, OTHER	1
ANTIPARKINSON AGENTS	DOPAMINE AGONISTS	3
ANTIPARKINSON AGENTS	DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS	1
ANTIPARKINSON AGENTS	MONOAMINE OXIDASE B (MAO-B) INHIBITORS	1
ANTIPSYCHOTICS	1ST GENERATION/TYPICAL	9
ANTIPSYCHOTICS	2ND GENERATION/ATYPICAL	2
ANTIPSYCHOTICS	TREATMENT-RESISTANT	1
ANTISPASTICITY AGENTS	ANTISPASTICITY AGENTS	3
ANTIVIRALS	ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	1
ANTIVIRALS	ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS	0
ANTIVIRALS	ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS	5
ANTIVIRALS	ANTI-HIV AGENTS, OTHER	0
ANTIVIRALS	ANTI-HIV AGENTS, PROTEASE INHIBITORS	0
ANTIVIRALS	ANTI-INFLUENZA AGENTS	2
ANTIVIRALS	ANTIHEPATITIS AGENTS	1
ANTIVIRALS	ANTIHERPETIC AGENTS	4
ANXIOLYTICS	ANXIOLYTICS, OTHER	4

Category	Class	Submission Count
ANXIOLYTICS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS	3
BIPOLAR AGENTS	BIPOLAR AGENTS, OTHER	2
BIPOLAR AGENTS	MOOD STABILIZERS	4
BLOOD GLUCOSE REGULATORS	ANTIDIABETIC AGENTS	8
BLOOD GLUCOSE REGULATORS	GLYCEMIC AGENTS	0
BLOOD GLUCOSE REGULATORS	INSULINS	0
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	ANTICOAGULANTS	4
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	BLOOD FORMATION MODIFIERS	1
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	COAGULANTS	0
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	PLATELET MODIFYING AGENTS	3
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC AGONISTS	4
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC BLOCKING AGENTS	3
CARDIOVASCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	2
CARDIOVASCULAR AGENTS	ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	9
CARDIOVASCULAR AGENTS	ANTIARRHYTHMICS	6
CARDIOVASCULAR AGENTS	BETA-ADRENERGIC BLOCKING AGENTS	9
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	8
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	2
CARDIOVASCULAR AGENTS	DIURETICS, CARBONIC ANHYDRASE INHIBITORS	2
CARDIOVASCULAR AGENTS	DIURETICS, LOOP	3
CARDIOVASCULAR AGENTS	DIURETICS, POTASSIUM-SPARING	3
CARDIOVASCULAR AGENTS	DIURETICS, THIAZIDE	5
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	2
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	4
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, OTHER	3
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL	2
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	2
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	3
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	2
CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS, OTHER	0
CENTRAL NERVOUS SYSTEM AGENTS	FIBROMYALGIA AGENTS	0
CENTRAL NERVOUS SYSTEM AGENTS	MULTIPLE SCLEROSIS AGENTS	0
DENTAL AND ORAL AGENTS	DENTAL AND ORAL AGENTS	5
DERMATOLOGICAL AGENTS	DERMATOLOGICAL AGENTS	10
ENZYME REPLACEMENT/MODIFIERS	ENZYME REPLACEMENT/MODIFIERS	0
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	3
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	4
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	4
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	0

Category	Class	Submission Count
GASTROINTESTINAL AGENTS	LAXATIVES	2
GASTROINTESTINAL AGENTS	PROTECTANTS	2
GASTROINTESTINAL AGENTS	PROTON PUMP INHIBITORS	3
GENITOURINARY AGENTS	ANTISPASMODICS, URINARY	3
GENITOURINARY AGENTS	BENIGN PROSTATIC HYPERTROPHY AGENTS	6
GENITOURINARY AGENTS	GENITOURINARY AGENTS, OTHER	2
GENITOURINARY AGENTS	PHOSPHATE BINDERS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	GLUCOCORTICOIDS/MINERALOCORTICOIDS	20
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	2
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANABOLIC STEROIDS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANDROGENS	2
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ESTROGENS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	PROGESTINS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	0
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	2
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	0
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	0
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	4
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)	ANTIANDROGENS	3
HORMONAL AGENTS, SUPPRESSANT (THYROID)	ANTITHYROID AGENTS	2
IMMUNOLOGICAL AGENTS	IMMUNE SUPPRESSANTS	6
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	0
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	1
IMMUNOLOGICAL AGENTS	VACCINES	0
INFLAMMATORY BOWEL DISEASE AGENTS	AMINOSALICYLATES	2
INFLAMMATORY BOWEL DISEASE AGENTS	GLUCOCORTICOIDS	6
INFLAMMATORY BOWEL DISEASE AGENTS	SULFONAMIDES	1
METABOLIC BONE DISEASE AGENTS	METABOLIC BONE DISEASE AGENTS	4
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	1
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	5
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	3
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	4
OPHTHALMIC AGENTS	OPHTHALMIC ANTIGLAUCOMA AGENTS	9
OPHTHALMIC ANTI-INFLAMMATORIES	OPHTHALMIC ANTI-INFLAMMATORIES	1

Category	Class	Submission Count
OTIC AGENTS	OTIC AGENTS	2
RESPIRATORY TRACT AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	3
RESPIRATORY TRACT AGENTS	ANTIHISTAMINES	9
RESPIRATORY TRACT AGENTS	ANTILEUKOTRIENES	1
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	1
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)	1
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	3
RESPIRATORY TRACT AGENTS	MAST CELL STABILIZERS	1
RESPIRATORY TRACT AGENTS	PULMONARY ANTIHYPERTENSIVES	0
RESPIRATORY TRACT AGENTS	RESPIRATORY TRACT AGENTS, OTHER	1
SKELETAL MUSCLE RELAXANTS	SKELETAL MUSCLE RELAXANTS	7
SLEEP DISORDER AGENTS	GABA RECEPTOR MODULATORS	2
SLEEP DISORDER AGENTS	SLEEP DISORDERS, OTHER	1
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL MODIFIERS	1
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL REPLACEMENT	6
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	1