

# CAA: 2024 Fully Insured Prescription Drug Data Collection (RxDC)



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 2024 calendar year.   |    |
| Total annual premiums contributed by your employer group*  | \$ |
| Total annual premiums contributed by your employees *  | \$ |
| <p><b>Note:</b> Please remember this is for all premiums in the calendar year for 2024. If you had any contribution changes mid-year, please account for those below and note the date change.<br/>           Example - You had a Grandfathered plan and switched to a Small Group Metallic plan mid-year.</p> |    |