**Exhibit 10**

**MAPD Premium Rate and LIS Quote**

**[Supplier Name]**

**Plan Year 2023**

What type of MAPD plan is being offered by Supplier for this bid?

MAPD in combination with a non-Medicare HMO?

MAPD in combination with an MSP and a non-Medicare HMO

Standalone nationwide MAPD

**Instructions:**

1. Estimated premium quote(s) for an MAPD plan will be due with the bid submission.
2. The due date for the final MAPD rate(s) of Plan Year 2023 will be the later of:
   1. August 1, 2022; or
   2. Two business days following CMS deadlines for rebate allocation calculations based upon the release of the CMS national average monthly bid amounts.
3. The rate sheet shall include the plan name.
4. Administrative cost rate ($4.477 PMPM) for PY 2023 should be included in the premium quote. This fee is determined annually by EGID and is subject to change either up or down in pricing.
   1. In event of renewals, any change in the administrative assessment will be communicated to the Supplier no later than May 1st of the year preceding the following Plan Year.
5. Anything other than a fixed dollar amount will not be accepted and may cause the Bidder’s bid to be rejected. Any cents quoted in the Bidder’s rates shall be an even number and shall be **divisible by two.**
6. The MAPD benefits shall be those specified in Exhibit 9 for reference.
7. PY2023 Quote with No Plan Changes” for MAPD is required for all Bidders to complete. (Table 1)
   1. “PY 2023 Quote with Proposed Plan Changes” for MAPD is optional and only for Bidders with current contracts with the OEIBA Program. (Table 2)
8. **Low Income Subsidy Table 3 is due with the final MAPD rates in August.**

Supplier agrees to provide annual renewal rates for each contracted option no later than the first business day in May preceding the Plan Year for which the rates apply:

1. May 1, 2023, for Plan Year 2024 (January 1, 2024, through December 31, 2024)
2. May 1, 2024, for Plan Year 2025 (January 1, 2025, through December 31, 2025)

**TABLE 1 – MAPD Monthly Premium Quote with No Plan Changes**

**PY2023 Quote (January 1, 2023, through December 31, 2023)**

|  |  |  |
| --- | --- | --- |
|  | **Plan Name** | **Per Member Monthly Rate** |
| PY 2023 Quote with No Plan Changes (Required) |  | $ |

**TABLE 2 – MAPD Monthly Premium Quote with Plan Changes**

**PY2023 Quote (January 1, 2023, through December 31, 2023)**

|  |  |  |
| --- | --- | --- |
|  | **Plan Name** | **Per Member Monthly Rate** |
| PY2023 Quote with Plan Changes (Optional) |  | $ |

**TABLE 3 – MAPD Plan Low Income Subsidy (LIS)**

**(January 1, 2023, through December 31, 2023)**

|  |  |
| --- | --- |
| **LIS %** | **Quote for Medicare-eligible members** |
| 100% | $ |
| 75% | $ |
| 50% | $ |
| 25% | $ |

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Signature Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Supplier Name

(To be signed by the Supplier’s President, Chief Executive

Officer or authorized representative.)