

Medicare Rx General 1 Screen

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

File Help

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CLICK FOR DESCRIPTION OF BENEFIT

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

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)

Select the type of drug benefit:

Defined Standard Benefit

Actuarially Equivalent Standard

Basic Alternative

Enhanced Alternative

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.

Unless sponsor's compliance is waived by the regulation, by checking the box below [sponsor] attests that it will comply with 42 CFR § 423.154 beginning January 1, 2013 regarding the appropriate dispensing of prescription drugs in long-term care (LTC) facilities. This section requires, among other things:

- 1) that certain drugs be dispensed to Part D enrollees in no greater than 14-day increments;
- 2) that the use of uniform dispensing techniques as defined by each of the LTC facilities be permitted;
- 3) that information be collected and reported in a form and manner specified by CMS on the dispensing methodology used for each applicable dispensing event and on the nature and quantity of unused brand and generic drugs dispensed to Part D enrollees in LTC facilities;
- 4) that the total cost-sharing for a Part D drug to which the LTC dispensing requirements apply must be no greater than the total that would be imposed if the requirements did not apply; and
- 5) that the terms and conditions offered by the sponsor to a network pharmacy must include provisions that address the disposal of drugs that have been dispensed to Part D enrollees in LTC facilities but not used and returned to the pharmacy, including whether credit and reuse is authorized.

Sponsor attests that it will comply with 42 CFR § 423.154 regarding LTC drugs

Medicare Rx General 2 Screen

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

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Does plan utilize floor pricing?

Yes
 No

Floor pricing is used when a sponsor negotiates a minimum price, such as for very low cost generics, that a pharmacy(ies) will be paid for filling a prescription.

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 Eastern Time.

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 Eastern Time.

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.

Medicare Rx General 3 Screen

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

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Indicate number of Tiers in your Part D benefit:

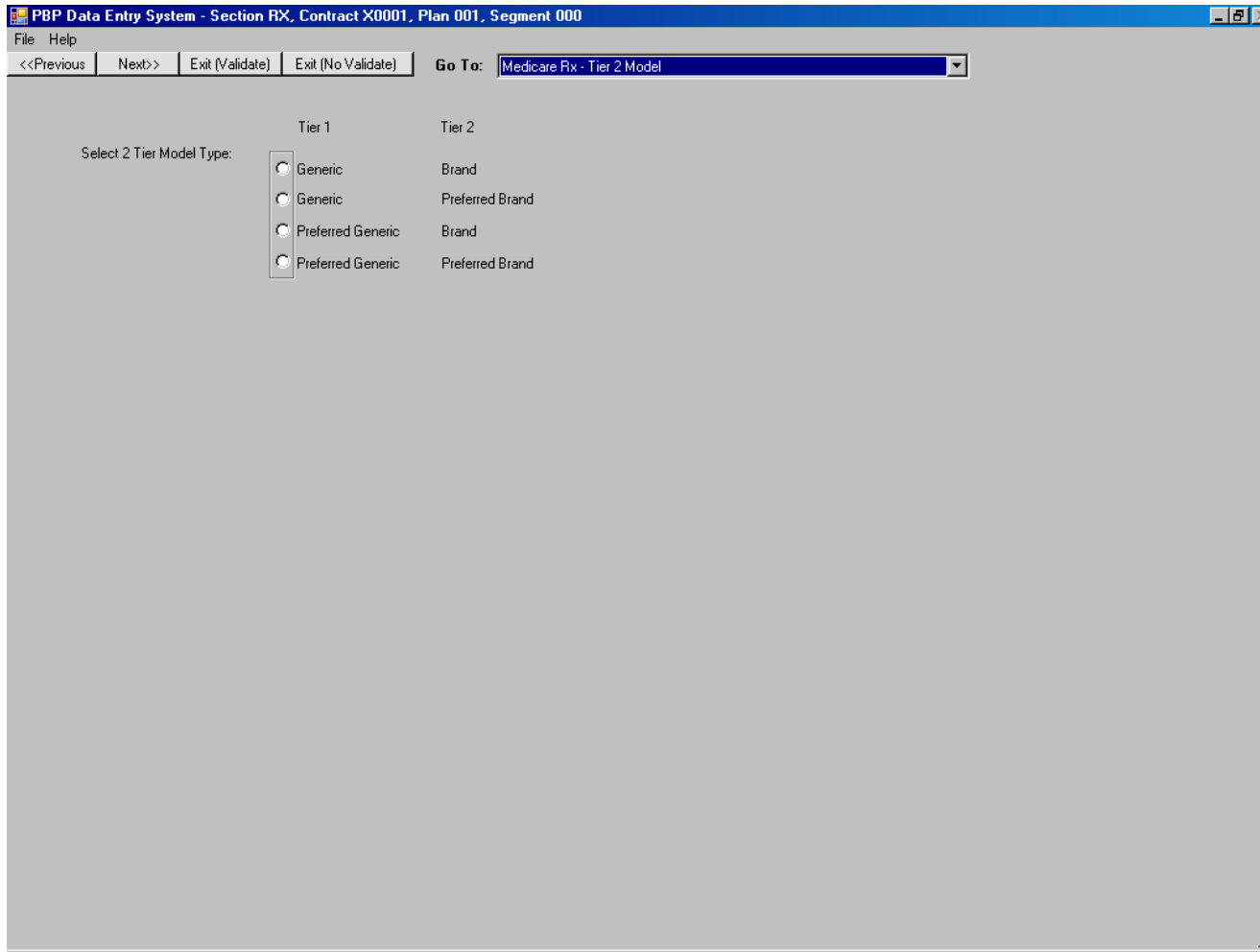
What is your Formulary Exception Tier?

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.

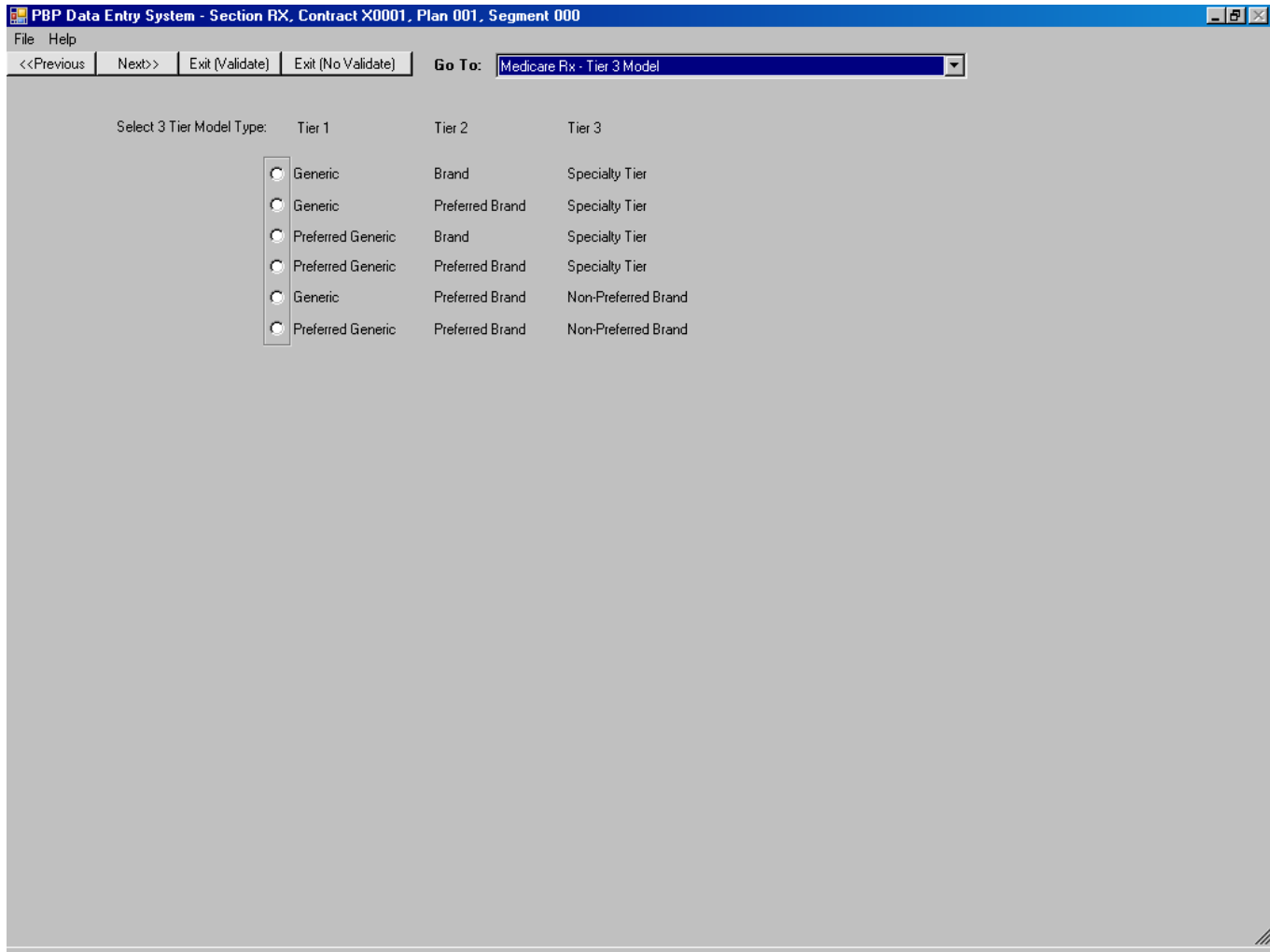
Although CMS generally allows Part D sponsors to apply only one level of cost sharing from an existing formulary tier to all approved formulary exceptions, sponsors may also elect to apply a second less expensive level of cost sharing for all approved formulary exceptions for generic drugs, so long as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

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.

Medicare Rx – Tier 2 Model Screen



Medicare Rx – Tier 3 Model Screen



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	

Medicare Rx – Tier 5 Model Screen

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

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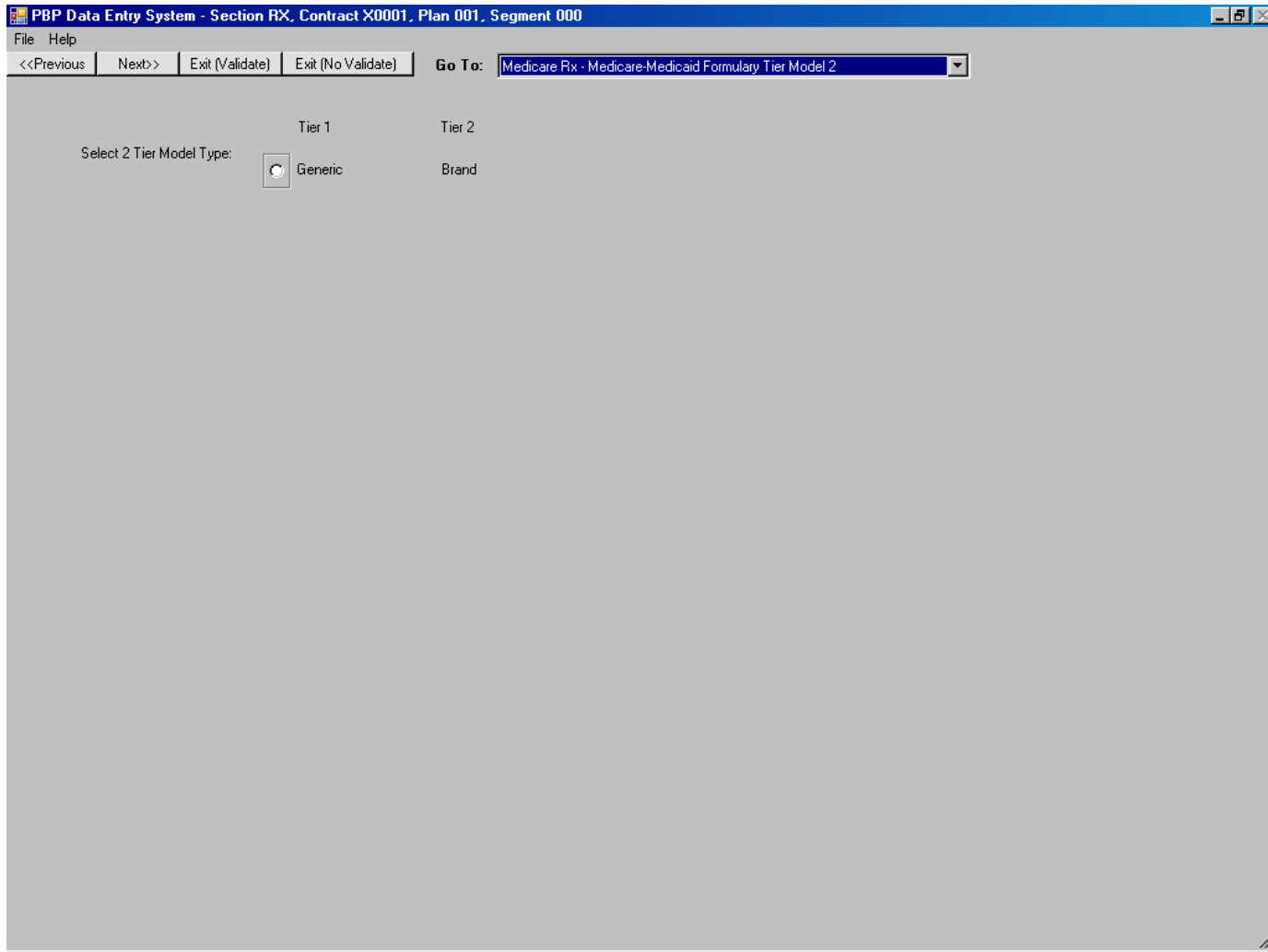
Select 5 Tier Model Type:

	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 Brand	<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 Brand	Injectable Drugs	<input type="text"/>
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Brand	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

Medicare Rx – Tier 6 Model Screen

Select 6 Tier Model Type:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
<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		

Medicare Rx – Medicare-Medicaid Formulary Tier Model 2 Screen



Medicare Rx – Medicare-Medicaid Formulary Tier Model 3 Screen

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

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

Select 3 Tier Model Type:

Tier 1	Tier 2	Tier 3
<input type="radio"/> Generic	Brand	Non-Medicare Rx/OTC Drugs
<input type="radio"/> Generic	Brand	Non-Medicare Rx Drugs
<input type="radio"/> Generic	Brand	Non-Medicare OTC Drugs
<input type="radio"/> Generic	Brand	Non-Medicare Rx Generic Drug
<input type="radio"/> Generic	Brand	Non-Medicare Rx Brand Drugs
<input type="radio"/> Generic	Brand	Non-Medicare OTC Generic Drugs
<input type="radio"/> Generic	Brand	Non-Medicare OTC Brand Drugs

Medicare Rx – Medicare-Medicaid Formulary Tier Model 4 Screen

Select 4 Tier Model Type:	Tier 1	Tier 2	Tier 3	Tier 4
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Generic Drugs	Non-Medicare OTC Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Brand Drugs	Non-Medicare OTC Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Drugs	Non-Medicare OTC Generic Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Drugs	Non-Medicare OTC Brand Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Generic Drugs	Non-Medicare OTC Generic Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Generic Drugs	Non-Medicare OTC Brand Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Brand Drugs	Non-Medicare OTC Generic Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Brand Drugs	Non-Medicare OTC Brand Drugs

Medicare Rx – Medicare-Medicaid Formulary Tier Model 5 Screen

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

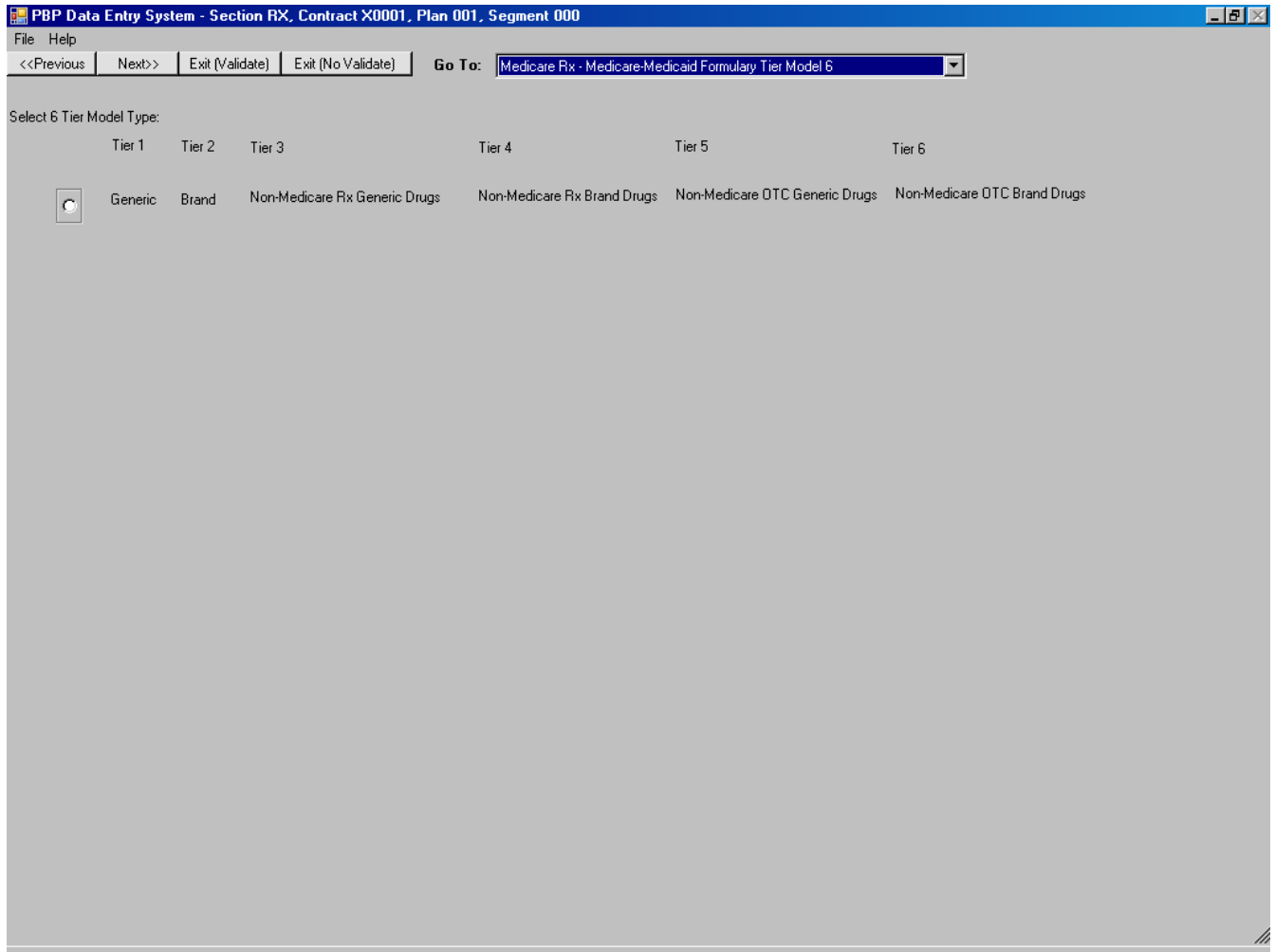
File Help

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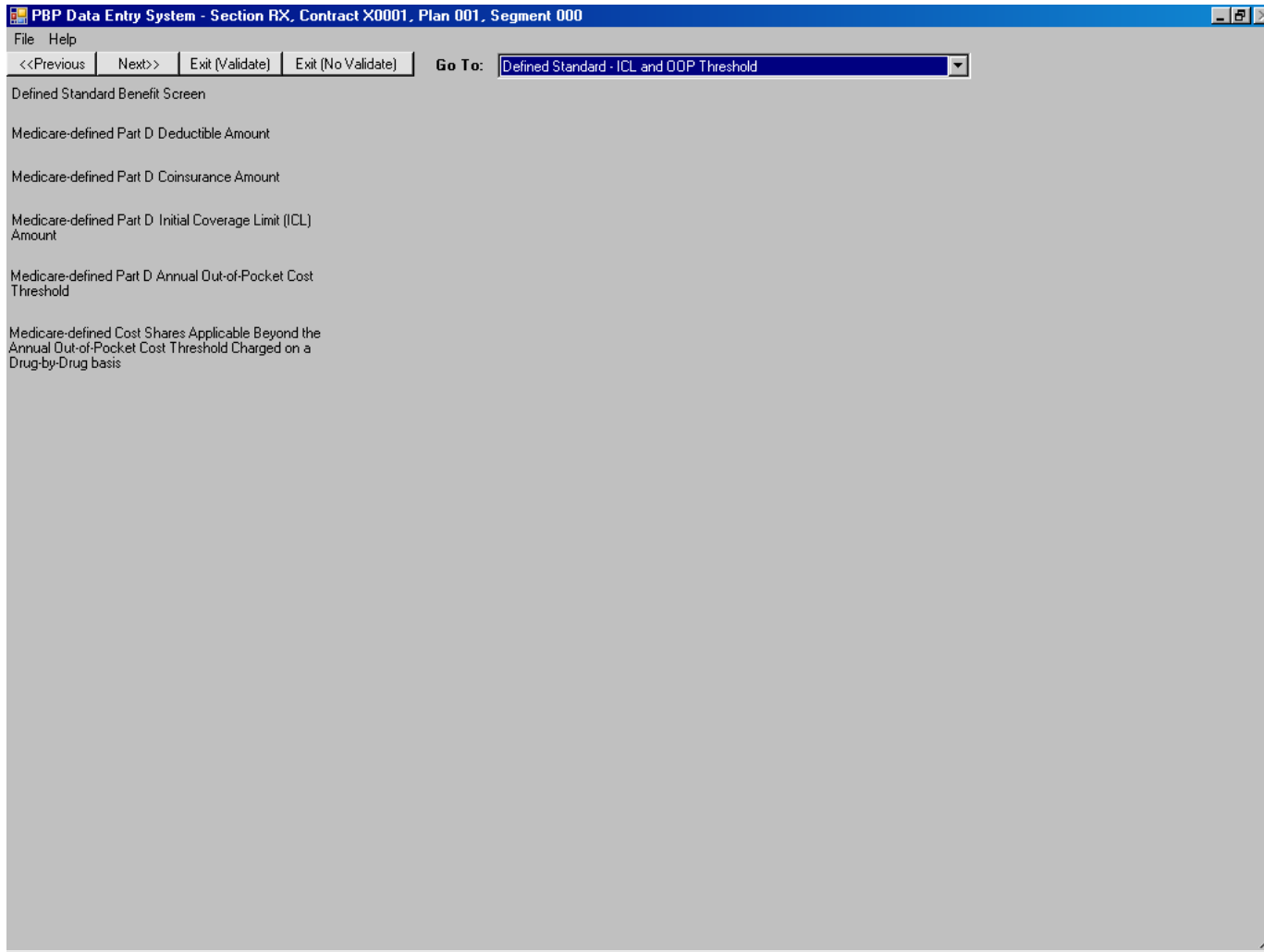
Select 5 Tier Model Type:

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<input checked="" type="radio"/>	Generic	Brand	Non-Medicare Rx Drugs	Non-Medicare OTC Generic Drugs	Non-Medicare OTC Brand Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Generic Drugs	Non-Medicare OTC Generic Drugs	Non-Medicare OTC Brand Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Brand Drugs	Non-Medicare OTC Generic Drugs	Non-Medicare OTC Brand Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Generic Drugs	Non-Medicare Rx Brand Drugs	Non-Medicare OTC Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Generic Drugs	Non-Medicare Rx Brand Drugs	Non-Medicare OTC Generic Drugs
<input type="radio"/>	Generic	Brand	Non-Medicare Rx Generic Drugs	Non-Medicare Rx Brand Drugs	Non-Medicare OTC Brand Drugs

Medicare Rx – Medicare-Medicaid Formulary Tier Model 6 Screen



Defined Standard – ICL and OOP Threshold Screen



Actuarial Equivalent Characteristics Screen

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

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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 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.

Actuarial Equivalent – Pre-ICL Screen

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

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

Medicare-defined Part D Coinsurance amount

Cost Share Tiers

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 Tiers

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Tier 1 Label Description

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

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

Tier Includes (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the type of cost sharing structure (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Actuarially Equivalent – Tier Locations – Pre-ICL Screen

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

File Help Tiers

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

Tier Label Description(s)

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Preferred/Non-Preferred Retail Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Preferred/Non-Preferred Retail Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Preferred/Non-Preferred Retail Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

File Help Tiers

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

Tier Label Description(s)

Retail Pharmacy In-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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 2	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 3	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 4	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 5	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 6	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		

*For example, you chose a 2-month or 3-month supply at the In-Network Retail Pharmacy you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

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

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

File Help Tiers

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

Tier Label Description(s)

Mail Order Pharmacy Network Component

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

Actuarially Equivalent – OON and LTC Location Supply – Pre-ICL Screen

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

File Help Tiers

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Tier Label Description(s)

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

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

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

File Help Tiers

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

Tier Label Description(s)

Retail Pharmacy In-Network Component - Cost Sharing

Tier	In-Network Component	Copayment			Coinsurance				
		Daily (\$)	1-Month (\$)	2-Month (\$)	3-Month (\$)	Avg Expected Copay Equivalent (\$)	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	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 3	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 4	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 5	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 6	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"/>

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

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

File Help Tiers

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

Tier Label Description(s)

Tier	Mail Order Pharmacy Network Component - Cost Sharing	Copayment			Coinsurance			
		Daily (\$)	1-Month (\$)	2-Month (\$)	3-Month (\$)	1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Mail Order	<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	Mail Order	<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 3	Mail Order	<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 4	Mail Order	<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 5	Mail Order	<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 6	Mail Order	<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"/>

Actuarially Equivalent – OON and LTC Copayment and Coinsurance – Pre-ICL Screen

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

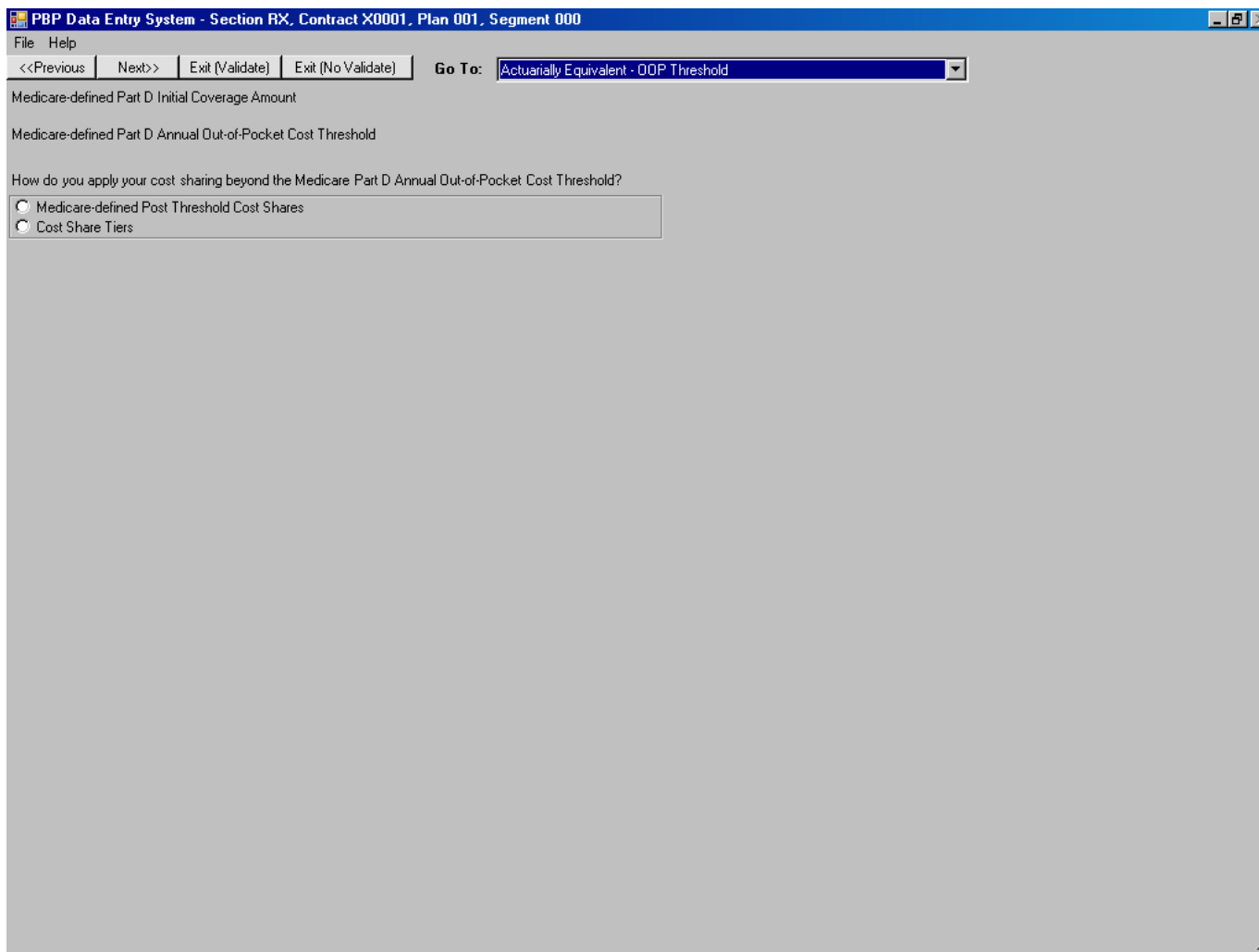
File Help Tiers

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

Tier Label Description(s)

Tier	Network Component	Copayment			Coinsurance	
		Daily (\$)	1-Month (\$)	Other (\$)	1-Month (%)	Other (%)
Tier 1	Out-of-Network					
	Long Term Care Drugs					
Tier 2	Out-of-Network					
	Long Term Care Drugs					
Tier 3	Out-of-Network					
	Long Term Care Drugs					
Tier 4	Out-of-Network					
	Long Term Care Drugs					
Tier 5	Out-of-Network					
	Long Term Care Drugs					
Tier 6	Out-of-Network					
	Long Term Care Drugs					

Actuarially Equivalent – OOP Threshold Screen



Actuarially Equivalent – Tier Type – Post-OOP Threshold Screen

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

File Help Tiers

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

Tier Label Description(s)

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

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

Tier Includes (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the Type of Cost Sharing Structure (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

File Help Tiers

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

Tier Label Description(s)

	Copayment (\$)	Coinsurance (%)
Tier 1	<input type="text"/>	<input type="text"/>
Tier 2	<input type="text"/>	<input type="text"/>
Tier 3	<input type="text"/>	<input type="text"/>
Tier 4	<input type="text"/>	<input type="text"/>
Tier 5	<input type="text"/>	<input type="text"/>
Tier 6	<input type="text"/>	<input type="text"/>

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

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?

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

Yes
 No, enter amount
 No Deductible

Enter Deductible Amount:

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

Does the Deductible apply to all tiers?

Yes
 No

Enter Coinsurance percentage: Enter Copayment amount:

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

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.

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 Eastern Time.

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 and brand 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 for generic drugs and 2.5% reduction in cost-sharing for brand drugs in 2013), 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, the standard brand gap benefit would be satisfied and included in the 60% reduction in cost-sharing provided through this supplemental benefit but 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 2.5% for brand 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 and brand drugs and applied before the coverage gap discount for brand drugs.

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

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

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

File Help Tiers

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

Tier 1 Label Description

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

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

Tier Includes (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the type of cost sharing structure (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Alternative – Tier Locations – Pre-ICL Screen

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

File Help Tiers

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

Tier Label Description(s)

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Preferred/Non-Preferred Retail Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Preferred/Non-Preferred Retail Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Preferred/Non-Preferred Retail Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alternative – Retail Pharmacy Location Supply – Pre-ICL Screen

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

File Help Tiers

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

Tier Label Description(s)

Retail Pharmacy In-Network Component

Day Supply		1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?	*For example, you chose a 2-month or 3-month supply at the In-Network, Retail Pharmacy you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.
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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 2	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 3	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 4	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 5	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 6	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Alternative – Mail Order Location Supply – Pre-ICL Screen

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

File Help Tiers

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

Tier Label Description(s)

Mail Order Pharmacy Network Component

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

Alternative – OON and LTC Location Supply – Pre-ICL Screen

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - OON and LTC Location Supply - Pre-ICL

Tier Label Description(s)

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

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

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

File Help Tiers

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

Tier Label Description(s)

Retail Pharmacy In-Network Component - Cost Sharing

Tier	In-Network	Copayment			Coinsurance				
		Daily (\$)	1-Month (\$)	2-Month (\$)	3-Month (\$)	Avg Expected Copay Equivalent (\$)	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	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 3	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 4	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 5	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 6	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"/>

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

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

File Help Tiers

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

Tier Label Description(s)

Tier	Mail Order Pharmacy Network Component	Copayment			Coinsurance		
		Daily (\$)	1-Month (\$)	2-Month (\$)	3-Month (\$)	1-Month (%)	2-Month (%)
Tier 1	Mail Order	<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"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Mail Order	<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"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Mail Order	<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"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Mail Order	<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"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Mail Order	<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"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Mail Order	<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"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Alternative – OON and LTC Copayment and Coinsurance – Pre-ICL Screen

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

File Help Tiers

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

Tier Label Description(s)

Tier	Network Component	Copayment			Coinsurance	
		Daily (\$)	1-Month (\$)	Other (\$):	1-Month (%)	Other (%)
Tier 1	Out-of-Network					
	Long Term Care Drugs					
Tier 2	Out-of-Network					
	Long Term Care Drugs					
Tier 3	Out-of-Network					
	Long Term Care Drugs					
Tier 4	Out-of-Network					
	Long Term Care Drugs					
Tier 5	Out-of-Network					
	Long Term Care Drugs					
Tier 6	Out-of-Network					
	Long Term Care Drugs					

Alternative – Pre-ICL Medicare-Medicaid 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 Medicare-Medicaid

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

No cost sharing
 Cost Share Tiers

Is there an annual Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate the Maximum Enrollee Out-of-Pocket Cost Amount:

Will any of your tiers apply the LIS Cost Sharing values?

Yes
 No

Indicate each tier for which you will be buying down LIS cost sharing:

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

Alternative – Medicare-Medicaid Tier Type – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 0

File Help

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

Tier 1 Label Description

Tier Drug Type(s) (select all that apply):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tier Includes (select only one for each tier):						
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Medicare Covered Drugs and/or Non-Medicare Covered OTC Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D Drugs and Non-Medicare Covered Drugs and/or Non-Medicare Covered OTC Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Alternative – Medicare-Medicaid Tier Locations – Pre-ICL Screen

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

File Help Tiers

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

Tier Label Description(s)

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Preferred/Non-Preferred Retail Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Preferred/Non-Preferred Retail Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Preferred/Non-Preferred Retail Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alternative – Medicare-Medicaid Retail Pharmacy Location Supply – Pre-ICL Screen

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

File Help Tiers

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

Tier Label Description(s)

Retail Pharmacy In-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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 2	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 3	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 4	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 5	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 6	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		

*For example, you chose a 2-month or 3-month supply at the In-Network Retail Pharmacy you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

Alternative – Medicare-Medicaid Mail Order Location Supply – Pre-ICL Screen

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

File Help Tiers

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

Tier Label Description(s)

Mail Order Pharmacy Network Component

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

Alternative – Medicare-Medicaid OON and LTC Location Supply – Pre-ICL Screen

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Medicare-Medicaid OON and LTC Location Supply - Pre-ICL

Tier Label Description(s)

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

Alternative – Medicare-Medicaid Copayment – Pre-ICL Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 0

File Help

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

Cost Sharing for In-network Retail, Mail Order, Out-of-network, and Long Term Care

Tier Label Description(s)

	Network Component	Minimum Copayment(\$)	Maximum Copayment(\$)	Network Component	Minimum Copayment(\$)	Maximum Copayment(\$)
Tier 1	In-Network Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 2	In-Network Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 3	In-Network Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 4	In-Network Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 5	In-Network Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 6	In-Network Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>

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?

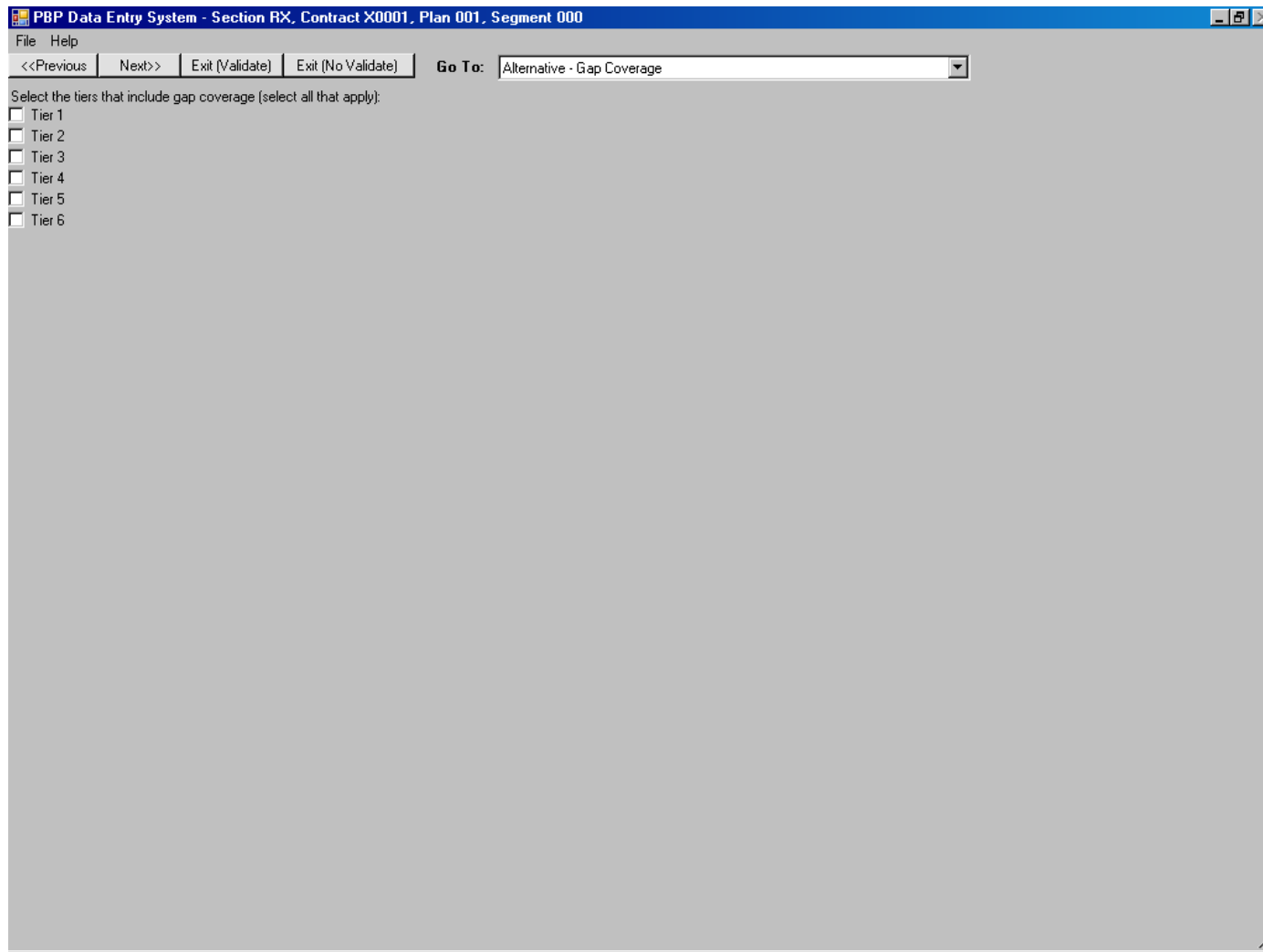
Yes

No, enter amount

No ICL (Full Gap Coverage)

Enter Initial Coverage Limit (ICL) Amount:

Alternative – Gap Coverage Screen



Alternative – Tier Type and Cost Share Structure - Gap Screen

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

File Help Tiers

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

Tier 1 Label Description

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

Alternative – Tier Coverage - Gap Screen

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

File Help Tiers

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

Tier Label Description(s)

	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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partial Tier Coverage (Only some drugs on the tier)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For each tier that is only partially covered in the gap, you must indicate whether that coverage is for brand drugs only, generic drugs only or both brand and generic drugs.						
Brand Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brand and Generic Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicate the type of drugs covered on your partially covered tiers:						
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 Eastern Time.

Alternative – Tier Locations - Gap Screen

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

File Help Tiers

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

Tier Label Description(s)

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Preferred/Non-Preferred Retail Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Preferred/Non-Preferred Retail Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-Network Preferred/Non-Preferred Retail Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Alternative – Retail Pharmacy Location Supply - Gap Screen

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

File Help Tiers

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

Tier Label Description(s)

Retail Pharmacy In-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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 2	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 3	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 4	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 5	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 6	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
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>		

*For example, you chose a 2-month or 3-month supply at the In-Network Retail Pharmacy you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

Alternative – Mail Order Location Supply - Gap Screen

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

File Help Tiers

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

Tier Label Description(s)

Mail Order Pharmacy Network Component

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

Alternative – OON and LTC Location Supply - Gap Screen

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - OON and LTC Location Supply - Gap

Tier Label Description(s)

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

Alternative – Retail Pharmacy Copayment and Coinsurance - Gap Screen

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

File Help Tiers

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

Tier Label Description(s)

Tier	Retail Pharmacy In-Network Component - Cost Sharing	Copayment			Coinsurance			
		Daily (\$)	1-Month (\$)	2-Month (\$)	3-Month (\$)	Avg Expected Copay Equivalent (\$)	1-Month (%)	2-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	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 3	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 4	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 5	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 6	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"/>

Alternative – Mail Order Copayment and Coinsurance - Gap Screen

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

File Help Tiers

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

Tier Label Description(s)

Tier	Mail Order Pharmacy Network Component	Cost Sharing			Copayment			Coinsurance		
		Daily (\$)	1-Month (\$)	2-Month (\$)	3-Month (\$)	1-Month (%)	2-Month (%)	3-Month (%)		
Tier 1	Mail Order	<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	Mail Order	<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 3	Mail Order	<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 4	Mail Order	<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 5	Mail Order	<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 6	Mail Order	<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"/>	

Alternative – OON and LTC Copayment and Coinsurance - Gap Screen

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

File Help Tiers

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

Tier Label Description(s)

Tier	Network Component	Copayment			Coinsurance	
		Daily (\$)	1-Month (\$)	Other (\$):	1-Month (%)	Other (%)
Tier 1	Out-of-Network					
	Long Term Care Drugs					
Tier 2	Out-of-Network					
	Long Term Care Drugs					
Tier 3	Out-of-Network					
	Long Term Care Drugs					
Tier 4	Out-of-Network					
	Long Term Care Drugs					
Tier 5	Out-of-Network					
	Long Term Care Drugs					
Tier 6	Out-of-Network					
	Long Term Care Drugs					

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

Alternative – Tier Type – Post-OOP Threshold Screen

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

File Help Tiers

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

Tier Label Description(s)

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

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

Tier Includes (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the Type of Cost Sharing Structure (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Alternative – Tier Cost Sharing Post-OOP Threshold Screen

Tier	Copayment (\$)	Coinsurance (%)
Tier 1	<input type="text"/>	<input type="text"/>
Tier 2	<input type="text"/>	<input type="text"/>
Tier 3	<input type="text"/>	<input type="text"/>
Tier 4	<input type="text"/>	<input type="text"/>
Tier 5	<input type="text"/>	<input type="text"/>
Tier 6	<input type="text"/>	<input type="text"/>

Alternative – Medicare-Medicaid 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 - Medicare-Medicaid Post-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 Threshold?

No cost sharing

Cost Share Tiers

Alternative – Tier Type and Tier Cost Sharing Post-OOP Medicare-Medicaid Screen

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 0

File Help

<<Previous Next> Exit (Validate) Exit (No Validate) Go To: Alternative - Tier Type and Tier Cost Sharing Post-OOP Medicare-Medicaid

Tier Label Description(s)

Tier includes (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Medicare Covered Drugs and/or Non-Medicare Covered OTC Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D Drugs and Non-Medicare Covered Drugs and/or Non-Medicare Covered OTC Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Copayment (\$)

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Minimum:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Location/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

Enter number of days for:

	1-Month	2-Month	3-Month	Other Day
Select all Location/supply amounts 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"/>			
In-Network Retail Pharmacy - three month supply	<input type="checkbox"/>			
In-Network Preferred/Non-Preferred Retail Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In-Network Preferred/Non-Preferred Retail Pharmacy - two month supply	<input type="checkbox"/>			
In-Network Preferred/Non-Preferred Retail Pharmacy - three month supply	<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"/>			
Mail Order Pharmacy - three month supply	<input type="checkbox"/>			
Mail Order Preferred/Non-Preferred Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mail Order Preferred/Non-Preferred Pharmacy - two month supply	<input type="checkbox"/>			
Mail Order Preferred/Non-Preferred Pharmacy - three month supply	<input type="checkbox"/>			
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>			

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

Yes
 No

*For example, you chose a 2-month or 3-month supply at the In-Network Retail Pharmacy you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

The 2013 standard gap coverage benefit of 21% for generic drugs and 2.5% for brand 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 and brand drugs and applied before the coverage gap discount for brand drugs.

Medicare Rx – Notes Screen

The screenshot displays 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". Below the menu bar are navigation buttons: "<<Previous", "Next>>", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "Medicare Rx - Notes". The main area is divided into two sections: a large, empty text box on the left labeled "Notes (Optional):" and a smaller text box on the right containing a note. The note reads: "NOTE: The notes field should ONLY be used when specifically needed to clarify information that cannot otherwise be entered into the PBP. Generally, there should be little or no need to enter any information in the notes field. Information entered in the notes field cannot limit benefits in the PBP. Once bids are approved, additions to the notes field during the plan corrections process will not be allowed."