VBID – General

	🖷 PBP Data Entry System - Section RX, Contract X0001, Plan 001 Segment 0	- 0
	File Help VBID Packages	
	Previous Next (Validate) Go To: VBD - General	
	This section documents benefits offered under authority of the Medicare Advantage Value-Based Insurance Design model test. Plans only fill out this section if they are authorized to do so by written notification from CMS. Does your VBID benefit include Part D reductions in cost?	When entering the maximum and minimum copayment or cost sharing, list only the VBID benefit's maximum and minimum. Do not enter the VBID cost-sharing amount as the minimum and the non-VBID cost-sharing amount as a maximum. If there is a limit for VBID cost sharing, after which the regular cost-sharing amount applies, specify the limit in notes. After an enrollee reaches the limit, CMS will look to the main Rx sections for the applicable cost-sharing amount.
Insert new	C Yes C No	
question - "Are you offering Part		When entering VBID benefit packages, create a separate package for each unique targeted clinical condition group to which the organization is offering a VBID benefit package. Even if the plan is offering otherwise identical benefits to enrollees with one of two conditions, enter those benefits in two identical packages, each time selecting a single condition. Do not
D Benefits under		select multiple conditions within a single package unless the enrollee must have all conditions in order to qualify for the benefit (a multiple comorbidity category).
the VBID Model?"	Value-Based Insurance Design Attestation I attest that	
	1) the benefits entered comply with CMS requirements for benefits offered in the	Unique packages of VBID benefits are numbered sequentially in the PBP in the order in which they are entered. Organizations offering Part D VBID benefits should use this numbering in the VBID formulary file's package number field to indicate to which
	2) the benefits entered are consistent with the benefit proposals and the actuarial or financial information provided to CMS when applying to participate in the MA- VBID Model, unless otherwise approved by CMS in writing; and	corresponding VBID benefit package(s) in the PBP a drug relates.
	 the benefit package, formulary or other features of this plan are not structured to discriminate against any Medicare beneficiary. 	

VBID Part D Rewards and Incentives #1

🔡 PBP Data Enf	ry System - Sectio	n RX, Contra	ct X0001, Plan 0	01, Segme	nt 000		×
File Help							
Previous	Next (Exit Validate)	Exit (No Validate)	Go To:	VBID Part D Rewards and Incentives #1		•
the model?	ree Months nee Months nee Months	tive: e Notes: iount(s):	ograms through		How many packages of Part D Rewards and Incentives are you offering?	^ ~	Eligibility Criteria Notes: Maximum Annual Part D Rewards and Incentives Available:

VBID Part D Rewards and Incentives #2

🔡 PBP Data Entr	y System - Se	ection RX, Contra	oct X0001, Plan 00	11, Segment 000	- 0
File Help Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: VBID Part D Rewards and Incentives #2	-
Part D Rewar	d or Incentive Reward or Incentive Reward or Incentive Months ee Months scribe	ntive Notes:		Eligibility Criteria: Disease State Management or Medication Therapy Management Vaccine Administration Other Meeting an Adherence Goal? Yes No Describe the adherence goal: Describe the Disease State Criteria.	Eligibility Criteria Notes: Maximum Annual Part D Rewards and Incentives Available:

VBID Part D Rewards and Incentives #3

🔡 PBP Data Entry System - Section RX, Contract X0001, Plan 00	1, Segment 000	- 🗆 ×
File Help Previous Next (Validate)	Go To: VBID Part D Rewards and Incentives #3	-
Type of Part D Reward or Incentive: Debit Card Gift Card Debit Card Part D Reward or Incentive Notes: Part D Reward or Incentive Notes: Part D Reward or Incentive amount(s): Frequency of Reward or Incentive Eligibility: Every Year Every Year Every Yix Months Every Three Months Other, Describe Other Description:	Eligibility Criteria: Disease State Management or Medication Therapy Management Vaccine Administration Other Meeting an Adherence Goal? Yes No Describe the adherence goal: Describe the Disease State Criteria.	Eligibility Criteria Notes: Maximum Annual Part D Rewards and Incentives Available:

VBID – Package Setup

📴 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000	– 🗆 ×
File Help	
Previous Next (Validate) Go To: VBD - Packa	ge Setup 💌
Targeting Methodology - Please choose one or both: Chronic Condition(s) Socioeconomic Status Which disease states does this benefit apply? (Select all that apply): Diabetes Chronic Obstructive Pulmonary Disease (COPD) Congestive Heart Failure (CHF) Patient with Past Stroke Mood Disorders Mood Disorders Meumatoid Arthritis Dementia Other CMS Approved Disease State' or 'Mood Disorders', 'please use the notes field to describe the select dargeted clinical condition group and the methodology used to identify beneficiaries within your targeted clinical condition, such as a list of ICD-10 codes. Which phase(s) of the benefit will have reduced cost sharing? (Select all that apply) Pre-ICL Coverage Gap Post-OOP Threshold/Catastrophic Is any of the cost-sharing reduction contingent upon participation in a wellness or care management program? Yes No	Are you modifying the deductible amount? Yes No Is any of the cost-sharing reduction targeted to LIS eligible enrollees? Yes No Select LIS reduction level: LIS Level 1 LIS Level 3 LIS Level 3 LIS Level 3 LIS Level 4 Dual-Eligible Status (territories only) Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits Expected Number of Enrollees to be Targeted: Expected Number of Enrollees to be engaged and receive Model benefits: AVBID Supplemental file that contains the drugs provided at reduced cost sharing for the disease(s) state(s) listed must be uploaded through the Formulary Submission Module by Friday, June 5, 2020 at 11:59am Eastern Time.

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VBID – Package Tiers – Pre-ICL

try System - S	ection RX, Contr	act X0001, Plan	001, Segme	ent 000	-		\times
Next	Exit (Validate)	Exit (No Validate)	Go To:	VBD - Package Tiers - Pre-ICL	•		
tion(s)							
s) that include	ereduced cost sha	aring (select all	that apply):				
		2.					
	Next	Next (Validate)	Next Exit Exit (No Validate)	Next (Validate) Exit (No Validate) Go To:	So To: VBD - Package Tiers - Pre-ICL Next (Validate) Validate)	Next Exit (Validate) Go To: VBD - Package Tiers - Pre-ICL Ition(s) Ition(s) Ition(s)	Exit Exit (No Next (Validate) Validate)

VBID – Tier Coverage – Pre-ICL

Previous Exit (validate) Exit (No Validate) Go To: (VerD = Ther Coverage = Pre-CL er Label Description(s) er Label Description(s) Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6 Tier 7 Consumance Copayment Copayment Consumance Consume Consumance<					о т						 	
micrate the type of cost sharing structure select only one for each tier): Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6 Tier 7 Coinsurance C	Previous	Next	Exit	Exit (No Validate)	Go To:	VBID - TI	er Coverage	- Pre-ICL				
dicate the type of cost sharing structure electionly one for each tier): Doinsurance C C C C C C C C C C C C Sreater of Coinsurance and Copayment C C C C C C C C C C C C C C C C C C C	r Label Descrip	otion(s)										
Copayment C				Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7		
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Lesser of Coinsurance and Copayment C C C C C C C C C C C C C C C C C C C	Copayment			0	0	0	0	0	0	0		
Vhich covered drugs have reduced cost sharing? Full Tier Coverage (All drugs on the tier) Partial Tier Coverage (Only some drugs on the tier) For each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced, you must for each tier that is only partially reduced cost for each tier. Part D Drugs Only C C C C C C C C C C C C C C C C C C C	Greater of Coin	surance and	Copayment	0	0	0	0	0	0	0		
Full Tier Coverage (All drugs on the tier) C<	Lesser of Coins	surance and C	opayment	0	0	0	0	0	0	0		
Partial Tier Coverage (Only some drugs on the tier) C C C C C C C C C C C C C C C C C C C	Vhich covered o	drugs have rec	duced cost sharing	?								
For each fier that is only partially reduced, you must indicate whether that reduction is for brand drugs only, erentic drugs only, or both brand and generic drugs. Brand Drugs Only C <td< td=""><td>Full Tier Cover</td><td>age (All drugs</td><td>on the tier)</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td></td<>	Full Tier Cover	age (All drugs	on the tier)	0	0	0	0	0	0	0		
Indicate the type of drugs hat have reduced cost haring on each tier. Part D Drugs Only C C C C C C C C C C C C C C C C C C C	Partial Tier Cov	erage (Only s	ome drugs on the	tier) C	0	0	0	0	0	\circ		
Generic Drugs Only C	ndicate whether generic drugs or	that reduction hly, or both bra	n is for brand drugs	s only, ugs.								
ndicate the type of drugs that have reduced cost tharing on each tier. Part D Drugs Only C C C C C C C C C C Excluded Drugs Only (e.g., erectile dysfunction drugs C C C C C C C C C C C C C C C C C C C												
haring on each tier. Part D Drugs Only C C C C C C C C C C C C C C C C C C C	Brand and Gen	eric Drugs		\circ	0	0	0	0	\circ	\circ		
Excluded Drugs Only (e.g., erectile dysfunction drugs O			have reduced cos	t								
	Part D Drugs O	nly		0	0	0	0	0	0	C		
Both Part D and Excluded Drugs C <th< td=""><td>Excluded Drug</td><td>s Only (e.g., e</td><td>rectile dysfunction</td><td>drugs 🔿</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td></th<>	Excluded Drug	s Only (e.g., e	rectile dysfunction	drugs 🔿	0	0	0	0	0	0		
	Both Part D and	d Excluded Dr	ugs	0	0	0	0	0	0	0		

VBID – Tier Locations – Pre-ICL

PBP Data Entry System - Section RX, Contract X0001, Plan	n 001, Segmer	nt 000								-	_	×
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Tier 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 - 1-month supply												
Standard Retail Cost Sharing - 2-month supply Standard Retail Cost Sharing - 3-month supply												
Standard Retail/Preferred Retail Cost Sharing - 1-month supply								Γ				
Standard Retail/Preferred Retail Cost Sharing - 2-month supply												
Standard Retail/Preferred Retail Cost Sharing - 3-month supply												
Out-of-Network Pharmacy - 1-month supply												
Out-of-Network Pharmacy - other day supply												
Standard Mail-Order Cost Sharing - 1-month supply												
Standard Mail-Order Cost Sharing - 2-month supply												
Standard Mail-Order Cost Sharing - 3-month supply												
Standard Mail-Order/Preferred Mail-Order Cost Sharing - 1-mon	th supply											
Standard Mail-Order/Preferred Mail-Order Cost Sharing - 2-mon	th supply											
Standard Mail-Order/Preferred Mail-Order Cost Sharing - 3-mon	th supply											
Long-Term Care Pharmacy - 1-month supply												

VBID – Retail Copayment – Pre-ICL

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Standard Retail Component - Co		1-Month Min	1-Month Max	2-Month Min	2-Month Max	3-Month Min	3-Month Max		
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	Preferred Retail								
	Standard Retail								
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VBID – Retail Coinsurance – Pre-ICL

	ry System - Section RX, Co	ntract X0001, Pla	n 001, Segment	t 000				- [1 ×
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Tier Label Descript	ion(s)								
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Tier 6	Standard Retail Standard Retail Preferred Retail								
Tier 7	Standard Retail Standard Retail Preferred Retail								//

VBID – Mail Order Copayment – Pre-ICL

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Tier Label Descrip	tion(s)							
Standard Mail-O Component - Co	rder Cost-Sharing payment	1-Month Min	1-Month Max	2-Month Min	2-Month Max	3-Month Min	3-Month Max	
	Standard Mail-Order							
Tier 1	Standard Mail-Order							
	Preferred Mail-Order							
	Standard Mail-Order							
Tier 2	Standard Mail-Order							
	Preferred Mail-Order							
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Tier 3	Standard Mail-Order							
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Tier 6	Standard Mail-Order							
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Tier 7	Standard Mail-Order							
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VBID – Mail Order Coinsurance – Pre-ICL

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Tier Label Descript	tion(s)								
Standard Mail-O Component - Co	rder Cost-Sharing insurance	1-Month Min	1-Month Max	2-Month Min	2-Month Max	3-Month Min	3-Month Max		
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								
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Tier 6	Standard Mail-Order Standard Mail-Order Preferred Mail-Order								
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VBID – Out-of-Network and LTC Cost Sharing – Pre-ICL

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			Copa	yment			Coir	nsurance	
		1-Month Min	1-Month Max	Other Day Min	Other Day Max	1-Month Min	1-Month Max	Other Day Min	Other Day Max
Tier 1	Out-of-Network								
	Long-Term Care Drugs								
Tier 2	Out-of-Network								
	Long-Term Care Drugs								
Tier 3	Out-of-Network								
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Tier 6	Out-of-Network								
	Long-Term Care Drugs			,	1			1	I
Tier 7	Out-of-Network								
	Long-Term Care Drugs			,	1			1	I

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

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abel Des	cription(s)						_			
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	Standard Retail					Standard Mail-Order				
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ist r	Preferred Retail					Preferred Mail-Order				

VBID – Daily LTC Copay – Pre-ICL

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OLIOITI	on Daily Copay Instruction	1-Month Min	1-Month Max	1 Marth	Deily (8)					
_			1-Month Max		Daily (\$)	_				
Tier 1	Long-Term Care Drugs									
Tier 2	Long-Term Care Drugs									
Tier 3	Long-Term Care Drugs									
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Tier 5	Long-Term Care Drugs									
Tier 6	Long-Term Care Drugs									
Tier 7	Long-Term Care Drugs									
_	Clear Daily Copay Ar	mount	Calculat	te Daily Cop	ay Amount					

VBID – Package Tiers – Gap

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r Label Descript	lion(s)						
Select the tier(: Tier 1 Tier 2	s) that include	ereduced cost sha	aring (select all	that apply):			
Tier 3							
Tier 5							
Tier 7							

VBID – Tier Coverage – Gap

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ndicate the type of cost-sharing structure select only one for each tier):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7			
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/hich covered drugs have reduced cost sharing?	,									
Full Tier Coverage (All drugs on the tier)	C	0	0	0	C	0	0			
Partial Tier Coverage (Only some drugs on the t	ier) C	0	0	0	\circ	0	0			
or each tier that is only partially reduced, you m ndicate whether that reduction is for brand drugs eneric drugs only, or both brand and generic dru	only,									
Brand Drugs Only	C	0	0	0	0	0	0			
Generic Drugs Only	0	0	0	0	0	0	0			
Brand and Generic Drugs	0	0	0	0	0	0	0			
idicate the type of drugs that have reduced cost haring on each tier.										
Part D Drugs Only	0	0	0	0	0	0	0			
Excluded Drugs Only (e.g., erectile dysfunction of	irugs 🔿	0	0	0	0	0	0			
Both Part D and Excluded Drugs	0	0	0	0	0	0	0			

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VBID – Tier Locations – Gap

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Standard Retail Cost Sharing - 2-month supply			\Box								
Standard Retail Cost Sharing - 3-month supply											
Standard Retail/Preferred Retail Cost Sharing - 1-month supply											
Standard Retail/Preferred Retail Cost Sharing - 2-month supply											
Standard Retail/Preferred Retail Cost Sharing - 3-month supply											
Out-of-Network Pharmacy - 1-month supply											
Out-of-Network Pharmacy - other day supply											
Standard Mail-Order Cost Sharing - 1-month supply											
Standard Mail-Order Cost Sharing - 2-month supply											
Standard Mail-Order Cost Sharing - 3-month supply											
Standard Mail-Order/Preferred Mail-Order Cost Sharing - 1-month supply						П					
Standard Mail-Order/Preferred Mail-Order Cost Sharing - 2-month supply											
Standard Mail-Order/Preferred Mail-Order Cost Sharing - 3-month supply											
Long-Term Care Pharmacy - 1-month supply											

VBID – Retail Copayment – Gap

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VBID – Retail Coinsurance – Gap

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VBID – Mail Order Copayment – Gap

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Standard Mail-Or Component - Co	rder Cost-Sharing payment	1-Month Min	1-Month Max	2-Month Min	2-Month Max	3-Month Min	3-Month Max		
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VBID – Mail Order Coinsurance – Gap

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Tier Label Descriptio	on(s)								
Standard Mail-Ord		4 Marth Mir	d Marste Mars	2 Marth Mir	2.14-54-14-1	2 Marth Mir	3-Month Max		
Component-Coin		1-Month Min	1-Month Max	2-Month Min	2-Month Max	3-Month Min	3-Month Max		
Tier 1	Standard Mail-Order								
The T	Standard Mail-Order								
	Preferred Mail-Order								
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Tier 5	Standard Mail-Order								
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	Standard Mail-Order								
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VBID – Out-of-Network and LTC Cost Sharing – Gap

Help		×	Go To: VBD	- Out-of-Network ar	nd LTC Cost-Sharing	- Gap		•	
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bel Descripti	on(s)								
			Copa	yment			Coir	nsurance	
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Tier 1	Out-of-Network								
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Tier 7	Out-of-Network								
11017	Long-Term Care Drugs								
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VBID – Daily Retail and Mail Order Copay – Gap

📑 PBP Da	ta Entry System - Sec	tion RX, Contract	X0001, Plan 001,	Segment 00	00				_	
File Help										
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CLICKFOR	Copay instruct	1-Month Min	1-Month Max	1 Month	Daily (P)		1-Month Min	1-Month Max	1-Month	Daily (\$)
	Ohen david Distail			1-Month	Daily (\$)	Ober david Mall Order				Daily (5)
	Standard Retail					Standard Mail-Order				
Tier 1	Standard Retail					Standard Mail-Order				
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Tier 2	Standard Retail					Standard Mail-Order				
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			-			Clear Daily Copay A	mount	Calculate	Daily Copa	y Amount

VBID – Daily LTC Copay – Gap

	Data Entry System - Sectio	on RX, Contract >	(0001, Plan 001, S	Segment 0	00	_		\times
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lier Label	Description(s)							
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Tier 1	Long-Term Care Drugs							
Tier 2	Long-Term Care Drugs							
Tier 3	Long-Term Care Drugs							
Tier 4	Long-Term Care Drugs							
Tier 5	Long-Term Care Drugs							
Tier 6	Long-Term Care Drugs							
Tier 7	Long-Term Care Drugs							
	Olara Daile Orazan A		Onlandata	D-11- 0				
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VBID – Daily LTC Copay – Gap

🚽 PBP Data Ent ile Help	ry System - S	Section RX, Contra	act X0001, Plan	001, Segme	ent 000 -	-	×
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To:	VBID - Package Tiers - OOP Threshold	•	
er Label Descrip	tion(s)						
Select the tier(s) that include	ereduced costshi	aring (select all t	that apply):			
Tier 1							
Tier 3							
Tier 5							
Tier 7							

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VBID – Tier Coverage – OOP Threshold

	try System - S	Section RX, Contract 2	X0001, Plar	n 001, Segme	ent 000					-		×
File Help		4	*	Go To:	VBID - T	er Coverage	- OOP Thres	hold			-	
Previous	Next	Exit (Validate)	Exit (No Validate)								_	
Tier Label Descrip	tion(s)											
Indicate the type (select only one	of cost sharin for each tier):	ng structure	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7			
Coinsurance			0	0	0	0	0	0	0			
Copayment			0	0	0	0	0	0	0			
Greater of Coin	surance and (Copayment	0	0	0	0	0	0	0			
Lesser of Coins	surance and C	opayment	0	0	\circ	\circ	\circ	\circ	0			
Which covered o	lrugs have red	luced cost sharing?										
Full Tier Cover	age (All drugs	on the tier)	0	0	0	0	O	C	C			
		ome drugs on the tier;		0	0	0	0	0	õ			
indicate whether	that reduction	Illy reduced, you must n is for brand drugs on ind and generic drugs	ily,									
Brand Drugs O	nly		C	0	0	0	0	0	0			
Generic Drugs	Only		0	0	0	0	0	0	0			
Brand and Gen	eric Drugs		0	0	0	0	0	\circ	0			
Indicate the type sharing on each		have reduced cost										
Part D Drugs O	nly		C	0	0	0	C	0	C			
Excluded Drug	s Only (e.g., er	ectile dysfunction drug	1 × 1	0	0	0	0	0	0			
Both Part D and	d Excluded Dr	ugs	0	0	0	0	0	0	0			

VBID – Post OOP Threshold Cost Sharing

Min Copayment Max Copayment Min Coinsurance Max Coinsurance Tier 1 Image: Coinsurance Image: Coinsurance Tier 2 Image: Coinsurance Image: Coinsurance Tier 3 Image: Coinsurance Image: Coinsurance Tier 4 Image: Coinsurance Image: Coinsurance Tier 5 Image: Coinsurance Image: Coinsurance Tier 6 Image: Coinsurance Image: Coinsurance	-
Min Copayment Max Coonsurance Max Coinsurance Tier 1 Image: Coonsurance Tier 2 Image: Coonsurance Tier 3 Image: Coonsurance Tier 4 Image: Coonsurance Tier 5 Image: Coonsurance Tier 6 Image: Coonsurance	
Copayment Coinsurance Coinsurance Tier 1	
Tier 2 Image: Constraint of the second sec	
Tier 3 Image: Constraint of the second sec	
Tier 4	
Tier 6	
Tier 6	

VBID – Package notes

🖳 PBP Data En	try System - S	ection RX, Contra	act X0001, Plan	001, Segm	nent 00	00							_		\times
File Help										 			 	_	
		Exit	Exit (No	Go To	: <u> </u> ∨ві	D - Pa	ickage n	notes						-	
Previous	Next	(Validate)	Validate)	_			_		_	 _	_	_	 	_	_
Please describ	e any addition	nal measures taker	n to reduce cost	sharing, a	nd/or o	other	pertiner	nt inforn	mation						
regarding hov	v the VBID ben	efit is administere	d to beneficiarie	es.											
Notes:															
,															