

HMO Reconciliation of Benefits to Schedule of Charges

DATE FILED

HMO NAME

This form must accompany all filings of the formula or method for calculating the schedule of charges. All benefit coverages and riders must be listed under the appropriate category, regardless of whether formulas or methods for those coverages and riders are being submitted. All new and amended benefit coverages and riders must be listed under the New Coverages category. All benefit coverages and riders, which are now in use, must be listed under the Existing Coverages category. Any benefit coverages or riders that are being discontinued, must be included in the Deleted Coverages category.

Description or Title of Benefit Coverage or Rider	Form Number	Date the Last Formula or Method was Filed	Check if Included With This Form (1)	Effective Date (2)
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New Coverages:

Existing Coverages:

Deleted Coverages:

If the listing of new, existing, or deleted coverages exceeds the number of lines on this form, the HMO must attach an additional page with the required information on the coverages.

- (1) Check here if the formula or method being submitted applies to the listed coverage.
- (2) Indicate the effective date of the formula or method which applies to the listed coverage.