

**WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE**

**I. General Information**

1. Contract Number:		4. Contract Yr:	2016	7. Plan Name:		10. PD Region:	
2. Plan ID:		5. Org. Name:		8. Plan Type:		11. PD Benefit Type:	
3. Segment:		6. SNP:		9. Enrollee Type:		12. SNP Type:	N/A

**II. Base Period Background Information**

1. Time Period Definition	2a. Total Member Months	0	5. 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						
6. Briefly describe the source of the base period experience data:							

**III. Part D Claims Experience**

Allowed Claim Interval	(d) Total Count in Interval		(f) Total Number of Scripts	(g) Total Allowed Dollars	(h) Average Allowed Amount per Member	(i) Average Paid Amount per Member	(j) Average Cost Sharing per Member	(k) Adjustments to Reflect Pt. D Coverage			(m) Net Plan Responsibility per Member
	# of Members	Member Months						Supplemental C.S. Reduc. per Member	Reimb for LIS per Member	Reimb for Fed Reins. per Member	
1. \$0					\$0.00						\$0.00
2. \$1-\$309					\$0.00						\$0.00
3. \$310-\$2,849					\$0.00						\$0.00
4. \$2,850-Catastrophic *					\$0.00						\$0.00
5. Above Catastrophic *					\$0.00						\$0.00
6. Subtotal	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. % OON											
8. 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

\* See Instructions for Completing the Prescription Drug Plan BPT for CY2016.

**IV. PMPM Non-Benefit Expenses**

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

**V. PMPM Premium Revenue**

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

**VI. PMPM Income Statement Summary**

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

\* MA rebate dollars to buy-down Part D premium (not true revenue)

Total Non-LI Brand Discount Amount

I. General Information

1. Contract Num	4. Contract Yr: 2016	7. Plan Name:	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. PD Benefit Type:
3. Segment:	6. SNP:	9. Enrollee Type	12. SNP Type N/A

II. Utilization for Covered Part D Drugs

Type of Script	Base Period			Components of Utilization Change					Total 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			
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		
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. Insurer Fees	\$0.00		\$0.00			\$0.00
6. 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.

VII. Percentage of Revenue

	at 0.000
1. Claims (Allowable Cost Target):	\$0.00
2. Non-Benefit Expenses	\$0.00
3. Gain/(Loss):	\$0.00
4. Total Basic Bid	\$0.00
5. Percentage of Revenue	
a. Claims (Allowable Cost Target):	0.0%
b. Non-Benefit Expenses	0.0%
c. Gain/(Loss):	0.0%

**WORKSHEET 3 - Rx CONTRACT PERIOD PROJECTION FOR DEFINED STANDARD COVERAGE**

**I. General Information**

1. Contract Number:	4. Contract Yr: 2016	7. Plan Name:	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. PD Benefit Type:
3. Segment:	6. SNP:	9. Enrollee Type:	12. SNP Type N/A

**II. Projection Data**

1. Projected Member Months: 0	2. Projected Avg Risk Score: [ ]	3. Projected LIS Member Months: [ ]
		4. Projected non-LIS Member Months: 0

**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-\$319					\$0.00	\$0.00					\$0.00	
3. \$320-\$2,959					\$0.00	\$0.00					\$0.00	
4. \$2,960-Catastrophic					\$0.00	\$0.00					\$0.00	
5. Above Catastrophic					\$0.00	\$0.00					\$0.00	
<b>6. Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
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:	[ ]										
<b>12. Total</b>				<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**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)	[ ]

a. Overall Gain/(Loss) Margin Level	<b>CONTRACT</b>
b. Corporate Margin Requirement % of Rev.	[ ]
c. Corporate Margin Basis	[ ]

**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
<b>4. Total Basic Bid</b>	<b>\$0.00</b>	<b>\$0.00</b>
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: 2016	7. Plan Na	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Tyj	11. PD Benefit Type
3. Segment:	6. SNP:	9. Enrollee	12. SNP Type N/A

**II. Projection Data**

1. Projected Member months	0	2. Projected Avg Risk Score	0.000
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**III. Development of Bid for Standard Coverage**

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

**IV: Development of Bid Components and Tests for Actuarial Equivalence**

	(e)	(g)	(i)	(l)
1. Total Members				0
2. Member Months				0
	<b>Amounts below Initial Coverage Limit &lt;\$2,960</b>	<b>Amounts in Gap</b>	<b>Amounts above Catastrophic Threshold</b>	<b>All Amounts</b>
Allowed PMPM				
3. Standard	\$0.00	\$0.00	\$0.00	\$0.00
4. Standard with Act. Equiv. Cost Sharing	\$0.00	\$0.00	\$0.00	\$0.00
5. Value of Deductible	\$0.00	\$0.00	\$0.00	\$0.00
Allowed Subject to Coins.				
6. Standard	\$0.00	\$0.00	\$0.00	\$0.00
7. Standard with Act. Equiv. Sharing	\$0.00	\$0.00	\$0.00	\$0.00
Coins. %				
8. Standard	<b>25.0% A</b>	0.0%	<b>0.0% C</b>	0.0%
9. Standard with Act. Equiv. Sharing	<b>0.0% B</b>	0.0%	<b>0.0% D</b>	0.0%
Coins PMPM				
10. Standard	\$0.00	\$0.00	\$0.00	\$0.00
11. Standard with Act. Equiv. Sharing	\$0.00	\$0.00	\$0.00	\$0.00
Net Cost of Benefit				
12. Standard	\$0.00	\$0.00	\$0.00	\$0.00
13. Standard with Act. Equiv. Sharing	\$0.00	\$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		
18.	Coverage in the Gap	No		

I. General Information

1. Contract Number	4. Contract Yr: 2016	7. Plan Name:	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. PD Benefit Type:
3. Segment:	6. SNP:	9. Enrollee Type:	12. SNP Type: N/A

II. Projection Data

1. Projected Member months	0	2. Projected Avg Risk Score	0.000
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III. Development of Bid for Standard Coverage

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

V. Development of Actuarial Equivalence Test

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

IV. Development of Bid Components

	Part D Covered Drugs							Non-Part D Covd
	Members with <\$2,960		Members >=\$2,960	Amounts <=ICL for all members	Amts above Catastrophic	All Members		
	(d)	(f)	(g)	(i)	(k)	(m)	(o)	
1. Population not Meeting Deductible	0	0	0	0	0	0	0	0
2. Population Meeting Deductible	0	0	0	0	0	0	0	0
3. Member Months	0	0	0	0	0	0	0	0
	Type of Deductible		Type of Gap Coverage		Total PMPM		Non-Part D Covd	
	Alt Coverage Deductible Amount		Alternative Coverage ICL		Total PMPM			
<b>Allowed PMPM</b>	Amounts below Initial Coverage Limit		Amts in Gap		Amts above Catastrophic		Non-Part D Covd	
4. Standard	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
5. Alternative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Deductible</b>	Type of Deductible		Type of Gap Coverage		Total PMPM		Non-Part D Covd	
6. Proposed Deductible	Alt Coverage Deductible Amount		Alternative Coverage ICL		Total PMPM			
7. Value of \$320 Deductible	\$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	
<b>Allowed Subject to Coins.</b>	Type of Deductible		Type of Gap Coverage		Total PMPM		Non-Part D Covd	
9. Standard	Alt Coverage Deductible Amount		Alternative Coverage ICL		Total PMPM			
10. Alternative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Coins. %</b>	Type of Deductible		Type of Gap Coverage		Total PMPM		Non-Part D Covd	
11. Standard	Alt Coverage Deductible Amount		Alternative Coverage ICL		Total PMPM			
12. Alternative	25.0%	25.0%	0.0%	100.0% J	0.0% H	\$0.00	0.0%	
<b>Coins PMPM</b>	Type of Deductible		Type of Gap Coverage		Total PMPM		Non-Part D Covd	
13. Standard	Alt Coverage Deductible Amount		Alternative Coverage ICL		Total PMPM			
14. Alternative	0.0%	0.0%	0.0%	0.0% K	0.0% I	\$0.00	0.0%	
<b>Federal Reinsurance</b>	Type of Deductible		Type of Gap Coverage		Total PMPM		Non-Part D Covd	
15. Standard	Alt Coverage Deductible Amount		Alternative Coverage ICL		Total PMPM			
16. Alternative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Minus Rebates</b>	Type of Deductible		Type of Gap Coverage		Total PMPM		Non-Part D Covd	
17. Standard	Alt Coverage Deductible Amount		Alternative Coverage ICL		Total PMPM			
18. Alternative					\$0.00	\$0.00	\$0.00	
<b>Minus Other Insurance</b>	Type of Deductible		Type of Gap Coverage		Total PMPM		Non-Part D Covd	
19. Standard	Alt Coverage Deductible Amount		Alternative Coverage ICL		Total PMPM			
20. Alternative					\$0.00	\$0.00	\$0.00	
<b>Plus Part D as Secondary</b>	Type of Deductible		Type of Gap Coverage		Total PMPM		Non-Part D Covd	
21. Standard	Alt Coverage Deductible Amount		Alternative Coverage ICL		Total PMPM			
22. Alternative					\$0.00	\$0.00	\$0.00	
<b>Net Cost of Benefit</b>	Type of Deductible		Type of Gap Coverage		Total PMPM		Non-Part D Covd	
23. Standard	Alt Coverage Deductible Amount		Alternative Coverage ICL		Total PMPM			
24. Alternative	\$0.00	\$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 <=\$320 (E <=\$320)	Yes
5. Average Catastrophic cost sharing <= Std (I <= H)	Yes
6. Coverage in the Gap (K <= J)	Yes

VIII. Development of Induced Utilization Adjustment

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

VII. Development of Supplemental Premium:

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

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

**I. General Information**

1. Contract Number:	4. Contract Yr: 2016	7. Plan Name:	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. PD Benefit Type:
3. Segment:	6. SNP:	9. Enrollee Type:	12. SNP Type N/A

**II. Projections for Equivalence Tests**

	(f) Defined Standard Coverage			(i) Actuarially Equivalent or Alternative Benefits		
	(g) Number of Scripts	(g) Allowed \$	(h) Std Cost Sharing \$	(j) Number of Scripts	(j) Allowed \$	(k) Cost Sharing \$
<b>Population Not Exceeding \$2,960 with Std Coverage</b>						
<b>All Spending</b>						
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						
<b>09. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Population Exceeding \$2,960 with Std Coverage</b>						
<b>All Spending</b>						
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						
<b>18. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Amounts Allocated Up to ICL (1)</b>						
<b>All Spending</b>						
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						
<b>27. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Amounts Allocated over Catastrophic Coverage</b>						
<b>All Spending</b>						
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						
<b>36. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>37. Non-Part D Covered Drugs - All Spending</b>						

(1) - The cost sharing for the section labeled "Amounts Up to ICL" should include non-uniform deductibles and/or reduced ICL levels.

NETWORK PRICING	GENERIC		BRAND		SPECIALTY	
	% discount off AWP	Dispensing Fee	% discount off AWP	Dispensing Fee	% discount off AWP	Dispensing Fee
RETAIL						
MAIL						

**WORKSHEET 6A - COVERAGE IN THE GAP**

**I. General Information**

1. Contract Number:	4. Contract Yr: 2016	7. Plan Name:	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. PD Benefit Type:
3. Segment:	6. SNP:	9. Enrollee Type:	12. SNP Type: N/A

**II. Spending in the Coverage Gap**

	(f)	(g)	(h)	(i)	(j)	(k)
<b>Population Exceeding \$2,960 with Std Coverage</b>	<b>Defined Standard Coverage</b>			<b>Actuarially Equivalent or Alternative Benefits</b>		
<b>Amounts Allocated between \$2,960 and Catastrophic</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
1. Retail Generic	0	\$0.00	\$0.00	0	\$0.00	\$0.00
2. Retail Preferred Brand	0	\$0.00	\$0.00	0	\$0.00	\$0.00
3. Retail Non-Preferred Brand	0	\$0.00	\$0.00	0	\$0.00	\$0.00
4. Retail Specialty Generic	0	\$0.00	\$0.00	0	\$0.00	\$0.00
5. Retail Specialty Brand	0	\$0.00	\$0.00	0	\$0.00	\$0.00
6. Mail Order Generic	0	\$0.00	\$0.00	0	\$0.00	\$0.00
7. Mail Order Preferred Brand	0	\$0.00	\$0.00	0	\$0.00	\$0.00
8. Mail Order Non-Preferred Brand	0	\$0.00	\$0.00	0	\$0.00	\$0.00
9. Mail Order Specialty Generic	0	\$0.00	\$0.00	0	\$0.00	\$0.00
10. Mail Order Specialty Brand	0	\$0.00	\$0.00	0	\$0.00	\$0.00
<b>11. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Low Income Population Amounts Allocated between \$2,960 and Catastrophic</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
12. Retail Generic						
13. Retail Preferred Brand						
14. Retail Non-Preferred Brand						
15. Retail Specialty Generic						
16. Retail Specialty Brand						
17. Mail Order Generic						
18. Mail Order Preferred Brand						
19. Mail Order Non-Preferred Brand						
20. Mail Order Specialty Generic						
21. Mail Order Specialty Brand						
<b>22. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Non-Low Income Population Amounts Allocated between \$2,960 and Catastrophic</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
23. Retail Generic						
24. Retail Preferred Brand						
25. Retail Non-Preferred Brand						
26. Retail Specialty Generic						
27. Retail Specialty Brand						
28. Mail Order Generic						
29. Mail Order Preferred Brand						
30. Mail Order Non-Preferred Brand						
31. Mail Order Specialty Generic						
32. Mail Order Specialty Brand						
<b>33. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Non-LI Generics in Gap PMPM \$0.00**  
**Non-LI Brand Discount Amt PMPM \$0.00**

**I. General Information**

1. Contract Number:	4. Contract Yr: 2016	7. Plan Name:	10. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. PD Benefit Type:
3. Segment:	6. SNP:	9. Enrollee Type:	12. SNP Type N/A

**II. 2016 Defined Standard Benefit Parameters**

1. Deductible	\$320
2. Initial Coverage Limit	\$2,960
3. Out-of-pocket Limit	\$4,700

**III. Summary of Key Bid Elements**

1. Standardized Part D Bid	\$0.00
2. National Average Monthly Bid Amount	
3. Base Beneficiary Premium	
<b>Basic Part D Premium (prior to A/B rebate allocation)</b>	
4. Unrounded	\$0.00
5. Rounded	\$0.00
<b>Supplemental Part D Premium (prior to A/B rebate allocation)</b>	
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
11. Prospective brand discount amount	\$0.00
<b>Rounding Rule</b>	
12. 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**

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