# CY 2023 PBP Data Entry System Screens

#### Medicare Rx General 1

| 🖳 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segn  | nent 000 — 🗆 🗙  |
|---|---|
| File Help   |   |
| Previous Next (Validate) Go To  | Medicare Rx General 1   |
| CLICK FOR DESCRIPTION OF BENEFIT<br>Does your plan offer a Medicare Prescription drug (Part D) benefit?   | Unless sponsor's compliance is waived by the regulation, sponsor must comply with 42 CFR §<br>423.154 beginning January 1, 2013 regarding the appropriate dispensing of prescription drugs in<br>long-term care (LTC) facilities. This section requires, among other things:<br>1) that certain drugs be dispensed to Part D enrollees in LTC facilities in no greater than 14-day<br>increments;   |
| Select the type of drug benefit:<br>O Defined Standard<br>O Actuarially Equivalent Standard<br>O Basic Alternative<br>O Enhanced Alternative  | <ol> <li>2) that the use of uniform dispensing techniques as defined by each of the LTC facilities be permitted;</li> <li>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;</li> <li>4) that the total cost sharing for a Part D drug to which the LTC dispensing requirements apply</li> </ol> |
| Describe the components of your pharmacy network (select all that apply):  Standard Retail  Standard/Preferred Retail   | must be no greater than the total that would be imposed if the requirements did not apply; and<br>5) that the terms and conditions offered by the sponsor to a network pharmacy must include provisions<br>that address the disposal of drugs that have been dispensed to Part D enrollees in LTC facilities but not<br>used and returned to the pharmacy, including whether credit and reuse is authorized.  |
| <ul> <li>Out-of-Network</li> <li>Standard Mail-Order</li> <li>Standard/Preferred Mail-Order</li> <li>Long-Term Care</li> <li>Aplan should specify both standard and preferred mail-order cost<br/>sharing if it will require different cost-sharing amounts at different mail-<br/>order locations, even if both standard and preferred mail-order</li> </ul> | Sponsor attests that it will comply with 42 CFR 423.154.  |
| pharmacies are not currently included in its network.   |   |

#### Medicare Rx General 2

| PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segme<br>File Help  | ent 000 — 🗆 🗙   |
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|   | Medicare Rx General 2   |
| Do you offer a free first fill (i.e. \$0 copayment) for any drugs?          O Yes       O         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 10, 2022 at 11:59am Eastern Time. | Do you pay for over-the-counter medications (OTCs) under the utilization management program?<br>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 10, 2022 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. |

#### Medicare Rx General 3

| 🖳 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Sec  | gment 000  | _ |   | × |
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| File Help<br>Previous Next (Validate) Go T<br>Exit (No<br>Validate)  | O: Medicare Rx General 3   | • | ] |   |
| Indicate number of Tiers in your Part D benefit:   | Each plan must indicate one specific cost-sharing tier from its PBP<br>at which it will adjudicate all non-formulary drugs approved through<br>the formulary exceptions process.   |   |   |   |
| What is your Formulary Exceptions Tier? Do you apply a second less expensive cost-sharing level for all generic drugs approved for formulary exceptions? | Although CMS generally allows Part D sponsors to apply only one<br>level of cost sharing from an existing formulary tier to all approved<br>formulary exceptions, sponsors may also elect to apply a second<br>less expensive level of cost sharing for all approved formulary<br>exceptions for generic drugs, so long as this second level is also<br>associated with an existing formulary tier and is uniformly applied to<br>all approved formulary exceptions for generic drugs. |   |   |   |
| C Yes<br>C No  |  |   |   |   |
| What is the lower level cost-sharing Formulary Exceptions Tier?  |  |   |   |   |

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

| Help          |                 |                    |                       |        |                          | <br> |  |  |
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| revious       | Next            | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: | Médicaré Rx - Tier Model |      |  |  |
| dicate Formul | lary Tier Label | Model (Click to :  | select):              |        |                          |      |  |  |
| lier 1        | Tier 2          |                    |                       |        |                          |      |  |  |
| eneric        | Brand           |                    |                       |        |                          |      |  |  |
| eneric        | Preferred I     | Brand              |                       |        |                          |      |  |  |
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Medicare Rx- Tier Model (when a tier includes 3 tiers)

| eneric Preferred Brand Specialty Tier<br>eneric Preferred Brand Non-Preferred Brand<br>referred Generic Preferred Brand Non-Preferred Drug  | Go To: Medicare Rx - Tier Model | 4                      | негр                                      |
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| Tier 2     Tier 3       neric     Brand     Specialty Tier       neric     Preferred Brand     Specialty Tier       neric     Preferred Brand     Non-Preferred Brand       ferred Generic     Preferred Brand     Non-Preferred Drug   | Validate)                       | (Validate)             | evious Next                               |
| Tier 2     Tier 3       Interic     Brand     Specialty Tier       Interic     Preferred Brand     Specialty Tier       Interic     Preferred Brand     Non-Preferred Brand       Seferred Generic     Preferred Brand     Non-Preferred Drug   | y select):                      | el Model (Click to sel | dicate Formulary Tier Lat                 |
| Generic     Brand     Specialty Tier       Beneric     Preferred Brand     Specialty Tier       Beneric     Preferred Brand     Non-Preferred Brand       referred Generic     Preferred Brand     Non-Preferred Drug   |                                 |                        | A STRATE IS A IL CONTRACTOR DE CONTRACTOR |
| eneric Preferred Brand Non-Preferred Brand<br>eferred Generic Preferred Brand Non-Preferred Drug  |                                 | 12.224 23.86           | 20020                                     |
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## Medicare Rx – Tier Model (when a tier includes 4 tiers)

| Previous Next Exit (Validate)  Indicate Formulary Tier Label Model (Click to Tier 1 Tier 2 Generic Preferred Brand Preferred Generic Generic Generic Preferred Brand Preferred Generic Preferred Brand Preferred Generic Preferred Brand Preferred Generic Generic Generic Preferred Brand Preferred Generic Generic Generic Preferred Brand Preferred Generic Generic Generic Preferred Brand | (Validate)         Validate)           Model (Click to select):         Tier 3           ier 2         Tier 3           referred Brand         Non-Preferred Brand           eneric         Preferred Brand           eneric         Preferred Brand           referred Brand         Non-Preferred Brand           referred Brand         Non-Preferred Drug           referred Brand         Non-Preferred Drug           referred Brand         Non-Preferred Drug           eneric         Preferred Brand           referred Brand         Non-Preferred Drug           eneric         Preferred Drug           referred Brand         Non-Preferred Drug           eneric         Preferred Drug           referred Brand         Non-Preferred Drug |
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| Tier 1 Tier 2<br>eneric Preferred Brand<br>referred Generic Generic<br>eneric Preferred Brand<br>referred Generic Preferred Brand<br>referred Generic Preferred Brand<br>referred Generic Generic<br>eneric Preferred Brand  | Tier 2     Tier 3       referred Brand     Non-Preferred Brand       eneric     Preferred Brand       eneric     Preferred Brand       referred Brand     Non-Preferred Brand       referred Brand     Non-Preferred Drug       referred Brand     Non-Preferred Drug       eneric     Preferred Brand       referred Brand     Non-Preferred Drug       eneric     Preferred Brand       referred Brand     Non-Preferred Drug       eneric     Preferred Brand       referred Brand     Non-Preferred Drug       referred Brand     Non-Preferred Drug   |
| eneric Preferred Brand<br>referred Generic Generic<br>referred Generic Generic<br>eneric Preferred Brand<br>referred Generic Preferred Brand<br>referred Generic Preferred Brand<br>referred Generic Generic<br>eneric Preferred Brand   | referred Brand Non-Preferred Brand<br>eneric Preferred Brand<br>eneric Preferred Brand<br>eneric Preferred Brand<br>referred Brand Non-Preferred Brand<br>referred Brand Non-Preferred Drug<br>eneric Preferred Brand<br>referred Brand Non-Preferred Drug<br>referred Brand Non-Preferred Drug  |
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| Preferred Generic Generic<br>Generic Preferred Brand<br>Preferred Generic Preferred Brand<br>Preferred Generic Preferred Brand<br>Preferred Generic Generic<br>Generic Preferred Brand   | eneric Preferred Brand<br>referred Brand Non-Preferred Brand<br>referred Brand Non-Preferred Drug<br>referred Brand Non-Preferred Drug<br>eneric Preferred Brand<br>referred Brand Non-Preferred Drug<br>referred Brand Non-Preferred Drug   |
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| Beneric Preferred Brand  | rand Preferred Specialty Tier  |
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| Generic Preferred Brand  | referred Brand Preferred Specialty Tier  |

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

| revious Nex           | Exit<br>(Validate)         | Exit (No<br>Validate) | icare Rx - Tier Model    |                  |  |
|-----------------------|----------------------------|-----------------------|--------------------------|------------------|--|
| dicate Formulary Tier | Label Model (Click to sele | ct):                  |                          |                  |  |
| ier 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      | <u> </u>         |  |
| 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    | Speciality Tier          | <u> </u>         |  |
| 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       | Speciality Tier  |  |
| eferred Generic       | Generic                    | Preferred Brand       | Non-Preferred Drug       | Injectable Drugs |  |
| eneric                | Preferred Brand            | Non-Preferred Drug    | Injectable Drugs         | Specialty Tier   |  |
| eneric                | Preferred Brand            | Non-Preferred Brand   | Preferred Specialty Tier | Specialty Tier   |  |
| eferred Generic       | Generic                    | Preferred Brand       | Preferred Specialty Tier | Specialty Tier   |  |
| eferred Generic       | Preferred Brand            | Non-Preferred Drug    | Preferred Specialty Tier | Specialty Tier   |  |
| eneric                | Preferred Brand            | Non-Preferred Drug    | Preferred Specialty Tier | Specialty Tier   |  |

Softrams

## Medicare Rx – Tier Model (when a tier includes 7 tiers)

| revious Next               | Exit<br>(Validate)         | Go To: Med<br>Exit (No<br>Validate) | licare Rx - Tier Model |                                    |                          |                |   |
|----------------------------|----------------------------|-------------------------------------|------------------------|------------------------------------|--------------------------|----------------|---|
|                            | Label Model (Click to sele |                                     | 1                      |                                    | 17-0                     |                |   |
| Tier 1<br>referred Generic | Tier 2<br>Generic          | Tier 3<br>Preferred Brand           | Non-Preferred Brand    | Tier 5<br>Preferred Specialty Tier | Tier 6<br>Specialty Tier | Tier 7         | - |
| referred Generic           | Generic                    | Preferred Brand                     | Injectable Drugs       | Preferred Specialty Tier           | Specialty Tier           |                | - |
| Seneric                    | Preferred Brand            | Non-Preferred Brand                 | Injectable Drugs       | Preferred Specialty Tier           | Specialty Tier           |                | - |
| referred Generic           | Preferred Brand            | Non-Preferred Drug                  | Injectable Drugs       | Preferred Specialty Tier           | Specialty Tier           |                |   |
| referred 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 | _ |
| Preferred Generic          | Generic                    | Preferred Brand                     | Non-Preferred Drug     | Injectable Drugs                   | Preferred Specialty Tier | Specialty Tier |   |
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Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 2 tiers)

| PBP Data E<br>e Help | Intry Sys     | tem - Sectio       | on RX, Con            | tract X0001, | Plan 001, Segm        | ent 000 |   |  |  | - |
|----------------------|---------------|--------------------|-----------------------|--------------|-----------------------|---------|---|--|--|---|
| •                    | Next          | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: Med   | icare Rx - Tier Model | _       | _ |  |  |   |
| ndicate Formula      | ry Tier Label | Model (Click to s  | elect):               |              |                       |         |   |  |  |   |
| lier 1               | Tier          | 2                  |                       |              |                       |         |   |  |  |   |
| eneric Drugs         | Bran          | d Drugs            |                       |              |                       |         |   |  |  |   |
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Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 3 tiers)

|                  | Liitti y Sys   | stem Secut         | on RA, Con            | tract X0001, Plan 001, Segment 000 |          |
|------------------|----------------|--------------------|-----------------------|------------------------------------|----------|
| e Help           |                |                    | ~                     | Go To: Medicare Rx - Tier Model    | <b>•</b> |
| revious          | Next           | Exit<br>(Validate) | Exit (No<br>Validate) |                                    |          |
|                  |                | framend            |                       |                                    |          |
| ndicate Formul   | ary Tier Label | Model (Click to s  | elect):               |                                    |          |
| Tier 1           |                | Tier 2             |                       | Tier 3                             |          |
| Generic Drugs    |                | Preferred Bra      | nd Drugs              | Non-Preferred Brand Drugs          |          |
| Preferred Generi | ic Drug        | Generic Drugs      | 8                     | Brand Drugs                        |          |
| 0 Drugs          |                | Generic Drugs      | 5                     | Brand Drugs                        |          |
| Generic Drugs    |                | Brand Drugs        |                       | Non-Medicare Ro/OTC Drugs          |          |
| eneric Drugs     |                | Brand Drugs        |                       | Non-Medicare Rx Drugs              |          |
| Generic Drugs    |                | Brand Drugs        |                       | Non-Medicare OTC Drugs             |          |
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Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 4 tiers)

| e Help            | Entry Sys      | stem - Section     | on RX, Con            | tract X0001, Plan 001, Se     | -gment 000                | <u> </u> |
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| e neip            |                |                    | ~                     | Go To: Medicare Rx - Tier Mod | el 🔽                      |          |
| revious           | Next           | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: Medicare Rx - Her Mod  |                           |          |
|                   |                | (vanuate)          | vanuatej              |                               |                           |          |
| ndicate Formula   | iry Tier Label | Model (Click to s  | elect):               |                               |                           |          |
| Tier 1            |                | Tier 2             |                       | Tier 3                        | Tier 4                    |          |
| Preferred Generic | Drugs          | Generic Drug       | gs                    | Preferred Brand Drugs         | Non-Preferred Brand Drugs |          |
| Generic Drugs     |                | Preferred Br       | and Drugs             | Non-Preferred Brand Drugs     | Non-Medicare Rx/OTC Drugs |          |
| Preferred Generic | Drugs          | Generic Dru        | gs                    | Brand Drugs                   | Non-Medicare Rx/OTC Drugs |          |
| 90 Drugs          |                | Generic Drug       | gs                    | Brand Drugs                   | Non-Medicare Rx/OTC Drugs |          |
| Generic Drugs     |                | Brand Drugs        |                       | Non-Medicare Rx Drugs         | Non-Medicare OTC Drugs    |          |
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Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 5 tiers)

| Help         |                  |                    |                       |                                 |                           |                           |  |
|--------------|------------------|--------------------|-----------------------|---------------------------------|---------------------------|---------------------------|--|
| evious       | Next             | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: Medicare Rx - Tier Model |                           | ×                         |  |
|              |                  | (vandate)          | vanuate)              |                                 |                           |                           |  |
| ficate Formu | ulary Tier Label | Model (Click to    | select):              |                                 |                           |                           |  |
| ler 1        |                  | Tier 2             |                       | Tier 3                          | Tier 4                    | Tier 5                    |  |
| ferred Gene  | aric Drugs       | Generic Dr         | ugs                   | 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 Dr         | ugs                   | Preferred Brand Drugs           | Non-Preferred Brand Drugs | Non-Medicare Rx/OTC Drugs |  |
| neric Drugs  |                  | Preferred E        | Brand Drugs           | Non-Preferred Brand Drugs       | Non-Medicare Rx Drugs     | Non-Medicare OTC Drugs    |  |
| ferred Gene  | eric Drugs       | Generic Dr         | ugs                   | Brand Drugs                     | Non-Medicare Rx Drugs     | Non-Medicare OTC Drugs    |  |
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Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 6 tiers)

| le Help          |               |                   |              |                              |                           |                           |                           |  |
|------------------|---------------|-------------------|--------------|------------------------------|---------------------------|---------------------------|---------------------------|--|
| 4                | •             | Exit              | Exit (No     | Go To: Medicare Rx - Tier Mi | odel                      | ×                         |                           |  |
| revious          | Next          | (Validate)        | Validate)    |                              |                           |                           |                           |  |
| odicate Formula  | 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    |  |
| Preferred Generi | c Drugs       | Generic Dru       | igs          | 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 |  |
|                  |               |                   |              |                              |                           |                           |                           |  |
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|                  |               |                   |              |                              |                           |                           |                           |  |

#### Defined Standard – ICL and OOP Threshold

| 🖷 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000  | _ | $\times$ |
|--|---|----------|
| File Help  |   |          |
| Previous Next (Validate) Exit (No Validate) Go To: Defined Standard - ICL and OOP Threshold                                  | • |          |
| Defined Standard Benefit Screen  |   |          |
| Vedicare-defined Part D Deductible Amount  |   |          |
| Vedicare-defined Part D Coinsurance Amount   |   |          |
| Medicare-defined Part D Initial Coverage Limit (ICL)<br>Amount   |   |          |
| Medicare-defined Part D Coverage Gap Amount  |   |          |
| Medicare-defined Part D Annual Out-of-Pocket Cost<br>Threshold   |   |          |
| Medicare-defined Cost Shares Applicable Beyond the<br>Annual Out-of-Pocket Cost Threshold Charged on a<br>Drug-by-Drug basis |   |          |
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#### Actuarially Equivalent Characteristics

| 🔜 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000  | _ |   | $\times$ |
|--|---|---|----------|
| File Help  |   |   |          |
| Previous Next (Validate) Exit (No<br>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:  |   |   |          |
| Standard Retail Copay/Coinsurance(no differential)*     Standard Retail Copay/Coinsurance plus a differential between the     OON billed charge and the Standard Retail allowable**     Standard Retail Copay/Coinsurancewith limited day supply   |   |   |          |
| "If a plan chooses this option and does not utilize either a<br>differential in cost sharing or a differential in day supply for OON<br>coverage, CMS' expectation is that the plan is monitoring for<br>appropriate OON use with either a post authorization process or<br>alternate review tool. |   |   |          |
| **CMS will pay the OON differential, as applicable, for appropriate<br>OON purchases of covered Part D drugs for individuals receiving<br>the low-income subsidy.  |   |   |          |
|  |   |   |          |
|  |   |   |          |
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## Actuarially Equivalent – Pre-ICL

| 💀 PBP Data Er<br>File Help        | ntry System - S                              | Section RX, Contra   | ct X0001, Plan        | 001, <mark>S</mark> egme | ent | 00                       |        |  | _ |   | $\times$ |
|-----------------------------------|--|----------------------|-----------------------|--------------------------|-----|--------------------------|--------|--|---|---|----------|
| Previous                          | Next   | Exit<br>(Validate)   | Exit (No<br>Validate) | Go To:                   |     | uarially Equivalent - Pr | re-ICL |  | • | · |          |
| How do you ap<br>Limit (ICL) is r | oply your cost:<br>eached?<br>defined Part D | sharing before the l | Initial Coverage      |                          |     |                          |        |  |   |   |          |
|                                   |  |                      |                       |                          |     |                          |        |  |   |   |          |

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

| PBP Data Entry System - Section RX, Contract X0001, Pla<br>le <u>H</u> elp  | an 001, Segi | ment 000   |               |                |              |               | _           |  |
|---|--------------|------------|---------------|----------------|--------------|---------------|-------------|--|
| Previous Next (Validate) Validate)  |              | D: Actuari | ally Equivale | ent - Tier Typ | e and Cost S | hare Structur | e - Pre-ICL |  |
| 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<br>Brand  |              |            |               |                |              |               |             |  |
| Tier Includes (select only one for each tier):<br>Part D Drugs Only   | 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<br>Indicate the type of cost sharing structure (select<br>only one for each tier): | 0            | 0          | 0             | 0              | C            | 0             | 0           |  |
| Coinsurance<br>Copayment  | 0            | 0          | 0             | 0              | 0            | 0             | 0           |  |
| Greater of Coinsurance and Copayment<br>Lesser of Coinsurance and Copayment                                       | 0            | 0          | 0             | 0              | 0            | 0             | 0           |  |
|   |              |            |               |                |              |               |             |  |
|   |              |            |               |                |              |               |             |  |
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#### Actuarially Equivalent – Tier Locations – Pre-ICL

| Standard Retail Cost Sha<br>Standard Retail/Preferred<br>Standard Retail/Preferred   | ring - 1-month Supply<br>ring - 2-month Supply  |   | Tier 2 | Tier 3 | Tier 4 | Tier 5 | Tier 6 | Tier 7 |  |  |  |
|--|---|---|--------|--------|--------|--------|--------|--------|--|--|--|
| Standard Retail Cost Sha<br>Standard Retail Cost Sha<br>Standard Retail Cost Sha<br>Standard Retail/Preferred<br>Standard Retail/Preferred | ring - 1-month Supply<br>ring - 2-month Supply<br>ring - 3-month Supply<br>I Retail Cost Sharing - 1-month supply<br>I Retail Cost Sharing - 2-month supply |   |        |        |        |        |        |        |  |  |  |
| Standard Retail Cost Sha<br>Standard Retail Cost Sha<br>Standard Retail/Preferred<br>Standard Retail/Preferred                             | ring - 2-month Supply<br>ring - 3-month Supply<br>I Retail Cost Sharing - 1-month supply<br>I Retail Cost Sharing - 2-month supply                          |   |        |        |        |        |        |        |  |  |  |
| Standard Retail/Preferred  | ring - 3-month Supply<br>I Retail Cost Sharing - 1-month supply<br>I Retail Cost Sharing - 2-month supply   |   |        |        |        |        |        |        |  |  |  |
| Standard Retail/Preferred<br>Standard Retail/Preferred   | Retail Cost Sharing - 1-month supply<br>Retail Cost Sharing - 2-month supply  |   |        |        |        |        |        |        |  |  |  |
| Standard Retail/Preferred  | Retail Cost Sharing - 2-month supply  |   |        |        | _      |        |        |        |  |  |  |
|  |   |   |        |        |        |        |        |        |  |  |  |
| Standard Retail/Preferred  | Retail Cost Sharing - 3-month supply  | _ |        |        |        |        |        |        |  |  |  |
|  |   |   |        |        |        |        |        |        |  |  |  |
| Out-of-Network Pharmacy  | y - 1-month Supply  |   |        |        |        |        |        |        |  |  |  |
| Out-of-Network Pharmacy  | y - Other Day Supply  |   |        |        |        |        |        |        |  |  |  |
| Standard Mail-Order Cost   | t Sharing - 1-month Supply  |   |        |        |        |        | Г      |        |  |  |  |
| Standard Mail-Order Cost   | t Sharing - 2-month Supply  |   |        |        |        |        |        |        |  |  |  |
| Standard Mail-Order Cost   | t Sharing - 3-month Supply  |   |        |        |        |        |        |        |  |  |  |
| Standard Mail-Order/Pref   | erred Mail-Order Cost Sharing - 1-month supply  |   |        |        |        |        |        |        |  |  |  |
| Standard Mail-Order/Pref   | ferred Mail-Order Cost Sharing - 2-month supply   |   |        |        |        |        |        |        |  |  |  |
| Standard Mail-Order/Pref   | ferred Mail-Order Cost Sharing - 3-month supply   |   |        |        |        |        |        |        |  |  |  |
| Long-Term Care Pharma  | cy - 1-month Supply   |   |        |        |        |        |        |        |  |  |  |

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

| 🛃 PBP Data I       | Entry System - Section              | on RX, Contract ) | (0001, <mark>Pla</mark> n | 001, Segm | ent 000  |   | - 🗆 ×   |
|--------------------|-------------------------------------|-------------------|---------------------------|-----------|--|---|---|
| File Help          |                                     |                   |                           |           |  |   |   |
| Previous           | Next                                |                   | Exit (No<br>Validate)     | Go To:    | Alternative - Retail Pharmacy Location Supply - Pre  | HICL 🔽  |   |
|                    |                                     |                   |                           |           |  |   |   |
| Tier Label Descr   | ription(s)                          |                   |                           |           |  | CLICK FOR Auto Provide Location Supplier  |   |
| Chan david Data il | 0                                   |                   |                           |           |  | CLICK FOR Auto-Populate Location Supplies   |   |
| Standard Retail    | Cost-Sharing Compo                  |                   |                           |           |  |   |   |
| 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<br>available with an extended day supply? | Are any of the drugs available at an extended day supply<br>for this tier limited to a 1-month supply for the first fill? | *For example, if you chose a two month or three<br>month supply at the Standard/Preferred Retail Cost   |
|                    | Standard<br>Retail/Preferred Retail | ail               |                           |           | C Yes<br>C No  | C Yes<br>C No   | Sharing or the Mail-Order Pharmacy, you must<br>answer "yes" to the question "Are all drugs on your<br>formulary for this tier available with an extended day |
| Tier 2             | Standard Retail                     |                   |                           |           | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |   | supply?" if all of the drugs on that tier are available<br>at the extended day supply.  |
|                    | Standard<br>Retail/Preferred Ret    |                   |                           |           | C Yes  | C Yes   |   |
|                    | RetainPreterred Ret                 | an                |                           |           | 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<br>Retail/Preferred Retail | ail               |                           |           | O Yes<br>O No  | C Yes<br>C No   |   |
|                    |                                     |                   |                           |           |  |   |   |
| Tier 4             | Standard Retail                     |                   |                           |           | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? | Are any of the drugs available at an extended day supply<br>for this tier limited to a 1-month supply for the first fill? |   |
|                    | Standard<br>Retail/Preferred Ret    | ail               |                           |           | C Yes  | C Yes   |   |
|                    |                                     |                   |                           |           | C No   | C No  |   |
| Tier 5             | Standard Retail                     |                   |                           |           | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? | Are any of the drugs available at an extended day supply<br>for this tier limited to a 1-month supply for the first fill? |   |
|                    | Standard<br>Retail/Preferred Retail | ail               |                           |           | C Yes<br>C No  | C Yes<br>C No   |   |
| Tier 6             | Standard Retail                     |                   |                           |           |  | Are any of the drugs available at an extended day supply<br>for this tier limited to a 1-month supply for the first fill? |   |
|                    | Standard                            |                   |                           | <u> </u>  | available with an extended day supply?   |   |   |
|                    | Retail/Preferred Ret                | ail I             | 1                         | 1         | C Yes<br>C No  | C Yes<br>C No   |   |
| Tier 7             | Standard Retail                     |                   |                           |           | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? | Are any of the drugs available at an extended day supply<br>for this tier limited to a 1-month supply for the first fill? |   |
|                    | Standard<br>Retail/Preferred Ret    | ail               |                           |           | C Yes  | C Yes   |   |
|                    |                                     |                   |                           |           | C No   | C No  |   |

Softrams

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

| ile Help                                 |                                   |                       |         |   |  |
|--|-----------------------------------|-----------------------|---------|---|--|
| Previous                                 | Next (Validat                     | Exit (No<br>Validate) | Go To:  | Actuarially Equivalent - Mail-Order Location Supply - Pre-ICL | · · · · · · · · · · · · · · · · · · ·  |
| er Label Desci                           | ription(s)                        |                       |         |   |  |
|  |                                   |                       |         |   | CLICK FOR Auto-Populate Location Suppl |
| tandard Mail-C<br>omponent<br>Day Supply | )rder Cost-Sharing Network        | 2-Month               | 3-Month |   |  |
| Tier 1                                   | Standard Mail-Order               |                       |         |   |  |
|  | Standard/Preferred Mail-<br>Order |                       |         |   |  |
| Tier 2                                   | Standard Mail-Order               |                       |         |   |  |
|  | Standard/Preferred Mail-<br>Order |                       |         |   |  |
| Tier 3                                   | Standard Mail-Order               |                       |         |   |  |
|  | Standard/Preferred Mail-<br>Order |                       |         |   |  |
| Tier 4                                   | Standard Mail-Order               |                       |         |   |  |
|  | Standard/Preferred Mail-<br>Order |                       |         |   |  |
| Tier 5                                   | Standard Mail-Order               |                       |         |   |  |
|  | Standard/Preferred Mail-<br>Order |                       |         |   |  |
| Tier 6                                   | Standard Mail-Order               |                       |         |   |  |
|  | Standard/Preferred Mail-<br>Order |                       |         |   |  |
| Tier 7                                   | Standard Mail-Order               |                       |         |   |  |
|  | Standard/Preferred Mail-<br>Order |                       |         |   |  |

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

| File Help          |        |                                    |                      |   |   |
|--------------------|--------|------------------------------------|----------------------|---|---|
| Previous           | Next   | Exit Exit<br>(Validate) Valid      | Go<br>t (No<br>date) | To: Actuarially Equivalent - OON and LTC Locati | on Supply - Pre-ICL                       |
| er Label Descripti | on(s)  |                                    |                      |   | CLICK FOR Auto-Populate Location Supplies |
| Day Supply         |        | Network Compone                    | ent                  | 1-Month Other Day                               |   |
|                    | Tier 1 | Out-of-Network<br>Long-Term Care D | Drugs                |   |   |
|                    | Tier 2 | Out-of-Network<br>Long-Term Care D | Drugs                |   |   |
|                    | Tier 3 | Out-of-Network<br>Long-Term Care D | Drugs                |   |   |
|                    | Tier 4 | Out-of-Network<br>Long-Term Care D | Drugs                |   |   |
|                    | Tier 5 | Out-of-Network<br>Long-Term Care D | Drugs                |   |   |
|                    | Tier 6 | Out-of-Network<br>Long-Term Care D | )rugs                |   |   |
|                    | Tier 7 | Out-of-Network<br>Long-Term Care D | Drugs                |   |   |

Softrams

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

| File Help                    | Entry System - Sect             | uon KA, Cont       | uact XUUU I, P       | ian oo i, segme           | ent 000         |   |                |                           | _          | ^ |
|------------------------------|---------------------------------|--------------------|----------------------|---------------------------|-----------------|---|----------------|---------------------------|------------|---|
| Previous                     | Next                            | Exit<br>(Validate) | Exit (No<br>Validate | ,                         | Actuarially Equ | ivalent - Retail Pharmacy Copay                         | ment and Coins | surance - Pre-ICL         | •          |   |
| ier Label Desc               | ription(s)                      |                    |                      |                           |                 |   |                |                           |            |   |
| Standard Reta<br>Component - | il Cost Sharing<br>Cost Sharing | 1-                 | Month (S)            | Copayment<br>2-Month (\$) | 3-Month (\$)    | Avg Expected Coins Dollar<br>Amt (1-month supply) (\$): |                | nsurance<br>2-Month (%) 3 | ⊢Month (%) |   |
| Tier 1                       | Standard Retail                 | Г                  |                      |                           |                 | Amt (1-month supply) (3).                               |                |                           |            |   |
|                              | Standard Retail                 |                    |                      |                           |                 |   |                |                           |            |   |
|                              | Preferred Retail                |                    |                      | ,<br>                     |                 |   |                |                           |            |   |
| Tier 2                       | Standard Retail                 | Г                  |                      |                           |                 |   |                |                           |            |   |
|                              | Standard Retail                 | Ľ                  |                      | ,                         |                 |   |                |                           |            |   |
|                              | Preferred Retail                |                    |                      | ,<br>                     |                 |   |                |                           |            |   |
| Tier 3                       | Standard Retail                 | Г                  |                      |                           |                 |   |                |                           |            |   |
|                              | Standard Retail                 |                    |                      |                           |                 |   |                |                           |            |   |
|                              | Preferred Retail                |                    |                      |                           |                 |   |                |                           |            |   |
| Tier 4                       | Standard Retail                 | Г                  |                      |                           |                 |   |                |                           |            |   |
|                              | Standard Retail                 |                    |                      |                           |                 |   |                |                           |            |   |
|                              | Preferred Retail                |                    |                      |                           |                 |   |                |                           |            |   |
| Tier 5                       | Standard Retail                 |                    |                      |                           |                 |   |                |                           |            |   |
|                              | Standard Retail                 |                    |                      |                           |                 |   |                |                           |            |   |
|                              | Preferred Retail                |                    |                      |                           |                 |   |                |                           |            |   |
| Tier 6                       | Standard Retail                 | _                  |                      |                           |                 |   |                |                           |            |   |
|                              | Standard Retail                 |                    |                      |                           |                 |   |                |                           |            |   |
|                              | Preferred Retail                |                    |                      |                           |                 |   |                |                           |            |   |
|                              |                                 | ,                  |                      |                           |                 |   |                |                           |            |   |
| Tier 7                       | Standard Retail                 |                    |                      |                           |                 |   |                |                           |            |   |
|                              | Standard Retail                 |                    |                      |                           |                 |   |                |                           |            |   |
|                              | Preferred Retail                |                    |                      |                           |                 |   |                |                           |            |   |

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

| File Help    |                        |                            |              |                |   |   |
|--------------|------------------------|----------------------------|--------------|----------------|---|---|
| Previor      | E E                    | kit Exit (<br>Jate) Valida | No           | Actuarially Eq | uivalent - Mail-Order Copayment and Coinsurance - Pre-ICL | • |
| Tier Label D | escription(s)          |                            |              |                |   |   |
| Standard Ma  | il-Order Cost-Sharing  |                            | Copayment    |                | Coinsurance   |   |
|              | mponent - Cost Sharing | 1-Month (\$)               | 2-Month (\$) | 3-Month (\$)   | 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   |                            |              |                |   |   |

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

| ious N         | Next (Validate)   | Go To<br>Exit (No<br>Validate) | D: Actuarially Equivalent - O | ON and LTC Copayment and Coi | nsurance - Pre-ICL | • |
|----------------|---|--------------------------------|-------------------------------|------------------------------|--------------------|---|
| I Description( | s)  |                                |                               |                              | ]                  |   |
| Tier 1         | Network Component<br>Out-of-Network<br>Long-Term Care Drugs | Copayment<br>1-Month (\$) Oth  |                               | urance<br>(%) Other (%):     |                    |   |
| Tier 2         | Out-of-Network<br>Long-Term Care Drugs                      |                                |                               |                              |                    |   |
| Tier 3         | Out-of-Network<br>Long-Term Care Drugs                      |                                |                               |                              |                    |   |
| Tier 4         | Out-of-Network<br>Long-Term Care Drugs                      |                                |                               |                              |                    |   |
| Tier 5         | Out-of-Network<br>Long-Term Care Drugs                      |                                |                               |                              |                    |   |
| Tier 6         | Out-of-Network<br>Long-Term Care Drugs                      |                                |                               |                              |                    |   |
| Tier 7         | Out-of-Network<br>Long-Term Care Drugs                      |                                |                               |                              |                    |   |

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

| 💀 PBI<br>File H | P Data Entry System -<br>Help | Section RX, Contr  | ract X0001, Plan (    | 001, Segment 000 |                                    |                     |              |            |                      |             | -                              |            |
|-----------------|-------------------------------|--------------------|-----------------------|------------------|------------------------------------|---------------------|--------------|------------|----------------------|-------------|--------------------------------|------------|
| Prev            | vious Next                    | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: Actua     | rially Equivalent - Daily Copaymer | nt Amount Cost-Shar | ng - Pre-ICL | •          |                      |             |                                |            |
| Tier Lab        | el Description(s)             |                    |                       |                  |                                    |                     | -            |            |                      |             |                                |            |
| CLICK           | FOR Daily Copay Inst          | ructions           | Copayment             |                  |                                    | Сора                | yment        |            |                      |             |                                |            |
|                 |                               | 1-Month (\$)       | 1-Month               | Daily (S)        |                                    | 1-Month (\$)        | 1-Month      | Daily (\$) |                      | Copayment   |                                |            |
| Tier 1          | Standard Retail               |                    |                       |                  | Standard Mail-Order                |                     |              |            |                      | 1-Month (S) | 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               |                     |              |            |                      | J           | 1                              | 1          |
| ier 3           | Standard Retail               |                    |                       |                  | Standard Mail-Order                |                     |              |            |                      |             |                                |            |
|                 | Standard Retail               |                    |                       |                  | Standard Mail-Order                |                     |              |            | Long-Term Care Drugs |             |                                |            |
|                 | Preferred Retail              | ,                  | 1                     |                  | Preferred Mail-Order               |                     |              |            |                      |             |                                | ,          |
| ier 4           | Standard Retail               |                    |                       |                  | Standard Mail-Order                |                     |              |            |                      |             |                                |            |
|                 | Standard Retail               |                    |                       | ,                | Standard Mail-Order                |                     |              |            | Long-Term Care Drugs |             |                                |            |
|                 | Preferred Retail              |                    |                       |                  | Preferred Mail-Order               |                     |              |            |                      |             | 1                              | 1          |
| ier 5           | Standard Retail               |                    |                       |                  | Standard Mail-Order                |                     |              |            |                      |             |                                |            |
|                 | Standard Retail               | ,                  |                       |                  | Standard Mail-Order                |                     |              |            | Long-Term Care Drugs |             |                                |            |
|                 | Preferred Retail              |                    |                       |                  | Preferred Mail-Order               |                     |              |            |                      |             |                                | 1          |
| ier 6           | Standard Retail               |                    |                       |                  | Standard Mail-Order                |                     |              |            |                      |             |                                |            |
| lero            |                               |                    |                       |                  |                                    |                     |              |            |                      |             |                                |            |
|                 | 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               |                     |              |            |                      | Colouisi    | to Daily Const                 | v Amount   |
|                 |                               |                    |                       |                  |                                    |                     |              |            |                      |             | te Daily Copa<br>Daily Copay A |            |

#### Actuarially Equivalent – OOP Threshold

|                                  | ntry System - S  | Section RX, Contra | ict X0001, Plan       | 001, Segmi  | ent 000 —                              |   | $\times$ |
|----------------------------------|------------------|--------------------|-----------------------|-------------|--|---|----------|
| File Help<br>Previous            | Next             | Exit<br>(Validate) | Exit (No<br>Validate) | Go To:      | Actuarially Equivalent - OOP Threshold | [ |          |
|                                  |                  |                    |                       |             |  |   |          |
| Medicare-defined                 | d Part D Initial | Coverage Limit (IC | L) Amount             |             |  |   |          |
| Medicare-defined                 | d Part D Cover   | age Gap Amount     |                       |             |  |   |          |
| ledicare-defined                 | d Part D Annua   | I Out-of-Pocket Co | stThreshold           |             |  |   |          |
| low do you appl                  | y your cost sha  | aring beyond the N | ledicare Part D /     | Annual Out- | -of-Pocket Cost Threshold?             |   |          |
| C Medicare-det<br>C Cost Share T | ined Post Thre   | eshold Cost Shares | 5                     |             |  |   |          |
| Cost Share I                     | Iers             |                    |                       |             |  |   |          |
|                                  |                  |                    |                       |             |  |   |          |
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## Actuarially Equivalent – Tier Type – Post-OOP Threshold

| File Help     Previous Next     Exit Next     File     File </th <th>Previous Next Exit (No<br/>Validate)   Go To:   Actuarially Equivalent - Ter Type - Post-OOP Threshold   The Label Description(s)   Inter Label Description(s)   The Drug Type(s) (select all that apply):   Tier 1 Tier 2   Tier 1   Tier 2 Tier 3   Tier 3   Tier 4 Tier 5   Tier 6   Tier 7   Generic   Brand   Tier Includes (select only one for each tier):   Part D Drugs Only   Excluded Drugs Only   Excluded Drugs Only   Excluded Drugs Only   Excluded Drugs Structure (select only one for each tier):   Otion on the type of Cost-Sharing Structure (select only one for each tier):   Coinsurance   Coinsurance and Copayment</th> <th>🖷 PBP Data Entry System - Section RX, Contract X00</th> <th>001, Plan 0</th> <th>01, Segm</th> <th>ent 000</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>—</th> <th></th> <th></th>   | Previous Next Exit (No<br>Validate)   Go To:   Actuarially Equivalent - Ter Type - Post-OOP Threshold   The Label Description(s)   Inter Label Description(s)   The Drug Type(s) (select all that apply):   Tier 1 Tier 2   Tier 1   Tier 2 Tier 3   Tier 3   Tier 4 Tier 5   Tier 6   Tier 7   Generic   Brand   Tier Includes (select only one for each tier):   Part D Drugs Only   Excluded Drugs Only   Excluded Drugs Only   Excluded Drugs Only   Excluded Drugs Structure (select only one for each tier):   Otion on the type of Cost-Sharing Structure (select only one for each tier):   Coinsurance   Coinsurance and Copayment  | 🖷 PBP Data Entry System - Section RX, Contract X00   | 001, Plan 0         | 01, Segm | ent 000 |             |             |            |                    |  | — |   |  |
|--|--|--|---------------------|----------|---------|-------------|-------------|------------|--------------------|--|---|---|--|
| Tier Drug Type(s) (select all that apply):       Tier 1       Tier 2       Tier 3       Tier 4       Tier 5       Tier 6       Tier 7         Generic       Image: Imag  | Tier Drug Type(s) (select all that apply):       Tier 1       Tier 2       Tier 3       Tier 4       Tier 5       Tier 6       Tier 7         Generic       Image: Imag  | Exit E   | xit (No<br>liidate) | Go To:   | Actua   | rially Equi | ivalent - T | ier Type - | Post-OOP Threshold |  |   | • |  |
| Generic       Image: Indivention of the formation o | Generic       Image indice indindice indice indice indindice indindice ind | Tier Label Description(s)  |                     |          |         |             |             |            |                    |  |   |   |  |
| Brand   Tier Includes (select only one for each tier):   Part D Drugs Only   Excluded Drugs Only (e.g., erectile dysfunction drugs)   Both Part D and Excluded Drugs   Indicate the Type of Cost-Sharing Structure (select only one for each tier):   Coinsurance   Coinsurance   Coinsurance   Coinsurance and Copayment  | Brand       Image: Constraint of the constra | Tier Drug Type(s) (select all that apply):   | Tier 1              | Tier 2   | Tier 3  | Tier 4      | Tier 5      | Tier 6     | Tier 7             |  |   |   |  |
| Tier Includes (select only one for each tier):<br>Part D Drugs Only<br>Excluded Drugs Only (e.g., erectile dysfunction drugs)<br>Both Part D and Excluded Drugs<br>Indicate the Type of Cost-Sharing Structure (select<br>only one for each tier):<br>Coinsurance<br>Copayment<br>Greater of Coinsurance and Copayment   | Tier Includes (select only one for each tier):<br>Part D Drugs Only<br>Excluded Drugs Only (e.g., erectile dysfunction drugs)<br>Both Part D and Excluded Drugs<br>Indicate the Type of Cost-Sharing Structure (select<br>only one for each tier):<br>Coinsurance<br>Copayment<br>Greater of Coinsurance and Copayment   | Generic  |                     |          |         |             |             |            |                    |  |   |   |  |
| Part D Drugs Only       Excluded Drugs Only (e.g., erectile dysfunction drugs)       0   | Part D Drugs Only       Excluded Drugs Only (e.g., erectile dysfunction drugs)         Both Part D and Excluded Drugs       O  | Brand  |                     |          |         |             |             |            |                    |  |   |   |  |
| only one for each tier):       O       O       O       O       O       O         Coinsurance       O       O       O       O       O       O       O         Copayment       O       O       O       O       O       O       O         Greater of Coinsurance and Copayment       O       O       O       O       O       O  | only one for each tier):       O       O       O       O       O       O         Coinsurance       O       O       O       O       O       O       O         Copayment       O       O       O       O       O       O       O         Greater of Coinsurance and Copayment       O       O       O       O       O       O  | Part D Drugs Only<br>Excluded Drugs Only (e.g., erectile dysfunction drugs<br>Both Part D and Excluded Drugs | s) C                | 0        | 0       | 0           | 0           | 0          | 0                  |  |   |   |  |
| Greater of Coinsurance and Copayment O O O O O O O O   | Greater of Coinsurance and Copayment O O O O O O O O O   | only one for each tier):   | 0                   | 0        | 0       | 0           | 0           | 0          | C                  |  |   |   |  |
|  |  | Copayment  | 0                   | 0        | 0       | 0           | 0           | 0          | 0                  |  |   |   |  |
|  |  |  |                     |          |         |             |             |            |                    |  |   |   |  |

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

| Previous                             | •                        |                       |  |
|--------------------------------------|--------------------------|-----------------------|--|
| revious                              | • 4                      |                       |  |
|                                      | Next (Validate)          | Exit (No<br>Validate) | Go To: Actuarially Equivalent - Tier Cost-Sharing - Post-OOP Threshold |
| Label Description                    | n(s)                     |                       |  |
| Tier<br>Tier<br>Tier<br>Tier<br>Tier | r 2<br>r 3<br>r 4<br>r 5 | Coinsurance (%)       |  |
| Tier                                 | 7                        |                       |  |

#### Alternative – Deductible

| PBP Data Entry System - Section RX, Contract X0001, Plan 001, S  | egment 000  | _ | $\times$ |
|--|---|---|----------|
| File Help<br>Previous Next (Validate) Go<br>Validate)  | To: Alternative - Deductible  | • |          |
| Basic/Enhanced Alternative Benefit Screens Do you charge the Medicare-defined Part D Deductible amount?          Yes         No, enter amount         No Deductible         Enter 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 1         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?           Yes           No           Indicate the type of cost-sharing structure for these drugs until the deductible is reached:           Coinsurance           Copayment           Greater of Coinsurance and Copayment           Enter Coinsurance percentage:           Standard Retail Copay/Coinsurance (no differential)*           Standard Retail Copay/Coinsurance plus a differential between the OON billed charge and the Standard Retail allowable**           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 out-of-network coverage, CMS' expectation is that the plan is monitoring for appropriate out-of-network use with either a post authorization process or alternate review tool. | 5 |          |

#### Alternative – Enhanced Alternative Characteristics

| RBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000 | - D ×   |
|---|---|
| File Help<br>Previous Next (Validate) Korto: Atterne                      | ative - Enhanced Alternative Characteristics  |
|   | Do you offer additional cost-sharing reductions in the coverage gap? C Yes No The beneficiary cost sharing for the Defined Standard (DS) gap coverage benefit in CY 2023 is 25% for non-applicable (i.e., generic) drugs and 25% for applicable (i.e., brand) drugs. The coverage gap discount applies to applicable drugs for all benefit types and must be reflected in each plan's bid. The gap coverage section of the PBP is intended only for those enhanced alternative (EA) plans offering additional cost-sharing reductions in the coverage gap through a supplemental Part D benefit. Other benefit types will NOT enter gap coverage information in the PBP. Additional reductions in gap cost sharing offered by EAplans through a supplemental benefit represents cost sharing reductions for applicable drugs in the gap, the plan liability is first applied to the plan-negotiated price, followed by the manufacturer coverage gap discount for applicable beneficiaries. Example: Asponsor intends to offer additional coverage in the gap such that the plan's liability for applicable drugs is 50% (100% minus 50% coinsurance). For drug with a plan-negotiated price of \$150, the plan liability is \$75, and the remaining \$75 will be shared by the manufacturer at 70% (\$52.50) and the beneficiary at 30% (\$22.50). By comparison, under the DS gap coverage for the same applicable drug, the manufacturer discount of 70% (\$105) is applied first, the beneficiary cost sharing is 25% (\$37.50), and the plan's liability is 5% (\$7.50). |
|   | Discount Program Beginning in 2011: Additional Guidance Concerning Part D Supplemental<br>Benefits, Employer Group Waiver Plans, Platino Plans, and Subrogation Claims, "PBPs may<br>not incorporate the coverage gap discount into their benefit design. Manufacturer payments<br>count toward a beneficiary's out-of-pocket costs and as such are to be included in the cost<br>sharing entered into the PBP. In the case of either a coinsurance or copayment design, the<br>amount the beneficiary pays at point of sale would be approximately 30% of the expected<br>cost sharing entered in the PBP for applicable drugs.<br>The maximum additional gap beneficiary cost sharing for non-applicable drugs in CY 2023 is<br>15%. Since the manufacturer discount does not apply, the amount entered in the PBP and<br>experienced by the beneficiary at point of sale is the same. The CY 2023 maximum<br>additional gap cost sharing for applicable drugs is 50%, which is inclusive of the 70%<br>manufacturer discount. While the maximum beneficiary cost sharing that should be<br>experienced at the point of sale would be 15%, based on the above guidance, the PBP entry<br>should reflect 50% cost sharing, inclusive of the manufacturer discount.   |

# CY 2023 PBP Data Entry System Screens

## Alternative – Pre-ICL

| 🖷 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000                | _ |   | $\times$ |
|--|---|---|----------|
| File Help  |   |   |          |
| Go To: Alternative - Pre-ICL   | • | ] |          |
| Previous Next (Validate) Validate)   |   |   |          |
|  |   |   |          |
| How do you apply your cost sharing before the Initial Coverage Limit<br>(ICL) is reached?  |   |   |          |
| O No cost sharing  |   |   |          |
| <ul> <li>Medicare-defined Part D Coinsurance Amount</li> <li>C Cost-Share Tiers</li> </ul> |   |   |          |
|  |   |   |          |
| O Yes  |   |   |          |
| C No   |   |   |          |
|  |   |   |          |
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## Alternative – Tier Type and Cost Share Structure – Pre-ICL

| 💀 PBP Data Entry System - Section RX, Contract X0001, Pla                       | n 001, Segm | ent 000  |               |             |                |               |        | _ |   | × |
|---|-------------|----------|---------------|-------------|----------------|---------------|--------|---|---|---|
| File Help   |             |          |               |             |                |               |        |   | - |   |
| Exit Exit (No   | Go To:      | Alternat | ive - Tier Ty | pe and Cost | t Share Struct | ure - Pre-ICL |        |   |   |   |
| Previous Next (Validate) Validate)  | _           | _        | _             | _           | _              | _             | _      | _ | _ |   |
| Tier 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             | 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      |   |   |   |
| Indicate the type of cost sharing structure (select<br>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             | 0           | 0              | 0             | 0      |   |   |   |
|   |             |          |               |             |                |               |        |   |   |   |
|   |             |          |               |             |                |               |        |   |   |   |
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#### Alternative – Tier Locations – Pre-ICL

| 💀 PBP Data Er<br>File Help | ntry System -       | Section RX, Contra    | ct X0001, Plan 0      | 01, Segmi | ent 000 |           |          |           |        |        |        |  | - | × |
|----------------------------|---------------------|-----------------------|-----------------------|-----------|---------|-----------|----------|-----------|--------|--------|--------|--|---|---|
| Previous                   | Next                | Exit<br>(Validate)    | Exit (No<br>Validate) | Go To:    | Altern  | ative - T | ïer Loca | tions - P | re-ICL |        |        |  | • |   |
| Tier Label Descrip         | ption(s)            |                       |                       |           |         |           |          |           |        |        |        |  |   |   |
| Select all location        | /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 (          | -<br>Cost Sharing - | 2-month supply        |                       |           |         |           |          |           |        |        |        |  |   |   |
| Standard Retail (          | Cost Sharing -      | 3-month supply        |                       |           |         |           |          |           |        |        |        |  |   |   |
| Standard Retail/           | Preferred Reta      | il Cost Sharing - 1-n | nonth supply          |           |         |           |          |           |        |        |        |  |   |   |
| Standard Retail/           | Preferred Reta      | il Cost Sharing - 2-n | nonth supply          |           |         |           |          |           |        |        |        |  |   |   |
| Standard Retail/           | Preferred Reta      | il Cost Sharing - 3-n | nonth supply          |           |         |           |          |           |        |        |        |  |   |   |
| Out-of-Network F           | Pharmacy - 1-r      | nonth supply          |                       |           |         | П         |          |           |        |        |        |  |   |   |
| Out-of-Network F           |                     |                       |                       |           |         |           |          |           |        |        |        |  |   |   |
| Standard Mail-O            | rder Cost Shai      | ring - 1-month suppl  | lv                    |           |         |           |          |           |        |        |        |  |   |   |
|                            |                     | ring - 2-month suppl  |                       |           |         |           |          |           |        |        |        |  |   |   |
|                            |                     | ring - 3-month suppl  |                       |           |         |           |          |           |        |        |        |  |   |   |
| Standard Mail-O            | rder/Preferred      | Mail-Order Cost Sh    | aring - 1-month       | supply    |         |           |          |           |        |        |        |  |   |   |
| Standard Mail-O            | rder/Preferred      | Mail-Order Cost Sh    | aring - 2-month       | supply    |         |           |          |           |        |        |        |  |   |   |
|                            |                     | Mail-Order Cost Sh    |                       |           | []      |           |          |           |        |        |        |  |   |   |
| Long-Term Care             | Pharmacy - 1-       | -month supply         |                       |           |         |           |          |           |        |        |        |  |   |   |
|                            |                     |                       |                       |           |         |           |          |           |        |        |        |  |   |   |

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

| ile Help        | Entry System - Section I            | oq contract, |                       | or i, begin |  |  |   |
|-----------------|-------------------------------------|--------------|-----------------------|-------------|--|--|---|
| Previous        | P                                   |              | Exit (No<br>Validate) | Go To:      | Alternative - Retail Pharmacy Location Supply - Pre  | -KCL   |   |
| ier Label Desci | ription(s)                          |              |                       |             |  | CLICK FOR Auto-Populate Location Supplies  |   |
| andard Retail   | Cost-Sharing Compone                | nt           |                       |             |  |  |   |
| Day Supply      |                                     | 1-Month      | 2-Month               | 3-Month     | Extended Day Supply Applies to All Drugs?*   | Limited First Fill for Extended Day Supply   |   |
| Tier 1          | Standard Retail                     |              |                       |             | Are all of the drugs on your formulary for this tier<br>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<br>month supply at the Standard/Preferred Retail Co   |
|                 | Standard<br>Retail/Preferred Retail |              |                       |             | C Yes<br>C No  | C Yes<br>C No  | Sharing or the Mail-Order Pharmacy, you must<br>answer "yes" to the question "Are all drugs on you<br>formulary for this tier available with an extended of |
| 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 availabl<br>at the extended day supply.   |
|                 | Standard<br>Retail/Preferred Retail |              |                       |             | C Yes<br>C No  | C Yes<br>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<br>Retail/Preferred Retail |              |                       |             | C Yes<br>C No  | C Yes<br>C No  |   |
| Tier 4          | 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<br>Retail/Preferred Retail |              |                       |             | C Yes<br>C No  | C Yes<br>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<br>Retail/Preferred Retail |              |                       |             | C Yes<br>C No  | C Yes<br>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<br>Retail/Preferred Retail |              |                       |             | C Yes<br>C No  | C Yes<br>C No  |   |
| Tier 7          | 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<br>Retail/Preferred Retail |              |                       |             | C Yes<br>C No  | C Yes<br>C No  |   |

Softrams

Alternative - Mail Order Location Supply - Pre-ICL

| le Help                               |  |              |             |  |                                  |
|---------------------------------------|--|--------------|-------------|--|----------------------------------|
| Previous                              | Next (Valida   | Exit (N      | 0           | Alternative - Mail-Order Location Supply - Pre-ICL | •                                |
| Label Desc                            | ription(s)   |              |             |  | _                                |
|                                       |  |              |             |  | CLICK FOR Auto-Populate Location |
| ndard Mail-C<br>mponent<br>Day Supply | order Cost-Sharing Network                               | 1-Month 2-Mo | nth 3-Month |  |                                  |
| Tier 1                                | Standard Mail-Order                                      |              |             |  |                                  |
|                                       | Standard/Preferred Mail-<br>Order                        |              |             |  |                                  |
| Tier 2                                | Standard Mail-Order                                      |              |             |  |                                  |
|                                       | Standard/Preferred Mail-<br>Order                        |              |             |  |                                  |
| Tier 3                                | Standard Mail-Order                                      |              | _           |  |                                  |
|                                       | Standard/Preferred Mail-<br>Order                        |              |             |  |                                  |
| The                                   | Charles Mail Order                                       |              |             |  |                                  |
| Tier 4                                | Standard Mail-Order<br>Standard/Preferred Mail-<br>Order |              |             |  |                                  |
|                                       |  |              |             |  |                                  |
| Tier 5                                | Standard Mail-Order<br>Standard/Preferred Mail-<br>Order |              |             |  |                                  |
|                                       | order  |              |             |  |                                  |
| Tier 6                                | Standard Mail-Order                                      |              |             |  |                                  |
|                                       | Standard/Preferred Mail-<br>Order                        |              |             |  |                                  |
| Tine 7                                | Chandred Mail Order                                      |              |             |  |                                  |
| Tier 7                                | Standard Mail-Order<br>Standard/Preferred Mail-          |              |             |  |                                  |
|                                       | Order  |              |             |  |                                  |

Alternative – OON and LTC Location Supply – Pre-ICL

| File Help           |        |                      |  |   |
|---------------------|--------|----------------------|--|---|
|                     |        | Exit Exit (No        | Go To: Alternative - OON and LTC Location Supply - Pre-ICL |   |
| Previous            | Next   | (Validate) Validate) |  |   |
|                     |        |                      |  |   |
| Tier Label Descript | ion(s) |                      |  | CLICK FOR Auto-Populate Location Supplies |
|                     |        |                      |  |   |
| Day Supply          |        |                      | 1-Month Other Day  |   |
| //                  |        | Network Component    |  |   |
|                     | Tier 1 | Out-of-Network       |  |   |
|                     |        | Long-Term Care Drugs |  |   |
|                     |        |                      |  |   |
|                     | Tier 2 | Out-of-Network       |  |   |
|                     |        | Long-Term Care Drugs |  |   |
|                     | Tier 3 | Out of National      |  |   |
|                     | Tier 3 | Out-of-Network       |  |   |
|                     |        | Long-Term Care Drugs |  |   |
|                     | Tier 4 | Out-of-Network       |  |   |
|                     |        | Long-Term Care Drugs |  |   |
|                     |        | Long-renn ouro brogs |  |   |
|                     | 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

| ile Help                        |                             |                    |                       |                          |                 |   |                 |                            |             |
|---------------------------------|-----------------------------|--------------------|-----------------------|--------------------------|-----------------|---|-----------------|----------------------------|-------------|
| Previous                        | Next                        | Exit<br>(Validate) | Exit (No<br>Validate) |                          | Alternative - R | tetail Pharmacy Copayment ar                        | d Coinsurance - | Pre-ICL                    | •           |
| ier Label Descri                | ption(s)                    |                    |                       |                          |                 |   |                 |                            |             |
| Standard Retai<br>Component - C | Cost-Sharing<br>ost Sharing | 1-Mo               |                       | Copayment<br>2-Month (S) | 3-Month (\$)    | Avg Expected Coins Doll<br>Amt (1-month supply) (\$ | ar 1-Month (%)  | insurance<br>) 2-Month (%) | 3-Month (%) |
| Tier 1                          | Standard Retail             |                    |                       |                          | <b></b>         |   |                 |                            |             |
|                                 | Standard Retail             | · ·                | - i                   |                          | Г               |   |                 | i -                        |             |
|                                 | Preferred Retail            |                    | - i                   |                          |                 |   |                 |                            | <u> </u>    |
|                                 |                             |                    |                       |                          |                 |   |                 |                            |             |
| Tier 2                          | Standard Retail             |                    |                       |                          |                 |   |                 |                            |             |
|                                 | Standard Retail             |                    |                       |                          |                 |   |                 |                            |             |
|                                 | Preferred Retail            |                    |                       |                          |                 |   |                 |                            |             |
| Tier 3                          | Standard Retail             | _                  |                       |                          |                 |   |                 |                            |             |
| THE S                           | Standard Retail             |                    |                       |                          | I               |   |                 |                            |             |
|                                 | Preferred Retail            |                    |                       |                          |                 |   |                 | -                          |             |
|                                 | Freieneu Retail             | 1                  |                       |                          | 1               |   |                 | I                          | 1           |
| Tier 4                          | Standard Retail             |                    |                       |                          |                 |   |                 |                            |             |
|                                 | Standard Retail             |                    | I                     |                          | -               |   |                 |                            |             |
|                                 | Preferred Retail            |                    |                       |                          |                 |   |                 |                            |             |
| _                               |                             |                    |                       |                          |                 |   |                 |                            |             |
| Tier 5                          | Standard Retail             |                    |                       |                          | I               |   |                 |                            |             |
|                                 | Standard Retail             |                    |                       |                          |                 |   |                 |                            |             |
|                                 | Preferred Retail            |                    |                       |                          | 1               |   |                 |                            |             |
| Tier 6                          | Standard Retail             |                    |                       |                          |                 |   |                 | _                          |             |
|                                 | Standard Retail             |                    |                       |                          |                 |   |                 |                            |             |
|                                 | Preferred Retail            |                    | i                     |                          |                 |   |                 |                            | <u> </u>    |
|                                 |                             | 1                  |                       |                          | 1               |   |                 | 1                          | -           |
| Tier 7                          | Standard Retail             |                    |                       |                          |                 |   |                 |                            |             |
|                                 | Standard Retail             |                    |                       |                          |                 |   |                 |                            |             |
|                                 | Preferred Retail            |                    |                       |                          | <b></b>         |   |                 |                            |             |

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

| File Help        | Entry System - Section F                    |              |                         |                     |  |          | _ |  |
|------------------|---|--------------|-------------------------|---------------------|--|----------|---|--|
| Previous         | E   |              | YGO<br>it (No<br>idate) | To: Alternative - M | lail-Order Copayment and Coinsurance - Pre-ICL | <u> </u> | ] |  |
|                  |   |              |                         |                     |  |          |   |  |
| Tier Label Descr | iption(s)                                   |              |                         |                     |  |          |   |  |
|                  | order Cost-Sharing                          |              | Copayment               |                     | Coinsurance                                    |          |   |  |
| Vetwork Compo    | nent - Cost Sharing                         | 1-Month (\$) | 2-Month (\$)            | 3-Month (\$)        | 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                        |              |                         |                     |  |          |   |  |
|                  |   | 1            |                         |                     |  |          |   |  |
| Tier 6           | Standard Mail-Order                         |              |                         |                     |  |          |   |  |
|                  | Standard Mail-Order                         |              |                         |                     |  |          |   |  |
|                  | Preferred Mail-Order                        |              |                         |                     |  |          |   |  |
| Tier 7           | Standard Mail-Order                         |              |                         |                     |  |          |   |  |
| ner /            | Standard Mail-Order                         |              |                         |                     |  |          |   |  |
|                  | Standard Mail-Order<br>Preferred Mail-Order |              |                         |                     |  |          |   |  |
|                  | Freierred Mail-Order                        |              |                         |                     |  |          |   |  |
|                  |   |              |                         |                     |  |          |   |  |
|                  |   |              |                         |                     |  |          |   |  |

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

| vious         | N    | ext     | Exit<br>(Validate)         | Exit (No<br>Validate) | Go To: | Alterna | tive - OOI | N and LTC | Copayment : | and Coinsur | ance - Pr | e-ICL | • |
|---------------|------|---------|----------------------------|-----------------------|--------|---------|------------|-----------|-------------|-------------|-----------|-------|---|
| oel Descripti | on(s | )       |                            |                       |        |         |            |           |             |             |           |       |   |
|               |      |         |                            | Copayment             |        |         |            | Coinsu    | rance       |             |           |       |   |
| _             |      |         | k Component                | 1-Month (\$)          | Other  | ' (S):  | 1          | -Month (  | %) Other (% | ):          |           |       |   |
| Tier          | 1    |         | Network<br>Term Care Drugs |                       |        |         | Γ          |           |             |             |           |       |   |
| Tier          | 2    | Out-of- | Network                    |                       |        |         | Γ          |           |             |             |           |       |   |
|               |      | Long-1  | Term Care Drugs            |                       |        |         | Γ          |           |             |             |           |       |   |
| Tier          | 3    | Out-of- | Network                    |                       |        |         | Γ          |           |             |             |           |       |   |
|               |      | Long-1  | Term Care Drugs            |                       |        |         | Γ          |           |             |             |           |       |   |
| Tier          | 4    |         | Network                    |                       |        |         | Γ          |           |             |             |           |       |   |
|               |      | Long-1  | Term Care Drugs            |                       |        |         |            |           |             |             |           |       |   |
| Tier          | 5    | Out-of- | Network                    |                       |        |         | Γ          |           |             |             |           |       |   |
|               |      | Long-1  | Term Care Drugs            |                       |        |         | Γ          |           |             |             |           |       |   |
| Tier          | 6    | Out-of- | Network                    |                       |        |         | Γ          |           |             |             |           |       |   |
|               |      | Long-1  | Term Care Drugs            |                       |        |         | Γ          |           |             |             |           |       |   |
| Tier          | 7    | Out-of- | Network                    |                       |        |         | Γ          |           |             |             |           |       |   |
|               |      | Long-1  | Term Care Drugs            |                       |        |         | Γ          |           |             |             |           |       |   |
|               |      |         |                            |                       |        |         |            |           |             |             |           |       |   |



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

| File H   | Data Entry System - S<br>elp        | ection KX, Contra  | ict x0001, Plan 00    | 01, Segment 000                       |   |                      |                   |             |                      |             |                              |            | 1 | ۵ |  |
|----------|-------------------------------------|--------------------|-----------------------|---------------------------------------|---|----------------------|-------------------|-------------|----------------------|-------------|------------------------------|------------|---|---|--|
| Prev     |                                     | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: Altern                         | ative - Daily Copayment Amount (            | Cost-Sharing - Pre-K |                   | •           |                      |             |                              |            |   |   |  |
| ier Labe | Description(s)                      |                    |                       |                                       |   |                      | _                 |             |                      |             |                              |            |   |   |  |
|          |                                     |                    |                       |                                       |   |                      |                   |             |                      |             |                              |            |   |   |  |
| CLICK    | FOR Daily Copay Inst                | 1-Month (\$)       | Copayment<br>1-Month  | Daily (S)                             |   | Copa<br>1-Month (\$) | ayment<br>1-Month | Daily (S)   |                      | Copayment   |                              |            |   |   |  |
|          |                                     | 1-INIOTIUT (3)     | -                     |                                       | Standard Mail-Order                         |                      |                   | Duriy (9)   |                      | 1-Month (S) | 1-Month                      | Daily (\$) |   |   |  |
| Tier 1   | Standard Retail                     |                    |                       |                                       |   |                      |                   |             | Long-Term Care Drugs |             |                              |            |   |   |  |
|          | Standard Retail<br>Preferred Retail |                    |                       |                                       | Standard Mail-Order<br>Preferred Mail-Order |                      |                   |             | Long-Term Care Drugs |             |                              |            |   |   |  |
| Tier 2   | Standard Retail                     |                    |                       |                                       | Standard Mail-Order                         |                      |                   |             |                      |             |                              |            |   |   |  |
|          | Standard Retail                     |                    |                       |                                       | Standard Mail-Order                         |                      |                   |             | Long-Term Care Drugs |             |                              |            |   |   |  |
|          | Preferred Retail                    | ·                  | i '                   | · · · · · · · · · · · · · · · · · · · | Preferred Mail-Order                        | <u> </u>             |                   | ·           |                      |             |                              |            |   |   |  |
| Tier 3   | Standard Retail                     |                    |                       |                                       | Standard Mail-Order                         | <u> </u>             |                   | ·           |                      |             |                              |            |   |   |  |
|          | 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                    |                    | 1                     |                                       | Preferred Mail-Order                        |                      |                   |             |                      | 707         |                              |            |   |   |  |
| Tier 6   | Standard Retail                     |                    |                       |                                       | Standard Mail-Order                         | <u> </u>             |                   |             |                      |             |                              |            |   |   |  |
|          | 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                    |                    | i                     |                                       | Preferred Mail-Order                        |                      |                   | <u> </u>    |                      | Calaula     | Daily Cana                   | Amount 1   |   |   |  |
|          |                                     |                    |                       |                                       |   |                      |                   |             |                      | -           | te Daily Copa<br>Daily Copay |            |   |   |  |

# CY 2023 PBP Data Entry System Screens

### Alternative – Pre-ICL Medicare-Medicaid

| 鱪 PBP Data Entry System                               | - Section RX, Contra  | ct X0001, Plan (      | 001, Segme | nen | nt 000                                  | _ | $\times$ |
|---|-----------------------|-----------------------|------------|-----|---|---|----------|
| File Help<br>Previous Next                            | Exit<br>(Validate)    | Exit (No<br>Validate) | Go To:     | : [ | Alternative - Pre-ICL Medicare-Medicaid | • |          |
| How do you apply your costs                           | haring before the Out | -of-PocketThre        | shold?     |     |   |   |          |
| C Cost-Share Tiers<br>Will any of your tiers apply th | e LIS cost-sharing va | lues?                 |            |     |   |   |          |
| No Indicate each tier on whic sharing standards:      | h your cost sharing w | vill be the LIS co    | st-        |     |   |   |          |
| Tier 1     Tier 2     Tier 3     Tier 4     Tier 5    |                       |                       |            |     |   |   |          |
| Tier 5<br>Tier 6<br>Tier 7                            |                       |                       |            |     |   |   |          |
|   |                       |                       |            |     |   |   |          |

Softrams

Alternative – Medicare-Medicaid Tier Type – Pre-ICL

| Help          |                             | 4                                 | ~                     | Colto  | Altorno     | tivo Hodio    | ara Madiaaid | l Tier Type - F | Ing. ICI |        | - |  |
|---------------|-----------------------------|-----------------------------------|-----------------------|--------|-------------|---------------|--------------|-----------------|----------|--------|---|--|
| revious       | Next                        | Exit<br>(Validate)                | Exit (No<br>Validate) | 0010   | • Jesuerita | inte - medica | are-meandala | гнегтуре - н    |          |        |   |  |
| abel Descrip  | otion(s)                    |                                   |                       |        |             |               |              |                 |          |        |   |  |
| Tier Drug Ty  | pe(s) (selecta              | II that apply):                   |                       | Tier 1 | Tier 2      | Tier 3        | Tier 4       | Tier 5          | Tier 6   | Tier 7 |   |  |
| Generi        | c                           |                                   |                       |        |             |               |              |                 |          |        |   |  |
| Brand         |                             |                                   |                       |        |             |               |              |                 |          |        |   |  |
| Tier Includes | (select only                | one for each tier):               |                       | ~      | ·           |               |              |                 |          | -      |   |  |
| Part D 0      | Orugs Only                  |                                   |                       | 0      | 0           | C             | 0            | 0               | C        | 0      |   |  |
|               | dicare Cover<br>d OTCs Only | ed Drugs and/or No                | n-Medicare            | 0      | 0           | 0             | 0            | 0               | 0        | 0      |   |  |
| Both Pa       | rt D Drugs and              | d Non-Medicare Co<br>Covered OTCs | overed Drugs          | 0      | 0           | 0             | 0            | 0               | 0        | 0      |   |  |
|               |                             |                                   |                       |        |             |               |              |                 |          |        |   |  |
|               |                             |                                   |                       |        |             |               |              |                 |          |        |   |  |
|               |                             |                                   |                       |        |             |               |              |                 |          |        |   |  |
|               |                             |                                   |                       |        |             |               |              |                 |          |        |   |  |
|               |                             |                                   |                       |        |             |               |              |                 |          |        |   |  |

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

| 💀 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segn   | nent 000 |           |          |          |           |         |           |  | _ |   | $\times$ |
|--|----------|-----------|----------|----------|-----------|---------|-----------|--|---|---|----------|
| File Help  |          |           |          |          |           |         |           |  |   |   |          |
| Previous Next (Validate) Go To<br>Validate)                            | Altern   | ative - N | ledicare | -Medicai | d Tier Lo | cations | - 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                          |          | $\Box$    |          |          |           |         |           |  |   |   |          |
| Standard Retail Cost Sharing - 2-month supply                          |          | $\Box$    | $\Box$   |          |           |         |           |  |   |   |          |
| 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 |          |           |          |          |           |         |           |  |   |   |          |
| 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                               |          |           |          |          |           |         |           |  |   |   |          |
|  |          |           |          |          |           |         |           |  |   |   |          |

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

| File Help       | 14 B                                |                 |                       | 8       |  |               |   |   |
|-----------------|-------------------------------------|-----------------|-----------------------|---------|--|---------------|---|---|
| Previous        |                                     | Exit<br>lidate) | Exit (No<br>Validate) | Go To:  | Alternative - Medicare-Medicaid Retail Pharmacy Lo   | cation Su     | pply - Pre-ICL  |   |
|                 |                                     |                 |                       |         |  |               |   |   |
| Tier Label Desc | cription(s)                         |                 |                       |         |  |               | CLICK FOR Auto-Populate Location Supplies   | 1   |
| Standard Retai  | I Cost Sharing Compon               | ent             |                       |         |  |               |   | 1.  |
| 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<br>available with an extended day supply? |               | of the drugs available at an extended day supply<br>ier limited to a 1-month supply for the first fill? | *For example, if you chose a two month or three<br>month supply at the Standard/Preferred Retail Cost   |
|                 | Standard<br>Retail/Preferred Retail |                 |                       |         | C Yes<br>C No  | C Yes<br>C No |   | Sharing or the Mail-Order Pharmacy, you must<br>answer "yes" to the question "Are all drugs on your<br>formulary for this tier available with an extended day |
| Tier 2          | Standard Retail                     |                 |                       |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |               | of the drugs available at an extended day supply<br>ier limited to a 1-month supply for the first fill? | supply?" if all of the drugs on that tier are available<br>at the extended day supply.  |
|                 | Standard<br>Retail/Preferred Retail |                 |                       |         | C Yes<br>C No  | C Yes<br>C No |   |   |
| Tier 3          | Standard Retail                     |                 |                       |         | Are all of the drugs on your formulary for this tier available with an extended day supply?    |               | of the drugs available at an extended day supply<br>ier limited to a 1-month supply for the first fill? |   |
|                 | Standard<br>Retail/Preferred Retail |                 |                       |         | C Yes<br>C No  | C Yes<br>C No |   |   |
| Tier 4          | Standard Retail                     |                 |                       |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |               | of the drugs available at an extended day supply<br>ier limited to a 1-month supply for the first fill? |   |
|                 | Standard<br>Retail/Preferred Retail |                 |                       |         | C Yes<br>C No  | C Yes<br>C No |   |   |
| Tier 5          | Standard Retail                     |                 |                       |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |               | of the drugs available at an extended day supply<br>ier limited to a 1-month supply for the first fill? |   |
|                 | Standard<br>Retail/Preferred Retail |                 |                       |         | C Yes<br>C No  | C Yes<br>C No |   |   |
| Tier 6          | Standard Retail                     |                 |                       |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |               | of the drugs available at an extended day supply<br>ier limited to a 1-month supply for the first fill? |   |
|                 | Standard<br>Retail/Preferred Retail |                 |                       |         | C Yes<br>C No  | C Yes         |   |   |
| Tier 7          | Standard Retail                     |                 |                       |         | Are all of the drugs on your formulary for this tier<br>available with an extended day supply? |               | of the drugs available at an extended day supply<br>ier limited to a 1-month supply for the first fill? |   |
|                 | Standard<br>Retail/Preferred Retail |                 |                       |         | C Yes<br>C No  | C Yes<br>C No |   |   |

Softrams

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

| File Help                                  |                                   |       | ×                     | Go To:  | Alternative - Medicare-Medicaid Mail-Order Location Supply - Pre-ICL |
|--|-----------------------------------|-------|-----------------------|---------|--|
| Previous                                   | Exit                              | te) \ | Exit (No<br>/alidate) | 0010.   |  |
| ier Label Desc                             | ription(s)                        |       |                       |         |  |
|  |                                   |       |                       |         | CLICK FOR Auto-Populate Locatio                                      |
| Standard Mail-(<br>Component<br>Day Supply | Order Cost-Sharing Network        |       | 2-Month               | 3-Month |  |
| Tier 1                                     | Standard Mail-Order               |       |                       |         |  |
|  | Standard/Preferred Mail-<br>Order |       |                       |         |  |
| Tier 2                                     | Standard Mail-Order               |       |                       |         |  |
|  | Standard/Preferred Mail-<br>Order |       |                       |         |  |
| Tier 3                                     | Standard Mail-Order               |       |                       |         |  |
|  | Standard/Preferred Mail-<br>Order |       |                       |         |  |
| Tier 4                                     | Standard Mail-Order               |       |                       |         |  |
|  | Standard/Preferred Mail-<br>Order | i —   |                       |         |  |
| Tier 5                                     | Standard Mail-Order               |       |                       |         |  |
|  | Standard/Preferred Mail-<br>Order |       |                       |         |  |
| Tier 6                                     | Standard Mail-Order               |       |                       |         |  |
|  | Standard/Preferred Mail-<br>Order |       |                       |         |  |
| Tier 7                                     | Standard Mail-Order               |       |                       |         |  |
|  | Standard/Preferred Mail-<br>Order |       |                       |         |  |

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

|                       | y System - Sect | ion RX, Contract X0001, Pla                                 | n 001, Segment 000  |   |
|-----------------------|-----------------|---|---|---|
| File Help<br>Previous | Next            | Exit Exit (No<br>(Validate) Validate)                       | Go To: Alternative - Medicare-Medicaid OON and LTC Location Sup | pply - Pre-ICL                            |
| Tier Label Descriptio | on(s)           |   |   | CLICK FOR Auto-Populate Location Supplies |
| Day Supply            | Tier 1          | Network Component<br>Out-of-Network<br>Long-Term Care Drugs | 1-Month Other Day   |   |
|                       | Tier 2          | Out-of-Network<br>Long-Term Care Drugs                      |   |   |
|                       | Tier 3          | Out-of-Network<br>Long-Term Care Drugs                      |   |   |
|                       | Tier 4          | Out-of-Network<br>Long-Term Care Drugs                      |   |   |
|                       | Tier 5          | Out-of-Network<br>Long-Term Care Drugs                      |   |   |
|                       | Tier 6          | Out-of-Network<br>Long-Term Care Drugs                      |   |   |
|                       | Tier 7          | Out-of-Network<br>Long-Term Care Drugs                      |   |   |

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

| Previo | E                                      | Exit Exit (I<br>Idate) Valida | No                       | Alternative - Medicare-Medicaid Copay | rment - Pre-ICL          |                         | • |  |
|--------|--|-------------------------------|--------------------------|---------------------------------------|--------------------------|-------------------------|---|--|
|        | ng for In-Network Retail, Mail-        |                               |                          | - 0                                   | _                        | _                       |   |  |
|        | Description(s)                         | -Order, Out-ol-Netwo          | ork, and Long-Ten        | m Care                                |                          |                         |   |  |
| Net    | work Component                         | Minimum<br>Copayment(\$)      | Maximum<br>Copayment(\$) | Network Component                     | Minimum<br>Copayment(\$) | Maximum<br>Copayment(S) |   |  |
| Tier 1 | Standard Retail                        |                               |                          | Out-of-Network                        |                          |                         |   |  |
|        | Standard Mail-<br>Order                |                               |                          | Long-Term Care Drugs                  |                          |                         |   |  |
| Tier 2 | Standard Retail                        |                               |                          | Out-of-Network                        |                          |                         |   |  |
|        | Standard Mail-<br>Order                |                               |                          | Long-Term Care Drugs                  |                          |                         |   |  |
|        | Standard Retail                        |                               |                          | Out-of-Network                        |                          |                         |   |  |
| Tier 3 | Standard Mail-<br>Order                |                               |                          | Long-Term Care Drugs                  |                          |                         |   |  |
|        |  |                               |                          | Out-of-Network                        |                          |                         |   |  |
| Tier 4 | Standard Retail<br>Standard Mail-Order |                               |                          | Long-Term Care Drugs                  |                          |                         |   |  |
|        | Standard Man-Order                     |                               |                          |                                       |                          |                         |   |  |
| Tier 5 | Standard Retail                        |                               |                          | Out-of-Network                        |                          |                         |   |  |
|        | Standard Mail-Order                    |                               |                          | Long-Term Care Drugs                  |                          |                         |   |  |
| Tier 6 | Standard Retail                        |                               |                          | Out-of-Network                        |                          |                         |   |  |
|        | Standard Mail-<br>Order                |                               |                          | Long-Term Care Drugs                  |                          |                         |   |  |
| Tier 7 | Standard Retail                        |                               |                          | Out-of-Network                        |                          |                         |   |  |
|        | Standard Mail-<br>Order                |                               |                          | Long-Term Care Drugs                  |                          |                         |   |  |

Softrams

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

|          | Ex                                     |               | Go To: A      | Iternative - Medi | care-Medicaid Daily Copayment Am | ount Cost-Sharing    |               |               |                     |            |
|----------|--|---------------|---------------|-------------------|----------------------------------|----------------------|---------------|---------------|---------------------|------------|
|          | IS Next (Valid<br>scription(s)         | late) Valida  | te)           |                   |                                  |                      | -             | _             | _                   |            |
|          |  | 1             |               |                   |                                  |                      |               |               |                     |            |
| CLICK FO | R Daily Copay Instructions             | Minimum       | Maximum       | 1-Month           | Daily (\$)                       |                      | Minimum       | Maximum       |                     |            |
| r 1      | Standard Retail                        | Copayment(\$) | Copayment(\$) |                   |                                  | Long-Term Care Drugs | Copayment(\$) | Copayment(\$) | 1-Month             | Daily (\$) |
|          | Standard Mail-Order                    |               |               |                   |                                  | Long-Term Gare Drugs |               |               |                     |            |
| r 2      | Standard Retail                        |               |               |                   |                                  | Long-Term Care Drugs |               |               |                     |            |
|          | Standard Mail-Order                    |               |               |                   |                                  |                      | ,             |               | ,                   | ,          |
| r 3      | Standard Retail                        |               |               |                   |                                  |                      |               |               |                     |            |
|          | Standard Mail-Order                    |               |               |                   |                                  | Long-Term Care Drugs |               |               |                     |            |
| r 4      | Standard Retail                        |               |               |                   |                                  | Long-Term Care Drugs |               |               |                     |            |
|          | Standard Mail-Order                    |               |               |                   |                                  |                      | ,             |               |                     |            |
| r 5      | Standard Retail                        |               |               |                   |                                  | Long-Term Care Drugs |               |               |                     |            |
|          | Standard Mail-Order                    | ,<br>         | ,             |                   |                                  |                      | ,             | ,             | ,                   | ,          |
| r 6      | Standard Retail                        |               |               |                   |                                  | Long-Term Care Drugs |               |               |                     |            |
|          | Standard Mail-Order                    |               |               |                   |                                  |                      |               |               |                     |            |
| r 7      | Standard Retail<br>Standard Mail-Order |               |               |                   |                                  | Long-Term Care Drugs |               |               |                     |            |
|          |  |               |               |                   |                                  |                      |               | _             | Calculate Daily Cop | pay Amour  |

Alternative – ICL

| 🖶 PBP Data En<br>ile Help                                | ntry System - S | Section RX, Contra | act X0001, Plan       | 001, Segment 000          | _ | $\times$ |
|--|-----------------|--------------------|-----------------------|---------------------------|---|----------|
| Previous   | Next            | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: Alternative - ICL  | - |          |
| Do you apply t<br>O Yes<br>O No, enter a<br>O No ICL (Fu | amount          |                    | dard Initial Co       | erage Limit (ICL) Amount? |   |          |
| Enter Initial (  | Coverage Limi   | t (ICL) Amount:    |                       |                           |   |          |
|  |                 |                    |                       |                           |   |          |
|  |                 |                    |                       |                           |   |          |
|  |                 |                    |                       |                           |   |          |
|  |                 |                    |                       |                           |   |          |
|  |                 |                    |                       |                           |   |          |
|  |                 |                    |                       |                           |   |          |

### Alternative – Gap Coverage

|                    | try System - S | Section RX, Contra | act X0001, Plan       | 001, Segme | ent 000 —                  |   | × |
|--------------------|----------------|--------------------|-----------------------|------------|----------------------------|---|---|
| File Help Previous | Next           | Exit<br>(Validate) | Exit (No<br>Validate) | Go To:     | Alternative - Gap Coverage | [ |   |
| Select the tiers   | that include g | ap coverage (sele  | ct all that apply     | ):         |                            |   |   |

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

| PBP Data Entry System - Section RX, Contract X0001, Pla   |        | -                  | -<br>-         |            |               |            |        |  |   |
|---|--------|--------------------|----------------|------------|---------------|------------|--------|--|---|
| Previous Next (Validate) Exit (No Validate)   | Go To  | ): <u> Atterna</u> | tive - Tier Ty | pe and Cos | t-Share Struc | ture - Gap |        |  | Ţ |
| Tier Drug Type(s) (select all that apply):  | Tier 1 | Tier 2             | Tier 3         | Tier 4     | Tier 5        | Tier 6     | Tier 7 |  |   |
| Generic<br>Brand  |        |                    |                |            |               |            |        |  |   |
| Tier Includes (select only one for each tier):<br>Part D Drugs Only   | 0      | C                  | C              | C          | C             | C          | 0      |  |   |
| Excluded Drugs Only (e.g., erectile dysfunction drugs)<br>Both Part D and Excluded Drugs<br>Indicate the type of cost-sharing structure (select | 0      | 0<br>0             | 0<br>0         | 0<br>0     | 0<br>0        | 0          | 0<br>0 |  |   |
| only one for each tier):<br>Coinsurance<br>Copayment  | 0      | 0                  | 0              | 0          | 0             | 0          | 0      |  |   |
| Greater of Coinsurance and Copayment<br>Lesser of Coinsurance and Copayment   | 0      | 0                  | 0              | 0          | 0             | 0          | 0      |  |   |
|   |        |                    |                |            |               |            |        |  |   |
|   |        |                    |                |            |               |            |        |  |   |
|   |        |                    |                |            |               |            |        |  |   |

### Alternative – Tier Coverage – Gap

| File Help                               |                | 4   | ¥                     | Go To: | Aternatis | ve - Tier Cov | erace - Gan |        |        | <b>•</b>  |
|---|----------------|---|-----------------------|--------|-----------|---------------|-------------|--------|--------|---|
| Previous                                | Next           | Exit<br>(Validate)  | Exit (No<br>Validate) | 50.0   |           |               |             |        |        |   |
| er Label Descriptio                     | on(s)          |   |                       |        |           |               |             |        |        | -   |
| n what extent are                       | any Pre ICI    | covered drugs on t  | Tier 1                | Tier 2 | Tier 3    | Tier 4        | Tier 5      | Tier 6 | Tier 7 | The gap coverage supplemental file may<br>not include any drugs from a tier that is<br>fully covered in the gap.  |
| er covered throug                       |                | covered drugs on t  |                       |        |           |               |             |        | _      | any covered in the gap.   |
| Full Tier Coverag<br>Partial Tier Cover |                | on the tier)<br>ome drugs on the ti                               | er) C                 | с<br>с | 0         | 0             | 0           | 0      | 000    | If you select Partial Tier Gap Coverage, you mu<br>submit a gap supplemental file for the Part D<br>drugs covered on the partially covered tier. The<br>gap supplemental file must be uploaded through<br>the Formulary Submission Module by Friday,<br>June 10, 2022 at 11:59am Eastern Time. Do not |
|   | whether that   | ly covered in the ga<br>coverage is for bran<br>or both brand and |                       |        |           |               |             |        |        | Include Non-Medicare Covered Drugs and/or No<br>-Medicare Covered OTCs in this file submission  |
| Brand Drugs Only                        | 1              |   | C                     | C      | C         | C             | C           | C      | C      |   |
| Generic Drugs Or                        | nly            |   | C                     | С      | 0         | C             | C           | C      | C      |   |
| Brand and Gener                         | ic Drugs       |   | 0                     | 0      | 0         | C             | C           | C      | C      |   |
| ndicate the type of                     | drugs cover    | ed on your tiers:   |                       |        |           |               |             |        |        |   |
| Part D Drugs Only                       | у              |   | C                     | C      | C         | C             | 0           | C      | 0      |   |
| Excluded Drugs C                        | only (e.g., er | ectile dysfunction d  | rugs C                | C      | 0         | C             | 0           | C      | C      |   |
| Both Part D and E                       | Excluded Dri   | ugs   | C                     | С      | 0         | C             | С           | С      | С      |   |
|   |                |   |                       |        |           |               |             |        |        |   |
|   |                |   |                       |        |           |               |             |        |        |   |
|   |                |   |                       |        |           |               |             |        |        |   |
|   |                |   |                       |        |           |               |             |        |        |   |
|   |                |   |                       |        |           |               |             |        |        |   |
|   |                |   |                       |        |           |               |             |        |        |   |

### Alternative – Tier Locations – Gap

| 🚽 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segr                  |                                    |        |        | -      |        |        |        |   |          |  |  |  |  |  |
|---|------------------------------------|--------|--------|--------|--------|--------|--------|---|----------|--|--|--|--|--|
| ile Help<br>Frevious Next (Validate) Validate)<br>Go To<br>Exit Exit (No<br>Validate) | Alternative - Tier Locations - Gap |        |        |        |        |        |        |   | <b>_</b> |  |  |  |  |  |
| 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 |   |          |  |  |  |  |  |
| tandard Retail Cost Sharing - 1-month supply  |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| tandard Retail Cost Sharing - 2-month supply  |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| tandard Retail Cost Sharing - 3-month supply  |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| tandard Retail/Preferred Retail Cost Sharing - 1-month supply                         |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| tandard Retail/Preferred Retail Cost Sharing - 2-month supply                         |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| tandard Retail/Preferred Retail Cost Sharing - 3-month supply                         |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| ut-of-Network Pharmacy - 1-month supply   |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| ut-of-Network Pharmacy - other day supply   |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| tandard Mail-Order Cost Sharing - 1-month supply                                      |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| tandard Mail-Order Cost Sharing - 2-month supply                                      |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| tandard Mail-Order Cost Sharing - 3-month supply                                      |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| tandard Mail-Order/Preferred Mail-Order Cost Sharing - 1-month supply                 |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| tandard Mail-Order/Preferred Mail-Order Cost Sharing - 2-month supply                 |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| tandard Mail-Order/Preferred Mail-Order Cost Sharing - 3-month supply                 |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |
| ong-Term Care Pharmacy - 1-month supply   |                                    |        |        |        |        |        |        |   |          |  |  |  |  |  |

## Alternative – Retail Pharmacy Location Supply – Gap

| Previous      | Next (Validat                       |         | Exit (No<br>Validate) | Go To:  | Alternative - Retail Pharmacy Location Supply - Gap  |  |   |  |  |
|---------------|-------------------------------------|---------|-----------------------|---------|--|--|---|--|--|
| er Label Desc | ription(s)                          |         |                       |         |  | CLICK FOR Auto-Populate Location Supplies  |   |  |  |
| andard 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<br>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<br>month supply at the Standard/Preferred Retail Cost   |  |  |
|               | Standard<br>Retail/Preferred Retail |         |                       |         | C Yes<br>C No  | C Yes<br>C No  | Sharing or the Mail-Order Pharmacy, you must<br>answer "yes" to the question "Are all drugs on your<br>formulary for this tier available with an extended day |  |  |
| Tier 2        | Standard Retail                     |         | _                     | _       | Are all of the drugs on your formulary for this tier   | Are any of the drugs available at an extended day supply   | supply?" if all of the drugs on that tier are available<br>at the extended day supply.  |  |  |
|               | Standard<br>Retail/Preferred Retail |         |                       |         | available with an extended day supply?   | for this tier limited to a 1-month supply for the first fill?  |   |  |  |
| Tier 3        | Standard Retail                     |         |                       |         |  | C No<br>Are any of the drugs available at an extended day supply   |   |  |  |
| 1010          | Standard<br>Retail/Preferred Retail |         |                       |         | available with an extended day supply?   | for this tier limited to a 1-month supply for the first fill? C Yes  |   |  |  |
|               |                                     |         |                       |         | C No   | C No   |   |  |  |
| Tier 4        | Standard Retail                     |         |                       |         | Are all of the drugs on your formulary for this tier<br>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<br>Retail/Preferred Retail |         |                       |         | C Yes<br>C No  | C Yes<br>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<br>Retail/Preferred Retail |         |                       |         | C Yes<br>C No  | C Yes<br>C No  |   |  |  |
| Tier 6        | Standard Retail                     | _       |                       |         | Are all of the drugs on your formulary for this tier   | Are any of the drugs available at an extended day supply   |   |  |  |
|               | Standard<br>Retail/Preferred Retail |         |                       |         | available with an extended day supply?   | for this tier limited to a 1-month supply for the first fill?  |   |  |  |
| Tier 7        | Standard Retail                     | _       |                       |         |  | C No<br>Are any of the drugs available at an extended day supply   |   |  |  |
|               | Standard<br>Retail/Preferred Retail |         |                       |         | available with an extended day supply?   | for this tier limited to a 1-month supply for the first fill?  |   |  |  |
|               |                                     |         |                       |         | C No   | C No   |   |  |  |

### Alternative – Mail-Order Location Supply – Gap

| File Help                                |                                   |         |                       |         |   |
|--|-----------------------------------|---------|-----------------------|---------|---|
| Previous                                 | Next (Validat                     | e) N    | Exit (No<br>/alidate) | Go To:  | native - Mail-Order Location Supply - Gap |
| er Label Desc                            | ription(s)                        |         |                       |         |   |
|  |                                   |         |                       |         | CLICK FOR Auto-Populate Location          |
| tandard Mail-(<br>omponent<br>Day Supply | Order Cost-Sharing Network        | 1-Month | 2-Month               | 3-Month |   |
| Tier 1                                   | Standard Mail-Order               |         |                       |         |   |
|  | Standard/Preferred Mail-<br>Order |         |                       |         |   |
| Tier 2                                   | Standard Mail-Order               |         | _                     |         |   |
|  | Standard/Preferred Mail-<br>Order |         |                       |         |   |
| Tier 3                                   | Standard Mail-Order               |         |                       |         |   |
|  | Standard/Preferred Mail-<br>Order |         |                       |         |   |
| Tier 4                                   | Standard Mail-Order               |         |                       |         |   |
|  | Standard/Preferred Mail-<br>Order |         |                       |         |   |
| Tier 5                                   | Standard Mail-Order               |         |                       |         |   |
|  | Standard/Preferred Mail-<br>Order |         |                       |         |   |
|  |                                   |         |                       |         |   |
| Tier 6                                   | Standard Mail-Order               |         |                       |         |   |
|  | Standard/Preferred Mail-<br>Order |         |                       |         |   |
| Tier 7                                   | Standard Mail-Order               |         |                       |         |   |
|  | Standard/Preferred Mail-<br>Order |         |                       |         |   |

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

| 🖳 PBP Data Entr       | y System - Sect | ion RX, Contract X0001, Plan                                | 001, Segment 000                                       | - 🗆 ×                                     |
|-----------------------|-----------------|---|--|---|
| Previous              | Next            | Exit Exit (No<br>(Validate) Validate)                       | Go To: Atternative - OON and LTC Location Supply - Gap | <u> </u>                                  |
| Tier Label Descriptio | on(s)           |   |  | CLICK FOR Auto-Populate Location Supplies |
| Day Supply            | Tier 1          | Network Component<br>Out-of-Network<br>Long-Term Care Drugs | 1-Month Other Day                                      |   |
|                       | Tier 2          | Out-of-Network<br>Long-Term Care Drugs                      |  |   |
|                       | Tier 3          | Out-of-Network<br>Long-Term Care Drugs                      |  |   |
|                       | Tier 4          | Out-of-Network<br>Long-Term Care Drugs                      |  |   |
|                       | Tier 5          | Out-of-Network<br>Long-Term Care Drugs                      |  |   |
|                       | Tier 6          | Out-of-Network<br>Long-Term Care Drugs                      |  |   |
|                       | Tier 7          | Out-of-Network<br>Long-Term Care Drugs                      |  |   |

Softrams

## Alternative – Retail Pharmacy Copayment and Coinsurance – Gap

| ile Help  |                  |                    |                      |              |                  |   |                 |             |             |  |
|---|------------------|--------------------|----------------------|--------------|------------------|---|-----------------|-------------|-------------|--|
| Previous  | Next             | Exit<br>(Validate) | Exit (No<br>Validate | D            | Alternative - Re | etail Pharmacy Copayment and (                          | Coinsurance - G | ap          | <b>•</b>    |  |
| er Label Descr  | intion(s)        |                    |                      |              |                  |   |                 |             |             |  |
| or Eabor Dobor  | priori(s)        |                    |                      |              |                  |   |                 |             |             |  |
|   |                  |                    |                      | Copayment    |                  |   |                 | surance     |             |  |
| r Label Description<br>iandard Retail Cost<br>omponent - Cost Si<br>Tier 1 Star<br>Prei<br>Tier 2 Star<br>Prei<br>Tier 3 Star<br>Star<br>Prei<br>Tier 4 Star<br>Star<br>Prei<br>Tier 5 Star | ost Sharing      |                    | 1-Month (\$)         | 2-Month (\$) | 3-Month (\$)     | Avg Expected Coins Dollar<br>Amt (1 month supply) (\$): | 1-Month (%)     | 2-Month (%) | 3-Month (%) |  |
| Tier 1  | Standard Retail  | [                  |                      |              |                  |   |                 |             |             |  |
|   | Standard Retail  | ſ                  |                      |              |                  |   |                 |             |             |  |
|   | Preferred Retail | ſ                  |                      |              |                  |   |                 |             |             |  |
|   |                  |                    |                      |              |                  |   |                 |             |             |  |
| Lier 2  | Standard Retail  | ļ                  |                      |              |                  |   |                 |             |             |  |
|   | Standard Retail  | ļ                  |                      |              |                  |   |                 |             |             |  |
|   | Preferred Retail | I                  |                      |              |                  |   |                 |             |             |  |
| Tier 3  | Standard Retail  | [                  |                      |              |                  |   |                 |             |             |  |
|   | Standard Retail  | Ì                  |                      |              |                  |   |                 |             |             |  |
|   | Preferred Retail | i                  |                      |              |                  |   |                 |             |             |  |
|   |                  | ,                  |                      |              | ,                |   |                 |             |             |  |
| Tier 4  | Standard Retail  | ſ                  |                      |              |                  |   |                 |             |             |  |
|   | Standard Retail  | ſ                  |                      |              |                  |   |                 |             |             |  |
|   | Preferred Retail | ſ                  |                      |              |                  |   |                 |             |             |  |
| Tier 5  | Standard Retail  | г                  |                      |              |                  |   |                 |             |             |  |
| THEF 5  | Standard Retail  | I                  |                      |              |                  |   |                 |             |             |  |
|   | Preferred Retail | I                  |                      |              |                  |   |                 |             |             |  |
|   | Preferred Retail | ļ                  |                      |              |                  |   |                 |             |             |  |
| Tier 6  | Standard Retail  | [                  |                      |              |                  |   |                 |             |             |  |
|   | Standard Retail  | Ì                  |                      |              |                  |   |                 |             |             |  |
|   | Preferred Retail | Í                  |                      |              |                  |   |                 |             |             |  |
|   |                  |                    |                      |              |                  |   |                 |             |             |  |
| Tier 7  | Standard Retail  | ļ                  |                      |              |                  |   |                 |             |             |  |
|   | Standard Retail  |                    |                      |              |                  |   |                 |             |             |  |
|   | Preferred Retail | ſ                  |                      |              |                  |   |                 |             |             |  |

## Alternative - Mail Order Copayment and Coinsurance - Gap

| File Help        |                      |             |              |                     |  |
|------------------|----------------------|-------------|--------------|---------------------|--|
|                  | E                    |             | t (No        | O: Alternative - Ma | II-Order Copayment and Coinsurance - Gap |
| Previous         | Next (Vali           | date) Vali  | date)        | _                   |  |
| Tier Label Descr | iption(s)            |             |              |                     |  |
|                  | rder Cost-Sharing    |             | Copayment    |                     | Coinsurance                              |
| Network Compo    | nent - Cost Sharing  | 1-Month (S) | 2-Month (\$) | 3-Month (\$)        | 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 | ĺ –         |              |                     |  |
| 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

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

| Help              |                      |                       |                    |   |          | 1 |
|-------------------|----------------------|-----------------------|--------------------|---|----------|---|
| <b>d</b><br>vious | Next (Validate)      | Exit (No<br>Validate) | Go To: Alternative | e - OON and LTC Copayment and Coinsurance - Gap | <b>•</b> |   |
| el Description    | n(s)                 |                       |                    |   |          |   |
|                   |                      | Copayment             |                    | Coinsurance                                     |          |   |
|                   | Network Component    | 1-Month (\$)          | Other (\$):        | 1-Month (%) Other (%):                          |          |   |
| Tier 1            |                      |                       |                    |   |          |   |
|                   | 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 |                       | 1                  |   |          |   |
| Tier 5            | Out-of-Network       |                       |                    |   |          |   |
| 11010             | Long-Term Care Drugs |                       |                    |   |          |   |
|                   | r an our progs       | 1                     |                    |   |          |   |
| Tier 6            | Out-of-Network       |                       |                    |   |          |   |
|                   | Long-Term Care Drugs |                       |                    |   |          |   |
| Tier 7            | Out-of-Network       |                       |                    |   |          |   |
| ner/              | Long-Term Care Drugs |                       |                    |   |          |   |

Softrams

## Alternative – Daily Copayment Amount Cost Sharing – Gap

| File H   | elp                  |                    |                       |               |                                  |                    |          |            |                      |              |                              |            |  |   |
|----------|----------------------|--------------------|-----------------------|---------------|----------------------------------|--------------------|----------|------------|----------------------|--------------|------------------------------|------------|--|---|
| Prev     | ious Next            | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: Altern | ative - Daily Copayment Amount ( | Cost-Sharing - Gap |          | •          |                      |              |                              |            |  |   |
| ier Labe | Description(s)       |                    |                       |               |                                  |                    | _        |            |                      |              |                              |            |  | _ |
|          |                      |                    |                       |               |                                  |                    |          |            |                      |              |                              |            |  |   |
| CLICK    | FOR Daily Copay Inst | ructions           | Copayment             |               |                                  | Cop                | ayment   |            |                      |              |                              |            |  |   |
|          |                      | 1-Month (\$)       | 1-Month               | Daily (S)     |                                  | 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              | <u> </u>           | <u> </u> |            | Long-Term Care Drugs |              |                              |            |  |   |
|          | Preferred Retail     | <u> </u>           |                       | ·             | Preferred Mail-Order             | <u> </u>           |          |            |                      |              | 1                            |            |  |   |
| lier 3   | Standard Retail      |                    |                       |               | Standard Mail-Order              |                    |          |            |                      |              |                              |            |  |   |
|          | Standard Retail      |                    |                       |               | Standard Mail-Order              |                    |          |            | Long-Term Care Drugs |              |                              |            |  |   |
|          | Preferred Retail     |                    |                       |               | Preferred Mail-Order             |                    |          |            |                      |              |                              |            |  |   |
| ier 4    | Standard Retail      |                    |                       |               | Standard Mail-Order              |                    |          |            |                      |              |                              |            |  |   |
|          | Standard Retail      | · · · · · ·        |                       | · · · · · ·   | Standard Mail-Order              | <u></u>            |          |            | Long-Term Care Drugs |              |                              |            |  |   |
|          | Preferred Retail     | -                  |                       |               | Preferred Mail-Order             | <u> </u>           |          | <u> </u>   |                      |              |                              |            |  |   |
| ier 5    | Standard Retail      |                    |                       |               | Standard Mail-Order              |                    |          |            |                      |              |                              |            |  |   |
|          | Standard Retail      |                    |                       |               | Standard Mail-Order              |                    |          |            | Long-Term Care Drugs |              |                              |            |  |   |
|          |                      |                    |                       |               |                                  |                    |          |            | Long-Term Gare Drugs |              |                              |            |  |   |
|          | Preferred Retail     | I                  |                       |               | Preferred Mail-Order             |                    |          |            |                      |              |                              |            |  |   |
| 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     | ,<br>              |                       |               | Preferred Mail-Order             |                    |          |            |                      |              |                              |            |  |   |
|          |                      |                    |                       |               |                                  |                    |          |            |                      |              | te Daily Copa<br>Daily Copay |            |  |   |

## CY 2023 PBP Data Entry System Screens

### Alternative – OOP Threshold

| 🖷 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000 —  | $\times$ |
|--|----------|
| File Help  |          |
| Previous Next (Validate) Exit (No Validate) Go To: Alternative - OOP Threshold   |          |
| Medicare-defined Part D Annual Out-of-Pocket Cost Threshold<br>How do you apply your cost- sharing beyond the Medicare-defined Part D Annual Out-of-Pocket Cost Threshold? |          |
| O     No costsharing       O     Medicare-defined Post Threshold Cost Shares       O     Cost-Share Tiers  |          |
| Does this apply to the excluded drugs only tier?  O Yes O No   |          |
|  |          |

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

|   | try System - S                           | Section RX, Contrac           | t X0001, Plan 0       | 01, Segme        | ent 000 |             |            |                  |           |   | - |   | × |
|---|--|-------------------------------|-----------------------|------------------|---------|-------------|------------|------------------|-----------|---|---|---|---|
| File Help Previous  | Next                                     | Exit<br>(Validate)            | Exit (No<br>Validate) | Go To:           | Altern  | ative - Tie | r Type - I | Post-OOP         | Threshold |   | • | ] |   |
| Tier Label Descr  | iption(s)                                |                               |                       |                  |         |             |            |                  |           | _ |   |   |   |
| Tier Drug Type(   | s) (select all ti                        | nat apply):                   | Tier 1                | Tier 2           | Tier 3  | Tier 4      | Tier 5     | Tier 6           | Tier 7    |   |   |   |   |
| Generic<br>Brand  |  |                               |                       |                  |         |             |            |                  |           |   |   |   |   |
| Both Part D an  | only<br>Is Only (e.g., e<br>d Excluded D | rectile dysfunction d<br>rugs | lrugs)                | 0000             | 0000    | 000         | 000        | 000              | 000       |   |   |   |   |
| Indicate the Typ<br>only one for eac<br>Coinsurance<br>Copayment<br>Greater of Coin<br>Lesser of Coin | ch tier):<br>nsurance and                |                               | *<br>0<br>0<br>0      | 0<br>0<br>0<br>0 | 00000   | 0000        | 0000       | 0<br>0<br>0<br>0 | 00000     |   |   |   |   |
|   |  |                               |                       |                  |         |             |            |                  |           |   |   |   |   |
|   |  |                               |                       |                  |         |             |            |                  |           |   |   |   |   |
|   |  |                               |                       |                  |         |             |            |                  |           |   |   |   |   |
|   |  |                               |                       |                  |         |             |            |                  |           |   |   |   |   |
|   |  |                               |                       |                  |         |             |            |                  |           |   |   |   |   |
|   |  |                               |                       |                  |         |             |            |                  |           |   |   |   |   |
|   |  |                               |                       |                  |         |             |            |                  |           |   |   |   |   |

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

| PBP Data I<br>e Help | Entry System | - Section RX, Cor  | ntract X0001, Plan 0  | 01, Segmi | ent 000  | - | × |
|----------------------|--------------|--------------------|-----------------------|-----------|--|---|---|
| Previous             | Next         | Exit<br>(Validate) | Exit (No<br>Validate) | Go To:    | Alternative - Tier Cost Sharing Post-OOP Threshold | • |   |
| r Label Desci        | ription(s)   |                    |                       |           |  |   |   |
|                      | Tier 1       | Copayment (\$)     | Coinsurance (%)       |           |  |   |   |
|                      | Tier 2       |                    |                       |           |  |   |   |
|                      | Tier 3       |                    |                       |           |  |   |   |
|                      | Tier 4       |                    |                       |           |  |   |   |
|                      | Tier 5       |                    |                       |           |  |   |   |
|                      | Tier 6       |                    |                       |           |  |   |   |
|                      | Tier 7       |                    |                       |           |  |   |   |
|                      |              |                    |                       |           |  |   |   |
|                      |              |                    |                       |           |  |   |   |
|                      |              |                    |                       |           |  |   |   |
|                      |              |                    |                       |           |  |   |   |
|                      |              |                    |                       |           |  |   |   |

## CY 2023 PBP Data Entry System Screens

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

| 🖷 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000                              | _ | $\times$ |
|--|---|----------|
| File Help  |   |          |
| Previous Next (Validate) Exit (No<br>Validate) Go To: Atternative - Medicare-Medicaid Post-OOP Threshold | • |          |
| Medicare-defined Part D Annual Out-of-Pocket Cost Threshold  |   |          |
| How do you apply your cost sharing beyond the Medicare-defined Part D Annual Out-of-Pocket Threshold?    |   |          |
| O No cost sharing<br>O Cost-Share Tiers  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   |          |
|  |   | h        |

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

| Previous          | Next                                | Exit<br>(Validate)                                   | Exit (No<br>Validate) | Go To: Altern | native - Tier Type ar | nd Tier Cost Sharing | Post-OOP Medicar | e-Medicaid  | •      |  |
|-------------------|-------------------------------------|--|-----------------------|---------------|-----------------------|----------------------|------------------|-------------|--------|--|
| er Label Descrip  | ion(s)                              |  |                       |               |                       |                      |                  |             |        |  |
| er includes (sele | ct only one fo                      | or each tier   | Tier 1                | Tier 2        | Tier 3                | Tier 4               | Tier 5           | Tier 6      | Tier 7 |  |
| Covered OTCs (    | overed Drugs<br>Inly<br>s and Non-N | and/or Non-Medic<br>ledicare Covered<br>Covered OTCs | are C<br>C            | 000           | 000                   | 000                  | с<br>с<br>с      | 0<br>0<br>0 | 0 0 0  |  |
| Copayment (\$)    |                                     | Minimum:<br>Maximum:                                 |                       |               |                       |                      |                  |             |        |  |
|                   |                                     |  |                       |               |                       |                      |                  |             |        |  |
|                   |                                     |  |                       |               |                       |                      |                  |             |        |  |
|                   |                                     |  |                       |               |                       |                      |                  |             |        |  |
|                   |                                     |  |                       |               |                       |                      |                  |             |        |  |
|                   |                                     |  |                       |               |                       |                      |                  |             |        |  |
|                   |                                     |  |                       |               |                       |                      |                  |             |        |  |
|                   |                                     |  |                       |               |                       |                      |                  |             |        |  |

### Defined Standard – Locations and Location Supply

| Rep PBP Data Entry System - Section RX, Contract X0001, Plan  | 001, Segment 000   |  |
|---|--|--|
| Previous Next (Validate)  | Go To: Defined Standard - Locations and Location Supply        |  |
|   | Enter number of days for:<br>1-Month 2-Month 3-Month Other Day | Are all of the drugs on your formulary available with an<br>extended day supply?   |
| Select all location/supply amounts that apply:<br>Standard Retail Cost Sharing - 1-month Supply<br>Standard Retail Cost Sharing - 2-month Supply<br>Standard Retail Cost Sharing - 3-month Supply |  | C Yes<br>C No  |
| Out-of-Network Pharmacy - 1-month Supply<br>Out-of-Network Pharmacy - Other Day Supply  |  | Are any of the drugs available at an extended day supply<br>limited to a 1-month supply for the first fill?<br>C Yes<br>C No   |
| Standard Mail-Order Cost Sharing - 1-month Supply<br>Standard Mail-Order Cost Sharing - 2-month Supply<br>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<br>pharmacy, you must indicate whether or not all drugs on the entire FORMULARY<br>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<br>CY 2023 is 25% for non-applicable (i.e., generic) drugs and 25% for applicable (i.e.<br>brand) drugs. The coverage gap discount applies to applicable drugs for all benefit<br>types and must be reflected in each plan's bid. The gap coverage section of the<br>PBP is intended only for those enhanced alternative (EA) plans offering additional<br>cost-sharing reductions in the coverage gap through a supplemental Part D benefit<br>Other benefit types will NOT enter gap coverage information in the PBP. |
|   |  |  |
|   |  |  |
|   |  |  |

### Medicare Rx – Attestations

| 💀 PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000   | _ |   | × |
|---|---|---|---|
| File Help   |   | _ |   |
| Previous Next (Validate) Exit (No Validate) Go To: Medicare Rx - Attestations   | • | ] |   |
| Sponsors who utilize a coinsurance cost-share structure are required to enter the average expected cost-<br>sharing amount. The average expected cost-sharing amount represents the average expected cost-<br>sharing amount in dollars that a beneficiary would be expected to pay at a network retail pharmacy for a<br>one month supply of drugs.  |   |   |   |
| Average Expected Cost-Sharing Attestation:<br>I attest that the value(s) entered have been reviewed by the plan's certifying actuary and are accurate.  |   |   |   |
| Sponsors who choose to offer a dual eligible SNP with zero dollar cost sharing under Part D must buy<br>down the entire 25% actuarial equivalent cost sharing amount using MA rebate dollars in the bid. Per<br>Chapter 13 of the Medicare Prescription Drug Benefit Manual, sponsors do not have an option of only<br>applying MA rebate dollars to the statutory patient pay amounts and receiving federal cost sharing<br>subsidies for the remainder. |   |   |   |
| Zero Dollar Cost-Sharing Attestation:   |   |   |   |
| □ I attest that it is the plan sponsor's intention to buy down the entire cost-sharing amount for the zero-<br>dollar cost share tier(s) and this has been confirmed with the plan's certifying actuary.  |   |   |   |

## Medicare RX – Notes

| 骎 PBP Data E | ntry System - S | ection RX, Contra  | act X0001, Plan       | 001, Segment 000  | - 🗆 ×  |
|--------------|-----------------|--------------------|-----------------------|-------------------|--|
| File Help    |                 |                    |                       |                   |  |
| Previous     | Next            | Exit<br>(Validate) | Exit (No<br>Validate) | Go To: Medicare R | x - Notes  |
| Notes:       |                 |                    |                       |                   | <ul> <li>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.</li> <li>The following should not be included in the Medicare Rx Notes field: <ol> <li>Statements that may reduce any Part D benefits;</li> <li>Redundant information that is either contained elsewhere in the PBP or in a Part D requirement;</li> <li>Information concerning excluded drugs or OTC items (these must be submitted in the Excluded Drugs or OTC Supplemental files);</li> <li>Statements concerning Out-of-Network coverage and cost sharing; or</li> <li>Information that is not related to Part D benefits.</li> </ol> </li> <li>It is the Part D sponsor's responsibility, both before and after bid approval, to ensure that the information included in the Medicare Rx notes section complies with the requirements above. Once bids are approved, additions to the notes field uring the plan corrections period will not be allowed.</li> </ul> |

| File Help  | , ,   |  |   |                  |  |     |
|--|---|--|---|------------------|--|-----|
| Previous   | Next  | Exit<br>(Validate)   | Exit (No<br>Validate)                           | Go To:           | Part D Payment Modernization Demonstration Benefit - Base 1  |     |
| D Payment Mo Yes No Please select Part D Re Reductior Biosimilar Medicatio Plan Time Limited In Cost-Sha Other | offer any program<br>dernization Model<br>tyour Part D Payme<br>wards and Incentiv<br>or Elimination of (<br>rs for Low-Income S<br>in Therapy Manage<br>liness for Standard<br>itial Days' Supply<br>ring Smoothing<br>the other flexibility | ?<br>ent Moderniza<br>res Program<br>Cost-Sharing o<br>Subsidy Benef<br>ement+ (MTM+<br>I Initial Covera | tion Model Flexi<br>on Generic Drug<br>iciaries | bility:<br>s and | Type of Reduction or Elimination of Cost Sharing.  Reduction of cost sharing on all formulary generic drugs and biosimilars Reduction of cost sharing on select formulary generic drugs and biosimilars Part D Payment Model LIS Cost-Sharing Reduction File must be uploaded thror the Formulary Submission Module by Friday, June 10, 2022 at 11:59 am Easter Part D Rewards and Incentives Type of Part D Reward or Incentive: Debit Card Gift Card Gift Card Gift Card Cher Description: Part D Reward or Incentive Eligibility: Frequency of Reward or Incentive Eligibility: Frequency of Reward or Incentive Eligibility: Cher Year Cher Description: Other Description: Cher | ugh |

### Part D Senior Savings Model Benefit – General

| File Help                 | try System - S  | Section RX, Contr  | act X0001, Plan       | 001, Segmer | nt 000    |             |                 |           |  | - | ×    |
|---------------------------|-----------------|--------------------|-----------------------|-------------|-----------|-------------|-----------------|-----------|--|---|------|
| Previous                  | Next            | Exit<br>(Validate) | Exit (No<br>Validate) | Go To:      | Part D Se | nior Saving | s Model Benefit | - General |  | ¥ |      |
| Are you planni            | ng to opt-in to | the First Corridor | Risk Threshold?       | ,           |           |             |                 |           |  |   |      |
| C Yes<br>C No             |                 |                    |                       |             |           |             |                 |           |  |   |      |
| Are you offerin<br>Model? | g Part D Rewa   | ards and Incentive | es under the PDS      | SS          |           |             |                 |           |  |   |      |
| C Yes<br>C No             |                 |                    |                       |             |           |             |                 |           |  |   |      |
| How ma                    | ny Rewards ar   | nd Incentives do y | ouintend to offe      | er?         |           |             |                 |           |  |   |      |
| C 2                       |                 |                    |                       |             |           |             |                 |           |  |   |      |
|                           |                 |                    |                       |             |           |             |                 |           |  |   |      |
|                           |                 |                    |                       |             |           |             |                 |           |  |   |      |
|                           |                 |                    |                       |             |           |             |                 |           |  |   |      |
|                           |                 |                    |                       |             |           |             |                 |           |  |   |      |
|                           |                 |                    |                       |             |           |             |                 |           |  |   |      |
|                           |                 |                    |                       |             |           |             |                 |           |  |   | <br> |

### Part D Senior Savings Model Benefit #1

|   | tem - Section RX, Contra  | act X0001, <mark>P</mark> lan 001, | , Segme | ent 000   | - |   | $\times$ |
|---|---|------------------------------------|---------|---|---|---|----------|
| File Help<br>Previous No  | Exit<br>Exit<br>(Validate)  | Exit (No<br>Validate)              | Go To:  | Part D Senior Savings Model Benefit #1  | • | · |          |
| PDSS Rewards and  | Incentives #1   |                                    |         |   |   |   |          |
| Gift Card<br>Item<br>Other Desc<br>Other Desc<br>PDSS Reward<br>Frequency of F<br>C Every Year<br>C Every Year<br>C Every Six I<br>C Every Thre<br>One-Time<br>Other Desc<br>Other Desc | or Incentive amount(s):<br>Reward or Incentive Eligib<br>Months<br>e Months<br>cribe<br>cription: |                                    |         | Eligibility Criteria:<br>Disease State Management or Medication Therapy Management<br>Vaccine Administration<br>Enrollees with Diabetes<br>Enrollees with Pre-diabetes<br>Other<br>Describe the eligibility criteria:<br>Describe the Disease State Criteria. |   |   |          |
| Maximum Anni  | ual PDSS Rewards and Ir   | icentives Available:               |         | Meeting an Adherence Goal? C Yes No Describe the adherence goal:  | ] |   |          |

### Part D Senior Savings Model Benefit #2

| Help   |  |   |
|--|--|---|
| revious Next (Validate) Go To:   | art D Senior Savings Model Benefit #2  | ] |
| PDSS Rewards and Incentives #2   |  |   |
| Type of PDSS Reward or Incentive:<br>Gift Card<br>Item<br>Other<br>Other Description:<br>PDSS Reward or Incentive amount(s):<br>Frequency of Reward or Incentive Eligibility:<br>Frequency of Reward or Incentive Eligibility:<br>Every Year<br>Every Year<br>Every Six Months<br>Every Three Months<br>One-Time<br>Other, Describe<br>Other Description:<br>Maximum Annual PDSS Rewards and Incentives Available: | Eligibility Criteria:<br>Disease State Management or Medication Therapy Management<br>Vaccine Administration<br>Enrollees with Diabetes<br>Other<br>Describe the eligibility criteria:<br>Describe the Disease State Criteria. |   |
|  | Meeting an Adherence Goal?<br>C Yes<br>C No  |   |
|  | Describe the adherence goal:   |   |

| -    | PBP D   | ata Entry S              | /stem - S                | ection RX, Contra                       | act X0001, Plan       | 001, Segm        | ent 000   | - |   | ×  |
|------|---------|--------------------------|--------------------------|---|-----------------------|------------------|---|---|---|----|
| File | Hel     | р                        |                          |   |                       |                  |   |   |   |    |
| P    | revio   | ous N                    | lext                     | Exit<br>(Validate)                      | Exit (No<br>Validate) | Go To:           | Part D Senior Savings Model Benefit - Cost Sharing General  |   | • |    |
| Tier | Label [ | escription(              | s)                       |   |                       |                  |   |   |   |    |
|      |         |                          |                          | cost sharing for ings Model?            | Plan Selected M       | lodel Drugs      |   |   |   |    |
| [    | C Yes   |                          |                          |   |                       |                  |   |   |   |    |
| j.   |         | Select the N<br>cohorts. | lumber of                | Part D Senior Sa                        | vings Model co        | st sharing       |   |   |   |    |
|      |         | C 1<br>C 2               |                          |   |                       |                  |   |   |   |    |
|      |         | C 3<br>C 4               |                          |   |                       |                  |   |   |   |    |
|      |         | C 5                      |                          | 1112211-111-1                           |                       |                  |   |   |   |    |
| Ir   | • If    | the intent is            | to NOT o                 |   | p coverage und        | ler your ben     | efit, outside of the coverage for Plan<br>ection of the PBP that you are NOT offering   |   |   |    |
|      | ad      |                          | coverag                  | e and include the                       |                       |                  | elected Model Drugs in the Part D Senior  |   |   |    |
|      | AL      | L beneficiari            | es enroll                | ed in the plan, (bo                     | oth Model and n       | on-Model B       | d Model Drugs but this is being offered for<br>eneficiaries), indicate in the PBP that you<br>fictier(s) that the additional gap coverage |   |   |    |
|      |         | plies, only s            | elect tho:               | setiers for which a                     | additional gap o      | overage wil      | I be offered for ALL plan beneficiaries.<br>ally covered in the gap, the Plan   |   |   |    |
|      |         |                          |                          |   |                       |                  | plemental file only when the additional<br>non-Model Beneficiaries).  |   |   |    |
|      |         |                          |                          | odel Drugs are in<br>be selected in the |                       | that is fully    | covered in the gap, full tier additional  |   |   |    |
|      | on      | ly be provid             | ed for Mo                |   |                       |                  | ;, but the Plan Selected Model Drugs will<br>ugs should be excluded when indicating   |   |   |    |
|      |         | should no                | t be inclu<br>offered wi | ded on the partial th additional gap    | gap supplemen         | tal file. If the | ally covered in the gap, these drugs<br>ere are no other non-model drugs on the<br>uld not be identified in the PBP as having             |   |   |    |
|      |         | coverages                | should be                |   |                       |                  | wise fully covered in the gap, partial tier<br>all drugs on the tier with the exclusion of  |   |   |    |
|      |         |                          |                          |   |                       |                  |   |   |   | 20 |
|      |         |                          |                          |   |                       |                  |   |   |   | 1  |

| Exit  | Go To: Part D Senior Savings Model Ben<br>Exit (No                                  | efit - Cost Sharing Cohort 1                       |           |         |
|---|---|--|-----------|---------|
| Previous Next (Validate)  | Validate)   |  | _         |         |
| Label Description(s)  |   |  |           |         |
| Part D Senior Savings Model Benefit - Cost                                | Sharing Cohort 1  |  |           |         |
| Which tier or tiers are the RxCUIs on for thi Tier 1 Tier 2 Tier 3 Tier 4 |   |  |           |         |
| Tier 5<br>Tier 6  |   |  |           |         |
| Tier 7  |   |  | Copayment | Coinsur |
| Select all the cost sharing locations that ap                             | ply:  | Standard Retail Cost Sharing - 1-month Supply      |           |         |
| Standard Retail Cost Sharing  |   | Standard Retail Cost Sharing - 2-month Supply      |           |         |
| 1-month     2-month   |   | Standard Retail Cost Sharing - 2-month Supply      |           |         |
| 3-month   |   |  |           |         |
| Standard Retail/Preferred Retail Cost Sha                                 | ring  | Preferred Retail Cost Sharing - 1-month Supply     |           |         |
| 2-month   |   | Preferred Retail Cost Sharing - 2-month Supply     |           |         |
| 3-month   |   | Preferred Retail Cost Sharing - 3-month Supply     |           |         |
| Out-of-Network Pharmacy<br>1-month  | Note: Out-of-Network (OON) cost-sharing<br>structure for this plan indicated on the | Out-of-Network Pharmacy - 1-month Supply           |           |         |
| Other   | 'Alternative-Deductible' screen will also   | Out-of-Network Pharmacy - Other Day Supply         |           |         |
| Standard Mail-Order   | apply to the Part D Senior Savings Model<br>Plan Selected Model Drugs.              | Standard Mail-Order Cost Sharing - 1-month Supply  |           |         |
| 1-month   |   | Standard Mail-Order Cost Sharing - 2-month Supply  |           |         |
| 2-month   |   | Standard Mail-Order Cost Sharing - 3-month Supply  | -         |         |
| 3-month   |   | Preferred Mail-Order Cost Sharing - 1-month Supply |           | -       |
| Standard Mail-Order/Preferred Mail-Order                                  |   |  |           | -       |
| 2-month   |   | Preferred Mail-Order Cost Sharing - 2-month Supply | I         |         |
| 3-month   |   | Preferred Mail-Order Cost Sharing - 3-month Supply |           |         |
| Long-Term Care Pharmacy   |   | Long-Term Care Pharmacy - 1-month Supply           |           |         |

| Previous                        | Next   | Exit<br>(Validate)  | Exit (No<br>Validate)                          | Go To: Part D Senior Savings Model Ber   | nefit - Cost Sharing Cohort 2 📃 💌                  |           |           |
|---------------------------------|--|---------------------|--|--|--|-----------|-----------|
| r Label Descrip<br>Part D Senio |  | el Benefit - Cost S | haring Cohort                                  | 2  |  |           |           |
|                                 |  | xCUIs on for this o |  |  |  |           |           |
| Tier 7                          |  |                     |  |  |  | Copayment | Coinsuran |
|                                 |  |                     | y:   |  | Standard Retail Cost Sharing - 1-month Supply      |           |           |
| Standard R                      |  | ing                 |  |  | Standard Retail Cost Sharing - 2-month Supply      | ·         |           |
| 2-month                         |  |                     |  |  | Standard Retail Cost Sharing - 3-month Supply      | 1         |           |
| 3-month                         | etail/Preferred Retail Cost Sharing<br>vork Pharmacy Note: Out-of-Network (OON) cost-sharing |                     | Preferred Retail Cost Sharing - 1-month Supply |  |  |           |           |
| Standard R                      |  | Retail Cost Sharin  | g  |  |  |           |           |
| 2-month                         |  |                     |  |  | Preferred Retail Cost Sharing - 2-month Supply     |           |           |
| 3-month                         | 1  |                     |  |  | Preferred Retail Cost Sharing - 3-month Supply     |           |           |
| Out-of-Net                      | vork Pharmacy  |                     | Exit (No<br>Validate)                          | Out-of-Network Pharmacy - 1-month Supply |  |           |           |
| Other                           |  |                     | 'Alterr  | native-Deductible' screen will also      | Out-of-Network Pharmacy - Other Day Supply         |           |           |
| Standard N                      | all Order  |                     |  |  | Standard Mail-Order Cost Sharing - 1-month Supply  |           |           |
| 1-month                         |  |                     |  |  | Standard Mail-Order Cost Sharing - 2-month Supply  |           |           |
| 2-month                         |  |                     |  |  | Standard Mail-Order Cost Sharing - 3-month Supply  |           |           |
| 3-month                         |  |                     |  |  | Preferred Mail-Order Cost Sharing - 1-month Supply | 1         |           |
| Standard M                      |  | rred Mail-Order     |  |  |  | -         |           |
| 2-month                         |  |                     |  |  | Preferred Mail-Order Cost Sharing - 2-month Supply | I         | I         |
| 3-month                         |  |                     |  |  | Preferred Mail-Order Cost Sharing - 3-month Supply |           |           |
| Long-Term                       | Care Pharmacy  | Y                   |  |  | Long-Term Care Pharmacy - 1-month Supply           |           |           |

| Previous Next (Validate)  | Go To: Part D Senior Savings Model Bene<br>Exit (No<br>Validate)   | efit - Cost Sharing Cohort 3  |           |           |
|---|--|---|-----------|-----------|
| Label Description(s) Part D Senior Savings Model Benefit - C Which tier or tiers are the RxCUIs on for Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6 Tier 7 Select all the cost sharing locations that Standard Retail Cost Sharing 1-month 2-month 3-month Standard Retail/Preferred Retail Cost S 1-month 2.month 3-month 3-month | ost Sharing Cohort 3<br>this cohort?<br>tapply:  | Standard Retail Cost Sharing - 1-month Supply<br>Standard Retail Cost Sharing - 2-month Supply<br>Standard Retail Cost Sharing - 3-month Supply<br>Preferred Retail Cost Sharing - 1-month Supply<br>Preferred Retail Cost Sharing - 2-month Supply<br>Preferred Retail Cost Sharing - 3-month Supply   | Copayment | Coinsurar |
| Out-of-Network Pharmacy 1-month Other Standard Mail-Order 1-month 2-month 3-month Standard Mail-Order/Preferred Mail-Or 1-month 2-month 3-month Long-Term Care Pharmacy 1-month   | Note: Out-of-Network (OON) cost-sharing<br>structure for this plan indicated on the<br>'Alternative-Deductible' screen will also<br>apply to the Part D Senior Savings Model<br>Plan Selected Model Drugs. | Out-of-Network Pharmacy - 1-month Supply<br>Out-of-Network Pharmacy - Other Day Supply<br>Standard Mail-Order Cost Sharing - 1-month Supply<br>Standard Mail-Order Cost Sharing - 2-month Supply<br>Standard Mail-Order Cost Sharing - 3-month Supply<br>Preferred Mail-Order Cost Sharing - 1-month Supply<br>Preferred Mail-Order Cost Sharing - 2-month Supply<br>Preferred Mail-Order Cost Sharing - 3-month Supply<br>Long-Term Care Pharmacy - 1-month Supply |           |           |

| 4 1 1  | Go To: Part D Senior Savings Model Ben  | eft - Cost Sharing Cohort 4                        |           |          |
|--|---|--|-----------|----------|
| Previous Next (Validate)                     | Exit (No<br>Validate)   |  |           |          |
| Label Description(s)                         |   |  |           |          |
| Part D Senior Savings Model Benefit - Co     | ost Sharing Cohort 4  |  |           |          |
| Which tier or tiers are the RxCUIs on for t  | this cohort?  |  |           |          |
| Tier 1                                       |   |  |           |          |
| Tier 3                                       |   |  |           |          |
| Tier 4                                       |   |  |           |          |
| Tier 5                                       |   |  |           |          |
| Tier 6                                       |   |  |           |          |
| Tier 7                                       |   |  |           |          |
|  |   |  | Copayment | Coinsura |
| Select all the cost sharing locations that a | appiy:  | Standard Retail Cost Sharing - 1-month Supply      |           |          |
| Standard Retail Cost Sharing                 |   | Standard Retail Cost Sharing - 2-month Supply      | ,<br>     | <u> </u> |
| 2-month                                      |   |  |           |          |
| 3-month                                      |   | Standard Retail Cost Sharing - 3-month Supply      | I         |          |
| Standard Retail/Preferred Retail Cost SI     | haring  | Preferred Retail Cost Sharing - 1-month Supply     |           |          |
| 1-month                                      |   | Preferred Retail Cost Sharing - 2-month Supply     |           |          |
| 2-month                                      |   | Preferred Retail Cost Sharing - 3-month Supply     |           | -        |
| 3-month                                      |   | Preferred Retail Cost Sharing - 3-month Supply     | 1         | <u> </u> |
| Out-of-Network Pharmacy                      | Note: Out-of-Network (OON) cost-sharing<br>structure for this plan indicated on the | Out-of-Network Pharmacy - 1-month Supply           |           |          |
| C 1-month                                    | 'Alternative-Deductible' screen will also   | Out-of-Network Pharmacy - Other Day Supply         |           |          |
| 1_ Other                                     | apply to the Part D Senior Savings Model<br>Plan Selected Model Drugs.              | Standard Mail-Order Cost Sharing - 1-month Supply  | -         | -        |
| Standard Mail-Order                          | Phili Selected Model Didgs.   |  |           |          |
| 1-month     2-month                          |   | Standard Mail-Order Cost Sharing - 2-month Supply  | 1         |          |
| 3-month                                      |   | Standard Mail-Order Cost Sharing - 3-month Supply  |           |          |
|  |   | Preferred Mail-Order Cost Sharing - 1-month Supply |           |          |
| Standard Mail-Order/Preferred Mail-Ord       | Ier   |  | -         |          |
| 2-month                                      |   | Preferred Mail-Order Cost Sharing - 2-month Supply |           |          |
| 3-month                                      |   | Preferred Mail-Order Cost Sharing - 3-month Supply |           |          |
|  |   | Long-Term Care Pharmacy - 1-month Supply           |           |          |
| Long-Term Care Pharmacy                      |   |  | 1         | 1        |

| < > <u><u><u></u></u></u>                  | Go To: Part D Senior Savings Model Ben  | efit - Cost Sharing Cohort 5   |           |       |
|--|---|--|-----------|-------|
| revious Next (Validate                     |   |  | _         |       |
| abel Description(s)                        |   |  |           |       |
| Part D Senior Savings Model Benefit - 0    | Cost Sharing Cohort 5   |  |           |       |
| Which tier or tiers are the RxCUIs on fo   | or this cohort?   |  |           |       |
| Tier 2                                     |   |  |           |       |
| Tier 3                                     |   |  |           |       |
| Tier 4                                     |   |  |           |       |
| Tier 5                                     |   |  |           |       |
| Tier 6                                     |   |  |           |       |
|  |   |  | Copayment | Coins |
| Select all the cost sharing locations that | at apply:   | Standard Retail Cost Sharing - 1-month Supply  |           |       |
| Standard Retail Cost Sharing               |   |  | 1         |       |
| 1-month                                    |   | Standard Retail Cost Sharing - 2-month Supply  |           |       |
| 2-month                                    |   | Standard Retail Cost Sharing - 3-month Supply  |           |       |
| 3-month                                    |   | Preferred Retail Cost Sharing - 1-month Supply   | ,         | i –   |
| Standard Retail/Preferred Retail Cost      | Sharing   | and a second | I         |       |
| 2-month                                    |   | Preferred Retail Cost Sharing - 2-month Supply   | 1         |       |
| ☐ 3-month                                  |   | Preferred Retail Cost Sharing - 3-month Supply   |           |       |
| Out-of-Network Pharmacy                    | Note: Out-of-Network (OON) cost-sharing   | Out-of-Network Pharmacy - 1-month Supply   |           |       |
| 1-month                                    | structure for this plan indicated on the<br>'Alternative-Deductible' screen will also | Out-of-Network Pharmacy - Other Day Supply   | 1         |       |
| C Other                                    | apply to the Part D Senior Savings Model  |  | I         |       |
| Standard Mail-Order                        | Plan Selected Model Drugs.  | Standard Mail-Order Cost Sharing - 1-month Supply  | 1         |       |
| 1-month                                    |   | Standard Mail-Order Cost Sharing - 2-month Supply  |           |       |
| 2-month<br>3-month                         |   | Standard Mail-Order Cost Sharing - 3-month Supply  |           |       |
|  |   | Preferred Mail-Order Cost Sharing - 1-month Supply   |           |       |
| Standard Mail-Order/Preferred Mail-O       | rder  |  |           |       |
| 2-month                                    |   | Preferred Mail-Order Cost Sharing - 2-month Supply   | 1         |       |
| 3-month                                    |   | Preferred Mail-Order Cost Sharing - 3-month Supply   |           |       |
| Long-Term Care Pharmacy                    |   | Long-Term Care Pharmacy - 1-month Supply   |           |       |