

**California Department of Managed Health Care/Department of Insurance  
 SB 17 - Large Group Prescription Drug Cost Reporting Form  
 For policies subject to CHSC 1385.045 or CIC 10181.45**

<b>1.</b>	<b>Reporting Year</b>	<b>2018</b>
<b>2.</b>	<b>DMHC Health Plan ID/CDI NAIC No.</b>	<b>60054</b>
<b>3.</b>	<b>Legal Name</b>	<b>Aetna Life Insurance Company</b>
<b>4.</b>	<b>DBA</b>	

\* Cells highlighted in light blue are formula.

<b>Tab Name</b>	<b>Worksheet</b>
PharmPctPrem	Percent of Premium Attributable to Prescription Drug Costs
YoYTotalPlanSpnd	Year-Over-Year Increase, as a Percentage, in Per Member Per Month, Total Health Plan Spending
YoYCompofPrem	Year-Over-Year Increase in Per Member Per Month Costs for Drug Prices Compared to Other Components of Health Care Premium
SpecTierForm	Specialty Tier Formulary List
PharmDocOff	Percent of Premium Attributable To Drugs Administered in a Doctor's Office
PharmBenMgr	Health Plan/Insurer Uses of Prescription Drug Benefit Manager

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**SB 17 - Large Group Prescription Drug Cost Reporting Form**  
**For policies subject to CHSC 1385.045 or CIC 10181.45**  
**Percent of Premium Attributable to Prescription Drug Costs**  
**(Subsection (c)(4)(A)(i))**

**Company Legal Name: Aetna Life Insurance Company**  
**Calendar Year: 2018**

<b>Includes Plan Pharmacy, Network Pharmacy, and Mail Order Pharmacy for Outpatient Use</b>		
<b>Covered Prescription Drug Categories</b>	<b>Total Paid Dollar Amount (PMPM)</b>	<b>Percent of Paid Premium Attributable to Prescriptions Drug Costs</b>
<b>1. Generic Drugs - Excluding Specialty Generic Drugs</b>	\$13.95	2.5%
<b>2. Brand Name Drugs - Excluding Specialty Brand Name Drugs</b>	\$22.51	4.0%
<b>3. Generic and Brand Name Specialty Drugs</b>	\$59.54	10.7%
<b>Total (= 1+2+3)</b>	\$96.01	17.2%
<b>4. Pharmacy Manufacturer Rebate Amount (negative)</b>	\$ (14.38)	-2.6%

	<b>2018</b>
<b>Total Health Care Paid Premiums with pharmacy benefits carve-in (PMPM)</b>	\$558.28

**California Department of Managed Health Care/Department of Insurance**  
**SB 17 - Large Group Prescription Drug Cost Reporting Form**  
**For policies subject to CHSC 1385.045 or CIC 10181.45**  
**Year-Over-Year Increase, as a Percentage, in Per Member Per Month, Total Health Plan Spending**  
**(Subsection (c)(4)(A)(ii))**

Company Legal Name: Aetna Life Insurance Company  
 Calendar Year: 2018

Includes Plan Pharmacy, Network Pharmacy, and Mail Order Pharmacy for Outpatient Use			
Covered Prescription Drug Categories	2018 Total Annual Plan Spending Dollar Amount (PMPM)	2017 Total Annual Plan Spending Dollar Amount (PMPM)	Year-Over-Year Increase (%) in Total Annual Plan Spending
1. Generic Drugs - Excluding Specialty Generic Drugs	\$20.22	\$21.14	-4.3%
2. Brand Name Drugs - Excluding Specialty Brand Name Drugs	\$27.01	\$29.33	-7.9%
3. Generic and Brand Name Specialty Drugs	\$61.89	\$59.80	3.5%
<b>Total = (1+2+3)</b>	\$109.12	\$110.27	-1.0%
<b>Pharmacy Manufacturer Rebate Amount (negative)</b>	\$ (14.38)	\$ (13.04)	10.3%

	2018	2017	Year-Over-Year Increase (%)
<b>Total Health Care Paid Premiums with pharmacy benefits carve-in (PMPM)</b>	\$558.28	\$535.15	4.3%

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**For policies subject to CHSC 1385.045 or CIC 10181.45**  
**Year-Over-Year Increase in Per Member Per Month Costs for Drug Prices Compared**  
**to Other Components of Health Care Premium**  
**(Subsection (c)(4)(A)(iii))**

**Company Legal Name: Aetna Life Insurance Company**  
**Calendar Year: 2018**

Components of Total Health Care Paid Premiums with pharmacy benefits carve-in (PMPM)	2018 (PMPM)	2017 (PMPM)	Year-Over-Year Increase (PMPM) in Total Annual Plan Spending
1) Paid Plan Cost - Prescription Drugs (dispensed at pharmacy)	\$96.01	\$98.89	-\$2.88
2) Paid Plan Cost - Prescription Drugs, if available (administered in doctor's office)			\$0.00
3) Pharmacy Manufacturer Rebate (Negative)	\$ (14.38)	\$ (13.04)	(\$1.35)
4) Paid Plan Cost - Medical Benefits Excludes Prescription Drugs above (1) & (2)	\$359.68	\$359.67	\$0.01
5) Administration Cost Excluding Total Commission Expenses	\$32.26	\$31.30	\$0.96
6) Total Commission Expenses	\$13.37	\$12.00	\$1.36
7) Taxes and Fees	\$17.39	\$5.76	\$11.63
8) Profit/Other	\$53.96	\$40.57	\$13.39
9) Total Health Care Premium with pharmacy benefits carve-in	\$558.28	\$535.15	\$23.13
<b>Total Member Months</b>	<b>2018</b>	<b>2017</b>	
Prescription Drugs Coverage	1,288,573	2,289,921	
Medical Coverage (regardless of pharmacy benefits carve-in coverage)	1,296,535	2,306,317	

**College Department of Business Administration**  
**BA 330 - Financial Accounting (Prerequisite: BA 201)**  
**Section: Dr. [Name]**  
**Spring 2016**

**Company Chart - Home Life Insurance Company**  
**October 31, 2015**

Account	Debit	Credit
101 Cash		
102 Accounts Receivable		
103 Prepaid Insurance		
104 Other Assets		
105 Cash		
106 Accounts Payable		
107 Other Liabilities		
108 Equity		
109 Cash		
110 Accounts Payable		
111 Other Liabilities		
112 Equity		
113 Cash		
114 Accounts Payable		
115 Other Liabilities		
116 Equity		
117 Cash		
118 Accounts Payable		
119 Other Liabilities		
120 Equity		
121 Cash		
122 Accounts Payable		
123 Other Liabilities		
124 Equity		
125 Cash		
126 Accounts Payable		
127 Other Liabilities		
128 Equity		
129 Cash		
130 Accounts Payable		
131 Other Liabilities		
132 Equity		
133 Cash		
134 Accounts Payable		
135 Other Liabilities		
136 Equity		
137 Cash		
138 Accounts Payable		
139 Other Liabilities		
140 Equity		
141 Cash		
142 Accounts Payable		
143 Other Liabilities		
144 Equity		
145 Cash		
146 Accounts Payable		
147 Other Liabilities		
148 Equity		
149 Cash		
150 Accounts Payable		
151 Other Liabilities		
152 Equity		
153 Cash		
154 Accounts Payable		
155 Other Liabilities		
156 Equity		
157 Cash		
158 Accounts Payable		
159 Other Liabilities		
160 Equity		
161 Cash		
162 Accounts Payable		
163 Other Liabilities		
164 Equity		
165 Cash		
166 Accounts Payable		
167 Other Liabilities		
168 Equity		
169 Cash		
170 Accounts Payable		
171 Other Liabilities		
172 Equity		
173 Cash		
174 Accounts Payable		
175 Other Liabilities		
176 Equity		
177 Cash		
178 Accounts Payable		
179 Other Liabilities		
180 Equity		
181 Cash		
182 Accounts Payable		
183 Other Liabilities		
184 Equity		
185 Cash		
186 Accounts Payable		
187 Other Liabilities		
188 Equity		
189 Cash		
190 Accounts Payable		
191 Other Liabilities		
192 Equity		
193 Cash		
194 Accounts Payable		
195 Other Liabilities		
196 Equity		
197 Cash		
198 Accounts Payable		
199 Other Liabilities		
200 Equity		





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**For policies subject to CHSC 1385.045 or CIC 10181.45**  
**Percent of Premium Attributable To Drugs Administered in a Doctor's Office**  
**(Subsection (c)(4)(B))**

**Company Legal Name: Aetna Life Insurance Company**  
**Calendar Year: 2018**

Benefits Categories	Paid Dollar Amount (PMPM)	Percent of Paid Premium
(1) Drug Benefits Covered as Part of Medical Benefits Administered in Doctor's Office, if available		0.0%
(2) Total Medical/Pharmacy Benefits	\$ 455.69	81.6%
<b>Total Health Care Paid Premiums with pharmacy benefits carved-in (PMPM)</b>	<b>\$558.28</b>	

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**For policies subject to CHSC 1385.045 or CIC 10181.45**  
**Health Plan/Insurer Uses of Prescription Drug Benefit Manager**  
**(Subsection (c)(4)(C)(i) & (c)(4)(C)(ii))**

**Company Legal Name: Aetna Life Insurance Company**  
**Calendar Year: 2018**

**A. (i) Does the health plan utilize a pharmacy benefit manager (PBM) to prescription drug services to its enrollees?**

Yes       No

If yes, please provide responses to the remaining questions on this page.

(ii) Please provide the name(s) of the PBM(s) utilized by the health plan and select the functions delegated to the PBM(s).			
Name(s) of PBM(s)	Functions Delegated to PBM(s)		
	Utilization management	Claim processing and provider dispute resolutions	Enrollee grievances
CVS	Yes	Yes	No