

**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**

| | | |
|-----------|---|--|
| 1. | Reporting Year | 2018 |
| 2. | DMHC Health Plan ID/CDI NAIC No. | NAIC No. 66141 |
| 3. | Legal Name | Health Net Life Insurance Company |
| 4. | DBA | Health Net Life Insurance Company |

* Cells highlighted in light blue are formula.

| Tab Name | Worksheet |
|------------------|---|
| 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 |

California Department of Managed Health Care/Department of Insurance
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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: Health Net Life Insurance Company
Calendar Year: 2018

| 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 | \$15.11 | 2.7% |
| 2. Brand Name Drugs - Excluding Specialty Brand Name Drugs | \$46.20 | 8.1% |
| 3. Generic and Brand Name Specialty Drugs | \$28.57 | 5.0% |
| Total (= 1+2+3) | \$89.88 | 15.8% |
| 4. Pharmacy Manufacturer Rebate Amount (negative) | (\$6.66) | -1.2% |

| | 2018 |
|---|-----------------|
| Total Health Care Paid Premiums with pharmacy benefits carve-in (PMPM) | \$568.73 |

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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: Health Net 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 | \$21.05 | \$20.36 | 3.4% |
| 2. Brand Name Drugs - Excluding Specialty Brand Name Drugs | \$50.31 | \$47.49 | 6.0% |
| 3. Generic and Brand Name Specialty Drugs | \$28.52 | \$26.67 | 6.9% |
| Total = (1+2+3) | \$99.89 | \$94.52 | 5.7% |
| Pharmacy Manufacturer Rebate Amount (negative) | (\$6.66) | (\$5.64) | 18.2% |

| | 2018 | 2017 | Year-Over-Year Increase (%) |
|---|----------|----------|-----------------------------|
| Total Health Care Paid Premiums with pharmacy benefits carve-in (PMPM) | \$568.73 | \$536.20 | 6.1% |

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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: Health Net 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) | \$89.88 | \$83.16 | \$6.72 |
| 2) Paid Plan Cost - Prescription Drugs, if available (administered in doctor's office) | \$3.91 | \$4.09 | -\$0.17 |
| 3) Pharmacy Manufacturer Rebate (Negative) | (\$9.02) | (\$7.50) | (\$1.51) |
| 4) Paid Plan Cost - Medical Benefits Excludes Prescription Drugs above (1) & (2) | \$447.02 | \$417.77 | \$29.25 |
| 5) Administration Cost Excluding Total Commission Expenses | \$35.80 | \$34.34 | \$1.46 |
| 6) Total Commission Expenses | \$19.91 | \$18.77 | \$1.14 |
| 7) Taxes and Fees | \$20.67 | \$0.20 | \$20.47 |
| 8) Profit/Other | -\$39.45 | -\$14.62 | -\$24.83 |
| 9) Total Health Care Premium with pharmacy benefits carve-in | \$568.73 | \$536.20 | \$32.53 |
| Total Member Months | 2018 | 2017 | |
| Prescription Drugs Coverage | 405,156 | 439,604 | |
| Medical Coverage (regardless of pharmacy benefits carve-in coverage) | 405,916 | 441,325 | |

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| Prescription Drug Name | Therapy Class |
|---|---|
| EPINEPHRINE | Anesthetics |
| EZID | Anti-Addiction/Substance Abuse Treatment Agents |
| SANDAL | Anticoagulants |
| SARIEL | Anticoagulants |
| ATYREZO | Anticoagulants |
| VERLUBI | Anticoagulants |
| SYNERGE | Anticoagulants |
| AMOVIG | Antimigraine Agents |
| DIVYDORIS/DIHYDROERGOTAMINE | Antimigraine Agents |
| DIVYDORIS/DIHYDROERGOTAMINE NASAL SPRAY | Antimigraine Agents |
| SUMATRIPTAN | Antimigraine Agents |
| EMREX/NULCET | Antimigraine Agents |
| GRITRAC | Antipsychotics |
| AFINTOR | Antipsychotics |
| AFINTOR/ASPIRIN | Antipsychotics |
| ALECSGA | Antipsychotics |
| ROSLIF | Antipsychotics |
| CAROMETYX | Antipsychotics |
| CALSIENE | Antipsychotics |
| CAPRELLA | Antipsychotics |
| COMETRE | Antipsychotics |
| COTELIC | Antipsychotics |
| EMCTI | Antipsychotics |
| FRIDGE | Antipsychotics |
| FRILSONA | Antipsychotics |
| ETOPOSIDE | Antipsychotics |
| FIDMELA | Antipsychotics |
| FAYCOM | Antipsychotics |
| GLOTRIF | Antipsychotics |
| GLEEVEC | Antipsychotics |
| GLEOSTINE | Antipsychotics |
| HYCANTIN | Antipsychotics |
| BRANICE | Antipsychotics |
| CLUGIG | Antipsychotics |
| DMF | Antipsychotics |
| MEMOLICA | Antipsychotics |
| RLTYA | Antipsychotics |
| RESDA | Antipsychotics |
| JAKAFI | Antipsychotics |
| ROCALI | Antipsychotics |
| LENVIMA | Antipsychotics |
| LENSOP | Antipsychotics |
| LINPARZA | Antipsychotics |
| MYLALINE | Antipsychotics |
| MEKINIST | Antipsychotics |
| NEPLYN | Antipsychotics |
| NEJAVIR | Antipsychotics |
| NELARD | Antipsychotics |
| ODOMEO | Antipsychotics |
| OFORTA | Antipsychotics |
| POMALIST | Antipsychotics |
| RELMAD | Antipsychotics |
| RELMADA | Antipsychotics |
| SPYCEL | Antipsychotics |
| STIVARGA | Antipsychotics |
| SUFENT | Antipsychotics |
| TAFHERL | Antipsychotics |
| TAFHERS | Antipsychotics |
| TARGEIA | Antipsychotics |
| TARGRETH | Antipsychotics |
| TASOGRA | Antipsychotics |
| TASOGRE | Antipsychotics |
| THALOMD | Antipsychotics |
| TRETRON | Antipsychotics |
| TYKERB | Antipsychotics |
| TYKERB | Antipsychotics |
| VENCLEXTA | Antipsychotics |
| VENKMO | Antipsychotics |
| VISTOGARD | Antipsychotics |
| VOTRIENT | Antipsychotics |
| VALKORI | Antipsychotics |
| SELDOA | Antipsychotics |
| XTANDI | Antipsychotics |
| YONIA | Antipsychotics |
| ZEJLA | Antipsychotics |
| ZELBORAF | Antipsychotics |
| ZOLINZA | Antipsychotics |
| ZYDELIG | Antipsychotics |
| ZYKADA | Antipsychotics |
| ZYTO | Antipsychotics |
| TROGLICANE | Antipsychotics |
| TENDOLC/MIDE | Antipsychotics |
| ALNIBERG | Antipsychotics |
| MESENEK | Antipsychotics |
| BRIVADO | Antipsychotics |
| APOTYN | Antipsychism Agents |
| GOCOVIN | Antipsychism Agents |
| VEDAGO | Antipsychism Agents |
| VENLAKR | Antipsychotics |
| LUCEMYRA | Antipsychotics |
| ALFEPICIN IV | Antipsychotics |
| BARACLUDGE | Antipsychotics |
| DAMAZIA | Antipsychotics |
| EPLUSA | Antipsychotics |
| FUEBIA | Antipsychotics |
| GOCOVIN | Antipsychotics |
| HEPIONE | Antipsychotics |
| HEPSERA | Antipsychotics |
| INTRONA | Antipsychotics |
| MAVRET | Antipsychotics |
| OLYSO | Antipsychotics |
| PEGASUS | Antipsychotics |
| SOLEO | Antipsychotics |
| STILBIN | Antipsychotics |
| STILBINPHEN | Antipsychotics |
| TANZILM | Antipsychotics |
| TRILCITY | Antipsychotics |
| VICTOZA | Antipsychotics |
| AVIATE | Blood Products/Modifiers/Volume Expanders |
| ADRYVATE | Blood Products/Modifiers/Volume Expanders |
| APTELAMIT | Blood Products/Modifiers/Volume Expanders |
| ALPHANATE | Blood Products/Modifiers/Volume Expanders |
| ALPHANATE SD | Blood Products/Modifiers/Volume Expanders |
| ALPHOLIX | Blood Products/Modifiers/Volume Expanders |
| AMINOCCINCOIC ACID | Blood Products/Modifiers/Volume Expanders |
| ARANEPP | Blood Products/Modifiers/Volume Expanders |
| ARVETA | Blood Products/Modifiers/Volume Expanders |
| BEELIN VH | Blood Products/Modifiers/Volume Expanders |
| CEPROTN | Blood Products/Modifiers/Volume Expanders |
| CONADEL | Blood Products/Modifiers/Volume Expanders |
| CONFACIT | Blood Products/Modifiers/Volume Expanders |
| DIA TERPAIN SODIUM | Blood Products/Modifiers/Volume Expanders |
| ELCITATE | Blood Products/Modifiers/Volume Expanders |
| ENOSAPPIN | Blood Products/Modifiers/Volume Expanders |
| FERA | Blood Products/Modifiers/Volume Expanders |
| FRAGMIN | Blood Products/Modifiers/Volume Expanders |
| GRANIX | Blood Products/Modifiers/Volume Expanders |
| HEMOCHEM | Blood Products/Modifiers/Volume Expanders |
| HELMON | Blood Products/Modifiers/Volume Expanders |
| INTEC-CO | Blood Products/Modifiers/Volume Expanders |
| INTEC-HT | Blood Products/Modifiers/Volume Expanders |
| INTEC-HP | Blood Products/Modifiers/Volume Expanders |
| INTEC-HT | Blood Products/Modifiers/Volume Expanders |
| KOGNAPAFS | Blood Products/Modifiers/Volume Expanders |
| KOVALETY | Blood Products/Modifiers/Volume Expanders |
| LEONEX | Blood Products/Modifiers/Volume Expanders |
| LOWDOK | Blood Products/Modifiers/Volume Expanders |
| MIRERA | Blood Products/Modifiers/Volume Expanders |
| MONONCAL | Blood Products/Modifiers/Volume Expanders |
| MONOCALP | Blood Products/Modifiers/Volume Expanders |
| MONODONE | Blood Products/Modifiers/Volume Expanders |
| NELASTA | Blood Products/Modifiers/Volume Expanders |

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Percent of Premium Attributable To Drugs Administered in a Doctor's Office
(Subsection (c)(4)(B))

Company Legal Name: Health Net 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 | \$3.91 | 0.7% |
| (2) Total Medical/Pharmacy Benefits | \$540.81 | 95.1% |
| Total Health Care Paid Premiums with pharmacy benefits carved-in (PMPM) | \$568.73 | |

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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)(ii))

Company Legal Name: Health Net 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 |
| Envolve Pharmacy Solutions | Yes | No | No |
| CVS Caremark | No | Yes | No |
| | | | |
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