

WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE

I. General Information

1. Contract Number:		4. Contract Yr:	2018	7. Plan Name:		10. VBID:	N	12. PD Region:	
2. Plan ID:		5. Org. Name:		8. Plan Type:		11. MTM:	N	13. PD Benefit Type:	
3. Segment ID:		6. SNP:		9. Enrollee Type:				14. SNP Type:	N/A

II. Base Period Background Information

1. Time Period Definition	2a. Total Member Months	0	5. Mapping	Contr-Plan-Seg ID	Member Months	Contr-Plan-Seg ID	Member Months
Incurred from:	2b. LIS Member Months						
Incurred to:	3. Risk Score						
Paid through:	4. Completion Factor						
6. Briefly describe the source of the base period experience data:							

III. Part D Claims Experience

	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
	Total Count in Interval		Cumulative							Adjustments to Reflect Pt. D Coverage	
Allowed Claim Interval	# of Members	Member Months	Total Number of Scripts	Total Allowed Dollars	Average Allowed Amount per Member	Average Paid Amount per Member	Average Cost Sharing per Member	Supplemental C.S. Reduc. per Member	Reimb for LIS per Member	Reimb for Fed Reins. per Member	Net Plan Responsibility per Member
1. \$0					\$0.00						\$0.00
2. \$1-\$359					\$0.00						\$0.00
3. \$360-\$3,309					\$0.00						\$0.00
4. \$3,310-Catastrophic *					\$0.00						\$0.00
5. Above Catastrophic *					\$0.00						\$0.00
6. Subtotal	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. % OON											
8. PMPM Values				\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
9. Minus Rebates						\$0.00					\$0.00
10. Plus Part D as Secondary						\$0.00					\$0.00
11. Net Average Paid Amount PMPM						\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
12. Non-covered Supplemental Drugs						\$0.00					
13. Rebates on Supplemental Drugs						\$0.00					
14. Net PMPM on Supplemental Drugs						\$0.00					\$0.00

\* See Instructions for Completing the Prescription Drug Plan BPT for CY2018.

IV. PMPM Non-Benefit Expenses

	(g)
	Total
1. Sales and Marketing	
2. Direct Administration	
3. Indirect Administration	
4. Net Cost of Private Reinsurance	
5. Insurer Fees	
6. Total Non-Benefit Expenses	\$0.00

V. PMPM Premium Revenue

	(e)	(f)	(g)
	Basic	Supplemental	Total
1. CMS Part D Payment			\$0.00
2. LI Premium Subsidy			\$0.00
3. Member Premium			\$0.00
4. Member Penalty Premium			\$0.00
5. Total Premium	\$0.00	\$0.00	\$0.00

VI. PMPM Income Statement Summary

	(m)
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	\$0.00
9. Gain/(Loss) Including Buy-Down	\$0.00

\* MA rebate dollars to buy-down Part D premium (not true revenue)

Total Non-LI Brand Discount Amount	
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## I. General Information

1. Contract Num	4. Contract Yr:	2018	7. Plan Name:	10. VBDID:	N	12. PD Region:
2. Plan ID:	5. Org. Name:		8. Plan Type:	11. MTM:	N	13. PD Benefit Type:
3. Segment ID:	6. SNP:		9. Enrollee Type:	14. SNP Type:		N/A

## II. Utilization for Covered Part D Drugs

[illegible]

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

### III. Cost for Covered Part D Drugs

	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)
	Components of Unit Cost Change					Projected Unit Cost	Projected Allowed PMPM	Manual Util/ 1000	Manual Unit Cost	Manual Rate PMPM	Credibility	Blended Allowed PMPM
	Inflation Trend	Discount Change	Formulary Change	Other Change	Tot. Unit Cost Chg							
1. Retail Generic					0.000	\$0.00	\$0.00			\$0.00		\$0.00
2. Retail Preferred Brand					0.000	\$0.00	\$0.00			\$0.00		\$0.00
3. Retail Non-Preferred Brand					0.000	\$0.00	\$0.00			\$0.00		\$0.00
4. Retail Specialty					0.000	\$0.00	\$0.00			\$0.00		\$0.00
5. Mail Order Generic					0.000	\$0.00	\$0.00			\$0.00		\$0.00
6. Mail Order Preferred Brand					0.000	\$0.00	\$0.00			\$0.00		\$0.00
7. Mail Order Non-Preferred Brand					0.000	\$0.00	\$0.00			\$0.00		\$0.00
8. Mail Order Specialty					0.000	\$0.00	\$0.00			\$0.00		\$0.00
9. Total Retail	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
10. Total Mail Order	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
11. Total Generic	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
12. Total Brand (Preferred and Non-Preferred)	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
13. Total Specialty	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
14. Total	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00

CMS Guideline Credibility	0%
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## V. PMPM Non-Benefit Expenses

	Projected Expenses
1. Sales and Marketing	
2. Direct Administration	
3. Indirect Administration	
4. Net Cost of Private Reinsurance	
5. Insurer Fees	
<b>6. Total Non-Benefit Expenses</b>	<b>\$0.00</b>

## VI. Percentage of Revenue

	at 0.00%
1. Claims (Allowable Cost Target):	\$0.00%
2. Non-Benefit Expenses	\$0.00%
3. Gain/(Loss):	\$0.00%
<b>4. Total Basic Bid</b>	<b>\$0.00%</b>
<b>5. Percentage of Revenue</b>	
a. Claims (Allowable Cost Target):	0.00%
b. Non-Benefit Expenses	0.00%
c. Gain/(Loss):	0.00%

## VII. Development of Manual Rate

1. Describe the source/year and assumptions used in the development of the manual rate.

**WORKSHEET 3 - Rx CONTRACT PERIOD PROJECTION FOR DEFINED STANDARD COVERAGE**

**I. General Information**

1. Contract Number:	4. Contract Yr: 2018	7. Plan Name:	10. VBID: N	12. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. MTM: N	13. PD Benefit Type:
3. Segment ID:	6. SNP:	9. Enrollee Type:	14. SNP Type:	N/A

**II. Projection Data**

1. Projected Member Months: 0	2. Projected Avg Risk Score: <input type="text"/>	3. Projected LIS Member Months: <input type="text"/>
		4. Projected non-LIS Member Months: 0

**III. Part D Covered Drug Claims**

	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
Allowed Claim Interval	# of Members	Member Months	# of Scripts	Projected Allowed	Avg Amt Allowed PMPM	Cost Sharing	Gap PMPM	PMPM Deductible	Other Cost Sharing PMPM	Federal Reins. PMPM	Plan Liability PMPM	Federal LICS PMPM
1. \$0					\$0.00						\$0.00	
2. \$1-\$399					\$0.00	\$0.00					\$0.00	
3. \$400-\$3,699					\$0.00	\$0.00					\$0.00	
4. \$3,700-Catastrophic					\$0.00	\$0.00					\$0.00	
5. Above Catastrophic					\$0.00	\$0.00					\$0.00	
6. Subtotal	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. Minus Rebates					\$0.00					\$0.00	\$0.00	
8. Minus Other Insurance					\$0.00						\$0.00	
9. Plus Part D as Secondary					\$0.00						\$0.00	
10. Projected % OON Included above:	Allowed:											
11.	Plan Liability:											
12. Total				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**IV. Non-Benefit Expenses and Gain/(Loss)**

1. Basic Non-Benefit Expenses	\$0.00
2. Supplemental Non-Benefit Expenses	\$0.00
3. Total Non-Benefit Expenses	\$0.00
4. Basic Gain/(Loss)	\$0.00
5. Supplemental Gain/(Loss)	\$0.00
6. Total Gain/(Loss)	<input type="text"/>

7. Overall Gain/(Loss) Margin Level	<input type="text"/>
8. Corporate Margin Requirement % of Rev.	<input type="text"/>
9.. Corporate Margin Basis	<input type="text"/>

10. Is this bid part of a valid product pairing?	<input type="text"/>
11.. Bids in Product Pairing	<input type="text"/>

**V. Defined Standard Coverage Bid Development**

	(i) At 0.000	(j) At 1.00
1. Claims (Allowable Cost Target):	\$0.00	\$0.00
2. Non-Benefit Expenses	\$0.00	\$0.00
3. Gain/(Loss):	\$0.00	\$0.00
4. Total Basic Bid	\$0.00	\$0.00
5. Federal Reinsurance:	\$0.00	\$0.00

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

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**I. General Information**

1. Contract Number:	4. Contract Yr: 2018	7. Plan Name:	10. VBID: N	12. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. MTM: N	13. PD Benefit Type:
3. Segment ID:	6. SNP:	9. Enrollee Type:	14. SNP Type:	N/A

**II. Projection Data**

1. Projected Member months	0	2. Projected Avg Risk Score	0.000
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**III. Development of Bid for Standard Coverage**

	At 0.000	At 1.00
1. Claims (Allowable Cost Target)	\$0.00	\$0.00
2. Non-Benefit Expenses	\$0.00	\$0.00
3. Gain/(Loss):	\$0.00	\$0.00
<b>4. Total Basic Bid</b>	<b>\$0.00</b>	<b>\$0.00</b>
5. Federal Reinsurance	\$0.00	\$0.00
6. LIS	\$0.00	

**V. Std. Cov. Bid Development with Actuarially Equivalent C. S.**

	At 0.000	At 1.00
1. Claims (Allowable Cost Target)	\$0.00	\$0.00
2. Non-Benefit Expenses	\$0.00	\$0.00
3. Gain/(Loss):	\$0.00	\$0.00
<b>4. Total Basic Bid</b>	<b>\$0.00</b>	<b>\$0.00</b>
5. Federal Reinsurance	\$0.00	\$0.00
6. LIS		

**IV: Development of Bid Components and Tests for Actuarial Equivalence**

	(e)	(g)	(i)	(l)
1. Total Members				0
2. Member Months				0
	Amounts below Initial Coverage Limit <\$3,700	Amounts in Gap	Amounts above Catastrophic Threshold	All Amounts
Allowed PMPM				
3. Standard	\$0.00	\$0.00	\$0.00	\$0.00
4. Standard with Act. Equiv. Cost Sharing	\$0.00	\$0.00	\$0.00	\$0.00
5. Value of Deductible	\$0.00	\$0.00	\$0.00	\$0.00
Allowed Subject to Coins.				
6. Standard	\$0.00	\$0.00	\$0.00	\$0.00
7. Standard with Act. Equiv. Sharing	\$0.00	\$0.00	\$0.00	\$0.00
Coins. %				
8. Standard	<b>25.0% A</b>	<b>0.0%</b>	<b>0.0% C</b>	0.0%
9. Standard with Act. Equiv. Sharing	<b>0.0% B</b>	<b>0.0%</b>	<b>0.0% D</b>	0.0%
Coins PMPM				
10. Standard	\$0.00	\$0.00	\$0.00	\$0.00
11. Standard with Act. Equiv. Sharing	\$0.00	\$0.00	\$0.00	\$0.00
Net Cost of Benefit				
12. Standard	\$0.00	\$0.00	\$0.00	\$0.00
13. Standard with Act. Equiv. Sharing	\$0.00	\$0.00	\$0.00	\$0.00
Rebates			For Reinsurance	Inc Reins.
14. Standard			\$0.00	\$0.00
15. Standard with Act. Equiv. Sharing			\$0.00	
Test for Actuarial Equivalence				
Effective coinsurance with alternative cost sharing = to effective coinsurance for standard cost sharing				
16. A=B		No		
17. C=D		No		
18. Coverage in the Gap		No		

## I. General Information

1. Contract Number	4. Contract Yr: 2018	7. Plan Name:	10. VBID: N	12. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. MTM: N	13. PD Benefit Type:
3. Segment ID:	6. SNP:	9. Enrollee Type:	14. SNP Type: N/A	

## II. Projection Data

1. Projected Member months	0	2. Projected Avg Risk Score	0.000
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## III. Development of Bid for Standard Coverage

	At 0.000	At 1.00
1. Claims	\$0.00 C	\$0.00
2. Non-Benefit Expenses	\$0.00	\$0.00
3. Gain/(Loss)	\$0.00	\$0.00
4. Total Basic Bid	\$0.00	\$0.00
5. Federal Reinsurance	\$0.00	\$0.00
6. Total Coverage	\$0.00 A	\$0.00
7. LIS	\$0.00	

## V. Development of Actuarial Equivalence Test

	At 0.000	At 1.00
1. Part D Covered Drugs	\$0.00 D	\$0.00
2. Non-Benefit Expenses	\$0.00	\$0.00
3. Gain/(Loss)	\$0.00	\$0.00
4. Federal Reinsurance	\$0.00	\$0.00
5. Total Part D Covered	\$0.00 B	\$0.00
6. Non-Part D Covered Drugs	\$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)	(k)	(m)	(o)	(q)
	Part D Covered Drugs							
	Members with <\$3,700	Members >=\$3,700	Amounts <=ICL for all members		Amts above Catastrophic		All Members	
1. Population not Meeting Deductible	0	0	0		0		0	
2. Population Meeting Deductible	0	0	0		0		0	
3. Member Months	0	0	0		0		0	
Allowed PMPM	Type of Deductible Alt Coverage Deductible Amount		Type of Gap Coverage Alternative Coverage ICL		Total PMPM		Non- Part D Covd	
	Amounts below Initial Coverage Limit		Amts in Gap		Amts above Catastrophic			
4. Standard	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Alternative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Deductible								
6. Proposed Deductible	E							
7. Value of \$400 Deductible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Value of Proposed Deductible		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Allowed Subject to Coins.								
9. Standard	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Alternative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coins. %								
11. Standard	25.0%	25.0%	0.0%	100.0% J	0.0% H			0.0%
12. Alternative	0.0%	0.0%	0.0%	0.0% K	0.0% I			0.0%
Coins PMPM								
13. Standard	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Alternative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Federal Reinsurance								
15. Standard					\$0.00	\$0.00	\$0.00	\$0.00
16. Alternative					\$0.00	\$0.00	\$0.00	\$0.00
Minus Rebates					For Reinsurance		Inc Reins.	
17. Standard					\$0.00	\$0.00	\$0.00	\$0.00
18. Alternative					\$0.00	\$0.00		
Minus Other Insurance								
19. Standard					\$0.00	\$0.00	\$0.00	\$0.00
20. Alternative								
Plus Part D as Secondary								
21. Standard					\$0.00	\$0.00	\$0.00	\$0.00
22. Alternative								
Net Cost of Benefit								
23. Standard	\$0.00	\$0.00 F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. Alternative	\$0.00	\$0.00 G	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

## VI. Tests for Alternative Coverage:

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 Initial Covg Limit >= Std (G >=F)	Yes
4. Deductible <=\$400 (E <=400)	Yes
5. Average Catastrophic cost sharing <= Std (I <= H)	Yes
6. Coverage in the Gap (K <= J)	Yes

## VIII. Development of Induced Utilization Adjustment

	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	\$0.00	\$0.00
4. Induced Utilization Adjustment	0.000	0.000

## VII. Development of Supplemental Premium:

	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)	\$0.00
8. Supplemental Premium	\$0.00

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

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**I. General Information**

1. Contract Number:	4. Contract Yr:	2018	7. Plan Name:	10. VBID:	N	12. PD Region:
2. Plan ID:	5. Org. Name:		8. Plan Type:	11. MTM:	N	13. PD Benefit Type:
3. Segment ID:	6. SNP:		9. Enrollee Type:			14. SNP Type: N/A

**II. Projections for Equivalence Tests**

	(f)	(g)	(h)	(i)	(j)	(k)
<b>Population Not Exceeding \$3,700 with Std Coverage</b>	<b>Defined Standard Coverage</b>			<b>Actuarially Equivalent or Alternative Benefits</b>		
<b>All Spending</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
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						
<b>09. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Population Exceeding \$3,700 with Std Coverage</b>						
<b>All Spending</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
10. Retail Generic						
11. Retail Preferred Brand						
12. Retail Non-Preferred Brand						
13. Retail Specialty						
14. Mail Order Generic						
15. Mail Order Preferred Brand						
16. Mail Order Non-Preferred Brand						
17. Mail Order Specialty						
<b>18. Total</b>	<b>0</b>	<b>\$0.00</b>		<b>0</b>	<b>\$0.00</b>	
<b>Amounts Allocated Up to ICL (1)</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$ (1)</b>
19. Retail Generic						
20. Retail Preferred Brand						
21. Retail Non-Preferred Brand						
22. Retail Specialty						
23. Mail Order Generic						
24. Mail Order Preferred Brand						
25. Mail Order Non-Preferred Brand						
26. Mail Order Specialty						
<b>27. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Amounts Allocated over Catastrophic Coverage</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
28. Retail Generic						
29. Retail Preferred Brand						
30. Retail Non-Preferred Brand						
31. Retail Specialty						
32. Mail Order Generic						
33. Mail Order Preferred Brand						
34. Mail Order Non-Preferred Brand						
35. Mail Order Specialty						
<b>36. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>37. Non-Part D Covered Drugs - All Spending</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
(1) - The cost sharing for the section labeled "Amounts Up to ICL" should include non-uniform deductibles and/or reduced ICL levels.						
<b>NETWORK PRICING</b>	<b>GENERIC</b>		<b>BRAND</b>		<b>SPECIALTY</b>	
	<b>% discount off AWP</b>	<b>Dispensing Fee</b>	<b>% discount off AWP</b>	<b>Dispensing Fee</b>	<b>% discount off AWP</b>	<b>Dispensing Fee</b>
<b>RETAIL</b>						
<b>MAIL</b>						

**WORKSHEET 6A - COVERAGE IN THE GAP**

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**I. General Information**

1. Contract Number:	4. Contract Yr:	2018	7. Plan Name:	10. VBID:	N	12. PD Region:
2. Plan ID:	5. Org. Name:		8. Plan Type:	11. MTM:	N	13. PD Benefit Type:
3. Segment ID:	6. SNP:		9. Enrollee Type:			14. SNP Type: N/A

**II. Spending in the Coverage Gap**

	(f)	(g)	(h)	(i)	(j)	(k)
<b>Population Exceeding \$3,700 with Std Coverage</b>	<b>Defined Standard Coverage</b>			<b>Actuarially Equivalent or Alternative Benefits</b>		
<b>Amounts Allocated between \$3,700 and Catastrophic</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
1. Retail Generic	0	\$0.00	\$0.00	0	\$0.00	\$0.00
2. Retail Preferred Brand	0	\$0.00	\$0.00	0	\$0.00	\$0.00
3. Retail Non-Preferred Brand	0	\$0.00	\$0.00	0	\$0.00	\$0.00
4. Retail Specialty Generic	0	\$0.00	\$0.00	0	\$0.00	\$0.00
5. Retail Specialty Brand	0	\$0.00	\$0.00	0	\$0.00	\$0.00
6. Mail Order Generic	0	\$0.00	\$0.00	0	\$0.00	\$0.00
7. Mail Order Preferred Brand	0	\$0.00	\$0.00	0	\$0.00	\$0.00
8. Mail Order Non-Preferred Brand	0	\$0.00	\$0.00	0	\$0.00	\$0.00
9. Mail Order Specialty Generic	0	\$0.00	\$0.00	0	\$0.00	\$0.00
10. Mail Order Specialty Brand	0	\$0.00	\$0.00	0	\$0.00	\$0.00
<b>11. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Low Income Population Amounts Allocated between \$3,700 and Catastrophic</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
12. Retail Generic						
13. Retail Preferred Brand						
14. Retail Non-Preferred Brand						
15. Retail Specialty Generic						
16. Retail Specialty Brand						
17. Mail Order Generic						
18. Mail Order Preferred Brand						
19. Mail Order Non-Preferred Brand						
20. Mail Order Specialty Generic						
21. Mail Order Specialty Brand						
<b>22. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Non-Low Income Population Amounts Allocated between \$3,700 and Catastrophic</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Std Cost Sharing \$</b>	<b>Number of Scripts</b>	<b>Allowed \$</b>	<b>Cost Sharing \$</b>
23. Retail Generic						
24. Retail Preferred Brand						
25. Retail Non-Preferred Brand						
26. Retail Specialty Generic						
27. Retail Specialty Brand						
28. Mail Order Generic						
29. Mail Order Preferred Brand						
30. Mail Order Non-Preferred Brand						
31. Mail Order Specialty Generic						
32. Mail Order Specialty Brand						
<b>33. Total</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>

Non-LI Generics in Gap PMPM	\$0.00
Non-LI Brand Discount Amt PMPM	\$0.00

# WORKSHEET 7 - SUMMARY OF KEY BID ELEMENTS

## I. General Information

1. Contract Number:	4. Contract Yr: 2018	7. Plan Name:	10. VBID: N	12. PD Region:
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. MTM: N	13. PD Benefit Type:
3. Segment ID:	6. SNP:	9. Enrollee Type:		14. SNP Type: N/A

## II. 2018 Defined Standard Benefit Parameters

1. Deductible	\$400
2. Initial Coverage Limit	\$3,700
3. Out-of-pocket Limit	\$4,950

## III. Summary of Key Bid Elements

1. Standardized Part D Bid	\$0.00
2. National Average Monthly Bid Amount	
3. Base Beneficiary Premium	
<b>Basic Part D Premium (prior to A/B rebate allocation)</b>	
4. Unrounded	\$0.00
5. Rounded	\$0.00
<b>Supplemental Part D Premium (prior to A/B rebate allocation)</b>	
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. Prospective brand discount amount	\$0.00
<b>Rounding Rule</b>	
12. Round Part D premiums to nearest	\$0.10

## V. Working Model Text Box

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

## IV. Part D Bid Pricing Tool Contacts

<b>Plan Bid Contact</b>	
Name	
Phone	
Email	
<b>Part D Certifying Actuary</b>	
Name and Credentials	
Phone	
Email	
<b>Part D Additional BPT Actuarial Contact</b>	
Name	
Phone	
Email	
Date Prepared	

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