

Cost Proposal for Medicare Advantage and Part D Prescription Drug Plan PPO

Provide an estimate of the total expected expenditures for Shelby County for calendar year 2014 based on the proposed benefit design, 2014 star rated benchmark and estimated aggregate risk score. Provide a definition of all terms and an itemization of all assumptions used including, but not limited to, all components requested as well as trend factors and the formulas involved, plus a complete explanation of the logic inherent in the proposed rate. Figures need to be provided separately for the each proposed Shelby County plan options (Standard MA-PD PPO, Premium MA-PD PPO, MA-PD HMO) as well as by member Part A participation.

Proposers are invited to proposed alternate plan designs. Provide this Exhibit for each alternate proposed, and include the actuarial difference(s) for the proposed plan(s), separately for medial and pharmacy. Scoring, however will be based on the premiums proposed for the current plan options.

Provide the following components of the premium on a per member per month basis:

	Members have Both Part A and Part B		Members have Part B only	
	Standard Plan	Premium Plan	Standard Plan	Premium Plan
PPO Medical Benefit Only				
Star Rating	0.0	0.0	0.0	0.0
Aggregate Benchmark	0.00	0.00	0.00	0.00
Risk Score	0.00	0.00	0.00	0.00
Claims Component				
Total Medical Claims Cost	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Sharing	\$0.00	\$0.00	\$0.00	\$0.00
Direct Capitation (Risk Adjusted)	\$0.00	\$0.00	\$0.00	\$0.00
Total Claims Component	\$0.00	\$0.00	\$0.00	\$0.00
Non-Claims Component				
Administration	\$0.00	\$0.00	\$0.00	\$0.00
Fees and Taxes	\$0.00	\$0.00	\$0.00	\$0.00
Risk Charges	\$0.00	\$0.00	\$0.00	\$0.00
Profit	\$0.00	\$0.00	\$0.00	\$0.00
Other (describe below)	\$0.00	\$0.00	\$0.00	\$0.00
Total Non-Claims Component	\$0.00	\$0.00	\$0.00	\$0.00
Shelby County MA Premium				
\$0.00				
Employer Group Waiver Plan + Wrap Rx Plan				
Risk Score	0.00	0.00	0.00	0.00
Claims Component				
Total Gross Discounted Drug Costs	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Sharing	\$0.00	\$0.00	\$0.00	\$0.00
Rebates	\$0.00	\$0.00	\$0.00	\$0.00
Projected 50% Manufacturer Discounts	\$0.00	\$0.00	\$0.00	\$0.00
Direct Capitation (Risk Adjusted)	\$0.00	\$0.00	\$0.00	\$0.00
Federal Reinsurance Payment	\$0.00	\$0.00	\$0.00	\$0.00
Total Claims Component	\$0.00	\$0.00	\$0.00	\$0.00
Non-Claims Component				
Administration	\$0.00	\$0.00	\$0.00	\$0.00
Fees and Taxes	\$0.00	\$0.00	\$0.00	\$0.00
Risk Charges	\$0.00	\$0.00	\$0.00	\$0.00
Profit	\$0.00	\$0.00	\$0.00	\$0.00
Administrative Fees	\$0.00	\$0.00	\$0.00	\$0.00
Other (describe below)	\$0.00	\$0.00	\$0.00	\$0.00
Total Non-Claims Component	\$0.00	\$0.00	\$0.00	\$0.00
Shelby County Rx Premium				
\$0.00				
Total Shelby County Medical+Rx Premium				
\$0.00				

Describe "Other" costs associated with the Medical Non-Claims Component

Describe "Other" costs associated with the Rx Non-Claims Component

Describe any gain sharing you wish to propose:

If the Proposer guarantees any portion of the above, provide details:

Cost Proposal for Medicare Advantage and Part D Prescription Drug Plan HMO

Provide an estimate of the total expected expenditures for Shelby County for calendar year 2014 based on the proposed benefit design, 2014 star rated benchmark and estimated aggregate risk score. Provide a definition of all terms and an itemization of all assumptions used including, but not limited to, all components requested as well as trend factors and the formulas involved, plus a complete explanation of the logic inherent in the proposed rate. Figures need to be provided separately for the each proposed Shelby County plan options (Standard MA-PD PPO, Premium MA-PD PPO, MA-PD HMO) as well as by member Part A participation.

Proposers are invited to proposed alternate plan designs. Provide this Exhibit for each alternate proposed, and include the actuarial difference(s) for the proposed plan(s), separately for medial and pharmacy. Scoring, however will be based on the premiums proposed for the current plan options.

Provide the following components of the premium on a per member per month basis:

	Members have Both Part A and Part B		Members have Part B only	
	Standard Plan	Premium Plan	Standard Plan	Premium Plan
HMO Medical Benefit Only				
Star Rating	0.0	0.0	0.0	0.0
Aggregate Benchmark	0.00	0.00	0.00	0.00
Risk Score	0.00	0.00	0.00	0.00
Claims Component				
Total Medical Claims Cost	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Sharing	\$0.00	\$0.00	\$0.00	\$0.00
Direct Capitation (Risk Adjusted)	\$0.00	\$0.00	\$0.00	\$0.00
Total Claims Component	\$0.00	\$0.00	\$0.00	\$0.00
Non-Claims Component				
Administration	\$0.00	\$0.00	\$0.00	\$0.00
Fees and Taxes	\$0.00	\$0.00	\$0.00	\$0.00
Risk Charges	\$0.00	\$0.00	\$0.00	\$0.00
Profit	\$0.00	\$0.00	\$0.00	\$0.00
Other (describe below)	\$0.00	\$0.00	\$0.00	\$0.00
Total Non-Claims Component	\$0.00	\$0.00	\$0.00	\$0.00
Shelby County MA Premium	\$0.00	\$0.00	\$0.00	\$0.00
Employer Group Waiver Plan + Wrap Rx Plan				
Risk Score	0.00	0.00	0.00	0.00
Claims Component				
Total Gross Discounted Drug Costs	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Sharing	\$0.00	\$0.00	\$0.00	\$0.00
Rebates	\$0.00	\$0.00	\$0.00	\$0.00
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Total Claims Component	\$0.00	\$0.00	\$0.00	\$0.00
Non-Claims Component				
Administration	\$0.00	\$0.00	\$0.00	\$0.00
Fees and Taxes	\$0.00	\$0.00	\$0.00	\$0.00
Risk Charges	\$0.00	\$0.00	\$0.00	\$0.00
Profit	\$0.00	\$0.00	\$0.00	\$0.00
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Other (describe below)	\$0.00	\$0.00	\$0.00	\$0.00
Total Non-Claims Component	\$0.00	\$0.00	\$0.00	\$0.00
Shelby County Rx Premium	\$0.00	\$0.00	\$0.00	\$0.00
Total Shelby County Medical+Rx Premium	\$0.00	\$0.00	\$0.00	\$0.00

Describe "Other" costs associated with the Medical Non-Claims Component

Describe "Other" costs associated with the Rx Non-Claims Component

Describe any gain sharing you wish to propose:

If the Proposer guarantees any portion of the above, provide details: