WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE

I. General Information

1. Contract Number:		4. Contract Yr:	2027	7.	
2. Plan ID:		5. Org. Name:		8.	
3. Segment ID:		6. SNP:		Plan Type:	

II. Base Period Background Information

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

III. Part D Claims Experience

	Claim Interval	(d) Total Count in Interval: # of Members	Member Months	(e) Total Number of Scripts	(f) Total Allowed Dollars	(g) Average Allowed Amount per Member	(h) Average Paid Amount per Member	(i) Cumu: Average Cost Sharing per Member
1.	$0					$0.00		
2.	$1-$589					$0.00		
3.	$590-Catastrophic *					$0.00		
4.	Above Catastrophic *					$0.00		
5.	**Subtotal**					$0.00		
		0	**0**	**0**	**$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. Net Average Paid Amount PMPM		**$0.00**	**$0.00**
10. Non-covered Supplemental Drugs			$0.00
11. Rebates on Supplemental Drugs			$0.00
12. Net PMPM on Supplemental Drugs		**$0.00**	

* See Instructions for Completing the Prescription Drug Plan BPT for CY2027.

IV. PMPM Non-Benefit Expenses

	(g) 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) Ba	(f) Supplemental	(g) Total
1. CMS Part D Payment			$0.00
2. LI Premium Subsidy			$0.00
3. Member Premium			$0.00
4. Total Premium			**$0.00**

VI. IRA Part D Drug Experience

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

VII. PMPM Income Statement Summary

1. Premium Revenue
2. LIS Reimb.
3. Fed Reins.
4. Allocated Buy-Down*
5. **Total Revenue**
6. Pharmacy Claims
7. Non-Benefit Expenses
8. **Total Expenses**
9. **Gain/(Loss) Margin Including Buy-Do**

* MA rebate dollars to buy-down Part D pre

Manufacturer Disc

VIII. DIR #10 Experience

	(k)
1. DIR #10	

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 vali complete this information collection is estimated to average 30 hours per response, including the time to review instructions, search existing data resources, gather the d 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, M*

CMS - 10142

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

I. General Information

1. Contract Number:		4. Contract Yr:	2027	7. Plan Name:	10. E
2. Plan ID:		5. Org. Name:		8. Plan Type:	
3. Segment ID:		6. SNP:			

II. Utilization for Covered Part D Drugs

(e) (f) (g) (h) (i)

Type of Script	Base Period # of Scripts/ 1000	Allowed per Script	PMPM Allowed	Trend in Scripts/1000	Formulary Change	Co
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	$0.00	$0.00	0.000	0.000	
11. Total Mail Order	0	$0.00	$0.00	0.000	0.000	
12. Total Generic	0	$0.00	$0.00	0.000	0.000	
13. Total Brand (Preferred and Non-Preferred)	0	$0.00	$0.00	0.000	0.000	
14. Total Specialty	0	$0.00	$0.00	0.000	0.000	
15. Total	**0**	**$0.00**	**$0.00**	**0.000**	**0.000**	

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

III. Cost for Covered Part D Drugs

(e) (f) (g) (h) (i)

	Components of Unit Cost Change: Inflation Trend	Discount Change	Formulary Change	Other Change	Tot. Unit Cost Chg	Proj
1. Retail Generic					0.0	$0.00
2. Retail Preferred Brand					00	$0.00
3. Retail Non-Preferred Brand					0.0	$0.00
4. Retail Specialty					00	$0.00
5. Mail Order Generic					0.0	$0.00
6. Mail Order Preferred Brand					00	$0.00
7. Mail Order Non-Preferred Brand					0.0	$0.00
8. Mail Order Specialty					00	$0.00
9. Maximum Fair Price Drugs					0.0	$0.00
10. Total Retail					00	$0.00
11. Total Mail Order					0.0	$0.00
					00	
	0.000	0.000	0.000		0.000	
	0.000	0.000	0.000		0.000	
			0.000			
12. Total Generic	0.000	0.000	0.000		0.000	
13. Total Brand (Preferred and Non-Preferred)	0.000	0.000	0.000		0.000	
14. Total Specialty	0.000	0.000	0.000		0.000	
			0.000			
			0.000			
15. Total	**0.000**	**0.000**	**0.000**		**0.000**	
			0.000			

V. PMPM Non-Benefit Expenses and Gain/(Loss) Margin

(e)

	Projected Expenses
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	

VI. Percentage of Revenue

1. Claims (Allowable Cost Target)	
2. Non-Benefit Expenses	
3. Gain/(Loss) Margin	
4. Total Bid	
5. Percentage of Revenue	
a. Claims (Allowable Cost Target)	
b. Non-Benefit Expenses	
c. Gain/(Loss) Margin	

WORKSHEET 3 - Rx CONTRACT PERIOD PROJECTION FOR DEFINED STANDARD COVERAGE

I. General Information

1. Contract Number:	4. Contract Yr:	2027	7.
2. Plan ID:	5. Org. Name:		8.
3. Segment ID:	6. SNP:		9.

II. Projection Data

1. Projected Total Member Months:	0	2.	0.000
1a. Projected LIS Member Months:		2a.	
1b. Projected NLI Member Months:	0	Projected LIS Risk	

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					

4.	Above Catastrophic					$0.00	
						$0.00	
5.	**Subtotal**	**0**	**0**	**0**	**$0.00**	**$0.00**	**$0.**
6.	Minus Rebates					$0.00	
7.	Plus Part D as Secondary					$0.00	
8.	Minus Manufacturer Discount						
9.	**Total**				**$0.00**	**$0.00**	**$0**

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

	Total Number of Scripts	**Total Allowed Dollars**	**Total Cost Sharing**
1. Maximum Fair Price Drugs			

	At 0.000	**At 1.00**
1. Claims (Allowable Cost Target)		$0.00
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
		$0.00

WORKSHEET 4 - Rx STANDARD COVERAGE WITH ACTUARIALLY EQUIVALENT C

I. General Information

1. Contract Number:	4. Contract Yr:	2027	7. Plan Name:		10. BAL-D:
2. Plan ID:	5. Org.		8. Plan Type:		
3. Segment ID:			9. Enrollee Type:		

II. Projection Data

1. Projected Member Months	0	2. Projected Avg Risk	

III. Development of Bid for Standard Coverage

V. Std. Cov.

1. Claims (Allowable Cost Target)	**At 0.000**	$0.00	**At 1.00**
2. Non-Benefit Expenses		$0.00	$0.00
3. Gain/(Loss) Margin		$0.00	$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 0.000**	**At 1.00**	$0.00
2. Non-Benefit Expenses	$0.00		$0.00
3. Gain/(Loss) Margin	$0.00		$0.00
4. Total Basic Bid	$0.00		**$0.00**
	$0.00		
5. Net Federal Reinsurance			$0.00
6. Gross Federal Reinsurance			$0.00
7. LIS			

IV. Development of Bid Components and Test for Actuarial Equivalence

(e) (i) (l)

1. Total Members			
2. Member Months			
			Amounts a
		Catastr ophic	**Catastrophic Threshold**
Allowed PMPM			
3. Standard	$0.00		$0.00
4. Standard with Act. Equiv. Cost Sharing	$0.00		$0.00
5. Value of Deductible	$0.00		$0.00
Allowed Subject to Coins.			
6. Standard	$0.00		$0.00
7. Standard with Act. Equiv. Sharing	$0.00		$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	$0.00
11. Standard with Act. Equiv. Sharing	$0.00	$0.00
Net Cost of Benefit		
12. Standard	$0.00	$0.00
13. Standard with Act. Equiv. Sharing	$0.00	$0.00
Rebates		For Reinsur
14. Standard		$0.00
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:	2027	7. Plan Name:	10. BAL-D:
2. Plan ID:	5. Org. Name:		8. Plan Type:	
3. Segment ID:	6. SNP:		9. Enrollee Type:	

II. Projection Data

1. Projected Member Months		2. Projected	0.000

III. Development of Bid for Standard Coverage

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**		**$0.00**
5. Federal Reinsurance	**0**		$0.00
6. Total Coverage	**$0.00**	**A**	**$0.00**
7. LIS	$0.00		

1. Part D Covered Drugs	**At 0.000**	**D**	**At 1.00**	$0 .0
2. Non-Benefit Expenses	$0.00			0
3. Gain/(Loss) Margin	$0.00			$0 .0
4. Federal Reinsurance	$0.00			0
5. Total Part D Covered	**$0. 00**	**B**		**$0.00**
6. Non-Part D Covered Drugs				
7. Total Plan Coverage	**$0.00**			
8. Total Basic Bid	**$0.00**			**$0.00**
9. LIS				

V. Development of Actuarial Eq

IV. Development of Bid Components

	(d)	(f)	(g)	(i)
	Part D Covered Drugs			
		Members <=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**			**E**
5. Alternative				
Deductible	**Amounts below Catastrophic Threshold**			**Amts**
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				

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

VI. Tests for Alternative Coverage **VII.**

VIII. Development of Induced Utilization Adjustment

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

	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.
4. Induced Utilization Adjustment		00

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

I. General Information

1. Contract Number:	4. Contract Yr: 2027	7. Plan Name:
2. Plan ID:		8. Plan Type:
3. Segment ID:		9. Enrollee Type:

II. Projections for Equivalence Tests

	(f) Number of Scripts	(g) Allowed $	(h) Define
Population Not Exceeding the Catastrophic Threshold			
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	**Number of Scripts**	**Allowed $**	
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)	**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			
	0		
38. Manufacturer Discount			
Total Amounts Allocated Over the Catastrophic Threshold (All Populations)	**Number of Scripts**	**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:	2027	7. Plan Name:	
2. Plan ID:		5. Org. Name:		8. Plan Type:	
3. Segment ID:		6. SNP:		9. Enrollee Type:	

II. 2027 Defined Standard Benefit Parameters

1. Deductible	$615
2. Out-of-pocket Limit	$2,100

III. Summary of Key Bid Elements

V. Working Model T

1. Standardized Part D Bid	$0.00
2. National Average Monthly Bid Amount	
3. Base Beneficiary Premium	
Basic Part D Premium (prior to A/B rebate allocation)	
4. Unrounded	$0.00
5. Rounded	$0.00
Supplemental Part D Premium (prior to A/B rebate allocation)	
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. Manufacturer Discount Amount (exclusive of Selected Drug Subsidy)	$0.00
12. Selected Drug Subsidy Amount	$0.00
13. Round Part D Premiums to Nearest (Rounding Rule)	$0.10

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. BAL-D:	11. PD Region:
	N/A

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

(j)	(k)	(l)	(m)	(n)
ılative				
	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

(m)
$0.00
$0.00
$0.00
$0.00
$0.00
$0.00
wn

emium (not true revenue)

ount Amount	

Total Dollars

d OMB control number. The valid OMB control number for this information collection is 0938-0944. The time required to ata needed, and complete and review the information collection. If you have comments concerning the accuracy of the time laryland 21244-1850.

BAL-D:	11. PD Region:
	12. PD Benefit Type:
	13. SNP Type: N/A

(j)	(k)	(l)	(m)	(n)	(o)
Components of Utilization Change					
Risk Change	**Induced Utilization***	**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	0.000	0.000	0.000	0	
0.000	0.000	0.000	0.000	0	
0.000	0.000	0.000	0.000	0	
0.000	0.000	0.000	0.000	0	
0.000	0.000	0.000	0.000	0	
0.000	**0.000**	**0.000**	**0.000**	**0**	

IV. Projected Allowed PMPM

(j)	(k)	(l)	(m)	(n)	(o)	(p)
ected Unit Cost	**Projected Allowed PMPM**	**Manual Util/ 1000**	**Manual Unit Cost**	**Manual Rate PMPM**	**Credibility**	**Blended Allowed PMPM**
	$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			$0.00		$0.00
	$0.00			$0.00		$0.00
	$0.00			$0.00		$0.00
	$0.00			$0.00		$0.00
		0	$0.00	$0.00	0%	$0.00
		0	$0.00	$0.00	0%	$0.00
						$0.00
$0.00	$0.00	0	$0.00	$0.00	0%	$0.00
$0.00	$0.00	0	$0.00	$0.00	0%	$0.00
$0.00	$0.00	0	$0.00	$0.00	0%	$0.00
						$0.00
$0.00	**$0.00**	**0**	**$0.00**	**$0.00**	**0%**	**$0.00**
				CMS Guideline Credibility	**0%**	

(j)

VII. Related Party (n)

at 0.000
$0.00
$0.00
$0.00
$0.00
0.0%
0.0%
0.0%

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

VIII. DIR #10 Projection (n)

1. DIR #10	

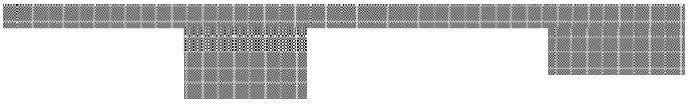
Plan Name:	10. BAL-D:	11. PD Region:	
Plan Type:		12. PD Benefit Type:	
Enrollee Type:		13. SNP Type:	N/A

)

(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	
.00	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	
				$0.00		
				$0.00		
				$0.00		
).00	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	

andard Coverage Bid Development



OST SHARING

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

0.000

Bid Development with Actuarially Equivalent C. S.

		0	
		0	
bove		**Row**	
		Subtotal	
			$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

Inc Reins.

ance
$0.00 $0.00

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

quivalence Test

(m) (o) (q)

	Amts above Catastrophic	All Members
	0	0
	0	0
	0	0

Row		Non-Part D Covd
s above 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	
For Reinsurance	**Inc Reins.**	

$0.00	$0.00	

$0.00	$0.00	$0.00
	$0.00	
$0.00		$0.00
		$0.00

Development of Supplemental Premium

	10. BAL-D:	11. PD
		12. PD Benefit Type: N/A

(i)	(j)	(k)	
d Standard Coverage	**Actuarially Equivalent or Alternative Benefits**		
Std Cost Sharing $	**Number of Scripts**	**Allowed $**	**Cost Sharing $**
$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**
Std Cost Sharing $	**Number of Scripts**	**Allowed $**	**Cost Sharing $**
$0.00 **$0.00**		**$0.00**	**$0.00**
$0.00			
Std Cost Sharing $	**Number of Scripts**	**Allowed $**	**Cost Sharing $**
$0.00			

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

ext Box

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