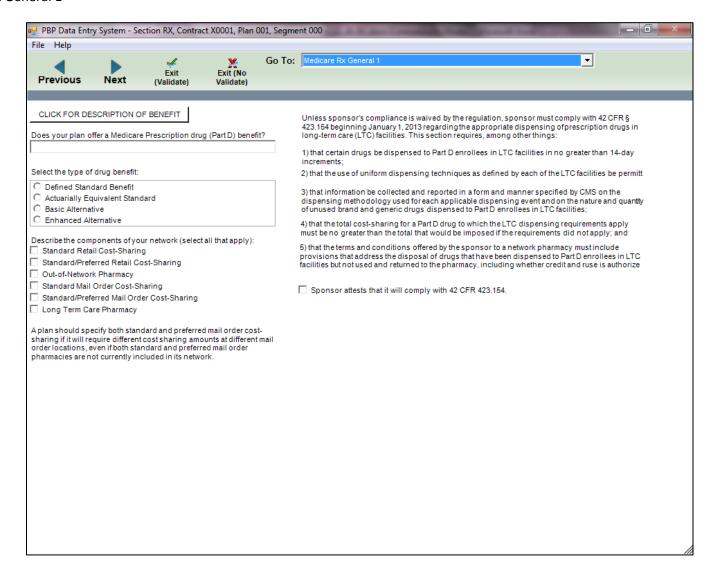
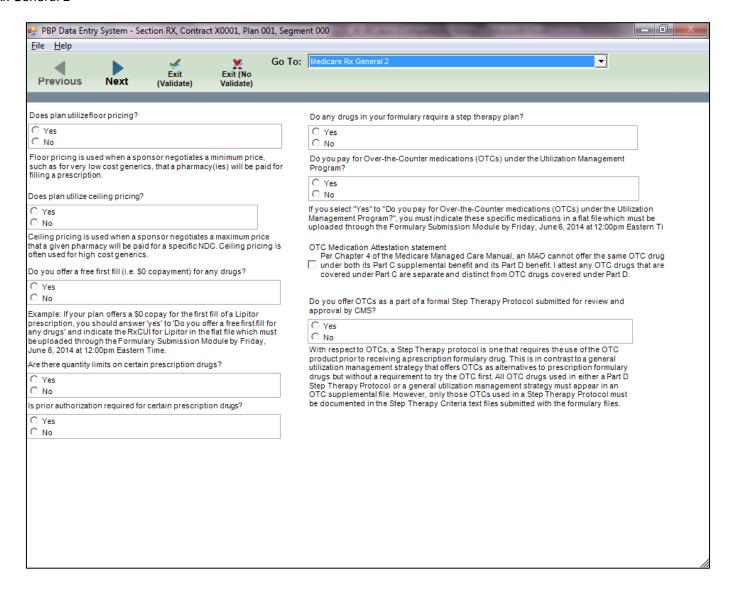
Medicare Rx General 1

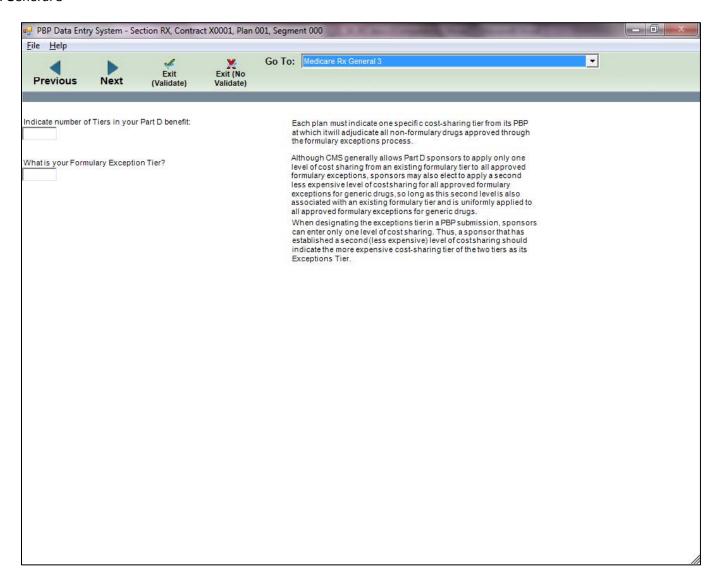


Medicare Rx General 2

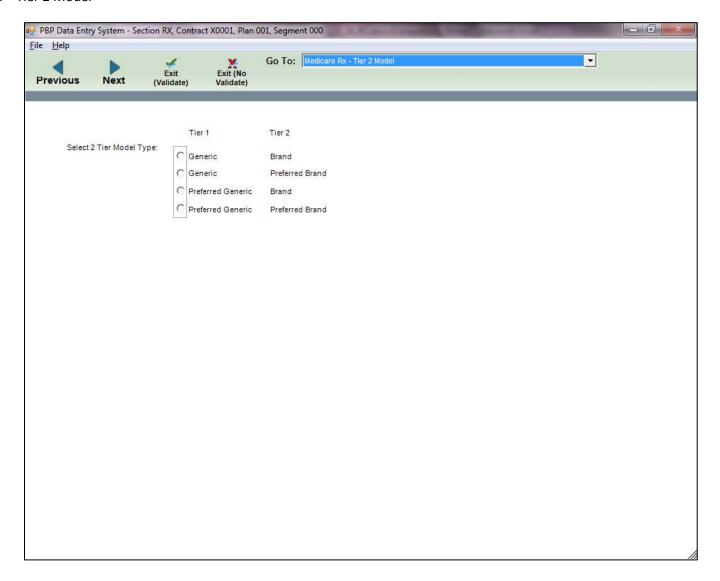


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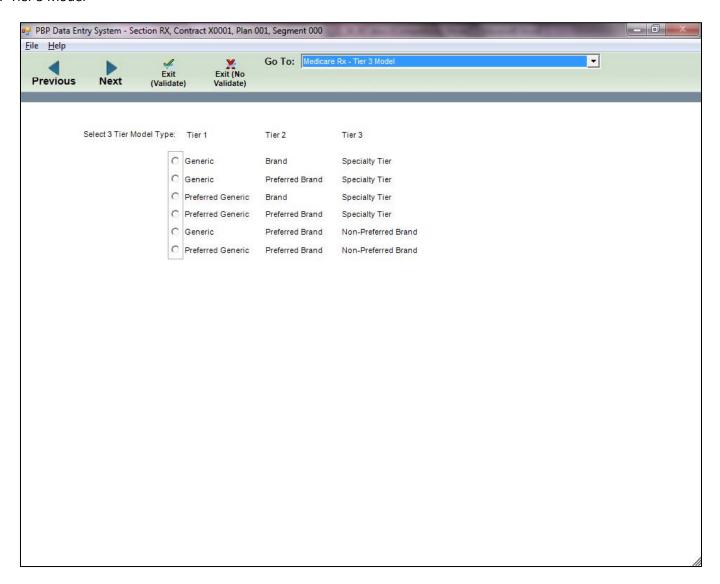
Medicare Rx General 3



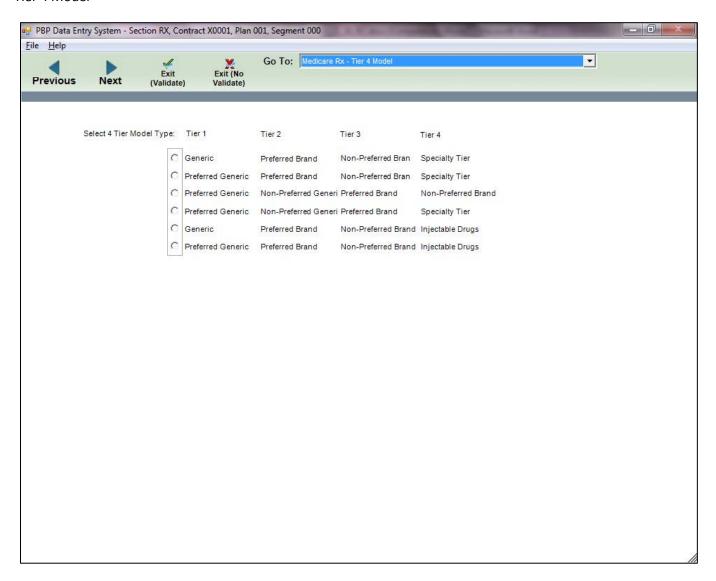
Medicare Rx – Tier 2 Model



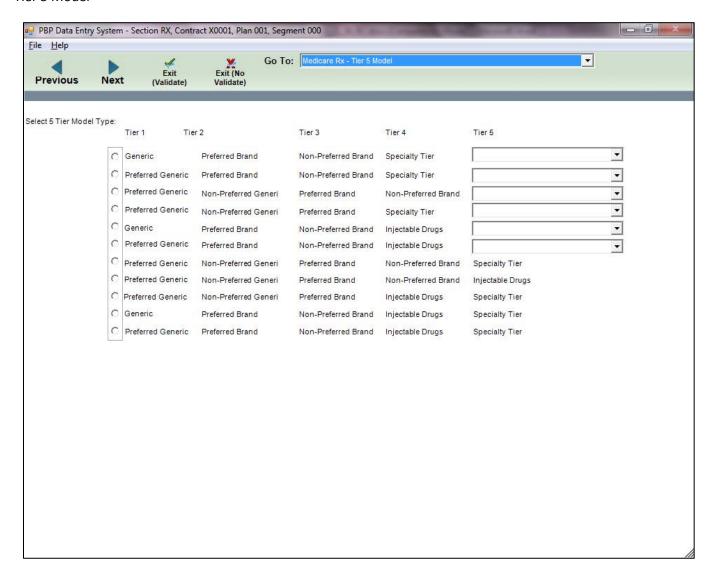
Medicare Rx-Tier 3 Model



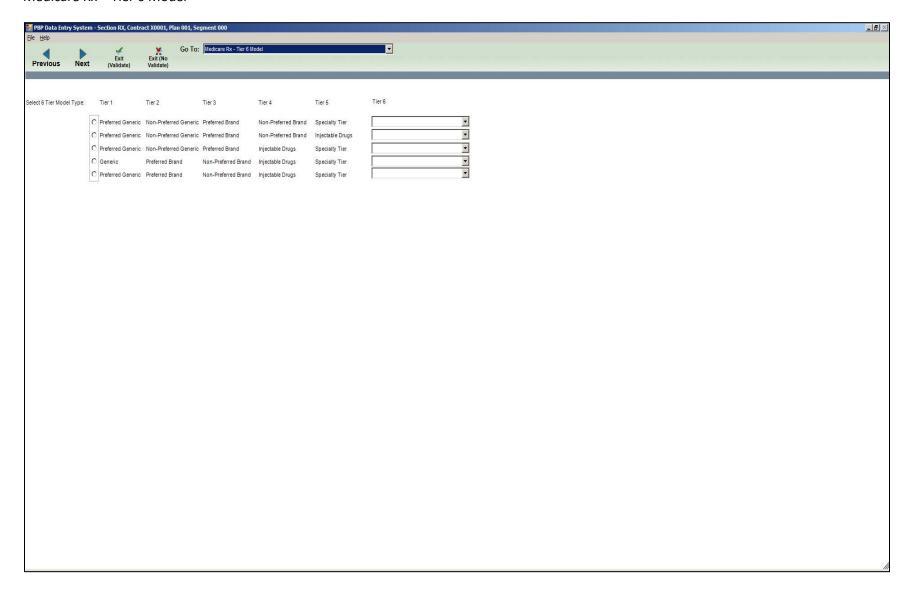
Medicare Rx – Tier 4 Model

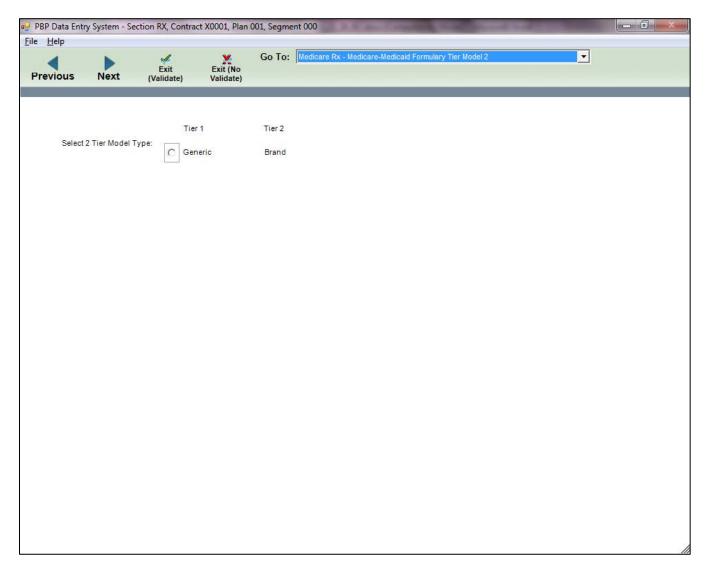


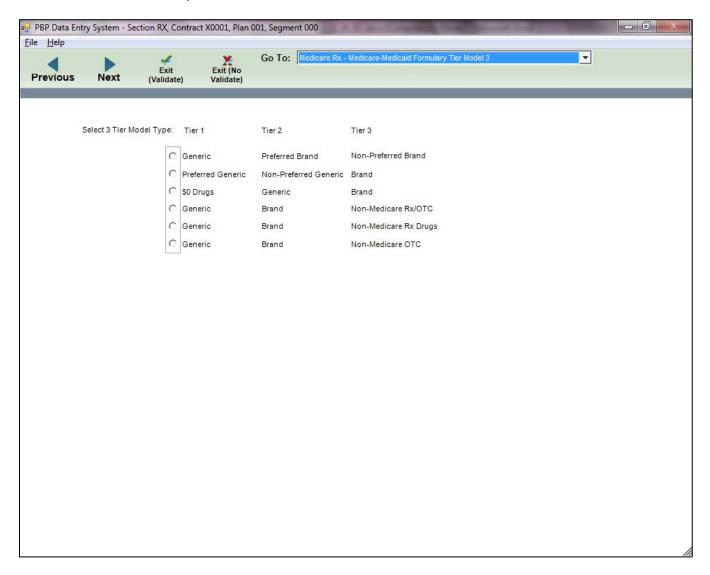
Medicare Rx – Tier 5 Model

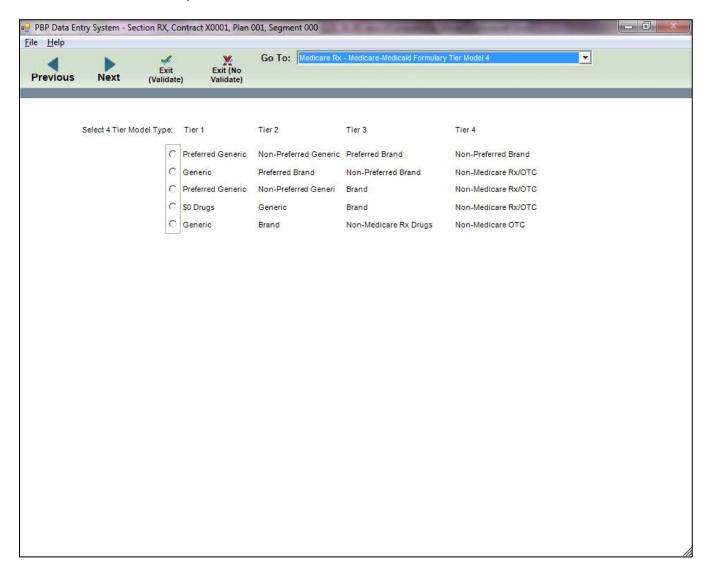


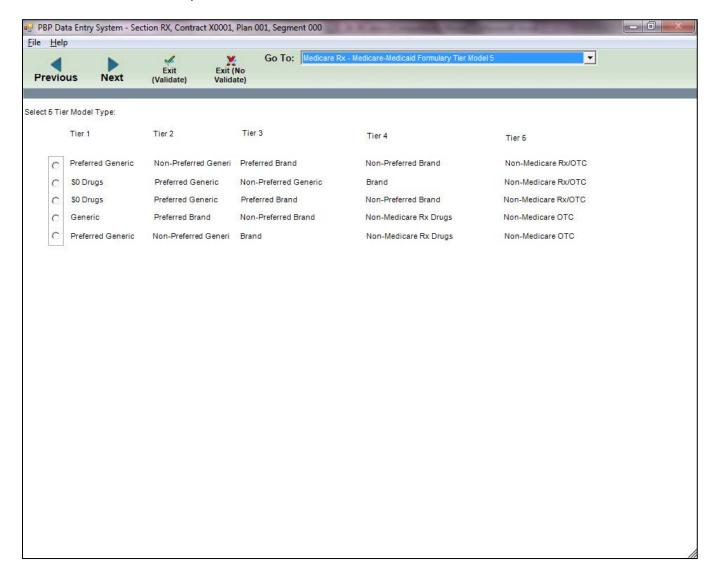
Medicare Rx – Tier 6 Model

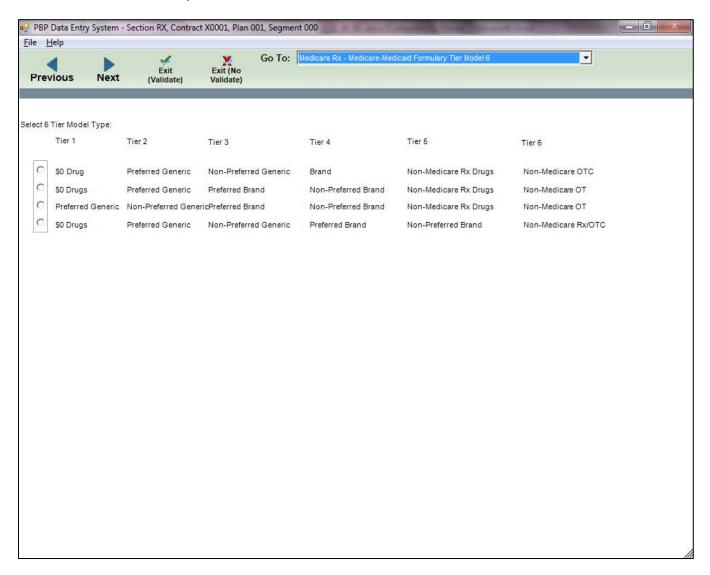




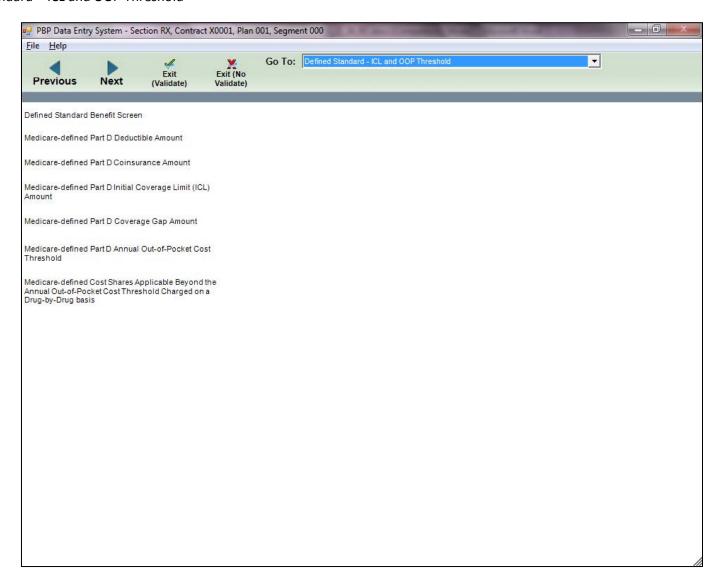




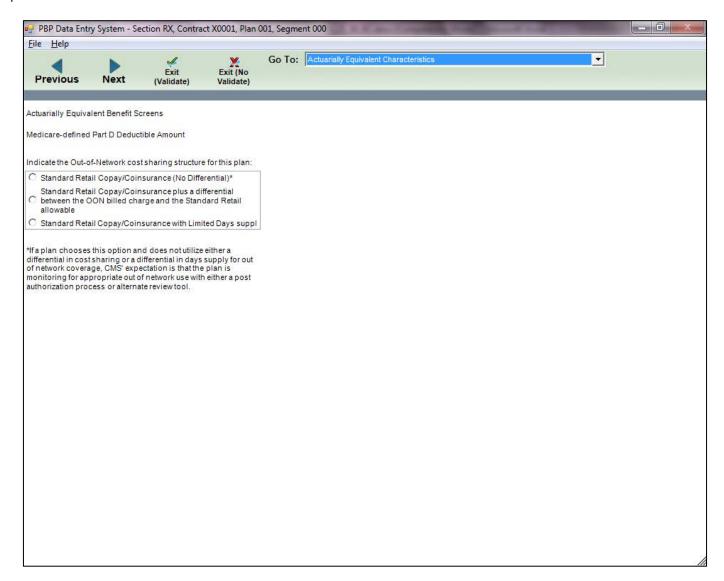




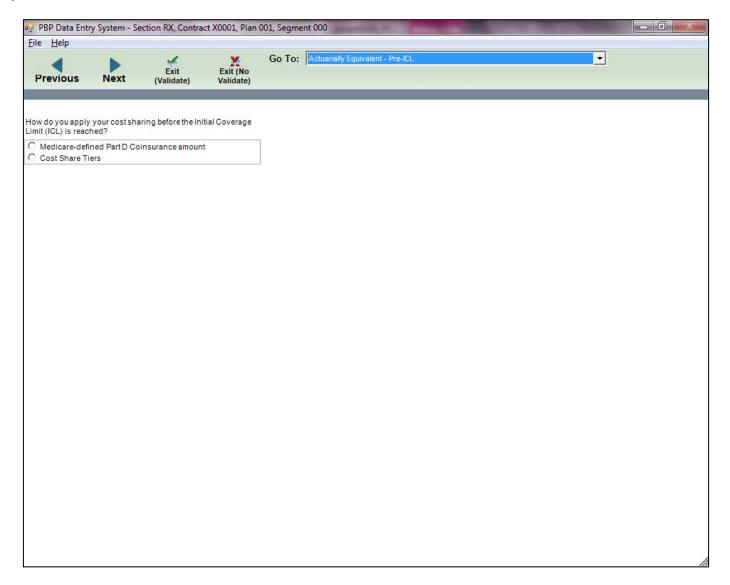
Defined Standard – ICL and OOP Threshold



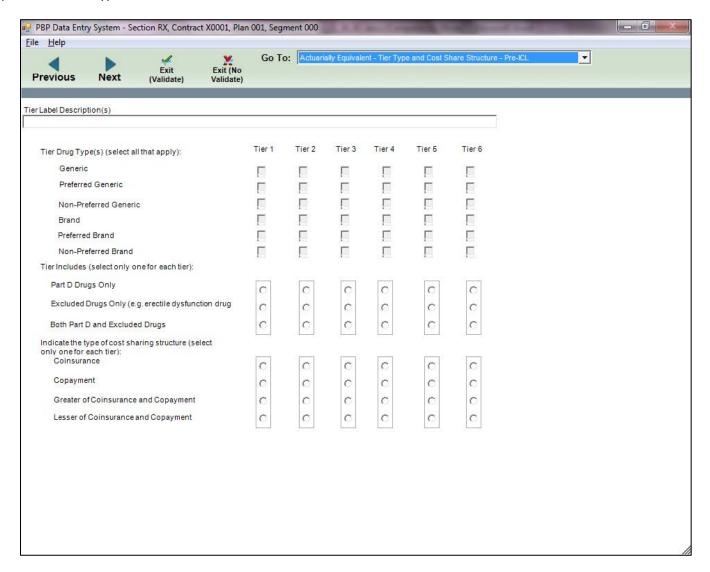
Actuarially Equivalent Characteristics



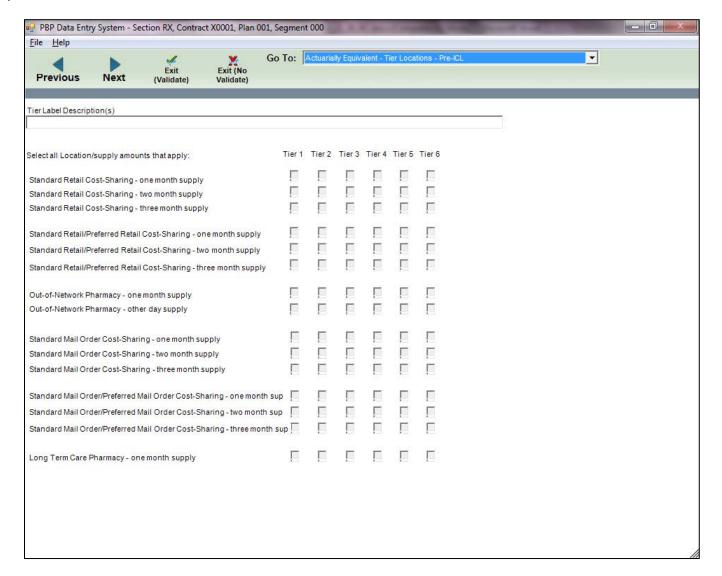
Actuarially Equivalent – Pre-ICL



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



Actuarially Equivalent – Tier Locations – Pre-ICL



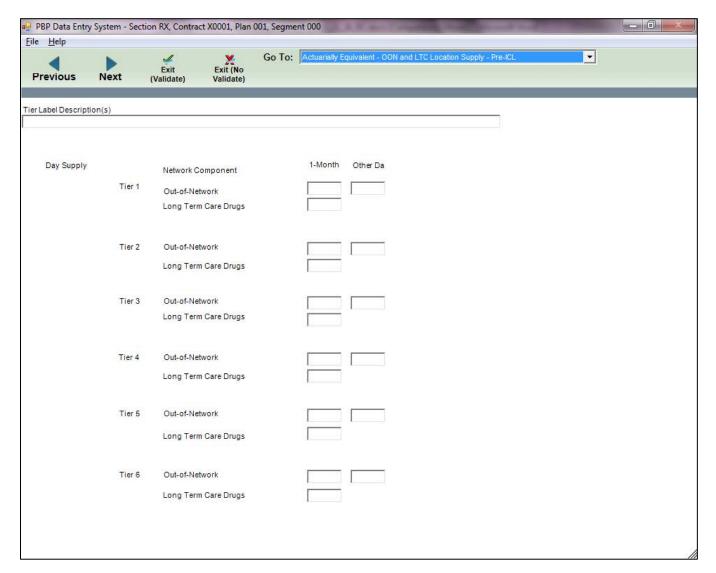
Actuarially Equivalent – Retail Pharmacy Location Supply – Pre-ICL

FBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000									
File Help Previous	s Next	Exit (Validate)	Exit Valid	(No	Go To:	Actuarially Equivalent - Retail Pharmacy Location S	Supply - Pre-ICL ▼		
Tier Label Des	cription(s)								
Standard Reta	il Cost-Sharing Co	omponent							
Day Supply	(1-Mc	onth 2-1	Month	3-Month	*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 Pharmacry our paint as naver "exi" for the question of "Are all		
Tier 1	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	Tharmacy, 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 supply of th		
	Retail/Preferred	Retail	L				available at the extended day supply.		
Tier 2	Standard Retail	i				Are all of the drugs on your formulary for this tier available with an extended day supply?			
	Standard Retail/Preferred	I Retail				available with an extended day supply :			
Tier 3	Standard Retail		\neg \vdash			Are all of the drugs on your formulary for this tier available with an extended day supply?			
	Standard Retail/Preferred	i Retail				available with an extended day supply:			
Tier 4	Standard Retail		—			Are all of the drugs on your formulary for this tier			
	Standard Retail/Preferred	-		=		available with an extended day supply?			
						Are all of the drugs on your formulary for this ties			
Tier 5	Standard Retail Standard		_ 			Are all of the drugs on your formulary for this tier available with an extended day supply?			
	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							

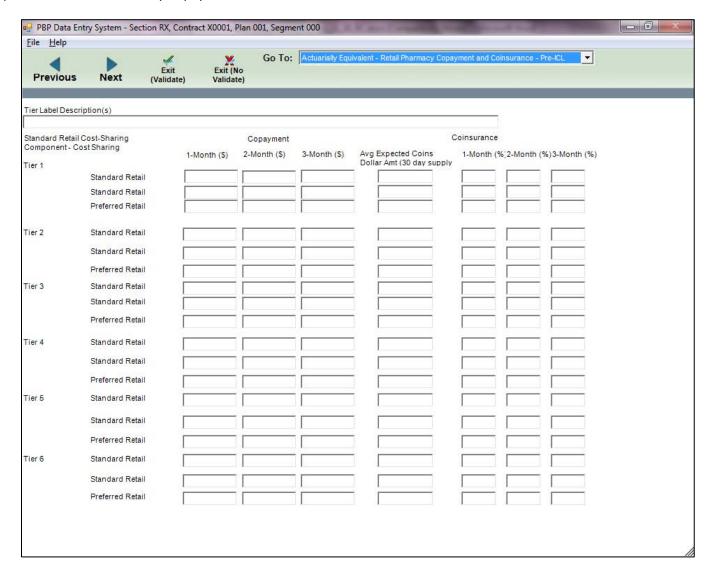
Actuarially Equivalent – Mail Order Location Supply – Pre-ICL

Previous	Next (Valida	Exit (te) Valid	(No	Actuarially Equivalent - Mail Order Location Supply - Pre-IC	<u>.</u> _	
er Label Desc	ription(s)				ir	
andard Mail C omponent Day Supply	order Cost-Sharing Network		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					
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Tier 5	Standard Mail Order					
	Standard Mail Order					
Tier 6	Standard Mail Order			ĺ		
	Standard Mail Order					

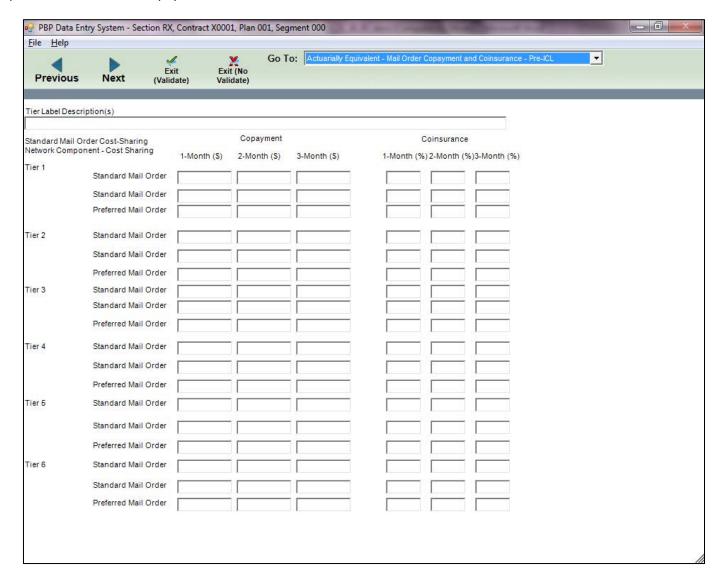
Actuarially Equivalent - OON and LTC Location Supply - Pre-ICL



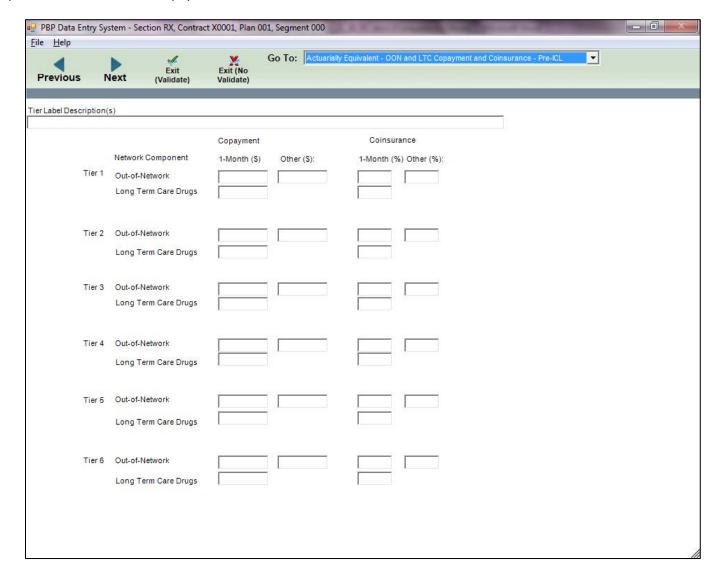
Actuarially Equivalent – Retail Pharmacy Copayment and Coinsurance – Pre-ICL



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



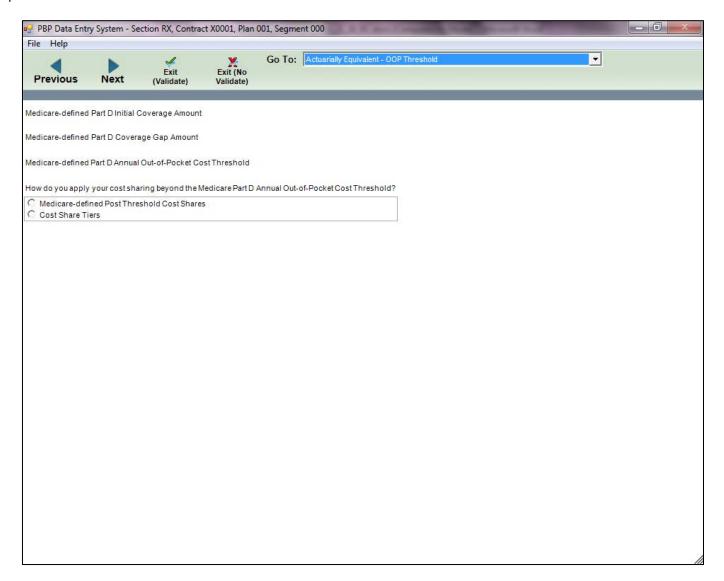
Actuarially Equivalent - OON and LTC Copayment and Coinsurance - Pre-ICL



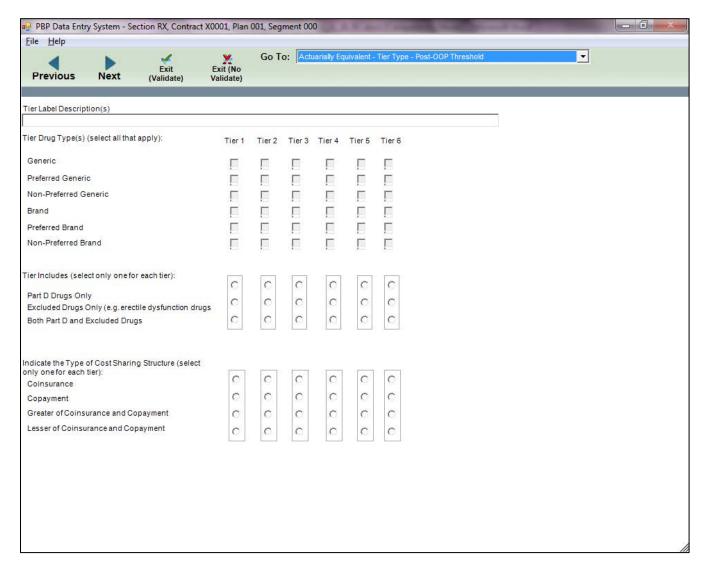
Actuarially Equivalent – Daily Copayment Amount Cost Sharing – Pre-ICL

_	P Data Entry System -	Section RX, Cont	tract X0001, Pl	an 001, Seg	ment 000				_ B ×
	Help evious Next	Exit (Validate)	Exit (No Validate)	Go To:	Actuarially Equivalent - Daily Copayment	Amount 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	Copayment 1-Month (\$) 1-Month	h Daily (S)	Copayment 1-Month (S) 1-Month Daily (S) 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 Retail				Preferred Mail Order Standard Mail Order Standard Mail Order Preferred Mail Order Standard Mail Order			Long Term Care Drugs	
Tier 6	Standard Retail Preferred Retail Standard Retail Standard Retail				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	

Actuarially Equivalent - OOP Threshold



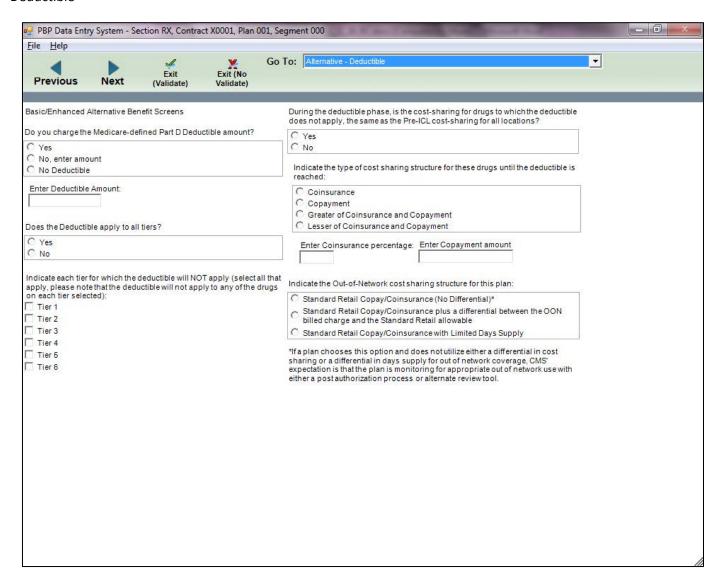
Actuarially Equivalent – Tier Type – Post-OOP Threshold



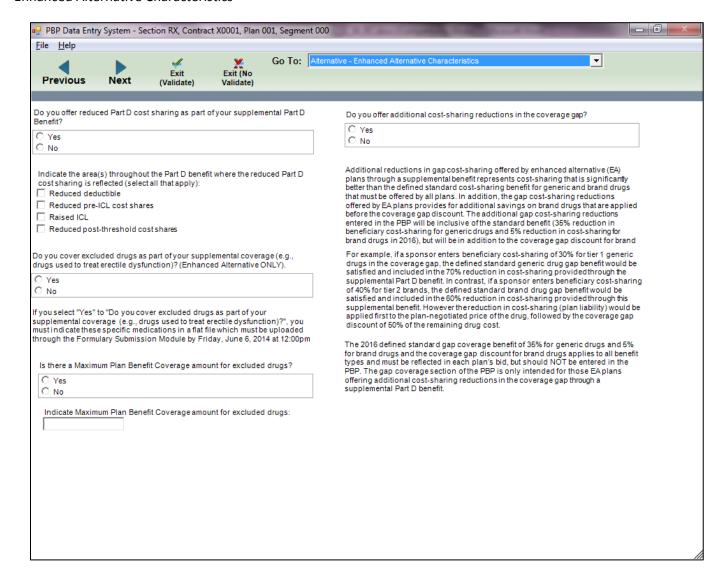
Actuarially Equivalent – Tier Cost Sharing – Post-OOP Threshold

Help	•	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				

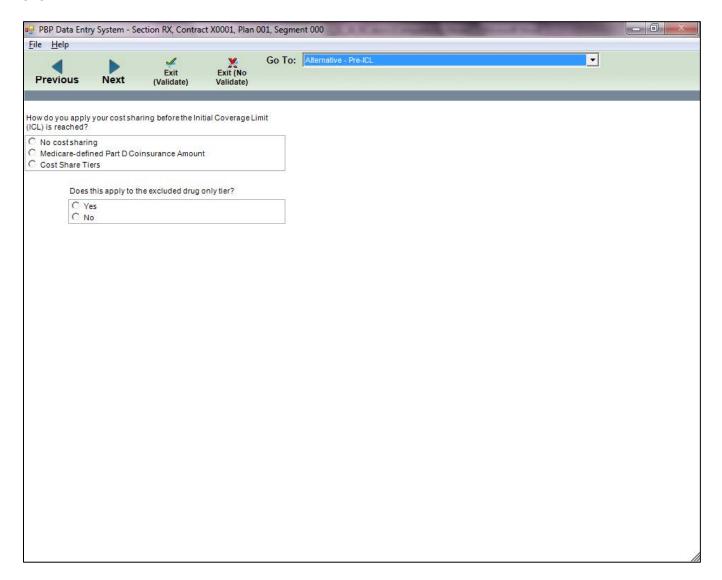
Alternative – Deductible



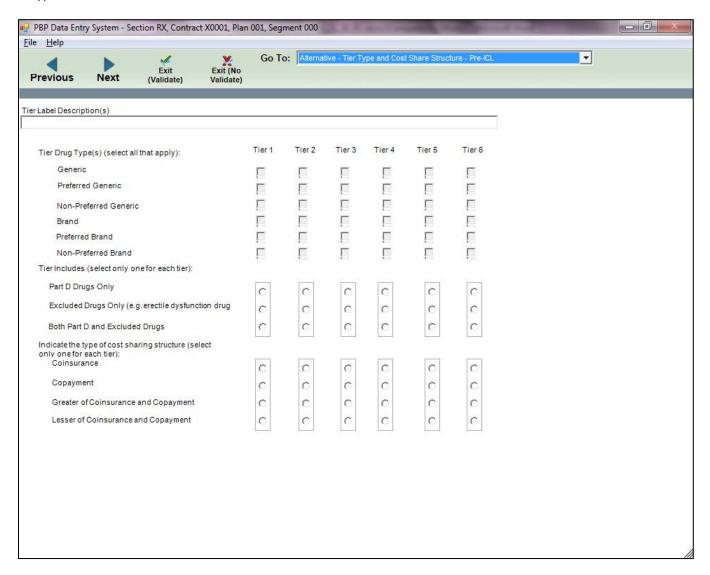
Alternative – Enhanced Alternative Characteristics



Alternative - Pre-ICL

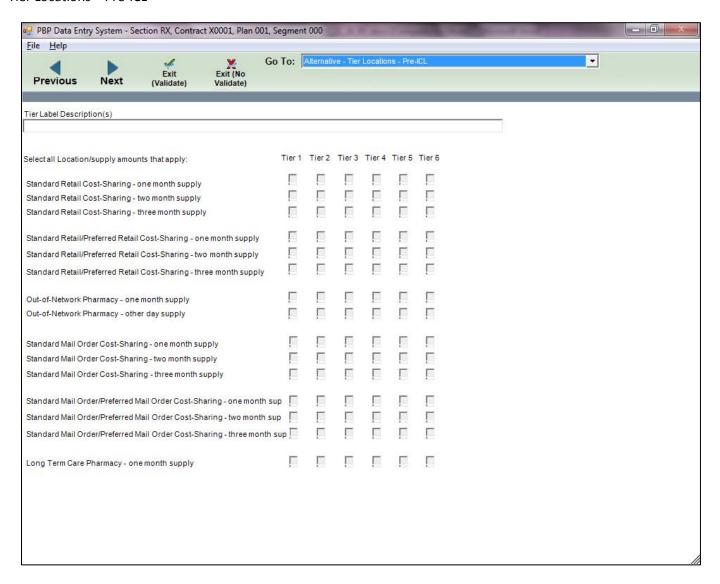


Alternative - Tier Type and Cost Share Structure - Pre-ICL



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Alternative - Tier Locations - Pre-ICL

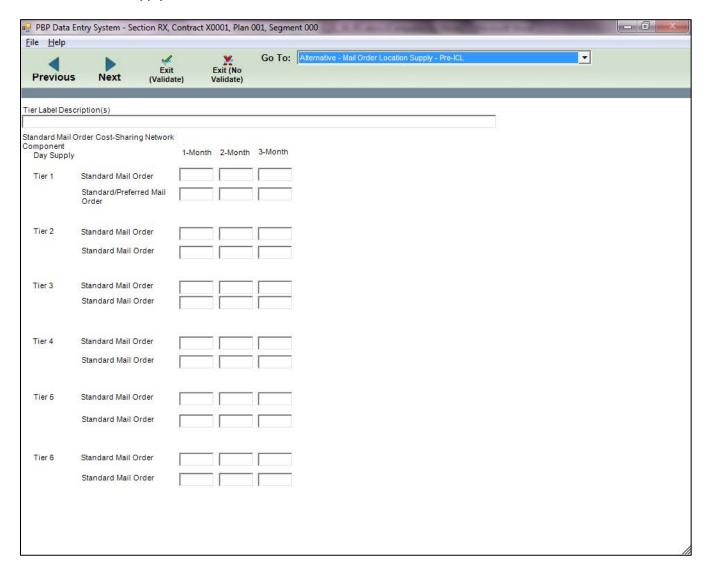


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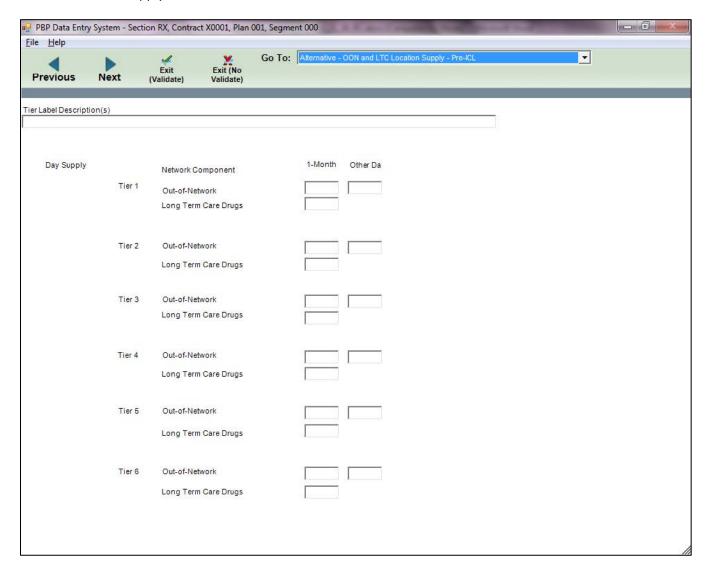
Alternative – Retail Pharmacy Location Supply – Pre-ICL

	PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000								
File Help									
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Tier Label Desc	cription(s)								
Chandred Date:	I Cost-Sharing Com								
			2 Month	h 3 Month	*Extended day supply applies to all Drugs?	*For example, you chose a 2-month or 3-month supply at the			
Day Supply		1-11101101	2-10101111			Standard/Preferred Retail Cost-Sharing or the Mail-Order			
Tier 1	Standard Retail				Are all of the drugs on your formulary for this tie available with an extended day supply?	drugs on your formulary for this fier available with an			
	Standard Retail/Preferred Retai	Retail				extended day supply?" if all of the drugs on that tier are available at the extended day supply.			
	rectains reserved to	totan							
Tier 2	Standard Retail			-	Are all of the drugs on your formulary for this tier				
	Standard				Are all of the drugs on your formulary for this tier available with an extended day supply?				
	Retail/Preferred R	Retail							
Tier 3	Standard Retail				Are all of the drugs on your formulary for this tier				
	Standard		-		available with an extended day supply?				
	Retail/Preferred R	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 R	Patail							
	Retail/Freierreu N	Cetaii							
Tier 5	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 R	Retail							
					Are all of the drugs on your formulary for this ties				
Tier 6	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?				
	Standard Retail/Preferred R	o de il							
	Retail/Preferred R	tetaii							
1									

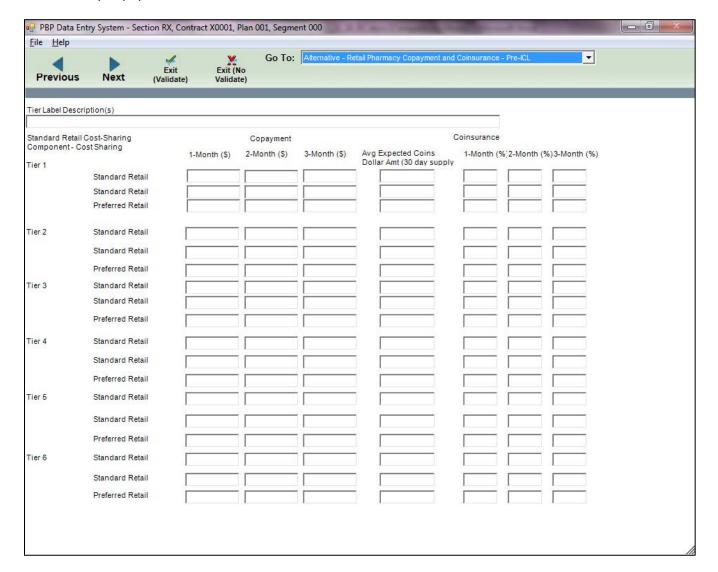
Alternative - Mail Order Location Supply - Pre-ICL



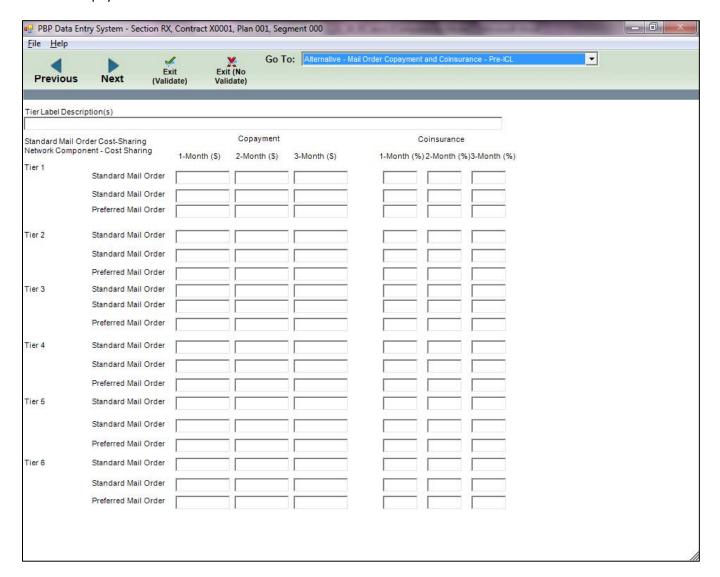
Alternative - OON - LTC Location Supply - Pre-ICL



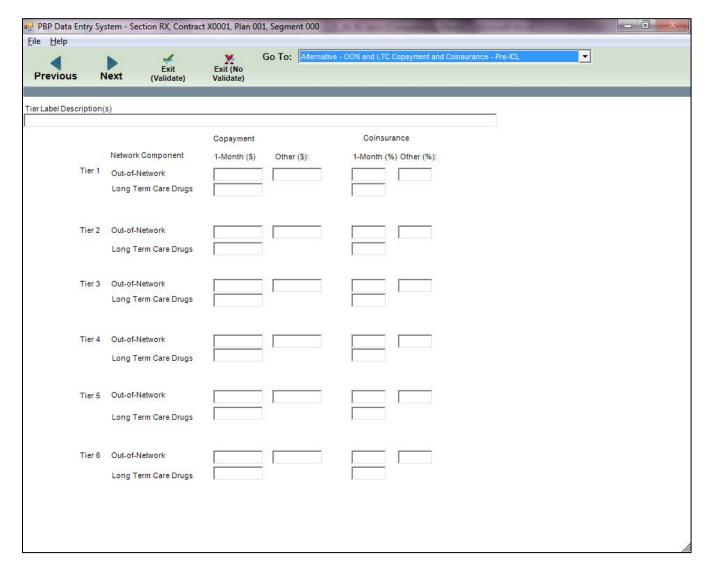
Alternative – Retail Pharmacy Copayment and Coinsurance – Pre-ICL



Alternative - Mail Order Copayment and Coinsurance - Pre-ICL



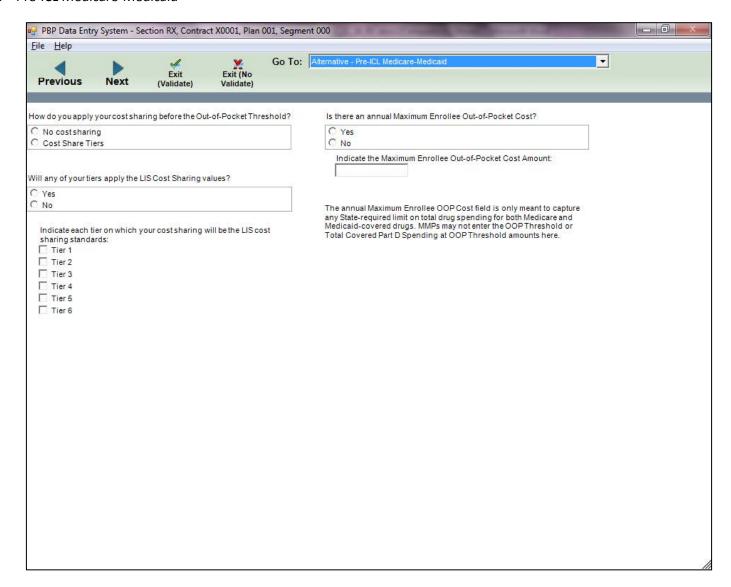
Alternative - OON and LTC Copayment and Coinsurance - Pre-ICL



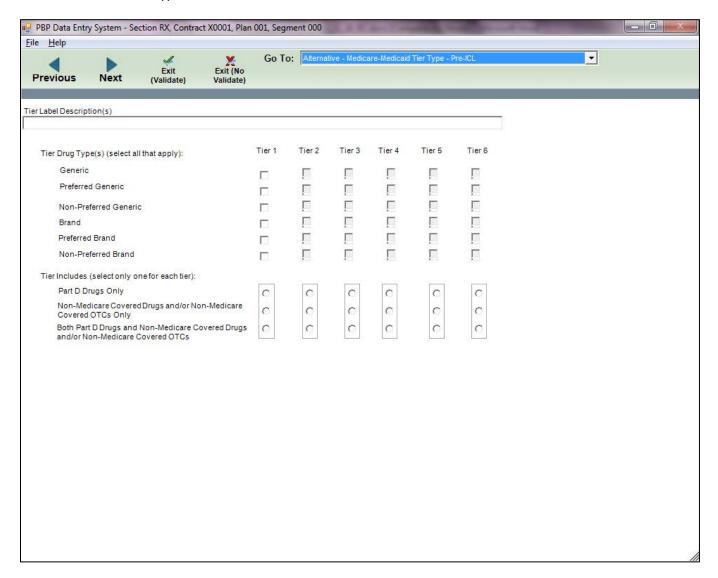
Alternative – Daily Copayment Amount Cost Sharing – Pre-ICL

	Data Entry System -	Section RX, Cont	tract X0001, Pl	an 001, Seg	ment 000				_ 5 ×
	evious Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - Daily Copayment Amount Co	ost Sharing - Pre-ICL			
Tier 1	Standard Retail Standard Retail Preferred Retail	1-Month (\$)	Copayment 1-Month	Daily (\$)) Standard Mail Order Standard Mail Order Preferred Mail Order	Copaym	aily (\$)	Copayment 1-Month (\$) 1-Month Daily (\$) 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	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 Preferred Retail Standard Retail				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	

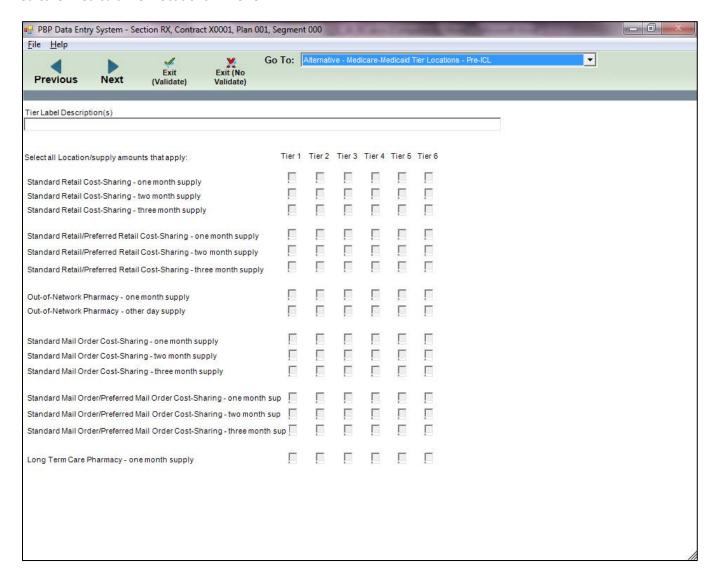
Alternative - Pre-ICL Medicare-Medicaid



Alternative - Medicare-Medicaid Tier Type - Pre-ICL



Alternative – Medicare-Medicaid Tier Locations – Pre-ICL



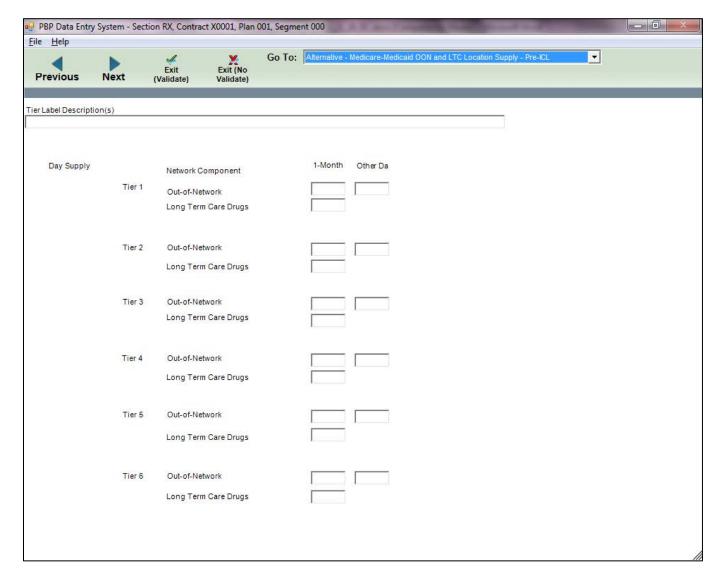
Alternative – Medicare-Medicaid Retail Pharmacy Location Supply – Pre-ICL

PBP Data I	ntry System - Sec	ection RX, Contract	X0001, Pl	an 001, Seg	gment 000						
Previous	s Next	Exit E (Validate) V	Exit (No Validate)	Go To:	Alternative - Medicare-Medicaid Retail Pharmacy Lo	cation Supply - Pre-ICL					
Tier Label Desc	cription(s)										
Standard Reta	il Cost-Sharing Com	nponent									
Day Supply			2-Month	3-Month	*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 '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?	drugs on your formulary for this tier available with an					
	Standard Retail/Preferred R	(etail				anded day supply?" if all of the drugs on that tier are lable 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?						
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Tier 3	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?						
	Standard Retail/Preferred R	tetail									
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	letail									
Tier 5	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?						
	Standard Retail/Preferred R	łetail] [
Tier 6	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?						
	Standard Retail/Preferred R	tetail			<u> </u>						

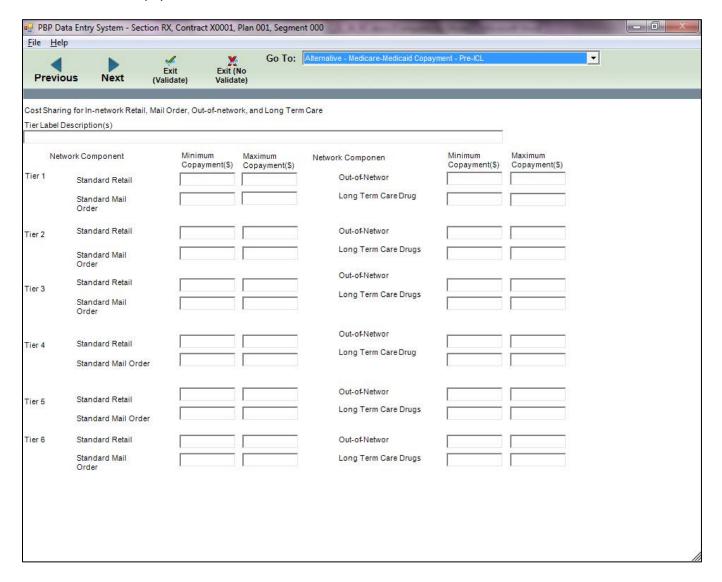
Alternative – Medicare-Medicaid Mail Order Location Supply – Pre-ICL

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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



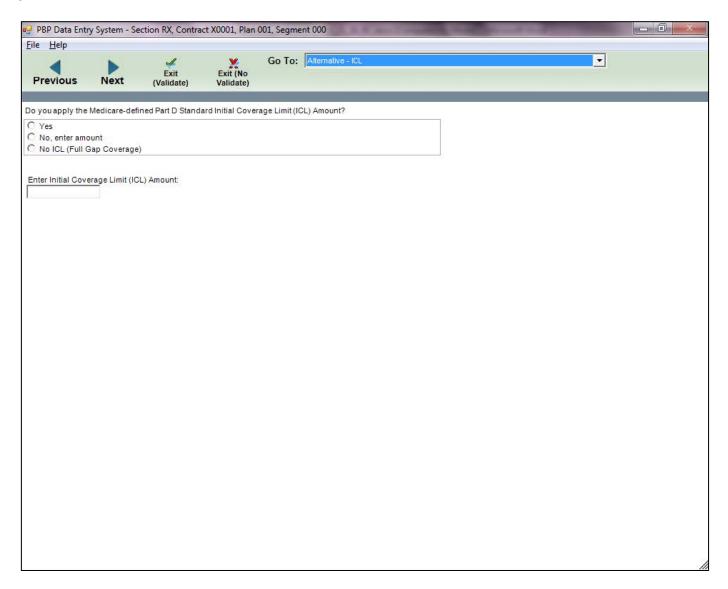
Alternative - Medicare-Medicaid Copayment - Pre-ICL



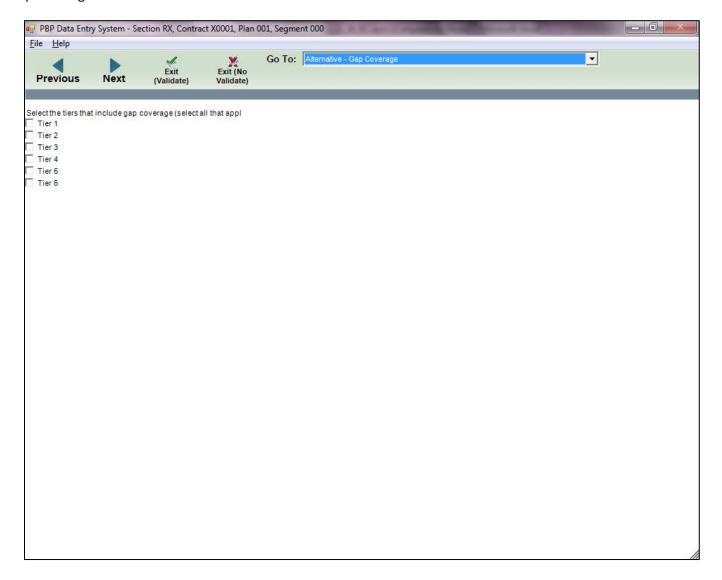
Alternative – Medicare-Medicaid Daily Copayment Amount Cost Sharing

File Help	ata Entry System - Section	n RX, Contract X0001, Plan (01, Segment 000						_15 ×
•		Exit Exit (No	o To: Alternative - Medi	care-Medicaid Daily Copayment Amoun	t Cost Sharing				
Previo	Description(s)	alidate) Validate)			3				
Tier 1	Standard Retail Standard Mail Order	Minimum Copayment(S) Maximu Copayn	n ent(\$)		Long Term Care Drug	tinimum Maximum Copayment(S)			
Tier 2	Standard Retail Standard Mail Order				Long Term Care Drugs				
Tier 3	Standard Retail Standard Mail Order				Long Term Care Drugs				
Tier 4	Standard Retail Standard Mail Order				Long Term Care Drug				
Tier 5	Standard Retail Standard Mail Order				Long Term Care Drug				
Tier 6	Standard Retail Standard Mail Order				Long Term Care Drugs				
						2 <u>-</u>	Calculate Daily Copay Amount		

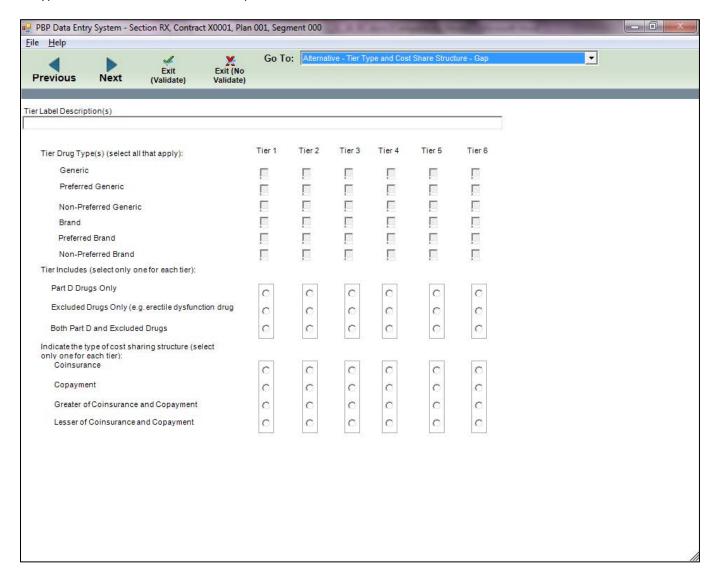
Alternative – ICL



Alternative – Gap Coverage

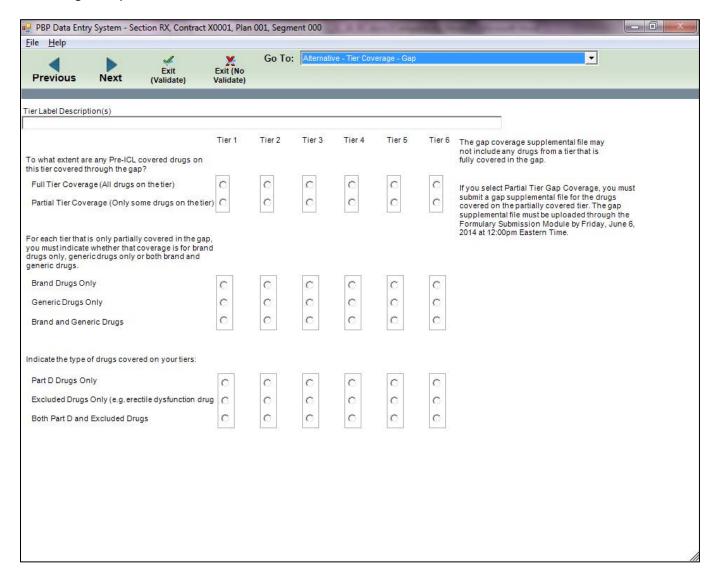


Alternative – Tier Type and Cost Share Structure – Gap

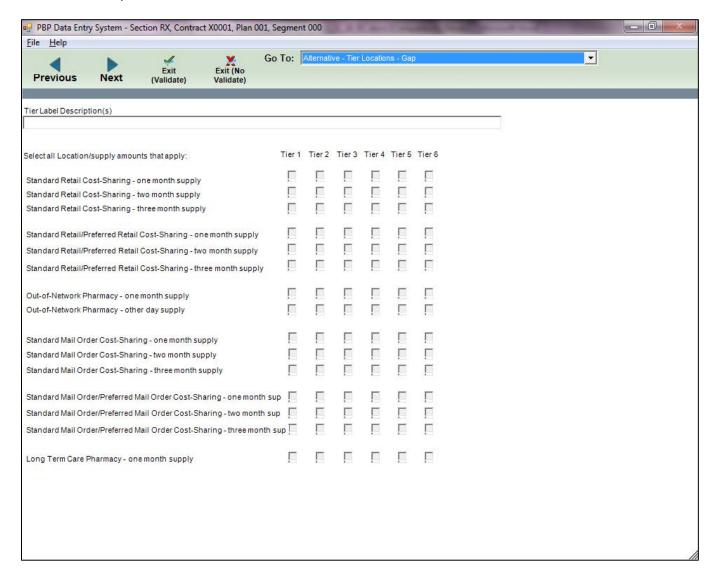


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Alternative - Tier Coverage - Gap



Alternative – Tier Locations – Gap



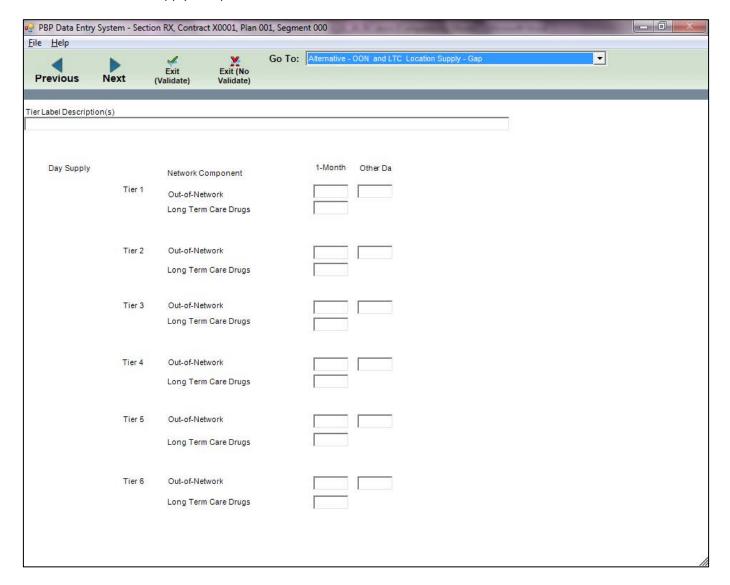
Alternative – Retail Pharmacy Location Supply – Gap

	PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000									
Ele Help										
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Tier Label Desc										
Tier Laber Desc	ripuori(s)									
Standard Patai	Cost-Sharing Com	nonont								
			2.144	th 2 Month		*For example, you chose a 2-month or 3-month supply at the				
Day Supply		1-Montr	1 2-Mont	tn 3-Moriu	*Extended day supply applies to all Drugs?	*For example, you chose a 2-month or 3-month supply at the Standard/Peterer of Ratio I Osst-Sharing or the Mail-Order Pharmacy, you sharings or the Mail-Order Pharmacy, you sharings or the question of 'Re all				
Tier 1	Standard Retail				Are all of the drugs on your formulary for this ties available with an extended day supply?	Pharmacy, you must answer 'yes' to the question '''. Are all drugs on your formular for this liter available with an				
	Standard			-	available with an extended day supply?	drugs on your formularly this list available with an extended day supply?" fall of the drugs on that tier are available with an extended day supply? "fall of the drugs on that tier are available at the settended day supply.				
	Retail/Preferred R	Retail			L.	атания или одинов выучару.				
Tier 2	Standard Retail				Are all of the drugs on your formulary for this ties 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 ties available with an extended day supply?					
	Standard Retail/Preferred R	Potoil								
	recumin referred to	tetan								
Tier 4	Standard Retail				Are all of the drugs on your formulary for this ties available with an extended day supply?					
	Standard Retail/Preferred R									
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Tier 5	Standard Retail				Are all of the drugs on your formulary for this tier					
11013	Starrourd (Colair				available with an extended day supply?					
	Standard				7 L					
	Retail/Preferred R	tetaii								
Tier 6	Standard Retail		_		Are all of the drugs on your formulary for this ties available with an extended day supply?					
Her 6	Standard Retail				available with an extended day supply?					
	Standard Retail/Preferred R] L					
	Retail/Preferred P	tetaii								

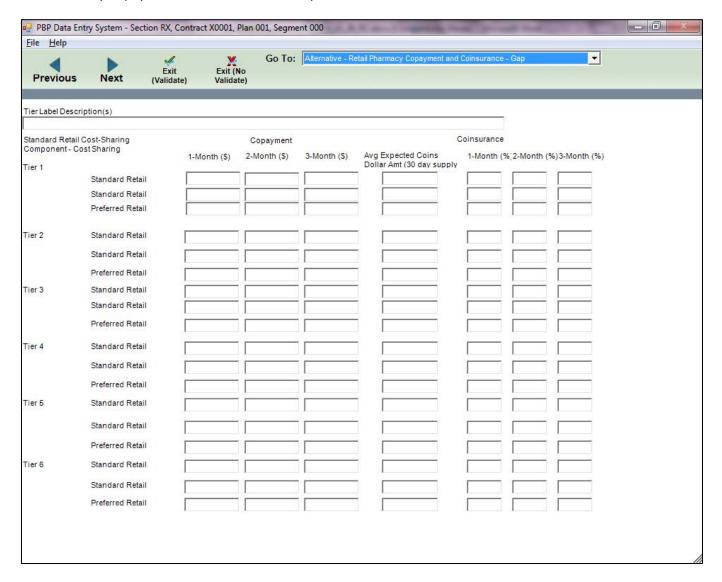
Alternative – Mail Order Location Supply – Gap

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er Label Desc	ription(s)						
andard Mail C omponent 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						

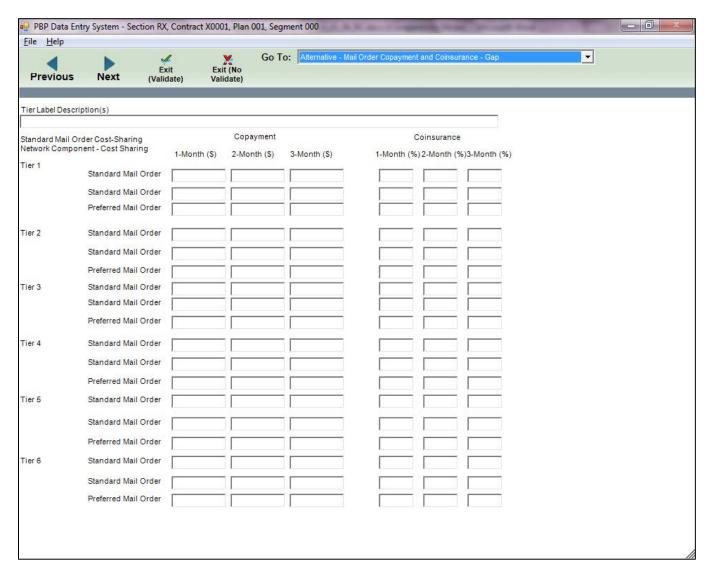
Alternative – OON and LTC Location Supply – Gap



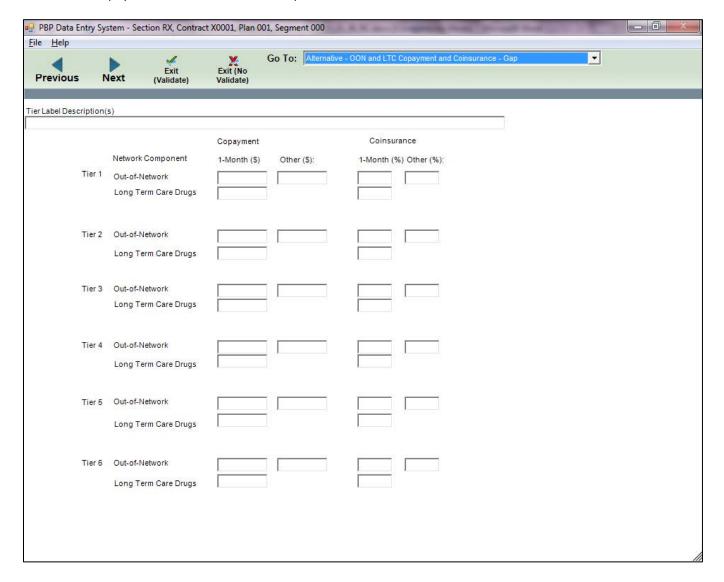
Alternative – Retail Pharmacy Copayment and Coinsurance – Gap



Alternative – Mail Order Copayment and Coinsurance – Gap



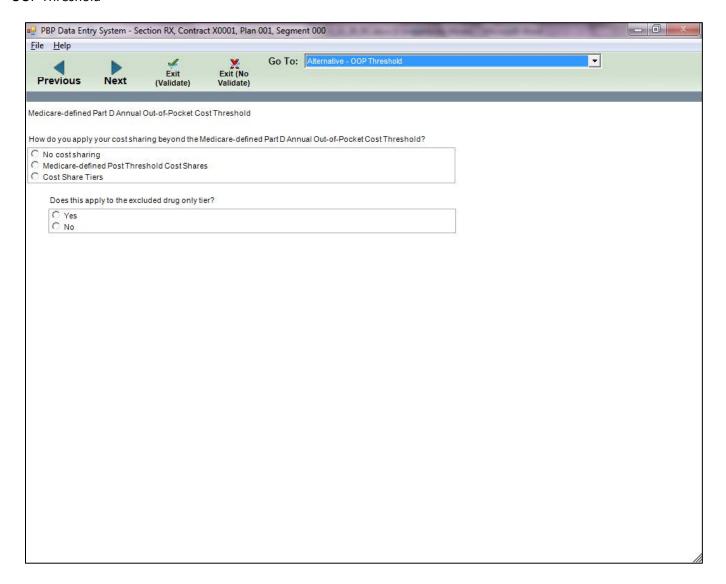
Alternative – OON and LTC Copayment and Coinsurance – Gap



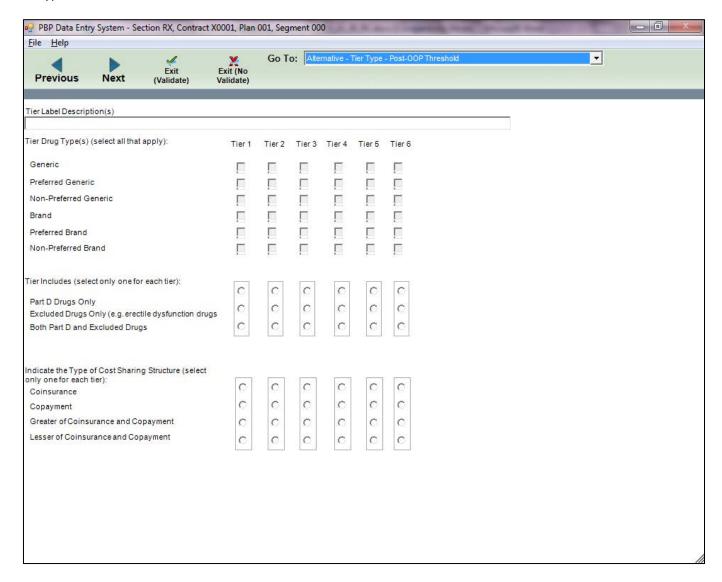
Alternative – Daily Copayment Amount Cost Sharing – Gap

		n - Section RX, Co	ntract X0001, P	lan 001, Segment 000					_6_
File He	4	Exit (Validate)	Exit (No Validate)	Go To: Atternative -	Daily Copayment Amount Cos	t Sharing - Gap	V		
Tier 1	Standard Retail Standard Retail Preferred Retail	1-Month (\$)	Copayment 1-Month	Daily (\$)	Standard Mail Order Standard Mail Order Preferred Mail Order	Copayment 1-Month (S) 1-Month	Daily (\$)	Copsyment 1-Month (S) 1-Month Long Term Care Drugs	Daily (\$)
Tier 2	Standard Retail				Standard Mail Order Standard Mail Order Preferred Mail Order Standard Mail Order Standard Mail Order			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 DrugsCalculate Daily Cop	psy Amount

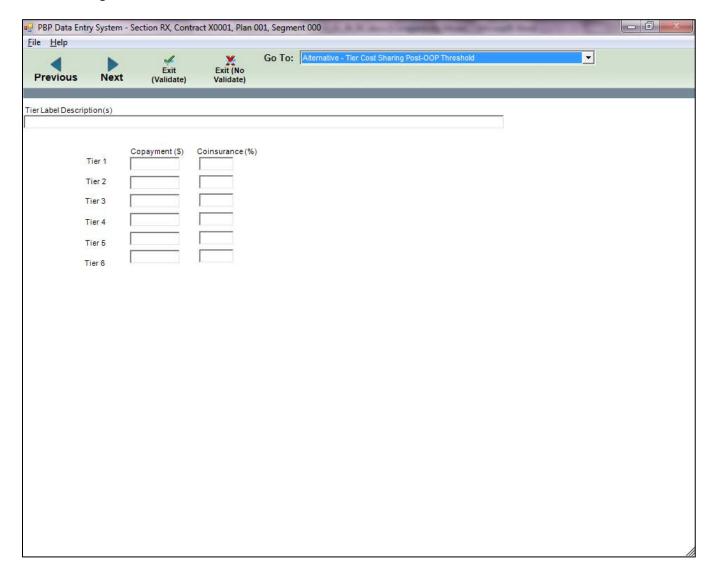
Alternative - OOP Threshold



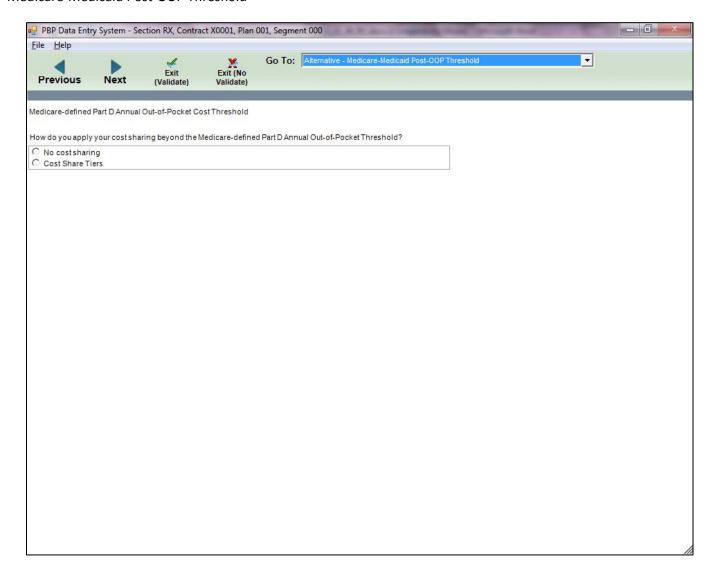
Alternative - Tier Type Post-OOP Threshold



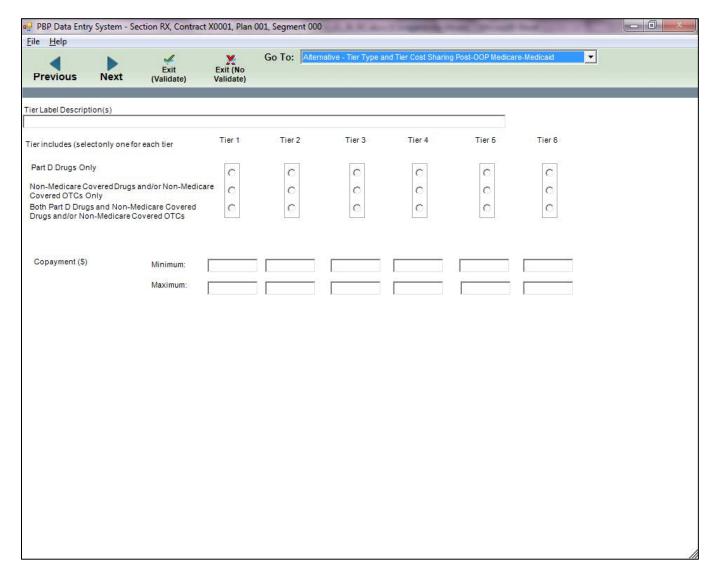
Alternative – Tier Cost Sharing Post-OOP Threshold



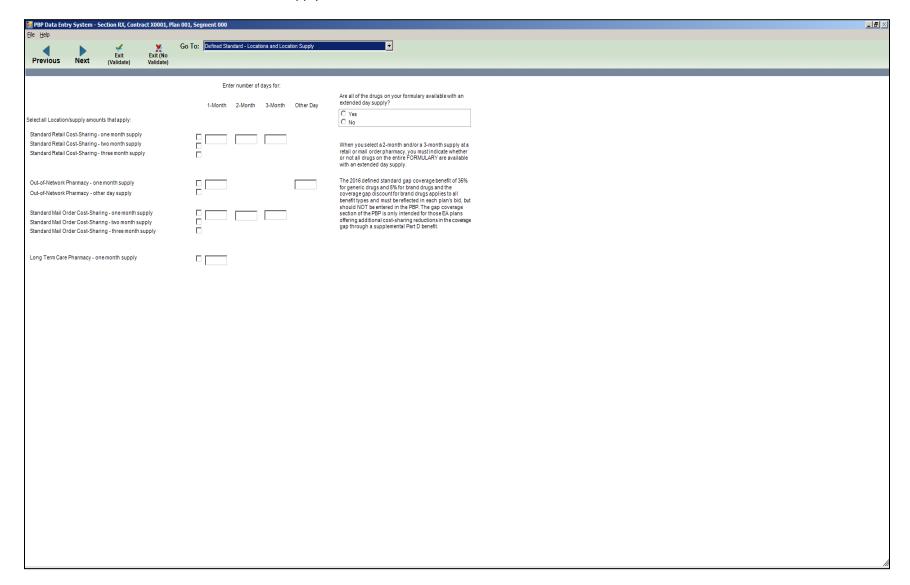
Alternative - Medicare-Medicaid Post-OOP Threshold



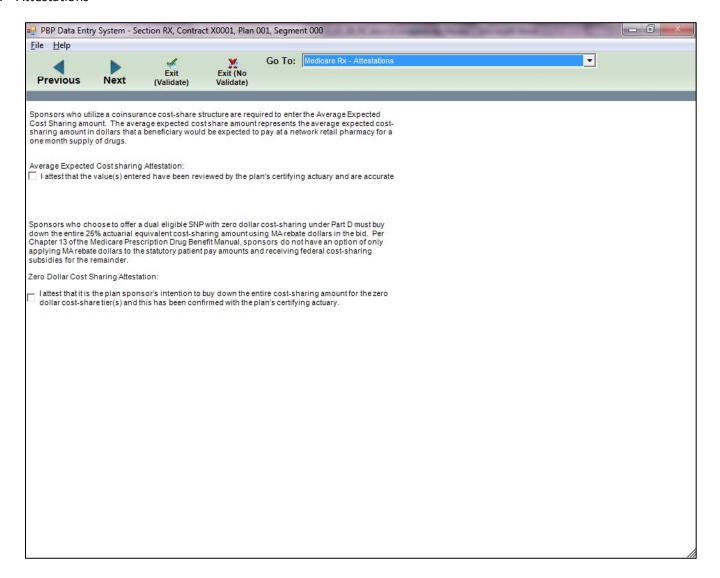
Alternative – Tier Type and Tier Cost Sharing Post-OOP Medicare and Medicaid



Defined Standard – Locations and Location Supply



Medicare Rx – Attestations



Medicare RX - Notes

