

WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE

I. General Information

| | | | | | | | | | | | |
|---------------------|--|-----------------|------|-------------------|--|---------------|---|----------------------|-----|----------|-----|
| 1. Contract Number: | | 4. Contract Yr: | 2023 | 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: | | 17. SSM: | N/A |
| 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

| Allowed Claim Interval | (d) Total Count in Interval | | (e) Cumulative | | | | | | | (f) Adjustments to Reflect Pt. D Coverage | | | (n) Net Plan Responsibility per Member |
|------------------------------------|-----------------------------|---------------|-----------------------------|---------------------------|---------------------------------------|------------------------------------|-------------------------------------|---|------------------------------|---|--------|--------|--|
| | # of Members | Member Months | (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) Supplemental C.S. Reduc. per Member | (l) Reimb for LIS per Member | (m) Reimb for Fed Reins. 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 | \$0.00 | |
| 7. % OON | | | | | | | | | | | | | |
| 8. PMPM Values | | | | \$0.00 | | \$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 | \$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 CY2023.

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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I. General Information

| | | | | | |
|---------------------|----------------------|-------------------|-----------------|----------------------|--------------|
| 1. Contract Number: | 4. Contract Yr: 2023 | 7. Plan Name: | 10. V/DID-D: N | 13. PD Region: | 16. PPM: N |
| 2. Plan ID: | 5. Org. Name: | 8. Plan Type: | 11. MTM: N | 14. PD Benefit Type: | 17. SSM: N/A |
| 3. Segment ID: | 6. SNP: | 9. Enrollee Type: | 12. ESRD-SNP: N | 15. 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) | Projected Expenses |
|------------------------------------|--------------------|
| 1. Sales and Marketing | |
| 2. Direct Administration | |
| 3. Indirect Administration | |
| 4. Net Cost of Private Reinsurance | |
| 5. 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% |

I. General Information

| | | | | | |
|---------------------|----------------------|-------------------|-----------------|----------------------|--------------|
| 1. Contract Number: | 4. Contract Yr: 2023 | 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: | 17. SSM: N/A |
| 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

| | (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-\$444 | | | | | \$0.00 | \$0.00 | | | | | \$0.00 | |
| 3. \$445-\$4,129 | | | | | \$0.00 | \$0.00 | | | | | \$0.00 | |
| 4. \$4,130-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. Related-Party Benefit Expense PMPM | [] |
| 11. Related-Party Non-Benefit Expense PMPM | [] |

V. Defined Standard Coverage Bid Development

| | (i) | (j) |
|------------------------------------|----------|---------|
| | At 0.000 | At 1.00 |
| 1. Claims (Allowable Cost Target): | \$0.00 | \$0.00 |
| 2. Non-Benefit Expenses | \$0.00 | \$0.00 |
| 3. Gain/(Loss): | \$0.00 | \$0.00 |
| 4. Total Basic Bid | \$0.00 | \$0.00 |
| 5. Federal Reinsurance: | \$0.00 | \$0.00 |

WORKSHEET 4 - Rx STANDARD COVERAGE WITH ACTUARIALLY EQUIVALENT COST SHARING

I. General Information

| | | | | | |
|---------------------|----------------------|-------------------|-----------------|----------------------|--------------|
| 1. Contract Number: | 4. Contract Yr: 2023 | 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: | 17. SSM: N/A |
| 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 (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 | | | |

I. General Information

| | | | | | |
|---------------------|----------------------|-------------------|-----------------|----------------------|--------------|
| 1. Contract Number: | 4. Contract Yr: 2023 | 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: | 17. SSM: N/A |
| 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) |
|--------------------------------------|--------------------------------------|-------------------|---------|-------------------------------|--------------------------|-------------------------|-------------|--------|-----------------|
| | Members with <\$4,130 | Members >=\$4,130 | Members | Amounts <=ICL for all members | Part D Covered Drugs | Amts above Catastrophic | All Members | | |
| 1. Population not Meeting Deductible | 0 | 0 | 0 | 0 | | 0 | 0 | | |
| 2. Population Meeting Deductible | 0 | 0 | 0 | 0 | | 0 | 0 | | |
| 3. Member Months | 0 | 0 | 0 | 0 | | 0 | 0 | | |
| | Type of Deductible | | | | Type of Gap Coverage | | | | |
| | Alt Coverage Deductible Amount | | | | Alternative Coverage ICL | | | | Non-Part D Covd |
| Allowed PMPM | Amounts below Initial Coverage Limit | | | | Amts in Gap | Amts above Catastrophic | Total PMPM | | |
| 4. Standard | \$0.00 | \$0.00 | \$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 | \$0.00 | \$0.00 |
| Deductible | | | | | | | | | |
| 6. Value of \$445 Deductible | \$0.00 | \$0.00 | \$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 | \$0.00 | \$0.00 |
| Allowed Subject to Coins. | | | | | | | | | |
| 8. Standard | \$0.00 | \$0.00 | \$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 | \$0.00 | \$0.00 |
| Coins. % | | | | | | | | | |
| 10. Standard | 25.0% | 25.0% | 0.0% | 0.0% | 100.0% J | 0.0% H | | | 0.0% |
| 11. Alternative | 0.0% | 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 | \$0.00 | \$0.00 |
| 13. Alternative | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Federal Reinsurance | | | | | | | | | |
| 14. Standard | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 15. Alternative | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Minus Rebates | | | | | | | | | |
| 16. Standard | | | | | | For Reinsurance | Inc Reins. | | |
| 17. Alternative | | | | | | \$0.00 | \$0.00 | | |
| Plus Part D as Secondary | | | | | | \$0.00 | \$0.00 | | |
| 18. Standard | | | | | | \$0.00 | \$0.00 | | \$0.00 |
| 19. Alternative | | | | | | \$0.00 | \$0.00 | | \$0.00 |
| Net Cost of Benefit | | | | | | | | | |
| 20. Standard | \$0.00 | \$0.00 | F | \$0.00 | \$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 | \$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 <=\$445 (E <=445) | 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 |

I. General Information

| | | | | | |
|---------------------|----------------------|-------------------|-----------------|----------------------|--------------|
| 1. Contract Number: | 4. Contract Yr: 2023 | 7. Plan Name: | 10. VBIID-D: N | 13. PD Region: | 16. PMM: N |
| 2. Plan ID: | 5. Org. Name: | 8. Plan Type: | 11. MTM: N | 14. PD Benefit Type: | 17. SSM: N/A |
| 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 | Defined Standard Coverage | | | Actuarially Equivalent or Alternative Benefits | | |
| 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 | \$0.00 | 0 | \$0.00 | \$0.00 |
| 20. Claims Subject to Deductible | | | | | | |
| Amounts Allocated Up to ICL (excluding claims subject to deductible) | 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 |
| 39. Non-Part D Covered Drugs - All Spending | Number of Scripts | Allowed \$ | Std Cost Sharing \$ | Number of Scripts | Allowed \$ | Cost Sharing \$ |
| | | | | | | |
| NETWORK PRICING | GENERIC | | BRAND | | SPECIALTY | |
| | % discount off AWP | Dispensing Fee | % discount off AWP | Dispensing Fee | % discount off AWP | Dispensing Fee |
| RETAIL | | | | | | |
| MAIL | | | | | | |

I. General Information

| | | | | | |
|---------------------|----------------------|-------------------|-----------------|----------------------|--------------|
| 1. Contract Number: | 4. Contract Yr: 2023 | 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: | 17. SSM: N/A |
| 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) | | |
|---|---------------------------|-------------------|----------------------------|--------------------------|-------------------|------------------------|--------------------------|-------------------|------------------------|--|-------------------|------------------------|--------------------------|-------------------|------------------------|--------------------------|-------------------|------------------------|
| | Defined Standard Coverage | | | | | | | | | Actuarially Equivalent or Alternative Benefits | | | | | | | | |
| | Number of Scripts | | | Allowed \$ | | | Std Cost Sharing \$ | | | Number of Scripts | | | Allowed \$ | | | Cost Sharing \$ | | |
| Population Exceeding \$4,020 with Std Coverage | | | | | | | | | | | | | | | | | | |
| Amounts Allocated between \$4,020 and Catastrophic | | | | | | | | | | | | | | | | | | |
| 1. Retail Generic | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 |
| 2. Retail Preferred Brand | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 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 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 |
| 4. Retail Specialty Generic | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 |
| 5. Retail Specialty Brand | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 |
| 6. Mail Order Generic | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 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 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 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 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 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 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 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 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 |
| 11. Total | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 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 \$ | Number of Scripts | Allowed \$ | Cost Sharing \$ | Number of Scripts | Allowed \$ | Cost Sharing \$ | Number of Scripts | Allowed \$ | 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 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 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 \$ | Number of Scripts | Allowed \$ | Cost Sharing \$ | Number of Scripts | Allowed \$ | Cost Sharing \$ | Number of Scripts | Allowed \$ | 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 | 0 | \$0.00 | \$0.00 | 0 | \$0.00 | \$0.00 | 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

I. General Information

| | | | | | |
|---------------------|----------------------|-------------------|-----------------|----------------------|--------------|
| 1. Contract Number: | 4. Contract Yr: 2023 | 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: | 17. SSM: N/A |
| 3. Segment ID: | 6. SNP: | 9. Enrollee Type: | 12. ESRD-SNP: N | 15. SNP Type: N/A | |

II. 2023 Defined Standard Benefit Parameters

| | |
|---------------------------|---------|
| 1. Deductible | \$445 |
| 2. Initial Coverage Limit | \$4,130 |
| 3. Out-of-pocket Limit | \$6,550 |

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 |

V. Working Model Text Box

This section can be used at the discretion of the Plan sponsor. The contents are NOT uploaded in the bid submission.

IV. Part D Bid Pricing Tool Contacts

| | |
|--|--|
| Plan Bid Contact | |
| Name | |
| Phone | |
| Email | |
| Part D Certifying Actuary | |
| Name and Credentials | |
| Phone | |
| Email | |
| Part D Additional BPT Actuarial Contact | |
| Name | |
| Phone | |
| Email | |
| Date Prepared | |