# California Department of Insurance SB 17 - Large Group Prescription Drug Cost Reporting Form

#### For policies subject to CHSC 1385.045 or CIC 10181.45

1.	Reporting Year	2018
2.	DMHC Health Plan ID/CDI NAIC No.	61557
3.	Legal Name	Blue Shield of California Life & Health Insurance Company
4.	DBA	Blue Shield of California

<sup>\*</sup> Cells highlighted in light blue are formula.

Tab N	lame	Wo	rksheet

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

Year-Over-Year Increase in Per Member Per Month Costs for Drug Prices Compared

YoYCompofPrem 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

## 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: Blue Shield of California Life & Health Insurance Company

Includes Plan Pharmacy, Network Pharmacy, and Mail Order Pharmacy for Outpatient Use		
Covered Prescription Drug Categories	Total Paid Dollar Amount (PMPM)	Percent of Paid Premium Attributable to Prescriptions Drug Costs
1. Generic Drugs		
- Excluding Specialty Generic Drugs	\$10.27	1.9%
Brand Name Drugs     Excluding Specialty Brand Name Drugs	\$18.28	3.3%
3. Generic and Brand Name Specialty Drugs	\$38.07	6.9%
Total ( = 1+2+3)	\$66.62	12.1%
4. Pharmacy Manufacturer Rebate Amount (negative)	-\$14.41	-2.6%

	2018
Total Health Care Paid Premiums with pharmacy benefits carve-in (PMPM)	\$550.18

### 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: Blue Shield of California Life & Health Insurance Company

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
Generic Drugs     Excluding Specialty Generic     Drugs	\$13.36	\$12.32	8.4%
Brand Name Drugs     Excluding Specialty Brand     Name Drugs	\$25.50	\$28.01	-9.0%
3. Generic and Brand Name Specialty Drugs	\$39.75	\$19.87	100.1%
Total = (1+2+3)	\$78.61	\$60.20	30.6%
Pharmacy Manufacturer Rebate Amount (negative)	-\$14.41	-\$11.50	25.3%

			Year-Over-Year Increase
	2018	2017	(%)
Total Health Care Paid Premiums with			
pharmacy benefits carve-in (PMPM)	\$550.18	\$515.15	6.8%

#### SB 17 - Large Group Prescription Drug Cost Reporting Form

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: Blue Shield of California Life & Health Insurance Company

			Year-Over-Year Increase (PMPM) in
Components of Total Health Care Paid Premiums with			Total Annual Plan
pharmacy benefits carve-in (PMPM)	2018 (PMPM)	2017 (PMPM)	Spending
1) Paid Plan Cost - Prescription Drugs			
(dispensed at pharmacy)	\$66.62	\$50.48	\$16.14
2) Paid Plan Cost - Prescription Drugs, if available			
(administered in doctor's office)			\$0.00
S) Blanco Manufactura Balace (Nameta)	0.1.11	044.50	(00.04)
3) Pharmacy Manufacturer Rebate (Negative)	-\$14.41	-\$11.50	(\$2.91)
4) Paid Plan Cost - Medical Benefits Excludes			
Prescription Drugs above (1) & (2)	\$362.47	\$285.95	\$76.52
5) Administration Cost Excluding Total Commission			
Expenses	\$49.29	\$50.30	-\$1.01
6) Total Commission Expenses	\$27.28	\$24.98	\$2.30
7) Taxes and Fees	\$8.90	\$8.72	\$0.18
8) Profit/Other	\$50.03	\$106.22	-\$56.19
9) Total Health Care Premium with pharmacy benefits carve-in	\$550.18	\$515.15	\$35.03

Total Member Months	2018	2017
Prescription Drugs Coverage	36,813	40,595
Medical Coverage (regardless of pharmacy benefits		
carve-in coverage)	\$36,813.00	\$40,842.00

### California Department of Insurance SB 17 - Large Group Prescription Drug Cost Reporting Form For policies subject to CISC 1385.045 or CIC 10181.45 Specialty Tier Formulary List (Subsection (CIMAN))

Company Legal Name: Blue Shield of California Life & Health Insurance Company Calendar Year: 2018

Prescription Drug Name	Therapy Class
ACTEMRA ACTONE	IMMUNOMODULATORS DERMATOLOGICAL AGENTS
ACZONE AFLURIA 2017-2018	DERMATOLOGICAL AGENTS VACCINES
AFI LIRIA OLIAD 2018-2019	VACCINES
ANDROGEL	ANDROGENS
ATRIPLA	ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)
AUVI-Q	BRONCHODILATORS, SYMPATHOMIMETIC
BAXDELA	QUINOLONES
BIKTARVY	ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)
CANASA CAVERJECT	AMINOSALICYLATES GENITOURINARY AGENTS, OTHER
CLEOCIN	ANTIBACTERIALS, OTHER
CLINDAGEL COLY-MYCIN S	ANTIBACTERIALS, OTHER ANTIBACTERIALS, OTHER OTIC AGENTS
COLY-MYCINS	
COMPLERA	ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)
COSENTYX PEN (2 PENS) CRINONE	DERMATOLOGICAL AGENTS PROGESTINS
DESCOVY	ANTI-HIV AGENTS, OTHER
DEXPAK	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
DIFICID	MACROLIDES
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EUCRISA	DERMATOLOGICAL AGENTS
FLECTOR	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS
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FLUARIX QUAD 2018-2019 FLUBLOK QUAD 2017-2018	VACCINES VACCINES
FLUCELVAX QUAD 2017-2018	VACCINES
FLUCELVAX QUAD 2018-2019 FLUVIRIN 2017-2018	VACCINES
FLUZONE HIGH-DOSE 2017-2018	VACCINES VACCINES
FLUZONE QUAD 2017-2018 FLUZONE QUAD 2018-2019	VACCINES
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GENVOYA	ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)
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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 Drugs Administered in a Doctor's Office (Subsection (c)(4)(B))

Company Legal Name: Blue Shield of California Life & Health Insurance Company

	Paid Dollar Amount	Percent of Paid
Benefits Categories	(PMPM)	Premium
(1) Drug Benefits Covered as Part of Medical Benefits		
Administered in Doctor's Office, if available		0.0%
(2) Total Medical/Pharmacy Benefits	\$429.09	78.0%

Total Health Care Paid Premiums with pharmacy benefits carve-		
in (PMPM)	\$550.18	

# California Department of Insurance SB 17 - Large Group Prescription Drug Cost Reporting Form 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)(III)

Company Legal Name: Blue Shield of California Life & Health Insurance Company Calendar Year: 2018

A. (i) Does the services to its	•	n utilize a pharmacy benefit manager (PBM) to prescription drug
	✓ Yes	□No

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

Utilization management resolutions Enrollee grievand  DST Solutions No Yes No	Name(s) of PBM(s)	Functions Delegated to PBM(s)		
		Utilization management		Enrollee grievances
CVS Health No No No	DST Solutions	No	Yes	No
	CVS Health	No	No	No