

WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE

I. General Information

| | | | |
|---------------------|----------------------|-------------------|----------------------|
| 1. Contract Number: | 4. Contract Yr: 2011 | 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: | |

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 |
| Incurred from: | 2b. LIS Member Months | | | | | |
| Incurred 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 | | (e) Cumulative | | | | (f) Adjustments to Reflect Pt. D Coverage | | | (g) Net Plan Responsibility per Member | |
|------------------------------------|-----------------------------|---------------|-------------------------|-----------------------|-----------------------------------|--------------------------------|---|-------------------------------------|--------------------------|--|---------------------------------|
| | # 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 |
| | | | | | | | | (h) | (i) | | (j) |
| 1. \$0 | | | | | \$0.00 | | | | | \$0.00 | |
| 2. \$1-\$295 | | | | | \$0.00 | | | | | \$0.00 | |
| 3. \$296-\$2,700 | | | | | \$0.00 | | | | | \$0.00 | |
| 4. \$2,701-\$6,154 | | | | | \$0.00 | | | | | \$0.00 | |
| 5. \$6,154+ | | | | | \$0.00 | | | | | \$0.00 | |
| 6. Subtotal | 0 | 0 | 0 | \$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) Basic | (f) Supplemental | (g) Total |
|------------------------------------|------------------------|------------------|-----------|
| | 1. Sales and Marketing | | |
| 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) Basic | (f) Supplemental | (g) Total |
|---------------------------|-----------------------|------------------|-----------|
| | 1. CMS Part D Payment | | |
| 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 Nurr | 4. Contract Yr: 2011 | 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 | |

II. Utilization for Covered Part D Drugs

| Type of Script | Base Period | | | Components of Utilization Change | | | | | Projected Scripts/ 1000 | Covariance | |
|---|------------------------|------------------------|------------------|----------------------------------|----------------------|-----------------|--------------------------|------------------|-------------------------|------------|------------------------------|
| | (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 |
| 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

| Type of Script | Components of Unit Cost Change | | | | | Projected Unit Cost | Projected Allowed PMPM | Manual Util/ 1000 | Manual Unit Cost | Manual Rate PMPM | Credibility | Blended Allowed PMPM |
|---|--------------------------------|---------------------|----------------------|------------------|------------------------|---------------------|------------------------|-------------------|------------------|------------------|-------------|----------------------|
| | (e) Inflation Trend | (f) Discount Change | (g) Formulary Change | (h) Other Change | (i) 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 |

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 | | | \$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: 2011 | 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: | |

II. Projection Data

| | | |
|-------------------------------|---|--|
| 1. Projected Member Months: 0 | 2. Projected Avg Risk Score: <input type="text"/> | 3. Projected LIS Member Months: <input type="text"/> |
|-------------------------------|---|--|

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 LICS PMPM |
| 1. \$0 | | | | | \$0.00 | | | | | | \$0.00 | |
| 2. \$1-\$309 | | | | | \$0.00 | \$0.00 | | | | | \$0.00 | |
| 3. \$310-\$2,829 | | | | | \$0.00 | \$0.00 | | | | | \$0.00 | |
| 4. \$2,830-\$6,439 | | | | | \$0.00 | \$0.00 | | | | | \$0.00 | |
| 5. \$6,440+ | | | | | \$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) | <input type="text"/> |

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: 2011 | 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: | |

II. Projection Data

| | | | |
|----------------------------|---|-----------------------------|-------|
| 1. Projected Member months | 0 | 2. Projected Avg Risk Score | 0.000 |
|----------------------------|---|-----------------------------|-------|

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 <\$2,830 | (h) Amounts above Catastrophic Threshold >=\$6,440 | (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: 2011 | 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: | |

II. Projection Data

| | | | |
|----------------------------|---|-----------------------------|-------|
| 1. Projected Member months | 0 | 2. Projected Avg Risk Score | 0.000 |
|----------------------------|---|-----------------------------|-------|

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 | |
| | <\$2,830 | >=\$2,830 | >=\$2,830 | for all members | Amts above | Catastrophic | Members | |
| 1. Population not Meeting Deductible | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. Population Meeting Deductible | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Type of Deductible | | | | Type of Gap Coverage | | | |
| | Alternative Coverage ICL | | | | Amts in Gap | | | |
| | Amounts below Initial Coverage Limit | | | | Amts above | | | |
| | | | | | Catastrophic | | | |
| Allowed PMPM | | | | | | | Total | Non- |
| 4. Standard | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | PMPM | Part D |
| 5. Alternative | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | | Covd |
| Deductible | | | | | | | | |
| 6. Proposed Deductible | | | | | | | | |
| 7. Value of \$310 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% | 25.0% | 0.0% | 100.0% | 0.0% H | | 0.0% |
| 12. Alternative | 0.0% | 0.0% | 0.0% | 0.0% | | 0.0% I | | 0.0% |
| 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 | | | | | | For Reinsurance | Inc Reins. | |
| 18. Alternative | | | | | | \$0.00 | \$0.00 | \$0.00 |
| Minus Other Insurance | | | | | | \$0.00 | \$0.00 | \$0.00 |
| 19. Standard | | | | | | \$0.00 | \$0.00 | \$0.00 |
| 20. Alternative | | | | | | \$0.00 | \$0.00 | \$0.00 |
| Plus Part D as Secondary | | | | | | \$0.00 | \$0.00 | \$0.00 |
| 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 | \$0.00 |
| 24. Alternative | \$0.00 | \$0.00 G | \$0.00 | \$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 <=\$310 (E <=310) | 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: 2011 | 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: | |

II. Projections for Equivalence Tests

| | (f) | (g) | (h) | (i) | (j) | (k) |
|---|----------------------------------|-----------------------|----------------------------|---|---------------------------|----------------------------|
| Population Not Exceeding \$2,830 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 \$2,830 with Std Coverage | 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 \$ |
| | | | | | | |
| <small>(1) - The cost sharing for the section labeled "Amounts Up to ICL" should include non-uniform deductibles and/or reduced ICL levels.</small> | | | | | | |
| 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: 2011 | 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: | |

II. 2011 Defined Standard Benefit Parameters

| | |
|---------------------------|---------|
| 1. Deductible | \$310 |
| 2. Initial Coverage Limit | \$2,830 |
| 3. Out-of-pocket Limit | \$4,550 |

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 | |