WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE

PD-2021.1

OMB Approved # 0938-0944 (Expires: 1/31/2022)

I. General Information

1. Contract Number:		4. Contract Yr:	2021	7. Plan Name:		10. VBID-D:	N	13. PD Region:		16. PMM:	N
2. Plan ID:		5. Org. Name:		8. Plan Type:		11. MTM:	N	14. PD Benefit Type:			
3. Segment ID:		6. SNP:		9. Enrollee Type:		12. ESRD-SNP:	N	15. SNP Type:	N/A		

II. Base Period Background Information

1. Time Period Definition		2a. Total Member Months	0	5. Mapping	Contr-Plan-Seg ID	Member Months	Contr-Plan-Seg ID	Member Months
Incurred from:		2b. LIS Member Months						
Incurred to:		3. Risk Score						
Paid through:		4. Completion Factor						

III. Part D Claims Experience

		(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
		Total Count in Interval		Cumulative								
	Allowed Claim Interval	# 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	Adjustments to Reflect Pt. D Coverage: Supplemental C.S. Reduc. per Member	Adjustments to Reflect Pt. D Coverage: Reimb for LIS per Member	Adjustments to Reflect Pt. D Coverage: Reimb for Fed Reins. per Member	Net Plan Responsibility per Member
1.	$0					$0.00						$0.00
2.	$1-$414					$0.00						$0.00
3.	$415-$3,819					$0.00						$0.00
4.	$3,820-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					
13.	Rebates on Supplemental Drugs						$0.00					
14.	**Net PMPM on Supplemental Drugs**						**$0.00**					**$0.00**

* See Instructions for Completing the Prescription Drug Plan BPT for CY2021.

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
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	

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WORKSHEET 2 - Rx PDP PROJECTION OF ALLOWED/ NON-BENEFIT

I. General Information

1. Contract Numl	4. Contract Yr:	2021	7. Plan Name:		10. VBID-D:	N	13. PD Region:		16. PMM: N
2. Plan ID:	5. Org. Name:		8. Plan Type:		11. MTM:	N	14. PD Benefit Type:		
3. Segment ID:	6. SNP:		9. Enrollee Type:		12. ESRD-SNP:	N	15. SNP Type:	N/A	

II. Utilization for Covered Part D Drugs

	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
	Base Period			Components of Utilization Change							
Type of Script	# of Scripts/ 1000	Allowed per Script	PMPM Allowed	Trend in Scripts/1000	Formulary Change	Risk Change	Induced Utilization*	Other Change	Total Utilization Change	Projected Scripts/ 1000	Covariance
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

IV. Projected Allowed PMPM

	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
	Components of Unit Cost Change					Projected	Projected	Manual	Manual	Manual		Blended
	Inflation Trend	Discount Change	Formulary Change	Other Change	Tot. Unit Cost Chg	Unit Cost	Allowed PMPM	Util/ 1000	Unit Cost	Rate PMPM	Credibility	Allowed PMPM
1. Retail Generic					0.000	$0.00	$0.00			$0.00		$0.00
2. Retail Preferred Brand					0.000	$0.00	$0.00			$0.00		$0.00
3. Retail Non-Preferred Brand					0.000	$0.00	$0.00			$0.00		$0.00
4. Retail Specialty					0.000	$0.00	$0.00			$0.00		$0.00
5. Mail Order Generic					0.000	$0.00	$0.00			$0.00		$0.00
6. Mail Order Preferred Brand					0.000	$0.00	$0.00			$0.00		$0.00
7. Mail Order Non-Preferred Brand					0.000	$0.00	$0.00			$0.00		$0.00
8. Mail Order Specialty					0.000	$0.00	$0.00			$0.00		$0.00
9. Total Retail	0.000	0.000	0.000	0.000	0.000	$0.00	$0.00	0	$0.00	$0.00	0%	$0.00
10. Total Mail Order	0.000	0.000	0.000	0.000	0.000	$0.00	$0.00	0	$0.00	$0.00	0%	$0.00
11. Total Generic	0.000	0.000	0.000	0.000	0.000	$0.00	$0.00	0	$0.00	$0.00	0%	$0.00
12. Total Brand (Preferred and Non-Preferred)	0.000	0.000	0.000	0.000	0.000	$0.00	$0.00	0	$0.00	$0.00	0%	$0.00
13. Total Specialty	0.000	0.000	0.000	0.000	0.000	$0.00	$0.00	0	$0.00	$0.00	0%	$0.00
14. Total	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**	**0%**	**$0.00**
										CMS Guideline Credibility	0%	

V. PMPM Non-Benefit Expenses

	(e)
	Projected Expenses
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**

VI. Percentage of Revenue

	(j)
	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:	2021	7. Plan Name:	10. VBID-D:	N	13. PD Region:	16. PMM: N
2. Plan ID:	5. Org. Name:		8. Plan Type:	11. MTM:	N	14. PD Benefit Type:	
3. Segment ID:	6. SNP:		9. Enrollee Type:	12. ESRD-SNP:	N	15. 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

	Allowed Claim Interval	(d) # of Members	(e) Member Months	(f) # of Scripts	(g) Projected Allowed	(h) Avg Amt Allowed PMPM	(i) Cost Sharing	(j) Gap PMPM	(k) PMPM Deductible	(l) Other Cost Sharing PMPM	(m) Federal Reins. PMPM	(n) Plan Liability PMPM	(o) Federal LICS PMPM
1.	$0					$0.00						$0.00	
2.	$1-$434					$0.00	$0.00					$0.00	
3.	$435-$4,019					$0.00	$0.00					$0.00	
4.	$4,020-Catastrophic					$0.00	$0.00					$0.00	
5.	Above Catastrophic					$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.	Plus Part D as Secondary					$0.00						$0.00	
9.	Projected % OON Included above:	Allowed:											
10.		Plan Liability:											
11.	**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)

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)	

7.	Overall Gain/(Loss) Margin Level	
8.	Corporate Margin Requirement % of Rev.	
9..	Corporate Margin Basis	

10.	Is this bid part of a valid product pairing?				
11..	Bids in Product Pairing				

V. Defined Standard Coverage Bid Development

	(i) At 0.000	(j) 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:	2021	7. Plan Name:	10. VBID-I	N	13. PD Region:	16. PMM: N
2. Plan ID:	5. Org. Name:		8. Plan Type:	11. MTM:	N	14. PD Benefit Type:	
3. Segment ID:	6. SNP:		9. Enrollee Type:	12. ESRD-S	N	15. SNP Type:	N/A

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)	(g)	(i)	(l)
1. Total Members				0
2. Member Months				0
	Amounts below Initial Coverage Limit <$4,020	**Amounts in Gap**	**Amounts above Catastrophic Threshold**	**All Amounts**
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	**25.0% A**	**0.0%**	**0.0% C**	0.0%
9. Standard with Act. Equiv. Sharing	**0.0% B**	**0.0%**	**0.0% D**	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			

WORKSHEET 5 - Rx ALTERNATIVE COVERAGE

I. General Information

1. Contract Number:	4. Contract Yr:	2021	7. Plan Name:	10. VBID-D:	N	13. PD Region:	16. PMM: N
2. Plan ID:	5. Org. Name:		8. Plan Type:	11. MTM:	N	14. PD Benefit Type:	
3. Segment ID:	6. SNP:		9. Enrollee Type:	12. ESRD-SNP:	N	15. SNP Type:	N/A

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		
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)
		Part D Covered Drugs						
		Members with <$4,020	Members >=$4,020	Amounts <=ICL for all members		Amts above Catastrophic	All Members	
1. Population not Meeting Deductible		0	0	0		0	0	
2. Population Meeting Deductible		0	0	0		0	0	
3. Member Months		0	0	0		0	0	
		Type of Deductible			Type of Gap Coverage			Non-
		Alt Coverage Deductible Amount		E	Alternative Coverage ICL		Total	Part D
Allowed PMPM		Amounts below Initial Coverage Limit			Amts in Gap	Amts above Catastrophic	PMPM	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
Deductible								
6. Value of $435 Deductible		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7. Value of Proposed Deductible		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Allowed Subject to Coins.								
8. Standard		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
9. Alternative		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Coins. %								
10. Standard		25.0%	25.0%	0.0%	100.0% J	0.0% H		0.0%
11. Alternative		0.0%	0.0%	0.0%	0.0% K	0.0% I		0.0%
Coins PMPM								
12. Standard		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
13. Alternative		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Federal Reinsurance								
14. Standard						$0.00	$0.00	$0.00
15. Alternative						$0.00	$0.00	$0.00
Minus Rebates						For Reinsurance	Inc Reins.	
16. Standard						$0.00	$0.00	$0.00
17. Alternative						$0.00		
Plus Part D as Secondary								
18. Standard						$0.00	$0.00	$0.00
19. Alternative								
Net Cost of Benefit								
20. Standard		$0.00	$0.00 F	$0.00	$0.00	$0.00	$0.00	$0.00
21. Alternative		$0.00	$0.00 G	$0.00	$0.00	$0.00	$0.00	$0.00

VI. Tests for Alternative Coverage:

1. Total Coverage >= Std Coverage (B>=A)	Yes
2. Unsubsidized value>= Unsub Value for Std Covg(1=yes and D>=C)	Yes
3. Average Cost at Initial Covg Limit >= Std (G >=F)	Yes
4. Deductible <=$435 (E <=435)	Yes
5. Average Catastrophic cost sharing <= Std (I <= H)	Yes
6. Coverage in the Gap (K <= J)	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:	2021	7. Plan Name:		10. VBID-D:	N	13. PD Region:	16. PMM:	N
2. Plan ID:	5. Org. Name:		8. Plan Type:		11. MTM:	N	14. PD Benefit Type:		
3. Segment ID:	6. SNP:		9. Enrollee Type:		12. ESRD-SNP:	N	15. SNP Type:	N/A	

II. Projections for Equivalence Tests

	(f)	(g)	(h)	(i)	(j)	(k)
Population Not Exceeding $4,020 with Std Coverage	**Defined Standard Coverage**			**Actuarially Equivalent or Alternative Benefits**		
Lines 1-9 exclude claims subject to deductible	**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						
9. Total	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**
10. Claims Subject to Deductible						
Population Exceeding $4,020 with Std Coverage						
Lines 11-18 exclude claims subject to deductible	**Number of Scripts**	**Allowed $**	**Std Cost Sharing $**	**Number of Scripts**	**Allowed $**	**Cost Sharing $**
11. Retail Generic						
12. Retail Preferred Brand						
13. Retail Non-Preferred Brand						
14. Retail Specialty						
15. Mail Order Generic						
16. Mail Order Preferred Brand						
17. Mail Order Non-Preferred Brand						
18. Mail Order Specialty						
19. Total	**0**	**$0.00**		**0**	**$0.00**	
20. Claims Subject to Deductible						- 0
Amounts Allocated Up to ICL (excluding claims subject to deducti	**Number of Scripts**	**Allowed $**	**Std Cost Sharing $**	**Number of Scripts**	**Allowed $**	**Cost Sharing $**
21. Retail Generic						
22. Retail Preferred Brand						
23. Retail Non-Preferred Brand						
24. Retail Specialty						
25. Mail Order Generic						
26. Mail Order Preferred Brand						
27. Mail Order Non-Preferred Brand						
28. Mail Order Specialty						
29. 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 $**
30. Retail Generic						
31. Retail Preferred Brand						
32. Retail Non-Preferred Brand						
33. Retail Specialty						
34. Mail Order Generic						
35. Mail Order Preferred Brand						
36. Mail Order Non-Preferred Brand						
37. Mail Order Specialty						
38. Total	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**
	Number of Scripts	**Allowed $**	**Std Cost Sharing $**	**Number of Scripts**	**Allowed $**	**Cost Sharing $**
39. Non-Part D Covered Drugs - All Spending	-	-	-			

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:	2021	7. Plan Name:	10. VBID-D:	N	13. PD Region:	16. PMM: N
2. Plan ID:	5. Org. Name:		8. Plan Type:	11. MTM:	N	14. PD Benefit Type:	
3. Segment ID:	6. SNP:		9. Enrollee Type:	12. ESRD-SNP:	N	15. SNP Type:	N/A

II. Spending in the Coverage Gap

	(f)	(g)	(h)	(i)	(j)	(k)
Population Exceeding $4,020 with Std Coverage	**Defined Standard Coverage**			**Actuarially Equivalent or Alternative Benefits**		
Amounts Allocated between $4,020 and Catastrophic	**Number of Scripts**	**Allowed $**	**Std Cost Sharing $**	**Number of Scripts**	**Allowed $**	**Cost Sharing $**
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
11. Total	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**
Low Income Population Amounts Allocated between $4,020 and Catastrophic	**Number of Scripts**	**Allowed $**	**Std Cost Sharing $**	**Number of Scripts**	**Allowed $**	**Cost Sharing $**
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						
22. Total	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**
Non-Low Income Population Amounts Allocated between $4,020 and Catastrophic	**Number of Scripts**	**Allowed $**	**Std Cost Sharing $**	**Number of Scripts**	**Allowed $**	**Cost Sharing $**
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						
33. Total	**0**	**$0.00**	**$0.00**	**0**	**$0.00**	**$0.00**

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

WORKSHEET 7 - SUMMARY OF KEY BID ELEMENTS

I. General Information

1. Contract Number:	4. Contract Yr: 2021	7. Plan Name:	10. VBID-D:	N	13. PD Region:	16. PMM:	N
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. MTM:	N	14. PD Benefit Type:		
3. Segment ID:	6. SNP:	9. Enrollee Type:	12. ESRD-SNP:	N	15. SNP Type:	N/A	

II. 2021 Defined Standard Benefit Parameters

1. Deductible	$435
2. Initial Coverage Limit	$4,020
3. Out-of-pocket Limit	$6,350

III. Summary of Key Bid Elements

1. Standardized Part D Bid	$0.00
2. National Average Monthly Bid Amount	
3. Base Beneficiary Premium	
4. MTM Performance Payment	
Basic Part D Premium (prior to A/B rebate allocation)	
5. Unrounded	$0.00
6. Rounded	$0.00
Supplemental Part D Premium (prior to A/B rebate allocation)	
7. Unrounded	$0.00
8. Rounded	$0.00
9. Prospective federal reinsurance (non-standardized)	$0.00
10. Prospective low-income cost sharing subsidy (non-standardized)	$0.00
11. Target amount adjustment (allowed costs as a ratio of bid)	1.0000
12. Prospective brand discount amount	$0.00
Rounding Rule	
13. Round Part D premiums to nearest	$0.10

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 Actuarial Contact	
Name	
Phone	
Email	
Date Prepared	

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.