

AMENDMENT # 1

**STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
OFFICE OF GROUP BENEFITS**

**NOTICE OF INTENT TO CONTRACT (NIC)
FOR
MEDICARE ADVANTAGE PLAN HMO**

Issued August 1, 2007

****REVISED PREMIUM QUOTATION FORM****

SECTION VIII

COST QUOTATION FORM

Cost Proposal Form is to be submitted in a separate envelope marked "MA-HMO NIC Cost Proposal" on the outside of the envelope.

1. Insurance Premium

Proposer must provide a fixed monthly Insurance Premium for single coverage to be paid to Proposer.

Plan Year _____ Fixed Monthly Insurance Premium _____

Based on Per Enrollee Per Month _____

1/1/08 - 12/31/08 \$ _____ PEPM

NOTE: The original and seven (7) copies of the Cost Quotation Proposal Form are to be submitted in a separate envelope marked "Medicare Advantage Plan NIC Cost Proposal" on the outside of such envelope.

Proposer _____

BY (Print Name) _____ Title _____

Signature _____ Date _____