Medicare Rx General 1

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File Help	
	D: Medicare Rx General 1
Previous Next (Validate) Validate)	
	Unless sponsor's compliance is waived by the regulation, sponsor must comply with 42 CFR § 423.154 beginning January 1, 2013 regarding the appropriate dispensing of prescription drugs in long-term care (LTC) facilities. This section requires, among other things: 1) that certain drugs be dispensed to Part D enrollees in LTC facilities in no greater than 14-day increments; 2) that the use of uniform dispensing techniques as defined by each of the LTC facilities be permitted; 3) that information be collected and reported in a form and manner specified by CMS on the dispensing methodology used for each applicable dispensing event and on the nature and quantity of unused brand and generic drugs dispensed to Part D enrollees in LTC facilities; 4) that the total cost sharing for a Part D drug to which the LTC dispensing requirements apply must be no greater than the total that would be imposed if the requirements did not apply; and 5) that the terms and conditions offered by the sponsor to a network pharmacy must include provisions that address the disposal of drugs that have been dispensed to Part D enrollees in LTC facilities but not used and returned to the pharmacy, including whether credit and reuse is authorized. Sponsor attests that it will comply with 42 CFR 423.154.
L	

Medicare Rx General 2

File Help		
Previous Next (Validate) Go To	Medicare Rx General 2	
Does plan utilizefloor pricing?	Do any drugs in your formulary require a step therapy plan?	
C Yes C No	C Yes	This questi
Floor pricing is used when a sponsor negotiates a minimum price, such as for very low-cost generics, that a pharmacy(ies) will be paid	Do you pay for over-the-counter medications (OTCs) under the utilization management program?	will be dropped.
for filling a prescription. Does plan utilize ceiling pricing?	C Yes C No	dropped.
C Yes C No	If you select "Yes" to "Do you pay for over-the-counter medications (OTCs) under the utilization management program?", you must indicate these specific medications in a flat file which must be	
Ceiling pricing is used when a sponsor negotiates a maximum price that a given pharmacy will be paid for a specific NDC. Ceiling pricing is often used for high-cost generics. Do you offer a free first fill (i.e. \$0 copayment) for any drugs?	uploaded through the Formulary Submission Module by Friday, June 05, 2020 at 11:59am Eastern Time. OTC Medication Attestation statement Per Chapter 4 of the Medicare Managed Care Manual, an MAO cannot offer the same OTC drug under both its Part C supplemental benefit and its Part D benefit. I attest any OTC drugs that are covered under Part C are separate and distinct from OTC drugs covered under Part D.	
C Yes C No	Do you offer OTCs as a part of a formal Step Therapy Protocol submitted for review and	
Example: If your plan offers a \$0 copay for the first fill of a Lipitor prescription, you should answer 'yes' to 'Do you offer a free first fill for any drugs' and indicate the RxCUI for Lipitor in the flat file which must be uploaded through the Formulary Submission Module by Friday, June 5, 2020 at 11:59am Eastern Time.	approval by CMS? C Yes C No With respect to OTCs, a step therapy protocol is one that requires the use of the OTC product prior to receiving a prescription formulary drug. This is in contrast to a general	
Are there quantity limits on certain prescription drugs?	utilization management strategy that offers OTCs as alternatives to prescription formulary drugs but without a requirement to try the OTC first. All OTC drugs used in either a Part D step therapy protocol or a general utilization management strategy must appear in an OTC	
C No Is prior authorization required for certain prescription drugs?	supplemental file. However, only those OTCs used in a step therapy protocol must be documented in the step therapy criteria text files submitted with the formulary files.	
C Yes C No		
Will your plan be limiting on-formulary coverage of drugs to certain indications (i.e., are you implementing indication-based formulary design)?		
C Yes C No		

These 3 questions will be dropped.

Medicare Rx General 3

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File Help	Fo: Medicare Rx General 3
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Indicate number of Tiers in your Part D benefit:	Each plan must indicate one specific cost-sharing tier from its PBP at which it will adjudicate all non-formulary drugs approved through the formulary exceptions process.
What is your Formulary Exception Tier?	Although CMS generally allows Part D sponsors to apply only one level of cost sharing from an existing formulary tier to all approved formulary exceptions, sponsors may also elect to apply a second less expensive level of cost sharing for all approved formulary exceptions for generic drugs, so long as this second level is also
Do you apply a second less expensive cost-sharing level for all generic drugs approved for formulary exceptions?	associated with an existing formulary tier and is uniformly applied to all approved formulary exceptions for generic drugs.
C Yes C No	
What is the lower level cost sharing Formulary Exceptions Tier?	

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

evious	Next	Exit (Validate)	Exit (No Validate)	Go To:	edicare Rx - Tier Model				
dicate Formu	ary Tier Label	Model (Click to							
lier 1	Tier 2								
eneric	Brand								
eneric	Preferred 5	irand							

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

	ext (Validate)	Exit (No Validate)	edicare Rx - Tier Model	
licate Formulary1	ier Label Model (Click to s	elect):		
er 1	Tier 2	Tier 3		
ieric	Brand	Specialty Tier		
ieric	Preferred Brand	Specialty Tier		
eric	Preferred Brand	Non-Preferred Brand		
ferred Generic	Preferred Brand	Non-Preferred Drug		
eric	Preferred Brand	Non-Preferred Drug		

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

	ext (Val	idate) Va	Xit (No alidate)	Go To:	Medicare Rx - Tier Model		•		
licate Formulary	Tier Label Model	(Click to select)	¢.						
er 1	Tier 2		Tier 3		Tier 4				
neric	Preferre	d Brand	Non-Prefe	erred Brand	Specialty Tier				
ferred Generic	Generic		Preferred	Brand	Non-Preferred Brand				
ferred Generic	Generic		Preferred	Brand	Specialty Tier				
neric	Preferre	d Brand	Non-Prefe	rred Brand	Injectable Drugs				
rred Generic	Preferred	d Brand	Non-Prefe	erred Drug	Specialty Tier				
erred Generic	Preferres	d Brand	Non-Prefe	erred Drug	Injectable Drugs				
rred Generic	Generic		Preferred	Brand	Non-Preferred Drug				
neric	Preferred	d Brand	Non-Prefe	erred Drug	Specialty Tier				
neric	Preferre	d Brand	Non-Prefe	erred Drug	Injectable Drugs				

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

revious Next	Exit (Validate)	Go To: Medic Exit (No Validate)	are Rx - Tier Model		•	
dicate Formulary Tier I	Label Model (Click to sel	ect):				
ïer 1	Tier 2	Tier 3	Tier 4	Tier 5		
eneric	Preferred Brand	Non-Preferred Brand	Specialty Tier		_	
eferred Generic	Generic	Preferred Brand	Non-Preferred Brand		•	
eferred Generic	Generic	Preferred Brand	Specialty Tier		-	
eneric	Preferred Brand	Non-Preferred Brand	Injectable Drugs		-	
eferred Generic	Preferred Brand	Non-Preferred Drug	Specialty Tier		-	
eferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs		-	
eferred Generic	Generic	Preferred Brand	Non-Preferred Drug		-	
eneric	Preferred Brand	Non-Preferred Drug	Specialty Tier		-	
eneric	Preferred Brand	Non-Preferred Drug	Injectable Drugs		-	
eferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier		
eferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs		
eferred Generic	Generic	Preferred Brand	Injectable Drugs	Specialty Tier		
eneric	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier		
eferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier		
eferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Specialty Tier		
eferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs		
eneric	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier		

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

vious Next	Exit (Validate)	Kit (No Exit (No Validate)	icare Rx - Tier Model				
icate Formulary Tier L	abel Model (Click to sele	ect):					
er 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6		
ferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier		<u>×</u>	
ferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs			
ferred Generic	Generic	Preferred Brand	Injectable Drugs	Specialty Tier			
neric	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier		<u> </u>	
ferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier			
ferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Specially Tier			
ferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs		<u> </u>	
neric	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier		<u> </u>	
ferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier		
ferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier		

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

revious	Next	Exit (Validate)	Exit (No Validate)	Go To: 📕	Medicare Rx - Tier Model			
ndicate Formula	ry Tier Label	Model (Click to s	select):					
Tier 1	Tier	2						
eneric Drugs	Bran	d Drugs						

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

Help				tract X0001, Plan 001, Segment 000	
Vious	Next	Exit (Validate)	Exit (No Validate)	Go To: Medicare Rx - Tier Model	
icate Formu	lary Tier Label	Model (Click to s	elect):		
ier 1		Tier 2		Tier 3	
eric Drugs		Preferred Bra	nd Drugs	Non-Preferred Brand Drugs	
erred Gene	ric Drug	Generic Drug	8	Brand Drugs	
Drugs		Generic Drug	5	Brand Drugs	
neric Drugs		Brand Drugs		Non-Medicare Rx/OTC Drugs	
eric Drugs		Brand Drugs		Non-Medicare Rx Drugs	
neric Drugs		Brand Drugs		Non-Medicare OTC Drugs	

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

PBP Data Help	Entry Sys	stem - Sectio	on RX, Con	tract X0001, Plan 001, Se	igment 000	
нер		,		Go To: Medicare Rx - Tier Mod		
revious	Next	Exit (Validate)	Exit (No Validate)	Go To: Medicare fox - Tier Mod	el 🔽	
		(vandate)	validate)			
dicate Formul	ary Tier Label	Model (Click to s	elect):			
īer 1		Tier 2		Tier 3	Tier 4	
eferred Gener	c Drugs	Generic Dru	gs	Preferred Brand Drugs	Non-Preferred Brand Drugs	
eneric Drugs		Preferred Br	and Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx/OTC Drugs	
referred Generi	c Drugs	Generic Dru	gs	Brand Drugs	Non-Medicare Rx/OTC Drugs	
0 Drugs		Generic Dru	gs	Brand Drugs	Non-Medicare Rx/OTC Drugs	
eneric Drugs		Brand Drugs		Non-Medicare Rx Drugs	Non-Medicare OTC Drugs	

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

evious Next	Exit Exit (No (Validate) Validate)	Go To: Medicare Rx - Tier Model			
dicate Formulary Tier La	bel Model (Click to select):				
ler 1	Tier 2	Tier 3	Tier 4	Tier 5	
eferred Generic Drugs	Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx/OTC Drugs	
Drugs	Preferred Generic Drugs	Generic Drugs	Brand Drugs	Non-Medicare Rx/OTC Drugs	
Drugs	Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx/OTC Drugs	
neric Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs	
ferred Generic Drugs	Generic Drugs	Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs	

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

Help				tract X0001, Plan 001, S				- 2
		Exit	X Exit (No	Go To: Medicare Rx - Tier Mo	del			
revious	Next	Exit (Validate)	Exit (No Validate)			_		
idicate Formuli	ry Tier Label	Model (Click to s	elect):					
Tier 1		Tier 2		Tier 3	Tier 4	Tier 5	Tier 6	
0 Drugs		Preferred G	eneric Drugs	Generic Drugs	Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs	
0 Drugs		Generic Dru	igs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs	
referred Gener	ic Drugs	Generic Dru		Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs	
0 Drugs		Preferred G	eneric Drugs	Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx/OTC Drugs	

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

revious Nex	Exit Xt (Validate)	Go To: Medi Exit (No Validate)	icare Rx - Tier Model				
·	r Label Model (Click to sele						
ïer 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	
eferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Preferred Specialty Tier	Specialty Tier		<u> </u>
eferred Generic	Generic	Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier		_
eneric	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier		_
eferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier		_
eferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier	Specialty Tier		•
eneric	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier		•
referred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	
eferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	
eferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier	Specialty Tier	

Defined Standard – ICL and OOP Threshold

🖷 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000 —		\times
File Help		
Previous Next (Validate) Kor Validate Go To: Defined Standard - ICL and OOP Threshold]	
Defined Standard Benefit Screen		
Medicare-defined Part D Deductible Amount		
Medicare-defined Part D Coinsurance Amount		
Medicare-defined Part D Initial Coverage Limit (ICL) Amount		
Medicare-defined Part D Coverage Gap Amount		
Medicare-defined Part D Annual Out-of-Pocket Cost Threshold		
Medicare-defined Cost Shares Applicable Beyond the Annual Out-of-Pocket Cost Threshold Charged on a Drug-by-Drug basis		

Actuarially Equivalent Characteristics

🖳 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000	_		\times
File Help			
Previous Next (Validate) Exit (No Validate) Go To: Actuarially Equivalent Characteristics		•	
Actuarially Equivalent Benefit Screens			
Medicare-defined Part D Deductible Amount			
Indicate the Out-of-Network (OON) cost-sharing structure for this plan:			
C Standard Retail Copay/Coinsurance(no differential)*			
C Standard Retail Copay/Coinsurance plus a differential between the OON billed charge and the Standard Retail allowable**			
C Standard Retail Copay/Coinsurance with limited day supply			
[*] If a plan chooses this option and does not utilize either a differential in cost sharing or a differential in day supply for OON coverage, CMS' expectation is that the plan is monitoring for appropriate OON use with either a post authorization process or alternate review tool.			
**CMS will pay the OON differential, as applicable, for appropriate OON purchases of covered Part D drugs for individuals receiving the low-income subsidy.			

Actuarially Equivalent – Pre-ICL

PBP Data Ent	ry System - S	ection RX, Contr	act X0001, Plan	001, Segme	nt 000	-	C	
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Actuarially Equivalent - Pre-ICL		•	
low do you app .imit (ICL) is re	oly your cost s ached?	haring before the	Initial Coverag	e				
	efined Part D	Coinsurance amo						

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

🖁 PBP Data Entry System - Section RX, Contract X0001, Pla	n 001, Segr	ment 000					_	
e <u>H</u> elp								
Previous Next (Validate) Validate)	Go To	o: Actuari	ally Equivale	nt - Tier Typ	e and Cost S	hare Structur	e - Pre-ICL	
r Label Description(s)							_	
Tier Drug Type(s) (select all that apply):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	
Generic								
Brand								
Tier Includes (select only one for each tier):								
Part D Drugs Only	0	0	0	0	0	0	0	
Excluded Drugs Only (e.g., erectile dysfunction drugs)	0	0	0	0	0	0	0	
Both Part D and Excluded Drugs	0	0	0	0	0	0	0	
Indicate the type of cost sharing structure (select								
only one for each tier): Coinsurance								
Copayment	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	
Greater of Coinsurance and Copayment	0	0	0	0	0	0	0	
Lesser of Coinsurance and Copayment	0	0	0	0	0	0	0	

Actuarially Equivalent – Tier Locations – Pre-ICL

😸 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment	t 000							_	
File Help Previous Next (Validate) Validate) Go To:	Actuar	ially Equ	ivalent -	Tier Lo	cations -	- Pre-ICI		T	
er Label Description(s)									
elect 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									
tandard Retail Cost-Sharing - two month supply									
standard Retail Cost-Sharing - three month supply				\Box					
Standard Retail/Preferred Retail Cost-Sharing - one month supply									
standard Retail/Preferred Retail Cost-Sharing - two month supply									
tandard Retail/Preferred Retail Cost-Sharing - three month supply									
Dut-of-Network Pharmacy - one month supply									
Out-of-Network Pharmacy - other day supply									
Standard Mail Order Cost-Sharing - one month supply									
Standard Mail Order Cost-Sharing - two month supply									
tandard Mail Order Cost-Sharing - three month supply									
tandard 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									
ong Term Care Pharmacy - one month supply									

Actuarially Equivalent – Retail Pharmacy Location Supply – Pre-ICL

		-					
Previous	Next (Valio	it	Exit (No Validate)	Go To:	Actuarially Equivalent - Retail Pharmacy Location Si	upply - Pre-ICL	
er Label Desc	cription(s)						
andard Retai	I Cost Sharing Componen						
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 two month or three month supply at the Standard/Preferred Retail Co
	Standard Retail/Preferred Retail				C Yes	C Yes	Sharing or the Mail-Order Pharmacy, you must answer "yes" to the guestion "Are all drugs on yo
	Retail/Preferred Retail				C No	C No	formulary for this tier available with an extended
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?	supply?" if all of the drugs on that tier are availab at the extended day supply.
	Standard Retail/Preferred Retail				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 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	
	reality referred real				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 Retail				C Yes	C Yes	
	rtotani Polori od Ptotan				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?	
	Standard Retail/Preferred Retail				C Yes	C Yes	
					C No	C No	

Actuarially Equivalent – Mail Order Location Supply – Pre-ICL

Previous	Next (Validat	e) V	Exit (No alidate)	Go To:	Actuarially Equivalent - Mail-Order Location Supply - Pre-ICL		
er Label Deso	rintion(s)						
01 24001 0000	anpaion(s)						
andard Mail- omponent Day Supply	Order Cost-Sharing Network	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						

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

骎 PBP Data Entry System - : File Help	Section RX, Contract X0001, Pla	n 001, Segment 000	-	
Previous Next	Exit Exit (No (Validate) Validate)	Go To: Actuarially Equivalent - OON and LTC Location Supply - Pre-ICL	_	
Tier Label Description(s)				
Day Supply Tier	Network Component 1 Out-of-Network Long-Term Care Drugs	1-Month Other Day		
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			
Tier	6 Out-of-Network Long-Term Care Drugs			
Tier	7 Out-of-Network Long-Term Care Drugs			

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

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Previous	Next	Exit (Validate)	Exit (No Validate)	Actuarially Equ	ivalent - Retail Pharmacy Copay	ment and Coin	surance - Pre-ICL	•	
ier Label Desc	ription(s)									
Standard Reta Component -	il Cost Sharing Cost Sharing	1-	Month (S)	Copayment 2-Month (\$)	3-Month (S)	Avg Expected Coins Dollar		nsurance 2-Month (%)	3-Month (%)	
Tier 1	Standard Retail					Amt (1-month supply) (\$):				
	Standard Retail									
	Preferred Retail									
Tier 2	Standard Retail	Г								
	Standard Retail									
	Preferred Retail									
Tier 3	Standard Retail	Г								
	Standard Retail	Ľ		, 						
	Preferred Retail			, 						
Tier 4	Standard Retail	Г								
	Standard Retail	Γ								
	Preferred Retail									
Tier 5	Standard Retail	Г								
	Standard Retail	Γ								
	Preferred Retail									
Tier 6	Standard Retail	Γ								
	Standard Retail	Γ								
	Preferred Retail									
Tier 7	Standard Retail	Г								
	Standard Retail	, L								
	Preferred Retail									

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

File Help	ta Entry System - Section R	,	,			—
Previou		kit Exit	(No	D: Actuarially Equi	ivalent - Mail-Order Copayment and Coinsurance - Pre-ICL	•
lier Label De	scription(s)					
	il-Order Cost-Sharing 1ponent - Cost Sharing	1-Month (\$)	Copayment 2-Month (\$)	3-Month (\$)	Coinsurance 1-Month (%) 2-Month (%) 3-Month (%)	
Tier 1	Standard Mail-Order					
	Standard Mail-Order					
	Preferred Mail-Order					
Tier 2	Standard Mail-Order					
	Standard Mail-Order					
	Preferred Mail-Order					
Tier 3	Standard Mail-Order					
	Standard Mail-Order					
	Preferred Mail-Order					
Tier 4	Standard Mail-Order					
	Standard Mail-Order					
	Preferred Mail-Order					
Tier 5	Standard Mail-Order					
	Standard Mail-Order					
	Preferred Mail-Order					
_						
Tier 6	Standard Mail-Order					
	Standard Mail-Order					
	Preferred Mail-Order					
Tier 7	Standard Mail-Order					
	Standard Mail-Order					
	Preferred Mail-Order					

Softrams

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

ious M	Next (Validate)	Exit (No Validate)	o: Actuarially Equiva	lent - OON and LTC Copayme	nt and Coinsurance - Pre-ICL	•
l Description		Copayment		Coinsurance		
Tier 1	Network Component Out-of-Network Long-Term Care Drugs	1-Month (\$) Of	ther (\$): 1-	Month (%) Other (%):		
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					
Tier 6	Out-of-Network Long-Term Care Drugs					
Tier 7	Out-of-Network Long-Term Care Drugs					

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

💀 PB File H	P Data Entry System - Help	Section RX, Contr	ract X0001, Plan (001, Segment 000							-	
Prev	vious Next	Exit (Validate)	Exit (No Validate)	Go To: Actua	rially Equivalent - Daily Copaymer	nt Amount Cost-Shari	ng - Pre-ICL	•				
Tier Lab	el Description(s)						-					
CLICK	FOR Daily Copay Inst	ructions	Copayment			Сора	yment					
		1-Month (S)	1-Month	Daily (\$)		1-Month (\$)	1-Month	Daily (\$)		Copayment		
ïer 1	Standard Retail				Standard Mail-Order					1-Month (S)	1-Month	Daily (S
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							,
ier 2	Standard Retail				Standard Mail-Order							
	Standard Retail				Standard Mail-Order				1			
									Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							
er 3	Standard Retail Standard Retail				Standard Mail-Order Standard Mail-Order				Long-Term Care Drugs			
									Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							
er 4	Standard Retail				Standard Mail-Order							
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							
ier 5	Standard Retail				Standard Mail-Order							
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail		-		Preferred Mail-Order				20119 10111 0110 21035			1
ier 6	Standard Retail				Standard Mail-Order							
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							
ier 7	Standard Retail				Standard Mail-Order							
	Standard Retail	,			Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order		1			1	I	1
		1				I					te Daily Copa Daily Copay /	

Actuarially Equivalent – OOP Threshold

	ntry System - S	Section RX, Contra	act X0001, Plan	001, Segme	ent 000 —		×
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Actuarially Equivalent - OOP Threshold]	
edicare-define	d Part D Initial	Coverage Limit (IC	L) Amount				
edicare-define	d Part D Cover	age Gap Amount					
edicare-define	d Part D Annua	I Out-of-Pocket Co	stThreshold				
		aring beyond the N eshold Cost Share:		Annual Out-	of-Pocket Cost Threshold?		
Cost Share		control cost on are.					

Actuarially Equivalent – Tier Type – Post-OOP Threshold

🖳 PBP Data Enti	ry System - S	Section RX, Contrac	t X0001, Plan 0	01, Segme	ent 000							_		×
File Help													_	
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Actua	rially Equi	valent - T	ier Type -	Post-OOP	Threshold		<u>.</u>	-	
Tier Label Descri	ption(s)										_			
l Tier Drug Type(s) (select all th	natapply):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7					
Generic														
Brand														
Both Part D and	nly s Only (e.g., e I Excluded D	rectile dysfunction d	\circ	0 0 0	000	0 0 0	0 0 0	0 0 0	0 0 0					
only one for each	h tier):	ring Structure (selec		0	0	0	0	C	0					
Coinsurance			0	0	0	Ö	0	0	0					
Copayment Greater of Coin:	surance and	Copayment	0	0	0	0	0	0	0					
Lesser of Coins			0	0	0	0	0	0	0					

Actuarially Equivalent – Tier Cost Sharing – Post-OOP Threshold

🖶 PBP Data	Entry System	- Section RX, Cor	ntract X0001, Plan 0	01, Segme	nt 000	-	_	×
File Help								
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Actuarially Equivalent - Tier Cost Sharing - Post-OOP Threshold		•	
Tier Label Desc	ription(s)							
Tier Label Desci	Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6 Tier 7	Copayment (\$)	Coinsurance (%)					
								1

Alternative – Deductible

🖳 PBP Data Entry System - Section RX, Contract X0001, Plan 001, S	egment 000	_	\times
File Help			
Previous Next (Validate) Go	To: Alternative - Deductible	T	
Basic/Enhanced Alternative Benefit Screens Do you charge the Medicare-defined Part D Deductible amount? Yes No, enter amount Inter Deductible Amount: Does the Deductible apply to all tiers? Yes No Indicate each tier for which the deductible will NOT apply (select all that apply, please note that the deductible will not apply to any of the drugs on each tier selected): Tier 2 Tier 3 Tier 4 Tier 5 Tier 6 Tier 7	During the deductible phase, is the cost-sharing for drugs to which the deductible does not apply, the same as the Pre-ICL cost-sharing for all locations? C Yes C No Indicate the type of cost sharing structure for these drugs until the deductible is reached: Coinsurance C Copayment C Greater of Coinsurance and Copayment Enter Coinsurance percentage: Enter Copayment amount Indicate the Out-of-Network (OON) cost-sharing structure for this plan: C Standard Retail Copay/Coinsurance (no differential)* Standard Retail Copay/Coinsurance (no differential)* Standard Retail Copay/Coinsurance pus a differential between the OON billed charge and the Standard Retail allowable** C Standard Retail Copay/Coinsurance with limited days supply "If a plan chooses this option and does not utilize either a differential in cost- sharing or a differential in days supply for OON coverage, CMS' expectation is that the plan is monitoring for appropriate OON use with either a post authorization process or alternative review tool. "*CMS will pay the OON differential, as applicable, for appropriate OON purchases of covered Part D drugs for individuals receiving the low-income subsidy.		

Alternative – Enhanced Alternative Characteristics

💀 PBP Data Entry System	Section RX, Contract	X0001, Plan 001, Seg	ment 000	-	-		\times
File Help							
Previous Next	Exit (Validate)	Go T Exit (No Validate)	D: Alternat	ive - Enhanced Alternative Characteristics	•		
Do you offer reduced Part D c Benefit?	ost sharing as part of y	our supplemental Pa	t D	Do you offer additional cost sharing reductions in the coverage gap?		_	
C Yes C No				C Yes C No			
Indicate the area(s) through sharing is reflected (select a Image: selected (select a Reduced deductible Reduced pre-ICL cost sh Raised ICL Reduced post-threshold Do you cover excluded drugs used to treat erectile dysfuncti C Yes No If you select "Yes" to "Do you o coverage (e.g., drugs used to specific medications in a flatf Submission Module by Friday	I that apply): ares cost shares as part of your supplen on)? (Enhanced Altern cover excluded drugs a treat erectile dysfuncti le which must be uploa	nental coverage (e.g., ative ONLY). s part of your suppler on)?", you must indic	drugs mental ite these	The beneficiary cost sharing for the Defined Standard (DS) gap coverag 2021 is 25% for non-applicable (i.e., generic) drugs and 25% for applica- drugs. The coverage gap discount applies to applicable drugs for all ben be reflected in each plan's bid. The gap coverage section of the PBP is in those enhanced alternative (EA) plans offering additional cost-sharing re coverage gap through a supplemental Part D benefit. Other benefit types gap coverage information in the PBP. Additional reductions in gap cost sharing offered by EAplans through a s represents cost sharing that is significantly better than the defined stand benefits for generic and/or brand drugs that must be offered by all plans. Additional cost sharing reductions for applicable drugs in the gap, the pla applied to the plan-negotiated price, followed by the manufacturer covera applicable beneficiaries. Example: Asponsor intends to offer additional coverage in the gap such for applicable drugs is 50% (100% minus 50% coinsurance). For drug wit price of \$150, the plan liability is \$75, and the remaining \$75 will be shar manufacturer at 70% (\$25.50) and the beneficiary at 30% (\$22.50). By co DS gap coverage for the same applicable drug, the manufacturer discou applied first, the beneficiary cost sharing is 25% (\$37.50), and the plan's Consistent with guidance issued in the June 2, 2010 HPMS memo 'Medil Discount Program Beginning in 2011. Additional Guidance Concerning F Benefits, Employer Group Waiver Plans, Platino Plans, and Subrogation notincorporate the coverage gap discount into their benefit design. Man count toward a beneficiary's out-of-pocket costs and as such are to be in sharing entered in the PBP. In the case of either a coinsurance or copa amount the beneficiary yost sharing of sale would be approximately 30% cost sharing entered in the PBP for applicable drugs. The maximum additional gap beneficiary cost sharing for non-applicable 15%. Since the manufacturer discount does not apply, the amount enter- experienced by the beneficiary to 5 sale	Jele (i.e., j. efit type: tended duction will NO upplem upplem upplem upplem upplem upplem upplem upplem upplem upplem thathe; haplan dbyth mparisos thathe; haplan thaplan thaplan thaplan thathe; haplan that	brand) s and m only fo only fo only fo s in the entable sharing ffering y is first discour plan's l -negot e n, und % (\$10? is 5% (verage pplemm , the c y paym n the c sign, - expected n CY2(2 PBP a um 70% be	nust r r iability iabel iabel iabel iabel iabel iabel iabel iabel iabel iabel is S7.50). is S7.50].

Alternative – Pre-ICL

🖶 PBP Data I ile Help	Entry System - S	Section RX, Contr	act X0001, Plan	001, Segme	nt 000	-	×
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - Pre-ICL	•	
ow do you app CL) is reached	oly your cost sha	aring before the Ini	itial Coverage Li	mit			
No cost sha	aring efined Part D Co	insurance Amoun	t				
		he excluded drug	only tier?				
00	Yes No						

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

PBP Data En e Help	try System - S	ection RX, Contra	ct X0001, Plai	n 001, Segr	nent 000						-		×
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To	Alterna	tive - Tier Ty	vpe and Cos	t Share Struc	ture - Pre-ICL			·	
r Label Descrip	tion(s)]			
Tier Drug Ty	pe(s) (selecta	ll that apply):		Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7			
Generic	:												
Brand													
Tier Includes	(select only o	ne for each tier):											
Part D Dru	igs Only			0	0	C	0	C	C	0			
Excluded	Drugs Only (e	.g., erectile dysfun	ction drugs)	õ	õ	õ	õ	õ	õ	õ			
Both Part	D and Exclude	ed Drugs		õ	õ	ō	õ	õ	õ	õ			
		aring structure (se	lect	\sim	\sim	\sim	\sim	\sim	~	\sim			
only one for Coinsura	each tier):												
Copayme				0	0	0	0	0	0	0			
				0	0	0	0	0	0	0			
		e and Copayment		0	0	0	0	0	0	0			
Lesser of	Coinsurance	and Copayment		0	\circ	0	\circ	0	0	0			

Alternative – Tier Locations – Pre-ICL

File Help		Section RX, Contra												
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Altern	ative - T	ïer Loca	tions - P	re-ICL				-	
Tier Label Descrij	ption(s)													
Select all location	n/supply amou	nts that apply:			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7			
Standard Retail (Cost Sharing -	1-month supply												
Standard Retail (Cost Sharing -	2-month supply												
Standard Retail (Cost Sharing -	3-month supply												
Standard Retail/	Preferred Reta	il Cost Sharing - 1-ı	month supply											
Standard Retail/	Preferred Reta	il Cost Sharing - 2-i	month supply											
Standard Retail/	Preferred Reta	il Cost Sharing - 3-ı	month supply											
Out-of-Network F	Pharmacy - 1-r	nonth supply												
Out-of-Network F														
Standard Mail-O	rder Cost Sha	ring - 1-month supp	lv											
		ring - 2-month supp	-											
Standard Mail-O	rder Cost Sha	ring - 3-month supp	ly											
Standard Mail-O	rder/Preferred	Mail-Order Cost Sh	aring - 1-monti	n supply										
Standard Mail-O	rder/Preferred	Mail-Order Cost Sh	aring - 2-mont	n supply										
Standard Mail-O	rder/Preferred	Mail-Order Cost Sh	aring - 3-mont	n supply										
Long-Term Care	Pharmacy - 1	-month supply												

Alternative – Retail Pharmacy Location Supply – Pre-ICL

Previous	Next (Validat		Go To:	Alternative - Retail Pharmacy Location Supply - Pre	-ICL	
er Label Desci	iption(s)					
andard Ratail	Cost-Sharing Component					
Day Supply	cost-onaning component	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			O Yes O No	O Yes O No	Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on yo formulary for this tier available with an extended
						supply?" if all of the drugs on that tier are available at the extended day supply.
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 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 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			O Yes O No	C Yes C No	
Tier 5	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 Retail			C Yes	© Yes	
				C No	C No	
Tier 6	Standard Retail Standard			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			O Yes O 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			O Yes O No	O Yes O No	
				~	~	

Alternative – Mail Order Location Supply – Pre-ICL

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Previous	Next	Exit (Validate)	Exit (No Validate)	G0 10:	Alternative - Mair Order Location Supply - Pre-ICL	M	
er Label Desc	ription(s)						
	order Cost-Sharin	g Network					
omponent Day Supply		1-1	Month 2-Month	3-Month			
Tier 1	Standard Mail O	rder					
	Standard/Prefer Order	red Mail					
Tier 2	Standard Mail O						
	Standard/Prefer Order	red Mail					
Tier 3	Standard Mail O	rdar 🗖					
THEF 5	Standard/Prefer						
	Order	I					
Tier 4	Standard Mail O	rder					
	Standard/Prefer	red Mail					
	01001						
Tier 5	Standard Mail O	rder					
	Standard/Prefer Order	red Mail					
_		. –					
Tier 6	Standard Mail O Standard/Prefer						
	Order						
Tier 7	Standard Mail O	rder					
	Standard/Prefer	red Mail					
	Order						

Alternative – OON and LTC Location Supply – Pre-ICL

Vious I	Next	Exit Exit (No (Validate) Validate)	Go To: Alternative - OON and LTC Location Supply - Pre-ICL	<u> </u>
el Description	(5)			
ay Supply		Network Occurrent	1-Month Other Day	
	Tier 1	Network Component Out-of-Network		
	Tier 2	Long-Term Care Drugs Out-of-Network		
	Tier 2	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		
	Tier 6	Out-of-Network		
		Long-Term Care Drugs		
	Tier 7	Out-of-Network Long-Term Care Drugs		

Alternative – Retail Pharmacy Copayment and Coinsurance – Pre-ICL

Previous	Next	Exit (Validate)	Exit (No Validate	D	Alternative - Re	tail Pharmacy Copayment and (Coinsurance - F	Pre-ICL	_	
er Label Desc	ription(s)									
	ail Cost-Sharing Cost Sharing		1-Month (\$)	Copayment 2-Month (\$)	3-Month (\$)	Avg Expected Coins Dollar Amt (1 month supply) (\$):		nsurance 2-Month (%)	3-Month (%)	
Tier 1	Standard Retail	Г				Aint (Thional Supply) (3).				
	Standard Retail	ſ								
	Preferred Retail	ĺ								
Tier 2	Standard Retail	Г								
	Standard Retail	Ĩ			,					
	Preferred Retail	Ĩ								
Tier 3	Standard Retail	Г								
	Standard Retail	Ĩ			,					
	Preferred Retail	[
Tier 4	Standard Retail	Г								
	Standard Retail	Ī								
	Preferred Retail	Γ								
Tier 5	Standard Retail	Г								
	Standard Retail	Ĩ			,					
	Preferred Retail	Ĩ								
Tier 6	Standard Retail	Г								
	Standard Retail	Ĩ								
	Preferred Retail	[
Tier 7	Standard Retail	Г								
	Standard Retail	Ĩ								
	Preferred Retail	Γ								

Alternative – Mail Order Copayment and Coinsurance – Pre-ICL

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ier Label Desc	ription(s)									
			Copay	mont			Coinsuranc			
etwork Comp	Order Cost-Sharing onent - Cost Sharing	1-Month (S)	2-Monti		3-Month (\$)			%)3-Month (%)		
Tier 1	Standard Mail-Order									
	Standard Mail-Order		-							
	Preferred Mail-Order									
- 0										
Tier 2	Standard Mail-Order									
	Standard Mail-Order		_							
	Preferred Mail-Order									
Tier 3	Standard Mail-Order									
	Standard Mail-Order									
	Preferred Mail-Order									
Tier 4	Standard Mail-Order									
Her 4										
	Standard Mail-Order Preferred Mail-Order									
	Preferred Mail-Order	I								
Tier 5	Standard Mail-Order									
	Standard Mail-Order									
	Preferred Mail-Order									
Tier 6	Standard Mail-Order									
TIEFO		I								
	Standard Mail-Order Preferred Mail-Order									
	Preferred Mail-Order	1								
Tier 7	Standard Mail-Order									
	Standard Mail-Order									
	Preferred Mail-Order									

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

revious	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - OON and LTC Copayment and Co	nsurance - Pre-ICL	•	
abel Descriptio	n(s)							Ī
	Network Co	mponent	Copayment 1-Month (S)	Other	Coinsurance (\$): 1-Month (%) Other (%):			
Tier	1 Out-of-Netw Long-Term	vork Care Drugs						
Tier	2 Out-of-Netv Long-Term	vork Care Drugs						
Tier	3 Out-of-Netv Long-Term	vork Care Drugs						
Tier	4 Out-of-Netw Long-Term	vork Care Drugs						
Tier	5 Out-of-Netv Long-Term	vork Care Drugs						
Tier	6 Out-of-Netv Long-Term	vork Care Drugs						
Tier	7 Out-of-Netv Long-Term	vork Care Drugs						

Alternative – Daily Copayment Amount Cost Sharing – Pre-ICL

Prev	ious Next	Exit (Validate)	Exit (No Validate)	Go To: Attern	ative - Daily Copayment Amount (Cost-Sharing - Pre-IC	L	•				
	I Description(s)						_					
er 1 er 2	⁼ OR Daily Copay Inst Standard Retail Standard Retail Preferred Retail Standard Retail	1-Month (\$)	Copayment 1-Month	Daily (\$)	Standard Mail-Order Standard Mail-Order Preferred Mail-Order Standard Mail-Order	Copa 1-Month (S)	yment 1-Month	Daily (\$)	Long-Term Care Drugs	Copayment 1-Month (\$)	1-Month	Daily (\$)
ier 3	Standard Retail Standard Retail Preferred Retail Standard Retail				Standard Mail-Order Standard Mail-Order Preferred Mail-Order Standard Mail-Order				Long-Term Care Drugs			
er 4	Standard Retail Preferred Retail Standard Retail				Standard Mail-Order Preferred Mail-Order Standard Mail-Order				Long-Term Care Drugs			
er 5	Standard Retail Preferred Retail Standard Retail				Standard Mail-Order Preferred Mail-Order Standard Mail-Order				Long-Term Care Drugs			
er 6	Standard Retail Preferred Retail Standard Retail				Standard Mail-Order Preferred Mail-Order Standard Mail-Order				Long-Term Care Drugs			
er 7	Standard Retail Preferred Retail Standard Retail				Standard Mail-Order Preferred Mail-Order Standard Mail-Order				Long-Term Care Drugs			
	Standard Retail				Standard Mail-Order Preferred Mail-Order				Long-Term Care Drugs		te Daily Copa Daily Copay	

Alternative – Pre-ICL Medicare-Medicaid

💀 PBP Data En	try System - S	Section RX, Contra	ict X0001, Plan	001, Segme	nent (000	00																_)	×	
File Help																												
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		(vandate)	validate)	_																								ł
Hewdevevent	wawaastaba	ring before the Out	of Dookst Thre	shald2																								
C No costshari	-	ring before the Ou	-oi-Pocket Thre	shold?																								
C Cost Share Ti																												
Mill		IC and all all all all all all all all all al																										
C Yes	ers apply the L	IS cost-sharing va	lues ?																									
C No																												
Indicate each	ier on which y	our cost sharing w	vill be the LIS co	st-																								
sharing stand Tier 1	ards:																											
Tier 2																												
Tier 3																												
Tier 4																												
Tier 5																												
Tier 6																												
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Alternative – Medicare-Medicaid Tier Type – Pre-ICL

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evious	Next	(Validate)	Exit (No Validate)			_	_		_			
bel Descrip	otion(s)]		
er Drug Ty	pe(s) (selecta	ll that apply):		Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7		
Generi	c											
Brand												
er includes	s (select only o	one for each tier):				B			-			
	Drugs Only			C	0	0	0	0	0	0		
	edicare Covere d OTCs Only	d Drugs and/or No	on-Medicare	0	0	0	0	0	0	0		
Both Pa	rt D Drugs and	l Non-Medicare C Covered OTCs	overed Drugs	0	0	0	0	0	0	0		

Softrams

Alternative – Medicare-Medicaid Tier Locations – Pre-ICL

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segr le Help	ment 000								-		
	o: Attern	ative - N	ledicare	-Medicai	d Tier Lo	ocations	- Pre-ICL			•	
r Label Description(s)]			
ect all location/supply amounts that apply:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7				
andard Retail Cost Sharing - 1-month supply											
andard Retail Cost Sharing - 2-month supply											
andard Retail Cost Sharing - 3-month supply											
andard Retail/Preferred Retail Cost Sharing - 1-month supply											
andard Retail/Preferred Retail Cost Sharing - 2-month supply											
andard Retail/Preferred Retail Cost Sharing - 3-month supply											
ut-of-Network Pharmacy - 1-month supply											
ut-of-Network Pharmacy - other day supply											
andard Mail-Order Cost Sharing - 1-month supply											
andard Mail-Order Cost Sharing - 2-month supply											
andard Mail-Order Cost Sharing - 3-month supply											
andard Mail-Order/Preferred Mail-Order Cost Sharing - 1-month supply											
andard Mail-Order/Preferred Mail-Order Cost Sharing - 2-month supply											
andard Mail-Order/Preferred Mail-Order Cost Sharing - 3-month supply											
ng-Term Care Pharmacy - 1-month supply											

Previous	Next (Valida		Exit (No Validate)	Go To:	Alternative - Medicare-Medicaid Retail Pharmacy Lo	ocation Supply - Pre-ICL	
er Label Descri	(validatej	-			
a Euber Deser	ipiion(3)						
indard 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	
	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 two month or three month supply at the Standard/Preferred Retail Co
	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 you
					C No	C No	formulary for this tier available with an extended supply?" if all of the drugs on that tier are availab
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	
	retain reterred retain				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	
	retain/Preferred retain				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	O Yes	
	recally referred recall				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 Retail				C Yes	© Yes	
	Retail/Freieneu Retail				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	O Yes	
	Itelain-referred itelain				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 Retail				O Yes	O Yes	
	Retail/Preferred Retail				C No	C No	

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

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

ile Help	Entry System - Secti							
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - Medicare-Medicaid Mail Order Location Supply - Pre-	ICL	•	
r Label Des	cription(s)							
odard Mail	Drder Cost-Sharing N	latwork						
omponent Day Supply	-		th 2-Month	3-Month				
Tier 1	Standard Mail Orde	er 🗌						
	Standard/Preferred Order	Mail						
Tier 2	Standard Mail Orde	er 🗌						
	Standard/Preferred Order	Mail						
Tier 3	Standard Mail Orde	er						
	Standard/Preferred Order	Mail						
Tier 4	Standard Mail Orde	er 🗌						
	Standard/Preferred Order	Mail						
Tier 5	Standard Mail Orde	er 🗌						
	Standard/Preferred Order	Mail						
Tier 6	Standard Mail Orde	er 🗌						
	Standard/Preferred Order	Mail						
Tier 7	Standard Mail Orde	er 🗌						
	Standard/Preferred Order	Mail						

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

🔡 PBP Data Entr	y System - Sec	tion RX, Contract X0001, Plan	001, Segment 000 — 🗆	×
File Help				
Previous	Next	Exit Exit (No (Validate) Validate)	Go To: Alternative - Medicare-Medicald OON and LTC Location Supply - Pre-ICL	
Tier Label Descripti	on(s)			
Day Supply		Network Component	1-Month Other Day	
	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		
	1161 4	Long-Term Care Drugs		
	Tier 5	Out-of-Network		
		Long-Term Care Drugs		
	Tier 6	Out-of-Network		
		Long-Term Care Drugs		
	Tier 7	Out-of-Network		
		Long-Term Care Drugs		
			2	

Alternative – Medicare-Medicaid Copayment – Pre-ICL

Network Component Minimum Copayment(S) Copayment(S) Network Component Copayment(S) Minimum Copayment(S) Maximum Copayment(S) Standard Retail	Copayment(s) Copayment(s) Copayment(s) Copayment(s) Copayment(s) Tier 1 Standard Retail	Previ	ous Next	Exit Exit (Validate) Valida	No	Alternative - Medicare-Medicaid Copay	rment - Pre-ICL	ŀ	•	
Interformed Copayment(S) Copayment(S) Copayment(S) Copayment(S) Copayment(S) Copayment(S) ier 1 Standard Retail 0ut-of-Network 0	Interview Component Copayment(S) Copaymenteqy S			Mail Order, Out-of-netwo	ork, and Long Tern	n Care				
Standard Mail Image: Constraint of the standard Mail ier 3 Standard Retail Image: Constraint of the standard Mail Image: Constandard Mail </td <td>Standard Mail Image: Constraint of the second s</td> <td></td> <td>Standard Retail Standard Mail</td> <td></td> <td></td> <td>Out-of-Network</td> <td></td> <td></td> <td></td> <td></td>	Standard Mail Image: Constraint of the second s		Standard Retail Standard Mail			Out-of-Network				
ier 3 Standard Mail Long Term Care Drugs Image: Care Drugs ier 4 Standard Retail Out-of-Network Image: Care Drugs ier 5 Standard Mail Order Out-of-Network Image: Care Drugs ier 5 Standard Retail Out-of-Network Image: Care Drugs ier 5 Standard Retail Out-of-Network Image: Care Drugs ier 6 Standard Retail Out-of-Network Image: Care Drugs ier 6 Standard Retail Out-of-Network Image: Care Drugs ier 7 Standard Mail Image: Care Drugs Image: Care Drugs	ier 3 Standard Mail Long Term Care Drugs Image: Care Drugs ier 4 Standard Retail Out-of-Network Image: Care Drugs ier 5 Standard Retail Out-of-Network Image: Care Drugs ier 5 Standard Retail Out-of-Network Image: Care Drugs ier 5 Standard Retail Out-of-Network Image: Care Drugs ier 6 Standard Retail Out-of-Network Image: Care Drugs ier 6 Standard Retail Out-of-Network Image: Care Drugs ier 7 Standard Retail Image: Care Drugs Image: Care Drugs	ïer 2	Standard Mail Order			Long Term Care Drugs				
Standard Mail Order Long Term Care Drugs ier 5 Standard Retail Standard Mail Order Out-of-Network ier 6 Standard Retail Standard Mail Out-of-Network Standard Mail Out-of-Network Out-of-Network Image: Comparison of the standard Mail Standard Mail Out-of-Network Order Out-of-Network ier 7 Standard Retail Standard Retail Out-of-Network Standard Retail Image: Comparison of the standard Retail Standard Mail Image: Comparison of the standard Mail	Standard Mail Order Long Term Care Drugs Fier 5 Standard Retail Standard Mail Order Out-of-Network Fier 6 Standard Retail Standard Retail Out-of-Network Standard Mail Out-of-Network Fier 7 Standard Retail Standard Retail Out-of-Network Standard Mail Out-of-Network Standard Mail Out-of-Network		Standard Mail Order			Out-of-Network				
ier 6 Standard Retail Out-of-Network Out-of-Network Order	ier 6 Standard Retail Out-of-Network Out-of-Network Order		Standard Retail			Out-of-Network				
Standard Mail	Standard Mail	ïer 6	Standard Retail Standard Mail							
		ïer 7	Standard Mail							

CY2022 PBP – Section Rx 9/16/2020 CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

Softrams

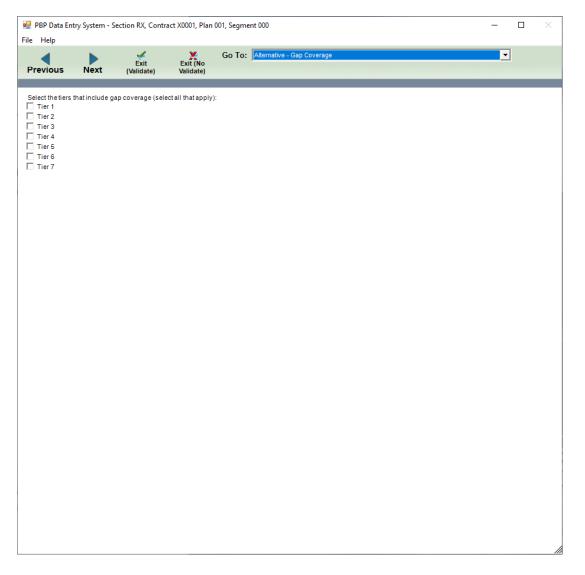
Alternative – Medicare-Medicaid Daily Copayment Amount Cost Sharing

Previo	E	xit Exit (I date) Validar	Go To: A No te)	lternative - Medi	care-Medicaid Daily Copayment Am	ount Cost-Sharing				
er Label D	escription(s)					_				
CLICK F	OR Daily Copay Instructions									
		Minimum Copayment(\$)	Maximum Copayment(\$)	1-Month	Daily (\$)		Minimum	Maximum	1-Month	Daily (\$)
ier 1	Standard Retail					Long-Term Care Drugs	Copayment(\$)	Copayment(\$)		
	Standard Mail-Order						,		1	1
er 2	Standard Retail					Long-Term Care Drugs				
	Standard Mail-Order									
er 3	Standard Retail									
	Standard Mail-Order					Long-Term Care Drugs				
er 4	Standard Retail					Long-Term Care Drugs				
	Standard Mail-Order					Long-renn Oare Drugs	,	1	1	J
er 5	Standard Retail					Loss Torrights Device				
	Standard Mail-Order					Long-Term Care Drugs	I			1
er 6	Standard Retail					Long-Term Care Drugs				
	Standard Mail-Order									
er 7	Standard Retail Standard Mail-Order					Long-Term Care Drugs				
									Calculate Daily Cop	ay Amour

Alternative – ICL

🖳 PBP Data En File Help	try System - S	ection RX, Contra	ect X0001, Plan	001, Segm	ent 000	-	\times
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - ICL	•	
Do you apply t O Yes O No, enter a O No ICL (Fu	mount	lefined Part D Stan ge)	dard Initial Co	verage Limit	(ICL) Amount?		
Enter Initial C	Coverage Limit	t (ICL) Amount:					

Alternative – Gap Coverage



Alternative – Tier Type and Cost Share Structure – Gap

BP Data Entry System - Section RX, Contract X0001, Pla Help Vious Next Exit (Validate) Validate)			tive - Tier Ty	rpe and Cosi	t-Share Struc	ture - Gap		-
abel Description(s)							-	
ier Drug Type(s) (select all that apply):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	
Generic								
Brand								
ier Includes (select only one for each tier):								
Part D Drugs Only	0	C	0	C	0	0	0	
Excluded Drugs Only (e.g., erectile dysfunction drugs)	0	0	0	0	0	0	0	
Both Part D and Excluded Drugs	0	0	0	0	0	0	0	
ndicate the type of cost-sharing structure (select only one for each tier):								
Coinsurance	0	0	0	0	0	0	0	
Copayment	0	0	0	0	0	0	0	
Greater of Coinsurance and Copayment	0	0	0	0	0	0	0	
Lesser of Coinsurance and Copayment	0	0	0	\circ	0	0	0	

Alternative – Tier Coverage – Gap

	try System - S	ection RX, Contract	X0001, Plan	n 001, Segme	ent 000					- 🗆 ×
File Help Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternat	ive - Tier Cov	erage - Gap			•
Tier Label Descrip	tion(s)									
To what extent ar		covered drugs on th	Tier 1 is	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	The gap coverage supplemental file may not include any drugs from a tier that is fully covered in the gap.
For each tier that you must indicate	erage (Only so is only partiall whether that o	me drugs on the tier y covered in the gap coverage is for bran	,	00	0	0	000	000	0	If you select Partial Tier Gap Coverage, you must submit a gap supplemental file for the Part D drugs covered on the partiality covered ther. The gap supplemental file must be uploaded through the Formulary Submission Module by Friday, June 5, 2020 at 11:69 am Eastern Time. Do not include Non-Medicare Covered Drugs and/or Non -Medicare Covered OTCs in this file submission.
drugs only, gener generic drugs. Brand Drugs Or Generic Drugs (nly	or both brand and	0	с с	0 0	0	0	с с	0	
Brand and Gen Indicate the type	of drugs cover	ed on your tiers:	0	C	0	0	0	0	0	
Part D Drugs O Excluded Drugs Both Part D and	Only (e.g., ere	ctile dysfunction dru gs	O O O	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	

Alternative – Tier Locations – Gap

native - T	Tier 3		Tier 5	Tier 6	Tier 7]		×	
				Tier 6	_]			
				Tier 6	_				
	_	· · · · ·							
-									

Alternative – Retail Pharmacy Location Supply – Gap

	Entry System - Section RX,	Contract X	(0001, Plan	001, Segme	ent 000		- 🗆 ×
File Help	Next (Valida	t	Exit (No	Go To:	Alternative - Retail Pharmacy Location Supply - Ga	p V	
Flevious	Next (Valida	ite)	Validate)	_			
Tier Label Desc	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 two month or three month supply at the Standard/Preferred Retail Cos
	Standard Retail/Preferred Retail				C Yes C No	C Yes C 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 da
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?	supply?" if all of the drugs on that tier are available at the extended day supply.
	Standard Retail/Preferred Retail				C Yes C No	C Yes 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 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				O Yes O 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				O Yes O No	C Yes C No	
Tier 6	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Retail				O Yes O 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				O Yes O No	C Yes C No	

Alternative - Mail Order Location Supply - Gap

🖷 PBP Data	Entry System - S	Section RX, C	ontract X0	001, Plan (001, Segme	ent 000	 _	\times
File Help								
Previous	Next	Exit (Validate	E :) Va	xit (No alidate)	Go To:	Alternative - Mail Order Location Supply - Gap	•	
Tier Label Desc	ription(s)							
Standard Mail C Component Day Supply	Order Cost-Shari	ng Network	1-Month	2-Month	3-Month			
Tier 1	Standard Mail (Standard/Prefe Order							
Tier 2	Standard Mail (Standard/Prefe Order							
Tier 3	Standard Mail (Standard/Prefe Order							
Tier 4	Standard Mail (Standard/Prefe Order							
Tier 5	Standard Mail (Standard/Prefe Order							
Tier 6	Standard Mail (Standard/Prefe Order							
Tier 7	Standard Mail (Standard/Prefe Order							

Alternative – OON and LTC Location Supply – Gap

revious	Next	Exit (Validate)	Exit (No Validate)	Go To: Alternati	ive - OON and LTC Location Supply - Gap		
abel Descriptic.	on(s)						
Day Supply		Network C	omponent	1-Mon	nth Other Day		
	Tier 1	Out-of-Ne Long Terr	twork n Care Drugs				
	Tier 2	Out-of-Ne Long Terr	twork n Care Drugs				
	Tier 3	Out-of-Ne Long Terr	twork n Care Drugs				
	Tier 4	Out-of-Ne Long Terr	twork n Care Drugs				
	Tier 5	Out-of-Ne Long Terr	twork n Care Drugs				
	Tier 6	Out-of-Net	twork n Care Drugs				
	Tier 7	Out-of-Net Long Tern	twork n Care Drugs				

Alternative – Retail Pharmacy Copayment and Coinsurance – Gap

Previous	Next	Exit (Validate)	Exit (No Validate	D	Alternative - Re	etail Pharmacy Copayment and (coinsurance - G	ap 	•	
er Label Desc	iption(s)									
Standard Reta Component -	il Cost-Sharing Cost Sharing	1	-Month (S)	Copayment 2-Month (\$)	3-Month (\$)	Avg Expected Coins Dollar		surance	3-Month (%)	
						Amt (1 month supply) (\$):				
Tier 1	Standard Retail									
	Standard Retail									
	Preferred Retail									
Tier 2	Standard Retail	Г								
	Standard Retail									
	Preferred Retail									
	ricicited itelait	L			1		1			
Tier 3	Standard Retail	Г								
	Standard Retail	Ē								
	Preferred Retail	Ē								
		,			,		,			
Tier 4	Standard Retail									
	Standard Retail									
	Preferred Retail									
Tier 5	Standard Retail	_								
Lier 5										
	Standard Retail									
	Preferred Retail									
Tier 6	Standard Retail	Г								
	Standard Retail									
	Preferred Retail									
		I.		1	1	1			1	
Tier 7	Standard Retail	Г								
	Standard Retail	Ē								
	Preferred Retail	Ē								

Alternative - Mail Order Copayment and Coinsurance - Gap

Previou	E E	Exit Ex idate) Val	Go I it (No idate)	o: Alternative - Ma	il Order Copayment and Coinsurance - Gap]	
ier Label Des	scription(s)						
	l Order Cost-Sharing ponent - Cost Sharing	1-Month (S)	Copayment 2-Month (\$)	3-Month (\$)	Coinsurance 1-Month (%) 2-Month (%) 3-Month (%)		
Tier 1	Standard Mail Order						
	Standard Mail Order						
	Preferred Mail Order						
Tier 2	Standard Mail Order						
	Standard Mail Order						
	Preferred Mail Order						
Tier 3	Standard Mail Order						
	Standard Mail Order						
	Preferred Mail Order						
Tier 4	Standard Mail Order						
	Standard Mail Order	,					
	Preferred Mail Order						
Tier 5	Standard Mail Order						
	Standard Mail Order	,					
	Preferred Mail Order						
Tier 6	Standard Mail Order						
	Standard Mail Order						
	Preferred Mail Order						
Tier 7	Standard Mail Order						
	Standard Mail Order						

Alternative – OON and LTC Copayment and Coinsurance – Gap

Help vious I	Exit Next (Validate)	Exit (No Validate)	o To: Alternative	e - OON and LTC Copayment and Coinsurance - Gap	•	[
el Description						
Tier 1	Network Component Out-of-Network	Copayment 1-Month (\$)	Other (\$):	Coinsurance 1-Month (%) Other (%):		
	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					
Tier 6	Out-of-Network Long-Term Care Drugs					
Tier 7	Out-of-Network Long-Term Care Drugs					

Alternative – Daily Copayment Amount Cost Sharing – Gap

Prev	ious Next	Exit (Validate)	Exit (No Validate)	Go To: At	ternative - Daily Copayment Amount C	Cost-Sharing - Gap		•				
ier Labe	I Description(s)						-					
CLICK	FOR Daily Copay Ins	tructions	Copayment			Сора	yment					
		1-Month (\$)	1-Month	Daily (\$)		1-Month (\$)	1-Month	Daily (\$)		Copayment		
ier 1	Standard Retail				Standard Mail-Order					1-Month (\$)	1-Month	Daily (\$)
	Standard Retail	,		,	Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							
ier 2	Standard Retail				Standard Mail-Order							
	Standard Retail	,			Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail		_		Preferred Mail-Order		,				,	,
er 3	Standard Retail	,		,	Standard Mail-Order							
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							
er 4	Standard Retail				Standard Mail-Order							
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							
er 5	Standard Retail				Standard Mail-Order							
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail		-		Preferred Mail-Order		1				1	1
er 6	Standard Retail				Standard Mail-Order							
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail		-		Preferred Mail-Order		I					1
er 7	Standard Retail				Standard Mail-Order							
	Standard Retail Preferred Retail				Standard Mail-Order Preferred Mail-Order				Long-Term Care Drugs			
	Freierreu Keidli	1		1	Preieneu Maii-Ofder						ate Daily Copa Daily Copay	

CY2022 PBP – Section Rx 9/16/2020 CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

Alternative – OOP Threshold

File Help Previous Next Exit (No Exit (No Validate Go To: Atternative - OOP Threshold Image: Content of	
Previous Next (Validate) Validate) Medicare-defined Part D Annual Out-of-Pocket Cost Threshold Now do you apply your cost sharing beyond the Medicare-defined Part D Annual Out-of-Pocket Cost Threshold? No cost sharing Medicare-defined Post Threshold Cost Shares C cost Share Tiers Does this apply to the excluded drug only tier? O Yes	
How do you apply your cost sharing beyond the Medicare-defined Part D Annual Out-of-Pocket Cost Threshold? No cost sharing Medicare-defined Post Threshold Cost Shares Cost Share Tiers Does this apply to the excluded drug only tier? Yes	
No cost sharing Medicare-defined Post Threshold Cost Shares Cost Share Tiers Does this apply to the excluded drug only tier? Yes	
Medicare-defined Post Threshold Cost Shares Cost Share Tiers Does this apply to the excluded drug only tier? Yes	
C Yes	
C Yes C No	
	1

Alternative – Tier Type – Post-OOP Threshold

	try System -	Section RX, Contra	ct X0001, Plan 0	01, Segm	ent 000						-	\times
File Help Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Altern	ative - Tie	r Type - i	Post-OOP	Threshold		•	
Tier Label Desc	ription(s)									-		
, Tier Drug Type(s) (select all t	hat apply):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7			
Generic												
Brand												
Both Part D an	Only is Only (e.g., e d Excluded D	rectile dysfunction	0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	000			
Indicate the Typ only one for eac Coinsurance Copayment		ring Structure (sele	et C	0	0 0	0	0	0 0	0			
Greater of Coin			0	0	0	0	0	0	0			

Alternative – Tier Cost Sharing Post-OOP Threshold

Help								
revious	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - Tier Cost Sharing Post-OOP Threshold		•	
Label Desci	ription(s)					1		
		Copayment (\$)	Coinsurance (%)					
	Tier 1							
	Tier 2							
	Tier 3							
	Tier 4							
	Tier 5							
	Tier 6							
	Tier 7							

Alternative – Medicare-Medicaid Post-OOP Threshold

	ntry System - S	Section RX, Contra	act X0001, Plan	001, Segme	ent 000			_	\times
File Help Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - Medicare-Medica	aid Post-OOP T	hreshold	•	
Medicare-defined	d Part D Annua	Il Out-of-Pocket Co	stThreshold						
		aring beyond the N	ledicare-define	d Part D Ann	nual Out-of-Pocket Threshold?	2			
C No cost shar C Cost Share T	ing Tiers								

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

💀 PBP Data En File Help	try System - :	Section RX, Contra	ct X0001, Plan	001, Segment 000					-	×
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: Atter	native - Tier Type a	nd Tier Cost Sharin	g Post-OOP Medica	re-Medicaid	•	
Tier Label Descrip	tion(s)									
Tierincludes (sel	ect only one fe	or each tier	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	
Covered OTCs (overed Drugs Dnly gs and Non-M	s and/or Non-Medic Medicare Covered Covered OTCs	are O O	000	000	с с с	000	000	0 0 0	
Copayment (S)		Minimum: Maximum:								

Defined Standard – Locations and Location Supply

🖷 PBP Data Entry System - Section RX, Contract X0001, Plan	001, Segment 000	- 🗆 ×
File Help		
Previous Next (Validate)	Go To: Defined Standard - Locations and Location Supply	
	Enter number of days for:	
	1-Month 2-Month 3-Month Other Day	Are all of the drugs on your formulary available with an extended day supply?
Select all location/supply amounts that apply:		O No
Standard Retail Cost Sharing - 1-month supply Standard Retail Cost Sharing - 2-month supply Standard Retail Cost Sharing - 3-month supply		
Out-of-Network Pharmacy - 1-month supply Out-of-Network Pharmacy - other day supply		Are any of the drugs available at an extended day supply limited to a 1-month supply for the first fill? Yes No
Standard Mail-Order Cost Sharing - 1-month supply Standard Mail-Order Cost Sharing - 2-month supply Standard Mail-Order Cost Sharing - 3-month supply		When you select a 2-month and/or a 3-month supply at a retail or mail-order pharmacy, you must indicate whether or not all drugs on the entire FORMULARY are available with an extended day supply.
Long-Term Care Pharmacy - 1-month supply		The beneficiary cost sharing for the Defined Standard (DS) gap coverage benefit in CY 2021 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.

Medicare Rx – Attestations

💀 PBP Data Entry System -	Section RX, Contract X00	01, Plan 001, Seg	ment 000			—	\times
File Help							
	4	🞽 🛛 Go T	Medicare Rx - Attestatio	ns		-	
Previous Next		t (No date)					
	(validato) val	uutoj	_	_	_	_	
Sponsors who utilize a coinsur sharing amount. The average e sharing amount in dollars that one month supply of drugs. Average Expected Cost-Sharin I attest that the value(s) enter	expected cost sharing among a beneficiary would be expected by a second be expected by the station:	ount represents th bected to pay at a	e average expected cost network retail pharmacy for	a			
Sponsors who choose to offer down the entire 25% actuarial e Chapter 13 of the Medicare Pre: applying MArebate dollars to th subsidies for the remainder.	equivalent cost sharing an scription Drug Benefit Mar	iount using MAre wal, sponsors do	bate dollars in the bid. Per not have an option of only				
Zero Dollar Cost-Sharing Attest	tation:						
I attest that it is the plan spo dollar cost share tier(s) and)-			
L							

Medicare RX – Notes

🖳 PBP Data E	ntry System - S	Section RX, Contra	act X0001, Plan	001, Segmen	nt 000 — 🗆 🗙
File Help Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	Medicare Rx - Notes
lotes:					 NOTE: The Medicare Rx notes field should ONLY be used when required to clarify information that cannot otherwise be entered into the PBP. Generally, there should be little or no need to enter any information in the notes field and therefore this field should only be completed for unusual circumstances. For more information refer to the on-screen label on the Medicare Rx notes screen. This field is limited to 225 characters. The following should not be included in the Medicare Rx notes field: Statements that may reduce any Part D benefits; Redundant information that is either contained elsewhere in the PBP or in a Part D requirement; Information concerning excluded drugs or OTC items (these must be submitted in the Excluded Drugs or OTC Supplemental files); Statements concerning out-of-network coverage and cost-sharing; or Information included in the Medicare Rx notes sction complies with the requirements above. Once bids are approved, additions to the notes field during the plan corrections period will not be allowed.

Part D Payment Modernization Benefit – Base 1

	🔜 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000	– 🗆 ×
New question	File Help Previous Next Exit (Validate) Exit (No Validate) Go To: Part D Payment Modernization Demonstration Benefit - Base 1	•
Do you plan to offer any programmatic flexibilities under the Part D Payment Modernization Model Benefit?	Please select your Part D Payment Modernization Model Flexibility: Part D Rewards and Incentives Program Reduction or Elimination of Cost-Sharing on Generic Drugs and Biosimilars for Low-Income Subsidy Beneficiaries Medication Therapy Management+ (MTM+) Plan Timelines for Standard Initial Coverage Determinations Limited Initial Days' Supply Cost-Sharing Smoothing Part D Rewards and Incentives Type of Part D Reward or Incentive: Debit Card Gift Card Vaccine Administration	Type of Reduction or Elimination of Cost-Sharing. C Reduction of cost-sharing on all formulary generic drugs and biosimilars C Reduction of cost-sharing on select formulary generic drugs and biosimilars Part D Payment Model LIS Cost-Sharing Reduction File must be uploaded through the Formulary Submission Module by Friday, June 5, 2020 at 11:59 am Eastern Time.
	Gift Card Vaccine Administration Item Other Other Describe the eligibility criteria: Describe the eligibility criteria: Describe the Disease State Criteria. Describe the Disease State Criteria. Part D Reward or Incentive amount(s): Frequency of Reward or Incentive Eligibility: C Every Year C Every Year C Every Six Months C One-Time O Other, Describe Other Description:	
	Meeting an Adherence Goal? Maximum Annual Part D Rewards and Incentives Available: Meeting an Adherence Goal? O Yes O No Describe the adherance goal:	