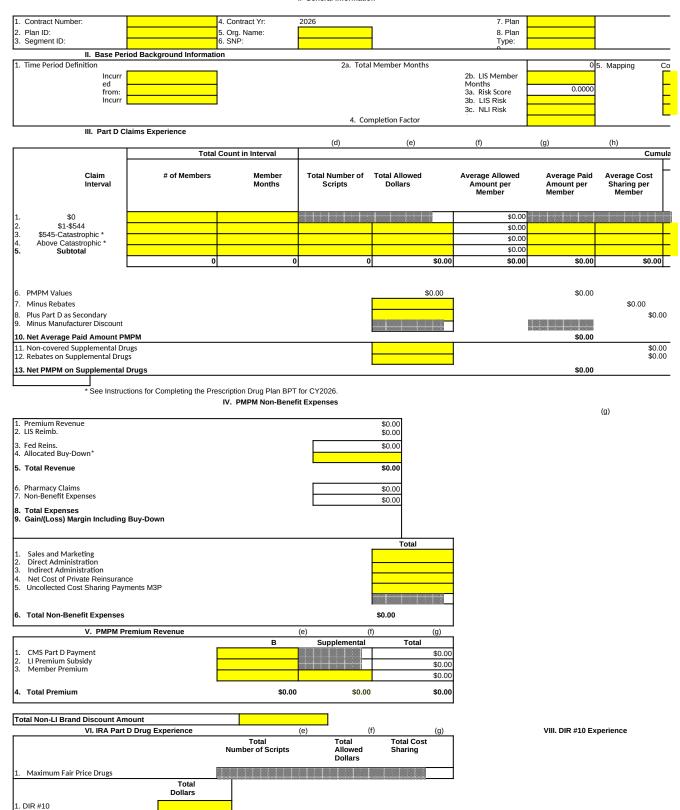
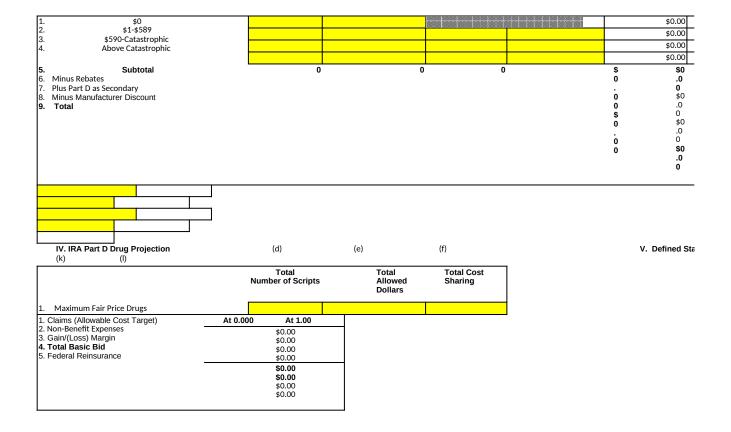
WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE

I. General Information



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

Contract Number: Plan ID: Segment ID:	4. Contract Yr: 2 5. Org. Name: 6. SNP:	026	7. Plan Name: 8. Plan Type: 9. Enrollee Typ		0. VBID-D: N	13. F	D Region: PD Benefit Type: SNP Type:
II. Utilization for Covered Part D Drugs	(e)	(f)	(g)	(h)	(i)	(i)	(k)
Type of Script 1. Retail Generic 2. Retail Preferred Brand 3. Retail Non-Preferred Brand 4. Retail Specialty 5. Mail Order Generic	# of Scrip	Base Period	PMPM Allowed	Trend in Scripts/100 0	Formulary		of Utilization Ch Induced Utilization*
 Mail Order Preferred Brand Mail Order Non-Preferred Brand Mail Order Specialty Maximum Fair Price Drugs Total Retail Total Mail Order 			\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
12. Total Generic 13. Total Brand (Preferred and Non-Preferred) 14. Total Specialty 15. Total			\$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	(0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	0 0.000 0 0.000 0 0.000 0 0.000	0.000 0.000 0.000 0.000
*Adjustment to remove impact of induced utilization due to suppleme III. Cost for Covered Part D Drugs (e) (f) (g) (h)	ental coverage (i) (j)	(k) (l)	(m)	(n)	(0)	(p) IV. P	rojected Allowe
1. Retail Generic 2. Retail Preferred Brand 3. Retail Non-Preferred Brand 4. Retail Specialty	Inflatio Trend		Compo Formulary Change	onents of Unit Cos Other Change	t Change Tot. Unit Cost Chg	Projected Unit Cost	Projected Allowed PMPM
5. Mail Order Generic 6. Mail Order Preferred Brand 7. Mail Order Preferred Brand 8. Mail Order Non-Preferred Brand 9. Maximum Fair Price Drugs 10. Total Retail 11. Total Mail Order 12. Total Generic 13. Total Brand (Preferred and Non-Preferred) 14. Total 15. Total 16. Total		0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000	0.000 0.000 0.000	0.000 C 0.000 C	0 0.00 0 0.00 0 0.00 0 0.00 0	\$0.00 \$0.00	\$0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0
V. PMPM Non-Benefit Expenses and Gain/(Loss) Margin	(e)	VI. Percer	ntage of Revenue		(j)	VII.	Related Party
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 7. Basic Non-Benefit Expenses 8. Supplemental Non-Benefit Expenses 9. Basic Gain/(Loss) Margin	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	xpenses	Claims (Allowable Non-Benefit Exper Total Bid Total Bid Percentage of Rev Claims (Allowable C Non-Benefit Expen C. Gain/(Loss) Margin	nses n enue Cost Target) ses		at 0.000 \$0.00 \$0.00 \$0.00 \$0.00 0.0% 0.0%	
11. Total Gain/(Loss) Margin WORKSHEET 3 - Rx CONTRACT PERI I. General Information	IOD PROJECTIO	ON FOR DEFINED	STANDARD	COVERAGE	≣		
1. Contract Number: 2. Plan ID: 3. Segment ID:		4. Contract Yr: 5. Org. Name: 6. SNP:	2026				7. Pla 8. Pla 9. En
II. Projection Data							
1. Projected Total Member M 1a. Projected LIS Member Mo 1b. Projected NLI Member Mo	onths:	0		2a. Projected	d Avg Risk Score d LIS Risk Score: I NLI Risk Score:		0.000
III. Part D Covered Drug Claims (d) (e) (f) Claim Interval	(g) # of Members	(h) Member Months	(i) # of Scri	•	(j) Projected Allowed		(I) lvg Amt
							МРМ



WORKSHEET 4 - Rx STANDARD COVERAGE WITH ACTUARIALLY EQUIVALENT COST SHARING

I. General Information

Contract Number: Plan ID: Segment ID:	4. Contract Yr: 5. Org. Name: 6. SNP:	2026	7. Plan Name: 8. Plan Type: 9. Enrollee Type:		VBID-D: N ESRD-SNP: N	12. PD R 13. PD B 14. SNP
	II. Projection	Data				
1. Projected Member Months		0		2. Projected Avg Risk	Score	
	III. Developm	ent of Bid for Sta	ndard Coverage			V. Std. Cov. B
Claims (Allowable Cost Target) Non-Benefit Expenses Gain/(Loss) Margin Total Basic Bid		At \$0.00 0.00 \$0.00 0 \$0.00 \$0.00 \$0.00	At 1.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00			
5. Net Federal Reinsurance 6. LIS		\$0.00 \$0.00	\$0.00			
Claims (Allowable Cost Target) Non-Benefit Expenses Gain/(Loss) Margin Total Basic Bid		\$(\$(\$(t 0.000 0.00 0.00 0.00 0.00	\$0. 00 \$0. 00 \$0. 00		
5. Net Federal Reinsurance			\$0.00	\$0.00		
6. Gross Federal Reinsurance 7. LIS				\$0.00		
		ent of Bid Compo	onents and Tests for Ac			
	(e)		(ï)	(l)	
Total Members Member Months						
				Amounts		Amounts
				Catastrophic		trophic
Allowed PMPM				Threshold	Thres	hold
O. Chandand			+0.00			
3. Standard			\$0.00			
4. Standard with Act. Equiv. Cost Sharing	3		\$0.00			
5. Value of Deductible			\$0.00			
Allowed Subject to Coins.						
6. Standard			\$0.00			

 Standard with Act. Equiv. Sharing Coins. % Standard Standard with Act. Equiv. Sharing Coins PMPM Standard Standard with Act. Equiv. Sharing 				\$0.00 25.0% 0.0% I \$0.00 \$0.00					0.0% 0.0%
Net Cost of Benefit									
12. Standard 13. Standard with Act. Equiv. Sharing	5			\$0.00 \$0.00					
Rebates									For Reinsurance
14. Standard 15. Standard with Act. Equiv. Sharing	5								
Test for Actuarial Equivalence									
Effective coinsurance with alternativ	e cost sharing = to	effective coinsura	ance for standa	rd cost sl	naring				
16. A=B			No						
WORKSHEET 5 - Rx ALTERNATIV	/E COVERAGE								
General Information Contract Number: 4.	Contract Yr:	2026			7	Plan Name:		10. VBID-D:	N
2. Plan ID: 5.	Org. Name: SNP:	2020			8.	Plan Type: Enrollee Type:		11. ESRD-SNP:	
II. Projection Data 1. Projected Member Mem	onths 0						2.	0.000	
1. Claims	relopment of Bid for S At 0.000	tandard Coverage C At 1.00							V. Development of
Non-Benefit Expenses Gain/(Loss) Margin	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00							
4. Total Basic Bid 5. Federal Reinsurance	\$0. 00		\$0. 00						
6. Total Coverage	\$0.00	Α	\$0.00						
7. LIS 1. Part D Covered Drugs	\$0.00	0.000 D		\$0.0					
Non-Benefit Expenses Gain/(Loss) Margin	\$0. \$0.	00	ť	0 \$0.0					
4. Federal Reinsurance	\$0. \$0.	00	1	0 \$0.0					
5. Total Part D Covered			į	0					
6. Non-Part D Covered Drugs		\$0. B 00		\$0.00					
7. Total Plan Coverage		\$0.00							
8. Total Basic Bid 9. LIS		\$0.00		\$0.00					
IV. Dev	/elopment of Bid	(d)		f)		(g)	(i)		
Compo	nents	(4)		.,			vered Drugs		
					Members		bers	Amounts <=CA	Г
Population not Meeting Deductible				()	0		0	
Population Meeting Deductible Member Months				(0 0		0	
Allowed PMPM 4. Standard		Ty Alt Coverage De	ype of Deductible				E		
5. Alternative Deductible				elow Cata	strophic	c Threshold			Amts abov
6. Value of \$590 Deductible 7. Value of Proposed Deductible			\$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 Coins. %			\$0.00) \$(0.00		\$0.00		
10. Standard			\$0.00) \$(5.0% 25.0			0.0%
11. Alternative Coins PMPM			\$0.00		0.00	0.0% 0.0	\$0.00	C	0.0%
12. Standard 13. Alternative			\$0.00) \$(0.00		\$0.00		
Federal Reinsurance 14. Standard									For Rei
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									
	-								

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		
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			
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			
8. Supplemental Premium	\$0.00			
1. Claims for Standard		At 0.000 \$0.00	At 1.00	
2. Impact of Alternative Utilization on Standard			¢0 00	
3. Allowable Cost Target for Alternative		4	\$	
4. Induced Utilization Adjustment		(0.	
			0	

WORKSHEET 6 - RX SCRIPT PROJECTIONS FOR DEFINED STANDARD, ACTUARIALLY EQUIVALENT OR ALTERNATIVE COVERAGE 1. General Information

Contract Number: Plan ID: Segment ID:	2026	7. Plan Nan 8. Plan Typ 9. Enrollee
II. Projections for Equivalence Tests	(f)	(g)
Population Not Exceeding the Catastrophic Threshold		Defin
Lines 1-8 exclude Insulins/Vaccines and exclude claims subject to deductible 1. Retail Generic 2. Retail Preferred Brand	Number of Scripts	Allowed
2. 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		
12 Claims Cubiast to Dadustible		0
12. Claims Subject to Deductible 13. Manufacturer Discount		
Population Exceeding the Catastrophic Threshold	Number of	Allowed
Fuguration Exceeding the Catastropine Threshold Lines 14-21 exclude Insullins/Vaccines and exclude claims subject to deductible 14. Retail Generic 15. Retail Preferred Brand	Scripts	Allowed
16. Retail Non-Preferred Brand		
17. Retail Specialty 18. Mail Order Generic		
16. 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 8. Retail Preferred Brand	Number of Scripts	Allowed
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		<u></u>
Total Amounts Allocated Over the Catastrophic Threshold (All Populations) 39. All Spending Over Catastrophic Threshold	Number of	Allowed
40. Manufacturer Discount		0
41. Non-Part D Covered Drugs - All Spending		

Subsi	dy for Selected Drugs
Defined Standard Total Dollars Alternative	
Total Dollars	

WORKSHEET 7 - SUMMARY OF KEY BID ELEMENTS

I. General Information

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

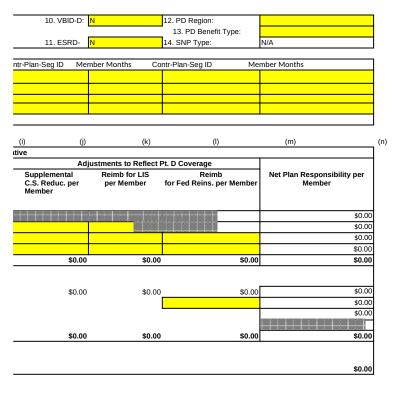
II. 2026 Defined Standard Benefit Parameters

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

III. Summary of Key Bid Elements		V. Working Model Te
1. Standardized Part D Bid	\$0.00	T
National Average Monthly Bid Amount Base Beneficiary Premium		TI
Maximum Base Beneficiary Premium (106% of Prior Contract Year) Basic Part D Premium (prior to A/B rebate allocation) Unrounded	\$38.98 \$0.00	
6. Rounded Supplemental Part D Premium (prior to A/B rebate allocation)	\$0.00	
7. Unrounded 8. Rounded	\$0.00 \$0.00	
Prospective federal reinsurance (non-standardized) Prospective low-income cost sharing subsidy (non-standardized)	\$0.00 \$0.00	
11. Target amount adjustment (allowed costs as a ratio of bid) 12. Manufacturer Discount Amount (exclusive of Selected Drug Subsidy)	1.0000 \$0.00	
13. Selected Drug Subsidy Amount 14. Round Part D premiums to nearest (Rounding Rule)	\$0.00 \$0.10	
14. Round Fait D premiums to hearest (Rounding Rule)	\$0.10	
I .		

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 Cont	act
Name Phone Email	
Date Prepared	



VII. PMPM Income Statement Summary

(m)

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

(k)

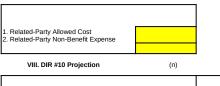
N	/	L

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

d PMPM

Manual Util/ 1000	Manual Unit Cost	Manual Rate PMPM	Credibility	Blende d Allowe d
		\$		\$0
		0		.0
				0
		0 0		\$0
		\$.0 0
		ŏ		\$0
				.0
		- o		0
		0		\$0
		* 0		.0
				0 \$0
) \$0.		0%	
) \$0.) \$0.		0%	\$0.00 \$0.00
	5 \$0. 5 \$0.		0%	\$0.00
	\$0.		0%	\$0.00
	\$0.		0%	\$0.00
	\$0.		0%	\$0.00

(n)



1. DIR #10

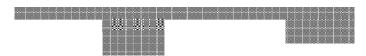
Page 3 of 7

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

(m)	(n)	(0)				
Cost Sharing		Deductible	Other Cost Sharing PMPM	Federal Reins. PMPM	Plan Liability PMPM	Federal LICS PMPM

				\$0.0	
\$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		\$0. 00 \$0. 00

ındard Coverage Bid Development

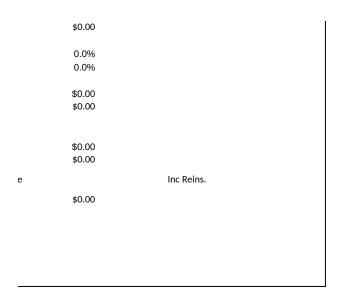


Page 4 of 7

Region: enefit Type: 'Type:	N/A			
6.000				

id Development with Actuarially Equivalent C. S.

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



Actuarial Equivalence Test

(m) (o) (q)

	mts above trophic	All Members
	0	0
	0	0
		Non-
Row		Part D Covd
e Catastrophic	Subtotal	
\$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	
45.00	Ψ0.00	
\$0.00	\$0.00	\$0.00
40.00	\$5.00	ţ5.55



evelopment of Supplemental Premium

Page 6 of 7

ne: e: Гуре:		10. VBID-D: 11. ESRD- SNP:	N N	12. PD Region: 13. PD Benefit Type: 14. SNP Type: N
	((i)	(j)	(k)
ed Standard	l Coverage	Actu	arially Equivalent or Alteri	native Benefits
\$	Std Cost Sharing \$	Number of Scripts	Allowed	Cost Sharing \$
			\$	
100				
\$0.00	\$0.00		\$0.00	\$0.00
\$	Std Cost Sharing \$	Number of Scripts	Allowed	Cost Sharing \$
			\$	
\$0.00	±0.00	(\$0.00	\$0.00
			1,111	
\$	Std Cost Sharing \$	Number of Scripts	Allowed	Cost Sharing \$
			\$	
\$0.00	\$0.00	(\$0.00	\$0.00
\$0.00	40.00		40.00	40.00
\$	Std Cost Sharing \$	Number of Scripts	Allowed	Cost Sharing \$
\$0.00	,			
				· · · · · · · · · · · · · · · · · · ·

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

ext Box
his section can be used at the discretion of the Plan sponsor. he contents are NOT uploaded in the bid submission.