

WORKSHEET 1 - MA BASE PERIOD EXPERIENCE AND PROJECTION ASSUMPTIONS

Note: See bid instructions for ESRD and hospice exclusions.

MA-2012.1

OMB Approved # 0938-0944

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:	2012	8. MA-PD:		12. SNP:		14. SNP Type:	N/A
						15. EGWP:	N

II. Base Period Background Information

Note: DE# refers to Dual Eligible Beneficiaries without full Medicare cost sharing liability

1. Time Period Definition	Incurring from: 01/01/2010	2. Member Months	Total	Non-DE#	DE#	5. Plans In Base	Contract-Plan ID	Member Months	Contract-Plan ID	Member Months
	Incurring to: 12/31/2010	3. Risk Score			0.0000					
	Paid through:	4. Completion Factor								
6. Describe the source of the base period experience data (1000 character limit)										

III. Base Period Data (at Plan's Risk Factor) for 1/1/2010-12/31/2010

IV. Projection Assumptions

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

V. Description of Other Utilization Adjustment Factor, Other Unit Cost Adjustment Factor, and Additive Adjustments (1000 character limit)

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VI. Base Period Summary for 1/1/2010-12/31/2010 (excludes Optional Supplemental)

	ESRD	Hospice	All Other	Total				
1. CMS Revenue				\$0.00	Non-Benefit Expenses:		8. Gain/(Loss) Margin	\$0.00
2. Premium Revenue				\$0.00	7a. Marketing & Sales		Percentage of Revenue:	
3. Total Revenue	\$0.00	\$0.00	\$0.00	\$0.00	7b. Direct Administration		9a. Net Medical Expenses	0.0%
4. Net Medical Expenses				\$0.00	7c. Indirect Administration		9b. Non-Benefit Expenses	0.0%
5. Member Months			0	0	7d. Net Cost of Private Reinsurance		9c. Gain/(Loss) Margin	0.0%
					7e. Total Non-Benefit Expenses	\$0.00		
PMPMs:								
6a. Revenue PMPM	\$0.00	\$0.00	\$0.00	\$0.00				
6b. Net Medical PMPM	\$0.00	\$0.00	\$0.00	\$0.00				
6c. Non-Benefit PMPM				\$0.00				
6d. Gain/(Loss) Margin PMPM				\$0.00				

CMS - 10142 (5/31/2011)

WORKSHEET 2 - MA PROJECTED ALLOWED COSTS PMPM

Note: See bid instructions for ESRD and hospice exclusions.

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: 2012	8. MA-PD:	12. SNP:	14. SNP Type: N/A	15. EGWPN

II. Projected Allowed Costs

Note: DE# refers to Dual Eligible Beneficiaries without full Medicare cost sharing liability

Contract Year Allowed Costs at Plan's Risk Factor:											Total	Non-DE#	DE#	
											1. Projected member months	0	0	0
											2. Projected risk factor	0.0000	0.0000	0.0000
(c)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)
Service Category	Util Type	Projected Experience Rate			Manual Rate			Exper. Cred. %	Blended Rate					% of svcs provided OON
		Annual Util/1000	Avg Cost	Allowed PMPM	Annual Util/1000	Avg Cost	Allowed PMPM		Annual Util/1000	Avg Cost	Total Allowed PMPM	Non-DE# Allowed PMPM	DE# Allowed PMPM	
a. Inpatient Facility		0	\$0.00	\$0.00		\$0.00			0	\$0.00	\$0.00			
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. Health & Education (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00			
q. Other Non-Covered		0	0.00	0.00		0.00			0	0.00	0.00			
r. COB/Subrg. (outside claim system)				0.00							0.00			
s. Total Medical Expenses				\$0.00				\$0.00	0%		\$0.00	\$0.00	\$0.00	
									0%	CMS Guideline Credibility				
t. Subtotal Medicare-covered service categories				\$0.00				\$0.00	0%		\$0.00	\$0.00	\$0.00	
u. 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

Note: See bid instructions for ESRD and hospice exclusions.

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: 2012	8. MA-PD:	12. SNP:	14. SNP Type:	N/A
			15. EGWP:	N

II. Development of Projected Revenue Requirement

A. Non-DE# (Non-Dual Eligible Beneficiaries AND Dual Eligible Beneficiaries with full Medicare cost sharing liability)

Cost and Required Revenue PMPM at Plan's Risk Factor: 0.0000

(c) Service Category	(e) Total Benefits			(h) Net PMPM	(i) % for Cov. Svcs		(k) FFS Medicare Actl. Equiv. cost sharing	(l) Plan cost sh. for Medicare-covered svcs.	(m) Medicare Covered (w/AE cost sh.)			(p) A/B Mand Suppl (MS) Benefits			
	(e) Allowed PMPM	(f) Plan Cost Sharing	(g) [Hatched]		(i) Allowed	(j) Cost Sharing			(m) Allowed PMPM	(n) FFS AE Cost Sharing	(o) Net PMPM	(p) Net PMPM for Add'l Svcs.	(q) Reduction of A/B Cost Sh.	(r) Total	
a. Inpatient Facility	\$0.00	\$0.00	[Hatched]	\$0.00			0.0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. Skilled Nursing Facility	0.00	0.00	[Hatched]	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. Home Health	0.00	0.00	[Hatched]	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
d. Ambulance	0.00	0.00	[Hatched]	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. DME/Prosthetics/Supplies	0.00	0.00	[Hatched]	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
f. OP Facility - Emergency	0.00	0.00	[Hatched]	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
g. OP Facility - Surgery	0.00	0.00	[Hatched]	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
h. OP Facility - Other	0.00	0.00	[Hatched]	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
i. Professional	0.00	0.00	[Hatched]	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
j. Part B Rx	0.00	0.00	[Hatched]	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
k. Other Medicare Part B	0.00	0.00	[Hatched]	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
l. Transportation (Non-Covered)	0.00	0.00	[Hatched]	0.00	0.00%	0.00%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
m. Dental (Non-Covered)	0.00	0.00	[Hatched]	0.00	0.00%	0.00%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
n. Vision (Non-Covered)	0.00	0.00	[Hatched]	0.00	0.00%	0.00%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
o. Hearing (Non-Covered)	0.00	0.00	[Hatched]	0.00	0.00%	0.00%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
p. Health & Education (Non-Covered)	0.00	0.00	[Hatched]	0.00	0.00%	0.00%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
q. Other Non-Covered	0.00	0.00	[Hatched]	0.00	0.00%	0.00%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
r. COB/Subrg. (outside claim system)	0.00	0.00	[Hatched]	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
s. Total Medical Expenses	\$0.00	\$0.00	[Hatched]	\$0.00	[Hatched]	[Hatched]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

B. DE# (Dual Eligible Beneficiaries without full Medicare cost sharing liability)

Cost and Required Revenue PMPM at Plan's Risk Factor: 0.0000

(c) Service Category	(e) Total Benefits				(i) % for Cov. Svcs		(k) State Medicaid Required Bene. cost sharing	(l) Actual cost sh. for Medicare-covered svcs.	(m) Medicare Covered (w/Medicaid cost sh.)			(p) A/B Mand Suppl (MS) Benefits			
	(e) Reimb + Actual Cost Sh.	(f) Plan Cost Sharing	(g) Actual Cost Sharing	(h) Plan Reimb	(i) Allowed	(j) Cost Sharing			(m) Allowed PMPM	(n) Medicaid Cost Sharing	(o) Net PMPM	(p) Net PMPM for Add'l Svcs.	(q) Reduction of A/B Cost Sh.	(r) Total	
a. Inpatient Facility	\$0.00	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b. Skilled Nursing Facility	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. Home Health	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
d. Ambulance	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. DME/Prosthetics/Supplies	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
f. OP Facility - Emergency	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
g. OP Facility - Surgery	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
h. OP Facility - Other	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
i. Professional	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
j. Part B Rx	0.00	0.00	0.00	0.00				0.00	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	0.00				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
l. Transportation (Non-Covered)	0.00	0.00	0.00	0.00	0.00%	0.00%		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
m. Dental (Non-Covered)	0.00	0.00	0.00	0.00	0.00%	0.00%		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
n. Vision (Non-Covered)	0.00	0.00	0.00	0.00	0.00%	0.00%		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
o. Hearing (Non-Covered)	0.00	0.00	0.00	0.00	0.00%	0.00%		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
p. Health & Education (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
q. 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
r. COB/Subrg. (outside claim system)	0.00	0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
s. Total Medical Expenses	\$0.00	\$0.00	\$0.00	\$0.00	[Hatched]	[Hatched]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

WORKSHEET 4 - MA PROJECTED REVENUE REQUIREMENT PMPM

Note: See bid instructions for ESRD and hospice exclusions.

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/Equip Apply:		
4. Contract Year: 2012	8. MA-PD:	12. SNP:	14. SNP Type:	N/A
			15. EGWP:	N

II. Development of Projected Revenue Requirement

C. All Beneficiaries

Cost and Required Revenue PMPM at Plan's Risk Factor: 0.0000

(c) Service Category	(e) Total Benefits				(h) Net PMPM	(i)	(j)	(k)	(l)	(m) Medicare Covered		(p) A/B Mand Suppl (MS) Benefits		
	(f)	(g)	(n) Net PMPM	(o) Net PMPM for Add'l Svcs.						(q) Reduction of A/B Cost Sh.	(r) Total			
a. Inpatient Facility				\$0.00						\$0.00	\$0.00	\$0.00	\$0.00	
b. Skilled Nursing Facility				0.00						0.00	0.00	0.00	0.00	
c. Home Health				0.00						0.00	0.00	0.00	0.00	
d. Ambulance				0.00						0.00	0.00	0.00	0.00	
e. DME/Prosthetics/Supplies				0.00						0.00	0.00	0.00	0.00	
f. OP Facility - Emergency				0.00						0.00	0.00	0.00	0.00	
g. OP Facility - Surgery				0.00						0.00	0.00	0.00	0.00	
h. OP Facility - Other				0.00						0.00	0.00	0.00	0.00	
i. Professional				0.00						0.00	0.00	0.00	0.00	
j. Part B Rx				0.00						0.00	0.00	0.00	0.00	
k. Other Medicare Part B				0.00						0.00	0.00	0.00	0.00	
l. Transportation (Non-Covered)				0.00						0.00	0.00	0.00	0.00	
m. Dental (Non-Covered)				0.00						0.00	0.00	0.00	0.00	
n. Vision (Non-Covered)				0.00						0.00	0.00	0.00	0.00	
o. Hearing (Non-Covered)				0.00						0.00	0.00	0.00	0.00	
p. Health & Education (Non-Covered)				0.00						0.00	0.00	0.00	0.00	
q. Other Non-Covered				0.00						0.00	0.00	0.00	0.00	
r. ESRD				0.00						0.00	0.00	0.00	0.00	
s. Additional Benefits (employer bids only)				0.00						0.00	0.00	0.00	0.00	
t. COB/Subrg. (outside claim system)				0.00						0.00	0.00	0.00	0.00	
u. Total Medical Expenses				\$0.00						\$0.00	\$0.00	\$0.00	\$0.00	
v. 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	
w. Gain/(Loss) Margin										\$0.00	0.00	0.00	\$0.00	
x. Total Revenue Requirement				\$0.00						\$0.00	0.00	0.00	\$0.00	
y. Percentage of Revenue (excl. ESRD line)														
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%	

III. Development of Projected Contract Year ESRD "Subsidy"

Non-ESRD CY member months	0		
ESRD CY member months			
<u>Basic benefits (user entries must be reported as "per ESRD member per month")</u>		<u>Supplemental Benefits</u>	
CY Revenue			
- CMS capitation		Non-ESRD CY cost sharing reductions	\$0.00
CY Medical Expenses for Basic Services		Non-ESRD CY additional benefits	\$0.00
CY Non-Benefit Expenses for Basic Services		ESRD CY cost sharing reductions	
CY Margin Requirement for Basic Services	\$0.00	ESRD CY additional benefits	
CY Gain/(Loss) Margin for Basic Services	\$0.00	Incremental CY cost of cost sharing reductions	\$0.00
Cost for CY basic benefits allocated to all plan members	\$0.00	Incremental CY cost of additional benefits	\$0.00
Total CY ESRD "subsidy" =			\$0.00

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

1. PMPM for additional/ unspecified MS benefits (see instructions for additional information)	
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V. Projected Medicaid Data for DE#

Entries must be reported as "Per DE# Member Per Month."	
1. Medicaid Projected Revenue	
2. Medicaid Projected Cost* (not in bid)	
*Cost includes benefit expenses and non-benefit expenses.	

WORKSHEET 5 - MA BENCHMARK PMPM

Note: See bid instructions for ESRD and hospice exclusions.

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		
4. Contract Year: 2012	8. MA-PD:	12. SNP:	14. SNP Type:	N/A
			15. EGWP:	N

II. Benchmark and Bid Development

	Total	Non-DE#	DE#
1. Projected Member Months	0		0
2. Standardized A/B Benchmark (@ 1.000)	\$0.00		
3. Medicare Secondary Payer Adjustment			
4. Weighted Avg Risk Factor	0		0
5. Conversion Factor	0		
6. Plan A/B Benchmark	\$0.00		
7. Plan A/B Bid	\$0.00		
8. Standardized A/B Bid (@ 1.000)	\$0.00		

Note: DE# refers to Dual Eligible Beneficiaries without full Medicare cost sharing liability

IV. Standardized A/B Benchmark - Regional Plans Only

	Weighting	
1. Statutory Component - Region N/A	74.6%	
2. Plan Bid Component (from CMS)*	25.4%	N/A
3. Standardized A/B Benchmark	100.0%	

* See instructions - if Line 2 is not filled in, then Line 8 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. Quality Rating

1. Quality Bonus Rating (per CMS)	
2. New plan/low enrollment plan (per CMS)	
3. Rebate %	66.7%

VI: County Level Detail and Service Area Summary

1. Use of plan-provided ISAR factors? (Regional Plans only - enter Yes or No)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
State/County Code	State	County Name	Proj Member Months	Proj Risk Factors	Plan Provided ISAR factors	MA Risk Ratebook Unadjusted	MA Risk Ratebook Risk-Adjusted	ISAR scale	ISAR-Adjusted Bid	Risk Payment Rate A only	B only	
2. Total or Weighted Average for Service Area:			0	0	0.00	\$0.00	\$0.00	0	\$0.00	53.070%	46.930%	
3. County Level Detail:												

VII: Other Medicare Information

(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)
Original Medicare cost sharing (c.s.)			FFS costs to weight Medicare c.s.			Metropolitan Statistical Area	
Inpatient	SNF	Pt B (excl HH)	Inpatient	SNF	Pt B (excl HH)	MM	MSA name
0.0%	0.0%	0.0%	n/a	n/a	n/a	0	n/a
							0% predominant MSA

WORKSHEET 6 - MA BID SUMMARY

Note: See bid instructions for ESRD and hospice exclusions.

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: 2012	8. MA-PD:	12. SNP:	14. SNP Type: N/A 15. EGWP: N

II. Other Information

A. Part B Information	B. Rebate Allocation for Part B Premium	C. Rebate Allocations
1. Maximum Pt B premium buydown amt., per CMS \$96.40	1. PMPM rebate allocation for Part B premium (maximum value=\$96.40) [Redacted] 2. Part B Rebate Allocation, rounded to one decimal (see instructions) \$0.00	1. Reduce A/B Cost Sharing (max. value=\$0.00) [Redacted] 2. Other A/B Mand Suppl Benefits (max. value=\$0.00) [Redacted]

III. Plan A/B Bid Summary

A. Overview	B. MA Rebate Allocation	C. Development of Estimated Plan Premium																																																																																																																			
<table border="1"> <thead> <tr> <th></th> <th>Medicare-covered</th> <th>A/B Mandatory Supplemental</th> </tr> </thead> <tbody> <tr> <td>1. Net medical cost</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>2. Non-benefit expense</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>3. Gain / loss margin</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>4. Total revenue requirement</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>5. Standardized A/B Benchmark</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>6. Plan A/B Benchmark</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>7. Risk Factor</td> <td>0.0000</td> <td></td> </tr> <tr> <td>8. Conversion Factor</td> <td>0.0000</td> <td></td> </tr> </tbody> </table>		Medicare-covered	A/B Mandatory Supplemental	1. Net medical cost	\$0.00	\$0.00	2. Non-benefit expense	\$0.00	\$0.00	3. Gain / loss margin	0.00	0.00	4. Total revenue requirement	\$0.00	\$0.00	5. Standardized A/B Benchmark	\$0.00		6. Plan A/B Benchmark	\$0.00		7. Risk Factor	0.0000		8. Conversion Factor	0.0000		<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Rebate PMPM Allocation</th> <th rowspan="2">Maximum Value</th> </tr> <tr> <th>Medical</th> <th>Admin</th> <th>Gain / (Loss)</th> </tr> </thead> <tbody> <tr> <td>1. MA Rebate</td> <td>n/a</td> <td>n/a</td> <td>n/a</td> <td>\$0.00</td> </tr> <tr> <td>2. Reduce A/B Cost Sharing</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td>3. Other A/B Mand Suppl Benefits</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td>4. Pt B Premium Buydown</td> <td>0.00</td> <td>n/a</td> <td>n/a</td> <td>96.40</td> </tr> <tr> <td>5. Pt D Premium Buydown Basic</td> <td>0.00</td> <td>n/a</td> <td>n/a</td> <td>0.00</td> </tr> <tr> <td>6. Pt D Premium Buydown Suppl</td> <td>0.00</td> <td>n/a</td> <td>n/a</td> <td>0.00</td> </tr> <tr> <td>7. Total</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Unalloc. rebate</td> <td>\$0.00</td> </tr> </tbody> </table>		Rebate PMPM Allocation			Maximum Value	Medical	Admin	Gain / (Loss)	1. MA Rebate	n/a	n/a	n/a	\$0.00	2. Reduce A/B Cost Sharing	\$0.00	\$0.00	\$0.00	\$0.00	3. Other A/B Mand Suppl Benefits	0.00	0.00	0.00	0.00	4. Pt B Premium Buydown	0.00	n/a	n/a	96.40	5. Pt D Premium Buydown Basic	0.00	n/a	n/a	0.00	6. Pt D Premium Buydown Suppl	0.00	n/a	n/a	0.00	7. Total	\$0.00	\$0.00	\$0.00	\$0.00				Unalloc. 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>[Redacted]</td> </tr> <tr> <td> 7b. A/B rebates allocated to Part D Basic Premium</td> <td>[Redacted]</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>[Redacted]</td> </tr> <tr> <td> 8b. A/B rebates allocated to Part D Suppl Premium</td> <td>[Redacted]</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 target PD basic premium</td> <td>[Redacted]</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)	[Redacted]	7b. A/B rebates allocated to Part D Basic Premium	[Redacted]	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)	[Redacted]	8b. A/B rebates allocated to Part D Suppl Premium	[Redacted]	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 target PD basic premium	[Redacted]
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IV. Contact Information

MA Plan Bid Contact:	
Name, Position	[Redacted]
Phone Number	[Redacted]
Email Address	[Redacted]
MA Certifying Actuary:	
Name, Credentials	[Redacted]
Phone Number	[Redacted]
Email Address	[Redacted]
MA Additional BPT Contact:	
Name, Position	[Redacted]
Phone Number	[Redacted]
Email Address	[Redacted]
Date Prepared	[Redacted]

V. Working Model Text Box

<p>This section can be used at the discretion of the Plan sponsor. The contents are NOT uploaded in the bid submission, and will be deleted during finalization. See instructions for details.</p>
[Redacted]

* The premiums shown in lines 7 and 9 are estimates. Actual plan premiums will be calculated by CMS when the Part D National Average is determined by CMS. The premiums shown in lines 7 and 9 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.

WORKSHEET 1 - MSA BASE PERIOD EXPERIENCE AND PROJECTION ASSUMPTIONS

Note: See bid instructions for ESRD and hospice exclusions.

MSA-2012.1
OMB Approved # 0938-0944

I. General Information

1. Contract Number:		5. Organization Name:		9. Enrollee Type:	A/B
2. Plan ID:		6. Plan Name:			
3. Segment ID:		7. Plan Type:			
4. Contract Year:	2012	8. Deductible Amount:			

II. Base Period Background Information

1. Time Period Definition		2. Member Months		5. Plans In Base		Contract-Plan ID		% of MMs	
Incurred from:		3. Risk Score				a.			
Incurred 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 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	
												(c)
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. COB/Subrg. (outside claim system)												
m. Total Medicare Covered Medical Expenses				\$0.00								

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

--

WORKSHEET 2 - MSA TOTAL PROJECTED ALLOWED COSTS PMPM

Note: See bid instructions for ESRD and hospice exclusions.

I. General Information

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	A/B
2. Plan ID:	6. Plan Name:		
3. Segment ID:	7. Plan Type:		
4. Contract Year: 2012	8. Deductible Amount:		

II. Projected Allowed Costs

Contract Year Allowed Costs at Plan's Risk Factor:												
Service Category	Util Type	Projected Experience Rate			Manual Rate			Exper. Cred. %	Contract Year Rate			% of svcs provided OON
		Annual Util/1000	Avg Cost	Allowed PMPM	Annual Util/1000	Avg Cost	Allowed PMPM		Annual Util/1000	Avg Cost	Allowed PMPM	
		(c)	(e)	(f)	(g)	(h)	(i)		(j)	(k)	(l)	
a. Inpatient Facility		0	\$0.00	\$0.00		\$0.00			0	\$0.00	\$0.00	
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. COB/Subrg. (outside claim system)				0.00							0.00	
m. Total Medicare Covered Medical Expenses				\$0.00				\$0.00	0%		\$0.00	
									0% CMS Guideline Credibility			
n. Briefly describe the source for the manual rate, including what trend assumptions were used, if applicable (1000 character limit)												

WORKSHEET 3 - MSA BENCHMARK PMPM

Note: See bid instructions for ESRD and hospice exclusions.

I. General Information

1. Contract Number:	5. Organization Name:	9. Enrollee Type: A/B
2. Plan ID:	6. Plan Name:	
3. Segment ID:	7. Plan Type:	
4. Contract Year: 2012	8. Deductible Amount:	

II. Contact Information

MSA Plan Contact Person:	
Name, Position	
Phone Number	
Email Address	
MSA Certifying Actuary:	
Name, Credentials	
Phone Number	
Email Address	
MSA Additional BPT Contact:	
Name, Position	
Phone Number	
Email Address	
Date Prepared (MM/DD/YYYY)	

IV. Quality Bonus Rating

1. Quality Bonus Rating	
-------------------------	--

III: County Level Detail and Service Area Summary

(b)	(c)	(d)	(e)	(f)	(g)	(h)	
State/County Code	State	County Name	Projected Member Months	Projected Risk Factors	MA Risk Ratebook Unadjusted	MA Risk Ratebook Risk-Adjusted	
1. Total or Weighted Average for Service Area:			0	0	\$0.00	\$0.00	Plan Benchmark
2. County Level Detail:							

WORKSHEET 4 - ENROLLEE DEPOSIT AND PLAN PAYMENT PMPM

Note: See bid instructions for ESRD and hospice exclusions.

I. General Information

1. Contract Number:	5. Organization Name:	9. Enrollee Type: A/B
2. Plan ID:	6. Plan Name:	
3. Segment ID:	7. Plan Type:	
4. Contract Year: 2012	8. Deductible Amount:	

II. Development of Claim Information Intervals (Plan's Risk Factor and Exclude Services Covered Within the Deductible)

	(c)	(d)	(e)	(f)	(g)
	Annual Projected Claim Interval	Annual Average Claim Amount	Percentage of Member Months (Only Use Highest Claim Interval)	Gross Claims (PMPM)	Gross Claims Over Deductible (PMPM)
1.	\$0-\$250			\$0.00	
2.	\$251-\$2,000			0.00	
3.	\$2001-\$4,000			0.00	
4.	\$4001-\$6,000			0.00	
5.	\$6001-\$8,000			0.00	
6.	\$8001-\$10,000			0.00	
7.	\$10,001-\$12,000			0.00	
8.	\$12,001-\$15,000			0.00	
9.	\$15,001-\$20,000			0.00	
10.	\$20,001-\$30,000			0.00	
11.	\$30,001-\$50,000			0.00	
12.	\$50,001-\$70,000			0.00	
13.	over \$70,000			0.00	
	Total		0.00%	\$0.00	\$0.00

Services Covered Within the Deductible
Cost Sharing Offset Over Deductible

III. Development of Summary Information (Plan's Risk Factor)

	Total	Part A	Part B
a. Plan Medical Expenses	\$0.00		
b. Non-Benefit Expense:			
1. Marketing & Sales			
2. Direct Administration			
3. Indirect Administration			
4. Net cost of private reinsurance			
5. Total Non-Benefit Expense	\$0.00		
c. Gain/(Loss) Margin			
d. Total Plan Revenue Requirement	\$0.00		
e. Projected Plan Benchmark	\$0.00		
f. Projected Monthly Enrollee Deposit	\$0.00	\$0.00	\$0.00
g. Percent of Plan Revenue			
1. Medical Expenses	0.0%		
2. Non-Benefit Expense	0.0%		
3. Gain/(Loss) Margin	0.0%		
h. Standardized Plan Benchmark	\$0.00	\$0.00	\$0.00

WORKSHEET 5 - OPTIONAL SUPPLEMENTAL BENEFITS

Note: See bid instructions for ESRD and hospice exclusions.

I. General Information

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	A/B
2. Plan ID:	6. Plan Name:		
3. Segment ID:	7. Plan Type:		
4. Contract Year: 2012	8. Deductible Amount:		

II. Optional Supplemental Packages

(b) Package ID	(c) Service category	(d) Benefit category or pricing component	(e) (f) (g) (h) Allowed medical expense				(i) (j) (k) (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						
Description																
3						\$0.00				\$0.00	\$0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
3	Package Total					\$0.00				\$0.00	\$0.00			\$0.00		
Description																
4						\$0.00				\$0.00	\$0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
4	Package Total					\$0.00				\$0.00	\$0.00			\$0.00		

