WORKSHEET 1 - MA BASE PERIOD EXPERIENCE AND PROJECTION ASSUMPTIONS

MA-2008.1 I. General Information OMB Approved # 0938-0944 Contract Number: 5. Organization Name 9. Enrollee Type: 13. Region Name: N/A 6. Plan Name: 2. Plan ID: 10. MA Region: 3. Segment ID: 7. Plan Type: 11. Act. Swap/Equiv Apply: 4. Contract Year: 2008 8. MA-PD: 12. SNP: 14. % of CY Enrollees that are Dually-Eligible: II. Base Period Background Information 1. Time Period Definition 2. Member Months (excl ESRD) 5. Plans In Base Contract-Plan ID % of MMs 3. Non-ESRD Risk Score Incurred from: Incurred to: 4. Completion Factor b. Paid through: 6. Describe the source of the base period experience data (1000 character limit)

III. Base Period Data (at Plan's non-ESRD Risk Factor) IV. Projection Assumptions (g) (h) (i) (m) (n) (p) **Total Benefits** Util. Adjustments to Contract Period Unit Cost/ Additive Util Annualized Allowed Util/1000 Benefit Plan Population Other Intensity Adjustments **Service Category** Util/1000 Avg Cost **PMPM** Change Change Util/1000 PMPM Type Trend Factor Trend Inpatient Facility \$0.00 Skilled Nursing Facility 0.00 Home Health 0.00 0.00 Ambulance DME/Prosthetics/Supplies 0.00 OP Facility - Emergency 0.00 OP Facility - Surgery 0.00 OP Facility - Other 0.00 Professional 0.00 Part B Rx 0.00 Other Medicare Part B 0.00 Transportation (Non-Covered) 0.00 Dental (Non-Covered) 0.00 Vision (Non-Covered) 0.00 Hearing (Non-Covered) 0.00 0.00 POS Health & Education (Non-Covered) 0.00 Other Non-Covered 0.00 COB/Subrg. (outside claim system) **Total Medical Expenses** \$0.00 Subtotal Medicare-covered services \$0.00

CMS - 10142 (03/31/2009)

V. Description of Other Utilization Factor and Additive Values (1000 character limit)

WORKSHEET 2 - MA PROJECTED ALLOWED COSTS PMPM

I. General Information

 Contract Number: 	Organization Name:	9. Enrollee Type:	13. Region Name: N/A	
2. Plan ID:	6. Plan Name:	10. MA Region:		
Segment ID:	7. Plan Type:	11. Act. Swap/Equiv Apply		
4. Contract Year: 2008	8. MA-PD:	12. SNP:	14. % of CY Enrollees that are Dually-Eligible:	0.0%

II. Projected Allowed Costs

(c)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(I)	(m)	(n)	(o)	(p)
		Proje	cted Experie	nce Rate		Manual Rat		Exper.	C	Contract Year	Rate	% of svo
	Util	Annual		Allowed	Annual		Allowed	Cred.	Annual		Allowed	provide
Service Category	Туре	Util/1000	Avg Cost	PMPM	Util/1000	Avg Cost	PMPM	%	Util/1000	Avg Cost	PMPM	OON
Inpatient Facility		0	\$0.00	\$0.00		\$0.00			0	\$0.00	\$0.00	
Skilled Nursing Facility		0	0.00	0.00		0.00			0	0.00	0.00	
Home Health		0	0.00	0.00		0.00			0	0.00	0.00	
Ambulance		0	0.00	0.00		0.00			0	0.00	0.00	
DME/Prosthetics/Supplies		0	0.00	0.00		0.00			0	0.00	0.00	
OP Facility - Emergency		0	0.00	0.00		0.00			0	0.00	0.00	
OP Facility - Surgery		0	0.00	0.00		0.00			0	0.00	0.00	
OP Facility - Other		0	0.00	0.00		0.00			0	0.00	0.00	
Professional		0	0.00	0.00		0.00			0	0.00	0.00	
Part B Rx		0	0.00	0.00		0.00			0	0.00	0.00	
Other Medicare Part B		0	0.00	0.00		0.00			0	0.00	0.00	
Transportation (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00	
Dental (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00	
Vision (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00	
Hearing (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00	
POS		0	0.00	0.00		0.00			0	0.00	0.00	
Health & Education (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00	
Other Non-Covered		0	0.00	0.00		0.00			0	0.00	0.00	
COB/Subrg. (outside claim system)			<u> </u>	0.00			42.22		,	-	0.00	
Total Medical Expenses			L	\$0.00	l	L	\$0.00				\$0.00	
Subtotal Medicare-covered services			Г	\$0.00	Ī	Г	\$0.00			Г	\$0.00	

WORKSHEET 3 - MA PROJECTED COST SHARING PMPM

I. General Information

1. (Contract Number:		Organization N	9. Enrollee Type:	13. Region Name: N/A	
2. F	Plan ID:		6. Plan Name:	10. MA Region:		
3. 8	Segment ID:		7. Plan Type:	11. Act. Swap/Equiv Apply:		
4. (Contract Year:	2008	8. MA-PD:	12. SNP:	14. % of CY Enrollees that are Dually-Eligible:	0.0%

II.	Maximum	Cost	Sharing	Per	Member	Per	Yea
-----	---------	------	---------	-----	--------	-----	-----

. Maximum Cost Sharing Fer Member Fer Tear		
. In Network	Out of Network	3. Combined
. Briefly explain the methodology for reflecting the impact of max	imum cost sharing in Section III (1000 character limit):	

III. Development of Contract Year Cost Sharing PMPM (Plan's non-ESRD Risk Factor)

			Effective	In-Notwork Cost S	haring After Deductible is Set	iefied (incl. OOP may	**\	Total		Out-of-Network	Grand Total
		Measurement	In-Network	In-Network Cost 5	haring After Deductible is Sati In-Network	In-Network		In-Network	Out-of-Network	Cost Sharing	Cost Shari
	Description/	Unit	Plan-Level	Util/1000	Cost Sharing	Effective Copay/	In-Network	Cost Sharing	Cost Sharing	PMPM***	PMPM
Service Category	Note	Code	Deductible PMPM*	or PMPM	Description	Coinsurance	PMPM	PMPM	Description	(formerly 3B col N)	(INN+OON
	Acute						\$0.00	\$0.00		, , , , , , , , , , , , , , , , , , , ,	\$0
	Mental Health						0.00	0.00			Þ
 Inpatient Facility Skilled Nursing Facility 	Mental Health						0.00	0.00			
							0.00	0.00			
Home Health Ambulance							0.00	0.00			
DME/Prosthetics/Supplies	DME						0.00	0.00			
	Prosthetics/Supplies						0.00	0.00			
OP Facility - Emergency	Frostrietics/Supplies						0.00	0.00			
OP Facility - Emergency OP Facility - Surgery							0.00	0.00			
OP Facility - Other	Lob						0.00	0.00			
	Lab Radiology						0.00	0.00			
3. OP Facility - Other	Observation						0.00	0.00			
	Renal Dialysis						0.00	0.00			
5. OP Facility - Other	Other						0.00	0.00			
	PCP						0.00	0.00			
. Professional	Specialist excl. MH						0.00	0.00			
	Mental Health (MH)						0.00	0.00			
	Therapy (PT/OT/ST)						0.00	0.00			
i. Professional	Radiology						0.00	0.00			
5. Professional	Other						0.00	0.00			
Part B Rx	Other						0.00	0.00			
Other Medicare Part B							0.00	0.00			
Transportation (Non-Covered)							0.00	0.00			
. Dental (Non-Covered)							0.00	0.00			
Vision (Non-Covered)	Professional						0.00	0.00			
2. Vision (Non-Covered)	Hardware						0.00	0.00			
Hearing (Non-Covered)	Professional						0.00	0.00			
2. Hearing (Non-Covered)	Hardware						0.00	0.00			
POS	i iai airai o						0.00	0.00			
Health & Education (Non-Cover	ed)						0.00	0.00			
Other Non-Covered	Ĭ						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			
Total			\$0.00				\$0.00	\$0.00		\$0.00	
			•	•	*The actual in-network p	land taxaal ala almadiida tax		*** A adv. al OOM -	olan level deductible is:		

WORKSHEET 4 - MA PROJECTED REVENUE REQUIREMENT PMPM

I. General Information

 Contract Number: 		Organization Name:	9. Enrollee Type:	13. Region Name: N/A	
2. Plan ID:		6. Plan Name:	10. MA Region:		
Segment ID:		7. Plan Type:	Act. Swap/Equiv Apply:		
Contract Year:	2008	8. MA-PD:	12. SNP:	% of CY Enrollees that are Dually-Eligible:	0.0%

II. Development of Projected Revenue Requirement

IV. Development of Projected Contract Year ESRD "subsidy"

III. Comparison of cost sharing for covered services with FFS Medicare

Standardized FFS cost sharing Medicare-covered services \$0.00
 Standardized plan cost sharing for covered services \$0.00
 Is covered cost share within FFS Medicare limit?
Yes

Cost and Required Revenue PMPM at Plan's non-ESRD Risk Factor:

	(c)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(I)	(m)	(n)	(o)	(p)	(p)
		1	otal Benefits		% for C	ov. Svcs	FFS Medicare	Plan cost shr		Covered (w/AE	cost shr)		and Suppl (MS) I	Benefits
		Allowed	Cost	Net		Cost	Actl. Equiv.	for Medicare-	Allowed	FFS AE	Net	Net PMPM for	Reduction of	
	Service Category	PMPM	Sharing	PMPM	Allowed	Sharing	cost sharing	covered svcs.	PMPM	Cost Sharing	PMPM	Add'l Svcs.	A/B Cost Sh.	Total
a.	Inpatient Facility	\$0.00	\$0.00	\$0.00			0.0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
b.	Skilled Nursing Facility	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c.	Home Health	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
d.	Ambulance	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e.	DME/Prosthetics/Supplies	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
f.	OP Facility - Emergency	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
g.	OP Facility - Surgery	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
h.	OP Facility - Other	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
i.	Professional	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
j.	Part B Rx	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
k.	Other Medicare Part B	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
l.	Transportation (Non-Covered)	0.00	0.00	0.00	0.0%	0.0%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
m.	Dental (Non-Covered)	0.00	0.00	0.00	0.0%	0.0%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
n.	Vision (Non-Covered)	0.00	0.00	0.00	0.0%	0.0%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ο.	Hearing (Non-Covered)	0.00	0.00	0.00	0.0%	0.0%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
p.	POS	0.00	0.00	0.00			0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
q.	Health & Education (Non-Covered)	0.00	0.00	0.00	0.0%	0.0%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
r.	Other Non-Covered	0.00	0.00	0.00	0.0%	0.0%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
s.	ESRD (Section IV)	0.00	0.00	0.00	0.0%	0.0%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
t.	Additional Benefits (employer bids only)	0.00	0.00	0.00	0.0%	0.0%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
u.	COB/Subrg. (outside claim system)	0.00	0.00	0.00		0.0%	0.0%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
v.	Total Medical Expenses	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
w.	Non-Benefit Expense:													
1.	Marketing & Sales										\$0.00			\$0.00
2.	Direct Administration										0.00			0.00
3.	Indirect Administration										0.00			0.00
4.	Net Cost of Private Reinsurance										0.00			0.00
5.	Total Non-Benefit Expense			\$0.00							\$0.00	0.00	0.00	\$0.00
x.	Gain/(Loss) Margin										\$0.00	0.00	0.00	\$0.00
y.	Total Revenue Requirement			\$0.00							\$0.00	0.00	0.00	\$0.00
z.	Percent of Revenue (excluding ESRD)				1					-		7		
1.	Net Medical Expense			0.0%							0.0%	Į		0.0%
2.	Non-Benefit			0.0%							0.0%	ļ		0.0%
3.	Gain/(Loss) Margin			0.0%							0.0%			0.0%

Non-ESRD CY member months ESRD CY member months Basic benefits (user entries should be reported as "per ESRD member per month") Supplemental Benefits CY Revenue CMS capitation Non-ESRD CY cost sharing reductions \$0.00 Non-ESRD CY additional benefits \$0.00 CY Medical Expenses for Basic Services CY Non-Benefit Expenses for Basic Services ESRD CY cost sharing reductions \$0.00 ESRD CY additional benefits CY Margin Requirement for Basic Services CY Gain/(Loss) Margin for Basic Services \$0.00 Incremental CY cost of cost sharing reductions \$0.00 Cost for CY basic benefits allocated to all plan members \$0.00 Incremental CY cost of additional benefits \$0.00

Total CY ESRD "subsidy" =

V. For Employer Bid Use Only ("800-series")

1. PMPM for additional/ unspecified MS benefits
(see instructions for additional information)

CY2008 MA BPT 121906.xis 1/8/2007

\$0.00

WORKSHEET 5 - MA BENCHMARK PMPM

I. General Information

Contract Number: 5. Organ	nization Name: 9. E	Enrollee Type: 1	13. Region Name: N/A	
2. Plan ID: 6. Plan I	Name: 10.	MA Region:	_	
3. Segment ID: 7. Plan 7	Type: 11. /	Act. Swap/Equiv Appl		
4. Contract Year: 2008 8. MA-P	PD: 12. S	SNP: 1	 % of CY Enrollees that are Dually-Eligible: 0.0	%

II. Benchmark and Bid Development

1.	Standardized A/B Benchmark (@ 1.000)	\$0.00
2.	Medicare Secondary Payer Adjustment	
3.	Weighted Avg Factor (excl ESRD)	0
4.	Conversion Factor	0
5.	Plan A/B Benchmark	\$0.00
	Plan A/B Bid	\$0.00
7.	Standardized A/B Bid (@ 1.000)	\$0.00

III. Savings/Basic Member Premium Development

1. Savings	\$0.00
2. Rebate	\$0.00
Basic Member Premium	\$0.00

IV. Standardized A/B Benchmark - Regional Plans Only

Statutory Component - Region	Weighting 85.9%
2. Plan Bid Component (from CMS)*	14.1%
Standardized A/B Benchmark	100.0%
* See instructions - if Line 2 is not filled in, then Line	7 of Section II will be used.

V: County Level Detail and Service Area Summary (excl ESRD)

 Use of plan-prov 	ided ISAR	factors? (Regional Plan	s only - enter Yes or	No)							
(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(I)	(m)
State/County			Projected Member	Projected Risk	Plan Provided ISAR	MA Risk Ratebook	MA Risk Ratebook	ISAR	ISAR-Adjusted	Risk Payr	ment Rate
Code	State	County Name	Months	Factors	factors for risk rates	Unadjusted	Risk-Adjusted	scale	Bid	A only	B only
Total or Weighte County Level De	_	e for Service Area:	0	0	0.00	\$0.00	\$0.00	0	\$0.00	51.910%	48.090%

WORKSHEET 5 - MA BENCHMARK PMF

I. General Information

	Contract Number		5. Organization Name:
2.	Plan ID:		Plan Name:
3.	Segment ID:		Plan Type:
4.	Contract Year:	2008	8. MA-PD:

II. Benchmark and Bid Development

- 1. Standardized A/B Benchmark (@ 1.000)
- Medicare Secondary Payer Adjustment
 Weighted Avg Factor (excl ESRD)
 Conversion Factor
 Plan A/B Benchmark

- 6. Plan A/B Bid
- 7. Standardized A/B Bid (@ 1.000)

III. Savings/Basic Member Premium Development

- Savings
- 2. Rebate
- 3. Basic Member Premium

V: County Level Detail and Service Area Summary (VI: Other Medicare Information

T. Godiney Editor De	Southly Level Detail and Service Area Summary (VI. Strief Medicare Information													
 Use of plan-prov 	ided ISAR	factors? (Regional Plan	15											
(b)	(c)	(d)	(n)	(o)	(p)	(q)	(r)	(s)	(t)	(u)	(v)	(w)		
State/County			Original Medicare cost sharing (c.s.)			FFS costs to weight Medicare c.s.			FFS equiv	cost sharing	Metropolitan Statistical Area			
Code	State	County Name	Inpatient	SNF	Pt B (excl HH)	Inpatient	SNF	Pt B (excl HH)	Part A	Part B	MM	MSA name		
	Total or Weighted Average for Service Area: County Level Detail:			0.0%	0.0%	n/a	n/a	n/a	\$0.00	\$0.00	-	n/a predominant MSA		

WORKSHEET 6 - MA BID SUMMARY

I. General Information

Contract Number:		5. Organization Name:	9. Enrollee Type:	13. Region Name: N/A	
2. Plan ID:		6. Plan Name:	10. MA Region:		
Segment ID:		7. Plan Type:	Act. Swap/Equiv Apply:		
Contract Year:	2008	8. MA-PD:	12. SNP:	% of CY Enrollees that are Dually-Eligible:	0.0%

II. Other Information

ii. Other information						
A. Part B Information		Maximum for Part A Package on 'Part B Only' Members			B. Rebate Allocation for Contract Year Part B Premium	
		 Required Revenue for Part A Services 	n/a		PMPM rebate allocation for Part B premium (max value=\$93.50)	
 CMS Estimate of CY Part B Premium 	\$93.50	 b. Average benchmark rate for Part A 	n/a		Part B Rebate Allocation - rounded (see instructions)	\$0.00
Part B % of USPCC (risk)	48.09%	c. CMS Part A Charge	n/a	Maximum	3. Does plan intend to reduce the entire standard Part B premium using rebate	es?
		d. Mandatory Suppl. Prem for Part A Package		\$0.00	Enter Yes/No. (See instructions for further info).	No reduction

III. Plan A/B Bid Summary

A. Overview			B. MA Rebate Allocation					
	Medicare-	A/B Mandatory		Re	ebate PMPM Al	location		Maximum
	covered	Supplemental		Medical	Admin	Gain / (Loss)	Total	Value
 Allowed medical cost 	\$0.00	n/a	MA Rebate	n/a	n/a	n/a	\$0.00	
Less cost sharing	0.00	n/a				_		
Net medical cost	\$0.00	\$0.00	Reduce A/B Cost Sharing	\$0.00	\$0.00	\$0.00		\$0.00
			Other A/B Mand Suppl Benefits	0.00	0.00	0.00		0.00
Non-benefit expense	\$0.00	\$0.00	Pt B Premium Buydown	0.00	n/a	n/a	0.00	93.50
Gain / loss margin	0.00	0.00	Pt D Premium Buydown Basic	0.00	n/a	n/a	0.00	0.00
Total revenue requirement	\$0.00	\$0.00	Pt D Premium Buydown Suppl	0.00	n/a	n/a	0.00	0.00
			7. Total	\$0.00	\$0.00	\$0.00	\$0.00	
Standardized A/B Benchmark	\$0.00					Unallocated rebate	\$0.00	Ì
Plan A/B Benchmark	\$0.00				•			
Non-ESRD Risk Factor	0.0000							
Conversion Factor	0.0000							

IV. Contact Information

Plan Contact Person: Name, Position Phone Number Email Address	
Certifying Actuary: Name, Credentials Phone Number Email Address	
Date Prepared	

	C. Development of Estimated Plan Premium	
	. A/B Mandatory Supplemental revenue requirements	\$0.00
0	Less rebate allocations: 2a. Reduce A/B Cost Sharing 2b. Other A/B Mand Supplemental Benefits	0.00
00	3. A/B Mandatory Supplemental premium	0.00
Ę	I. Basic MA premium 5. Total MA Enrollee Premium (excl. Opt. Suppl.)	0.00 0.00
١	6. Rounded MA Premium (excl. Opt. Suppl.)	\$0.00
_	7. Part D Basic Premium 7a. Prior to rebates (rounded value from Rx BPT)	
	7b. A/B rebates allocated to Part D Basic Premium 7c. A/B rebates for Part D Basic Premium (rounded) 7d. Part D Basic Premium*	\$0.00 \$0.00
8	B. Part D Supplemental Premium 8a. Prior to rebates (rounded value from Rx BPT)	
	8b. A/B rebates allocated to Part D Suppl Premium	
	8c. A/B rebates for Part D Suppl Premium (rounded) 8d. Part D Supplemental Premium	\$0.00 \$0.00
9). Total estimated plan premium*	\$0.00
1	0. Plan Intention for Part D target premium	
	The premium shown here is an estimate. The actual p when the Part D National Average is determined by CM not be final.	
	Note: Premiums are rounded to one decimal (i.e., to the premium withhold system requirements. See instruction	

I. General Information

ľ	Contract Number:		Organization Nam	Enrollee Type:	13. Region Name:	N/A	
	Plan ID:		6. Plan Name:	10. MA Region:			
	Segment ID:		7. Plan Type:	Act. Swap/Equiv Apply:			
	Contract Year:	2008	8. MA-PD:	12. SNP:	14. % of CY Enrollees that are D	Dually-Eligible:	0.0%

II. Optional Supplemental Packages

(b)	Supplemental P (c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(I)	(m)	(n)	(0)	(p)	(q)
Package	Service	Benefit category or	Util.	Allowed Annual	medical expe Average	nse	Measurment	Enrollee co: Util/1000 or	st sharing Average		Net PMPM	Non- Benefit	Gain/ (Loss)		Projected Member
ID	category	pricing component	type	Util / 1000	cost	PMPM	unit code	PMPM	cost shr	PMPM	value	Expense		Premium	Months
						\$0.00				\$0.00	\$0.00	n/a	n/a	n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00 0.00	0.00 0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00 0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00 0.00	0.00 0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00 0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00 0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0	Package Total					\$0.00				\$0.00	\$0.00			\$0.00	
						\$0.00				\$0.00	\$0.00	n/a	n/a	n/a	n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00 0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00 0.00	0.00 0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00 0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00 0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a n/a		n/a n/a	n/a
0						0.00				0.00 0.00	0.00	n/a		n/a n/a	n/a n/a
0	Package Total					\$0.00				\$0.00	\$0.00			\$0.00	
						\$0.00				\$0.00	\$0.00	n/a	n/a	n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00 0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00 0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00 0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00 0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00 0.00	0.00	n/a n/a		n/a n/a	n/a n/a
												100	11/4		11/4
0	Package Total		-			\$0.00				\$0.00	\$0.00			\$0.00	
	•											•			

1/8/2007

WORKSHEET 7 - OPTIONAL SUPPLEMENTAL BENEFITS

I. General Information

 Contract Number: 		 Organization Name 	Enrollee Type:	13. Region Name: N/A	
Plan ID:		Plan Name:	10. MA Region:		
Segment ID:		Plan Type:	Act. Swap/Equiv Apply:		
Contract Year:	2008	8. MA-PD:	12. SNP:	14. % of CY Enrollees that are Dually-Eligible:	0.0%

II. Optional Supplemental Packages

(b)	Supplemental Pa (c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)	(k)	(1)	(m)	(n)	(o)	(p)	(q)
(5)	(0)	(α)	(0)		nedical expe		(1)	Enrollee co		(1)		Non-	Gain/	(P)	Projected
Package	Service	Benefit category or	Util.	Annual	Average		Measurment	Util/1000 or	Average			Benefit	(Loss)		Member
ID	category	pricing component		Util / 1000	cost	РМРМ	unit code	PMPM	cost shr	PMPM	value	Expense		Premium	Months
	¥ /					\$0.00				\$0.00	\$0.00	n/a	n/a	n/a	n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00 0.00				0.00 0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
o o						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
ő						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0	Package Total					\$0.00				\$0.00	\$0.00			\$0.00	
						\$0.00				\$0.00	\$0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00 0.00				0.00 0.00	0.00	n/a n/a		n/a n/a	n/a n/a
0						0.00				0.00	0.00	n/a		n/a n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
Ö						0.00				0.00	0.00	n/a		n/a	n/a
Ö						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a		n/a	n/a
0						0.00				0.00	0.00	n/a	n/a	n/a	n/a
0	Package Total					\$0.00				\$0.00	\$0.00			\$0.00	

II.	Comments

TWO-YEAR LOOK-BACK WORKSHEET

Actual to Projected Comparison for Medicare Advantage Costs PMPM

(Excludes optional supplemental, Part D, and "extra" negotiated group benefits/revenue)

Contract Number: Contract Yr: 2008 Organization Name: **Experience Year:** 2006 LB-2008.1 OMB Approved # 0938-0944 (o) Original Projection [1] Actual/Projected **Actual Incurred** Individual **EGHP** Total Individual **EGHP** Total Individual EGHP 1. Revenue a1. CMS Revenue (excl. bonuses) \$0.00 \$0.00 n/a n/a n/a a2. Regional PPO Bonus Payments 0.00 0.00 n/a n/a n/a b. Member Premium - Basic 0.00 0.00 n/a n/a n/a c. Member Premium - A/B Mandatory Supplemental 0.00 0.00 n/a n/a n/a d. MA Rebate applied to Part D 0.00 0.00 n/a n/a n/a \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 e. Total n/a n/a n/a 2. Net Medical Expenses [2] a. Covered Benefits (excl. risk share) \$0.00 \$0.00 \$0.00 \$0.00 n/a n/a n/a b. A/B Mandatory Supplemental Benefits 0.00 0.00 0.00 0.00 n/a n/a n/a c. Regional PPO Risk Share Paid/(Rec'd) 0.00 0.00 0.00 0.00 n/a n/a n/a \$0.00 d. Total \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 n/a n/a n/a 3. Non-Benefit Expense a. Marketing & Sales \$0.00 \$0.00 n/a n/a n/a b. Direct Administration 0.00 0.00 n/a n/a n/a 0.00 0.00 c. Indirect Administration n/a n/a n/a d. Net Cost of Private Reinsurance [3] 0.00 0.00 0.00 0.00 n/a n/a n/a \$0.00 \$0.00 e. Total \$0.00 \$0.00 \$0.00 \$0.00 n/a n/a n/a 4. Profit/(Loss) Bef Taxes and Investment Income \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 n/a n/a n/a 5. Kev Statistics a. Member Months (excl ESRD) 0 0 n/a n/a n/a b. Non-ESRD risk factor n/a n/a n/a n/a n/a c. Loss Ratio n/a n/a n/a n/a n/a n/a n/a n/a n/a d. Non-Benefit Ratio n/a n/a n/a n/a n/a n/a n/a n/a n/a e. Profit Margin n/a n/a n/a n/a n/a n/a n/a n/a n/a

[1] Provided by CMS using bid filings two years prior (than the contract year), re-weighted by actual member months.

[2] Enter the net medical expenses below:

Net Medical Expenses

- a. Covered Benefits (excl. risk share)
- b. A/B Mandatory Supplemental Benefits
- c. Regional PPO Risk Share Paid/(Rec'd)
- d. Total
- [3] Actual Incurred components of Net Reinsurance are:
 - a. Private Reinsurance Premium
 - b. Private Reinsurance Recoveries
 - c. Net Reinsurance Cost

Individual	EGHP	Total
		\$0.00
		\$0.00
\$0.00	\$0.00	\$0.00

CMS - 10142 (03/31/2009)

CY2008 MA 2YrLB 120106.xls

Incurred in Experience Year

EGHP

\$0.00

Total

\$0.00

\$0.00

\$0.00

\$0.00

Claim Reserves

EGHP

\$0.00

Total

\$0.00

\$0.00

\$0.00

\$0.00

Individual

\$0.00

and Pd thru:

Individual

\$0.00