

WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE

I. General Information

1. Contract Number:	4. Contract Yr:	2010	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	2a. Total Member Months		6. Mapping	Contract-Plan ID	Member Months	Contract-Plan ID	Member Months
Incurring from:	2b. LIS Member Months						
Incurring to:	3. Risk Score						
Paid through:	4. Completion Factor						
7. Briefly describe the source of the base period experience data:	5. Network Pricing						

III. Part D Claims Experience

Allowed Claim Interval	(d) Total Count in Interval		Total Number of Scripts	Total Allowed Dollars	Average Allowed Amount per Member	Average Paid Amount per Member	Average Cost Sharing per Member	(k) Adjustments to Reflect Pt. D Coverage			Net Plan Responsibility per Member	
	# of Members	Member Months						Supplemental C.S. Reduc. per Member	Reimb for LIS per Member	Reimb for Fed Reins. per Member		
												(e)
1. \$0					\$0.00							\$0.00
2. \$1-\$275					\$0.00							\$0.00
3. \$276-\$2,510					\$0.00							\$0.00
4. \$2,511-\$5,726					\$0.00							\$0.00
5. \$5,727+					\$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. % OON												
8. PMPM Values				\$0.00		\$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						\$0.00
13. Rebates on Supplemental Drugs						\$0.00						\$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: 2010	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) Base Period			(i) Components of Utilization Change					(m) Total Utilization Change	(n) Projected Scripts/1000	(o) ??
	(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	(m) Total Utilization Change	(n) Projected Scripts/1000	(o) ??
Type of Script											
1. Retail Generic			\$0.00						0.000	0	0.000
2. Retail Preferred Brand			\$0.00						0.000	0	0.000
3. Retail Non-Preferred Brand			\$0.00						0.000	0	0.000
4. Retail Specialty			\$0.00						0.000	0	0.000
5. Mail Order Generic			\$0.00						0.000	0	0.000
6. Mail Order Preferred Brand			\$0.00						0.000	0	0.000
7. Mail Order Non-Preferred Brand			\$0.00						0.000	0	0.000
8. Mail Order Specialty			\$0.00						0.000	0	0.000
9. Total Retail	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0	0.000
10. Total Mail Order	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0	0.000
11. Total Generic	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0	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	0.000
13. Total Specialty	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0	0.000
14. Total	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0	0.000

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

III. Cost for Covered Part D Drugs

	(i) Components of Unit Cost Change					(j) Projected Unit Cost	(k) Projected Allowed PMPM	(l) Manual Util/1000	(m) Manual Unit Cost	(n) Manual Rate PMPM	(o) Credibility	(p) Blended Allowed PMPM
	(e) Inflation Trend	(f) Discount Change	(g) Formulary Change	(h) Other Change	(i) Tot. Unit Cost Chg	(j) Projected Unit Cost	(k) Projected Allowed PMPM	(l) Manual Util/1000	(m) Manual Unit Cost	(n) Manual Rate PMPM	(o) Credibility	(p) Blended Allowed PMPM
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

CMS Guideline Credibility 0%

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	\$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: 2010	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-\$294					\$0.00	\$0.00					\$0.00	
3. \$295-\$2,699					\$0.00	\$0.00					\$0.00	
4. \$2,700-\$6,153					\$0.00	\$0.00					\$0.00	
5. \$6,154+					\$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

I. General Information

1. Contract Number	4. Contract Yr: 2010	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 Typ

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 <\$2,700	(h) Amounts above Catastrophic Threshold >=\$6,154	(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

I. General Information

1. Contract Number	4. Contract Yr: 2010	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		\$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)
	Members with		Members	Amounts <=ICL	Part D Covered Drugs		All	
	<\$2,700		>=\$2,700	for all members	Amts above Catastrophic		Members	
1. Population not Meeting Deductible	0	0	0	0	0	0	0	0
2. Population Meeting Deductible	0	0	0	0	0	0	0	0
3. Member Months	0	0	0	0	0	0	0	0
	Type of Deductible				Type of Gap Coverage			
	Alternative Coverage ICL				Amts in Gap	Amts above Catastrophic	Total PMPM	Non-Part D Covd
	Amounts below Initial Coverage Limit							
Allowed PMPM								
4. Standard	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Alternative	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
Deductible								
6. Proposed Deductible	E							
7. Value of \$295 Deductible	\$0.00	\$0.00	\$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	\$0.00	\$0.00
Allowed Subject to Coins.								
9. Standard	\$0.00	\$0.00	\$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	\$0.00	\$0.00
Coins. %								
11. Standard	25.0%	25.0%	0.0%	0.0%	100.0%	0.0% H		0.0%
12. Alternative	0.0%	0.0%	0.0%	0.0%		0.0% I		0.0%
Coins PMPM								
13. Standard	\$0.00	\$0.00	\$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	\$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	\$0.00
24. Alternative	\$0.00	\$0.00	G	\$0.00	\$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 <=\$295 (E <=295)	Yes
5. Average Catastrophic cost sharing <= Std (I <= H)	Yes

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

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

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

I. General Information

1. Contract Number:	4. Contract Yr: 2010	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 \$2,700 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 \$2,700 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 \$
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)	Defined Standard Coverage			Actuarially Equivalent or Alternative Benefits		
All Spending	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	Defined Standard Coverage			Actuarially Equivalent or Alternative Benefits		
All Spending	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	Defined Standard Coverage			Actuarially Equivalent or Alternative Benefits		
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.

	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: 2010	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. 2010 Defined Standard Benefit Parameters

1. Deductible	\$295
2. Initial Coverage Limit	\$2,700
3. Out-of-pocket Limit	\$4,350

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

V. Working Model Text Box

This section can be used at the discretion of the Plan sponsor. The contents are NOT uploaded in the bid submission.

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	