

WORKSHEET 1 - Rx BASE PERIOD EXPERIENCE

Page 1 of 7

PD-2026.1

OMB Approved # 0938-0944 (Expires: 3/31/2027)

I. General Information

1. Contract Number:		4. Contract Yr:	2026	7. Plan Name:		10. VBIID-D:	N	12. PD Region:	
2. Plan ID:		5. Org. Name:		8. Plan Type:				13. PD Benefit Type:	
3. Segment ID:		6. SNP:		9. Enrollee Type:		11. ESRD-SNP:	N	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
Incurring from:	2b. LIS Member Months						
Incurring to:	3a. Risk Score	0.0000					
Paid through:	3b. LIS Risk Score						
	3c. NLI Risk Score						
	4. Completion Factor						

III. Part D Claims Experience

	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
Claim Interval	Total Count in Interval		Cumulative								Net Plan Responsibility per Member
	# 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	Adjustments to Reflect Pt. D Coverage			
								Supplemental C.S. Reduc. per Member	Reimb for LIS per Member	Reimb for Fed Reins. per Member	
1. \$0					\$0.00						\$0.00
2. \$1-\$544					\$0.00						\$0.00
3. \$545-Catastrophic *					\$0.00						\$0.00
4. Above Catastrophic *					\$0.00						\$0.00
5. Subtotal	0	0	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. PMPM Values				\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
7. Minus Rebates						\$0.00					\$0.00
8. Plus Part D as Secondary						\$0.00					\$0.00
9. Minus Manufacturer Discount											
10. Net Average Paid Amount PMPM						\$0.00		\$0.00	\$0.00	\$0.00	\$0.00
11. Non-covered Supplemental Drugs						\$0.00					
12. Rebates on Supplemental Drugs						\$0.00					
13. Net PMPM on Supplemental Drugs						\$0.00					\$0.00

* See Instructions for Completing the Prescription Drug Plan BPT for CY2026.

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) Basic	(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	\$0.00	\$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

(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) Margin Including Buy-Down	\$0.00

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

Total Non-LI Brand Discount Amount

VIII. DIR #10 Experience

(k) Total Dollars	
1. DIR #10	

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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:	13. PD Benefit Type:	
3. Segment ID:	6. SNP:	9. Enrollee Type:	11. ESRD-SNP: N	14. SNP Type: N/A

II. Utilization for Covered Part D Drugs

	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
	Base Period			Components of Utilization Change					Total Utilization Change	Projected Scripts/ 1000	Covariance
Type of Script	# of Scripts/ 1000	Allowed per Script	PMPM Allowed	Trend in Scripts/1000	Formulary Change	Risk Change	Induced Utilization*	Other Change			
1. Retail Generic			\$0.00						0.000	0	0.000
2. Retail Preferred Brand			\$0.00						0.000	0	0.000
3. Retail Non-Preferred Brand			\$0.00						0.000	0	0.000
4. Retail Specialty			\$0.00						0.000	0	0.000
5. Mail Order Generic			\$0.00						0.000	0	0.000
6. Mail Order Preferred Brand			\$0.00						0.000	0	0.000
7. Mail Order Non-Preferred Brand			\$0.00						0.000	0	0.000
8. Mail Order Specialty			\$0.00						0.000	0	0.000
9. Maximum Fair Price Drugs			\$0.00						0.000	0	0.000
10. Total Retail	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0	0.000
11. Total Mail Order	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0	0.000
12. Total Generic	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0	0.000
13. Total Brand (Preferred and Non-Preferred)	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0	0.000
14. Total Specialty	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0	0.000
15. Total	0	\$0.00	\$0.00	0.000	0.000	0.000	0.000	0.000	0.000	0	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)	(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. Maximum Fair Price Drugs					0.000	\$0.00	\$0.00			\$0.00		\$0.00
10. Total Retail	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
11. 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
12. Total Generic	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
13. 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
14. Total Specialty	0.000	0.000	0.000	0.000	0.000	\$0.00	\$0.00	0	\$0.00	\$0.00	0%	\$0.00
15. 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%	

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

	(j)
at 0.000	
1. Claims (Allowable Cost Target)	\$0.00
2. Non-Benefit Expenses	\$0.00
3. Gain/(Loss) Margin	\$0.00
4. Total Bid	\$0.00
5. Percentage of Revenue	
a. Claims (Allowable Cost Target)	0.0%
b. Non-Benefit Expenses	0.0%
c. Gain/(Loss) Margin	0.0%

VII. Related Party

	(n)
Projected PMPM	
1. Related-Party Allowed Cost	
2. Related-Party Non-Benefit Expense	

VIII. DIR #10 Projection

	(n)
Projected PMPM	
1. DIR #10	

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:	13. PD Benefit Type:	
3. Segment ID:	6. SNP:	9. Enrollee Type:	11. ESRD-SNP: N	14. SNP Type: N/A

II. Projection Data

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

III. Part D Covered Drug Claims

	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)
Claim Interval	# of Members	Member Months	# of Scripts	Projected Allowed	Avg Amt Allowed PMPM	Cost Sharing		PMPM Deductible	Other Cost Sharing PMPM	Federal Reins. PMPM	Plan Liability PMPM	Federal LICS PMPM
1. \$0					\$0.00						\$0.00	
2. \$1-\$589					\$0.00	\$0.00					\$0.00	
3. \$590-Catastrophic					\$0.00	\$0.00					\$0.00	
4. Above Catastrophic					\$0.00	\$0.00					\$0.00	
5. Subtotal	0	0	0	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Minus Rebates					\$0.00						\$0.00	
7. Plus Part D as Secondary					\$0.00						\$0.00	
8. Minus Manufacturer Discount											\$0.00	
9. Total				\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

IV. IRA Part D Drug Projection

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

V. Defined Standard Coverage Bid Development

	(k)	(l)
	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) 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

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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:	13. PD Benefit Type:	
3. Segment ID:	6. SNP:	9. Enrollee Type:	11. ESRD-SNP: N	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) 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	

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) 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			0
2. Member Months			0
	Amounts below Catastrophic Threshold	Amounts above Catastrophic Threshold	Row Subtotal
Allowed PMPM			
3. Standard	\$0.00	\$0.00	\$0.00
4. Standard with Act. Equiv. Cost Sharing	\$0.00	\$0.00	\$0.00
5. Value of Deductible	\$0.00	\$0.00	\$0.00
Allowed Subject to Coins.			
6. Standard	\$0.00	\$0.00	\$0.00
7. Standard with Act. Equiv. Sharing	\$0.00	\$0.00	\$0.00
Coins. %			
8. Standard	25.0% A	0.0%	0.0%
9. Standard with Act. Equiv. Sharing	0.0% B	0.0%	0.0%
Coins PMPM			
10. Standard	\$0.00	\$0.00	\$0.00
11. Standard with Act. Equiv. Sharing	\$0.00	\$0.00	\$0.00
Net Cost of Benefit			
12. Standard	\$0.00	\$0.00	\$0.00
13. Standard with Act. Equiv. Sharing	\$0.00	\$0.00	\$0.00
Rebates		For Reinsurance	Inc Reins.
14. Standard		\$0.00	\$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	

I. General Information

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

	(d)	(f)	(g)	(i)	(m)	(o)	(q)
	Part D Covered Drugs						
	Members with <=CAT	Members >CAT	Amounts <=CAT 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						Non-Part D Covd
	Alt Coverage Deductible Amount		E				
	Amounts below Catastrophic Threshold			Amts above Catastrophic	Row Subtotal		
4. Standard	\$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
Deductible							
6. Value of \$590 Deductible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
7. Value of Proposed Deductible	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Allowed Subject to Coins.							
8. Standard	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
9. Alternative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Coins. %							
10. Standard	25.0%	25.0%	0.0%	0.0%			0.0%
11. Alternative	0.0%	0.0%	0.0%	0.0%			0.0%
Coins PMPM							
12. Standard	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
13. Alternative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Federal Reinsurance							
14. Standard				\$0.00	\$0.00		\$0.00
15. Alternative					\$0.00		\$0.00
Minus Rebates							
16. Standard				For Reinsurance	Inc Reins.		
17. Alternative				\$0.00	\$0.00		\$0.00
Plus Part D as Secondary							
18. Standard							
19. Alternative				\$0.00	\$0.00		\$0.00
Net Cost of Benefit							
20. Standard	\$0.00	\$0.00 F	\$0.00	\$0.00	\$0.00		\$0.00
21. Alternative	\$0.00	\$0.00 G	\$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 Catastrophic >= Std (G >=F)	Yes
4. Deductible <=\$590 (E <=\$590)	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) Margin	\$0.00
8. Supplemental Premium	\$0.00

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

II. Projections for Equivalence Tests

Population Not Exceeding the Catastrophic Threshold	(f)	(g)	(h)	(i)	(j)	(k)
	Defined Standard Coverage			Actuarially Equivalent or Alternative Benefits		
	Number of Scripts	Allowed \$	Std Cost Sharing \$	Number of Scripts	Allowed \$	Cost Sharing \$
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	\$0.00	\$0.00	0	\$0.00	\$0.00
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						
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	\$0.00	\$0.00	0	\$0.00	\$0.00
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)						
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	\$0.00	\$0.00	0	\$0.00	\$0.00
38. Manufacturer Discount						
Total Amounts Allocated Over the Catastrophic Threshold (All Populations)						
39. All Spending Over Catastrophic Threshold	0	\$0.00				
40. Manufacturer Discount						
41. Non-Part D Covered Drugs - All Spending						

Subsidy for Selected Drugs	
Defined Standard Total Dollars	
Alternative Total Dollars	

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:		13. PD Benefit Type:
3. Segment ID:	6. SNP:	9. Enrollee Type:	11. ESRD-SNP: N	14. SNP Type: N/A

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 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

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