

WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE

I. General Information

1. Contract Number:		4. Contract Yr:	2026	7. Plan Name:		10. \
2. Plan ID:		5. Org. Name:		8. Plan Type:		
3. Segment ID:		6. SNP:		9. Enrollee Type:		11. f

II. Base Period Background Information

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

III. Part D Claims Experience

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	Cumulative
	# 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	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. 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	\$0.00
9. Gain(Loss) Margin Including Buy-Down	\$0.00

	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

	Basic	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	
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VI. IRA Part D Drug Experience

	Total Number of Scripts	Total Allowed Dollars	Total Cost Sharing
1. Maximum Fair Price Drugs			
Total Dollars			
1. DIR #10			

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CMS - 10142

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

I. General Information

1. Contract Number:		4. Contract Yr:	2026	7. Plan Name:		10. VBID-D:	N	12. PD Region:	
2. Plan ID:		5. Org. Name:		8. Plan Type:		11. ESRD-SNP:	N	13. PD Benefit Type:	
3. Segment ID:		6. SNP:		9. Enrollee Type:		14. SNP Type:			

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

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

	Total Number of Scripts	Total Allowed Dollars	Total Cost Sharing
1. Maximum Fair Price Drugs			
1. Claims (Allowable Cost Target)	At 0.000	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	
5. Federal Reinsurance	\$0.00	\$0.00	

WORKSHEET 4 - Rx STANDARD COVERAGE WITH ACTUARIALLY EQUIVALENT COST SHARING

I. General Information

1. Contract Number:	4. Contract Yr: 2026	7. Plan Name:	10. VBID-D: N	12. PD
2. Plan ID:	5. Org. Name:	8. Plan Type:		13. PD
3. Segment ID:	6. SNP:	9. Enrollee Type:	11. ESRD-SNP: N	14. SN

II. Projection Data

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

V. Std. Cov. Bid Development

	At 0.000	\$0.00	At 1.00
1. Claims (Allowable Cost Target)	\$0.00		\$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
5. Net Federal Reinsurance	\$0.00		\$0.00
6. LIS	\$0.00		

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

- 1. Total Members
- 2. Member Months

	Amounts below Catastrophic Threshold	Amounts above 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 Reinsurance
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: 2026	7. Plan Name:	10. VBID-D: N
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. ESRD-SNP: N
3. Segment ID:	6. SNP:	9. Enrollee Type:	

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

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
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

1. Part D Covered Drugs	At 0.000	D	At 1.00	\$0.00
2. Non-Benefit Expenses	\$0.00			\$0.00
3. Gain/(Loss) Margin	\$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

	Part D Covered Drugs				
	Members with <=CAT	Members >CAT	Amounts <=CAT for all members		Amnts above Catastrophic
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					
4. Standard			Type of Deductible		E
5. Alternative			Alt Coverage Deductible Amount		
Deductible			Amounts below Catastrophic Threshold		Amnts above Catastrophic
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%
11. Alternative				0.0%	0.0%
Coins PMPM			\$0.00	\$0.00	\$0.00
12. Standard			\$0.00	\$0.00	\$0.00
13. Alternative			\$0.00	\$0.00	\$0.00
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	\$0.00
			\$0.00	\$0.00	\$0.00

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 At 1.00 \$0.00
2. Impact of Alternative Utilization on Standard	
3. Allowable Cost Target for Alternative	\$0.00 \$0.00
4. Induced Utilization Adjustment	0.000 0.000

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

II. Projections for Equivalence Tests

Population Not Exceeding the Catastrophic Threshold Lines 1-8 exclude Insulins/Vaccines and exclude claims subject to deductible	Defined Standard Co	
	Number of Scripts	Allowed
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: 2026	7. Plan Name:	10. \
2. Plan ID:	5. Org. Name:	8. Plan Type:	11. E
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

TI
TI

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	

/BID-D:	N	12. PD Region:	
		13. PD Benefit Type:	
ESRD-SNP:	N	14. SNP Type:	N/A

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

(k)	(l)	(m)	(n)
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
			\$0.00
			\$0.00

VII. PMPM Income Statement Summary (m)

m (not true revenue)

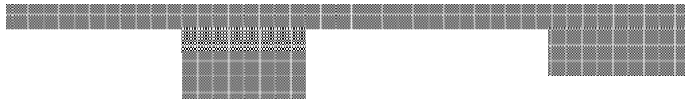
(k)

ys a valid OMB control number. The valid OMB control number for this information collection is 0938-0944. The time required to ar the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time altimore, Maryland 21244-1850.

N/A

\$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	

rd Coverage Bid Development



Region:
Benefit Type:
IP Type: N/A

0.000

with Actuarially Equivalent C. S.

	0
	0
Subtotal	Row
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	0.0%
	0.0%

√BID-D:	N	12. PD Region:	
SRD-SNP:	N	13. PD Benefit Type:	
		14. SNP Type:	N/A

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