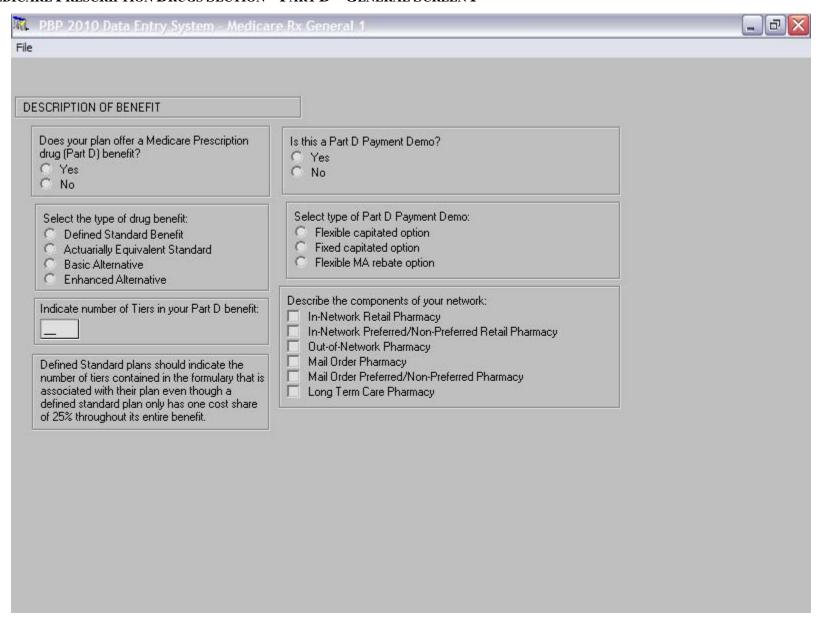
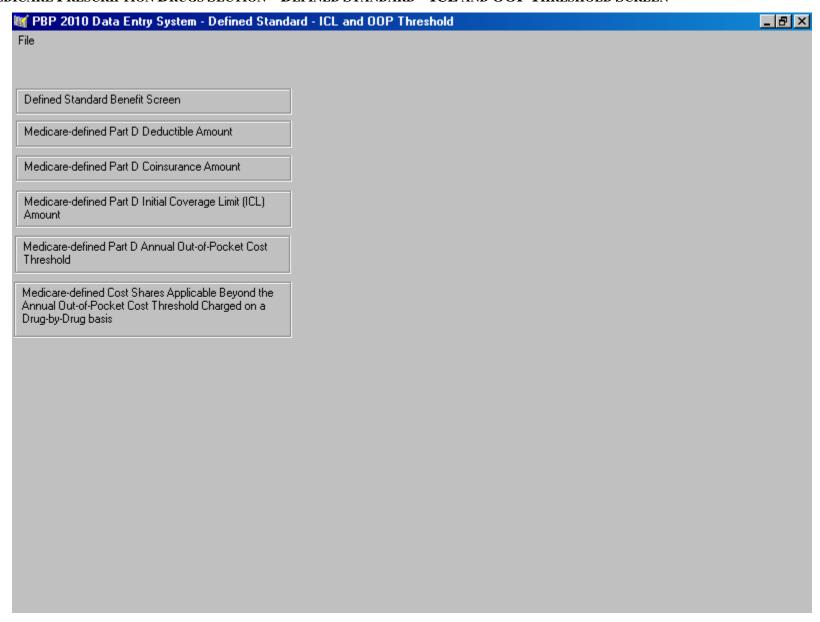
MEDICARE PRESCRIPTION DRUGS SECTION - PART D - GENERAL SCREEN I



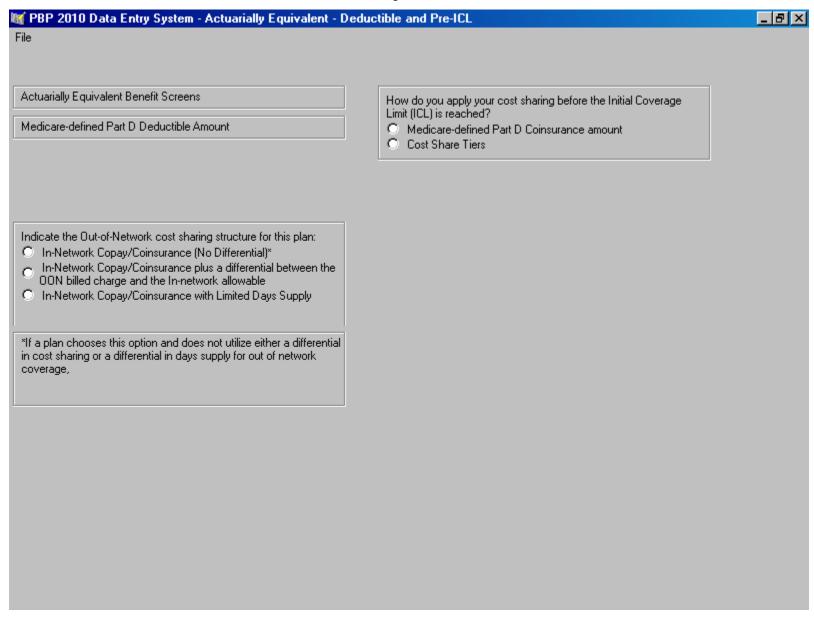
MEDICARE PRESCRIPTION DRUGS SECTION - PART D - GENERAL SCREEN II

PBP 2010 Data Entry System - I	Medicare Rx General 2	
Are there quantity limits on certain prescription drugs? Yes No	Are there any drugs on your formulary for which access is limited to certain pharmacies? C Yes No	Scenario 1: If your plan offers a \$0 copay for the first \$100 of any generic prescriptions filled and also offers a \$0 copay for the first fill of a Lipitor prescription, you should answer 'yes' to 'Do you offer free Generics up to a maximum amount?' and
s prior authorization required for ertain prescription drugs? O Yes O No	Do you offer free Generics up to a maximum amount? C Yes C No	Scenario 2: If your plan offers a \$0 copay for the first fill of a limited number of generic medications, you should only answer 'yes' to the question 'Do you offer a free first fill for any drugs?' and indicate these specific medications in a flat file
Do any drugs in your formulary require a step therapy plan? C Yes C No	Enter maximum amount for free Generics:	Does this plan offer national prescription coverage? Yes (the beneficiary can use this plan to get their prescription drugs in any of the 50 states)
Do you pay for Over-the-Counter medications (OTCs) under the Utilization Management Program? C Yes C No	Do you offer a free first fill (i.e. \$0 copayment) for any drugs?	No (prescription coverage only in certain areas of the country)
f you select "Yes" to "Do you pay for Over-the-Counter medications	O Yes O No	
(OTCs) under the Utilization Management Program?", you must indicate these specific medications in a flat file which will be uploaded through the Formulary Submission		

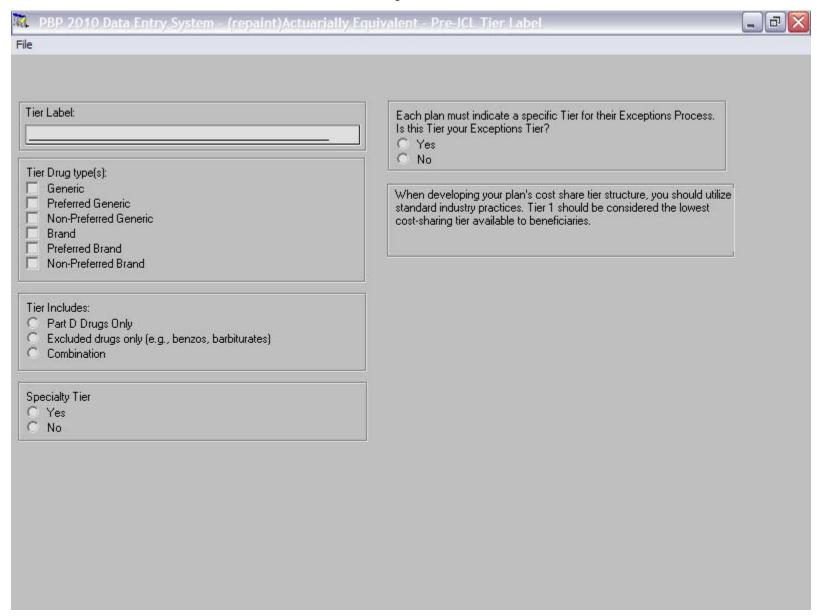
MEDICARE PRESCRIPTION DRUGS SECTION - DEFINED STANDARD - ICL AND OOP THRESHOLD SCREEN



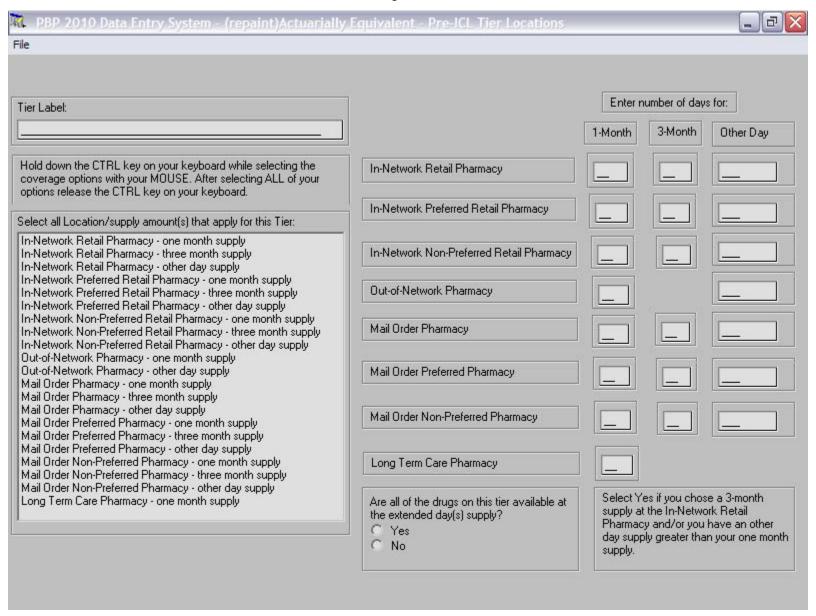
MEDICARE PRESCRIPTION DRUGS SECTION - ACTUARIALLY EQUIVALENT - DEDUCTIBLE AND PRE-ICL SCREEN



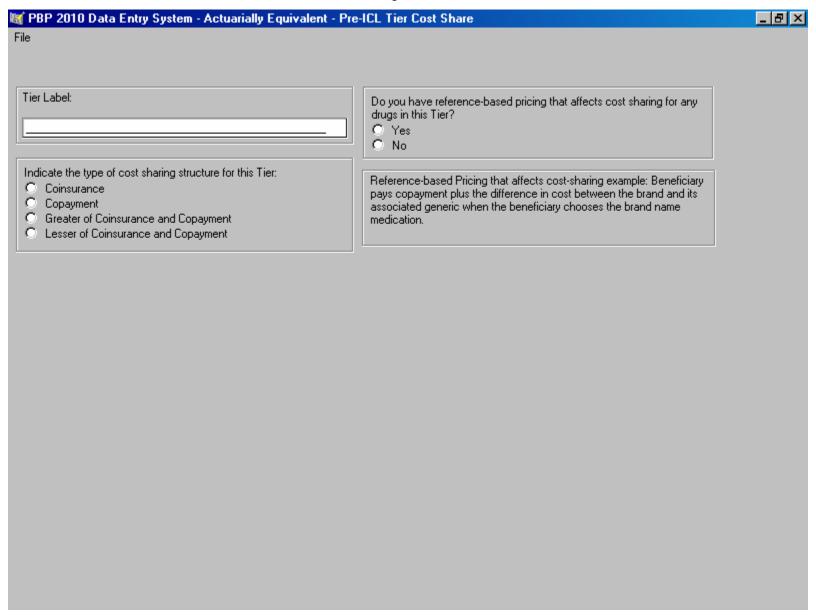
MEDICARE PRESCRIPTION DRUGS SECTION - ACTUARIALLY EQUIVALENT - PRE-ICL TIER LABEL SCREEN



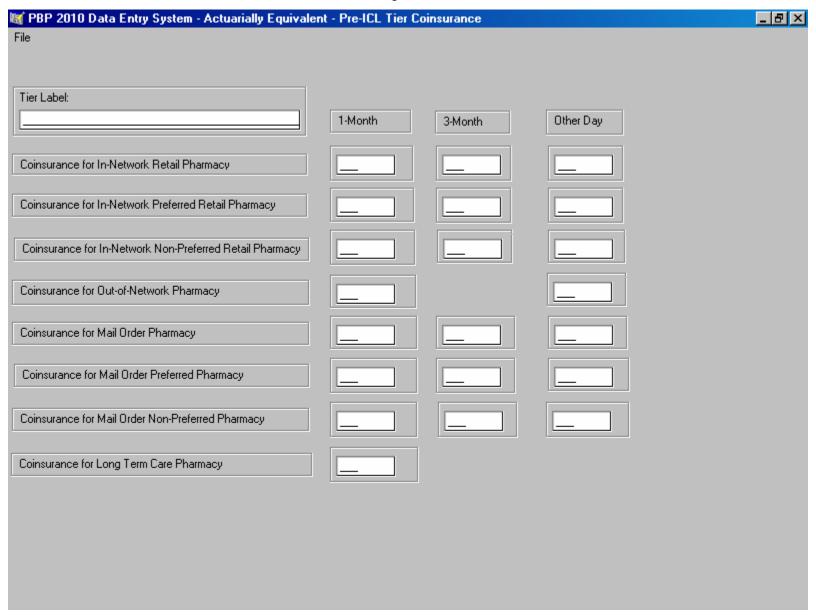
MEDICARE PRESCRIPTION DRUGS SECTION - ACTUARIALLY EQUIVALENT - PRE-ICL TIER LOCATION SCREEN



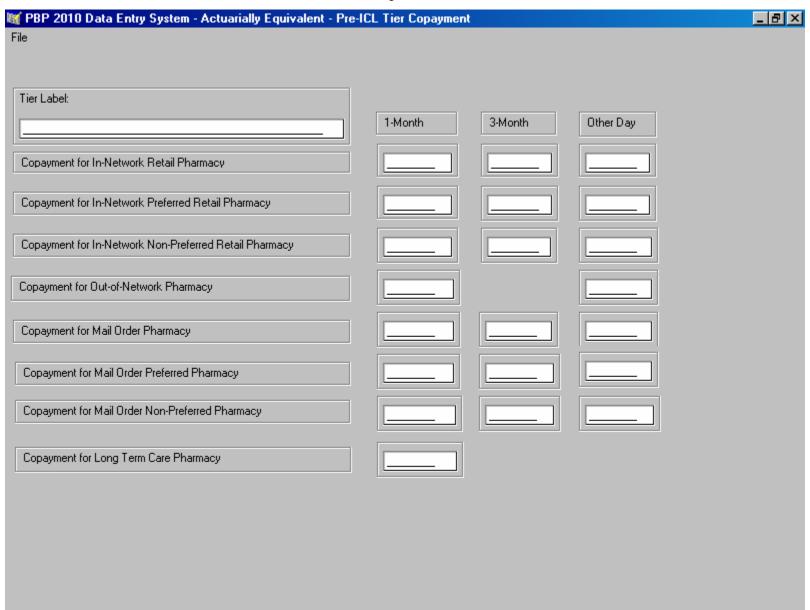
MEDICARE PRESCRIPTION DRUGS SECTION - ACTUARIALLY EQUIVALENT - PRE-ICL TIER COST SHARE SCREEN



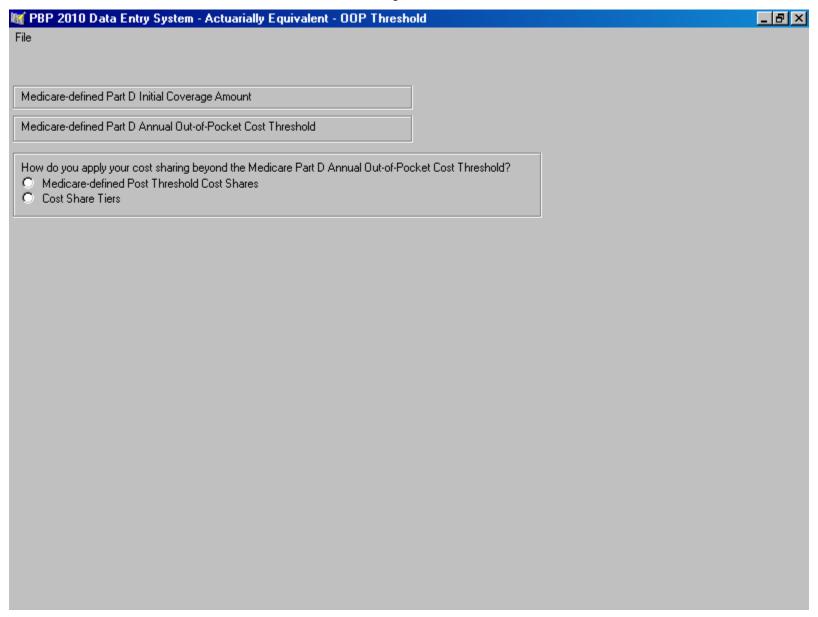
MEDICARE PRESCRIPTION DRUGS SECTION - ACTUARIALLY EQUIVALENT - PRE-ICL TIER COINSURANCE SCREEN



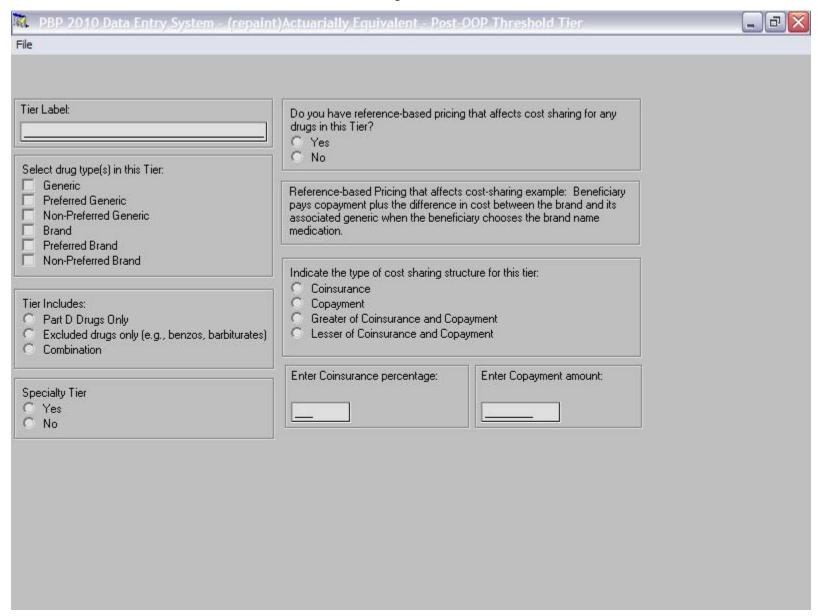
MEDICARE PRESCRIPTION DRUGS SECTION – ACTUARIALLY EQUIVALENT – PRE-ICL TIER COPAYMENT SCREEN



MEDICARE PRESCRIPTION DRUGS SECTION - ACTUARIALLY EQUIVALENT - OOP THRESHOLD SCREEN



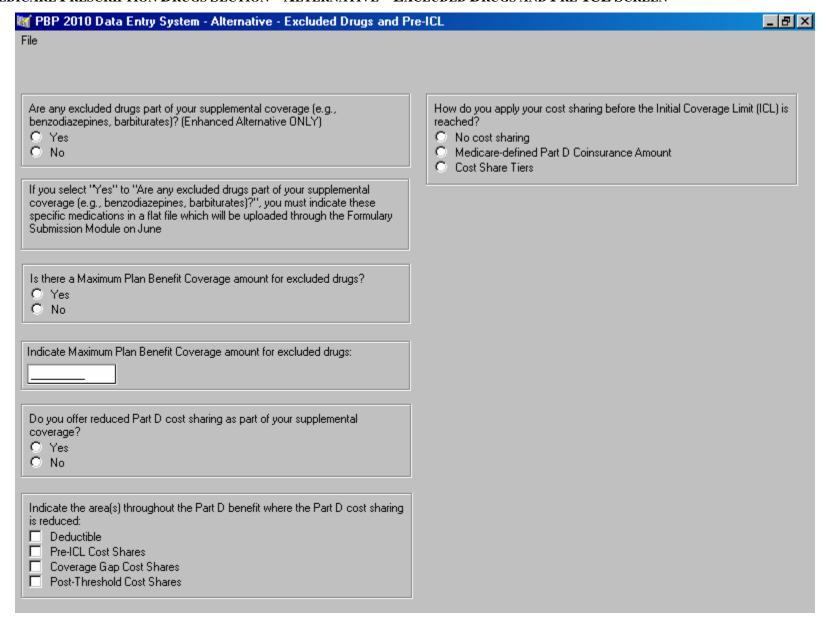
MEDICARE PRESCRIPTION DRUGS SECTION - ACTUARIALLY EQUIVALENT - POST-OOP THRESHOLD TIER SCREEN



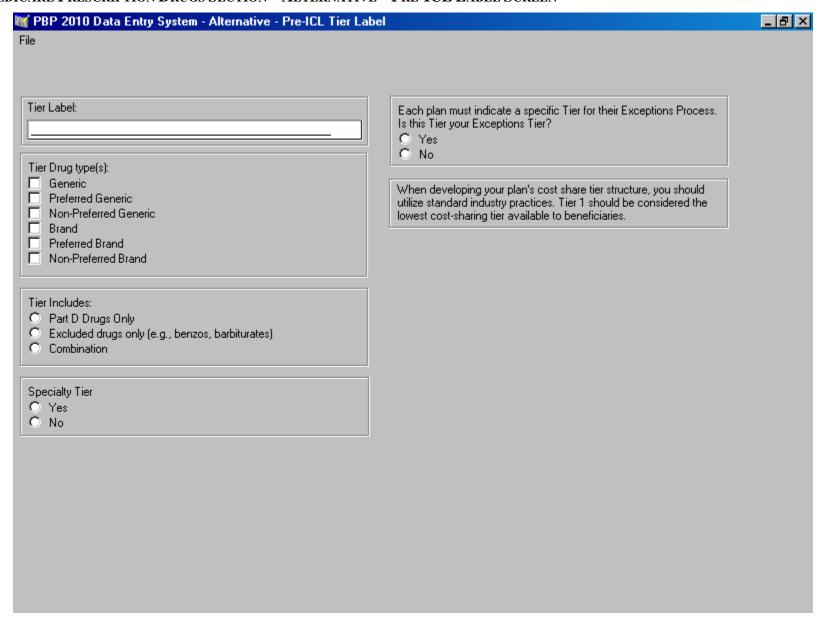
MEDICARE PRESCRIPTION DRUGS SECTION - ALTERNATIVE - DEDUCTIBLE SCREEN

🌃 PBP 2010 Data Entry System - (repaint)Alternative - Deductible		₽ ×	
File			
Basic/Enhanced Alternative Benefit Screens	Indicate the type of cost sharing structure for Generic drugs until the Deductible is reached:		
Do you charge the Medicare-defined Part D Deductible amount?	C Coinsurance		
O Yes	C Copayment C Greater of Coinsurance and Copayment		
C No, enter amount C No Deductible	C Lesser of Coinsurance and Copayment		
Enter Deductible Amount:	Enter Coinsurance percentage: Enter Copayment amount:		
Does the Deductible apply to all drug types?	To which tier(s) does this cost share apply? (Please note		
O Yes	that this will be applied to all drugs on the tier(s) selected.)		
No (i.e., deductible does not apply to Generic drugs)	Tier 2		
	☐ Tier 3 ☐ Tier 4		
Is the tier cost share during the deductible phase the same as the Pre-ICL cost sharing for all locations?	☐ Tier 5		
O Yes	☐ Tier 6		
○ No	☐ Tier 7 ☐ Tier 8		
Indicate each tier for which the deductible will NOT apply (please note	Tier 9		
that the deductible will not apply to any of the drugs on each tier selected):	☐ Tier 10		
Tier 1 Tier 2	Indicate the Out-of-Network cost sharing structure for this plan:		
☐ Tier 3	C In-Network Copay/Coinsurance (No Differential)*		
Tier 4 Tier 5	C In-Network Copay/Coinsurance plus a differential between the OON billed charge and the In-Network allowable		
Tier 6	○ In-Network Copay/Coinsurance with Limited Days Supply		
Tier 7	*If a plan chooses this option and does not utilize either a		
Tier 9	differential in cost sharing or a differential in days supply for out		
Tier 10	of network coverage,		

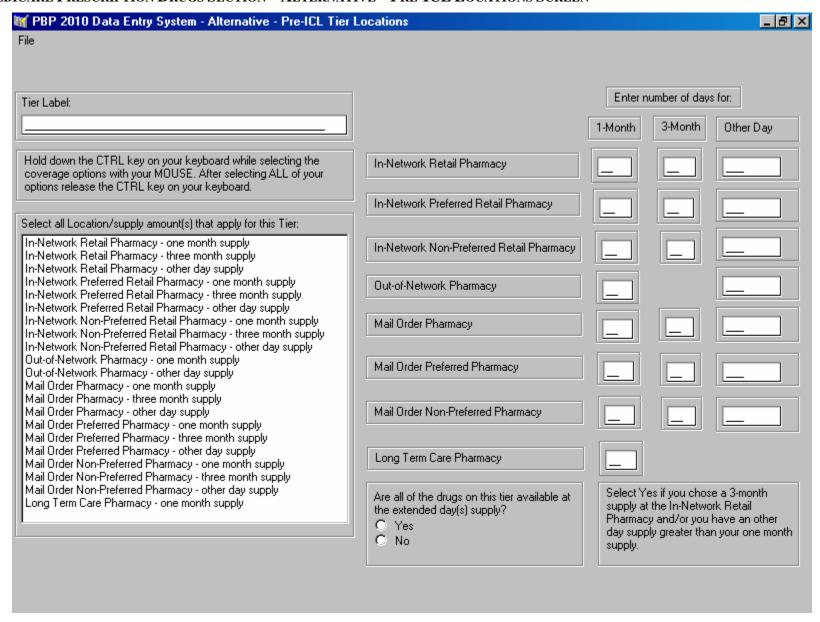
MEDICARE PRESCRIPTION DRUGS SECTION - ALTERNATIVE - EXCLUDED DRUGS AND PRE-ICL SCREEN



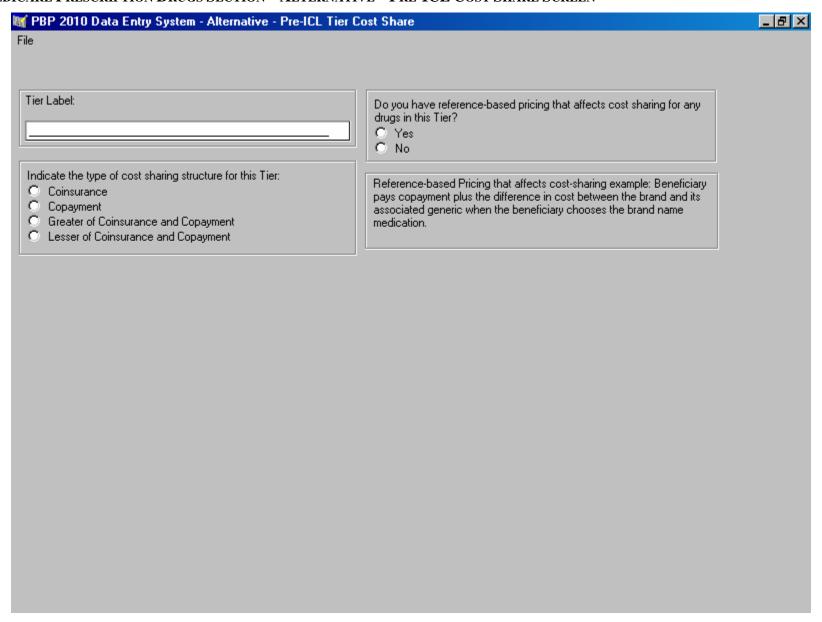
MEDICARE PRESCRIPTION DRUGS SECTION - ALTERNATIVE - PRE-ICL LABEL SCREEN



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



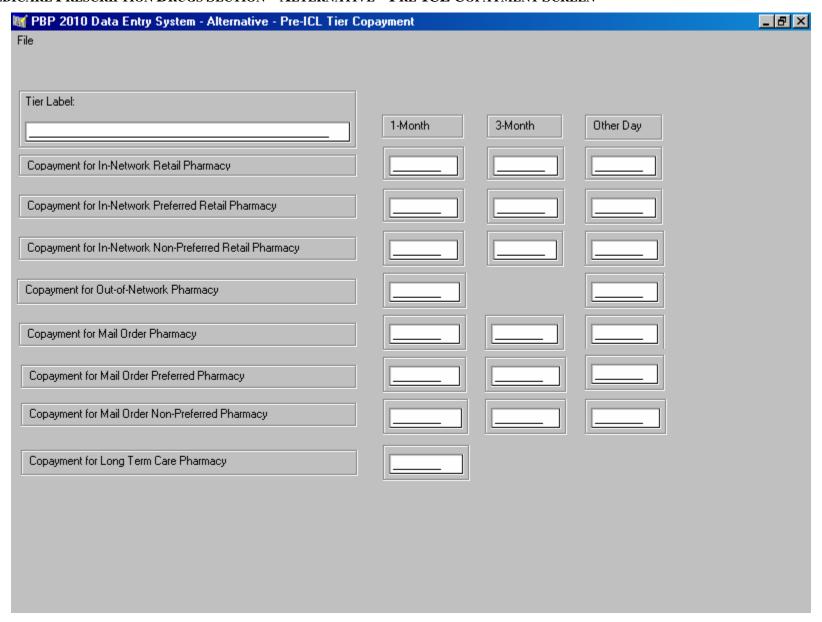
MEDICARE PRESCRIPTION DRUGS SECTION - ALTERNATIVE - PRE-ICL COST SHARE SCREEN



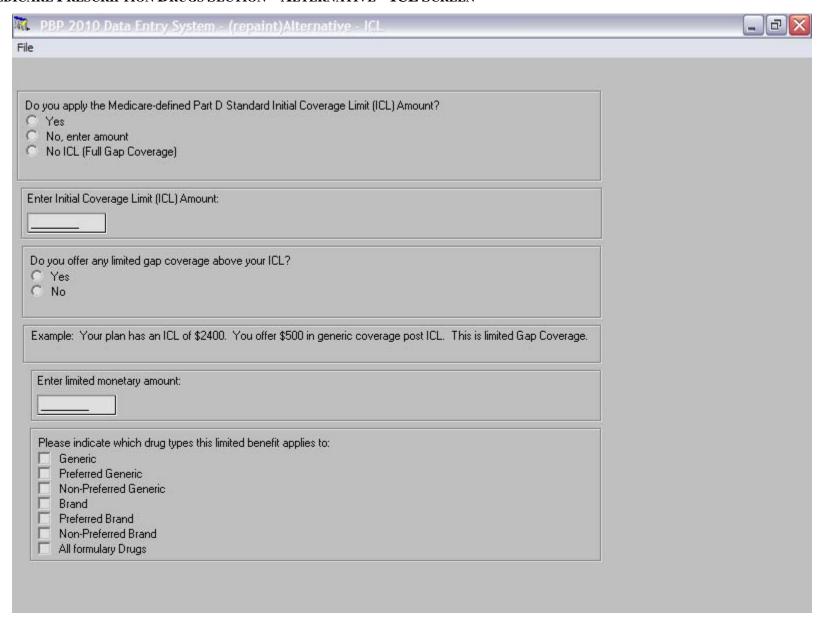
MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – PRE-ICL COINSURANCE SCREEN

🌃 PBP 2010 Data Entry System - Alternative - Pre-IC	L Tier Coinsurance			_ B ×
File				
Tier Label:				
Her Laber.	114	011 11	Otto Dou	
	1-Month	3-Month	Other Day	
Coinsurance for In-Network Retail Pharmacy				
Coinsulance for In-Network Netall Pharmacy				
Coinsurance for In-Network Preferred Retail Pharmacy				
Coinsurance for In-Network Non-Preferred Retail Pharmacy				
Coinsurance for Out-of-Network Pharmacy				
Coinsurance for Mail Order Pharmacy				
Coinsurance for Mail Order Preferred Pharmacy				
Coinsurance for Mail Order Non-Preferred Pharmacy				
0: (T 0 B)				
Coinsurance for Long Term Care Pharmacy				

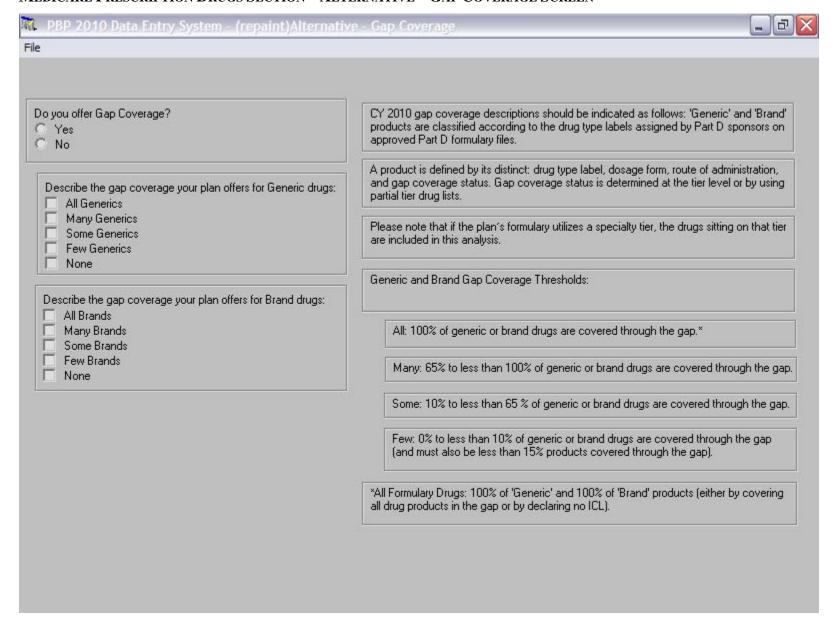
MEDICARE PRESCRIPTION DRUGS SECTION - ALTERNATIVE - PRE-ICL COPAYMENT SCREEN



MEDICARE PRESCRIPTION DRUGS SECTION - ALTERNATIVE - ICL SCREEN



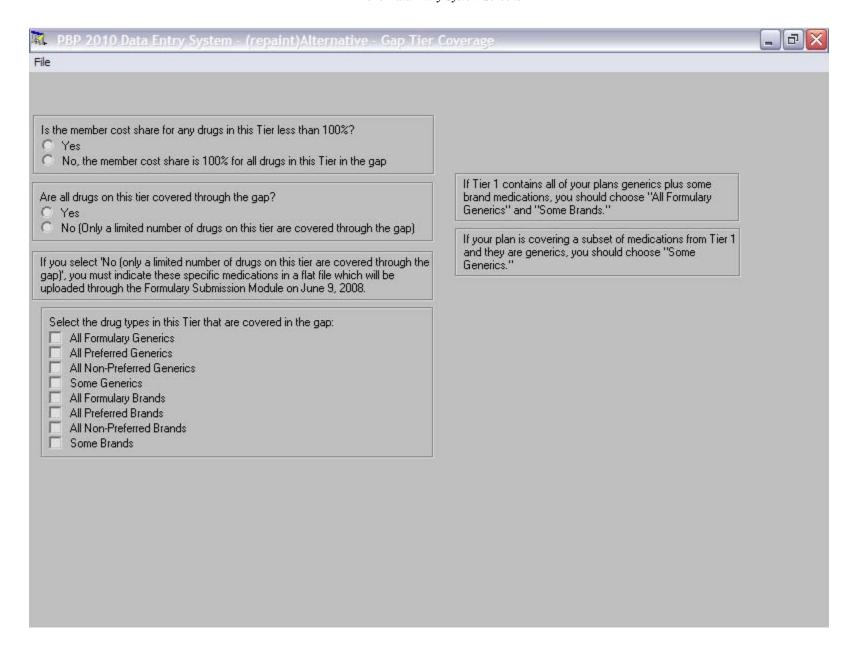
MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – GAP COVERAGE SCREEN



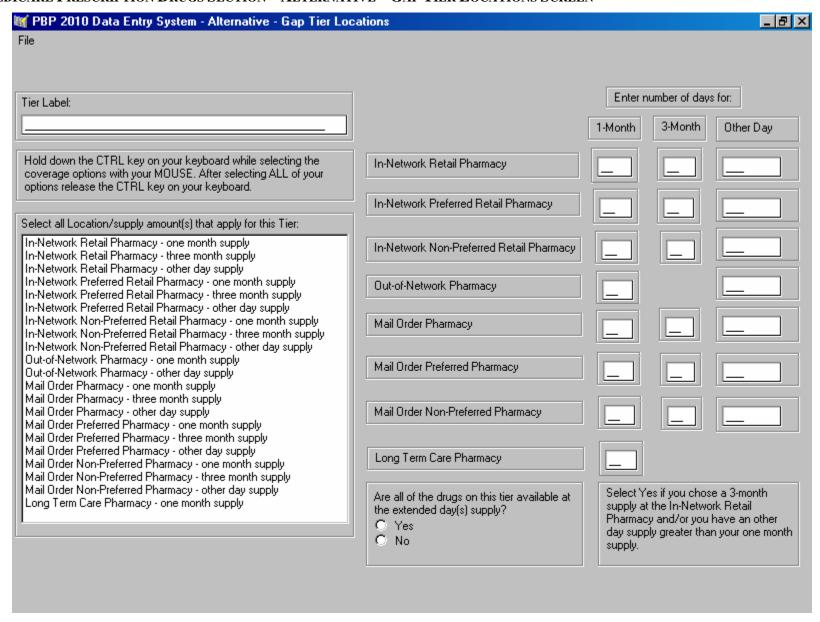
MEDICARE PRESCRIPTION DRUGS SECTION - ALTERNATIVE - GAP TIER LABEL

ier Label:	Each plan must indicate a specific Tier for their Exceptions Process. Is this Tier your Exceptions Tier? C Yes
ier Drug type(s):	© No
Generic Preferred Generic Non-Preferred Generic	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.
Brand Preferred Brand Non-Preferred Brand	
Fier Includes:	
Part D Drugs Only Excluded drugs only (e.g., benzos, barbiturates) Combination	
ipecialty Tier	
O No	

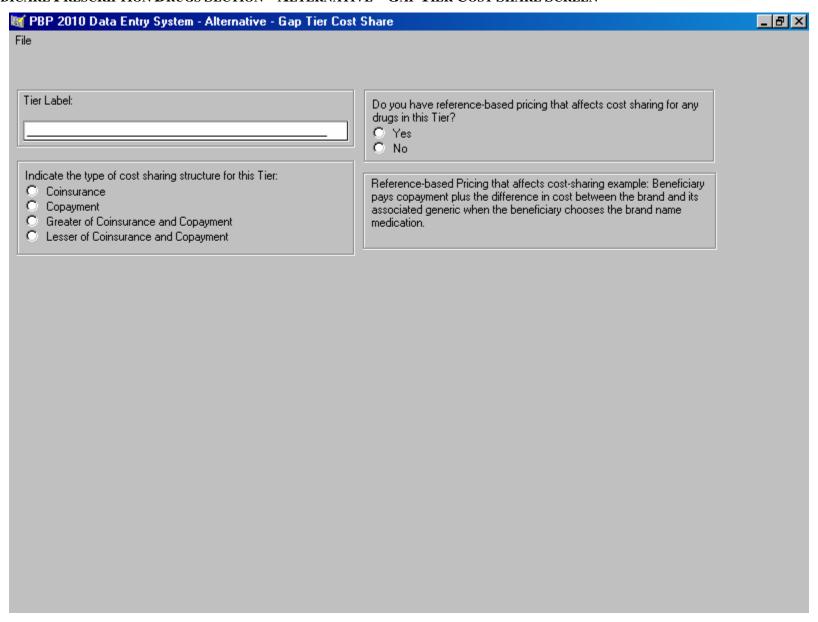
MEDICARE PRESCRIPTION DRUGS SECTION - ALTERNATIVE - GAP TIER COVERAGE SCREEN



MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – GAP TIER LOCATIONS SCREEN



MEDICARE PRESCRIPTION DRUGS SECTION - ALTERNATIVE - GAP TIER COST SHARE SCREEN



MEDICARE PRESCRIPTION DRUGS SECTION - ALTERNATIVE - GAP TIER COINSURANCE SCREEN

🍯 PBP 2010 Data Entry System - Alternative - Gap Tic	er Coinsurance			_ B ×
File				
Tier Label:				
Hei Labei.	1-Month	3-Month	Other Day	
	T-WORKT	3-Month	Other Day	
Coinsurance for In-Network Retail Pharmacy				
COMPONENT CONTRACTOR TO THE PROPERTY OF THE PR				
Coinsurance for In-Network Preferred Retail Pharmacy				
Coinsurance for In-Network Non-Preferred Retail Pharmacy				
Coinsurance for Out-of-Network Pharmacy				
Colinaria Col Mail Order Dhamana				
Coinsurance for Mail Order Pharmacy				
Coinsurance for Mail Order Preferred Pharmacy				
Coinsurance for Mail Order Non-Preferred Pharmacy				
Coinsurance for Long Term Care Pharmacy				

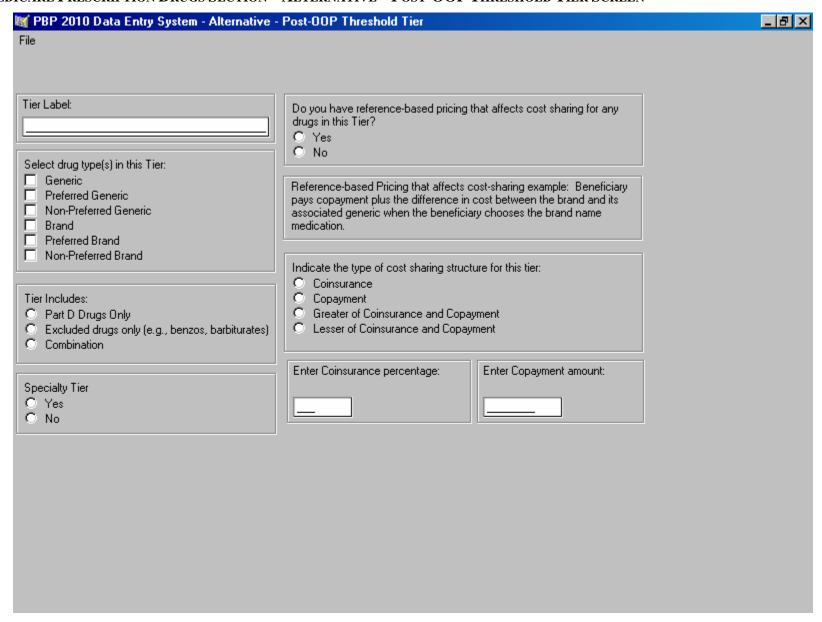
MEDICARE PRESCRIPTION DRUGS SECTION - ALTERNATIVE - GAP TIER COPAYMENT SCREEN

M PBP 2010 Data Entry System - Alternative - Gap Tier Copayment				_ B ×
File				
Tier Label:				
	1-Month	3-Month	Other Day	
Copayment for In-Network Retail Pharmacy				
Consument for In Matural, Professed Patril Pharman				
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				

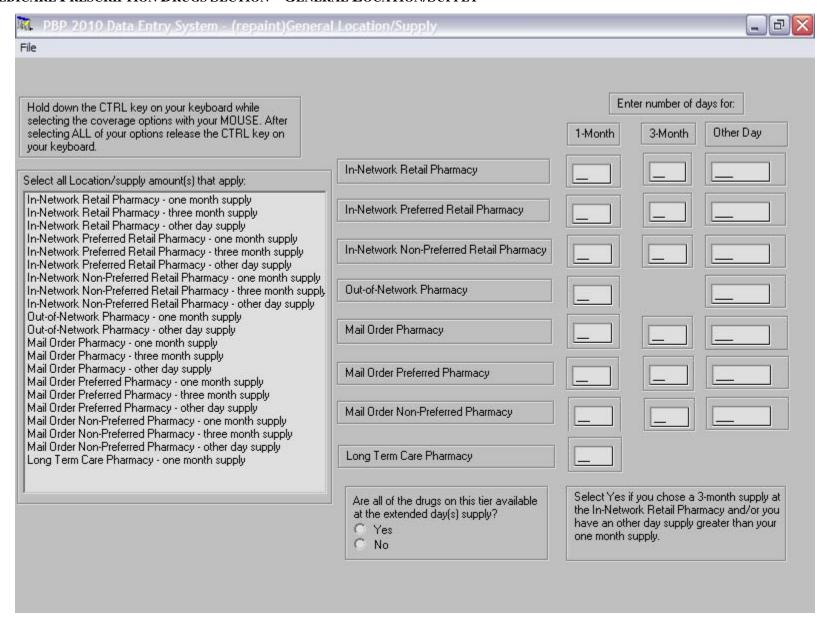
MEDICARE PRESCRIPTION DRUGS SECTION - ALTERNATIVE - OOP THRESHOLD SCREEN



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



MEDICARE PRESCRIPTION DRUGS SECTION - GENERAL LOCATION/SUPPLY



MEDICARE PRESCRIPTION DRUGS SECTION - NOTES SCREEN

