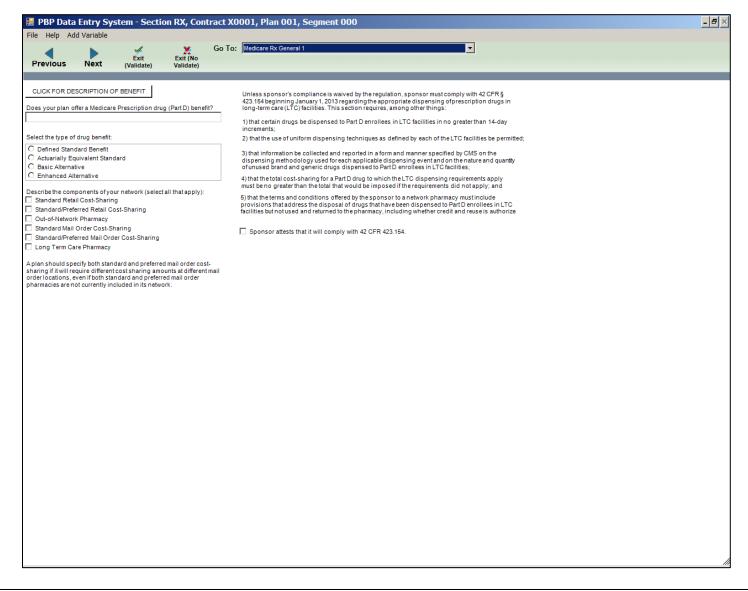
#### Medicare Rx General 1



#### Medicare Rx General 2

| PBP Data Entry System - Section RX, Contract 3  | K0001, Plan 001, Segment 000  | <u>-</u> 8 ) |
|---|---|--------------|
| File Help Add Variable 🖌 🖌 Go T   | o: Medicare Rx General 2  |              |
| Previous Next (Validate) Go T   |   |              |
| oes plan utilize floor pricing?   | Do any drugs in yourformulary require a step therapy plan?  |              |
| C Yes<br>C No   | C Yes<br>C No   |              |
| Floor pricing is used when a sponsor negotiates a minimum price,<br>such as for very low cost generics, that a pharmacy(ies) will be paid for<br>liling a prescription.   | Do you pay for Over-the-Counter medications (OTCs) under the Utilization Management<br>Program?<br>C Yes  |              |
| oes plan utilize ceiling pricing?   | O No  |              |
| C Yes<br>C No   | If you select "Yes" to "Do you pay for Over-the-Counter medications (OTCs) under the Utilization<br>Management Program?", you must indicate these specific medications in a flat file which must be<br>uploaded through the Formulary Submission Module by Friday, June 10, 2016 at 11:59am Eastern Time.                       |              |
| Jeiling pricing is used when a sponsor negotiates a maximum price<br>hat a given pharmacy will be paid for a specific NDC. Ceiling pricing is<br>iften used for high cost generics. Do you offer a free first fill (i.e. \$0 copayment) for any drugs? C Yes  | OTC Medication Attestation statement<br>Per Chapter 4 of the Medicare Managed Care Manual, an MAO cannot offer the same OTC drug<br>I under both is Brart C supplemental benefit and its Part D benefit. I attest any OTC drugs that are<br>covered under Part C are separate and distinct from OTC drugs covered under Part D. |              |
| C No  | Do you offer OTCs as a part of a formal Step Therapy Protocol submitted for review and<br>approval by CMS?  |              |
| Example: If your plan offers a \$0 copay for the first fill of a Lipitor<br>prescription, you should answer'yes' to 'Do you offer a free first fill for<br>my drugs' and indicate the RxCUI for Lipitor in the flat file which must<br>be uploaded through the Formulary Submission Module by Friday,<br>june 10, 2016 at 11:59am Eastern Time. | C Yes<br>C No<br>With respect to OTCs, a Step Therapy protocol is one that requires the use of the OTC  |              |
| are there quantity limits on certain prescription drugs?  | product prior to receiving a prescription formulary drug. This is in contrast to a general<br>utilization management strategy that offers OTCs as alternatives to prescription formulary<br>drugs but without a requirement to try the OTC first. All OTC drugs used in either a Part D   |              |
| C Yes<br>C No   | Step Therapy Protocol or a general utilization management strategy must appear in an<br>OTC supplemental file. However, only those OTCs used in a Step Therapy Protocol must<br>be documented in the Step Therapy Criteria text files submitted with the formulary files.   |              |
| s prior authorization required for certain prescription drugs?  | be documented in the step Therapy Ortena text mes submitted with the formulary mes.   |              |
| ○ No  |   |              |
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#### Medicare Rx General 3

| PBP Data Entry System - Section RX, Contract   | X0001, Plan 001, Segment 000  | - 8 |
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| Exit Exit (No  | To: Medicare Rx General 3   |     |
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| dicate number of Tiers in your Part D benefit:   | Each plan must indicate one specific cost-sharing tier from its PBP<br>at which it will adjudicate all non-formulary drugs approved through<br>the formulary exceptions process.  |     |
| hatis your Formulary Exception Tier?   | Although CMS generally allows Part D sponsors to apply only one<br>level of cost sharing from an existing formulary tier to all approved<br>formulary exceptions, sponsors may also electio apply a second  |     |
| you apply a second less expensive cost sharing level for all generic<br>ugs approved for formulary exceptions? | less expensive level of costsharing for all approved formulary<br>exceptions for generic drugs, so long as this second level is also<br>associated with an existing formulary tier and is uniformity applied to<br>all approved formulary exceptions for generic drugs.               |     |
| Yes<br>No  | When designating the exceptions tierin a PBP submission, sponsors<br>can enter only one level of cost sharing. Thus, a sponsor that has<br>established a second (less expensive) level of costsharing should<br>indicate the more expensive cost-sharing tier of the two tiers as its |     |
| hat is the lower level cost sharing Formulary Exceptions Tier?   | Exceptions Tier.  |     |
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Medicare Rx – Tier Model (when a tier includes 2 tiers)

| Help          |                                 |                       | tract X0001, Plan 001, Segment 0 |   | - |
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| evious        | Next (Validate)                 | Exit (No<br>Validate) | Go To: Medicare Rx - Tier Model  | × |   |
| dicate Formul | lary Tier Label Model (Click to | select):              |                                  |   |   |
| ier 1         | Tier 2                          |                       |                                  |   |   |
| eneric        | Brand                           |                       |                                  |   |   |
| eneric        | Preferred Brand                 |                       |                                  |   |   |
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Medicare Rx- Tier Model (when a tier includes 3 tiers)

| evious Next    | Exit<br>(Validate)       | Go To: Medicare Rx - Tie<br>Exit (No<br>Validate) | r Model |  |
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|                | abel Model (Click to sel |   |         |  |
| er 1           | Tier 2                   | Tier 3  |         |  |
| neric          | Brand                    | Specialty Tier                                    |         |  |
| neric          | Preferred Brand          | Specialty Tier                                    |         |  |
| neric          | Preferred Brand          | Non-Preferred Brand                               |         |  |
| ferred Generic | Preferred Brand          | Non-Preferred Drug                                |         |  |
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Medicare Rx – Tier Model (when a tier includes 4 tiers)

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| ndicate Formul  | ary Tier La | bel Model (Click to se | elect):               |               |                         |  |  |
| Tier 1          |             | Tier 2                 | Tier 3                |               | Tier 4                  |  |  |
| Generic         |             | Preferred Brand        | Non-Pro               | eferred Brand | Specialty Tier          |  |  |
| Preferred Gener | ic          | Generic                | Preferr               | ed Brand      | Non-Preferred Brand     |  |  |
| Preferred Gener | ic          | Generic                | Preferr               | ed Brand      | Specialty Tier          |  |  |
| Generic         |             | Preferred Brand        | Non-Pro               | eferred Brand | Injectable Drugs        |  |  |
| Preferred Gener | ic          | Preferred Brand        | Non-Pro               | eferred Drug  | Specialty Tier          |  |  |
| Preferred Gener | ic          | Preferred Brand        | Non-Pro               | eferred Drug  | Injectable Drugs        |  |  |
| Preferred Gener | ic          | Generic                | Preferr               | ed Brand      | Non-Preferred Drug      |  |  |
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## Medicare Rx – Tier Model (when a tier includes 5 tiers)

| ile Help           | ~ ~                        | Y Go To:            | dicare Rx - Tier Model |                  |  |
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| Indicate Formulary | Tier Label Model (Click to | select):            |                        |                  |  |
| Tier 1             | Tier 2                     | Tier 3              | Tier 4                 | Tier 5           |  |
| Generic            | Preferred Brand            | Non-Preferred Brand | Specialty Tier         |                  |  |
| Preferred Generic  | Generic                    | Preferred Brand     | Non-Preferred Brand    |                  |  |
| Preferred Generic  | Generic                    | Preferred Brand     | Specialty Tier         |                  |  |
| Generic            | Preferred Brand            | Non-Preferred Brand | Injectable Drugs       |                  |  |
| Preferred Generic  | Preferred Brand            | Non-Preferred Drug  | Specialty Tier         |                  |  |
| Preferred Generic  | Preferred Brand            | Non-Preferred Drug  | Injectable Drugs       |                  |  |
| Preferred Generic  | Generic                    | Preferred Brand     | Non-Preferred Drug     | ×                |  |
| Preferred Generic  | Generic                    | Preferred Brand     | Non-Preferred Brand    | Specialty Tier   |  |
| Preferred Generic  | Generic                    | Preferred Brand     | Non-Preferred Brand    | Injectable Drugs |  |
| Preferred Generic  | Generic                    | Preferred Brand     | Injectable Drugs       | Specialty Tier   |  |
| Generic            | Preferred Brand            | Non-Preferred Brand | Injectable Drugs       | Specialty Tier   |  |
| Preferred Generic  | Preferred Brand            | Non-Preferred Drug  | Injectable Drugs       | Specialty Tier   |  |
| Preferred Generic  | Generic                    | Preferred Brand     | Non-Preferred Drug     | Specialty Tier   |  |
| Preferred Generic  | Generic                    | Preferred Brand     | Non-Preferred Drug     | Injectable Drugs |  |
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## Medicare Rx – Tier Model (when a tier includes 6 tiers)

| ile Help       |              |                        |                       |            |                        |                  |                |   |  |
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| Indicate Formu | lary Tier La | bel Model (Click to se | elect):               |            |                        |                  |                |   |  |
| Tier 1         |              | Tier 2                 | Tier 3                |            | Tier 4                 | Tier 5           | Tier 6         |   |  |
| Preferred Gene | ric          | Generic                | Preferred             | Brand      | Non-Preferred Brand    | Specialty Tier   |                |   |  |
| Preferred Gene | ric          | Generic                | Preferred             | Brand      | Non-Preferred Brand    | Injectable Drugs |                |   |  |
| Preferred Gene | ric          | Generic                | Preferred             | Brand      | Injectable Drugs       | Specialty Tier   |                | • |  |
| Generic        |              | Preferred Brand        | Non-Prefe             | rred Brand | Injectable Drugs       | Specialty Tier   |                |   |  |
| Preferred Gene | ric          | Preferred Brand        | Non-Prefe             | rred Drug  | Injectable Drugs       | Specialty Tier   |                |   |  |
| Preferred Gene | ric          | Generic                | Preferred             | Brand      | Non-Preferred Drug     | Specialty Tier   |                |   |  |
| Preferred Gene | ric          | Generic                | Preferred             | Brand      | Non-Preferred Drug     | Injectable Drugs |                | • |  |
| Preferred Gene | ric          | Generic                | Preferred             | Brand      | Non-Preferred Brand    | Injectable Drugs | Specialty Tier |   |  |
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Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 2 tiers)

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| evious          | Next (Validate)           | Exit (No<br>Validate) | Go To: Med | dicare Rx - Tier Model |  |  |  |
| dicate Formular | y Tier Label Model (Click | to select):           |            |                        |  |  |  |
| ier 1           | Tier 2                    |                       |            |                        |  |  |  |
| eneric Drugs    | Brand Drugs               |                       |            |                        |  |  |  |
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Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 3 tiers)

|                   | ntry Sys     | tem - Sectio       | n RX, Cont            | ract X0 | 0001, Plan 001, Segment   |
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| Indicate Formular | y Tier Label |                    | elect):               |         |                           |
| Tier 1            |              | Tier 2             |                       |         | Tier 3                    |
| Generic Drugs     |              | Preferred Bran     |                       |         | Non-Preferred Brand Drugs |
| Preferred Generic | Drug         |                    | Generic Drugs         |         | Brand Drugs               |
| \$0 Drugs         |              | Generic Drugs      |                       |         | Brand Drugs               |
| Generic Drugs     |              | Brand Drugs        |                       |         | Non-Medicare Rx/OTC Drugs |
| Generic Drugs     |              | Brand Drugs        |                       |         | Non-Medicare Rx Drugs     |
| Generic Drugs     |              | Brand Drugs        |                       |         | Non-Medicare OTC Drugs    |
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Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 4 tiers)

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| dicate Formulary Tier Labe |                                       |                                |                           |          |  |
| er 1                       | Tier 2                                | Tier 3                         | Tier 4                    |          |  |
| ferred Generic Drugs       | Non-Preferred Generic Drugs           | Preferred Brand Drugs          | Non-Preferred Brand Drugs |          |  |
| neric Drugs                | Preferred Brand Drugs                 | Non-Preferred Brand Drugs      | Non-Medicare Rx/OTC Drugs |          |  |
| ferred Generic Drugs       | Non-Preferred Generic Drugs           | Brand Drugs                    | Non-Medicare Rx/OTC Drugs |          |  |
| Drugs                      | Generic Drugs                         | Brand Drugs                    | Non-Medicare Rx/OTC Drugs |          |  |
| neric Drugs                | Brand Drugs                           | Non-Medicare Rx Drugs          | Non-Medicare OTC Drugs    |          |  |
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Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 5 tiers)

|                                   | System - Secti     | on RX, Cont           | tract X0 | 001, Plan 001, Segmen       | it 0                      |                           |     | _ E |
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| e Help                            | Exit<br>(Validate) | Exit (No<br>Validate) | Go To:   | Medicare Rx - Tier Model    |                           | ×                         |     |     |
|                                   |                    |                       |          |                             |                           |                           |     |     |
| Indicate Formulary Tier<br>Tier 1 | Tier 2             | select):              |          | Tier 3                      | Tier 4                    | Tier 5                    | i i |     |
| Preferred Generic Drugs           |                    | red Generic Drugs     |          | Preferred Brand Drugs       | Non-Preferred Brand Drugs | Non-Medicare RX/OTC Drugs |     |     |
| 0 Drugs                           |                    | Generic Drugs         |          | Non-Preferred Generic Drugs | Brand Drugs               | Non-Medicare RX/OTC Drugs |     |     |
| 0 Drugs                           |                    | Generic Drugs         |          | Preferred Brand Drugs       | Non-Preferred Brand Drugs | Non-Medicare RX/OTC Drugs |     |     |
| Seneric Drugs                     |                    | Irand Drugs           |          | Non-Preferred Brand Drugs   | Non-Medicare Rx Drugs     | Non-Medicare OTC Drugs    |     |     |
| referred Generic Drugs            |                    | red Generic Drugs     |          | Brand Drugs                 | Non-Medicare Rx Drugs     | Non-Medicare OTC Drugs    |     |     |
| elefted Generic Drugs             | Non-Preten         | red Generic Drugs     | •        | Draild Drugs                | Non-medicare RX brugs     | Non-medicale of c brugs   |     |     |
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# Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 6 tiers)

| e Help         |                 |                   |                  |        |                             |                           |                           |                           |  |
|----------------|-----------------|-------------------|------------------|--------|-----------------------------|---------------------------|---------------------------|---------------------------|--|
|                |                 | Exit              | Exit (No         | Go To: | Medicare Rx - Tier Model    |                           | <b>v</b>                  |                           |  |
| Previous       | Next            | (Validate)        | Validate)        |        |                             |                           |                           |                           |  |
|                |                 |                   |                  |        |                             |                           |                           |                           |  |
| ndicate Formu  | lary Tier Label | Model (Click to s | select):         |        |                             |                           |                           |                           |  |
| Tier 1         |                 | Tier 2            |                  |        | Tier 3                      | Tier 4                    | Tier 5                    | Tier 6                    |  |
| 0 Drugs        |                 | Preferred G       | eneric Drugs     |        | Non-Preferred Generic Drugs | Brand Drugs               | Non-Medicare Rx Drugs     | Non-Medicare OTC Drugs    |  |
| 0 Drugs        |                 | Preferred G       | eneric Drugs     |        | Preferred Brand Drugs       | Non-Preferred Brand Drugs | Non-Medicare Rx Drugs     | Non-Medicare OTC Drugs    |  |
| Preferred Gene | ric Drugs       | Non-Preferr       | ed Generic Drugs |        | Preferred Brand Drugs       | Non-Preferred Brand Drugs | Non-Medicare Rx Drugs     | Non-Medicare OTC Drugs    |  |
| \$0 Drugs      |                 | Preferred G       | eneric Drugs     |        | Non-Preferred Generic Drugs | Preferred Brand Drugs     | Non-Preferred Brand Drugs | Non-Medicare Rx/OTC Drugs |  |
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### Defined Standard – ICL and OOP Threshold

| PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000           File         Help         Add Variable   | - <del>a</del> × |
|--|------------------|
| Go To: Defined Standard - ICL and OOP Threshold  |                  |
| Previous Next (Validate) Validate)   |                  |
| Defined Standard Benefit Screen  |                  |
| Medicare-defined Part D Deductible Amount  |                  |
| Medicare-defined Part D Coinsurance Amount   |                  |
| Medicare-defined Part D Initial Coverage Limit (ICL)<br>Amount   |                  |
| Medicare-defined Part D Coverage Gap Amount  |                  |
| Medicare-defined PartD Annual Out-of-Pocket Cost<br>Threshold  |                  |
| Medicare-defined Cost Shares Applicable Beyond the<br>Annual Out-of-Pocket Cost Threshold Charged on a<br>Drug-by-Drug basis |                  |
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## Actuarially Equivalent Characteristics

|   |   | stem - Section  | on RX, Con                           | tract X0 | 001, Plan 001, Segment 000             | ) |   |  |
|---|---|---|--------------------------------------|----------|--|---|---|--|
| File Help Ad                                | ld Variable                                   |   |                                      | Go To:   | Actuarially Equivalent Characteristics |   | - |  |
| Previous                                    | Next  | Exit<br>(Validate)  | Exit (No<br>Validate)                | 0010.    |  |   |   |  |
|   |   | (validate)  | Tandatoy                             |          |  |   |   |  |
| Actuarially Equiva                          | llent Benefit S                               | creens  |                                      |          |  |   |   |  |
| Medicare-defined                            | Part D Deduc                                  | tible Amount  |                                      |          |  |   |   |  |
| ndicate the Out-o                           | f-Network cos                                 | st sharing structure  | for this plan:                       |          |  |   |   |  |
|   |   | nsurance (No Diffe  |                                      |          |  |   |   |  |
| Standard Reta<br>between the C<br>allowable | ail Copay/Coi<br>OON billed ch                | nsurance plus a dif<br>arge and the Stand   | fferential<br>dard Retail            |          |  |   |   |  |
| C Standard Reta                             | ail Copay/Coir                                | nsurance with Limi  | ted Days supply                      | (        |  |   |   |  |
| lifferential in cost<br>network coverage    | sharing or a<br>CMS' expect<br>t of network u | nd does notutilize<br>differential in days<br>ation is that the pl<br>se with either a po<br>l. | supply for out o<br>an is monitoring | 1        |  |   |   |  |
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## Actuarially Equivalent – Pre-ICL

| PBP Data<br>le Help Add                |                      | stem - Sectio                        | on RX, Con            | tract X0001, Plan 001, Segment 000      | - 8 |
|--|----------------------|--------------------------------------|-----------------------|---|-----|
| Previous                               | Next                 | Exit<br>(Validate)                   | Exit (No<br>Validate) | Go To: Actuarially Equivalent - Pre-ICL |     |
|  |                      | (validato)                           | Vandatoj              |   |     |
| w do you apply y<br>nit (ICL) is reach | our cost shar<br>ed? | ring before the Ini <mark>t</mark> i | al Coverage           |   |     |
|  | ed Part D Coi        | nsurance amount                      |                       |   |     |
|  |                      |                                      |                       |   |     |
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Actuarially Equivalent – Tier Type and Cost Share Structure – Pre-ICL

| vious Next (Validate) Valida  | 10     | 0. <u>pectuar</u> | any Equivale | int - Her Typ | e and Cost S | hare Structure - Pre-ICL |  |
|---|--------|-------------------|--------------|---------------|--------------|--------------------------|--|
| bel Description(s)  |        |                   |              |               |              |                          |  |
| er Drug Type(s) (select all that apply):  | Tier 1 | Tier 2            | Tier 3       | Tier 4        | Tier 5       | Tier 6                   |  |
| Generic   |        |                   |              |               |              |                          |  |
| Preferred Generic   |        | Γ                 |              |               |              |                          |  |
| Non-Preferred Generic   |        |                   |              |               |              |                          |  |
| Brand   |        |                   |              |               |              |                          |  |
| Preferred Brand   |        |                   |              |               |              |                          |  |
| Non-Preferred Brand   |        |                   |              |               |              |                          |  |
| er Includes (select only one for each tier):  | -      | Acres 1           | <i>b</i> =1  |               | <u></u>      |                          |  |
| Part D Drugs Only   | 0      |                   |              | 0             |              |                          |  |
| Excluded Drugs Only (e.g. erectile dysfunction drugs  | ) O    | 0                 | 0            | 0             | 0            | C<br>C                   |  |
| Both Part D and Excluded Drugs  | 0      | C                 | 0            | C             | 0            | 0                        |  |
| dicate the type of cost sharing structure (select<br>ilv one for each tier):<br>Coinsurance | C      |                   | 0            | C             | 0            | 0                        |  |
| Copayment   | C      | C                 | 0            | C             | 0            | C                        |  |
| Greater of Coinsurance and Copayment  | C      | 0                 | C            | C             | C            | C                        |  |
| Lesser of Coinsurance and Copayment   | C      | С                 | 0            | C             | 0            | C                        |  |
|   |        |                   |              |               |              |                          |  |

### Actuarially Equivalent – Tier Locations – Pre-ICL

| BP Data Entry System - Section RX, Contract X0                             | 001,   | Plan      | 001,     | Segm      | ent O     | 00      |
|--|--------|-----------|----------|-----------|-----------|---------|
| File Help Add Variable   | Actua  | rially Eq | uivalent | - Tier Lo | cations - | 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  |
| 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                      |        |           |          |           |           |         |
| 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                                 |        |           |          |           |           |         |
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Actuarially Equivalent – Retail Pharmacy Location Supply – Pre-ICL

| Previous             | Add Variable<br>Next (Validation | Exit (N<br>te) Validate | 0           | Actuarially Equivalent - Retail Pharmacy Location Si  | ipply - Pre-ICL  |  |
|----------------------|--|-------------------------|-------------|---|--|--|
| er Label Descr       | ription(s)   |                         |             |   |  |  |
| Day Supply<br>Tier 1 | Cost-Sharing Component<br>Standard Retail<br>Standard<br>Retail/Preferred Retail   | 1-Month 2-Ma            | nth 3-Month | "Extended day supply applies to all Drugs?<br>Are all of the drugs on your formulary for this tier<br>available with an extended day supply?<br>C Yes<br>C No | "For example, you chose a 2-month or 3-month supply at the<br>Standard/Preferred Retail Cost-Sharing or the Mail-Order<br>Pharmacy, you must answer "yes" to the question "Are all<br>drugs on your formulary for this tier available with an<br>extended day supply?" fail of the drugs on that tier are<br>available at the extended day supply.               |  |
|                      | Standard Retail<br>Standard<br>Retail/Preferred Retail   |                         |             | Are all of the drugs on your formulary for this tier<br>available with an extended day supply?<br>C Yes<br>C No   | If you select "No" to "Are all of the drugs on your formulary for this<br>tier available with an extended day supply", you must indicate the<br>specific medications that will INO To eoffered at an extended day<br>supply in a flat file which must be uploaded through the<br>Formulary Submission Module by Friday June 10, 2016 at<br>11:59am Eastern Time. |  |
|                      | Standard Retail<br>Standard<br>Retail/Preferred Retail   |                         |             | Are all of the drugs on your formulary for this tier<br>available with an extended day supply?<br>C Yes<br>C No   |  |  |
|                      | Standard Retail<br>Standard<br>Retail/Preferred Retail   |                         |             | Are all of the drugs on your formulary for this tier<br>available with an extended day supply?<br>O         Yes           O         No                        |  |  |
|                      | Standard Retail<br>Standard<br>Retail/Preferred Retail   |                         |             | Are all of the drugs on your formulary for this tier<br>available with an extended day supply?<br>C Yes<br>C No   |  |  |
|                      | Standard Retail<br>Standard<br>Retail/Preferred Retail   |                         |             | Are all of the drugs on your formulary for this tier<br>available with an extended day supply?<br>C Yes<br>C No   |  |  |
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Actuarially Equivalent – Mail Order Location Supply – Pre-ICL

|             | Add Variable  | Section RA; Col      | ntract X0001, Pl | an 001, Segment 000                |                    |          |  |
|-------------|---|----------------------|------------------|------------------------------------|--------------------|----------|--|
|             | Fri   | t Exit (No           | Go To: Actuarial | / Equivalent - Mail Order Location | n Supply - Pre-ICL | <b>_</b> |  |
| revious     | S Next (Valid   | ate) Validate)       |                  |                                    |                    |          |  |
| r Label Des | cription(s)   |                      |                  |                                    |                    |          |  |
| mponent     | Order Cost-Sharing Networ                               | k<br>1-Month 2-Monti | 3-Month          |                                    |                    |          |  |
| Day Supply  |   |                      |                  |                                    |                    |          |  |
| Tier 1      | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                      |                  |                                    |                    |          |  |
| Tier 2      | Standard Mail Order                                     |                      |                  |                                    |                    |          |  |
|             | Standard/Preferred Mail<br>Order                        |                      |                  |                                    |                    |          |  |
| Tier 3      | Standard Mail Order                                     |                      |                  |                                    |                    |          |  |
|             | Standard/Preferred Mail<br>Order                        |                      |                  |                                    |                    |          |  |
| Tier 4      | Standard Mail Order                                     |                      |                  |                                    |                    |          |  |
|             | Standard/Preferred Mail<br>Order                        |                      |                  |                                    |                    |          |  |
| Tier 5      | Standard Mail Order                                     |                      |                  |                                    |                    |          |  |
|             | Standard/Preferred Mail<br>Order                        |                      |                  |                                    |                    |          |  |
| Tier 6      | Standard Mail Order                                     |                      |                  |                                    |                    |          |  |
|             | Standard/Preferred Mail<br>Order                        |                      |                  |                                    |                    |          |  |
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Actuarially Equivalent – OON and LTC Location Supply – Pre-ICL

| Help Add Va      | riable |  |  |  |
|------------------|--------|--|--|--|
|                  | ext    | Exit Exit (No<br>(Validate)            | o To: Actuarially Equivalent - OON and LTC Location Supply - Pre-ICL |  |
| el Description(s |        |  |  |  |
|                  |        |  |  |  |
| ay Supply        |        |  | 1-Month Other Day  |  |
|                  | Tier 1 | Network Component<br>Out-of-Network    |  |  |
|                  |        | Long Term Care Drugs                   |  |  |
|                  | Tier 2 | Out-of-Network                         |  |  |
|                  | 11012  | Long Term Care Drugs                   |  |  |
|                  | Tier 3 | Out-of-Network                         |  |  |
|                  | Tier 3 | Long Term Care Drugs                   |  |  |
|                  |        |  |  |  |
|                  | Tier 4 | Out-of-Network<br>Long Term Care Drugs |  |  |
|                  |        |  |  |  |
|                  | Tier 5 | Out-of-Network<br>Long Term Care Drugs |  |  |
|                  |        | -                                      |  |  |
|                  | Tier 6 | Out-of-Network<br>Long Term Care Drugs |  |  |
|                  |        | Long Term Care Drugs                   |  |  |
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Actuarially Equivalent – Retail Pharmacy Copayment and Coinsurance – Pre-ICL

| er Label Desc | iption(s)                           |              |                           |              |   |  |             |  |
|---------------|-------------------------------------|--------------|---------------------------|--------------|---|--|-------------|--|
| tandard Ret   | il Cost-Sharing<br>Cost Sharing     | 1-Month (\$) | Copayment<br>2-Month (\$) | 3-Month (\$) | Avg Expected Coins Dollar<br>Amt (1 month supply) (\$): | Coinsurance<br>1-Month (%) 2-Month (%) | 3-Month (%) |  |
| Tier 1        | Standard Retail                     |              |                           |              |   |  |             |  |
|               | Standard Retail<br>Preferred Retail |              |                           |              |   |  |             |  |
| Fier 2        | Standard Retail                     |              |                           |              |   |  |             |  |
|               | Standard Retail                     | ,            |                           |              |   |  |             |  |
|               | Preferred Retail                    |              |                           |              |   |  |             |  |
| Tier 3        | Standard Retail                     |              |                           |              |   |  |             |  |
|               | Standard Retail                     | /            |                           |              |   |  |             |  |
|               | Preferred Retail                    |              |                           |              |   |  |             |  |
| r 4           | Standard Retail                     |              |                           |              |   |  |             |  |
|               | Standard Retail                     | ,            |                           |              |   |  |             |  |
|               | Preferred Retail                    |              |                           |              |   |  |             |  |
| er 5          | Standard Retail                     |              |                           |              |   |  |             |  |
|               | Standard Retail                     |              |                           |              |   |  |             |  |
|               | Preferred Retail                    |              |                           |              |   |  |             |  |
| er 6          | Standard Retail                     |              |                           |              |   |  |             |  |
|               | Standard Retail                     |              |                           |              |   |  |             |  |
|               | Preferred Retail                    |              |                           |              |   |  |             |  |

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

| File Help A                             | ntry System - Section RX, Contract X0001, Plan 001, Segment 000   | - 8 |
|---|---|-----|
| Previous                                | Actuarially Equivalent - Mail Order Copayment and Coinsurance - Pre-ICL  Kext (Validate)  Go To: Actuarially Equivalent - Mail Order Copayment and Coinsurance - Pre-ICL  Validate) |     |
| Tier Label Descrij                      |   |     |
| l<br>Standard Mail Or<br>Network Compon | Cost-Sharing Copayment Coinsurance<br>- Cost Sharing 1-Month (\$) 2-Month (\$) 3-Month (\$) 1-Month (%)2-Month (%)3-Month (%)   |     |
| Tier 1                                  | andard Mail Order   |     |
| Tier 2                                  | andard Mail Order   |     |
| Tier 3                                  | andard Mail Order   |     |
| Tier 4                                  | andard Mail Order   |     |
| Tier 5                                  | andard Mail Order   |     |
| Tier 6                                  | andard Mail Order   |     |
|   |   |     |
|   |   |     |
|   |   |     |

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

| Del Description(s)<br>Copayment<br>Network Component 1-Month (S) Other | Coinsurance |  |
|--|-------------|--|
| Network Component 1-Month (\$) Other                                   | Coinsurance |  |
| Tier 1 Out-of-Network Long Term Care Drugs                             |             |  |
| Tier 2 Out-of-Network  |             |  |
| Tier 3 Out-of-Network  |             |  |
| 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 – Daily Copayment Amount Cost Sharing – Pre-ICL

| Previ    | bus Next   | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: Actuar | ially Equivalent - Daily Copaymer                                  | nt Amount Cost Shari | ng - Pre-ICL | •          |                      |                          |                                 |           |
|----------|--|--------------------|-----------------------|---------------|--|----------------------|--------------|------------|----------------------|--------------------------|---------------------------------|-----------|
| er Label | Description(s)   |                    |                       |               |  |                      | -            |            |                      |                          |                                 |           |
| CLICK F  | OR Daily Copay Inst                                    | uctions            | Copayment             |               |  | Copa                 | yment        |            |                      |                          |                                 |           |
| er 1     | Standard Retail<br>Standard Retail<br>Preferred Retail | 1-Month (\$)       | 1-Month               | Daily (\$)    | Standard Mail Order<br>Standard Mail Order<br>Preferred Mail Order | 1-Month (\$)         | 1-Month      | Daily (\$) | Long Term Care Drugs | Copayment<br>1-Month (S) | 1-Month                         | Daily (S) |
| er 2     | Standard Retail<br>Standard Retail<br>Preferred Retail |                    |                       |               | Standard Mail Order<br>Standard Mail Order<br>Preferred Mail Order |                      |              |            | Long Term Care Drugs |                          |                                 |           |
| er 3     | Standard Retail<br>Standard Retail<br>Preferred Retail |                    |                       |               | Standard Mail Order<br>Standard Mail Order<br>Preferred Mail Order |                      |              |            | Long Term Care Drugs |                          |                                 |           |
| er 4     | Standard Retail<br>Standard Retail<br>Preferred Retail |                    |                       |               | Standard Mail Order<br>Standard Mail Order<br>Preferred Mail Order |                      |              |            | Long Term Care Drugs |                          |                                 |           |
| er 5     | Standard Retail<br>Standard Retail<br>Preferred Retail |                    |                       |               | Standard Mail Order<br>Standard Mail Order<br>Preferred Mail Order |                      |              |            | Long Term Care Drugs |                          |                                 |           |
| er 6     | Standard Retail<br>Standard Retail<br>Preferred Retail |                    |                       |               | Standard Mail Order<br>Standard Mail Order<br>Preferred Mail Order |                      |              |            | Long Term Care Drugs |                          |                                 |           |
|          |  |                    |                       |               |  |                      |              |            |                      |                          | te Daily Copay<br>Daily Copay A |           |

Fu Associates, Ltd.

#### CY2017 PBP – Section Rx 12/4/2015 CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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### Actuarially Equivalent – OOP Threshold

|                | 1.11.11.11.11.11.11.11.11.11.11.11.11.1 | tem - Sectio       | on RX, Con            | tract X0001,       | Plan 001, Segme             | ent 000 |   |  | - 8 |
|----------------|---|--------------------|-----------------------|--------------------|-----------------------------|---------|---|--|-----|
| File Help A    |   | 4                  | ×                     | Go To: Actua       | rially Equivalent - OOP Thr | reshold | - |  |     |
| Previous       | Next                                    | Exit<br>(Validate) | Exit (No<br>Validate) |                    |                             |         |   |  |     |
| adicare define | ed Part D Initial Co                    | werage Limit (IC   |                       |                    |                             |         |   |  |     |
|                |   |                    | c) Anothe             |                    |                             |         |   |  |     |
|                | ed Part D Coverag                       |                    |                       |                    |                             |         |   |  |     |
| edicare-define | ed Part D Annual C                      | out-of-Pocket Co   | stThreshold           |                    |                             |         |   |  |     |
|                |   |                    |                       | Annual Out-of-Pock | etCostThreshold?            |         |   |  |     |
| Medicare-de    | efined Post Thres<br>Tiers              | nold Cost Shares   | 5                     |                    |                             |         |   |  |     |
|                |   |                    |                       |                    | 0                           |         |   |  |     |
|                |   |                    |                       |                    |                             |         |   |  |     |
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Actuarially Equivalent – Tier Type – Post-OOP Threshold

| 🔡 PBP Data Entry System - Section R                   | X, Con              | tract ) | (0001  | , Plan      | 001, 9      | egment 000         |              |
|---|---------------------|---------|--------|-------------|-------------|--------------------|--------------|
| File Help Add Variable                                | Xit (No<br>alidate) | Go T    | D: Act | uarially Ec | quivalent - | Fier Type - Post-O | OP Threshold |
| Tier Label Description(s)                             | andatoj             |         |        |             |             |                    |              |
|   |                     |         |        |             |             |                    |              |
| Tier Drug Type(s) (select all that apply):            | Tier 1              | Tier 2  | Tier 3 | Tier 4      | Tier 5      | Tier 6             |              |
| Generic   |                     |         |        |             |             |                    |              |
| Preferred Generic                                     |                     |         |        | Γ           | Γ           |                    |              |
| Non-Preferred Generic                                 |                     | Γ       |        |             | Г           |                    |              |
| Brand   |                     |         |        |             |             |                    |              |
| Preferred Brand<br>Non-Preferred Brand                |                     |         |        |             |             |                    |              |
| Non-Preferred Brand                                   |                     |         |        |             |             |                    |              |
| Tier Includes (select only one for each tier):        |                     | _       |        | -           | 1           |                    |              |
| Part D Drugs Only                                     | 0                   | 0       | C      | C           | C           | C                  |              |
| Excluded Drugs Only (e.g. erectile dysfunction drugs) |                     | 0       | C      | 0           | 0           | 0                  |              |
| Both Part D and Excluded Drugs                        | C                   | 0       | C      | C           | С           | C                  |              |
|   |                     |         |        |             |             |                    |              |
| Indicate the Type of Cost Sharing Structure (select   |                     |         |        |             |             |                    |              |
| only one for each tier):<br>Coinsurance               | C                   | C       | C      | C           | C           | 0                  |              |
| Copayment   | C                   | C       | C      | C           | 0           | C                  |              |
| Greater of Coinsurance and Copayment                  | C                   | 0       | 0      | 0           | c           | 0                  |              |
| Lesser of Coinsurance and Copayment                   | C                   | 0       | c      | o           | C           | c                  |              |
|   |                     |         |        |             |             |                    |              |
|   |                     |         |        |             |             |                    |              |
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Actuarially Equivalent – Tier Cost Sharing – Post-OOP Threshold

| Help Ac      | d Variable       | Exit          | Exit (No       | Go To: Act | arially Equivalent - T | ïer Cost Sharing - Po | st-OOP Threshold |  |  |  |
|--------------|------------------|---------------|----------------|------------|------------------------|-----------------------|------------------|--|--|--|
| evious       | Next             | (Validate)    | Validate)      |            |                        |                       |                  |  |  |  |
| abel Descrip | otion(s)         |               |                |            |                        |                       |                  |  |  |  |
|              |                  | Copayment (S) | Coinsurance(%) |            |                        |                       |                  |  |  |  |
|              | Tier 1           |               |                |            |                        |                       |                  |  |  |  |
|              | Tier 2<br>Tier 3 |               |                |            |                        |                       |                  |  |  |  |
|              | Tier 4           |               |                |            |                        |                       |                  |  |  |  |
|              | Tier 5           |               |                |            |                        |                       |                  |  |  |  |
|              | Tier 6           |               |                |            |                        |                       |                  |  |  |  |
|              |                  |               |                |            |                        |                       |                  |  |  |  |
|              |                  |               |                |            |                        |                       |                  |  |  |  |
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### Alternative – Deductible

| PBP Data Entry System - Section RX, Contract X  | X0001, Plan 001, Segment 000   | - 8 × |
|---|--|-------|
| File Help Add Variable  | O: Atemative - Deductible  |       |
| Go Te<br>Exit Exit (No<br>Previous Next (Validate) Validate)  |  |       |
| Basic/Enhanced Alternative Benefit Screens Do you charge the Medicare-defined Part D Deductible amount? Ves No, enter amount No Deductible Enter Deductible Amount: Does the Deductible Amount: Does the Deductible apply to all tiers? Ves No Indicate each tier for which the deductible will NOT apply (select all that apply, please note that the deductible will not apply to any of the drugs on each tier selected): Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 5 Tier 5 | During the 4-solucible phase is the cost-sharing for dings to which the 4-solucible described poly, the same as the PP+IOL cost-sharing for all locations?           C Yes |       |

### Alternative – Enhanced Alternative Characteristics

| Holp Add Variable  |  |  |
|--|--|--|
| e Help Add Variable  | ative - Enhanced Alternative Characteristics                         |  |
| Exit Exit (No  |  |  |
| revious Next (Validate) Validate)  |  |  |
| you offer reduced PartD cost sharing as part of your supplemental PartD<br>efit?   | Do you offer additional cost-sharing reductions in the coverage gap? |  |
|  | C Yes  |  |
|  | C No   |  |
| Yes<br>No<br>No<br>No<br>No<br>Service A State of Selectal I that apply):<br>Reduced double<br>Reduced pre-ICL cost shares<br>Raised ICL<br>Reduced prost-threshold cost shares<br>ou cover excluded drugs as part of your supplemental coverage (e.g., drugs<br>to treat erectile dysfunction)? (Enhanced Alternative ONLY).<br>//s<br>No<br>uselect "Yes" to "Do you cover excluded drugs as part of your supplemental<br>rage (e.g., drugs used to treat erectile dysfunction)?", you must indicate these<br>affice medications in a flatifie which must be ploaded through the Formulary<br>hission Module by Friday, June 10, 2016 at 11:59am Eastern Time. | C         Yes           C         No                                 |  |

Alternative – Pre-ICL

|  | em - Section RX, (                 | Contract X0001, Plan 001     | , Segment 000 |         | - 8 × |
|--|------------------------------------|------------------------------|---------------|---------|-------|
| File Help Add Variable   | <u>ب</u>                           | Go To: Alternative - Pre-ICL | 25            | <b></b> |       |
|  | Exit Exit (N<br>(Validate) Validat | 0                            |               |         |       |
|  |                                    |                              |               |         |       |
| How do you apply your cost sharing<br>ICL) is reached?                     | g before the Initial Covera        | geLimit                      |               |         |       |
| ○ No cost sharing<br>○ Medicare-defined Part D Coins<br>○ Cost Share Tiers | urance Amount                      |                              |               |         |       |
|  | excluded drug only tier?           |                              |               |         |       |
| C Yes<br>C No  |                                    |                              |               |         |       |
|  |                                    |                              |               |         |       |
|  |                                    |                              |               |         |       |
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Alternative – Tier Type and Cost Share Structure – Pre-ICL

| PBP Data Entry System - Section RX, Co<br>File Help Add Variable |        |         |        |        |           | ture - Pre-ICL |
|--|--------|---------|--------|--------|-----------|----------------|
| Previous Next (Validate)   |        |         |        |        |           |                |
| ier Label Description(s)   |        |         |        |        |           |                |
| Tier Drug Type(s) (select all that apply):                       | Tier 1 | Tier 2  | Tier 3 | Tier 4 | Tier 5    | Tier 6         |
| Generic  |        |         |        |        |           |                |
| Preferred Generic  |        |         |        |        |           |                |
|  |        |         |        |        |           |                |
| Non-Preferred Generic  |        |         |        |        |           |                |
| Brand  |        |         |        |        |           |                |
| Preferred Brand  |        |         |        |        |           |                |
| Non-Preferred Brand  |        |         |        |        |           |                |
| Tier Includes (select only one for each tier):                   |        | · _ · · |        |        | · · · · · | · _ · ·        |
| Part D Drugs Only  | C      | C       | 0      | C      | 0         | C              |
| Excluded Drugs Only (e.g. erectile dysfunction drugs)            | 0      | 0       | 0      | 0      | C         | 0              |
| Both Part D and Excluded Drugs                                   | C      | C       | 0      | C      | 0         | C              |
| Indicate the type of cost sharing structure (select              |        |         |        |        |           |                |
| only one for each tier):<br>Coinsurance                          | 1000   |         |        |        |           |                |
|  | C      | 0       | C      | C      | C         | 0              |
| Copayment  | C      | C       | 0      | C      | C         | 0              |
| Greater of Coinsurance and Copayment                             | C      | C       | 0      | C      | C         | 0              |
| Lesser of Coinsurance and Copayment                              | 0      | 0       | 0      | C      | 0         | C              |
|  |        |         |        |        |           |                |
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### Alternative – Tier Locations – Pre-ICL

| BPP Data Entry System - Section RX, Contract X0  | 001,   | Plan       | 001,      | Segm      | ent O  | 00     |
|--|--------|------------|-----------|-----------|--------|--------|
| File Help Add Variable   | Altern | native - T | lier Loca | tions - P | re-ICL |        |
| Previous Next (Validate) Exit Exit (No<br>(Validate) 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  |        |            |           |           |        |        |
| 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<br>Standard Mail Order Cost-Sharing - three month supply |        |            |           |           |        |        |
| Standard Man Order Cost-Snaring - three month suppry   |        |            |           |           |        |        |
| 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   |        |            |           |           |        |        |
|  |        |            |           |           |        |        |
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Alternative – Retail Pharmacy Location Supply – Pre-ICL

| Previous    | s Next (Valida                      | te) Y   | X<br>Exit (No<br>/alidate) | Go To:  | Atternative - Retail Pharmacy Location Supply - Pre  | ICL  |  |
|-------------|-------------------------------------|---------|----------------------------|---------|--|--|--|
| r Label Des | cription(s)                         |         |                            |         |  |  |  |
| ndard Reta  | il Cost-Sharing Component           |         |                            |         |  |  |  |
| Day Supply  | 4                                   | 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<br>Standard/Preferred Retail Cost-Sharing or the Mail-Order<br>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<br>available with an extended day supply? | drugs on your formulary for this tier available with an<br>extended day supply?" if all of the drugs on that tier are  |  |
|             | Standard<br>Retail/Preferred Retail |         |                            |         | C Yes<br>C No  | available at the extended day supply.  |  |
| Tion 2      | Stee dead Rateil                    |         |                            |         | Are all of the drugs on your formulary for this tier   | If you select "No" to "Are all of the drugs on your formulary for this   |  |
| Tier 2      | Standard Retail<br>Standard         |         |                            |         | available with an extended day supply?   | tier available with an extended day supply", you must indicate the<br>specific medications that will NOT be offered at an extended day   |  |
|             | Retail/Preferred Retail             | I       |                            |         | O Yes<br>O No  | supply in a flat file which must be uploaded through the<br>Formulary Submission Module by Friday June 10, 2016 at   |  |
| Tier 3      | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier available with an extended day supply?    | 11:59am Eastern Time.  |  |
|             | Standard<br>Retail/Preferred Retail |         |                            |         | C Yes  |  |  |
|             |                                     |         |                            |         | C No   |  |  |
| Tier 4      | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |  |  |
|             | Standard<br>Retail/Preferred Retail |         |                            |         | C Yes<br>C No  |  |  |
| Tier 5      | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier   |  |  |
|             | Standard                            |         |                            |         | available with an extended day supply?   |  |  |
|             | Retail/Preferred Retail             |         |                            |         | C No   |  |  |
| Tier 6      | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |  |  |
|             | Standard<br>Retail/Preferred Retail |         |                            |         | C Yes  |  |  |
|             |                                     |         |                            |         | C No   |  |  |
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Alternative – Mail Order Location Supply – Pre-ICL

| Previous                                | Next (Valida  | Exit (No        | Go To: Alternativ | e - Mail Order Location Supply - Pr | re-ICL |  |  |
|---|---|-----------------|-------------------|-------------------------------------|--------|--|--|
| r Label Desc                            | ription(s)  |                 |                   |                                     |        |  |  |
| andard Mail C<br>omponent<br>Day Supply | order Cost-Sharing Network                              | 1-Month 2-Month | n 3-Month         |                                     |        |  |  |
| Tier 1                                  | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                 |                   |                                     |        |  |  |
| Tier 2                                  | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                 |                   |                                     |        |  |  |
| Tier 3                                  | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                 |                   |                                     |        |  |  |
| Tier 4                                  | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                 |                   |                                     |        |  |  |
| Tier 5                                  | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                 |                   |                                     |        |  |  |
| Tier 6                                  | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                 |                   |                                     |        |  |  |
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Alternative – OON – LTC Location Supply – Pre-ICL

| PBP Data Entry Syst<br>Help Add Variable | em - Section RX, Contra                                     | ct X0001, Plan 001, Segment 000                            |  |
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| vious Next                               | Exit Exit (No<br>(Validate) Validate)                       | to To: Alternative - OON and LTC Location Supply - Pre-ICL |  |
| bel Description(s)                       |   |  |  |
| Day Supply<br>Tier 1                     | Network Component<br>Out-of-Network<br>Long Term Care Drugs | 1-Month Other Day  |  |
| Tier 2                                   | Out-of-Network<br>Long Term Care Drugs                      |  |  |
| Tier 3                                   | Out-of-Network<br>Long Term <mark>C</mark> are Drugs        |  |  |
| Tier 4                                   | Out-of-Network<br>Long Term Care Drugs                      |  |  |
| Tier 5                                   | Out-of-Network<br>Long Term Care Drugs                      |  |  |
| Tier 6                                   | Out-of-Network<br>Long Term Care Drugs                      |  |  |
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Alternative – Retail Pharmacy Copayment and Coinsurance – Pre-ICL

| le Help                     | Add Variable                       | xit E   | Xit (No  | Go To:               | Alternative - Re | tail Phar       | macy Copayment and (                        | oinsurance - | Pre-ICL                   |                |  |
|-----------------------------|------------------------------------|---------|----------|----------------------|------------------|-----------------|---|--------------|---------------------------|----------------|--|
| Previous                    |                                    | date) V | alidate) | _                    | _                |                 | _   | _            | _                         |                |  |
| er Label Desc               | ription(s)                         |         |          |                      |                  |                 |   |              |                           |                |  |
| tandard Reta<br>component - | ail Cost-Sharing<br>Cost Sharing   | 1-Month |          | payment<br>onth (\$) | 3-Month (\$)     | Avg E<br>Amt (1 | xpected Coins Dollar<br>month supply) (\$): |              | insurance<br>) 2-Month (% | 6) 3-Month (%) |  |
| Tier 1                      | Standard Retail                    |         |          |                      |                  |                 |   |              |                           |                |  |
|                             | Standard Retail                    |         |          |                      |                  |                 |   |              |                           |                |  |
|                             | Preferred Retail                   |         |          |                      |                  |                 |   |              |                           |                |  |
| Tier 2                      | Standard Retail                    |         |          |                      |                  | 1 [             |   |              |                           |                |  |
|                             | Standard Retail                    |         |          |                      |                  | Ì               |   |              |                           |                |  |
|                             | Preferred Retail                   |         |          |                      |                  | ] [             |   |              |                           |                |  |
| Tier 3                      | Standard Retail                    |         |          |                      |                  | 1 [             |   |              |                           |                |  |
|                             | Standard Retail                    |         |          |                      |                  |                 |   |              |                           |                |  |
|                             | Preferred Retail                   |         |          |                      |                  | Ì               |   |              |                           |                |  |
| ier 4                       | Standard Retail                    |         |          |                      |                  | 1 r             |   |              |                           |                |  |
| 101 4                       | Standard Retail                    |         |          |                      | I                |                 |   |              |                           |                |  |
|                             | Preferred Retail                   |         |          |                      |                  | i               |   |              |                           |                |  |
|                             |                                    |         |          |                      |                  |                 |   |              |                           |                |  |
| Tier 5                      | Standard Retail<br>Standard Retail |         |          |                      |                  |                 |   |              |                           |                |  |
|                             | Preferred Retail                   |         |          |                      |                  |                 |   |              |                           |                |  |
|                             |                                    | I       |          |                      | I                |                 |   |              | I                         |                |  |
| ier 6                       | Standard Retail                    |         |          |                      |                  |                 |   |              |                           |                |  |
|                             | Standard Retail                    |         |          |                      |                  |                 |   |              |                           |                |  |
|                             | Preferred Retail                   | I       |          |                      |                  |                 |   |              |                           |                |  |
|                             |                                    |         |          |                      |                  |                 |   |              |                           |                |  |
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Alternative – Mail Order Copayment and Coinsurance – Pre-ICL

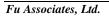
|                            |   | Section RX, C                 | Contract X0001, I     | Plan 001, Segment 000                                 | - 8 |
|----------------------------|---|-------------------------------|-----------------------|---|-----|
| ile Help                   | Add Variable                                | it Exit (N                    | Go To: Alterna        | tive - Mail Order Copayment and Coinsurance - Pre-ICL |     |
| Previous                   | s Next (Valio                               | tit Exit (N<br>date) Validate | o<br>e)               |   |     |
| er Label Des               | cription(s)                                 |                               |                       |   |     |
|                            | Outloo Outloo Ohanian                       |                               | Copayment             | Coinsurance   |     |
| andard Mail<br>etwork Comp | Order Cost-Sharing<br>conent - Cost Sharing |                               | -Month (\$) 3-Month ( |   |     |
| Tier 1                     | Standard Mail Order                         |                               |                       |   |     |
|                            | Standard Mail Order                         |                               |                       |   |     |
|                            | Preferred Mail Order                        |                               |                       |   |     |
| Tier 2                     | Standard Mail Order                         |                               |                       |   |     |
|                            | Standard Mail Order                         |                               |                       |   |     |
|                            | Preferred Mail Order                        |                               |                       |   |     |
| Tier 3                     | Standard Mail Order                         |                               |                       |   |     |
|                            | Standard Mail Order                         |                               |                       |   |     |
|                            | Preferred Mail Order                        |                               |                       |   |     |
| Tier 4                     | Standard Mail Order                         |                               |                       |   |     |
|                            | Standard Mail Order                         |                               |                       |   |     |
|                            | Preferred Mail Order                        |                               |                       |   |     |
| Tier 5                     | Standard Mail Order                         |                               |                       |   |     |
|                            | Standard Mail Order                         |                               |                       |   |     |
|                            | Preferred Mail Order                        |                               |                       |   |     |
| Tier 6                     | Standard Mail Order                         |                               |                       |   |     |
|                            | Standard Mail Order                         |                               |                       |   |     |
|                            | Preferred Mail Order                        |                               |                       |   |     |
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Alternative – OON and LTC Copayment and Coinsurance – Pre-ICL

| e Help Add Variable                                  | - Section RX, Contract X0001, Plan 001, Segment 000 | _ <u>_</u> _ |
|--|---|--------------|
| Label Description(s)                                 |   |              |
| Network Comp<br>Tier 1 Out-of-Networ<br>Long Term Ca |   |              |
| Tier 2 Out-of-Networ<br>Long Term Ca                 |   |              |
| Tier 3 Out-of-Networ<br>Long Term Ca                 |   |              |
| Tier 4 Out-of-Networ<br>Long Term Ca                 |   |              |
| Tier 5 Out-of-Networ<br>Long Term Ca                 |   |              |
| Tier 6 Out-of-Networ<br>Long Term Ca                 |   |              |
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Alternative – Daily Copayment Amount Cost Sharing – Pre-ICL

| Prev   | ious Next             | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: Atterna | tive - Daily Copayment Amount | Cost Sharing - Pre-ICL |         |           |                      |                      |            |
|--------|-----------------------|--------------------|-----------------------|----------------|-------------------------------|------------------------|---------|-----------|----------------------|----------------------|------------|
| r Labe | I Description(s)      |                    |                       |                |                               |                        | 1       |           |                      |                      |            |
| LICK   | FOR Daily Copay Instr | uctions            | Copayment             |                |                               | Copa                   | ment    |           |                      |                      |            |
|        |                       | 1-Month (\$)       | 1-Month               | Daily (\$)     |                               | 1-Month (S)            | 1-Month | Daily (S) |                      | Copayment            |            |
| r 1    | Standard Retail       |                    |                       |                | Standard Mail Order           |                        |         |           |                      | 1-Month (\$) 1-Month | Daily (\$) |
|        | Standard Retail       |                    |                       |                | Standard Mail Order           |                        |         |           | Long Term Care Drugs |                      |            |
|        | Preferred Retail      |                    |                       |                | Preferred Mail Order          |                        |         |           |                      |                      |            |
| 2      | Standard Retail       |                    |                       |                | Standard Mail Order           |                        |         |           |                      |                      |            |
|        | Standard Retail       |                    |                       |                | Standard Mail Order           |                        |         |           | Long Term Care Drugs |                      |            |
|        | Preferred Retail      |                    |                       |                | Preferred Mail Order          |                        | I       |           |                      |                      | I          |
| 3      | Standard Retail       |                    |                       |                | Standard Mail Order           |                        |         |           |                      |                      |            |
| -      | Standard Retail       |                    |                       |                | Standard Mail Order           |                        |         |           | Long Term Care Drugs |                      |            |
|        | Preferred Retail      |                    |                       |                | Preferred Mail Order          |                        |         |           |                      |                      | I          |
|        | Standard Retail       |                    |                       |                | Standard Mail Order           |                        |         |           |                      |                      |            |
| 4      |                       |                    |                       |                |                               |                        |         |           |                      |                      |            |
|        | Standard Retail       |                    |                       |                | Standard Mail Order           |                        |         |           | Long Term Care Drugs |                      |            |
|        | Preferred Retail      |                    |                       |                | Preferred Mail Order          |                        |         |           |                      |                      |            |
| 5      | Standard Retail       |                    |                       |                | Standard Mail Order           |                        |         |           |                      |                      |            |
|        | Standard Retail       |                    |                       |                | Standard Mail Order           |                        |         |           | Long Term Care Drugs |                      |            |
|        | Preferred Retail      |                    |                       |                | Preferred Mail Order          |                        |         |           |                      |                      |            |
| 6      | Standard Retail       |                    |                       |                | Standard Mail Order           |                        |         |           |                      |                      |            |
|        | Standard Retail       |                    |                       |                | Standard Mail Order           |                        |         |           | Long Term Care Drugs |                      |            |
|        | Preferred Retail      |                    |                       |                | Preferred Mail Order          |                        |         |           | Long form our brugs  |                      |            |
|        |                       |                    |                       |                |                               |                        |         |           |                      | Calculate Daily Cop  |            |



### Alternative – Pre-ICL Medicare-Medicaid

| Previous                            | Next                    | Exit<br>(Validate) | Exit (No           | Go To:   |   |  |
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| Previous                            | Next                    | Exit<br>(Validate) | Ewit (No           |          | Atternative - Pre-ICL Medicare-Medicaid |  |
| No cost sharin                      | rour cost sharir        |                    | Validate)          |          |   |  |
| No cost sharin                      |                         | ng before the Out  | -of-Pocket Thr     | eshold2  |   |  |
|                                     | q                       | ig belore are out  |                    | contract |   |  |
|                                     | 15                      |                    |                    |          |   |  |
| ill any of your tier<br>Yes         | rs apply the LIS        | Cost Sharing va    | alues?             |          |   |  |
| No                                  |                         |                    |                    |          |   |  |
| Indicate each ti<br>sharing standar | er on which you<br>rds: | ur cost sharing w  | vill be the LIS co | ost      |   |  |
| Tier 1<br>Tier 2                    |                         |                    |                    |          |   |  |
| □ Tier 3<br>□ Tier 4                |                         |                    |                    |          |   |  |
| □ Tier 5<br>□ Tier 6                |                         |                    |                    |          |   |  |
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Alternative – Medicare-Medicaid Tier Type – Pre-ICL

| Previous            | Next (Validate) Va                                | xit (No<br>alidate) | Golo   | : Alterna | tive - Medica | are-Médicaio | 1 Tier Type - F | re-ICL |
|---------------------|---|---------------------|--------|-----------|---------------|--------------|-----------------|--------|
| Label Descrip       | ition(s)  |                     |        |           |               |              |                 |        |
|                     | pe(s) (select all that apply):                    |                     | Tier 1 | Tier 2    | Tier 3        | Tier 4       | Tier 5          | Tier 6 |
| Generic<br>Preferre | ed Generic  |                     |        |           |               |              |                 |        |
| Non-Pre             | eferred Generic                                   |                     |        |           |               |              |                 |        |
| Brand               |   |                     |        |           |               |              |                 |        |
| Preferre            | d Brand   |                     |        |           |               |              |                 |        |
| Non-Pre             | eferred Brand                                     |                     |        |           |               |              |                 |        |
| Tier Includes       | (select only one for each tier):                  |                     |        |           |               |              |                 |        |
|                     | irugs Only  |                     | C      | C         | C             | C            | C               | C      |
| Non-Me              | dicare Covered Drugs and/or Non-Me                | dicare              | c      | C         | C             | õ            | c               | c      |
|                     | I OTCs Only<br>t D Drugs and Non-Medicare Coverei | d Drugs             | 0      | c         | c             | õ            | õ               | C      |
| and/or N            | Ion-Medicare Covered OTCs                         |                     |        |           |               |              |                 |        |
|                     |   |                     |        |           |               |              |                 |        |
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Alternative – Medicare-Medicaid Tier Locations – Pre-ICL

| 📓 PBP Data Entry System - Section RX, Contract X0  | 001,   | Plan (    | 001, 9   | Segm    | ent O      | 00          |
|--|--------|-----------|----------|---------|------------|-------------|
| File Help Add Variable Go To:  | Altern | ative - M | edicare- | Medicai | id Tier Lo | cations - F |
| Previous Next (Validate) Go To:  |        |           |          |         |            |             |
|  |        |           |          |         |            |             |
| Tier Label Description(s)  |        |           |          |         |            |             |
| 5  |        |           |          |         |            |             |
| 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  |        |           |          |         |            |             |
| 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<br>Standard Mail Order Cost-Sharing - three month supply |        |           |          |         |            |             |
|  |        |           |          |         |            |             |
| 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   |        |           |          |         |            |             |
|  |        |           |          |         |            |             |
|  |        |           |          |         |            |             |
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Alternative – Medicare-Medicaid Retail Pharmacy Location Supply – Pre-ICL

| Previous     | Next (Valida                        | te) \   | X<br>Exit (No<br>/alidate) | Go To:  | Alternative - Medicare-Medicaid Retail Pharmacy Lo   | cation Supply - Pre-ICL  |  |
|--------------|-------------------------------------|---------|----------------------------|---------|--|--|--|
| r Label Desc | cription(s)                         |         |                            |         |  |  |  |
| ndard Retail | I Cost-Sharing 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<br>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?    | Pharmacy, you must answer "yes" to the question "Are all<br>drugs on your formulary for this tier available with an<br>extended dow curple/21 fell of the drugs on that first are      |  |
|              | Standard<br>Retail/Preferred Retail |         |                            |         | C Yes  | extended day supply?" if all of the drugs on that tier are<br>available at the extended day supply.  |  |
|              |                                     |         |                            |         | C No   |  |  |
| Fier 2       | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier available with an extended day supply?    | If you select "No" to "Are all of the drugs on your formulary for this<br>tier available with an extended day supply", you must indicate the   |  |
|              | Standard<br>Retail/Preferred Retail |         |                            |         | C Yes<br>C No  | specific medications that will NOT be offered at an extended day<br>supply in a flat file which must be uploaded through the<br>Formulary Submission Module by Friday June 10, 2016 at |  |
|              |                                     |         |                            |         |  | 11:59am Eastern Time.  |  |
| Fier 3       | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |  |  |
|              | Standard<br>Retail/Preferred Retail |         |                            |         | C Yes  |  |  |
|              |                                     |         |                            |         | C No   |  |  |
| Tier 4       | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |  |  |
|              | Standard<br>Retail/Preferred Retail |         |                            |         | C Yes  |  |  |
|              |                                     |         |                            |         | C No   |  |  |
| Tier 5       | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |  |  |
|              | Standard<br>Retail/Preferred Retail |         |                            |         | O Yes  |  |  |
|              | Retail/Preferred Retail             |         |                            | -       | C No   |  |  |
| Tier 6       | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier   |  |  |
|              | Standard                            |         |                            |         | available with an extended day supply?   |  |  |
|              | Retail/Preferred Retail             |         |                            |         | O No   |  |  |
|              |                                     |         |                            |         |  |  |  |
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Alternative – Medicare-Medicaid Mail Order Location Supply – Pre-ICL

|   | Add Variable  |                   |                    | an 001, Segment 000           |                             |  |  |
|---|---|-------------------|--------------------|-------------------------------|-----------------------------|--|--|
| Previous                                | Next (Valid:  | t Exit (No        | Go To: Alternative | - Medicare-Medicaid Mail Orde | r Location Supply - Pre-ICL |  |  |
| er Label Descr                          | ription(s)  |                   |                    |                               |                             |  |  |
| andard Mail O<br>omponent<br>Day Supply | rder Cost-Sharing Networl                               | 4 1-Month 2-Month | 1 3-Month          |                               |                             |  |  |
| Tier 1                                  | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                   |                    |                               |                             |  |  |
|   | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                   |                    |                               |                             |  |  |
|   | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                   |                    |                               |                             |  |  |
|   | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                   |                    |                               |                             |  |  |
|   | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                   |                    |                               |                             |  |  |
|   | Standard Mail Order<br>Standard/Preferred Mail<br>Order |                   |                    |                               |                             |  |  |
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Alternative – Medicare-Medicaid OON and LTC Location Supply – Pre-ICL

|                   |        | Exit Exit (No<br>(Validate) Validate)                       | Go To: Alternative - Medicare-Medicaid OON and LTC Location Supply - Pre-ICL |  |
|-------------------|--------|---|--|--|
| bel Description(s | )      |   |  |  |
| Day Supply        | Tier 1 | Network Component<br>Out-of-Network<br>Long Term Care Drugs | 1-Month Other Day  |  |
|                   | Tier 2 | Out-of-Network<br>Long Term Care Drugs                      |  |  |
|                   | Tier 3 | Out-of-Network<br>Long Term Care Drugs                      |  |  |
|                   | Tier 4 | Out-of-Network<br>Long Term Care Drugs                      |  |  |
|                   | Tier 5 | Out-of-Network<br>Long Term Care Drugs                      |  |  |
|                   | Tier 6 | Out-of-Network<br>Long Term Care Drugs                      |  |  |
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Alternative – Medicare-Medicaid Copayment – Pre-ICL

| Previ  |  | Exit Exit (I<br>lidate) Valida | No                       | Alternative - Medicare-Medicaid Copa   | vment - Pre-ICL         |                          | • |  |  |
|--------|--|--------------------------------|--------------------------|--|-------------------------|--------------------------|---|--|--|
|        | ng for In-network Retail, Mail<br>Description(s) | Order, Out-of-netwo            | rk, and Long Terr        | n Care                                 |                         |                          |   |  |  |
|        | work Component                                   | Minimum<br>Copayment(\$)       | Maximum<br>Copayment(\$) | Network Component                      | Minimum<br>Copayment(S) | Maximum<br>Copayment(\$) |   |  |  |
| Tier 1 | Standard Retail<br>Standard Mail                 |                                |                          | Out-of-Network<br>Long Term Care Drugs |                         |                          |   |  |  |
|        | Order  |                                |                          |  | 1                       |                          |   |  |  |
| ier 2  | Standard Retail                                  |                                |                          | Out-of-Network                         |                         |                          |   |  |  |
|        | Standard Mail<br>Order                           |                                |                          | Long Term Care Drugs                   |                         |                          |   |  |  |
| ier 3  | Standard Retail                                  |                                |                          | Out-of-Network                         |                         |                          |   |  |  |
|        | Standard Mail<br>Order                           |                                |                          | Long Term Care Drugs                   |                         |                          |   |  |  |
| ier 4  | Standard Retail                                  |                                |                          | Out-of-Network                         |                         |                          |   |  |  |
|        | Standard Mail Order                              |                                |                          | Long Term Care Drug                    |                         |                          |   |  |  |
| ier 5  | Standard Retail                                  |                                |                          | Out-of-Network                         |                         |                          |   |  |  |
|        | Standard Mail Order                              |                                |                          | Long Term Care Drugs                   |                         |                          |   |  |  |
| ier 6  | Standard Retail                                  |                                |                          | Out-of-Network                         |                         |                          |   |  |  |
|        | Standard Mail<br>Order                           |                                |                          | Long Term Care Drugs                   |                         |                          |   |  |  |
|        |  |                                |                          |  |                         |                          |   |  |  |
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Alternative – Medicare-Medicaid Daily Copayment Amount Cost Sharing

| Previo     | ous Next (Vali                         | xit Exit (I<br>date) Valida | ,<br>۱۰                 |         |           | ayment Amount Cost Sharing | <b></b>              |                          |                          |                    |            |
|------------|--|-----------------------------|-------------------------|---------|-----------|----------------------------|----------------------|--------------------------|--------------------------|--------------------|------------|
| er Label D | )escription(s)                         |                             |                         |         |           |                            |                      |                          |                          |                    |            |
| CLICK F    | OR Daily Copay Instructions            |                             |                         |         |           |                            |                      |                          |                          |                    |            |
| ier 1      | Standard Retail<br>Standard Mail Order | Minimum<br>Copayment(\$)    | Maximum<br>Copayment(S) | 1-Month | Daily (S) |                            | ong Term Care Drug   | Minimum<br>Copayment(\$) | Maximum<br>Copayment(\$) | 1-Month            | Daily (\$) |
| er 2       | Standard Retail<br>Standard Mail Order |                             |                         |         |           | 1                          | Long Term Care Drugs |                          |                          |                    |            |
| er 3       | Standard Retail<br>Standard Mail Order |                             |                         |         |           | 1                          | ∟ong Term Care Drugs |                          |                          |                    |            |
| er 4       | Standard Retail<br>Standard Mail Order |                             |                         |         |           | 1                          | Long Term Care Drug  |                          |                          |                    |            |
| er 5       | Standard Retail<br>Standard Mail Order |                             |                         |         |           | 1                          | ∟ong Term Care Drug  |                          |                          |                    |            |
| er 6       | Standard Retail<br>Standard Mail Order |                             |                         |         |           | 1                          | Long Term Care Drugs |                          |                          |                    |            |
|            |  |                             |                         |         |           |                            |                      |                          |                          | Calculate Daily Co | pay Amount |
|            |  |                             |                         |         |           |                            |                      |                          | _                        | Clear Daily Copa   | y Amount   |
|            |  |                             |                         |         |           |                            |                      |                          |                          |                    |            |
|            |  |                             |                         |         |           |                            |                      |                          |                          |                    |            |

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Alternative – ICL

|                     |                   | tem - Sectio       | on RX, Con            | tract X0001, Plan OC     | 1, Segment 000 |  | _ 4 |
|---------------------|-------------------|--------------------|-----------------------|--------------------------|----------------|--|-----|
| ile Help Ac         |                   | 4                  | ×                     | Go To: Alternative - ICL |                |  |     |
| Previous            | Next              | Exit<br>(Validate) | Exit (No<br>Validate) |                          |                |  |     |
| you apply the       | Medicare-defin    | ed Part D Standa   | ard Initial Cover     | age Limit (ICL) Amount?  |                |  |     |
| Yes<br>No, enter am |                   |                    |                       |                          |                |  |     |
| No ICL (Full (      | Gap Coverage)     |                    |                       |                          |                |  |     |
| nter Initial Cov    | erage Limit (ICL) | Amount:            |                       |                          |                |  |     |
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## Alternative – Gap Coverage

| 1.42             | 2017 - 20 |                    |                       | Co Tor | Alternative - Gap Coverage | <br>• |  |  |
|------------------|--|--------------------|-----------------------|--------|----------------------------|-------|--|--|
| revious          | Next   | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: | uternative - Gap Coverage  |       |  |  |
| enious           | Heat   | (vandate)          | validate)             | -      |                            |       |  |  |
| t the tiers that | include gap c  | overage (select a  | ill that apply):      |        |                            |       |  |  |
| er 1<br>er 2     |  |                    |                       |        |                            |       |  |  |
| er 3             |  |                    |                       |        |                            |       |  |  |
| ier 4<br>ier 5   |  |                    |                       |        |                            |       |  |  |
| ier 6            |  |                    |                       |        |                            |       |  |  |
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Alternative – Tier Type and Cost Share Structure – Gap

| Previous Next (Validate) Exit (No Validate)  | Go To    | D: Alterna | tive - Tier Ty | ype and Cos | t Share Struc | ure - Gap |
|--|----------|------------|----------------|-------------|---------------|-----------|
| r Label Description(s)   |          |            |                |             |               |           |
| Tier Drug Type(s) (select all that apply):   | Tier 1   | Tier 2     | Tier 3         | Tier 4      | Tier 5        | Tier 6    |
| Generic  |          |            |                |             |               |           |
| Preferred Generic  |          | Γ          |                | Γ           |               |           |
| Non-Preferred Generic  |          |            |                | Γ           |               |           |
| Brand  |          |            |                |             |               |           |
| Preferred Brand  |          |            |                |             |               |           |
| Non-Preferred Brand  |          |            |                |             |               |           |
| Tier Includes (select only one for each tier):   | <i>1</i> |            | <i>t</i>       |             | 100           | <b>-</b>  |
| Part D Drugs Only  | С        | C          | 0              | C           | C             | C         |
| Excluded Drugs Only (e.g. erectile dysfunction drugs)  | c        | c          | c              | 0           | c             | C         |
| Both Part D and Excluded Drugs   | o        | õ          | 0              | õ           | 0             | c         |
| Indicate the type of cost sharing structure (select<br>only one for each tier):<br>Coinsurance | С        |            | C              | C           | C             | 0         |
| Copayment  | 0        | c          | c              | 0           | 0             | c         |
| Greater of Coinsurance and Copayment   | c        | õ          | õ              | õ           | õ             | õ         |
| Lesser of Coinsurance and Copayment  | C        | C          | C              | C           | 0             | C         |
|  |          | ~          |                |             |               | ~         |
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## Alternative – Tier Coverage – Gap

| PBP Data Entry System - Section     ile Help Add Variable  |                       |        |        | ve - Tier Cov |        |        |  |
|--|-----------------------|--------|--------|---------------|--------|--------|--|
| Previous Next (Validate)   | Exit (No<br>Validate) |        | ,      |               |        |        |  |
| er Label Description(s)  |                       |        |        |               |        |        |  |
| o what extent are any Pre-ICL covered drugs on<br>his tier covered through the gap?  | Tier 1                | Tier 2 | Tier 3 | Tier 4        | Tier 5 | Tier 6 | The gap coverage supplemental file may<br>not include any drugs from a tier that is<br>fully covered in the gap.   |
| Full Tier Coverage (All drugs on the tier)<br>Partial Tier Coverage (Only some drugs on the tier)  | 0                     | 0      | 0<br>0 | 0             | 0      | 0      | If you select Partial Tier Gap Coverage, you must<br>submit a gap supplemental file for the drugs<br>covered on the partially covered tier. The gap<br>supplemental file must be uploaded through the<br>Formulary Submission Module by Friday, June |
| or each tier that is only partially covered in the gap,<br>ou must indicate whether that coverage is for brand<br>rugs only, generic drugs only or both brand and<br>eneric drugs. |                       |        |        |               |        |        | 10, 2016 at 11:59am Eastern Time.  |
| Brand Drugs Only   | 0                     | 0      | 0      | 0             | C      | 0      |  |
| Generic Drugs Only   | 0                     | 0      | 0      | 0             | 0      | 0      |  |
| Brand and Generic Drugs  | 0                     | 0      | 0      | 0             | 0      | 0      |  |
| ndicate the type of drugs covered on your tiers:   |                       |        |        |               |        |        |  |
| Part D Drugs Only  | 0                     | 0      | 0      | 0             | 0      | 0      |  |
| Excluded Drugs Only (e.g. erectile dysfunction drug  |                       | 0      | 0      | 0             | 0      | 0      |  |
| Both Part D and Excluded Drugs   | 0                     | 0      | 0      | 0             | 0      | 0      |  |
|  |                       |        |        |               |        |        |  |
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## Alternative – Tier Locations – Gap

| BPBP Data Entry System - Section RX, Contract X0   | 001,   | Plan (     | 001,    | Segm      | ent O  | 00     |
|--|--------|------------|---------|-----------|--------|--------|
| File Help Add Variable   | Altern | ative - Ti | er Loca | tions - C | Gap    |        |
| Previous Next (Validate) 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  |        |            |         |           |        |        |
| 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 Natural Discovery one month supply  |        | П          | П       |           | П      |        |
| Out-of-Network Pharmacy - one month supply<br>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                                    |        |            |         |           |        |        |
| 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   |        |            |         |           |        |        |
| Long Term Care Pharmacy - one month supply   |        |            |         |           |        |        |
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Alternative – Retail Pharmacy Location Supply – Gap

| Previous     | Next (Valida                        | te) N   | X<br>Exit (No<br>/alidate) | Go To:  | Alternative - Retail Pharmacy Location Supply - Gap  |   |  |
|--------------|-------------------------------------|---------|----------------------------|---------|--|---|--|
| r Label Desc | ription(s)                          |         |                            |         |  |   |  |
| ndard Retail | Cost-Sharing Component              |         |                            |         |  |   |  |
| Day Supply   | loost sharing component             | 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<br>Standard/Preferred Retail Cost-Sharing or the Mail-Order  |  |
| Tier 1       | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? | Pharmacy, you must answer "yes" to the question "Are all<br>drugs on your formulary for this tier available with an<br>extended day supply?" if all of the drugs on that tier are                 |  |
|              | Standard<br>Retail/Preferred Retail |         |                            |         | C Yes<br>C No  | available at the extended day supply.   |  |
| Tier 2       | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier   | If you select "No" to "Are all of the drugs on your formulary for this  |  |
|              | Standard<br>Retail/Preferred Retail |         |                            |         | available with an extended day supply? O Yes   | tier available with an extended day supply", you mustindicate the<br>specific medications that will NOT be offered at an extended day<br>supply in a flat file which must be uploaded through the |  |
|              |                                     |         |                            |         | C No   | Formulary Submission Module by Friday June 10, 2016 at<br>11:59am Eastern Time.   |  |
| Tier 3       | Standard Retail<br>Standard         |         |                            |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |   |  |
|              | Retail/Preferred Retail             |         |                            |         | O Yes<br>O No  |   |  |
| Fier 4       | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |   |  |
|              | Standard<br>Retail/Preferred Retail |         |                            |         | C Yes  |   |  |
| Tier 5       | Standard Retail                     |         |                            |         | O No Are all of the drugs on your formulary for this tier                                      |   |  |
| ilei 5       | Standard                            |         |                            |         | available with an extended day supply?<br>O Yes  |   |  |
|              | Retail/Preferred Retail             |         |                            |         | C No   |   |  |
| Fier 6       | Standard Retail                     |         |                            |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |   |  |
|              | Standard<br>Retail/Preferred Retail |         |                            |         | C Yes<br>C No  |   |  |
|              |                                     |         |                            |         |  |   |  |
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Alternative – Mail Order Location Supply – Gap

| Day Supply     1-Month 2-Month       Tier 1     Standard Mail Order       Standard Mail Order  | Previous                                 |                        | Exit Exit (I<br>lidate) Valida | lo           | native - Mail Order Location Supply - Ga | p | V |  |
|--|--|------------------------|--------------------------------|--------------|--|---|---|--|
| import 1.Month 2.Month 3.Month   Day Supply Standard Mail Order  | er Label Desc                            | ription(s)             |                                |              |  |   |   |  |
| Standard/Preferred Mail  | tandard Mail C<br>omponent<br>Day Supply | rder Cost-Sharing Netw |                                | onth 3-Month |  |   |   |  |
| Standard/Preferred Mail  | Tier 1                                   | Standard/Preferred Ma  |                                |              |  |   |   |  |
| Standard/Preferred Mail       Image: Standard Mail Order         Tier 4       Standard Mail Order         Standard/Preferred Mail       Image: Standard/Preferred Mail         Tier 5       Standard Mail Order         Standard/Preferred Mail       Image: Standard/Preferred Mail         Tier 6       Standard/Preferred Mail         Tier 6       Standard/Preferred Mail | Tier 2                                   | Standard/Preferred Ma  |                                |              |  |   |   |  |
| Standard/Preferred Mail       Order       Tier 5     Standard/Preferred Mail       Standard/Preferred Mail       Order   | Tier 3                                   | Standard/Preferred Ma  |                                |              |  |   |   |  |
| Standard/Preferred Mail  | Tier 4                                   | Standard/Preferred Ma  |                                |              |  |   |   |  |
| Standard/Preferred Mail  | Tier 5                                   | Standard/Preferred Ma  |                                |              |  |   |   |  |
|  | Tier 6                                   | Standard/Preferred Ma  |                                |              |  |   |   |  |
|  |  |                        |                                |              |  |   |   |  |
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Alternative – OON and LTC Location Supply – Gap

| vious N                  | Next   | Exit Exit (No<br>(Validate) (Validate)                      | o To: Alternative - OON and LTC Location Supply - Gap |  |
|--------------------------|--------|---|---|--|
| el Description(          | s)     |   |   |  |
| ay S <mark>u</mark> pply | Tier 1 | Network Component<br>Out-of-Network<br>Long Term Care Drugs | 1-Month Other Day                                     |  |
|                          | Tier 2 | Out-of-Network<br>Long Term Care Drugs                      |   |  |
|                          | Tier 3 | Out-of-Network<br>Long Term Care Drugs                      |   |  |
|                          | Tier 4 | Out-of-Network<br>Long Term Care Drugs                      |   |  |
|                          | Tier 5 | Out-of-Network<br>Long Term Care Drugs                      |   |  |
|                          | Tier 6 | Out-of-Network<br>Long Term Care Drugs                      |   |  |
|                          |        |   |   |  |
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Alternative – Retail Pharmacy Copayment and Coinsurance – Gap

| Previous                     | Next (V                         | Exit<br>alidate) | Exit (No<br>Validate | ,                         | Alternative - Re | tail Pharmacy Copayment and C                           | Coinsurance - Gap                     |                |
|------------------------------|---------------------------------|------------------|----------------------|---------------------------|------------------|---|---------------------------------------|----------------|
| ier Label Desci              | iption(s)                       |                  |                      |                           |                  |   |                                       |                |
| Standard Reta<br>Component - | il Cost-Sharing<br>Cost Sharing | 1-Mon            | th (\$)              | Copayment<br>2-Month (\$) | 3-Month (\$)     | Avg Expected Coins Dollar<br>Amt (1 month supply) (\$): | Coinsurance<br>1-Month (%) 2-Month (% | i) 3-Month (%) |
| Tier 1                       | Standard Retail                 |                  |                      |                           |                  |   |                                       |                |
|                              | Standard Retail                 |                  |                      |                           |                  |   |                                       |                |
|                              | Preferred Retail                |                  |                      |                           |                  |   |                                       |                |
| Tier 2                       | Standard Retail                 |                  |                      |                           |                  |   |                                       |                |
|                              | Standard Retail                 |                  |                      |                           |                  |   |                                       |                |
|                              | Preferred Retail                |                  |                      |                           |                  |   |                                       |                |
| Tier 3                       | Standard Retail                 |                  |                      |                           |                  |   |                                       |                |
|                              | Standard Retail                 |                  |                      |                           |                  |   |                                       |                |
|                              | Preferred Retail                |                  |                      |                           |                  |   |                                       |                |
| Tier 4                       | Standard Retail                 |                  |                      |                           |                  |   |                                       |                |
|                              | Standard Retail                 |                  |                      |                           |                  |   |                                       |                |
|                              | Preferred Retail                |                  |                      |                           |                  |   |                                       |                |
| Tier 5                       | Standard Retail                 |                  |                      |                           |                  |   |                                       |                |
|                              | Standard Retail                 |                  |                      |                           |                  |   |                                       |                |
|                              | Preferred Retail                |                  |                      |                           |                  |   |                                       |                |
| Tier 6                       | Standard Retail                 |                  |                      |                           |                  |   |                                       |                |
|                              | Standard Retail                 |                  |                      |                           |                  |   |                                       |                |
|                              | Preferred Retail                |                  |                      |                           |                  |   |                                       |                |

Alternative - Mail Order Copayment and Coinsurance - Gap

| Image: Section of the sectio                        |                                 | Add Variable                                    | Section KA, |      | 0001, Plan 001, Segment 000                              |    |  |
|--|---------------------------------|---|-------------|------|--|----|--|
| Previous         Next         (Validate)           Tier Label Description(s)           Standard Mail Order Cost-Sharing<br>Network Component - Cost Sharing         Copayment         Coinsurance           Standard Mail Order         1-Month (\$)         2-Month (\$)         1-Month (\$);3-Month (\$);3-Month (\$)           Tier 1         Standard Mail Order  |                                 | E) E)   | dit Exit    | No   | Alternative - Mail Order Copayment and Coinsurance - Gap | T  |  |
| Standard Mail Order Cost-Sharing       Copayment       Coinsurance         Network Component - Cost Sharing       1-Month (S)       2-Month (S)       1-Month (%)         Tier 1       Standard Mail Order       Image: Cost Sharing       Image: Cost Sharing         Tier 1       Standard Mail Order       Image: Cost Sharing       Image: Cost Sharing         Tier 2       Standard Mail Order       Image: Cost Sharing       Image: Cost Sharing         Tier 2       Standard Mail Order       Image: Cost Sharing       Image: Cost Sharing         Tier 2       Standard Mail Order       Image: Cost Sharing       Image: Cost Sharing         Tier 3       Standard Mail Order       Image: Cost Sharing       Image: Cost Sharing         Tier 4       Standard Mail Order       Image: Cost Sharing       Image: Cost Sharing         Tier 5       Standard Mail Order       Image: Cost Sharing       Image: Cost Sharing         Tier 6       Standard Mail Order       Image: Cost Sharing       Image: Cost Sharing         Tier 6       Standard Mail Order       Image: Cost Sharing       Image: Cost Sharing         Tier 6       Standard Mail Order       Image: Cost Sharing       Image: Cost Sharing         Tier 6       Standard Mail Order       Image: Cost Sharing       Image: Cost Sharing  | Previou                         | IS NEXT (Valio                                  | date) Valid | ate) |  | _  |  |
| Network Component - Cost Shaing         1-Month (\$)         2-Month (\$)         1-Month (\$)           Tier 1         Standard Mail Order  | Tier Label De                   | escription(s)                                   |             |      |  |    |  |
| Standard Mail Order       Image: Constraint of the standard Mail Order         Tier 2       Standard Mail Order         Standard Mail Order       Image: Constraint of the standard Mail Order         Preferred Mail Order       Image: Constraint of the standard Mail Order         Tier 3       Standard Mail Order         Standard Mail Order       Image: Constraint of the standard Mail Order         Tier 4       Standard Mail Order         Preferred Mail Order       Image: Constraint of the standard Mail Order         Tier 5       Standard Mail Order         Standard Mail Order       Image: Constraint of the standard Mail Order         Tier 5       Standard Mail Order         Preferred Mail Order       Image: Constraint of the standard Mail Order         Tier 5       Standard Mail Order         Preferred Mail Order       Image: Constraint of the standard Mail Order         Tier 6       Standard Mail Order       Image: Constraint of the standard Mail Order         Tier 7       Standard Mail Order       Image: Constraint of the standard Mail Order         Tier 8       Standard Mail Order       Image: Constraint of the standard Mail Order         Tier 9       Standard Mail Order       Image: Constraint of the standard Mail Order         Tier 6       Standard Mail Order       Image: Constraint of the standard Mail Ord  | l<br>Standard Ma<br>Network Cor | il Order Cost-Sharing<br>nponent - Cost Sharing | 1-Month (S) |      |  | 5) |  |
| Preferred Mail Order   | Tier 1                          | Standard Mail Order                             |             |      |  |    |  |
| Standard Mail Order   Preferred Mail Order   Tier 3   Standard Mail Order   Preferred Mail Order   Standard Mail Order   Preferred Mail Order   Preferred Mail Order   Preferred Mail Order   Standard Mail Order   Preferred Mail Order   Standard Mail Order   Preferred Mail Order   Preferred Mail Order   Standard Mail Order   Preferred Mail Order   Preferred Mail Order   Standard Mail Order   Preferred Mail Order   Standard Mail Order   Preferred Mail Order   |                                 |   |             |      |  |    |  |
| Preferred Mail Order   | Tier 2                          | Standard Mail Order                             |             |      |  |    |  |
| Standard Mail Order  |                                 |   |             |      |  |    |  |
| Preferred Mail Order   | Tier 3                          | Standard Mail Order                             |             | I    |  |    |  |
| Tier 4 Standard Mail Order   |                                 | Standard Mail Order                             |             |      |  |    |  |
| Standard Mail Order  |                                 | Preferred Mail Order                            |             |      |  |    |  |
| Preferred Mail Order   | Tier 4                          | Standard Mail Order                             |             |      |  |    |  |
| Tier 5 Standard Mail Order Control Con |                                 | Standard Mail Order                             |             |      |  |    |  |
| Standard Mail Order     Image: Constraint of the second seco                           |                                 | Preferred Mail Order                            |             |      |  |    |  |
| Preferred Mail Order   | Tier 5                          | Standard Mail Order                             |             |      |  |    |  |
| Tier 6 Standard Mail Order Standard Mail Order   |                                 |   |             |      |  |    |  |
| Standard Mail Order  |                                 | Preferred Mail Order                            |             |      |  |    |  |
|  | Tier 6                          | Standard Mail Order                             |             |      |  |    |  |
| Preferred Mail Order   |                                 |   |             |      |  |    |  |
|  |                                 | Preferred Mail Order                            |             |      |  |    |  |
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Alternative – OON and LTC Copayment and Coinsurance – Gap

| Help Add Variable  | tion RX, Contract X0001, Plan 001, Segment 000 Go To: Atternative - OON and LTC Copayment and Coinsurance - Gap Exit (No Validate) |  |
|--|--|--|
| el Description(s)  |  |  |
| Network Component<br>Tier 1 Out-of-Network<br>Long Term Care Drugs | Copayment         Coinsurance           1-Month (\$)         Other (\$):         1-Month (%) Other (%):                            |  |
| Tier 2 Out-of-Network<br>Long Term Care Drugs                      |  |  |
| Tier 3 Out-of-Network<br>Long Term Care Drugs                      |  |  |
| Tier 4 Out-of-Network<br>Long Term Care Drugs                      |  |  |
| Tier 5 Out-of-Network<br>Long Term Care Drugs                      |  |  |
| Tier 6 Out-of-Network<br>Long Term Care Drugs                      |  |  |
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Alternative – Daily Copayment Amount Cost Sharing – Gap

| Previ    | ous Next             | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: Attern | ative - Daily Copayment Amount ( | Cost Sharing - Gap |         | <b>•</b>  |                      |             |              |           |
|----------|----------------------|--------------------|-----------------------|---------------|----------------------------------|--------------------|---------|-----------|----------------------|-------------|--------------|-----------|
| er Label | Description(s)       |                    |                       |               |                                  |                    | 1       |           |                      |             |              |           |
|          | OR Daily Copay Inst  | uctions            | Comment               |               |                                  | Copa               | ment    |           |                      |             |              |           |
|          | orr baily copuly mon | 1-Month (\$)       | Copayment<br>1-Month  | Daily (\$)    |                                  | 1-Month (\$)       | 1-Month | Daily (S) |                      | Copayment   |              |           |
| er 1     | Standard Retail      |                    |                       |               | Standard Mail Order              |                    |         |           |                      | 1-Month (S) | 1-Month      | Daily (S) |
| 51 1     | Standard Retail      |                    |                       |               | Standard Mail Order              |                    |         |           | Long Term Care Drugs |             |              |           |
|          | Preferred Retail     |                    |                       |               | Preferred Mail Order             |                    |         |           |                      |             |              | I         |
| er 2     | Standard Retail      | ,                  |                       | ·             | Standard Mail Order              |                    |         | ,         |                      |             |              |           |
| a 2      |                      |                    |                       |               |                                  |                    |         |           |                      |             |              |           |
|          | Standard Retail      |                    |                       |               | Standard Mail Order              |                    |         |           | Long Term Care Drugs |             |              |           |
|          | Preferred Retail     |                    |                       |               | Preferred Mail Order             |                    |         |           |                      |             |              |           |
| er 3     | Standard Retail      |                    |                       |               | Standard Mail Order              |                    |         |           |                      |             |              |           |
|          | Standard Retail      |                    |                       |               | Standard Mail Order              |                    |         |           | Long Term Care Drugs |             |              |           |
|          | Preferred Retail     |                    |                       |               | Preferred Mail Order             |                    |         |           |                      |             |              |           |
| er 4     | Standard Retail      |                    |                       |               | Standard Mail Order              |                    |         |           |                      |             |              |           |
|          | Standard Retail      |                    |                       |               | Standard Mail Order              |                    |         |           | Long Term Care Drugs |             |              |           |
|          | Preferred Retail     | ,                  |                       |               | Preferred Mail Order             |                    |         |           |                      |             |              |           |
| er 5     | Standard Retail      |                    |                       |               | Standard Mail Order              |                    |         |           |                      |             |              |           |
|          | Ohen david Data'l    | I                  |                       |               | Ohen david Mall Order            |                    |         |           |                      |             |              |           |
|          | Standard Retail      |                    |                       |               | Standard Mail Order              |                    |         |           | Long Term Care Drugs |             |              |           |
|          | Preferred Retail     |                    |                       |               | Preferred Mail Order             |                    |         |           |                      |             |              |           |
| r 6      | Standard Retail      |                    |                       |               | Standard Mail Order              |                    |         |           |                      |             |              |           |
|          | Standard Retail      |                    |                       |               | Standard Mail Order              |                    |         |           | Long Term Care Drugs |             |              |           |
|          | Preferred Retail     |                    |                       |               | Preferred Mail Order             |                    |         |           |                      |             |              |           |
|          |                      |                    |                       |               |                                  |                    |         |           |                      |             |              |           |
|          |                      |                    |                       |               |                                  |                    |         |           |                      | Calculate   | Daily Copay  | Amount    |
|          |                      |                    |                       |               |                                  |                    |         |           |                      |             |              |           |
|          |                      |                    |                       |               |                                  |                    |         |           |                      | Clear D     | aily Copay A | nount     |
|          |                      |                    |                       |               |                                  |                    |         |           |                      |             | ,,,          |           |
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### Alternative – OOP Threshold

|                                | d Variable           | Exit               | Exit (No<br>Validate) | Go To:        | Alternative - OOP Threshold      | <u>_</u> |   |       |
|--------------------------------|----------------------|--------------------|-----------------------|---------------|----------------------------------|----------|---|-------|
| vious                          | Next                 | (Validate)         | Validate)             | _             |                                  | <br>     | _ | <br>_ |
| are-defined                    | Part D Annual        | Out-of-Pocket Co:  | stThreshold           |               |                                  |          |   |       |
| v do vou apply                 | vour cost sha        | ring beyond the M  | edicare-define        | d Part D Annu | al Out-of-Pocket Cost Threshold? |          |   |       |
| No cost sharin                 | ig                   |                    |                       |               |                                  |          |   |       |
| Medicare-defi<br>Cost Share Ti | ned Post Thre<br>ers | shold Cost Shares  | 5                     |               |                                  |          |   |       |
|                                |                      | uded drug only tie | w2                    |               |                                  |          |   |       |
| C Yes                          | ply to the exc       | uded drog only lie | a :                   |               |                                  |          |   |       |
| C No                           |                      |                    |                       |               |                                  |          |   |       |
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Alternative – Tier Type Post-OOP Threshold

| 😸 PBP Data Entry System - Section R   | X, Cont             | tract X | 0001     | , Plan      | 001, 5      | egment 000         |
|---|---------------------|---------|----------|-------------|-------------|--------------------|
| File Help Add Variable<br>Previous Next (Validate) Validate                     | xit (No<br>alidate) | Go To   | o: Atter | rnative - 1 | lier 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   |                     |         |          |             | Г           |                    |
| Preferred Generic   |                     |         |          |             | Г           |                    |
| Non-Preferred Generic<br>Brand  |                     |         |          |             |             |                    |
| Preferred Brand   |                     |         |          |             |             |                    |
| Non-Preferred Brand   |                     |         |          |             |             |                    |
|   |                     |         |          |             |             |                    |
| Tier Includes (select only one for each tier):                                  | C                   | C       | C        | C           | C           | C                  |
| Part D Drugs Only<br>Excluded Drugs Only (e.g. erectile dysfunction drugs)      |                     | 0       | С        | C           | 0           | 0                  |
| Both Part D and Excluded Drugs  | C                   | С       | C        | C           | С           | С                  |
|   |                     |         |          |             |             |                    |
| Indicate the Type of Cost Sharing Structure (select<br>only one for each tier): |                     |         |          | 0 <u>-2</u> |             | 1                  |
| Coinsurance   | 0                   | 0       | 0        | 0           | 0           | 0                  |
| Copayment   | 0                   | 0       | 0        | 0           | 0           | 0                  |
| Greater of Coinsurance and Copayment<br>Lesser of Coinsurance and Copayment     | 0                   | 0       | 0        | 0           | 0           | c<br>c             |
|   |                     | 0       |          |             |             | 0                  |
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Alternative – Tier Cost Sharing Post-OOP Threshold

| ous          | Next       | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: | Alternative - Tier Cost Sh | aring Post-OOP Thresho | ld |  |  |
|--------------|------------|--------------------|-----------------------|--------|----------------------------|------------------------|----|--|--|
| Description  |            | (Fundate)          | , under of            |        |                            |                        | _  |  |  |
|              | c          | opayment (S)       | Coinsurance(%)        |        |                            |                        |    |  |  |
| Tier         | - L        |                    |                       |        |                            |                        |    |  |  |
| Tier<br>Tier | . <u>b</u> |                    |                       |        |                            |                        |    |  |  |
| Tier         | 75         |                    |                       |        |                            |                        |    |  |  |
| Tier         | 1          |                    |                       |        |                            |                        |    |  |  |
| Tier         |            |                    |                       |        |                            |                        |    |  |  |
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Alternative – Medicare-Medicaid Post-OOP Threshold

| e Help Add       | d Variable    |                   |                       |   |  |
|------------------|---------------|-------------------|-----------------------|---|--|
|                  |               | Exit              | Exit (No<br>Validate) | Go To: Alternative - Medicare-Medicaid Post-OOP Threshold |  |
| revious          | Next          | (Validate)        | Validate)             |   |  |
| licare-defined F | Part D Annual | Out-of-Pocket Co  | st Threshold          |   |  |
| v do you apply   | your cost sha | ring beyond the M | edicare-define        | Part D Annual Out-of-Pocket Threshold?                    |  |
| No costsharin    | g             |                   |                       |   |  |
| Cost Share Tie   | irs           |                   |                       |   |  |
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Alternative – Tier Type and Tier Cost Sharing Post-OOP Medicare and Medicaid

| PBP Data Entry System - Section I<br>e Help Add Variable<br>Previous Next (Validate)  | Exit (No<br>/alidate) | Go To: Alterna |            |        | Post-OOP Medical | are-Medicaid |  |
|---|-----------------------|----------------|------------|--------|------------------|--------------|--|
| r Label Description(s)  |                       |                |            |        |                  |              |  |
| r includes (selectonly one for each tier  | Tier 1                | Tier 2         | Tier 3     | Tier 4 | Tier 5           | Tier 6       |  |
| art D Drugs Only<br>on-Medicare Covered Drugs and/or Non-Medicare<br>overed OTCs Only<br>oth Part D Drugs and Non-Medicare Covered<br>rugs and/or Non-Medicare Covered OTCs | 000                   | с<br>с<br>с    | с с с<br>с | 000    | с<br>с<br>с      |              |  |
| Copayment (S) Minimum:<br>Maximum:  |                       |                |            |        |                  |              |  |
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# Defined Standard – Locations and Location Supply

| Previous Next (Validate)  | Go To: Defined Standard - Locations and Location Supply        |   |  |
|---|--|---|--|
| lect all Location/supply amounts that apply:<br>Standard Retail Cost-Sharing - one month supply<br>Standard Retail Cost-Sharing - two month supply<br>Standard Retail Cost-Sharing - three month supply<br>Dut-of-Network Pharmacy - one month supply | Enter number of days for:<br>1-Month 2-Month 3-Month Other Day | Are all of the drugs on your formulary available with an extended day supply?  C Yes C No  When you select a 2-month and/or a 3-month supply at a retail or mail order pharmacy, you must indicate whether or not all drugs on the entire PORMULARY are available with an extended day supply.  The 2017 defined standard gap coverage benefit of 49%   |  |
| Standard Mail Order Cost-Sharing - two month supply<br>Standard Mail Order Cost-Sharing - one month supply<br>Standard Mail Order Cost-Sharing - two month supply<br>Standard Mail Order Cost-Sharing - three month supply                            |  | for generic drugs and 10% for brand drugs and the<br>coverage gap discount for brand drugs applies to all<br>benefit types and must be reflected in each plan's bid, but<br>should NOT be entered in the PBP. The gap coverage<br>section of the PBP is only intended for those EA plans<br>offering additional cost-sharing reductions in the coverage<br>gap through a supplemental Part D benefit. |  |
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#### Medicare Rx – Attestations

| <b>BBP Data</b><br>File Help Add           |  | stem - Sectio                             | on RX, Con                       | tract X000                             | )1, Plan 001, Seg   | ment 000 |   |   |   |   |   |   |   | - 8 : |
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| Previous                                   | Next   | Exit                                      | Exit (No                         | Go To: 🔟                               | edicare Rx - Attestations   |          |   |   | • |   |   |   |   |       |
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| Cost Sharing amo                           | unt. The aver<br>dollars that a                    | age expected cost                         | t share amoun                    | represents the                         | e Average Expected<br>average expected cost-<br>rk retail pharmacy for a                        |          |   |   |   |   |   |   |   |       |
| Average Expected                           |  |   | iewed by the p                   | an's certifying a                      | actuary and are accurate.   |          |   |   |   |   |   |   |   |       |
| down the entire 25                         | % actuarial eq<br>ledicare Preso<br>dollars to the | uivalent cost-sha<br>ription Drug Bene    | ring amountus<br>fit Manual, spo | ing MA rebate d<br>nsors do not h      | under Part D must buy<br>Jollars in the bid. Per<br>ave an option of only<br>Ieral cost-sharing |          |   |   |   |   |   |   |   |       |
| Zero Dollar Cost S                         | haring Attesta                                     | tion:                                     |                                  |  |   |          |   |   |   |   |   |   |   |       |
| □ lattest that it is t<br>dollar cost-shar | he plan spon:<br>re tier(s) and ti                 | or's intention to b<br>his has been confi | ouy down the e<br>rmed with the  | ntire cost-sharii<br>blan's certifying | ng amount for the zero<br>actuary.  |          |   |   |   |   |   |   |   |       |
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#### Medicare RX – Notes

| ile Help Add Variable              | Go To: Medicare Rx - Notes   |  |
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| Previous Next (Validate) Validate) |  |  |
| otes:                              | <ul> <li>NOTE: The Madicare RX notes field should ONLY be used when required to carity information in that cannot otherwise be entered into the PEP. Generally, there should be little or no need to enter any information in the notes field and therefore information refer to the on-screen label on the Medicare RX notes screen. This field should only be completed for unsusal circumstances. For more information refer to the on-screen label on the Medicare RX notes screen. This field should only be completed for unsusal circumstances. For more information refer to the on-screen label on the Medicare RX notes screen. This field should only be completed for unsusal circumstances. For more information refer to the on-screen label on the Medicare RX notes screen. This field should only be completed for unsusal circumstances. For more information information that is either contained elsewhere in the PBP or in a RX.</li> <li>Information concerning excluded drugs or OTC items (these must be submitted in the Excluded Drugs or OTC Supplemental files):</li> <li>Information that is not related to Part D benefits.</li> <li>Its he Part D sponsor's responsibility, both before and after bid approval, to ensure that the information included in the Hedicare RX notes section complies with the requirement sabove. Cince tais are approved, additions to the notes field during the plan corrections period will not be allowed.</li> </ul> |  |