

I. General Information

1. Contract Number:		4. Contract Yr:	2024	7. Plan Name:		10. VBID-D:	N	12. PD Region:		15. PMM:	N
2. Plan ID:		5. Org. Name:		8. Plan Type:		11. ESRD-SNP:	N	13. PD Benefit Type:		16. SSM:	N/A
3. Segment ID:		6. SNP:		9. Enrollee Type:				14. 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		(f) Cumulative					(k) Adjustments to Reflect Pt. D Coverage			(n) Net Plan Responsibility per Member
	# 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	Supplemental C.S. Reduc.	Reimb for LIS	Reimb for Fed Reins.	
								(j) per Member	(l) per Member	(m) per Member	
1. \$0					\$0.00						\$0.00
2. \$1-\$479					\$0.00						\$0.00
3. \$480-\$4,429					\$0.00						\$0.00
4. \$4,430-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	\$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 CY2024.

IV. PMPM Non-Benefit Expenses

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

V. PMPM Premium Revenue

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

**PRA Disclosure Statement** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0944. The time required to complete this information collection is estimated to average 30 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

I. General Information

1. Contract Number:	4. Contract Yr: 2024	7. Plan Name:	10. VBID-D: N	12. PD Region:	15. PPM: N
2. Plan ID:	5. Org. Name:	8. Plan Type:	13. PD Benefit Type:		
3. Segment ID:	6. SNP:	9. Enrollee Type:	11. ESRD-SNP: N	14. SNP Type: N/A	

II. Utilization for Covered Part D Drugs

	(e) Base Period			(h) Components of Utilization Change					(m) Total Utilization Change	(n) Projected Scripts/ 1000	(o) Covariance
	(f) # of Scripts/ 1000	(g) 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

	(e) Components of Unit Cost Change					(i) Projected Unit Cost	(j) Projected Allowed PMPM	(k) Manual Util/ 1000	(l) Manual Unit Cost	(m) Manual Rate PMPM	(n) Credibility	(o) 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: 2024	7. Plan Name:	10. VBID-D: N	12. PD Region:	15. PMM: N
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. ESRD-SNP: N	13. PD Benefit Type:	
3. Segment ID:	6. SNP:	9. Enrollee Type:	14. SNP Type: N/A		

**II. Projection Data**

1. Projected Member Months: 0	2. Projected Avg Risk Score: <input type="text"/>	3. Projected LIS Member Months: <input type="text"/>	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-\$504					\$0.00	\$0.00					\$0.00	
3. \$505-\$4,659					\$0.00	\$0.00					\$0.00	
4. \$4,660-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. Plus Part D as Secondary					\$0.00						\$0.00	
9. Projected % OON Included above:	Allowed:	<input type="text"/>										
10.	Plan Liability:	<input type="text"/>										
<b>11. 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)**

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)	<input type="text"/>

**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

7. Related-Party Allowed Cost PMPM	<input type="text"/>
8. Related-Party Non-Benefit Expense PMPM	<input type="text"/>

**WORKSHEET 4 - Rx STANDARD COVERAGE WITH ACTUARIALLY EQUIVALENT COST SHARING**

**I. General Information**

1. Contract Number:	4. Contract Yr: 2024	7. Plan Name:	10. VBID-D: N	12. PD Region:	15. PMM: N
2. Plan ID:	5. Org. Name:	8. Plan Type:		13. PD Benefit Type:	
3. Segment ID:	6. SNP:	9. Enrollee Type:	11. ESRD-SNP: N	14. 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
<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;\$4,660</b>	<b>Amounts in Gap</b>	<b>Amounts above Catastrophic Threshold</b>	<b>Row Subtotal</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>	<b>0.0%</b>	<b>0.0% C</b>	0.0%
9. Standard with Act. Equiv. Sharing	<b>0.0% B</b>	<b>0.0%</b>	<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				
14. Standard			For Reinsurance	Inc Reins.
15. Standard with Act. Equiv. Sharing			\$0.00	\$0.00
			\$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			
19. Insulin	Yes			

I. General Information

1. Contract Number	4. Contract Yr: 2024	7. Plan Name:	10. VBID-D:	N	12. PD Region:	15. PMM: N
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. ESRD-SNP:	N	13. PD Benefit Type:	
3. Segment ID:	6. SNP:	9. Enrollee Type:	14. 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
<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		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
<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		
<b>7. Total Plan Coverage</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

	(d)	(f)	(g)	(i)	(k)	(m)	(o)	(q)
	Part D Covered Drugs							
	Members with <\$4,660	Members >=\$4,660	Amounts <=ICL for all members		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				Non-Part D
	Alt Coverage Deductible Amount		E	Alternative Coverage ICL			Row	Part D
	Amounts below Initial Coverage Limit			Amts in Gap		Amts above Catastrophic	Subtotal	Covd
<b>Allowed PMPM</b>								
4. Standard	\$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
<b>Deductible</b>								
6. Value of \$505 Deductible	\$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
<b>Allowed Subject to Coins.</b>								
8. Standard	\$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
<b>Coins. %</b>								
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%
<b>Coins PMPM</b>								
12. Standard	\$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
<b>Federal Reinsurance</b>								
14. Standard						\$0.00	\$0.00	\$0.00
15. Alternative						\$0.00	\$0.00	\$0.00
<b>Minus Rebates</b>								
16. Standard						For Reinsurance	Inc Reins.	\$0.00
17. Alternative						\$0.00	\$0.00	
<b>Plus Part D as Secondary</b>								
18. Standard						\$0.00	\$0.00	\$0.00
19. Alternative						\$0.00	\$0.00	\$0.00
<b>Net Cost of Benefit</b>								
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. Insulins	Yes
2. Total Coverage >= Std Coverage (B>=A)	Yes
3. Unsubsidized value>= Unsub Value for Std Covg(1=yes and D>=C)	Yes
4. Average Cost at Initial Covg Limit >= Std (G >=F)	Yes
5. Deductible <=\$505 (E <=505)	Yes
6. Average Catastrophic cost sharing <= Std (I <= H)	Yes
7. 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



I. General Information

1. Contract Number:	4. Contract Yr: 2024	7. Plan Name:	10. VBID-D: N	12. PD Region:	15. PMM: N
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. ESRD-SNP: N	13. PD Benefit Type:	
3. Segment ID:	6. SNP:	9. Enrollee Type:	14. SNP Type: N/A		

II. Spending in the Coverage Gap

	(f)	(g)	(h)	(i)	(j)	(k)
Population Exceeding \$4,660 with Std Coverage Amounts Allocated between \$4,660 and Catastrophic	Defined Standard Coverage			Actuarially Equivalent or Alternative Benefits		
	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
<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>
Low Income Population Amounts Allocated between \$4,660 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						
<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>
Non-Low Income Population Amounts Allocated between \$4,660 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						
<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: 2024	7. Plan Name:	10. VBID-D: N	12. PD Region:	15. PMM: N
2. Plan ID:	5. Org. Name:	8. Plan Type:		13. PD Benefit Type:	
3. Segment ID:	6. SNP:	9. Enrollee Type:	11. ESRD-SNP: N	14. SNP Type: N/A	

**II. 2024 Defined Standard Benefit Parameters**

1. Deductible	\$505
2. Initial Coverage Limit	\$4,660
3. Out-of-pocket Limit	\$7,400

**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 Actuarial Contact</b>	
Name	
Phone	
Email	
Date Prepared	