

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, whether formulas or methods for that coverage are being submitted or not. 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 No.	Date the Last Formula or Method was Filed	Check if included with Form #6 (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 submit on additional forms 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.