1.	Reporting Year	2018
2.	DMHC Health Plan ID/CDI NAIC No.	82538
3.	Legal Name	National Health Insurance Company
4.	DBA	

^{*} 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

Percent of Premium Attributable to Prescription Drug Costs (Subsection (c)(4)(A)(i))

Company Legal Name: National 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
Generic Drugs Excluding Specialty Generic Drugs	\$36.63	4.6%
Brand Name Drugs Excluding Specialty Brand Name Drugs	\$65.11	8.2%
3. Generic and Brand Name Specialty Drugs	\$68.13	8.6%
Total (= 1+2+3)	\$169.87	21.4%
4. Pharmacy Manufacturer Rebate Amount (negative)	\$0.00	0.0%

	2018
Total Health Care Paid Premiums with pharmacy benefits carve-in (PMPM)	\$793.26

Year-Over-Year Increase, as a Percentage, in Per Member Per Month, Total Health Plan Spending (Subsection (c)(4)(A)(ii))

Company Legal Name: National 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	\$44.86	\$50.13	-10.5%	
Brand Name Drugs Excluding Specialty Brand Name Drugs	\$70.72	\$63.18	11.9%	
3. Generic and Brand Name Specialty Drugs	\$72.05	\$103.12	-30.1%	
Total = (1+2+3)	\$187.63	\$216.43	-13.3%	
Pharmacy Manufacturer Rebate Amount (negative)	\$0.00	\$0.00	#DIV/0!	

	2018	2017	Year-Over-Year Increase (%)
Total Health Care Paid Premiums with			
pharmacy benefits carve-in (PMPM)	\$793.26	\$789.29	0.5%

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 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: National Health Insurance Company

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)	\$169.87	\$197.80	-\$27.93
Paid Plan Cost - Prescription Drugs, if available (administered in doctor's office)	\$27.74	\$7.47	\$20.27
3) Pharmacy Manufacturer Rebate (Negative)	\$0.00	\$0.00	\$0.00
4) Paid Plan Cost - Medical Benefits Excludes Prescription Drugs above (1) & (2)	\$515.42	\$630.03	-\$114.61
5) Administration Cost Excluding Total Commission Expenses	\$183.00	\$188.00	-\$5.00
6) Total Commission Expenses	\$12.00	\$11.00	\$1.00
7) Taxes and Fees	\$37.00	\$21.00	\$16.00
8) Profit/Other	-\$151.77	-\$266.01	\$114.24
9) Total Health Care Premium with pharmacy benefits carve-in	\$793.26	\$789.29	\$3.97

Total Member Months	2018	2017
Prescription Drugs Coverage	11,077	13,580
Medical Coverage (regardless of pharmacy benefits		
carve-in coverage)	11,077	13,580

California Department of Managed Health Care/Department of Insurance itorina Department of Managed Health Care/Department of Insurges 88 17 - Large Group Prescription Drug Cost Reporting Form For policies subject to CHSC 1385.045 or CiC 10181.45 Specialty Tier Formulary List (Subsection (c)(4)(A)(iv))

Company Legal Name: National Health Insurance Company Calendar Year: 2018

Prescription Drug Name	Therapy Class
SANDOSTATIN	ACROMEGALY
SANDOSTATIN LAR	ACROMEGALY
SOMATULINE DEPOT* SOMAVERT*	ACROMEGALY ACROMEGALY
VIVITROL	ALCOHOL/OPIOD DEPENDENCY
ARALAST NP*	ALPHA-1 ANTITRYPSIN DEFICIENCY
GLASSIA*	ALPHA-1 ANTITRYPSIN DEFICIENCY
ZEMAIRA*	ALPHA-1 ANTITRYPSIN DEFICIENCY
ARANESP	ANEMIA
EPOGEN	ANEMIA
PROCRIT	ANEMIA
CINQAIR*	ASTHMA
FASENRA*	ASTHMA
NUCALA*	ASTHMA
XOLAIR	ASTHMA
DUPIXENT	ATOPIC DERMATITIS
CEPROTIN* ARCALYST*	COAGULATION DISORDERS CRYOPYRIN-ASSOCIATED SYNDROMES
ILARIS*	CRYOPYRIN-ASSOCIATED SYNDROMES CRYOPYRIN-ASSOCIATED SYNDROMES
GATTEX*	GASTROINTESTINAL DISORDERS-OTHER
OCALIVA*	GASTROINTESTINAL DISORDERS-OTHER
SOLESTA*	GASTROINTESTINAL DISORDERS-OTHER
KRYSTEXXA	GOUT
GENOTROPIN	GROWTH HORMONE & RELATED DISORDERS
HUMATROPE	GROWTH HORMONE & RELATED DISORDERS
NORDITROPIN	GROWTH HORMONE & RELATED DISORDERS
NUTROPIN	GROWTH HORMONE & RELATED DISORDERS
OMNITROPE	GROWTH HORMONE & RELATED DISORDERS
SAIZEN	GROWTH HORMONE & RELATED DISORDERS
SEROSTIM*	GROWTH HORMONE & RELATED DISORDERS
ZOMACTON ZORBTIVE	GROWTH HORMONE & RELATED DISORDERS GROWTH HORMONE & RELATED DISORDERS
INCRELEX*	IGF-1 Deficiency
MOZOBIL*	HEMATOPOIETICS
ADVATE	HEMOPHILIA & BLEEDING DISORDERS
ADYNOVATE	HEMOPHILIA & BLEEDING DISORDERS
AFSTYLA	HEMOPHILIA & BLEEDING DISORDERS
ALPHANATE	HEMOPHILIA & BLEEDING DISORDERS
ALPHANINE SD	HEMOPHILIA & BLEEDING DISORDERS
ALPROLIX	HEMOPHILIA & BLEEDING DISORDERS
BEBULIN	HEMOPHILIA & BLEEDING DISORDERS
BENEFIX	HEMOPHILIA & BLEEDING DISORDERS
COAGADEX*	HEMOPHILIA & BLEEDING DISORDERS
CORIFACT*	HEMOPHILIA & BLEEDING DISORDERS
ELOCTATE	HEMOPHILIA & BLEEDING DISORDERS
FEIBA FIBRYGA	HEMOPHILIA & BLEEDING DISORDERS
HELIXATE FS	HEMOPHILIA & BLEEDING DISORDERS HEMOPHILIA & BLEEDING DISORDERS
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HUMATE-P	HEMOPHILIA & BLEEDING DISORDERS
IDELVION	HEMOPHILIA & BLEEDING DISORDERS
IXINITY	HEMOPHILIA & BLEEDING DISORDERS
JIVI	HEMOPHILIA & BLEEDING DISORDERS
KOATE	HEMOPHILIA & BLEEDING DISORDERS
KOATE-DVI	HEMOPHILIA & BLEEDING DISORDERS
KOGENATE FS	HEMOPHILIA & BLEEDING DISORDERS
KOVALTRY	HEMOPHILIA & BLEEDING DISORDERS
MONOCLATE-P	HEMOPHILIA & BLEEDING DISORDERS
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NUWIQ	HEMOPHILIA & BLEEDING DISORDERS HEMOPHILIA & BLEEDING DISORDERS
OBIZUR*	HEMOPHILIA & BLEEDING DISORDERS
PROFILNINE	HEMOPHILIA & BLEEDING DISORDERS
PROFILNINE SD	HEMOPHILIA & BLEEDING DISORDERS
REBINYN	HEMOPHILIA & BLEEDING DISORDERS
RECOMBINATE	HEMOPHILIA & BLEEDING DISORDERS
RIASTAP	HEMOPHILIA & BLEEDING DISORDERS
RIXUBIS	HEMOPHILIA & BLEEDING DISORDERS
STIMATE	HEMOPHILIA & BLEEDING DISORDERS
TRETTEN*	HEMOPHILIA & BLEEDING DISORDERS
VONVENDI*	HEMOPHILIA & BLEEDING DISORDERS
WILATE XYNTHA	HEMOPHILIA & BLEEDING DISORDERS
XYNTHA DAKLINZA	HEMOPHILIA & BLEEDING DISORDERS HEPATITIS C
EPCLUSA	HEPATITIS C HEPATITIS C
HARVONI	HEPATITIS C
MAVYRET	HEPATITIS C
PEGASYS	HEPATITIS C
PEGINTRON	HEPATITIS C
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Page 5 Final Version July 16, 2018

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Final Vesion
July 16, 2018

XTANDI*	ONCOLOGY-ORAL/TOPICAL
ZELBORAF*	ONCOLOGY-ORAL/TOPICAL
ZOLINZA	ONCOLOGY-ORAL/TOPICAL
ZYDELIG*	ONCOLOGY-ORAL/TOPICAL
ZYKADIA*	ONCOLOGY-ORAL/TOPICAL
ZYTIGA*	ONCOLOGY-ORAL/TOPICAL
FORTEO	OSTEOPOROSIS
PROLIA	OSTEOPOROSIS
TYMLOS	OSTEOPOROSIS
RECLAST	OSTEOPOROSIS
SOLIRIS*	PAROXYSMAL NOCTURNAL HEMOGLOBINURIA
KUVAN*	PHENYLKETONURIA
MAKENA*	PRE-TERM BIRTH
CIMZIA	PSORIASIS
COSENTYX*	PSORIASIS
ENBREL	PSORIASIS
HUMIRA	PSORIASIS
ILUMYA*	PSORIASIS
INFLECTRA	PSORIASIS
OTEZLA	PSORIASIS
OTREXUP RASUVO	PSORIASIS PSORIASIS
REMICADE	PSORIASIS PSORIASIS
RENFLEXIS*	PSORIASIS
SILIQ	PSORIASIS PSORIASIS
STELARA	PSORIASIS
TALTZ*	PSORIASIS PSORIASIS
TREMFYA	PSORIASIS
XELJANZ	PSORIASIS
ADEMPAS*	PULMONARY ARTERIAL HYPERTENSION
FLOLAN	PULMONARY ARTERIAL HYPERTENSION
VELETRI	PULMONARY ARTERIAL HYPERTENSION
LETAIRIS*	PULMONARY ARTERIAL HYPERTENSION
OPSUMIT*	PULMONARY ARTERIAL HYPERTENSION
ORENITRAM*	PULMONARY ARTERIAL HYPERTENSION
REMODULIN*	PULMONARY ARTERIAL HYPERTENSION
REVATIO	PULMONARY ARTERIAL HYPERTENSION
ADCIRCA	PULMONARY ARTERIAL HYPERTENSION
TRACLEER*	PULMONARY ARTERIAL HYPERTENSION
TYVASO*	PULMONARY ARTERIAL HYPERTENSION
UPTRAVI*	PULMONARY ARTERIAL HYPERTENSION
VENTAVIS*	PULMONARY ARTERIAL HYPERTENSION
ESBRIET*	PULMONARY DISORDERS-OTHER
OFEV*	PULMONARY DISORDERS-OTHER
CRYSVITA* PARSABIV	RARE DISORDERS - OTHER RENAL DISEASE
SENSIPAR	RENAL DISEASE
SYNAGIS	RESPIRATORY SYNCYTIAL VIRUS
EYLEA*	RETINAL DISORDERS
ILUVIEN*	RETINAL DISORDERS
LUCENTIS*	RETINAL DISORDERS
MACUGEN*	RETINAL DISORDERS
VISUDYNE*	RETINAL DISORDERS
ACTEMRA*	RHEUMATOID ARTHRITIS
CIMZIA	RHEUMATOID ARTHRITIS
ENBREL	RHEUMATOID ARTHRITIS
HUMIRA	RHEUMATOID ARTHRITIS
INFLECTRA	RHEUMATOID ARTHRITIS
KEZVARA*	RHEUMATOID ARTHRITIS
OLUMIANT*	RHEUMATOID ARTHRITIS
ORENCIA	RHEUMATOID ARTHRITIS
OTREXUP	RHEUMATOID ARTHRITIS
RASUVO	RHEUMATOID ARTHRITIS
REMICADE	RHEUMATOID ARTHRITIS
RENFLEXIS*	RHEUMATOID ARTHRITIS
SIMPONI CAMPONI ADIA	RHEUMATOID ARTHRITIS
SIMPONI ARIA	RHEUMATOID ARTHRITIS
XELJANZ H. P. ACTHAN GEL*	RHEUMATOID ARTHRITIS SEIZURE DISORDERS
SABRIL TABS	SEIZURE DISORDERS
SABRIL PWD	SEIZURE DISORDERS
BENLYSTA	SYSTEMIC LUPUS ERYTHEMATOSUS
DOPTELET*	THROMBOCYTOPENIA
MULPLETA	THROMBOCYTOPENIA
NPLATE	THROMBOCYTOPENIA
PROMACTA*	THROMBOCYTOPENIA
RAVICTI*	UREA CYCLE DISORDERS
BUPHENYL*	UREA CYCLE DISORDERS

Final Vesion
July 16, 2018

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

Company Legal Name: National Health Insurance Company

Benefits Categories	Paid Dollar Amount (PMPM)	
(1) Drug Benefits Covered as Part of Medical Benefits		
Administered in Doctor's Office, if available	\$27.74	3.5%
(2) Total Medical/Pharmacy Benefits	\$713.03	89.9%

Total Health Care Paid Premiums with pharmacy benefits carve-	
in (PMPM)	\$793.26

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

Health Plan/Insurer Uses of Prescription Drug Benefit Manager (Subsection (c)(4)(C)(I) & (c)(4)(C)(II))

Company I	Legal N	Name: I	National	Health	Insurance	Company
Calondar \	/aar- 20	112				

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

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

(ii) Please provide the name(s) of the PBM(s	s) utilized by the health plan and select the fun	ctions delegated to the PBM(s).		
	Functions Delegated to PBM(s)			
Name(s) of PBM(s)	Utilization management	Claim processing and provider dispute resolutions	Enrollee grievances	
Scrip World enpowered by CVS	Yes	Yes	Yes	