

MEDICARE PRESCRIPTION DRUGS SECTION – ACTUARIALLY EQUIVALENT – DEDUCTIBLE AND PRE-ICL SCREEN

File

Actuarially Equivalent Benefit Screens

Medicare-defined Part D Deductible Amount

Do you charge the lesser of the copayment or the cost of the drug?

Yes

No

Indicate the Out-of-Network cost sharing structure for this plan:

In-Network Coinsurance

In-Network Copay plus a differential between the OON billed charge and the In-network allowable

In-Network Copay with Limited Days Supply

How do you apply your cost sharing before the Initial Coverage Limit (ICL) is reached?

Medicare-defined Part D Coinsurance amount

Cost Share Tiers

MEDICARE PRESCRIPTION DRUGS SECTION – ACTUARIALLY EQUIVALENT – PRE-ICL TIER LABEL SCREEN

File

Tier Label:

Tier Drug type(s):
 Generic
 Preferred Generic
 Non-Preferred Generic
 Brand
 Preferred Brand
 Non-Preferred Brand

Tier Includes:
 Part D Drugs Only
 Excluded drugs only (e.g., benzos, barbiturates)
 Combination

Specialty Tier
 Yes
 No

When developing your plan's cost share tier structure, you should utilize standard industry practices. Tier 1 should be considered the lowest cost-sharing tier available to beneficiaries.

Any and all subsequent tiers within the cost share tier structure should be higher cost-sharing tiers in ascending order. For example, drugs in Tier 3 should have a higher cost-share for beneficiaries than drugs in Tier 2.

MEDICARE PRESCRIPTION DRUGS SECTION – ACTUARIALLY EQUIVALENT – PRE-ICL TIER LOCATION SCREEN

PBP 2008 Data Entry System - Actuarially Equivalent - Pre-ICL Tier Location

File

Tier Label:

Enter number of days for:
 1-Month 3-Month Other Day

Select all Location/supply amount(s) that apply for this Tier:

- In-Network Retail Pharmacy - one month supply
- In-Network Retail Pharmacy - three month supply
- In-Network Retail Pharmacy - other day supply
- In-Network Preferred Retail Pharmacy - one month supply
- In-Network Preferred Retail Pharmacy - three month supply
- In-Network Preferred Retail Pharmacy - other day supply
- In-Network Non-Preferred Retail Pharmacy - one month supply
- In-Network Non-Preferred Retail Pharmacy - three month supply
- In-Network Non-Preferred Retail Pharmacy - other day supply
- Out-of-Network Pharmacy - one month supply
- Out-of-Network Pharmacy - other day supply
- Mail Order Pharmacy - one month supply
- Mail Order Pharmacy - three month supply
- Mail Order Pharmacy - other day supply
- Mail Order Preferred Pharmacy - one month supply
- Mail Order Preferred Pharmacy - three month supply
- Mail Order Preferred Pharmacy - other day supply
- Mail Order Non-Preferred Pharmacy - one month supply
- Mail Order Non-Preferred Pharmacy - three month supply
- Mail Order Non-Preferred Pharmacy - other day supply
- Long Term Care Pharmacy - one month supply

In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Out-of-Network Pharmacy	<input type="text"/>		<input type="text"/>
Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Term Care Pharmacy	<input type="text"/>		

MEDICARE PRESCRIPTION DRUGS SECTION – ACTUARIALLY EQUIVALENT – PRE-ICL TIER COST SHARE SCREEN

PBP 2008 Data Entry System - Actuarially Equivalent - Pre-ICL Tier Cost Share

File

Tier Label:

Do you have reference-based pricing that affects cost sharing for any drugs in this Tier?
 Yes
 No

Indicate the type of cost sharing structure for this Tier:
 Coinsurance
 Copayment
 Greater of Coinsurance and Copayment
 Lesser of Coinsurance and Copayment

Reference-based Pricing that affects cost-sharing example: Beneficiary pays copayment plus the difference in cost between the brand and its associated generic when the beneficiary chooses the brand name medication.

Select all Location/supply amount(s) that have a Coinsurance:

- In-Network Retail Pharmacy - one month supply
- In-Network Retail Pharmacy - three month supply
- In-Network Retail Pharmacy - other day supply
- In-Network Preferred Retail Pharmacy - one month supply
- In-Network Preferred Retail Pharmacy - three month supply
- In-Network Preferred Retail Pharmacy - other day supply
- In-Network Non-Preferred Retail Pharmacy - one month supply
- In-Network Non-Preferred Retail Pharmacy - three month supply
- In-Network Non-Preferred Retail Pharmacy - other day supply
- Out-of-Network Pharmacy - one month supply
- Out-of-Network Pharmacy - other day supply
- Mail Order Pharmacy - one month supply
- Mail Order Pharmacy - three month supply
- Mail Order Pharmacy - other day supply
- Mail Order Preferred Pharmacy - one month supply
- Mail Order Preferred Pharmacy - three month supply
- Mail Order Preferred Pharmacy - other day supply
- Mail Order Non-Preferred Pharmacy - one month supply
- Mail Order Non-Preferred Pharmacy - three month supply
- Mail Order Non-Preferred Pharmacy - other day supply
- Long Term Care Pharmacy - one month supply

Select all Location/supply amount(s) that have a Copayment:

- In-Network Retail Pharmacy - one month supply
- In-Network Retail Pharmacy - three month supply
- In-Network Retail Pharmacy - other day supply
- In-Network Preferred Retail Pharmacy - one month supply
- In-Network Preferred Retail Pharmacy - three month supply
- In-Network Preferred Retail Pharmacy - other day supply
- In-Network Non-Preferred Retail Pharmacy - one month supply
- In-Network Non-Preferred Retail Pharmacy - three month supply
- In-Network Non-Preferred Retail Pharmacy - other day supply
- Out-of-Network Pharmacy - one month supply
- Out-of-Network Pharmacy - other day supply
- Mail Order Pharmacy - one month supply
- Mail Order Pharmacy - three month supply
- Mail Order Pharmacy - other day supply
- Mail Order Preferred Pharmacy - one month supply
- Mail Order Preferred Pharmacy - three month supply
- Mail Order Preferred Pharmacy - other day supply
- Mail Order Non-Preferred Pharmacy - one month supply
- Mail Order Non-Preferred Pharmacy - three month supply
- Mail Order Non-Preferred Pharmacy - other day supply
- Long Term Care Pharmacy - one month supply

MEDICARE PRESCRIPTION DRUGS SECTION – ACTUARIALLY EQUIVALENT – PRE-ICL TIER COINSURANCE SCREEN

Tier Label:	1-Month	3-Month	Other Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Out-of-Network Pharmacy	<input type="text"/>		<input type="text"/>
Coinsurance for Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Long Term Care Pharmacy	<input type="text"/>		

MEDICARE PRESCRIPTION DRUGS SECTION – ACTUARIALLY EQUIVALENT – PRE-ICL TIER COPAYMENT SCREEN

The screenshot shows a software window titled "PBP 2008 Data Entry System - Actuarially Equivalent - Pre-ICL Tier Copayment". The window has a menu bar with "File" and standard window controls (minimize, maximize, close). The main area contains a form with the following fields:

Tier Label:	1-Month	3-Month	Other Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Out-of-Network Pharmacy	<input type="text"/>		<input type="text"/>
Copayment for Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Long Term Care Pharmacy	<input type="text"/>		

MEDICARE PRESCRIPTION DRUGS SECTION – ACTUARIALLY EQUIVALENT – OOP THRESHOLD SCREEN

PBP 2008 Data Entry System - Actuarially Equivalent - OOP Threshold

File

Medicare-defined Part D Initial Coverage Amount

Medicare-defined Part D Annual Out-of-Pocket Cost Threshold

How do you apply your cost sharing beyond the Medicare Part D Annual Out-of-Pocket Cost Threshold?

Medicare-defined Post Threshold Cost Shares

Cost Share Tiers

MEDICARE PRESCRIPTION DRUGS SECTION – ACTUARIALLY EQUIVALENT – POST-OOP THRESHOLD TIER SCREEN

PBP 2008 Data Entry System - (repaint)Actuarially Equivalent - Post-OOP Threshold Tier

File

Tier Label:

Select drug type(s) in this Tier:

- Generic
- Preferred Generic
- Non-Preferred Generic
- Brand
- Preferred Brand
- Non-Preferred Brand

Tier Includes:

- Part D Drugs Only
- Excluded drugs only (e.g., benzos, barbiturates)
- Combination

Specialty Tier

- Yes
- No

Do you have reference-based pricing that affects cost sharing for any drugs in this Tier?

- Yes
- No

Reference-based Pricing that affects cost-sharing example: Beneficiary pays copayment plus the difference in cost between the brand and its associated generic when the beneficiary chooses the brand name medication.

Indicate the type of cost sharing structure for this group:

- Coinsurance
- Copayment
- Greater of Coinsurance and Copayment
- Lesser of Coinsurance and Copayment

Enter Coinsurance percentage:

Enter Copayment amount: