BENECARD®

Carve-out prescription drug benefit programs.

Reporting Instructions for Completing the D1 Form (2025 Calendar Year)

All information entered must reflect the **2025 calendar year only**. The fields for **Average Monthly Premium Paid by Members** and **Average Monthly Premium Paid by Employers** are **automatically calculated** based on the other data you enter. For **Total Months in Plan Year, 12 months,** has been pre-entered, even if coverage was not in effect for a member (or members) for the entire reference year; this value is used to calculate **Average Monthly Premium Paid by Members**.

Total Premium Paid by Members (2025): Report the total premium paid by members for the 2025 calendar year. **Include:** (i) premium paid by members; (ii) Advanced Premium Tax Credits (APTCs); and (iii) premium equivalents paid by members for self-funded coverage. **Exclude:** (i) premium paid by employers or other plan sponsors on behalf of members; and (ii) premium equivalents paid by employers or other plan sponsors on behalf of members.

Total Premium Paid by Employers (2025): Report the total premium paid by employers/plan sponsors for the 2025 calendar year. **Include:** (i) premium paid by employers and other plan sponsors on behalf of members (including dependents); (ii) premium equivalents for self-funded coverage; and (iii) premium paid by group trust, association, or MEWA plans if separate employers or other plan sponsors make premium contributions. **Exclude:** premium paid by members.

Definitions:

"Member(s)" means a person who has health coverage (including enrollees, dependents, participants, beneficiaries, and FEHB annuitants).

"Client Name" means: (i) the employer (for a plan established or maintained by a single employer); (ii) the employee organization (for a plan of an employee organization); or (iii) the association, committee, joint board of trustees, or similar representative group that establishes or maintains the plan (for plans jointly established/maintained by multiple employers and/or one or more employee organizations). Do not enter more than one Client Name in the same cell unless the Client Name changed during the reference year; if so, separate names with a semicolon. Note: Sometimes the Client Name is the same as the Group Health Plan Name.