**Audience: Custom list of SG and LG Fully Insured clients (includes SG ABF)**

**Audience: National Accounts – sales/client management should copy/paste the email copy below and send to NA-FI clients for completion by March 1.**

**SUBJECT:** We need your premium data for the 2023 RxDC submission

**Preheader:** Please fill out this form by March 1.

**Headline:** Important premium information needed for the 2023 Prescription Drug Data Collection submission

**Email Copy**

We need your help collecting monthly average premium information required for Prescription Drug Data (RxDC) reporting. Please fill out [this form](https://s-us.chkmkt.com/?e=297762&h=715BCB54496C38E&l=en) to make sure we have the needed information.

The [Prescription Drug Data Collection reporting provision](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/Prescription-Drug-Data-Collection) of the Consolidated Appropriations Act (CAA) requires reports on drug utilization and spending trends be submitted to the U.S. Department of Health and Human Services.

Starting in 2023, we are required to include information in the average monthly premium paid by member and by employer in the Premium and Life Years (D1) reporting.

To make sure your data is included in our aggregate filing, please complete [this form](https://s-us.chkmkt.com/?e=297762&h=715BCB54496C38E&l=en) before March 1, 2023. We must receive this data for you and us to avoid non-compliance.

If you have any questions, please contact your broker or account representative.

***Form Copy***

*Please complete the following information for the 2022 reporting year (also called calendar year) and return by no later than March 1, 2023.*

***Please note:*** *If you have segments of your group that fall into different market segments, please complete a line for each.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Group Name*** | ***Group/Case Number (as shown on your member ID card*** | ***Group Employer Identification Number (EIN)*** | ***Average Monthly Percentage of Premium Paid by Employee/Members for 2022***  | ***Average Monthly Percentage of Premium Paid by Employer for 2022***  | ***Group Form 5500 Plan Number (if applicable)*** | ***Group Contact Name*** | ***Group Contact Email*** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

***Here is an example of one way that the Average Monthly Premium percentage for Employer and Employee can be calculated***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Premium Paid Dollars*** | ***Premium Paid %*** | ***Calculation*** |
| ***Total 2022 Employee Contribution of Premium*** | *$225,000* | *37%* | *$225,000/$600,000 = 37.5%* |
| ***Total 2022 Employer Contribution of Premium*** | *$375,000* | *63%* | *$375,000/$600,000 = 62.5%* |
| ***Total Premium*** | *$600,000* | *100%* |  |

*Please ensure that the percentages of employer and employee contributions equals 100% by rounding up or down as needed.*

*In this case, you would fill out the form as follows:*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Group Name*** | ***Group/Case Number (as shown on your member ID card*** | ***Group Employer Identification Number (EIN)*** | ***Average Monthly Percentage of Premium Pd by Employee/Members for 2022 Plan Year***  | ***Average Monthly Percentage of Premium Pd by Employer for 2022 Plan Year*** | ***Group Form 5500 Plan Number (if applicable)*** | ***Group Contact Name*** | ***Group Contact Email*** |
| ***XYZ Group*** | ***12345*** | ***123456789*** | ***37%*** | ***63%*** | ***501*** | ***Lisa Smith*** | ***Lisa.smith.com*** |

*Thank you for your assistance in providing this data.*