

## CY 2021 Benefit Attestation

Please review the following information. If all of the information is correct, then electronically sign the benefit attestation.

### Medicare Advantage Attestation of Benefit Plan

(Company Name)

Hxxxx

Date: 00/00/2020

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### Prescription Drug Plan Attestation of Benefit Plan

(Company Name)

Sxxxx

Date: 00/00/2020

I attest that I have examined the Plan Benefit Packages (PBPs) identified below and that the benefits identified in the PBPs are those that the above-stated organization will make available to eligible beneficiaries in the approved service area during program year 2021. I further attest that we have reviewed the bid pricing tools (BPTs) with the certifying actuary and have determined them to be consistent with the PBPs being attested to here.

#### PARAGRAPH FOR PART B STEP THERAPY

I attest that our MA plan(s) are implementing Part B step therapy under the direction of its P&T committee consistent with CMS regulatory and sub-regulatory guidance.

#### PARAGRAPH FOR A/B ONLY COST

I attest that I have examined the Plan Benefit Packages (PBPs) identified below and that the benefits identified in the PBPs are those that the above-stated organization will make available to eligible beneficiaries in the approved service area during program year 2021.

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**(NOTE: ONLY DISPLAY THIS PARAGRAPH IF THE CONTRACTOR OFFERS AT LEAST ONE “800 SERIES” PLAN. THIS SAME ATTESTATION BELOW CAN BE USED FOR: ALL EMPLOYER/UNION DIRECT “E” CONTRACTS; ALL “S” AND “H” CONTRACTS THAT HAVE INDIVIDUAL AND “800 SERIES” PLANS; AND ANY “S” OR “H” CONTRACTS THAT ARE OFFERING ONLY “800 SERIES” PLANS IN 2020 (ENTITIES QUALIFIED TO ONLY OFFER “800 SERIES” PLANS IN 2020 ARE STANDALONE PDPs, NON-NETWORK PFFS AND MSA CONTRACTS))**

I attest that I have examined the employer/union-only group waiver (“800 series”) PBPs identified below and that these PBPs are those that the above-stated organization will make available only to eligible employer/union-sponsored group plan beneficiaries in the approved service area during program year 2021.

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I further attest that these benefits will be offered in accordance with all applicable Medicare program authorizing statutes and regulations and program guidance that CMS has issued to date and will issue during the remainder of 2020 and 2021, including but not limited to, the 2021 Solicitations for New Contract Applicants, the Medicare Prescription Drug Benefit Manual, the Medicare Managed Care Manual, and the CMS memoranda issued through the Health Plan Management System (HPMS).

<<CONTRACTING\_OFFICIAL\_NAME >>

Contracting Official Name

<<DATE\_STAMP>>

Date

<<CONTRACT\_NAME>>

Organization

<<ADDRESS>>

Address