

WORKSHEET 1 - MA BASE PERIOD EXPERIENCE AND PROJECTION ASSUMPTIONS

MA-2008.1
OMB Approved # 0938-0944

I. General Information

1. Contract Number:		5. Organization Name		9. Enrollee Type:		13. Region Name:	N/A
2. Plan ID:		6. Plan Name:		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
Incurred from:		3. Non-ESRD Risk Score			a.	
Incurred to:		4. Completion Factor			b.	
Paid through:					c.	
6. Describe the source of the base period experience data (1000 character limit)	d.					

III. Base Period Data (at Plan's non-ESRD Risk Factor)

IV. Projection Assumptions

(c)		(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
Service Category		Util Type	Total Benefits		Allowed PMPM	Util. Adjustments to Contract Period				Unit Cost/Intensity Trend	Additive Adjustments	
			Annualized Util/1000	Avg Cost		Util/1000 Trend	Benefit Plan Change	Population Change	Other Factor		Util/1000	PMPM
a. Inpatient Facility				\$0.00								
b. Skilled Nursing Facility				0.00								
c. Home Health				0.00								
d. Ambulance				0.00								
e. DME/Prosthetics/Supplies				0.00								
f. OP Facility - Emergency				0.00								
g. OP Facility - Surgery				0.00								
h. OP Facility - Other				0.00								
i. Professional				0.00								
j. Part B Rx				0.00								
k. Other Medicare Part B				0.00								
l. Transportation (Non-Covered)				0.00								
m. Dental (Non-Covered)				0.00								
n. Vision (Non-Covered)				0.00								
o. Hearing (Non-Covered)				0.00								
p. POS				0.00								
q. Health & Education (Non-Covered)				0.00								
r. Other Non-Covered				0.00								
s. COB/Subrg. (outside claim system)												
t. Total Medical Expenses					\$0.00							
u. Subtotal Medicare-covered services					\$0.00							

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

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WORKSHEET 2 - MA PROJECTED ALLOWED COSTS PMPM

I. General Information

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	13. Region Name: N/A
2. Plan ID:	6. Plan Name:	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: 0.0%

II. Projected Allowed Costs

Contract Year Allowed Costs at Plan's non-ESRD Risk Factor:												
(c)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
Service Category	Util Type	Projected Experience Rate			Manual Rate			Exper. Cred. %	Contract Year Rate			% of svcs provided OON
		Annual Util/1000	Avg Cost	Allowed PMPM	Annual Util/1000	Avg Cost	Allowed PMPM		Annual Util/1000	Avg Cost	Allowed PMPM	
a. Inpatient Facility		0	\$0.00	\$0.00		\$0.00			0	\$0.00	\$0.00	
b. Skilled Nursing Facility		0	0.00	0.00		0.00			0	0.00	0.00	
c. Home Health		0	0.00	0.00		0.00			0	0.00	0.00	
d. Ambulance		0	0.00	0.00		0.00			0	0.00	0.00	
e. DME/Prosthetics/Supplies		0	0.00	0.00		0.00			0	0.00	0.00	
f. OP Facility - Emergency		0	0.00	0.00		0.00			0	0.00	0.00	
g. OP Facility - Surgery		0	0.00	0.00		0.00			0	0.00	0.00	
h. OP Facility - Other		0	0.00	0.00		0.00			0	0.00	0.00	
i. Professional		0	0.00	0.00		0.00			0	0.00	0.00	
j. Part B Rx		0	0.00	0.00		0.00			0	0.00	0.00	
k. Other Medicare Part B		0	0.00	0.00		0.00			0	0.00	0.00	
l. Transportation (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00	
m. Dental (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00	
n. Vision (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00	
o. Hearing (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00	
p. POS		0	0.00	0.00		0.00			0	0.00	0.00	
q. Health & Education (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00	
r. Other Non-Covered		0	0.00	0.00		0.00			0	0.00	0.00	
s. COB/Subrg. (outside claim system)				0.00							0.00	
t. Total Medical Expenses				\$0.00			\$0.00				\$0.00	
u. Subtotal Medicare-covered services				\$0.00			\$0.00				\$0.00	
v. Briefly describe the source for the manual rate, including what trend assumptions were used, if applicable (1000 character limit)												

WORKSHEET 4 - MA PROJECTED REVENUE REQUIREMENT PMPM
I. General Information

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	13. Region Name:	N/A
2. Plan ID:	6. Plan Name:	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:	0.0%

II. Development of Projected Revenue Requirement

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

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

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

(c)		(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)
Service Category		Total Benefits			% for Cov. Svcs		FFS Medicare Actl. Equiv. cost sharing	Plan cost shr for Medicare- covered svcs.	Medicare Covered (w/AE cost shr)			A/B Mand Suppl (MS) Benefits		
		Allowed PMPM	Cost Sharing	Net PMPM	Allowed	Cost Sharing			Allowed PMPM	FFS AE Cost Sharing	Net PMPM	Net PMPM for Add'l Svcs.	Reduction of 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
o.	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. Net Medical Expense			0.0%							0.0%			0.0%
	2. Non-Benefit			0.0%							0.0%			0.0%
	3. Gain/(Loss) Margin			0.0%							0.0%			0.0%

IV. Development of Projected Contract Year ESRD "subsidy"

Non-ESRD CY member months	0
ESRD CY member months	
Basic benefits (user entries should be reported as "per ESRD member per month")	
CY Revenue	
- CMS capitation	
CY Medical Expenses for Basic Services	
CY Non-Benefit Expenses for Basic Services	
CY Margin Requirement for Basic Services	\$0.00
CY Gain/(Loss) Margin for Basic Services	\$0.00
Cost for CY basic benefits allocated to all plan members	\$0.00
Total CY ESRD "subsidy" = \$0.00	

Supplemental Benefits

Non-ESRD CY cost sharing reductions	\$0.00
Non-ESRD CY additional benefits	\$0.00
ESRD CY cost sharing reductions	
ESRD CY additional benefits	
Incremental CY cost of cost sharing reductions	\$0.00
Incremental CY cost of additional benefits	\$0.00

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

1. PMPM for additional/ unspecified MS benefits (see instructions for additional information)	
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WORKSHEET 5 - MA BENCHMARK PMPM

I. General Information

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	13. Region Name: N/A
2. Plan ID:	6. Plan Name:	10. MA Region:	
3. Segment ID:	7. Plan Type:	11. Act. Swap/Equiv Appl	
4. Contract Year: 2008	8. MA-PD:	12. SNP:	14. % 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
6. Plan A/B Bid	\$0.00
7. Standardized A/B Bid (@ 1.000)	\$0.00

IV. Standardized A/B Benchmark - Regional Plans Only

	Weighting
1. Statutory Component - Region	85.9%
2. Plan Bid Component (from CMS)*	14.1%
3. Standardized A/B Benchmark	100.0%

* See instructions - if Line 2 is not filled in, then Line 7 of Section II will be used.

III. Savings/Basic Member Premium Development

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

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

1. Use of plan-provided ISAR factors? (Regional Plans only - enter Yes or No)											
(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l) (m)	
State/County Code	State	County Name	Projected Member Months	Projected Risk Factors	Plan Provided ISAR factors for risk rates	MA Risk Ratebook Unadjusted	MA Risk Ratebook Risk-Adjusted	ISAR scale	ISAR-Adjusted Bid	Risk Payment Rate	
										A only	B only
2. Total or Weighted Average for Service Area:			0	0	0.00	\$0.00	\$0.00	0	\$0.00	51.910%	48.090%
3. County Level Detail:											

WORKSHEET 5 - MA BENCHMARK PMF

I. General Information

1. Contract Number:	5. Organization Name:
2. Plan ID:	6. Plan Name:
3. Segment ID:	7. 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

5. Plan A/B Benchmark

6. Plan A/B Bid

7. Standardized A/B Bid (@ 1.000)

III. Savings/Basic Member Premium Development

- Savings
- Rebate
- Basic Member Premium

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

1. Use of plan-provided ISAR factors? (Regional Plans)																									
(b)	(c)	(d)	(n)			(o)			(p)			(q)	(r)			(s)			(t)		(u)	(v)		(w)	
State/County Code	State	County Name	Original Medicare cost sharing (c.s.)			FFS costs to weight Medicare c.s.			FFS equiv cost sharing			Metropolitan Statistical Area													
			Inpatient	SNF	Pt B (excl HH)	Inpatient	SNF	Pt B (excl HH)	Part A	Part B	MM	MSA name													
2. Total or Weighted Average for Service Area:			0.0%	0.0%	0.0%	n/a	n/a	n/a	\$0.00	\$0.00	0 n/a														
3. County Level Detail:											0% predominant MSA														

WORKSHEET 6 - MA BID SUMMARY

I. General Information

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	13. Region Name:	N/A
2. Plan ID:	6. Plan Name:	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:	0.0%

II. Other Information

A. Part B Information		3. Maximum for Part A Package on 'Part B Only' Members	B. Rebate Allocation for Contract Year Part B Premium	
1. CMS Estimate of CY Part B Premium	\$93.50	a. Required Revenue for Part A Services	n/a	1. PMPM rebate allocation for Part B premium (max value=\$93.50)
2. Part B % of USPC (risk)	48.09%	b. Average benchmark rate for Part A	n/a	2. Part B Rebate Allocation - rounded (see instructions)
		c. CMS Part A Charge	n/a	3. Does plan intend to reduce the entire standard Part B premium using rebates?
		d. Mandatory Suppl. Prem for Part A Package	\$0.00	Enter Yes/No. (See instructions for further info).

III. Plan A/B Bid Summary

A. Overview			B. MA Rebate Allocation					C. Development of Estimated Plan Premium	
	Medicare-covered	A/B Mandatory Supplemental		Medical	Admin	Gain / (Loss)	Total	Maximum Value	
1. Allowed medical cost	\$0.00	n/a	1. MA Rebate	n/a	n/a	n/a	\$0.00		1. A/B Mandatory Supplemental revenue requirements \$0.00
2. Less cost sharing	0.00	n/a							2. Less rebate allocations:
3. Net medical cost	\$0.00	\$0.00	2. Reduce A/B Cost Sharing	\$0.00	\$0.00	\$0.00		\$0.00	2a. Reduce A/B Cost Sharing 0.00
4. Non-benefit expense	\$0.00	\$0.00	3. Other A/B Mand Suppl Benefits	0.00	0.00	0.00		0.00	2b. Other A/B Mand Supplemental Benefits 0.00
5. Gain / loss margin	0.00	0.00	4. Pt B Premium Buydown	0.00	n/a	n/a	0.00	93.50	3. A/B Mandatory Supplemental premium 0.00
6. Total revenue requirement	\$0.00	\$0.00	5. Pt D Premium Buydown Basic	0.00	n/a	n/a	0.00	0.00	4. Basic MA premium 0.00
7. Standardized A/B Benchmark	\$0.00		6. Pt D Premium Buydown Suppl	0.00	n/a	n/a	0.00	0.00	5. Total MA Enrollee Premium (excl. Opt. Suppl.) 0.00
8. Plan A/B Benchmark	\$0.00		7. Total	\$0.00	\$0.00	\$0.00	\$0.00		6. Rounded MA Premium (excl. Opt. Suppl.) \$0.00
9. Non-ESRD Risk Factor	0.0000					Unallocated rebate	\$0.00		
10. Conversion Factor	0.0000								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*
									8. 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
									9. Total estimated plan premium*
									10. Plan Intention for Part D target premium

IV. Contact Information

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

* The premium shown here is an estimate. The actual plan premium will be calculated by CMS when the Part D National Average is determined by CMS. The premium shown here may not be final.

Note: Premiums are rounded to one decimal (i.e., to the nearest dime) to comply with premium withhold system requirements. See instructions for more information

I. General Information

II. Optional Supplemental Packages

1/8/2007

I. General Information

II. Optional Supplemental Packages

III. 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:
Organization Name:

Contract Yr: 2008
Experience Year: 2006

LB-2008.1
OMB Approved # 0938-0944

	(f)	(g)	(h)	(j)	(k)	(l)	(n)	(o)	(p)
	Original Projection [1]			Actual Incurred			Actual/Projected		
	Individual	EGHP	Total	Individual	EGHP	Total	Individual	EGHP	Total
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
e. Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	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
d. Total	\$0.00	\$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
c. Indirect Administration			0.00			0.00	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
e. Total	\$0.00	\$0.00	\$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. Key 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

Incurred in Experience Year
and Pd thru:

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

Claim Reserves

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

[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)