

WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE

I. General Information

1. Contract Number:		4. Contract Yr:	2026	7. Plan	
2. Plan ID:		5. Org. Name:		8. Plan Type:	
3. Segment ID:		6. SNP:			

II. Base Period Background Information

1. Time Period Definition		2a. Total Member Months	0	5. Mapping	Co
Incurr ed from:		2b. LIS Member Months			
Incurr		3a. Risk Score	0.0000		
		3b. LIS Risk			
		3c. NLI Risk			
		4. Completion Factor			

III. Part D Claims Experience

Claim Interval	Total Count in Interval		(d)	(e)	(f)	(g)	(h)	Cumula
	# 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	
1. \$0					\$0.00			
2. \$1-\$544					\$0.00			
3. \$545-Catastrophic *					\$0.00			
4. Above Catastrophic *					\$0.00			
5. Subtotal	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. PMPM Values				\$0.00		\$0.00		
7. Minus Rebates							\$0.00	
8. Plus Part D as Secondary							\$0.00	
9. Minus Manufacturer Discount								
10. Net Average Paid Amount PMPM						\$0.00		
11. Non-covered Supplemental Drugs							\$0.00	
12. Rebates on Supplemental Drugs							\$0.00	
13. Net PMPM on Supplemental Drugs							\$0.00	

* See Instructions for Completing the Prescription Drug Plan BPT for CY2026.

IV. PMPM Non-Benefit Expenses

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	
9. Gain/(Loss) Margin Including Buy-Down	
Total	
1. Sales and Marketing	
2. Direct Administration	
3. Indirect Administration	
4. Net Cost of Private Reinsurance	
5. Uncollected Cost Sharing Payments M3P	
6. Total Non-Benefit Expenses	\$0.00

(g)

V. PMPM Premium Revenue

	B	Supplemental	Total
1. CMS Part D Payment			\$0.00
2. LI Premium Subsidy			\$0.00
3. Member Premium			\$0.00
4. Total Premium	\$0.00	\$0.00	\$0.00

Total Non-LI Brand Discount Amount

VI. IRA Part D Drug Experience

	(e)	(f)	(g)
	Total Number of Scripts	Total Allowed Dollars	Total Cost Sharing
1. Maximum Fair Price Drugs			
1. DIR #10			

VIII. DIR #10 Experience

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless complete this information collection is estimated to average 30 hours per response, including the time to review instructions, search existing data resource time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C

CMS - 10142

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

I. General Information

1. Contract Number:	4. Contract Yr:	2026	7. Plan Name:	10. VBID-D:	N	12. PD Region:
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:

II. Utilization for Covered Part D Drugs

Type of Script	(e) (f) (g)			(h) (i) (j) (k)			
	# of Scripts/1000	Allowed per Script	PMPM Allowed	Trend in Scripts/1000	Formulary Change	Risk Change	Induced Utilization*
1. Retail Generic			\$0.00				
2. Retail Preferred Brand			\$0.00				
3. Retail Non-Preferred Brand			\$0.00				
4. Retail Specialty			\$0.00				
5. Mail Order Generic			\$0.00				
6. Mail Order Preferred Brand			\$0.00				
7. Mail Order Non-Preferred Brand			\$0.00				
8. Mail Order Specialty			\$0.00				
9. Maximum Fair Price Drugs			\$0.00				
10. Total Retail			\$0.00				
11. Total Mail Order			\$0.00				
12. Total Generic			\$0.00				
13. Total Brand (Preferred and Non-Preferred)			\$0.00				
14. Total Specialty			\$0.00				
15. Total			\$0.00				
	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000
	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000
	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000
	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000
	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000
	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000
	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000
	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000
	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000
	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000
	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000
	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000

*Adjustment to remove impact of induced utilization due to supplemental coverage

III. Cost for Covered Part D Drugs

Type of Script	(g) (h) (i) (j) (k) (l) (m) (n) (o) (p)						
	Inflation Trend	Discount Change	Formulary Change	Other Change	Tot. Unit Cost Chg	Projected Unit Cost	Projected Allowed PMPM
1. Retail Generic					0.00	\$0.00	\$0
2. Retail Preferred Brand					0	\$0.00	.0
3. Retail Non-Preferred Brand					0.00	\$0.00	0
4. Retail Specialty					0	\$0.00	\$0
5. Mail Order Generic					0.00	\$0.00	.0
6. Mail Order Preferred Brand					0	\$0.00	0
7. Mail Order Non-Preferred Brand					0	\$0.00	\$0
8. Mail Order Specialty					0	\$0.00	0
9. Maximum Fair Price Drugs					0	\$0.00	0
10. Total Retail					0.00	\$0.00	.0
11. Total Mail Order					0	\$0.00	0
12. Total Generic					0.00	\$0.00	0
13. Total Brand (Preferred and Non-Preferred)					0	\$0.00	0
14. Total Specialty					0.00	\$0.00	0
15. Total					0.00	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	.0
		0.000	0.000	0.000	0.000	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	0
		0.000	0.000	0.000	0.000	\$0.00	0

V. PMPM Non-Benefit Expenses and Gain/(Loss) Margin		(e)	VI. Percentage of Revenue	(j)	VII. Related Party																																							
<p>Projected Expenses</p> <table border="1"> <tr><td>1. Sales and Marketing</td><td></td></tr> <tr><td>2. Direct Administration</td><td></td></tr> <tr><td>3. Indirect Administration</td><td></td></tr> <tr><td>4. Net Cost of Private Reinsurance</td><td></td></tr> <tr><td>5. Uncollected Cost Sharing Payments M3P</td><td></td></tr> <tr><td>6. Total Non-Benefit Expenses</td><td>\$0.00</td></tr> <tr><td>7. Basic Non-Benefit Expenses</td><td>\$0.00</td></tr> <tr><td>8. Supplemental Non-Benefit Expenses</td><td>\$0.00</td></tr> <tr><td>9. Basic Gain/(Loss) Margin</td><td>\$0.00</td></tr> <tr><td>10. Supplemental Gain/(Loss) Margin</td><td>\$0.00</td></tr> <tr><td>11. Total Gain/(Loss) Margin</td><td></td></tr> </table>	1. Sales and Marketing		2. Direct Administration		3. Indirect Administration		4. Net Cost of Private Reinsurance		5. Uncollected Cost Sharing Payments M3P		6. Total Non-Benefit Expenses	\$0.00	7. Basic Non-Benefit Expenses	\$0.00	8. Supplemental Non-Benefit Expenses	\$0.00	9. Basic Gain/(Loss) Margin	\$0.00	10. Supplemental Gain/(Loss) Margin	\$0.00	11. Total Gain/(Loss) Margin			<table border="1"> <tr><td colspan="2">at 0.000</td></tr> <tr><td>1. Claims (Allowable Cost Target)</td><td>\$0.00</td></tr> <tr><td>2. Non-Benefit Expenses</td><td>\$0.00</td></tr> <tr><td>3. Gain/(Loss) Margin</td><td>\$0.00</td></tr> <tr><td>4. Total Bid</td><td>\$0.00</td></tr> <tr><td>5. Percentage of Revenue</td><td></td></tr> <tr><td>a. Claims (Allowable Cost Target)</td><td>0.0%</td></tr> <tr><td>b. Non-Benefit Expenses</td><td>0.0%</td></tr> <tr><td>c. Gain/(Loss) Margin</td><td>0.0%</td></tr> </table>	at 0.000		1. Claims (Allowable Cost Target)	\$0.00	2. Non-Benefit Expenses	\$0.00	3. Gain/(Loss) Margin	\$0.00	4. Total Bid	\$0.00	5. Percentage of Revenue		a. Claims (Allowable Cost Target)	0.0%	b. Non-Benefit Expenses	0.0%	c. Gain/(Loss) Margin	0.0%		
1. Sales and Marketing																																												
2. Direct Administration																																												
3. Indirect Administration																																												
4. Net Cost of Private Reinsurance																																												
5. Uncollected Cost Sharing Payments M3P																																												
6. Total Non-Benefit Expenses	\$0.00																																											
7. Basic Non-Benefit Expenses	\$0.00																																											
8. Supplemental Non-Benefit Expenses	\$0.00																																											
9. Basic Gain/(Loss) Margin	\$0.00																																											
10. Supplemental Gain/(Loss) Margin	\$0.00																																											
11. Total Gain/(Loss) Margin																																												
at 0.000																																												
1. Claims (Allowable Cost Target)	\$0.00																																											
2. Non-Benefit Expenses	\$0.00																																											
3. Gain/(Loss) Margin	\$0.00																																											
4. Total Bid	\$0.00																																											
5. Percentage of Revenue																																												
a. Claims (Allowable Cost Target)	0.0%																																											
b. Non-Benefit Expenses	0.0%																																											
c. Gain/(Loss) Margin	0.0%																																											

WORKSHEET 3 - Rx CONTRACT PERIOD PROJECTION FOR DEFINED STANDARD COVERAGE

I. General Information		
1. Contract Number:	4. Contract Yr:	2026
2. Plan ID:	5. Org. Name:	
3. Segment ID:	6. SNP:	
7. Pla	8. Pla	9. En

II. Projection Data			
1. Projected Total Member Months:	0	2. Projected Avg Risk Score:	0.000
1a. Projected LIS Member Months:		2a. Projected LIS Risk Score:	
1b. Projected NLI Member Months:	0	2b. Projected NLI Risk Score:	

III. Part D Covered Drug Claims						
(d)	(e)	(f)	(g)	(h)	(i)	(j) (k) (l)
Claim Interval	# of Members	Member Months	# of Scripts	Projected Allowed	Avg Amt Allowed PMPM	

1.	\$0								\$0.00
2.	\$1-\$589								\$0.00
3.	\$590-Catastrophic								\$0.00
4.	Above Catastrophic								\$0.00
5.	Subtotal	0	0	0				\$	\$0
6.	Minus Rebates							0	.0
7.	Plus Part D as Secondary							0	0
8.	Minus Manufacturer Discount							0	\$0
9.	Total							0	.0
								0	0
								0	\$0
								0	.0
								0	0
								0	\$0
								0	.0
								0	0

IV. IRA Part D Drug Projection (k) (l) (d) (e) (f) V. Defined Sta

	Total Number of Scripts	Total Allowed Dollars	Total Cost Sharing
1. Maximum Fair Price Drugs			
1. Claims (Allowable Cost Target)	At 0.00	At 1.00	
2. Non-Benefit Expenses		\$0.00	
3. Gain/(Loss) Margin		\$0.00	
4. Total Basic Bid		\$0.00	
5. Federal Reinsurance		\$0.00	
		\$0.00	
		\$0.00	
		\$0.00	

WORKSHEET 4 - Rx STANDARD COVERAGE WITH ACTUARIALLY EQUIVALENT COST SHARING

I. General Information

1. Contract Number:	4. Contract Yr: 2026	7. Plan Name:	10. VBID-D: N	12. PD R
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. ESRD-SNP: N	13. PD Bt
3. Segment ID:	6. SNP:	9. Enrollee Type:	14. SNP	

II. Projection Data

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

V. Std. Cov. B

1. Claims (Allowable Cost Target)	At \$0.00	At 1.00
2. Non-Benefit Expenses	0.00	\$0.00
3. Gain/(Loss) Margin	0	\$0.00
4. Total Basic Bid	\$0.00	\$0.00
		\$0.00
5. Net Federal Reinsurance	\$0.00	\$0.00
6. LIS	\$0.00	

1. Claims (Allowable Cost Target)	At 0.00	\$0.
2. Non-Benefit Expenses	\$0.00	00
3. Gain/(Loss) Margin	\$0.00	\$0.
4. Total Basic Bid	\$0.00	00
	\$0.00	\$0.
		00
5. Net Federal Reinsurance	\$0.00	\$0.00
6. Gross Federal Reinsurance		\$0.00
7. LIS		

IV. Development of Bid Components and Tests for Actuarial Equivalence

(e) (i) (l)

1. Total Members
2. Member Months

	Amounts Catastrophic Threshold	Amounts Catastrophic Threshold
Allowed PMPM		
3. Standard	\$0.00	
4. Standard with Act. Equiv. Cost Sharing	\$0.00	
5. Value of Deductible	\$0.00	
Allowed Subject to Coins.		
6. Standard	\$0.00	

7. Standard with Act. Equiv. Sharing Coins. %	\$0.00	
8. Standard	25.0% A	0.0%
9. Standard with Act. Equiv. Sharing Coins PMPM	0.0% B	0.0%
10. Standard	\$0.00	
11. Standard with Act. Equiv. Sharing	\$0.00	
Net Cost of Benefit		
12. Standard	\$0.00	
13. Standard with Act. Equiv. Sharing	\$0.00	
Rebates		
14. Standard		For Reinsuranc
15. Standard with Act. Equiv. Sharing		
Test for Actuarial Equivalence		
Effective coinsurance with alternative cost sharing = to effective coinsurance for standard cost sharing		
16. A=B	No	

WORKSHEET 5 - Rx ALTERNATIVE COVERAGE

I. General Information

1. Contract Number:	4. Contract Yr: 2026	7. Plan Name:	10. VBID-D: N
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. ESRD-SNP: N
3. Segment ID:	6. SNP:	9. Enrollee Type:	

II. Projection Data

1. Projected Member Months	0	2.	0.000
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III. Development of Bid for Standard Coverage

	At 0.000	C	At 1.00
1. Claims			
2. Non-Benefit Expenses	\$0.00		\$0.00
3. Gain/(Loss) Margin	\$0.00		\$0.00
	\$0.00		\$0.00
4. Total Basic Bid	\$0.		\$0.
5. Federal Reinsurance	00		00
	\$0.00		\$0.00
6. Total Coverage	\$0.00 A		\$0.00
7. LIS	\$0.00		

V. Development of

	At 0.000	D		
1. Part D Covered Drugs			/	\$0.0
2. Non-Benefit Expenses	\$0.00		t	0
3. Gain/(Loss) Margin	\$0.00			\$0.0
4. Federal Reinsurance	\$0.00		1	0
	\$0.00		.	\$0.0
			(0
			/	\$0.0
5. Total Part D Covered	\$0. B			\$0.00
6. Non-Part D Covered Drugs	00			
	\$0.00			
7. Total Plan Coverage	\$0.00			
8. Total Basic Bid	\$0.00			\$0.00
9. LIS				

IV. Development of Bid Components

	Part D Covered Drugs			
	Members with <=CAT	Members >CAT	Amounts <=CAT for all members	
1. Population not Meeting Deductible	0	0	0	
2. Population Meeting Deductible	0	0	0	
3. Member Months	0	0	0	
Allowed PMPM	Type of Deductible			
4. Standard	Alt Coverage Deductible Amount			
5. Alternative	E			
Deductible	Amounts below Catastrophic Threshold			
6. Value of \$590 Deductible	\$0.00	\$0.00	\$0.00	
7. Value of Proposed Deductible	\$0.00	\$0.00	\$0.00	
Allowed Subject to Coins.	\$0.00	\$0.00	\$0.00	
8. Standard	\$0.00	\$0.00	\$0.00	
9. Alternative	\$0.00	\$0.00	\$0.00	
Coins. %	\$0.00	\$0.00	\$0.00	
10. Standard		25.0%	25.0%	0.0%
11. Alternative		0.0%	0.0%	0.0%
Coins PMPM	\$0.00	\$0.00	\$0.00	
12. Standard	\$0.00	\$0.00	\$0.00	
13. Alternative				
Federal Reinsurance				
14. Standard				
15. Alternative				
Minus Rebates				
16. Standard				
17. Alternative				
Plus Part D as Secondary				
18. Standard				
19. Alternative				
Net Cost of Benefit				
20. Standard				
21. Alternative				

For Rei

		\$0.00	\$0.00 F	\$0.00
		\$0.00		
		\$0.00	\$0.00 G	\$0.00
		\$0.00		

VI. Tests for Alternative Coverage
 VIII. Development of Induced Utilization Adjustment

VII. De

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 Catastrophic >= Std (G >=F)	Yes
4. Deductible <=\$590 (E <=\$590)	Yes

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

1. Claims for Standard	At 0.000 \$0.00	At 1.000 \$0.00
2. Impact of Alternative Utilization on Standard		
3. Allowable Cost Target for Alternative	\$	\$
4. Induced Utilization Adjustment	C	0.

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

I. General Information

1. Contract Number:	2026	7. Plan Narr
2. Plan ID:		8. Plan Type
3. Segment ID:		9. Enrollee T

II. Projections for Equivalence Tests

(f) (g)

Population Not Exceeding the Catastrophic Threshold	Number of Scripts	Allowed
Lines 1-8 exclude Insulins/Vaccines and exclude claims subject to deductible		
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. Insulins		
10. Vaccines		
11. Total		
	0	
12. Claims Subject to Deductible		
13. Manufacturer Discount		
Population Exceeding the Catastrophic Threshold		
Lines 14-21 exclude Insulins/Vaccines and exclude claims subject to deductible		
14. Retail Generic		
15. Retail Preferred Brand		
16. Retail Non-Preferred Brand		
17. Retail Specialty		
18. Mail Order Generic		
19. Mail Order Preferred Brand		
20. Mail Order Non-Preferred Brand		
21. Mail Order Specialty		
22. Insulins		
23. Vaccines		
24. Total		
	0	
25. Claims Subject to Deductible		
26. Manufacturer Discount		
Amounts Allocated up to Catastrophic Threshold (Lines 27-34 exclude Insulins/Vaccines and claims subject to deductible)		
27. Retail Generic		
28. Retail Preferred Brand		
29. Retail Non-Preferred Brand		
30. Retail Specialty		
31. Mail Order Generic		
32. Mail Order Preferred Brand		
33. Mail Order Non-Preferred Brand		
34. Mail Order Specialty		
35. Insulins		
36. Vaccines		
37. Total		
	0	
38. Manufacturer Discount		
Total Amounts Allocated Over the Catastrophic Threshold (All Populations)		
39. All Spending Over Catastrophic Threshold	0	
40. Manufacturer Discount		
41. Non-Part D Covered Drugs - All Spending		

Subsidy for Selected Drugs	
Defined Standard Total Dollars Alternative Total Dollars	

WORKSHEET 7 - SUMMARY OF KEY BID ELEMENTS

I. General Information

1. Contract Number:	4. Contract Yr: 2026	7. Plan Name:
2. Plan ID:	5. Org. Name:	8. Plan Type:
3. Segment ID:	6. SNP:	9. Enrollee Type:

II. 2026 Defined Standard Benefit Parameters

1. Deductible	\$590
2. Out-of-pocket Limit	\$2,000

III. Summary of Key Bid Elements

1. Standardized Part D Bid	\$0.00
2. National Average Monthly Bid Amount	
3. Base Beneficiary Premium	
4. Maximum Base Beneficiary Premium (106% of Prior Contract Year)	\$38.98
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. Manufacturer Discount Amount (exclusive of Selected Drug Subsidy)	\$0.00
13. Selected Drug Subsidy Amount	\$0.00
14. Round Part D premiums to nearest (Rounding Rule)	\$0.10

V. Working Model Tr

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	

10. VBID-D: N	12. PD Region:	
11. ESRD- N	13. PD Benefit Type:	
	14. SNP Type:	N/A

Plan-Seg ID	Member Months	Contr-Plan-Seg ID	Member Months

(i)	(j)	(k)	(l)	(m)	(n)
Adjustments to Reflect Pt. D Coverage					
Supplemental C.S. Reduc. per Member	Reimb for LIS per Member	Reimb for Fed Reins. per Member			Net Plan Responsibility per Member
					\$0.00
					\$0.00
					\$0.00
					\$0.00
\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
					\$0.00
					\$0.00
					\$0.00
\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
					\$0.00

VII. PMPM Income Statement Summary (m)

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

(k)

it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0944. The time required to as, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the 4-26-05, Baltimore, Maryland 21244-1850.

N/A

(l)	(m)	(n)	(o)
Change	Other Change	Total Utilization Change	Projected Scripts/1000
			Covariance
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0
	0.000		0

d PMPM

Manual Util/ 1000	Manual Unit Cost	Manual Rate PMPM	Credibility	Blended Allowed
			\$	\$0
			0	.0
			.	0
			0	\$0
			0	.0
			\$	0
			.	\$0
			0	.0
			0	0
			\$	\$0
			0	.0
			.	0
			0	\$0
			\$.0
			0	0
			.	\$0
			0	.
			0	\$0
			\$.0
			0	0
			.	\$0
			0	.
			0	\$0
0	\$0.00	\$0.00	0%	\$0.00
0	\$0.00	\$0.00	0%	\$0.00
0	\$0.00	\$0.00	0%	\$0.00
0	\$0.00	\$0.00	0%	\$0.00
0	\$0.00	\$0.00	0%	\$0.00
0	\$0.00	\$0.00	0%	\$0.00
0	\$0.00	\$0.00	0%	\$0.00
0	\$0.00	\$0.00	0%	\$0.00
0	\$0.00	\$0.00	0%	\$0.00

CMS Guideline Credibility 0%

(n)

1. Related-Party Allowed Cost	
2. Related-Party Non-Benefit Expense	

VIII. DIR #10 Projection (n)

1. DIR #10	
------------	--

in Name:	10. VBID- N	12. PD Region:	
in Type:	D: N	13. PD Benefit Type:	
rollee Type:	11. ESRD-	14. SNP Type:	N/A

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(m)	(n)	(o)				
Cost Sharing		PMPM Deductible	Other Cost Sharing PMPM	Federal Reins. PMPM	Plan Liability PMPM	Federal LICs PMPM

					\$0.00	
\$0.00					\$0.00	
\$0.00					\$0.00	
\$0.00					\$0.00	
		\$0.00	\$0.00	\$0.00		\$0.00
		00	00	.0		00
		\$0.00	\$0.00	0		\$0.00
		00	00	\$0.00		00
				.0		
				0		

Standard Coverage Bid Development

Region:
Benefit Type:
' Type: N/A

Bid Development with Actuarially Equivalent C. S.

	0
	0
	Row Subtotal
\$0.00	
\$0.00	
\$0.00	
\$0.00	

\$0.00

0.0%

0.0%

\$0.00

\$0.00

\$0.00

\$0.00

e

Inc Reins.

\$0.00

12. PD Region:
13. PD Benefit Type:
14. SNP Type:

N/A

Actuarial Equivalence Test

(m)

(o)

(q)

Amts above Catastrophic		All Members
0	0	0
0	0	0
0	0	0

Row	Subtotal	Non-Part D Covid
e Catastrophic		
\$0.00	\$0.00	
\$0.00	\$0.00	
\$0.00	\$0.00	
\$0.00	\$0.00	
\$0.00	\$0.00	
\$0.00	\$0.00	
	0.0%	
	0.0%	
\$0.00	\$0.00	
\$0.00	\$0.00	
\$0.00	\$0.00	
	\$0.00	
insurance	Inc Reins.	
\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00

10. VBID-D: N
11. ESRD-SNP: N

12. PD Region:
13. PD Benefit Type:
14. SNP Type: N/A

Text Box

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

