

CAA: Fully Insured Prescription Drug Data Collection (RxDC)



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Please send completed form back to your Blue Cross Blue Shield of North Dakota representative.

Fields with an * are required for submission.

Client Information		
Client Name*		
Client Number*		
Health Plan Name*		
Large Group, Grandfathered and Small Group Plan Information		
Employee and Employer Contribution percentage to be outlined below. Employee and employer contribution should equal 100% or total premium for each tier level.		
Tier Level	Employee Contribution % or \$	Employer Contribution % or \$
Individual*		
Employee & Child		
Employee & Children		
Employee & Spouse		
Family		
<input type="checkbox"/> Select if you apply 100% of the single premium cost towards all tier levels		
Small Group - ACA/Metallic		
<input type="checkbox"/> Select if percentages listed above apply to all age groups in respective tiers		
If percentages vary by age groups, please note that in the comment section below. Otherwise, please fill out the total dollars for the previous calendar year.		
Total annual premiums contributed by your employer group*	\$	
Total annual premiums contributed by your employees *	\$	
Note: Please remember this is for all premiums in the previous calendar year. If you had any contribution changes mid-year, please account for those below and note the date change. Example – You had a Grandfathered plan and switched to a Small Group Metallic plan mid-year.		