



## Pharmacy Benefits

**Employer Group-Does Have Pharmacy Carve-out:** Self-insured group without pharmacy benefits with Florida Blue. Self-insured group elects to have a different Pharmacy Benefits Manager other than Prime Therapeutics manage pharmacy benefits for plan.

**Employer Group-Does NOT Have Pharmacy Carve-out:** Fully-Insured, MPP, or Self-Insured/Level-Funded group that has pharmacy benefits with Florida Blue managed by Prime Therapeutics.

## Data Field Descriptions

### For, Fully Insured Employer Groups

**Calendar Year Premium Employer Amount:** Earned premium means all money paid by plan sponsor as a condition of the member receiving coverage. Earned premium includes any fees or other contributions associated with the health plan.

**Calendar Year Premium Employee Amount:** Earned premium means all money paid by a member, policyholder, subscriber as a condition of the member receiving coverage. Earned premium includes any fees or other contributions associated with the health plan.

### For, Self- Insured Employer Groups

**Department of Labor (DOL) form 5500 Plan number-** The three-digit plan number reported on the IRS Form 5500 filed with the Department of Labor. This is not applicable to every employer group, only those that are required to file form 5500.

**Average Total Number of Employees:** The number of employees (including seasonal and part-time) is determined by averaging the total number of employees employed on business days during the calendar year preceding the reporting year.

**Calendar Year Premium Equivalents & Administrative Fees Employer Amount (Health Care & Pharmacy):** For self-funded plans and other arrangements that do not rely exclusively or primarily on premiums, report the employer portion of the premium equivalent amounts representing the total cost of providing and maintaining coverage, including claims costs, administrative costs, Administrative Services Only (ASO) and other Third-Party Administrator (TPA) fees, and stop-loss premiums. An employer with a self-funded plan may use, as the total cost of providing and maintaining coverage, the same costs that are taken into account for purposes of calculating COBRA premiums (minus the 2% administration charge, if applicable).

**Calendar Year Premium Equivalents & Administrative Fees Employee Amount (Health Care & Pharmacy):** Total amount paid by members for coverage. This is the employee portion of the fees noted for the employer.

**Calendar Year Total ASO/TPA fees paid amount (Pharmacy only):** Report ASO and other fees paid to TPA for pharmacy coverage only. This amount should also be included in Premium Equivalents amount.

**Calendar Year Total Premium Equivalents (Pharmacy only):** For self-funded plans and other arrangements that do not rely exclusively or primarily on premiums, report the premium equivalent amounts including claims costs, administrative costs, ASO and other TPA fees for pharmacy coverage only.