

WORKSHEET 1 - MA BASE PERIOD EXPERIENCE AND PROJECTION ASSUMPTIONS

MA-2008.1
OMB Approved # 0938-0944

I. General Information

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	13. Region Name:
2. Plan ID:	6. Plan Name:	10. MA Region:	N/A
3. Segment ID:	7. Plan Type:	11. Act. Swap/Equiv Apply:	
4. Contract Year: 2008	8. MA-PD:	12. SNP:	14. % of CY Enrollees that are Dually-Eligible:

II. Base Period Background Information

1. Time Period Definition	2. Member Months (excl ESRD)	5. Plans In Base	Contract-Plan ID	% of MMs
Incurring from:	3. Non-ESRD Risk Score		a.	
Incurring to:	4. Completion Factor		b.	
Paid through:			c.	
6. Describe the source of the base period experience data (1000 character limit)				

III. Base Period Data (at Plan's non-ESRD Risk Factor)

IV. Projection Assumptions

Service Category	Util Type	Total Benefits			Util. Adjustments to Contract Period				Unit Cost/ Intensity Trend	Additive Adjustments	
		Annualized Util/1000	Avg Cost	Allowed PMPM	Util/1000 Trend	Benefit Plan Change	Population Change	Other Factor		Util/1000	PMPM
a. Inpatient Facility			\$0.00								
b. Skilled Nursing Facility			0.00								
c. Home Health			0.00								
d. Ambulance			0.00								
e. DME/Prosthetics/Supplies			0.00								
f. OP Facility - Emergency			0.00								
g. OP Facility - Surgery			0.00								
h. OP Facility - Other			0.00								
i. Professional			0.00								
j. Part B Rx			0.00								
k. Other Medicare Part B			0.00								
l. Transportation (Non-Covered)			0.00								
m. Dental (Non-Covered)			0.00								
n. Vision (Non-Covered)			0.00								
o. Hearing (Non-Covered)			0.00								
p. POS			0.00								
q. Health & Education (Non-Covered)			0.00								
r. Other Non-Covered			0.00								
s. COB/Subrg. (outside claim system)											
t. Total Medical Expenses											
u. Subtotal Medicare-covered services											

V. Description of Other Utilization Factor and Additive Values (1000 character limit)

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WORKSHEET 2 - MA PROJECTED ALLOWED COSTS PMPM

I. General Information

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	13. Region Name:
2. Plan ID:	6. Plan Name:	10. MA Region: N/A	
3. Segment ID:	7. Plan Type:	11. 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

Contract Year Allowed Costs at Plan's non-ESRD Risk Factor:

(c) Service Category	(e) Util Type	(f) Projected Experience Rate			(j) Manual Rate			(l) Exper. Cred. %	(m) Contract Year Rate			(p) % of svcs provided OON
		(g) Annual Util/1000	(g) Avg Cost	(h) Allowed PMPM	(i) Annual Util/1000	(i) Avg Cost	(k) Allowed PMPM		(n) Annual Util/1000	(n) Avg Cost	(o) Allowed PMPM	
		a. Inpatient Facility	0	\$0.00	\$0.00		\$0.00				0	
b. Skilled Nursing Facility	0	0.00	0.00		0.00			0	0.00	0.00		
c. Home Health	0	0.00	0.00		0.00			0	0.00	0.00		
d. Ambulance	0	0.00	0.00		0.00			0	0.00	0.00		
e. DME/Prosthetics/Supplies	0	0.00	0.00		0.00			0	0.00	0.00		
f. OP Facility - Emergency	0	0.00	0.00		0.00			0	0.00	0.00		
g. OP Facility - Surgery	0	0.00	0.00		0.00			0	0.00	0.00		
h. OP Facility - Other	0	0.00	0.00		0.00			0	0.00	0.00		
i. Professional	0	0.00	0.00		0.00			0	0.00	0.00		
j. Part B Rx	0	0.00	0.00		0.00			0	0.00	0.00		
k. Other Medicare Part B	0	0.00	0.00		0.00			0	0.00	0.00		
l. Transportation (Non-Covered)	0	0.00	0.00		0.00			0	0.00	0.00		
m. Dental (Non-Covered)	0	0.00	0.00		0.00			0	0.00	0.00		
n. Vision (Non-Covered)	0	0.00	0.00		0.00			0	0.00	0.00		
o. Hearing (Non-Covered)	0	0.00	0.00		0.00			0	0.00	0.00		
p. POS	0	0.00	0.00		0.00			0	0.00	0.00		
q. Health & Education (Non-Covered)	0	0.00	0.00		0.00			0	0.00	0.00		
r. Other Non-Covered	0	0.00	0.00		0.00			0	0.00	0.00		
s. COB/Subrg. (outside claim system)			0.00							0.00		
t. Total Medical Expenses			\$0.00				\$0.00			\$0.00		
u. Subtotal Medicare-covered services			\$0.00				\$0.00			\$0.00		

v. Briefly describe the source for the manual rate, including what trend assumptions were used, if applicable (1000 character limit)

WORKSHEET 4 - MA PROJECTED REVENUE REQUIREMENT PMPM

I. General Information

1. Contract Number:	5. 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:	11. Act. Swap/Equiv Apply:		
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

Cost and Required Revenue PMPM at Plan's non-ESRD Risk Factor:

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
3. Is covered cost share within FFS Medicare limit?	Yes

(c) Service Category	(e) Total Benefits			(g) % for Cov. Svcs		(j) FFS Medicare Actl. Equiv. cost sharing	(k) Plan cost shr for Medicare-covered svcs.	(l) Medicare Covered (w/AE cost shr)			(o) A/B Mand Suppl (MS) Benefits		
	(f) Allowed PMPM	(f) Cost Sharing	(f) Net PMPM	(h) Allowed	(i) Cost Sharing			(l) Allowed PMPM	(m) FFS AE Cost Sharing	(n) Net PMPM	(o) Net PMPM for Add'l Svcs.	(p) Reduction of A/B Cost Sh.	(q) Total
a. Inpatient Facility	\$0.00	\$0.00	\$0.00			0.0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. 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
c. Home Health	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
d. Ambulance	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. DME/Prosthetics/Supplies	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
f. OP Facility - Emergency	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
g. OP Facility - Surgery	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
h. OP Facility - Other	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
i. Professional	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
j. Part B Rx	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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	0.00
l. 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	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	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	0.00
o. 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	0.00
p. POS	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
q. 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%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
v. Total Medical Expenses	\$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	\$0.00
x. Gain/(Loss) Margin										\$0.00	0.00	0.00	\$0.00
y. Total Revenue Requirement			\$0.00							\$0.00	0.00	0.00	\$0.00
z. Percent of Revenue (excluding ESRD)													
1. Net Medical Expense			0.0%							0.0%			0.0%
2. Non-Benefit			0.0%							0.0%			0.0%
3. Gain/(Loss) Margin			0.0%							0.0%			0.0%

IV. Development of Projected Contract Year ESRD "subsidy"

Non-ESRD CY member months	0
ESRD CY member months	
Basic benefits (user entries should be reported as "per ESRD member per month")	
CY Revenue	
- CMS capitation	
CY Medical Expenses for Basic Services	
CY Non-Benefit Expenses for Basic Services	
CY Margin Requirement for Basic Services	\$0.00
CY Gain/(Loss) Margin for Basic Services	\$0.00
Cost for CY basic benefits allocated to all plan members	\$0.00
Total CY ESRD "subsidy" = \$0.00	

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

1. PMPM for additional/ unspecified MS benefits (see instructions for additional information)	
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WORKSHEET 5 - MA BENCHMARK PMPM

I. General Information

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	13. Region Name:
2. Plan ID:	6. Plan Name:	10. MA Region:	N/A
3. Segment ID:	7. Plan Type:	11. Act. Swap/Equiv App	
4. Contract Year: 2008	8. MA-PD:	12. SNP:	14. % 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	
5. Plan A/B Benchmark	\$0.00
6. 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 Component (from CMS)*	17.1%	N/A
3. Standardized A/B Benchmark	100.0%	

* See instructions - if Line 2 is not filled in, then Line 7 of Section II will be used

III. Savings/Basic Member Premium Development

1. Savings	\$0.00
2. Rebate	\$0.00
3. Basic Member Premium	\$0.00

V: County Level Detail and Service Area Summary (excl ESRD)

VI: Other Medicare Information

1. Use of plan-provided ISAR factors? (Regional Plans only - enter Yes or No)										VI: Other Medicare Information																											
(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)			(o)			(p)			(q)			(r)			(s)			(t)		(u)		(v)		(w)	
State/County Code	State	County Name	Projected Member Months	Projected Risk Factors	Plan Provided ISAR factors for risk rates	MA Risk Ratebook Unadjusted	MA Risk Ratebook Risk-Adjusted	ISAR scale	ISAR-Adjusted Bid	Risk Payment Rate A only	B only	Original Medicare cost sharing (c.s.) Inpatient	SNF	Pt B (excl HH)	FFS costs to weight Medicare c.s. Inpatient	SNF	Pt B (excl HH)	FFS equiv cost sharing Part A	Part B	Metropolitan Statistical Area MM	MSA name																
2. Total or Weighted Average 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	0	n/a	0% predominant MSA															
3. County Level Detail:																																					

WORKSHEET 6 - MA BID SUMMARY

I. General Information

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	13. Region Name:
2. Plan ID:	6. Plan Name:	10. MA Region: N/A	N/A
3. Segment ID:	7. Plan Type:	11. 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

A. Part B Information		3. Maximum for Part A Package on 'Part B Only' Members		B. Rebate Allocation for Contract Year Part B Premium	
1. CMS Estimate of CY Part B Premium	\$96.40	a. Required Revenue for Part A Services	n/a	1. PMPM rebate allocation for Part B premium (max value=\$96.40)	
2. Part B % of USPC (risk)	48.20%	b. Average benchmark rate for Part A	n/a	2. Part B Rebate Allocation - rounded (see instructions)	\$0.00
		c. CMS Part A Charge	n/a	3. Does plan intend to reduce the entire standard Part B premium using rebates?	
		d. Mandatory Suppl. Prem for Part A Package		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																																																																																																													
	<table border="1"> <thead> <tr> <th>Medicare-covered</th> <th>A/B Mandatory Supplemental</th> </tr> </thead> <tbody> <tr> <td>1. Allowed medical cost</td> <td>\$0.00 n/a</td> </tr> <tr> <td>2. Less cost sharing</td> <td>0.00 n/a</td> </tr> <tr> <td>3. Net medical cost</td> <td>\$0.00 \$0.00</td> </tr> <tr> <td>4. Non-benefit expense</td> <td>\$0.00 \$0.00</td> </tr> <tr> <td>5. Gain / loss margin</td> <td>0.00 0.00</td> </tr> <tr> <td>6. Total revenue requirement</td> <td>\$0.00 \$0.00</td> </tr> <tr> <td>7. Standardized A/B Benchmark</td> <td>\$0.00</td> </tr> <tr> <td>8. Plan A/B Benchmark</td> <td>\$0.00</td> </tr> <tr> <td>9. Non-ESRD Risk Factor</td> <td>0.0000</td> </tr> <tr> <td>10. Conversion Factor</td> <td>0.0000</td> </tr> </tbody> </table>	Medicare-covered	A/B Mandatory Supplemental	1. Allowed medical cost	\$0.00 n/a	2. Less cost sharing	0.00 n/a	3. Net medical cost	\$0.00 \$0.00	4. Non-benefit expense	\$0.00 \$0.00	5. Gain / loss margin	0.00 0.00	6. Total revenue requirement	\$0.00 \$0.00	7. Standardized A/B Benchmark	\$0.00	8. Plan A/B Benchmark	\$0.00	9. Non-ESRD Risk Factor	0.0000	10. Conversion Factor	0.0000	<table border="1"> <thead> <tr> <th colspan="4">Rebate PMPM Allocation</th> <th>Maximum Value</th> </tr> <tr> <th>Medical</th> <th>Admin</th> <th>Gain / (Loss)</th> <th>Total</th> <th></th> </tr> </thead> <tbody> <tr> <td>n/a</td> <td>n/a</td> <td>n/a</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> <td>\$0.00</td> </tr> <tr> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> <td>0.00</td> </tr> <tr> <td>0.00</td> <td>n/a</td> <td>n/a</td> <td>0.00</td> <td>96.40</td> </tr> <tr> <td>0.00</td> <td>n/a</td> <td>n/a</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>0.00</td> <td>n/a</td> <td>n/a</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td colspan="3">Unallocated rebate</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table>	Rebate PMPM Allocation				Maximum Value	Medical	Admin	Gain / (Loss)	Total		n/a	n/a	n/a	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00	0.00	0.00	0.00		0.00	0.00	n/a	n/a	0.00	96.40	0.00	n/a	n/a	0.00	0.00	0.00	n/a	n/a	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00		Unallocated rebate			\$0.00		<table border="1"> <tbody> <tr> <td>1. A/B Mandatory Supplemental revenue requirements</td> <td>\$0.00</td> </tr> <tr> <td>2. Less rebate allocations:</td> <td></td> </tr> <tr> <td> 2a. Reduce A/B Cost Sharing</td> <td>0.00</td> </tr> <tr> <td> 2b. Other A/B Mand Supplemental Benefits</td> <td>0.00</td> </tr> <tr> <td>3. A/B Mandatory Supplemental premium</td> <td>0.00</td> </tr> <tr> <td>4. Basic MA premium</td> <td>0.00</td> </tr> <tr> <td>5. Total MA Enrollee Premium (excl. Opt. Suppl.)</td> <td>0.00</td> </tr> <tr> <td>6. Rounded MA Premium (excl. Opt. Suppl.)</td> <td>\$0.00</td> </tr> <tr> <td>7. Part D Basic Premium</td> <td></td> </tr> <tr> <td> 7a. Prior to rebates (rounded value from Rx BPT)</td> <td></td> </tr> <tr> <td> 7b. A/B rebates allocated to Part D Basic Premium</td> <td></td> </tr> <tr> <td> 7c. A/B rebates for Part D Basic Premium (rounded)</td> <td>\$0.00</td> </tr> <tr> <td>7d. Part D Basic Premium*</td> <td>\$0.00</td> </tr> <tr> <td>8. Part D Supplemental Premium</td> <td></td> </tr> <tr> <td> 8a. Prior to rebates (rounded value from Rx BPT)</td> <td></td> </tr> <tr> <td> 8b. A/B rebates allocated to Part D Suppl Premium</td> <td></td> </tr> <tr> <td> 8c. A/B rebates for Part D Suppl Premium (rounded)</td> <td>\$0.00</td> </tr> <tr> <td>8d. Part D Supplemental Premium</td> <td>\$0.00</td> </tr> <tr> <td>9. Total estimated plan premium*</td> <td>\$0.00</td> </tr> <tr> <td>10. Plan Intention for Part D target premium</td> <td></td> </tr> </tbody> </table>	1. A/B Mandatory Supplemental revenue requirements	\$0.00	2. Less rebate allocations:		2a. Reduce A/B Cost Sharing	0.00	2b. Other A/B Mand Supplemental Benefits	0.00	3. A/B Mandatory Supplemental premium	0.00	4. 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	8. 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	9. Total estimated plan premium*	\$0.00	10. Plan Intention for Part D target premium	
Medicare-covered	A/B Mandatory Supplemental																																																																																																																		
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4. 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																																																																																																																		
8. 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																																																																																																																		
9. Total estimated plan premium*	\$0.00																																																																																																																		
10. Plan Intention for Part D target premium																																																																																																																			

IV. Contact Information

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

* The premium shown here is an estimate. The actual plan premium will be calculated by CMS when the Part D National Average is determined by CMS. The premium shown here may not be final.

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.

(b) Package ID	(c) Service category	(d) Benefit category or pricing component	(e)-(h) Allowed medical expense				(i)-(l) Enrollee cost sharing				(m) Net PMPM value	(n) Non-Benefit Expense	(o) Gain/(Loss) Margin	(p) Premium	(q) Projected Member Months
			Util. type	Annual Util / 1000	Average cost	PMPM	Measurement unit code	Util/1000 or PMPM	Average cost shr	PMPM					
						\$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	

III. Comments

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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:
Organization Name:

Contract Yr: 2008
Experience Year: 2006

LB-2008.1
OMB Approved # 0938-0944

	(f)	(g)	(h)	(j)	(k)	(l)	(n)	(o)	(p)
	Original Projection [1]			Actual Incurred			Actual/Projected		
	Individual	EGHP	Total	Individual	EGHP	Total	Individual	EGHP	Total
1. 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
e. Total	\$0.00	\$0.00	\$0.00	\$0.00	\$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

Incurred in Experience Year
and Pd thru:

Individual	EGHP	Total
		\$0.00
		\$0.00
		\$0.00
\$0.00	\$0.00	\$0.00

Claim Reserves

Individual	EGHP	Total
		\$0.00
		\$0.00
		\$0.00
\$0.00	\$0.00	\$0.00

[3] Actual Incurred components of Net Reinsurance are:

- a. Private Reinsurance Premium
- b. Private Reinsurance Recoveries
- c. Net Reinsurance Cost

Individual	EGHP	Total
		\$0.00
		\$0.00
\$0.00	\$0.00	\$0.00

CMS - 10142 (03/31/2009)