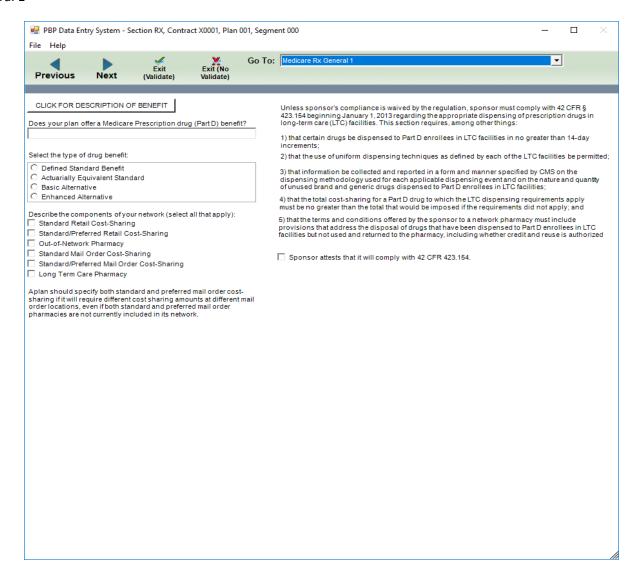
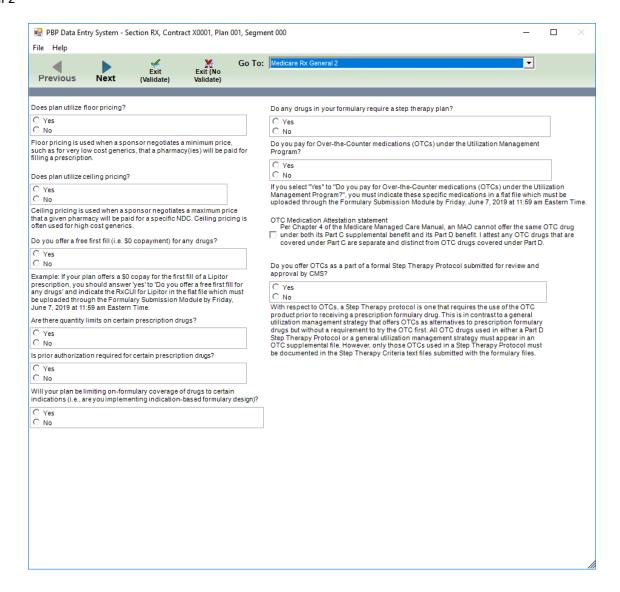
#### Medicare Rx General 1

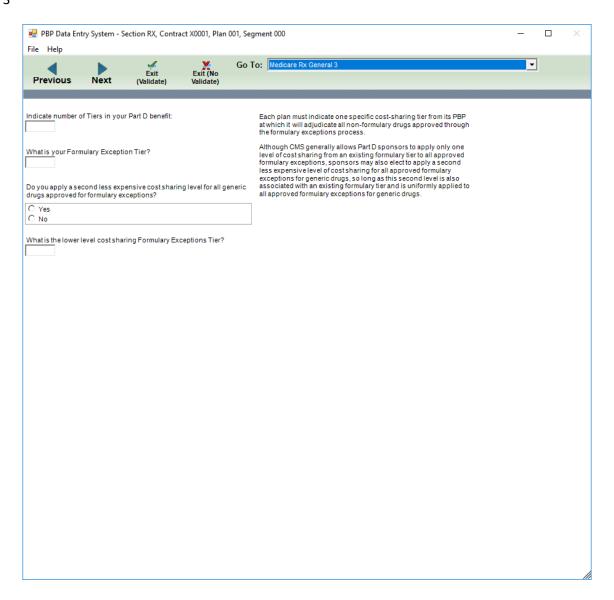
Softrams



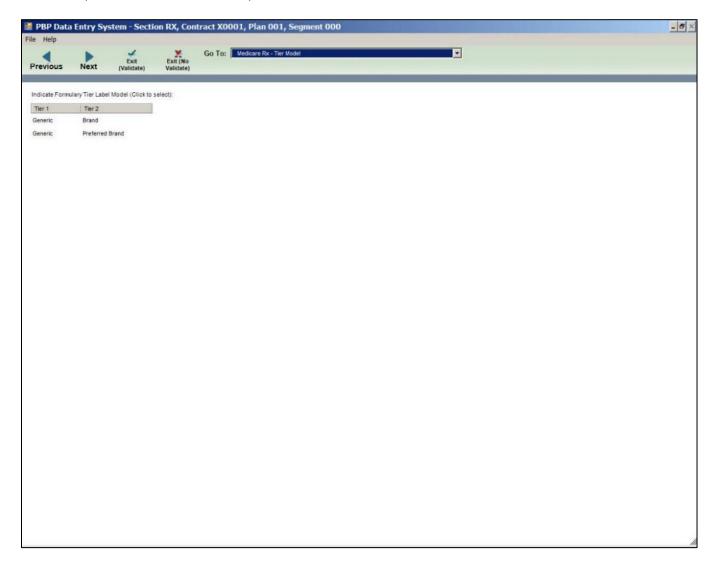
#### Medicare Rx General 2



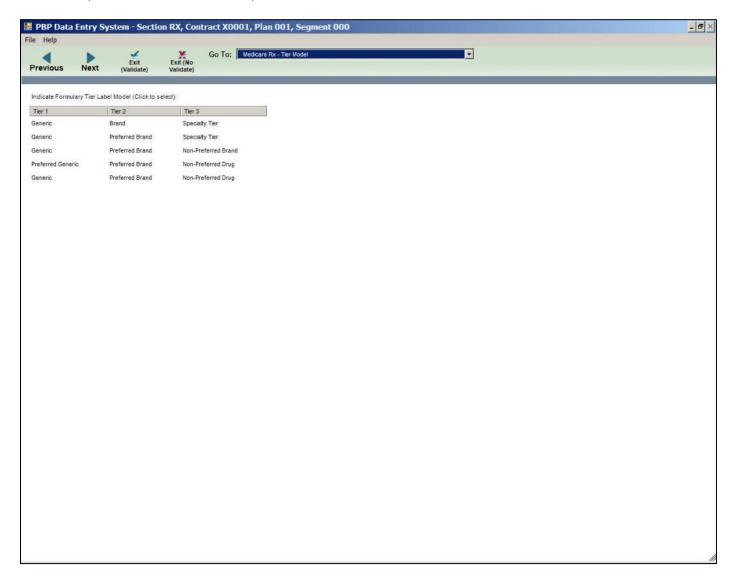
#### Medicare Rx General 3



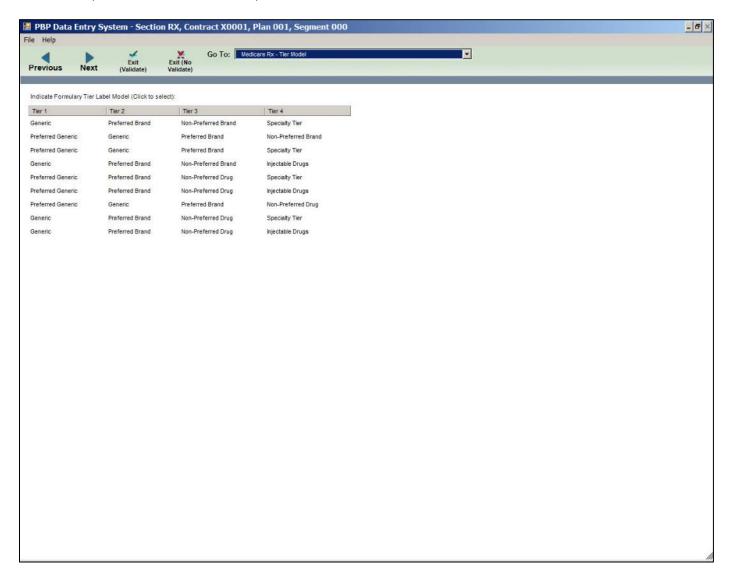
Medicare Rx – Tier Model (when a tier includes 2 tiers)



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



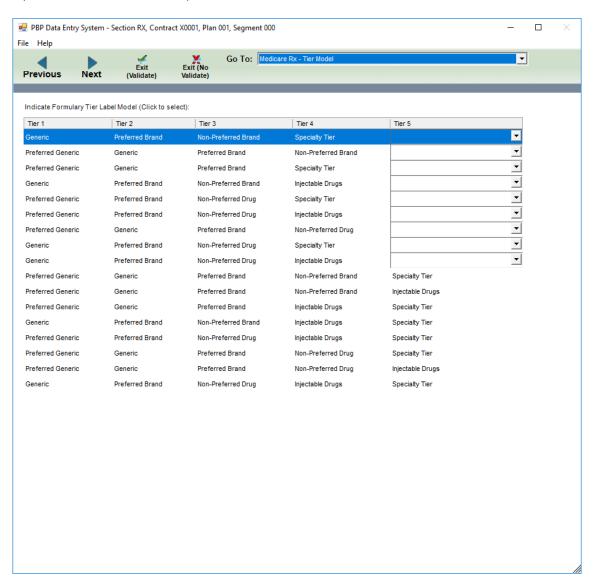
Medicare Rx – Tier Model (when a tier includes 4 tiers)



Page 6 of 71

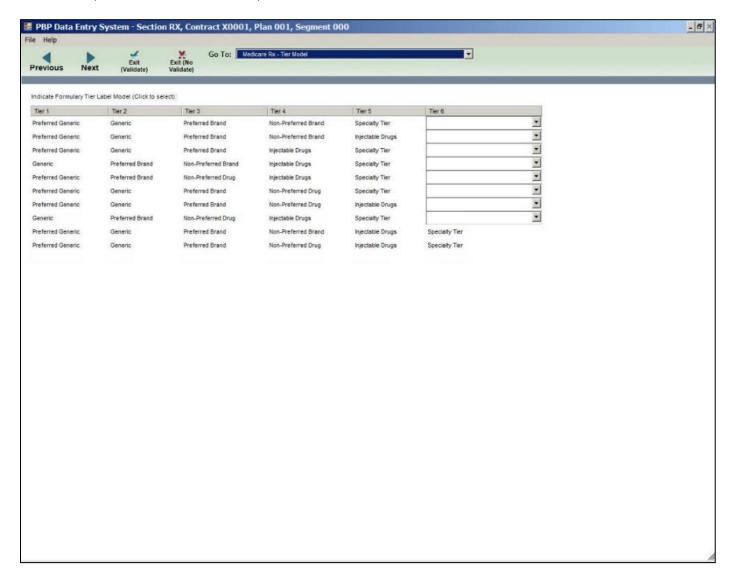
### Medicare Rx – Tier Model (when a tier includes 5 tiers)

**Softrams** 

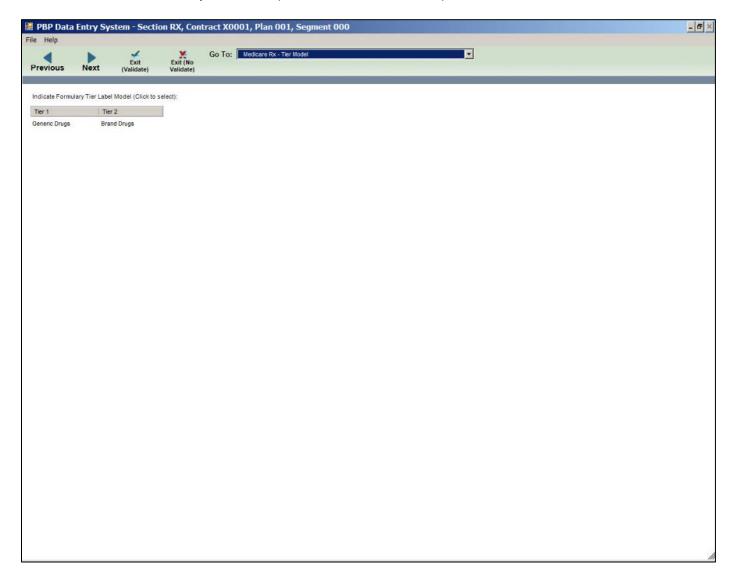


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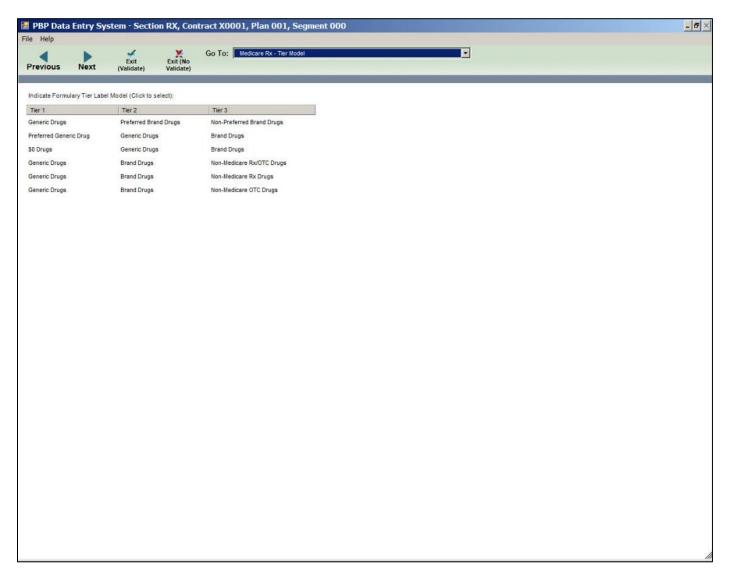
### Medicare Rx – Tier Model (when a tier includes 6 tiers)



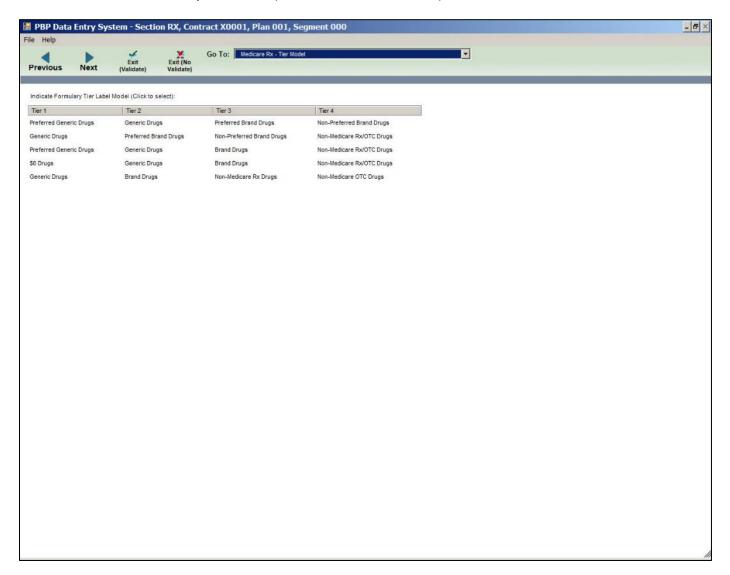
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 2 tiers)



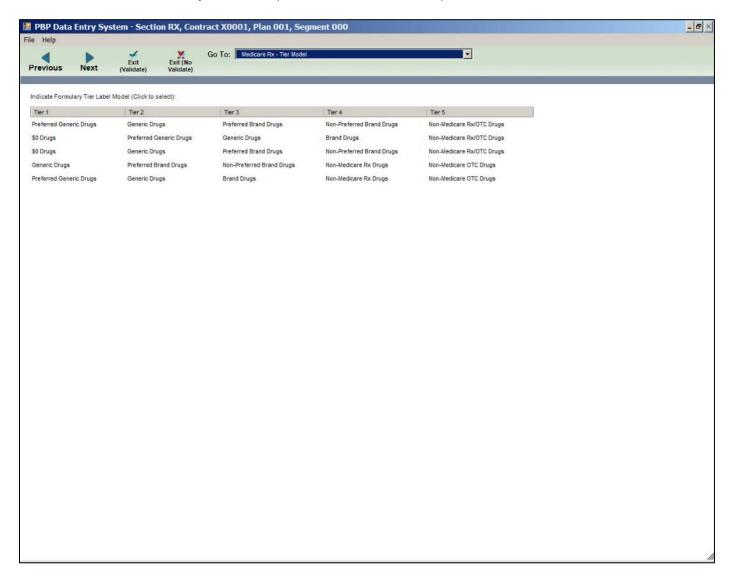
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 3 tiers)



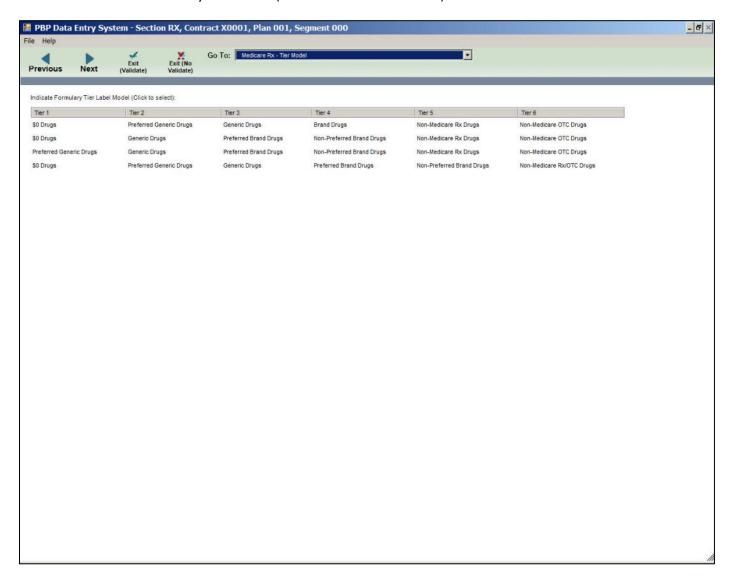
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 4 tiers)



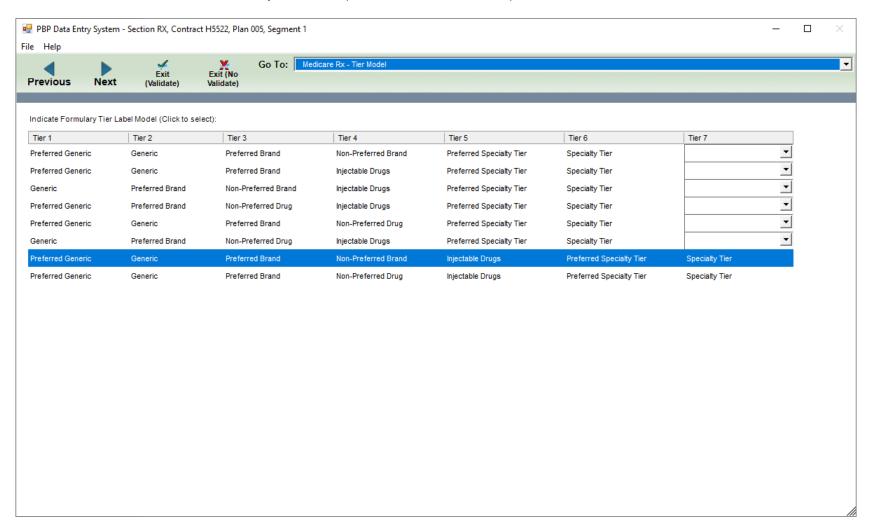
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 5 tiers)



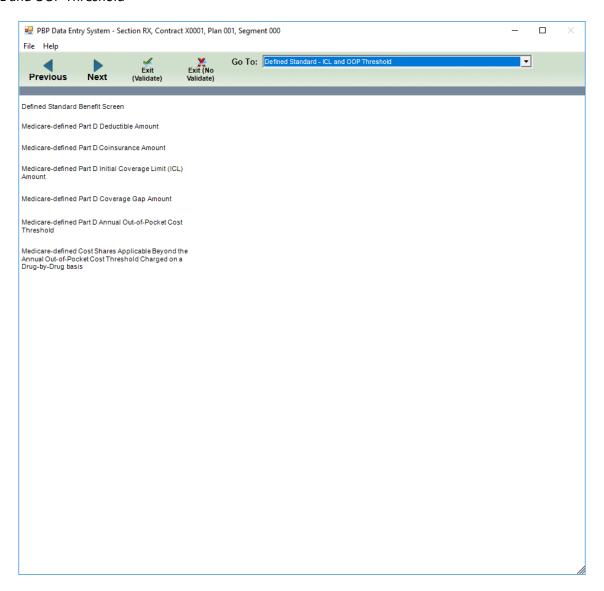
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 6 tiers)



Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 7 tiers)

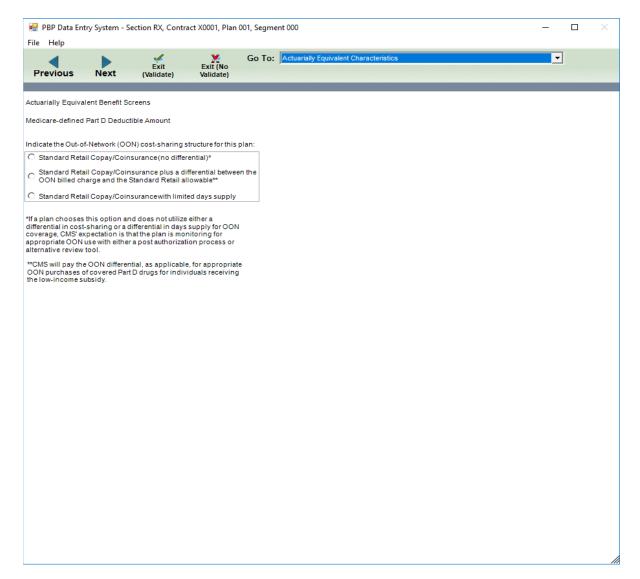


### Defined Standard – ICL and OOP Threshold

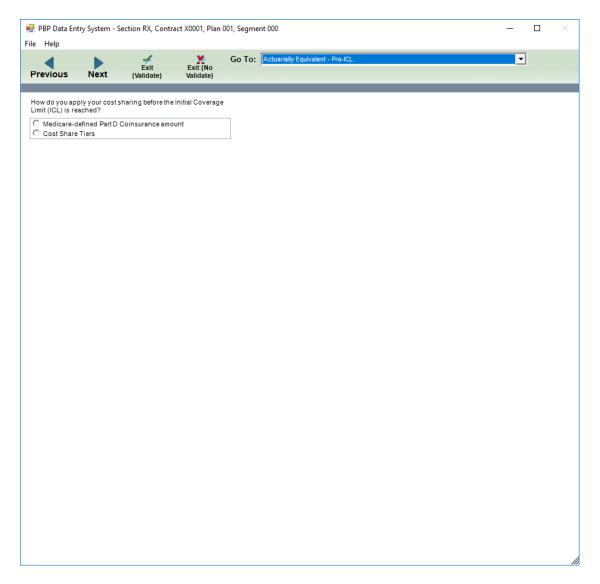


### **Actuarially Equivalent Characteristics**

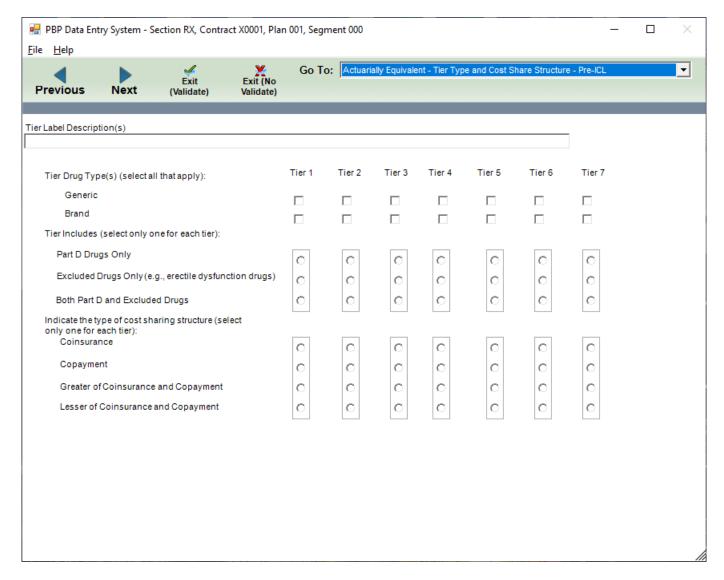
**Softrams** 



### 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 X0001, Plan 001, Segme	nt 000								_	. [	$\times$
File Help											
Previous Next (Validate) Go To:  Validate) Validate)	Actua	rially Equ	ivalent -	Tier Loc	cations -	- Pre-ICI	L			<b>•</b>	
Tier Label Description(s)											
The Label Description(s)											
Select all Location/supply amounts that apply:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7				
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	П	П	П	П	П	П	П				
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											

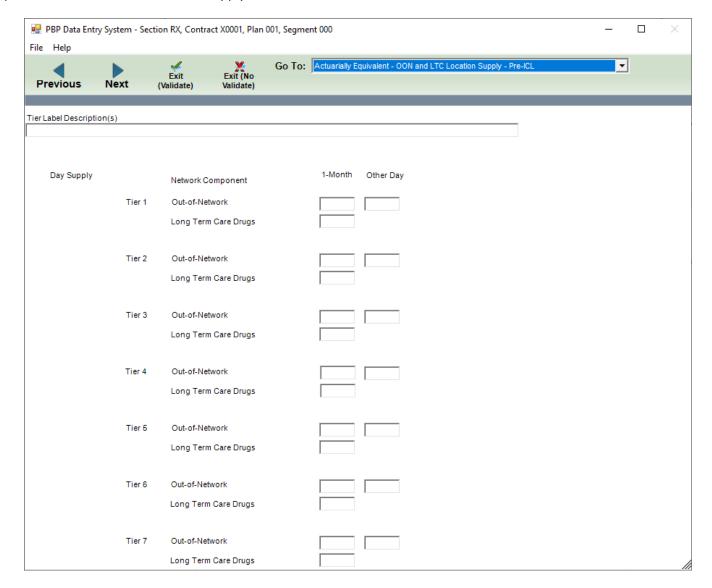
### Actuarially Equivalent – Retail Pharmacy Location Supply – Pre-ICL

₽BP Data	Entry System - Section F	RX, Contract >	(0001, Plan	001, Segme	ent 000		– 🗆 ×
File Help							
Previous	E E		Exit (No Validate)	Go To:	Actuarially Equivalent - Retail Pharmacy Location S	iupply - Pre-ICL	
Tier Label Desc	cription(s)						
Standard Retai	l Cost-Sharing Compone	nt					
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- Sharing or the Mail-Order Pharmacy, you must
	Standard Retail/Preferred 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 Retail				C Yes C No	C 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 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 Retail				C Yes C No	C Yes 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 Retail				C Yes C No	O Yes O 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 Retail				C Yes C No	C Yes C No	
Tier 7	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 Retail				C Yes C No	C Yes C No	2
1							

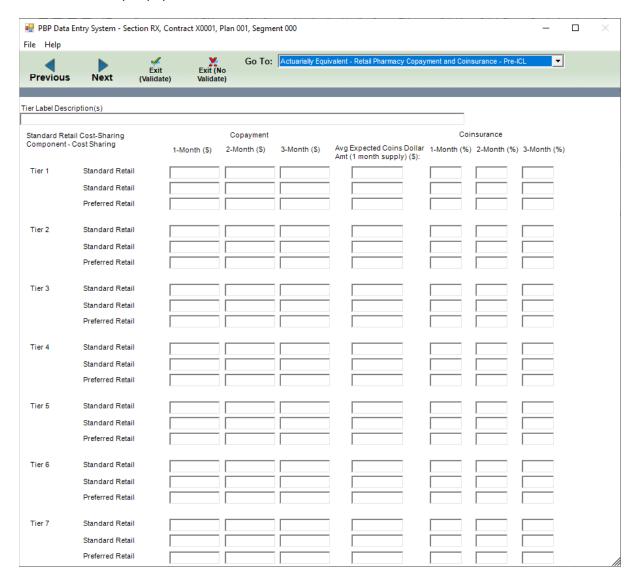
### Actuarially Equivalent – Mail Order Location Supply – Pre-ICL

🖳 PBP Data	Entry System - Section RX,	Contract X0001,	Plan 001, Segm	ent 000 —		
lle Help  Previous	Next (Valida		Go To: lo e)	Actuarially Equivalent - Mail Order Location Supply - Pre-ICL	]	
er Label Desc	cription(s)					
	Onder One to Observe a National	-				
andard Mail omponent Day Supply	Order Cost-Sharing Network	1-Month 2-Mo	onth 3-Month			
Tier 1	Standard Mail Order					
	Standard/Preferred Mail Order					
Tier 2	Standard Mail Order					
	Standard/Preferred Mail Order					
Tier 3	Standard Mail Order					
	Standard/Preferred Mail Order					
Tier 4	Standard Mail Order					
	Standard/Preferred Mail Order					
Tier 5	Standard Mail Order					
	Standard/Preferred Mail Order					
Tier 6	Standard Mail Order					
	Standard/Preferred Mail Order					
Tier 7	Standard Mail Order					
	Standard/Preferred Mail Order					

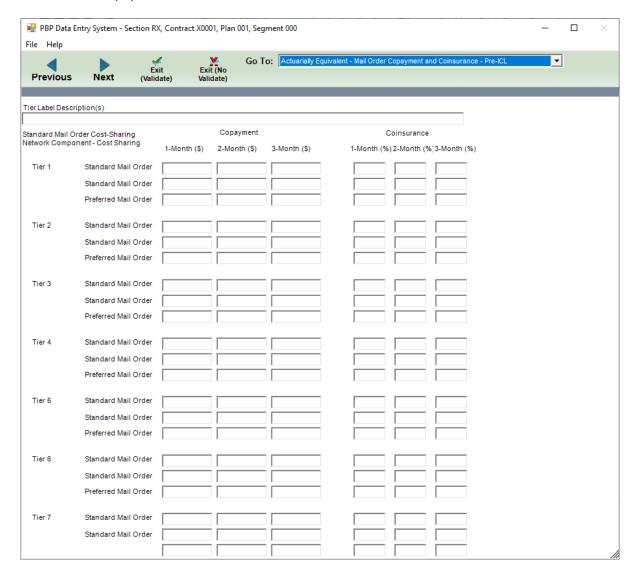
### Actuarially Equivalent - OON and LTC Location Supply - Pre-ICL



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



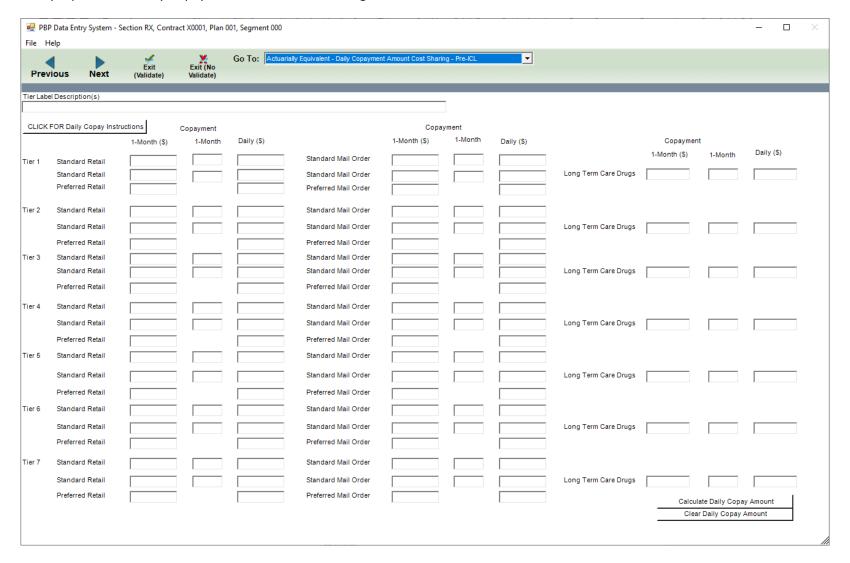
### Actuarially Equivalent - Mail Order Copayment and Coinsurance - Pre-ICL



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

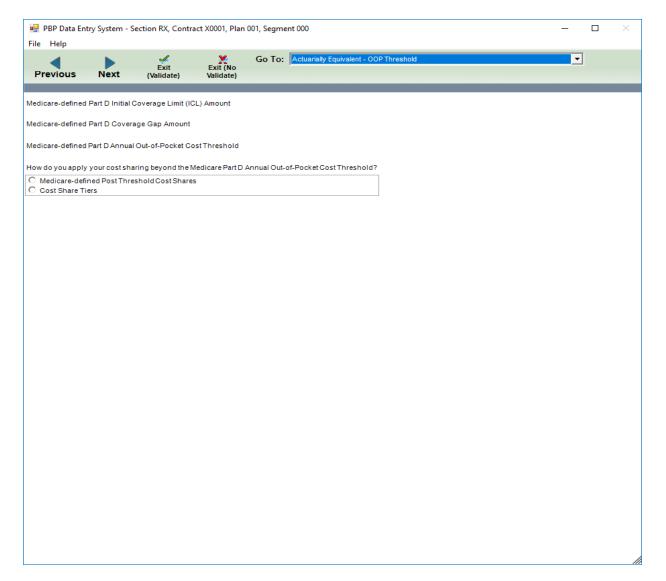
evious I	Next (Validate)	Exit (No Validate)	Go To: Actuarial	y Equivalent - OON and LTC Copayment and Coinsurance - Pre	-ICL ▼	
abel Description	(s)					
		Copayment		Coinsurance		
	Network Component	1-Month (\$)	Other (\$):	1-Month (%) Other (%):		
Tier 1	Out-of-Network					
	Long Term Care Drugs					
Tier 2	Out-of-Network					
	Long Term Care Drugs					
Tier 3	Out-of-Network					
	Long Term Care Drugs					
Tier 4	Out-of-Network					
	Long Term Care Drugs					
Tier 5	Out-of-Network					
	Long Term Care Drugs					
	3	1				
Tier 6	Out-of-Network					
	Long Term Care Drugs					
<b>-</b> : -	0.4.684.4					
Tier 7	Out-of-Network  Long Term Care Drugs					

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

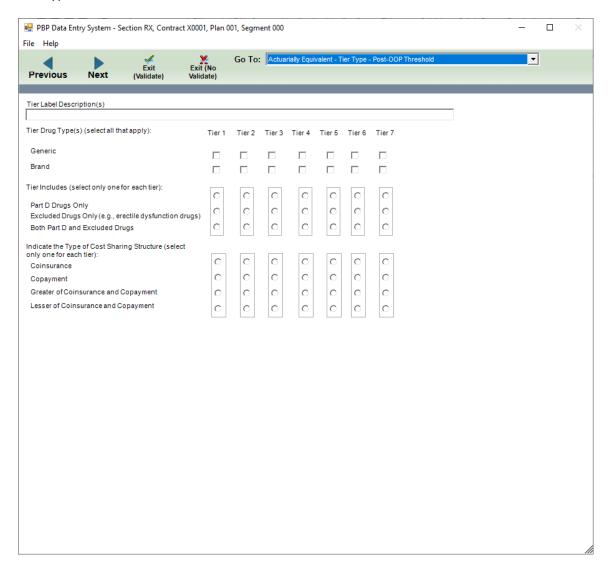


### Actuarially Equivalent - OOP Threshold

Softrams



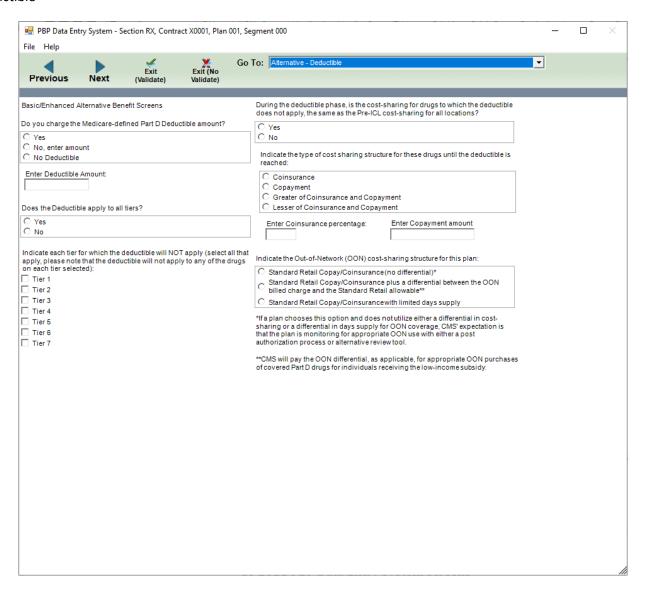
### Actuarially Equivalent – Tier Type – Post-OOP Threshold



### Actuarially Equivalent – Tier Cost Sharing – Post-OOP Threshold

₩ PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000							×
File Help							
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Actuarially Equivalent - Tier Cost Sharing - Post-OOP Threshold	-	
Tier Label Descri	ption(s)						
	ption(s)  Tier 1  Tier 2  Tier 3  Tier 4  Tier 5  Tier 6  Tier 7	Copayment (\$)	Coinsurance (%)				

#### Alternative – Deductible

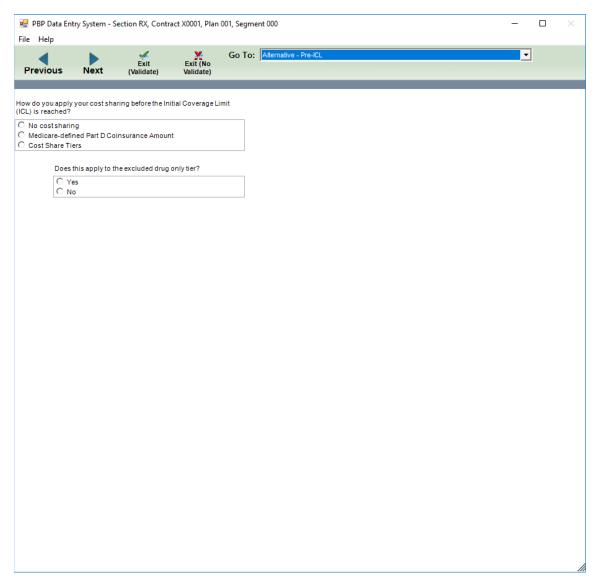


### Alternative – Enhanced Alternative Characteristics

Softrams

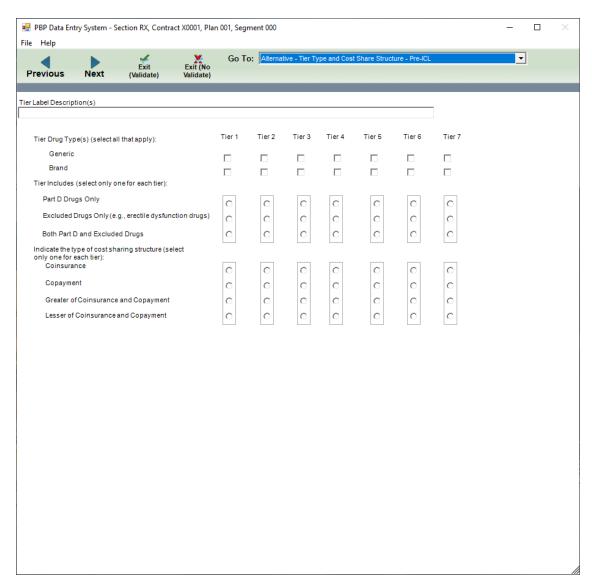
PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000	- ×
File Help	
Exit Exit (No	ative - Enhanced Alternative Characteristics
rievious iveat (validate) validate)	
Previous Next (validate)  Do you offer reduced Part D cost sharing as part of your supplemental Part D Benefit?  O Yes No  Indicate the area(s) throughout the Part D benefit where the reduced Part D cost sharing is reflected (select all that apply): Reduced deductible Reduced pre-ICL cost shares Raised ICL Reduced post-threshold cost shares  Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)? (Enhanced Alternative ONLY).  O Yes No  If you select "Yes" to "Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)?", you must indicate these specific medications in a flat file which must be uploaded through the Formulary Submission Module by Friday, June 7, 2019 at 11:59 am Eastern Time.	Do you offer additional cost-sharing reductions in the coverage gap?  C Yes No  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.  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.  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% (\$62.50) 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. Platfun 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 30% 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

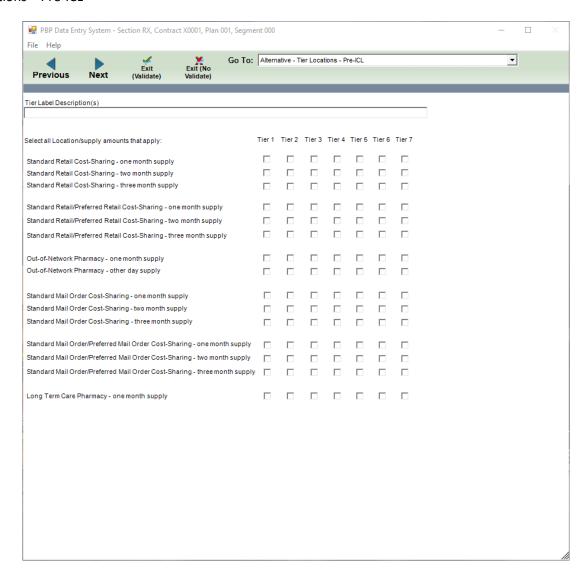


### Alternative - Tier Type and Cost Share Structure - Pre-ICL

**Softrams** 



#### Alternative – Tier Locations – Pre-ICL



### Alternative – Retail Pharmacy Location Supply – Pre-ICL

🖷 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000 — 🗀 💢									
File Help									
Previous	Next (Validat		Exit (No Validate)	Go To:	Alternative - Retail Pharmacy Location Supply - Pre	-ICL ▼			
Tier Label Descr	ription(s)								
Standard Retail	Cost-Sharing Component								
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 Retail				C Yes	C Yes	Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your		
					C No	○ 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 Retail				C Yes	C Yes			
	Trotal Total Total				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 Retail				C Yes	C Yes			
					C No	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 Retail				C Yes	C Yes			
					○ 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 Retail				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 Retail				C Yes	C Yes			
					C No	C No			
Tier 7	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?			
	Retail/Preferred Retail				C Yes	C Yes			
					C No	○ No			

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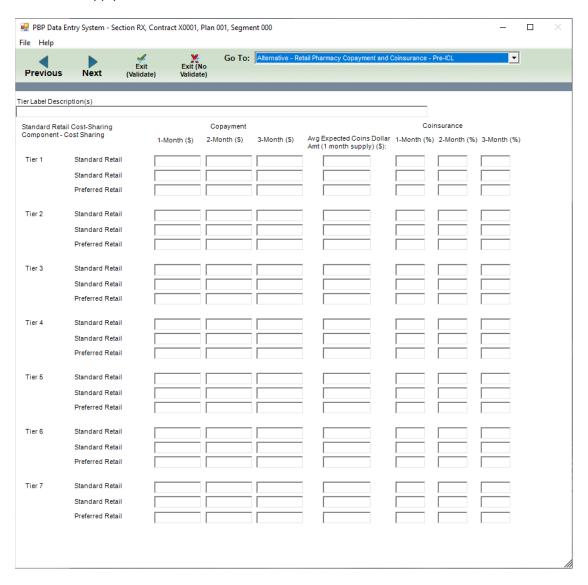
### Alternative - Mail Order Location Supply - Pre-ICL

₽ PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000								_	×
File Help									
4		Exit		Exit (No	Go To:	Alternative - Mail Order Location Supply - Pre-ICL		▼	
Previous	Next	(Validate	e) V	alidate)					
Tier Label Desc	ription(s)						1		
Standard Mail C Component Day Supply	order Cost-Sharing	Network	1-Month	2-Month	3-Month				
Tier 1	Standard Mail Or								
	Standard/Preferre Order	d Mail							
Tier 2	Standard Mail Or	der							
	Standard/Preferre Order	ed Mail							
Tier 3	Standard Mail Or	der							
	Standard/Preferre	ed Mail							
	Order								
Tier 4	Standard Mail Or	der							
	Standard/Preferre								
	Order								
Tier 5	Standard Mail Or	dor							
ilei 5	Standard/Preferre								
	Order								
Tier 6	Standard Mail Or								
	Standard/Preferre Order	d Mail							
Tier 7	Standard Mail Or	der							
	Standard/Preferre Order	ed Mail							
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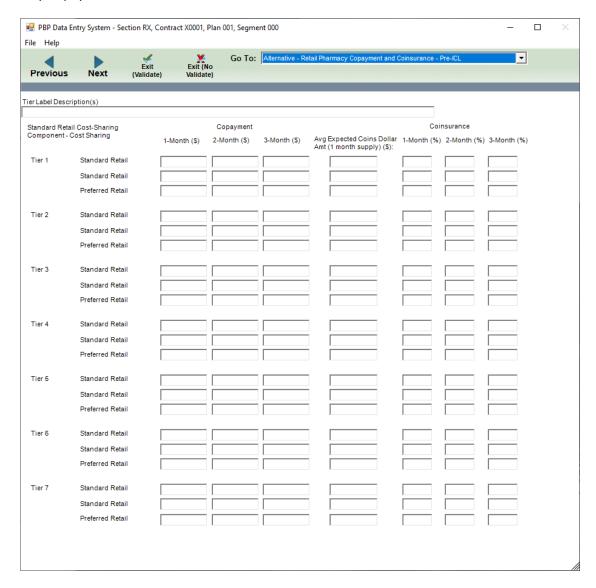
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### Alternative - OON and LTC Location Supply - Pre-ICL

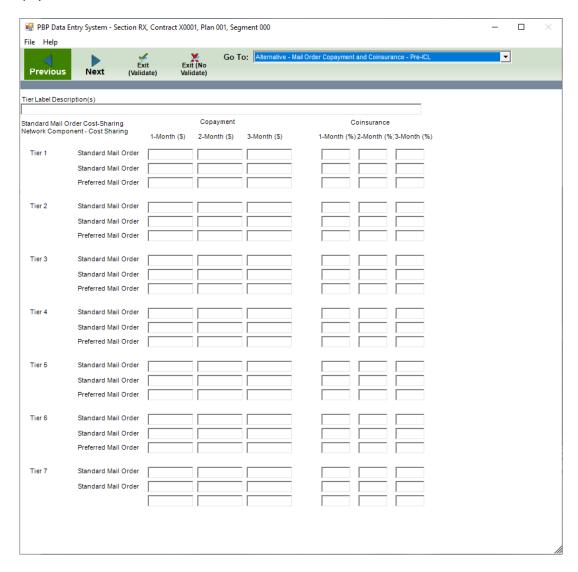
**Softrams** 



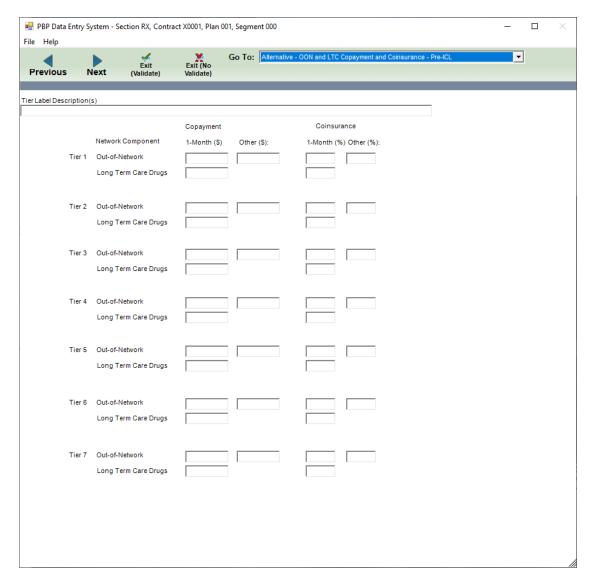
### Alternative – Retail Pharmacy Copayment and Coinsurance – Pre-ICL



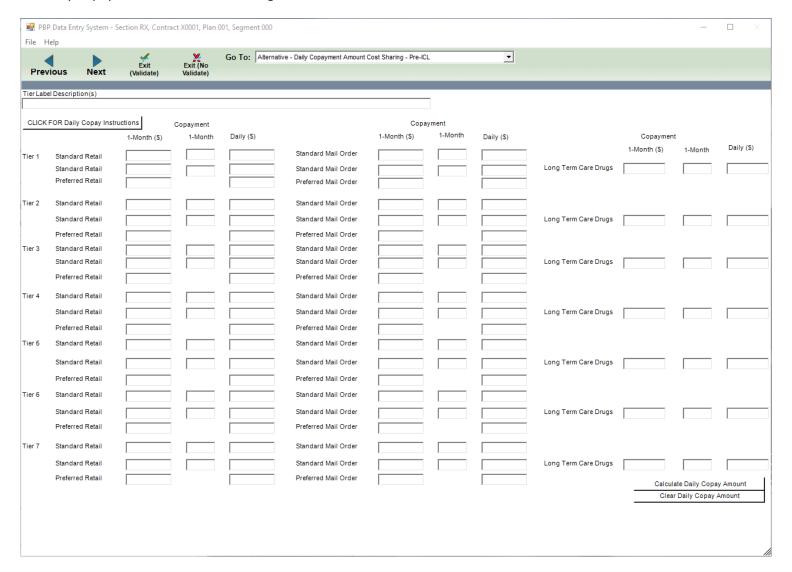
### Alternative - Mail Order Copayment and Coinsurance - Pre-ICL



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



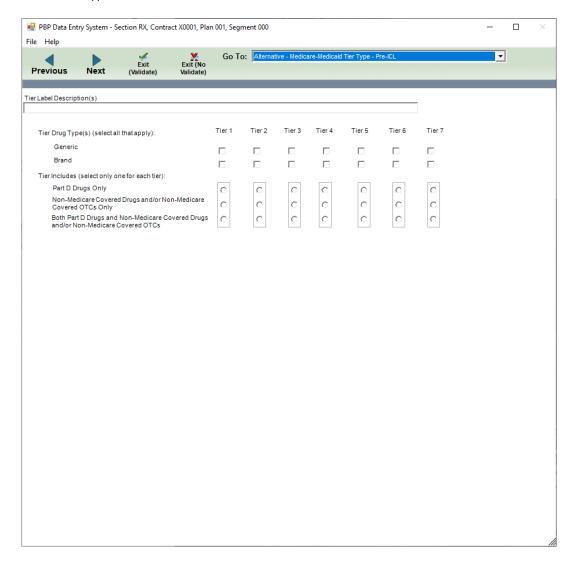
### Alternative - Daily Copayment Amount Cost Sharing - Pre-ICL



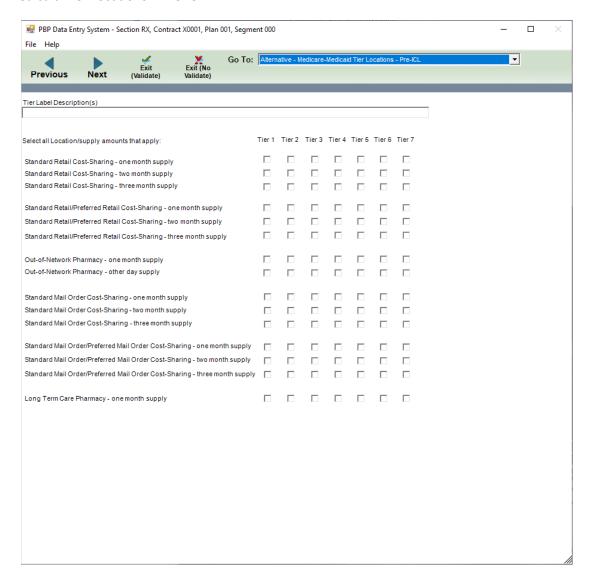
### Alternative - Pre-ICL Medicare-Medicaid

	ry System - S	Section RX, Contra	ct X0001, Plan	001, Segme	ent 000	_		×
File Help Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - Pre-ICL Medicare-Medicaid	<b>*</b>		
	_	(	,	_		_	_	-
How do you apply y	ourcostsha/	ring before the Out	-of-Pocket Thre	shold?				
C No cost sharin	a							
C Cost Share Tie	rs							
Will any of your tier	r apply the l	IS Cost Sharing va	alues?					
C Yes	s apply life t	.io Cost Sharing va	ilues :					
C No								
Indicate each tie	er on which v	our cost sharing w	ill be the LIS co:	st				
sharing standar	ds:	_						
☐ Tier 1								
☐ Tier 2 ☐ Tier 3								
☐ Tier 4								
☐ Tier 5								
☐ Tier 6								
Tier 7								
								/

### Alternative - Medicare-Medicaid Tier Type - Pre-ICL



#### Alternative – Medicare-Medicaid Tier Locations – Pre-ICL



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

💀 PBP Data	Entry System - Secti	on RX, Contrac	t X0001, Plan	001, Segme	ent 000		- D X
File Help							
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - Medicare-Medicaid Retail Pharmacy Lo	ocation Supply - Pre-ICL	
Tier Label Desc	ription(s)						
Standard Retail	Cost-Sharing Comp	onent					
Day Supply		1-Mon	th 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 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			C 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 Ret	ail			C Yes	C Yes	
					C No	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 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	○ No	
Tier 7	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	

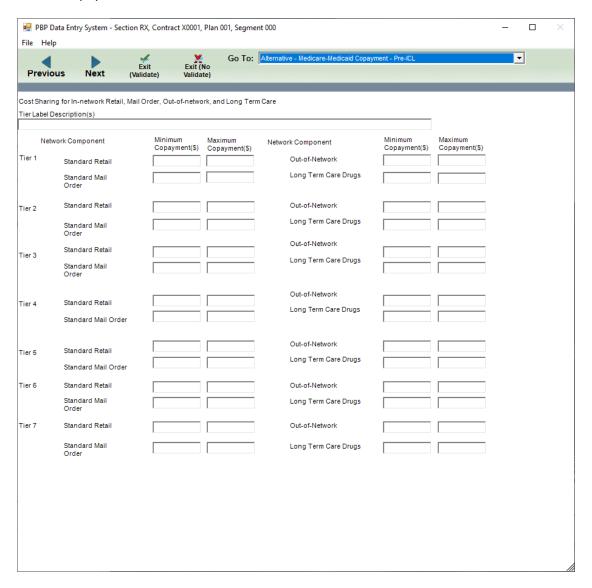
### Alternative – Medicare-Medicaid Mail Order Location Supply – Pre-ICL

🖳 PBP Data	Entry System - Section RX,	Contract X	0001, Plan	001, Segme	ent 000 —		$\times$
File Help							
Previous	Next (Validat	te) \	Exit (No /alidate)	Go To:	Atternative - Medicare-Medicaid Mail Order Location Supply - Pre-ICL	.]	
ier Label Desc	ription(s)						
Standard Mail C	order Cost-Sharing Network						
omponent Day Supply		1-Month	2-Month	3-Month			
Tier 1	Standard Mail Order						
	Standard/Preferred Mail Order						
Tier 2	Standard Mail Order						
	Standard/Preferred Mail Order						
Tier 3	Standard Mail Order						
	Standard/Preferred Mail Order						
Tier 4	Standard Mail Order						
	Standard/Preferred Mail Order						
Tier 5	Standard Mail Order						
	Standard/Preferred Mail Order						
Tier 6	Standard Mail Order						
	Standard/Preferred Mail Order						
Tier 7	Standard Mail Order						
	Standard/Preferred Mail Order						

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

e Help	, ,	tion RX, Contra		.,				
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative -	Medicare-Medicaid OON and LTC Location Supply - Pre-ICL	¥	
Label Descript	ion(s)							
Day Supply	Tier 1	Out-of-Net			1-Month	Other Day		
	Tier 2	Out-of-Net	n Care Drugs dwork 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	twork n Care Drugs					
	Tier 7	Out-of-Net Long Term	twork n Care Drugs					

### Alternative - Medicare-Medicaid Copayment - Pre-ICL

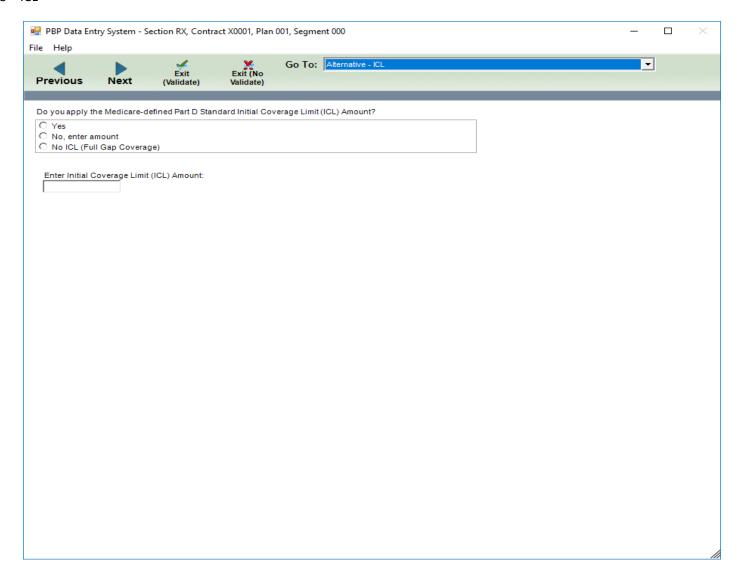


### Alternative – Medicare-Medicaid Daily Copayment Amount Cost Sharing

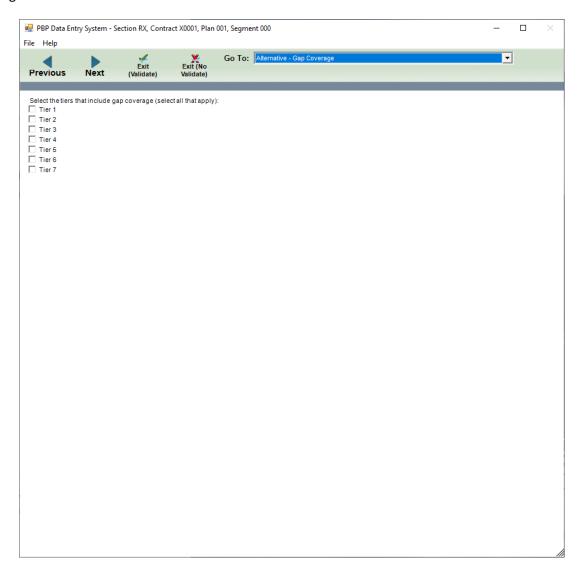
Softrams

₽BP Da	ta Entry System - Section RX	, Contract X0001, P	lan 001, Segmen	t 000								_		$\times$
File Help														
Previou	ıs Next (Valid:	t Exit (No	)	Alternative - Medic	are-Medicaid Daily	y Copayment Amour	unt Cost Sharing	<b>T</b>						
Tier Label De	scription(s)						_							
CLICK FO	R Daily Copay Instructions	1												
Tier 1	Standard Retail Standard Mail Order		Maximum Copayment(S)	1-Month	Daily (\$)		Long Te	erm Care Drugs	Minimum Copayment(\$)	Maximum Copayment(\$)	1-Mon	h Daily (\$	5)	
Tier 2	Standard Retail Standard Mail Order						Long Te	erm Care Drugs						
Tier 3	Standard Retail Standard Mail Order						Long Te	erm Care Drugs						
Tier 4	Standard Retail Standard Mail Order						Long Te	erm Care Drugs						
Tier 5	Standard Retail Standard Mail Order						Long Te	erm Care Drugs						
Tier 6	Standard Retail Standard Mail Order						Long Te	erm Care Drugs						
Tier 7	Standard Retail Standard Mail Order						Long Te	erm Care Drugs						
										_	Calculate Daily	Copay Amou	nt	
										_	Clear Daily C	opay Amount		
														2

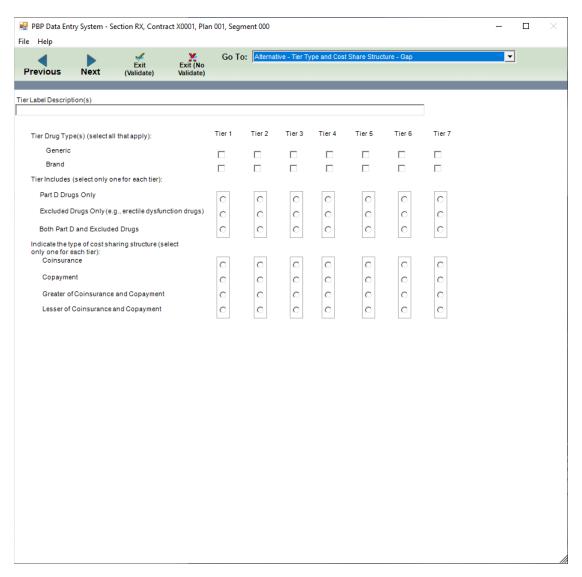
### Alternative – ICL



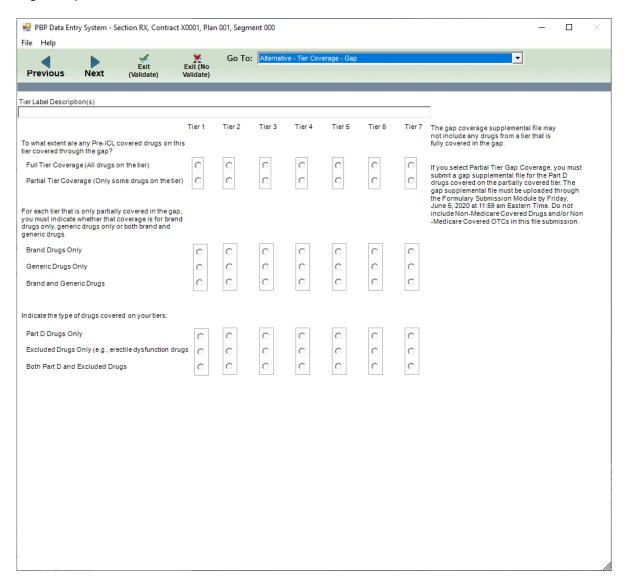
### Alternative – Gap Coverage



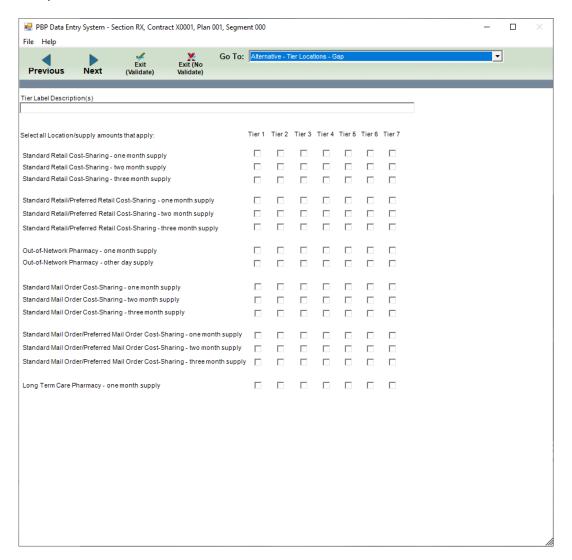
### Alternative – Tier Type and Cost Share Structure – Gap



#### Alternative - Tier Coverage - Gap



#### Alternative – Tier Locations – Gap



### Alternative – Retail Pharmacy Location Supply – Gap

Softrams

₽BP Data	🖳 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000													
File Help														
4	•	Exit		Exit (No	Go To:	Alternative - Retail Pharmacy Location Supply - Ga	p v							
Previous	Next	(Validate)		Validate)										
Tier Label Desc	ription(s)													
Standard Retail	Cost-Sharing Comp													
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, if you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-						
	Standard Retail/Preferred Re	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 Re	tail [				C Yes	C Yes							
	retain reterred re	A. C.				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 Re	tail [				C Yes	C Yes							
	Trotain Foromou Ita					C No	○ 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 Re	tail [				C Yes	C Yes							
						C No	○ 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 Re	<sub>stail</sub>				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 Re	etail [				C Yes	C Yes							
						C No	C No							
Tier 7	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 Re	etail [				C Yes	C Yes							
						C No	C No							

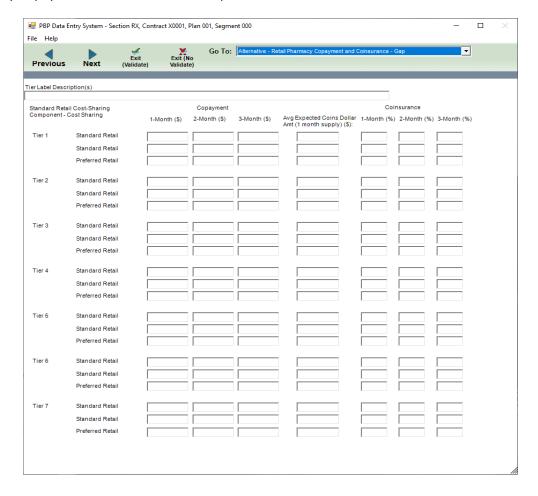
### Alternative - Mail Order Location Supply - Gap

	Entry System - Se	ection RX, C	Contract X	(0001, Plan	001, Segme	ent 000	-	×
File Help Previous	Next	Exit (Validate	e) '	Exit (No Validate)	Go To:	Alternative - Mail Order Location Supply - Gap	<b>-</b>	
Tier Label Desc	ription(s)							
Standard Mail C Component Day Supply	Order Cost-Sharin	g Network	1-Month	2-Month	3-Month			
Tier 1	Standard Mail O	rder						
	Standard/Preferr Order	ed Mail						
Tier 2	Standard Mail O							
	Standard/Preferr Order	ed Maii						
Tier 3	Standard Mail O	rder						
	Standard/Preferr Order	ed Mail						
Tier 4	Standard Mail O	rder						
	Standard/Preferr Order	ed Mail						
Tier 5	Standard Mail O	rder						
	Standard/Preferr Order	ed Mail						
Tier 6	Standard Mail O	rder						
	Standard/Preferr Order	ed Mail						
Tier 7	Standard Mail O	rder						
	Standard/Preferr Order	ed Mail						
								/

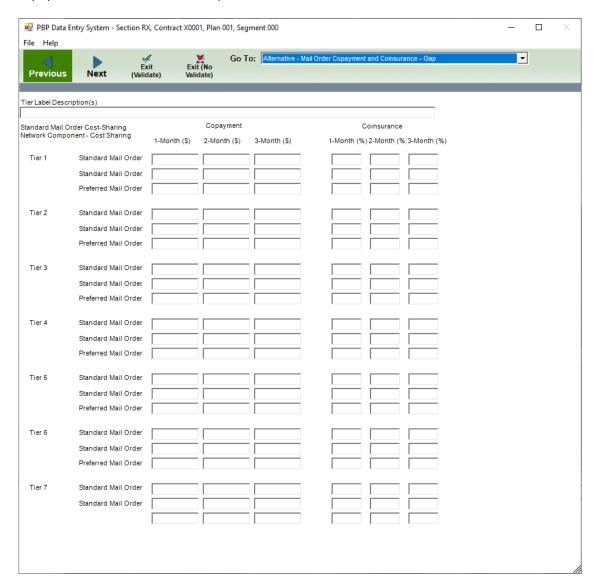
### Alternative – OON and LTC Location Supply – Gap

PBP Data Entr	y System - Se	ction RX, Contr	ract X0001, Plan	001, Segme	ent 000	-	×
File Help Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - OON and LTC Location Supply - Gap	•	
Tier Label Descripti	on(s)						
Day Supply		Network 0	Component		1-Month Other Day		
	Tier 1	Out-of-Ne					
		Long Ter	m Care Drugs				
	Tier 2	Out-of-Ne	etwork				
		Long Ter	m Care Drugs				
	Tier 3	Out-of-Ne	etwork				
		Long Ter	m Care Drugs				
	Tier 4	Out-of-Ne	etwork				
		Long Ter	m Care Drugs				
	Tier 5	Out-of-Ne	etwork				
		Long Ter	m Care Drugs				
	Tier 6	Out-of-Ne	etwork				
			m Care Drugs				
	Tier 7	Out-of-Ne	etwork				
			m Care Drugs				

### Alternative – Retail Pharmacy Copayment and Coinsurance – Gap



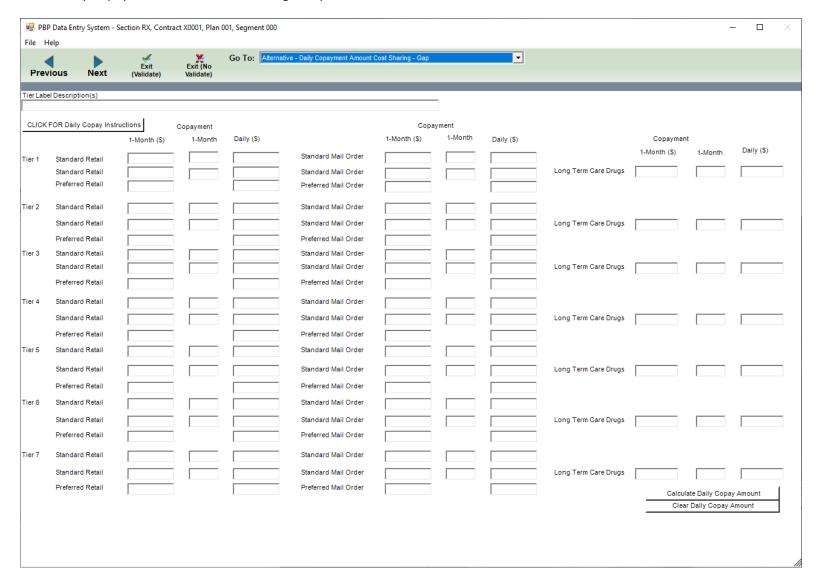
### Alternative – Mail Order Copayment and Coinsurance – Gap



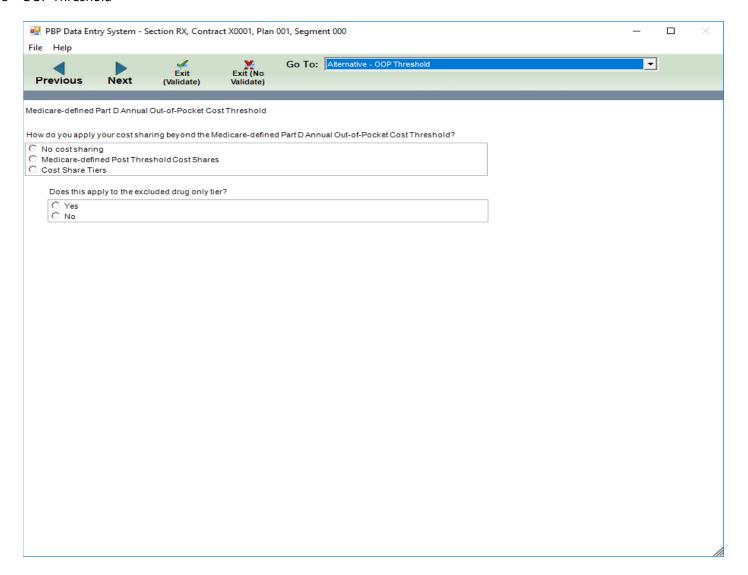
### Alternative – OON and LTC Copayment and Coinsurance – Gap

💀 PBP Data Er	ntry Sy	/stem - S	ection RX, Contra	ct X0001, Plan 0	01, Segme	ent 000				_	$\times$
File Help											
Previous	N	lext	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - 0	OON and LTC Cope	ayment and Coinsura	nce - Gap	•	
Tier Label Descrip	otion(:	s)									
				Copayment			Coinsurance	e			
		Network	Component	1-Month (\$)	Other	er (S):	1-Month (%) O	ther (%):			
Т	ier 1	Out-of-l	Network								
		Long T	erm Care Drugs								
Т	ier 2	Out-of-I	Network								
		Long T	erm Care Drugs								
Т	ier 3	Out-of-l	Network								
		Long T	erm Care Drugs								
Т	ier 4	Out-of-I	Network								
		Long T	erm Care Drugs								
Т	ier 5	Out-of-l	Network								
		Long T	erm Care Drugs								
т	ier 6	Out-of-I	Network								
		Long T	erm Care Drugs								
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		Long I	erm Care Drugs								
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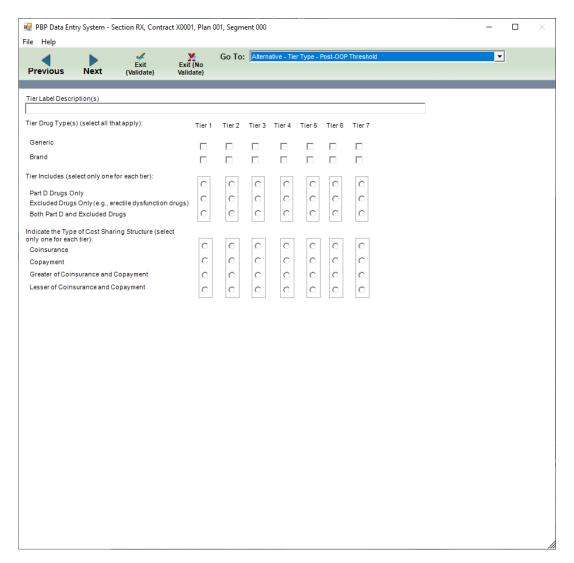
### Alternative - Daily Copayment Amount Cost Sharing - Gap



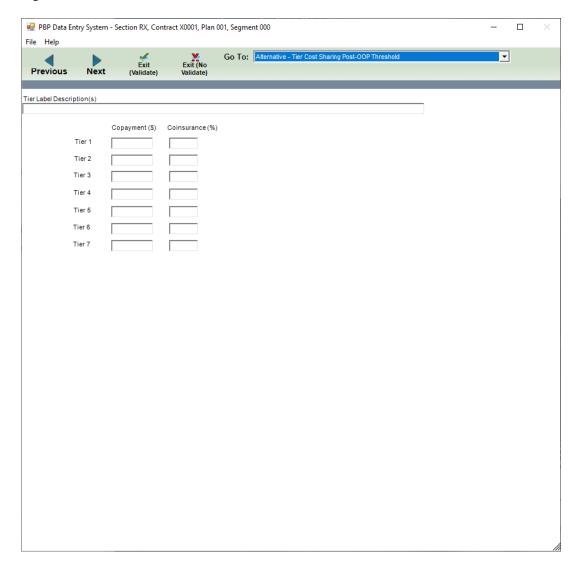
#### Alternative - OOP Threshold



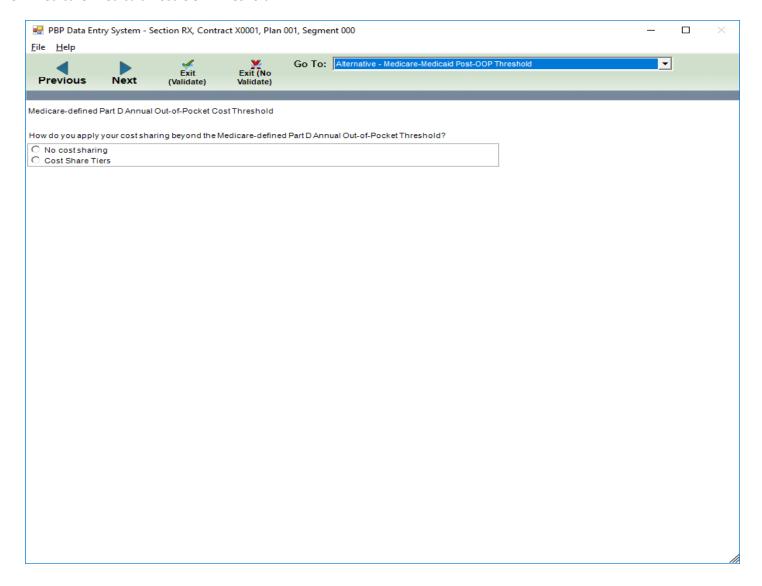
### Alternative - Tier Type - Post-OOP Threshold



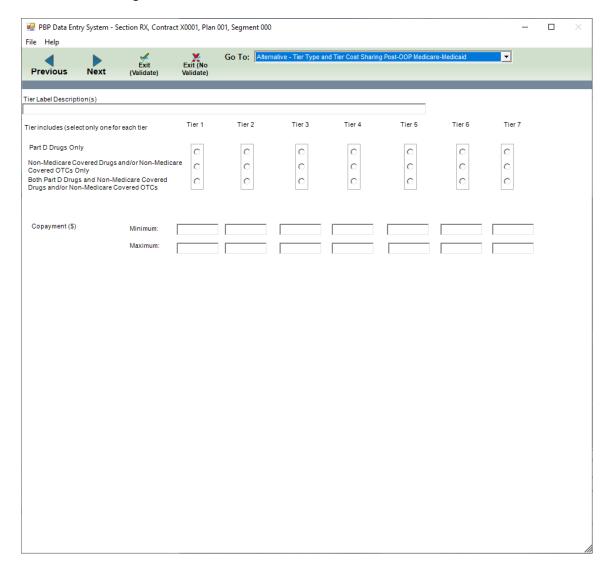
### Alternative – Tier Cost Sharing Post-OOP Threshold



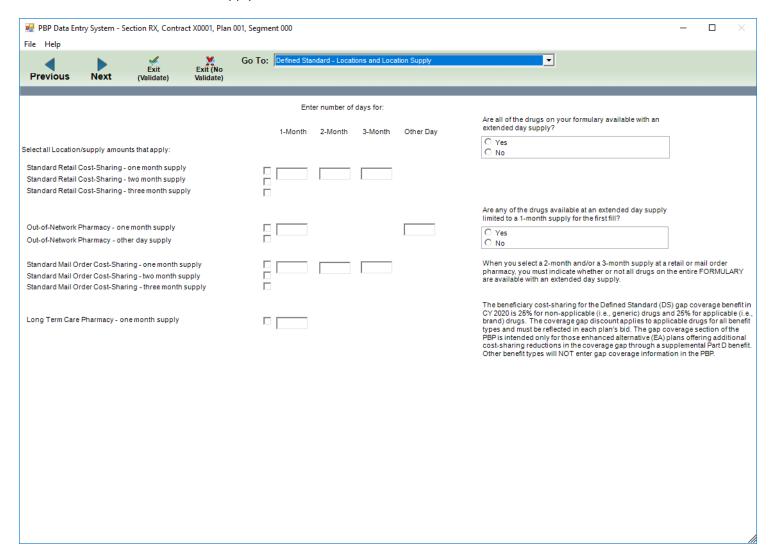
### Alternative - Medicare-Medicaid Post-OOP Threshold



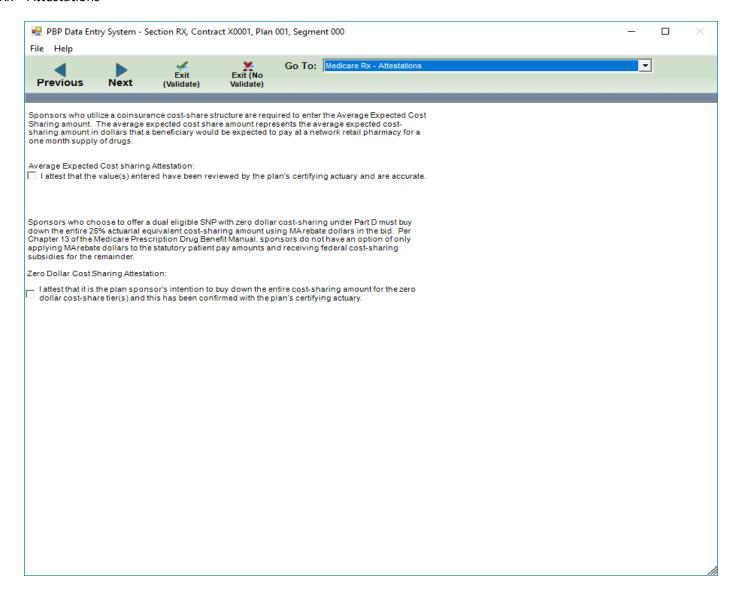
### Alternative – Tier Type and Tier Cost Sharing Post-OOP Medicare and Medicaid



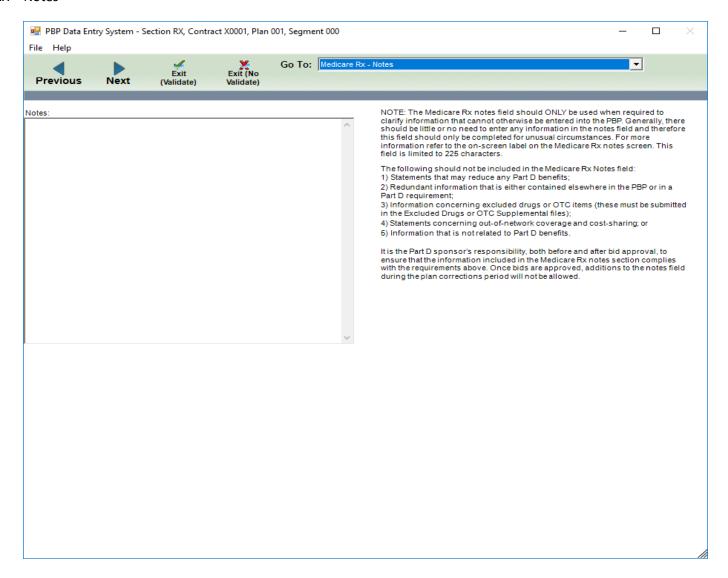
### Defined Standard – Locations and Location Supply



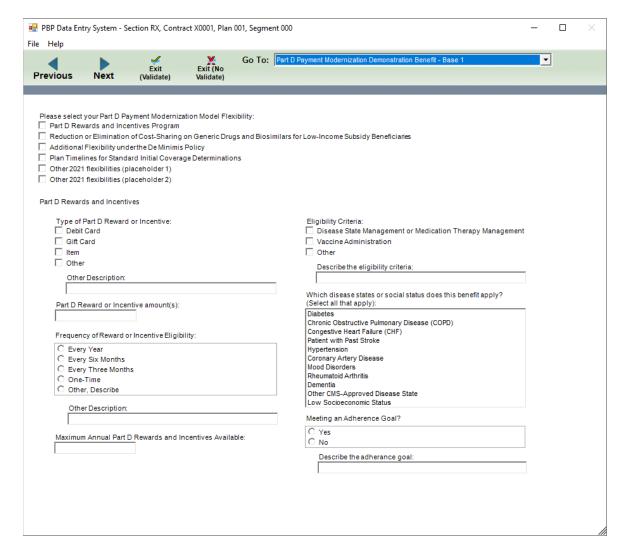
#### Medicare Rx – Attestations



#### Medicare RX – Notes



### Part D Payment Modernization Benefit - Base 1



### Part D Payment Modernization Benefit - Base 2

