

CY 2024 PBP Data Entry System Screens

Rx Setup – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Rx Setup - In Progress

Rx Cost Share - Not started

Rx Tiers - Not started

Tier 1 - Preferred Generic - Not started

Tier 2 - Generic - Not started

Tier 3 - Not started

Tier 4 - Not started

Tier 5 - Not started

Tier 6 - Not started

Tier 7 - Not started

Rx Attestations - Not started

Rx VBID - Not started

Rx PDSSM

Rx Setup

Select the type of drug benefit
Actuarially Equivalent Standard

Select the component(s) of your pharmacy network:

Retail

Standard Retail
 Standard/Preferred Retail

Mail Order (optional)

Standard Mail Order
 Standard/Preferred Mail-Order

Long-Term Care
 Out-of-Network

Unless sponsor's compliance is waived by the regulation, sponsor must comply with 42 CFR 423.154 beginning January 1, 2013, regarding the appropriate dispensing of prescription drugs in long-term care (LTC) facilities. This section requires, among other things:

- 1) that certain drugs that are dispensed to the Part D enrollees in LTC facilities is no greater than 14-days increments;
- 2) that the use of uniform dispensing techniques are defined by each of the LTC facilities be permitted;
- 3) That information be collected and reported in a form and manner specified by CMS on the dispensing methodology used for each applicable dispensing event and on the nature and quantity of unused brand and generic drugs dispensed to the Part D enrollees in

Rx Characteristics Plan Characteristics

Close Save and Close Save and Next

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Rx Setup – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- ^ Rx Setup - In Progress
- Rx Cost Share - Not started
- ^ Rx Tiers - Not started
 - Tier 1 - Preferred Generic - Not started
 - Tier 2 - Generic - Not started
 - Tier 3 - Not started
 - Tier 4 - Not started
 - Tier 5 - Not started
 - Tier 6 - Not started
 - Tier 7 - Not started
- Rx Attestations - Not started
- ^ Rx VBID - Not started
- ^ Rx PDSSM

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 the Part D enrollees in LTC facilities;

4) that the total cost-sharing for a Part D drug to which the LTC dispensing requirements apply must be no greater than the total that would be imposed if the requirements did not apply; and

5) that the terms and conditions offered by the sponsor to a network pharmacy must include provision that addresses the disposal of drugs that have been dispensed to Part D enrollees in LTC facilities but not used and returned to the pharmacy, including whether credit and reuse is authorized

Sponsor attest that it will comply with 42 CFR 423.154

Does this plan offer a free first fill (i.e., \$0 copayment) for any drugs?
 Yes No

Does this plan pay for over-the-counter (OTC) medications under the utilization management program?
 Yes No

I 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.

Tiering

Number of tiers in the Part D benefit

What is your formulary exception tier?

CY 2024 PBP Data Entry System Screens

Rx Setup – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

✕

- ^ Rx Setup - In Progress
- Rx Cost Share - Not started
- ^ Rx Tiers - Not started
- Tier 1 - Preferred Generic - Not started
- Tier 2 - Generic - Not started
- Tier 3 - Not started
- Tier 4 - Not started
- Tier 5 - Not started
- Tier 6 - Not started
- Tier 7 - Not started
- Rx Attestations - Not started
- v Rx VBID - Not started
- v Rx PDSSM

What is your formulary exception tier?

6

Do you apply a second less expensive cost-sharing level for all generic drugs approved for formulary exceptions?

What is the lower level cost sharing formulary exception tier?

Identify the lower level formulary exception tier

4

Does this plan offer a tier model with an optional tier (Tier 6)?

Select Formulary Tier Model

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<input checked="" type="checkbox"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Preferred Specialty Tier
<input type="checkbox"/>	Preferred Generic	Generic	Preferred Brand	Injectable Drugs	Preferred Specialty Tier
<input type="checkbox"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier
<input type="checkbox"/>	Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier
<input type="checkbox"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier
<input type="checkbox"/>	Generic	Preferred Generic	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier
<input type="checkbox"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs
<input type="checkbox"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs

Select the optional drug tier (Tier 6)

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

Rx Setup – Page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- ^ Rx Setup - In Progress
- Rx Cost Share - Not started
- ^ Rx Tiers - Not started
- Tier 1 - Preferred Generic - Not started
- Tier 2 - Generic - Not started
- Tier 3 - Not started
- Tier 4 - Not started
- Tier 5 - Not started
- Tier 6 - Not started
- Tier 7 - Not started
- Rx Attestations - Not started
- v Rx VBID - Not started
- v Rx PDSSM

4

Does this plan offer a tier model with an optional tier (Tier 6)?

Yes
No

Select Formulary Tier Model

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<input checked="" type="checkbox"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Preferred Specialty Tier
<input type="checkbox"/>	Preferred Generic	Generic	Preferred Brand	Injectable Drugs	Preferred Specialty Tier
<input type="checkbox"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier
<input type="checkbox"/>	Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Preferred Specialty Tier
<input type="checkbox"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Preferred Specialty Tier
<input type="checkbox"/>	Generic	Preferred Generic	Non-Preferred Drug	Injectable Drugs	Preferred Specialty Tier
<input type="checkbox"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs
<input type="checkbox"/>	Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs

Select the optional drug tier (Tier 6)

--Select--

- Supplemental Drug tier
- \$0 Vaccine only tier
- Select care tier
- Select Diabetic Drugs

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Rx Cost Share – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Not Started

Visitor Travel - Not Started

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Rx Setup - In Progress

Rx Cost Share - Completed

Rx Tiers - In Progress

Rx Cost Share

Updated by STE TESTER on 1/11/2023 6:41:23 PM EST

Does this plan offer reduced Part D cost sharing as part of your supplemental Part D benefit? *

Yes No

Indicate the area(s) throughout the Part D benefit where the reduced Part D cost sharing is reflected (select all that apply):

- Reduced Deductible
- Reduced pre-ICL cost shares
- Raised ICL
- Reduced post-threshold cost shares

Does this plan charge the Medicare-defined Part D deductible amount (Deductible does not apply for covered Insulin drugs and adult vaccines)? *

Yes No, Enter Amount No Deductible

Enter Deductible Amount *

\$ 222.00

Does the Deductible apply to all tiers? *

Yes No

Indicate the Out-of-Network (OON) cost sharing structure for this plan: ⓘ *

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Rx Cost Share – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - Completed
- Prior Authorization & Referral - Not Started
- Visitor Travel - Not Started
- Cost Share Groups - In Progress
- VBID, MA Uniformity, SSBCI - In Progress
- Rx - In Progress**
- Rx Setup - In Progress**
- Rx Cost Share - Completed**
- Rx Tiers - In Progress
- Rx Insulin - Completed
- Rx Notes - Completed
- Rx VBID - Completed

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 al

Standard Retail Copay/Coinsurance with limited day Supply

The plan's network cost sharing plus the differential between the OON billed charge and network allowable, with

Does this plan cover excluded drugs as part of supplemental coverage (e.g., drugs used to treat erectile dysfunction)? *

How does this plan apply cost sharing before the Initial Coverage Limit (ICL) is met?

Select method *
Cost Share Tiers

Does this plan apply the Medicare-defined Part D Initial Coverage Limit (ICL) amount? *

Enter ICL Amount *
\$ 444.00

Does this plan offer additional cost sharing reductions in the coverage gap? *

How does this plan apply cost sharing beyond the Medicare Part D Annual Out-of-Pocket cost threshold?

Select method *
Cost share tiers (applicable to excluded drugs only)

CY 2024 PBP Data Entry System Screens

Tier Locations – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Not Started

Visitor Travel - In Progress

Cost Share Groups - In Progress

VBlD, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Rx Setup - In Progress

Rx Cost Share - Completed

Rx Tiers - In Progress

Tier Locations - Completed

Tier Locations

Updated by STE TESTER on 9/7/2022 4:22:37 PM EDT

Standard Retail

Select the 1-month location supply for all tiers offered:

Select days for the 1-month supply *

30

Do you offer 2-Month supply? ⓘ *

Yes No

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand
- Tier 3 - Non-Preferred Brand
- Tier 4 - Specialty Tier
- Tier 5 - Vaccines (\$0 cost sharing)

Select the 2-month location supply for all tiers offered:

Select days for the 2-month supply *

60

Rx Characteristics

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Tier Locations – Page 2

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - Completed
- Prior Authorization & Referral - Not Started
- Visitor Travel - In Progress
- Cost Share Groups - In Progress
- VBIID, MA Uniformity, SSBCI - In Progress
- Rx - In Progress
- Rx Setup - In Progress
- Rx Cost Share - Completed
- Rx Tiers - In Progress
- Tier Locations - Completed**

Do you offer 3-Month supply? ⓘ *

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand
- Tier 3 - Non-Preferred Brand
- Tier 4 - Specialty Tier
- Tier 5 - Vaccines (\$0 cost sharing)

Standard Mail-Order

Do you offer 1-Month supply? ⓘ *

Do you offer 2-Month supply? ⓘ *

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand

CY 2024 PBP Data Entry System Screens

Tier Locations – Page 3

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Not Started

Visitor Travel - In Progress

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Rx Setup - In Progress

Rx Cost Share - Completed

Rx Tiers - In Progress

Tier Locations - Completed

Standard Mail-Order

Do you offer 1-Month supply? ⓘ *

Do you offer 2-Month supply? ⓘ *

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand
- Tier 3 - Non-Preferred Brand
- Tier 4 - Specialty Tier
- Tier 5 - Vaccines (\$0 cost sharing)

Do you offer 3-Month supply? ⓘ *

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand

CY 2024 PBP Data Entry System Screens

Tier Locations – Page 4

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - Completed
- Prior Authorization & Referral - Not Started
- Visitor Travel - In Progress
- Cost Share Groups - In Progress
- VBID, MA Uniformity, SSBCI - In Progress
- Rx - In Progress
- Rx Setup - In Progress
- Rx Cost Share - Completed
- Rx Tiers - In Progress
- Tier Locations - Completed**

Do you offer 2-Month supply? ⓘ *

Yes No

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand
- Tier 3 - Non-Preferred Brand
- Tier 4 - Specialty Tier
- Tier 5 - Vaccines (\$0 cost sharing)

Do you offer 3-Month supply? ⓘ *

Yes No

Indicate each tier for which the location supply applies: (Select all that apply) ⓘ

- Tier 1 - Generic
- Tier 2 - Preferred Brand
- Tier 3 - Non-Preferred Brand
- Tier 4 - Specialty Tier
- Tier 5 - Vaccines (\$0 cost sharing)

CY 2024 PBP Data Entry System Screens

Tier Setup Screen (Sample for Tier 1 with Preferred Generic) - Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

^ Rx Setup - In Progress

Rx Cost Share - Completed

^ Rx Tiers - In Progress

▼ Tier 1 - Preferred Generic - In Progress

Tier 2 - Generic - Not started

Tier 3 - Not started

Tier 4 - Not started

Tier 5 - Not started

Tier 6 - Not started

Tier 7 - Not started

Rx Attestations - Not started

▼ Rx VBID - Not started

▼ Rx PDSSM

Tier 1 - Preferred Generic

Rx Characteristics Plan Characteristics

Formulary Tier Model

Preferred Generic, Generic, Preferred Brand, Non-Preferred Brand, Injectable Drugs, Preferred Speciality Tier, Speciality Tier

Select Tier Drug Type(s)

Generic

Brand

Tier Includes

Part D Drugs & Excluded Drugs

Retail

Select days for 1-month supply: 34

Select days for 2-month supply: 62

Select days for 3-month supply: 91

Mail Order

Select days for 1-month supply: 34

Select days for 2-month supply: 62

Select days for 3-month supply: 91

Long Term Care

Select days for long-term care supply: 34

Out-of-network

Days for out-of-network 1 month supply: 34

Since "Standard Retail Copay/Coinsurance (no differential)" has been selected as a OON Cost sharing structure the days for OON 1 month supply is applied by default.

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Tier Setup Screen (Sample for Tier 1 with Preferred Generic) - Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- ^ Rx Setup - In Progress
- Rx Cost Share - Completed
- ^ Rx Tiers - In Progress
 - ▼ Tier 1 - Preferred Generic - In Progress
 - Tier 2 - Generic - Not started
 - Tier 3 - Not started
 - Tier 4 - Not started
 - Tier 5 - Not started
 - Tier 6 - Not started
 - Tier 7 - Not started
 - Rx Attestations - Not started
 - ▼ Rx VBID - Not started
 - ▼ Rx PDSSM

Formulary Tier Model

Preferred Generic, Generic, Preferred Brand, Non-Preferred Brand, Injectable Drugs, Preferred Speciality Tier, Speciality Tier

Select Tier Drug Type(s)

- Generic
- Brand

Tier Includes
Part D Drugs & Excluded Drugs

Retail

Select days for 1-month supply: 34
Select days for 2-month supply: 62
Select days for 3-month supply: 91

Mail Order

Select days for 1-month supply: 34
Select days for 2-month supply: 62
Select days for 3-month supply: 91

Long Term Care

Select days for long-term care supply: 34

Out-of-network[®]

Days for out-of-network 1 month supply: 34

Since "Standard Retail Copay/Coinsurance (no differential)" has been selected as a OON Cost sharing structure the days for OON 1 month supply is applied by default.

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Pre-ICL Tier Screen (Sample with Preferred Generic) – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

^ Rx Setup - In Progress

Rx Cost Share - Completed

^ Rx Tiers - In Progress

^ Tier 1-Preferred Generic - In Progress

Pre ICL - In Progress

GAP - Not started

Post OOP - Not started

Tier 2 - Generic - Not started

Tier 3 - Not started

Tier 4 - Not started

Tier 5 - Not started

Tier 6 - Not started

Tier 7 - Not started

Tier 1-Preferred Generic

Pre-ICL

Cost Share Structure: **Greater of coinsurance and copayment**

Standard Retail Cost Sharing

Do you offer 2-Month supply?

Yes No

Do you offer 3-Month supply?

Yes No

Coinsurance 1-month supply	Coinsurance 3-month supply
37%	30%
Copayment 1-month supply	Copayment 3-month supply
\$11	\$33
Average Expected Coinsurance	
\$1	

Are all drugs on this plan's formulary available at an extended day supply?

Yes No

Rx Characteristics

Plan Characteristics

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Pre-ICL Tier Screen (Sample with Preferred Generic) – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Rx Setup - In Progress
- Rx Cost Share - Completed
- Rx Tiers - In Progress
 - Tier 1 - Preferred Generic - In Progress
 - Pre ICL - In Progress**
 - GAP - Not started
 - Post OOP - Not started
 - Tier 2 - Generic - Not started
 - Tier 3 - Not started
 - Tier 4 - Not started
 - Tier 5 - Not started
 - Tier 6 - Not started
 - Tier 7 - Not started

Yes **No**

Are any drugs on this plan's formulary available at an extended day supply limited to a 1-month supply for the first fill?

Yes **No**

Mail Order Cost Sharing

Do you offer 2-Month supply?

Yes **No**

Do you offer 3-Month supply?

Yes **No**

Coinsurance 1-month supply	Coinsurance 3-month supply
32%	30%
Copayment 1-month supply	Copayment 3-month supply
\$4	\$8
Average Expected Coinsurance	
\$1	

Out-of-Network Cost Sharing

Coinsurance
30%
Copayment
\$11

CY 2024 PBP Data Entry System Screens

Pre-ICL Tier Screen (Sample with Preferred Generic) – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- ^ Rx Setup - In Progress
- Rx Cost Share - Completed
- ^ Rx Tiers - In Progress
 - ^ Tier 1 - Preferred Generic - In Progress
 - Pre ICL - In Progress**
 - GAP - Not started
 - Post OOP - Not started
 - Tier 2 - Generic - Not started
 - Tier 3 - Not started
 - Tier 4 - Not started
 - Tier 5 - Not started
 - Tier 6 - Not started
 - Tier 7 - Not started

Yes No

Do you offer 3-Month supply?

Yes No

Coinsurance 1-month supply	32%	Coinsurance 3-month supply	30%
Copayment 1-month supply	\$4	Copayment 3-month supply	\$8
Average Expected Coinsurance	\$1		

Out-of-Network Cost Sharing

Coinsurance	30%
Copayment	\$11

Long Term Care Cost Sharing

Coinsurance	30%
Copayment	\$11

CY 2024 PBP Data Entry System Screens

GAP Tier Screen (Sample with Preferred Generic) – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

^ Rx Setup - In Progress

Rx Cost Share - Completed

^ Rx Tiers - In Progress

^ Tier 1 - Preferred Generic - In Progress

Pre ICL - Completed

GAP - In Progress

Post OOP - Not started

Tier 2 - Generic - Not started

Tier 3 - Not started

Tier 4 - Not started

Tier 5 - Not started

Tier 6 - Not started

Tier 7 - Not started

Tier 1 - Preferred Generic

Rx Characteristics Plan Characteristics

GAP

Does tier 1 include gap coverage?

Yes No

Cost Share Structure

Greater of Coinsurance and Copayment

Are all drugs on this tier covered through the gap?

Partial Tier Coverage

Does this plan offer partial tier coverage for generic drugs, brand drugs, or both generic and brand drugs?

Brand and Generic Drugs

Does gap coverage include Part D drugs only, excluded drugs only, or both Part D and excluded drugs?

Part D Drugs Only

Standard Retail Cost Sharing

Do you offer 2-Month supply?

Yes No

CY 2024 PBP Data Entry System Screens

GAP Tier Screen (Sample with Preferred Generic) – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

^ Rx Setup - **In Progress**

Rx Cost Share - Completed

^ Rx Tiers - **In Progress**

^ Tier 1-Preferred Generic - **In Progress**

Pre ICL - Completed

GAP - Completed

Post OOP - In Progress

Tier 2 - Generic - Not started

Tier 3 - Not started

Tier 4 - Not started

Tier 5 - Not started

Tier 6 - Not started

Tier 7 - Not started

Tier 1-Preferred Generic

Rx Characteristics Plan Characteristics

Post OOP

Cost Share Structure
Greater of Coinsurance and Copayment

Standard Retail Cost Sharing

Do you offer 2-Month supply?
 Yes No

Do you offer 3-Month supply?
 Yes No

Coinurance 1-month supply: **30%** Coinurance 3-month supply: **33%**

Copayment 1-month supply: **\$11** Copayment 3-month supply: **\$33**

Average Expected Coinsurance: **\$1**

Mail Order Cost Sharing

Do you offer 2-Month supply?

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

GAP Tier Screen (Sample with Preferred Generic) – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- ^ Rx Setup - In Progress
- Rx Cost Share - Completed
- ^ Rx Tiers - In Progress
 - ^ Tier 1-Preferred Generic - In Progress
 - Pre ICL - Completed
 - GAP - Completed
 - Post OOP - In Progress
 - Tier 2-Generic - Not started
 - Tier 3 - Not started
 - Tier 4 - Not started
 - Tier 5 - Not started
 - Tier 6 - Not started
 - Tier 7 - Not started

Do you offer 2-Month supply?
 Yes No

Do you offer 3-Month supply?
 Yes No

Coinsurance 1-month supply 30%	Coinsurance 3-month supply 33%
Copayment 1-month supply \$11	Copayment 3-month supply \$33
Average Expected Coinsurance \$1	

Out-of-Network Cost Sharing

Coinsurance 30%
Copayment \$11

Long Term Care Cost Sharing

Coinsurance 30%
Copayment \$11

CY 2024 PBP Data Entry System Screens

Post OOP Screen (Sample with Preferred Generic) – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Rx Setup - In Progress

Rx Cost Share - Completed

Rx Tiers - In Progress

Tier 1-Preferred Generic - In Progress

Pre ICL - Completed

GAP - Completed

Post OOP - In Progress

Tier 2-Generic-Not started

Tier 3-Not started

Tier 4-Not started

Tier 5-Not started

Tier 6-Not started

Tier 7-Not started

Tier 1-Preferred Generic

Rx Characteristics Plan Characteristics

Post OOP

Cost Share Structure
Greater of Coinsurance and Copayment

Standard Retail Cost Sharing

Do you offer 2-Month supply?
 Yes No

Do you offer 3-Month supply?
 Yes No

Coinsurance 1-month supply 30%	Coinsurance 3-month supply 33%
Copayment 1-month supply \$11	Copayment 3-month supply \$33
Average Expected Coinsurance \$1	

Mail Order Cost Sharing

Do you offer 2-Month supply?

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Post OOP Screen (Sample with Preferred Generic) – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Rx Setup - In Progress
- Rx Cost Share - Completed
- Rx Tiers - In Progress
 - Tier 1-Preferred Generic - In Progress
 - Pre ICL - Completed
 - GAP - Completed
 - Post OOP - In Progress**
 - Tier 2-Generic-Not started
 - Tier 3-Not started
 - Tier 4-Not started
 - Tier 5-Not started
 - Tier 6-Not started
 - Tier 7-Not started

Out-of-Network Cost Sharing

Do you offer 2-Month supply?
 Yes No

Do you offer 3-Month supply?
 Yes No

Coinsurance 1-month supply 30%	Coinsurance 3-month supply 33%
Copayment 1-month supply \$11	Copayment 3-month supply \$33
Average Expected Coinsurance \$1	

Out-of-Network Cost Sharing

Coinsurance **30%**

Copayment **\$11**

Long Term Care Cost Sharing

Coinsurance **30%**

Copayment **\$11**

CY 2024 PBP Data Entry System Screens

Medicare Rx Attestations

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

^ Tier 1 - Generic - Completed
Pre-ICL - Completed
GAP - Completed
Post OOP - Completed
^ Tier 2 - Brand - Completed
Pre-ICL - Completed
GAP - Completed
Post OOP - Completed
Rx Attestations - In Progress

Medicare Rx Attestations

[Rx Characteristics](#)

Sponsors who utilize a coinsurance cost-share structure are required to enter the average expected cost-sharing amount. The average expected cost-sharing amount represents the average expected cost-sharing amount in dollars that a beneficiary would be expected to pay at a network retail pharmacy for a one month supply of drugs.

Average Expected Cost-Sharing Attestation

I attest that the values entered have been reviewed by the plan's certifying actuary and are accurate. *

I attest that there is no deductible and no cost sharing for an adult vaccine recommended by the Advisory Committee on Immunization Practices (ACIP). There is no enrollee cost sharing on the ingredient cost of the vaccine submitted on the prescription drug event (PDE) record, or any associated sales tax, dispensing fee, or vaccine administration fee, regardless of tier placement or benefit phase. The applicable vaccines will be designated as such on the beneficiary-facing formulary model documents. *

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2024 PBP Data Entry System Screens

Rx Insulin

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Pre-ICL - Completed
GAP - Completed
Post OOP - Completed
Rx Attestations - In Progress
^ Rx Insulin - Completed
▼ Tier 1 - Generic - Completed
▼ Tier 2 - Brand - Completed
Rx Notes - Completed
▼ Rx VBID - Completed

Rx Insulin

Indicate which tiers have insulin drugs (Select all that apply):

Tier 1 - Generic

Tier 2 - Brand

[Rx Characteristics](#)

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Rx Insulin Tier Screen (Sample with Tier 1 - Generic)

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - Completed
- Prior Authorization & Referral - Not Started
- Visitor Travel - Not Started
- Cost Share Groups - In Progress
- VBID, MA Uniformity, SSBCI - In Progress
- ^ Rx - In Progress**
- ^ Rx Setup - In Progress**
- Rx Cost Share - Completed
- Rx Tiers - In Progress
- ^ Rx Insulin - Completed**
- ^ Tier 1 - Generic - Completed**

Tier 1 - Generic

Generic, Brand

Rx Insulin Pre-ICL

Standard Retail

1-Month Supply

Select days for 1-month supply
30

Copayment 1-month supply *
\$ 11.00

Long-Term Care

Select days for 1-month supply
31

Copayment 1-month supply *
\$ 11.00

Out-of-Network

Select days for 1-month supply
30

Copayment 1-month supply *
\$ 11.00

Rx Characteristics

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Rx Notes

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - Completed
- Prior Authorization & Referral - Not Started
- Visitor Travel - Not Started
- Cost Share Groups - In Progress
- VBID, MA Uniformity, SSBCI - In Progress
- Rx - In Progress**
- Rx Setup - In Progress**
- Rx Cost Share - Completed
- Rx Tiers - In Progress
- Rx Insulin - Completed
- Rx Notes - Completed**

Rx Notes

NOTE: The Medicare Rx notes field should ONLY be used when required to clarify information that cannot otherwise be entered into the PBP. Generally, there should be little or no need to enter any information in the notes field and therefore this field should only be completed for unusual circumstances. For more information refer to the on-screen label on the Medicare Rx notes screen. This field is limited to 225 characters.

The following should not be included in the Medicare Rx Notes field:

- 1) Statements that may reduce any Part D benefits;
- 2) Redundant information that is either contained elsewhere in the PBP or in a Part D requirement;
- 3) Information concerning excluded drugs or OTC items (these must be submitted in the Excluded Drugs or OTC Supplemental files);
- 4) Statements concerning Out-of-Network coverage and cost sharing; or
- 5) Information that is not related to Part D benefits.

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 during the plan corrections period will not be allowed.

Rx Notes

TEST

4/225 characters