

February 2026 Actuarial User Group Call

Thursday February 19, 2026
11:00AM – 12:00 PM ET

Three ways to join the call—

1) Join online:

- https://teams.microsoft.com/l/meetup-join/19%3ameeting_MWU3Yzk0MTgtNjdmZC00OGI0LTlmNDAtYjlmNTc5MTRjZDA0%40thread.v2/0?context=%7b%22Tid%22%3a%22fbdcedc1-70a9-414b-bfa5-c3063fc3395e%22%2c%22Oid%22%3a%224cc0eca3-c89e-4c34-84fe-06bff83243cb%22%7d
- Meeting ID: 260 456 821 924 06
- Passcode: n8X7zD6z

2) Join by phone:

- (888) 588-2610
- Phone ID: 881 448 240#

3) Join on a video conferencing device:

- Tenant key: teams@video.cms.gov
- Welcome
 - The following have been posted to the CMS webpage at: <https://www.cms.gov> > Medicare > Payment > Medicare Advantage Rates & Statistics > Actuarial Bid Questions.
 - Call Agenda
 - Rebate Reallocation Examples
 - Live Q&A technical issues on Microsoft Teams platform
- Draft BPTs and Bid Instructions were released on Tuesday, February 17, 2026
 - Announcement memo was released via HPMS on February 6, 2026; the memo contains the weblink (https://surveys.CMS.gov/jfe/form/SV_5aUsuvJa14y0xhk) to download the files.
 - Comments should be submitted—via the website— as soon as possible, but not later than 11:59 PM Pacific Standard Time on Saturday, February 28, 2026.
 - We appreciate the feedback we received from the November UGC. The comments were helpful in developing the draft bid instructions.
- Revisions to Bid Pricing Tools for CY2027
 - No major changes since November UGC.
 - Balance Model Indicator added to Part D BPT, Worksheet 1, Section 1, cell L5
 - Review Technical Instructions if having any issues with macro add-ins loading

- CY2027 Draft Bid Instructions
 - General Comments
 - The instructions may require updating for changes in policy before finalization.
 - The general drafting notes and the revisions discussed today are not a substitute for reading the bid instructions.
 - MA and Part D BPT Instruction Changes
 - Due to feedback received, we removed the new pricing consideration for catastrophic claims. We also removed new catastrophic claims Appendix B item 7.2.2.
 - i. The draft CY2027 language was intended to address a specific scenario and was not meant to be prescriptive or serve as a one-size-fits-all approach. Other methodologies remain appropriate depending on the circumstances. Previous UGC items #721 and #937 remain valid for scenarios involving large-cost members.
 - ii. OACT has identified several scenarios for addressing catastrophic claims in projections, including—
 - If projections remove outliers or a portion from experience data when estimating the population mean and replace the removed outliers with an average cost value, these adjustments must be applied through the use of projection factors. This scenario is considered a statistical approach and is covered by UGC item #721, which remains appropriate for this methodology.
 - If projections do not remove outliers from experience data when estimating the population mean, all adjustments related to catastrophic claims are entered exclusively in the Net Cost of Private Reinsurance. This scenario is covered in UGC item #937 guidance, which remains appropriate for this methodology.
 - Other statistical approaches for estimating the population mean, for example trimmed means, are acceptable. In the context of this example, the experience is trimmed through the use of projection factors. This scenario is not covered in the UGC guidance or bid instructions.
 - iii. To request feedback from us on other scenarios, please submit them to the actuarial-bids mailbox for review.
 - Due to feedback received, we further updated the Timing section of Appendix B to clarify that, prior to the final actuarial certification, the following items must be revised and uploaded to be consistent with the final certified bid:
 - i. All supporting documentation items listed under the “Initial June Bid Submission” section of Appendix B that were required with the initial

- bid continue to be required with the final bid and must be revised and uploaded consistent with the final certified bid. In addition, if issues were discovered with these items during bid desk review, support must be revised to address these issues. Please note that only items that changed from initial bid to final bid must be uploaded again.
- ii. All supporting documentation items listed under the “Initial June Bid Submission” section of Appendix B that were not applicable to the initial bid, but are applicable to the final bid must be uploaded. For example, if the gain/loss margin as a percentage of revenue at the bid level exceeds 11.5% in the final submission, Appendix B.8.6 must be uploaded even when the gain/loss margin as a percentage of revenue at the bid level did not exceed 11.5% in the initial submission.
 - iii. All supporting documentation items listed under the “Upon Request by CMS Reviewers” section of Appendix B that were requested by the bid desk reviewer must be revised and uploaded consistent with the final certified bid.
- Risk-Sharing Arrangements
 - Due to feedback received, we updated the language for MA Appendix B Item 23. The main changes are summarized below for the base and projected period.
 - i. Item 23.1a (Provider Capitation Arrangements) and Item 23.2a (Provider Risk-Sharing Arrangements) must include a description of each arrangement. However, arrangements similar in design may be grouped in the description.
 - ii. Item 23.1b (Provider Capitation Arrangements) and 23.2b (Provider Risk-Sharing Arrangements) must include a description and numerical demonstration of the methodology used to allocate payments to service categories. However, the description and numerical demonstration are only needed for each separate methodology, not for each arrangement.
 - iii. Item 23.2c (Provider Risk-Sharing Arrangements) must include a description and numerical demonstration of the methodology used to allocate payments across each associated BPT. However, the description and numerical demonstration are only needed for each separate methodology, not for each arrangement.
 - MA BPT Instruction Changes
 - Consistent with the November UGC, we removed all references to VBID-H and VBID-C due to discontinuation as of December 31, 2024 and December 31, 2025.
 - Base Period Experience
 - i. Consistent with the November UGC, we updated Rule #4 to clarify that when there is a service area reduction, Worksheet 1 should not include members if all enrollees from a plan crosswalked in CY2026 are fully disenrolled in CY2027. However, if any members remain, Rule #3 applies, and all experience must be reported on Worksheet 1.

- Benefits and Service Categories
 - i. Consistent with the November UGC, we relocated the MA Pricing Consideration for “Point-Of-Service (POS)” to be a subcategory within the topic “Benefits and Service Categories”.
 - ii. Consistent with the November UGC, we added a clarification for BPT reporting and included an example for “Point-of-Service (POS)” limited benefits in cases where a plan has both coinsurance and an annual limit.
- Supporting Documentation
 - i. Consistent with the November UGC, we updated Appendix B item 6 in the MA Instructions to clarify that when the PMPM impact of the maximum OOP is zero, the justification must include all applicable Contract-Plan ID-Segment IDs, the source data, and an explicit statement confirming that the value is zero (or essentially zero).
 - ii. Consistent with the November UGC, we updated Appendix B item 15 in the MA Instructions to clarify that this item does not apply if the plan audited for CY2026 is not renewed in CY2027. However, any audit findings remain applicable to other plans under the same parent organization in CY2027, and their pricing should be applied consistently with those findings.
 - iii. Consistent with November UGC, we updated Appendix B item 21 in the MA Instructions to clarify that (1) when non-covered services are bundled into a single benefit (e.g., debit card), each service must be reported separately with its PMPM value consistent with the BPT; and (2) supporting documentation must use terminology consistent with the PBP so benefits can be clearly mapped. Due to feedback received, we added clarifying language requiring that any aggregated services classified under 14c or 19b be reported at the subcategory level (e.g., reporting the PMPM for “14c4: Fitness Benefit” and “14c18: Therapeutic Massage” separately).
- Appendix E – Rebate Reallocation Guidelines
 - i. Consistent with the November UGC, we updated Appendix E guideline 10.1 and 10.2 for scenarios where the Part D basic premium prior to rebates (line 7a of Worksheet 6, Section IIIC) results in a negative value—either at initial submission or after the published direct subsidy is applied to the BPT. In these cases, the amount of unallocated rebates includes the amount required to return the total Part D premium to that originally submitted. This update is intended to provide additional flexibility in how A/B mandatory supplemental benefits may change during rebate reallocation in cases where the Part D basic premium prior to rebates is negative. Therefore, this flexibility does not modify the existing framework or targets established in other guidelines. Due to feedback received, we added clarifying language to 10.1.1 and 10.2.1 to address LIPSA-targeting plans. For plans targeting the LIPSA, this calculation instead reflects the amount necessary to return the Part D supplemental premium to its

intended level—generally resulting in a \$0 total Part D premium for low-income beneficiaries—rather than the originally submitted total Part D premium, which may vary based on assumptions for the low-income subsidy and the NAMBA in the initial submission.

- ii. Consistent with the November UGC, we updated Appendix E guideline 10.3.1 to allow changes in Worksheet 4, cell R108, ensuring the value is between \$0.00 and 110% of the unallocated rebate.
- iii. Consistent with the November UGC, we updated Appendix E guideline 11 to clarify that if a plan is out of compliance with the Total Beneficiary Cost (TBC) following the release of published benchmarks, any changes to A/B mandatory supplemental benefits that do not affect the TBC calculation—such as non-covered or Professional Supplemental Benefits not included in the Out-of-Pocket Cost (OOPC) model—must be prioritized before adjusting the MA gain/loss margin PMPM. Due to feedback received, we have further updated Appendix E guideline 11.1.1 to provide greater clarity on TBC compliance options during rebate reallocation. The updated language clarifies that plans have flexibility to adjust the MA gain/loss margin PMPM in combination with benefit changes. However, standalone adjustments to the MA gain/loss margin —without any corresponding benefit changes —are only permitted when the plan can demonstrate either that no A/B mandatory supplemental benefits (that do not affect the TBC calculation) are available, or that gain/loss margin adjustments are the only viable means to achieve TBC compliance.

- Part D BPT Instruction Changes

- Consistent with the November UGC, we updated our instructions surrounding estimating the National Average Monthly Bid Amount (NAMBA) and negative Part D premiums.
 - i. Due to feedback received, we updated the instructions to indicate that the NAMBA must be equal for all plans under a single organization, instead of parent organization.
 - ii. Consistent with the November UGC, we updated the instructions to indicate that the total Part D premium must be greater than or equal to zero.
 - iii. Consistent with the November UGC, we added Appendix B item 17, which requires support for the NAMBA estimate. Please note that we will be reviewing low estimates in early June and will conduct outreach to plans if we determine their estimates appear unreasonable.
 - iv. Due to the updated NAMBA guidance, we removed the instructions that allow for lowering the NAMBA in cases where the Part D basic premium is negative.
 - v. OACT expects plan sponsors to enhance Part D benefits to the extent possible to have a total Part D premium greater than or equal to zero

and to meet margin requirements. We recognize it may be unreasonable to expect that the benefit is richer than the LI benefit.

- vi. The reason we are requiring a single NAMBA by organization is to ensure plan sponsors submit a reasonable NAMBA estimate. In the past, we have seen the following scenarios of concern. We understand that some of these instances may no longer occur due to removing the flexibility for plans to lower the NAMBA estimate when facing negative PD premiums:
 - a) Plan sponsors have submitted significantly low NAMBA estimates, for example, more than \$40 below the actual NAMBA.
 - b) Plan sponsors have provided OACT with a range their NAMBA estimate would be within, but their submitted NAMBA was not within that range.
 - c) Plan sponsors within the same organization have submitted NAMBA estimates within pennies of each other.
- Due to feedback received, we updated the instructions for the “Column d – Number of Members” cells for Worksheet 1 and Worksheet 3 to clarify how members must be reported in lines 2 and 3 in terms of whether they are an applicable beneficiary for the Discount Program. If the member’s allowed claims exceed \$0, but the member is not an applicable beneficiary for the Discount Program, the member must be reported in Line 2. If the member is an applicable beneficiary for the Discount Program, but the member’s TrOOP costs do not exceed the out-of-pocket limit, the member must be reported in Line 3.
- Consistent with the November UGC, we updated the instructions for Worksheet 1 reporting due to the IRA:
 - i. Consistent with the November UGC, we updated the “Mapping of Prescription Drug Events to Part D Claims Experience in Worksheet 1, Section III” table with the updated “Reimbursement for Federal Reinsurance per Member” formula.
 - ii. Consistent with the November UGC, we updated the “Plus Part D as Secondary” instructions, which included an outdated reference to the pre-IRA federal reinsurance amount.
 - iii. Consistent with the November UGC, we removed instructions for the Total Non-LI Brand Discount Amount and added instructions for the Manufacturer Discount Amount, which replaces this cell in the BPT.
 - iv. Consistent with the November UGC, we added instructions for the Medicare Prescription Payment Plan (M3P).
- Consistent with the November UGC, we added instructions indicating that the Estimated Remuneration at Point-of-Sale Amount (ERPOSA) must not be reported in the “Minus Rebates” line of Worksheet 1 and Worksheet 3, since this amount is already netted out of lines 1 through 5 on these worksheets.

- i. Due to feedback received, we updated the instructions to clarify that this same guidance applies to Pharmacy Price Concessions at Point-of-Sale (POS).
 - Consistent with the November UGC, we removed the instructions for the Maximum Base Beneficiary Premium cell on Worksheet 7, since this cell is being removed from the BPT. In conjunction with this, we added instructions explaining that the BBP must be less than or equal to a six percent increase over the prior year's BBP.
 - Consistent with the November UGC, we removed instructions for VBID-D. However, since the November UGC, the Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth (BALANCE) Model was announced. Therefore, we replaced the VBID-D indicator with the BAL-D indicator.
 - Consistent with the November UGC, we removed Appendix C, the Employer/Union Only Group (EGWP) Requirements appendix. All subsequent appendices were re-lettered.
- CY2027 Advance Notice was released on Monday, January 26th. In order to receive consideration prior to the release of the Rate Announcement, CMS must receive comments on this Advance Notice by 11:59 PM Eastern Time on Wednesday, February 25, 2026.
- CY2027 Final Part D Bidding Instructions were released via HPMS on Friday, February 6th.
- OOPC/TBC
 - CY2026 Part C and Part D Baseline Out-of-Pocket Cost (OOPC) Models are available for plan sponsors to calculate their updated CY2026 OOPC values. Please refer to the HPMS memo released on December 23, 2025.
 - These values will serve as the baseline for evaluating the TBC change between CY2026 and CY2027.
 - CY2027 Part C and Part D Bid Review OOPC Models are expected to be released in April.
- CY2027 Medicare Parts C and D Annual Calendar was released on January 29th. The calendar provides important operational dates for all organizations such as the date bids are due to CMS, the date that organizations must inform CMS of their contract non-renewal, and dates for beneficiary mailings.
- Actuarial Certification
 - The overall process expected to be similar to last year
 - An announcement memo will be released via HPMS
 - The Actuarial Certification Module expected to be released May 8th
 - Initial actuarial certification is expected to be due to CMS on June 5th
- Upcoming Timeline
 - Bid Forms and Instructions expected to be released on Friday, April 10th
 - Weekly Actuarial User Group Calls: Thursdays, April 16th through May 28th
 - Bid Submission deadline Monday June 1st
 - Initial actuarial certification expected to be due to CMS on June 5th

- Live Q&A
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- Conclusion

Examples of CY2027 Expanded Rebate Reallocation Flexibility for Negative Part D Basic Premium Plans

Example 1a: Overestimated NAMBA, Negative Basic Premium Remains Negative, and Targeting Initial Premium				
Maximum Change in R108 (CY2026)	\$0.00			
Maximum Change in R108 (CY2027)	-\$2.00			
	Initial June Bid	After Release of Benchmark	Option 1	Option 2 (No Change)
7. Part D Basic Premium				
7a. Prior to rebates (rounded value from Part D BPT)	(\$3.00)	(\$1.00)	(\$1.00)	(\$1.00)
7b. A/B rebates allocated to Part D Basic Premium	\$0.00	\$0.00	\$0.00	\$0.00
7c. A/B rebates for Part D Basic Premium (rounded)	\$0.00	\$0.00	\$0.00	\$0.00
7d. Part D Basic Premium	(\$3.00)	(\$1.00)	(\$1.00)	(\$1.00)
8. Part D Supplemental Premium				
8a. Prior to rebates (rounded value from Rx BPT)	\$10.00	\$10.00	\$10.00	\$10.00
8b. A/B rebates allocated to Part D Suppl Premium	\$7.00	\$7.00	\$9.00	\$7.00
8c. A/B rebates for Part D Suppl Premium (rounded)	\$7.00	\$7.00	\$9.00	\$7.00
8d. Part D Supplemental Premium	\$3.00	\$3.00	\$1.00	\$3.00
9. Total estimated plan premium	\$0.00	\$2.00	\$0.00	\$2.00

In Option 1, the plan can return to a \$0 total premium by adjusting MA WS 4 cell R108 by up to -\$2 (prior to premium rounding) to generate rebates for the Part D supplemental premium, without changing the MA premium or Part B premium buydown.

Example 1b: Overestimated NAMBA, Negative Basic Premium Becomes Positive, and Targeting Initial Premium					
Maximum Change in R108 (CY2026)	-\$1.00				
Maximum Change in R108 (CY2027)	-\$2.00				
	Initial June Bid	After Release of Benchmark	Option 1	Option 2 (No Change)	Option 3 (No Change in Part D Supplemental)
7. Part D Basic Premium					
7a. Prior to rebates (rounded value from Part D BPT)	(\$1.00)	\$1.00	\$1.00	\$1.00	\$1.00
7b. A/B rebates allocated to Part D Basic Premium	\$0.00	\$0.00	\$1.00	\$0.00	\$1.00
7c. A/B rebates for Part D Basic Premium (rounded)	\$0.00	\$0.00	\$1.00	\$0.00	\$1.00
7d. Part D Basic Premium	(\$1.00)	\$1.00	\$0.00	\$1.00	\$0.00
8. Part D Supplemental Premium					
8a. Prior to rebates (rounded value from Rx BPT)	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00
8b. A/B rebates allocated to Part D Suppl Premium	\$3.00	\$3.00	\$4.00	\$3.00	\$3.00
8c. A/B rebates for Part D Suppl Premium (rounded)	\$3.00	\$3.00	\$4.00	\$3.00	\$3.00
8d. Part D Supplemental Premium	\$7.00	\$7.00	\$6.00	\$7.00	\$7.00
9. Total estimated plan premium	\$6.00	\$8.00	\$6.00	\$8.00	\$7.00

In Option 1, the plan can return to a \$0 total premium by adjusting MA WS 4 cell R108 by up to -\$2 (prior to premium rounding) to generate an additional \$1 in rebates for the Part D supplemental premium, without changing the MA premium or Part B premium buydown.

Example 2: Underestimated NAMBA, Negative Basic Premium Remains Negative, and Targeting Initial Premium				
Maximum Change in R108 (CY2026)	\$0.00			
Maximum Change in R108 (CY2027)	\$2.00			
	Initial June Bid	After Release of Benchmark	Option 1	Option 2 (No Change)
7. Part D Basic Premium				
7a. Prior to rebates (rounded value from Part D BPT)	(\$1.00)	(\$3.00)	(\$3.00)	(\$3.00)
7b. A/B rebates allocated to Part D Basic Premium	\$0.00	\$0.00	\$0.00	\$0.00
7c. A/B rebates for Part D Basic Premium (rounded)	\$0.00	\$0.00	\$0.00	\$0.00
7d. Part D Basic Premium	(\$1.00)	(\$3.00)	(\$3.00)	(\$3.00)
8. Part D Supplemental Premium				
8a. Prior to rebates (rounded value from Rx BPT)	\$10.00	\$10.00	\$10.00	\$10.00
8b. A/B rebates allocated to Part D Suppl Premium	\$3.00	\$3.00	\$1.00	\$3.00
8c. A/B rebates for Part D Suppl Premium (rounded)	\$3.00	\$3.00	\$1.00	\$3.00
8d. Part D Supplemental Premium	\$7.00	\$7.00	\$9.00	\$7.00
9. Total estimated plan premium	\$6.00	\$4.00	\$6.00	\$4.00

In Option 1, the plan can return to its original total premium by adjusting MA WS 4 cell R108 by up to \$2 (prior to premium rounding) to reduce Part D supplemental premium rebates, without changing the Part B premium buydown. The plan may alternatively keep the reduced premium (Option 2).

Example 3: Underestimated NAMBA, Negative Basic Premium Becomes Negative, and Targeting LIPSA

Published LIPSA	\$6.00		
Maximum Change in R108 (CY2026)	\$0.00		
Maximum Change in R108 (CY2027)	\$1.00		
	Initial June Bid	After Release of Bench- mark	Option 1
7. Part D Basic Premium			
7a. Prior to rebates (rounded value from Part D BPT)	\$1.00	(\$1.00)	(\$1.00)
7b. A/B rebates allocated to Part D Basic Premium	\$0.00	\$0.00	\$0.00
7c. A/B rebates for Part D Basic Premium (rounded)	\$0.00	\$0.00	\$0.00
7d. Part D Basic Premium	\$1.00	(\$1.00)	(\$1.00)
8. Part D Supplemental Premium			
8a. Prior to rebates (rounded value from Rx BPT)	\$10.00	\$10.00	\$10.00
8b. A/B rebates allocated to Part D Suppl Premium	\$10.00	\$10.00	\$9.00
8c. A/B rebates for Part D Suppl Premium (rounded)	\$10.00	\$10.00	\$9.00
8d. Part D Supplemental Premium	\$0.00	\$0.00	\$1.00
9. Total estimated plan premium	\$1.00	(\$1.00)	\$0.00

In Option 1, the plan can return to its originally intended \$0 premium for low-income beneficiaries by adjusting MA WS 4 cell R108 by up to \$1 (prior to premium rounding) to reduce Part D supplemental premium rebates, without changing the Part B premium buydown.

Example 4: Overestimated NAMBA, Negative Basic Premium Becomes Positive, and Targeting LIPSA

Published LIPSA	\$6.00			
Maximum Change in R108 (CY2026)	\$0.00			
Maximum Change in R108 (CY2027)	-\$1.00			
	Initial June Bid	After Release of Bench- mark	Option 1	Option 2 (No Change)
7. Part D Basic Premium				
7a. Prior to rebates (rounded value from Part D BPT)	(\$1.00)	\$1.00	\$1.00	\$1.00
7b. A/B rebates allocated to Part D Basic Premium	\$0.00	\$0.00	\$0.00	\$0.00
7c. A/B rebates for Part D Basic Premium (rounded)	\$0.00	\$0.00	\$0.00	\$0.00
7d. Part D Basic Premium	(\$1.00)	\$1.00	\$1.00	\$1.00
8. Part D Supplemental Premium				
8a. Prior to rebates (rounded value from Rx BPT)	\$10.00	\$10.00	\$10.00	\$10.00
8b. A/B rebates allocated to Part D Suppl Premium	\$9.00	\$9.00	\$10.00	\$9.00
8c. A/B rebates for Part D Suppl Premium (rounded)	\$9.00	\$9.00	\$10.00	\$9.00
8d. Part D Supplemental Premium	\$1.00	\$1.00	\$0.00	\$1.00
9. Total estimated plan premium	\$0.00	\$2.00	\$1.00	\$2.00

In Option 1, the plan can return to its originally intended \$0 premium for low-income beneficiaries by adjusting MA WS 4 cell R108 by up to -\$1 (prior to premium rounding) to increase Part D supplemental premium rebates, without changes to the MA premium or Part B premium buydown.

Example of CY2027 Rebate Reallocation for TBC Compliance

MA Worksheet 4	Submission (1st BPT)	Reallocation BPT	Reallocation
w. Gain/(Loss) Margin	\$22.00	\$22.00	\$14.00

In this example, the gain/loss margin is the only change made to lower the premium. The change in A/B mandatory supplemental revenue requirements is solely due to the gain/loss margin adjustment. On worksheet 4, it appears there are non-covered benefits that could be removed or reduced to help achieve TBC compliance before resorting to margin-only changes.

C. Development of Estimated Plan Premium			
1. A/B Mandatory Supplemental revenue requirements	\$120.00	\$120.00	\$119.00
2. Less rebate allocations:			
2a. Reduce A/B Cost Sharing	-45.00	-45.00	-49.00
2b. Other A/B Mand Supplemental Benefits	-65.00	-65.00	-65.00
3. A/B Mandatory Supplemental premium	10.00	10.00	5.00
4. Basic MA premium	0.00	0.00	0.00
5. Total MA Enrollee Premium (excl. Opt. Suppl.)	10.00	10.00	5.00
6. Rounded MA Premium (excl. Opt. Suppl.)	\$10.00	\$10.00	\$5.00
7. Part D Basic Premium			
7a. Prior to rebates (rounded value from Part D BPT)	\$15.00	\$30.00	\$30.00
7b. A/B rebates allocated to Part D Basic Premium	\$15.00	\$15.00	\$15.00
7c. A/B rebates for Part D Basic Premium (rounded)	\$15.00	\$15.00	\$15.00
7d. Part D Basic Premium	\$0.00	\$15.00	\$15.00
8. Part D Supplemental Premium			
8a. Prior to rebates (rounded value from Rx BPT)	\$20.00	\$20.00	\$20.00
8b. A/B rebates allocated to Part D Suppl Premium	\$20.00	\$20.00	\$20.00
8c. A/B rebates for Part D Suppl Premium (rounded)	\$20.00	\$20.00	\$20.00
8d. Part D Supplemental Premium	\$0.00	\$0.00	\$0.00
9. Total estimated plan premium	\$10.00	\$25.00	\$20.00
TBC	\$30.00	\$45.00	\$40.00

MA Worksheet 4 C.		Total Benefits		
Service Category				Net PMPM
n. Vision (Non-Covered)				7.00
o. Hearing (Non-Covered)				2.00
p. Suppl. Ben. Chpt 4 (Non-Covered)				3.00
q. Other Non-Covered				0.00