

MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – DEDUCTIBLE SCREEN

PBP 2008 Data Entry System - Alternative - Deductible

File

Basic/Enhanced Alternative Benefit Screens

Do you charge the Medicare-defined Part D Deductible amount?

Yes

No, enter amount

No Deductible

Enter Deductible Amount:

\_\_\_\_\_

Does the Deductible apply to all drug types?

Yes

No (i.e., deductible does not apply to Generic drugs)

Indicate the type of cost sharing structure for Generic drugs until the Deductible is reached:

Coinsurance

Copayment

Greater of Coinsurance and Copayment

Lesser of Coinsurance and Copayment

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

Enter Coinsurance percentage:

\_\_\_\_\_

Enter Copayment amount:

\_\_\_\_\_

**MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – EXCLUDED DRUGS AND PRE-ICL SCREEN**

PBP 2008 Data Entry System - Alternative - Excluded Drugs and Pre-ICL

File

Are any excluded drugs part of your supplemental coverage (e.g., benzodiazepines, barbiturates) (Enhanced Alternative ONLY)

Yes  
 No

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

No cost sharing  
 Medicare-defined Part D Coinsurance Amount  
 Cost Share Tiers

Is there a Maximum Plan Benefit Coverage amount for excluded drugs?

Yes  
 No

Indicate Maximum Plan Benefit Coverage amount for excluded drugs:

Do you offer reduced Part D cost sharing as part of your supplemental coverage?

Yes  
 No

Indicate the area(s) throughout the Part D benefit where the Part D cost sharing is reduced:

Deductible  
 Pre-ICL Cost Shares  
 Coverage Gap Cost Shares  
 Post-Threshold Cost Shares

**MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – PRE-ICL 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 – ALTERNATIVE – PRE-ICL LOCATIONS SCREEN**

**PBP 2008 Data Entry System - Alternative - Pre-ICL Locations**

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 – ALTERNATIVE – PRE-ICL COST SHARE SCREEN**

**PBP 2008 Data Entry System - (repaint)Alternative - Pre-ICL 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 – ALTERNATIVE – PRE-ICL 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 – ALTERNATIVE – PRE-ICL COPAYMENT SCREEN**

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 – ALTERNATIVE – ICL SCREEN

PBP 2008 Data Entry System - (repaint)Alternative - ICL

File

Do you apply the Medicare-defined Part D Standard Initial Coverage Limit (ICL) Amount?

Yes  
 No, enter amount  
 No ICL (Full Gap Coverage)

Do you offer Gap Coverage?

Yes  
 No

Enter Initial Coverage Limit (ICL) Amount:

\_\_\_\_\_

Do you offer any limited benefit above your ICL? (Not considered Gap Coverage)

Yes  
 No

Gap Coverage Definition: Medicare defines Gap Coverage as coverage of either a tier(s) or specific drugs through the entire gap (i.e., ICL to catastrophic).

In general, describe the full Gap Coverage your plan offers:

All Generics  
 All Preferred Generics  
 Only Select Generics  
 All Brands  
 All Preferred Brands  
 Only Select Brands  
 All Drugs on your Formulary

Example: Your plan has an ICL of \$2400. You offer \$500 in generic coverage post ICL. This is a limited benefit above your ICL, not Gap Coverage.

Enter limited monetary amount:

\_\_\_\_\_

Please indicate which drug types this limited benefit applies to:

Generic  
 Preferred Generic  
 Brand  
 Preferred Brand  
 All formulary Drugs



**MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – GAP 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 – ALTERNATIVE – GAP TIER COVERAGE SCREEN

PBP 2008 Data Entry System - (repaint)Alternative - Gap Tier Coverage

File

Is the member cost share for any drugs in this Tier less than 100%?

Yes

No, the member cost share is 100% for all drugs in this Tier in the gap

Are all drugs on this tier covered through the gap?

Yes

No (Only a limited number of drugs on this tier are covered through the gap)

If you select 'No (only a limited number of drugs on this tier are covered through the gap)', you must indicate these specific medications in a flat file which will be uploaded through the Formulary Submission Module on June 5th, 2007.

Select the drug types in this Tier that are covered in the gap:

All Generics

All Preferred Generics

All Non-Preferred Generics

Only Select Generics

All Brands

All Preferred Brands

All Non-Preferred Brands

Only Select Brands

Gap Coverage Definition: Medicare defines Gap Coverage as coverage of either a tier(s) or specific drugs through the entire gap (i.e., ICL to catastrophic).

If Tier 1 contains all of your plans generics plus a few brand medications, you should choose "All Generics" and "Only Select Brands."

If your plan is covering a subset of medications from Tier 1 and they are generics, you should choose "Only Select Generics."

Example 1: Tier 1 is indicated as a generic tier and is covered in its entirety through the gap. Tier 4 is a specialty tier and contains a few drugs that are technically generic (e.g., ribavirin) but not being treated as generic.

None of the medications on Tier 4 are covered through the gap. The plan would select it covers "All Generics" through the gap since it is covering all drugs that are being treated as generic pre-ICL.

Example 2: Tier 1 contains all designated generics and a low percentage of brand name medications. Tier 1 is covered through the entire gap. The plan would indicate that it covers "All Generics" and "Only Select Generics" through the gap.

**MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – GAP TIER LOCATIONS SCREEN**

**PBP 2008 Data Entry System - Alternative - Gap Tier Locations**

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 – ALTERNATIVE – GAP TIER COST SHARE SCREEN

PBP 2008 Data Entry System - Alternative - Gap 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 – ALTERNATIVE – GAP TIER COINSURANCE SCREEN

PBP 2008 Data Entry System - Alternative - Gap Tier Coinsurance

File

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 – ALTERNATIVE – GAP TIER COPAYMENT SCREEN**

The screenshot shows a software window titled "PBP 2008 Data Entry System - Alternative - Gap Tier Copayment". The window has a "File" menu. The main area contains a grid of input fields for copayment amounts. The first row is for "Tier Label" with a text input field. The subsequent rows are for various pharmacy categories, each with three input fields for different durations: "1-Month", "3-Month", and "Other Day".

Tier Label	1-Month	3-Month	Other Day
Copayment for In-Network Retail Pharmacy			
Copayment for In-Network Preferred Retail Pharmacy			
Copayment for In-Network Non-Preferred Retail Pharmacy			
Copayment for Out-of-Network Pharmacy			
Copayment for Mail Order Pharmacy			
Copayment for Mail Order Preferred Pharmacy			
Copayment for Mail Order Non-Preferred Pharmacy			
Copayment for Long Term Care Pharmacy			

**MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – OOP THRESHOLD SCREEN**

PBP 2008 Data Entry System - Alternative - OOP Threshold

File

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

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

(Fixed Capitated Demos: How do you apply your cost sharing after the Medicare-defined total drug spending amount?)

- No cost sharing
- Medicare-defined Post Threshold Cost Shares
- Cost Share Tiers

MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – POST-OOP THRESHOLD TIER SCREEN

PBP 2008 Data Entry System - Alternative - 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: