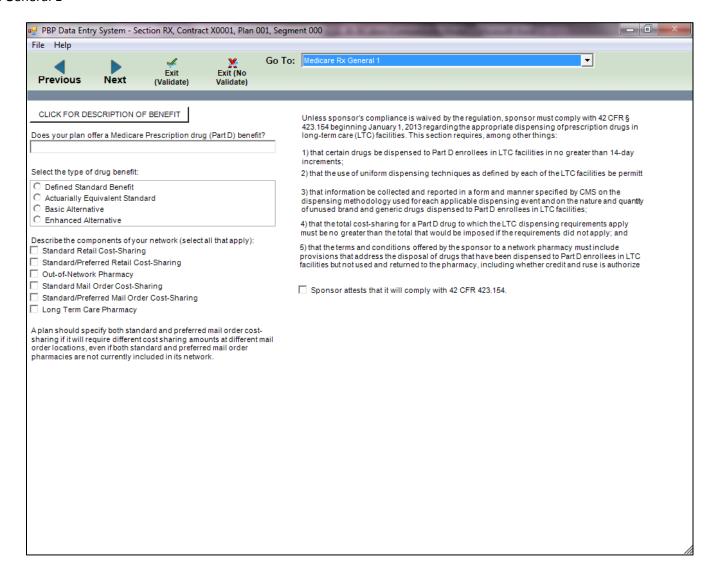
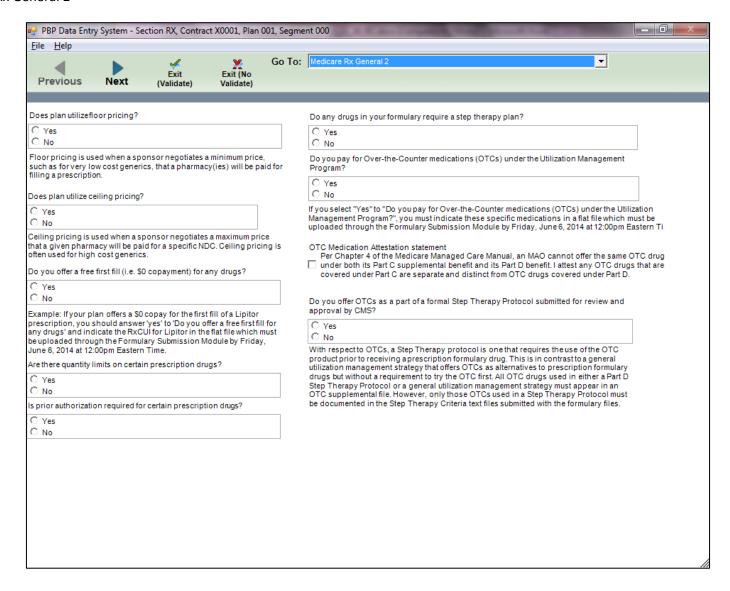
Medicare Rx General 1

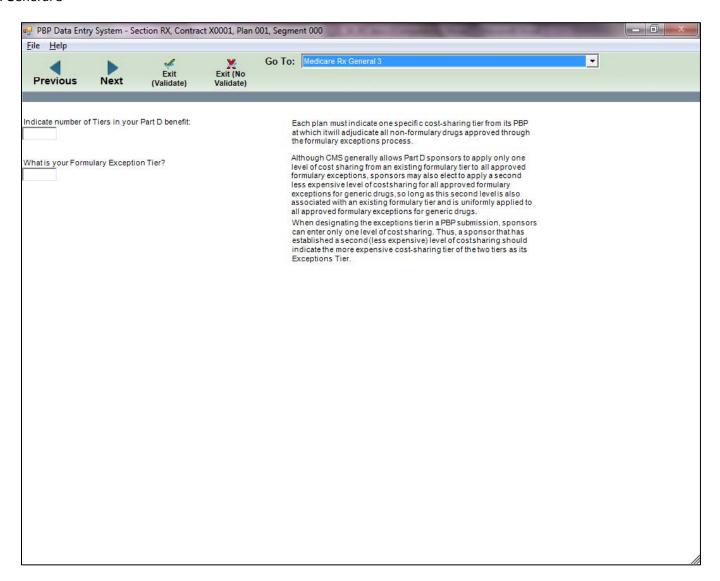


Medicare Rx General 2

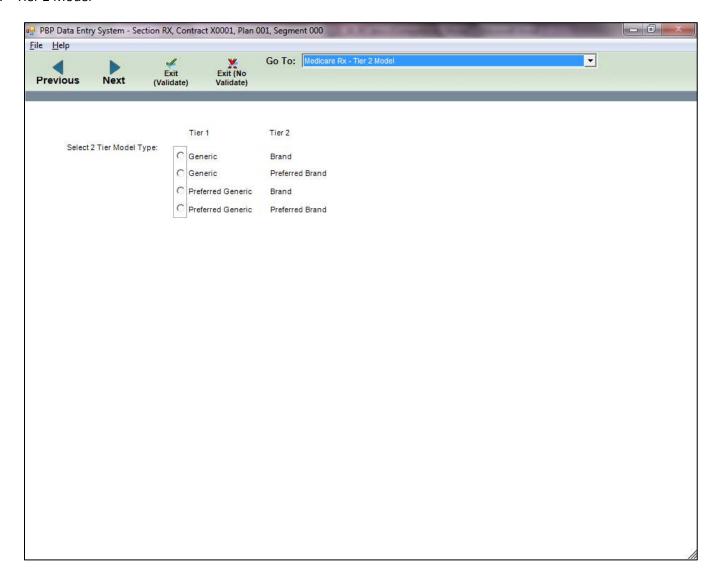


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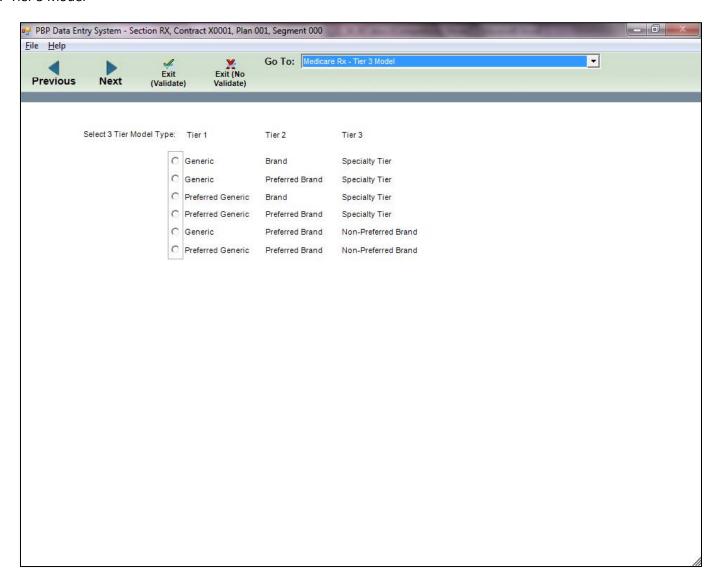
Medicare Rx General 3



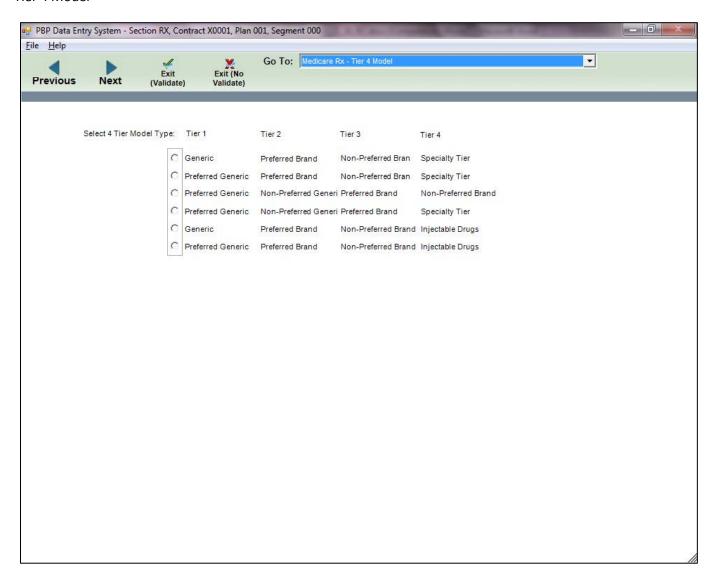
Medicare Rx – Tier 2 Model



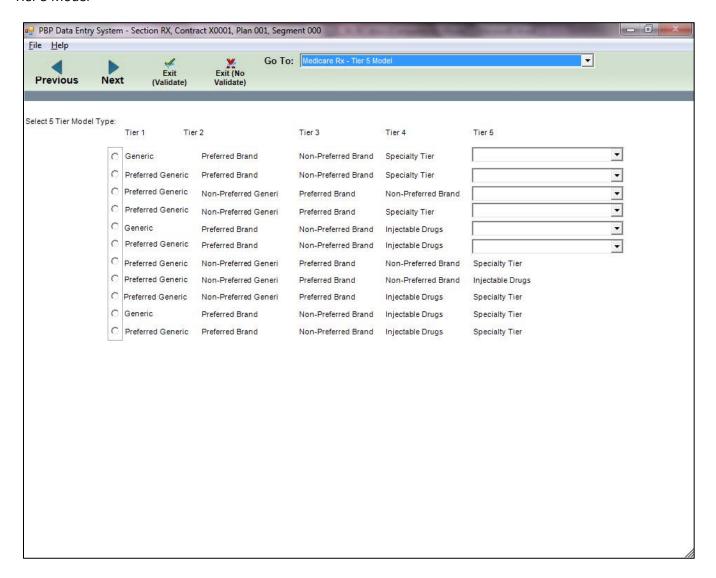
Medicare Rx-Tier 3 Model



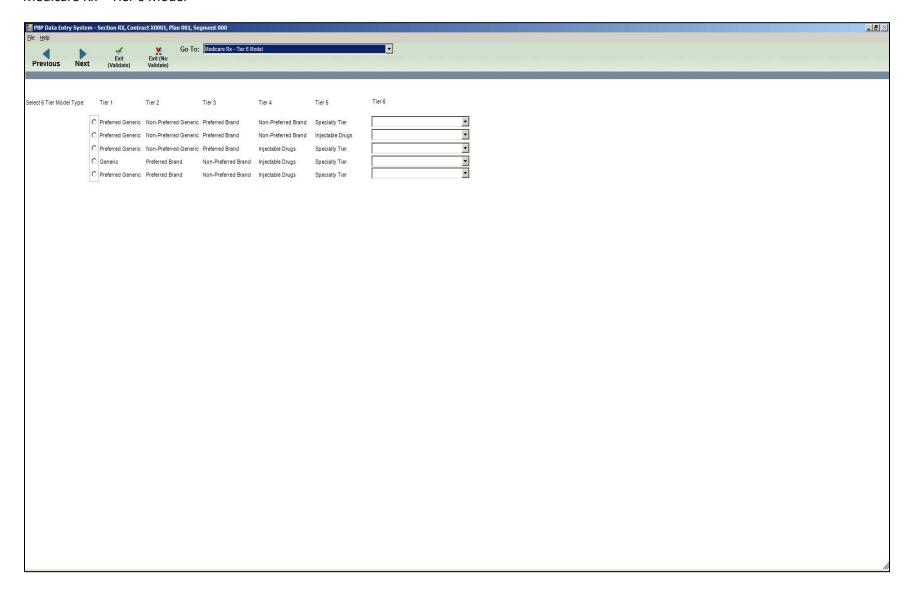
Medicare Rx – Tier 4 Model

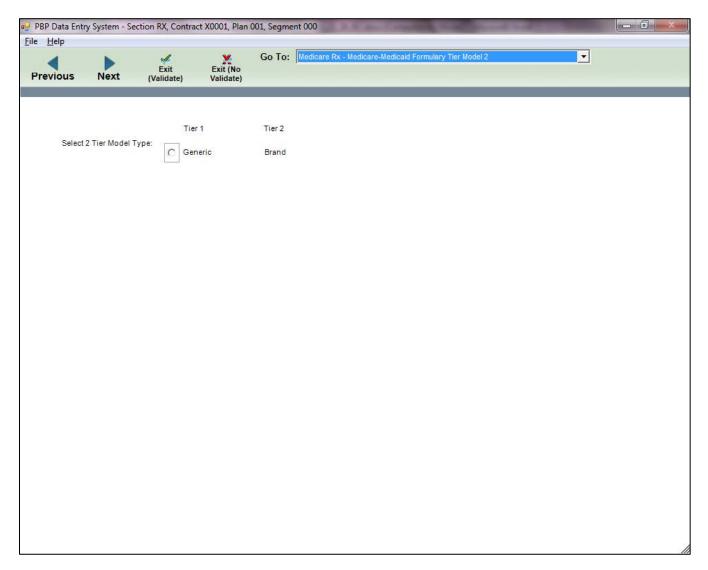


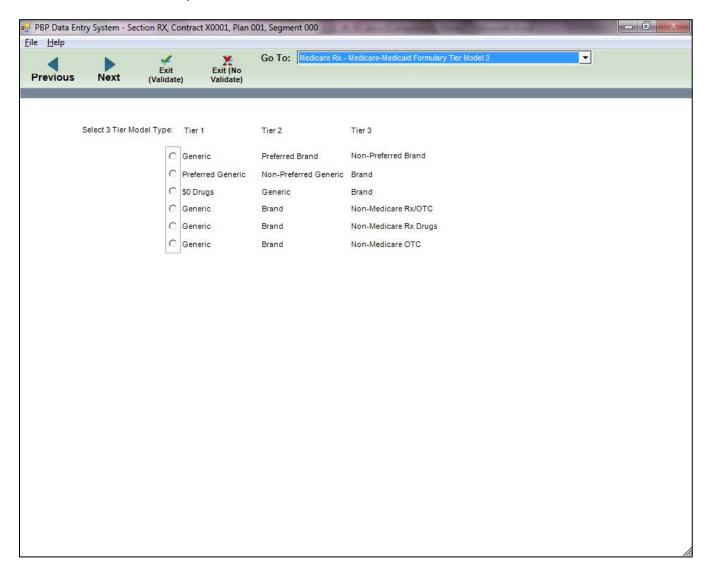
Medicare Rx – Tier 5 Model

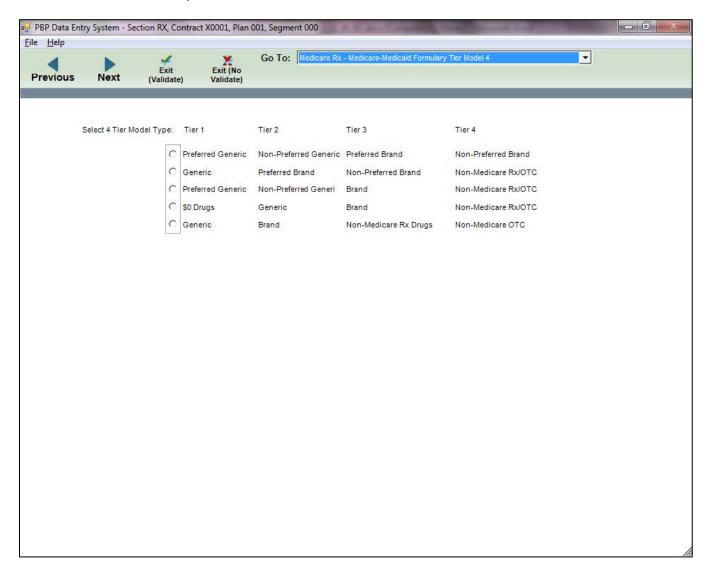


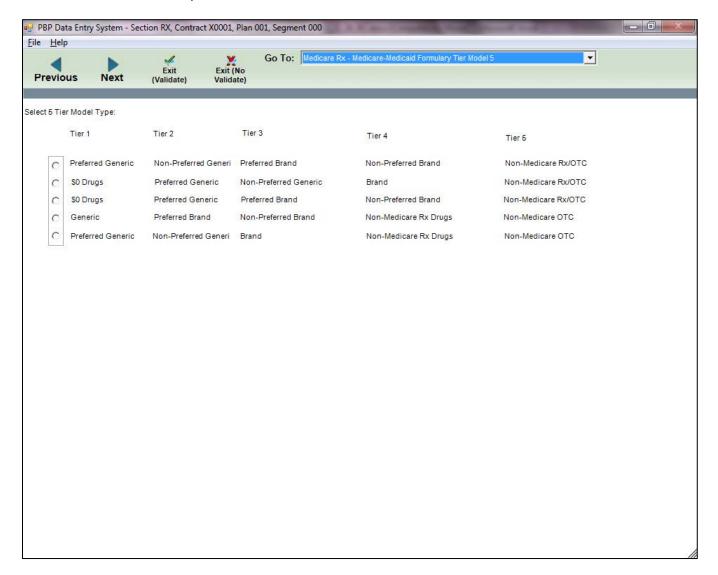
Medicare Rx – Tier 6 Model

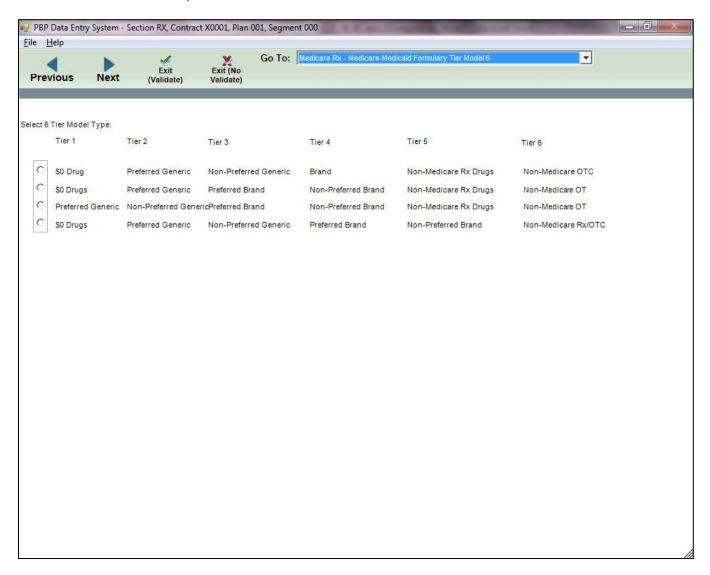




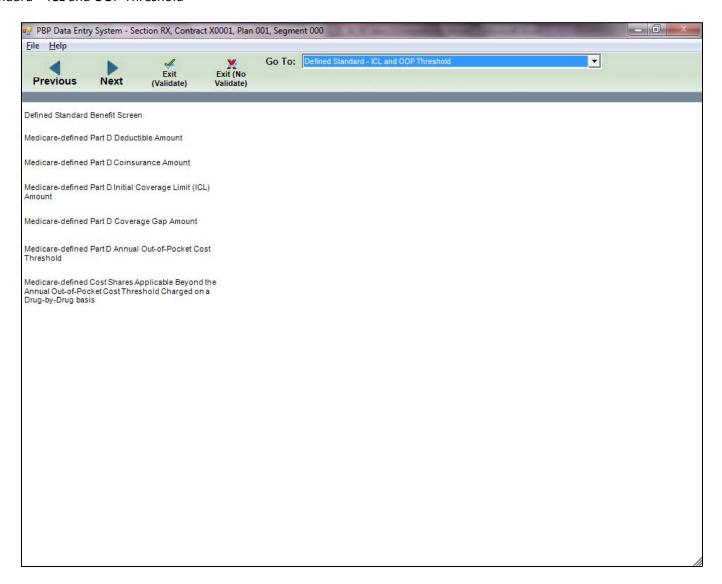




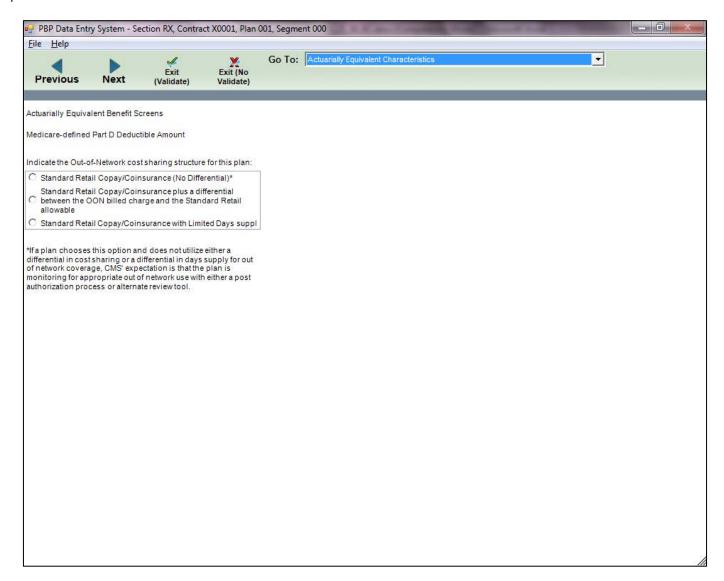




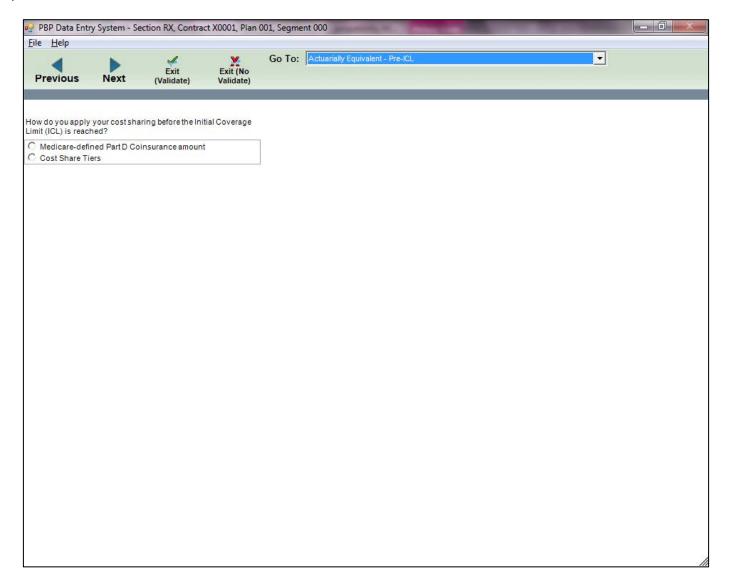
Defined Standard – ICL and OOP Threshold



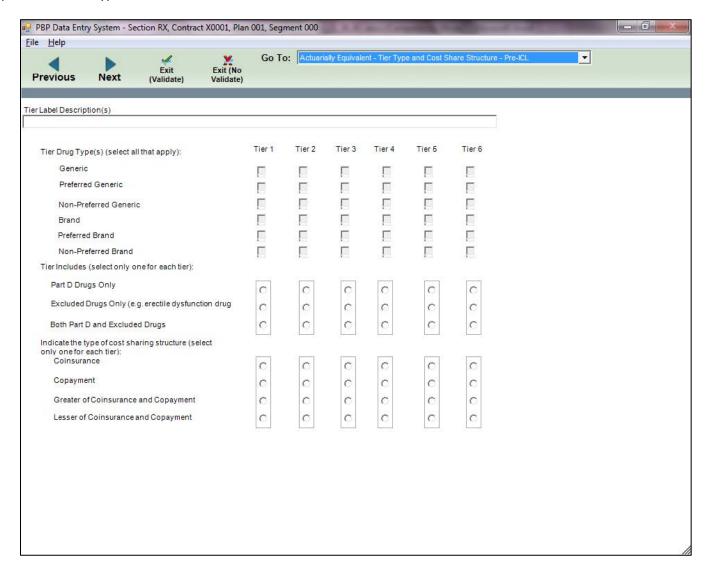
Actuarially Equivalent Characteristics



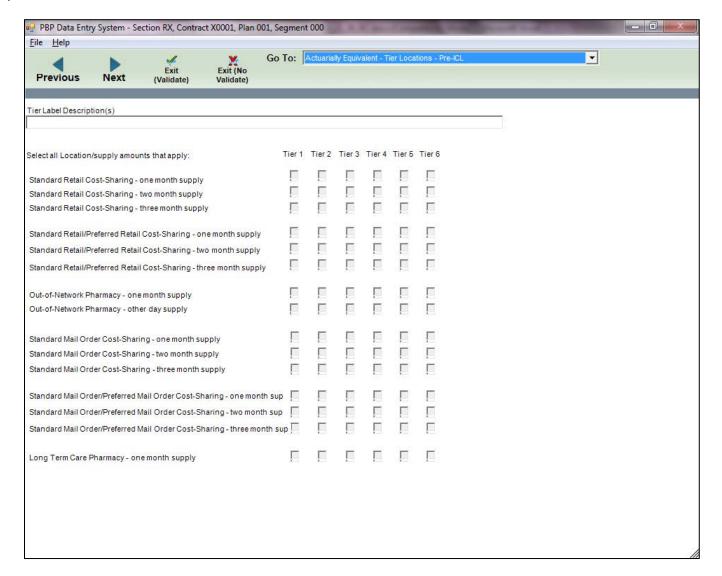
Actuarially Equivalent – Pre-ICL



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



Actuarially Equivalent – Tier Locations – Pre-ICL



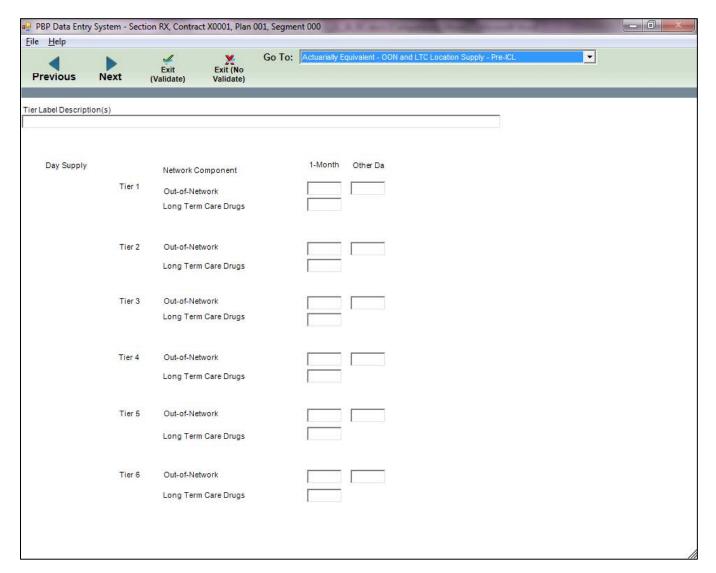
Actuarially Equivalent – Retail Pharmacy Location Supply – Pre-ICL

	Entry System - Se	ection RX, Contract	t X0001, F	Plan 001, 5	egment 000	<u>_0</u>
Ele Help						
4		4	Exit (No	Go To	Actuarially Equivalent - Retail Pharmacy Location S	Supply - Pre-ICL ▼
Previous	s Next	Exit (Validate)	Exit (No Validate)			
Tier Label Desc	cription(s)					
	- Thursday					
Standard Retai	ail Cost-Sharing Com	mponent				
Day Supply	ý	1-Month	n 2-Mont	th 3-Month	h *Extended day supply applies to all Drugs?	"For example, you chose a 2-month or 3-month supply at the StandardPreferred Retail Cost-Sharing or the Mail-Order Pharmacy, you must answer ("se" to the question "Ave all
			- I		Are all of the drugs on your formulary for this tie	Santou or reter et et al cours d'ainsi de l'est de la course de la cou
Tier 1	Standard Retail		-		Are all of the drugs on your formulary for this tier available with an extended day supply?	forugs on your formulary for this tier available with an extended day supply?" If all of the drugs on that tier are
	Standard Retail/Preferred R	Retail		JL		available at the extended day supply.
Tier 2	Standard Retail		1 -		Are all of the drugs on your formulary for this tier available with an extended day supply?	r
	Standard	_			available with an extended day supply?	,
	Retail/Preferred R	Retail				
Tier 3		_			Are all of the drugs on your formulary for this tier	
	Standard Retail	<u></u>		_	available with an extended day supply?	
	Standard Retail/Preferred R	Retail				
Tier 4	Standard Retail		1 -	7	Are all of the drugs on your formulary for this tier	
	Standard	<u> </u>			available with an extended day supply?	1
	Retail/Preferred R	Retail				
					A	
Tier 5	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	
	Standard		1			
	Retail/Preferred R	Retail				
					— Are all of the drugs on your formulary for this tier	
Tier 6	Standard Retail				available with an extended day supply?	
	Standard	5			7 L	
	Retail/Preferred R	Retail	-			

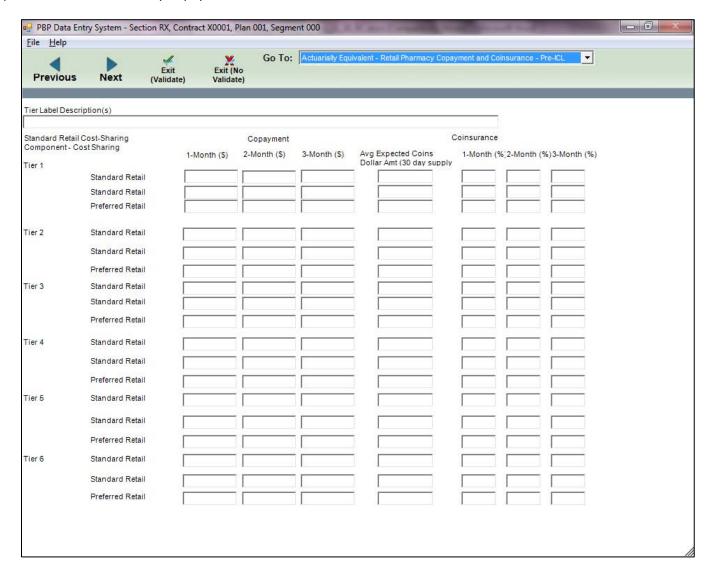
Actuarially Equivalent – Mail Order Location Supply – Pre-ICL

Previous	Next (Valida	t Ex ate) Val	it (No lidate)	Go To: Actuarially Equivalent - Mail Order Location Supply - Pre-ICL	
er Label Desc	ription(s)			*	
andard Mail C Imponent Day Supply	order Cost-Sharing Network	1-Month	2-Month 3	3-Month	
Tier 1	Standard Mail Order				
	Standard/Preferred Mail Order				
Tier 2	Standard Mail Order				
	Standard Mail Order				
Tier 3	Standard Mail Order				
	Standard Mail Order				
Tier 4	Standard Mail Order				
	Standard Mail Order				
Tier 5	Standard Mail Order				
	Standard Mail Order				
Tier 6	Standard Mail Order				
	Standard Mail Order				

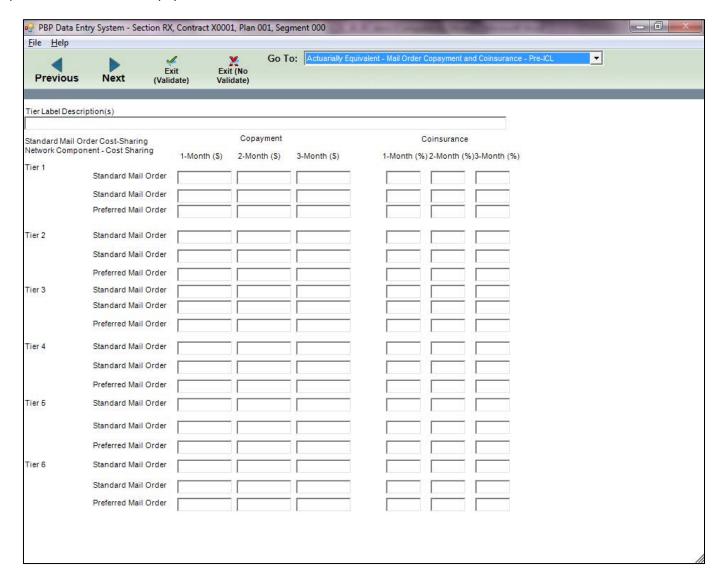
Actuarially Equivalent - OON and LTC Location Supply - Pre-ICL



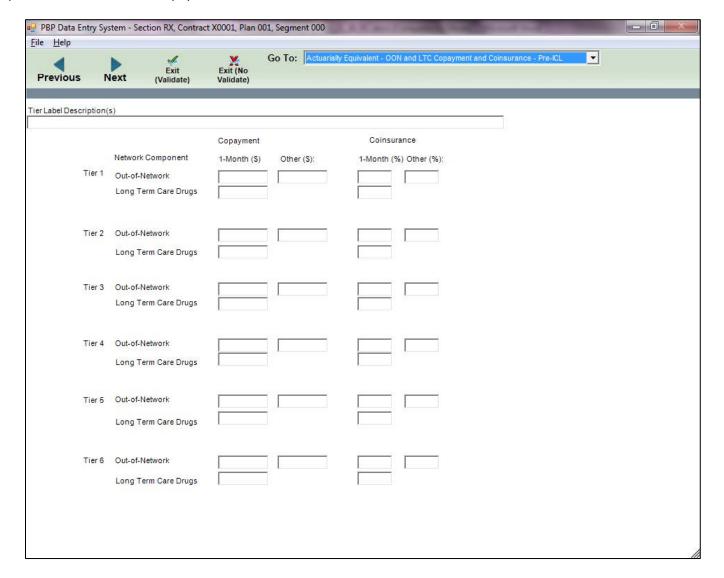
Actuarially Equivalent – Retail Pharmacy Copayment and Coinsurance – Pre-ICL



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



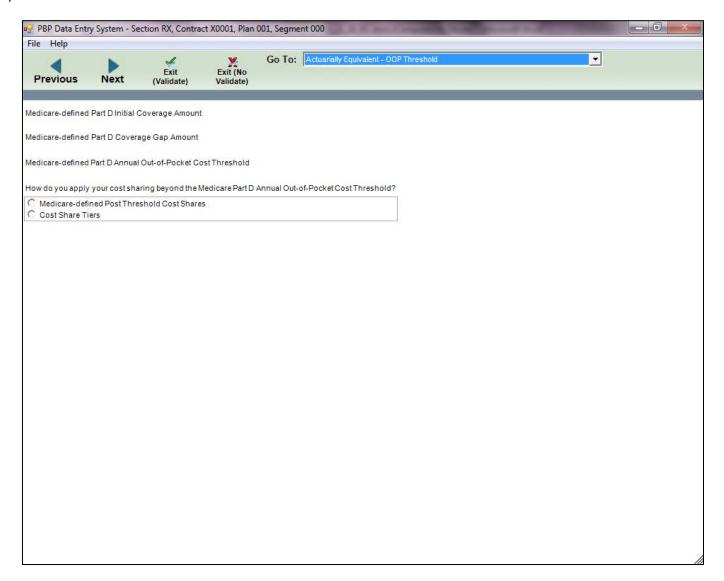
Actuarially Equivalent - OON and LTC Copayment and Coinsurance - Pre-ICL



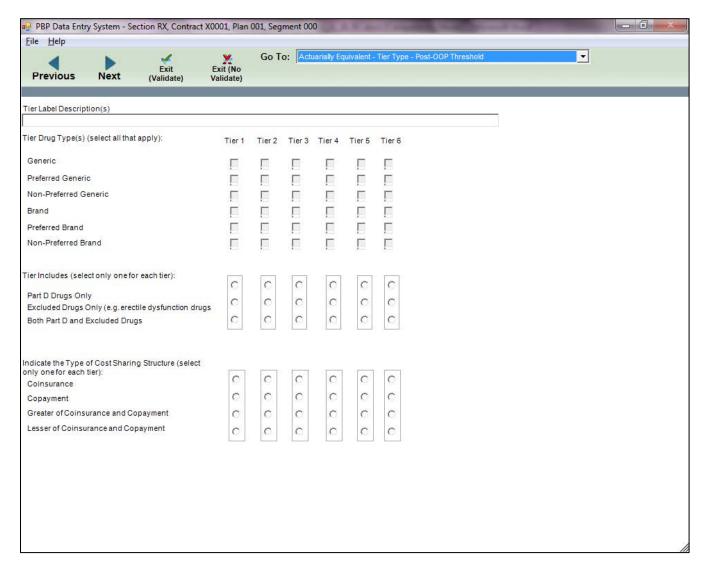
Actuarially Equivalent – Daily Copayment Amount Cost Sharing – Pre-ICL

		ı - Section RX, Co	ntract X0001, P	Plan 001, Segment 000										_ B ×
File He	4 6	Exit (Validate)	Exit (No Validate)	,	y Equivalent - Daily Copayment .	Amount Cost Sharing - Pre-ICL	V							
Tier 1	Standard Retail Standard Retail Preferred Retail	1-Month (\$)	Copayment 1-Month		Standard Mail Order Standard Mail Order Preferred Mail Order	Copayment 1-Month (\$) 1-Month	Daily (\$)	Long Term Care Drugs	Copayment 1-Month (\$) 1-1	Month [Daily (S)			
Tier 2	Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order Standard Mail Order Standard Mail Order			Long Term Care Drugs Long Term Care Drugs						
Tier 4	Preferred Retail Standard Retail Standard Retail Preferred Retail				Preferred Mail Order Standard Mail Order Standard Mail Order Preferred Mail Order			Long Term Care Drugs						
Tier 5	Standard Retail				Standard Mail Order Standard Mail Order Preferred Mail Order Standard Mail Order			Long Term Care Drugs						
	Standard Retail Preferred Retail				Standard Mail Order Preferred Mail Order			Long Term Care Drugs	Calcula	ate Daily Cop	ay Amount			

Actuarially Equivalent - OOP Threshold



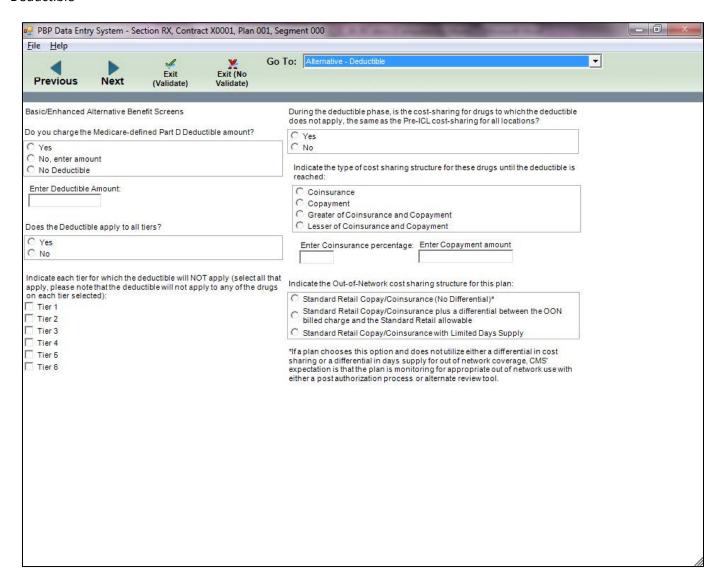
Actuarially Equivalent – Tier Type – Post-OOP Threshold



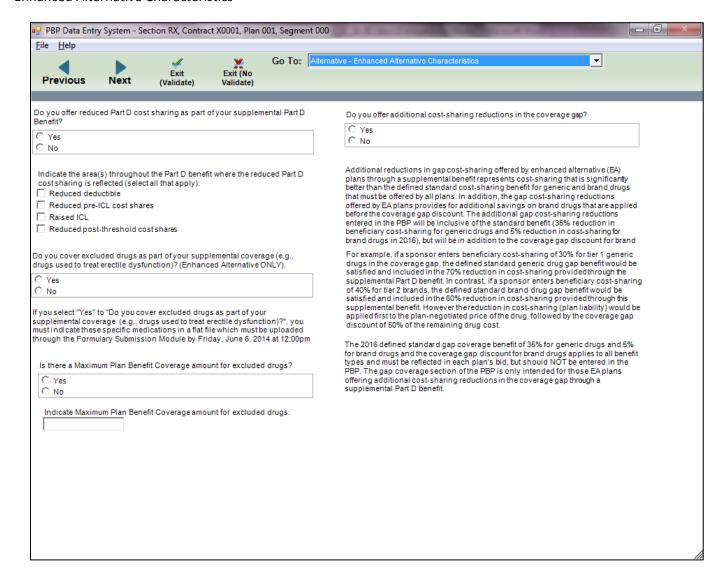
Actuarially Equivalent – Tier Cost Sharing – Post-OOP Threshold

4	Þ	Exit	Exit (No Validate)	Go To: Actuarially Equivalent - Tier Cost Sharing - Post-OOP Threshold	
evious	Next	(Validate)	Validate)		_
abel Descri	ption(s)				
	¥•	Copayment (\$)	Coinsurance (%)		
	Tier 1				
	Tier 2				
	Tier 3				
	Tier 4				
	Tier 5				
	Tier 6		,		

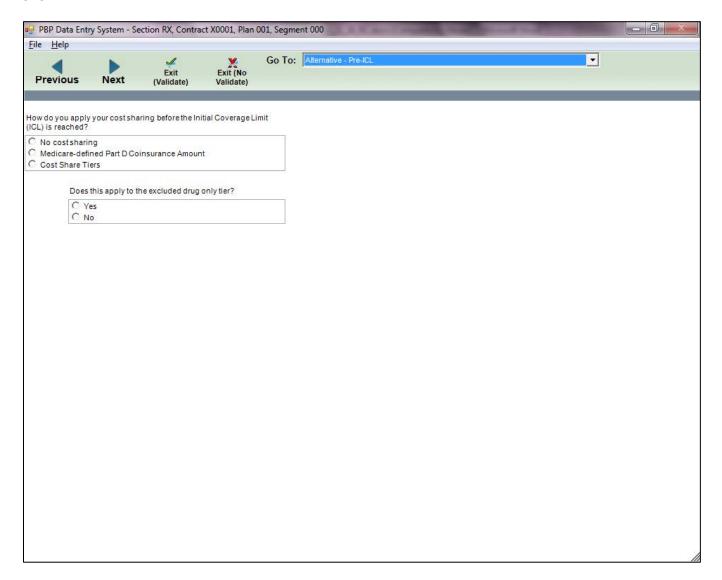
Alternative – Deductible



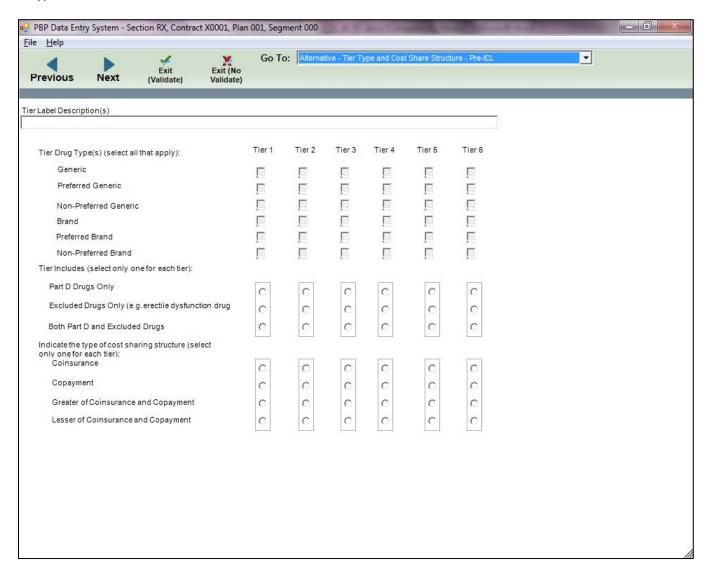
Alternative – Enhanced Alternative Characteristics



Alternative - Pre-ICL

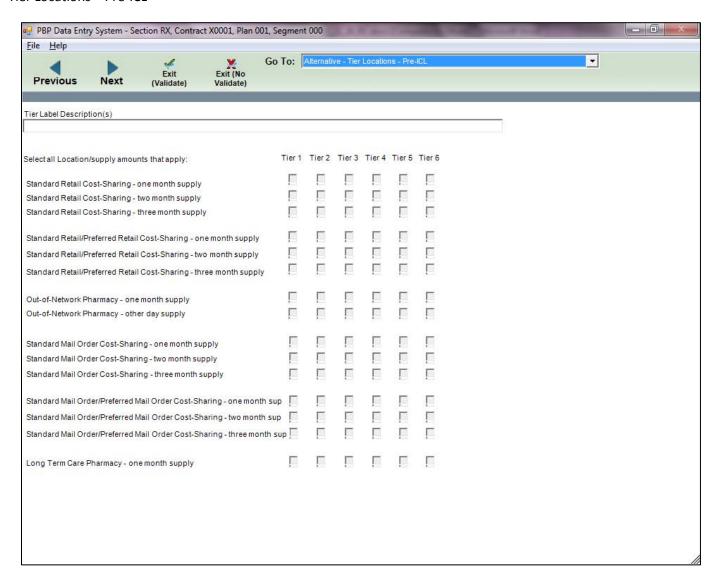


Alternative - Tier Type and Cost Share Structure - Pre-ICL



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Alternative - Tier Locations - Pre-ICL

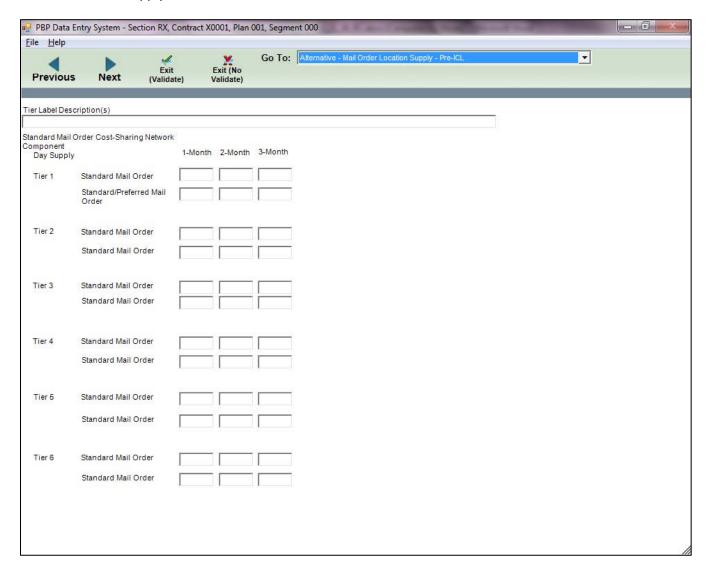


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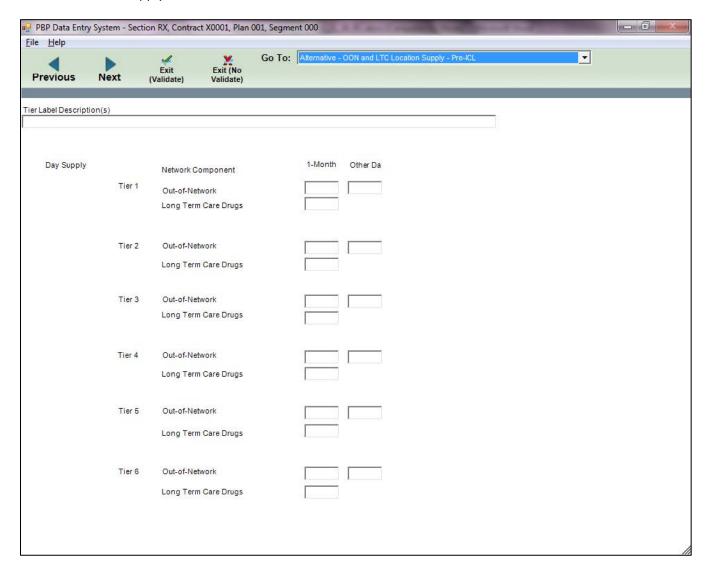
Alternative – Retail Pharmacy Location Supply – Pre-ICL

	Entry System - S	ection RX, Cont	tract X00	001, Plan	n 001, Se	gment 000		8 ×
File Help Previous	s Next	Exit (Validate)	Exit Valid	t (No	Go To:	: Alternative - Retail Pharmacy Location Supply - Pre		
Tier Label Desc	cription(s)							
Standard Reta	ail Cost-Sharing Co	əmponent						
Day Supply		_	onth 2-	Month 3	3-Month	*Extended day supply applies to all Drugs? Are all of the drugs on your formulary for this tier	"For example, you chose a 2-month or 3-month supply at the Standard/Preterred Retail Cost-Sharing or the Mail-Order Pharmacy, you must answer 'yes' to the question 'Are all	
Tier 1	Standard Retail Standard Retail/Preferred					available with an extended day supply?	Salt load and the lotter of the reach code Stating of the Reach Code of Management of the Reach Code of Management of the Reach Code of Stating on your formulary for this tier available with an extended day supply? I fall of the drugs on that tier are available at the extended day supply.	
Tier 2	Standard Retail	_	<u>_</u>	'		Are all of the drugs on your formulary for this tier available with an extended day supply?	r -	
	Standard Retail/Preferred	Retail						
Tier 3	Standard Retail Standard Retail/Preferred		$\exists F$			Are all of the drugs on your formulary for this tier available with an extended day supply?	·]	
Tier 4	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	r.	
	Standard Retail/Preferred	Retail						
Tier 5	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	; -	
	Standard Retail/Preferred	Retail				j		
Tier 6	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	; 1	
	Retail/Preferred	Retail	L	1				
								/

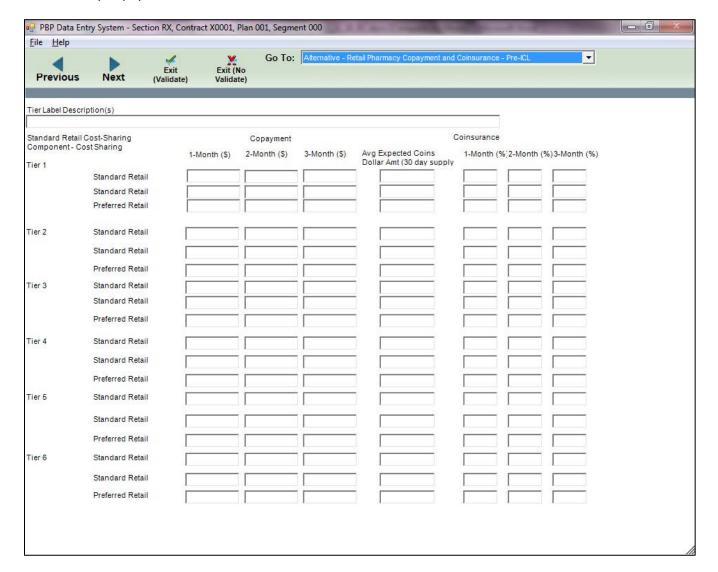
Alternative - Mail Order Location Supply - Pre-ICL



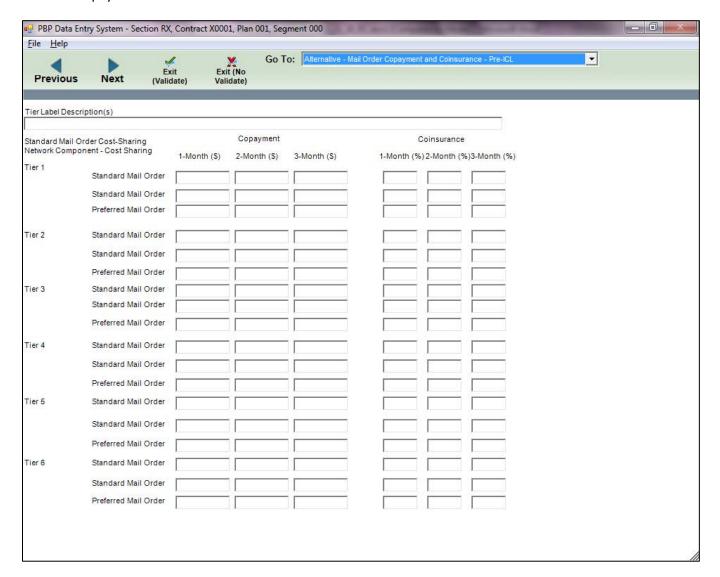
Alternative - OON - LTC Location Supply - Pre-ICL



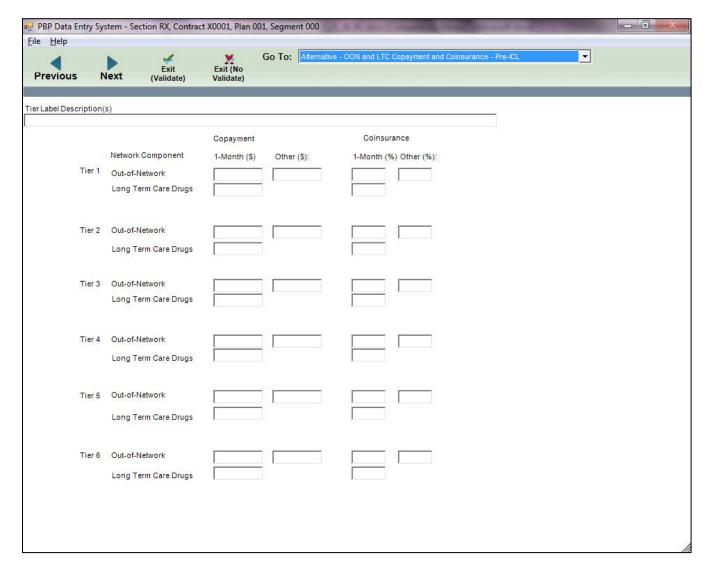
Alternative – Retail Pharmacy Copayment and Coinsurance – Pre-ICL



Alternative - Mail Order Copayment and Coinsurance - Pre-ICL



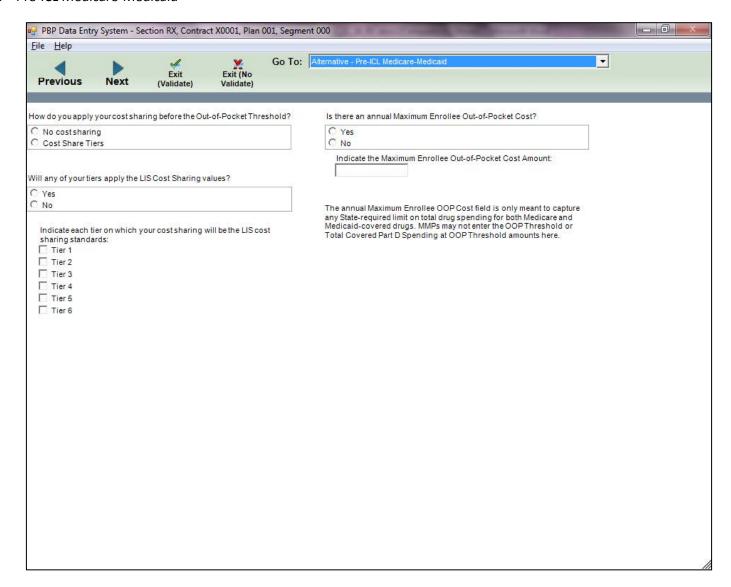
Alternative - OON and LTC Copayment and Coinsurance - Pre-ICL



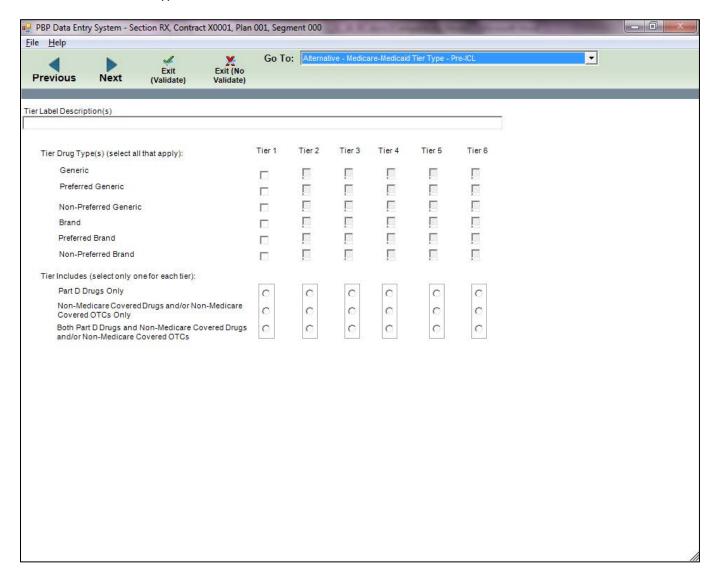
Alternative – Daily Copayment Amount Cost Sharing – Pre-ICL

	Data Entry System -	Section RX, Cont	tract X0001, P	an 001, Seg	ment 000				_8 ×
	elp vious Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - Daily Copayment Amount Co	Cost Sharing - Pre-ICL	V		
Tier 1	Standard Retail Standard Retail Preferred Retail	1-Month (\$)	Copayment 1-Month	Daily (\$)	Standard Mail Order Standard Mail Order Preferred Mail Order	Copay	Daily (S)	Copayment 1-Month (S) 1-Month Daily (S) Long Term Care Drugs	
Tier 2	Standard Retail				Standard Mail Order Standard Mail Order Preferred Mail Order Standard Mail Order Standard Mail Order			Long Term Care Drugs Long Term Care Drugs	
Tier 4	Preferred Retail Standard Retail Standard Retail Preferred Retail				Preferred Mail Order Standard Mail Order Standard Mail Order Preferred Mail Order			Long Term Care Drugs	
Tier 5	Standard Retail Preferred Retail Standard Retail				Standard Mail Order Standard Mail Order Preferred Mail Order Standard Mail Order			Long Term Care Drugs	
	Standard Retail Preferred Retail]		Standard Mail Order Preferred Mail Order			Long Term Care Drugs Calculate Daily Copay Amount	
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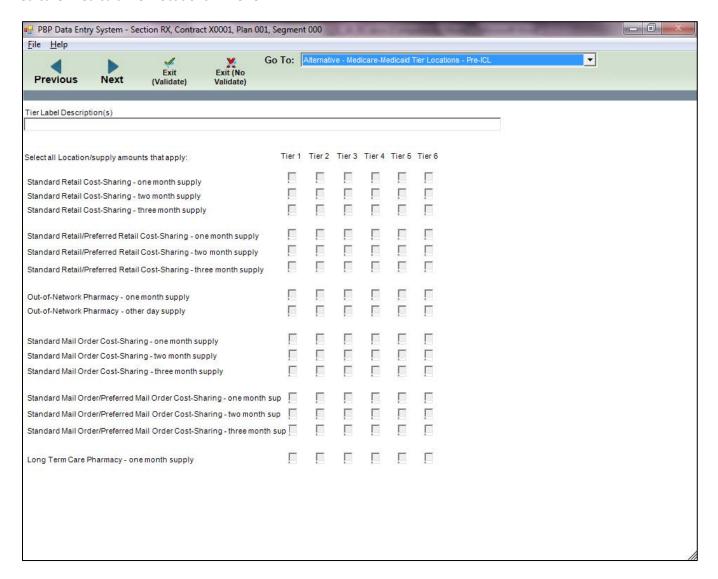
Alternative - Pre-ICL Medicare-Medicaid



Alternative - Medicare-Medicaid Tier Type - Pre-ICL



Alternative – Medicare-Medicaid Tier Locations – Pre-ICL



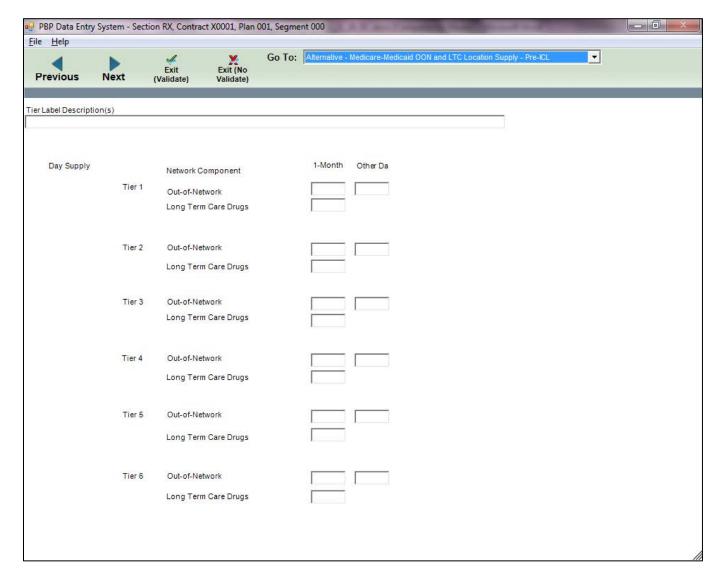
Alternative – Medicare-Medicaid Retail Pharmacy Location Supply – Pre-ICL

	Entry System - S	ection RX, Co	ntract X0	001, Plai	n 001, S eç	gment 000	_6
File Help Previous	Next	Exit (Validate)	Exi Vali	(No date)	Go To:	Alternative - Medicare-Medicaid Retail Pharmacy Lo	ocation Supply - Pre-ICL
Tier Label Des	erintion(s)						
Day Supply	l Cost-Sharing Co		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 Standard/Preferred Retail Cost-Sharing or the Mail-Order
Tier 1	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	
	Standard Retail/Preferred	Retail					extended day supply? I all orms drugs on that set are available at the extended day supply.
Tier 2	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	
	Standard Retail/Preferred	Retail					
Tier 3	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	
	Retail/Preferred	Retail					
Tier 4	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	
	Standard Retail/Preferred	Retail				available with all extended day supply:	
Tier 5	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	, -
	Standard Retail/Preferred	Retail					
Tier 6	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	· •
	Standard Retail/Preferred	Retail					
1							

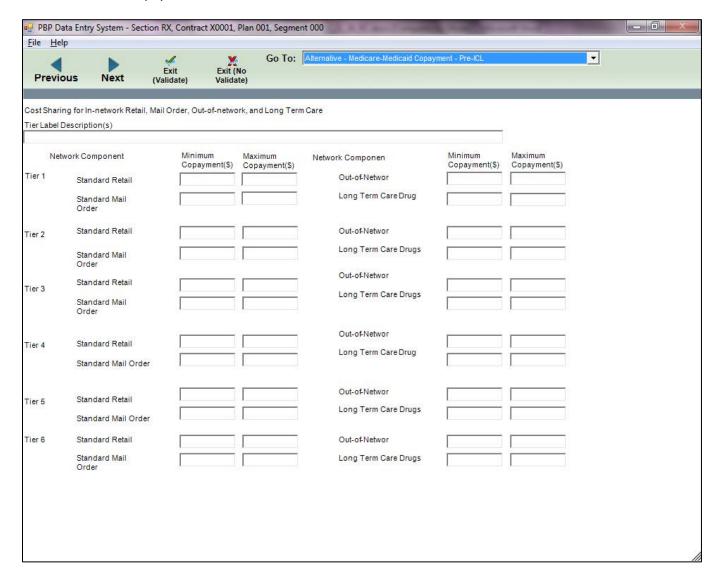
Alternative – Medicare-Medicaid Mail Order Location Supply – Pre-ICL

e <u>H</u> elp								
Previous	Next (Valida	Exit (No te) Validate)	Go To:	ternative - Medicare-M	ledicaid Mail Order Loc	ation Supply - Pre-ICL	•	
er Label Desc	cription(s)					ř		
andard Mail (Imponent Day Supply	Order Cost-Sharing Network	1-Month 2-Mon	h 3-Month					
Tier 1	Standard Mail Order							
	Standard/Preferred Mail Order							
Tier 2	Standard Mail Order							
	Standard Mail Order							
Tier 3	Standard Mail Order							
	Standard Mail Order							
Tier 4	Standard Mail Order							
	Standard Mail Order							
Tier 5	Standard Mail Order							
	Standard Mail Order							
Tier 6	Standard Mail Order							
	Standard Mail Order							

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



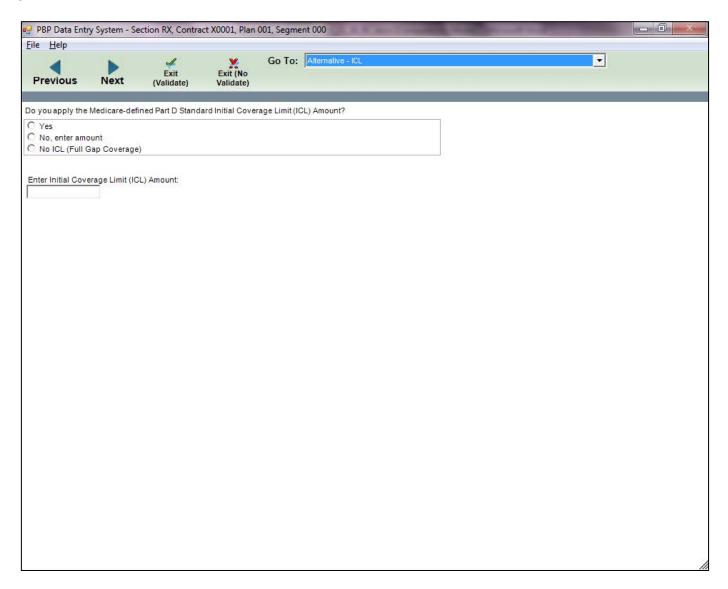
Alternative - Medicare-Medicaid Copayment - Pre-ICL



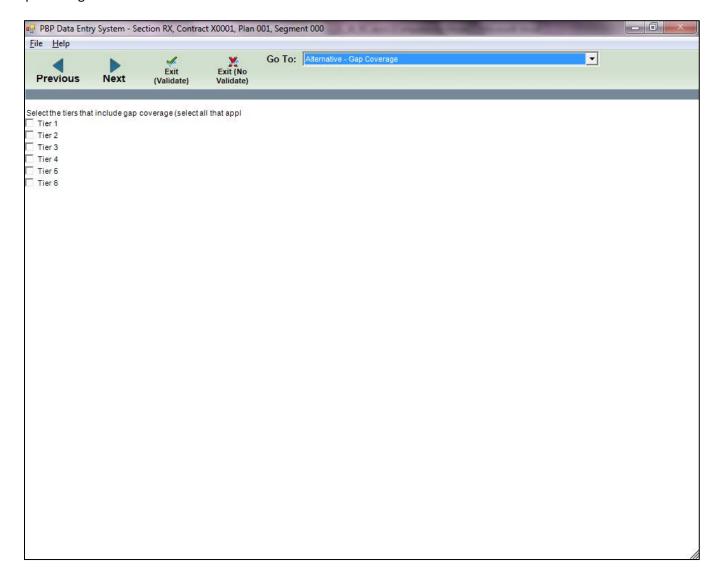
Alternative – Medicare-Medicaid Daily Copayment Amount Cost Sharing

		on RX, Contract X0001, Pl	an 001, Segmen	t 000						_ 6	X
File Help	N.	Exit Exit (No	Go To: Atte	rnative - Medicare-Med	licaid Daily Copayment Amount	t Cost Sharing					
Previo	And the second s	Exit Exit (No Validate) Validate)									
Tier Label (Description(s)					-					
c.											
		Minimum Max Copayment(\$) Cop	ximum payment(S)				Minimum Maximum				
Tier 1	Standard Retail					Long Term Care Drug	Copayment(\$)				
	Standard Mail Order										
Tier 2	Standard Retail					Long Term Care Drugs					
	Standard Mail Order										
Tier 3	Standard Retail					Long Term Care Drugs					
	Standard Mail Order					75 6274 1 628					
Tier 4	Standard Retail					Long Term Care Drug					
	Standard Mail Order										
Tier 5	Standard Retail					Long Term Care Drug					
	Standard Mail Order					- 751/2 1151///571econte					
Tier 6	Standard Retail Standard Mail Order					Long Term Care Drugs					
	CTAT Septit 1907-018.090-00-00-00-00-00-00-00-00-00-00-00-00-	d da									
								Calculate Daily Copay Amount	j		
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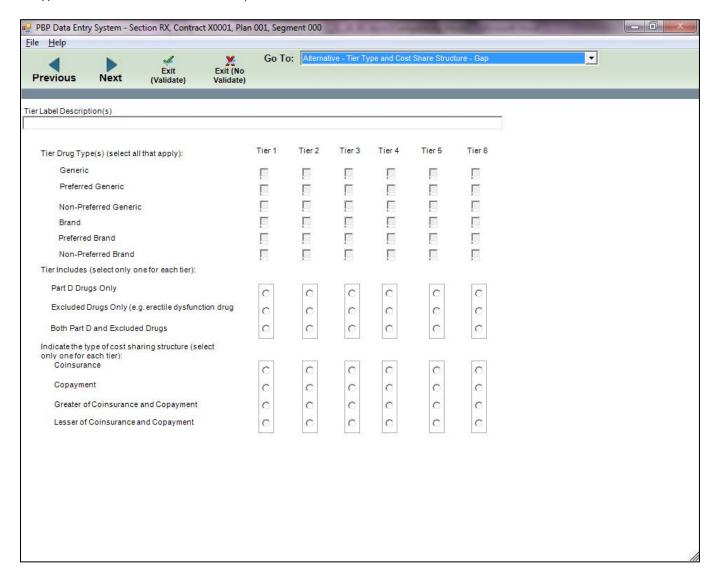
Alternative – ICL



Alternative – Gap Coverage

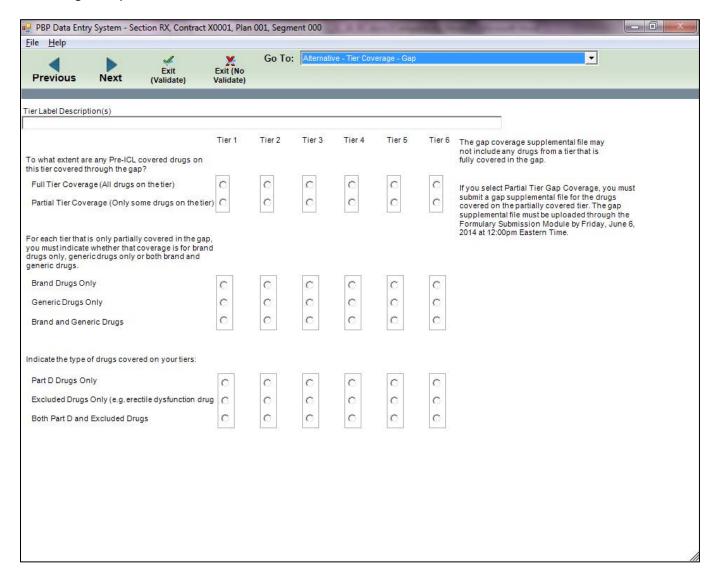


Alternative – Tier Type and Cost Share Structure – Gap

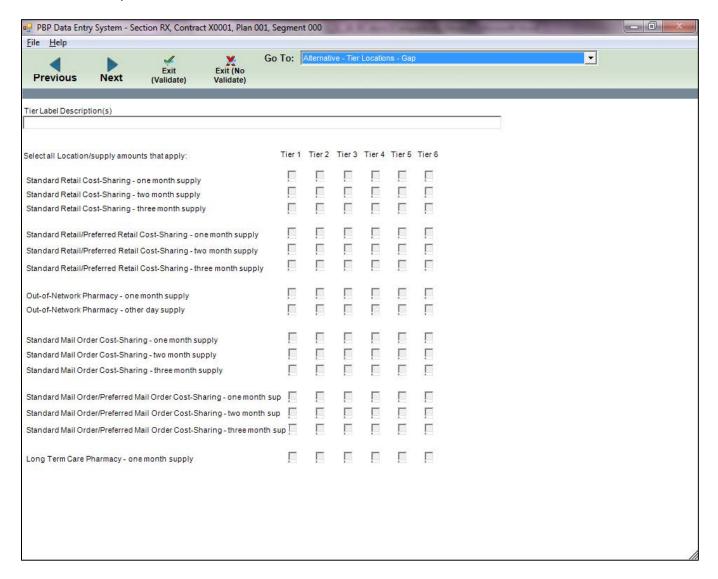


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Alternative - Tier Coverage - Gap



Alternative – Tier Locations – Gap



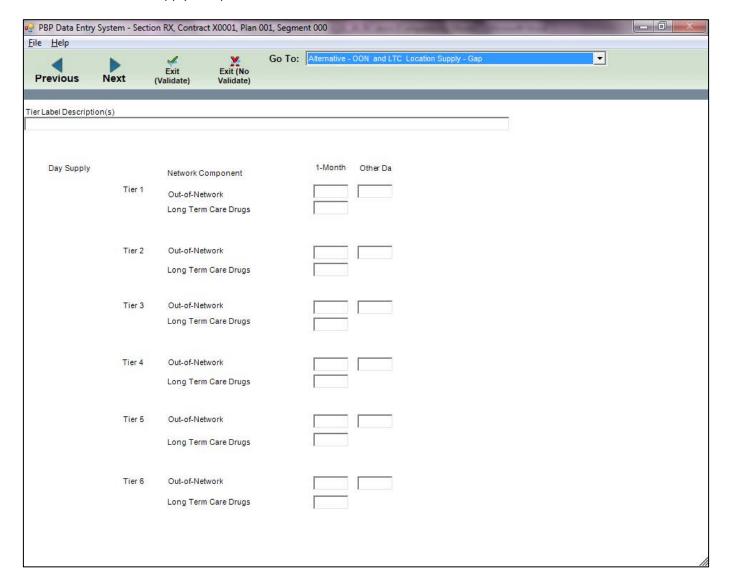
Alternative – Retail Pharmacy Location Supply – Gap

	ntry System - Se	ction RX, Contrac	t X0001, F	lan 001, Se	egment 000	<u>-8</u>
Ele Help						
4		4	X Exit (No	Go To:	Alternative - Retail Pharmacy Location Supply - Ga	
Previous	Next	Exit (Validate)	Exit (No Validate)			
		(Validato)	validatoj	_		
Tier Label Desc						
Tier Laber Desc	ripiion(s)					
Standard Patai	Cost-Sharing Com	nanant				
			0.14	2 14		*For example, you chose a 2-month or 3-month supply at the
Day Supply		1-Month	2-Monti) 3-Moriui	*Extended day supply applies to all Drugs?	"For example, you chose a 2-month or 3-month supply at the Standard/Peterred Relatio Cost-Sharing or the Mall-Order Pharmacy, you must answer 'yes' to the question 'Are all
Tier 1	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Hadmacy, you must answer 'yes' to me question' Are ail drugs on your formulary for this lite ravailable with an
	Standard				available with an extended day supply?	drugs on you formularly for this text valiable with an extended day supply: "fall of the drugs on that tier are available with an extended day supply." If all of the drugs on that tier are available at the extended day supply.
	Retail/Preferred R	Retail				ачанное и не окситось сву зарру.
Tier 2	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	
	Standard				available with an extended day supply?	
	Retail/Preferred F	Retail				
Tier 3						
ilei 3	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	
	Standard Retail/Preferred R	Potoil				
	rectain referred to	temi				
Tier 4	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	
	Standard Retail/Preferred R					
	Retail/Preferred H	tetaii				
Tier 5	Standard Retail				Are all of the drugs on your formulary for this tier	
11013	Starrourd (Ctair				available with an extended day supply?	
	Standard					
	Retail/Preferred R	tetaii				
Tier 6	Standard Retail		_		Are all of the drugs on your formulary for this tier available with an extended day supply?	
Her 6	Standard Retail				available with an extended day supply?	
	Standard Retail/Preferred R]	
	Retail/Preferred P	tetaii				

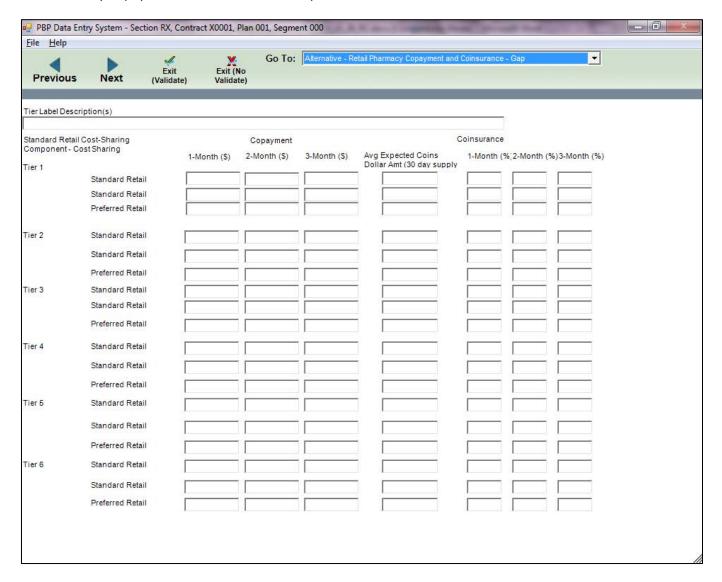
Alternative – Mail Order Location Supply – Gap

Previous	Next (Valida	Ex te) Val	it (No idate)	Go To:	Afternative - Mail Order Location Supply - Gr	ар	*	
er Label Desc	ription(s)							
andard Mail (omponent Day Supply	Order Cost-Sharing Network		2-Month 3-	Month				
Tier 1	Standard Mail Order							
	Standard/Preferred Mail Order							
Tier 2	Standard Mail Order							
	Standard Mail Order							
Tier 3	Standard Mail Order							
	Standard Mail Order							
Tier 4	Standard Mail Order							
	Standard Mail Order							
Tier 5	Standard Mail Order							
	Standard Mail Order							
Tier 6	Standard Mail Order							
	Standard Mail Order							

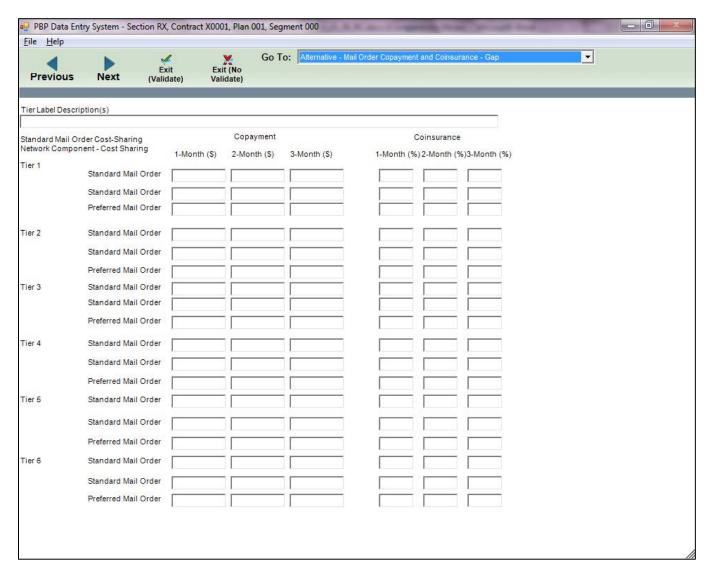
Alternative – OON and LTC Location Supply – Gap



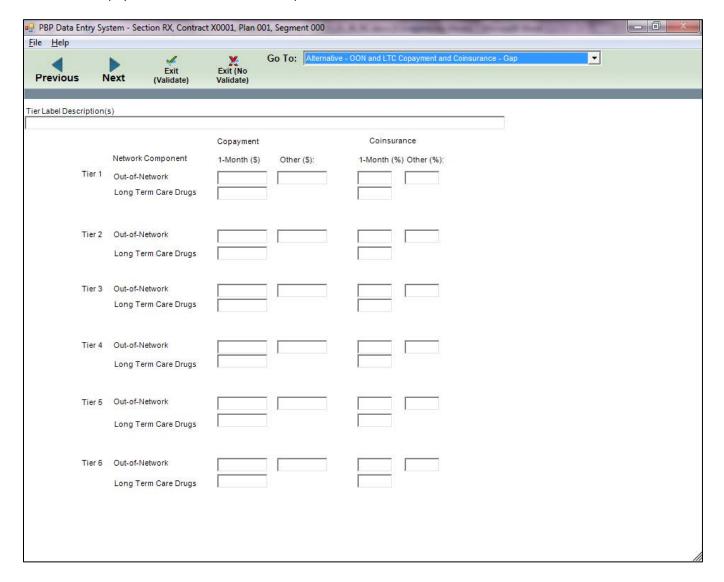
Alternative – Retail Pharmacy Copayment and Coinsurance – Gap



Alternative – Mail Order Copayment and Coinsurance – Gap



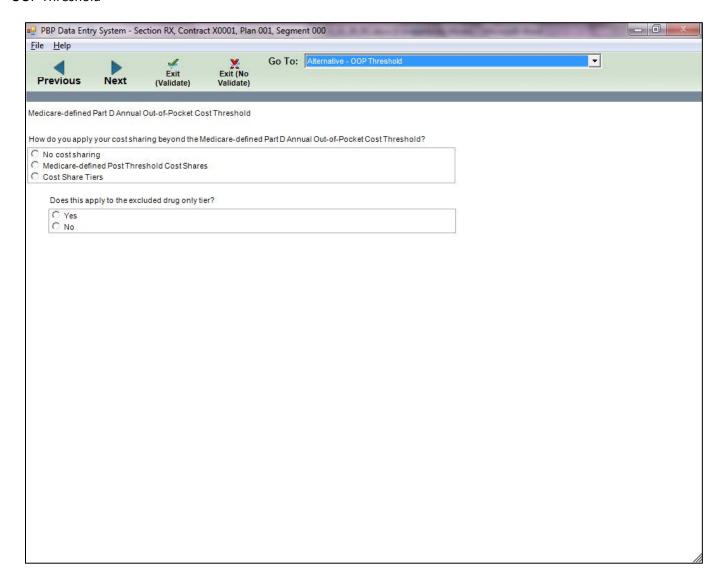
Alternative – OON and LTC Copayment and Coinsurance – Gap



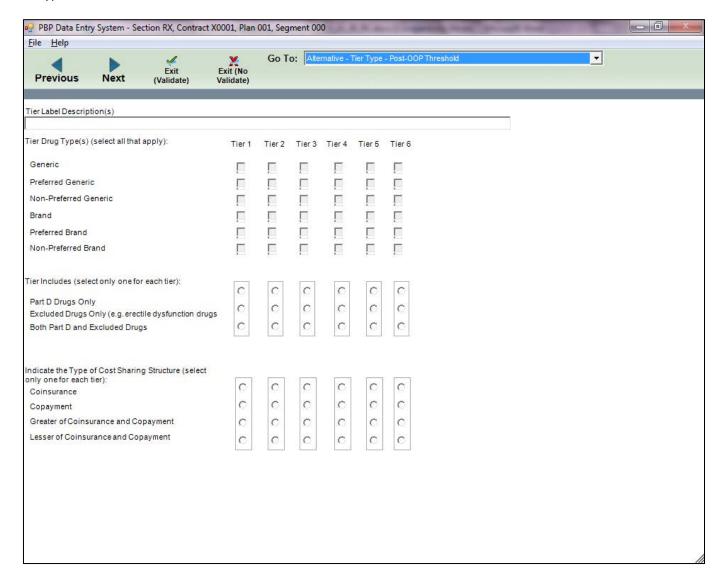
Alternative – Daily Copayment Amount Cost Sharing – Gap

	Data Entry System	ı - Section RX, Co	ntract X0001, P	Plan 001, Segi	ment 000				_6 ×
File He	4 6	Exit (Validate)	Exit (No Validate)	,	Alternative - Daily Copayment Amount C	Cost Sharing - Gap			
Tier 1	Standard Retail Standard Retail Preferred Retail	1-Month (\$)	Copayment 1-Month		Standard Mail Order Standard Mail Order Preferred Mail Order	Copayment 1-Month (S) 1-Month	Daily (S)	Copayment 1-Month (\$) 1-Month Daily (\$) Long Term Care Drugs	
Tier 2	Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order Standard Mail Order Standard Mail Order			Long Term Care Drugs Long Term Care Drugs	
Tier 4	Standard Retail				Preferred Mail Order Standard Mail Order Standard Mail Order Preferred Mail Order Standard Mail Order			Long Term Care Drugs	
Tier 6	Standard Retail				Standard Mail Order Standard Mail Order Preferred Mail Order Standard Mail Order Standard Mail Order			Long Term Care Drugs Long Term Care Drugs	
	Preferred Retail				Preferred Mail Order			Calculate Daily Copay Amount	
									,

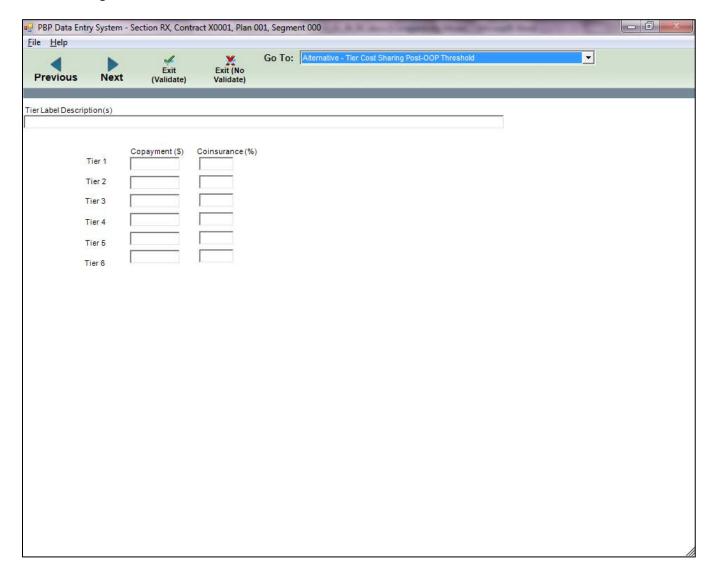
Alternative - OOP Threshold



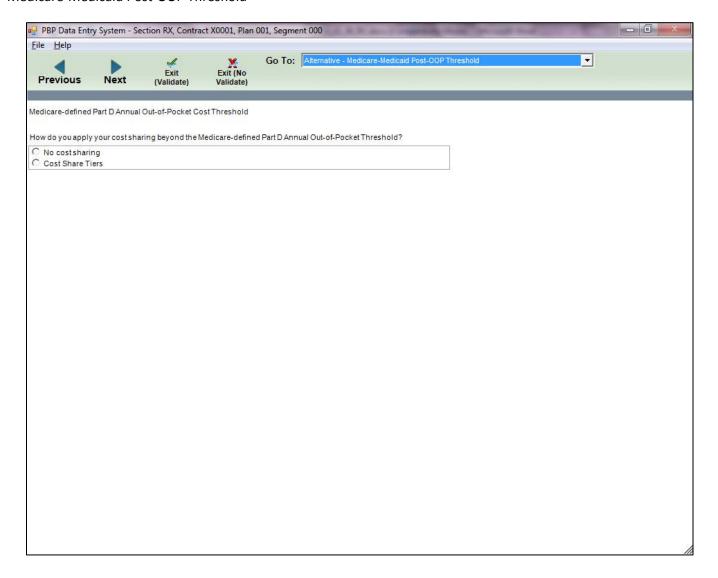
Alternative - Tier Type Post-OOP Threshold



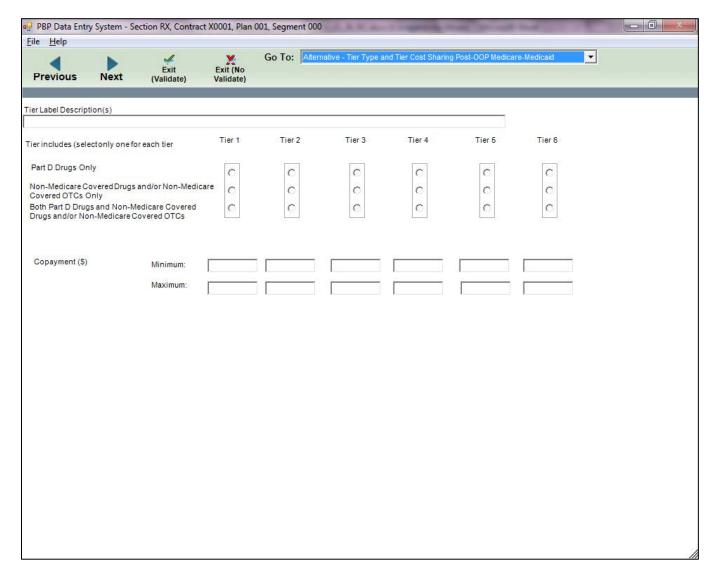
Alternative – Tier Cost Sharing Post-OOP Threshold



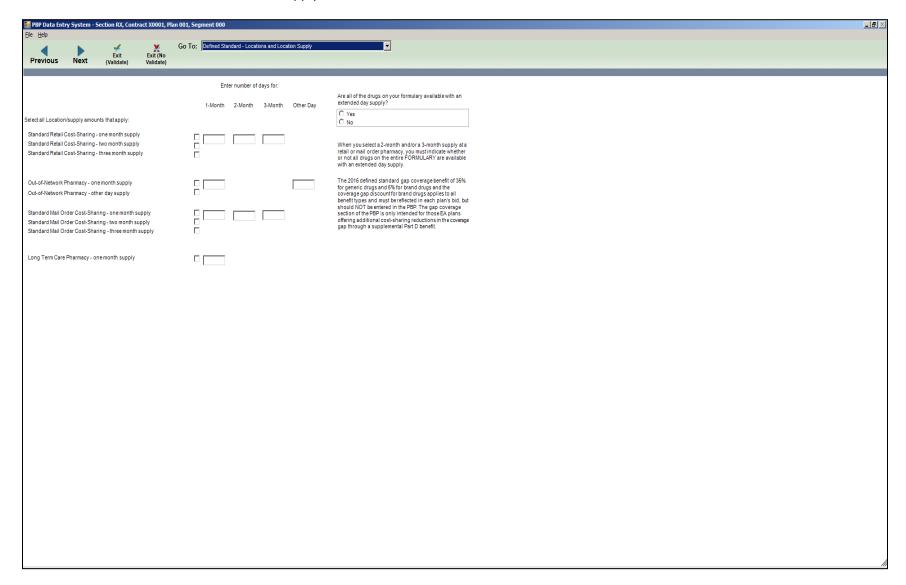
Alternative - Medicare-Medicaid Post-OOP Threshold



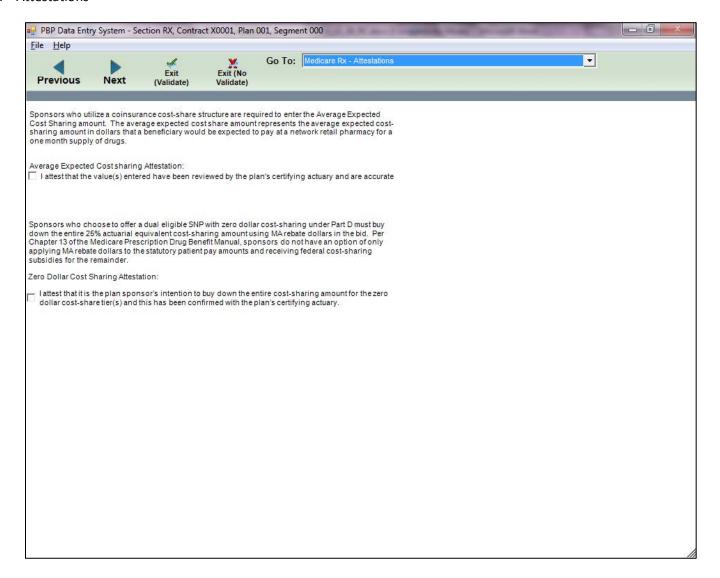
Alternative – Tier Type and Tier Cost Sharing Post-OOP Medicare and Medicaid



Defined Standard – Locations and Location Supply



Medicare Rx – Attestations



Medicare RX - Notes

