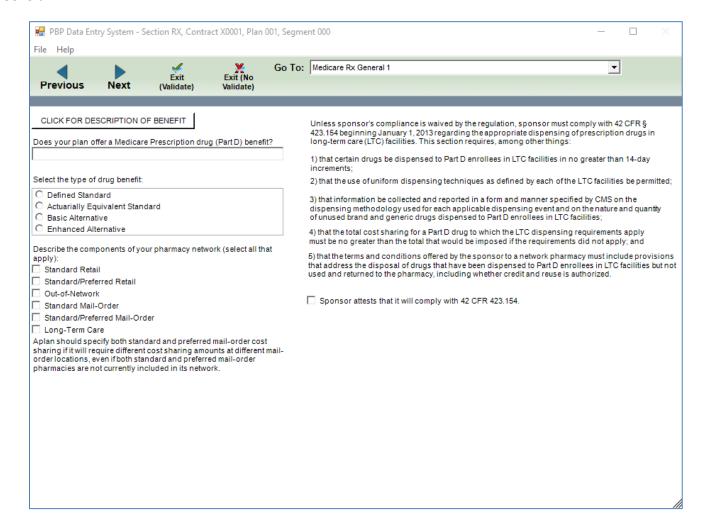
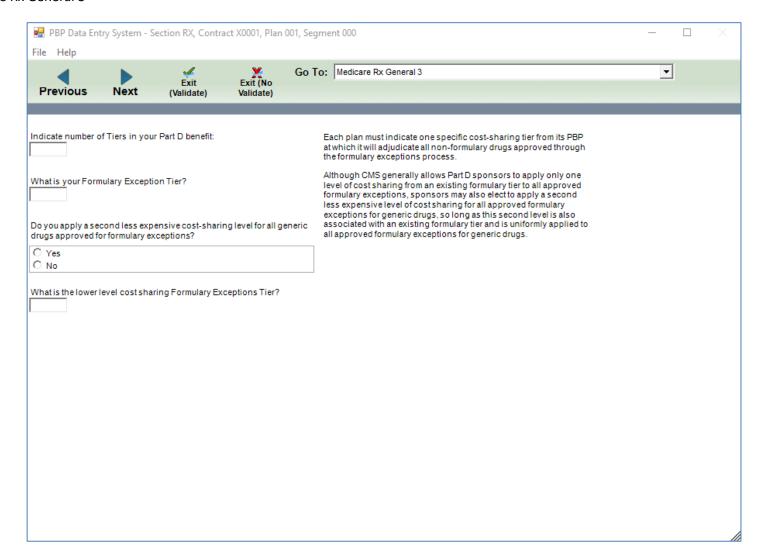
#### Medicare Rx General 1



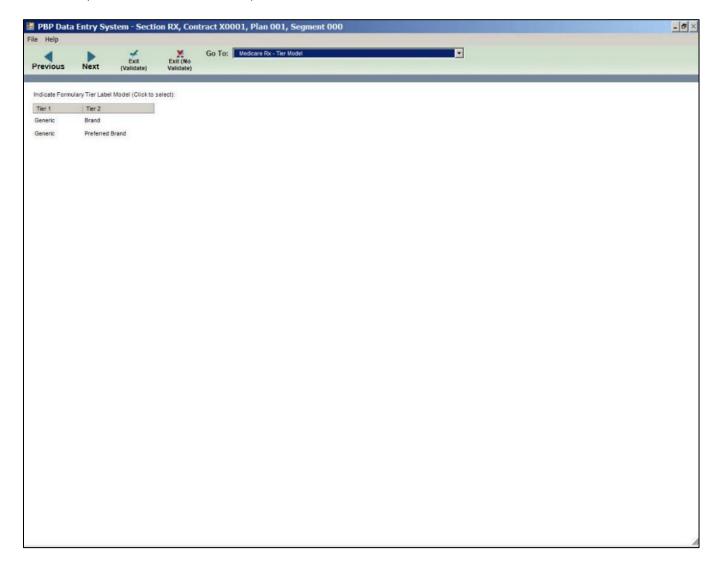
### Medicare Rx General 2

	🖳 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segmo	ient 000 - 🗆 X	
	File Help		
	Previous Next (Validate) Go To:	: Medicare Rx General 2	
These 3 questions will be	Exit Exit (No	Do any drugs in your formulary require a step therapy plan?  C Yes No Do you pay for over-the-counter medications (OTCs) under the utilization management program? C Yes 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 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.  Do you offer OTCs as a part of a formal Step Therapy Protocol submitted for review and approval by CMS?  C Yes 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 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 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.	This question will be dropped.
dropped.	C Yes C No		

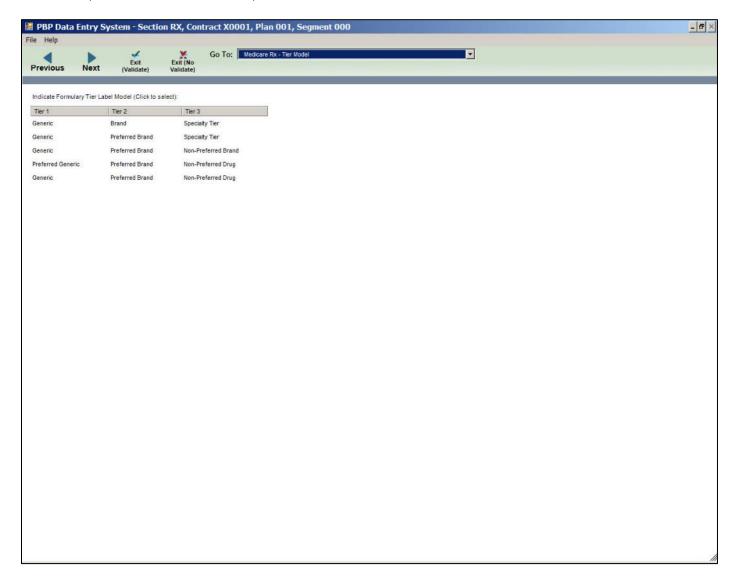
#### Medicare Rx General 3



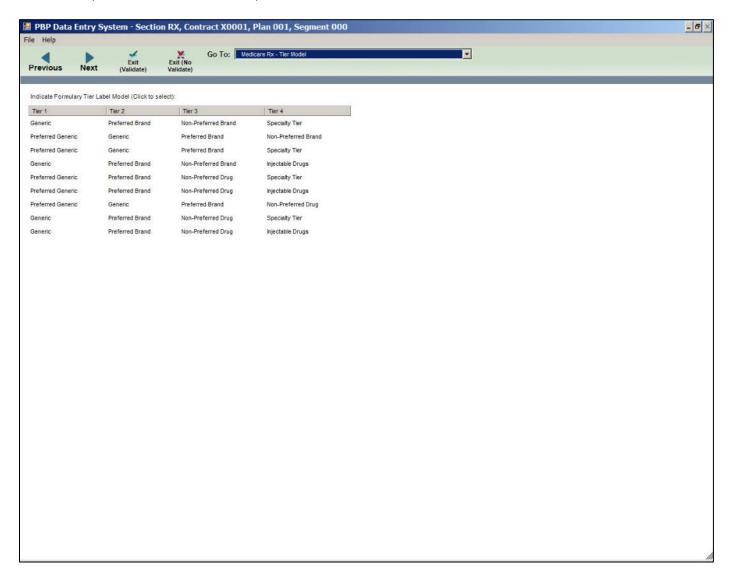
Medicare Rx – Tier Model (when a tier includes 2 tiers)



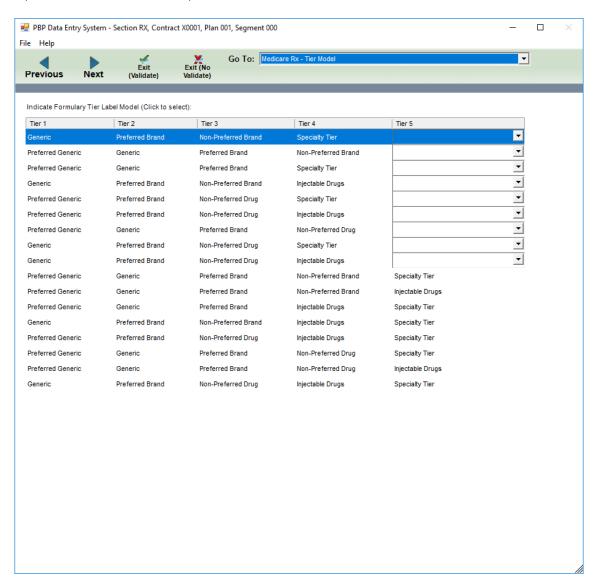
Medicare Rx- Tier Model (when a tier includes 3 tiers)



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

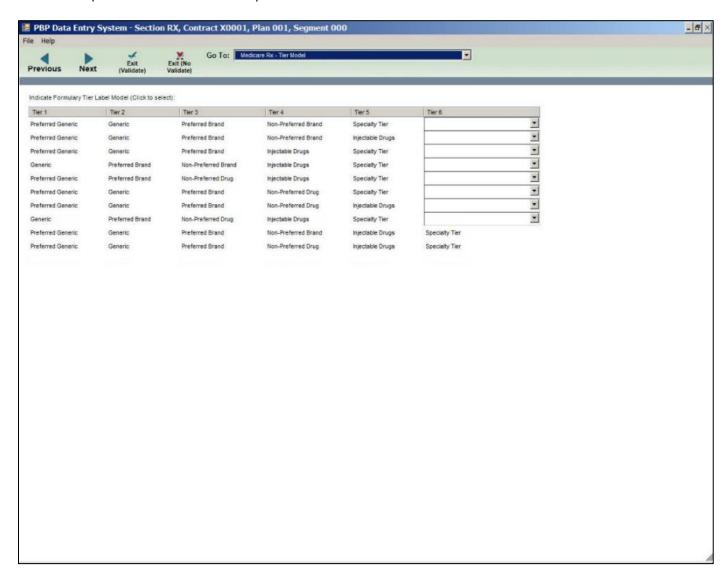


#### Medicare Rx – Tier Model (when a tier includes 5 tiers)

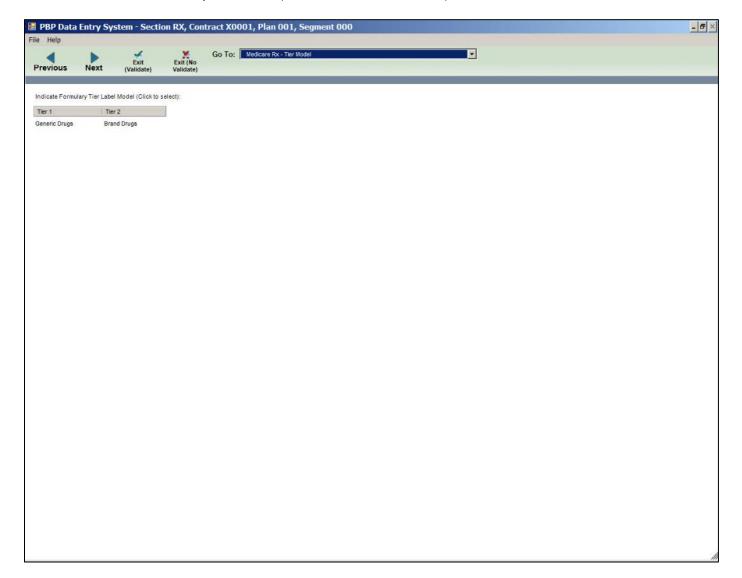


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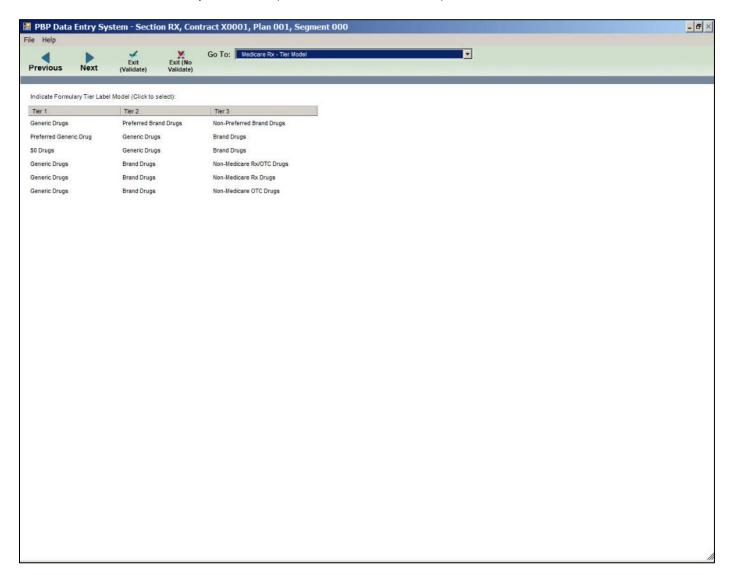
Medicare Rx – Tier Model (when a tier includes 6 tiers)



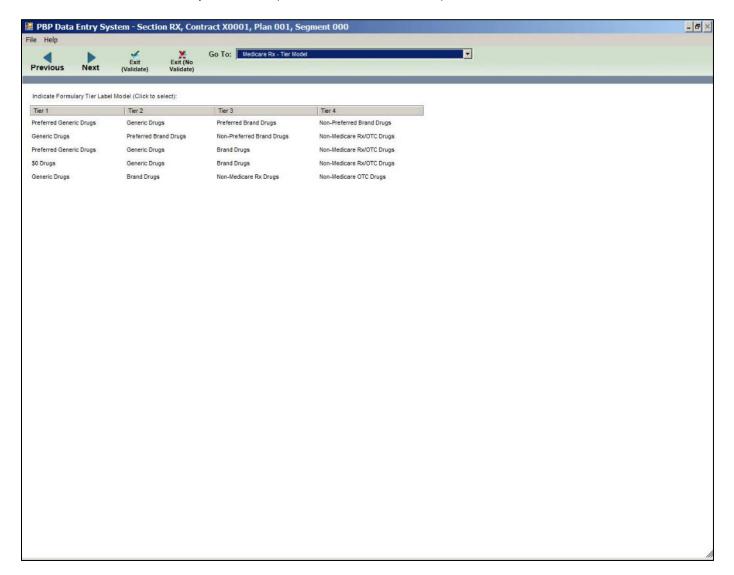
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 2 tiers)



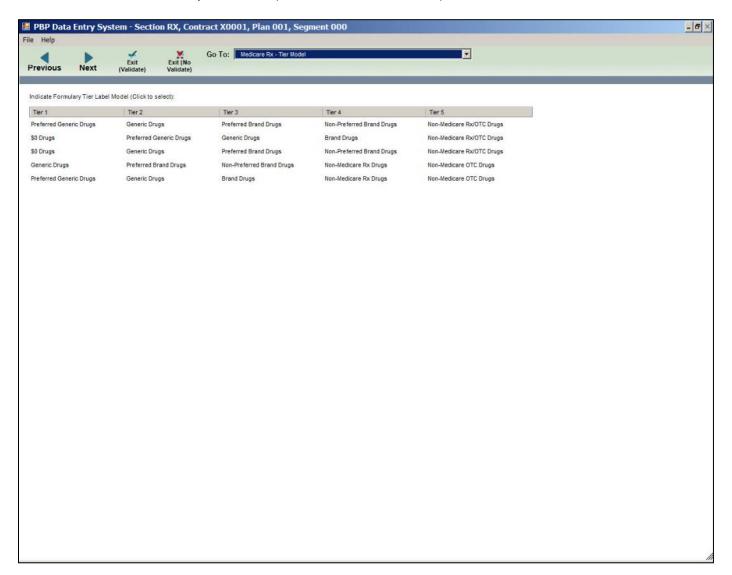
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 3 tiers)



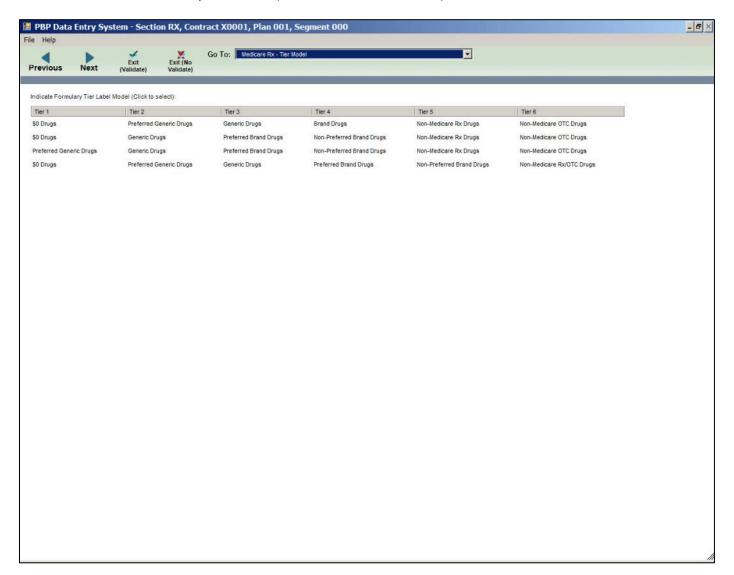
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 4 tiers)



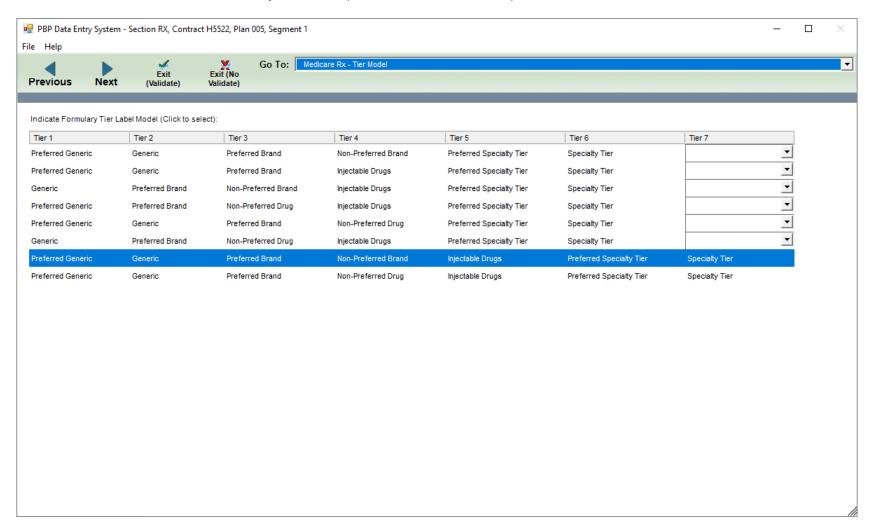
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 5 tiers)



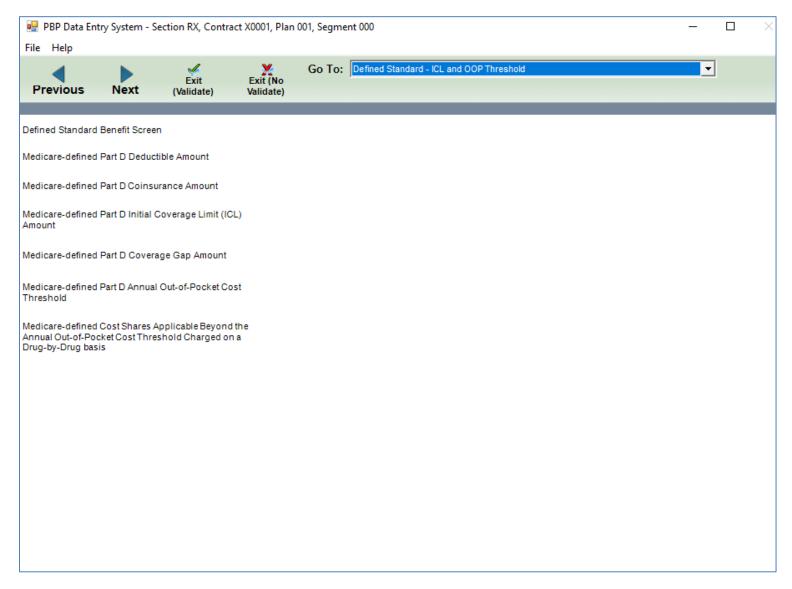
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 6 tiers)



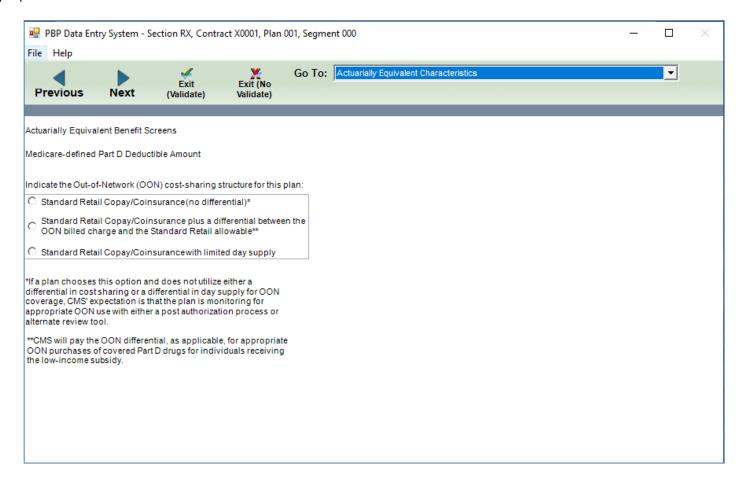
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 7 tiers)



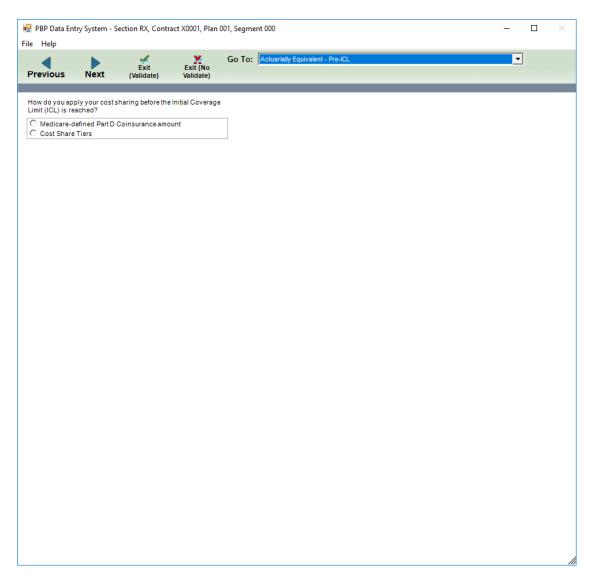
#### Defined Standard – ICL and OOP Threshold



#### **Actuarially Equivalent Characteristics**



### Actuarially Equivalent – Pre-ICL



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

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7	
er Drug Type(s) (select all that apply):	IIGI I	11612	11613	11614	TICI 5	TIEL 0	iiei i	
Generic Brand								
er Includes (select only one for each tier):								
Part D Drugs Only								
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	
dicate the type of cost sharing structure (select	U			U				
logical energy of cost sharing structure (select lily one for each tier):  Coinsurance								
	0		0	0	0			
Copayment	0	0	0	0		0		
Greater of Coinsurance and Copayment					0	0	0	
Lesser of Coinsurance and Copayment		0		0	0	0	0	

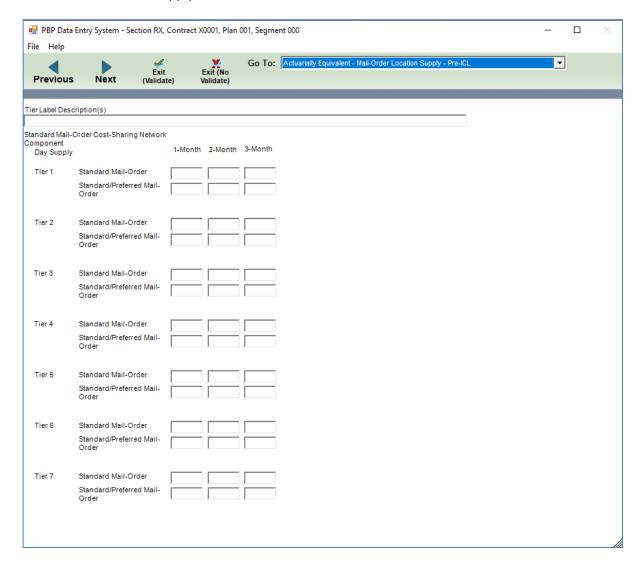
### Actuarially Equivalent – Tier Locations – Pre-ICL

🖳 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segm	ent 000							
File Help								
Exit Exit (No	Actua	Actuarially Equivalent - Tier Locations - Pre-ICL						
Previous Next (Validate) Validate)								
Tier Label Description(s)								
Colontall Landing Investigation and Colonia that are but	Tier 1	Tier 2	Tier 3	Tier /	Tier 5	Tier 6	Tier 7	
Select all Location/supply amounts that apply:	IIICI I	11612	1161 3	11614	ilei 5	i i ci o	ilei /	
Standard Retail Cost-Sharing - one month supply								
Standard Retail Cost-Sharing - two month supply								
Standard Retail Cost-Sharing - three month supply								
Standard Retail/Preferred Retail Cost-Sharing - one month supply								
Standard Retail/Preferred Retail Cost-Sharing - two month supply								
Standard Retail/Preferred Retail Cost-Sharing - three month supply								
	_	_	_	_	_	_	_	
Out-of-Network Pharmacy - one month supply								
Out-of-Network Pharmacy - other day supply								
Standard Mail Order Cost-Sharing - one month supply								
Standard Mail Order Cost-Sharing - two month supply								
Standard Mail Order Cost-Sharing - three month supply								
Standard Mail Order/Preferred Mail Order Cost-Sharing - one month supply								
Standard Mail Order/Preferred Mail Order Cost-Sharing - two month supply								
Standard Mail Order/Preferred Mail Order Cost-Sharing - three month supply	/							
Long Term Care Pharmacy - one month supply			П		П	П	П	

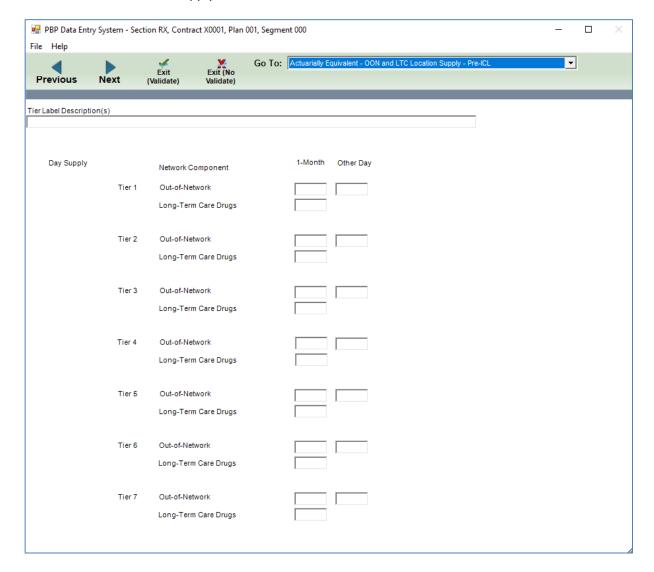
### Actuarially Equivalent – Retail Pharmacy Location Supply – Pre-ICL

	Entry System - Sec	tion RX, Contr	ract X0001, Plan	001, Segm	ent 000		-
File Help							
4		4	Exit (No	Go To:	Actuarially Equivalent - Retail Pharmacy Location S	supply - Pre-ICL	
Previous	Next	Exit (Validate)	Exit (No Validate)				
	_	(		_			
Tier Label Desc	rintion(s)						
Tion Edition Brose							
Standard Retail	Cost Sharing Comp	ponent					
Day Supply		1-M	onth 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 Cost
	Standard Retail/Preferred Re	etail			C Yes	C Yes	Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your
					C No	C No	formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available
Tier 2	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	at the extended day supply.
	Standard Retail/Preferred Re	etail			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 Re	etail			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 Re	etail			C Yes	C Yes	
					○ No	C No	
Tier 5	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Re	etail			C Yes	C Yes	
					○ No	C No	
Tier 6	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Re	etail			C Yes	C Yes	
					C No	C No	
Tier 7	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Standard Retail/Preferred Re	etail			C Yes	C Yes	
					C No	C No	
							,

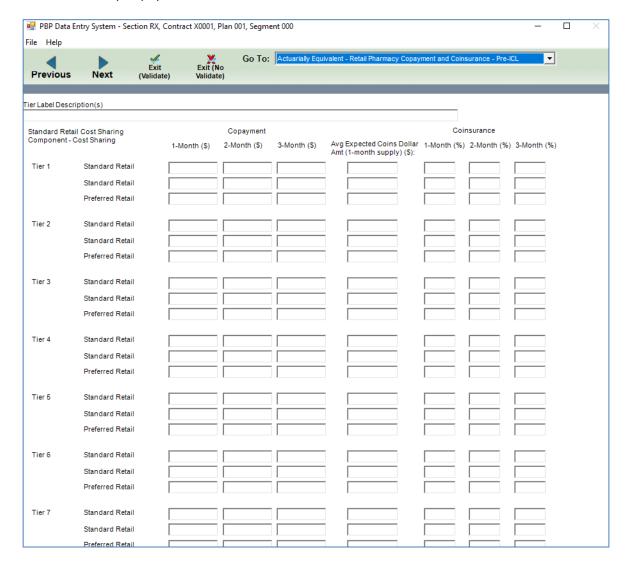
Actuarially Equivalent – Mail Order Location Supply – Pre-ICL



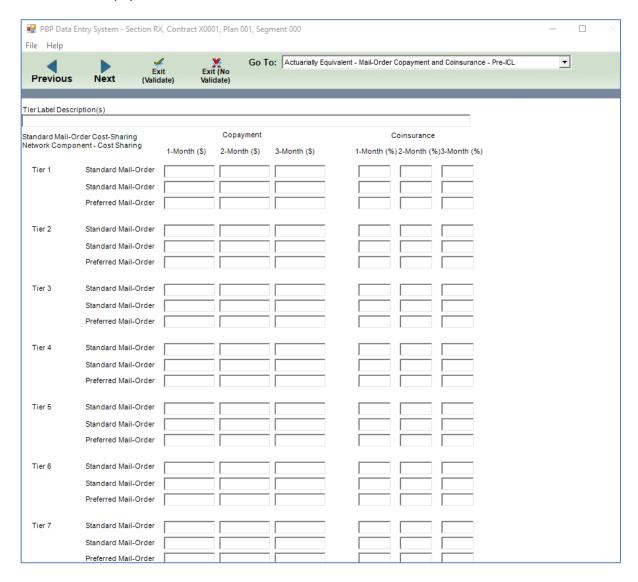
#### Actuarially Equivalent - OON and LTC Location Supply - Pre-ICL



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



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



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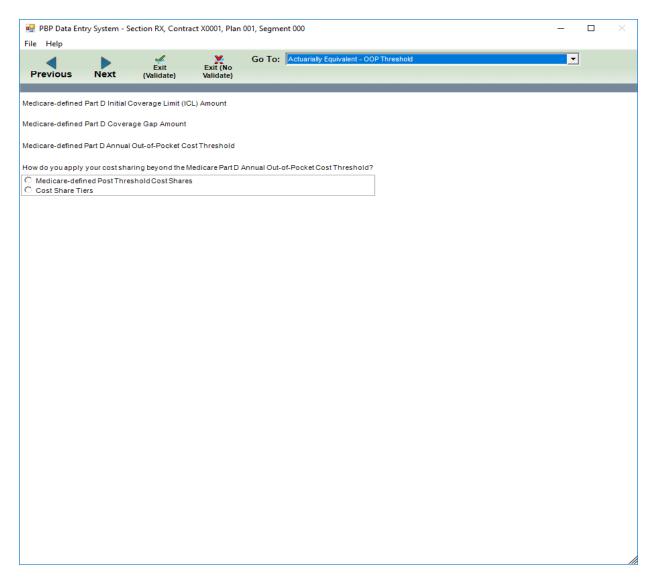
### Actuarially Equivalent – OON and LTC Copayment and Coinsurance – Pre-ICL

vious f	Exit Vext (Validate)	Exit (No Validate)	o: Actuarially Equivalent - OON and LTC Copayment and Coinsura	nce - Pre-ICL
el Description(	(s)	Copayment	Coinsurance	
Tier 1	Network Component Out-of-Network Long-Term Care Drugs	1-Month (\$) O	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			

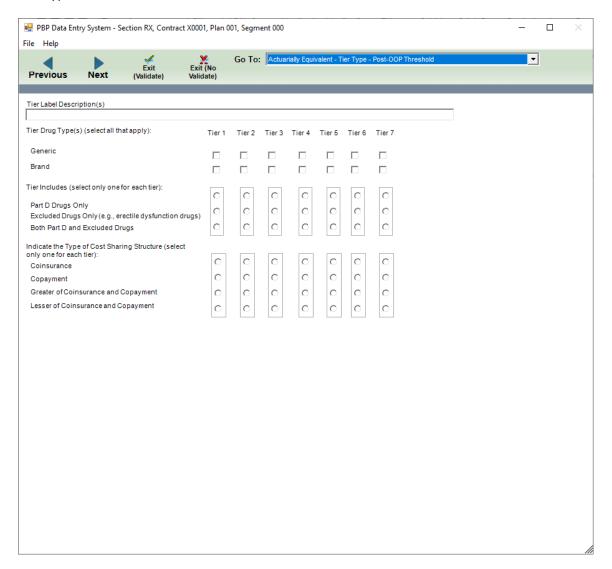
Actuarially Equivalent – Daily Copayment Amount Cost Sharing – Pre-ICL

₽BF	Data Entry System -	Section RX, Contr	act X0001, Plan	001, Segment 000							_		$\times$
File H	elp												
Prev	ious Next	Exit (Validate)	Exit (No Validate)	Go To: Actua	rially Equivalent - Daily Copaymer	it Amount Cost-Shar	ing - Pre-ICL	▼					
Tier Labe	el Description(s)						_						
CLICK	FOR Daily Copay Ins	tructions	Copayment			Copa	yment						
		1-Month (\$)	1-Month	Daily (\$)		1-Month (\$)	1-Month	Daily (\$)		Copayment			
Tier 1	Standard Retail				Standard Mail-Order					1-Month (S)	1-Month	Daily (\$)	1
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail				Preferred Mail-Order								
Tier 2	Standard Retail				Standard Mail-Order								
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs				_
	Preferred Retail				Preferred Mail-Order							-	
Tier 3	Standard Retail				Standard Mail-Order								
	Standard Retail			,	Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail				Preferred Mail-Order								
Tier 4	Standard Retail				Standard Mail-Order								
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail				Preferred Mail-Order								
Tier 5	Standard Retail				Standard Mail-Order								
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail				Preferred Mail-Order								
Tier 6	Standard Retail				Standard Mail-Order								
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail				Preferred Mail-Order						,	,	
Tier 7	Standard Retail				Standard Mail-Order								
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs				
	Preferred Retail			,	Preferred Mail-Order								- 1
		,		,		,		,			te Daily Copay Daily Copay A		$\dashv$

### Actuarially Equivalent - OOP Threshold



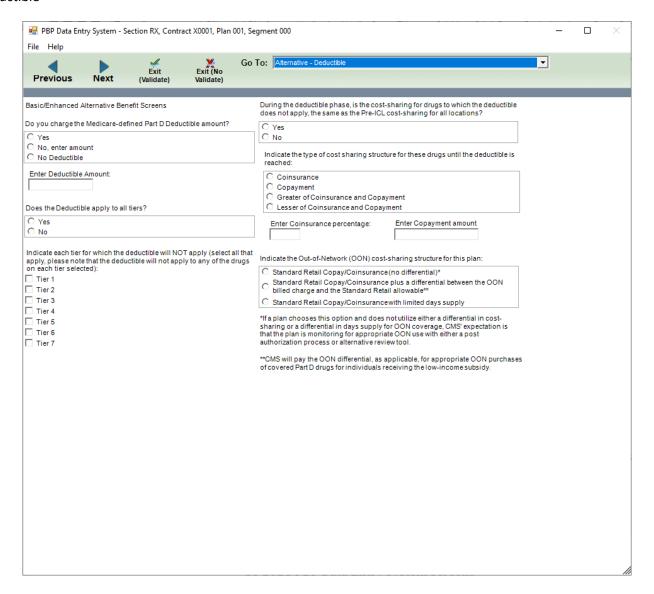
#### Actuarially Equivalent – Tier Type – Post-OOP Threshold



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

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

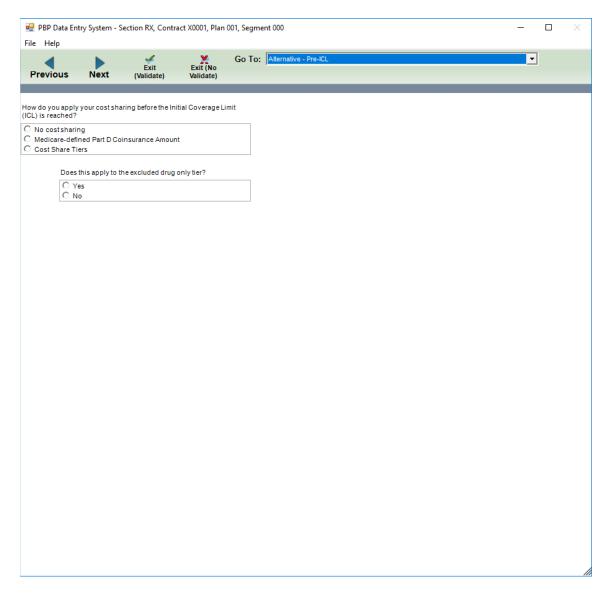
#### Alternative – Deductible



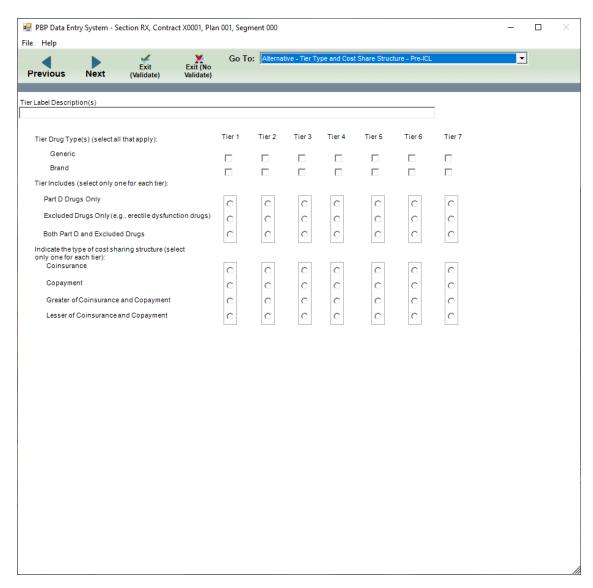
### Alternative – Enhanced Alternative Characteristics

🖳 PBP Data Ent	ry System - S	Section RX, Contr	act X0001, Plan	001, Segme	nt 000 —	$\square$ $\times$
File Help						
<b>■</b>		Exit	Exit (No	Go To:	Alternative - Enhanced Alternative Characteristics	
Previous	Next	(Validate)	Validate)			
Do you offer reduce Benefit?	ed Part D co	st sharing as part	of your supplen	nental Part D	Do you oner additional costsmaning reductions in the coverage gap:	
C Yes					C Yes	
C No					O NO	
	ed (select all) uctible ICL cost shar threshold coulded drugs as le dysfunction to "Do you co	ost shares s part of your supp n)? (Enhanced Alf ver excluded drug eat erectile dysfur	plemental cover- dernative ONLY) ps as part of you cloaded through	age (e.g., dru ur supplemen ust indicate t the Formula	2021 is 25% for non-applicable (i.e., generic) drugs and 25% for applicable (i.e., generic) drugs and 25% for applicable (i.e., generic) drugs and 25% for applicable (i.e., drugs. The coverage gap discount applies to applicable drugs for all benefit typ be reflected in each plan's bid. The gap coverage section of the PBP is intende those enhanced alternative (EA) plans offering additional cost-sharing reductic coverage gap through a supplemental Part D benefit. Other benefit types will N gap coverage information in the PBP.  Additional reductions in gap cost sharing offered by EA plans through a supple represents cost sharing that is significantly better than the defined standard cosbenefits for generic and/or brand drugs that must be offered by all plans. When additional cost sharing reductions for applicable drugs in the gap, the plan liabil applied to the plan-negotiated price, followed by the manufacturer coverage gap applicable beneficiaries.  Example: Asponsor intends to offer additional coverage in the gap such that the for applicable drugs is 50% (100% minus 50% coinsurance). For drug with a pla hisbility is \$75 and the remainion \$75 will be shared by the premainion \$75 will be shared by the remainion \$75 will be shared by the premainion \$75 will be shared by the premainion \$75 will be shared by the properties that the properties of the properties of \$150 the plan liability is \$75 and the premainion \$75 will be shared by the properties of \$150 the plan liability is \$75 and the premainion \$75 will be shared by the properties of \$150 the plan liability is \$75 and the premainion \$75 will be shared by the properties of \$150 the plan liability is \$75 and the premainion \$75 will be shared by the properties of \$150 the plan liability is \$75 and the premainion \$75 will be shared by the properties of \$150 the plan liability is \$75 and the premainion \$75 will be shared by the properties the properties of \$1	"brand) es and must d only for ons in the OT enter  mental benefit st-sharing offering lity is first p discount for e plan's liability an-negotiated the son, under the own (\$105) is y (\$7.50) coverage Gap supplemental is," PBPs may er payments lin the cost design, the e expected sin CY 2021 is the PBP and mum e 70% d be

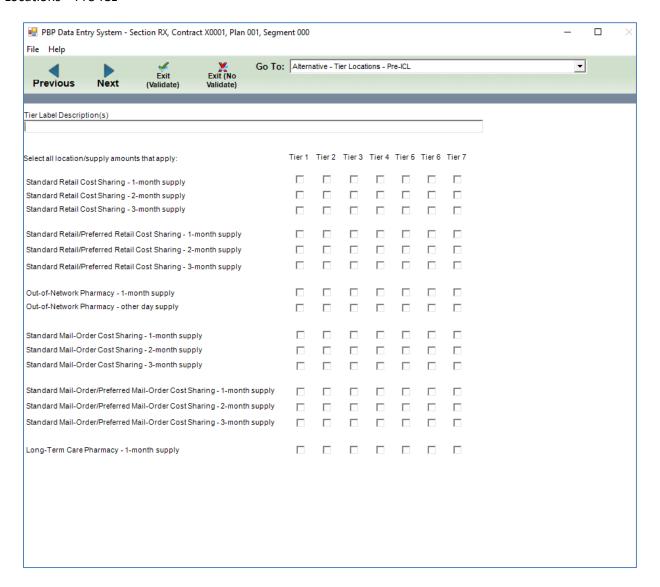
#### Alternative - Pre-ICL



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



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



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

₽ PBP Data	Entry System - Section RX	, Contract >	(0001, Plan	001, Segme	ent 000		- 🗆 ×
File Help							
Previous	Next (Valida	t ate)	Exit (No Validate)	Go To:	Atternative - Retail Pharmacy Location Supply - Pre	-ICL ▼	
Tier Label Desc	rintian(s)						
Tier Laber Desc	iiplion(s)						
Standard Retail	Cost-Sharing Component						
Day Supply		1-Month	2-Month	3-Month	Extended Day Supply Applies to All Drugs?*	Limited First Fill for Extended Day Supply	
Tier 1	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	*For example, if you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-
	Standard Retail/Preferred Retail				C Yes	C Yes	Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your
					C No	○ No	formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available
Tier 2	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	at the extended day supply.
	Standard Retail/Preferred Retail				C Yes	C Yes	
					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	
					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	
					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?	
	Retail/Preferred Retail				C Yes	C Yes	
					C No	C No	
Tier 7	Standard Retail				Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Retail/Preferred Retail				C Yes	O Yes	
					C No	C No	

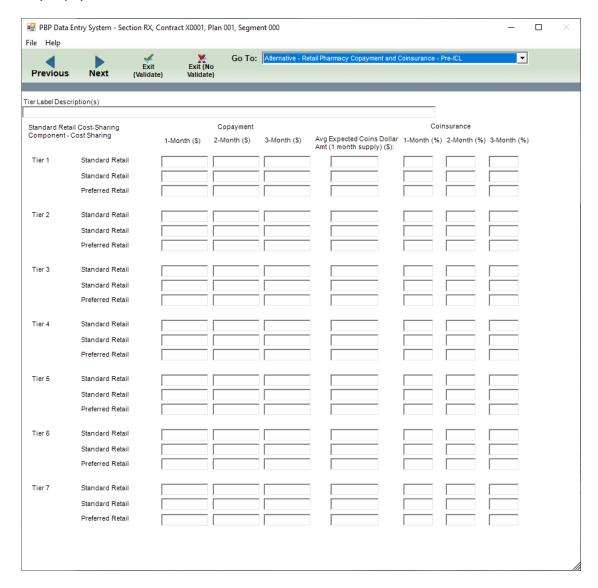
### Alternative - Mail Order Location Supply - Pre-ICL

PBP Data	Entry System - Sec		_	×					
File Help									
Previous	Next	Exit (Validate	e) V	Exit (No /alidate)	Go To:	Atternative - Mail Order Location Supply - Pre-ICL		•	
Tier Label Descr	ription(s)						1		
Standard Mail O Component Day Supply	order Cost-Sharing	Network	1-Month	2-Month	3-Month				
Tier 1	Standard Mail Or	der							
	Standard/Preferre Order	ed Mail							
Tier 2	Standard Mail Or Standard/Preferre			$\sqsubseteq$	$\sqsubseteq$				
	Order	cu iviaii							
Tier 3	Standard Mail Or	der							
	Standard/Preferre Order	ed Mail							
Tier 4	Standard Mail Or	der							
	Standard/Preferre Order	ed Mail							
Tier 5	Standard Mail Or	der							
	Standard/Preferre Order	ed Mail							
Tier 6	Standard Mail Or	der							
	Standard/Preferre Order	ed Mail							
Tier 7	Standard Mail Or	der							
	Standard/Preferre Order	ed Mail							
l									

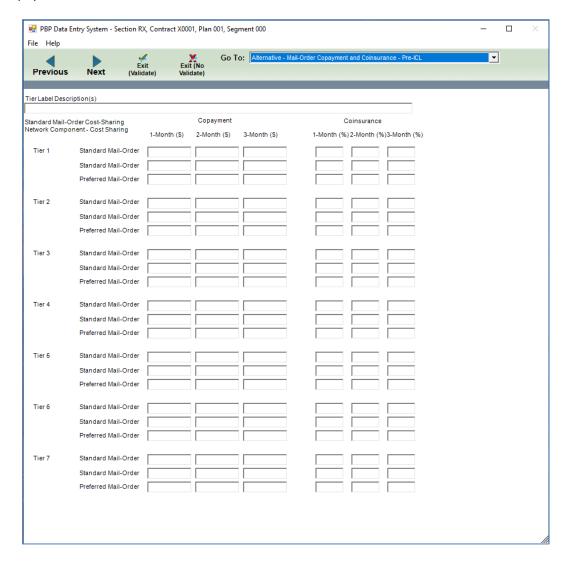
### Alternative – OON and LTC Location Supply – Pre-ICL

evious N	ext	Exit Exit (No (Validate)	Go To: Alternative - OON and LTC Location Supply - Pre-ICL	•
abel Description(s	5)			
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 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



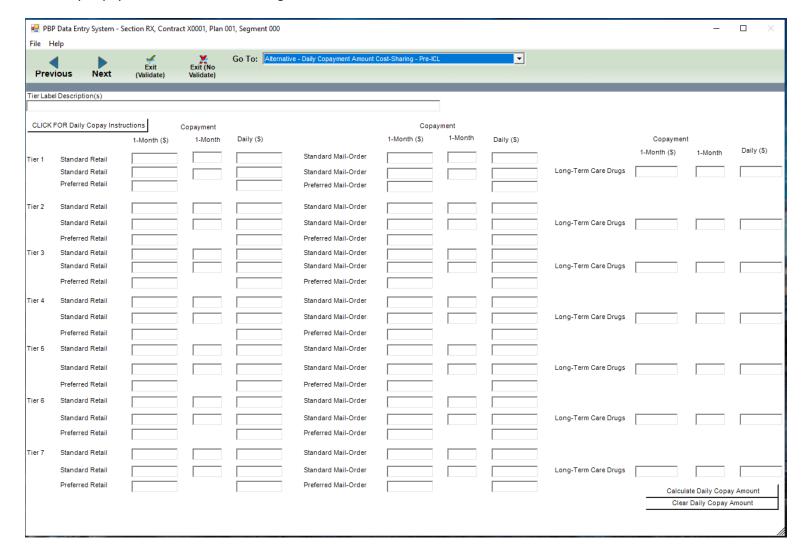
### Alternative - Mail Order Copayment and Coinsurance - Pre-ICL



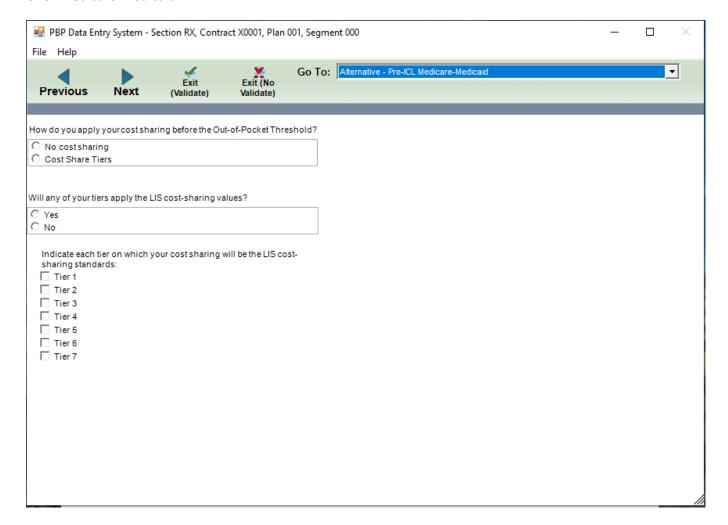
### Alternative – OON and LTC Copayment and Coinsurance – Pre-ICL

File Help							
Previous	Ne	Exit (Validate)	Exit (No Validate)	Go To:	Alternative - OON and LTC Copayment and Coinsurance - Pre-ICL	•	
er Label Descript	ion(s)						
			Copayment		Coinsurance		
	N	letwork Component	1-Month (\$)	Other	(\$): 1-Month (%) Other (%):		
Tie	r1 C	out-of-Network					
	L	ong-Term Care Drugs.					
Tie	r2 C	Out-of-Network					
	L	ong-Term Care Drugs					
Tie	r3 C	Out-of-Network					
	L	ong-Term Care Drugs					
Tie	r4 C	Out-of-Network					
	L	ong-Term Care Drugs					
Tie	r5 C	Out-of-Network					
	L	ong-Term Care Drugs	,				
Tie	re C	Out-of-Network					
i i e		ong-Term Care Drugs					
					•		
Tie	r7 C	Out-of-Network					
	L	ong-Term Care Drugs					

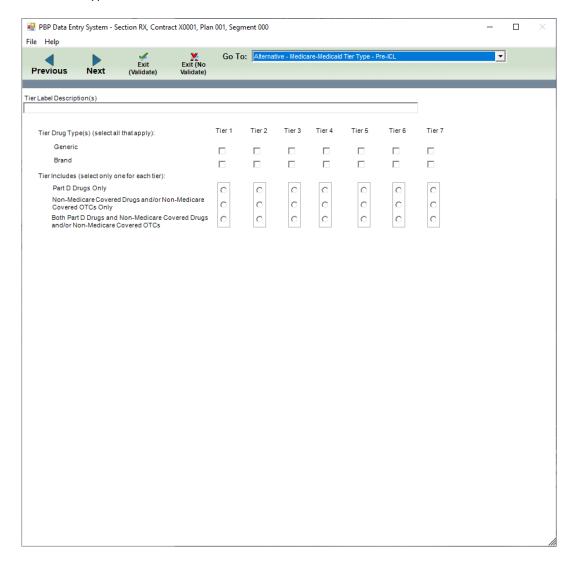
#### Alternative - Daily Copayment Amount Cost Sharing - Pre-ICL



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



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



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

🖳 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segm		-	- [		$\times$							
File Help												
Previous Next (Validate) Go To	Altern	Alternative - Medicare-Medicaid Tier Locations - Pre-ICL								+	]	
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												
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												
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												//

#### 🖳 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000 File Help Exit (No Validate) Exit Previous Next (Validate) Fier Label Description(s Standard Retail Cost Sharing Component 1-Month 2-Month 3-Month Extended Day Supply Applies to All Drugs?\* Limited First Fill for Extended Day Supply Are all of the drugs on your formulary for this tier. Are any of the drugs available at an extended day supply \*For example, if you chose a two month or three Tier 1 Standard Retail available with an extended day supply? month supply at the Standard/Preferred Retail Cost Sharing or the Mail-Order Pharmacy, you must Standard Retail/Preferred Retail answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply. Are all of the drugs on your formulary for this tier Are any of the drugs available at an extended day supply Standard Retail available with an extended day supply? for this tier limited to a 1-month supply for the first fill? Standard Retail/Preferred Retail Are all of the drugs on your formulary for this tier Are any of the drugs available at an extended day supply Tier 3 Standard Retail available with an extended day supply? for this tier limited to a 1-month supply for the first fill? Standard C No C No Are all of the drugs on your formulary for this tier Are any of the drugs available at an extended day supply available with an extended day supply? Are any of the drugs available at an extended day supply? Tier 4 Standard Retail Standard Retail/Preferred Retai O Yes C No Are all of the drugs on your formulary for this tier. Are any of the drugs available at an extended day supply available with an extended day supply? for this tier limited to a 1-month supply for the first fill? Standard Retail/Preferred Retail Are all of the drugs on your formulary for this tier Are any of the drugs available at an extended day supply Tier 6 Standard Retail for this tier limited to a 1-month supply for the first fill? Standard Retail/Preferred Retail Are all of the drugs on your formulary for this tier Are any of the drugs available at an extended day supply available with an extended day supply? Are any of the drugs available at an extended day supply? Standard Retail Standard Retail/Preferred Retail C Yes

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

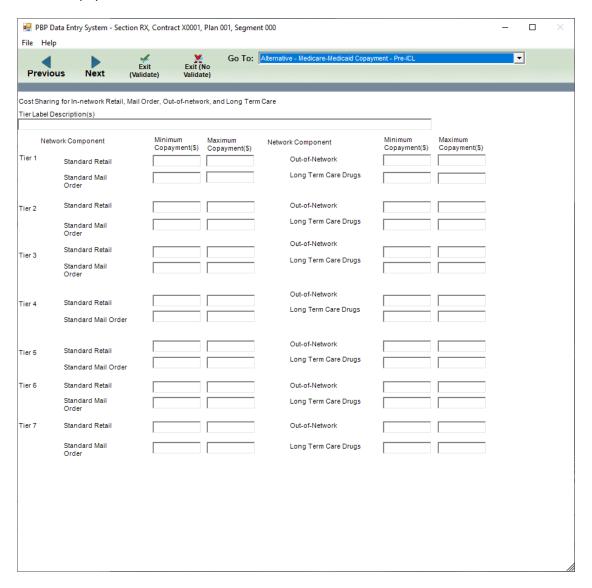
### Alternative – Medicare-Medicaid Mail Order Location Supply – Pre-ICL

Previous	Next	Exit	Exit (No	Go To:	Atternative - Medicare-Medicaid Mail Order Location Supply - Pre-ICL	•	
Previous	Next	(Validate)	Validate)	_			_
ier Label Desc	rintion(s)						Т
er Laber Desc	iipiion(s)						
	order Cost-Sharing	Network					
omponent Day Supply		1-M	onth 2-Month	3-Month			
Tier 1	Standard Mail Ord	der					
	Standard/Preferre Order	d Mail					
Tier 2	Standard Mail Ord	der					
	Standard/Preferre Order	d Mail					
Tier 3	Standard Mail Ord	der					
	Standard/Preferre Order	d Mail					
Tier 4	Standard Mail Ord	der					
	Standard/Preferre Order	d Mail					
Tier 5	Standard Mail Ord	der					
	Standard/Preferre Order	d Mail					
Tier 6	Standard Mail Ord	der					
	Standard/Preferre Order	d Mail					
Tier 7	Standard Mail Ord	der					
	Standard/Preferre Order	d Mail					

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

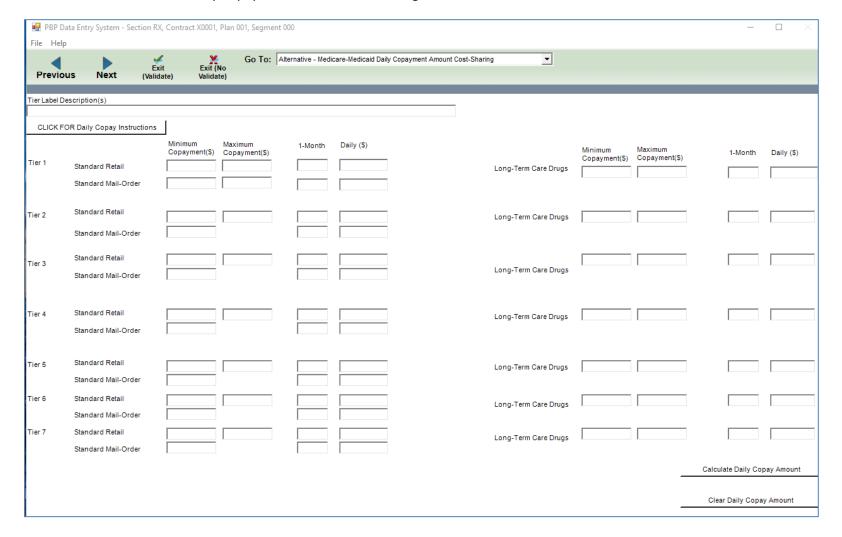
evious	Next	Exit Exit (No (Validate)	Go To: Alternative - Medicare-Medicaid OON and LTC Location Supply - Pre-ICL
abel Description	n(s)		
Day Supply		Network Component	1-Month Other Day
	Tier 1	Out-of-Network Long-Term Care Drugs	
	Tier 2	Out-of-Network Long-Term Care Drugs	
	Tier 3	Out-of-Network Long-Term Care Drugs	
	Tier 4	Out-of-Network 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 - Medicare-Medicaid Copayment - Pre-ICL

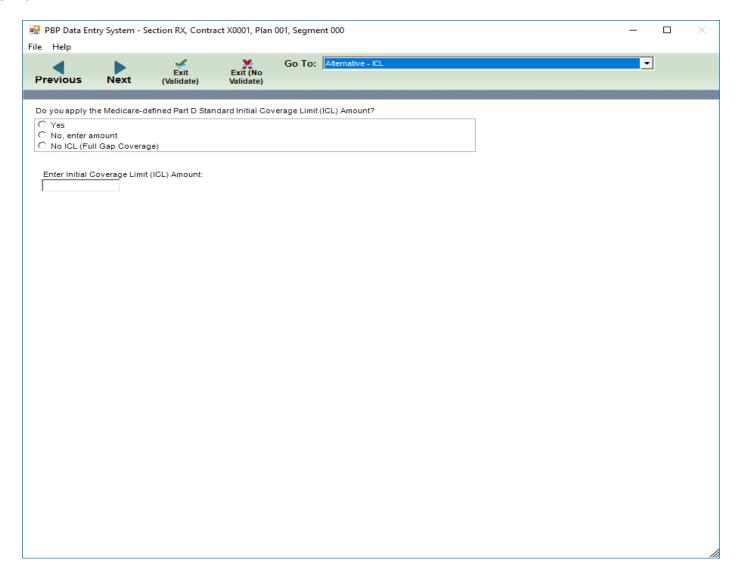


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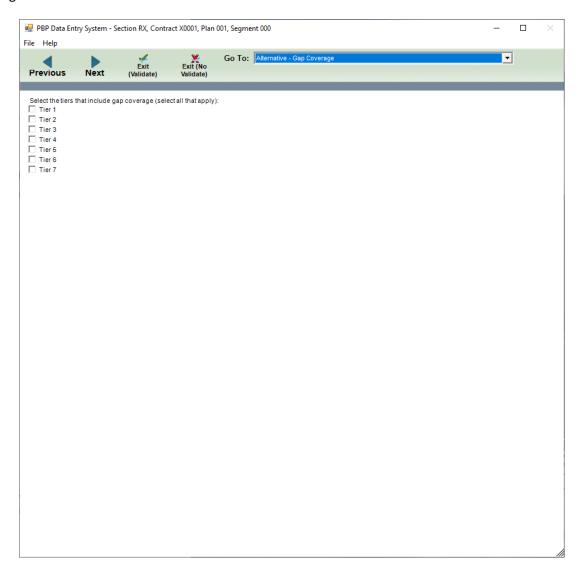
#### Alternative - Medicare-Medicaid Daily Copayment Amount Cost Sharing



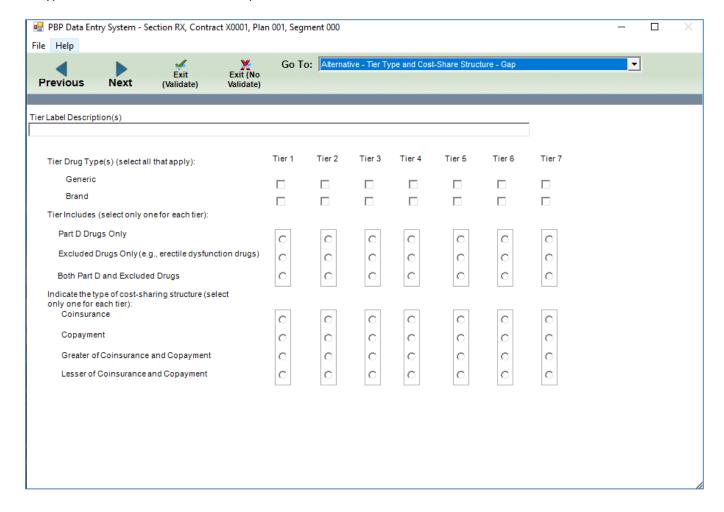
#### Alternative – ICL



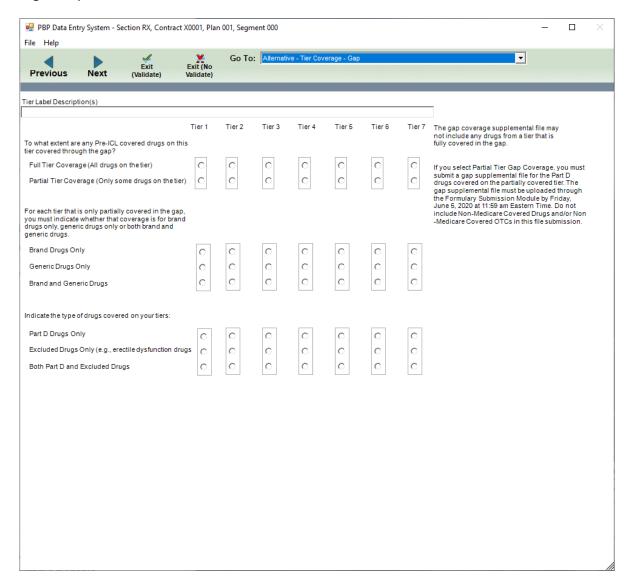
#### Alternative – Gap Coverage



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



#### Alternative - Tier Coverage - Gap



### Alternative – Tier Locations – Gap

🖳 PBP Data Er	PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000													-	_	$\times$
File Help																
4		Exit	Exit (No	Go To:	Altern	ative - T	ier Loca	tions - G	ар						▼	
Previous	Next	(Validate)	Validate)	_	_	_	_	_	_	_	_	_	_	_	_	
Tier Label Descrip	ntion(s)															
Tior Education Descrip	paron(3)															
Select all location	/supply amour	nts that apply:			Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 7					
81 d d B-d114					П		П	П			П					
Standard Retail ( Standard Retail (	_															
Standard Retail (	_															
	_		_	_		_	_									
Standard Retail/F	Standard Retail/Preferred Retail Cost Sharing - 1-month supply															
Standard Retail/	Preferred Retai	Cost Sharing - 2-	month supply													
Standard Retail/F	Preferred Retai	l Cost Sharing - 3-	-month supply													
Out-of-Network F	Pharmacy - 1-m	nonth supply														
Out-of-Network F	Pharmacy - oth	er day supply														
Standard Mail-O	rder Cost Shar	ing - 1-month supp	nly		П		П				П					
		ing - 2-month sup	•								П					
		ing - 3-month supp	-													
Standard Mail O	rder/Dreferred	Mail-Order Cost Si	haring 1 month	a supply			_				П					
			_													
	Standard Mail-Order/Preferred Mail-Order Cost Sharing - 2-month supply Standard Mail-Order/Preferred Mail-Order Cost Sharing - 3-month supply															
Claridard Mall-O	Tabin Total Cu	man-Order 003t3	namy - o-monu	Jappiy												
Long-Term Care	Pharmacy - 1-	month supply														

### Alternative – Retail Pharmacy Location Supply – Gap

	Entry System - Section R	X, Contract	K0001, Plan	001, Segme	ent 000		- □ ×
File Help							
Previous	Next (Valid	cit	Exit (No Validate)	Go To:	Alternative - Retail Pharmacy Location Supply - Ga	p v	
Tier Label Desc	cription(s)						
Standard Retai	Cost Sharing Component	t					
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 Cost
	Standard Retail/Preferred Retail				C Yes	C Yes	Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your
	retail/Freierred retail				C No	○ No	formulary for this tier available with an extended day
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.
	Retail/Preferred Retail				C Yes	○ 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?	
	Retail/Preferred Retail				C Yes	C Yes	
					C No	C No	
Tier 4	Standard Retail				available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Retail/Preferred Retail				C Yes	C Yes	
					○ No	C No	
Tier 5	Standard Retail				available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Retail/Preferred Retail				○ Yes	C Yes	
					○ 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				available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?	
	Retail/Preferred Retail				C Yes	○ Yes	
					○ No	C No	

### Alternative - Mail Order Location Supply - Gap

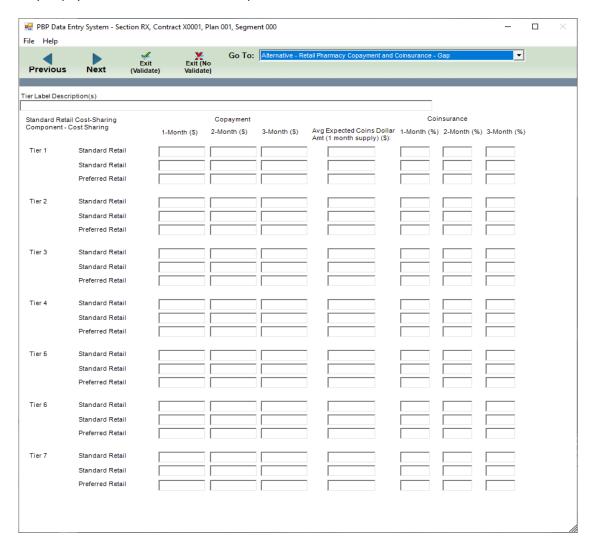
	PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000							-	×
Previous	Next	Exit (Validate	e) '	Exit (No Validate)	Go To:	Alternative - Mail Order Location Supply - Gap		<b>-</b>	
Tier Label Desc	ription(s)								
Standard Mail C Component Day Supply	Order Cost-Sharin	g Network	1-Month	2-Month	3-Month				
Tier 1	Standard Mail O	rder							
	Standard/Preferr Order	ed Mail							
Tier 2	Standard Mail O								
	Standard/Preferr Order	ed Maii							
Tier 3	Standard Mail O	rder							
	Standard/Preferr Order	ed Mail							
Tier 4	Standard Mail O	rder							
	Standard/Preferr Order	ed Mail							
Tier 5	Standard Mail O	rder							
	Standard/Preferr Order	ed Mail							
Tier 6	Standard Mail O	rder							
	Standard/Preferr Order	ed Mail							
Tier 7	Standard Mail O	rder							
	Standard/Preferr Order	ed Mail							
									,

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

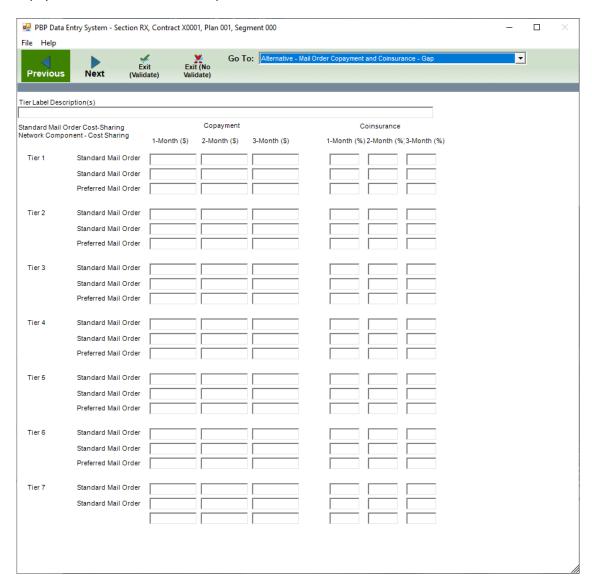
revious	Next	Exit (Validate)	Exit (No Validate)	Go To: Alternativ	e - OON and LTC Location Supply - Gap	<b>-</b>	
Label Descript	ion(s)						
Day Supply	Tier 1	Out-of-Ne	Component stwork m Care Drugs	1-Mon	th Other Day		
	Tier 2	Out-of-Ne Long Ter	etwork m Care Drugs				
	Tier 3	Out-of-Ne Long Ter	etwork m Care Drugs				
	Tier 4	Out-of-Ne Long Ter	etwork m Care Drugs				
	Tier 5	Out-of-Ne Long Ten	etwork m Care Drugs				
	Tier 6	Out-of-Ne Long Terr	stwork m Care Drugs				
	Tier 7	Out-of-Ne Long Terr	etwork m Care Drugs				

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



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



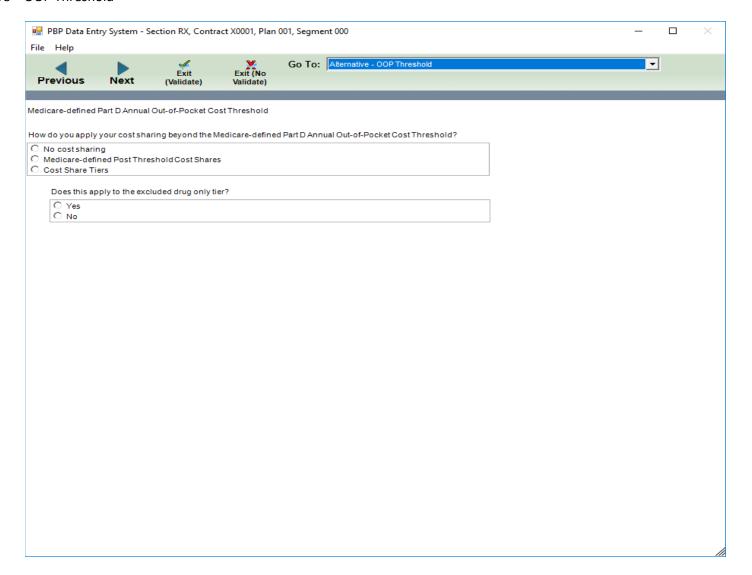
### Alternative – OON and LTC Copayment and Coinsurance – Gap

vious	Next (Validate)	Exit (No Validate)	ative - OON and LTC Copayment and Coinsurance - Gap	V
el Descriptio	Network Component	Copayment  1-Month (\$) Other (\$):	Coinsurance 1-Month (%) Other (%):	
Tier:	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			

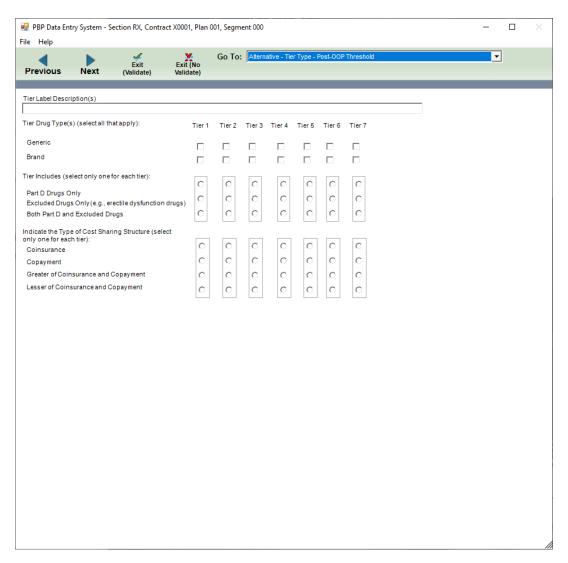
### Alternative – Daily Copayment Amount Cost Sharing – Gap

	Data Entry System - S	Section RX, Contra	ect X0001, Plan 0	01, Segment 000							_	ā ×
File H	elp											
Prev	ious Next	Exit	Exit (No	Go To: Altern	ative - Daily Copayment Amount (	Cost-Sharing - Gap		-				
riev	ious Next	(Validate)	Validate)	_	_	_	_	_	_	_	_	
TierLabe	l Description(s)											
		1										
CLICK	FOR Daily Copay Inst		Copayment				ayment 1-Month					
		1-Month (\$)	1-Month	Daily (\$)		1-Month (\$)	1-Month	Daily (\$)	_	Copayment 1-Month (\$)	1-Month	Daily (\$)
Tier 1	Standard Retail				Standard Mail-Order					I-Month (5)	1-MOTH	
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							
Tier 2	Standard Retail				Standard Mail-Order				1			
	Standard Retail			,	Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order			, —				,
Tier 3	Standard Retail				Standard Mail-Order							
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							
Tier 4	Standard Retail				Standard Mail-Order							
	Standard Retail	,			Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							,
Tier 5	Standard Retail				Standard Mail-Order							
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							
Tier 6	Standard Retail				Standard Mail-Order							
1101 0												
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order							
Tier 7	Standard Retail				Standard Mail-Order							
	Standard Retail				Standard Mail-Order				Long-Term Care Drugs			
	Preferred Retail				Preferred Mail-Order					Calaula	ate Daily Copa	
		,						,			Daily Copay	
											,,	

#### Alternative - OOP Threshold



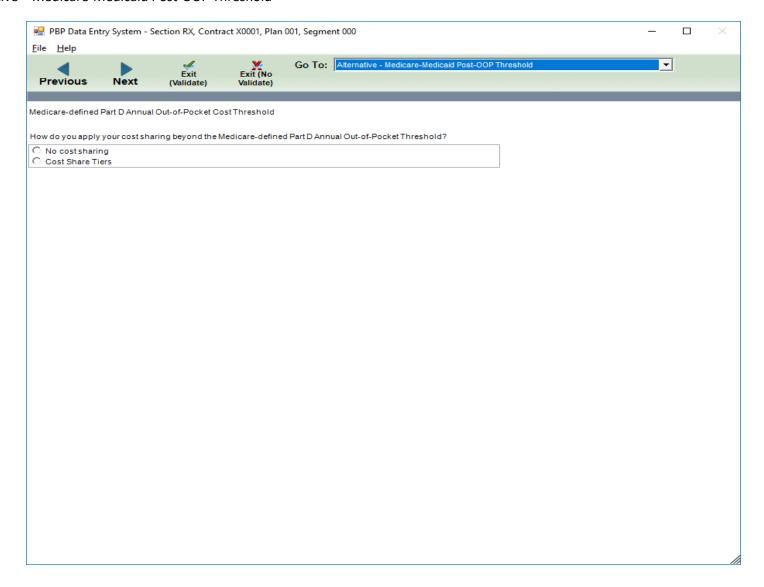
#### Alternative - Tier Type - Post-OOP Threshold



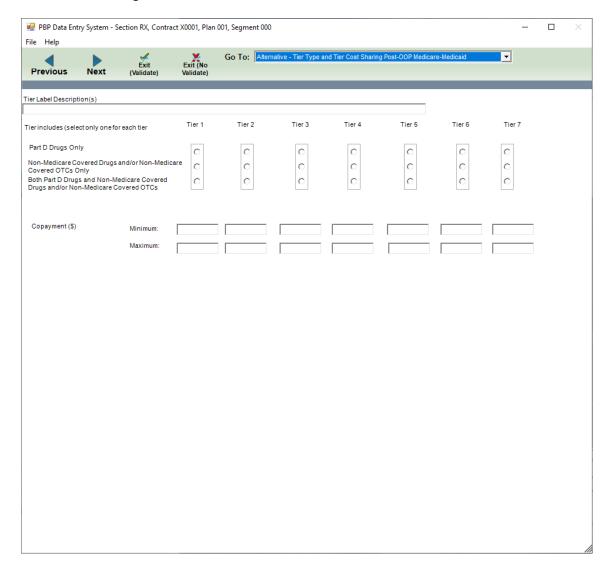
### Alternative – Tier Cost Sharing Post-OOP Threshold

₽BP Data B	🖷 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000								$\times$
File Help									
4	•	Exit (Validate)	Exit (No	Go To:	Alternative - Tier Cost Shar	ing Post-OOP Threshold		₹	
Previous	Next	(Validate)	Validate)						
Tier Label Descr	iption(s)								
,		Copayment (\$)	Coinsurance (%)						
	Tier 1	Copayment (3)	Comsulative (76)						
	Tier 2								
	Tier 3								
	Tier 4								
	Tier 5								
	Tier 6								
	Tier 7								

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



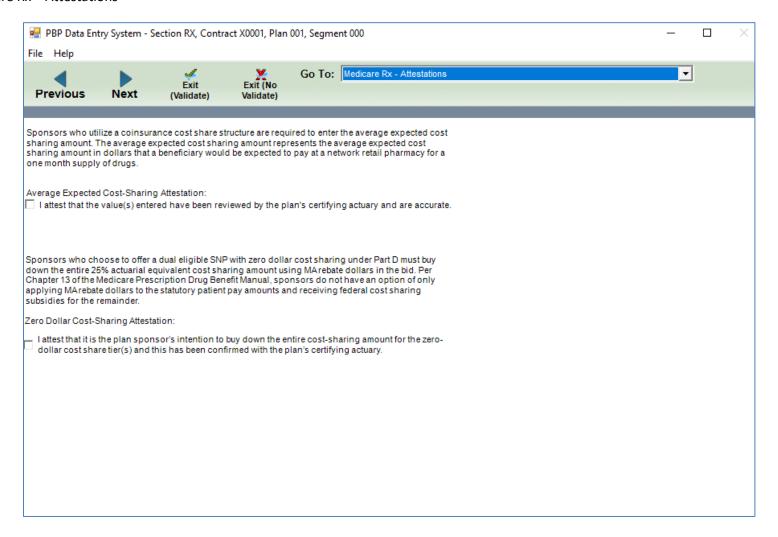
#### Alternative – Tier Type and Tier Cost Sharing Post-OOP Medicare and Medicaid



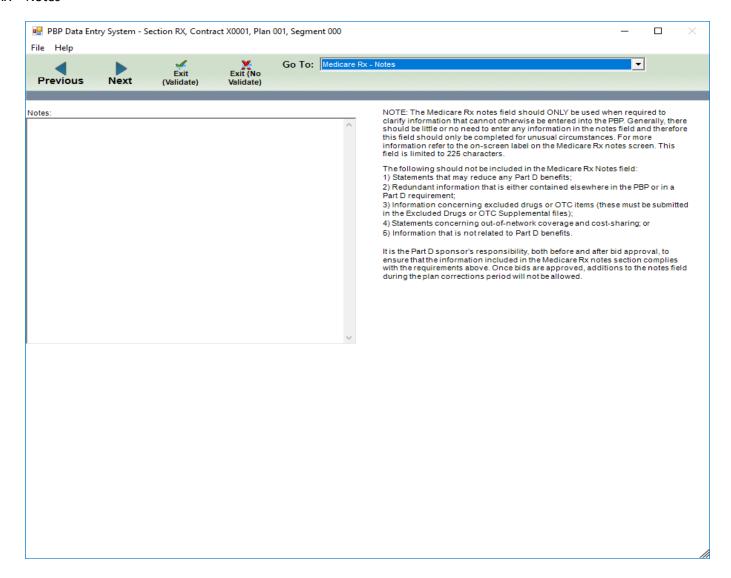
### Defined Standard – Locations and Location Supply

■ PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000		
File Help		
Previous Next (Validate) Validate	Go To: Defined Standard - Locations and Location Supply	▼
	Enter number of days for:	
Select all location/supply amounts that apply:	1-Month 2-Month 3-Month Other Day	Are all of the drugs on your formulary available with an extended day supply?  C Yes No
Standard Retail Cost Sharing - 1-month supply Standard Retail Cost Sharing - 2-month supply Standard Retail Cost Sharing - 3-month supply		U NO
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?  C 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



#### Medicare RX – Notes



#### Part D Payment Modernization Benefit - Base 1

