**Exhibit 13**

**Medicare Supplement Premium (MSP) Quote**

**[Supplier Name]**

**Plan Year [2023]**

1. Estimated premium quote(s) for a Medicare supplement plan will be due with the bid submission.
2. The due date for the final MSP rate(s) of PY2023 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. 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.**
4. The rate sheet shall include the plan name.
5. 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.
6. 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.
7. The MSP benefits shall be those specified in Exhibit 12 for reference.
8. PY2023 Quote with No Plan Changes” for MSP is required for all Bidders to complete. (Table 1)
   1. “PY 2023 Quote with Proposed Plan Changes” for MSP is optional and only for Bidders with current contracts with the OEIBA Program. (Table 2)
9. **Low Income Subsidy Table 3 is due with the final MSP rates in August**.
10. PY2023 MSP Premium Quotes must be signed by the Supplier’s President, Chief Executive Officer or authorized representative)

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 – Medicare Supplement Plan Monthly Premium Quote**

**No Plan Changes**

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

|  |  |  |
| --- | --- | --- |
|  | **Plan Name** | **Per Member Monthly Rate** |
| PY2023 Quote with No Plan Changes (Required) |  | $ |

**TABLE 2 – Medicare Supplement Plan Monthly Premium Quote**

**With Plan Changes (Optional. Only for Current Suppliers)**

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

|  |  |  |
| --- | --- | --- |
|  | **Plan Name** | **Per Member Monthly Rate** |
| PY2023 Quote with No Plan Changes (Required) |  | $ |

**TABLE 3 – Medicare Supplement Plan Low Income Subsidy**

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

|  |  |
| --- | --- |
| **Low Income Subsidy**  **(LIS) %** | **Quote for Medicare-eligible members** |
| 100% | $ |
| 75% | $ |
| 50% | $ |
| 25% | $ |

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

Signature Printed Name Date

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

Title Supplier Name