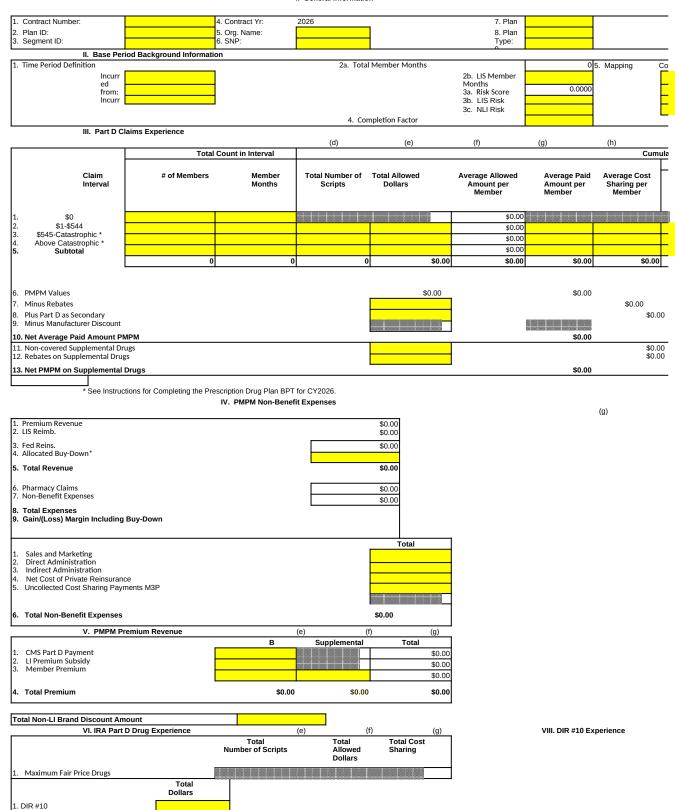
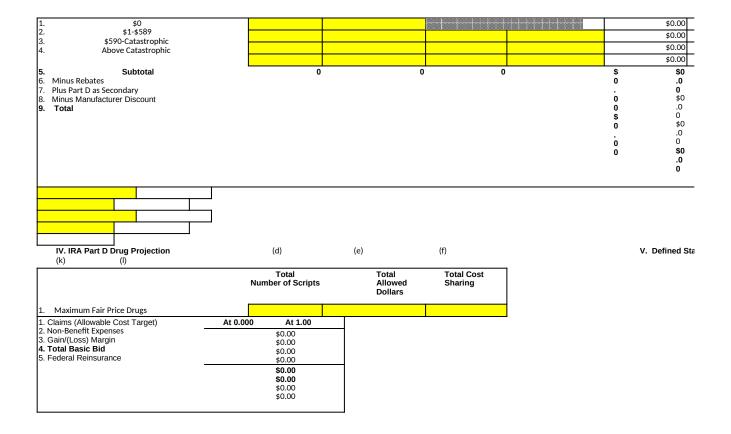
WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE

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

3. Segment ID:	4. Contract Yr: 20. 5. Org. Name: 6. SNP:	26	7. Plan Name: 8. Plan Type: 9. Enrollee Typ		0. VBID-D: 11. ESRD-SNP:	13. F	D Region: D Benefit Type: SNP Type:
II. Utilization for Covered Part D Drugs	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Type of Script 1. Retail Generic 2. Retail Preferred Brand 3. Retail Non-Preferred Brand 4. Retail Specialty 5. Mail Order Generic	# of Scripts 1000	Base Period	PMPM Allowed	Trend in Scripts/100	Formulary		of Utilization Ch Induced Utilization*
6. Mail Order Preferred Brand 7. Mail Order Non-Preferred Brand 8. Mail Order Specialty 9. Maximum Fair Price Drugs 10. Total Retail 11. 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 \$0.00 \$0.00 \$0.00 \$0.00 0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	(0.000 0.0 0.000 0.0 0.000 0.0 0.000 0.0 0.000 0.0 0.000 0.0	0.000 0.000 00 00 00 0.000	0.000 0.000 0.000 0.000
*Adjustment to remove impact of induced utilization due to supplemental cost for Covered Part D Drugs (e) (f) (g) (h)	ental coverage (i) (j)	(k) (l)	(m)	(n)) (0)	IV. P (p)	rojected Allowe
1. Retail Generic 2. Retail Preferred Brand 3. Retail Non-Preferred Brand 4. Retail Specialty	Inflation Trend	Discount Change	Compo Formulary Change	Onents of Unit Cos Other 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 Specialty 9. Maximum Fair Price Drugs 10. Total Retail 11. Total Mail Order 12. Total Generic 12. Total Generic 13. Total Specialty 14. Total Specialty 15. 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	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 .0 .0 .0 .0 .0 .0 .0 .0 .0
V. PMPM Non-Benefit Expenses and Gain/(Loss) Margin	(e)	VI. Percen	tage 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 10. Supplemental Gain/(Loss) Margin	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00		Claims (Allowable Non-Benefit Eya Gain/(Loss) Margi Total Bid Total Bid Claims (Allowable C Non-Benefit Expenc. 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 PER	IOD PROJECTIO	N FOR DEFINED	STANDARD	COVERAGI	E		
I. General Information 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							
	Ionths:	0		2a. Projecte	d Avg Risk Scor d LIS Risk Score d NLI Risk Score	:	0.000
1. Projected Total Member N 1a. Projected LIS Member N 1b. Projected NLI Member N	ionths:						



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:	10. VBID-D 11. ESRD-		12. PD R 13. PD B 14. SNP
3. Segment ID.			9. Enfoliee Type.	11. ESRD-	SINP. IN	14. SNP
	II. Projection					
Projected Member Months		0		2. Projected Avg Risk Score		
	III. Developm	ent of Bid for Sta				V. Std. Cov. B
1. Claims (Allowable Cost Target)		At \$0.00	At 1.00			
2. Non-Benefit Expenses 3. Gain/(Loss) Margin		0.00 \$0.00 0 \$0.00	\$0.00 \$0.00			
4. Total Basic Bid		0 \$0.00 \$0.00	\$0.00			
- Total basic blu		Φ0.00	\$0.00 \$0.00			
			Ψ0.00			
5. Net Federal Reinsurance		\$0.00	\$0.00			
6. LIS		\$0.00				
1. Claims (Allowable Cost Target)			0.000	\$0.		
2. Non-Benefit Expenses 3. Gain/(Loss) Margin			.00	00 \$0.		
4. Total Basic Bid			.00	90.		
I Total Basic Bla			. 00	\$0.		
		40		00		
5. Net Federal Reinsurance			\$0.00	\$0.00		
6. Gross Federal Reinsurance				\$0.00		
7. LIS				\$0.00		
11.51						
	(e)	ent of Bid Compo	nents and Tests for Ac		(I)	
[a = a a a a	(e)		(i)	1	(1)	
1. Total Members 2. Member Months						
2. Member Months						
				Amounts		Amounts
				Catastrophic		trophic
Allowed PMPM				Threshold	Thres	hold
Allowed PMPM						
3. Standard			\$0.00			
4. Standard with Act. Equiv. Cost Sharing	3		\$0.00			
The standard many tool Equity cost charm,	•		40.00			
5. Value of Deductible			\$0.00			
Allowed Subject to Coins.						
(Share david			40.00			
6. Standard			\$0.00			

 Standard with Act. Equiv. Sharing Coins. % Standard Standard with Act. Equiv. Sharing Coins PMPM Standard Standard with Act. Equiv. Sharing 	3			\$0.00 25.0% 0.0% E \$0.00 \$0.00					0.0% 0.0%
Net Cost of Benefit									
12. Standard 13. Standard with Act. Equiv. Sharin	g			\$0.00 \$0.00					
Rebates									For Reinsuranc
14. Standard 15. Standard with Act. Equiv. Sharin	g								
Test for Actuarial Equivalence									
Effective coinsurance with alternati	ve cost sharing = to	effective coinsura	nce for standa	d cost sh	aring				
16. A=B			No						
WORKSHEET 5 - Rx ALTERNATI	VE COVERAGE								
General Information Contract Number: 4	. Contract Yr:	2026			7. Plan	Name:	1	0. VBID-D: N	<u> </u>
2. Plan ID: 5.	Org. Name: SNP:	2020			8. Plan			1. ESRD-SNP: N	
II. Projection Data 1. Projected Member N						2	l	0.000	
1. Claims	velopment of Bid for S At 0.000	C At 1.00	\neg						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		\$0.00						
7. LIS 1. Part D Covered Drugs	\$0.00 At	0.000 D	,	\$0.0					
2. Non-Benefit Expenses 3. Gain/(Loss) Margin	\$0 \$0	.00	t	0 \$0.0					
4. Federal Reinsurance	\$0 \$0		1	0 \$0.0					
5. Total Part D Covered		\$0. B		0 \$0.00					
6. Non-Part D Covered Drugs		00							
7. Total Plan Coverage 8. Total Basic Bid		\$0.00 \$0.00		\$0.00					
9. LIS		\$0.00		\$0.00					
	velopment of Bid onents	(d)	(f)	(g)		(i)		
						Part D Covere			
					embers with CAT	Members >CAT		mounts <=CAT Il members	
Population not Meeting Deductible Population Meeting Deductible Member Months				0	()		0 0 0	
Allowed PMPM 4. Standard		Ty Alt Coverage De	pe of Deductible				E		
5. Alternative Deductible		7.11. 0010. tago 20		elow Cata	strophic Thr	eshold			Amts abov
Value of \$590 Deductible Value of Proposed Deductible			\$0.00 \$0.00		.00		\$0.00 \$0.00		
Allowed Subject to Coins. 8. Standard			\$0.00 \$0.00 \$0.00	\$0	.00 .00		\$0.00 \$0.00		
9. Alternative Coins. %			\$0.00	\$0	.00		\$0.00		
10. Standard 11. Alternative			\$0.00	\$0	.00 25.0%	25.0%	\$0.00	0.09	
Coins PMPM			\$0.00		.00	0.0%	\$0.00	0.0%	6
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									
z.i. Alternative									
								<u> </u>	
	I								

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 Nam 8. Plan Type 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
3. Retail Non-Preferred Brand		
4. Retail Specialty 5. Mail Order Generic		
Mail Order Preferred Brand Mail Order Non-Preferred Brand		
8. Mail Order Specialty 9. Insulins		
10. Vaccines 11. Total		
12. Claims Subject to Deductible		0
13. Manufacturer Discount		
Population Exceeding the Catastrophic Threshold	Number of	Allowed
Lines 14-21 exclude insulins/Vaccines and exclude claims subject to deductible 14. Retail Generic	Scripts	
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	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		
37. TOTAL		_
00.44 (4 - 0)		0
38. Manufacturer Discount Total Amounts Allocated Over the Catastrophic Threshold (All Populations)	Number of	Allowed
190. All Spending Over Catastrophic Threshold 40. Manufacturer Discount	Number of	0 Allowed
41. Non-Part D Covered Drugs - All Spending		

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

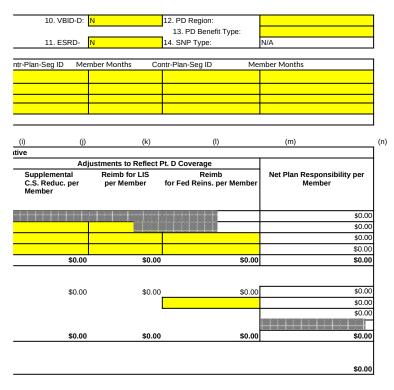
II. 2026 Defined Standard Benefit Parameters

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)

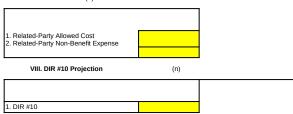
d.	//

(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 0 \$0 .0 0 .0 0 80
	0 \$0.0 0 \$0.0 0 \$0.0 0 \$0.0 0 \$0.0 0 \$0.0	0 \$0.00 0 \$0.00 0 \$0.00 0 \$0.00	0% 0% 0% 0% 0% 0% 0%	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

(n)



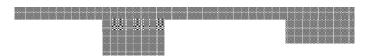
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ın Name:	10. VBID- N	12. PD Region:	
ın Type:	D: N	13. PD Benefit Type:	
rollee Type:	11.	14. SNP Type: N/A	
	ESRD-		

(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

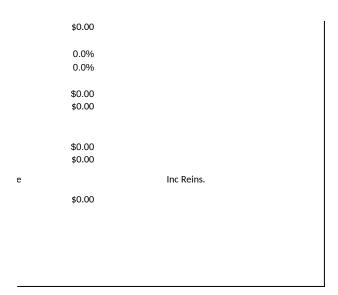


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Region: enefit Type: Type:	N/A			
8.000				

id Development with Actuarially Equivalent C. S.

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



12. PD Region:		
PD Benefit Type:		
SNP Type:	N/A	
	IN/ A	

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	
ψοισσ	\$0.00	
insurance	Inc Reins	
\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00
		· ·



evelopment of Supplemental Premium

Page 6 of 7

ne: e:		10. VBID-D: 11. ESRD-	N N	 PD Region: PD Benefit Type:
г. Гуре:		SNP:	IN	14. SNP Type: N/A
	((i)	(j)	(k)
	<u> </u>			
ed Stan	dard Coverage Std Cost Sharing \$	Number of Scripts	uarially Equivalent or Al Allowed	Cost Sharing \$
Þ	Stu Cost Sharing \$	Number of Scripts	\$	Cost Sharing \$
			1	
\$0.0	00 \$0.00		0 \$0	.00 \$0.00
\$	Std Cost Sharing \$	Number of Scripts	Allowed	Cost Sharing \$
			\$	
\$0.0			0 \$0	.00 \$0.00
\$	Std Cost Sharing \$	Number of Scripts	Allowed	Cost Sharing \$
			\$	
\$0.0			0 \$0	.00 \$0.00
	0.00		\$0	\$0.00
\$	Std Cost Sharing \$	Number of Scripts	Allowed	Cost Sharing \$
	1.00		7	Cost Chairing C

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.