

WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE

I. General Information

1. Contract Number:	4. Contract Yr:	2009	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	6. Mapping	Contract-Plan ID	Member Months	Contract-Plan ID	Member Months
Incur from:					
Incur to:					
Paid through:					
2. Member Months					
3. Risk Score					
4. Completion Factor					
5. Network Pricing					
6. Briefly describe the source of the base period experience data:					

III. Part D Claims Experience

	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
Allowed Claim Interval	Total Count in Interval		Cumulative							Adjustments to Reflect Pt. D Coverage	
	# of Members	Member Months	Total Number of Scripts	Total Allowed Dollars	Average Allowed Amount per Member	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	Net Plan Responsibility per Member
1. \$0	0				\$0.00						\$0.00
2. \$1-\$265	0				\$0.00						\$0.00
3. \$266-\$2,400	0				\$0.00						\$0.00
4. \$2,401-\$5,450	0				\$0.00						\$0.00
5. \$5,451+	0				\$0.00						\$0.00
6. Subtotal	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. % OON											
8. Average Paid Amount PMPM						\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
9. Minus Rebates						\$0.00					\$0.00
10. Plus Part D as Secondary						\$0.00					\$0.00
11. Net Average Paid Amount PMPM						\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
12. Non-covered Supplemental Drugs						\$0.00					
13. Rebates on Supplemental Drugs						\$0.00					
14. Net PMPM on Supplemental Drugs						\$0.00					\$0.00

IV. PMPM Non-Benefit Expenses

	(e)	(f)	(g)
	Basic	Supplemental	Total
1. Sales and Marketing			\$0.00
2. Direct Administration			\$0.00
3. Indirect Administration			\$0.00
4. Net Cost of Private Reinsurance			\$0.00
5. Total Non-Benefit Expenses	\$0.00	\$0.00	\$0.00

V. PMPM Premium Revenue

	(e)	(f)	(g)
	Basic	Supplemental	Total
1. CMS Part D Payment			\$0.00
2. LI Premium Subsidy			\$0.00
3. Member Premium			\$0.00
4. Member Penalty Premium			\$0.00
5. Total Premium	\$0.00	\$0.00	\$0.00

VI. PMPM Income Statement Summary

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

* 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 Num:	4. Contract Yr: 2009	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

	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
	Base Period			Components of Utilization Change						
Type of Script	# of Scripts/ 1000	Allowed per Script	PMPM Allowed	Trend in Scripts/1000	Formulary Change	Risk Change	Induced Utilization*	Other Change	Total Utilization Change	Projected Scripts/ 1000
1. Retail Generic			\$0.00						0.000	0.000
2. Retail Preferred Brand			\$0.00						0.000	0.000
3. Retail Non-Preferred Brand			\$0.00						0.000	0.000
4. Retail Specialty			\$0.00						0.000	0.000
5. Mail Order Generic			\$0.00						0.000	0.000
6. Mail Order Preferred Brand			\$0.00						0.000	0.000
7. Mail Order Non-Preferred Brand			\$0.00						0.000	0.000
8. Mail Order Specialty			\$0.00						0.000	0.000
9. Total Retail	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0.000
10. Total Mail Order	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0.000
11. Total Generic	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0.000
12. Total Brand (Preferred and Non-Preferred)	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0.000
13. Total Specialty	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0.000
14. Total	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0.000

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

III. Cost for Covered Part D Drugs
IV. Projected Allowed PMPM

	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
	Components of Unit Cost Change					Projected Unit Cost	Projected Allowed PMPM	Manual Util/ 1000	Manual Unit Cost	Manual Rate PMPM	Credibility	Blended Allowed PMPM
	Inflation Trend	Discount Change	Formulary Change	Other Change	Tot. Unit Cost Chg							
1. Retail Generic					0.000	\$0.00	\$0.00			\$0.00		\$0.00
2. Retail Preferred Brand					0.000	\$0.00	\$0.00			\$0.00		\$0.00
3. Retail Non-Preferred Brand					0.000	\$0.00	\$0.00			\$0.00		\$0.00
4. Retail Specialty					0.000	\$0.00	\$0.00			\$0.00		\$0.00
5. Mail Order Generic					0.000	\$0.00	\$0.00			\$0.00		\$0.00
6. Mail Order Preferred Brand					0.000	\$0.00	\$0.00			\$0.00		\$0.00
7. Mail Order Non-Preferred Brand					0.000	\$0.00	\$0.00			\$0.00		\$0.00
8. Mail Order Specialty					0.000	\$0.00	\$0.00			\$0.00		\$0.00
9. Total Retail	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
10. Total Mail Order	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
11. Total Generic	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
12. Total Brand (Preferred and Non-Preferred)	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
13. Total Specialty	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
14. Total	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00

V. PMPM Non-Benefit Expenses

	(e)	(f)	(g)	(h)	(i)	(j)
	Base Period	Trend	Contract Period	Manual Rate Expense	Credibility	Blended Expense
1. Sales and Marketing	\$0.00		\$0.00			\$0.00
2. Direct Administration	\$0.00		\$0.00			\$0.00
3. Indirect Administration	\$0.00		\$0.00			\$0.00
4. Net Cost of Private Reinsurance	\$0.00		\$0.00			\$0.00
5. Total Non-Benefit Expenses	\$0.00		\$0.00			\$0.00

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: 2009	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:
4. Network Pricing:		

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					\$0.00						\$0.00	
2.	\$1-\$274					\$0.00	\$0.00					\$0.00	
3.	\$275-\$2,509					\$0.00	\$0.00					\$0.00	
4.	\$2,510-\$5,725					\$0.00	\$0.00					\$0.00	
5.	\$5,726+					\$0.00	\$0.00					\$0.00	
6.	Subtotal	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7.	Minus Rebates					\$0.00					\$0.00	\$0.00	
8.	Minus Other Insurance					\$0.00						\$0.00	
9.	Plus Part D as Secondary					\$0.00						\$0.00	
10.	Projected % OON Included above:	Allowed:											
11.		Plan Liability:											
12.	Total				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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

	(d)
1. Basic Non-Benefit Expenses	\$0.00
2. Supplemental Non-Benefit Expenses	\$0.00
3. Total Non-Benefit Expenses	\$0.00
4. Basic Gain/(Loss)	\$0.00
5. Supplemental Gain/(Loss)	\$0.00
6. Total Gain/(Loss)	

V. Defined Standard Coverage Bid Development

	(i)	(j)
	At 0.000	At 1.00
1. Claims (Allowable Cost Target):	\$0.00	\$0.00
2. Non-Benefit Expenses	\$0.00	\$0.00
3. Gain/(Loss):	\$0.00	\$0.00
4. Total Basic Bid	\$0.00	\$0.00
5. Federal Reinsurance:	\$0.00	\$0.00

WORKSHEET 4 - Rx STANDARD COVERAGE WITH ACTUARIALLY EQUIVALENT COST SHARING

Page 4 of 7

I. General Information

1. Contract Number	4. Contract Yr: 2009	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 0.000	At 1.00
1. Claims (Allowable Cost Target)	\$0.00	\$0.00
2. Non-Benefit Expenses	\$0.00	\$0.00
3. Gain/(Loss):	\$0.00	\$0.00
4. Total Basic Bid	\$0.00	\$0.00
5. Federal Reinsurance	\$0.00	\$0.00
6. LIS	\$0.00	

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

	At 0.000	At 1.00
1. Claims (Allowable Cost Target)	\$0.00	\$0.00
2. Non-Benefit Expenses	\$0.00	\$0.00
3. Gain/(Loss):	\$0.00	\$0.00
4. Total Basic Bid	\$0.00	\$0.00
5. Federal Reinsurance	\$0.00	\$0.00
6. LIS		

IV: Development of Bid Components and Tests for Actuarial Equivalence

	(e) Amounts below Initial Coverage Limit <\$2,510	(h) Amounts above Catastrophic Threshold >=\$5,726	(k) All Amounts
1. Total Members			0
2. Member Months			0
Allowed PMPM			
3. Standard	\$0.00	\$0.00	\$0.00
4. Standard with Act. Equiv. Cost Sharing			\$0.00
5. Value of Deductible	\$0.00	\$0.00	\$0.00
Allowed Subject to Coins.			
6. Standard	\$0.00	\$0.00	\$0.00
7. Standard with Act. Equiv. Sharing	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00
11. Standard with Act. Equiv. Sharing	\$0.00	\$0.00	\$0.00
Net Cost of Benefit			
12. Standard	\$0.00	\$0.00	\$0.00
13. Standard with Act. Equiv. Sharing	\$0.00	\$0.00	\$0.00
Rebates		For Reinsurance	Inc Reins.
14. Standard		\$0.00	\$0.00
15. Standard with Act. Equiv. Sharing		\$0.00	
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

Page 5 of 7

I. General Information

1. Contract Number	4. Contract Yr: 2009	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 0.000	At 1.00
1. Claims	\$0.00 C	\$0.00
2. Non-Benefit Expenses	\$0.00	\$0.00
3. Gain/(Loss)	\$0.00	\$0.00
4. Total Basic Bid	\$0.00	\$0.00
5. Federal Reinsurance	\$0.00	\$0.00
6. Total Coverage	\$0.00 A	\$0.00
7. LIS	\$0.00	

V. Development of Actuarial Equivalence Test

	At 0.000	At 1.00
1. Part D Covered Drugs	\$0.00 D	\$0.00
2. Non-Benefit Expenses	\$0.00	\$0.00
3. Gain/(Loss)	\$0.00	\$0.00
4. Federal Reinsurance	\$0.00	\$0.00
5. Total Part D Covered	\$0.00 B	\$0.00
6. Non-Part D Covered Drugs	\$0.00	
7. Total Plan Coverage	\$0.00	
8. Total Basic Bid	\$0.00	\$0.00
9. LIS		

IV. Development of Bid Components

	(d)	(f)	(g)	(i)	(k)	(m)	(o)	(q)
	Part D Covered Drugs							
	Members with <\$2,510	Members ≥\$2,510	Amounts ≤ICL for all members		Amts above Catastrophic		All Members	
1. Population not Meeting Deductible	0	0	0		0		0	
2. Population Meeting Deductible	0	0	0		0		0	
3. Member Months	0	0	0		0		0	
	Type of Deductible Alternative Coverage ICL Amounts below Initial Coverage Limit		Type of Gap Coverage		Amts above Catastrophic		Total PMPM	Non- Part D Covd
Allowed PMPM								
4. Standard	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00
5. Alternative	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00
Deductible								
6. Proposed Deductible	E							
7. Value of \$275 Deductible	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00
8. Value of Proposed Deductible		\$0.00	\$0.00		\$0.00		\$0.00	\$0.00
Allowed Subject to Coins.								
9. Standard	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00
10. Alternative	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00
Coins. %								
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% I			0.0%
Coins PMPM								
13. Standard	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00
14. Alternative	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00
Federal Reinsurance								
15. Standard					\$0.00		\$0.00	\$0.00
16. Alternative					\$0.00		\$0.00	\$0.00
Minus Rebates								
17. Standard					\$0.00		\$0.00	\$0.00
18. Alternative					\$0.00		\$0.00	\$0.00
Minus Other Insurance								
19. Standard					\$0.00		\$0.00	\$0.00
20. Alternative					\$0.00		\$0.00	\$0.00
Plus Part D as Secondary								
21. Standard					\$0.00		\$0.00	\$0.00
22. Alternative					\$0.00		\$0.00	\$0.00
Net Cost of Benefit								
23. Standard	\$0.00	\$0.00 F	\$0.00		\$0.00		\$0.00	\$0.00
24. Alternative	\$0.00	\$0.00 G	\$0.00		\$0.00		\$0.00	\$0.00

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 ≤ \$275 (E ≤ \$275)	Yes
5. Average Catastrophic cost sharing ≤ Std (I ≤ H)	Yes

VIII. Development of Induced Utilization Adjustment:

	At 0.000	At 1.00
1. Claims for Standard	\$0.00	\$0.00
2. Impact of Alternative Utilization on Standard		\$0.00
3. Allowable Cost Target for Alternative	\$0.00	\$0.00
4. Induced Utilization Adjustment	0.000	0.000

VII. Development of Supplemental Premium:

	At 0.000
1. Part D Covered Drugs	\$0.00
2. Non Part D Covered Drugs	\$0.00
3. Less Basic Covered	\$0.00
4. Supplemental Coverage	\$0.00
5. Reduction in Reinsurance	\$0.00
6. Additional Non-Benefit Expenses	\$0.00
7. Additional Gain/(Loss)	\$0.00
8. Supplemental Premium	\$0.00

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

Page 6 of 7

I. General Information

1. Contract Number	4. Contract Yr: 2009	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)
Population Not Exceeding \$2,510 with Std Coverage	Defined Standard Coverage			Actuarially Equivalent or Alternative Benefits		
All Spending	Number of Scripts	Allowed \$	Std Cost Sharing \$	Number of Scripts	Allowed \$	Cost Sharing \$
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						
09. Total	0	\$0.00	\$0.00	0	\$0.00	\$0.00
Population Exceeding \$2,510 with Std Coverage						
All Spending	Number of Scripts	Allowed \$	Std Cost Sharing \$	Number of Scripts	Allowed \$	Cost Sharing \$
10. Retail Generic						
11. Retail Preferred Brand						
12. Retail Non-Preferred Brand						
13. Retail Specialty						
14. Mail Order Generic						
15. Mail Order Preferred Brand						
16. Mail Order Non-Preferred Brand						
17. Mail Order Specialty						
18. Total	0	\$0.00		0	\$0.00	
Amounts Allocated Up to ICL (1)	Number of Scripts	Allowed \$	Std Cost Sharing \$	Number of Scripts	Allowed \$	Cost Sharing \$ (1)
19. Retail Generic						
20. Retail Preferred Brand						
21. Retail Non-Preferred Brand						
22. Retail Specialty						
23. Mail Order Generic						
24. Mail Order Preferred Brand						
25. Mail Order Non-Preferred Brand						
26. Mail Order Specialty						
27. Total	0	\$0.00	\$0.00	0	\$0.00	\$0.00
Amounts Allocated over Catastrophic Coverage	Number of Scripts	Allowed \$	Std Cost Sharing \$	Number of Scripts	Allowed \$	Cost Sharing \$
28. Retail Generic						
29. Retail Preferred Brand						
30. Retail Non-Preferred Brand						
31. Retail Specialty						
32. Mail Order Generic						
33. Mail Order Preferred Brand						
34. Mail Order Non-Preferred Brand						
35. Mail Order Specialty						
36. Total	0	\$0.00	\$0.00	0	\$0.00	\$0.00
37. Non-Part D Covered Drugs - All Spending	Number of Scripts	Allowed \$	Std Cost Sharing \$	Number of Scripts	Allowed \$	Cost Sharing \$
(1) - The cost sharing for the section labeled "Amounts Up to ICL" should include non-uniform deductibles and/or reduced ICL levels.						
NETWORK PRICING	GENERIC		BRAND		SPECIALTY	
	% discount off AWP	Dispensing Fee	% discount off AWP	Dispensing Fee	% discount off AWP	Dispensing Fee
RETAIL						
MAIL						

WORKSHEET 7 - SUMMARY OF KEY BID ELEMENTS

I. General Information

1. Contract Number:	4. Contract Yr: 2009	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. 2009 Defined Standard Benefit Parameters

1. Deductible	\$275
2. Initial Coverage Limit	\$2,510
3. Out-of-pocket Limit	\$4,050

III. Summary of Key Bid Elements

1. Standardized Part D Bid	\$0.00
2. National Average Monthly Bid Amount	
3. Base Beneficiary Premium	
Basic Part D Premium (prior to A/B rebate allocation)	
4. Unrounded	\$0.00
5. Rounded	\$0.00
Supplemental Part D Premium (prior to A/B rebate allocation)	
6. Unrounded	\$0.00
7. Rounded	\$0.00
8. Prospective Federal Reinsurance (non-standardized)	\$0.00
9. Prospective Low-income cost sharing subsidy (non-standardized)	\$0.00
10. Target amount adjustment (allowed costs as a ratio of bid)	1.0000
Rounding Rule	
11. Round Part D premiums to nearest	\$0.10

IV. Part D Bid Pricing Tool Contacts

Plan Bid Contact	
Name	
Phone	
Email	
Part D Certifying Actuary	
Name and Credentials	
Phone	
Email	
Part D Additional BPT Contact	
Name	
Phone	
Email	
Date Prepared	