

Prescription Drug Data Collection (RxDC)

Response requested by April 30, 2026



To compile prescription drug data collection (RxDC) reports required by DHHS, HMAA must collect certain information, which is not contained in our systems, from our employer groups. **HMAA requests your company complete our online survey for calendar year 2025.**

- Take the survey at <https://www.hmaa.com/RxDCsurvey> or use this QR code:
- Please respond based on your group health plan(s) insured by HMAA.
- Before taking the survey, you'll need to compile the following information for each month in 2025. Refer to the calculation example on page 2.
 - Member Count
 - Medical and Prescription premium paid by members
 - Medical and Prescription premium paid by employer
- After your information is compiled, the survey takes about **15 minutes**.
- If you have multiple HMAA group service agreements, submit a separate survey for each plan (unique DOL/Employer Identification Number).
- Complete a new survey if you need to make changes. Any subsequent survey submission will override previous submissions.

SCAN FOR SURVEY



The survey must be completed by **April 30, 2026**. Your responses will be kept strictly confidential, and data will be reported only in the aggregate.

What is RxDC Reporting?

Prescription Drug Data Collection (RxDC) is federally required reporting from the Consolidated Appropriations Act (CAA) of 2021, which requires group health plans and health insurers to submit information about prescription drug benefits and costs to DHHS. RxDC is intended to shed light on how prescription drugs contribute to the growth of healthcare spending and the cost of health coverage.

When is the information due?

RxDC reports must be submitted to the government by June 1 annually. In addition to prescription drug cost information, the report requires premium data from groups. As a result, HMAA needs your assistance before compiling the 2025 reports and requests to receive your data by **April 30, 2026**.

What information is required?

The following questions will appear in HMAA's survey. Respond based on your health plan(s) insured by HMAA.

- Name, email address, and phone number of person completing the survey
- Person's role with the company (e.g., HR Representative, Plan Administrator, Broker)
- Legal Company Name
- DOL/Employer Identification Number (EIN) or Taxpayer Identification Number (TIN) – maximum 9 digits
- The 3-digit plan number reported on your IRS Form 5500 filed with the Department of Labor, if applicable. If more than one value, separate them with a semicolon.

- Group Health Plan Name - the ERISA employee benefit plan name under which you provide health coverage to employees or their dependents directly or through insurance, reimbursement, or otherwise. This is also the name on your Form 5500 and/or HMAA Group Service Agreement.
- HMAA group policy number
- Average Monthly Medical and Prescription Drug Premiums Paid by Members and by Employer in **2025**.
 - Do not include other premiums such as dental and vision.
 - For groups with combined premium rates (includes dental and/or vision): To estimate just the Medical and Prescription portion, reduce your total premium by 4% if dental is included and 1% if vision is included.
 - If uncertain about any amounts, complete the calculations to the best of your ability. Refer to the Calculation Example above.

Calculation Example

Month	Total Medical and Prescription Drug Premiums Paid by Members	Total Medical and Prescription Drug Premiums Paid by Employer
January	\$4,275.00	\$2,250.00
February	\$4,750.00	\$2,500.00
March	\$4,750.00	\$2,500.00
April	\$4,750.00	\$2,500.00
May	\$5,700.00	\$3,000.00
June	\$5,700.00	\$3,000.00
July	\$4,750.00	\$2,500.00
August	\$4,275.00	\$2,250.00
September	\$5,700.00	\$3,000.00
October	\$6,650.00	\$3,500.00
November	\$6,650.00	\$3,500.00
December	\$7,125.00	\$3,750.00
Total	A \$65,075.00	B \$34,250.00

Average Monthly Medical and Prescription Drug Premiums Paid by Members: **\$5,422.91**
 $A / 12 = \text{Average Monthly Medical and Prescription Drug Premiums Paid by Members}$
 $\$65,075.00 / 12 = \boxed{\$5,422.91}$

Average Monthly Medical and Prescription Drug Premiums Paid by Employer: **\$2,854.17**
 $B / 12 = \text{Average Monthly Medical and Prescription Drug Premiums Paid by Employer}$
 $\$34,250.00 / 12 = \boxed{\$2,854.17}$

Note: You should divide by 12 even if coverage was not in effect for the entire calendar year.

Frequently Asked Questions

1. Can HMAA provide historical information to complete the requested calculations?

HMAA will not be able to provide historical data. Please complete the calculations to the best of your ability.

2. Do I need to complete the survey if I did not offer a prescription drug plan in 2025?

Yes, because HMAA medical plans include prescription drug benefits.

3. We offer health coverage from HMAA and other carriers (e.g., Kaiser). Do I have to submit for both?

Please inquire with your other carrier for their instructions. HMAA is only requesting data based on your HMAA enrollment during 2025.

4. Do I need to include taxes when reporting premiums?

Yes, include taxes in the calculations.

5. Will the data collected in the survey be kept confidential?

Yes, HMAA and our survey portal have privacy and security measures in place to ensure confidentiality.

6. Why am I unable to access the survey from my web browser?

This may be due to your device's cache or browsing history. Try clearing your browsing history, using a different web browser, or using Incognito mode (private browsing).

7. Why do I need to provide the information by April 30?

HMAA needs to compile and aggregate your information with our data before the filing deadline.

8. Will there be a penalty if I'm not able to send information by April 30?

We are unaware of any penalties at this time.

For more information, visit <https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/prescription-drug-data-collection>. If you have questions, please contact Account Management at **(808) 791-7654**, toll-free at **(800) 621-6998 x301**, or AccountManager@hmaa.com.

This notice was last updated on February 18, 2026; is based on HMAA's interpretation; does not represent financial, tax, or legal advice; and is subject to future modification.