WORKSHEET 1 - MA BASE PERIOD EXPERIENCE AND PROJECTION ASSUMPTIONS

| I. General Information | 1 | | | | | | | | | | | OME | MA-200 3 Approved # 0938-09 |
|---|--------------|---|------------|-------------------------|----------------|---|-----------|----------------------|-----------------|-------------|------------------|--------------------------------|--------------------------------|
| Contract Number: Plan ID: Segment ID: Contract Year: | 2008 | 5. Organizatio 6. Plan Name 7. Plan Type: 8. MA-PD: | | | | Enrollee Type: MA Region: Act. Swap/Equiv SNP: | Apply: | N/A | | 13. Region | | N/A at are Dually-Eligible: | |
| | | | | | | 12. ON . | | | | 14. 70 01 0 | 71 Emolices tria | te are buany Engible. | |
| II. Base Period Backg | round Into | rmation | | | | | | | | | | | |
| 1. Time Period Definition | | | | 2. Member Months (ex | | | | | 5. Plans In Bas | se Co | ontract-Plan ID | % of MMs | _ |
| Incurred from | | | | 3. Non-ESRD Risk Sc | ore | | | | | a. b. | | | 4 |
| Incurred to Paid through | | | | 4. Completion Factor | | | | | | D. C. | | | |
| 6. Describe the source | | e period experience | ce data (1 | 000 character limit) | | | | | | d. | | | <u> </u> |
| | | | | | | | | | | | - | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| III. Base Period Data (| • | ion-ESRD Risk F | actor) | (a) | (h) | (i) | (i) | n Assumptions (k) | s (I) | (m) | (n) | (0) | (p) |
| (0 | ·) | | (1) | (g) | Total Benefits | (1) | U/ | tments to Cont | | (111) | Unit Cost/ | Addit | (1 / |
| | | | Util | Annualized | lotar Berients | Allowed | Util/1000 | Benefit Plan | Population | Other | Intensity | | stments |
| Service Cate | egory | | Type | Util/1000 | Avg Cost | PMPM | Trend | Change | Change | Factor | Trend | Util/1000 | PMPM |
| | | <u>.</u> | | | | | | | | | | | |
| a. Inpatient Facility | | | | | \$0.00 | | | | | | | | |
| b. Skilled Nursing Fac. Home Health | acility | | | | 0.00 | | | | | | | | |
| c. Home Health | | | | | 0.00 | | | | | | | | |
| d. Ambulance e. DME/Prosthetics/S | Cumpling | | | | 0.00 | | | | | | | | |
| | | | | | 0.00 | | | | | | | | |
| | | | | | 0.00 | | | | | | | | |
| g. OP Facility - Surgeh. OP Facility - Othe | | - | | | 0.00 | | | | | | | | _ |
| i. Professional | | - | | | 0.00 | | | | | | | | |
| i. Part B Rx | | | | | 0.00 | | | | | | | | |
| j. Part B Rx k. Other Medicare Pa | art B | - | | | 0.00 | | | | | | | | |
| I. Transportation (No | | 1) | | | 0.00 | | | | | | | | |
| m. Dental (Non-Cove | | -/ | | | 0.00 | | | | | | | | |
| n. Vision (Non-Cove | | | | | 0.00 | | | | | | | | |
| o. Hearing (Non-Cov | rered) | | | | 0.00 | | | | | | | | |
| p. POS | | | | | 0.00 | | | | | | | | |
| q. Health & Education | | vered) | | | 0.00 | | | | | | | | |
| r. Other Non-Covere | | | | | 0.00 | | | | | | | | |
| s. COB/Subrg. (outs | | /stem) | | | | • • • • | | | | | | | |
| t. Total Medical Ex | penses | | | | | \$0.00 | | | | | | | |
| u. Subtotal Medicare | -covered s | ervices | | | | \$0.00 | | | | | | | |
| | | | | | | | | | | | | | |
| V. Description of Othe | r Utilizatio | n Factor and Ad | ditive Va | lues (1000 character li | mit) | | | | | | | | |
| Seconphon or other | - JEdilo | uster und Au | | (1000 onaraotor n | | | | | | | | | |
| | | | | | | | | | | | | | |

CMS - 10142 (03/31/2009)

WORKSHEET 2 - MA PROJECTED ALLOWED COSTS PMPM

I. General Information

| Contract Number: | 5. Organization Name: | 9. Enrollee Type: | 13. Region Name: N/A | |
|-------------------------------|-----------------------|---|---|------|
| 2. Plan ID: | 6. Plan Name: | 10. MA Region: N/A | | |
| Segment ID: | 7. Plan Type: | Act. Swap/Equiv Apply | | |
| 4. Contract Year: 2008 | 8. MA-PD: | 12. SNP: | 14. % of CY Enrollees that are Dually-Eligible: | 0.0% |

II. Projected Allowed Costs

| | (c) | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (I) | (m) | (n) | (0) | (p) |
|----|------------------------------------|------|---------------------|---------------|-----------------|---------------------|-----------|-----------------|------------|---------------------|----------------|-----------------|-----------------|
| | | | | cted Experier | | A | Manual Ra | | Exper. | | ontract Year I | | % of svcs |
| | Samilas Catamami | Util | Annual Util/1000 | Ave Coot | Allowed PMPM | Annual Util/1000 | Ave Coot | Allowed PMPM | Cred. % | Annual Util/1000 | Avg Cost | Allowed PMPM | provided OON |
| | Service Category | Type | Util/1000 | Avg Cost | PIVIPIVI | Util/1000 | Avg Cost | PIVIPIVI | % | Util/1000 | Avg Cost | PIVIPIVI | OON |
| | Inpatient Facility | | 0 | \$0.00 | \$0.00 | | \$0.00 | | | 0 | \$0.00 | \$0.00 | |
| | Skilled Nursing Facility | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | Home Health | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | Ambulance | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | DME/Prosthetics/Supplies | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | OP Facility - Emergency | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | OP Facility - Surgery | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | OP Facility - Other | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | Professional | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | Part B Rx | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | Other Medicare Part B | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | Transportation (Non-Covered) | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| ١. | Dental (Non-Covered) | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | Vision (Non-Covered) | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | Hearing (Non-Covered) | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | POS | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | Health & Education (Non-Covered) | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | Other Non-Covered | | 0 | 0.00 | 0.00 | | 0.00 | | | 0 | 0.00 | 0.00 | |
| | COB/Subrg. (outside claim system) | | | | 0.00 | | | | | | | 0.00 | |
| | Total Medical Expenses | | | | \$0.00 | | | \$0.00 | | | | \$0.00 | |
| | Subtotal Medicare-covered services | | | Г | \$0.00 | Ī | Γ | \$0.00 | | | Γ | \$0.00 | |

WORKSHEET 3 - MA PROJECTED COST SHARING PMPM

| I. | General | Information |
|----|---------|-------------|
| | | |

| Contract Number: | | Organization N | 9. Enrollee Type: | | 13. Region Name: N/A | |
|-------------------------------|------|----------------------------------|----------------------------|-----|---|------|
| 2. Plan ID: | | 6. Plan Name: | 10. MA Region: | N/A | | |
| Segment ID: | | 7. Plan Type: | 11. Act. Swap/Equiv Apply: | | | |
| Contract Year: | 2008 | 8. MA-PD: | 12. SNP: | | 14. % of CY Enrollees that are Dually-Eligible: | 0.0% |

| Maximum Cost Sharing Per Member Per Year | | | | | | | | | | |
|--|----------------|-------------|--|--|--|--|--|--|--|--|
| 1. In Network | Out of Network | 3. Combined | | | | | | | | |
| Briefly explain the methodology for reflecting the impact of maximum cost sharing in Section III (1000 character limit): | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

III. Development of Contract Year Cost Sharing PMPM (Plan's non-ESRD Risk Factor)

| | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (I) | (m) | (n) |
|------|-------------------------------|----------------------|-------------|------------------|-------------------|----------------------------------|-----------------------------|------------|-----------------------|----------------------------|---------------------|-----------------------|
| | | | | Effective | In-Network Cost S | haring After Deductible is Satis | | **) | Total | | Out-of-Network | Grand Total |
| | | | Measurement | In-Network | In-Network | In-Network | In-Network | | In-Network | Out-of-Network | Cost Sharing | Cost Sharing |
| | | Description/ | Unit | Plan-Level | Util/1000 | Cost Sharing | Effective Copay/ | In-Network | Cost Sharing | Cost Sharing | PMPM*** | PMPM |
| | Service Category | Note | Code | Deductible PMPM* | or PMPM | Description | Coinsurance | PMPM | PMPM | Description | (formerly 3B col N) | (INN+OON) |
| | | | | | | | | | | | | |
| a.1. | Inpatient Facility | Acute | | | | | | \$0.00 | \$0.00 | | | \$0.00 |
| a.2. | Inpatient Facility | Mental Health | | | | | | 0.00 | 0.00 | | | 0.00 |
| b. | Skilled Nursing Facility | | | | | | | 0.00 | 0.00 | | | 0.00 |
| C. | Home Health | | | | | | | 0.00 | 0.00 | | | 0.00 |
| d. | Ambulance | | | | | | | 0.00 | 0.00 | | | 0.00 |
| e.1. | DME/Prosthetics/Supplies | DME | | | | | | 0.00 | 0.00 | | | 0.00 |
| e.2. | | Prosthetics/Supplies | | | | | | 0.00 | 0.00 | | | 0.00 |
| f. | OP Facility - Emergency | | | | | | | 0.00 | 0.00 | | | 0.00 |
| g. | OP Facility - Surgery | | | | | | | 0.00 | 0.00 | | | 0.00 |
| h.1. | OP Facility - Other | Lab | | | | | | 0.00 | 0.00 | | | 0.00 |
| h.2. | | Radiology | | | | | | 0.00 | 0.00 | | | 0.00 |
| h.3. | OP Facility - Other | Observation | | | | | | 0.00 | 0.00 | | | 0.00 |
| h.4. | | Renal Dialysis | | | | | | 0.00 | 0.00 | | | 0.00 |
| h.5. | OP Facility - Other | Other | | | | | | 0.00 | 0.00 | | | 0.00 |
| i.1. | | PCP | | | | | | 0.00 | 0.00 | | | 0.00 |
| i.2. | Professional | Specialist excl. MH | | | | | | 0.00 | 0.00 | | | 0.00 |
| i.3. | Professional | Mental Health (MH) | | | | | | 0.00 | 0.00 | | | 0.00 |
| i.4. | | Therapy (PT/OT/ST) | | | | | | 0.00 | 0.00 | | | 0.00 |
| i.5. | | Radiology | | | | | | 0.00 | 0.00 | | | 0.00 |
| i.6. | Professional | Other | | | | | | 0.00 | 0.00 | | | 0.00 |
| j. | Part B Rx | | | | | | | 0.00 | 0.00 | | | 0.00 |
| k. | Other Medicare Part B | | | | | | | 0.00 | 0.00 | | | 0.00 |
| l. | Transportation (Non-Covered) | | | | | | | 0.00 | 0.00 | | | 0.00 |
| m. | Dental (Non-Covered) | | | | | | | 0.00 | 0.00 | | | 0.00 |
| n.1. | Vision (Non-Covered) | Professional | | | | | | 0.00 | 0.00 | | | 0.00 |
| n.2. | Vision (Non-Covered) | Hardware | | | | | | 0.00 | 0.00 | | | 0.00 |
| 0.1. | Hearing (Non-Covered) | Professional | | | | | | 0.00 | 0.00 | | | 0.00 |
| 0.2. | Hearing (Non-Covered) | Hardware | | | | | | 0.00 | 0.00 | | | 0.00 |
| p. | POS | l , | | | | | | 0.00 | 0.00 | | | 0.00 |
| q. | Health & Education (Non-Cover | ed) | | | | | | 0.00 | 0.00 | | | 0.00 |
| r. | Other Non-Covered | | | | | | | 0.00 | 0.00 | | | 0.00 |
| | | | | | | | | 0.00 | 0.00 | | | 0.00 |
| | | | | | | | | 0.00 | | | | 0.00 |
| | | | | | | | | 0.00 | 0.00 | | | 0.00 |
| | | | | | | | | 0.00 | 0.00 | | | 0.00 |
| | | | | | | | | 0.00 | 0.00 | | | 0.00 |
| | | | | | | | | 0.00 | | | | |
| | | | | | | | | 0.00 | 0.00 | | | 0.00 |
| | | | | | | | | 0.00 | 0.00 | | | 0.00 |
| | | | | | | | | 0.00 | 0.00 | | | 0.00 |
| | Total | | | #0.00 | | | | 0.00 | 0.00 \$0.00 | | ¢0.00 | 0.00 \$0.00 |
| L | Total | | | \$0.00 | | *The natural in a standard | landariah dadirah 1919 - 19 | \$0.00 | | alam laval dadivatit (* 15 | \$0.00 | \$0.00 |
| | | | | | | *The actual in-network p | | | | plan level deductible is: | | |
| | | | | | | ** PMPM impact of in | -network OOP max is | | PIVIPIVI Impa | ct of OON OOP max is: | | |

WORKSHEET 4 - MA PROJECTED REVENUE REQUIREMENT PMPM

I. General Information

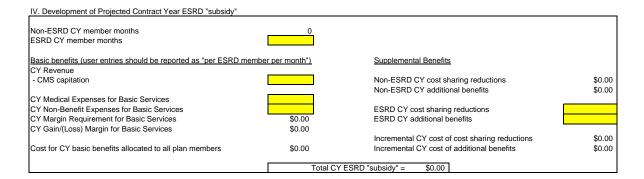
| | Contract Number: | | Organization Name: | 9. Enrollee Type: | 13. Region Name: N/A | |
|---|-------------------|------|--------------------|--|---|------|
| | 2. Plan ID: | | 6. Plan Name: | 10. MA Region: N/A | | |
| ŀ | 3. Segment ID: | | 7. Plan Type: | Act. Swap/Equiv Apply: | | |
| ŀ | 4. Contract Year: | 2008 | 8. MA-PD: | 12. SNP: | 14. % of CY Enrollees that are Dually-Eligible: | 0.0% |

II. Development of Projected Revenue Requirement

III. Comparison of cost sharing for covered services with FFS Medicare

1. Standardized FFS cost sharing Medicare-covered services \$0.00
2. Standardized plan cost sharing for covered services \$0.00
Cost and Required Revenue PMPM at Plan's non-ESRD Risk Factor: 3. Is covered cost share within FFS Medicare limit? Yes

| | (c) | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (1) | (m) | (n) | (o) | (p) | (p) |
|----------|---|----------------|----------|--------|---------|----------------------------|--------------|---------------|------------------------|--------------|--------|------------------|--------------|--------|
| | | Total Benefits | | | | FFS Medicare Plan cost shr | | | Medicare Covered (w/AE | | | and Suppl (MS) E | 3enefits | |
| | | Allowed | Cost | Net | | Cost | Actl. Equiv. | for Medicare- | Allowed | FFS AE | Net | Net PMPM for | Reduction of | |
| | Service Category | PMPM | Sharing | PMPM | Allowed | Sharing | cost sharing | covered svcs. | PMPM | Cost Sharing | PMPM | Add'l Svcs. | A/B Cost Sh. | Total |
| L | Innesiant Facility | \$0.00 | \$0.00 | \$0.00 | | | 0.0% | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| a. L | Inpatient Facility Skilled Nursing Facility | 0.00 | 0.00 | 0.00 | | | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| D. | Home Health | 0.00 | 0.00 | 0.00 | | | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| c. d. | Ambulance | 0.00 | 0.00 | 0.00 | | | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| u. | DME/Prosthetics/Supplies | 0.00 | 0.00 | 0.00 | | | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| e. f | OP Facility - Emergency | 0.00 | 0.00 | 0.00 | | | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| l'. | OP Facility - Emergency OP Facility - Surgery | 0.00 | 0.00 | 0.00 | | | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| y. h | OP Facility - Other | 0.00 | 0.00 | 0.00 | | | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| ļ". | Professional | 0.00 | 0.00 | 0.00 | | | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| li. | Part B Rx | 0.00 | 0.00 | 0.00 | | | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| j. k | Other Medicare Part B | 0.00 | 0.00 | 0.00 | | | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| lì. | Transportation (Non-Covered) | 0.00 | 0.00 | 0.00 | 0.0% | 0.0% | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| m. | Dental (Non-Covered) | 0.00 | 0.00 | 0.00 | 0.0% | 0.0% | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| n. | Vision (Non-Covered) | 0.00 | 0.00 | 0.00 | 0.0% | 0.0% | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| 0. | Hearing (Non-Covered) | 0.00 | 0.00 | 0.00 | 0.0% | 0.0% | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| D. | POS | 0.00 | 0.00 | 0.00 | 51575 | 010,0 | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 0.00 |
| a. | Health & Education (Non-Covered) | 0.00 | 0.00 | 0.00 | 0.0% | 0.0% | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| r. | Other Non-Covered | 0.00 | 0.00 | 0.00 | 0.0% | 0.0% | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| s. | ESRD (Section IV) | 0.00 | 0.00 | 0.00 | 0.0% | 0.0% | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| t. | Additional Benefits (employer bids only) | 0.00 | 0.00 | 0.00 | 0.0% | 0.0% | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| u. | COB/Subrg. (outside claim system) | 0.00 | 0.00 | 0.00 | | 0.0% | 0.0% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ٧. | Total Medical Expenses | \$0.00 | \$0.00 | \$0.00 | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| w. | Non-Benefit Expense: | | | | - | | | | | | | | | |
| 1. | Marketing & Sales | | | | | | | | | | \$0.00 | | | \$0.00 |
| 2. | Direct Administration | | | | | | | | | | 0.00 | | | 0.00 |
| 3. | Indirect Administration | | | | | | | | | | 0.00 | | | 0.00 |
| 4. | Net Cost of Private Reinsurance | | | | | | | | | | 0.00 | | | 0.00 |
| 5. | Total Non-Benefit Expense | | | \$0.00 | | | | | | | \$0.00 | 0.00 | | \$0.00 |
| x. | Gain/(Loss) Margin | | | | | | | | | | \$0.00 | 0.00 | | \$0.00 |
| у. | Total Revenue Requirement | | L | \$0.00 | | | | | | | \$0.00 | 0.00 | 0.00 | \$0.00 |
| z. | Percent of Revenue (excluding ESRD) | | | 0.00/ | 1 | | | | | | 0.00/ | 7 | ľ | |
| 1. | Net Medical Expense | | - | 0.0% | - | | | | | | 0.0% | | | 0.0% |
| 2. | Non-Benefit | | ⊢ | 0.0% | 1 | | | | | | 0.0% | | | 0.0% |
| 3. | Gain/(Loss) Margin | | | 0.0% | | | | | | | 0.0% | | | 0.0% |



V. For Employer Bid Use Only ("800-series")

PMPM for additional/ unspecified MS benefits
 (see instructions for additional information)

WORKSHEET 5 - MA BENCHMARK PMPM

| Contract Number: | Organization Name: | Enrollee Type: | 13. Region Name: N/A | |
|--------------------------------------|--------------------|---------------------------------------|---|------|
| Plan ID: | 6. Plan Name: | MA Region: N/A | | |
| Segment ID: | 7. Plan Type: | Act. Swap/Equiv App | | |
| 4. Contract Year: 2008 | 8. MA-PD: | 12. SNP: | % of CY Enrollees that are Dually-Eligible: | 0.0% |

II. Benchmark and Bid Development

| 1. | Standardized A/B Benchmark (@ 1.000) | \$0.00 |
|----|--------------------------------------|--------|
| 2. | Medicare Secondary Payer Adjustment | |
| 3. | Weighted Avg Factor (excl ESRD) | 0 |
| 4. | Conversion Factor | 0 |
| 5. | Plan A/B Benchmark | \$0.00 |
| | Plan A/B Bid | \$0.00 |
| 7. | Standardized A/B Bid (@ 1.000) | \$0.00 |

IV. Standardized A/B Benchmark - Regional Plans Only

| | | Weighting | |
|------------------------------|---|------------------------------|-----|
| 1. Statutory | Component - Region N/A | 82.9% | |
| 2. Plan Bid C | Component (from CMS)* | 17.1% | N/A |
| Standardi: | zed A/B Benchmark | 100.0% | |
| * See instruc | tions - if Line 2 is not filled in, then Line | 7 of Section II will be used | |

| iii. Savings/Basic Member Fremium Development | |
|---|--------|
| Savings | \$0.00 |
| 2. Rebate | \$0.00 |
| Basic Member Premium | \$0.00 |

| V: County Level D | : County Level Detail and Service Area Summary (excl ESRD) VI: Other Medicare Information | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|--|---------------------|------------------|----------------|------------------------|------------------|------------------|-------|---------------|----------|-----------|-----------|------|----------------|-----------|-----|----------------|-----------|--------------|---------|------------------------|
| Use of plan-prov | Use of plan-provided ISAR factors? (Regional Plans only - enter Yes or No) | | | | | | | | | | | | | | | | | | | | |
| (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (I) | (m) | (n) | (o) | (p) | (q) | (r) | (s) | (t) | (u) | (v) | (w) |
| State/County | | | Projected Member | Projected Risk | Plan Provided ISAR | MA Risk Ratebook | MA Risk Ratebook | ISAR | ISAR-Adjusted | Risk Pay | ment Rate | | | | | | Medicare c.s. | FFS equiv | cost sharing | Metropo | litan Statistical Area |
| Code | State | County Name | Months | Factors | factors for risk rates | Unadjusted | Risk-Adjusted | scale | Bid | A only | B only | Inpatient | SNF | Pt B (excl HH) | Inpatient | SNF | Pt B (excl HH) | Part A | Part B | MM | MSA name |
| Total or Weighte County Level De | | e for Service Area: | 0 | 0 | 0.00 | \$0.00 | \$0.00 | 0 | \$0.00 | 51.800% | 48.200% | 0.0% | 0.0% | 0.0% | n/a | n/a | n/a | \$0.00 | \$0.00 | | n/a predominant MSA |
| | | | | | | | | | | | | | | | | | | | | | |

WORKSHEET 6 - MA BID SUMMARY

I. General Information

| | - Gonorai innonnation | | | | | |
|---|-----------------------|------|--------------------|--|---|------|
| 1 | . Contract Number: | | Organization Name: | 9. Enrollee Type: | 13. Region Name: N/A | |
| | 2. Plan ID: | | 6. Plan Name: | 10. MA Region: N/A | | |
| 3 | Segment ID: | | 7. Plan Type: | Act. Swap/Equiv Apply: | | |
| 4 | Contract Year: | 2008 | 8. MA-PD: | 12. SNP: | 14. % of CY Enrollees that are Dually-Eligible: | 0.0% |

II. Other Information

| ii. Other information | | | | | |
|---|---------|---|---|---|--------------|
| A. Part B Information | | Maximum for Part A Package on 'Part B Only' Members | B. Rebate Allocation for Contract Year Part B Premium | | |
| | | Required Revenue for Part A Services | n/a | PMPM rebate allocation for Part B premium (max value=\$96.40) | |
| CMS Estimate of CY Part B Premium | \$96.40 | b. Average benchmark rate for Part A | n/a | Part B Rebate Allocation - rounded (see instructions) | \$0.00 |
| Part B % of USPCC (risk) | 48.20% | c. CMS Part A Charge | n/a | Maximum 3. Does plan intend to reduce the entire standard Part B premium using rebates? | |
| | | d. Mandatory Suppl. Prem for Part A Package | | \$0.00 Enter Yes/No. (See instructions for further info). | No reduction |

III. Plan A/B Bid Summary

| A. Overview | | | B. MA Rebate Allocation | | | | | | C. Development of Estimated Plan Premium |
|---|-----------|---------------|---|---------|--------------|--------------------|--------|--------|--|
| 1 | Medicare- | A/B Mandatory | | Re | bate PMPM AI | location | | | |
| | covered | Supplemental | | Medical | Admin | Gain / (Loss) | Total | Value | A/B Mandatory Supplemental revenue requirements |
| Allowed medical cost | \$0.00 | 0 n/a | MA Rebate | n/a | n/a | n/a | \$0.00 | | Less rebate allocations: |
| Less cost sharing | 0.00 | 0 n/a | | | | | | | 2a. Reduce A/B Cost Sharing |
| Net medical cost | \$0.00 | 0 \$0.00 | Reduce A/B Cost Sharing | \$0.00 | \$0.00 | \$0.00 | | \$0.00 | 2b. Other A/B Mand Supplemental Benefits |
| | | ! | Other A/B Mand Suppl Benefits | 0.00 | 0.00 | 0.00 | | 0.00 | |
| Non-benefit expense | \$0.00 | 3 \$0.00 | Pt B Premium Buydown | 0.00 | n/a | n/a | 0.00 | 96.40 | A/B Mandatory Supplemental premium |
| Gain / loss margin | 0.00 | J 0.00 | 5. Pt D Premium Buydown Basic | 0.00 | n/a | n/a | 0.00 | 0.00 | |
| Total revenue requirement | \$0.00 | \$0.00 | Pt D Premium Buydown Suppl | 0.00 | n/a | n/a | 0.00 | 0.00 | 4. Basic MA premium |
| 1 | | | 7. Total | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | 5. Total MA Enrollee Premium (excl. Opt. Suppl.) |
| 7. Standardized A/B Benchmark | \$0.00 | ļ | | | | Unallocated rebate | \$0.00 | | 6. Rounded MA Premium (excl. Opt. Suppl.) |
| 8. Plan A/B Benchmark | \$0.00 | ļ | | | • | | | | |
| Non-ESRD Risk Factor | 0.0000 | ļ | | | | | | | 7. Part D Basic Premium |
| 10. Conversion Factor | 0.0000 | | | | | | | | 7a. Prior to rebates (rounded value from Rx BPT) |

IV. Contact Information

| Plan Contact Person: | |
|---|--|
| Name, Position | |
| Phone Number | |
| Email Address | |
| Certifying Actuary: Name, Credentials Phone Number Email Address | |
| Date Prepared | |

| | Less rebate allocations: | |
|--------|---|--|
| | 2a. Reduce A/B Cost Sharing | 0.00 |
| \$0.00 | 2b. Other A/B Mand Supplemental Benefits | 0.00 |
| 96.40 | A/B Mandatory Supplemental premium | 0.00 |
| 0.00 | | |
| | Basic MA premium | 0.00 |
| | 5. Total MA Enrollee Premium (excl. Opt. Suppl.) | 0.00 |
| | 6. Rounded MA Premium (excl. Opt. Suppl.) | \$0.00 |
| | | |
| | 7. Part D Basic Premium | |
| | 7a. Prior to rebates (rounded value from Rx BPT) | |
| | 7b. A/B rebates allocated to Part D Basic Premium | |
| | 7c. A/B rebates for Part D Basic Premium (rounded) | \$0.00 |
| | 7d. Part D Basic Premium* | \$0.00 |
| | | |
| | Part D Supplemental Premium | |
| | 8a. Prior to rebates (rounded value from Rx BPT) | |
| | 8b. A/B rebates allocated to Part D Suppl Premium | |
| | 8c. A/B rebates for Part D Suppl Premium (rounded) | \$0.00 |
| | 8d. Part D Supplemental Premium | \$0.00 |
| | L | ** ** |
| | 9. Total estimated plan premium* | \$0.00 |
| | 10. Plan Intention for Part D target premium | |
| | | |
| | * The premium shown here is an estimate. The actual p | olan premium will be calculated by CMS |

when the Part D National Average is determined by CMS. The premium shown here may

Note: Premiums are rounded to one decimal (i.e., to the nearest dime) to comply with premium withhold system requirements. See instructions for more information.

not be final.

\$0.00

WORKSHEET 7 - OPTIONAL SUPPLEMENTAL BENEFITS

I. General Information

| Contract Number: | | Organization Name | Enrollee Type: | 13. Region Name: N/A | |
|--------------------------------------|------|-------------------------------------|--|---|------|
| 2. Plan ID: | | 6. Plan Name: | 10. MA Region: N | /A | |
| Segment ID: | | Plan Type: | Act. Swap/Equiv Apply: | | |
| 4. Contract Year: | 2008 | 8. MA-PD: | 12. SNP: | 14. % of CY Enrollees that are Dually-Eligible: | 0.0% |

II. Optional Supplemental Packages

| (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (1) | (m) | (n) | (o) | (p) | (p) |
|---------|---------------|---------------------|-------|-------------|--------------|--------|------------|--------------|----------|----------|--------|---------|--------|---------|-----------|
| | | | | | medical expe | nse | | Enrollee co | | _ | | Non- | Gain/ | | Projected |
| Package | Service | Benefit category or | Util. | Annual | Average | | Measurment | Util/1000 or | Average | | PMPM | Benefit | (Loss) | | Member |
| ID | category | pricing component | type | Util / 1000 | cost | PMPM | unit code | PMPM | cost shr | PMPM | value | Expense | Margin | Premium | Months |
| | | | | | | | | | | | | | | | |
| | | | | | | \$0.00 | | | | \$0.00 | \$0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| | | | | | | | | | | | | | | | |
| 0 | Package Total | | | | | \$0.00 | | | | \$0.00 | \$0.00 | | | \$0.00 | |
| | | | | | | | | | | | | | | | |
| | | | | | | \$0.00 | | | | \$0.00 | \$0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 1 . | | | | | | | | | | A | ** | | | | |
| 0 | Package Total | | | | | \$0.00 | | | | \$0.00 | \$0.00 | | | \$0.00 | |

| (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (I) | (m) | (n) | (o) | (p) | (p) |
|---------|---------------|---------------------|-------|-------------|--------------|--------------|------------|--------------|----------|--------------|--------------|------------|--------|------------|------------|
| | | | | | medical expe | nse | | Enrollee co | | | | Non- | Gain/ | | Projected |
| Package | Service | Benefit category or | Util. | Annual | Average | D14D14 | Measurment | Util/1000 or | Average | DMDM | | Benefit | (Loss) | D | Member |
| ID | category | pricing component | type | Util / 1000 | cost | PMPM | unit code | PMPM | cost shr | PMPM | value | Expense | Margin | Premium | Months |
| | | | | | | \$0.00 | | | | \$0.00 | \$0.00 | n/a | n/a | n/a | n/a |
| 0 | - | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 0.00 | | | | 0.00 0.00 | 0.00 0.00 | n/a n/a | | n/a n/a | n/a n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| ő | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| | | | | | | 0.00 | | | | 0.00 | 0.00 | .,, | , | .,, | 1,70 |
| 0 | Package Total | | | | | \$0.00 | | | | \$0.00 | \$0.00 | | | \$0.00 | |
| | | | | | | \$0.00 | | | | \$0.00 | \$0.00 | 2/0 | n/a | n/a | n/a |
| 0 | - | | | | | 0.00 | | | | 0.00 | 0.00 | n/a n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| ő | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| ő | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a n/a |
| 0 | | | | | | 0.00 0.00 | | | | 0.00 0.00 | 0.00 0.00 | n/a n/a | | n/a n/a | n/a n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | | n/a | n/a |
| I | | | | | | 0.00 | | | | 0.00 | 0.00 | 11/6 | 11/4 | 11/4 | 11/a |
| 0 | Package Total | | | | | \$0.00 | | | | \$0.00 | \$0.00 | | | \$0.00 | |
| 0 | Package Total | | | | | \$0.00 | | | | \$0.00 | \$0.00 | | | \$0.00 | |

| (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (I) | (m) | (n) | (o) | (p) | (q) |
|---------|---------------|---------------------|-------|-------------|--------------|--------|------------|--------------|------------|--------|--------|---------|--------|---------|-----------|
| | | | | Allowed n | nedical expe | nse | | Enrollee co | st sharing | | Net | Non- | Gain/ | | Projected |
| Package | Service | Benefit category or | Util. | Annual | Average | | Measurment | Util/1000 or | Average | | PMPM | Benefit | (Loss) | | Member |
| ID | category | pricing component | type | Util / 1000 | cost | PMPM | unit code | PMPM | cost shr | PMPM | value | Expense | Margin | Premium | Months |
| | | | | | | | | | | | | | | | |
| | | | | | | \$0.00 | | | | \$0.00 | \$0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| 0 | | | | | | 0.00 | | | | 0.00 | 0.00 | n/a | n/a | n/a | n/a |
| | | | | | | | | | | | | | | | |
| 0 | Package Total | | | | | \$0.00 | | | | \$0.00 | \$0.00 | | | \$0.00 | |

| | _ | | |
|---|-----|-----|-----|
| ш | C∩r | nme | nts |

TWO-YEAR LOOK-BACK WORKSHEET

Actual to Projected Comparison for Medicare Advantage Costs PMPM

(Excludes optional supplemental, Part D, and "extra" negotiated group benefits/revenue)

Contract Number: Contract Yr: 2008 LB-2008.1 Organization Name: Experience Year: 2006 OMB Approved # 0938-0944 (p) Original Projection [1] **Actual Incurred** Actual/Projected EGHP Individual EGHP Individual Individual EGHP Total Total Total . Revenue a1. CMS Revenue (excl. bonuses) \$0.00 \$0.00 n/a n/a n/a a2. Regional PPO Bonus Payments 0.00 0.00 n/a n/a n/a b. Member Premium - Basic 0.00 0.00 n/a n/a n/a c. Member Premium - A/B Mandatory Supplemental 0.00 0.00 n/a n/a n/a d. MA Rebate applied to Part D 0.00 0.00 n/a n/a n/a \$0.00 \$0.00 \$0.00 \$0.00 e. Total \$0.00 \$0.00 n/a n/a n/a 2. Net Medical Expenses [2] a. Covered Benefits (excl. risk share) \$0.00 \$0.00 \$0.00 \$0.00 n/a n/a n/a b. A/B Mandatory Supplemental Benefits 0.00 0.00 0.00 0.00 n/a n/a n/a c. Regional PPO Risk Share Paid/(Rec'd) 0.00 0.00 0.00 0.00 n/a n/a n/a d. Total \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 n/a n/a n/a 3. Non-Benefit Expense a. Marketing & Sales \$0.00 \$0.00 n/a n/a n/a b. Direct Administration 0.00 0.00 n/a n/a n/a c. Indirect Administration 0.00 0.00 n/a n/a n/a d. Net Cost of Private Reinsurance [3] 0.00 0.00 0.00 0.00 n/a n/a n/a e. Total \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 n/a n/a n/a 4. Profit/(Loss) Bef Taxes and Investment Income \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 n/a n/a n/a 5. Key Statistics a. Member Months (excl ESRD) 0 0 n/a n/a n/a b. Non-ESRD risk factor n/a n/a n/a n/a n/a c. Loss Ratio n/a n/a n/a n/a n/a n/a n/a n/a n/a d. Non-Benefit Ratio n/a n/a n/a n/a n/a n/a n/a n/a n/a e. Profit Margin n/a n/a n/a n/a n/a n/a n/a n/a n/a

[1] Provided by CMS using bid filings two years prior (than the contract year), re-weighted by actual member months.

[2] Enter the net medical expenses below:

Net Medical Expenses

- a. Covered Benefits (excl. risk share)
- b. A/B Mandatory Supplemental Benefits
- c. Regional PPO Risk Share Paid/(Rec'd)
- d. Total
- [3] Actual Incurred components of Net Reinsurance are:
 - a. Private Reinsurance Premium
 - b. Private Reinsurance Recoveries
 - c. Net Reinsurance Cost

| Indiv | /idual | EGHP | Total |
|-------|--------|--------|--------|
| | | | \$0.00 |
| | | | \$0.00 |
| | \$0.00 | \$0.00 | \$0.00 |

CMS - 10142 (03/31/2009)

CY2008 MA 2YrLB.xls 5/16/2007

Incurred in Experience Year

EGHP

\$0.00

Total

\$0.00

\$0.00

\$0.00

\$0.00

Claim Reserves

EGHP

\$0.00

Total

\$0.00

\$0.00

\$0.00

\$0.00

Individual

\$0.00

and Pd thru:

Individual

\$0.00