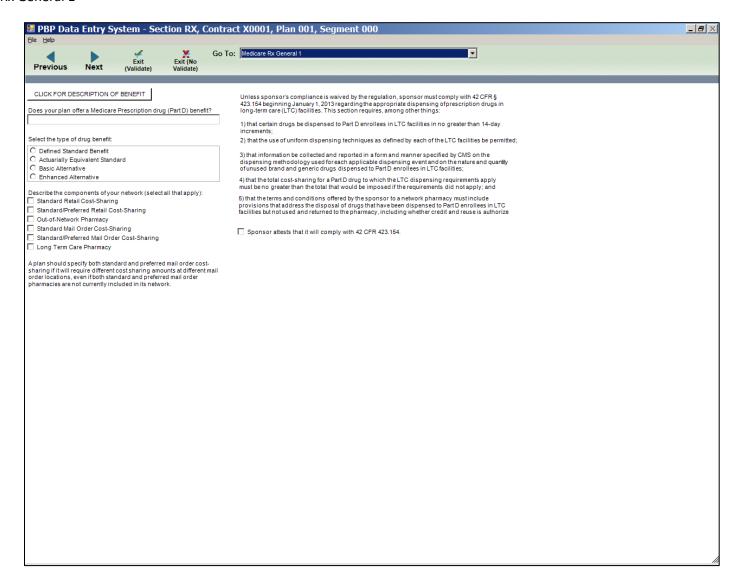
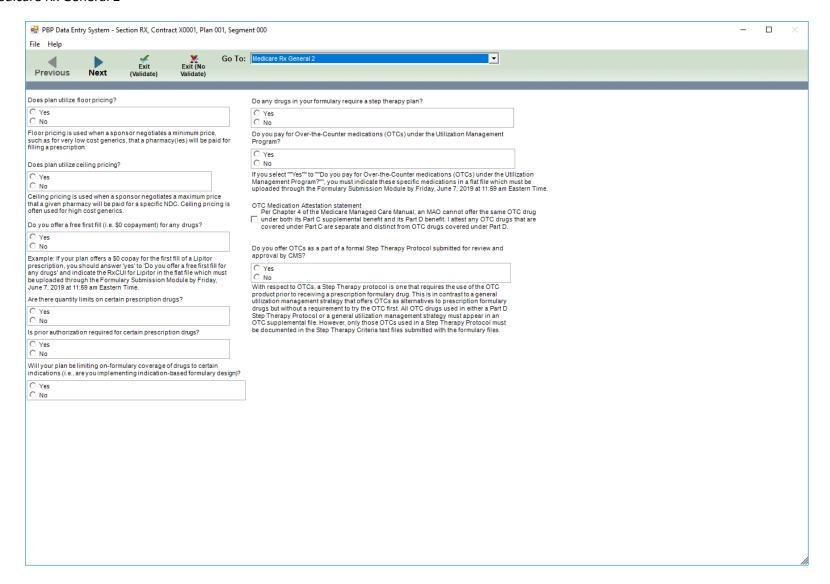
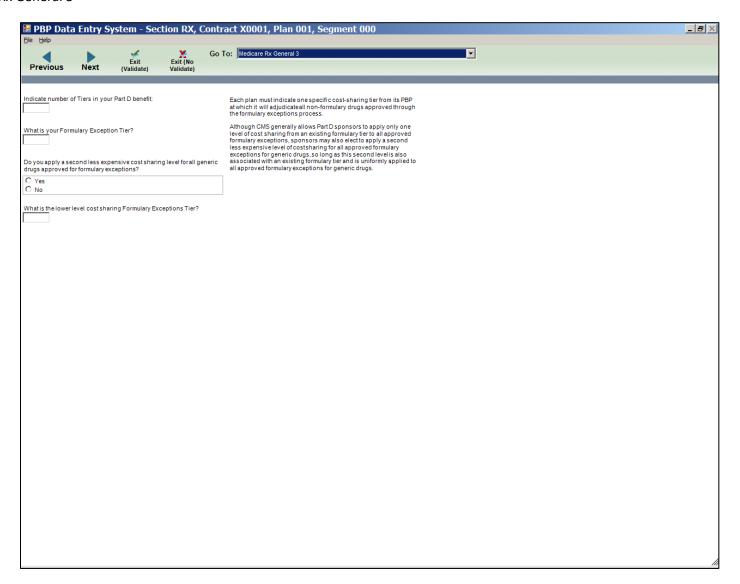
Medicare Rx General 1



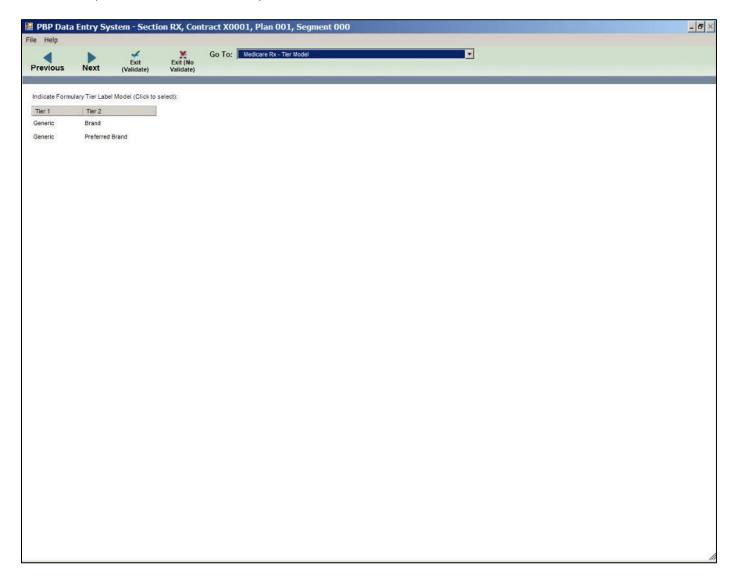
Medicare Rx General 2



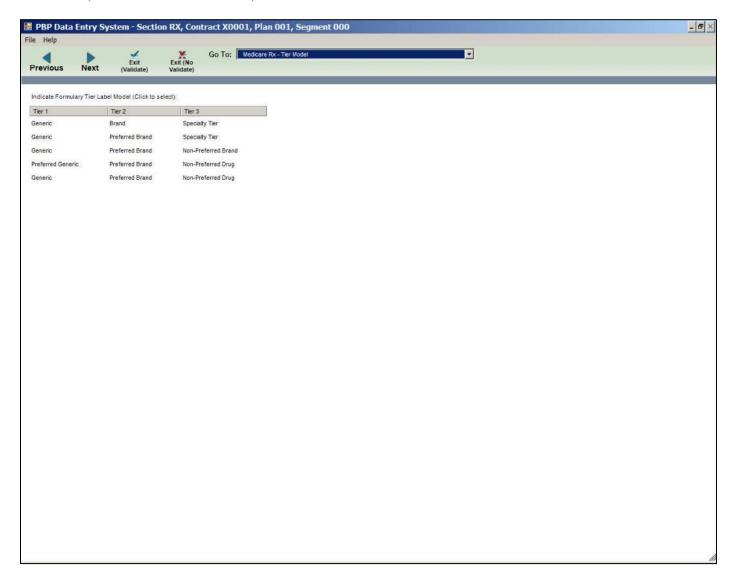
Medicare Rx General 3



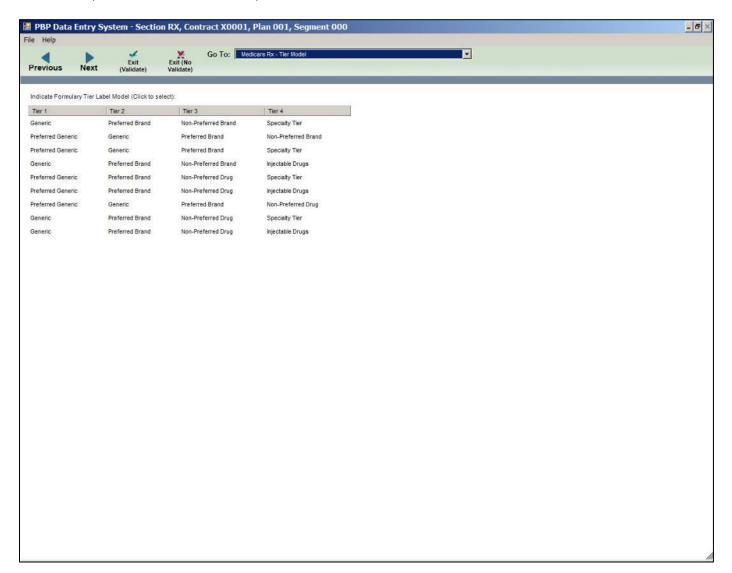
Medicare Rx – Tier Model (when a tier includes 2 tiers)



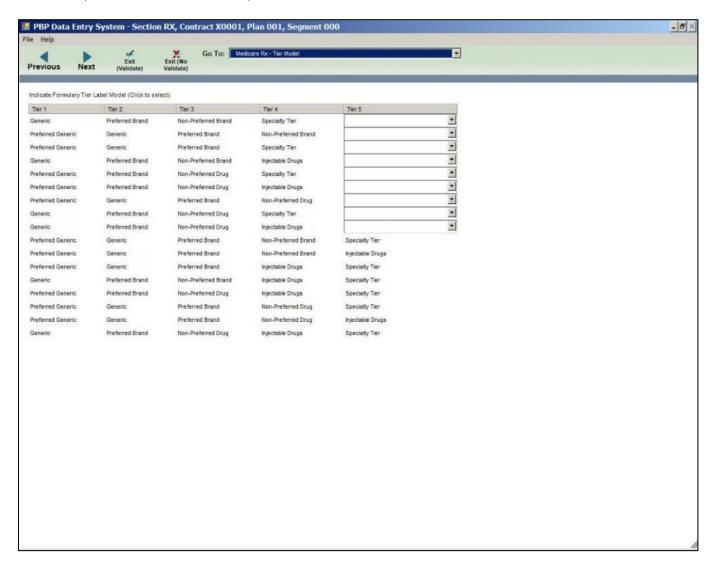
Medicare Rx- Tier Model (when a tier includes 3 tiers)



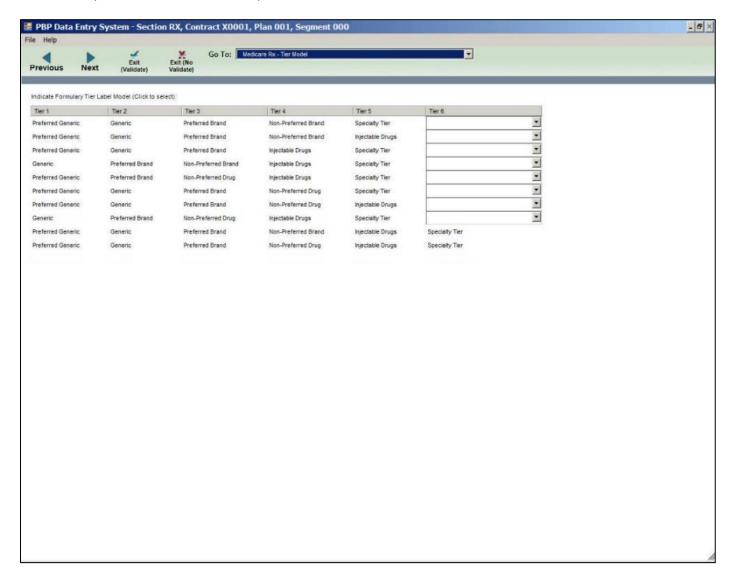
Medicare Rx – Tier Model (when a tier includes 4 tiers)



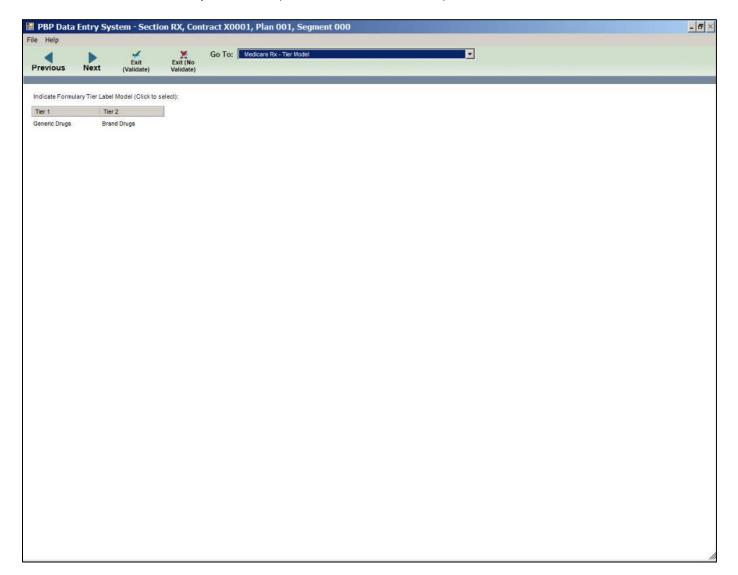
Medicare Rx – Tier Model (when a tier includes 5 tiers)



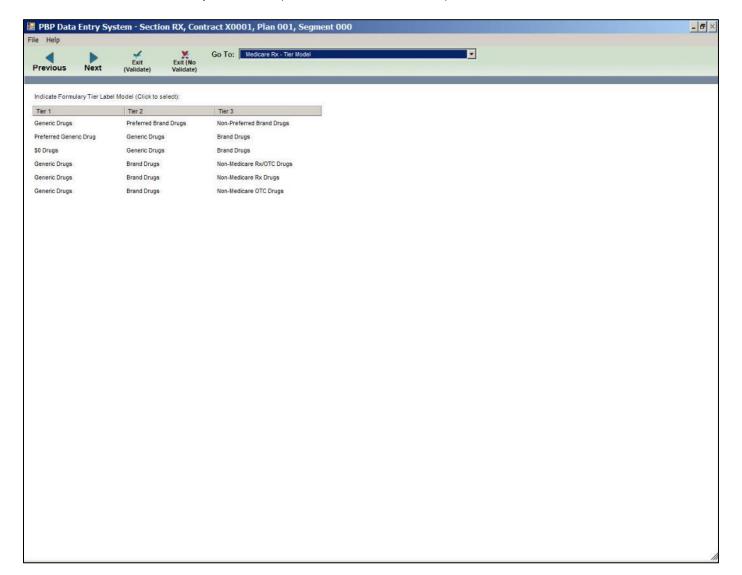
Medicare Rx – Tier Model (when a tier includes 6 tiers)



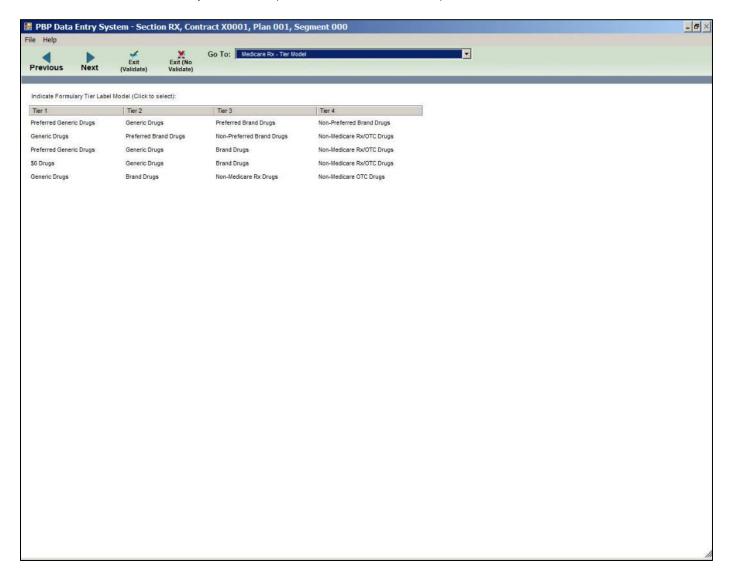
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 2 tiers)



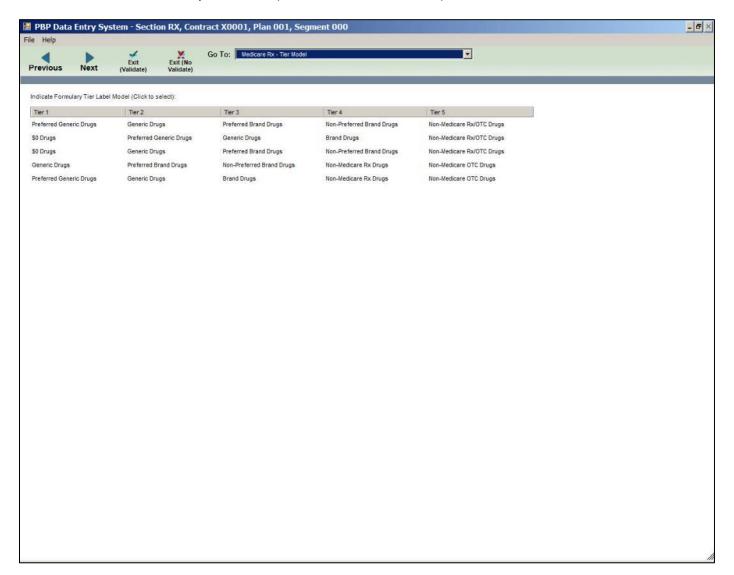
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 3 tiers)



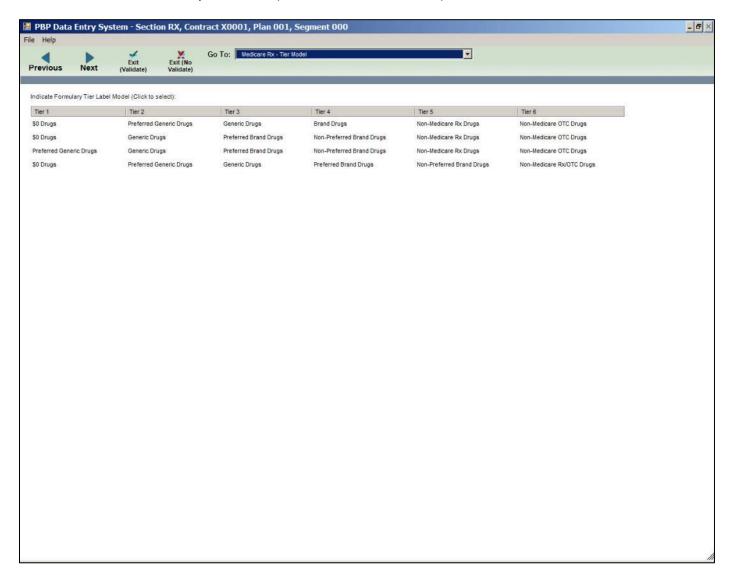
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 4 tiers)



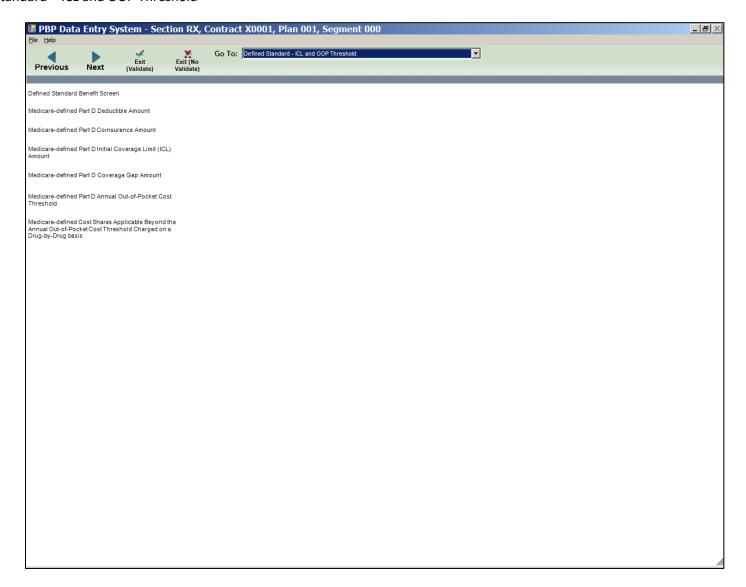
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 5 tiers)



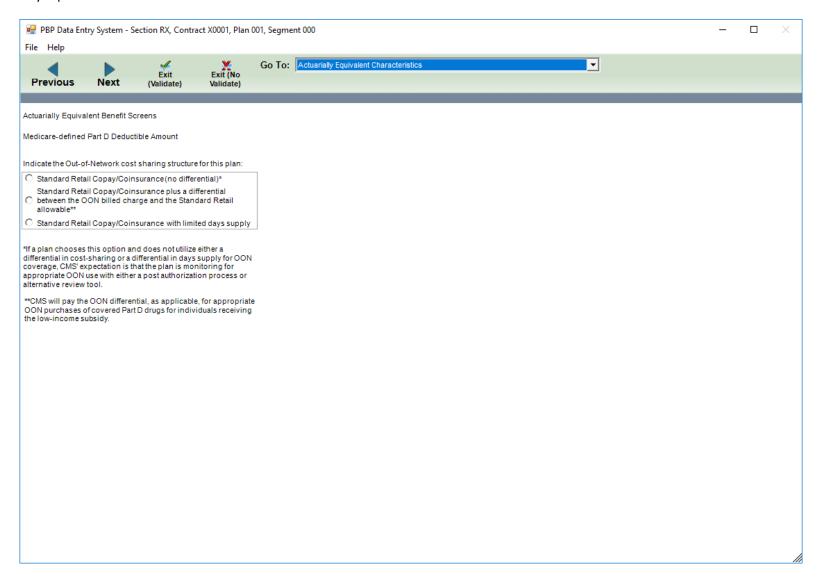
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 6 tiers)



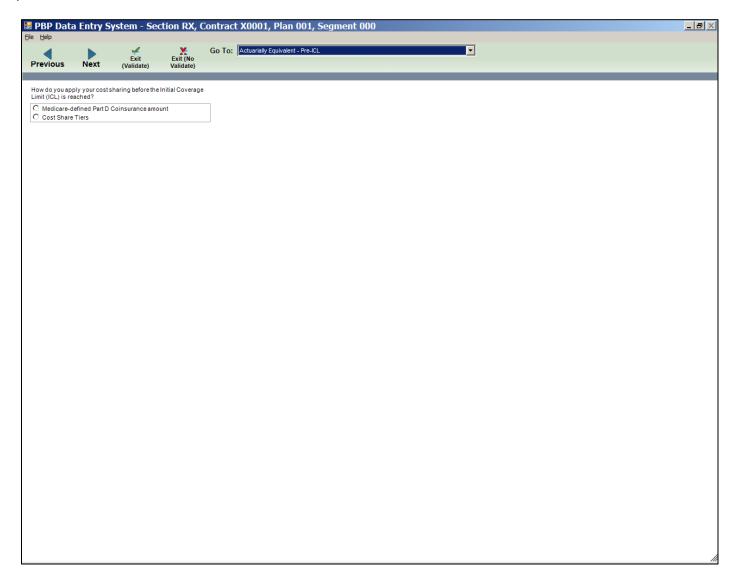
Defined Standard – ICL and OOP Threshold



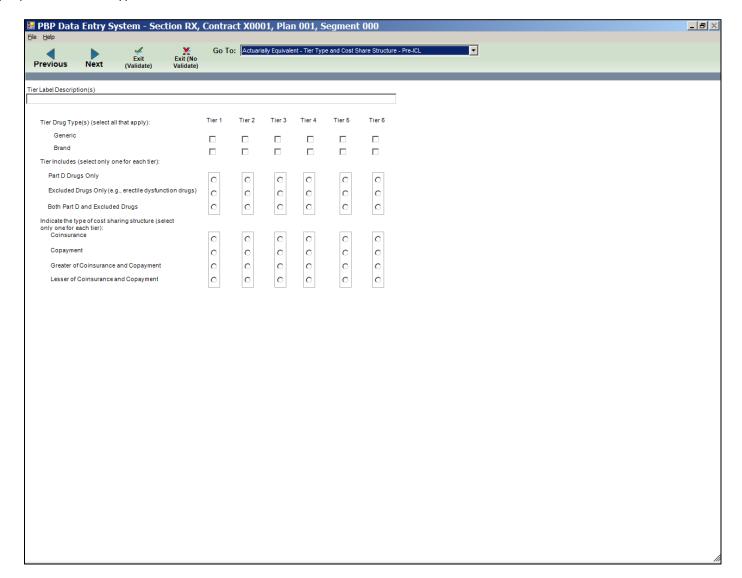
Actuarially Equivalent Characteristics



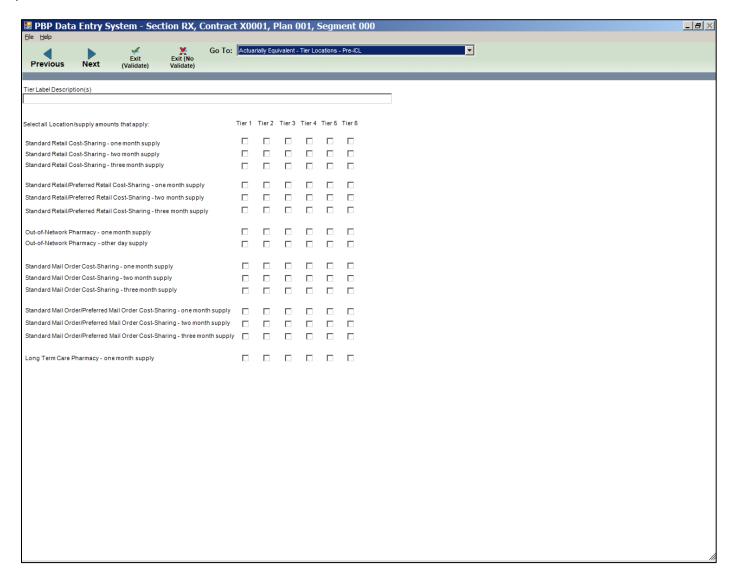
Actuarially Equivalent – Pre-ICL



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



Actuarially Equivalent – Tier Locations – Pre-ICL



Actuarially Equivalent – Retail Pharmacy Location Supply – Pre-ICL

₽ PBP Da	ita Entry Sy	stem -	Sectio	n RX, C	Contrac	t X0001, Plan 001, Segment 00		_ B ×
<u>File</u> <u>H</u> elp								
4	•	4		×	Go To:	Actuarially Equivalent - Retail Pharmacy Location S	upply - Pre-ICL	
Previous	Next	Exit (Validate		Exit (No /alidate)				
Tier Label Desc	ription(s)							
Standard Retail	Cost-Sharing Corr							
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 Standard					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, if 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 R	etail				C Yes	C Yes C No	answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day
						U No	C No	supply?" if all of the drugs on that tier are available
Tier 2	Standard Retail Standard					Are all of the drugs on your formulary for this tier available with an extended day supply?	for this tier limited to a 1-month supply for the first fill?	at the extended day supply.
	Retail/Preferred R	etail				O Yes O No	C Yes C No	
Tier 3	Standard Retail Standard					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?	
	Retail/Preferred R	etail				C Yes C No	O Yes	
Tier 4	Standard Retail Standard					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?	
	Retail/Preferred R	etail				C Yes C No	O Yes	
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 R	etail				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 R	etail				O Yes	C Yes	
						C No	C No	

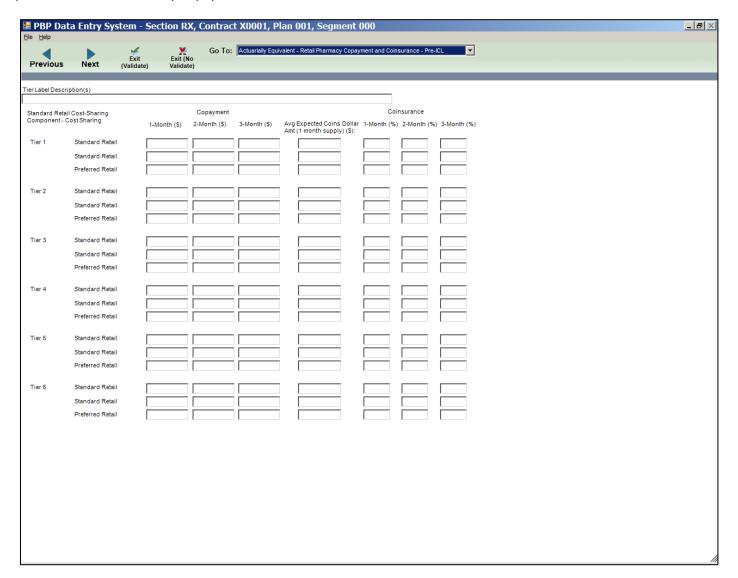
Actuarially Equivalent – Mail Order Location Supply – Pre-ICL

■ PBP Da	ita Entry Syst	em - Sec	ction RX, C	ontrac	t X0001, Plan 001, Segment 000	. B ×
<u>File</u> <u>H</u> elp						
Previous	Next (Exit Validate)	Exit (No Validate)	Go To:	Actuarially Equivalent - Mail Order Location Supply - Pre-ICL	
		- amauto,	Tunauto			
Tier Label Desc	ription(s)					
Standard Mail C Component Day Supply	Order Cost-Sharing N		onth 2-Month	3-Month		
Tier 1	Standard Mail Orde	, —				
11011	Standard/Preferred Order					
Tier 2	Standard Mail Orde	, —				
11012	Standard/Preferred					
Tier 3		_				
Her 3	Standard Mail Order Standard/Preferred					
	Order	, in the second				
Tier 4	Standard Mail Order	, <u> </u>				
	Standard/Preferred Order	Mail				
Tier 5	Standard Mail Orde	, _				
	Standard/Preferred Order	Mail				
Tier 6	Standard Mail Orde	· 🗀				
	Standard/Preferred Order	Mail				

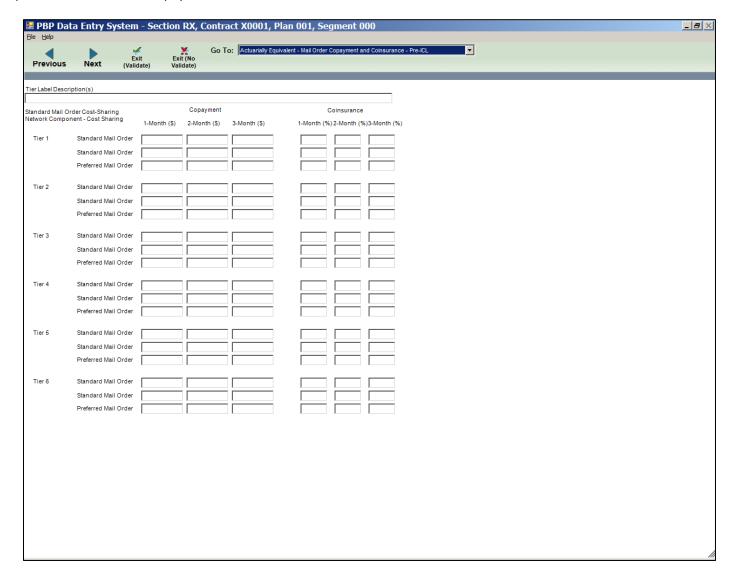
Actuarially Equivalent – OON and LTC Location Supply – Pre-ICL

<u>H</u> elp				Contract X0001, Plan 001, Segment 000	_ 6
evious N	ext	Exit (Validate)	Exit (No Validate)	Go To: Actuarially Equivalent - OON and LTC Location Supply - Pre-ICL	
abel Description(s	;)				
Day Supply	Tier 1	Network C		1-Month Other Day	
			n Care Drugs		
	Tier 2	Out-of-Net	twork n Care Drugs		
	Tier 3	Out-of-Net	twork n Care Drugs		
	Tier 4	Out-of-Net	twork n Care Drugs		
	Tier 5	Out-of-Net	twork n Care Drugs		
	Tier 6	Out-of-Net Long Term	work n Care Drugs		

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

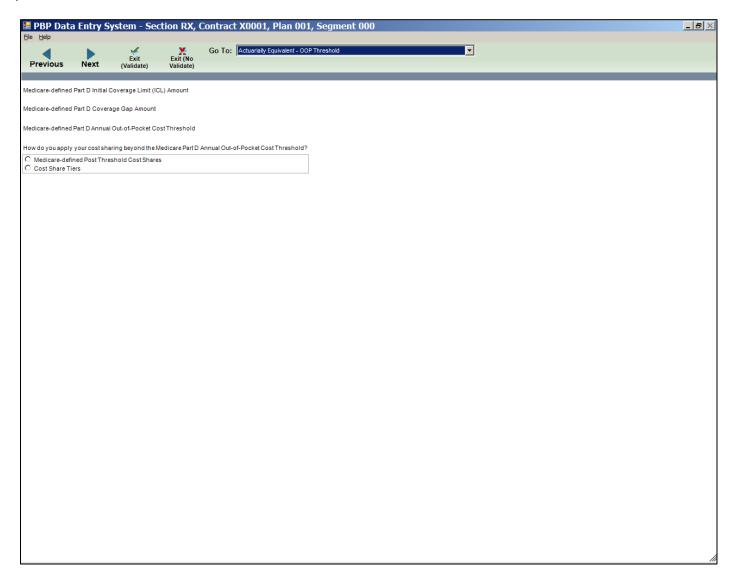
File Help Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: Actuar	rially Equivalent - OON and LTC Copayment and Coinsurance - Pre-ICL	
Fier Label Descript	on(s)					
			Copayment		Coinsurance	
		vork Component	1-Month (\$)	Other (\$):	1-Month (%) Other (%):	
Tie		of-Network				
	Lon	g Term Care Drugs				
Tie	2 Out-	of-Network				
	Lon	g Term Care Drugs				
Tie	3 Out-	of-Network				
	Lon	g Term Care Drugs				
Tio	4 Out	of-Network				
He		g Term Care Drugs				
Tie		of-Network				
	Lon	g Term Care Drugs				
Tie	6 Out-	of-Network				
	Lon	g Term Care Drugs				

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

		System - Se	ction RX, (Contract X00	01, Plan 001, Segm	ent 000						_ & X
File Help	 	Exit (Validate)	Exit (No Validate)	Go To: Actuari	ally Equivalent - Daily Copayme	nt Amount Cost Shar	ing - Pre-ICL					
	Description(s)	. 1										
Tier 1	OR Daily Copay Inst Standard Retail Standard Retail Preferred Retail	1-Month (\$)	Copayment 1-Month	Daily (\$)	Standard Mail Order Standard Mail Order Preferred Mail Order	1-Month (S)	1-Month	Daily (S)	Long Term Care Drugs	Copaymen 1-Month (\$)	t 1-Month	Daily (\$)
Tier 2	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
Tier 3	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
Tier 4	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
Tier 5	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
Tier 6	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
											ate Daily Copay	

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Actuarially Equivalent - OOP Threshold



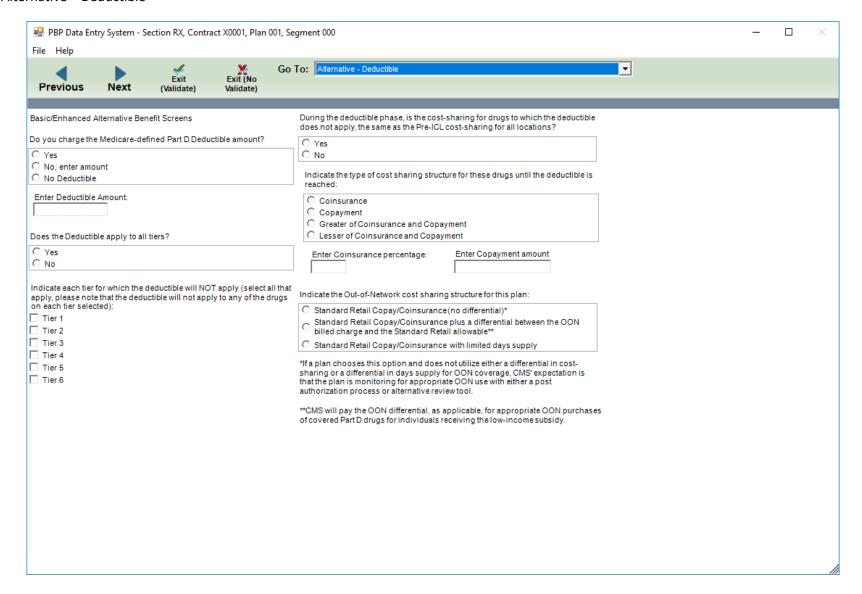
Actuarially Equivalent – Tier Type – Post-OOP Threshold

■ PBP Dat	a Entry S	ystem - Se	ction RX, C	ontrac	t XO	001, P	lan O	01, S egn	ent 000									_ & ×
File Help																		
Previous	Next	Exit	Exit (No	Go To:	Actu	arially Equi	valent - T	ier Type - Po	t-OOP Threshold	d		-						
Frevious	Next	(Validate)	Validate)	-		-	-	-	_	-	_	_	-	-	-	-	_	_
Tier Label Desc	ription(s)																	
Ties Dave Tune	(a) (a alast all th	not on all ()																
Tier Drug Type((S) (Select all tr	nat apply):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6										
Generic																		
Brand																		
Tier Includes (s	elect only one	for each tier):	0	0	0	О	0	0										
Part D Drugs (Excluded Drug		rectile dysfunction	n drugs)	0	0	0	0	0										
Both Part D an			0	0	0	0	0	0										
Indicate the Typ	e of Cost Sha	ring Structure (sel	lect															
only one for eac Coinsurance	cn tier):		0	0	0	0	0	0										
Copayment		_	0	0	0	0	0	0										
Greater of Coin Lesser of Coin			0	0	0	0	0	0										
203301 01 0011	isonario aria	o paymon.	C	0	С	0	0	0										

Actuarially Equivalent – Tier Cost Sharing – Post-OOP Threshold

ℍ PBP Da	ta Entr	/ System - S	ection RX, C	Contract X0001, Plan 001, Segment 000	. 🗗 🗵
<u>File</u> <u>H</u> elp					
■		Exit (Validate)	Exit (No Validate)	Go To: Actuarially Equivalent - Tier Cost Sharing - Post-OOP Threshold	
Previous	Next	(Validate)	Validate)		
Tier Label Descr	iption(s)				
	T:	Copayment (\$)	Coinsurance (%)		
	Tier 1				
	Tier 2				
	Tier 3				
	Tier 4				
	Tier 5				
	Tier 6				
					//

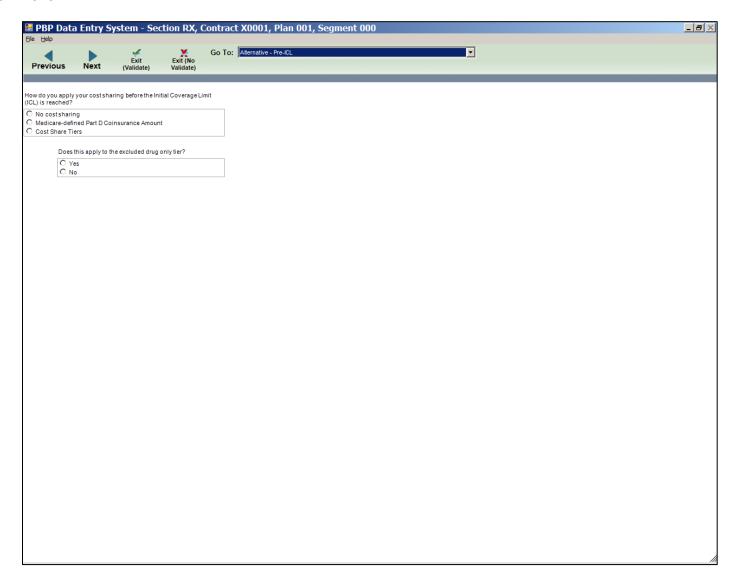
Alternative – Deductible



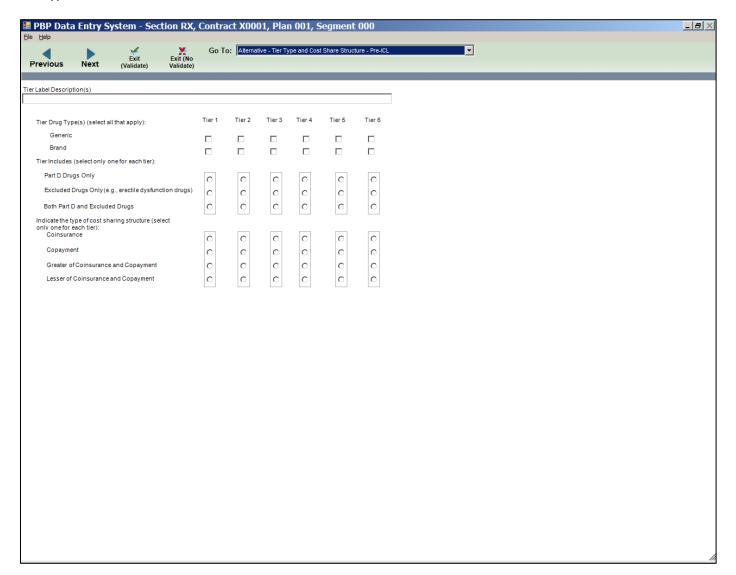
Alternative – Enhanced Alternative Characteristics

🖳 PBP Data Entr	y System - Se	ection RX, Contr	act X0001, Plan	001, Segment 00	0	_	\times
File Help							
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: Alte	rnative - Enhanced Alternative Characteristics		
Do you offer reduce	ed Part D cost	sharing as part	of your supplem	ental Part D	Do you offer additional cost-sharing reductions in the coverage gap?		
Benefit?					C Yes		
C Yes C No					O No		
Indicate the area(s sharing is reflecte Reduced dedu Reduced pre-I(Raised ICL Reduced post-	ed (select all th uctible CL cost share	natapply):	fit where the redu	uced Part D cost	The beneficiary cost-sharing for the Defined Standard (DS) gap coverage benefit in CY 2020 is 25% for non-applicable (i.e., generic) drugs and 25% for applicable (i.e., brand) drugs. The coverage gap discount applies to applicable drugs for all benefit types and must be reflected in each plan's bid. The gap coverage section of the PBP is intended only for those enhanced alternative (EA) plans offering additional cost-sharing reductions in the coverage gap through a supplemental Part D benefit. Other benefit types will NOT enter gap coverage information in the PBP.		
Do you cover excludused to treat erectile					Additional reductions in gap cost-sharing offered by EAplans through a supplemental benefit represents cost-sharing that is significantly better than the defined standard cost-sharing benefits for generic and/or brand drugs that must be offered by all plans. When offering additional cost-sharing reductions for applicable drugs in the gap, the plan liability is first applied to the plan-negotiated price, followed by the manufacturer coverage gap discount for applicable beneficiaries.		
If you select "Yes" to coverage (e.g., dru specific medication Submission Module	igs used to tre is in a flat file w	at erectile dysfur which must be up	nction)?", you mo loaded through	ust indicate these the Formulary	Example: Asponsor intends to offer additional coverage in the gap such that the plan's liability for applicable drugs is 50% (100% minus 50% coinsurance). For drug with a plan-negotiated price of \$150, the plan liability is \$75, and the remaining \$75 will be shared by the manufacturer at 70% (\$52.50) and the beneficiary at 30% (\$22.50). By comparison, under the DS gap coverage for the same applicable drug, the manufacturer discount of 70% (\$105) is applied first, the beneficiary cost-sharing is 25% (\$37.50), and the plan's liability is 5% (\$7.50).		
					Consistent with guidance issued in the June 2, 2010 HPMS memo ™Medicare Coverage Gap Discount Program Beginning in 2011: Additional Guidance Concerning Part D Supplemental Benefits, Employer Group Waiver Plans, Platino Plans, and Subrogation Claims, ™ PBPs may not incorporate the coverage gap discount into their benefit design. Manufacturer payments count toward a beneficiary's out-of-pocket costs and as such are to be included in the cost-sharing entered into the PBP. In the case of either a coinsurance or copayment design, the amount the beneficiary pays at point of sale would be approximately 50% of the expected cost-sharing entered in the PBP for applicable drugs.		
					The maximum additional gap beneficiary cost-sharing for non-applicable drugs in CY 2020 is 15%. Since the manufacturer discount does not apply, the amount entered in the PBP and experienced by the beneficiary at point of sale is the same. The CY 2020 maximum additional gap cost-sharing for applicable drugs is 50%, which is inclusive ofthe 70% manufacturer discount. While the maximum beneficiary cost-sharing that should be experienced at the point of sale would be 15%, based on the above guidance, the PBP entry should reflect 50% cost-sharing, inclusive of the manufacturer discount.		

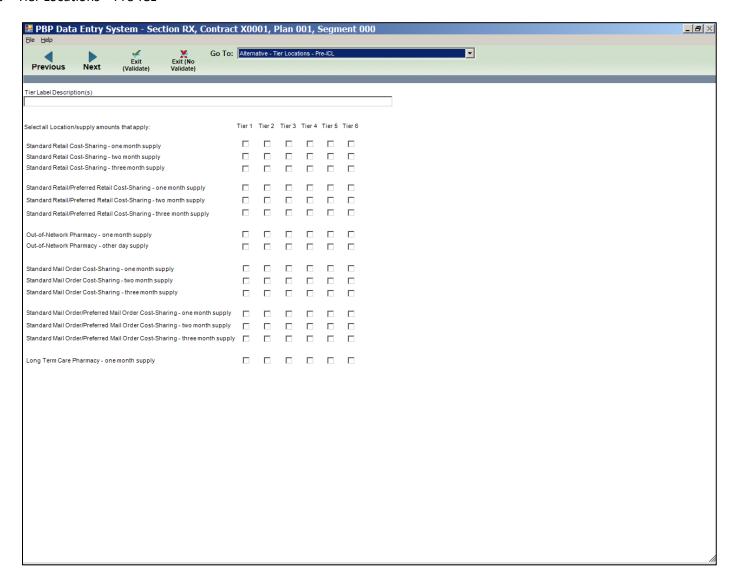
Alternative - Pre-ICL



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



Alternative - Tier Locations - Pre-ICL



Alternative – Retail Pharmacy Location Supply – Pre-ICL

	Next	Exit (Validate)	E	Exit (No	Go To:	Alternative - Retail Pharmacy Location Supply - Pre	-ICL ▼	
		(Validato)		undutoy				
r Label Descrip	iption(s)							
ndard Retail C	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 S	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, if you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-
	Standard Retail/Preferred Ret	ail [C Yes C No	C Yes O No	Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day
Γier2 S	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?" if all of the drugs on that tier are available at the extended day supply.
	Standard Retail/Preferred Ret	ail [O Yes O No	C Yes C No	
Tier3 S	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 [O Yes O No	C Yes C No	
Tier 4 S	Standard Retail	Г					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 Ref	ail				C Yes	C Yes C No	
Tier 5 S	Standard Retail	Г					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 No	O Yes O No	
Tier6 S	Standard Retail	Г					Are any of the drugs available at an extended day supply	
	Standard Retail/Preferred Ref	ail [C Yes	for this tier limited to a 1-month supply for the first fill?	
						C No	C No	

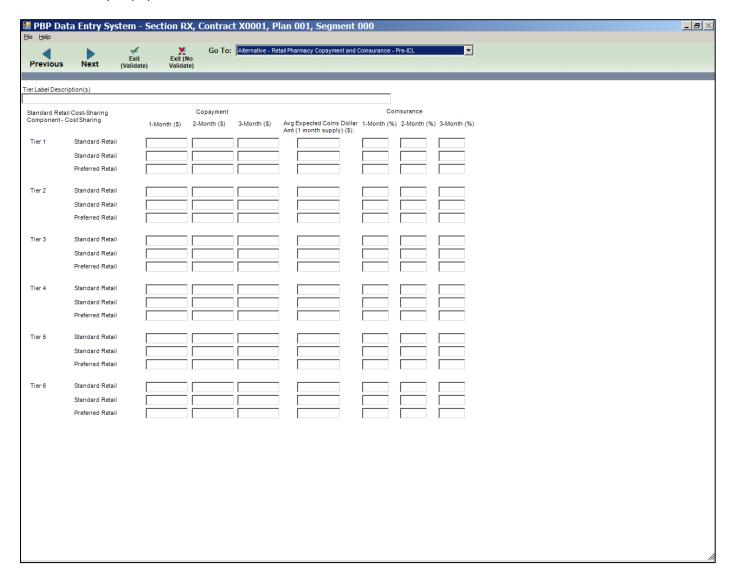
Alternative - Mail Order Location Supply - Pre-ICL

⊞ PBP Da	ata Entry Sy	/stem -	Section I	RX, Co	ontrac	t X0001, Plan 001, Segment 000	. 🗗 🛚
<u>File</u> <u>H</u> elp							
Previous	Next	Exit (Validate	Exit ((No	Go To:	Alternative - Mail Order Location Supply - Pre-ICL	
Tier Label Desc	ription(s)						
Standard Mail C Component Day Supply	Order Cost-Sharin		1-Month 2-M	-Month	3-Month		
Tier 1	Standard Mail O	order [1	
11611	Standard/Preferr Order	I.					
Tier 2	Standard Mail O	order [1	
11012	Standard/Preferr Order	1.					
Tier 3	Standard Mail O	order [1	
11010	Standard/Preferr Order	1.					
Tier 4	Standard Mail O	order [
	Standard/Preferr Order	1.					
Tier 5	Standard Mail O	rder [—			
	Standard/Preferr Order	red Mail		i			
Tier 6	Standard Mail O	rder					
	Standard/Preferr Order	red Mail					
							//

Alternative – OON and LTC Location Supply – Pre-ICL

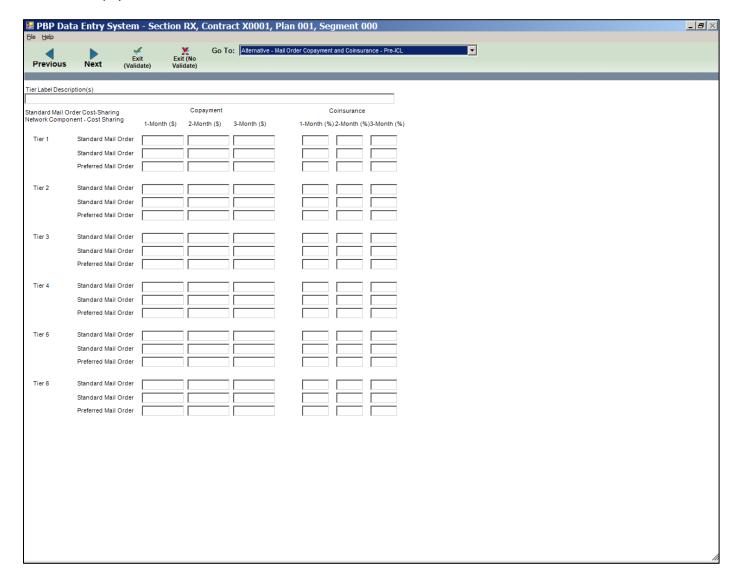
■ PBP Data	Entry Sy	stem - Se	ction RX,	Contract X0001, Plan 001, Segment 000	_ B ×
File Help Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: Alternative - OON and LTC Location Supply - Pre-ICL	
Tier Label Descript	ion(s)				
,					
Day Supply			Component	1-Month Other Day	
	Tier 1	Out-of-Ne Long Terr	etwork m Care Drugs		
	Tier 2	Out-of-Ne			
		Long Teri	m Care Drugs		
	Tier 3	Out-of-Ne Long Terr	etwork m Care Drugs		
	Tier 4	Out-of-Ne			
		Long Teri	m Care Drugs		
	Tier 5	Out-of-Ne Long Terr	etwork m Care Drugs		
	Tier 6	Out-of-Ne	etwork		
		Long Terr	m Care Drugs		

Alternative - Retail Pharmacy Copayment and Coinsurance - Pre-ICL



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Alternative - Mail Order Copayment and Coinsurance - Pre-ICL



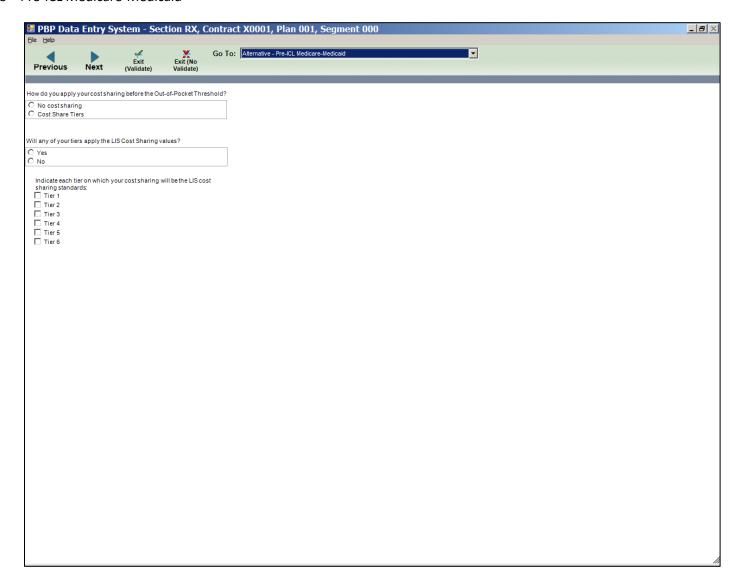
Alternative – OON and LTC Copayment and Coinsurance – Pre-ICL

₽BP Da	ita Ei	itry S	ystem - Sec	tion RX, C	ontract	X0001, Plan 001, Segment 000	_ B X
File Help Previous	N	ext	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - OON and LTC Copayment and Coinsurance - Pre-ICL	
Tier Label Desc	ription(5)					
		,					
				Copayment		Coinsurance	
			k Component	1-Month (\$)	Other	S): 1-Month (%) Other (%):	
	Tier 1		Network erm Care Drugs				
	Tier 2		Network erm Care Drugs				
		_	_	'			
	Tier 3	Out-of-	Network				
		Long T	erm Care Drugs				
	Tier 4	Out-of-	Network				
		Long T	erm Care Drugs				
	Tier 5	Out-of-	Network				
		Long T	erm Care Drugs				
	Tier 6	Out-of-	Network				
		Long T	erm Care Drugs				

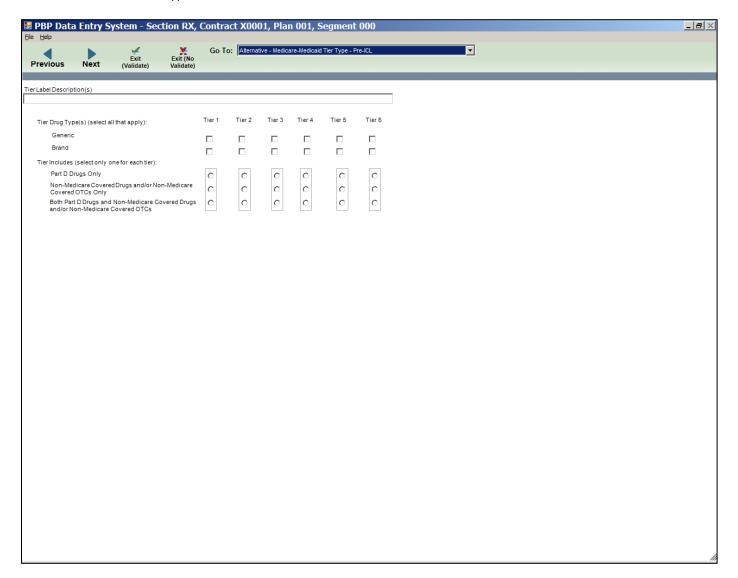
Alternative – Daily Copayment Amount Cost Sharing – Pre-ICL

		System - Se	ection RX, (Contract X000	01, Plan 001, Segm	ent 000						_ B ×
File Hel	 	Exit (Validate)	Exit (No Validate)	Go To: Alternat	tive - Daily Copayment Amount	Cost Sharing - Pre-IC	L	▼				
Tier Labe	l Description(s)											
CLICK	FOR Daily Copay Inst	ructions 1-Month (\$)	Copayment 1-Month	Daily (\$)		Copa 1-Month (\$)	yment 1-Month	Daily (\$)		Copayment		
Tier 1	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs	1-Month (S)	1-Month	Daily (\$)
Tier 2	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
Tier 3	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
Tier 4	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
Tier 5	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
Tier 6	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
										Calcula	ate Daily Copay	/ Amount
										Clear	Daily Copay A	mount
												2

Alternative - Pre-ICL Medicare-Medicaid



Alternative - Medicare-Medicaid Tier Type - Pre-ICL



Alternative – Medicare-Medicaid Tier Locations – Pre-ICL

🔛 PBP Dat	ta Entry S	ystem - Sec	tion RX, C	Contract	t X0 0	01, F	Plan (001,	Segm	ent 000					_ 8
<u>File H</u> elp															
•		Exit	Exit (No	Go To:	Altern	ative - M	edicare-	Medicai	d Tier Lo	cations - Pre-ICL		▼			
Previous	Next	(Validate)	Validate)												
Tier Label Descrip	ption(s)										1				
,															
Select all Location	n/supply amou	nts that apply:			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6					
Standard Retail 0	Cost-Sharing -	one month supply													
	_	two month supply													
Standard Retail 0	Cost-Sharing -	three month suppl	у												
Standard Retail/F	Preferred Retai	Cost-Sharing - or	ne month supply	v						П					
		Cost-Sharing - tw													
		Cost-Sharing - th													
					_	_	_	_	_	_					
Out-of-Network F Out-of-Network F															
Out-oi-Network F	Pharmacy - oth	er day supply													
Standard Mail Or	rder Cost-Shar	ing - one month su	pply												
Standard Mail Or	rder Cost-Shar	ing - two month su	pply												
Standard Mail Or	rder Cost-Shar	ing - three month s	upply												
Standard Mail Or	rder/Preferred I	Mail Order Cost-Sh	naring - one mor	nth supply											
		Mail Order Cost-Sh													
		Mail Order Cost-Sh													
Long Term Care	Pharmacy - or	e month supply													

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

	ita Entry Sy	/stem -	Sectio	n RX, (Contrac	t X0001, Plan 001, Segment 00	0	_ B ×
File Help Previous	Next	Exit (Validate	e) l	Exit (No /alidate)	Go To:	Alternative - Medicare-Medicaid Retail Pharmacy Le	ocation Supply - Pre-ICL	
Tier Label Desc	cription(s)							
Standard Retail	Cost-Sharing Cor	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, if 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 F	Retail				C Yes C 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 f	Retail				C Yes C No	O Yes O No	
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?	
	Standard Retail/Preferred f	Retail				C Yes C No	C Yes C No	
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?	
	Standard Retail/Preferred f	Retail				C Yes C No	O 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 f	Retail				C Yes C No	O Yes O No	
Tier 6	Standard Retail						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	Retail				C Yes	O Yes O No	
						O NO	S No	

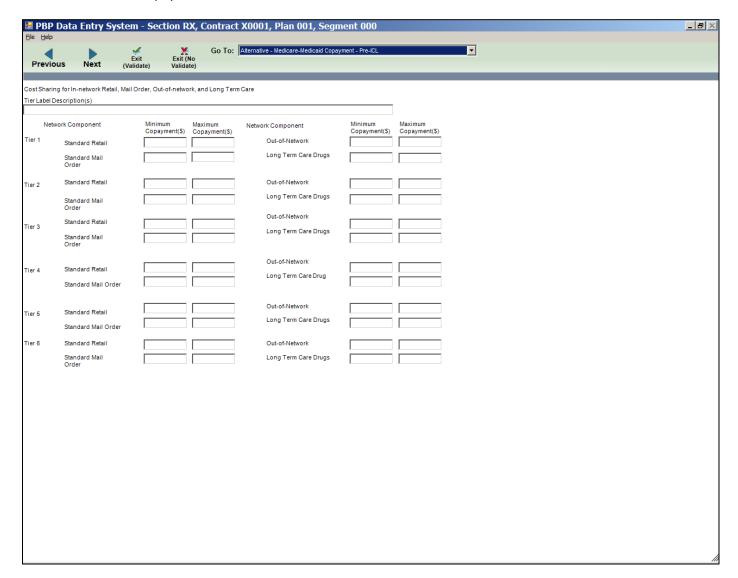
Alternative – Medicare-Medicaid Mail Order Location Supply – Pre-ICL

ℍ PBP Da	ita Entry Syste	m - Section RX	C, Contrac	t X0001, Plan 001, Segment 000	3 X
<u>File Help</u>					
4		Exit Exit (No	Go To:	Alternative - Medicare-Medicaid Mail Order Location Supply - Pre-ICL	
Previous	Next (V	Exit Exit (No alidate) Validate) -)	_	
	(Tunuati	,		
Tier Label Desc	ription(s)				
Standard Mail C Component Day Supply	order Cost-Sharing Net	vork 1-Month 2-Mo	nth 3-Month		
Tier 1	Standard Mail Order				
TIEL I	Standard/Preferred Ma				
	Order				
Tier 2	Standard Mail Order				
	Standard/Preferred Ma	ail 🔚			
	Order				
Tier 3	Standard Mail Order				
	Standard/Preferred Ma	ail 🔚			
	Order	,			
Tier 4	Standard Mail Order				
	Standard/Preferred Ma	ail 🔚			
	Order				
Tier 5	Standard Mail Order				
	Standard/Preferred Ma	ail -			
	Order				
Tier 6	Standard Mail Order				
	Standard/Preferred Ma	ail			
	Order				
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Alternative – Medicare-Medicaid OON and LTC Location Supply – Pre-ICL

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Previous	Next	(Validate)	Validate)		_
Tier Label Descript	ion(s)				
Day Supply		Network Co	mnonent	1-Month Other Day	
	Tier 1	Out-of-Netw			
		Long Term		s	
	Tier 2	Out-of-Netw			
		Long Term	Care Drugs		
	Tier 3	Out-of-Netw	ork .		
		Long Term	Care Drugs	s	
	Tier 4	Out-of-Netw	ork.		
	1161 4	Long Term		s	
	Tier 5				
		Long Term	Care Drugs	;	
	Tier 6	Out-of-Netw	ork		
		Long Term (Care Drugs		
					/

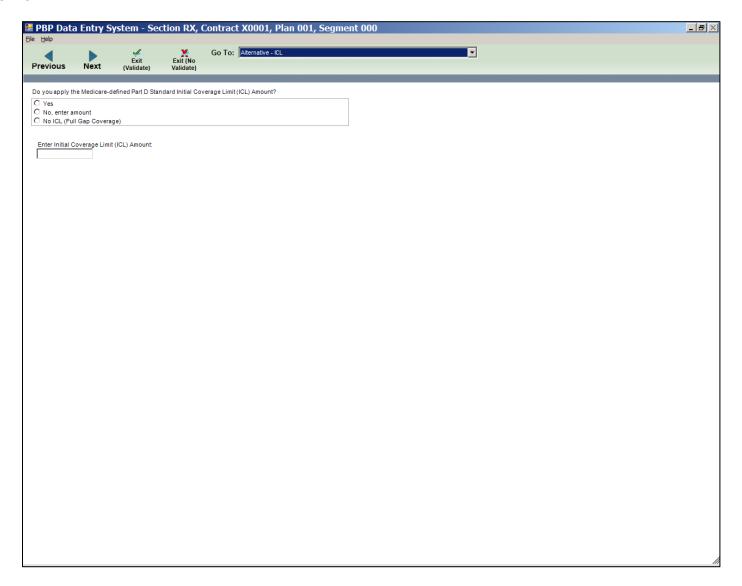
Alternative - Medicare-Medicaid Copayment - Pre-ICL



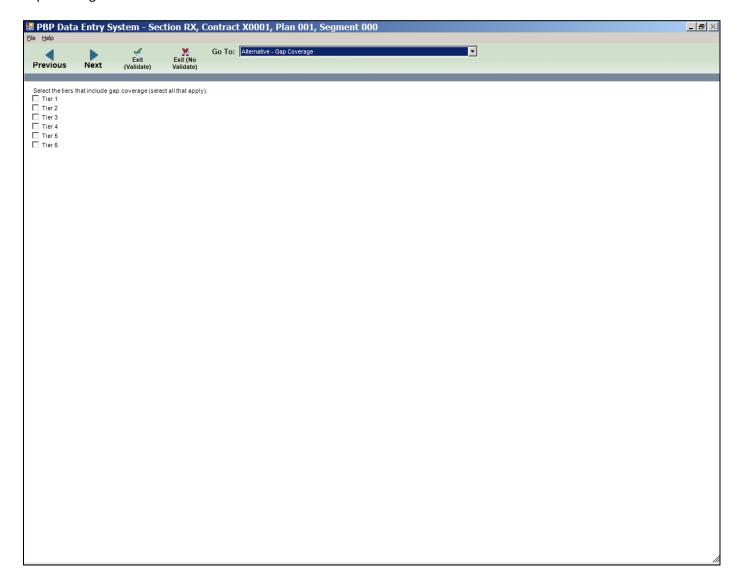
Alternative – Medicare-Medicaid Daily Copayment Amount Cost Sharing

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Previou	E	xit Exit (I date) Valida	No	Alternative - Medic	care-Medicaid Daily Cop	ayment Amount Cost Sh	aring			
Tier Label De	scription(s)									
CLICK FO	R Daily Copay Instructions	_								
Tier 1	Standard Retail Standard Mail Order	Minimum Copayment(\$)	Maximum Copayment(S)	1-Month	Daily (\$)		Long Term Care Drug	Minimum Maximum Copayment(\$) Copayment	(S) 1-Month	Daily (\$)
Tier 2	Standard Retail Standard Mail Order						Long Term Care Drugs			
Tier 3	Standard Retail Standard Mail Order						Long Term Care Drugs			
Tier 4	Standard Retail Standard Mail Order						Long Term Care Drug			
Tier 5	Standard Retail Standard Mail Order						Long Term Care Drug			
Tier 6	Standard Retail Standard Mail Order						Long Term Care Drugs			
									Calculate Daily Co	
										<i>l</i> .

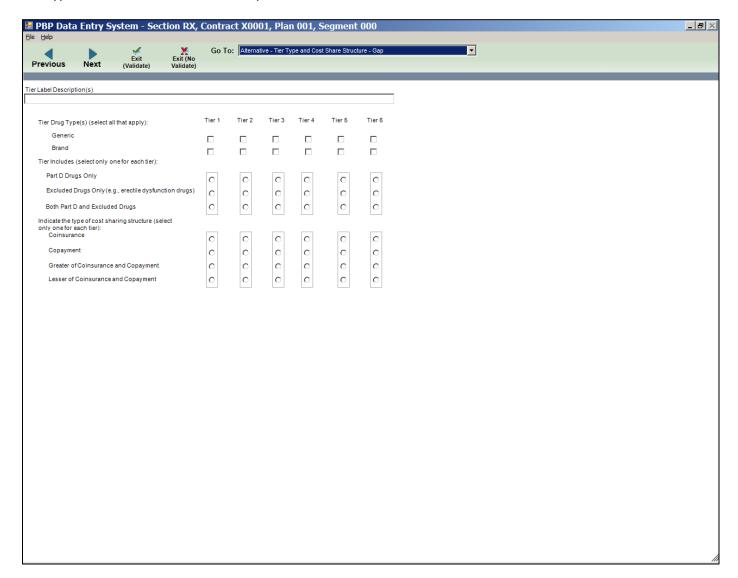
Alternative – ICL



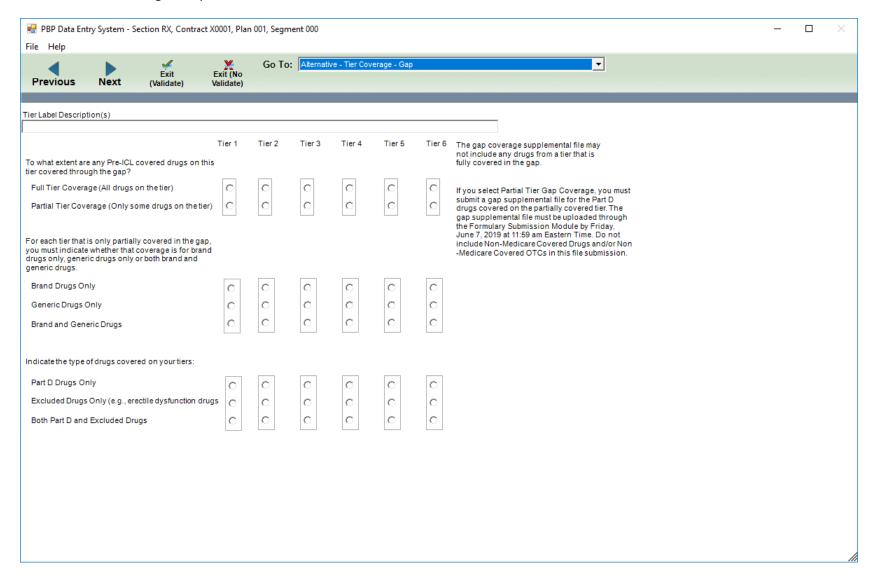
Alternative – Gap Coverage



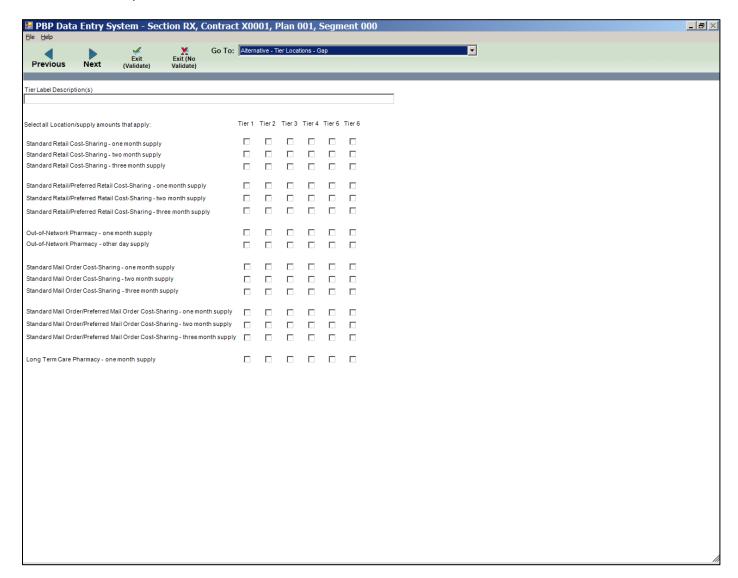
Alternative – Tier Type and Cost Share Structure – Gap



Alternative - Tier Coverage - Gap



Alternative – Tier Locations – Gap



Alternative – Retail Pharmacy Location Supply – Gap

	nta Entry Sys	tem - S	ection RX,	Contrac	t X0001, Plan 001, Segment 00	0	_ & ×
File Help Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - Retail Pharmacy Location Supply - Ga		
Tier Label Desc	ription(s)						
Standard Retail	Cost-Sharing Com	ponent					
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, if you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-
	Standard Retail/Preferred R	etail [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 R	etail			O Yes	C Yes	
					C No	C No	
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?	
	Standard Retail/Preferred R	etail			O Yes O No	C Yes C No	
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?	
	Standard Retail/Preferred R	etail			C Yes C No	C Yes C No	
		_					
Tier 5	Standard Retail Standard				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?	
	Retail/Preferred R	etail			C Yes C No	C Yes C No	
		_				Are any of the drugs available at an extended day supply	
Tier 6	Standard Retail Standard	Ļ	_	-	available with an extended day supply?	for this tier limited to a 1-month supply for the first fill?	
	Retail/Preferred R	etail		<u> </u>	C Yes C No	C Yes C No	
					O NO	U NU	

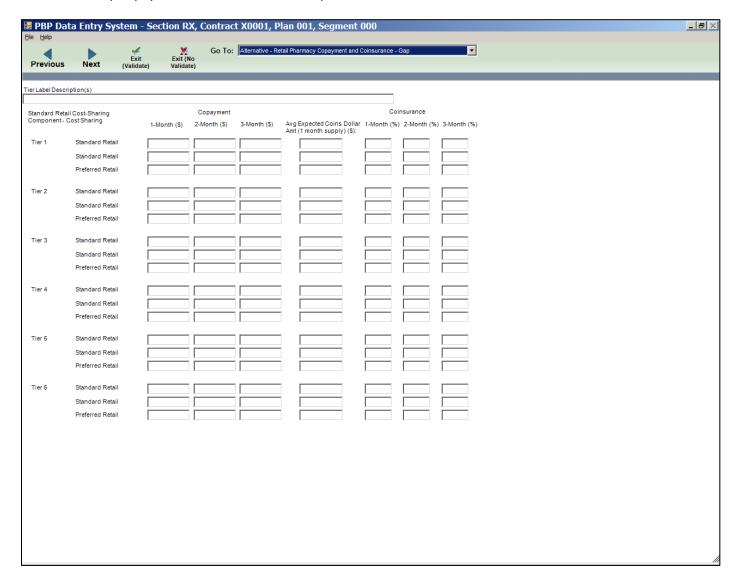
Alternative – Mail Order Location Supply – Gap

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Tier Label Desc	cription(s)					
Standard Mail (Order Cost-Sharing I	Network				
Component Day Supply		1-	Month 2-Month	3-Month		
Tier 1	Standard Mail Ord	er 🗆				
1101	Standard/Preferred					
	Order					
Tier 2	Standard Mail Ord					
	Standard/Preferred Order	i Mail				
Tier 3	Standard Mail Ord	er _				
	Standard/Preferred	Mail				
	Order	-				
Tier 4	Standard Mail Ord					
1101 4	Standard/Preferred					
	Order					
Tier 5	Standard Mail Ord					
	Standard/Preferred Order	Mail				
Tier 6	Standard Mail Ord	er				
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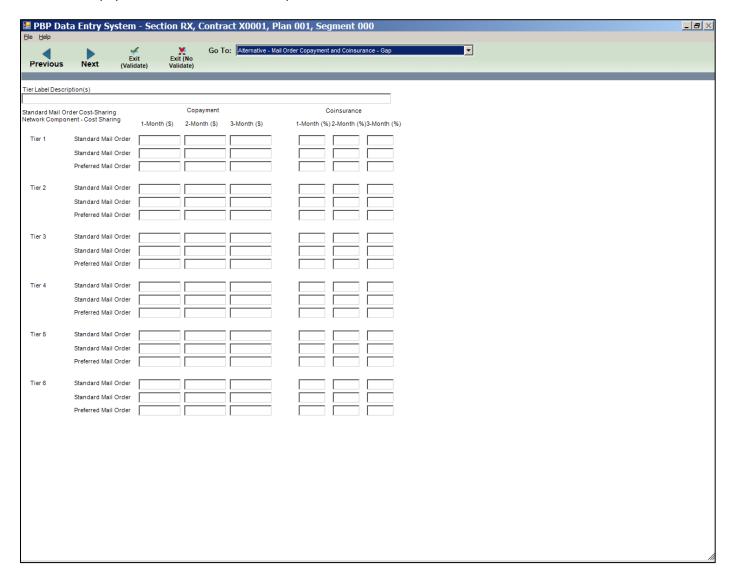
Alternative – OON and LTC Location Supply – Gap

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Tier Label Descript	ion(s)				
Day Supply	Tier 1	Out-of-Ne		1-Month Other Day	
	Tier 2	Out-of-Ne	m Care Drugs etwork m Care Drugs		
	Tier 3	Out-of-Ne Long Ten	etwork m Care Drugs		
	Tier 4	Out-of-Ne Long Ten	etwork m Care Drugs		
	Tier 5	Out-of-Ne Long Ten	etwork m Care Drugs		
	Tier 6	Out-of-Ne Long Teri	etwork m Care Drugs		

Alternative – Retail Pharmacy Copayment and Coinsurance – Gap



Alternative – Mail Order Copayment and Coinsurance – Gap



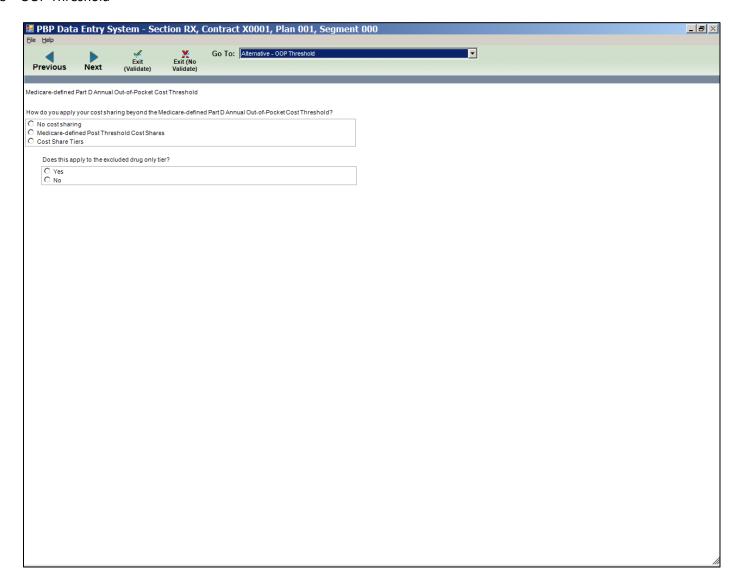
Alternative – OON and LTC Copayment and Coinsurance – Gap

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Tier Label Desc	ription(3)					
				Copayment		Coinsurance	
	Time 4	Out-of-I	Component	1-Month (\$)	Other	(S): 1-Month (%) Other (%):	
	ilei i		erm Care Drugs				
		Long .	om our orage				
	Tier 2	Out-of-I	Network		_		
			erm Care Drugs		- '		
	Tier 3	Out-of-l	Network				
		Long T	erm Care Drugs				
	Tier 4	Out-of-l					
		Long	erm Care Drugs				
	Tier 5	Out-of-l	Network		_		
			erm Care Drugs		- '		
	Tier 6	Out-of-l	Network				
		Long T	erm Care Drugs		- '		

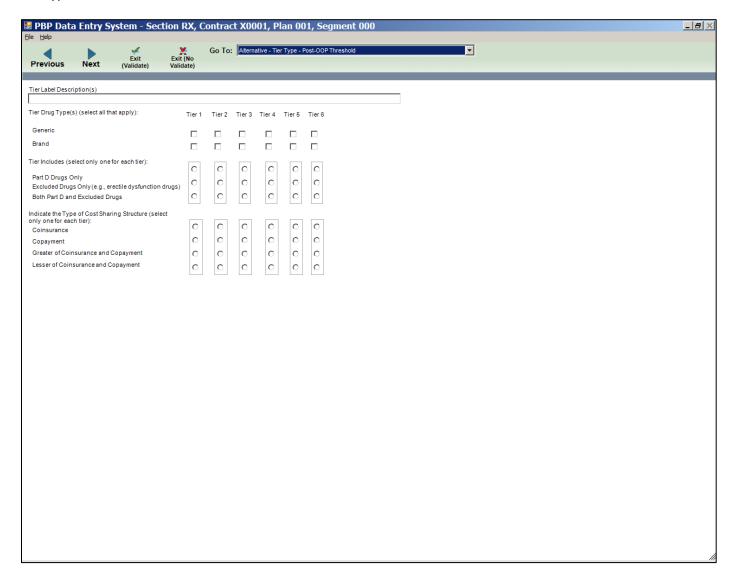
Alternative – Daily Copayment Amount Cost Sharing – Gap

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er Label D	escription(s)						1					
CLICK FO	R Daily Copay Inst		Copayment				yment					
:	Standard Retail Standard Retail Preferred Retail	1-Month (\$)	1-Month	Daily (\$)	Standard Mail Order Standard Mail Order Preferred Mail Order	1-Month (S)	1-Month	Daily (\$)	Long Term Care Drugs	Copaymer 1-Month (\$)	1-Month	Daily (\$)
:	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
:	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
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:	Standard Retail Standard Retail Preferred Retail				Standard Mail Order Standard Mail Order Preferred Mail Order				Long Term Care Drugs			
										Calcu	ate Daily Copa	/ Amount
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Alternative – OOP Threshold



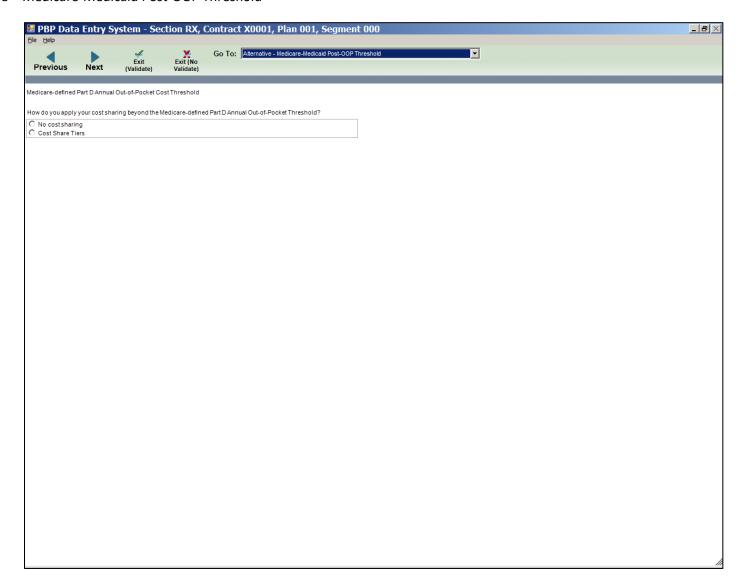
Alternative - Tier Type - Post-OOP Threshold



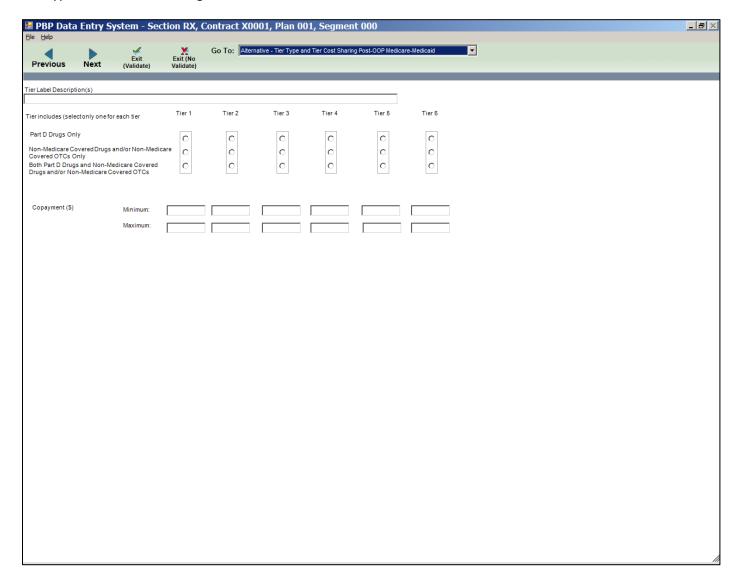
Alternative – Tier Cost Sharing Post-OOP Threshold

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er Label Descrip	tion(s)				
		Consument (S)	Cainsurance (9)		
	Tier 1	Copayment (5)	Coinsurance (%		
	Tier 2				
-	Tier 3				
	Tier 4				
	Tier 5				
1	Tier 6				

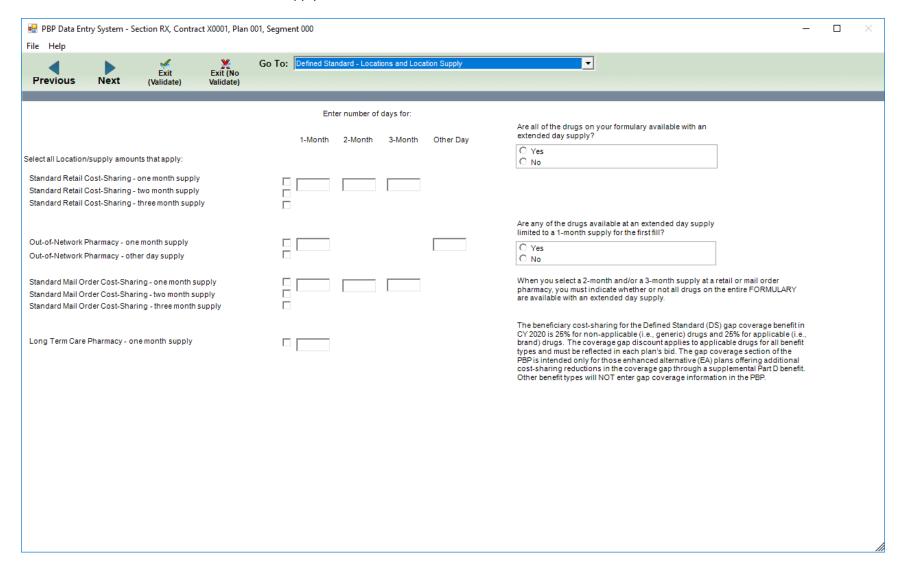
Alternative - Medicare-Medicaid Post-OOP Threshold



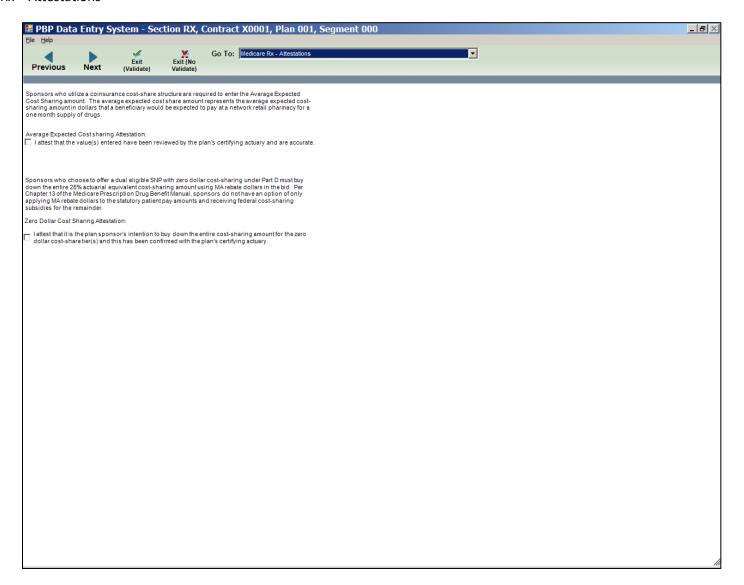
Alternative – Tier Type and Tier Cost Sharing Post-OOP Medicare and Medicaid



Defined Standard – Locations and Location Supply



Medicare Rx – Attestations



Medicare RX – Notes

