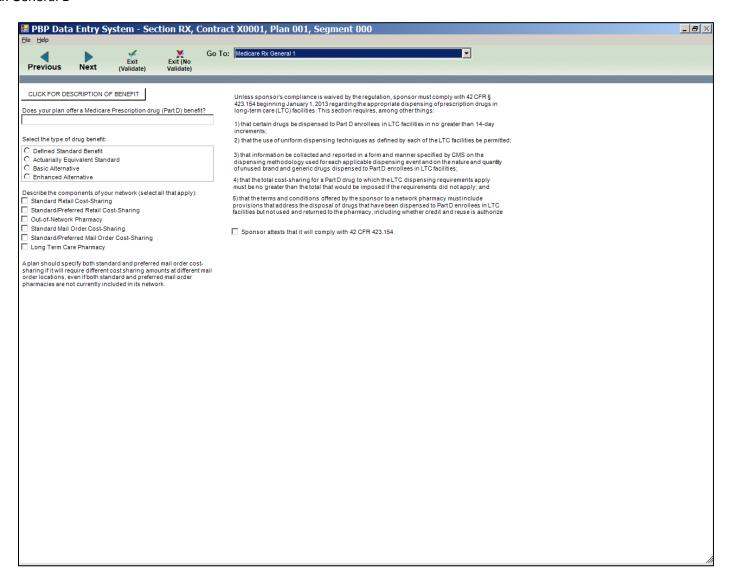
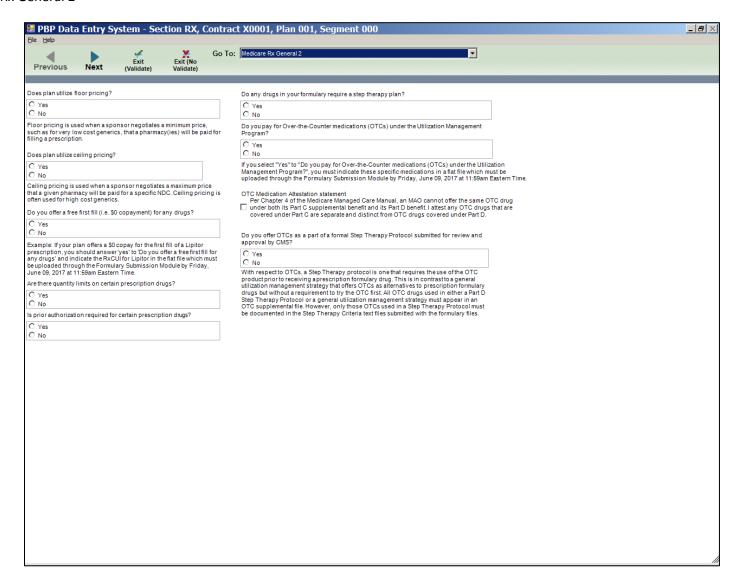
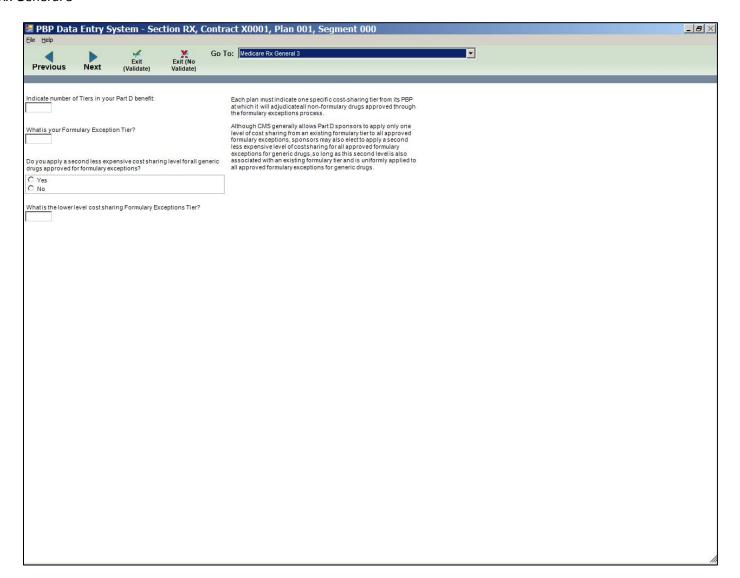
Medicare Rx General 1



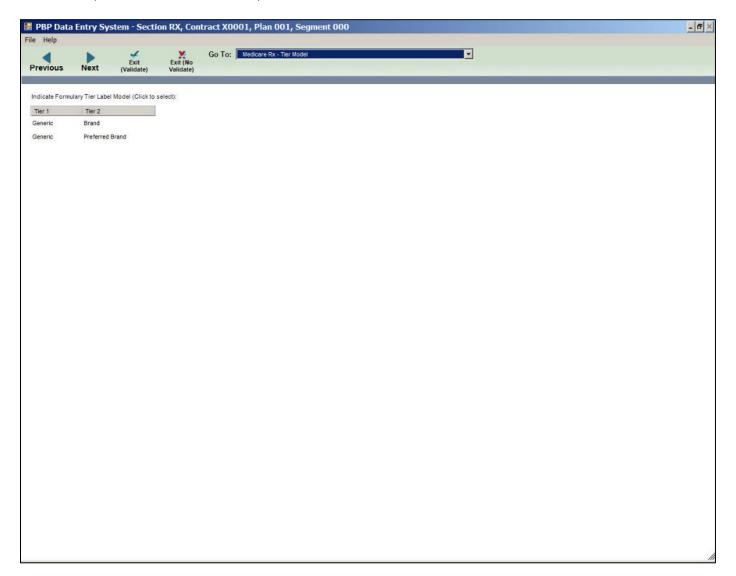
Medicare Rx General 2



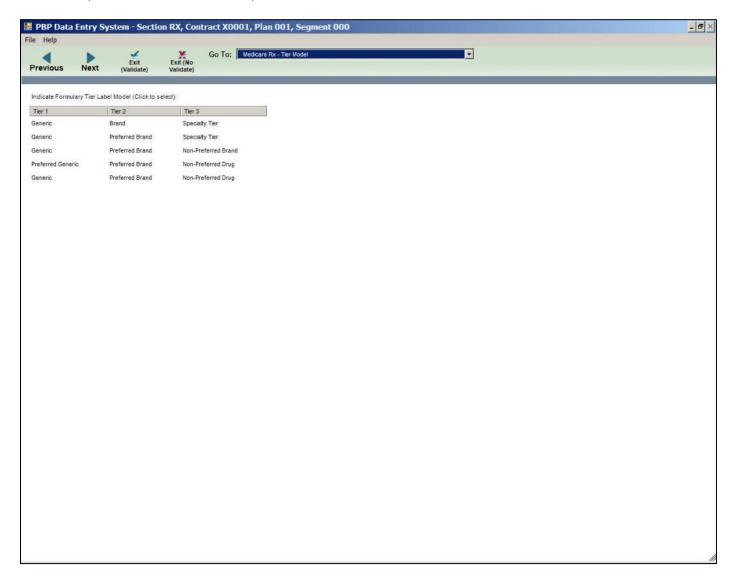
Medicare Rx General 3



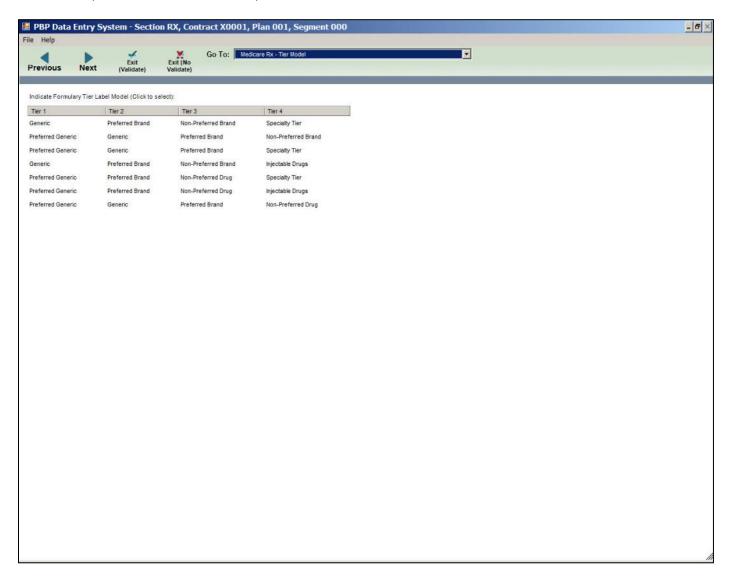
Medicare Rx – Tier Model (when a tier includes 2 tiers)



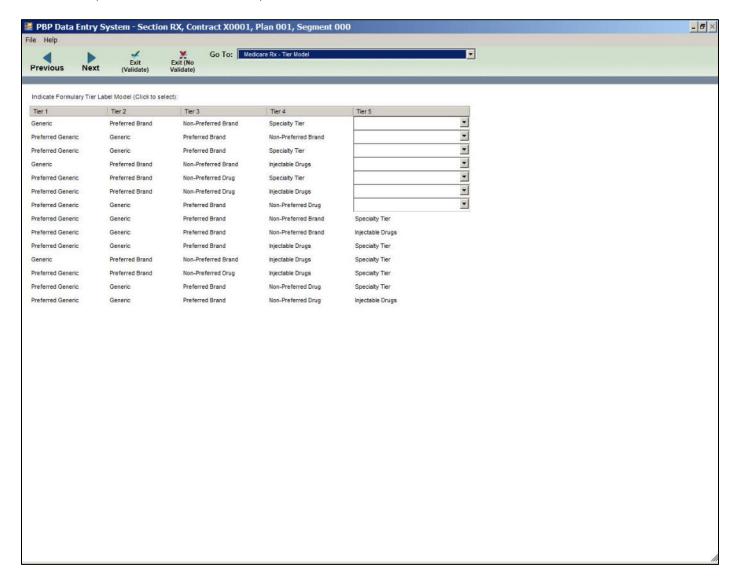
Medicare Rx- Tier Model (when a tier includes 3 tiers)



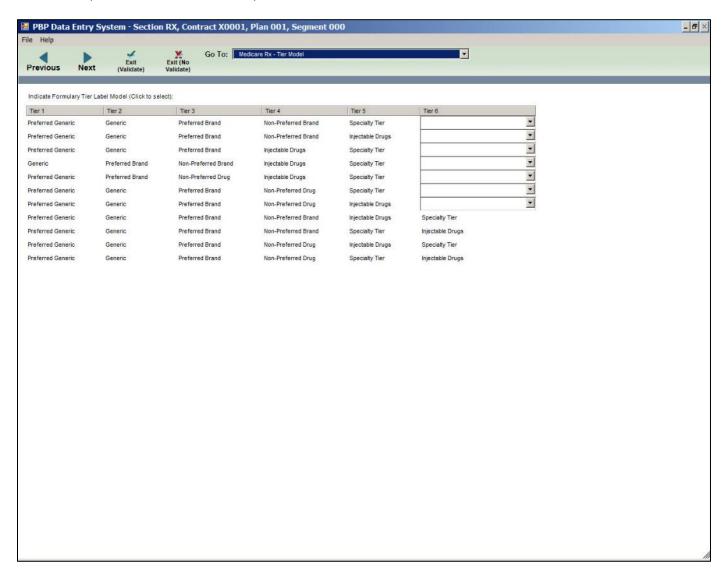
Medicare Rx – Tier Model (when a tier includes 4 tiers)



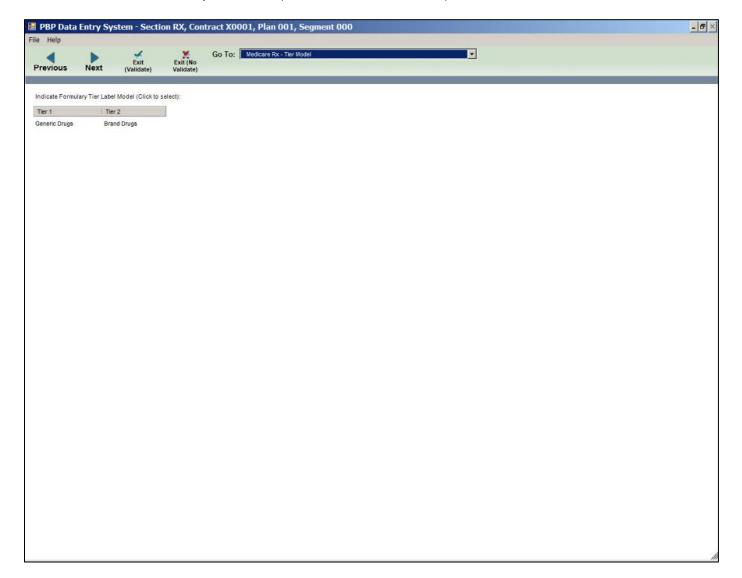
Medicare Rx – Tier Model (when a tier includes 5 tiers)



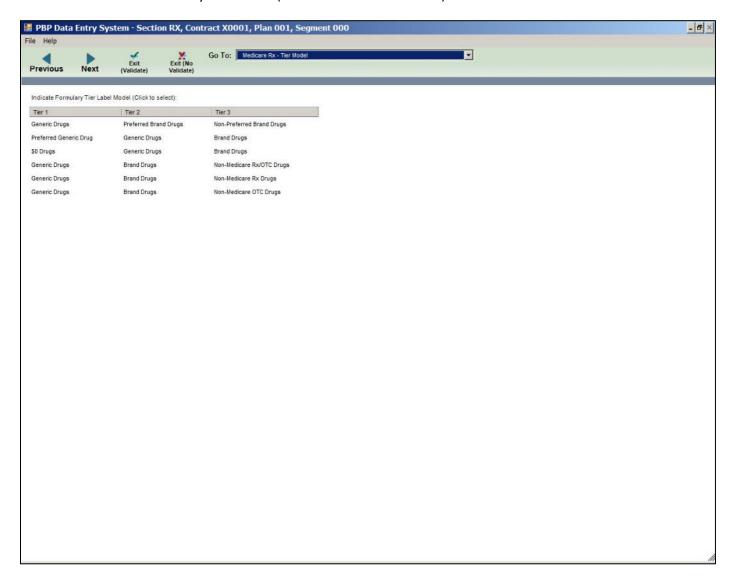
Medicare Rx – Tier Model (when a tier includes 6 tiers)



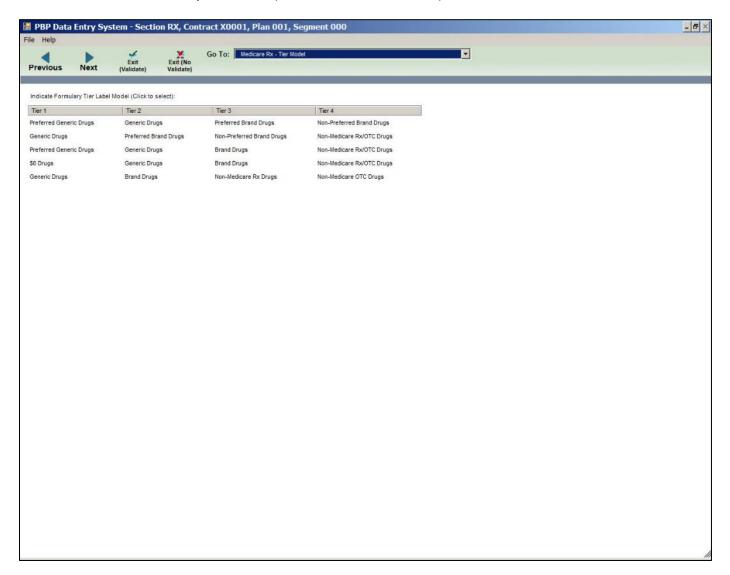
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 2 tiers)



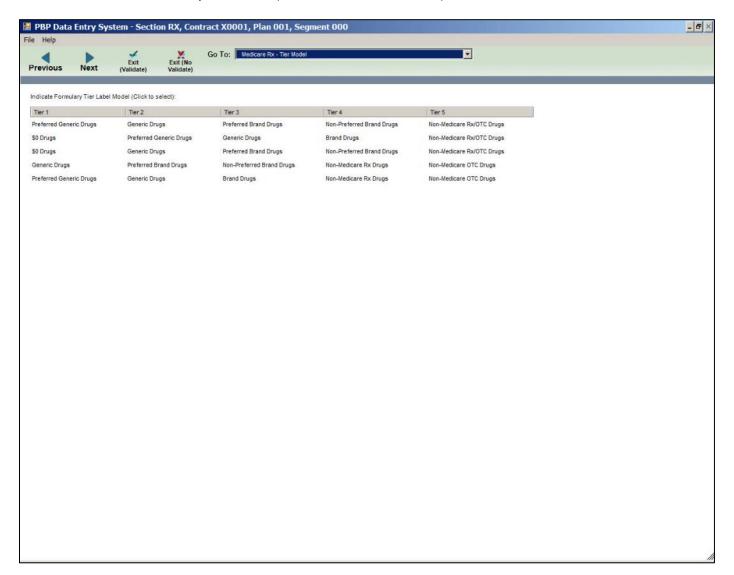
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 3 tiers)



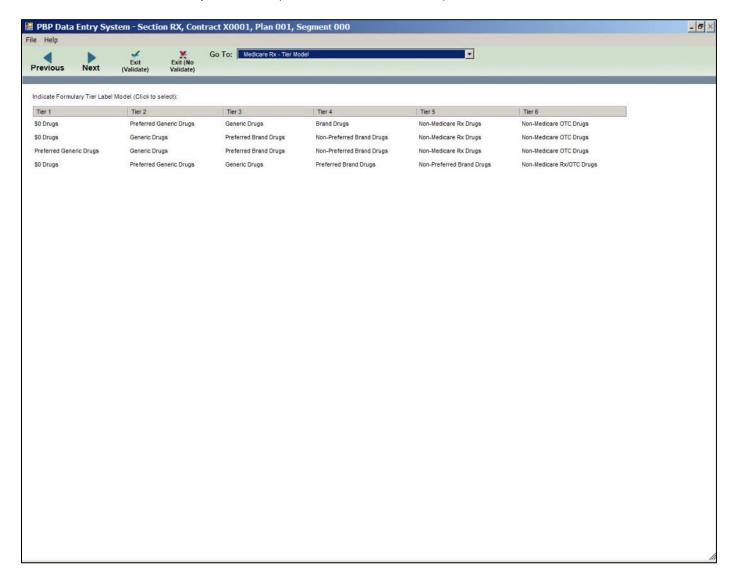
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 4 tiers)



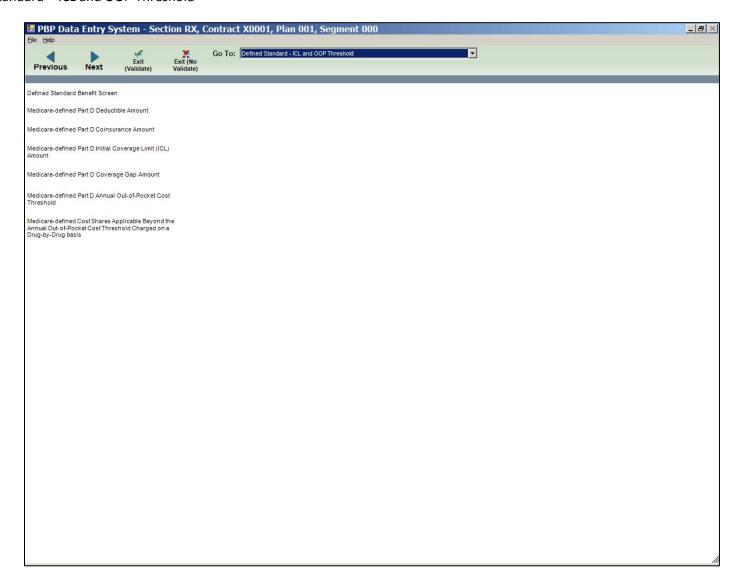
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 5 tiers)



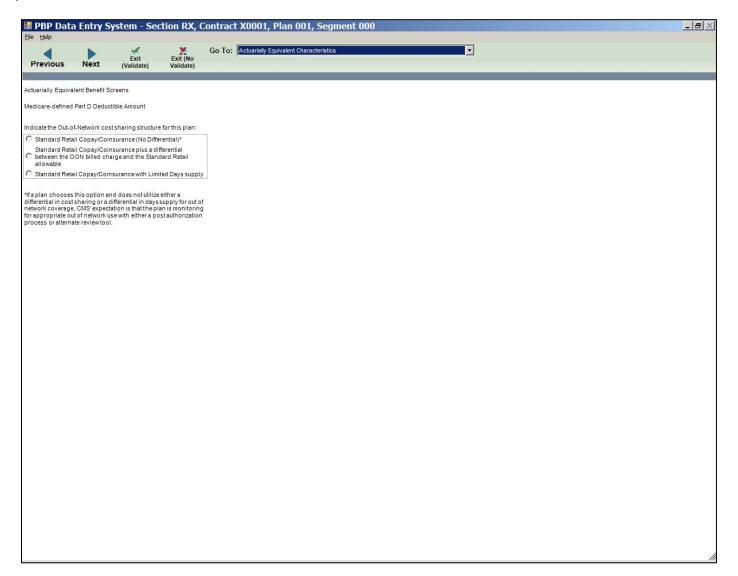
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 6 tiers)



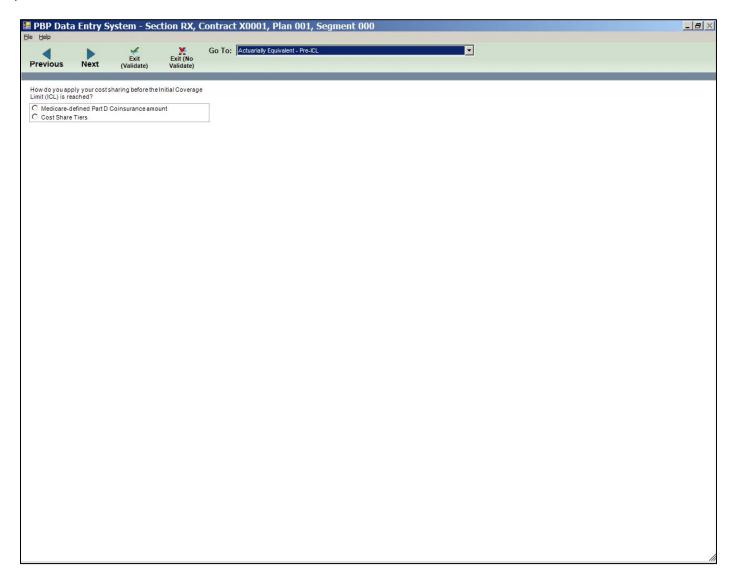
Defined Standard – ICL and OOP Threshold



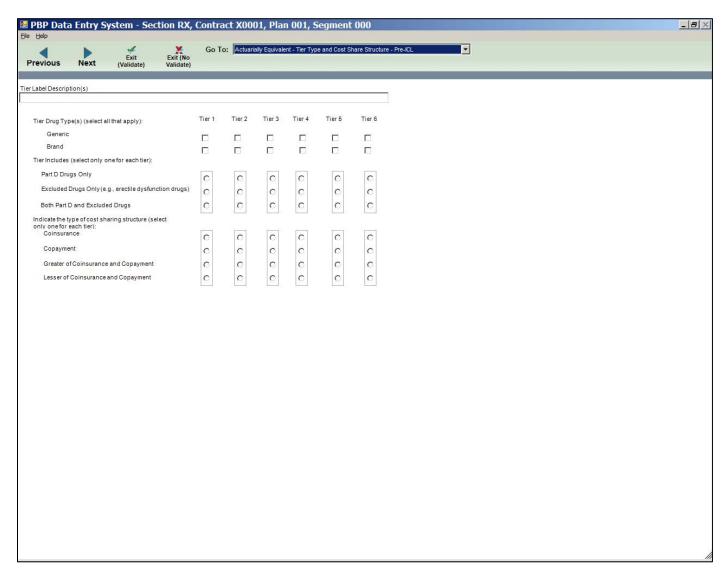
Actuarially Equivalent Characteristics



Actuarially Equivalent – Pre-ICL



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



Actuarially Equivalent – Tier Locations – Pre-ICL

PBP Data Entry System - Section RX, Contract	t X 00	001, F	Plan (001,	Segn	ent 000		_ B ×
File Help Previous Next Exit Exit (No (Validate) Validate) File Help Go To:	Actua	rially Equ	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								

Actuarially Equivalent – Retail Pharmacy Location Supply – Pre-ICL

		supply - Pre-ICI	Actuarially Equivalent - Retail Pharmacy Location St	Go To:	×	,	1		ile <u>H</u> elp
			Actuariany Equivalent - rectain marmacy Eccanon S	G0 10.	Exit (No /alidate)	it I late) \	Exi (Valida	Next	Previous
								ription(s)	Label Desc
							omponent	Cost-Sharing Cor	dard Retail
		Limited First Fill for Extended Day Supply	Extended Day Supply Applies to All Drugs?*	3-Month	2-Month	1-Month			ay Supply
tail Cost-	*For example, you chose a 2-month or 3- supply at the Standard/Preferred Retail Co Sharing or the Mail-Order Pharmacy, you	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	Are all of the drugs on your formulary for this tier available with an extended day supply?				il	Standard Retail	ier 1
drugs on your	answer "yes" to the question "Are all drugs	C Yes	C Yes				d Retail	Standard Retail/Preferred F	
	formulary for this tier available with an ext- supply?" if all of the drugs on that tier are	C No	C No						
	at the extended day supply.	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	available with an extended day supply?				il	Standard Retail	ier 2
uge on your	If you select "No" to "Are all of the drugs o	C Yes	O Yes				d Retail	Retail/Preferred F	
an extended day	formulary for this tier available with an extension	C No	C No						
e offered at an ferred to as Non-	supply? ⁸ , you must indicate the specific P Covered medications that will not be offer extended day supply in a flat file (referred	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	Are all of the drugs on your formulary for this tier available with an extended day supply?				il	Standard Retail	Tier 3
st be uploaded	Extended Day Supply file) which must be through the Formulary Submission Modul	C Yes	C Yes				d Retail	Retail/Preferred F	
ne. Do not	June 9, 2017 at 11:59am Eastern Time. Do	C No	C No						
	include Non-Medicare Covered Drugs and Medicare Covered OTCs in this file submi	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	Are all of the drugs on your formulary for this tier available with an extended day supply?				il	Standard Retail	ier 4
		C Yes	C Yes				d Retail	Standard Retail/Preferred F	
		C No	C No						
		Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	Are all of the drugs on your formulary for this tier available with an extended day supply?				il	Standard Retail	ier 5
		O Yes	C Yes				d Retail	Standard Retail/Preferred F	
		C No	C No						
		Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	Are all of the drugs on your formulary for this tier available with an extended day supply?				il	Standard Retail	ier 6
		C Yes	C Yes				d Retail	Standard Retail/Preferred F	
		C No	C No						
		C Yes C No	C Yes				d Retail	Standard Retail/Preferred F	

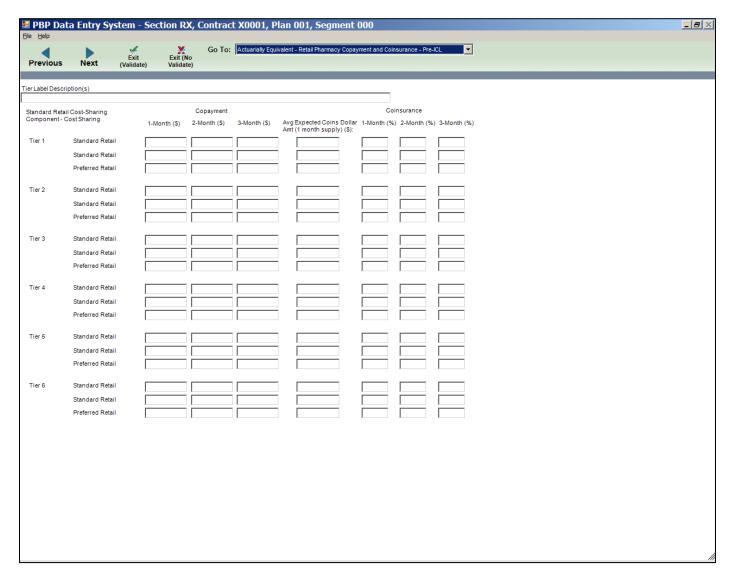
Actuarially Equivalent – Mail Order Location Supply – Pre-ICL

B PBP Da	ata Entry Syst	tem - Sect	ion RX,	Contrac	t X0001, Plan 001, Segment 000	alx
File Help						
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Actuarially Equivalent - Mail Order Location Supply - Pre-ICL	
Tier Label Desc	cription(s)					
Component	Order Cost-Sharing N		nth 2-Month	3 Month		
Day Supply		1-10101	iui 2-woriui	o-month.		
Tier 1	Standard Mail Orde Standard/Preferred Order					
Tier 2	Standard Mail Orde	er 📗				
	Standard/Preferred Order	Mail				
Tier 3	Standard Mail Orde					
	Standard/Preferred Order	Mail				
Tier 4	Standard Mail Orde	1				
	Standard/Preferred Order	Mail				
Tier 5	Standard Mail Orde	· J				
	Order	Mail				
Tier 6	Standard Mail Orde	Name of the last				
	Order					

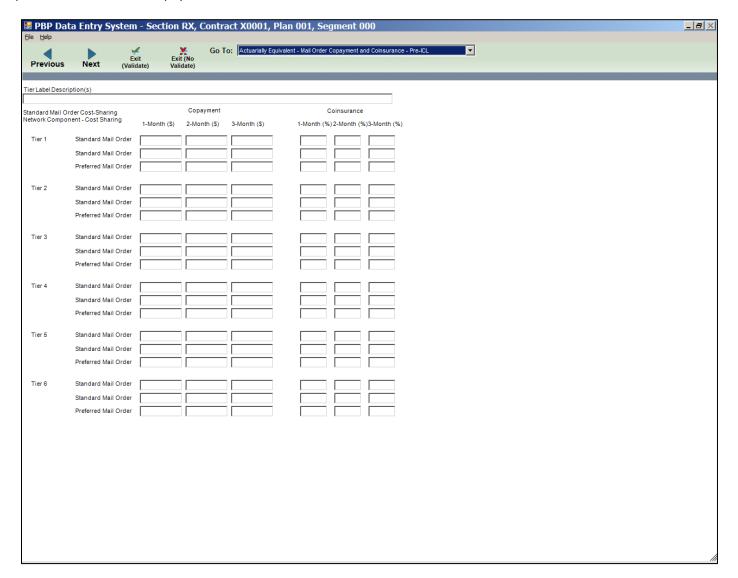
Actuarially Equivalent – OON and LTC Location Supply – Pre-ICL

B PBP Data	Entry Sy	stem - Sec	tion RX,	Contract X	0001, Plan 00	01, Segment 000		_ 5 X
Eile Help								
4		Exit	Exit (No	Go To:	ctuarially Equivalent - Of	ON and LTC Location Supply - Pre-ICL		
Previous	Next	(Validate)	Validate)					
Tier Label Descript	on(s)							
Day Supply		Network Co			1-Month Other Day	у		
0.0000000000000000000000000000000000000								
	Tier 1	Out-of-Net	work	[
		Long Term	Care Drugs					
	Tier 2	Out-of-Net	work	[
		Long Term	Care Drugs	[
	Tier 3	Out-of-Net	work	Γ				
		Long Term	Care Drugs	Γ				
	Tier 4	Out-of-Net	work	1				
		Long Term	Care Drugs	î				
	Tier 5	Out-of-Net	work	Г				
			Care Drugs	ř				
		Long rom	ouro Brogs	L				
	Tier 6	Out-of-Net	work	r				
	Ticlo		Care Drugs	I.				
		Long Term	Care Drugs	- L				

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



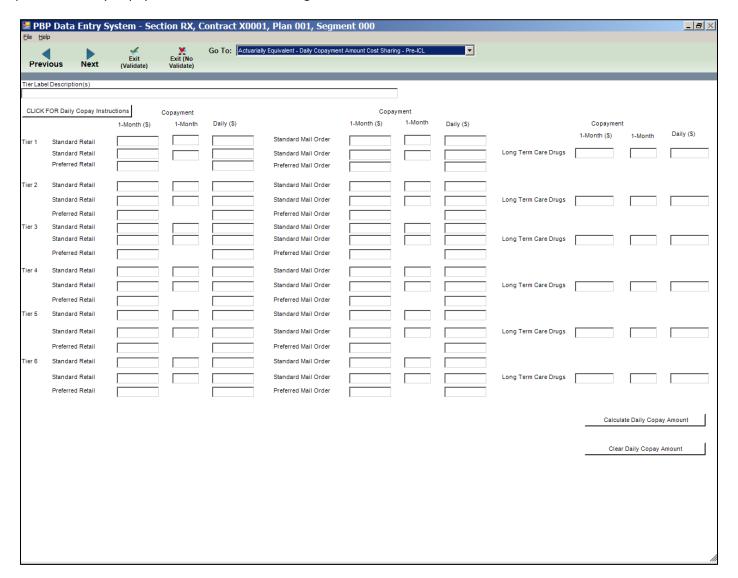
Actuarially Equivalent – Mail Order Copayment and Coinsurance – Pre-ICL



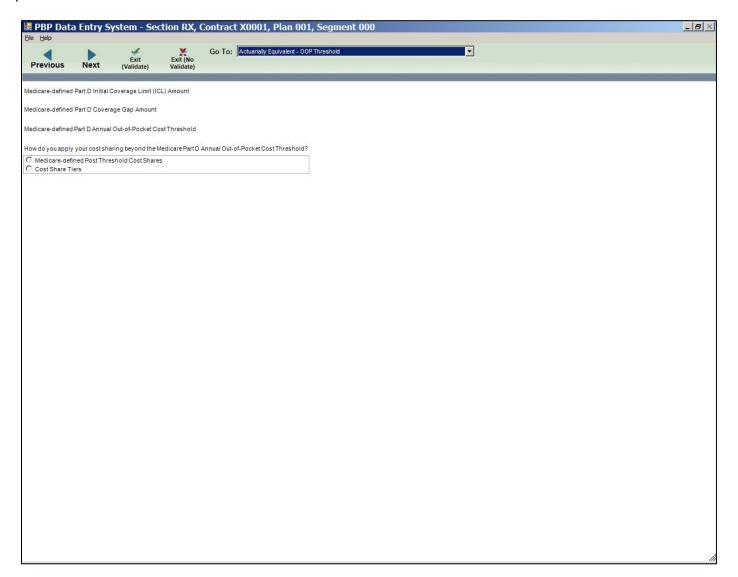
Actuarially Equivalent – OON and LTC Copayment and Coinsurance – Pre-ICL

PBP Da	ta E	ntry S	ystem - Sec	tion RX, C	ontrac	tt X0001, Plan 001, Segment 000	_ B X
File Help							
Previous		lext	Exit	Exit (No	Go To:	Actuarially Equivalent - OON and LTC Copayment and Coinsurance - Pre-ICL	
Tievious		EAL	(Validate)	Validate)			
Tier Label Desc	ription(s)					
				Copayment		Coinsurance	
		Network	Component	1-Month (S)	Other		
	Tier 1	Out-of-I	Network				
		Long T	erm Care Drugs				
	Tier 2	Out-of-1					
		Long T	erm Care Drugs				
	Tier 3	Out-of-1	Network				
		Long T	erm Care Drugs		- '		
	Tier 4	Out-of-1					
		Long T	erm Care Drugs	l.			
	Tier 5	Out-of-1	Network				
			erm Care Drugs		- '		
	Tier 6	Out-of-1	Network				
		Long T	erm Care Drugs				

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



Actuarially Equivalent - OOP Threshold



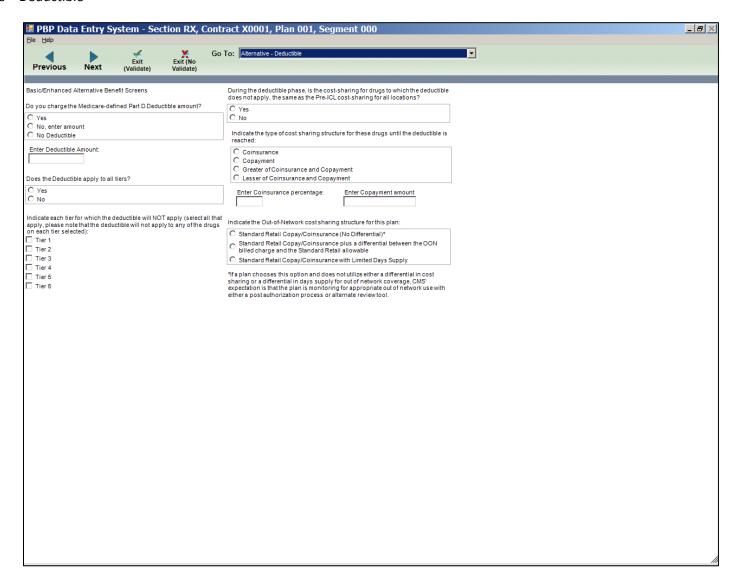
Actuarially Equivalent – Tier Type – Post-OOP Threshold

	Contract X0001, Plan 001, Segment 000	_181×
Elle Help	Go To: Actuarially Equivalent - Tier Type - Post-OOP Threshold	
Previous Next (Validate) Validate)		
Tier Label Description(s)		
Tier Drug Type(s) (select all that apply): Tier 1	r1 Tier2 Tier3 Tier4 Tier6	
Generic		
Brand		
Tier Includes (select only one for each tier): Part D Drugs Only C C		
Excluded Drugs Only (e.g., erectile dysfunction drugs) Both Part D and Excluded Drugs		
Indicate the Type of Cost Sharing Structure (select only one for each tier): Coinsurance		
Copayment C Greater of Coinsurance and Copayment C		
Lesser of Coinsurance and Copayment C		

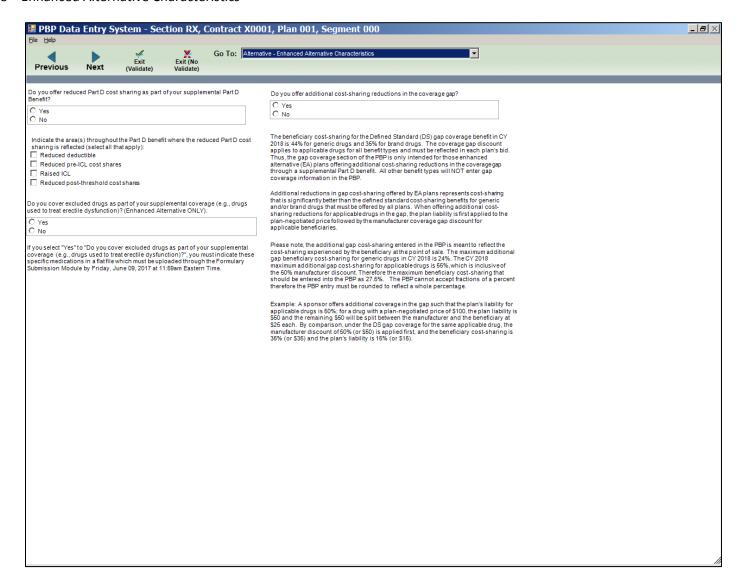
Actuarially Equivalent – Tier Cost Sharing – Post-OOP Threshold

₽ PBP Da	ta Entry	System - S	ection RX, C	Contract X0001, Plan 001, Segment 000	_ B X
<u>File</u> <u>H</u> elp					
4		Exit	×	Go To: Actuarially Equivalent - Tier Cost Sharing - Post-OOP Threshold	
Previous	Next	Exit (Validate)	Exit (No Validate)		
		2			
Tier Label Descr	ription(s)				
		Copayment (\$)	Coinsurance (%)		
	Tier 1				
	Tier 2		=		
	Tier 3				
	Tier 4				
	Tier 5				
	Tier 6				
l					//

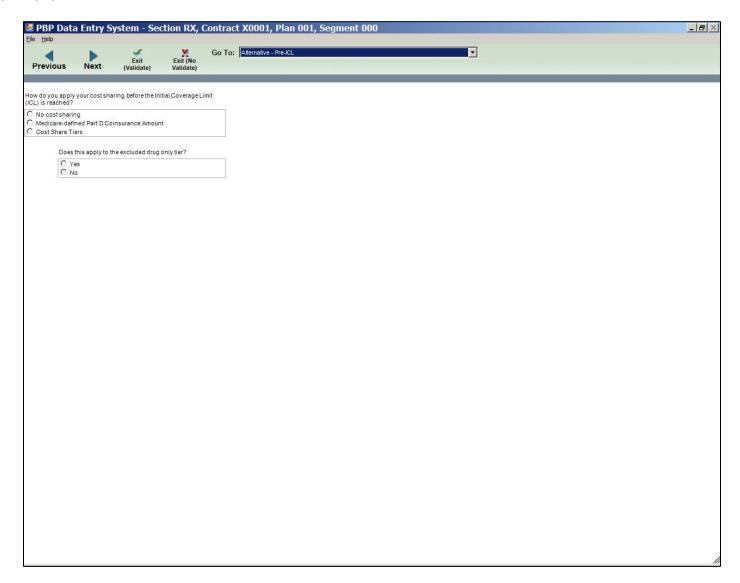
Alternative – Deductible



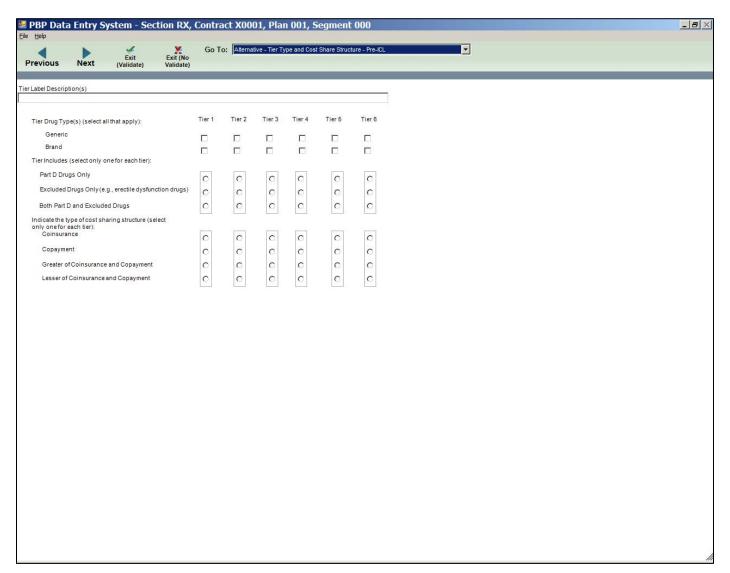
Alternative – Enhanced Alternative Characteristics



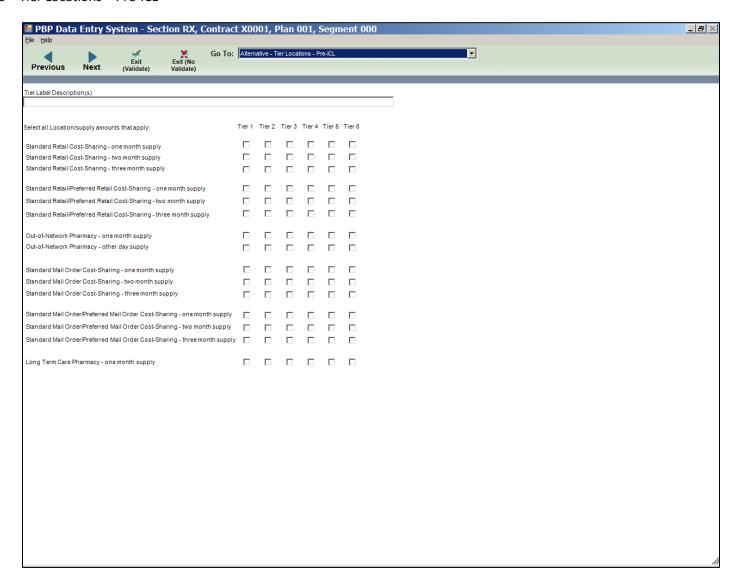
Alternative - Pre-ICL



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



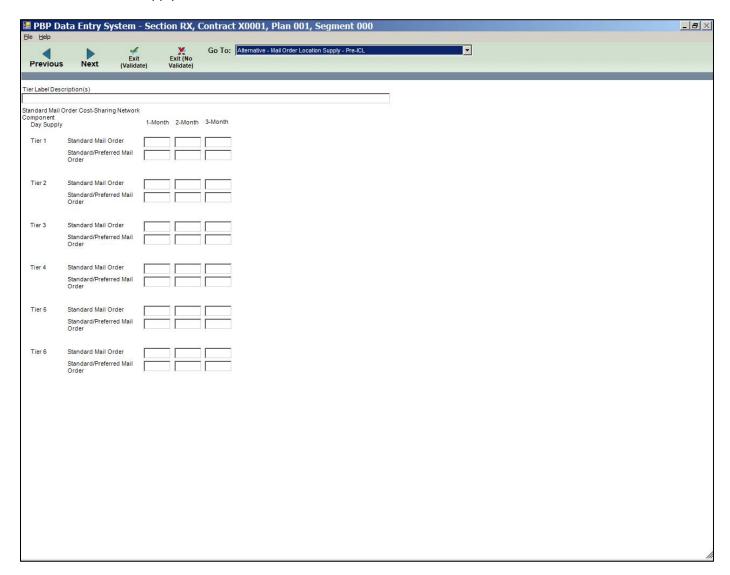
Alternative - Tier Locations - Pre-ICL



Alternative – Retail Pharmacy Location Supply – Pre-ICL

	ita Entry Sy	/stem -	Sectio	n RX, (Contrac	t X0001, Plan 001, Segment 00	0	_ B X
File Help Previous	Next	Exit (Validate	e) V	Exit (No /alidate)	Go To:	Alternative - Retail Pharmacy Location Supply - Pro	-ICL	
Tier Label Desc	rintion(s)							
Tiel Label Desc	inpuon(s)							
Standard Retail	Cost-Sharing Co	mponent						
Day Supply			1-Month	2-Month	3-Month	Extended Day Supply Applies to All Drugs?*	Limited First Fill for Extended Day Supply	
Tier 1	Standard Retail					available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	*For example, you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost- Sharing or the Mail-Order Pharmacy, you must
	Retail/Preferred i	Retail				O Yes O No	C Yes C No	answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available
Tier 2	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	at the extended day supply.
	Standard Retail/Preferred l	Retail				C Yes C No	C Yes C No	If you select "No" to "Are all of the drugs on your
Tier 3	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	formulary for this tier available with an extended day supply?", you must indicate the specific Part D Covered medications that will not be offered at an extended day supply in a flat file (referred to as Non-
	Standard Retail/Preferred i	Retail				C Yes C No	C Yes C No	Extended Day Supply file) which must be uploaded through the Formulary Submission Module by Friday June 9, 2017 at 11:59am Eastern Time. Do not
Tier 4	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	include Non-Medicare Covered Drugs and/or Non- Medicare Covered OTCs in this file submission.
	Standard Retail/Preferred i	Retail				C Yes C No	C Yes O No	
Tier 5	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred i	Retail				C Yes C No	C Yes C No	
Tier 6	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred I	Retail				C Yes C No	C Yes C No	

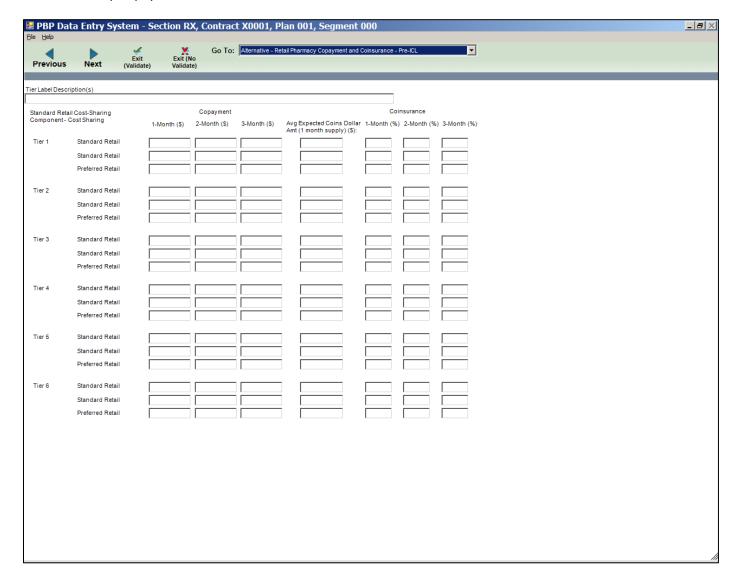
Alternative - Mail Order Location Supply - Pre-ICL



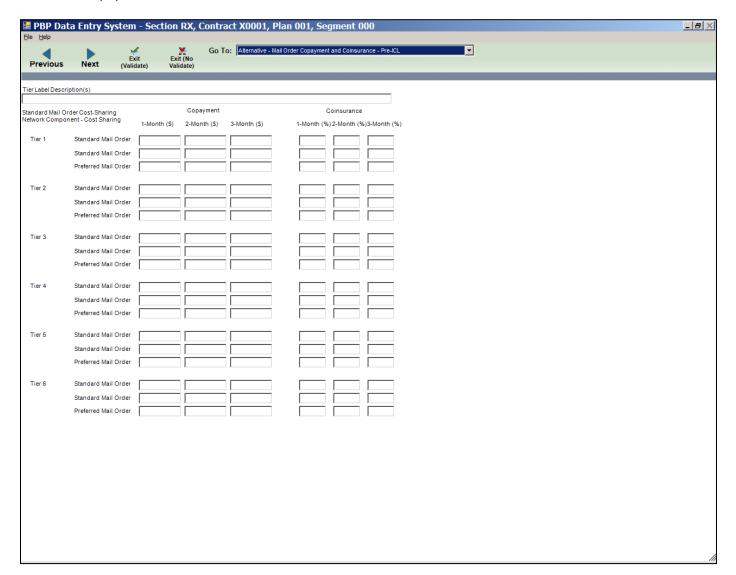
Alternative – OON and LTC Location Supply – Pre-ICL

	Entry Sys	stem - Section F	X, Contract	X0001, Plan 001	, Segment 000		_ 5
ile <u>H</u> elp			Go To:	Alternative - OON and LTC I	_ocation Supply - Pre-ICL	<u>-</u>	
Previous	Next	Exit Exit (Validate)	No				
ier Label Descripti	an(s)						
er Laber Descripti	on(s)						
Day Supply		Network Componer	t	1-Month Other Day			
	Tier 1	Out-of-Network					
		Long Term Care Dr	ugs				
	Tier 2	Out-of-Network					
		Long Term Care Dr	ugs				
	Tier 3	Out-of-Network Long Term Care Dr	ugs				
			5				
	Tier 4	Out-of-Network					
		Long Term Care Dr	ugs				
	Tier 5	Out-of-Network					
		Long Term Care Dr	ugs				
	Tier 6	Out-of-Network					
		Long Term Care Dri	ıgs				

Alternative – Retail Pharmacy Copayment and Coinsurance – Pre-ICL



Alternative - Mail Order Copayment and Coinsurance - Pre-ICL



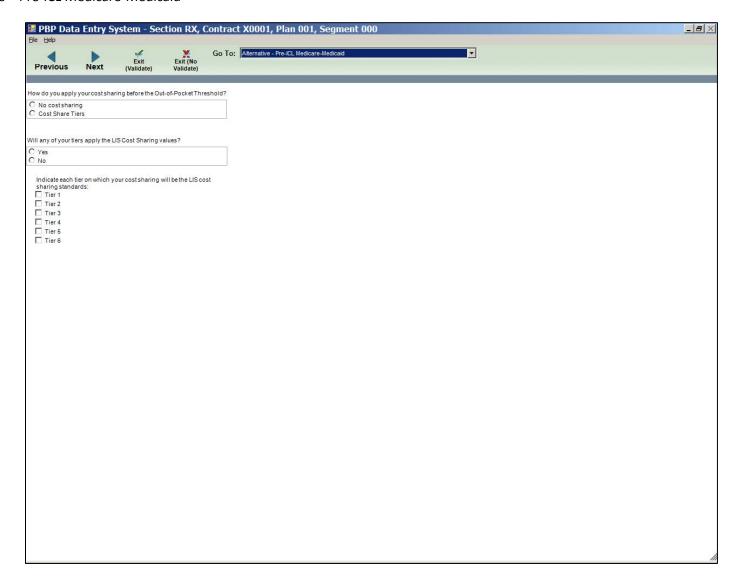
Alternative – OON and LTC Copayment and Coinsurance – Pre-ICL

PBP Date	a Er	try Sy	stem - Sec	tion RX, C	ontrac	t X0001, Plan 001, Segment 000	_ B X
Previous	N	ext	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - OON and LTC Copayment and Coinsurance - Pre-ICL	
Tier Label Descri	ption(s)					
				Copayment		Coinsurance	
		Network	Component	1-Month (S)	Other		
1	ier 1	Out-of-N	etwork				
		Long Te	rm Care Drugs				
1	ier 2	Out-of-N	etwork				
		Long Te	rm Care Drugs				
1	ier 3	Out-of-N	etwork		- [
		Long Te	rm Care Drugs				
1	ier 4	Out-of-N	etwork				
		Long Te	rm Care Drugs				
1	ier 5	Out-of-N	etwork	[
			rm Care Drugs		'		
		0.1.41					
1	ier 6	Out-of-N Long Te	etwork rm Care Drugs		- 1		
		0.745. 7 0046	**************************************	1:			

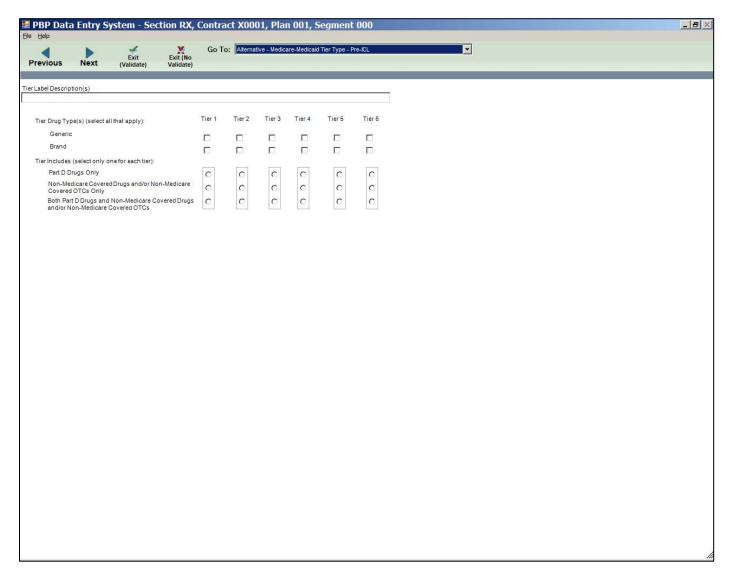
Alternative – Daily Copayment Amount Cost Sharing – Pre-ICL

₽ PB	P Data Entry	System - Se	ction RX, (Contract X00	01, Plan 001, Segm	ent 000						_ B ×
File He	 	Exit (Validate)	Exit (No Validate)	Go To: Alterna	ative - Daily Copayment Amount	Cost Sharing - Pre-IC	CL	<u> </u>				
Tier Labe	Description(s)											
CLICK	FOR Daily Copay In	structions	Copayment			Cop	ayment					
		1-Month (S)	1-Month	Daily (\$)		1-Month (\$)	1-Month	Daily (\$)		Copayment		
Tier 1	Standard Retail				Standard Mail Order				1	1-Month (S)	1-Month	Daily (\$)
	Standard Retail				Standard Mail Order				Long Term Care Drugs			
	Preferred Retail				Preferred Mail Order							
Tier 2	Standard Retail				Standard Mail Order				1			
	Standard Retail				Standard Mail Order				Long Term Care Drugs			
	Preferred Retail				Preferred Mail Order				1			
Tier 3	Standard Retail				Standard Mail Order							
	Standard Retail				Standard Mail Order				Long Term Care Drugs			
	Preferred Retail				Preferred Mail Order							
Tier 4	Standard Retail				Standard Mail Order				1			
	Standard Retail				Standard Mail Order				Long Term Care Drugs			
	Preferred Retail		_		Preferred Mail Order				1			
Tier 5	Standard Retail				Standard Mail Order							
ilei 5												
	Standard Retail				Standard Mail Order				Long Term Care Drugs			
	Preferred Retail				Preferred Mail Order							
Tier 6	Standard Retail				Standard Mail Order							
	Standard Retail				Standard Mail Order				Long Term Care Drugs			
	Preferred Retail				Preferred Mail Order							
										Calculat	te Daily Copa	y Amount
										Clear	Daily Copay A	Amount
												_

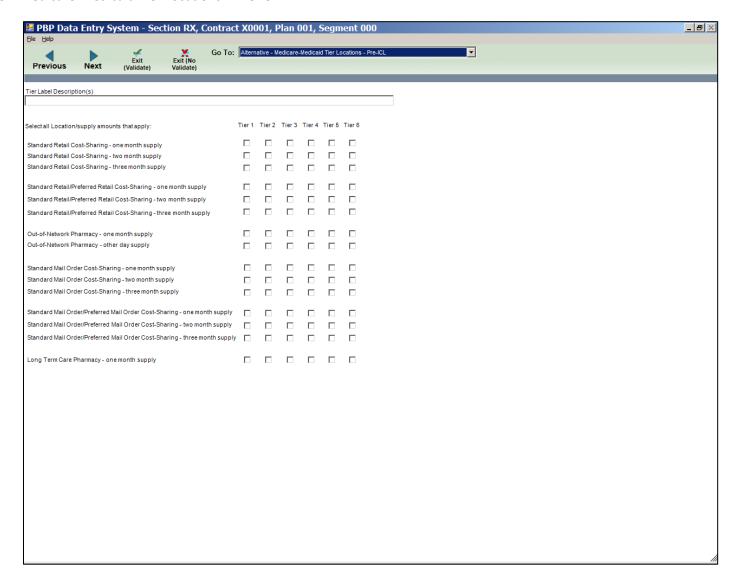
Alternative - Pre-ICL Medicare-Medicaid



Alternative - Medicare-Medicaid Tier Type - Pre-ICL



Alternative – Medicare-Medicaid Tier Locations – Pre-ICL



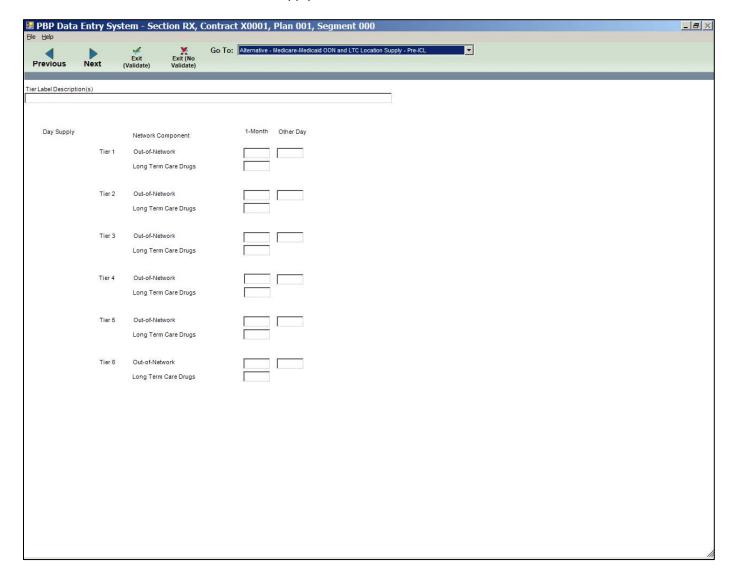
Alternative – Medicare-Medicaid Retail Pharmacy Location Supply – Pre-ICL

	ita Entry Sy	stem -	Section RX, (Contrac	t X0001, Plan 001, Segment 00	0	_ B X
File Help Previous	Next	Exit (Validate	Exit (No Validate)	Go To:	Alternative - Medicare-Medicaid Retail Pharmacy L	ocation Supply - Pre-ICL	
Tier Label Desc	ription(s)						
Standard Retail	Cost-Sharing Cor	nponent					
Day Supply			1-Month 2-Month	3-Month	Extended Day Supply Applies to All Drugs?*	Limited First Fill for Extended Day Supply	
Tier 1	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	*For example, you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost- Sharing or the Mail-Order Pharmacy, you must
	Standard Retail/Preferred F	Retail			C Yes	C Yes	answer "yes" to the question "Are all drugs on your
					C No	C No	formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available
Tier 2	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	at the extended day supply.
	Standard Retail/Preferred F	Retail			C Yes	C Yes	
					C No	C No	If you select "No" to "Are all of the drugs on your formulary for this tier available with an extended day
Tier 3	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	supply? ⁴ , you must indicate the specific Part D Covered medications that will not be offered at an extended day supply in a flat file (referred to as Non-
	Standard Retail/Preferred F	Retail			C Yes	C Yes	Extended Day Supply file) which must be uploaded
					C No	C No	through the Formulary Submission Module by Friday June 9, 2017 at 11:59am Eastern Time. Do not
Tier 4	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	include Non-Medicare Covered Drugs and/or Non- Medicare Covered OTCs in this file submission.
	Standard Retail/Preferred F	Retail			C Yes	C Yes	
	Tretain Telefred I	totan			C No	C No	
Tier 5	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred F	Patail			C Yes	C Yes	
	rectamir referred t	Cotan			C No	C No	
Tier 6	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred F	Patail			C Yes	C Yes	
l	Retail/Freierred F	vetaii .			C No	○ No	
l							
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Alternative – Medicare-Medicaid Mail Order Location Supply – Pre-ICL

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Eile Help					
4		Exit Exit (I	Go To:	Alternative - Medicare-Medicaid Mail Order Location Supply - Pre-ICL	
Previous	Next (v	Exit Exit (I alidate) Valida	No ite)		
		200			
Tier Label Desc	ription(s)				
Component Day Supply	order Cost-Sharing Net		Ionth 3-Month		
Tier 1	Standard Mail Order				
	Standard/Preferred M Order	lail			
Tier 2	Standard Mail Order				
	Standard/Preferred M Order	ail			
Tier 3	Standard Mail Order				
	Standard/Preferred M Order	ail			
Tier 4	Standard Mail Order				
	Standard/Preferred M Order	ail			
Tier 5	Standard Mail Order				
	Standard/Preferred M Order	ail			
Tier 6	Standard Mail Order				
	Standard/Preferred M Order	ail			

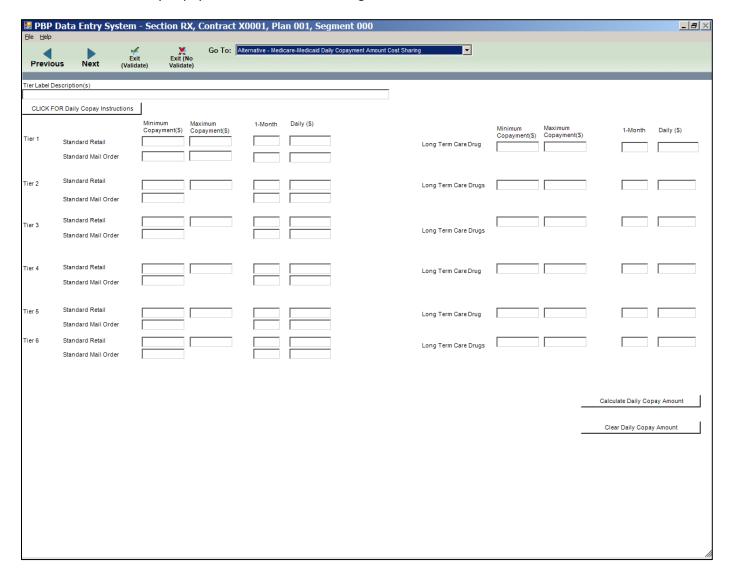
Alternative - Medicare-Medicaid OON and LTC Location Supply - Pre-ICL



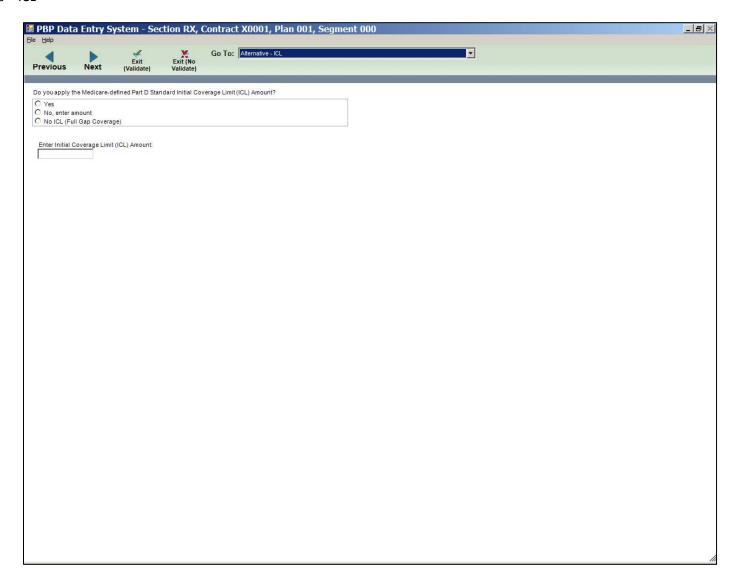
Alternative – Medicare-Medicaid Copayment – Pre-ICL

₽ PBP D	ata Entry Sy	stem - Sec	tion R	X, Contrac	t X0001, Plan 001, Segm	ent 000	_	a ×
<u>File</u> <u>H</u> elp								
_ •		Exit	Exit (N	lo	Alternative - Medicare-Medicaid Copayr	ment - Pre-ICL	<u> </u>	
Previou	s Next	(Validate)	Validat	e)		_		_
Cost Sharing	for In-network Retail	, Mail Order, Out	t-of-networ	k, and Long Ter	m Care			
Tier Label Des	scription(s)						_	
	rk Component	Minim Copay		Maximum Copayment(\$)	Network Component	Minimum Copayment(\$)	Maximum Copayment(\$)	
Tier 1	Standard Retail				Out-of-Network			
	Standard Mail Order				Long Term Care Drugs			
Tier 2	Standard Retail				Out-of-Network			
	Standard Mail Order				Long Term Care Drugs			
	Standard Retail				Out-of-Network			
Tier 3	Standard Mail Order				Long Term Care Drugs			
	Standard Retail				Out-of-Network		- <u> </u>	
Tier 4					Long Term Care Drug			
	Standard Mail Orde	r I						
Tier 5	Standard Retail				Out-of-Network			
ilei 5	Standard Mail Orde	r			Long Term Care Drugs			
Tier 6	Standard Retail				Out-of-Network			
	Standard Mail Order				Long Term Care Drugs			

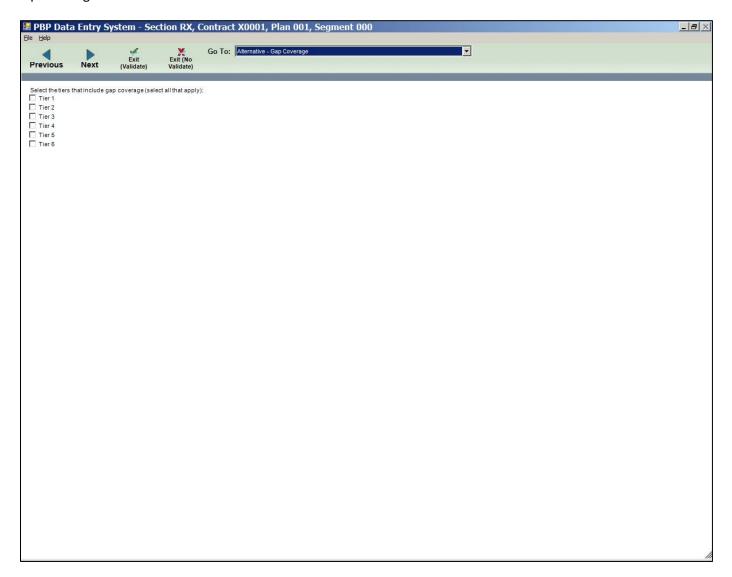
Alternative - Medicare-Medicaid Daily Copayment Amount Cost Sharing



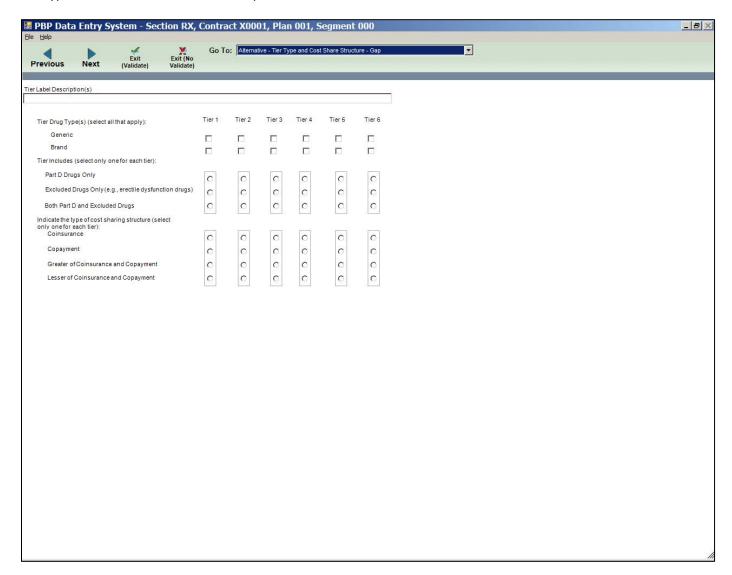
Alternative – ICL



Alternative – Gap Coverage



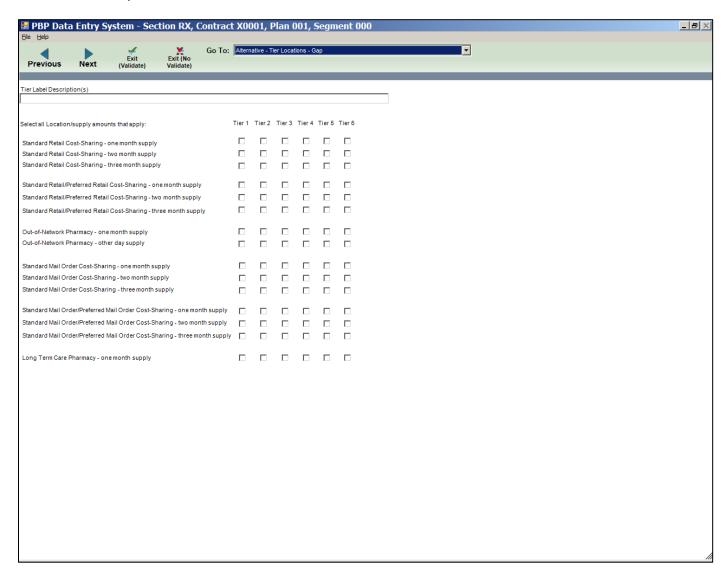
Alternative – Tier Type and Cost Share Structure – Gap



Alternative – Tier Coverage – Gap

	ita Entry S	ystem - Sectio	on RX,	Contrac	t X 000	1, Plan	001, Se	gment	t 000	_ & ×
File Help	•	Exit	Exit (No	Go To:	Alternativ	e - Tier Cove	erage - Gap		<u> </u>	
Previous	Next	(Validate)	Validate)	-	-	-	-	-		-
Tier Label Desc	ription(s)									
			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	The dan coverage supplemental file may	
To what extent	t are any Pre-ICL ed through the ga	covered drugs on p?							The gap coverage supplemental file may not include any drugs from a tier that is fully covered in the gap.	
Full Tier Cov	erage (All drugs	on the tier)	0	0	0	0	0	0	If you select Partial Tier Gap Coverage, you must	
Partial Tier C	overage (Only s	ome drugs on the tier]	0	О	0	0	0	0	submit a gap supplemental file for the Part D drugs covered on the partially covered tier. The gap supplemental file must be uploaded through the Formulary Submission Module by Friday,	
vou must indic	ate whether that neric drugs only	ly covered in the gap, coverage is for brand or both brand and	i						June 09, 2017 at 11:59am Eastern Time. Do not include Non-Medicare Covered Drugs and/or NonMedicare Covered Drugs and/or NonMedicare Covered OTOs in this file submission.	
Brand Drugs	Only		0	0	0	0	0	0		
Generic Drug	gs Only		0	0	0	0	0	0		
Brand and G	eneric Drugs		0	0	0	0	0	0		
Indicate the typ	pe of drugs cove	red on your tiers:								
Part D Drugs			0	0	0	0	0	0		
		ectile dysfunction drug	_ ~	0	0	0	0	0		
Both Part D a	and Excluded Dr	ıgs	0	0	0	0	0	0		

Alternative – Tier Locations – Gap



Alternative – Retail Pharmacy Location Supply – Gap

ile <u>H</u> elp		,			С. Т	A. C. D. 180		
Previous	Next	Exit (Validate)	E V	xit (No alidate)	Go To:	Alternative - Retail Pharmacy Location Supply - Gap	<u>M</u>	
er Label Desc	rintian(s)							
ei Labei Desc	ription(s)							
andard Retail	Cost-Sharing Comp	onent						
Day Supply		1	1-Month	2-Month	3-Month	Extended Day Supply Applies to All Drugs?*	Limited First Fill for Extended Day Supply	
Tier 1	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	*For example, you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-
	Standard Retail/Preferred Ret	ail [C Yes	C Yes	Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your
						C No	C No	formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available
Tier 2	Standard Retail	[Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	at the extended day supply.
	Standard Retail/Preferred Ret	ail L				C Yes	C Yes	Market and and tible the tibes all adding all and the advances are seen
						C No	C No	If you select "No" to "Are all of the drugs on your formulary for this tier available with an extended day
Tier 3	Standard Retail	[Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	supply?", you must indicate the specific Part D Covered medications that will not be offered at an extended day supply in a flat file (referred to as Non-
	Standard Retail/Preferred Ret	_{ail} L				C Yes	C Yes	Extended Day Supply file) which must be uploaded
						C No	C No	through the Formulary Submission Module by Friday June 9, 2017 at 11:59am Eastern Time. Do not
Tier 4	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	include Non-Medicare Covered Drugs and/or Non- Medicare Covered OTCs in this file submission.
	Standard Retail/Preferred Ret	ail [C Yes	C Yes	
						C No	C No	
Tier 5	Standard Retail					Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Ret	ail [C Yes	C Yes	
						C No	C No	
Tier 6	Standard Retail	[Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Ret	ail [C Yes	C Yes	
						C No	C No	

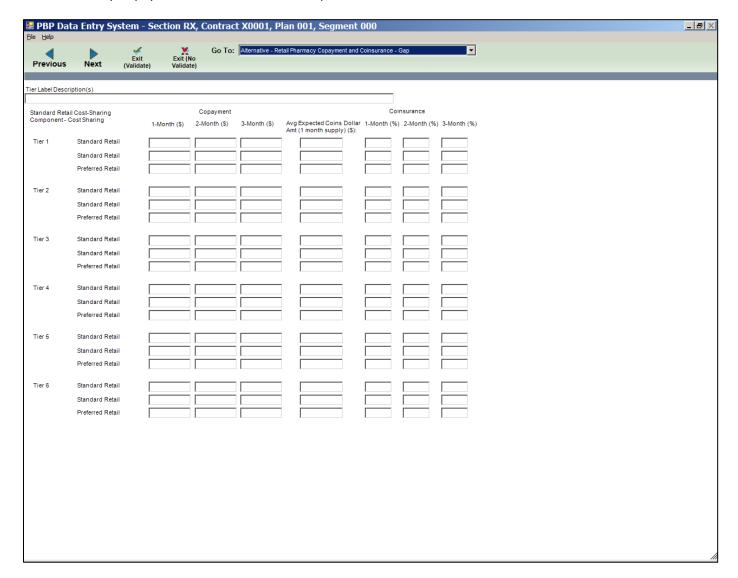
Alternative – Mail Order Location Supply – Gap

🔛 PBP Da	ita Entry Sy	stem - Se	ction RX, C	ontrac	t X0001, Plan 001, Segment 000	_ B ×
<u>File</u> <u>H</u> elp						
4		Exit	Exit (No	Go To:	Alternative - Mail Order Location Supply - Gap	
Previous	Next	(Validate)	Validate)			
	2 - 10 - 17 - 17 - 17 - 17 - 17 - 17 - 17					
Tier Label Desc	ription(s)					
Standard Mail C Component Day Supply	Order Cost-Sharing		fonth 2-Month	3-Month		
1 11 11 11						
Tier 1	Standard Mail Or Standard/Preferro Order					
Tier 2	Standard Mail Or	der -		_		
20500	Standard/Preferre Order					
Tier 3	Standard Mail Or	der -				
	Standard/Preferre Order					
Tier 4	Standard Mail Or	der				
	Standard/Preferro Order	ed Mail				
Tier 5	Standard Mail Or	der				
	Standard/Preferre Order	ed Mail				
Tier 6	Standard Mail Or	der				
	Standard/Preferre Order	ed Mail				
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Alternative – OON and LTC Location Supply – Gap

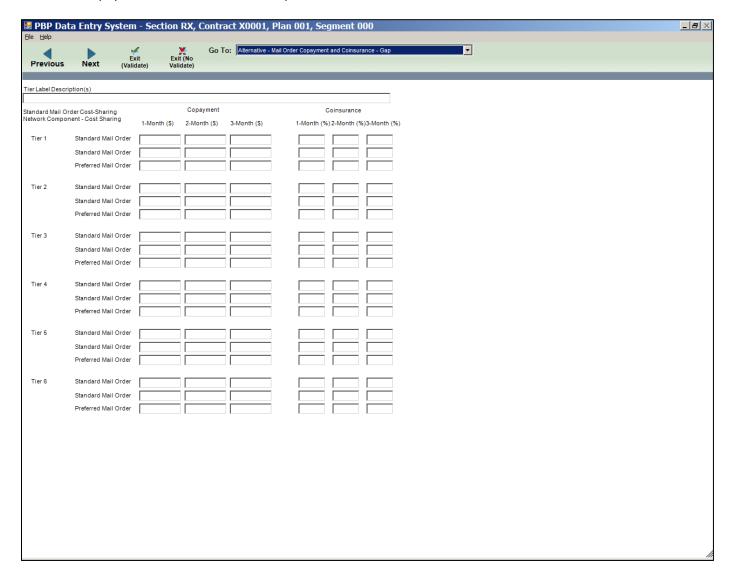
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Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: Alternative - OON and LTC Location Supply - Gap	
Tier Label Descript	ion(s)				
Day Supply	Tier 1	Network Cor Out-of-Netw Long Term (ork	1-Month Other Day	
	Tier 2	Out-of-Netw Long Term (
	Tier 3	Out-of-Netw Long Term (
	Tier 4	Out-of-Netw Long Term (
	Tier 5	Out-of-Netw Long Term (
	Tier 6	Out-of-Netw Long Term (
					d

Alternative – Retail Pharmacy Copayment and Coinsurance – Gap



Page 57 of 68

Alternative – Mail Order Copayment and Coinsurance – Gap



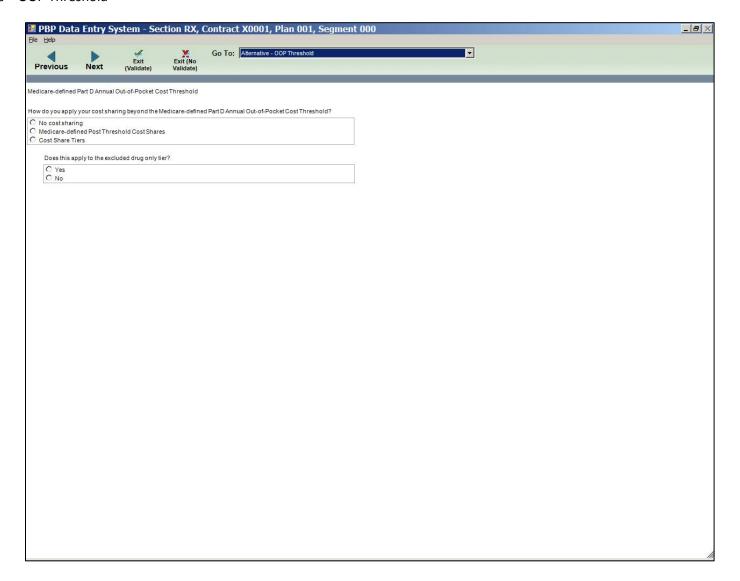
Alternative – OON and LTC Copayment and Coinsurance – Gap

	ata E	ntry S	ystem - Sec	tion RX, C	ontrac	t X0001	, Plan 001, Segment 000			_ & X
File Help										
4	£ 1		Exit	Exit (No	Go To:	Alternative	- OON and LTC Copayment and Coinsura	ance - Gap		
Previous	5 F	lext	(Validate)	Validate)	_	_			 	
Tier Label Des	cription	s)								
				Copayment			Coinsurance			
			k Component	1-Month (\$)	Other	(S):	1-Month (%) Other (%):			
	Tier 1		-Network							
		Long 7	Term Care Drugs							
	Tier 2		-Network		_					
		Long	Term Care Drugs	I.						
	Tier 3	Out-of-	-Network			_				
			Term Care Drugs		- '					
	Tier 4	Out-of-	-Network							
		Long	Term Care Drugs							
	Tier 5	Out-of	-Network							
		Long	Term Care Drugs							
	Tier 6	Out-of	-Network							
		Long 7	Term Care Drugs							

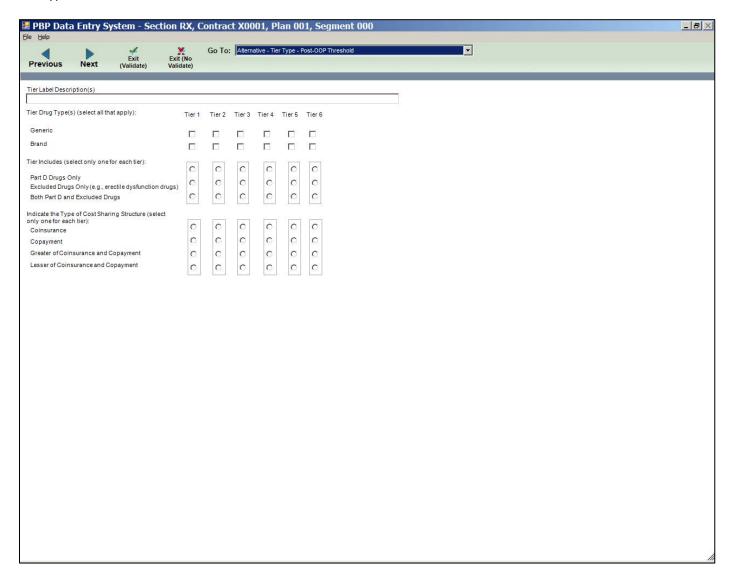
Alternative – Daily Copayment Amount Cost Sharing – Gap

₽ PBI	Data Entry	System - Se	ection RX, (Contract X000	01, Plan 001, Segn	ent 000						_ & X
<u>File</u> <u>H</u> elp												
Previ	ous Next	Exit (Validate)	Exit (No Validate)	Go To: Alterna	ive - Daily Copayment Amount	Cost Sharing - Gap		⊽				
Tier Labe	Description(s)											
THE EAST	2030Hpiloti(3)											
CLICK	OR Daily Copay In	structions	Copayment			Copa	yment					
		1-Month (\$)	1-Month	Daily (\$)		1-Month (\$)	1-Month	Daily (\$)		Copayment		
					Standard Mail Order					1-Month (\$)	1-Month	Daily (\$)
Tier 1	Standard Retail Standard Retail				Standard Mail Order				Long Term Care Drugs			
	Preferred Retail		-		Preferred Mail Order							
Tier 2	Standard Retail				Standard Mail Order							
	Standard Retail				Standard Mail Order				Long Term Care Drugs			
	Preferred Retail				Preferred Mail Order							
Tier 3	Standard Retail				Standard Mail Order							
	Standard Retail				Standard Mail Order				Long Term Care Drugs			
	Preferred Retail				Preferred Mail Order							
Tier 4	Standard Retail				Standard Mail Order							
	Standard Retail				Standard Mail Order				Long Term Care Drugs			
	Preferred Retail				Preferred Mail Order							,
Tier 5	Standard Retail				Standard Mail Order							
	Standard Retail				Standard Mail Order				Long Term Care Drugs			
			_						Long Term out Drugs			
	Preferred Retail				Preferred Mail Order							
Tier 6	Standard Retail				Standard Mail Order							
	Standard Retail				Standard Mail Order				Long Term Care Drugs			
	Preferred Retail				Preferred Mail Order							
										Calcula	te Daily Copa	y Amount
										Clear	Daily Copay A	Amount
												/

Alternative - OOP Threshold



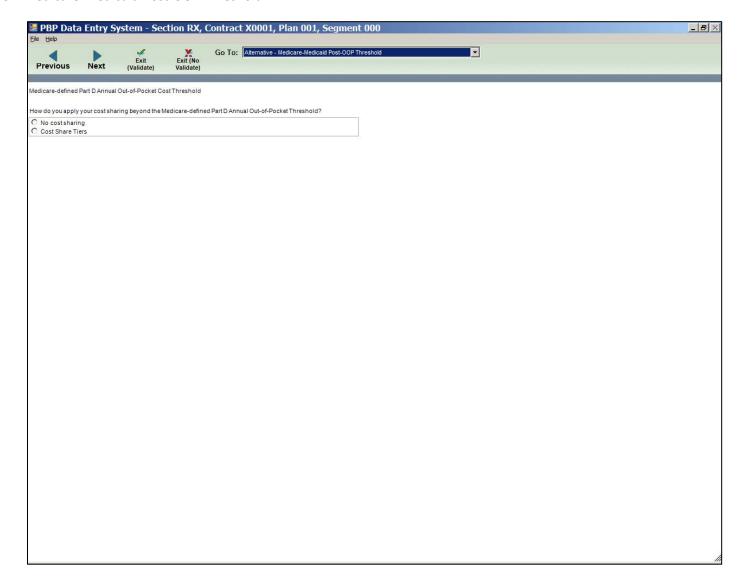
Alternative - Tier Type Post-OOP Threshold



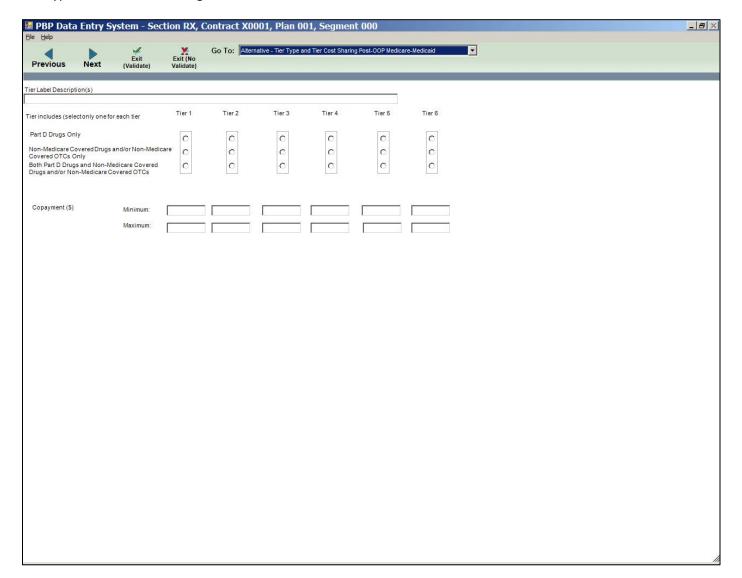
Alternative – Tier Cost Sharing Post-OOP Threshold

BP Date Below	a Entry	System - S	ection RX, C	Contract X0001, Plan 001, Segment 000	_ & ×
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: Alternative - Tier Cost Sharing Post-OOP Threshold	
	-6:7-1				
Fier Label Descri	ption(s)				
		Copayment (\$)	Coinsurance (%)	j	
	Tier 1				
	Tier 2				
	Tier 3				
	Tier 4				
	Tier 5				
	Tier 6				

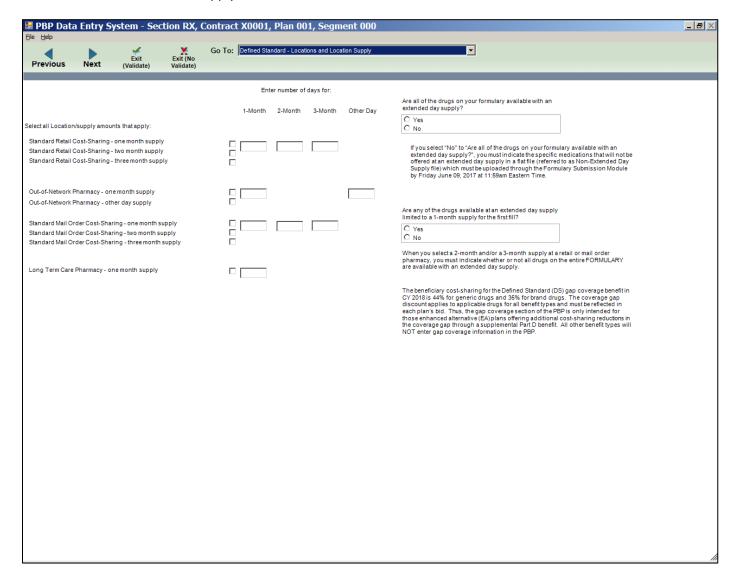
Alternative - Medicare-Medicaid Post-OOP Threshold



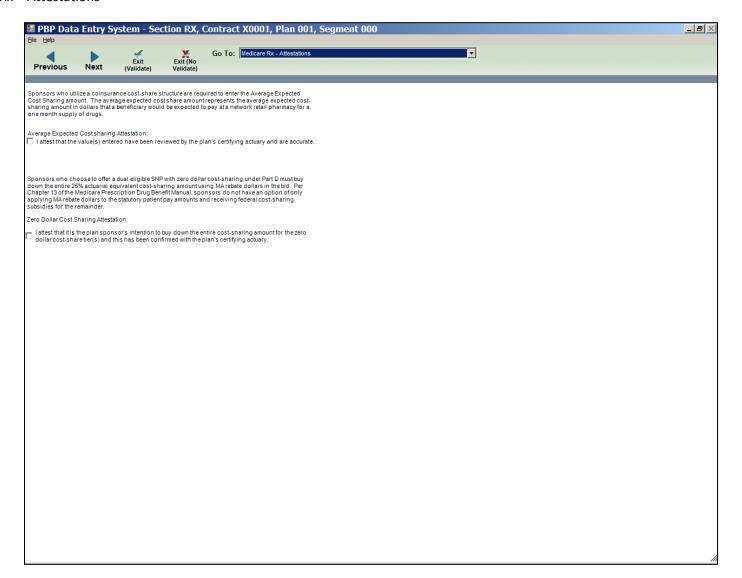
Alternative – Tier Type and Tier Cost Sharing Post-OOP Medicare and Medicaid



Defined Standard – Locations and Location Supply



Medicare Rx – Attestations



Medicare RX – Notes

