

# Geisinger Health Plan CY 2024 H3954

Navitus Medicare Part D Benefit Design Requirements Plan Year 2024 2023-08-07

The information contained within this document is considered Proprietary and Confidential to both Geisinger Health Plan and Navitus Health Solutions **PBP:** 097 VBID

Plan Name: Geisinger Gold Secure Rx (HMO D-SNP)

Service Area: Pennsylvania

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CMS Con	tract		Гіаі	i Kequileille	าแอ	1			
ID		H395	4	Plan Type				НМО	
PDE subi	mitter	SH97	01	Submitted	Group			GPS	
PCN		NVTI	)	BIN			6	10602	
Carrier ID	)	NVGF		Geisinger Health Plan Medicare D -  Carrier Name  NVGPS				are D -	
Recommo		ail order. (Listed	in the		Other				
Mail Orde	•	ents			Gei	singer	Mail Order Ph	armacy	
Recommondate the direct		ecialty Pharmac	y. (Listed in				Other		
Specialty Pharmacy Comments				P	rimary –	Geisi	nger / Seconda	ary - Lumicera	a
Are specialty drugs limited (one month supply) supply or less?							Yes		
Vaccine Administration Rate (Electronic & Manual Claims)  Part B Vaccine Administration Rate							\$ 20.00		
					\$ 20.00				
Formular Methodol	ogy				Member - Hyb				
Retail Re		75 %One Month 85% 3 Month							
Mail Orde					85 %				
Ophthaln					70 %				
Opioids 8					85 % 80 %				
Opioids d	k Potentia	al Addictive Med	S IVIAII.	Part B			0U %		
T	he Medic	are Part B deduc	ctible	raitb			\$0		
	Part B de	eductible applies	to:	No Deductible					
Part B Rx claims			0 % - 20.0 %	МООР		\$ 8,85			
Durable Medical Equipme (DME)	nt		20.0 %	Part B Vac	cines				\$ 0
		limited to specifi	ed				No		
manufact		., .							
Preferred Preferred		Vendor Vendor Comme	nts				Other ed for meters/s		
				ian	ceis. CC		ot allowed thro 0 % - 20.0 %	ugn pnarmac	у.
Diabetic Monitoring Supplies  Diabetic Shoes and Inserts Coinsurance						<u>'</u>	20.0 %		
2.0.3000	<del></del>						20.0 /0		
Part B Insulin	In Netwo	ork		Mail				OON	LTC
Copays	1-30 Day	y 31-60 Day	61-100 Day	1-30 Day 31-60 D		Day	61-100 Day	30 Day	31 Day
1.9-	\$ 35.00		\$ 105.00	\$ 35.00	\$ 70.	00	\$ 105.00	\$ 35.00	\$ 35.00
Over-The- Counter (OTC) Items as a supplemental			Part C OTO Allowance	;	\$ 15	0			

benefit u	nder									
Part C O	_	Mor	nthly							
Frequenc	СУ			Part (	COTC Comr	nents				
	OTC Not Administered by Navitus. Geisinger Administered OTC Benefit.									
Plan Typ	e	De	efined Standard	d Benefit Plan	Part D Formulary	ID:		00	024417	
Formular	Formulary N/A Exception Tier		Lower Lev Formulary Exception	el			N/A			
	One Month Supply Limit		LTC One N Supply Lin	lonth			31			
OON Day Supply	′		30		Mail Order Supply	Day			100	
Over-The- Counter (OTC) Items as a supplemental benefit under Part D			No		Out of Net (OON) Clai processing	ms g		N	<i>l</i> lanual	
DMR Methodo	logy		Contracted	- OOP	Recoupme Threshold	ent			\$25	
Part D Insulin	In Netv	vork			Mail			OON	LTC	
Copays	1-30 Da	•	31-60 Day	61-100 Day	1-30 Day	31-60 D	_	61-100 Day	-	<b>31 Day</b> \$ 35.00
	\$ 35.0	<i>J</i> U	\$ 70.00	\$ 87.50	\$ 35.00	\$ 52.5		\$ 52.50	\$ 35.00	\$ 35.00
Standard	Standard  • DAW 0,1,2,5,8 and 9 will process at POS. • DAW 3,4,6 and 7 will reject at POS with error 22 (M/I DA/product selection code)  DAW 0,1,2,5,8 and 9 will process at POS.						ode)			
Generic Available  DAW 0,1,2,5,8 and 9 will pro  Claim does not reject Generic Reimbursem Copay (DAW Copay The copay is based of Generic available = N MONY "M/N" should "O" should process at Generic Dispense Fe DAW 3,4,6,7 will process at Claim denies with NO				t with NCPDI nent (Lesser Rule C - Pat on the Tier re MONY code ' always proce is "Multi Sour ee t <b>POS</b> .	P 22 and of Logic a ient Pays gardless 'Y"	applie Copa of the	s) ay) e DAW submiti , "Y" should pr	ted.	eneric,	
<ul> <li>DAW 0,1,2, 5,8 and 9 will process at POS         <ul> <li>Claim does not reject with NCPDP 22 and processes with the following:</li> <li>Brand Reimbursement (Lesser of Logic applies)</li> <li>The copay is based on the Tier regardless of the DAW submitted</li> <li>Generic available = MONY code "Y"</li> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic should process as "Multi Source Brand Drugs"</li> <li>Brand Dispense Fee</li> </ul> </li> <li>DAW 3,4,6,7 will process at POS.</li> <li>Claim denies with NCPDP 22.</li> </ul>					eneric, "O"					
Single-Se Brand Dr										

- The copay is based on the Tier regardless of the DAW submitted
- Generic available = MONY code "Y"
- MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"
- Brand Dispense Fee

# DAW 3,4,6,7 will process at POS Claim denies with NCPDP 22

# Additional Plan Requirements/Exceptions

- DME 20% MIN / 20% MAX
- Part B Rx 0% MIN / 20% MAX
- Prior Authorization based upon medical necessity is required for coverage of non-preferred brand glucometers, non-preferred brand test strips, more than 200 test strips per month and more than one glucometer every two years.
- 0% Coinsurance for preferred brand glucometers, 20% coinsurance for non-preferred brand glucometers. 20% coinsurance for preferred and non-preferred brand test strips.
- For Part B Insulin, the member will pay whichever is less; 20% coinsurance or \$35 maximum copayment.
- VBID MODEL: Beneficiary LIS cost sharing waived for all Part D drugs across all benefit phases including Deductible phase.

All Drug Phases:

In Network			Mail		OON	LTC	
1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	31 Day	31 Day
	•		•	-			\$ 0.00
	n Network 1-30 Day	1-30 Day 31-60 Day	1-30 Day 31-60 Day Day	1-30 Day 31-60 Day Day 1-30 Day	1-30 Day 31-60 Day Day 1-30 Day 31-60 Day	1-30 Day 31-60 Day Day 1-30 Day 31-60 Day Day	1-30 Day 31-60 Day Day 1-30 Day 31-60 Day Day 31 Day

# Part D Benefit for Non-LICS Members is Defined Standard Benefit

Tier#	Tier Name	Daily Cost Share Standard Retail	Daily Cost Share LTC
All Tiers	Generic and Brand	25%	25%

# Deductible Phase: \$545 Deductible applies.

**Initial Coverage** 

Rx Class	
FDA ANDA (Generic), Supplies associated with the delivery of insulin	25%
FDA NDA and BLA (Brand)	25%

**Coverage Gap:** (Initial Coverage Limit = \$ 5,030 Total Drug Cost)

Rx Class	Cost Share
FDA ANDA (Generic), Compound, Supplies associated with the delivery of insulin, OR MSP Claim	25 %
FDA NDA and BLA (Brand)	95 %
(Brand) less Discount = Member Pay	25 %

**Catastrophic Coverage**: (TrOOP = \$ 8,000.00) \$0 Cost Share for all Tiers in Catastrophic Phase

**PBP**: 157

Plan Name: Geisinger Gold Classic Advantage Rx

Service Area: Pennsylvania

Plan Requirements									
CMS Con	tract ID	H3	954	Plan Type	iciitə			НМО	
PDE subi			9701	Submitted	Group			GPS	
PCN	intter ib		7TD	BIN	Group			610602	
Carrier ID			GPS	Carrier Na	me	Gei	singer Health F		D - NVGPS
		order. (Listed		Currier iva	1110	COI		ian weatoure	7 11 10 10
directory		order. (Listed					Other		
	er Commen				Ge	isinge	er Mail Order P	harmacy	
Recommend the direct		cialty Pharmac	y. (Listed in				Other		
Specialty	Pharmacy	Comments			Primary -	- Geis	singer / Second	lary - Lumice	ra
	Are specialty drugs limited (one month supply) supply or less?						Yes		
		tion Rate (Elec	tronic &				\$ 20.00		
Manual C		ninistration Rat					<u> </u>		
							\$ 20.00		
Formulary Transition - Year over Year Methodology							w Member - Hy		
	fill Thresho				75	%Or	ne Month 85%	3 Month	
	r Refill Th						75 %		
	nic Refill TI		<b>D</b> 4 "				70 %		
		Addictive Med					85 %		
Opioids & Potential Addictive Meds Mail:				Dowt D			80 %		
_				Part B			•		
The Medicare Part B deductible							\$0		
Part B deductible applies to:					•	No Deductible			
Part B Rx									\$ 3,450
Durable M Equipmen	nt (DME)		20.0 %	Part B Vac	cines	ines \$0			
Diabetic s manufact		nited to specif	ied	No					
	Diabetic V	/endor		Other					
Droforrod	Diobotio \	/endor Comme	nto	Lifescan products preferred for meters/strips. No restriction on					
Preierred	Diabetic v	rendor Comme	nts	lancets. CGMs not allowed through pharmacy.					
	Monitoring			0% - 20.0 %					
Diabetic 9	Shoes and	Inserts Coinsu	ırance				20.0 %		1
Part B	In Networ	·ŀ		Mail				OON	LTC
Insulin Copays	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 E	)av	61-100 Day	30 Day	31 Day
Jopays	\$ 35.00	\$ 70.00	\$ 105.00	\$ 35.00	\$ 70.	_	\$ 105.00	\$ 35.00	\$ 35.00
Over-The (OTC) Iter supplement benefit un C	ms as a ental	No No		Part C OTO		N/A			
Part C OTC Frequency			N/A						
	C OTC Con	ments	1						
N/A									
Plan Type	9	Enhanced	Alternative	Part D Formulary	ID:		00	0024418	
Formular Exception	у		4	Lower Lev Formulary	el			NA	
				Exception Tier					

One Month Supply Limit OND Day Supply 30											
OVER The-Counter (OTC) Items as a supplemental boundfit under Part D DMR Methodology Contracted - OOP Recoupment S25  Part D In Network (OON) Claims processing process processing process processing processing processing processing processing processing process processing process processing process processing process processing processing processing processing processing process processing processing processing processing processing process processing process processing			3	0				Manual  \$25  OON LTC  61-100 Day 30 Day 31 Day \$ 52.50 \$ 35.00 \$ 35.00  2 (M/I DA/product selection code)  cesses with the following: lies) pay) the DAW submitted.  ad, "Y" should process as a generic,			
Out of Network (ON) Claims so supplemental benefit under Part D  DMR Methodology  Contracted - OOP  Recoupment Threshold  130 Day 31-60 Day 61-100 Day 1-30 Day 61-100 Day 30 Day 31 Day \$35.00 \$87.50 \$35.00 \$52.50 \$35.00			3	0	Mail Order			100			
DMR Methodology	(OTC) Items as a supplemental benefit under Part		No		Out of Net (OON) Cla	Out of Network (OON) Claims		Manual			
Insulin Copays   1-30 Day   31-60 Day   61-100 Day   1-30 Day   31-60 Day   61-100 Day   31 Day   33 53.00   \$ 35.		hodology	Contracte	ed - OOP		ent			\$25		
1-30 Day   31-60 Day   61-100 Day   31-60 Day   31-60 Day   35.00   \$35.		In Networ	·k		Mail				OON	LTC	
\$35.00 \$70.00 \$87.50 \$35.00 \$52.50 \$52.50 \$35.00 \$3		1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 D	)av	61-100 Day	30 Day	31 Day	
DAW Processing Requirements	Copays										
Standard  DAW 0,1,2,5,8 and 9 will process at POS. DAW 3,4,6 and 7 will reject at POS with error 22 (M/I DA/product selection code)  DAW 0,1,2,5,8 and 9 will process at POS. Claim does not reject with NCPDP 22 and processes with the following: Generic Reimbursement (Lesser of Logic applies) Copay (DAW Copay Rule C - Patient Pays Copay) The copay is based on the Tier regardless of the DAW submitted. Generic available  Generic available = MONY code "\" MONY "M/N" should always process as a brand, "\" should process as a generic, "O" should process as "Multi Source Brand Drugs" Generic Dispense Fee DAW 3,4,6,7 will process at POS. Claim does not reject with NCPDP 22 and processes with the following: Brand Reimbursement (Lesser of Logic applies) The copay is based on the Tier regardless of the DAW submitted Generic available = MONY code "\" MONY "MN" should always process as a brand, "\" should process as a generic, "O" should process as "Multi Source Brand Drugs" Brand Dispense Fee DAW 3,4,6,7 will process at POS. Claim denies with NCPDP 22.  DAW 0,1,2,5,8,9: Claim does not reject with NCPDP 22 and processes with the following: Brand Dispense Fee DAW 3,4,6,7 will process at POS. Claim denies with NCPDP 22 and processes with the following: Brand Dispense Fee DAW 3,4,6,7 will process at POS. Brand Dispense Fee DAW 3,4,6,7 will process at POS Brand Dispense Fee DAW 3,4,6,7 will process at POS Brand Dispense Fee DAW 3,4,6,7 will process at POS Claim denies with NCPDP 22 Additional Plan Requirements/Exceptions			·	DAW Pro	cessing Re	guiremer	nts	·		<u> </u>	
DAW 3,4,6 and 7 will reject at POS with error 22 (M/I DA/product selection code)   DAW 0,1,2,5,8 and 9 will process at POS			• DAW (			-					
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Claim does not reject with NCPDP 22 and processes with the following:  Brand Reimbursement (Lesser of Logic applies)  Copay (DAW Copay Rule C - Patient Pays Copay)  The copay is based on the Tier regardless of the DAW submitted  Generic available = MONY code "Y"  MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"  Brand Dispense Fee  DAW 3,4,6,7 will process at POS Claim denies with NCPDP 22  Additional Plan Requirements/Exceptions		<ul> <li>Claim does not reject with NCPDP 22 and processes with the following:</li> <li>Brand Reimbursement (Lesser of Logic applies)</li> <li>The copay is based on the Tier regardless of the DAW submitted</li> <li>Generic available = MONY code "Y"</li> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "should process as "Multi Source Brand Drugs"</li> <li>Brand Dispense Fee</li> <li>DAW 3,4,6,7 will process at POS.</li> </ul>					eneric, "O"				
Additional Plan Requirements/Exceptions	Claim does not reject with NCPDP 22 and processes with the following:  Brand Reimbursement (Lesser of Logic applies)  Copay (DAW Copay Rule C - Patient Pays Copay)  The copay is based on the Tier regardless of the DAW submitted  Generic available = MONY code "Y"  MONY "M/N" should always process as a brand, "Y" should process as should process as "Multi Source Brand Drugs"  Brand Dispense Fee  DAW 3,4,6,7 will process at POS					d	neric, "O"				
• DME – 20% MIN / 20% MAX						ents/Exc	eptio	ons			
	• D	ME – 20% I	MIN / 20% MAX						_		

- Part B Rx 0% MIN / 20% MAX

- Prior Authorization based upon medical necessity is required for coverage of non-preferred brand glucometers, non-preferred brand test strips, more than 200 test strips per month and more than one glucometer every two years.
- 0% Coinsurance for preferred brand glucometers, 20% coinsurance for non-preferred brand glucometers. 20% coinsurance for preferred and non-preferred brand test strips.
- The minimum coinsurance is set at 0% to reflect the lowest possible coinsurance for a Part B rebatable drug.

### **Tier Names:**

Tier#	Tier Name	Daily Cost Share Standard Retail	Daily Cost Share Preferred Retail	Daily Cost Share LTC
1	Preferred Generic	\$ 0.10	N/A	\$ 0.10
2	Generic	\$ 0.67	N/A	\$ 0.65
3	Preferred Brand	\$ 1.57	N/A	\$ 1.52
4	Non-Preferred Drug	\$ 3.33	N/A	\$ 3.23
5	Specialty	33%	N/A	33%
6	Vaccines (\$0 cost sharing)	\$ 0.00	N/A	\$ 0.00

# Deductible Phase: \$0 Deductible applies to all tiers.

	In Network			Mail			OON	LTC
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	30 Day	31 Day
1	\$ 3.00	\$ 6.00	\$ 7.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.00	\$ 3.00
2	\$ 20.00	\$ 40.00	\$ 50.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 20.00	\$ 20.00
3	\$ 47.00	\$ 94.00	\$ 117.50	\$ 47.00	\$ 70.50	\$ 70.50	\$ 47.00	\$ 47.00
4	\$ 100.00	\$ 200.00	\$ 250.00	\$ 100.00	\$ 150.00	\$ 150.00	\$ 100.00	\$ 100.00
5	33.0 %	N/A	N/A	33.0 %	N/A	N/A	33.0 %	33.0 %
6	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

**Coverage Gap:** (Initial Coverage Limit = \$5,030.00 Total Drug Cost)

	In Network			Mail		OON	LTC	
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	Day	Day
1	\$ 3.00	\$ 6.00	\$ 7.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.00	\$ 3.00
6	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Rx Class	Cost Share
FDA ANDA (Generic), Compound, Supplies associated with the delivery of insulin, OR MSP Claim	25 %
FDA NDA and BLA (Brand)	95 %
(Brand) less Discount = Member Pay	25 %

<sup>\*</sup>CGDP applies to member copay in the gap.

**Catastrophic Coverage:** (TrOOP = \$8,000.00) \$0 Cost Share for all Tiers in Catastrophic Phase

# **Low Income Cost Sharing - Subsidy Copays**

During the Deductible and Initial Coverage phases LICS members will pay the lesser of the standard non-LICS benefit or the reduced LICS copay amount. During the coverage gap when non-LICS members are eligible for the coverage gap discount, the LICS member pays whichever is less – the LICS copay, or the appropriate comparison amount (full drug cost or non-LICS copay under the PBP's additional Gap coverage). During the Catastrophic phase, \$0 copay for all LIS beneficiaries.

Subgroup	Deductible	Generic Copay (ANDA)	Brand (NDA, BLA)
1	\$0	\$ 4.50	\$ 11.20
2	\$0	\$ 1.55	\$ 4.60
3	\$0	\$ 0.00	\$ 0.00
4	\$0	\$ 4.50	\$ 11.20

**PBP**: 158

Plan Name: Geisinger Gold Classic Complete Rx (HMO)

Service Area: Pennsylvania

(Cost shares listed re	present member responsibility a	as defined in the PBP	SUDMISSION.)		
Plan Requirements					
CMS Contract ID	H3954	Plan Type	HMO		
PDE submitter ID	SH9701	Submitted Group	GPS		
PCN	NVTD	BIN 610602			
Carrier ID	NVGPS	Carrier Name	Geisinger Health Plan Medicare D - NVGPS		
Recommended Mai directory.)	order. (Listed in the		Other		
Mail Order Commer	nts	Ge	isinger Mail Order Pharmacy		
Recommended Spe the directory.)	cialty Pharmacy. (Listed in		Other		
Specialty Pharmacy		Primary -	- Geisinger / Secondary - Lumicera		
month supply) supp			Yes		
Vaccine Administra Manual Claims)	tion Rate (Electronic &		\$ 20.00		
Part B Vaccine Adm	ninistration Rate	\$ 20.00			
Formulary Transition Methodology	n - Year over Year	New Member - Hybrid			
Retail Refill Thresh	old:	75 %One Month 85% 3 Month			
Mail Order Refill Th	reshold:	85 %			
Ophthalmic Refill T		70 %			
	Addictive Meds Retail:		85 %		
	Addictive Meds Mail:	80 %			
Part B					
The Medicare Part B	3 deductible		\$0		
Part B deductible a	oplies to:		No Deductible		
Part B Rx claims	0% - 20.0 %	MOOP	\$ 4,900		
Durable Medical Equipment (DME)	20.0 %	Part B Vaccines \$ 0			
Diabetic supplies limited to specified manufacturers?		Yes			
Preferred Diabetic Vendor		Other			
Preferred Diabetic Vendor Comments		Lifescan products preferred for meters/strips. No restriction on lancets. CGMs not allowed through pharmacy.			
Diabetic Monitoring	Supplies	0% - 20.0 %			

Diabetic Shoes and Inserts Coinsurance		20.0 %								
Over-The		Iliserts Collisu	ii ai i Ce	20.0 /6	20.0 //					
(OTC) Ite										
suppleme		No		Part C OT	2	N/A				
benefit u		140		Allowance	Allowance					
C	idei i dit									
Part B		_								
Insulin	In Netwo	<u>rk</u>	T	Mail	1		T	OON	LTC	
Copays	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60	Day	61-100 Day	30 Day	31 Day	
' '	\$ 35.00	\$ 70.00	\$ 105.00	\$ 35.00	\$ 70.	00	\$ 105.00	\$ 35.00	\$ 35.00	
Part C O	С	N1/A	I.		II.		I		,	
Frequenc	:y	N/A								
			Part	C OTC Com	ments					
				N/A						
Part D				Γ_		I	21112			
Plan Type	9	Enhanced Alte	rnative	Formulary		0002	24418			
Formular	V	4		Lower Lev		NI/A				
Exception	n Tier	4		Formulary Exception		N/A				
One Mon	th			LTC One N						
Supply Li		30		Supply Lir		31				
		20		Mail Order		400				
OON Day		30		Supply		100				
Over-The										
(OTC) Ite				Out of Net						
suppleme		No		(OON) Cla		Manual				
benefit u	nder Part			processing						
D				Recoupment						
DMR Met	hodology	Contracted - O	OP	Threshold \$25						
				11110011010						
Part D	In Nation	.I.		N4 - : 1				001	1.70	
Insulin	In Networ		T		Mail		I	OON	LTC	
Copays	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 [	_	61-100 Day	30 Day	31 Day	
	\$ 35.00	\$ 70.00	\$ 87.50	\$ 35.00	\$ 52.	50	\$ 52.50	\$ 35.00	\$ 35.00	
			DAW Pro	cessing Re	quireme	nts				
Standard		• DAW (	0,1,2,5,8 and 9	will process a	at POS.					
Standard		• DAW 3	3,4,6 and 7 will	reject at POS	S with err	or 22	(M/I DA/produc	ct selection c	ode)	
		DAW 0,1,2,5,	8 and 9 will pr	ocess at PO	S.					
		<ul> <li>Claim</li> </ul>	n does not rejec	t with NCPD	P 22 and	proce	esses with the	following:		
		<ul> <li>Gene</li> </ul>	ric Reimbursen	nent (Lesser	of Logic	applie	s)			
		<ul> <li>Copa</li> </ul>	y (DAW Copay	Rule C - Pat	ient Pays	s Copa	ay)			
		• The c	copay is based	on the Tier re	egardless	of the	e DAW submitt	ed.		
Comonie	\		ric available = I		_					
Generic A	available		Y "M/N" should			hrand	"Y" should pr	ncess as a de	eneric	
			hould process a					oooo as a gi	J. 10110,	
			ric Dispense Fe		,	~ _	<b>,</b> -			
			•							
DAW 3,4,6,7 will process at  • Claim denies with No										
		- Cialli	. Goines with M	J. D. ZZ.						
		DAW 0,1,2, 5.8	8 and 9 will pro	ocess at PO	S					
			does not rejec			proce	esses with the t	following:		
Multi Car	roo		d Reimburseme					•		
Multi-Sou Brand Dr			copay is based	•		. ,		ed		
ים מומים	uya		ric available = I							
			Y "M/N" should				, "Y" should pro	ocess as a ge	eneric, "O"	
		ار مطم	d proces as "N	s "Multi Source Brand Drugs"						

	Brand Dispense Fee
	DAW 3,4,6,7 will process at POS.
	Claim denies with NCPDP 22.
	DAW 0,1,2,5,8,9:
	Claim does not reject with NCPDP 22 and processes with the following:
	Brand Reimbursement (Lesser of Logic applies)
	Copay (DAW Copay Rule C - Patient Pays Copay)
Cimala Carras	The copay is based on the Tier regardless of the DAW submitted
Single-Source	Generic available = MONY code "Y"
Brand Drugs	<ul> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"</li> </ul>
	Brand Dispense Fee
	DAW 3,4,6,7 will process at POS
	Claim denies with NCPDP 22
	Additional Plan Requirements/Exceptions

Prior Authorization based upon medical necessity is required for coverage of non-preferred brand glucometers, non-preferred brand test strips, more than 200 test strips per month and more than one glucometer every two years.

# **Tier Names:**

Tier#	Tier Name	Daily Cost Share Standard Retail	Daily Cost Share Preferred Retail	Daily Cost Share LTC
1	Preferred Generic	\$ 0.10	N/A	\$ 0.10
2	Generic	\$ 0.67	N/A	\$ 0.65
3	Preferred Brand	\$ 1.57	N/A	\$ 1.52
4	Non-Preferred Drug	\$ 3.33	N/A	\$ 3.23
5	Specialty	33%	N/A	33%
6	Vaccines (\$0 cost	\$ 0.00	N/A	\$ 0.00
	sharing)			

# **Deductible Phase: \$0 Deductible applies to all tiers.**

	In Network			Mail			OON	LTC
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	30 Day	31 Day
1	\$ 3.00	\$ 6.00	\$ 7.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.00	\$ 3.00
2	\$ 20.00	\$ 40.00	\$ 50.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 20.00	\$ 20.00
3	\$ 47.00	\$ 94.00	\$ 117.50	\$ 47.00	\$ 70.50	\$ 70.50	\$ 47.00	\$ 47.00
4	\$ 100.00	\$ 200.00	\$ 250.00	\$ 100.00	\$ 150.00	\$ 150.00	\$ 100.00	\$ 100.00
5	33.0 %	N/A	N/A	33.0 %	N/A	N/A	33.0 %	33.0 %
6	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

# Coverage Gap: (Initial Coverage Limit = \$ 5,030.00 Total Drug Cost)

	In Network			Mail		OON	LTC	
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	Day	Day
1	\$ 3.00	\$ 6.00	\$ 7.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.00	\$ 3.00
6	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Rx Class	Cost Share

FDA ANDA (Generic), Compound, Supplies associated with the delivery of insulin, OR MSP Claim	25 %
FDA NDA and BLA (Brand)	95 %
(Brand) less Discount = Member Pay	25 %

<sup>\*</sup>CGDP applies to member copay in the gap.

**Catastrophic Coverage:** (TrOOP = \$8,000.00) \$0 Cost Share for all Tiers in Catastrophic Phase

# **Low Income Cost Sharing - Subsidy Copays**

During the Deductible and Initial Coverage phases LICS members will pay the lesser of the standard non-LICS benefit or the reduced LICS copay amount. During the coverage gap when non-LICS members are eligible for the coverage gap discount, the LICS member pays whichever is less – the LICS copay, or the appropriate comparison amount (full drug cost or non-LICS copay under the PBP's additional Gap coverage). During the Catastrophic phase, \$0 copay for all LIS beneficiaries.

Subgroup	Deductible	Generic Copay (ANDA)	Brand (NDA, BLA)
1	\$0	\$ 4.50	\$ 11.20
2	\$0	\$ 1.55	\$ 4.60
3	\$0	\$ 0.00	\$ 0.00
4	\$ 0	\$4.50	\$ 11.20

**PBP**: 160

Plan Name: Geisinger Gold Classic 360 Rx

Service Area: Pennsylvania

Cost shares listed represent member responsibility as defined in the FBF submission.)						
	Pla	n Requirements				
CMS Contract ID	H3954	Plan Type	НМО			
PDE submitter ID	SH9701	Submitted Group	GPS			
PCN	NVTD	BIN	610602			
Carrier ID	NVGPS	Carrier Name	Geisinger Health Plan Medicare D - NVGPS			
Recommended Mail directory.)	Recommended Mail order. (Listed in the directory.)		Other			
Mail Order Commen	its	Ge	isinger Mail Order Pharmacy			
Recommended Specthe directory.)	cialty Pharmacy. (Listed in	armacy. (Listed in Other				
Specialty Pharmacy	Comments	Primary – Geisinger / Secondary - Lumicera				
Are specialty drugs supply or less?	limited (one month supply)	Yes				
Vaccine Administrate Manual Claims)	tion Rate (Electronic &		\$ 20.00			
Part B Vaccine Adm	inistration Rate		\$ 20.00			
Formulary Transitio Methodology	n - Year over Year		New Member - Hybrid			
Retail Refill Thresho	old:	75	5 %One Month 85% 3 Month			
Mail Order Refill Thr	reshold:		85 %			
Ophthalmic Refill Th	nreshold:	70 %				
Opioids & Potential	Addictive Meds Retail:	85 %				
Opioids & Potential	Addictive Meds Mail:		80 %			

				Part B						
1	he Medica	re Part B dedu	ctible	\$0						
	Part B ded	ductible applies	s to:	No Deductible						
Part B Rx	claims		0% - 20.0 %	МООР					\$ 8,000	
Durable M Equipment			20.0 %	Part B Vac	Part B Vaccines				\$ 0	
		nited to specif	ied				Yes			
manufact Preferred	urers / Diabetic V	/endor					Other			
		endor Comme	nts				red for meters, not allowed thr			
	Monitoring						0% - 20.0 %	<u> </u>	•	
Diabetic 9	Shoes and	Inserts Coinsu	irance				20.0 %			
Part B										
Insulin	In Networ		T	Mail	T			OON	LTC	
Copays	1-30 Day	31-60 Day	61-100 Day	1-30 Day	<b>31-60</b> E	_	61-100 Day	30 Day	31 Day	
Over-The	\$ 35.00	\$ 70.00	\$ 105.00	\$ 35.00	\$ 70.	UU 	\$ 105.00	\$ 35.00	\$ 35.00	
(OTC) Ite					_					
suppleme	ental	Yes		Part C OT		\$ 25	5			
benefit u	nder Part			Allowalice	•					
C Part C O	·C									
Frequenc		Monthly								
		0.70 11 4 4 1		C OTC Con			1070 0	<b>.</b>		
		OTC Not Adr	ninistered by Na	avitus. Geisir <b>Part D</b>	iger Adm	iniste	red OTC Bene	fit.		
Plan Type	)	Enhanced	Alternative	Formulary ID: 00024418						
Formular				Lower Level						
Exception		4		Formulary N/A Exception Tier						
One Mon	th			LTC One Month		0.4				
Supply L	_	3	0	Supply Limit			31			
OON Day		3	0	Mail Order Supply	Mail Order Day Supply			100		
Over-The (OTC) Item				Out of Network						
suppleme	ental	No		(OON) Claims			Manual			
benefit ui D	nder Part			processing						
	hodology	Contract	ed - OOP	Recoupme			\$25			
						1				
Part D	In Networ	·k		Mail				OON	LTC	
Insulin Copays	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 E	)av	61-100 Day	30 Day	31 Day	
Jopays	\$ 35.00	\$ 70.00	\$ 87.50	\$ 35.00	\$ 52.		\$ 52.50	\$ 35.00	\$ 35.00	
			DAW Pro	cessing Re	quireme	nts				
Standard		• DAW	0,1,2,5,8 and 9							
Stanuaru			3,4,6 and 7 will	•		or 22	(M/I DA/produc	ct selection c	ode)	
			8 and 9 will pr				***			
			n does not rejec			•		tollowing:		
Generic A	vailable		eric Reimbursen	•	_		•			
		•	y (DAW Copay		-		• ,	rod		
			copay is based o		•	OI LITE	DAVV SUDITIIII	<del>c</del> u.		
Generic available = MONY code "Y"										

	MONY "M/N" should always process as a brand, "Y" should process as a generic,					
	"O" should process as "Multi Source Brand Drugs"					
	Generic Dispense Fee					
	DAW 3,4,6,7 will process at POS.					
	Claim denies with NCPDP 22.					
	DAW 0,1,2, 5,8 and 9 will process at POS					
	Claim does not reject with NCPDP 22 and processes with the following:					
	<ul> <li>Brand Reimbursement (Lesser of Logic applies)</li> <li>The copay is based on the Tier regardless of the DAW submitted</li> </ul>					
Multi-Source Brand Drugs	<ul> <li>The copay is based on the Tier regardless of the DAW submitted</li> <li>Generic available = MONY code "Y"</li> </ul>					
	<ul> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"</li> </ul>					
	Brand Dispense Fee					
	DAW 3,4,6,7 will process at POS.					
	Claim denies with NCPDP 22.					
	DAW 0,1,2,5,8,9:					
	Claim does not reject with NCPDP 22 and processes with the following:					
	<ul> <li>Brand Reimbursement (Lesser of Logic applies)</li> <li>Copay (DAW Copay Rule C - Patient Pays Copay)</li> </ul>					
	The copay is based on the Tier regardless of the DAW submitted					
Single-Source	Generic available = MONY code "Y"					
Brand Drugs	<ul> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"</li> </ul>					
	Brand Dispense Fee					
	DAW 3,4,6,7 will process at POS					
	Claim denies with NCPDP 22					
Additional Plan Requirements/Exceptions						

- DME 20% MIN / 20% MAX
- Part B Rx 0% MIN / 20% MAX
- Prior Authorization based upon medical necessity is required for coverage of non-preferred brand glucometers, non-preferred brand test strips, more than 200 test strips per month and more than one glucometer every two years.
- 0% Coinsurance for preferred brand glucometers, 20% coinsurance for non-preferred brand glucometers. 20% coinsurance for preferred and non-preferred brand test strips.
- For Part B Insulin, the member will pay whichever is less; 20% coinsurance or \$35 maximum copayment.

# **Tier Names:**

Tier#	Tier Name	Daily Cost Share Standard Retail	Daily Cost Share Preferred Retail	Daily Cost Share LTC
1	Preferred Generic	\$ 0.10	N/A	\$ 0.10
2	Generic	\$ 0.67	N/A	\$ 0.65
3	Preferred Brand	\$ 1.57	N/A	\$ 1.52
4	Non-Preferred Drug	\$ 3.33	N/A	\$ 3.23
5	Specialty	33%	N/A	33%
6	Vaccines (\$0 cost sharing)	\$ 0.00	N/A	\$ 0.00

# **Deductible Phase: \$0 Deductible applies to all tiers.**

	In Network			Mail			OON	LTC
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	30 Day	31 Day
1	\$ 3.00	\$ 6.00	\$ 7.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.00	\$ 3.00
2	\$ 20.00	\$ 40.00	\$ 50.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 20.00	\$ 20.00

3	\$ 47.00	\$ 94.00	\$ 117.50	\$ 47.00	\$ 70.50	\$ 70.50	\$ 47.00	\$ 47.00
4	\$ 100.00	\$ 200.00	\$ 250.00	\$ 100.00	\$ 150.00	\$ 150.00	\$ 100.00	\$ 100.00
5	33.0 %	NA	NA	33.0 %	NA	NA	33.0 %	33.0 %
6	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Coverage Gap: (Initial Coverage Limit = \$5,030.00 Total Drug Cost)

	In Network			Mail		OON	LTC	
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	Day	Day
1	\$ 3.00	\$ 6.00	\$ 7.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.00	\$ 3.00
6	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Rx Class	Cost Share
FDA ANDA (Generic), Compound, Supplies associated with the delivery of insulin, OR MSP Claim	25 %
FDA NDA and BLA (Brand)	95 %
(Brand) less Discount = Member Pay	25 %

<sup>\*</sup>CGDP applies to member copay in the gap.

**Catastrophic Coverage:** (TrOOP = \$8,000.00) \$0 Cost Share for all Tiers in Catastrophic Phase

# **Low Income Cost Sharing - Subsidy Copays**

During the Deductible and Initial Coverage phases LICS members will pay the lesser of the standard non-LICS benefit or the reduced LICS copay amount. During the coverage gap when non-LICS members are eligible for the coverage gap discount, the LICS member pays whichever is less – the LICS copay, or the appropriate comparison amount (full drug cost or non-LICS copay under the PBP's additional Gap coverage). During the Catastrophic phase, \$0 copay for all LIS beneficiaries.

Subgroup	Deductible	Generic Copay (ANDA)	Brand (NDA, BLA)
1	\$0	\$ 4.50	\$ 11.20
2	\$0	\$ 1.55	\$ 4.60
3	\$0	\$ 0.00	\$ 0.00
4	\$0	\$ 4.50	\$ 11.20

**PBP**: 161

Plan Name: Geisinger Gold Classic Essential Rx

Service Area: Pennsylvania

(Cost shares listed re	Cost shares listed represent member responsibility as defined in the PBP submission.)							
	Plan Requirements							
CMS Contract ID	H3954	Plan Type HMO						
PDE submitter ID	SH9701	Submitted Group	GPS					
PCN	NVTD	<b>BIN</b> 610602						
Carrier ID	NVGPS	Carrier Name	Geisinger Health Plan Medicare D - NVGPS					
Recommended Mail order. (Listed in the								
Carrier ID	NVGPS		Geisinger Health Plan Medicare D - NVG					

Mail Orde	er Commen	Geisinger Mail Order Pharmacy							
Recommendation the direct		cialty Pharmac	y. (Listed in				Other		
Specialty	Pharmacy	Comments			Primary – Geisinger / Secondary - Lumicera				
Are spec		limited (one me	onth supply)	Yes					
Manual C					\$ 20.00				
	ccine Adm				\$ 20.00				
Formular Methodol	y Transitio	ear			Nev	v Member - Hy	brid		
	fill Thresho	old:			75	%On	e Month 85%	3 Month	
	er Refill Th					700.	85 %	<u> </u>	
	nic Refill TI						70 %		
		Addictive Med					85 %		
Opioids &	<u>&amp; Potential</u>	Addictive Med	s Mail:	Part B			80 %		
7	The Medica	re Part B deduc	atible	PailD			\$0		
		ductible applies					No Deductible		
Part B Rx		пополого арригос	0% - 20.0 %	МООР					\$ 7,550
Durable I	Medical		20.0 %	Part B Vac	cines				\$ 0
Equipment (DME)  Diabetic supplies limited to specified manufacturers?			copay			No			
Preferred Diabetic Vendor			Other						
	Preferred Diabetic Vendor Comments			Lifescan products preferred for meters/strips. No restriction on lancets. CGMs not allowed through pharmacy.					
	Monitoring			0% - 20.0 %					
Diabetic :	Shoes and	Inserts Coinsu	rance	20.0 %					
Part B	In Networ	·k		Mail				OON	LTC
Insulin Copays	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 E	)av	61-100 Day	30 Day	31 Day
Оорауз	\$ 35.00	\$ 70.00	\$ 105.00	\$ 35.00	\$ 70.		\$ 105.00	\$ 35.00	\$ 35.00
(OTC) Ite		No		Part C OTO		N/A			
Part C O	_	N/A							
			Part	C OTC Con	ments				
				N/A Part D					
Plan Type	e	Enhanced A	Alternative	Formulary	ID:		00	0024418	
Formular Exception	у	4		Lower Lev Formulary	el		-	00024418 N/A	
One Month Supply Limit			LTC One Month		31				
OON Day Supply 30			Mail Order				100		
(OTC) Ite		N	0	Out of Network (OON) Claims processing					

DMR Met	hodology	Contracte	ed - OOP	Recoupme Threshold				\$25	
Part D Insulin	In Networ	k		Mail				OON	LTC
Copays	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Da	ay (	61-100 Day	30 Day	31 Day
	\$ 35.00	\$ 70.00	\$ 87.50	\$ 35.00	\$ 52.5	50	\$ 52.50	\$ 35.00	\$ 35.00
			DAW Pro	cessing Re	quiremen	ts			
Standard			),1,2,5,8 and 9 v 3,4,6 and 7 will i			or 22 (M	Л/I DA/produc	t selection c	ode)
Generic A	Available	<ul> <li>DAW 0,1,2,5,8 and 9 will process at POS.</li> <li>Claim does not reject with NCPDP 22 and processes with the following:</li> <li>Generic Reimbursement (Lesser of Logic applies)</li> <li>Copay (DAW Copay Rule C - Patient Pays Copay)</li> <li>The copay is based on the Tier regardless of the DAW submitted.</li> <li>Generic available = MONY code "Y"</li> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"</li> <li>Generic Dispense Fee</li> <li>DAW 3,4,6,7 will process at POS.</li> <li>Claim denies with NCPDP 22.</li> </ul>						eneric,	
Multi-Sou Brand Dr		<ul> <li>DAW 0,1,2, 5,8 and 9 will process at POS</li> <li>Claim does not reject with NCPDP 22 and processes with the following:</li> <li>Brand Reimbursement (Lesser of Logic applies)</li> <li>The copay is based on the Tier regardless of the DAW submitted</li> <li>Generic available = MONY code "Y"</li> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"</li> <li>Brand Dispense Fee</li> <li>DAW 3,4,6,7 will process at POS.</li> <li>Claim denies with NCPDP 22.</li> </ul>							
	DAW 0,1,2,5,8,9: Claim does not reject with NCPDP 22 and processes with the following:  Brand Reimbursement (Lesser of Logic applies)  Copay (DAW Copay Rule C - Patient Pays Copay)  The copay is based on the Tier regardless of the DAW submitted  Generic available = MONY code "Y"  MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"  Brand Dispense Fee  DAW 3,4,6,7 will process at POS Claim denies with NCPDP 22						neric, "O"		
			Additional Pla		ents/Exce	eption	S		
			Additional Pla	n Requirem	ents/Exce	eption	S		

- DME 20% MIN / 20% MAX
- Part B Rx 0% MIN / 20% MAX
- Prior Authorization based upon medical necessity is required for coverage of non-preferred brand glucometers, non-preferred brand test strips, more than 200 test strips per month and more than one glucometer every two years.
- 0% Coinsurance for preferred brand glucometers, 20% coinsurance for non-preferred brand glucometers. 20% coinsurance for preferred and non-preferred brand test strips.
- For Part B Insulin, the member will pay whichever is less; 20% coinsurance or \$35 maximum copayment.

### **Tier Names:**

Tier#	Tier Name	Daily Cost Share Standard Retail	Daily Cost Share Preferred Retail	Daily Cost Share LTC
1	Preferred Generic	\$ 0.10	N/A	\$ 0.10
2	Generic	\$ 0.67	N/A	\$ 0.65
3	Preferred Brand	\$ 1.57	N/A	\$ 1.52
4	Non-Preferred Drug	\$ 3.33	N/A	\$ 3.23
5	Specialty	33%	N/A	33%
6	Vaccines (\$0 cost sharing)	\$ 0.00	N/A	\$ 0.00

Deductible Phase: Phase: \$0 Deductible applies to all tiers.

Tier	In Network	24 60 Day	61 100 Day	Mail	24 60 Day	61 100 Day	OON	LTC
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	30 Day	31 Day
1	\$ 3.00	\$ 6.00	\$ 7.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.00	\$ 3.00
2	\$ 20.00	\$ 40.00	\$ 50.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 20.00	\$ 20.00
3	\$ 47.00	\$ 94.00	\$ 117.50	\$ 47.00	\$ 70.50	\$ 70.50	\$ 47.00	\$ 47.00
4	\$ 100.00	\$ 200.00	\$ 250.00	\$ 100.00	\$ 150.00	\$ 150.00	\$ 100.00	\$ 100.00
5	33.0 %	N/A	N/A	33.0 %	N/A	N/A	33.0 %	33.0 %
6	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

**Coverage Gap:** (Initial Coverage Limit = \$5,030.00 Total Drug Cost)

	In Network			Mail			OON	LTC
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	Day	Day
1	\$ 3.00	\$6.00	\$ 7.50	\$ 0.00	\$0.00	\$ 0.00	\$ 3.00	\$ 3.00
6	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Rx Class	Cost Share
FDA ANDA (Generic), Compound, Supplies associated with the delivery of insulin, OR MSP Claim	25 %
FDA NDA and BLA (Brand)	95 %
(Brand) less Discount = Member Pay	25 %

<sup>\*</sup>CGDP applies to member copay in the gap.

**Catastrophic Coverage:** (TrOOP = \$ 8,000.00) \$0 Cost Share for all Tiers in Catastrophic Phase

# **Low Income Cost Sharing - Subsidy Copays**

During the Deductible and Initial Coverage phases LICS members will pay the lesser of the standard non-LICS benefit or the reduced LICS copay amount. During the coverage gap when non-LICS members are eligible for the coverage gap discount, the LICS member pays whichever is less – the LICS copay, or the appropriate comparison amount (full drug cost or non-LICS copay under the PBP's additional Gap coverage). During the Catastrophic phase, \$0 copay for all LIS beneficiaries.

Subgroup	Deductible	Generic Copay (ANDA)	Brand (NDA, BLA)
1	\$0	\$ 4.50	\$ 11.20

	2	\$0	\$ 1.55	\$ 4.60
Ī	3	\$0	\$ 0.00	\$ 0.00
Ī	4	\$0	\$ 4.50	\$ 11.20

**PBP**: 162

Plan Name: Geisinger Gold Heritage (HMO) (PART B COVERAGE ONLY)

Service Area: Pennsylvania

(Cost shar	es listed rep	resent member	responsibility a			subm	ission.)		
			Pla	an Requirem	ents				
CMS Con	tract ID	H39	954	Plan Type				НМО	
PDE subi	mitter ID	SH9	701	Submitted	Group			GPM	
PCN		NVTP	ARTB	BIN	_		(	310602	
Carrier ID	)	NVG	SPM	Carrier Na	me		Geisinger Hea	lth Plan Medi NVGPM	icare D -
Recomm		order. (Listed	in the				Other		
	er Comment	ts			Ge	isinge	er Mail Order P	harmacy	
Recommendation the direct		cialty Pharmac	y. (Listed in				Other		
Specialty	Pharmacy	Comments			Geising	er Pri	mary / Lumice	a Secondary	,
Are spec		limited (one m	onth supply)				Yes		
		inistration Rate					\$20.00	-	-
Formular Methodol		n - Year over Y	ear				N/A		
Retail Re	Retail Refill Threshold:				75	%On	e Month 85%	3 Month	
Mail Order Refill Threshold:							85 %		
Ophthalmic Refill Threshold:						70 %			
Opioids 8	& Potential A	Addictive Meds	s Retail:				85 %		
Opioids 8	& Potential	Addictive Med	s Mail:				80 %		
				Part B					
7	he Medicar	re Part B deduc	ctible	N/A					
	1	uctible applies		N/A					
Part B Rx			0 % - 20.0 %	MOOP					\$ 6,700
Durable I Equipme			20.0 %	Part B Vac	cines				\$ 0
Diabetic s manufact		nited to specifi	ed	No					
Preferred	Diabetic V	endor					Other		
		endor Comme	nts	Preferred Meters: One Touch and One Touch Verio. \$0 Copay. Non-Preferred Meters and Strips will require a PA. Preferred Strips:Any Test Strip used with the covered meters (left) 200 per 30 days supply limit (over 200 requires P/A)					
	Monitoring						0% - 20.0 %		
Diabetic	Shoes and I	Inserts Coinsu	rance				20.0 %		
Part B				Mail				OON	LTC
Insulin Copays	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 D	)av	61-100 Day	30 Day	31 Day
Copays	\$ 35.00	\$ 70.00	\$ 105.00	\$ 35.00	\$ 70.0	_	\$ 105.00	\$ 35.00	\$ 35.00
	-Counter	Yes	ψ 100.00	Part C OTO	3	\$ 40		ψ 00.00	ψ 55.00
(OTC) Items as a				Allowalice					

supplemental benefit under Part C					
Part C OTC Frequency	Monthly				
rrequency	Part	C OTC Comments			
	OTC Not Administered by Na		inistered OTC Benefit.		
Plan Type	MA ONLY	Part D Formulary ID:	00024418		
	WA ONL!	Lower Level	00024410		
Formulary Exception Tier	N/A	Formulary Exception Tier	N/A		
One Month Supply Limit	N/A	LTC One Month Supply Limit	N/A		
OON Day Supply	N/A	Mail Order Day Supply	N/A		
Over-The-Counter (OTC) Items as a supplemental benefit under Part D	N/A	Out of Network (OON) Claims processing	Manual Only		
DMR Methodology	Contracted - OOP	Recoupment Threshold	\$25		
	DAW Pro	cessing Requirement	nts		
Standard	<ul> <li>DAW 0,1,2,5,8 and 9</li> <li>DAW 3,4,6 and 7 will</li> </ul>	•	or 22 (M/I DA/product selection code)		
Generic Available	<ul> <li>Generic Reimbursen</li> <li>Copay (DAW Copay)</li> <li>The copay is based</li> <li>Generic available = I</li> <li>MONY "M/N" should</li> </ul>	et with NCPDP 22 and nent (Lesser of Logic and Rule C - Patient Payson the Tier regardless MONY code "Y" always process as a las "Multi Source Brance to POS.	s Copay) s of the DAW submitted. brand, "Y" should process as a generic,		
Multi-Source Brand Drugs	<ul> <li>DAW 0,1,2, 5,8 and 9 will process at POS</li> <li>Claim does not reject with NCPDP 22 and processes with the following:</li> <li>Brand Reimbursement (Lesser of Logic applies)</li> <li>The copay is based on the Tier regardless of the DAW submitted</li> <li>Generic available = MONY code "Y"</li> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"</li> <li>Brand Dispense Fee</li> <li>DAW 3,4,6,7 will process at POS.</li> <li>Claim denies with NCPDP 22.</li> </ul>				
Single-Source Brand Drugs	Generic available = M	nt (Lesser of Logic app Rule C - Patient Pays n the Tier regardless of IONY code "Y" always process as a b	olies) Copay) of the DAW submitted rand, "Y" should process as a generic, "O"		

# DAW 3,4,6,7 will process at POS Claim denies with NCPDP 22

# **Additional Plan Requirements/Exceptions**

- Geisinger Gold Heritage (HMO) (PART B COVERAGE ONLY) MA enrollee cost sharing for a Part B rebatable drug will not exceed the coinsurance amount of the original Medicare adjusted beneficiary coinsurance for that Part B rebatable drug. In applying this effective coinsurance percentage, MA plans may continue to base enrollee cost sharing off of the total MA plan financial liability for that Part B drug.
- For Part B Insulin, the member will pay whichever is less; 20% coinsurance or \$35 maximum copayment.

**PBP**: 163

Plan Name: Geisinger Gold Value Rx

Service Area: Pennsylvania

(Cost shares listed represent member responsibility as defined in the PBP submission.)									
		Pla	n Requirements						
CMS Contra	act ID	H3954	Plan Type		НМО				
PDE submit	tter ID	SH9701	Submitted Group		GPS				
PCN		NVTD	BIN		610602				
Carrier ID		NVGPS	Carrier Name	Geisinger Health Plan Medicare D - NVG					
Recommend directory.)	ded Mail	order. (Listed in the		Other					
Mail Order C	Commen	ts	Ge	isinger Mail Order P	harmacy				
Recommend the director	•	cialty Pharmacy. (Listed in		Other					
Specialty Ph			Primary -	- Geisinger / Second	lary - Lumicei	а			
supply or le	ess?	limited (one month supply)	ly) Yes						
Manual Clai	ims)	tion Rate (Electronic &		\$ 20.00					
		inistration Rate		\$ 20.00					
Methodolog	Jy	n - Year over Year		New Member - Hy	brid				
Retail Refill			75	%One Month 85%	3 Month				
Mail Order F				85 %					
Ophthalmic				70 %					
		Addictive Meds Retail:	85 %						
Opioids & P	otential	Addictive Meds Mail:	80 %						
			Part B						
		re Part B deductible	\$0						
Pa	art B dec	luctible applies to:		No Deductible					
Part B Rx cl	laims	0% - 20.0 %	MOOP			\$ 8,850			
Durable Med Equipment (	(DME)	20.0 %	Part B Vaccines copay			\$ 0			
manufacture	ers?	nited to specified		No					
Preferred Di	iabetic V	/endor		Other					
Preferred Di	iabetic V	endor Comments	Lifescan products preferred for meters/strips. No restriction on lancets. CGMs not allowed through pharmacy.						
	Diabetic Monitoring Supplies			0% - 20.0 %					
Diabetic Sho	Diabetic Shoes and Inserts Coinsurance			20.0 %					
In	ո Networ	k	Mail		OON	LTC			
·			*			· -			

Part B Insulin	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 E	ay	61-100 Day	30 Day	31 Day
Copays	\$ 25.00	\$ 50.00	\$ 75.00	\$ 25.00	\$ 50.	00	\$ 75.00	\$ 25.00	\$ 25.00
Over-The (OTC) Ite suppleme		Yes		Part C OTO		\$ 60	ı		
Part C O		Monthly							
		OTC Not Adr	Part ninistered by Na	C OTC Con		inistor	red OTC Benef	Fi+	
		OTO NOT AU	Till listered by 14	Part D	iger Adılı	iiiistei	led O10 Bellel		
Plan Typ	е	Enhanced	Alternative	Formulary			00	0024418	
Formulary Exception Tier One Month		4	4	Lower Lev Formulary Exception				N/A	
One Month Supply Limit		3	0	LTC One N Supply Lir	/lonth nit			31	
OON Day	Supply	3	0	Mail Order Supply	Day			100	
Over-The-Counter (OTC) Items as a supplemental benefit under Part D		N	lo	Out of Network (OON) Claims processing			Manual		
DMR Met	hodology	Contract	Contracted - OOP		Recoupment Threshold		\$25		
Part D Insulin	In Networ	·k	Mail				OON	LTC	
Copays	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 E	ay	61-100 Day	30 Day	31 Day
	\$ 25.00	\$ 50.00	\$ 62.50	\$25.00	\$ 37.	50	\$ 37.50	\$ 25.00	\$ 25.00
			DAW Pro	cessing Re	quireme	nts			
Standard			0,1,2,5,8 and 9	•			/A / / D A /	. ( ) ()	1 - <b>\</b>
			3,4,6 and 7 will , <b>8 and 9 will pr</b>			or 22	(M/I DA/produc	ct selection c	ode)
Generic <i>I</i>	Available	<ul> <li>Clain</li> <li>Gene</li> <li>Copa</li> <li>The G</li> <li>Gene</li> <li>MON</li> <li>"O" s</li> <li>Gene</li> <li>DAW 3,4,6,7</li> </ul>	n does not reject eric Reimbursen by (DAW Copay copay is based eric available = I Y "M/N" should	t with NCPD nent (Lesser Rule C - Pat on the Tier re MONY code always proc as "Multi Sou ee t POS.	CPDP 22 and processes with the following: seer of Logic applies) Patient Pays Copay) er regardless of the DAW submitted. ode "Y" process as a brand, "Y" should process as a generic, Source Brand Drugs"				
Multi-Soเ Brand Dr		<ul> <li>Clain</li> <li>Brand</li> <li>The General MON shouthout Brand</li> <li>DAW 3,4,6,7 where Shouthout Brand</li> </ul>	8 and 9 will prond does not reject the copay is based eric available = 1 Y "M/N" should do process as "Not the copay is based eric available = 1 Y "M/N" should do process as "Not the copay is a the copay in the copay in the copay is a the copay in the copay in the copay in the copay is a the copay in the cop	et with NCPD ent (Lesser of on the Tier re MONY code always proculuiti Source of POS.	P 22 and Logic ap gardless "Y" ess as a	oplies) of the	e DAW submitt	ed	eneric, "O"

# Single-Source Brand Drugs DAW 0,1,2,5,8,9: Claim does not reject with NCPDP 22 and processes with the following: • Brand Reimbursement (Lesser of Logic applies) • Copay (DAW Copay Rule C - Patient Pays Copay) • The copay is based on the Tier regardless of the DAW submitted • Generic available = MONY code "Y" • MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs" • Brand Dispense Fee DAW 3,4,6,7 will process at POS Claim denies with NCPDP 22

# Additional Plan Requirements/Exceptions

- DME 20% MIN / 20% MAX
- Part B Rx 0% MIN / 20% MAX
- Prior Authorization based upon medical necessity is required for coverage of non-preferred brand glucometers, non-preferred brand test strips, more than 200 test strips per month and more than one glucometer every two years.
- 0% Coinsurance for preferred brand glucometers, 20% coinsurance for non-preferred brand glucometers. 20% coinsurance for preferred and non-preferred brand test strips.
- For Part B Insulin, the member will pay whichever is less; 20% coinsurance or \$25 maximum copayment.

### **Tier Names:**

Tier#	Tier Name	Daily Cost Share Standard Retail	Daily Cost Share Preferred Retail	Daily Cost Share LTC
1	Preferred Generic	\$ 0.00	N/A	\$ 0.00
2	Generic	\$ 0.17	N/A	\$ 0.16
3	Preferred Brand	\$ 1.57	N/A	\$ 1.52
4	Non-Preferred Drug	\$ 3.33	N/A	\$ 3.23
5	Specialty	33%	N/A	33%
6	Vaccines (\$0 cost sharing)	\$ 0.00	N/A	\$ 0.00

# **Deductible Phase: \$0 Deductible applies to all tiers.**

	In Network			Mail			OON	LTC
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	30 Day	31 Day
1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
2	\$ 5.00	\$ 10.00	\$ 12.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5.00	\$ 5.00
3	\$ 47.00	\$ 94.00	\$ 117.50	\$ 47.00	\$ 70.50	\$ 70.50	\$ 47.00	\$ 47.00
4	\$ 100.00	\$ 200.00	\$ 250.00	\$ 100.00	\$ 150.00	\$ 150.00	\$ 100.00	\$ 100.00
5	33.0 %	N/A	N/A	33.0 %	N/A	N/A	33.0 %	33.0 %
6	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

# Coverage Gap: (Initial Coverage Limit = \$5,030.00 Total Drug Cost)

	In Network			Mail			OON	LTC
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	Day	Day
1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Insulin Copays	In Network			Mail			OON	LTC
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	30 Day	31 Day
3	\$ 25.00	\$ 50.00	\$ 62.50	\$ 25.00	\$ 37.50	\$ 37.50	\$ 25.00	\$ 25.00
4	\$ 25.00	\$ 50.00	\$ 62.50	\$ 25.00	\$ 37.50	\$ 37.50	\$ 25.00	\$ 25.00

Rx Class	Cost Share
FDA ANDA (Generic), Compound, Supplies associated with the delivery of insulin, OR MSP Claim	25 %
FDA NDA and BLA (Brand)	95 %
(Brand) less Discount = Member Pay	25 %

<sup>\*</sup>CGDP applies to member copay in the gap.

**Catastrophic Coverage:** (TrOOP = \$ 8,000.00) \$0 Cost Share for all Tiers in Catastrophic Phase

# **Low Income Cost Sharing - Subsidy Copays**

During the Deductible and Initial Coverage phases LICS members will pay the lesser of the standard non-LICS benefit or the reduced LICS copay amount. During the coverage gap when non-LICS members are eligible for the coverage gap discount, the LICS member pays whichever is less – the LICS copay, or the appropriate comparison amount (full drug cost or non-LICS copay under the PBP's additional Gap coverage). During the Catastrophic phase, \$0 copay for all LIS beneficiaries.

Subgroup	Deductible	Generic Copay (ANDA)	Brand (NDA, BLA)
1	\$0	\$ 4.50	\$ 11.20
2	\$0	\$ 1.55	\$ 4.60
3	\$0	\$ 0.00	\$ 0.00
4	\$0	\$ 4.50	\$ 11.20

**PBP: 801** 

Plan Name: Geisinger Gold Classic (Employer Group) (HMO) (PART B COVERAGE ONLY)

Service Area: Pennsylvania

Cost shares listed represent member responsibility as defined in the FBF submission.)					
Plan Requirements					
CMS Contract ID	H3954	Plan Type	HMO		
PDE submitter ID	SH9701	Submitted Group	GPM		
PCN	NVTPARTB	BIN	610602		
Carrier ID	NVGPM	Carrier Name	Geisinger Health Plan Medicare D - NVGPM		
Recommended Mail order. (Listed in the directory.)		Other			
Mail Order Commer	nts	Geisinger Mail Order Pharmacy			
Recommended Spe the directory.)	Recommended Specialty Pharmacy. (Listed in the directory.)				
Specialty Pharmacy Comments		Geisinger Primary / Lumicera Secondary			
Are specialty drugs limited (one month supply) supply or less?		Yes			
Part B Vaccine Adm	ninistration Rate	\$20.00			

Formular Methodol	y Transitio	N/A								
	fill Thresho	old:		75 %One Month 85% 3 Month						
Mail Orde	r Refill Th	reshold:		85 %						
	nic Refill T			70 %						
	Opioids & Potential Addictive Meds Retail:			85 %						
Opioids & Potential Addictive Meds Mail:			80 %							
Part B				<b>N</b> 1/A						
The Medi	care Part E	3 deductible		N/A						
	ductible a			N/A		T				
Part B Rx		0 % - 20.0 %		МООР		\$ 6,	700			
Durable N		20.0 %		Part B Vac	cines	\$ 0				
Equipme		 mited to specifi	ad	copay						
manufact		inited to specifi	Gu	No						
	Diabetic \	/endor		Other						
Preferred Diabetic Vendor Comments  Diabetic Monitoring Supplies  Diabetic Shoes and Inserts Coinsurance			Non-Prefer Strips:Any	red Mete Test Strip pply limit	rs and	ouch and One T d Strips will red d with the cove 200 requires F	<sub>l</sub> uire a PA. P red meters (	referred		
Diabetic Offices and inserts Comsulance		20.0 70								
Part B	In Netwo	rk		Mail				OON	LTC	
Insulin			C4 400 D		24 60 5	<b>.</b>	C4 400 D			
Copays	<b>1-30 Day</b> \$ 35.00	<b>31-60 Day</b> \$ 70.00	<b>61-100 Day</b> \$ 105.00	<b>1-30 Day</b> \$ 35.00	\$ 70.00		<b>61-100 Day</b> \$ 105.00	<b>30 Day</b> \$ 35.00	<b>31 Day</b> \$ 35.00	
Over-The	*	\$ 70.00	\$ 105.00	\$ 35.00	\$ 70.00	1	\$ 105.00	\$ 35.00	φ 35.00	
(OTC) Iter supplement benefit ur C	ms as a ental	N/A		Part C OTC Allowance		N/A				
Part C OT Frequence	_	N/A								
Part C OT	C Comme	ents								
				N/A						
Part D		144 01411		<del></del> -			24442			
Plan Type	9	MA ONLY		Formulary		0002	24418			
Formular Exception		N/A		Lower Level Formulary Exception Tier		N/A				
One Mont Supply Li		N/A		LTC One I Supply Lir	LTC One Month Supply Limit		N/A			
OON Day		N/A		Mail Order Supply	r Day	N/A				
(OTC) Iter	Over-The-Counter (OTC) Items as a supplemental benefit under Part D		(OON) Cla processin	Out of Network (OON) Claims processing		Manual Only				
DMR Met	hodology	Contracted - C	OP	Recoupme Threshold		\$25				
DAW Pro	cessing Re	equirements								
			0,1,2,5,8 and 9	will process	s at POS					
Standard				•			22 (M/I DA/pro	duct selecti	ion code)	
DAW 3,4,6 and 7 will reject at POS with error 22 (M/I DA/product selection code)  DAW 0,1,2,5,8 and 9 will process at POS.  Generic Available  Claim does not reject with NCPDP 22 and processes with the following:  Generic Reimbursement (Lesser of Logic applies)										

	<ul> <li>Copay (DAW Copay Rule C - Patient Pays Copay)</li> <li>The copay is based on the Tier regardless of the DAW submitted.</li> <li>Generic available = MONY code "Y"</li> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"</li> <li>Generic Dispense Fee</li> <li>DAW 3,4,6,7 will process at POS.</li> </ul>
	Claim denies with NCPDP 22.
Multi-Source Brand Drugs	<ul> <li>DAW 0,1,2, 5,8 and 9 will process at POS</li> <li>Claim does not reject with NCPDP 22 and processes with the following:</li> <li>Brand Reimbursement (Lesser of Logic applies)</li> <li>The copay is based on the Tier regardless of the DAW submitted</li> <li>Generic available = MONY code "Y"</li> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"</li> <li>Brand Dispense Fee</li> <li>DAW 3,4,6,7 will process at POS.</li> <li>Claim denies with NCPDP 22.</li> </ul>
Single-Source Brand Drugs	DAW 0,1,2,5,8,9: Claim does not reject with NCPDP 22 and processes with the following:  • Brand Reimbursement (Lesser of Logic applies)  • Copay (DAW Copay Rule C - Patient Pays Copay)  • The copay is based on the Tier regardless of the DAW submitted  • Generic available = MONY code "Y"  • MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"  • Brand Dispense Fee  DAW 3,4,6,7 will process at POS Claim denies with NCPDP 22

# **Additional Plan Requirements/Exceptions**

- Geisinger Gold Classic (Employer Group) (PART B COVERAGE ONLY) MA enrollee cost sharing for a
  Part B rebatable drug will not exceed the coinsurance amount of the original Medicare adjusted
  beneficiary coinsurance for that Part B rebatable drug. In applying this effective coinsurance
  percentage, MA plans may continue to base enrollee cost sharing off of the total MA plan financial
  liability for that Part B drug.
- For Part B Insulin, the member will pay whichever is less; 20% coinsurance or \$35 maximum copayment.

PBP: 802 (Verizon)

Plan Name: Geisinger Gold Classic Rx (Employer Group) (HMO)

Service Area: Pennsylvania

(Obstrational and the representation between the responsibility as defined in the Fibracian assertion)						
	Plan Req	uirements				
CMS Contract ID	H3954	Plan Type	НМО			
PDE Submitter IDSH9701Submitted GroupGPS						
PCN	NVTD	BIN 610602				
Carrier ID	NVGPS	Carrier Name	Geisinger Health Plan Medicare D - NVGPS			
Recommended Mail order. (Liste	ed in the directory.)	Other				
Mail Order Comments		Geisinger Mail Order Pharmacy				
Recommended Specialty Pharm directory.)	acy. (Listed in the	(	Other			

	Pharmacy (				Primary – Geisinger / Secondary - Lumicera					
Are speci	ialty drugs li	imited (one	month supply) s	upply	Yes					
Vaccine Administration rate (Electronic & Manual					\$ 20	00				
Claims) Part B Vaccine Administration Rate										
							\$ 20		ام اما	
	y Transition fill Threshol		r Year Methodolo	gy		75	New Memb %One Montl			
	r Refill Thre					75	85		WOTH	
	nic Refill Thr						70			
_	& Potential A		eds Retail:				85			
	Reported A						80	%		
				Part	В					
	The Med	icare Part I	3 deductible				N	A		
	Part B	deductible	applies to:				N <sub>z</sub>	A		
Part B Rx				10.0 %	MC	OOP				\$ 6,700
Durable M (DME)	Medical Equi	ipment		0.0 %	Pa	rt B Vaccines	в сорау			\$ 0
	supplies lim	ited to spec	cified manufactur	ers?			N	Ω		
	Diabetic Ve		Jinou mananaotai	0.0.			Oth			
Preferred	Diabetic Ve	endor Comr	ments			Lifescan proc restriction or	lancets. Co	SMs not		
Diabetic I	Monitoring S	Supplies			pharmacy. 0.0 %					
	Shoes and li		surance				0.0			
Part B	In Network			Mail	OON LTC			LTC		
Insulin	1-30 Day	31-60 Day	61-100 Day	1-30 Da	24 60 Doy 64 400 Doy					31 Day
Copays	\$ 35.00	\$ 70.00	\$ 105.00	\$ 35.0		<b>31-60 Day</b> \$ 70.00	<b>61-100 Da</b> y		35.00	\$ 35.00
Over-The	-Counter (O	·	ψ 105.00	ψ 55.0		Ψ 70.00	ψ 103.00	Ψ	33.00	ψ 55.00
	olemental be	,	No		Part C OTC Allowance NA					
Part C O	C Frequenc	;y	NA							
			Part	C OTC C	om	ments				
				NA						
			D 6 101	Part	D					
Plan Type	9		Defined Stand Benefit Pla		Formulary ID:			00024418		
Formular	y Exception	Tier	3		Lower Level Formulary Exception Tier		NA			
One Mon	th Supply Li	mit	30			LTC One Month Supply Limit		31		
OON Day			30		Ma	ail Order Day	Supply		100	)
	-Counter (O blemental be rt D		No		Out of Network (OON) Claims processing		Manual Only		Only	
	hodology		Contracted - 0	00P	Re	coupment Th	reshold		\$2	5
Part D	In Network			Mail	1			100	N	LTC
Insulin	1-30 Day	31-60 Day	61-100 Day	1-30 Da	av I	31-60 Day	61-100 Da			31 Day
Copays	\$ 35.00	\$ 70.00	\$ 87.50	\$ 35.0	_	\$ 52.50	\$ 52.50	-	35.00	\$ 35.00
	Ψ 00.00	ψ , σ.σσ	ψ 07.00	•		Ψ 02.00	ψ 02.00	Ψ `		<u> </u>
			DAW Pro	cessing	Rec	uirements				
Standard	T	• DA\	<b>DAW Pro</b> N 0,1,2,5,8 and 9 v			uirements				

	DAW 3,4,6 and 7 will reject at POS with error 22 (M/I DA/product selection code)
	DAW 0,1,2,5,8 and 9 will process at POS.
	Claim does not reject with NCPDP 22 and processes with the following:
	Generic Reimbursement (Lesser of Logic applies)
	Copay (DAW Copay Rule C - Patient Pays Copay)
	The copay is based on the Tier regardless of the DAW submitted.
Generic Available	Generic available = MONY code "Y"
	<ul> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic,</li> <li>"O" should process as "Multi Source Brand Drugs"</li> </ul>
	Generic Dispense Fee
	DAW 3,4,6,7 will process at POS.
	Claim denies with NCPDP 22.
	DAW 0,1,2, 5,8 and 9 will process at POS
	<ul> <li>Claim does not reject with NCPDP 22 and processes with the following:</li> </ul>
	Brand Reimbursement (Lesser of Logic applies)
	The copay is based on the Tier regardless of the DAW submitted
Multi-Source	Generic available = MONY code "Y"  MONY "MAN" about always present as a broad "Y" about present as a generic "O".  "O"  "O"  "O"  "O"  "O"  "O"  "O"
Brand Drugs	<ul> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"</li> </ul>
	Brand Dispense Fee
	DAW 3,4,6,7 will process at POS.
	Claim denies with NCPDP 22.
	DAW 0,1,2,5,8,9:
	Claim does not reject with NCPDP 22 and processes with the following:
	Brand Reimbursement (Lesser of Logic applies)
	Copay (DAW Copay Rule C - Patient Pays Copay)  The Copay (DAW Copay Rule C - Patient Pays Copay)
Single-Source	<ul> <li>The copay is based on the Tier regardless of the DAW submitted</li> <li>Generic available = MONY code "Y"</li> </ul>
Brand Drugs	<ul> <li>Generic available = MONY code "Y"</li> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O"</li> </ul>
	should process as "Multi Source Brand Drugs"
	Brand Dispense Fee
	DAW 3,4,6,7 will process at POS
	Claim denies with NCPDP 22
	Additional Plan Requirements/Exceptions

**Deductible Phase: \$545 Deductible applies to all tiers.** 

Initial Coverage: (Initial Coverage Limit = \$5,030.00 Total Drug Cost)

Rx Class	
FDA ANDA (Generic), Supplies associated with the deliver of	
insulin	25 %
FDA NDA and BLA (Brand)	25 %

Coverage Gap: There is Gap Coverage applies to all tiers.

Rx Class	Cost Share
FDA ANDA (Generic), Compound, Supplies	
associated with the delivery of insulin, OR MSP	
Claim	25 %
FDA NDA and BLA (Brand)	95 %
(Brand) less Discount = Member Pay	25 %

<sup>\*</sup>CGDP applies to member copay in the gap.

**Catastrophic Coverage:** (TrOOP = \$ 8,000.00) \$0 Cost Share for all Tiers in Catastrophic Phase

# Wrap (Supplemental) CY2024 H3954 802 WRAP Plan Requirements

Wrap (Supplemental) Requirements			
Supplemental Deductible	\$ 0 Deductible applies to all tiers	Supplemental Deductible applies to tiers	Yes
Supplemental Copay Proration?	Yes	MOOP (Indiv)	\$ 6,700.00
Formulary Exception Tier	3	Lower Level Formulary Exception Tier	N/A
Part B Drugs Payable on Supplemental?	No	Part B Supplemental Drug Tier	N/A
Supplemental Coverage in GAP?	Yes all 3 Tiers	Supplemental Coverage in CAT?	No, reject on Supplemental
Additional Paguiromento	1 22 41 0 11010	•	- Cappionional

# Additional Requirements:

- Coinsurance All Part B Drugs 10%
- \$6,700 MOOP then return \$0 copay for all Part B Drugs

	In Network			Mail			OON	LTC
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	30 Day	31 Day
1	\$ 5.00	\$ 10.00	\$ 10.00	\$ 5.00	\$ 10.00	\$ 10.00	\$ 5.00	\$ 5.00
2	\$ 15.00	\$ 30.00	\$ 30.00	\$ 15.00	\$ 30.00	\$ 30.00	\$ 15.00	\$ 15.00
3	\$ 45.00	\$ 90.00	\$ 90.00	\$ 45.00	\$ 90.00	\$ 90.00	\$ 45.00	\$ 45.00
Tier 2 Vaccines	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

PBP: 802 Geisinger Retirees

Plan Name: Geisinger Gold Classic (Employer Group) (HMO)

Service Area: Pennsylvania

Cost shares listed represent member responsibility as defined in the PBP submission.)						
	Plan Requirements					
CMS Contract ID	H3954	Plan Type HMO				
PDE Submitter ID	SH9701	Submitted Group	GPS			
PCN	NVTD	BIN	610602			
Carrier ID	NVGPS	Geisinger Health Carrier Name Medicare D - NV				
Recommended Mail order. (Listed in the directory.)		Other				
Mail Order Comments		Geisinger Mail Order Pharmacy				
Recommended Specialty Pharmacy. (Listed in the directory.)		Other				
Specialty Pharmacy Comments		Geisinger Primary / Lumicera Secondary				

		• DAV	<b>DAW Pro</b> V 0,1,2,5,8 and 9 v						
		DAW Processing Requirements							
	\$ 35.00	\$ 70.00	\$ 87.50	\$ 35.0		\$ 52.50	\$ 52.50	\$ 35.00	\$ 35.00
Copays	1-30 Day	31-60 Day	61-100 Day	1-30 Da	_	31-60 Day	61-100 Day		31 Day
Part D Insulin	In Network			Mail				OON	LTC
DMR Met	thodology		Contracted - OOP		Re	ecoupment Th	reshold	\$2	5
	ne-Counter (OTC) Items pplemental benefit No Part D		Out of Network (OON) Claims processing			Manual Only			
OON Day			30			ail Order Day	Supply	10	)
One Mon	th Supply Li	mit	30		LTC One Month Supply Limit		Supply	31	
Formula	ry Exception	Tier	4	-		wer Level Fo	rmulary	N/A	
Plan Typ	е		Defined Stand Benefit Pla		Formulary ID:			00024418	
				Part					
			Part	C OTC C		ments			
Part C O	TC Frequenc	у	N/A						
under Pa			No		Part C OTC Allowance				
	\$ 35.00 e-Counter (O		\$ 105.00	\$ 35.0		\$ 70.00	\$ 105.00	\$ 35.00	\$ 35.00
Copays	1-30 Day	31-60 Day		1-30 Da		31-60 Day	61-100 Day		31 Day
Part B Insulin	In Network	<u>.</u>	1	Mail			<b>.</b>	OON	LTC
Diabetic	onces and li	nserts coins	surance		1		20.0	70	
	Monitoring S Shoes and I		NIIKONOS				0 % - 20	0.0 %	
	d Diabetic Ve		nents				lancets. CGl pharm	ed for meters/s Ms not allowed acy.	
Preferred	d Diabetic Ve	endor				1.16	Othe		NI.
(DME) Diabetic	supplies lim	ited to spec	ified manufactur			TO VACCINES	No.	<u> </u>	Ψ <b>U</b>
Durable l	Medical Equi	ipment	0 70 -	20.0 %		rt B Vaccines	CODSV		\$ 0
Part B R		deductible a		- 20.0 %	M	ООР	N/A	1	\$ 3,450
		licare Part B					N/A		
				Part	<u>B</u>		<b></b>		
	& Potential A						80 9		
	nic Refill Thr & Potential <i>A</i>		eds Retail:				70 ° 85 °		
	er Refill Thre						85 9		
Retail Re	fill Threshol	d:	- Car Metriouolo	<u> </u>		75 9	%One Month	85% 3 Month	
	accine Admir		ate Year Methodolo	av			\$ 20. New Membe		
Claims)				\$ 20.00					
or less?  Vaccine Administration rate (Electronic & Manual									
	ialty drugs li	imited (one	month supply) s	upply	Yes				

	DAW 0,1,2,5,8 and 9 will process at POS.
	<ul> <li>Claim does not reject with NCPDP 22 and processes with the following:</li> </ul>
	, , ,
	Copay (DAW Copay Rule C - Patient Pays Copay)  The Copay (DAW Copay Rule C - Patient Pays Copay)
	The copay is based on the Tier regardless of the DAW submitted.      The copay is based on the Tier regardless of the DAW submitted.
Generic Available	Generic available = MONY code "Y"
	MONY "M/N" should always process as a brand, "Y" should process as a generic,  "O" a base of the second of "M I" Occurred Process."
	"O" should process as "Multi Source Brand Drugs"
	Generic Dispense Fee
	DAW 3,4,6,7 will process at POS.
	Claim denies with NCPDP 22.
	DAW 0,1,2, 5,8 and 9 will process at POS
	<ul> <li>Claim does not reject with NCPDP 22 and processes with the following:</li> </ul>
	Brand Reimbursement (Lesser of Logic applies)
	<ul> <li>The copay is based on the Tier regardless of the DAW submitted</li> <li>Generic available = MONY code "Y"</li> </ul>
Multi-Source	<ul> <li>Generic available = MONY code "Y"</li> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O"</li> </ul>
Brand Drugs	should process as a "Multi Source Brand Drugs"
	Brand Dispense Fee
	DAW 3,4,6,7 will process at POS.
	Claim denies with NCPDP 22.
	DAW 0,1,2,5,8,9:
	Claim does not reject with NCPDP 22 and processes with the following:
	Brand Reimbursement (Lesser of Logic applies)
	Copay (DAW Copay Rule C - Patient Pays Copay)  The control based on the Times postulate of the DAW submitted.
Single-Source	<ul> <li>The copay is based on the Tier regardless of the DAW submitted</li> <li>Generic available = MONY code "Y"</li> </ul>
Brand Drugs	MONY "M/N" should always process as a brand, "Y" should process as a generic, "O"
	should process as "Multi Source Brand Drugs"
	Brand Dispense Fee
	DAW 3,4,6,7 will process at POS
	Claim denies with NCPDP 22
	Additional Plan Requirements/Exceptions

**Deductible Phase:** \$0 Deductible applies to tiers.

Initial Coverage: (Initial Coverage Limit = \$5,030.00 Total Drug Cost)

Rx Class	
FDA ANDA (Generic), Supplies associated with the deliver of	
insulin	25 %
FDA NDA and BLA (Brand)	25 %

Coverage Gap:

Rx Class	Cost Share
FDA ANDA (Generic), Compound, Supplies associated with the delivery of insulin, OR MSP	
Claim	25 %
FDA NDA and BLA (Brand)	95 %
(Brand) less Discount = Member Pay	25 %

<sup>\*</sup>CGDP applies to member copay in the gap.

**Catastrophic Coverage:** (TrOOP = \$ 8,000.00) \$0 Cost Share for all Tiers in Catastrophic Phase

# **Wrap (Supplemental)** CY2024 H3954 802 02 - Geisinger Health Plan **Plan Requirements**

Wrap (Supplemental) Requirements			
Supplemental Deductible	\$ 0 Deductible applies to all tiers	Supplemental Deductible applies to tiers	Yes
Supplemental Copay Proration?	Yes	MOOP (Indiv)	\$ 3,450.00
Formulary Exception Tier	4	Lower Level Formulary Exception Tier	NA
Part B Drugs Payable on Supplemental?	No	Part B Supplemental Drug Tier	N/A
Supplemental Coverage in GAP?	Yes: Tiers 1 and 6	Supplemental Coverage in CAT?	No, reject on Supplemental.

# **Additional Requirements:**

	la Natarada			NA - 11			001	
	In Network			Mail	•		OON	LTC
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	30 Day	31 Day
1	\$ 3.00	\$ 6.00	\$ 7.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3.00	\$ 3.00
2	\$ 20.00	\$ 40.00	\$ 50.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 20.00	\$ 20.00
3	\$ 47.00	\$ 94.00	\$ 117.50	\$ 47.00	\$ 70.50	\$ 70.50	\$ 47.00	\$ 47.00
4	\$ 100.00	\$ 200.00	\$ 250.00	\$ 100.00	\$ 150.00	\$ 150.00	\$ 100.00	\$ 100.00
5	33.0 %	N/A	N/A	33.0 %	N/A	N/A	33.0 %	33.0 %
6	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

PBP: 802 (Placeholder)

Plan Name: Geisinger Gold Classic Rx (Employer Group) (HMO)

Service Area: Pennsylvania

(Cost snares listed represent member responsibility as defined in the PBP submission.)					
	Plan Requi	rements			
CMS Contract ID	CMS Contract ID H3954		НМО		
PDE Submitter ID	SH9701	Submitted Group	GPS		
PCN	NVTD	BIN	610602		
Carrier ID	NVGPS	Carrier Name	Geisinger Health Plan Medicare D - NVGPS		
Recommended Mail order. (Listed in the directory.)		Other			
Mail Order Comments		Geisinger Mail Order Pharmacy			
Recommended Specialty Pharmacy. (Listed in the directory.)		Other			
Specialty Pharmacy Comments		Primary – Geisinger / Secondary - Lumicera			
Are specialty drugs limited (one month supply) supply or less?		Yes			
Vaccine Administration rate (Electronic & Manual Claims)		\$ 2	20.00		
Part B Vaccine Administration Rate		\$ 20.00			

			Year Methodolo	gy	New Member - Hybrid			
Retail Refill Threshold:  Mail Order Refill Threshold:			75 %One Month 85% 3 Month					
Ophthalmic Refill Threshold:			85 % 70 %					
Opioids & Potential Addictive Meds Retail:			85					
Opioids &	& Potential	Addictive Me	eds Mail:			80	%	
				Part	В			
	The Med	dicare Part B	deductible			N.		
		deductible a	applies to:			N.	/A	
Part B Rx				20.0 %	MOOP			\$ 8,850
(DME)	Medical Equ	-		20.0 %	Part B Vaccin	es copay		\$ 0
	supplies lim I Diabetic V		ified manufactur	ers?		N Otl		
Preterred	Diabetic V	enaor			Drofor			One Touch
Preferred Diabetic Vendor Comments		<ul> <li>Preferred Meters: One Touch and One Touch Verio. \$0 Copay.</li> <li>Non-Preferred Meters and Strips will require a PA.</li> <li>Preferred Strips:Any Test Strip used with the covered meters (left) 200 per 30 days supply limit (over 200 requires P/A)</li> </ul>			Ill require a			
	Monitoring					20.0	0 %	
Diabetic	Shoes and	nserts coins	surance	Т		20.0	) %	1
Part B	In Networl	k		Mail			OON	LTC
Insulin	1-30 Day	31-60 Day	61-100 Day	1-30 Da	y 31-60 Day	61-100 Da		31 Day
Copays	\$ 35.00	\$ 70.00	\$ 105.00	\$ 35.0		\$ 105.00	-	\$ 35.00
as a supp	Over-The-Counter (OTC) Items as a supplemental benefit under Part C		, , , , , ,	Part C OTC Allowance N/A			V 22.22	
Part C O	ΓC Frequen	су	N/A					
			Part	C OTC C	omments			
				N/A				
				Part	D			
Plan Type	е		Defined Stan Benefit Pla		Formulary ID:		00024418	
Formular	y Exception	n Tier	3		Lower Level Formulary Exception Tier		N/A	
One Mon	th Supply L	imit	30		LTC One Month Supply Limit		31	
OON Day	Supply		30		Mail Order Day Supply		100	
	-Counter (Colemental bort of D	,	No No		Out of Network (OON) Claims processing		Manual Only	
	OMR Methodology Contracted - OOP		OOP	Recoupment Threshold		\$2	25	
Part D Insulin	In Networ	k		Mail			OON	LTC
Copays	1-30 Day	31-60 Day	61-100 Day	1-30 Da	-	61-100 Da	-	31 Day
	\$ 35.00	\$ 70.00	\$ 87.50	\$ 35.0	0 \$ 52.50	\$ 52.50	\$ 35.00	\$ 35.00
					Requirements			
Standard			V 0,1,2,5,8 and 9 v V 3,4,6 and 7 will i	•		2 (M/I DA/prod	duct selection c	ode)
Comente	Availab!-		5,8 and 9 will pro	_		, sp. 6		,
Generic Available  Claim does not reject with NCPDP 22 and processes with the following:								

	Generic Reimbursement (Lesser of Logic applies)						
	Copay (DAW Copay Rule C - Patient Pays Copay)						
	The copay is based on the Tier regardless of the DAW submitted.						
	Generic available = MONY code "Y"						
<ul> <li>MONY "M/N" should always process as a brand, "Y" should process as a ge</li> <li>"O" should process as "Multi Source Brand Drugs"</li> </ul>							
	Generic Dispense Fee						
	DAW 3,4,6,7 will process at POS.						
	Claim denies with NCPDP 22.						
	DAW 0,1,2, 5,8 and 9 will process at POS						
	Claim does not reject with NCPDP 22 and processes with the following:						
	Brand Reimbursement (Lesser of Logic applies)  The second of the se						
	The copay is based on the Tier regardless of the DAW submitted  Output  O						
Multi-Source	Generic available = MONY code "Y"  MONY "M/N" about always present as a brand "Y" about present as a generic "O"  "O"						
Brand Drugs	<ul> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O" should process as "Multi Source Brand Drugs"</li> </ul>						
	Brand Dispense Fee						
	DAW 3,4,6,7 will process at POS.						
	Claim denies with NCPDP 22.						
	DAW 0,1,2,5,8,9:						
	Claim does not reject with NCPDP 22 and processes with the following:						
	Brand Reimbursement (Lesser of Logic applies)  One (RAMA Comp. B. L. C. British Brand Comp.)						
	Copay (DAW Copay Rule C - Patient Pays Copay)  The Copay (DAW Copay Rule C - Patient Pays Copay)						
Single-Source	<ul> <li>The copay is based on the Tier regardless of the DAW submitted</li> <li>Generic available = MONY code "Y"</li> </ul>						
Brand Drugs	<ul> <li>Generic available = MONY code "Y"</li> <li>MONY "M/N" should always process as a brand, "Y" should process as a generic, "O"</li> </ul>						
	should process as a "Multi Source Brand Drugs"						
	Brand Dispense Fee						
	DAW 3,4,6,7 will process at POS						
	Claim denies with NCPDP 22						
	Additional Plan Requirements/Exceptions						

# Initial Deductible: \$545 deductible, 100% copay

- Initial Coverage: Member pays coinsurance and plan pays difference up to \$5030
- Copay/Coinsurance: 25% co-insurance
- Coverage Gap: 100% member liability up to OOP threshold \$8000
- Mail Order: 25% co-insurance

# **Deductible Phase:**

\$ 545.00 Deductible applies to only tier.

Initial Coverage: (Initial Coverage Limit = \$5,030.00 Total Drug Cost)

Rx Class	
FDA ANDA (Generic), Supplies associated with the deliver of	
insulin	25 %
FDA NDA and BLA (Brand)	25 %

Coverage Gap:

Rx Class	Cost Share
FDA ANDA (Generic), Compound, Supplies associated with the delivery of insulin, OR MSP	
Claim	25 %
FDA NDA and BLA (Brand)	95 %
(Brand) less Discount = Member Pay	25 %

<sup>\*</sup>CGDP applies to member copay in the gap.

Catastrophic Coverage: (TrOOP = \$8,000.00)

# Wrap (Supplemental) CY2024 H3954 802-03 1 Tier WRAP Plan Requirements

	(Supplementa	al) Requiremen	ts							
Supplemental Deductible				\$ 0 Deductible applies to tier.			Supplemental Deductibe applies to tiers		Yes	
Supplemental Copay Proration?					Yes	N	MOOP (Indiv)		\$ 8,000.00	
Formulary Exception Tier					1		Lower Level Formulary Exception Tier		N/A	
Part B Drugs Payable on Supplemental?					No		Part B Supplemental Drug Tier		N/	A
Supplemental Coverage in GAP?				Yes		Supplemental Coverage in CAT?		No, reject on Supplemental.		
Additional Requirements:										
							·			
	In Network			Mail				OON		LTC
Tier	1-30 Day	31-60 Day	61-100 Day	1-30 [	Day 31	-60 Day	61-100 Day	30 Day		31 Day

Version Control									
Date	Version	Change	Updated By						
06/30/2023	v 1.0	Initial version.	Luther Henry						
07/06/2023	v 1.1	Catastrophic Phase info and PBP 158 T6 Coverage Gap updated.	Luther Henry						
07/11/2023	v 1.2	Insulin Copays added to PBP 097 and PBP 162 Matrix added.	Luther Henry						
07/13/2023	v 1.3	Transition info updated. Insulin copays added to all applicable matrices.	Luther Henry						
7/18/2023 v 1.4		VBID information added to POP 097 and Wrap/Supplemental info updated and DAW section added.	Luther Henry						
7/20/2023	v 1.5	Part B Insulin copays updated and Part D insulin copays and DAW info revised	Luther Henry						
7/21/2023 v 1.6		Part B and D Insulin copays added to the 800 PBP plans.	Luther Henry						
7/21/2023	v 1.7	DAW 2 added to "Generic Available" Section of DAW requirements.	Luther Henry						
7/27/2023	v 1.8	Verizon EGWP copay table revised to reflect 3Tier structure.	Luther Henry						
8/02/2023	v 1.9	PBP 162 Carrier changed to NVGPM and PBP 801 MA only added.	Luther Henry						