

Section RX- Medicare RX General 1-- Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Medicare Rx General 1

CLICK FOR DESCRIPTION OF BENEFIT

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

Select the type of drug benefit:

- Defined Standard Benefit
- Actuarially Equivalent Standard
- Basic Alternative
- Enhanced Alternative

Do you have a basic Part D plan (DS, AE, BA) that provides required prescription drug coverage to beneficiaries in the service area covered by this EA plan?

- Yes
- No

Does this EA plan have a zero dollar Part D supplemental premium that satisfies (for this service area) the regulatory requirement at 42CFR §423.104(f)(3)(i) to provide required prescription drug coverage?

- Yes
- No

Describe the components of your network (select all that apply):

- 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

A plan should specify both preferred and non-preferred mail order pharmacy locations if it will require different cost sharing amounts at different mail order locations, even if both preferred and non-preferred mail order pharmacies are not currently included in its network.

Does this plan offer national prescription coverage?

- Yes (the beneficiary can use this plan to get their prescription drugs nationally)
- No (prescription coverage only in certain areas of the country)

Section RX- Medicare RX General 2-- Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit [Validate] Exit [No Validate] Go To: Medicare Rx General 2

Does plan utilize floor pricing?

Yes
 No

Do you offer a free first fill (i.e. \$0 copayment) for any drugs?

Yes
 No

Example: If your plan offers a \$0 copay for the first fill of a Lipitor prescription, you should answer 'yes' to 'Do you offer a free first fill for any drugs' and indicate the RxCUI for Lipitor in the flat file which must be uploaded through the Formulary Submission Module by Friday, June 8, 2012 at 12:00pm EST.

Are there quantity limits on certain prescription drugs?

Yes
 No

Is prior authorization required for certain prescription drugs?

Yes
 No

Do any drugs in your formulary require a step therapy plan?

Yes
 No

Do you pay for Over-the-Counter medications (OTCs) under the Utilization Management Program?

Yes
 No

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 must be uploaded through the Formulary Submission Module by Friday, June 8, 2012 at 12:00pm EST.

OTC Medication Attestation statement

Per the CY2009 Call Letter, an MAO cannot offer the same OTC drug under both its Part C supplemental benefit and its Part D benefit. I attest any OTC drugs that are covered under Part C are separate and distinct from OTC drugs covered under Part D.

Do you offer OTCs as a part of a formal Step Therapy Protocol submitted for review and approval by CMS?

Yes
 No

With respect to OTCs, a Step Therapy protocol is one that requires the use of the OTC product prior to receiving a prescription formulary drug. This is in contrast to a general utilization management strategy that offers OTCs as alternatives to prescription formulary drugs but without a requirement to try the OTC first. All OTC drugs used in either a Part D Step Therapy Protocol or a general utilization management strategy must appear in an OTC supplemental file. However, only those OTCs used in a Step Therapy Protocol must be documented in the Step Therapy Criteria text files submitted with the formulary files.

Section RX- Medicare RX General 3-- Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Medicare Rx General 3

Indicate number of Tiers in your Part D benefit:

Each plan must indicate one specific cost-sharing tier from its PBP at which it will adjudicate all non-formulary drugs approved through the formulary exceptions process.

Are any of your tiers an excluded drug only tier? (Excluded drug only tiers must be assigned the highest tier value(s) of all tiers offered by this plan.)

Yes
 No

Although CMS generally allows Part D sponsors to apply only one level of cost sharing from an existing formulary tier to all approved formulary exceptions, sponsors may also elect to apply a second less expensive level of cost sharing for all approved formulary exceptions for generic drugs, so long as this second level is also associated with an existing formulary tier and is uniformly applied to all approved formulary exceptions for generic drugs.

What is your Formulary Exception Tier?

When designating the exceptions tier in a PBP submission, sponsors can enter only one level of cost sharing. Thus, a sponsor that has established a second (less expensive) level of cost sharing should indicate the more expensive cost-sharing tier of the two tiers as its Exceptions Tier.

Section RX- Medicare RX – Tier 2 Model Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Medicare Rx - Tier 2 Model

Select 2 Tier Model Type:

	Tier 1	Tier 2
<input type="radio"/>	Generic	Brand
<input type="radio"/>	Generic	Preferred Brand
<input type="radio"/>	Preferred Generic	Brand
<input type="radio"/>	Preferred Generic	Preferred Brand

Section RX- Medicare RX – Tier 3 Model Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Medicare Rx - Tier 3 Model

Select 3 Tier Model Type:

	Tier 1	Tier 2	Tier 3
<input type="radio"/>	Generic	Brand	Specialty Tier
<input type="radio"/>	Generic	Preferred Brand	Specialty Tier
<input type="radio"/>	Preferred Generic	Brand	Specialty Tier
<input type="radio"/>	Preferred Generic	Preferred Brand	Specialty Tier
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Brand

Section RX- Medicare RX – Tier 4 Model Screen

Select 4 Tier Model Type:	Tier 1	Tier 2	Tier 3	Tier 4
<input type="radio"/> Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	
<input type="radio"/> Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	
<input type="radio"/> Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	
<input type="radio"/> Preferred Generic	Non-Preferred Generic	Preferred Brand	Specialty Tier	
<input type="radio"/> Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	
<input type="radio"/> Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	

Section RX- Medicare RX – Tier 5 Model Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Medicare Rx - Tier 5 Model

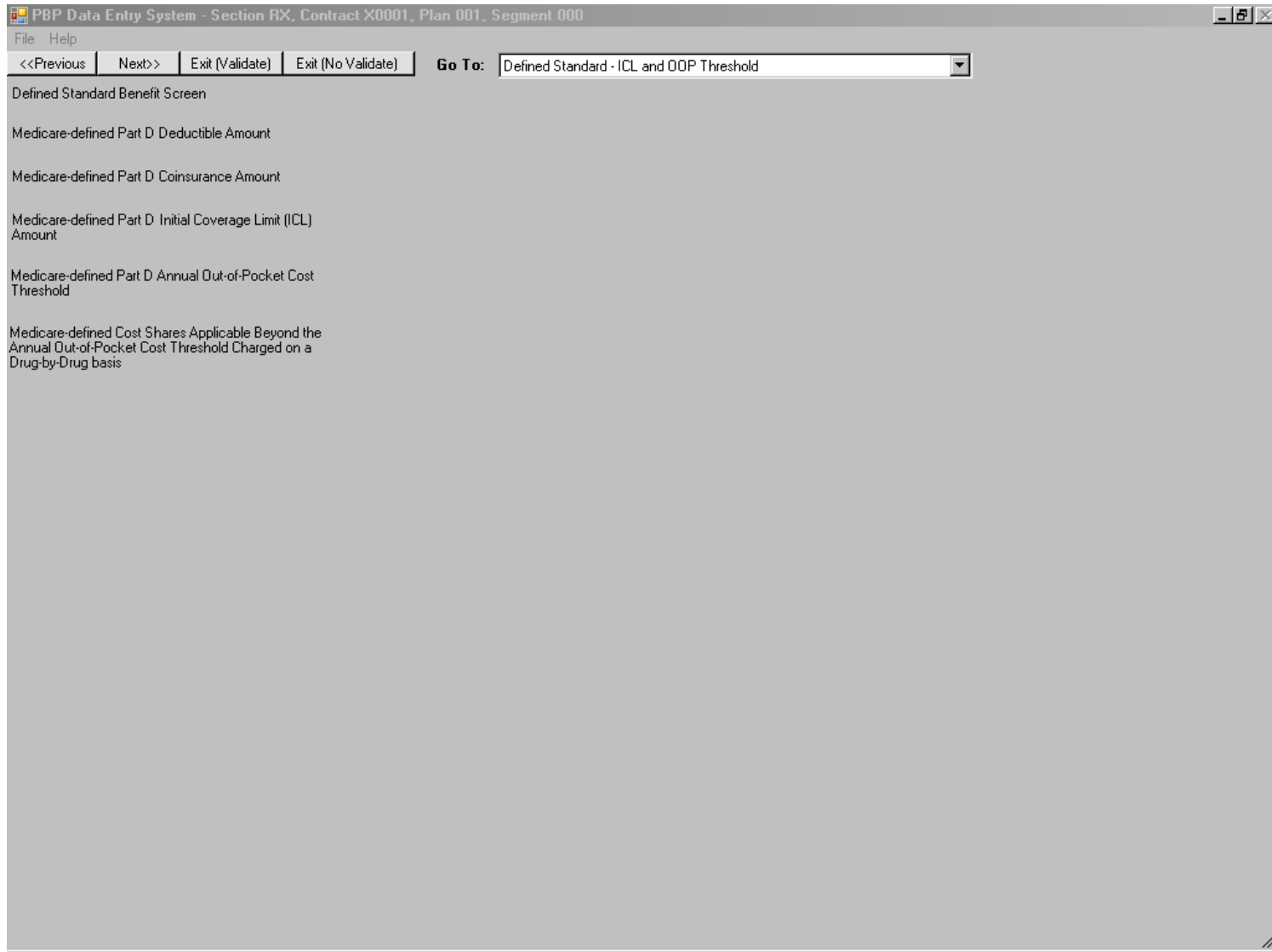
Select 5 Tier Model Type:

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	<input type="text"/>
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	<input type="text"/>
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Generic	<input type="text"/>
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Specialty Tier	<input type="text"/>
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Generic	Injectable Drugs	<input type="text"/>
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Generic	Injectable Drugs	<input type="text"/>
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Injectable Drugs	Specialty Tier
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier

Section RX- Medicare RX – Tier 6 Model Screen

Select 6 Tier Model Type:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
<input checked="" type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	<input type="text"/>
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	<input type="text"/>
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Injectable Drugs	Specialty Tier	<input type="text"/>
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier	<input type="text"/>
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier	<input type="text"/>

Section RX- Defined Standard – ICL and OOP Threshold Screen



Section RX- Actuarially Equivalent Characteristics – Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent Characteristics

Actuarially Equivalent Benefit Screens

Medicare-defined Part D Deductible Amount

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 ODN 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, CMS' expectation is that the plan is monitoring for appropriate out of network use with either a post authorization process or alternate review tool.

Section RX- Actuarially Equivalent – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Pre-ICL

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

Medicare-defined Part D Coinsurance amount

Cost Share Tiers

Section RX- Actuarially Equivalent – Tier Type and Cost Share Structure – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Tier Type and Cost Share Structure - Pre-ICL

Tier Drug Type(s) (select all that apply):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>					
Preferred Generic	<input type="checkbox"/>					
Non-Preferred Generic	<input type="checkbox"/>					
Brand	<input type="checkbox"/>					
Preferred Brand	<input type="checkbox"/>					
Non-Preferred Brand	<input type="checkbox"/>					

Tier Includes:

Part D Drugs Only	<input checked="" type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>

Indicate the type of cost sharing structure:

Coinsurance	<input checked="" type="radio"/>
Copayment	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>
Lesser of Coinsurance and Copayment:	<input type="radio"/>

Section RX- Actuarially Equivalent – Tier Locations – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Tier Locations - Pre-ICL

Select all Location/supply amounts that apply:

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
In-Network Retail Pharmacy - one month supply;	<input type="checkbox"/>					
In-Network Retail Pharmacy - two month supply;	<input type="checkbox"/>					
In-Network Retail Pharmacy - three month supply;	<input type="checkbox"/>					
In-Network Preferred Retail Pharmacy - one month supply;	<input type="checkbox"/>					
In-Network Preferred Retail Pharmacy - two month supply;	<input type="checkbox"/>					
In-Network Preferred Retail Pharmacy - three month supply;	<input type="checkbox"/>					
In-Network Non-Preferred Retail Pharmacy - one month supply;	<input type="checkbox"/>					
In-Network Non-Preferred Retail Pharmacy - two month supply;	<input type="checkbox"/>					
In-Network Non-Preferred Retail Pharmacy - three month supply;	<input type="checkbox"/>					
Out-of-Network Pharmacy - one month supply;	<input type="checkbox"/>					
Out-of-Network Pharmacy - Other supply;	<input type="checkbox"/>					
Mail Order Pharmacy - one month supply;	<input type="checkbox"/>					
Mail Order Pharmacy - two month supply;	<input type="checkbox"/>					
Mail Order Pharmacy - three month supply;	<input type="checkbox"/>					
Mail Order Preferred Pharmacy - one month supply;	<input type="checkbox"/>					
Mail Order Preferred Pharmacy - two month supply;	<input type="checkbox"/>					
Mail Order Preferred Pharmacy - three month supply;	<input type="checkbox"/>					
Mail Order Non-Preferred Pharmacy - one month supply;	<input type="checkbox"/>					
Mail Order Non-Preferred Pharmacy - two month supply;	<input type="checkbox"/>					
Mail Order Non-Preferred Pharmacy - three month supply;	<input type="checkbox"/>					
Long Term Care Pharmacy - one month supply;	<input type="checkbox"/>					
Long Term Care Pharmacy - other supply;	<input type="checkbox"/>					

Section RX- Actuarially Equivalent – Retail Pharmacy Location Supply – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Retail Pharmacy Location Supply - Pre-ICL

Retail Pharmacy Network Component

Day Supply		1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?	
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	*For example, you chose a 2-month or 3-month supply at the In-Network Retail Pharmacy and/or you have an other day supply greater than your one month supply. You must answer "yes" to this question if all of the drugs on this tier are available at the extended day(s) supply.
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 2						
Tier 3						
Tier 4						
Tier 5						
Tier 6						

Section RX- Actuarially Equivalent – Mail Order Location Supply – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Mail Order Location Supply - Pre-ICL

Mail Order Network Component

Day Supply		1-Month	2-Month	3-Month
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2				
Tier 3				
Tier 4				
Tier 5				
Tier 6				

Section RX- Actuarially Equivalent –Out-of-Network and Long Term Care Location Supply – Pre-ICL Screen

Day Supply	Network Component	1-Month	Other Day
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Generic Drugs	<input type="text"/>	<input type="text"/>
	Long Term Care Brand Drugs	<input type="text"/>	<input type="text"/>
Tier 2			
Tier 3			
Tier 4			
Tier 5			
Tier 6			

Section RX- Actuarially Equivalent –Retail Pharmacy Copayment and Coinsurance – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Retail Pharmacy Copayment and Coinsurance - Pre-II

Retail Pharmacy Network Component - Cost Sharing		Copayment				Coinsurance			
		Daily:	1-Month	2-Month	3-Month	Avg expected cost-sharing 1-Month	1-Month	2-Month	3-Month
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2									
Tier 3									
Tier 4									
Tier 5									
Tier 6									

Section RX- Actuarially Equivalent –Mail Order Copayment and Coinsurance – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Mail Order Copayment and Coinsurance- Pre-ICL

Retail Pharmacy Network Component - Cost Sharing		Copayment				Coinsurance			
		Daily:	1-Month	2-Month	3-Month	Avg expected cost-sharing 1-Month	1-Month	2-Month	3-Month
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2									
Tier 3									
Tier 4									
Tier 5									
Tier 6									

Section RX- Actuarially Equivalent –Out-of-Network and Long Term Care Copayment and Coinsurance – Pre-ICL Screen

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a set of navigation buttons: "<<Previous", "Next>>", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "Actuarially Equivalent - Out-of-Network and Long Term Care Copayment and".

The main data entry area is a table with the following structure:

Tier	Network Component	Copayment			Coinsurance	
		Daily:	1-Month	Other:	1-Month	Other:
Tier 1	Out-of-Network		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Generic Drug	<input type="text"/>	<input type="text"/>		<input type="text"/>	
	Long Term Care Brand Drugs	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Tier 2						
Tier 3						
Tier 4						
Tier 5						
Tier 6						

Section RX- Actuarially Equivalent –OOP Threshold – Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - OOP Threshold

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

Section RX- Actuarially Equivalent –Tier Type – Post-OOP Threshold Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Tier Type - Post-OOP Threshold

Tier Drug Type(s) (select all that apply):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>					
Preferred Generic	<input type="checkbox"/>					
Non-Preferred Generic	<input type="checkbox"/>					
Brand	<input type="checkbox"/>					
Preferred Brand	<input type="checkbox"/>					
Non-Preferred Brand	<input type="checkbox"/>					

Tier Includes:

Part D Drugs Only	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>

Indicate the Type of Cost Sharing Structure:

Coinsurance	<input type="radio"/>
Copayment	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>

Section RX- Actuarially Equivalent –Tier Cost Sharing – Post-OOP Threshold Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Tier Cost Sharing - Post-OOP Threshold

	Copayment	Coinsurance
Tier 1	<input type="text"/>	<input type="text"/>
Tier 2	<input type="text"/>	
Tier 3	<input type="text"/>	
Tier 4	<input type="text"/>	
Tier 5	<input type="text"/>	
Tier 6	<input type="text"/>	

Section RX- Alternative – Deductible Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Deductible

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 tiers?

Yes
 No

Indicate each tier for which the deductible will NOT apply (select all that 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

During the deductible phase, is the cost-sharing for drugs to which the deductible does not apply, the same as the Pre-ICL cost-sharing for all locations?

Yes
 No

Indicate the type of cost sharing structure for these drugs until the deductible is reached:

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

Enter Coinsurance percentage: Enter Copayment amount:

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, CMS' expectation is that the plan is monitoring for appropriate out of network use with either a post authorization process or alternate review tool.

Section RX- Alternative – Enhanced Alternative Characteristics Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Enhanced Alternative Characteristics

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

Yes
 No

Indicate the area(s) throughout the Part D benefit where the reduced Part D cost sharing is reflected (select all that apply):

Reduced deductible
 Reduced pre-ICL cost shares
 Raised ICL
 Reduced post-threshold cost shares

Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)? [Enhanced Alternative ONLY].

Yes
 No

If you select "Yes" to "Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)?", you must indicate these specific medications in a flat file which must be uploaded through the Formulary Submission Module by Friday, June 8, 2012 at 12:00pm EST.

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 additional gap coverage as part of your supplemental benefit?

Yes
 No

Additional gap coverage offered by enhanced alternative plans through a supplemental benefit represents coverage that is significantly greater than the standard benefit for generic drugs and provides for additional savings on brand drugs that are applied before the coverage gap discount. The additional gap coverage entered in the PBP will be inclusive of the standard benefit (21% reduction in beneficiary cost-sharing in 2013) for generic drugs, but will be in addition to the coverage gap discount for brand drugs.

For example, if a sponsor enters beneficiary cost-sharing of 30% for tier 1 generic drugs in the coverage gap, the standard generic gap benefit would be satisfied and included in the 70% reduction in cost-sharing provided through the supplemental benefit. In contrast if a sponsor enters beneficiary cost sharing of 40% for tier 2 brands in the coverage gap, this supplemental benefit would be applied first to the plan-negotiated price of the brand drug, followed by the coverage gap discount of 50% to the remaining drug cost.

The 2013 standard gap coverage benefit of 21% for generic drugs and the coverage gap discount for brand drugs applies to all benefit types and must be reflected in each plan's bid, but should not be entered into the PBP. The gap coverage section of the PBP is intended only for those enhanced alternative plans offering 'additional gap coverage' through a supplemental benefit, that is over and above the standard benefit for generic drugs and applied before the coverage gap discount for brand drugs.

Section RX- Alternative – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Pre-ICL

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

Does this apply to the excluded drug only tier?

Yes
 No

Section RX- Alternative- Tier Type and Cost Share Structure – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Tier Type and Cost Share Structure - Pre-ICL

Tier Drug Type(s) (select all that apply):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>					
Preferred Generic	<input type="checkbox"/>					
Non-Preferred Generic	<input type="checkbox"/>					
Brand	<input type="checkbox"/>					
Preferred Brand	<input type="checkbox"/>					
Non-Preferred Brand	<input type="checkbox"/>					

Tier Includes:

Part D Drugs Only	<input checked="" type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>

Indicate the type of cost sharing structure:

Coinsurance	<input checked="" type="radio"/>
Copayment	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>
Lesser of Coinsurance and Copayment:	<input type="radio"/>

Section RX- Alternative- Tier Locations – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Tier Locations - Pre-ICL

Select all Location/supply amounts that apply:

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
In-Network Retail Pharmacy - one month supply;	<input type="checkbox"/>					
In-Network Retail Pharmacy - two month supply;	<input type="checkbox"/>					
In-Network Retail Pharmacy - three month supply;	<input type="checkbox"/>					
In-Network Preferred Retail Pharmacy - one month supply;	<input type="checkbox"/>					
In-Network Preferred Retail Pharmacy - two month supply;	<input type="checkbox"/>					
In-Network Preferred Retail Pharmacy - three month supply;	<input type="checkbox"/>					
In-Network Non-Preferred Retail Pharmacy - one month supply;	<input type="checkbox"/>					
In-Network Non-Preferred Retail Pharmacy - two month supply;	<input type="checkbox"/>					
In-Network Non-Preferred Retail Pharmacy - three month supply;	<input type="checkbox"/>					
Out-of-Network Pharmacy - one month supply;	<input type="checkbox"/>					
Out-of-Network Pharmacy - Other supply;	<input type="checkbox"/>					
Mail Order Pharmacy - one month supply;	<input type="checkbox"/>					
Mail Order Pharmacy - two month supply;	<input type="checkbox"/>					
Mail Order Pharmacy - three month supply;	<input type="checkbox"/>					
Mail Order Preferred Pharmacy - one month supply;	<input type="checkbox"/>					
Mail Order Preferred Pharmacy - two month supply;	<input type="checkbox"/>					
Mail Order Preferred Pharmacy - three month supply;	<input type="checkbox"/>					
Mail Order Non-Preferred Pharmacy - one month supply;	<input type="checkbox"/>					
Mail Order Non-Preferred Pharmacy - two month supply;	<input type="checkbox"/>					
Mail Order Non-Preferred Pharmacy - three month supply;	<input type="checkbox"/>					
Long Term Care Pharmacy - one month supply;	<input type="checkbox"/>					
Long Term Care Pharmacy - other supply;	<input type="checkbox"/>					

Section RX- Alternative- Retail Pharmacy Location Supply – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Retail Pharmacy Location Supply - Pre-ICL

Retail Pharmacy Network Component

Day Supply		1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?	
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	*For example, you chose a 2-month or 3-month supply at the In-Network Retail Pharmacy and/or you have an other day supply greater than your one month supply. You must answer "yes" to this question if all of the drugs on this tier are available at the extended day(s) supply.
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 2						
Tier 3						
Tier 4						
Tier 5						
Tier 6						

Section RX- Alternative- Retail Pharmacy Location Supply – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Mail Order Location Supply - Pre-ICL

Mail Order Network Component

Day Supply		1-Month	2-Month	3-Month
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2				
Tier 3				
Tier 4				
Tier 5				
Tier 6				

Section RX- Alternative- Out-of-Network and Long Term Care Location Supply – Pre-ICL Screen

Day Supply	Network Component	1-Month	Other Day
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Generic Drugs	<input type="text"/>	<input type="text"/>
	Long Term Care Brand Drugs	<input type="text"/>	<input type="text"/>
Tier 2			
Tier 3			
Tier 4			
Tier 5			
Tier 6			

Section RX- Alternative- Retail Pharmacy Copayment and Coinsurance – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Retail Pharmacy Copayment and Coinsurance - Pre-ICL

Retail Pharmacy Network Component - Cost Sharing	Copayment				Coinsurance			
	Daily:	1-Month	2-Month	3-Month	Avg expected cost-sharing 1-Month	1-Month	2-Month	3-Month
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2								
Tier 3								
Tier 4								
Tier 5								
Tier 6								

Section RX- Alternative- Mail Order Copayment and Coinsurance – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Mail Order Copayment and Coinsurance- Pre-ICL

Retail Pharmacy Network Component - Cost Sharing		Copayment				Coinsurance			
		Daily:	1-Month	2-Month	3-Month	Avg expected cost-sharing 1-Month	1-Month	2-Month	3-Month
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2									
Tier 3									
Tier 4									
Tier 5									
Tier 6									

Section RX- Alternative- Out-of Network and Long Term Care Copayment and Coinsurance – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Out-of-Network and Long Term Care Copayment and Coinsurance

Tier	Network Component	Daily:	Copayment		Coinsurance	
			1-Month	Other:	1-Month	Other:
Tier 1	Out-of-Network		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Generic Drug	<input type="text"/>	<input type="text"/>		<input type="text"/>	
	Long Term Care Brand Drugs	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Tier 2						
Tier 3						
Tier 4						
Tier 5						
Tier 6						

Section RX- Alternative – ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - ICL

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:

Section RX- Alternative – Gap Coverage Screen



Section RX- Alternative- Tier Type and Cost Share Structure – Gap Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Tier Type and Cost Share Structure - Gap

Tier Drug Type(s) (select all that apply):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>					
Preferred Generic	<input type="checkbox"/>					
Non-Preferred Generic	<input type="checkbox"/>					
Brand	<input type="checkbox"/>					
Preferred Brand	<input type="checkbox"/>					
Non-Preferred Brand	<input type="checkbox"/>					
Tier Includes:						
Part D Drugs Only	<input type="radio"/>					
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>					
Both Part D and Excluded Drugs	<input type="radio"/>					
Indicate the type of cost sharing structure:						
Coinsurance	<input type="radio"/>					
Copayment	<input type="radio"/>					
Greater of Coinsurance and Copayment	<input type="radio"/>					
Lesser of Coinsurance and Copayment:	<input type="radio"/>					

Section RX- Alternative- Tier Coverage – Gap Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Tier Coverage - Gap

Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6

To what extent are any Pre-ICL covered drugs on this tier covered through the gap?

Full Tier Coverage (All drugs on the tier)

Partial Tier Coverage (Only some drugs on the tier)

For each tier that is only partially covered in the gap, you must indicate whether that coverage is for brand drugs only, generics drugs only or both brand and generic drugs.

Brand Drugs Only

Generic Drugs Only

Brand and Generic Drugs

Indicate the type of drugs covered on your partially covered tiers:

Part D Drugs Only

Excluded Drugs Only (e.g. erectile dysfunction drugs)

Both Part D and Excluded Drugs

The gap coverage supplemental file may not include any drugs from a tier that is fully covered in the gap.

If you select Partial Tier Gap Coverage, you must submit a gap supplemental file for the drugs covered on the partially covered tier. The gap supplemental file must be uploaded through the Formulary Submission Module by Friday, June 8, 2012 at 12:00pm EST.

Section RX- Alternative- Tier Locations – Gap Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Tier Locations - Gap

Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6

Select all Location/supply amounts that apply:

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

Section RX- Alternative- Retail Pharmacy Location Supply – Gap Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Retail Pharmacy Location Supply - Gap

Retail Pharmacy Network Component

Day Supply		1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?	
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	*For example, you chose a 2-month or 3-month supply at the In-Network Retail Pharmacy and/or you have an other day supply greater than your one month supply. You must answer "yes" to this question if all of the drugs on this tier are available at the extended day(s) supply.
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 2						
Tier 3						
Tier 4						
Tier 5						
Tier 6						

Section RX- Alternative- Mail Order Location Supply – Gap Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Mail Order Location Supply - Gap

Mail Order Network Component

Day Supply		1-Month	2-Month	3-Month
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2				
Tier 3				
Tier 4				
Tier 5				
Tier 6				

Section RX- Alternative- Out-of-Network and Long Term Care Location Supply – Gap Screen

Day Supply	Network Component	1-Month	Other Day
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Generic Drugs	<input type="text"/>	<input type="text"/>
	Long Term Care Brand Drugs	<input type="text"/>	<input type="text"/>
Tier 2			
Tier 3			
Tier 4			
Tier 5			
Tier 6			

Section RX- Alternative-Retail Pharmacy Copayment and Coinsurance– Gap Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Retail Pharmacy Copayment and Coinsurance - Gap

Retail Pharmacy Network Component - Cost Sharing	Copayment				Coinsurance			
	Daily:	1-Month	2-Month	3-Month	Avg expected cost-sharing 1-Month	1-Month	2-Month	3-Month
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2								
Tier 3								
Tier 4								
Tier 5								
Tier 6								

Section RX- Alternative-Mail Order Copayment and Coinsurance- Gap Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Mail Order Copayment and Coinsurance- Gap

Retail Pharmacy Network Component - Cost Sharing		Copayment				Coinsurance			
		Daily:	1-Month	2-Month	3-Month	Avg expected cost-sharing 1-Month	1-Month	2-Month	3-Month
Tier 1	In-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2									
Tier 3									
Tier 4									
Tier 5									
Tier 6									

Section RX- Alternative- Out-of-Network and Long Term Care Copayment and Coinsurance– Gap Screen

Tier	Network Component	Daily:	Copayment		Coinsurance	
			1-Month	Other:	1-Month	Other:
Tier 1	Out-of-Network		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Generic Drug	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Long Term Care Brand Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tier 2						
Tier 3						
Tier 4						
Tier 5						
Tier 6						

Section RX- Alternative – OOP Threshold Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - OOP Threshold

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?

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

Does this apply to the excluded drug only tier?

Yes
 No

Section RX- Alternative-Tier Type – Post-OOP Threshold Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Tier Type - Post-OOP Threshold

Tier Drug Type(s) (select all that apply):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>					
Preferred Generic	<input type="checkbox"/>					
Non-Preferred Generic	<input type="checkbox"/>					
Brand	<input type="checkbox"/>					
Preferred Brand	<input type="checkbox"/>					
Non-Preferred Brand	<input type="checkbox"/>					

Tier Includes:

Part D Drugs Only	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>

Indicate the Type of Cost Sharing Structure:

Coinsurance	<input type="radio"/>
Copayment	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>

Section RX- Alternative – Tier Cost Sharing Post-OOP Threshold Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Tier Cost Sharing Post - OOP Threshold

	Copayment	Coinsurance
Tier 1	<input type="text"/>	<input type="text"/>
Tier 2		
Tier 3		
Tier 4		
Tier 5		
Tier 6		

Section RX- General Location and Supply – Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: General Location/Supply

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	2-Month	3-Month	Other Day
Select all Location/supply amount(s) that apply:				
In-Network Retail Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In-Network Retail Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In-Network Retail Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In-Network Preferred Retail Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In-Network Preferred Retail Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In-Network Preferred Retail Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In-Network Non-Preferred Retail Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In-Network Non-Preferred Retail Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In-Network Non-Preferred Retail Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>			<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply				<input type="checkbox"/>
Mail Order Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mail Order Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mail Order Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mail Order Preferred Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mail Order Preferred Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mail Order Preferred Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mail Order Non-Preferred Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mail Order Non-Preferred Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mail Order Non-Preferred Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>			<input type="checkbox"/>
Long Term Care Pharmacy - other day supply				<input type="checkbox"/>
Long Term Care Pharmacy Generic	<input type="checkbox"/>			<input type="checkbox"/>
Long Term Care Pharmacy Brand	<input type="checkbox"/>			<input type="checkbox"/>

The 2013 standard gap coverage benefit of 21% for generic drugs and the coverage gap discount for brand drugs applies to all benefit types and must be reflected in each plan's bid, but should not be entered into the PBP. The gap coverage section of the PBP is intended only for those enhanced alternative plans offering 'additional gap coverage' through a supplemental benefit, that is over and above the standard benefit for generic drugs and applied before the coverage gap discount for brand drugs.

Are all of the drugs on your formulary available with an extended day supply?

Yes No

For example, 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. You must answer "yes" to this question if all of the drugs on this tier are available at the extended day(s) supply.

Section RX- Medicare Rx – Notes Screen

