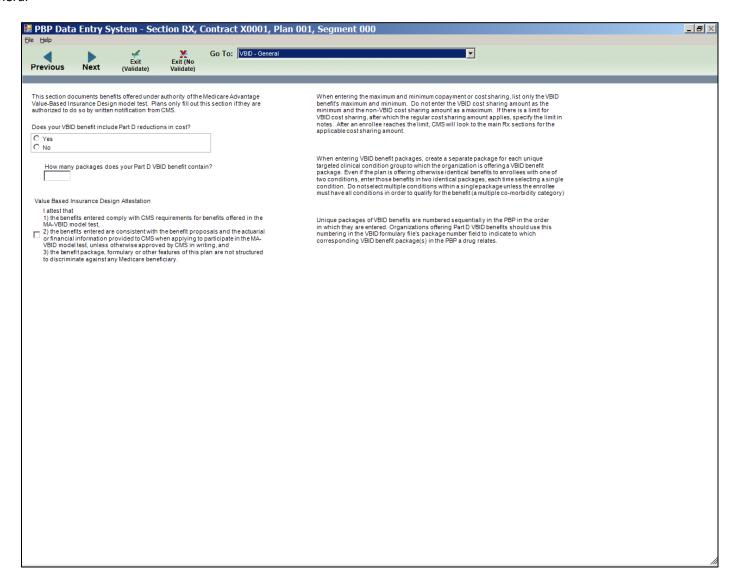
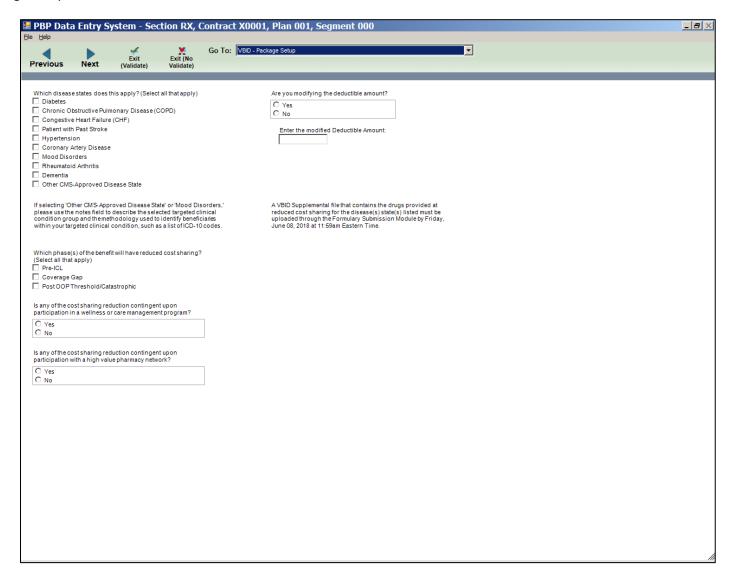
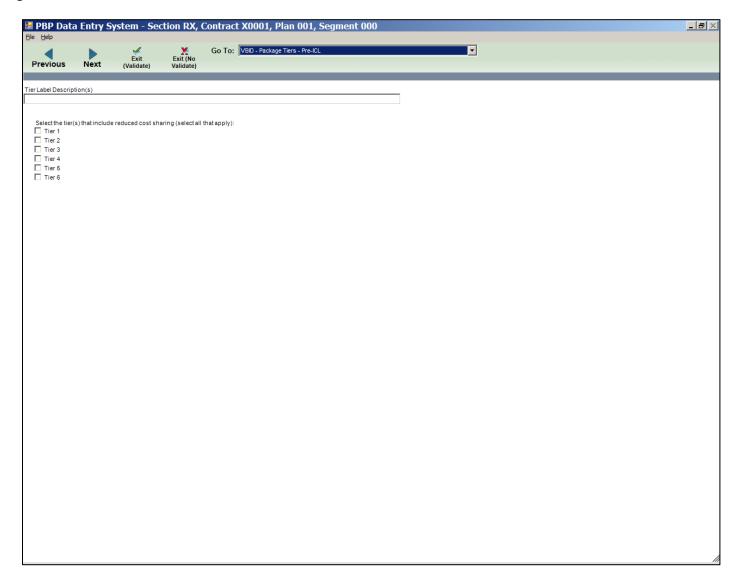
VBID - General



VBID - Package Setup



VBID - Package Tiers - Pre-ICL



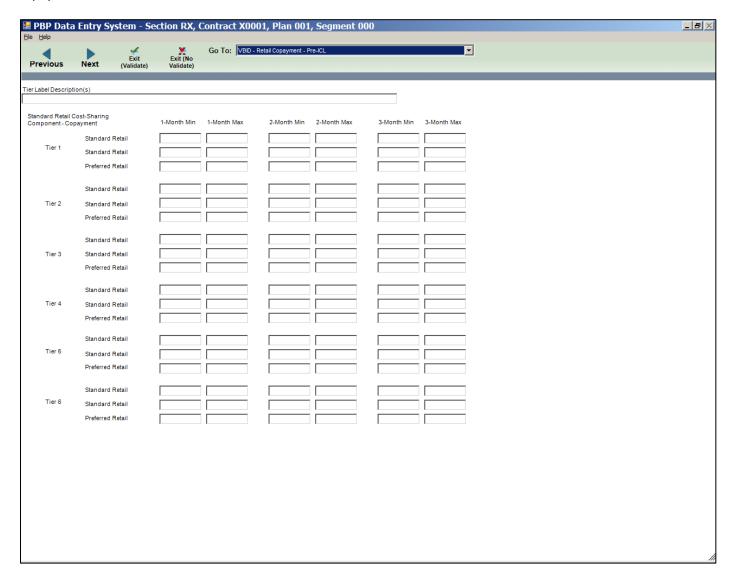
VBID – Tier Coverage – Pre-ICL

Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6 dicate the type of cost sharing structure lect only one for each tier): Doinsurrance	Previous Next (Validate) Exit (No Validate) Tier Label Description(s) Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6 Indicate the type of cost sharing structure (select only one for each tier): Coinsurance	PBP Date Help	ta Entry S	ystem - Sect	ion RX,	Contra	ct XUU(1, Plan	001, Se	gment (00			
dicate the type of cost sharing structure elect only one for each tier): Noinsurance O C C C C C C C C C C C C C C C C C C	Indicate the type of cost sharing structure (select only one for each tier): Coinsurance Copayment Cocopayment Cocopay	Previous	Next	Exit	Exit (No Validate)	Go To	: VBID - T	ier Coverage	e - Pre-ICL					
dicate the type of cost sharing structure elected only one for each tier): Doinsurance	Indicate the type of cost sharing structure (select only one for each tier): Coinsurance C C C C C C C C C C C C C C C C C C C	er Label Descri	iption(s)											Т
consurance copayment CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	Coinsurance Copayment C C C C C C C C C C C C C C C C C C C	dicate the typ	e of cost sharin	g structure	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6				
irreater of Coinsurance and Copayment C C C C C C C C C C C C C C C C C C C	Greater of Coinsurance and Copayment C C C C C C C C C C C C C C C C C C C				0	0	0	0	0	0				
esser of Coinsurance and Copayment C C C C C C C C C C C C C C C C C C C	Lesser of Coinsurance and Copayment C C C C C Which covered drugs have reduced cost sharing? Full Tier Coverage (All drugs on the tier) Partial Tier Coverage (Only some drugs on the tier) C C C C C Partial Tier Coverage (Only some drugs on the tier) For each tier that is only partially reduced, you must indicate whether that reduction is for brand drugs only, generic drugs only, or both brand and generic drugs. Brand Drugs Only C C C C C C C C C C C C C C C C C C C	Copayment			0	0	0	0	0	0				
nich covered drugs have reduced cost sharing? uil Tier Coverage (All drugs on the tier)	Which covered drugs have reduced cost sharing? Full Tier Coverage (All drugs on the tier)	Greater of Coi	nsurance and 0	Copayment	0	0	0	0	0	0				
ull Tier Coverage (All drugs on the tier) c	Full Tier Coverage (All drugs on the tier) Partial Tier Coverage (Only some drugs on the tier) C C C C C C C C C C C C C C C C C C	Lesser of Coin	nsurance and C	opayment	0	0	0	0	0	\circ				
artial Tier Coverage (Only some drugs on the tier) or each tier that is only partially reduced, you must dicate whether that reduction is for brand drugs only, eneric drugs only, or both brand and generic drugs. rand Drugs Only ceneric Drugs Only cand and Generic Drugs or C c c c c c c c c c c c c c	Partial Tier Coverage (Only some drugs on the tier) For each tier that is only partially reduced, you must indicate whether that reduction is for brand drugs only, generic drugs only, or both brand and generic drugs. Brand Drugs Only Generic Drugs Only C C C C C C C C C C C C C C C C C C	/hich covered	drugs have red	luced cost sharing?										
artial Tier Coverage (Only some drugs on the tier) or each tier that is only partially reduced, you must dicate whether that reduction is for brand drugs only, eneric drugs only, or both brand and generic drugs. rand Drugs Only ceneric Drugs Only cand and Generic Drugs or C c c c c c c c c c c c c c	Partial Tier Coverage (Only some drugs on the tier) C C C C C C C C C C C C C C C C C C C	Full Tier Cove	rage (All drugs	on the tier)	0	0	0	0	0	0				
or each tier that is only partially reduced, you must dicate whether that reduction is for brand drugs only, neric drugs only, or both brand and generic drugs. rand Drugs Only ceneric Drugs Only crand and Generic Drugs dicate the type of drugs that have reduced cost aring on each tier.	For each tier that is only partially reduced, you must indicate whether that reduction is for brand drugs only, generic drugs only, or both brand and generic drugs. Brand Drugs Only													
dicate the type of drugs that have reduced cost aring on each tier.	indicate whether that reduction is for brand drugs only, generic drugs. Brand Drugs Only C C C C C C C C C C C C C C C C C C C													
seneric Drugs Only C C C C C C C C C C C C C C C C C C	Generic Drugs Only Brand and Generic Drugs C C C C C C C C C C C C C C C C C C	dicate whether	er that reduction	is for brand drugs o	nly.									
rand and Generic Drugs C C C C C C C C C C C C C C C C C C	Brand and Generic Drugs C C C C C C C C C C C C C C C C C C	Brand Drugs 0	Only		0	0	0	0	0	0				
dicate the type of drugs that have reduced cost aring on each tier. art D Drugs Only	Indicate the type of drugs that have reduced cost sharing on each tier. Part D Drugs Only Excluded Drugs Only (e.g., erectile dysfunction drugs C C C C C C C	Generic Drugs	s Only		0	0	0	0	0	0				
art D Drugs Only	Sharing on each tier. Part D Drugs Only C	Brand and Ge	neric Drugs		0	O	0	0	c	0				
	Excluded Drugs Only (e.g., erectile dysfunction drugs O C C C C	dicate the typ	e of drugs that I h tier.	have reduced cost										
	Excluded Drugs Only (e.g., erectile dysfunction drugs C C C C C				0	0	0	0	0	0				
xcluded Drugs Only (e.g., erectile dysfunction drugs C C C C C		Excluded Drug	gs Only (e.g., er	ectile dysfunction dr										
		Both Part D an	nd Excluded Dr	ugs	0									

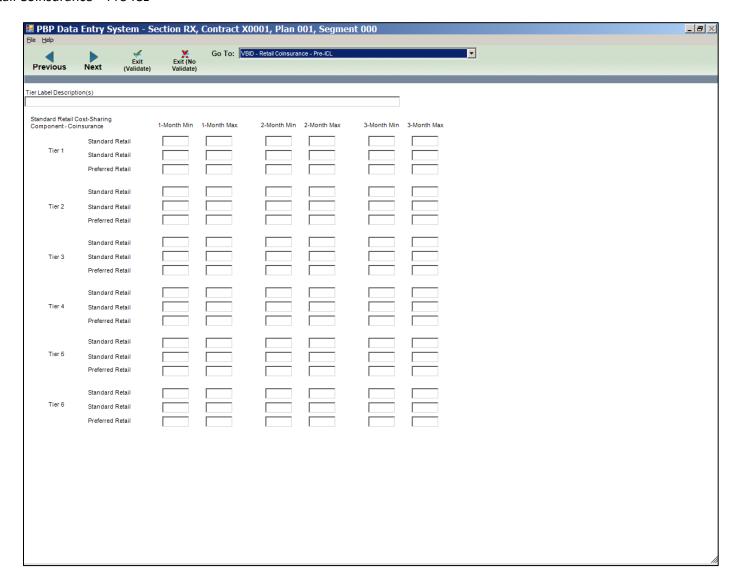
VBID – Tier Locations – Pre-ICL

PBP Data Entry System - Section RX, Contract	t X 00	001, F	Plan (001,	Segm	ent 000					_
Help Go To: Exit Exit (No	VBID -	- Tier Loc	cations -	Pre-ICL				▼			
Previous Next Exit Exit (No (Validate) Validate)											
Label Description(s)											
ct all Location/supply amounts that apply:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6					
ndard Retail Cost-Sharing - one month supply											
ndard Retail Cost-Sharing - two month supply											
ndard Retail Cost-Sharing - three month supply											
ndard Retail/Preferred Retail Cost-Sharing - one month supply											
ndard Retail/Preferred Retail Cost-Sharing - two month supply											
ndard Retail/Preferred Retail Cost-Sharing - three month supply											
-of-Network Pharmacy - one month supply											
of-Network Pharmacy - other day supply											
ndard Mail Order Cost-Sharing - one month supply											
ndard Mail Order Cost-Sharing - two month supply											
ndard Mail Order Cost-Sharing - three month supply											
ndard Mail Order/Preferred Mail Order Cost-Sharing - one month supply											
ndard Mail Order/Preferred Mail Order Cost-Sharing - two month supply											
ndard Mail Order/Preferred Mail Order Cost-Sharing - three month supply											
ng Term Care Pharmacy - one month supply											

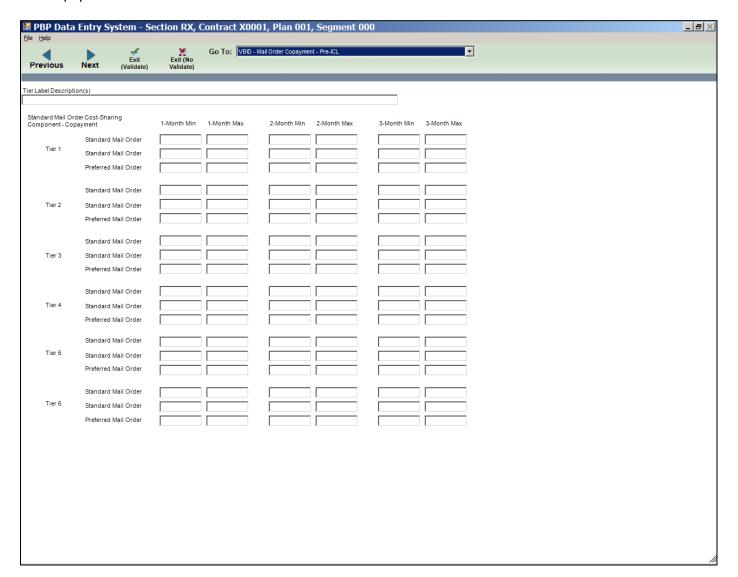
VBID - Retail Copayment - Pre-ICL



VBID - Retail Coinsurance - Pre-ICL



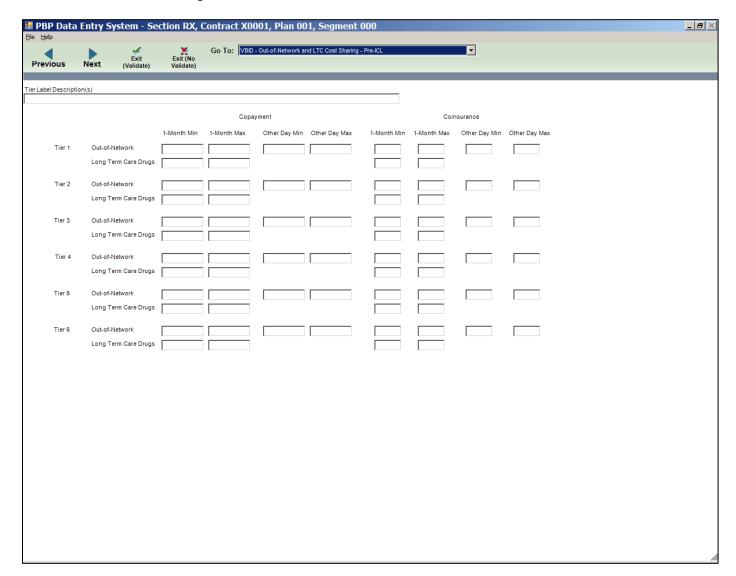
VBID - Mail Order Copayment - Pre-ICL



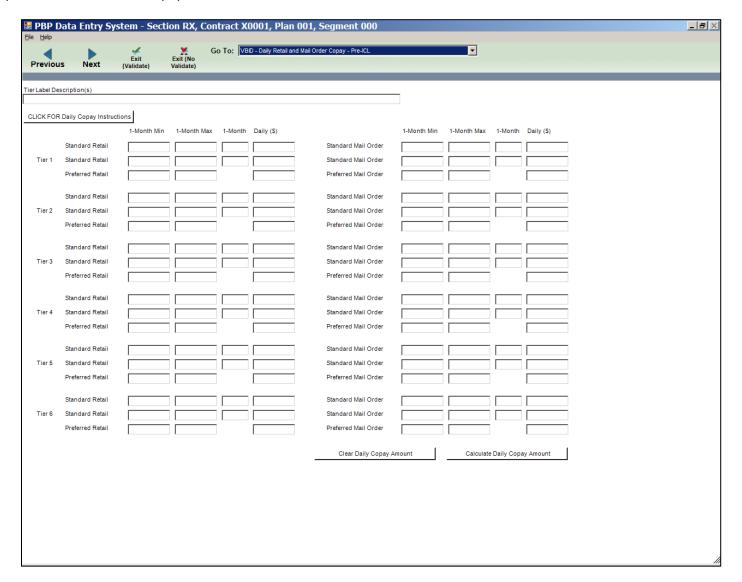
VBID - Mail Order Coinsurance - Pre-ICL

	a Entry Sy	stem - S	ection RX,	Contract >	K0001, Plan 001, Segmen	t 000	a ×
File Help Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	BID - Mail Order Coinsurance - Pre-ICL		
Tier Label Descrip	tion(s)						
Standard Mail C Component - Co		ng	1-Month Min	1-Month Max	2-Month Min 2-Month Max	3-Month Min 3-Month Max	
Tier 1	Standard N Standard N Preferred N	Mail Order					
Tier 2	Standard N Standard N Preferred N	Mail Order					
Tier 3	Standard N Standard N Preferred N	Mail Order					
Tier 4	Standard N Standard N Preferred N	Mail Order					
Tier 5	Standard N Standard N Preferred N	Mail Order					
Tier 6	Standard N Standard N Preferred N	Mail Order					
							,

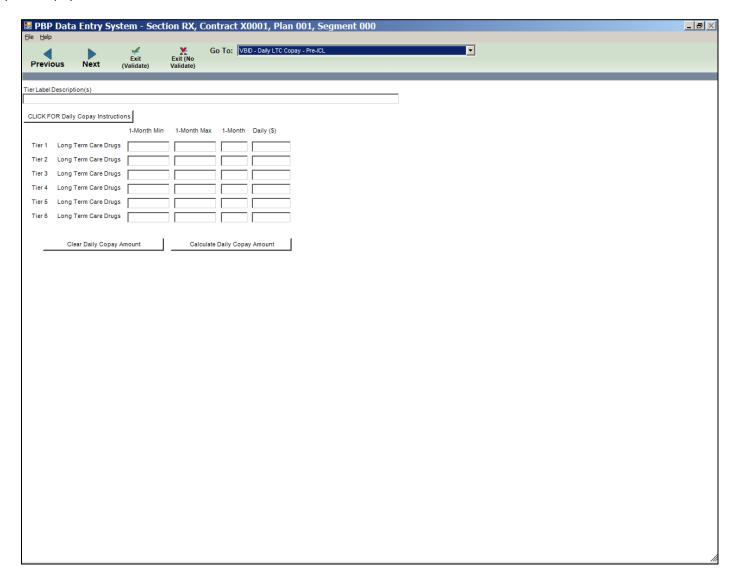
VBID – Out-of-Network and LTC Cost Sharing – Pre-ICL



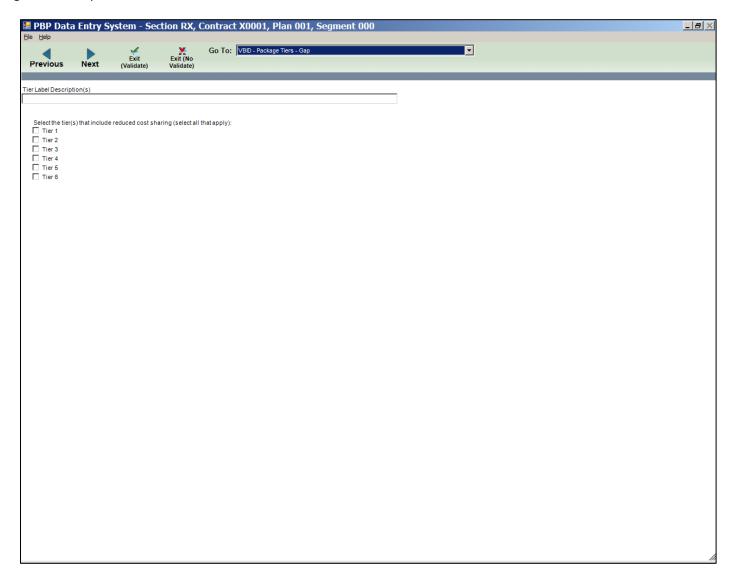
VBID - Daily Retail and Mail Order Copay - Pre-ICL



VBID - Daily LTC Copay - Pre-ICL



VBID - Package Tiers - Gap



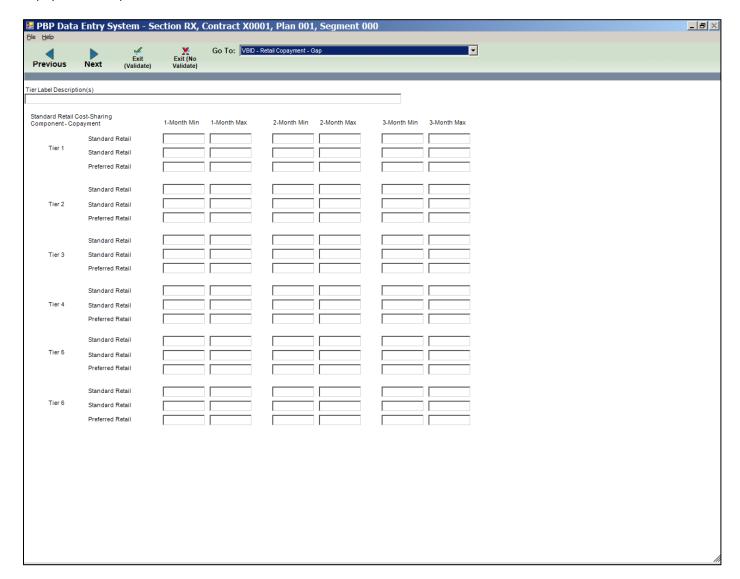
VBID – Tier Coverage – Gap

Previous Next (Validate)							
	Exit (No Validate)	Go To	VBID - T	ier Coverage	- Gap		•
ier Label Description(s)							
Indicate the type of cost sharing structure (select only one for each tier):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	
Coinsurance	0	0	0	0	0	0	
Copayment	0	0	0	0	0	0	
Greater of Coinsurance and Copayment	0	0	0	0	0	0	
Lesser of Coinsurance and Copayment	0	0	0	0	0	0	
Which covered drugs have reduced cost sharing?	?						
Full Tier Coverage (All drugs on the tier)	0	0	0	0	0	0	
Partial Tier Coverage (Only some drugs on the t		0	0	0	c	0	
For each tier that is only partially reduced, you m indicate whether that reduction is for brand drugs generic drugs only, or both brand and generic dru Brand Drugs Only	only.	0	0	0		0	
Generic Drugs Only	0	0	0	0	0	0	
Brand and Generic Drugs	0	0	0	0	0	0	
Indicate the type of drugs that have reduced cost sharing on each tier.							
Part D Drugs Only	0	0	0	0	0	0	
Excluded Drugs Only (e.g., erectile dysfunction of		0	0	0	0	0	
Both Part D and Excluded Drugs	0	0	0	0	0	0	

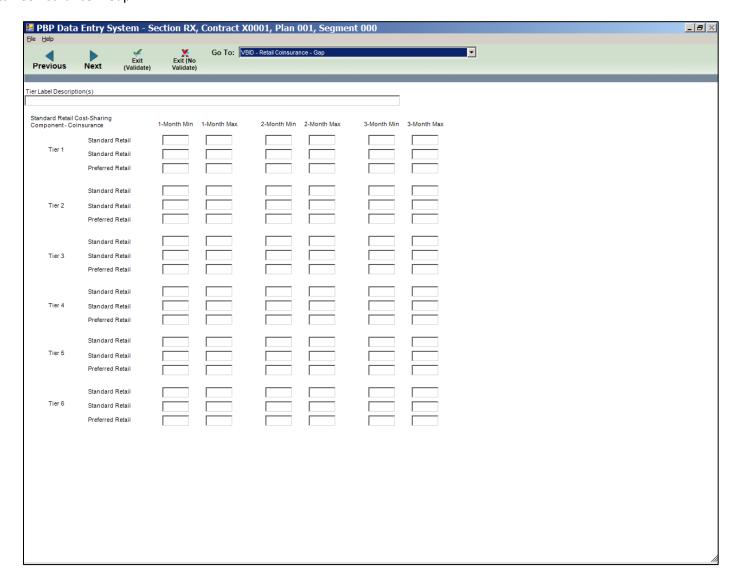
VBID – Tier Locations – Gap

PBP Data Entry System - Section RX, Contract	t X 00	001, F	Plan (001,	Segm	ent 000	
lle Help ✓ ✓ Go To: Exit Exit (No	VBID -	- Tier Loc	cations -	- Gap	_	▼	
Previous Next (Validate) Exit Exit (No Validate)						- -	
ier Label Description(s)							
elect all Location/supply amounts that apply:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	
tandard Retail Cost-Sharing - one month supply							
andard Retail Cost-Sharing - two month supply							
andard Retail Cost-Sharing - three month supply							
andard Retail/Preferred Retail Cost-Sharing - one month supply							
andard Retail/Preferred Retail Cost-Sharing - two month supply							
andard Retail/Preferred Retail Cost-Sharing - three month supply							
ut-of-Network Pharmacy - one month supply							
ut-of-Network Pharmacy - other day supply							
andard Mail Order Cost-Sharing - one month supply							
andard Mail Order Cost-Sharing - two month supply							
andard Mail Order Cost-Sharing - three month supply							
andard Mail Order/Preferred Mail Order Cost-Sharing - one month supply							
andard Mail Order/Preferred Mail Order Cost-Sharing - two month supply							
andard Mail Order/Preferred Mail Order Cost-Sharing - three month supply							
ong Term Care Pharmacy - one month supply							

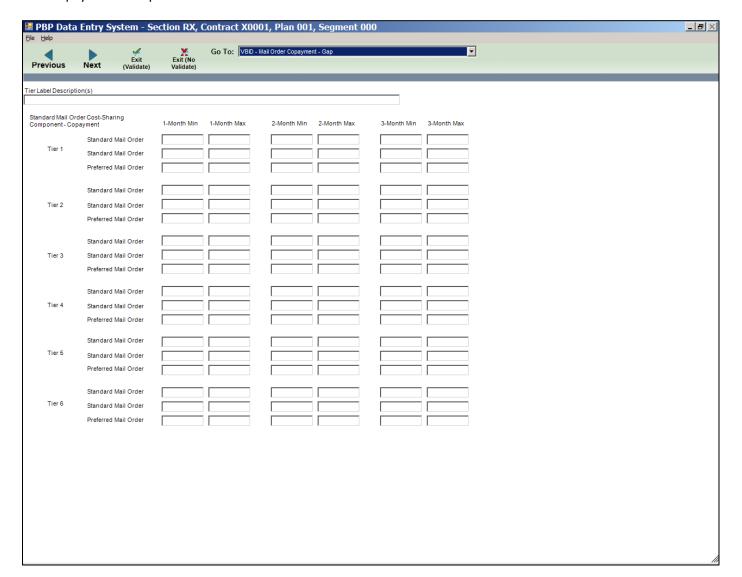
VBID - Retail Copayment - Gap



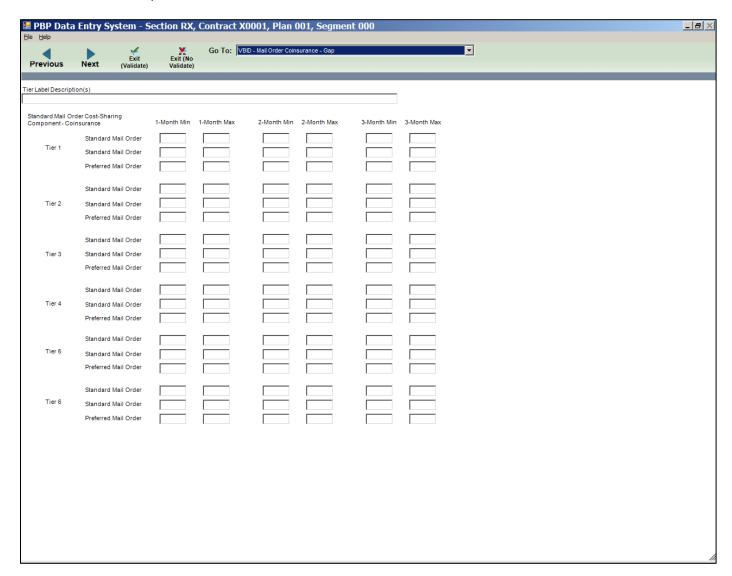
VBID - Retail Coinsurance - Gap



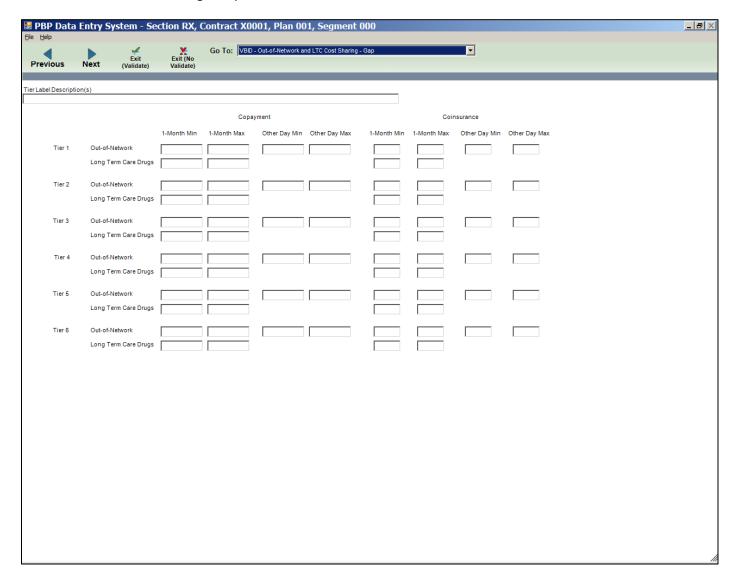
VBID - Mail Order Copayment - Gap



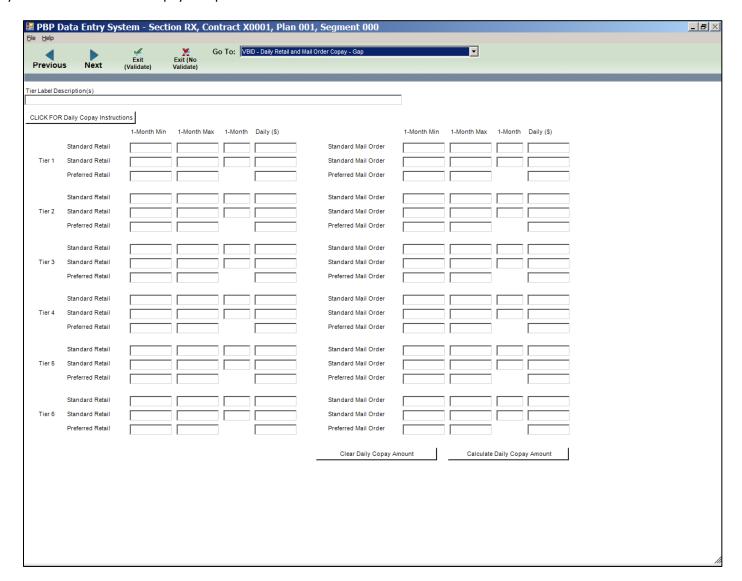
VBID - Mail Order Coinsurance - Gap



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



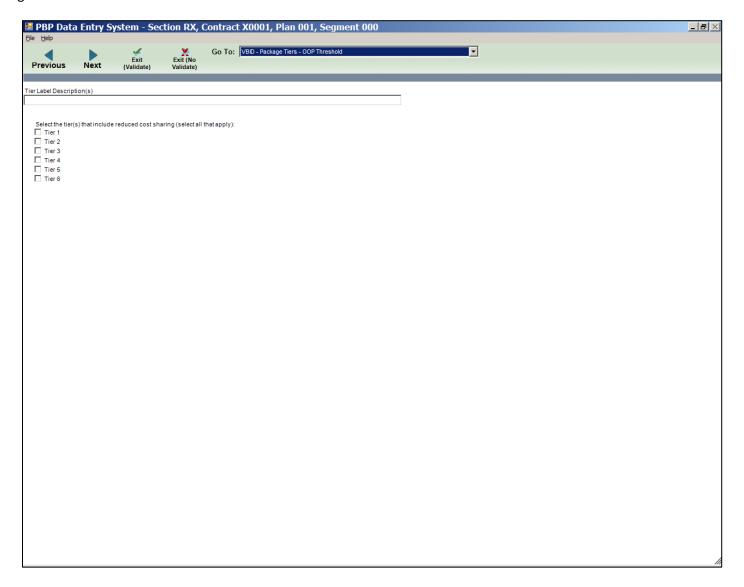
VBID – Daily Retail and Mail Order Copay – Gap



VBID - Daily LTC Copay - Gap

₽BP	Data Entry Sys	tem - Secti	on RX, Co	ontract X0	0001, Plan 001, Segment 000	_ B ×
File Help		√	v	Go To: VBI	D - Daily LTC Copay - Gap	
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Time to be at E	>					
l ier Label D	Description(s)					
CLICK FO	R Daily Copay Instructi	ons				
		1-Month Min	1-Month Ma	x 1-Month	Daily (\$)	
	Long Term Care Drugs					
	Long Term Care Drugs					
	Long Term Care Drugs Long Term Care Drugs					
	Long Term Care Drugs					
Tier 6	Long Term Care Drugs	;				
_	Clear Daily Copay	Amount	Calcul	ate Daily Copay	y Amount	

VBID - Package Tiers - OOP Threshold



VBID – Tier Coverage – OOP Threshold

<mark>∺ PBP Data</mark> jle <u>H</u> elp	Entry S	ystem - Sec	tion RX,	Contra	ct X00 0	1, Plan	001, S e	gment (
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To	: VBID - T	ier Coverage	- OOP Thres	hold
ier Label Descrip	tion(s)							
Indicate the type (select only one t	of cost sharin for each tier):	g structure	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Coinsurance			0	0	0	0	0	0
Copayment			0	0	0	0	0	0
Greater of Coins	surance and 0	opayment	0	0	0	0	0	0
Lesser of Coins	urance and C	payment	0	0	0	0	0	0
/hich covered d	rugs have red	uced cost sharing?	?					
Full Tier Covera	ae (All druas	on the tier)	0	0	0	0	O	0
		ome drugs on the t		0	0	0	0	0
indicate whether	that reduction	ly reduced, you m is for brand drugs nd and generic dru	only.					
Brand Drugs Or	nly		0	0	0	0	0	0
Generic Drugs (Only		0	0	0	0	0	0
Brand and Gen	eric Drugs		0	C	0	\circ	0	\circ
dicate the type naring on each	of drugs that I tier.	nave reduced cost						
Part D Drugs Or			0	0	0	0	0	0
		ectile dysfunction o	1 - 1	0	0	0	0	0
Both Part D and	Excluded Dri	igs	0	0	0	0	0	0

VBID – Post OOP Threshold Cost Sharing

■ PBP Da Eile Help	ta Entry S	ystem - Se	ction RX, C	ontract X0001, Plan 001, Segment 000	_ 6 ×
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: VBD - Post OOP Threshold Cost Sharing	
Tier Label Desc	ription(s)				
	Min Copayment	Max Copayment	Min Coinsurance	Max Coinsurance	
Tier 1					
Tier 2					
Tier 3 Tier 4					
Tier 5					
Tier 6					
					//

VBID – Package notes

