

CAA: 2022 Prescription Drug Data Collection (RxDC)



- **Section A:** Employee and Employer Contribution – Complete if you have Metallic or Non-Metallic plans.
- **Section B:** ACA Plan Information – Complete if you have Metallic plan(s).

Note: If your group has more than one plan, fill out one form for each plan.

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

Client Name*
Client Number*

Section A: Employee and Employer Contribution

Employee and Employer Contribution percentage to be outlined below. Employee and employer contribution should equal 100% or total premium for each tier level.

Health Plan Name		
Tier Level	Employee Contribution % or \$	Employer Contribution % or \$
Individual		
Employee & Child		
Employee & Children		
Employee & Spouse		
Family		

Select if you apply 100% of the single premium cost towards all tier levels

Section B: ACA Plan Information

Select if percentages listed above apply to all age groups in respective tiers

If percentage vary by age groups please note that in the comment section below. Otherwise, please fill out the total dollars for the 2022 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 calendar year for 2022. 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.