

**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>81264</b>
<b>3.</b>	<b>Legal Name</b>	<b>Nippon Life Insurance Company of America</b>
<b>4.</b>	<b>DBA</b>	<b>Nippon Life Benefits</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

**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: Nippon Life Insurance Company of America**  
**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>	\$1.05	0.2%
<b>2. Brand Name Drugs - Excluding Specialty Brand Name Drugs</b>	\$15.36	3.2%
<b>3. Generic and Brand Name Specialty Drugs</b>	\$37.51	7.8%
<b>Total (= 1+2+3)</b>	\$53.92	11.2%
<b>4. Pharmacy Manufacturer Rebate Amount (negative)</b>	(\$7.83)	-1.6%

	<b>2018</b>
<b>Total Health Care Paid Premiums with pharmacy benefits carve-in (PMPM)</b>	\$480.22

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**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: Nippon Life Insurance Company of America  
 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	\$3.92	\$5.40	-27.5%
2. Brand Name Drugs - Excluding Specialty Brand Name Drugs	\$17.15	\$16.07	6.7%
3. Generic and Brand Name Specialty Drugs	\$38.73	\$37.13	4.3%
<b>Total = (1+2+3)</b>	\$59.80	\$58.61	2.0%
<b>Pharmacy Manufacturer Rebate Amount (negative)</b>	-\$7.83	-\$7.93	-1.2%

	2018	2017	Year-Over-Year Increase (%)
<b>Total Health Care Paid Premiums with pharmacy benefits carve-in (PMPM)</b>	\$480.22	\$429.47	11.8%

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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: Nippon Life Insurance Company of America**  
**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)	\$41.94	\$44.28	-\$2.34
2) Paid Plan Cost - Prescription Drugs, if available (administered in doctor's office)	\$11.98	\$8.53	\$3.44
3) Pharmacy Manufacturer Rebate (Negative)	-\$7.83	-\$7.93	\$0.10
4) Paid Plan Cost - Medical Benefits Excludes Prescription Drugs above (1) & (2)	\$343.39	\$303.43	\$39.96
5) Administration Cost Excluding Total Commission Expenses	\$47.76	\$42.71	\$5.05
6) Total Commission Expenses	\$34.63	\$30.97	\$3.66
7) Taxes and Fees	\$17.49	\$15.64	\$1.85
8) Profit/Other	-\$9.14	-\$8.18	-\$0.97
9) Total Health Care Premium with pharmacy benefits carve-in	\$480.22	\$429.47	\$50.75
<b>Total Member Months</b>	<b>2018</b>	<b>2017</b>	
Prescription Drugs Coverage	332,108	259,069	
Medical Coverage (regardless of pharmacy benefits carve-in coverage)	332,108	259,069	



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

**Company Legal Name: Nippon Life Insurance Company of America**  
**Calendar Year: 2018**

Benefits Categories	Paid Dollar Amount (PMPM)	Percent of Paid Premium
<b>(1) Drug Benefits Covered as Part of Medical Benefits Administered in Doctor's Office, if available</b>	\$11.98	2.5%
<b>(2) Total Medical/Pharmacy Benefits</b>	\$397.30	82.7%
<b>Total Health Care Paid Premiums with pharmacy benefits carved-in (PMPM)</b>	\$480.22	

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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: Nippon Life Insurance Company of America**  
**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
Caremark	Yes	Yes	No