

Health Plan

Q01. Is this the correct Group Health Plan Name *<insert Group Health Plan Name>?*

- 1 Yes **(SKIP TO Q02)**
- 2 No

Plan Name Update

Q01a. Please enter the correct Group Health Plan Name

_____ **(ALLOW 250 CHARACTERS)**

CAA-RXDC

Q02. Would you like Blue Cross Blue Shield of Massachusetts to submit your self-insured CAA-RXDC June 2025 filing?

- 1 Yes, Blue Cross should submit all applicable files
- 2 Yes, Blue Cross should submit all applicable files, except for D1
- 3 No, plan sponsor will submit all files **(SKIP TO LOGIC ABOVE ATTESTATIONS)**

Email

Q03. Is *<email>* the best email address to contact you regarding this survey? *Blue Cross will not be sharing this email address or using it for purposes other than internal record keeping.*

- 1 Yes **(SKIP TO Q04)**
- 2 No

Email Update

Q03a. What is the correct email address? *Blue Cross will not be sharing this email address or using it for purposes other than internal record keeping.*

_____ **(ALLOW 250 CHARACTERS)**

EIN

Q04. Is *<EIN>* the correct EIN?

- 1 Yes **(SKIP TO Q05)**
- 2 No

EIN Update

Q04a. What is the correct EIN?

_____ **(ALLOW 9 CHARACTERS)**

IRS Form 5500

Q05. If you do not file IRS Form 5500 with the Department of Labor, please skip to the next question.

If you file IRS Form 5500 with the Department of Labor, please enter your 3 digit Form 5500 number. This is the 3-digit plan number reported on IRS Form 5500.

_____ (ALLOW 3 CHARACTERS, NUMERIC)

Group Health Plan Number

Q06. Blue Cross will be using '501' as the Group Health Plan Number, is that the number you wish to use?

- 1 Yes (SKIP TO Q07)
- 2 No

Plan Number Update

Q06a. What is the Group Health Plan Number you wish to use?

_____ (ALLOW 25 CHARACTERS, ALPHA NUMERIC?)

Premium Paid

(IF Q2 = 2, SKIP Q07)

Q07. What is the average percent of the premium paid by a subscriber?

1. Calculate the total premium paid by subscribers for the reference year, CY 2024 *
2. Calculate the total premium paid by subscribers AND the employers for the reference year CY 2024
3. Divide result from step 1 by result from step 2 to calculate the percent of premium paid by the subscriber.
4. The percentage should be submitted as the nearest whole number with no decimals. For example, 19.3% should be submitted as 19

**This should be the premium paid by all subscribers and excludes premiums paid by employers and other plan sponsors on behalf of the subscriber*

If you are a self-funded (ASC account), please use premium equivalent instead of premium. Note subscribers include employees, COBRA and early retirees but excludes retirees on Medicare plans. Please only include subscriber premiums for benefits administered by Blue Cross.

For self-funded (ASC) plans, federal guidance defines the premium equivalent amounts as the total cost of providing and maintaining coverage, including claim costs, administrative expenses, Administrative Services Only (ASO) or TPA fees and Stop-Loss premiums. An employer with a self-funded (ASC) health 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% administrative charge, if applicable)