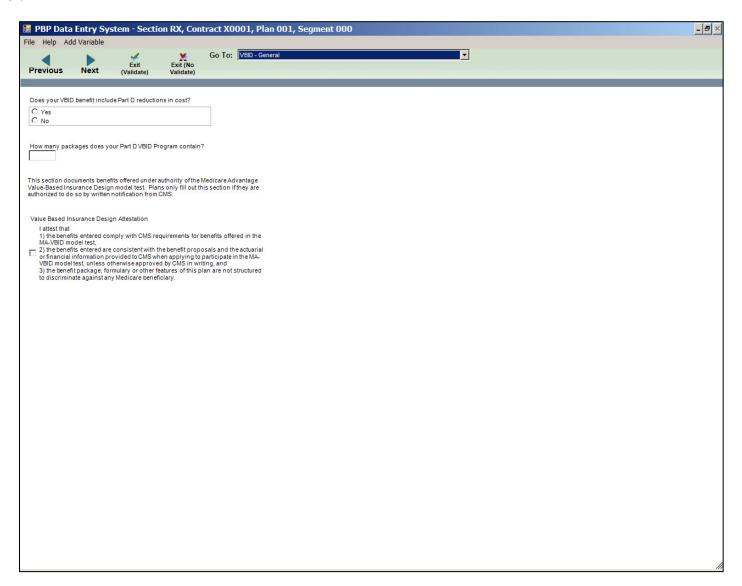
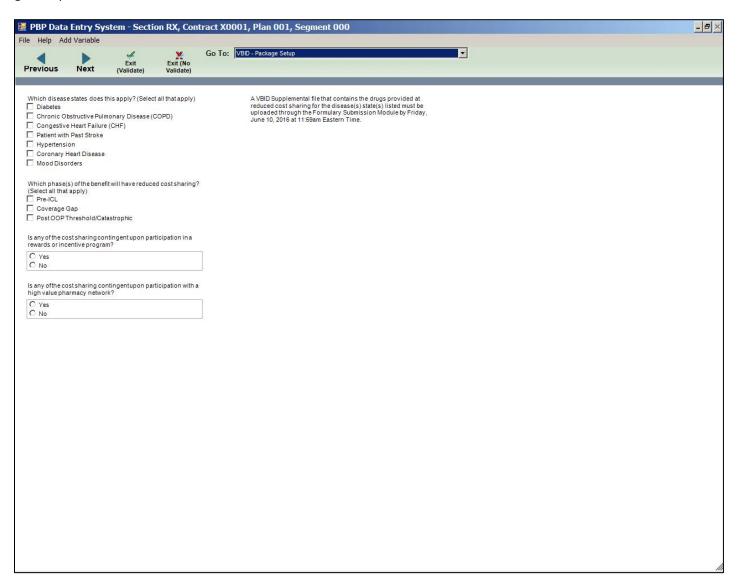
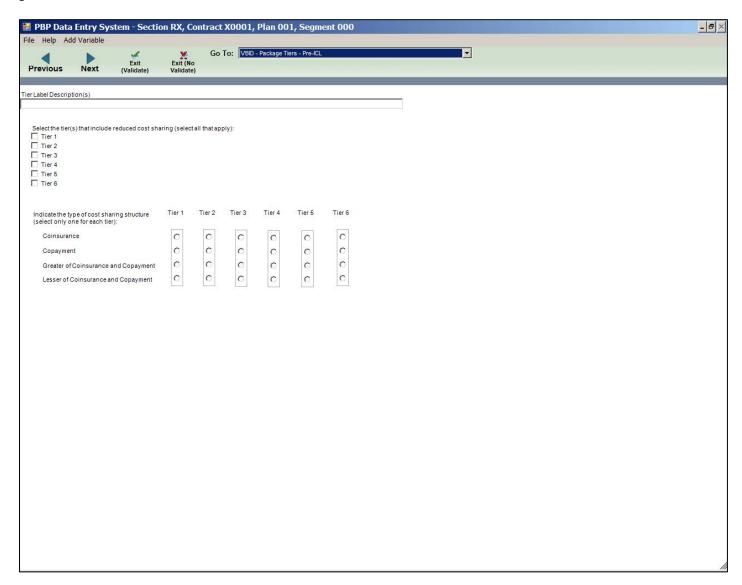
#### VBID - General



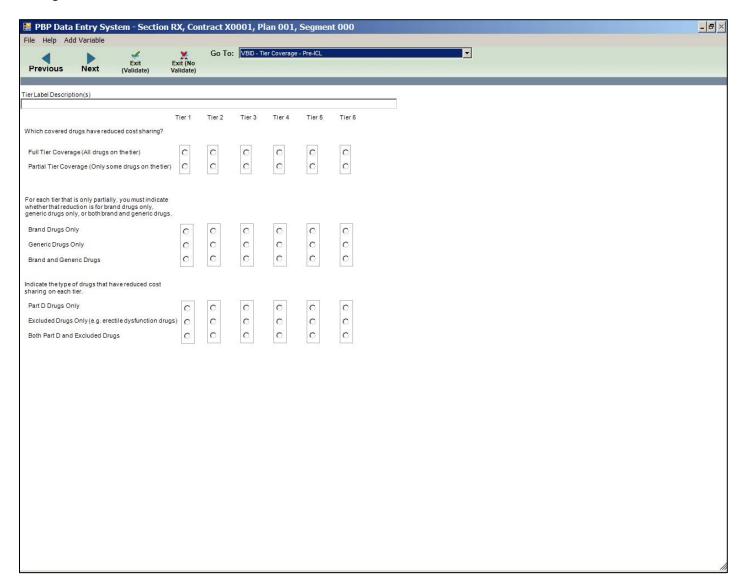
## VBID - Package Setup



# VBID - Package Tiers - Pre-ICL



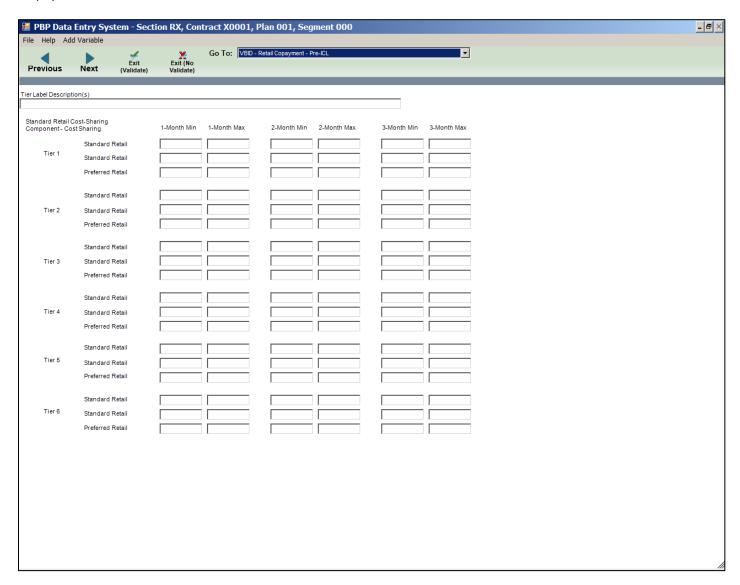
## VBID - Tier Coverage - Pre-ICL



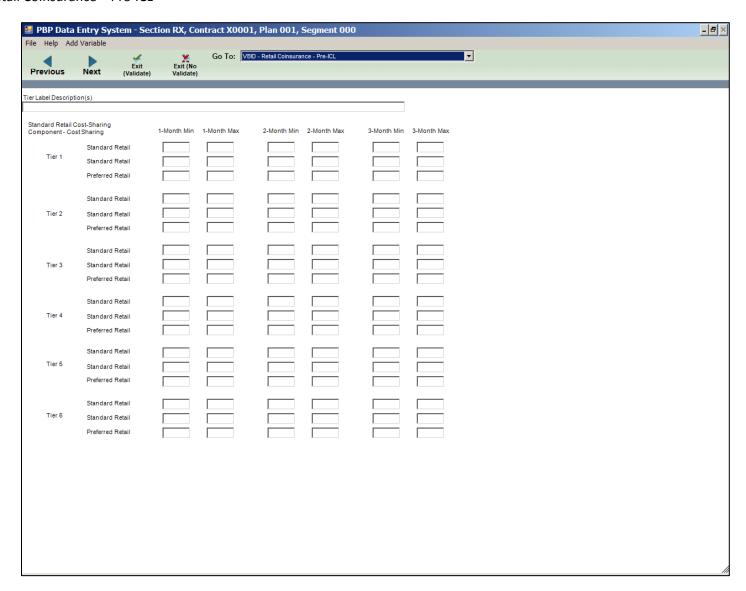
## VBID - Tier Locations - Pre-ICL

File Help Add Variable  Go To:	VPID	TierLe	cations	Pre ICI		
Exit Exit (No	VBID -	- FIEF LO	cations -	Pre-ICL		
Previous Next (Validate) Validate)						
Tier Label Description(s)						
School all Landback and Landback and Landback	Tier 1	Tier 2	Tier 2	Tier 4	Tier 5	Tior 6
Select all Location/supply amounts that apply:						
Standard Retail Cost-Sharing - one month supply						
Standard Retail Cost-Sharing - two month supply						
Standard Retail Cost-Sharing - three month supply						
Standard Retail/Preferred Retail Cost-Sharing - one month supply						
Standard Retail/Preferred Retail Cost-Sharing - two month supply						
Standard Retail/Preferred Retail Cost-Sharing - three month supply						
					_	
Out-of-Network Pharmacy - one month supply						
Out-of-Network Pharmacy - other day supply						
Standard Mail Order Cost-Sharing - one month supply						
Standard Mail Order Cost-Sharing - two month supply						
Standard Mail Order Cost-Sharing - three month supply						
Chandard Mail Ordar Drafarrad Mail Ordar Cast Charing	_	_	_	_	_	_
Standard Mail Order/Preferred Mail Order Cost-Sharing - one month supply						
Standard Mail Order/Preferred Mail Order Cost-Sharing - two month supply						
Standard Mail Order/Preferred Mail Order Cost-Sharing - three month supply						
Long Term Care Pharmacy - one month supply						

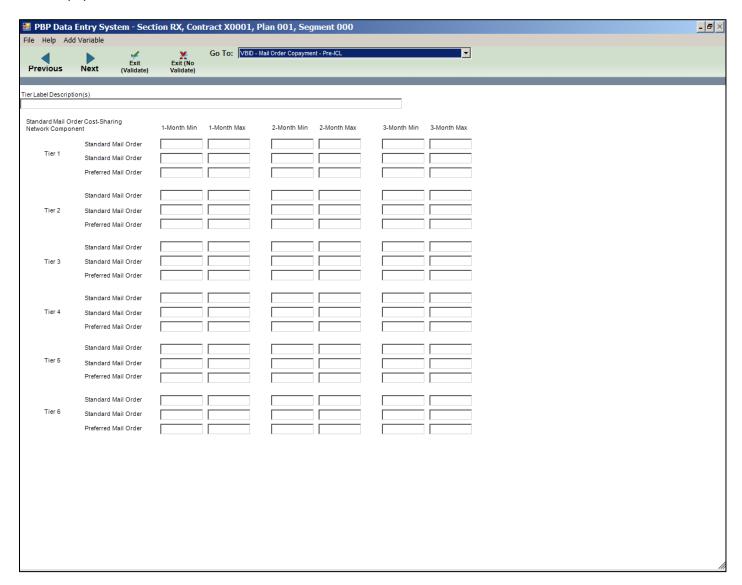
## VBID - Retail Copayment - Pre-ICL



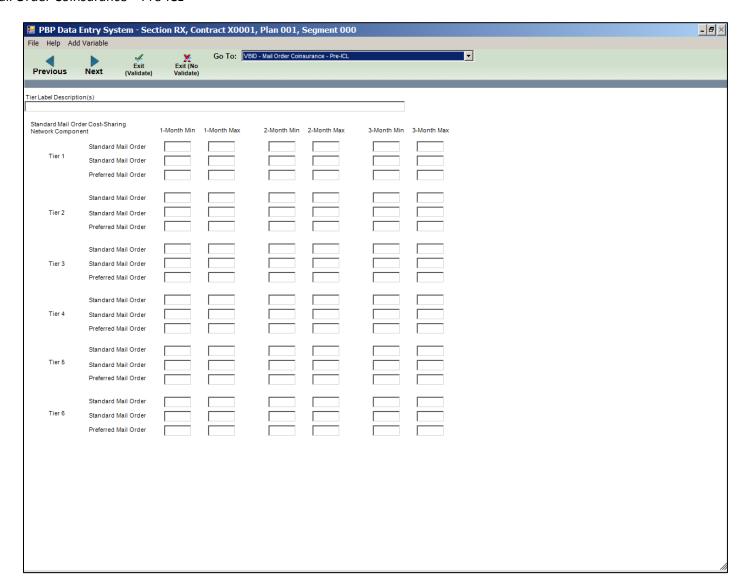
#### VBID - Retail Coinsurance - Pre-ICL



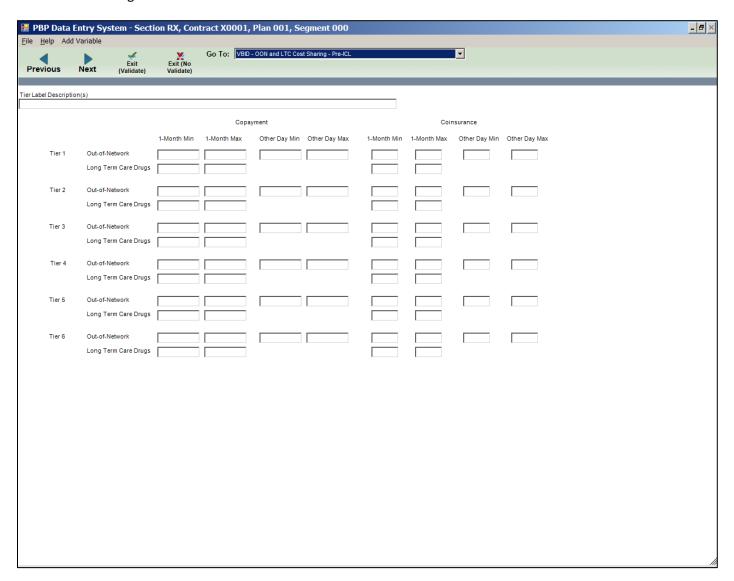
## VBID - Mail Order Copayment - Pre-ICL



#### VBID - Mail Order Coinsurance - Pre-ICL

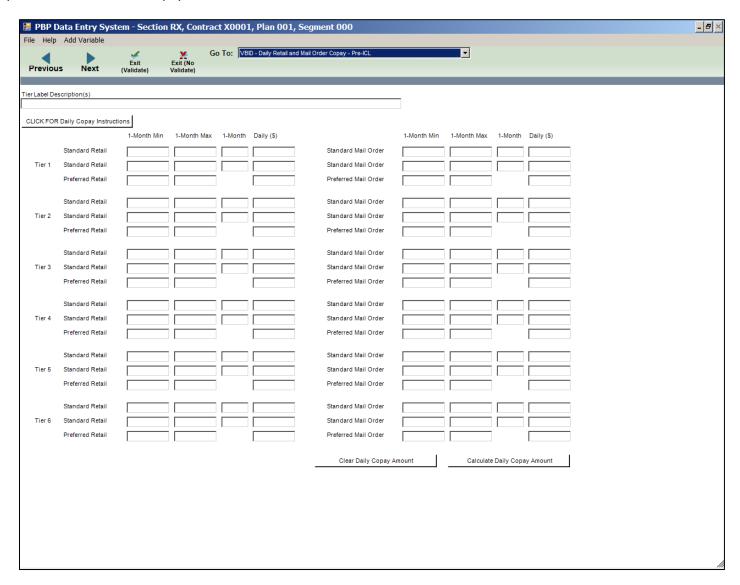


## VBID - OON and LTC Cost Sharing - Pre-ICL

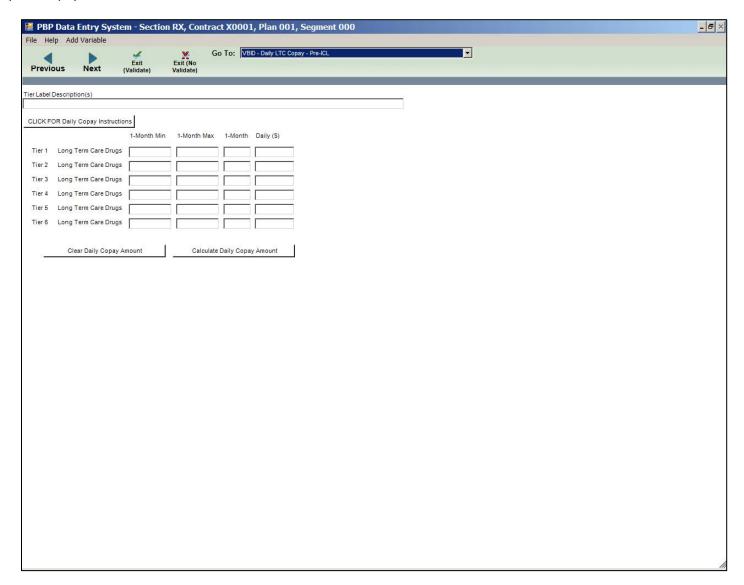


## VBID - Daily Retail and Mail Order Copay - Pre-ICL

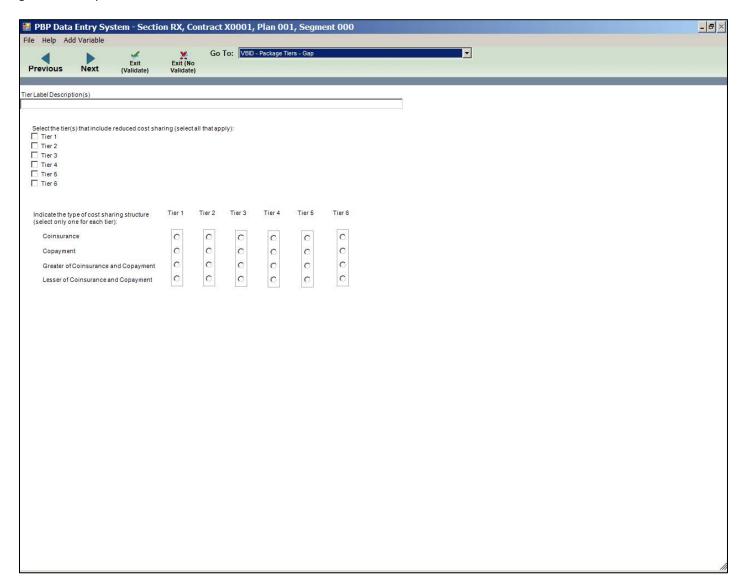
Fu Associates, Ltd.



# VBID - Daily LTC Copay - Pre-ICL



# VBID - Package Tiers - Gap

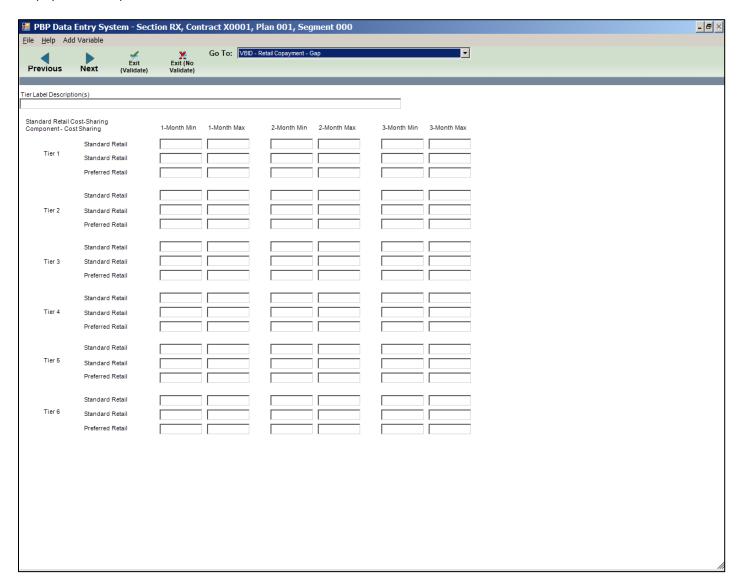


# VBID – Tier coverage – Gap

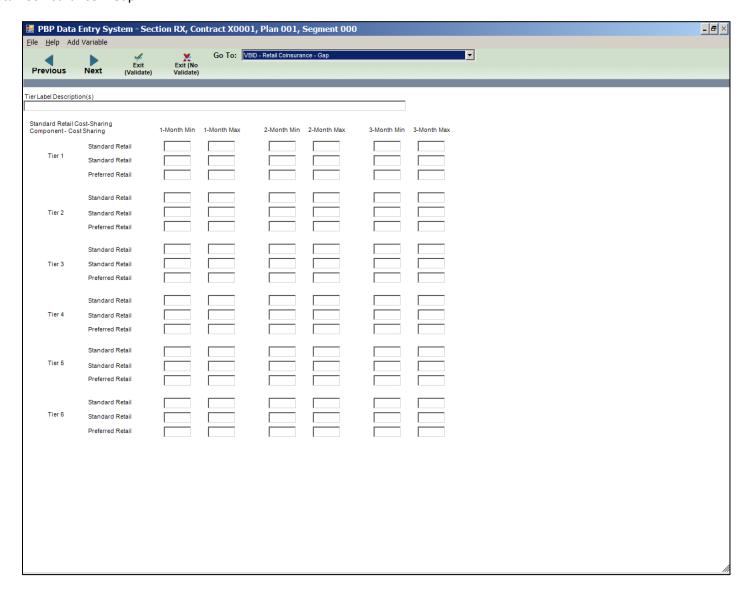
# VBID - Tier Locations - Gap

Previous Next (Validate)  Tier Label Description(s)  Select all Location/supply amounts that apply: Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6  Standard Retail Cost-Sharing - one month supply	Tier Label Description(s)  Select all Location/supply amounts that apply: Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6  Standard Retail Cost-Sharing - one month supply	Exit Exit (No	VBID -	- Tier Lo	cations -	Gap		
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Standard Retail Cost-Sharing - three month supply	Standard Retail Cost-Sharing - three month supply	Standard Retail Cost-Sharing - one month supply						
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Out-of-Network Pharmacy - other day supply	Out-of-Network Pharmacy - other day supply	Standard Retail/Preferred Retail Cost-Sharing - three month supply						
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Standard Mail Order/Preferred Mail Order Cost-Sharing - one month supply	Standard Mail Order/Preferred Mail Order Cost-Sharing - one month supply							
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		$StandardMailOrder/PreferredMailOrderCost\text{-}Sharing\text{-}twomonthsupply}$						
Long Term Care Pharmacy - one month supply	Long Term Care Pharmacy - one month supply	Standard Mail Order/Preferred Mail Order Cost-Sharing - three month supply						
		Long Term Care Pharmacy - one month supply		П	П		П	П
		Long Tomodre Thamady - one month supply						

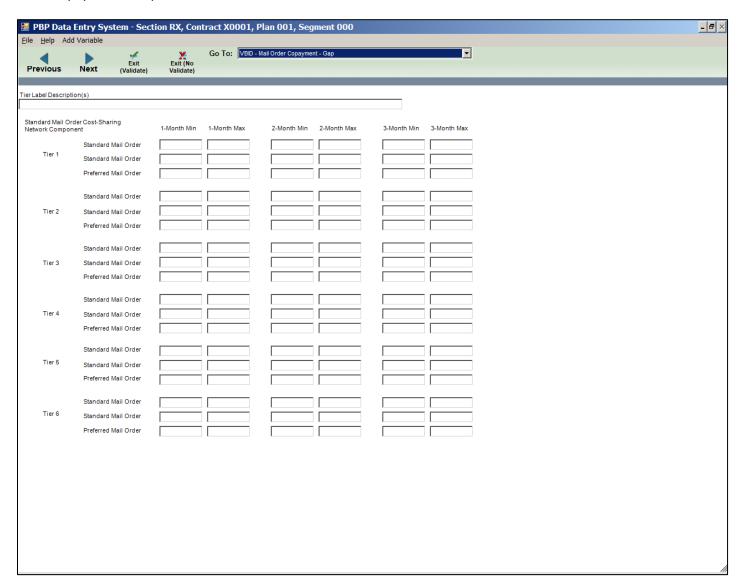
## VBID - Retail Copayment - Gap



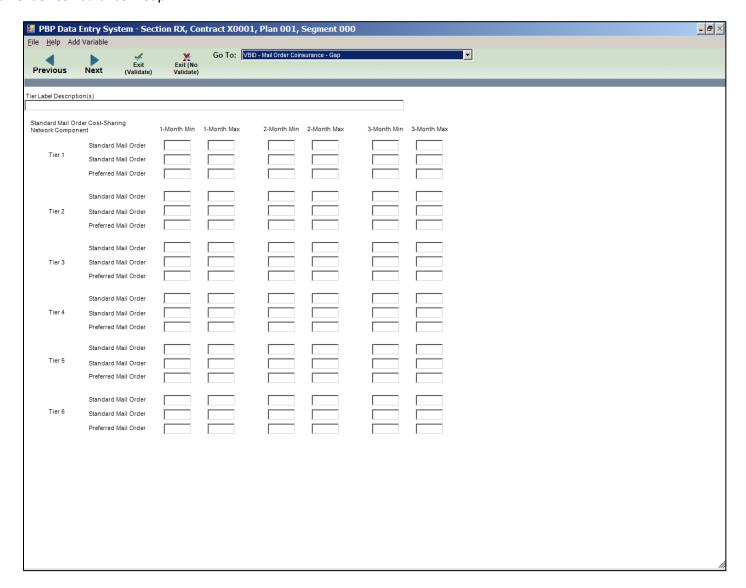
## VBID - Retail Coinsurance - Gap



## VBID - Mail Order Copayment - Gap

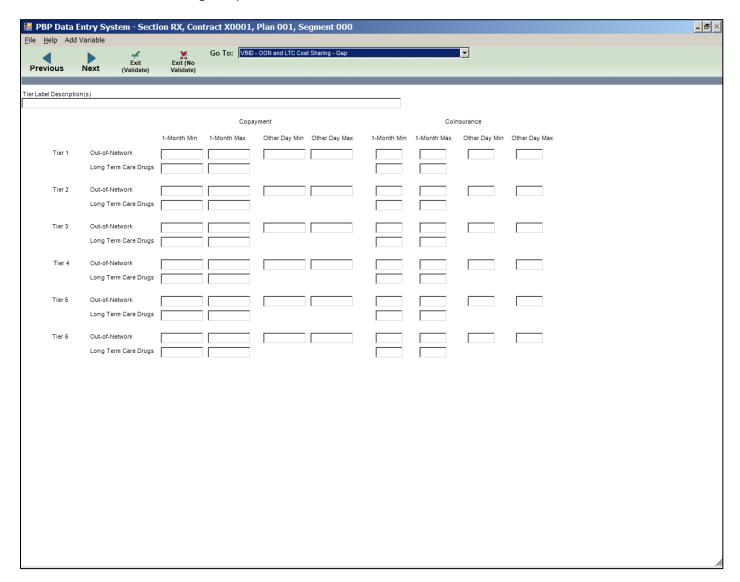


## VBID - Mail Order Coinsurance - Gap

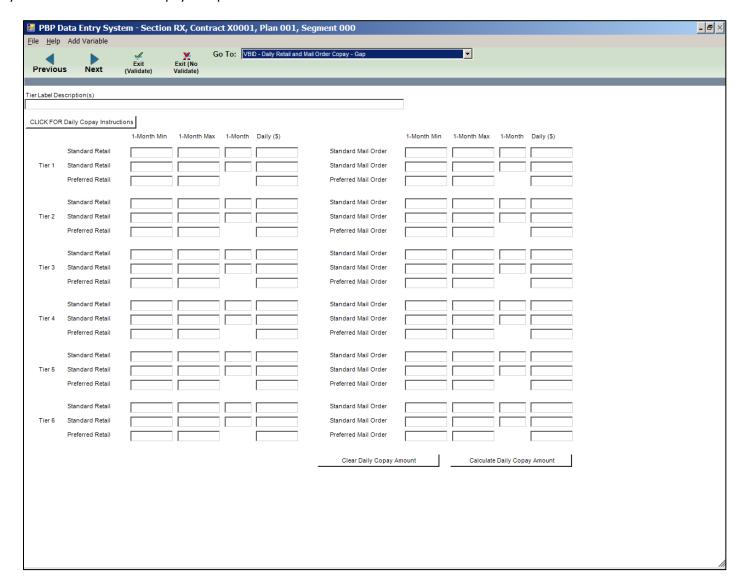


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## VBID – Out-of-Network and LTC Cost Sharing – Gap



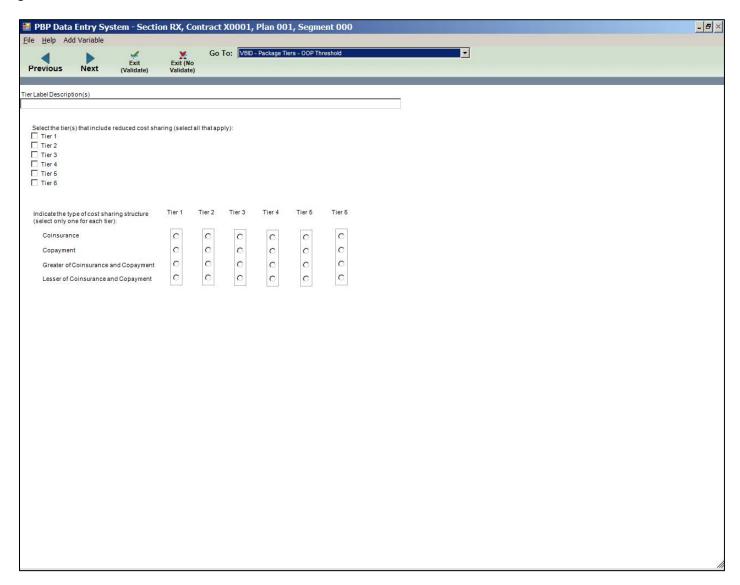
## VBID - Daily Retail and Mail Order Copay - Gap



# VBID - Daily LTC Copay - Gap

		m - Section	RX, Contra	ct <b>X000</b> 1	, Plan 001, Segment 000	
Help Ad	<b>&gt;</b>	Exit Validate)	¥ G Exit (No Validate)	o To: VB	) - Daily LTC Copay - Gap	_
abel Descript	ion(s)					
CK FOR Daily	Copay Instructio	ns				
		1-Month Min	1-Month Max	1-Month	Daily (S)	
1 Long	Term Care Drugs					
2 Long	Term Care Drugs					
3 Long	Term Care Drugs					
4 Long	Term Care Drugs					
5 Long	Term Care Drugs					
6 Long	Term Care Drugs					

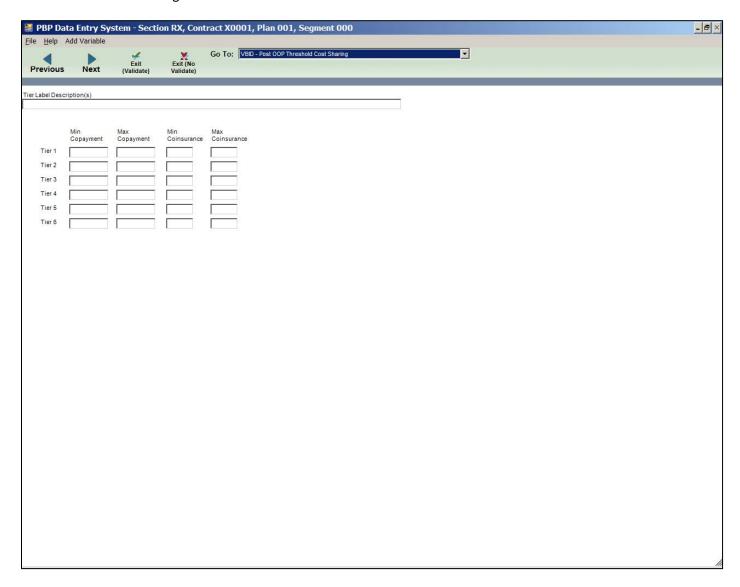
# VBID - Package Tiers - OOP Threshold



# VBID – Tier Coverage – OOP Threshold

PBP Data Entry System - Section RX, Co	ontract X	0001, P	lan 001,	, Segmen	t 000
File Help Add Variable	Go To	VBID - T	ier Coverage	e - OOP Thresi	hold
Previous Next (Validate) Validate		30			
Tier Label Description(s)					
Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Which covered drugs have reduced cost sharing?					
Full Tier Coverage (All drugs on the tier)	C	0	0	C	0
Partial Tier Coverage (Only some drugs on thetier)	0	С	C	C	C
For each tier that is only partially, you must indicate whether that reduction is for brand drugs only, generic drugs only, or both brand and generic drugs.					
24 - 224 - 222					
Brand Drugs Only  Generic Drugs Only	0	0	0	0	0
Brand and Generic Drugs	0	0	0	0	0
				1000	
Indicate the type of drugs that have reduced cost sharing on each tier.					
Part D Drugs Only	0	0	0	O	0
Excluded Drugs Only (e.g. erectile dysfunction drugs)	0	C	0	0	0
Both Part D and Excluded Drugs	0	C	0	0	C
<u>.</u>					

# VBID - Post OOP Threshold Cost Sharing



# VBID - Package notes

