

**WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE**

PD-2007.5

PD-2008.1

OMB Approved # 0938-0944

**I. General Information**

1. Contract Number:	4. Contract Yr:	2008	7. Plan Name:		10. PD Region:	
2. Plan ID:	5. Org. Name:		8. Plan Type:		11. PD Benefit Type:	
3. Segment:	6. SNP:		9. Enrollee Type:		12. Payment Demo Type:	

**II. Base Period Background Information**

1. Time Period Definition			2. Member Months		4. Risk Score	
Incurred from:			3. Credibility (Full, Partial, None)		5. Completion factor	
Incurred to:						
Paid through:						
6. Briefly describe the source of the base period experience data:						

**III. Part D Claims Experience**

Allowed Claim Interval	(d) Total Count in Interval		(j) Cumulative					(k) Adjustments to Reflect Pt. D Coverage			(n) Net Plan Responsibility per Member
	# of Members	Member Months	(f) Total Number of Scripts	(g) Total Allowed Dollars	(h) Average Allowed Amount per Member	(i) Average Paid Amount per Member	Average Cost Sharing per Member	Supplemental C.S. Reduc. per Member	Reimb for LIS per Member	Reimb for Fed Reins. per Member	
								(m)	(l)	(m)	
1. \$0					\$ -						\$ -
2. \$1-\$264					\$ -						\$ -
3. \$265-\$2,399					\$ -						\$ -
4. \$2,400-\$5,450					\$ -						\$ -
5. \$5,451+					\$ -						\$ -
6. Subtotal	-	-	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. % OON											
8. PMPM Values				\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$ -
9. Minus PMPM Rebates						\$0.00					\$ -
10. Plus PMPM Value of Part D as Secondary						\$0.00					\$ -
11. PMPM Net Expenses						\$ -		\$0.00	\$0.00	\$0.00	\$ -
12. PMPM Non-covered Supplemental Drugs											\$ -
13. PMPM Rebates on Supplemental Drugs											\$ -
14. Net PMPM on Supplemental Drugs						\$ -					\$ -

**IV. PMPM Non-Benefit Expenses**

	(e)		(f)	(g)
	Basic	Supplemental		Total
1. Sales and Marketing				\$ -
2. Direct Administration				-
3. Indirect Administration				-
4. Net Cost of Private Reinsurance				-
5. Total Non-Benefit Expenses	\$ -	\$ -		\$ -

**V. PMPM Premium Revenue**

	(e)		(f)	(g)
	Basic	Supplemental		Total
1. CMS Part D Payment				\$ -
2. LI Premium Subsidy				-
3. Member Premium				-
4. Member Penalty Premium				-
5. Total Premium	\$ -	\$ -		\$ -

**VI. PMPM Income Statement Summary**

	(m)
1. Premium Revenue	\$ -
2. LIS Reimb.	\$0.00
3. Fed Reins.	\$0.00
4. Allocated Buy-Down*	
5. Total Revenue	\$ -
6. Pharmacy Claims	\$ -
7. Non-Benefit Expenses	-
8. Total Expenses	\$ -
9. Gain/(Loss) Including Buy-Down	\$ -

\* MA rebate dollars to buy-down Part D premium (not true revenue)

**WORKSHEET 2 - Rx PDP PROJECTION OF ALLOWED/ NON-BENEFIT**

**I. General Information**

1. Contract Nurr	4. Contract Yr: 2008	7. Plan Name:	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. PD Benefit Type:
3. Segment:	6. SNP:	9. Enrollee Type	12. Payment Demo Type:

**II. Utilization for Covered Part D Drugs**

	Base Period			Components of Utilization Change					Total Utilization Change	Projected Scripts/ 1000
	(e) # of Scripts/ 1000	(f) Allowed per Script	(g) PMPM Allowed	(h) Trend in Scripts/1000	(i) Formulary Change	(j) Risk Change	(k) Induced Utilization*	(l) Other Change		
Type of Script										
1. Retail Generic			-						-	-
2. Retail Preferred Brand			-						-	-
3. Retail Non-Preferred Brand			-						-	-
4. Retail Specialty			-						-	-
5. Mail Order Generic			-						-	-
6. Mail Order Preferred Brand			-						-	-
7. Mail Order Non-Preferred Brand			-						-	-
8. Mail Order Specialty			-						-	-
9. Total Retail	-	-	-	-	-	-	-	-	-	-
10. Total Mail Order	-	-	-	-	-	-	-	-	-	-
11. Total Generic	-	-	-	-	-	-	-	-	-	-
12. Total Brand (Preferred and Non-Preferred)	-	-	-	-	-	-	-	-	-	-
13. Total Specialty	-	-	-	-	-	-	-	-	-	-
<b>14. Total</b>	-	-	\$ -	-	-	-	-	-	-	-

\*Adjustment to remove impact of induced utilization due to supplemental coverage

**III. Cost for Covered Part D Drugs**

	Components of Unit Cost Change				Tot. Unit Cost Chg	Projected Unit Cost	Projected Allowed PMPM	Manual		Manual Rate PMPM	Credibility	Blended Allowed PMPM
	(e) Inflation Trend	(f) Discount Change	(g) Formulary Change	(h) Other Change				(i) Util/ 1000	(m) Unit Cost			
1. Retail Generic					0.000	-	-			-	-	-
2. Retail Preferred Brand					0.000	-	-			-	-	-
3. Retail Non-Preferred Brand					0.000	-	-			-	-	-
4. Retail Specialty					0.000	-	-			-	-	-
5. Mail Order Generic					0.000	-	-			-	-	-
6. Mail Order Preferred Brand					0.000	-	-			-	-	-
7. Mail Order Non-Preferred Brand					0.000	-	-			-	-	-
8. Mail Order Specialty					0.000	-	-			-	-	-
9. Total Retail	0.000	0.000	0.000	0.000	0.000	0.000	-	-	-	100%	-	-
10. Total Mail Order	0.000	0.000	0.000	0.000	0.000	0.000	-	-	-	100%	-	-
11. Total Generic	0.000	0.000	0.000	0.000	0.000	-	-	-	-	100%	-	-
12. Total Brand (Preferred and Non-Preferred)	0.000	0.000	0.000	0.000	0.000	-	-	-	-	100%	-	-
13. Total Specialty	0.000	0.000	0.000	0.000	0.000	-	-	-	-	100%	-	-
<b>14. Total</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>	<b>100%</b>	<b>\$ -</b>

**IV. Projected Allowed PMPM**

**V. PMPM Non-Benefit Expenses**

	(e) Base Period	(f) Trend	(g) Contract Period	(h) Manual Rate Expense	(i) Credibility	(j) Blended Expense
	1. Sales and Marketing	\$ -		\$ -		
2. Direct Administration	-		-			-
3. Indirect Administration	-		-			-
4. Net Cost of Private Reinsurance	-		-			-
<b>5. Total Non-Benefit Expenses</b>	<b>\$ -</b>		<b>\$ -</b>			<b>\$ -</b>

**VI. Development of Manual Rate**

1. Describe the source/year and assumptions used in the development of the manual rate.

**WORKSHEET 3 - Rx CONTRACT PERIOD PROJECTION FOR DEFINED STANDARD COVERAGE**

**I. General Information**

1. Contract Number:	4. Contract Yr: 2008	7. Plan Name:	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. PD Benefit Type:
3. Segment:	6. SNP:	9. Enrollee Type:	12. Payment Demo Type:

**II. Projection Data**

1. Projected Member months: 0	2. Projected Avg Risk Score:	3. Projected LIS Member months:
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**III. Part D Covered Drug Claims**

	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	
	Allowed Claim Interval	# of Members	Member Months	# of Scripts	Projected Allowed	Avg Amt Allowed PMPM	Cost Sharing	Gap PMPM	PMPM Deductible	Other Cost Sharing PMPM	Federal Reins. PMPM	Plan Liability PMPM	Federal LIS PMPM
1.	\$0					\$ -						\$ -	
2.	\$1-\$264					-						-	
3.	\$265-\$2,399					-						-	
4.	\$2,400-\$5,450					-						\$0.00	
5.	\$5,451+					-						\$0.00	
6.	<b>Subtotal</b>	-	-	0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7.	Minus Rebates												
8.	Minus Other Insurance												
9.	Plus Part D as Secondary												
10.	Projected % OON Included above:	Allowed:											
11.		Plan Liability:											
12.	<b>Total</b>				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**IV. Non-Benefit Expenses and Gain/(Loss)**

	(d)
1. Basic Non-Benefit Expenses	\$ -
2. Supplemental Non-Benefit Expenses	-
3. Total Non-Benefit Expenses	-
4. Basic Gain/(Loss)	\$ -
5. Supplemental Gain/(Loss)	-
6. Total Gain/(Loss)	

**V. Defined Standard Coverage Bid Development**

	(i)	(j)
	At 0.0000	At 1.00
1. Claims (Allowable Cost Target):	\$ -	\$ -
2. Non-Benefit Expenses	-	-
3. Gain/(Loss):	-	-
4. Total Basic Bid	\$ -	\$ -
5. Federal Reinsurance:	\$ -	\$ -

**WORKSHEET 4 - Rx STANDARD COVERAGE WITH ACTUARIALLY EQUIVALENT COST SHARING**

**I. General Information**

1. Contract Number:	4. Contract Yr: 2008	7. Plan Name:	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. PD Benefit Type:
3. Segment:	6. SNP:	9. Enrollee Type:	12. Payment Demo Type:

**II. Projection Data**

1. Projected Member months	0	2. Projected Avg Risk Score	0.000
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**III. Development of Bid for Standard Coverage**

	At 0.0000	At 1.00
1. Claims (Allowable Cost Target) \$	-	\$ -
2. Non-Benefit Expenses	-	-
3. Gain/(Loss):	-	-
<b>4. Total Basic Bid \$</b>	<b>-</b>	<b>\$ -</b>
5. Federal Reinsurance	-	-
6. LIS	-	

**V. Std. Cov. Bid Development with Actuarially Equivalent C. S**

	At 0.0000	At 1.00
1. Claims (Allowable Cost Target)	\$0.00	\$0.00
2. Non-Benefit Expenses	-	-
3. Gain/(Loss):	-	-
<b>4. Total Basic Bid</b>	<b>\$0.00</b>	<b>\$ -</b>
5. Federal Reinsurance	-	-
6. LIS		

**IV: Development of Bid Components and Tests for Actuarial Equivalence**

	(e) Amounts below Initial Coverage Limit <\$2,400	(h) Amounts above Catastrophic Threshold >=\$5,451	(k) All Amounts
1. Total Members			-
2. Member Months			-
Allowed PMPM			
3. Standard	\$ -	\$ -	\$ -
4. Standard with Act. Equiv. Cost Sharing			\$ -
5. Value of Deductible	\$ -	\$ -	\$ -
Allowed Subject to Coins.			
6. Standard	\$ -	\$ -	\$ -
7. Standard with Act. Equiv. Sharing	\$ -	\$ -	\$ -
Coins. %			
8. Standard	25.0% A	0.0% C	0.0%
9. Standard with Act. Equiv. Sharing	0.0% B	0.0% D	0.0%
Coins PMPM			
10. Standard	\$ -	\$ -	\$ -
11. Standard with Act. Equiv. Sharing	\$ -	\$ -	\$ -
Net Cost of Benefit			
12. Standard	\$ -	\$ -	\$ -
13. Standard with Act. Equiv. Sharing	\$ -	\$ -	\$ -
Rebates		For Reinsurance	Inc Reins.
14. Standard		\$ -	\$ -
15. Standard with Act. Equiv. Sharing		\$ -	
Test for Actuarial Equivalence			
Effective coinsurance with alternative cost sharing = to effective coinsurance for standard cost sharing			
16. A=B	No		
17. C=D	No		

**WORKSHEET 5 - Rx ALTERNATIVE COVERAGE**

**I. General Information**

1. Contract Number	4. Contract Yr: 2008	7. Plan Name:	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. PD Benefit Type:
3. Segment:	6. SNP:	9. Enrollee Type:	12. Payment Demo Type:

**II. Projection Data**

1. Projected Member months	0	2. Projected Avg Risk Score	0.000
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**III. Development of Bid for Standard Coverage**

	At 0.0000		At 1.00
1. Claims	\$ -	C	\$ -
2. Non-Benefit Expenses	-		-
3. Gain/(Loss)	-		-
<b>4. Total Basic Bid</b>	<b>\$ -</b>		<b>\$ -</b>
5. Federal Reinsurance	-		-
<b>6. Total Coverage</b>	<b>\$ -</b>	<b>A</b>	<b>\$ -</b>
7. LIS	\$ -		\$ -

**V. Development of Actuarial Equivalence Test**

	At 0.0000		At 1.00
1. Part D Covered Drugs	\$ -	D	\$ -
2. Non-Benefit Expenses	-		-
3. Gain/(Loss)	-		-
4. Federal Reinsurance	-		-
<b>5. Total Part D Covered</b>	<b>\$ -</b>	<b>B</b>	<b>\$ -</b>
6. Non-Part D Covered Drugs	-		-
<b>7. Total Plan Coverage</b>	<b>\$ -</b>		<b>\$ -</b>
<b>8. Total Basic Bid</b>	<b>\$ -</b>		<b>\$ -</b>
9. LIS	\$ -		\$ -

**IV. Development of Bid Components**

	(d)	(f)	(g)	(i)	(k)	(m)	(o)	(q)
	Part D Covered Drugs							
	Members with <\$2,400	Members >=\$2,400	Amounts <=ICL for all members		Amts above Catastrophic		All Members	
1. Population not Meeting Deductible	-	-	-		0		-	-
2. Population Meeting Deductible	-	-	-		-		-	-
3. Member Months	-	-	-		-		-	-
Allowed PMPM	Amounts below Initial Coverage Limit			Amts in Gap	Amts above Catastrophic	Total PMPM	Non-Part D Covd	
4. Standard	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Alternative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Deductible</b>								
6. Proposed Deductible	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Value of \$265 Deductible	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Value of Proposed Deductible	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Allowed Subject to Coins.</b>								
9. Standard	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Alternative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Coins. %</b>								
11. Standard	25.0%	25.0%	0.0%	100.0%	0.0% H			0.0%
12. Alternative	0.0%	0.0%	0.0%	0.0%	0.0% I			0.0%
<b>Coins PMPM</b>								
13. Standard	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14. Alternative	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Federal Reinsurance</b>								
15. Standard					\$ -	\$ -	\$ -	\$ -
16. Alternative					\$ -	\$ -	\$ -	\$ -
<b>Minus Rebates</b>								
17. Standard					\$ -	\$ -	\$ -	\$ -
18. Alternative					\$ -	\$ -	\$ -	\$ -
<b>Minus Other Insurance</b>								
19. Standard					\$ -	\$ -	\$ -	\$ -
20. Alternative					\$ -	\$ -	\$ -	\$ -
<b>Plus Part D as Secondary</b>								
21. Standard					\$ -	\$ -	\$ -	\$ -
22. Alternative					\$ -	\$ -	\$ -	\$ -
<b>Net Cost of Benefit</b>								
23. Standard	\$ -	\$ -	F	\$ -	\$ -	\$ -	\$ -	\$ -
24. Alternative	\$ -	\$ -	G	\$ -	\$ -	\$ -	\$ -	\$ -

**VI. Tests for Alternative Coverage:**

1. Total Coverage >= Std Coverage (B>=A)	Yes
2. Unsubsidized value= Unsub Value for Std Covg(1=yes and D>=C)	Yes
3. Average Cost at Initial Covg Limit >= Std (G >=F)	Yes
4. Deductible <=\$265 (E <=265)	Yes
5. Average Catastrophic cost sharing <= Std (I <= H)	Yes

**VIII. Development of Induced Utilization Adjustmen**

	At 0.0000	At 1.00
1. Claims for Standard	\$ -	\$ -
2. Impact of Alternative Utilization on Standard	\$ -	\$ -
3. Allowable Cost Target for Alternative	\$ -	\$ -
4. Induced Utilization Adjustment	\$ -	\$ -

**VII. Development of Supplemental Premium:**

	At 0.0000
1. Part D Covered Drugs	\$ -
2. Non Part D Covered Drugs	-
3. Less Basic Covered	-
4. Supplemental Coverage	\$ -
5. Reduction in Reinsurance	\$ -
6. Additional Non-Benefit Expenses	-
7. Additional Gain/(Loss)	-
8. Supplemental Premium	\$ -

**WORKSHEET 6 - Rx SCRIPT PROJECTIONS FOR DEFINED STANDARD, ACTUARIALLY EQUIVALENT OR ALTERNATIVE COVERAGE**

**I. General Information**

1. Contract Number	4. Contract Yr: 2008	7. Plan Name:	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. PD Benefit Type:
3. Segment:	6. SNP:	9. Enrollee Type:	12. Payment Demo Type:

**II. Projections for Equivalence Tests**

	(f)	(g)	(h)	(i)	(j)	(k)
<b>Population Not Exceeding \$2,400 with Std Coverage</b>	<b>Defined Standard Coverage</b>			<b>Actuarially Equivalent or Alternative Benefits</b>		
<b>All Spending</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
1. Retail Generic						
2. Retail Preferred Brand						
3. Retail Non-Preferred Brand						
4. Retail Specialty (2)						
5. Mail Order Generic						
6. Mail Order Preferred Brand						
7. Mail Order Non-Preferred Brand						
8. Mail Order Specialty (2)						
<b>10. Total</b>	-	\$ -	\$ -	-	\$ -	\$ -
<b>Population Exceeding \$2,400 with Std Coverage</b>	<b>Defined Standard Coverage</b>			<b>Actuarially Equivalent or Alternative Benefits</b>		
<b>All Spending</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
11. Retail Generic						
12. Retail Preferred Brand						
13. Retail Non-Preferred Brand						
14. Retail Specialty (2)						
15. Mail Order Generic						
16. Mail Order Preferred Brand						
17. Mail Order Non-Preferred Brand						
18. Mail Order Specialty (2)						
<b>20. Total</b>	-	\$ -	\$ -	-	\$ -	\$ -
<b>Amounts Allocated Up to ICL (1)</b>	<b>Defined Standard Coverage</b>			<b>Actuarially Equivalent or Alternative Benefits</b>		
<b>All Spending</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$ (1)</b>
21. Retail Generic						
22. Retail Preferred Brand						
23. Retail Non-Preferred Brand						
24. Retail Specialty (2)						
25. Mail Order Generic						
26. Mail Order Preferred Brand						
27. Mail Order Non-Preferred Brand						
28. Mail Order Specialty (2)						
<b>30. Total</b>	-	\$ -	\$ -	-	\$ -	\$ -
<b>Amounts Allocated over Catastrophic Coverage</b>	<b>Defined Standard Coverage</b>			<b>Actuarially Equivalent or Alternative Benefits</b>		
<b>All Spending</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
31. Retail Generic						
32. Retail Preferred Brand						
33. Retail Non-Preferred Brand						
34. Retail Specialty (2)						
35. Mail Order Generic						
36. Mail Order Preferred Brand						
37. Mail Order Non-Preferred Brand						
38. Mail Order Specialty (2)						
<b>40. Total</b>	-	\$ -	\$ -	-	\$ -	\$ -
<b>41. Non-Part D Covered Drugs - All Spending</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>

(1) - The cost sharing for the section labeled "Amounts Up to ICL" should include non-uniform deductibles and/or reduced ICL levels.  
 (2) - The Specialty tier is only used when the Plan places Specialty drugs on a separate tier in accordance with CMS guidelines.

**WORKSHEET 7 - SUMMARY OF KEY BID ELEMENTS**

**I. General Information**

1. Contract Number:	4. Contract Yr: 2008	7. Plan Name:	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. PD Benefit Type:
3. Segment:	6. SNP:	9. Enrollee Type:	12. Payment Demo Type:

**II. 2008 Defined Standard Benefit Parameters**

1. Deductible	\$265
2. Initial Coverage Limit	\$2,400
3. Out-of-pocket Limit	\$3,850

**III. Summary of Key Bid Elements**

1. Standardized Part D Bid	\$	-
2. National Average Monthly Bid Amount	\$	80.43
3. Base Beneficiary Premium	\$	27.35
<b>Basic Part D Premium (prior to A/B rebate allocation)</b>		
4. Unrounded	\$	(53.08)
5. Rounded	\$	(53.10)
<b>Supplemental Part D Premium (prior to A/B rebate allocation)</b>		
6. Unrounded	\$	-
7. Rounded	\$	-
8. Prospective Federal Reinsurance (non-standardized)	\$	-
9. Prospective Low-income cost sharing subsidy (non-standardized)	\$	-
10. Target amount adjustment (allowed costs as a ratio of bid)		-
<b>Rounding Rule</b>		
11. Round Part D premiums to nearest	\$	0.10

**IV. Part D Bid Pricing Tool Contacts**

<b>Plan Bid Contact</b>	
Name	
Phone	
Email	
<b>Part D Certifying Actuary</b>	
Name	
Phone	
Email	
Date Prepared	