

MEDICARE PRESCRIPTION DRUGS SECTION – PART D – GENERAL SCREEN I

PBP 2010 Data Entry System - Medicare Rx General 1

File

DESCRIPTION OF BENEFIT

Does your plan offer a Medicare Prescription drug (Part D) benefit?

Yes
 No

Is this a Part D Payment Demo?

Yes
 No

Select the type of drug benefit:

Defined Standard Benefit
 Actuarially Equivalent Standard
 Basic Alternative
 Enhanced Alternative

Select type of Part D Payment Demo:

Flexible capitated option
 Fixed capitated option
 Flexible MA rebate option

Indicate number of Tiers in your Part D benefit:

Describe the components of your network:

In-Network Retail Pharmacy
 In-Network Preferred/Non-Preferred Retail Pharmacy
 Out-of-Network Pharmacy
 Mail Order Pharmacy
 Mail Order Preferred/Non-Preferred Pharmacy
 Long Term Care Pharmacy

Defined Standard plans should indicate the number of tiers contained in the formulary that is associated with their plan even though a defined standard plan only has one cost share of 25% throughout its entire benefit.

MEDICARE PRESCRIPTION DRUGS SECTION – PART D – GENERAL SCREEN II

PBP 2010 Data Entry System - Medicare Rx General 2

File

| | | |
|---|--|---|
| <p>Are there quantity limits on certain prescription drugs?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Are there any drugs on your formulary for which access is limited to certain pharmacies?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>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</p> |
| <p>Is prior authorization required for certain prescription drugs?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Do you offer free Generics up to a maximum amount?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>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</p> |
| <p>Do any drugs in your formulary require a step therapy plan?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Enter maximum amount for free Generics:</p> <input type="text"/> | <p>Does this plan offer national prescription coverage?</p> <p><input type="radio"/> Yes (the beneficiary can use this plan to get their prescription drugs in any of the 50 states)</p> <p><input type="radio"/> No (prescription coverage only in certain areas of the country)</p> |
| <p>Do you pay for Over-the-Counter medications (OTCs) under the Utilization Management Program?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>Do you offer a free first fill (i.e. \$0 copayment) for any drugs?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | |
| <p>If you select "Yes" to "Do you pay for Over-the-Counter medications (OTCs) under the Utilization Management Program?", you must indicate these specific medications in a flat file which will be uploaded through the Formulary Submission</p> | | |

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

PBP 2010 Data Entry System - Defined Standard - ICL and OOP Threshold

File

Defined Standard Benefit Screen

Medicare-defined Part D Deductible Amount

Medicare-defined Part D Coinsurance Amount

Medicare-defined Part D Initial Coverage Limit (ICL) Amount

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

Medicare-defined Cost Shares Applicable Beyond the Annual Out-of-Pocket Cost Threshold Charged on a Drug-by-Drug basis

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

File

Actuarially Equivalent Benefit Screens

Medicare-defined Part D Deductible Amount

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

Medicare-defined Part D Coinsurance amount

Cost Share Tiers

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

In-Network Copay/Coinsurance (No Differential)*

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

In-Network Copay/Coinsurance with Limited Days Supply

*If a plan chooses this option and does not utilize either a differential in cost sharing or a differential in days supply for out of network coverage.

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

PBP 2010 Data Entry System - (repaint) Actuarially Equivalent - Pre-ICL Tier Label

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

Each plan must indicate a specific Tier for their Exceptions Process.
Is this Tier your Exceptions 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.

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

PBP 2010 Data Entry System - (repaint)Actuarially Equivalent - Pre-ICL Tier Locations

File

Tier Label:

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

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

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"/> | | |

Are all of the drugs on this tier available at the extended day(s) supply?
 Yes
 No

Select Yes if you chose a 3-month supply at the In-Network Retail Pharmacy and/or you have an other day supply greater than your one month supply.

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

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.

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

The screenshot shows a software window titled "PBP 2010 Data Entry System - Actuarially Equivalent - Pre-ICL Tier Coinsurance". The window has a "File" menu and a main area with a grid of input fields. The grid is organized as follows:

| 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

| | 1-Month | 3-Month | Other Day |
|--|---------|---------|-----------|
| Tier Label: | | | |
| 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 – ACTUARIALLY EQUIVALENT – OOP THRESHOLD SCREEN

PBP 2010 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

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 tier:

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

Enter Coinsurance percentage:

Enter Copayment amount:

MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – DEDUCTIBLE SCREEN

PBP 2010 Data Entry System - (repaint)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)

Is the tier cost share during the deductible phase the same as the Pre-ICL cost sharing for all locations?

Yes
 No

Indicate each tier for which the deductible will NOT apply (please note that the deductible will not apply to any of the drugs on each tier selected):

Tier 1
 Tier 2
 Tier 3
 Tier 4
 Tier 5
 Tier 6
 Tier 7
 Tier 8
 Tier 9
 Tier 10

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

Enter Coinsurance percentage: Enter Copayment amount:

To which tier(s) does this cost share apply? (Please note that this will be applied to all drugs on the tier(s) selected.)

Tier 1
 Tier 2
 Tier 3
 Tier 4
 Tier 5
 Tier 6
 Tier 7
 Tier 8
 Tier 9
 Tier 10

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

In-Network Copay/Coinsurance (No Differential)*
 In-Network Copay/Coinsurance plus a differential between the OON billed charge and the In-Network allowable
 In-Network Copay/Coinsurance with Limited Days Supply

*If a plan chooses this option and does not utilize either a differential in cost sharing or a differential in days supply for out of network coverage.

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

PBP 2010 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

If you select "Yes" to "Are any excluded drugs part of your supplemental coverage (e.g., benzodiazepines, barbiturates)?", you must indicate these specific medications in a flat file which will be uploaded through the Formulary Submission Module on June

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

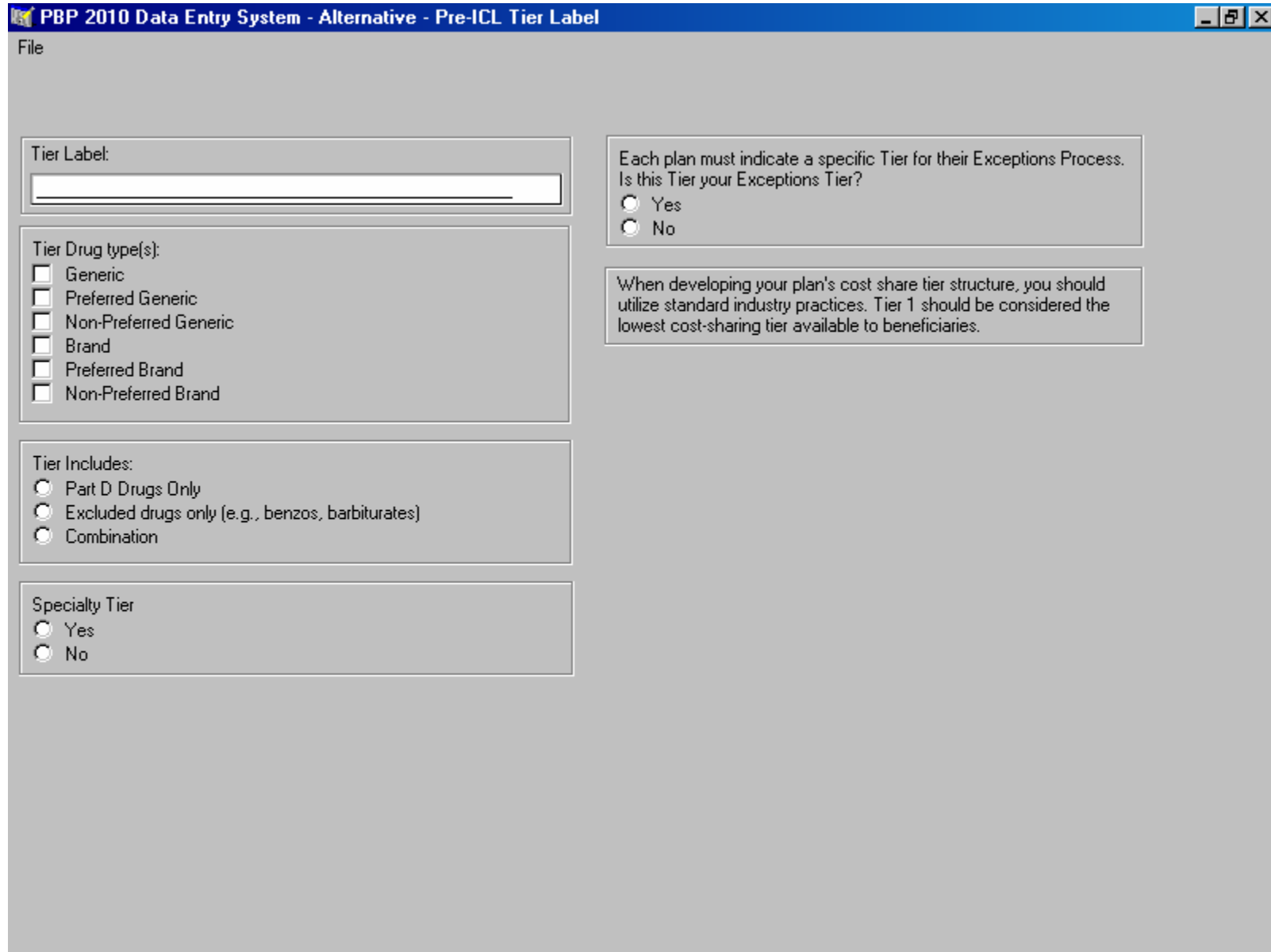
Indicate the area(s) throughout the Part D benefit where the Part D cost sharing is reduced:

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

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

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

Each plan must indicate a specific Tier for their Exceptions Process.
Is this Tier your Exceptions 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.

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

PBP 2010 Data Entry System - Alternative - Pre-ICL Tier Locations

File

Tier Label:

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

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

Enter number of days for:

| | 1-Month | 3-Month | Other Day |
|--|----------------------|----------------------|----------------------|
| 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"/> | | |

Are all of the drugs on this tier available at the extended day(s) supply?
 Yes
 No

Select Yes if you chose a 3-month supply at the In-Network Retail Pharmacy and/or you have an other day supply greater than your one month supply.

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

PBP 2010 Data Entry System - Alternative - 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.

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

The screenshot shows a software window titled "PBP 2010 Data Entry System - Alternative - Pre-ICL Tier Coinsurance". The window contains a "File" menu and a main area with a grid of input fields. The grid is organized as follows:

| Tier Label: | 1-Month | 3-Month | Other Day |
|--|----------------------|----------------------|----------------------|
| 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 2010 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)

Enter Initial Coverage Limit (ICL) Amount:

Do you offer any limited gap coverage above your ICL?

Yes

No

Example: Your plan has an ICL of \$2400. You offer \$500 in generic coverage post ICL. This is limited Gap Coverage.

Enter limited monetary amount:

Please indicate which drug types this limited benefit applies to:

Generic

Preferred Generic

Non-Preferred Generic

Brand

Preferred Brand

Non-Preferred Brand

All formulary Drugs

MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – GAP COVERAGE SCREEN

PBP 2010 Data Entry System - (repaint)Alternative - Gap Coverage

File

Do you offer Gap Coverage?
 Yes
 No

Describe the gap coverage your plan offers for Generic drugs:
 All Generics
 Many Generics
 Some Generics
 Few Generics
 None

Describe the gap coverage your plan offers for Brand drugs:
 All Brands
 Many Brands
 Some Brands
 Few Brands
 None

CY 2010 gap coverage descriptions should be indicated as follows: 'Generic' and 'Brand' products are classified according to the drug type labels assigned by Part D sponsors on approved Part D formulary files.

A product is defined by its distinct: drug type label, dosage form, route of administration, and gap coverage status. Gap coverage status is determined at the tier level or by using partial tier drug lists.

Please note that if the plan's formulary utilizes a specialty tier, the drugs sitting on that tier are included in this analysis.

Generic and Brand Gap Coverage Thresholds:

All: 100% of generic or brand drugs are covered through the gap.*

Many: 65% to less than 100% of generic or brand drugs are covered through the gap.

Some: 10% to less than 65 % of generic or brand drugs are covered through the gap.

Few: 0% to less than 10% of generic or brand drugs are covered through the gap (and must also be less than 15% products covered through the gap).

*All Formulary Drugs: 100% of 'Generic' and 100% of 'Brand' products (either by covering all drug products in the gap or by declaring no ICL).

MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – GAP TIER LABEL

SCREEN

MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – GAP TIER COVERAGE SCREEN

PBP 2010 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 9, 2008.

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

All Formulary Generics

All Preferred Generics

All Non-Preferred Generics

Some Generics

All Formulary Brands

All Preferred Brands

All Non-Preferred Brands

Some Brands

If Tier 1 contains all of your plans generics plus some brand medications, you should choose "All Formulary Generics" and "Some Brands."

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

MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – GAP TIER LOCATIONS SCREEN

PBP 2010 Data Entry System - Alternative - Gap Tier Locations

File

Tier Label:

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

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

Enter number of days for:

| | 1-Month | 3-Month | Other Day |
|--|----------------------|----------------------|----------------------|
| 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"/> | | |

Are all of the drugs on this tier available at the extended day(s) supply?
 Yes
 No

Select Yes if you chose a 3-month supply at the In-Network Retail Pharmacy and/or you have an other day supply greater than your one month supply.

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

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.

MEDICARE PRESCRIPTION DRUGS SECTION – ALTERNATIVE – GAP TIER COINSURANCE SCREEN

The screenshot shows a software window titled "PBP 2010 Data Entry System - Alternative - Gap Tier Coinsurance". The window has a menu bar with "File" and standard window controls (minimize, maximize, close). The main area contains a grid of input fields:

| 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 2010 Data Entry System - Alternative - Gap Tier Copayment". The window contains a "File" menu and a main area with a grid of input fields. The grid is organized as follows:

| Tier Label: | 1-Month | 3-Month | Other Day |
|--|----------------------|----------------------|----------------------|
| 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 – OOP THRESHOLD SCREEN

PBP 2010 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 2010 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 tier:

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

Enter Coinsurance percentage:

Enter Copayment amount:

MEDICARE PRESCRIPTION DRUGS SECTION – GENERAL LOCATION/SUPPLY

PBP 2010 Data Entry System - (repaint)General Location/Supply

File

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Enter number of days for:

| | 1-Month | 3-Month | Other Day |
|--|----------------------|----------------------|----------------------|
| 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"/> | | |

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

- 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

Are all of the drugs on this tier available at the extended day(s) supply?

Yes

No

Select Yes if you chose a 3-month supply at the In-Network Retail Pharmacy and/or you have an other day supply greater than your one month supply.

MEDICARE PRESCRIPTION DRUGS SECTION – NOTES SCREEN

The screenshot shows a software window titled "PBP 2010 Data Entry System - Medicare Rx - Notes". The window has a standard Windows-style title bar with minimize, maximize, and close buttons. Below the title bar is a menu bar with the word "File". The main area of the window is a light gray color. On the left side, there is a rectangular box with a thin border. Inside this box, at the top left, is the text "Notes (Optional):". Below this text is a large, empty white rectangular area, which is a text input field. At the bottom right corner of this input area, there is a small button labeled "Import Text".