

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	
3. Segment ID:		6. SNP:		Type:	

II. Base Period Background Information

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

III. Part D Claims Experience

		(d)	(e)	(f)	(g)	(h)	Cumula
Claim Interval	Total Count in Interval	Total Number of Scripts	Total Allowed Dollars	Average Allowed Amount per Member	Average Paid Amount per Member	Average Cost Sharing per Member	
# of Members	Member Months						
1. \$0				\$0.00			
2. \$1-\$544				\$0.00			
3. \$545-Catastrophic *				\$0.00			
4. Above Catastrophic *				\$0.00			
5. Subtotal				\$0.00			
	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

V. PMPM Premium Revenue

	(e)	(f)	(g)
	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			
	Total Dollars		
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

(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)
Claim Interval		# of Members		Member Months	# of Scripts	Projected Allowed		Avg Amt Allowed PMPM

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

II. Projection Data		V. Std. Cov. B	
1. Projected Member Months	0	2. Projected Avg Risk Score	
III. Development of Bid for Standard Coverage			
1. Claims (Allowable Cost Target)	At \$0.00	At 1.00	
2. Non-Benefit Expenses	0.00 \$0.00	\$0.00	
3. Gain/(Loss) Margin	0 \$0.00	\$0.00	
4. Total Basic Bid	\$0.00	\$0.00	
5. Net Federal Reinsurance	\$0.00	\$0.00	
6. LIS	\$0.00		
1. Claims (Allowable Cost Target)	At 0.000	\$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)

7. Standard with Act. Equiv. Sharing	\$0.00	
Coins. %		
8. Standard	25.0% A	0.0%
9. Standard with Act. Equiv. Sharing	0.0% B	0.0%
Coins PMPM		
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		For Reinsurance
14. Standard		
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:
2. Plan ID:	5. Org. Name:		8. Plan Type:
3. Segment ID:	6. SNP:		9. Enrollee Type:
			10. VBID-D: N
			11. ESRD-SNP: N

II. Projection Data			
1. Projected Member Months	0	2.	0.000

III. Development of Bid for Standard Coverage				V. Development of	
1. Claims	At 0.000	C	At 1.00		
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				
1. Part D Covered Drugs	At 0.000	D		/	\$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				(d)	(f)	(g)	(i)
Part D Covered Drugs							
				Members with	Members	Amounts <=CAT	
				<=CAT	>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			E			
5. Alternative							
Deductible	Amounts below Catastrophic Threshold			Amts above			
6. Value of \$590 Deductible	\$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		
Allowed Subject to Coins.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
8. Standard	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
9. Alternative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
Coins. %	\$0.00	\$0.00	\$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	\$0.00	\$0.00		
12. Standard	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
13. Alternative							
Federal Reinsurance							
14. Standard							
15. Alternative							For Reinsurance
Minus Rebates							
16. Standard							
17. Alternative							
Plus Part D as Secondary							
18. Standard							
19. Alternative							
Net Cost of Benefit							
20. Standard							
21. Alternative							

		\$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
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
2. Impact of Alternative Utilization on Standard	At 1.00 \$0.00
3. Allowable Cost Target for Alternative	\$
4. Induced Utilization Adjustment	\$

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		
12. Claims Subject to Deductible	0	
13. Manufacturer Discount		
Population Exceeding the Catastrophic Threshold	Number of Scripts	Allowed
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		
25. Claims Subject to Deductible	0	
26. Manufacturer Discount		
Amounts Allocated up to Catastrophic Threshold (Lines 27-34 exclude Insulins/Vaccines and claims subject to deductible)	Number of Scripts	Allowed
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		
38. Manufacturer Discount	0	
Total Amounts Allocated Over the Catastrophic Threshold (All Populations)	Number of	Allowed
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

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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

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

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

d PMPM

CMS Guideline Credibility	0%
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1. Related-Party Allowed Cost	
2. Related-Party Non-Benefit Expense	

(n)

1. DIR #10

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

		\$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
Row	Non-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
	\$0.00	0.0%
		0.0%
	\$0.00	\$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

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The contents are NOT uploaded in the bid submission.

