

**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.	<b>Reporting Year</b>	<b>2018</b>
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

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

**Company Legal Name: Blue Shield of California Life & Health 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	\$10.27	1.9%
2. Brand Name Drugs - Excluding Specialty Brand Name Drugs	\$18.28	3.3%
3. Generic and Brand Name Specialty Drugs	\$38.07	6.9%
<b>Total (= 1+2+3)</b>	<b>\$66.62</b>	<b>12.1%</b>
4. Pharmacy Manufacturer Rebate Amount (negative)	-\$14.41	-2.6%

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

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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: Blue Shield of California Life & Health 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	\$13.36	\$12.32	8.4%
2. 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%
<b>Total = (1+2+3)</b>	\$78.61	\$60.20	30.6%
<b>Pharmacy Manufacturer Rebate Amount (negative)</b>	-\$14.41	-\$11.50	25.3%

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

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**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**  
**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)	\$66.62	\$50.48	\$16.14
2) Paid Plan Cost - Prescription Drugs, if available (administered in doctor's office)			\$0.00
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
<b>Total Member Months</b>	<b>2018</b>	<b>2017</b>	
Prescription Drugs Coverage	36,813	40,595	
Medical Coverage (regardless of pharmacy benefits carve-in coverage)	\$36,813.00	\$40,842.00	

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 Specialty Tier Formulary List  
 (Subscription) (06/18/19)

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

Prescription Drug Name	Therapy Class
ACTEMRA	IMMUNOMODULATORS
ACZONE	DERMATOLOGICAL AGENTS
AFILURIA 2017-2018	VACCINES
AFILURIA Q1AD 2018-2019	VACCINES
ANDROGEL	ANDROGENS
ATRIPLA	ANTIHIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)
AUO/IQ	BROMOCHOLATORS, SYMPATHOMIMETIC
BAKDELA	QUINOLONES
BIKTRAVY	ANTIHIV AGENTS, INTEGRASE INHIBITORS (INSTI)
CANASA	AMINOSALICYLATES
CAVERJECT	GENITOURINARY AGENTS, OTHER
CLASCOB	ANTIBACTERIALS, OTHER
CLINDAGEL	ANTIBACTERIALS, OTHER
COAL-METHYLS	CITIC AGENTS
COMPLERA	ANTIHIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)
COSENTYX PEN (2 PENS)	DERMATOLOGICAL AGENTS
CRONONE	PROGESTINS
DESCOVY	ANTIHIV AGENTS, OTHER
DEXPAK	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
DFICID	MACROLIDES
DUPIXENT	DERMATOLOGICAL AGENTS
EFFEXOR XR	SSRIS/SNRIS (SELECTIVE) SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR
ENBREL	IMMUNE SUPPRESSANTS
ENBREL SUBRECLIX	IMMUNE SUPPRESSANTS
ENSTLAR	DERMATOLOGICAL AGENTS
ENVAUSIS XR	IMMUNE SUPPRESSANTS
EPFIN 2-PAK	BROMOCHOLATORS, SYMPATHOMIMETIC
EPFIN XR 2-PAK	BROMOCHOLATORS, SYMPATHOMIMETIC
ELCRIS	DERMATOLOGICAL AGENTS
FLECTOR	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS
FLUARIX Q1AD 2017-2018	VACCINES
FLUARIX Q1AD 2018-2019	VACCINES
FLUCELVAX Q1AD 2017-2018	VACCINES
FLUCELVAX Q1AD 2017-2018	VACCINES
FLUCELVAX Q1AD 2018-2019	VACCINES
FLUCELVAX Q1AD 2018-2019	VACCINES
FLUXIRN 2017-2018	VACCINES
FLUXIRN HIGH-DOSE 2017-2018	VACCINES
FLUXIRN Q1AD 2017-2018	VACCINES
FLUXIRN Q1AD 2018-2019	VACCINES
FLUXIRN Q1AD 2018-2019	VACCINES
GARDASIL 9	VACCINES
GATTEK	GASTROINTESTINAL AGENTS, OTHER
GENVOYA	ANTIHIV AGENTS, INTEGRASE INHIBITORS (INSTI)
HEMALOG MIX 75-25	INSULINS
HEMALOG MIX 75-25 KWIKPEN	INSULINS
HUMIRA	IMMUNE SUPPRESSANTS
HUMIRA PEN	IMMUNE SUPPRESSANTS
HUMIRA PEN CHRONICUS STARTER	IMMUNE SUPPRESSANTS
HUMIRA PEN PSORIASIS UVETIS	IMMUNE SUPPRESSANTS
HUMULIN R 100	INSULINS
HUMULIN R U-500 KWIKPEN	INSULINS
IBRANIX	MOLECULAR TARGET INHIBITORS
IBRUCIA	MOLECULAR TARGET INHIBITORS
INLYTA	MOLECULAR TARGET INHIBITORS
LALUDA	2ND GENERATION/ANTYBIOCAL
LIALDA	AMINOSALICYLATES
MARINA	PROGESTINS
MEMACTRA	VACCINES
MOVIPREP	LAXATIVES
NASCAN	OPICD REVERSAL AGENTS
NATPARA	METABOLIC BONE DISEASE AGENTS
NOVOKOS FLEXPEN	INSULINS
NOVAPEN	ANTIFUNGALS
ODEFSEY	ANTIHIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)
ORJENZA	IMMUNE SUPPRESSANTS
ORVONTIN	OPICD ANALGESICS, LONG-ACTING
OZEMPIC	ANTIDIABETIC AGENTS
PHAZO	DERMATOLOGICAL AGENTS
PNEUMOVAX 23	VACCINES
PRELDESIB	ANTIHIV AGENTS, PROTEASE INHIBITORS
PROGRAF	IMMUNE SUPPRESSANTS
PROZAC	SSRIS/SNRIS (SELECTIVE) SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR
RAYOD	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)
REPATHA SUBRECLIX	CYTILIPIDEMICS, OTHER
REYATAZ	ANTIHIV AGENTS, PROTEASE INHIBITORS
SIBICORIX	VACCINES
BRILJE	ANTI-HELMINTHICS
TALLOHEX	DERMATOLOGICAL AGENTS
TALIZ AUTOINJECTOR	DERMATOLOGICAL AGENTS
TALIZ AUTOINJECTOR (2 PAK)	DERMATOLOGICAL AGENTS
TAMIBEL	ANTI-INFLUENZA AGENTS
TECOPERA	MULTIPLE SCLEROSIS AGENTS
TIVICAY	ANTIHIV AGENTS, INTEGRASE INHIBITORS (INSTI)
TOBRADEX	OPHTHALMIC AGENTS, OTHER
TOBRADEX BT	OPHTHALMIC AGENTS, OTHER
TREMPA	DERMATOLOGICAL AGENTS
TRE SIBA FLEXTOUCH U-200	INSULINS
TRINTELLIX	SSRIS/SNRIS (SELECTIVE) SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR
TRUIMO	ANTIHIV AGENTS, OTHER
TRULICITY	ANTIDIABETIC AGENTS
TRUVADA	ANTIHIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)
UCERIS	GLUCOCORTICIDS
VALIUM	BENZODIAZEPINES
VICTOZA 2-PAK	ANTIDIABETIC AGENTS
VICTOZA 3-PAK	ANTIDIABETIC AGENTS
VIMOVO	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS
XELJANZ XR	IMMUNE SUPPRESSANTS
XEVA	METABOLIC BONE DISEASE AGENTS
XIFAXAN	ANTIBACTERIALS, OTHER
ZARICID	BLOOD-FORMATION MODIFIERS
ZOSTAVAX	VACCINES

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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: Blue Shield of California Life & Health 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	\$429.09	78.0%
<b>Total Health Care Paid Premiums with pharmacy benefits carved-in (PMPM)</b>	<b>\$550.18</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: Blue Shield of California Life & Health 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
DST Solutions	No	Yes	No
CVS Health	No	No	No