

WORKSHEET 1 - MA BASE PERIOD EXPERIENCE AND PROJECTION ASSUMPTIONS

Note: See bid instructions for ESRD and hospice exclusions.

MA-2013.1

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:	2013	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:	01/01/2011	2. Member Months	Total	0	Non-DE#		DE#	0	5. Plans In Base	Contract-Plan ID	Member Months	Contract-Plan ID	Member Months
	Incurring to:	12/31/2011	3. Risk Score					0.0000						
	Paid through:		4. Completion Factor											
6. Describe the source of the base period experience data														

III. Base Period Data (at Plan's Risk Factor) for 1/1/2011-12/31/2011

IV. Projection Assumptions

Service Category	Utilizers	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	
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

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VI. Base Period Summary for 1/1/2011-12/31/2011 (excludes Optional Supplemental)

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

CMS - 10142 (3/31/2012)

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: 2013	8. MA-PD:	12. SNP:	14. SNP Type: N/A	15. EGWP: N

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			
t. Subtotal Medicare-covered service categories				\$0.00				\$0.00	0%	CMS Guideline Credibility		\$0.00	\$0.00	\$0.00		
u. Briefly describe the source for the manual rate, including what trend assumptions were used, if applicable																

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: 2013	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/Equiv Apply:		
4. Contract Year: 2013	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. Sales & Marketing										\$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. Quality Initiatives										0.00			0.00	
6. Taxes and Fees										0.00			0.00	
7. 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	
y1. Net Medical Expense % of Revenue				0.0%					y4. Adjusted MLR*	0.0%			0.0%	
y2. Non-Benefit % of Revenue				0.0%					* Adjusted MLR based on bid projection, Numerator includes	0.0%			0.0%	
y3. Gain/(Loss) Margin % of Revenue				0.0%					Quality Initiatives and denominator excludes Taxes and Fees.	0.0%			0.0%	

III. Development of Projected Contract Year ESRD "Subsidy"

CY member months entered by county	0	
CY ESRD member months	0	
CY Out-of-Area (OOA) member months	0	
<u>Basic benefits (user entries must be reported as "per ESRD member per month")</u>		
CY Revenue		
- CMS capitation		
CY Medical Expenses for Basic Services		
CY Non-Benefit Expenses for Basic Services		
CY Margin Requirement for Basic Services	\$0.00	
CY Gain/(Loss) Margin for Basic Services	\$0.00	
Cost for CY basic benefits allocated to plan members	\$0.00	
<u>Supplemental Benefits</u>		
Non-ESRD CY cost sharing reductions		\$0.00
Non-ESRD CY additional benefits		\$0.00
ESRD CY cost sharing reductions		
ESRD CY additional benefits		
Incremental CY cost of cost sharing reductions		\$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: 2013	8. MA-PD:	12. SNP:	14. SNP Type:	N/A
			15. EGWP:	N

II. Benchmark and Bid Development

	Total	Non-DE#	DE#
1. Member Months (Section VI)	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	74.0%	
2. Plan Bid Component (from CMS)*	26.0%	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.

VIII. Projected CY Member Months

1. Member months entered by county (Sect. VI)	0
2. ESRD member months	
3. Hospice member months	
4. Out-of-Area (OOA) member months	
5. Total member months	0

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 org/low enrollment indicator (per CMS)	
3. Rebate %	58.3%

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	52.532%	47.468%
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	N/A
3. Segment ID:	7. Plan Type:	11. Act. Swap/Equiv Apply:	
4. Contract Year: 2013	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 \$99.90	1. PMPM rebate allocation for Part B premium (maximum value=\$99.90) [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>Non-Benefit</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>99.90</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	Non-Benefit	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	99.90	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 7 - OPTIONAL SUPPLEMENTAL BENEFITS

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: 2013	8. MA-PD:	12. SNP:	14. SNP Type:	N/A
			15. EGWP N	

II. Optional Supplemental Packages

(b) Package ID	(c) Service category	(d) Benefit category or pricing component	(e)-(h) Allowed medical expense				(i)-(l) Enrollee cost sharing				(m) Net PMPM value	(n) Non-Benefit Expense	(o) Gain/(Loss) Margin	(p) Premium	(q) Projected Member Months	
			Util. type	Annual Util / 1000	Average cost	PMPM	Measurement unit code	Util/1000 or PMPM	Average cost shr	PMPM						
Description																
1						\$0.00				\$0.00	\$0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
1	Package Total					\$0.00				\$0.00	\$0.00				\$0.00	
Description																
2						\$0.00				\$0.00	\$0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2						0.00				0.00	0.00	n/a	n/a	n/a	n/a	n/a
2	Package Total					\$0.00				\$0.00	\$0.00				\$0.00	

WORKSHEET 1 - MSA BASE PERIOD EXPERIENCE AND PROJECTION ASSUMPTIONS

Note: See bid instructions for ESRD and hospice exclusions.

MSA-2013.1
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:	2013	8. Deductible Amount:			

II. Base Period Background Information

1. Time Period Definition	2. Member Months	5. Plans In Base	Contract-Plan ID	% of MMs
Incurring from: 01/01/2011			a.	
Incurring to: 12/31/2011	3. Risk Score		b.	
Paid through:	4. Completion Factor		c.	
			d.	
6. Describe the source of the base period experience data				

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

IV. Projection Assumptions

Service Category	Utilizers	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)	(e)
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

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CMS - 10142 (3/31/2012)

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: 2013	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												

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: 2013	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: 2013	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

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

a. Plan Medical Expenses	\$0.00	Part A	Part B
b. Non-Benefit Expense:			
1. Sales & Marketing			
2. Direct Administration			
3. Indirect Administration			
4. Net cost of private reinsurance			
5. Quality Initiatives			
6. Taxes and Fees			
7. 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
i. Adjusted MLR*	0.00%		

* Adjusted MLR based on bid projection, Numerator includes Quality Initiatives and denominator excludes Taxes and Fees.

j. Describe what's included in Quality Initiatives

