Geisinger Health Plan
CY 2024 H3954

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

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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

(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		**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)	$ 20.00						
Part B Vaccine Administration Rate	$ 20.00						
Formulary Transition - Year over Year Methodology	New Member - Hybrid						
Retail Refill Threshold:	75 %One Month 85% 3 Month						
Mail Order Refill Threshold:	85 %						
Ophthalmic Refill Threshold:	70 %						
Opioids & Potential Addictive Meds Retail:	85 %						
Opioids & Potential Addictive Meds Mail:	80 %						
Part B							
The Medicare Part B deductible	$0						
Part B deductible applies to:	No Deductible						
Part B Rx claims	0 % - 20.0 %		**MOOP**		$ 8,850		
Durable Medical Equipment (DME)	20.0 %		**Part B Vaccines copay**		$ 0		
Diabetic supplies limited to specified manufacturers?	No						
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 %						

Part B Insulin Copays	In Network			Mail			OON	LTC
	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

Over-The-Counter (OTC) Items as a supplemental	Yes	**Part C OTC Allowance**	$ 150

benefit under Part C			
Part C OTC Frequency	Monthly		

Part C OTC Comments
OTC Not Administered by Navitus. Geisinger Administered OTC Benefit.

Part D			
Plan Type	Defined Standard Benefit Plan	**Formulary ID:**	00024417
Formulary Exception Tier	N/A	**Lower Level Formulary Exception Tier**	N/A
One Month Supply Limit	30	**LTC One Month Supply Limit**	31
OON Day Supply	30	**Mail Order Day Supply**	100
Over-The-Counter (OTC) Items as a supplemental benefit under Part D	No	**Out of Network (OON) Claims processing**	Manual
DMR Methodology	Contracted - OOP	**Recoupment Threshold**	$25

Part D Insulin Copays	**In Network**			**Mail**			**OON**	**LTC**
	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	$ 87.50	$ 35.00	$ 52.50	$ 52.50	$ 35.00	$ 35.00

DAW Processing Requirements	
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)
Generic Available	**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 = 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.
Multi-Source Brand Drugs	**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 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.
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 $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:

No Deductible	In Network			Mail			OON	LTC
Tier	**1-30 Day**	**31-60 Day**	**61-100 Day**	**1-30 Day**	**31-60 Day**	**61-100 Day**	**31 Day**	**31 Day**
All Tiers	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

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

(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	**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)		$ 20.00	
Part B Vaccine Administration Rate		$ 20.00	
Formulary Transition - Year over Year Methodology		New Member - Hybrid	
Retail Refill Threshold:		75 %One Month 85% 3 Month	
Mail Order Refill Threshold:		75 %	
Ophthalmic Refill Threshold:		70 %	
Opioids & Potential Addictive Meds Retail:		85 %	
Opioids & Potential Addictive Meds Mail:		80 %	

Part B			
The Medicare Part B deductible		$0	
Part B deductible applies to:		No Deductible	
Part B Rx claims	0% - 20.0 %	**MOOP**	$ 3,450
Durable Medical Equipment (DME)	20.0 %	**Part B Vaccines copay**	$ 0
Diabetic supplies limited to specified manufacturers?		No	
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 %	

Part B Insulin Copays	In Network			Mail			OON	LTC
	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

Over-The-Counter (OTC) Items as a supplemental benefit under Part C	No	**Part C OTC Allowance**	N/A
Part C OTC Frequency	N/A		N/A

Part C OTC Comments
N/A

Part D			
Plan Type	Enhanced Alternative	**Formulary ID:**	00024418
Formulary Exception Tier	4	**Lower Level Formulary Exception Tier**	NA

One Month Supply Limit	30		LTC One Month Supply Limit	31			
OON Day Supply	30		**Mail Order Day Supply**	100			
Over-The-Counter (OTC) Items as a supplemental benefit under Part D	No		**Out of Network (OON) Claims processing**	Manual			
DMR Methodology	Contracted - OOP		**Recoupment Threshold**	$25			

Part D Insulin Copays	In Network			Mail			OON	LTC
	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	$ 87.50	$35.00	$ 52.50	$ 52.50	$ 35.00	$ 35.00

DAW Processing Requirements								

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)
Generic Available	**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 = 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.
Multi-Source Brand Drugs	**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 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**.**
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.
- 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 %

*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 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	**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 day supply limit (one month supply) supply or less?		Yes	
Vaccine Administration Rate (Electronic & Manual Claims)		$ 20.00	
Part B Vaccine Administration Rate		$ 20.00	
Formulary Transition - Year over Year Methodology		New Member - Hybrid	
Retail Refill Threshold:		75 %One Month 85% 3 Month	
Mail Order Refill Threshold:		85 %	
Ophthalmic Refill Threshold:		70 %	
Opioids & Potential Addictive Meds Retail:		85 %	
Opioids & Potential Addictive Meds Mail:		80 %	
Part B			
The Medicare Part B deductible		$0	
Part B deductible applies to:		No Deductible	
Part B Rx claims	0% - 20.0 %	**MOOP**	$ 4,900
Durable Medical Equipment (DME)	20.0 %	**Part B Vaccines copay**	$ 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-Counter (OTC) Items as a supplemental benefit under Part C	No			Part C OTC Allowance	N/A			

Part B Insulin Copays	In Network			Mail			OON	LTC
	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 OTC Frequency	N/A				

Part C OTC Comments
N/A

Part D

Plan Type	Enhanced Alternative	Formulary ID:	00024418
Formulary Exception Tier	4	Lower Level Formulary Exception Tier	N/A
One Month Supply Limit	30	LTC One Month Supply Limit	31
OON Day Supply	30	Mail Order Day Supply	100
Over-The-Counter (OTC) Items as a supplemental benefit under Part D	No	Out of Network (OON) Claims processing	Manual
DMR Methodology	Contracted - OOP	Recoupment Threshold	$25

Part D Insulin Copays	In Network			Mail			OON	LTC
	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	$ 87.50	$ 35.00	$ 52.50	$ 52.50	$ 35.00	$ 35.00

DAW Processing Requirements	
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)
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Multi-Source Brand Drugs	**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 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**.**
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	
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
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5	Specialty	33%	N/A	33%
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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 %

*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 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	**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)	$ 20.00		
Part B Vaccine Administration Rate	$ 20.00		
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Mail Order Refill Threshold:	85 %		
Ophthalmic Refill Threshold:	70 %		
Opioids & Potential Addictive Meds Retail:	85 %		
Opioids & Potential Addictive Meds Mail:	80 %		

Part B								
The Medicare Part B deductible			$0					
Part B deductible applies to:			No Deductible					

Part B Rx claims	0% - 20.0 %	**MOOP**	$ 8,000
Durable Medical Equipment (DME)	20.0 %	**Part B Vaccines copay**	$ 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 %	

Part B Insulin Copays	**In Network**			**Mail**			**OON**	**LTC**
	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

Over-The-Counter (OTC) Items as a supplemental benefit under Part C	Yes	**Part C OTC Allowance**	$ 25
Part C OTC Frequency	Monthly		

Part C OTC Comments
OTC Not Administered by Navitus. Geisinger Administered OTC Benefit.

Part D								

Plan Type	Enhanced Alternative	**Formulary ID:**	00024418
Formulary Exception Tier	4	**Lower Level Formulary Exception Tier**	N/A
One Month Supply Limit	30	**LTC One Month Supply Limit**	31
OON Day Supply	30	**Mail Order Day Supply**	100
Over-The-Counter (OTC) Items as a supplemental benefit under Part D	No	**Out of Network (OON) Claims processing**	Manual
DMR Methodology	Contracted - OOP	**Recoupment Threshold**	$25

Part D Insulin Copays	**In Network**			**Mail**			**OON**	**LTC**
	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	$ 87.50	$ 35.00	$ 52.50	$ 52.50	$ 35.00	$ 35.00

DAW Processing Requirements	
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)
Generic Available	**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 = 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.
Multi-Source Brand Drugs	**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 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**.**
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 $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 %

*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 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	**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)	$ 20.00
Part B Vaccine Administration Rate	$ 20.00
Formulary Transition - Year over Year Methodology	New Member - Hybrid
Retail Refill Threshold:	75 %One Month 85% 3 Month
Mail Order Refill Threshold:	85 %
Ophthalmic Refill Threshold:	70 %
Opioids & Potential Addictive Meds Retail:	85 %
Opioids & Potential Addictive Meds Mail:	80 %

Part B				
The Medicare Part B deductible		$0		
Part B deductible applies to:		No Deductible		
Part B Rx claims	0% - 20.0 %	**MOOP**		$ 7,550
Durable Medical Equipment (DME)	20.0 %	**Part B Vaccines copay**		$ 0
Diabetic supplies limited to specified manufacturers?		No		
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 %		

Part B Insulin Copays	In Network			Mail			OON	LTC
	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

Over-The-Counter (OTC) Items as a supplemental benefit under Part C	No	**Part C OTC Allowance**	N/A
Part C OTC Frequency	N/A		

Part C OTC Comments
N/A

Part D			
Plan Type	Enhanced Alternative	**Formulary ID:**	00024418
Formulary Exception Tier	4	**Lower Level Formulary Exception Tier**	N/A
One Month Supply Limit	30	**LTC One Month Supply Limit**	31
OON Day Supply	30	**Mail Order Day Supply**	100
Over-The-Counter (OTC) Items as a supplemental benefit under Part D	No	**Out of Network (OON) Claims processing**	Manual

DMR Methodology	Contracted - OOP		Recoupment Threshold			$25	

Part D Insulin Copays	In Network			Mail			OON	LTC
	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	$ 87.50	$ 35.00	$ 52.50	$ 52.50	$ 35.00	$ 35.00

DAW Processing Requirements	
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)
Generic Available	**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 = 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.
Multi-Source Brand Drugs	**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 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**.**
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 $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.

	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 %

*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: 162

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

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**	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 Comments		Geisinger Mail Order Pharmacy	
Recommended Specialty Pharmacy. (Listed in the directory.)		Other	
Specialty Pharmacy Comments		Geisinger Primary / Lumicera Secondary	
Are specialty drugs limited (one month supply) supply or less?		Yes	
Part B Vaccine Administration Rate		$20.00	
Formulary Transition - Year over Year Methodology		N/A	
Retail Refill Threshold:		75 %One Month 85% 3 Month	
Mail Order Refill Threshold:		85 %	
Ophthalmic Refill Threshold:		70 %	
Opioids & Potential Addictive Meds Retail:		85 %	
Opioids & Potential Addictive Meds Mail:		80 %	
Part B			
The Medicare Part B deductible		N/A	
Part B deductible applies to:		N/A	
Part B Rx claims	0 % - 20.0 %	**MOOP**	$ 6,700
Durable Medical Equipment (DME)	20.0 %	**Part B Vaccines copay**	$ 0
Diabetic supplies limited to specified manufacturers?		No	
Preferred Diabetic Vendor		Other	
Preferred Diabetic Vendor Comments		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)	
Diabetic Monitoring Supplies		0% - 20.0 %	
Diabetic Shoes and Inserts Coinsurance		20.0 %	

Part B Insulin Copays	In Network			Mail			OON	LTC
	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
Over-The-Counter (OTC) Items as a	Yes			**Part C OTC Allowance**	$ 40			

supplemental benefit under Part C			
Part C OTC Frequency	Monthly		

Part C OTC Comments
OTC Not Administered by Navitus. Geisinger Administered OTC Benefit.

Part D			
Plan Type	MA ONLY	**Formulary ID:**	00024418
Formulary Exception Tier	N/A	**Lower Level 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 Processing Requirements	
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)
Generic Available	**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 = 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.
Multi-Source Brand Drugs	**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 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.
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 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.)

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 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)	$ 20.00		
Part B Vaccine Administration Rate	$ 20.00		
Formulary Transition - Year over Year Methodology	New Member - Hybrid		
Retail Refill Threshold:	75 %One Month 85% 3 Month		
Mail Order Refill Threshold:	85 %		
Ophthalmic Refill Threshold:	70 %		
Opioids & Potential Addictive Meds Retail:	85 %		
Opioids & Potential Addictive Meds Mail:	80 %		
Part B			
The Medicare Part B deductible	$0		
Part B deductible applies to:	No Deductible		
Part B Rx claims	0% - 20.0 %	**MOOP**	$ 8,850
Durable Medical Equipment (DME)	20.0 %	**Part B Vaccines copay**	$ 0
Diabetic supplies limited to specified manufacturers?	No		
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 %		
	In Network	**Mail**	**OON**	**LTC**

Part B Insulin Copays	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	30 Day	31 Day
	$ 25.00	$ 50.00	$ 75.00	$ 25.00	$ 50.00	$ 75.00	$ 25.00	$ 25.00

Over-The-Counter (OTC) Items as a supplemental benefit under Part C	Yes	Part C OTC Allowance	$ 60
Part C OTC Frequency	Monthly		

Part C OTC Comments
OTC Not Administered by Navitus. Geisinger Administered OTC Benefit.

Part D		
Plan Type	Enhanced Alternative	Formulary ID:	00024418
Formulary Exception Tier	4	Lower Level Formulary Exception Tier	N/A
One Month Supply Limit	30	LTC One Month Supply Limit	31
OON Day Supply	30	Mail Order Day Supply	100
Over-The-Counter (OTC) Items as a supplemental benefit under Part D	No	Out of Network (OON) Claims processing	Manual
DMR Methodology	Contracted - OOP	Recoupment Threshold	$25

Part D Insulin Copays	In Network			Mail			OON	LTC
	1-30 Day	31-60 Day	61-100 Day	1-30 Day	31-60 Day	61-100 Day	30 Day	31 Day
	$ 25.00	$ 50.00	$ 62.50	$25.00	$ 37.50	$ 37.50	$ 25.00	$ 25.00

DAW Processing Requirements	
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)
Generic Available	**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 = 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.
Multi-Source Brand Drugs	**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 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.

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 %

*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 PBP 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 Comments	Geisinger Mail Order Pharmacy		
Recommended Specialty Pharmacy. (Listed in the directory.)	Other		
Specialty Pharmacy Comments	Geisinger Primary / Lumicera Secondary		
Are specialty drugs limited (one month supply) supply or less?	Yes		
Part B Vaccine Administration Rate	$20.00		

Formulary Transition - Year over Year Methodology	N/A
Retail Refill Threshold:	75 %One Month 85% 3 Month
Mail Order Refill Threshold:	85 %
Ophthalmic Refill Threshold:	70 %
Opioids & Potential Addictive Meds Retail:	85 %
Opioids & Potential Addictive Meds Mail:	80 %

Part B				
The Medicare Part B deductible	N/A			
Part B deductible applies to:	N/A			
Part B Rx claims	0 % - 20.0 %	**MOOP**	$ 6,700	
Durable Medical Equipment (DME)	20.0 %	**Part B Vaccines copay**	$ 0	
Diabetic supplies limited to specified manufacturers?	No			
Preferred Diabetic Vendor	Other			
Preferred Diabetic Vendor Comments	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)			
Diabetic Monitoring Supplies	0% - 20.0 %			
Diabetic Shoes and Inserts Coinsurance	20.0 %			

Part B Insulin Copays	**In Network**			**Mail**			**OON**	**LTC**
	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

Over-The-Counter (OTC) Items as a supplemental benefit under Part C	N/A	**Part C OTC Allowance**	N/A
Part C OTC Frequency	N/A		
Part C OTC Comments			
N/A			

Part D			
Plan Type	MA ONLY	**Formulary ID:**	00024418
Formulary Exception Tier	N/A	**Lower Level 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 Processing Requirements	
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)**
Generic Available	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 = 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.**
Multi-Source Brand Drugs	**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 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.**
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

(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	**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)	$ 20.00
Part B Vaccine Administration Rate	$ 20.00
Formulary Transition - Year over Year Methodology	New Member - Hybrid
Retail Refill Threshold:	75 %One Month 85% 3 Month
Mail Order Refill Threshold:	85 %
Ophthalmic Refill Threshold:	70 %
Opioids & Potential Addictive Meds Retail:	85 %
Opioids & Potential Addictive Meds Mail:	80 %

Part B		
The Medicare Part B deductible	NA	
Part B deductible applies to:	NA	
Part B Rx claims	10.0 %	**MOOP** $ 6,700
Durable Medical Equipment (DME)	0.0 %	**Part B Vaccines copay** $ 0
Diabetic supplies limited to specified manufacturers?	No	
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	0.0 %	
Diabetic Shoes and Inserts coinsurance	0.0 %	

Part B Insulin Copays	In Network			Mail			OON	LTC
	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

Over-The-Counter (OTC) Items as a supplemental benefit under Part C	No	Part C OTC Allowance	NA
Part C OTC Frequency	NA		

Part C OTC Comments
NA

Part D		
Plan Type	Defined Standard Benefit Plan	**Formulary ID:** 00024418
Formulary Exception Tier	3	**Lower Level Formulary Exception Tier** NA
One Month Supply Limit	30	**LTC One Month Supply Limit** 31
OON Day Supply	30	**Mail Order Day Supply** 100
Over-The-Counter (OTC) Items as a supplemental benefit under Part D	No	**Out of Network (OON) Claims processing** Manual Only
DMR Methodology	Contracted - OOP	**Recoupment Threshold** $25

Part D Insulin Copays	In Network			Mail			OON	LTC
	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	$ 87.50	$ 35.00	$ 52.50	$ 52.50	$ 35.00	$ 35.00

DAW Processing Requirements

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)
Generic Available	**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 = 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.
Multi-Source Brand Drugs	**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 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.
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	

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 %

*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 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	**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		Geisinger Primary / Lumicera Secondary	

Are specialty drugs limited (one month supply) supply or less?	Yes							
Vaccine Administration rate (Electronic & Manual Claims)	$ 20.00							
Part B Vaccine Administration Rate	$ 20.00							
Formulary Transition - Year over Year Methodology	New Member - Hybrid							
Retail Refill Threshold:	75 %One Month 85% 3 Month							
Mail Order Refill Threshold:	85 %							
Ophthalmic Refill Threshold:	70 %							
Opioids & Potential Addictive Meds Retail:	85 %							
Opioids & Potential Addictive Meds Mail:	80 %							

Part B								
The Medicare Part B deductible	N/A							
Part B deductible applies to:	N/A							
Part B Rx claims	0 % - 20.0 %	**MOOP**					$ 3,450	
Durable Medical Equipment (DME)	20.0 %	**Part B Vaccines copay**					$ 0	
Diabetic supplies limited to specified manufacturers?	No							
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 %							

Part B Insulin Copays	In Network			Mail			OON	LTC
	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

Over-The-Counter (OTC) Items as a supplemental benefit under Part C	No	**Part C OTC Allowance**	
Part C OTC Frequency	N/A		

Part C OTC Comments
N/A

Part D								
Plan Type	Defined Standard Benefit Plan	**Formulary ID:**				00024418		
Formulary Exception Tier	4	**Lower Level Formulary Exception Tier**				N/A		
One Month Supply Limit	30	**LTC One Month Supply Limit**				31		
OON Day Supply	30	**Mail Order Day Supply**				100		
Over-The-Counter (OTC) Items as a supplemental benefit under Part D	No	**Out of Network (OON) Claims processing**				Manual Only		
DMR Methodology	Contracted - OOP	**Recoupment Threshold**				$25		

Part D Insulin Copays	In Network			Mail			OON	LTC
	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	$ 87.50	$ 35.00	$ 52.50	$ 52.50	$ 35.00	$ 35.00

DAW Processing Requirements	
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)

Generic Available	**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 = 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.
Multi-Source Brand Drugs	**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 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**.**
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	

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 %

*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:			

	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 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	**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)		$ 20.00	
Part B Vaccine Administration Rate		$ 20.00	

Formulary Transition - Year over Year Methodology	New Member - Hybrid
Retail Refill Threshold:	75 %One Month 85% 3 Month
Mail Order Refill Threshold:	85 %
Ophthalmic Refill Threshold:	70 %
Opioids & Potential Addictive Meds Retail:	85 %
Opioids & Potential Addictive Meds Mail:	80 %

Part B	

The Medicare Part B deductible	N/A
Part B deductible applies to:	N/A

Part B Rx claims	20.0 %	**MOOP**	$ 8,850
Durable Medical Equipment (DME)	20.0 %	**Part B Vaccines copay**	$ 0
Diabetic supplies limited to specified manufacturers?		No	
Preferred Diabetic Vendor		Other	
Preferred Diabetic Vendor Comments		• 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)	
Diabetic Monitoring Supplies		20.0 %	
Diabetic Shoes and Inserts coinsurance		20.0 %	

Part B Insulin Copays	In Network			Mail			OON	LTC
	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

Over-The-Counter (OTC) Items as a supplemental benefit under Part C	No	**Part C OTC Allowance**	N/A
Part C OTC Frequency	N/A		

Part C OTC Comments
N/A

Part D	

Plan Type	Defined Standard Benefit Plan	**Formulary ID:**	00024418
Formulary Exception Tier	3	**Lower Level Formulary Exception Tier**	N/A
One Month Supply Limit	30	**LTC One Month Supply Limit**	31
OON Day Supply	30	**Mail Order Day Supply**	100
Over-The-Counter (OTC) Items as a supplemental benefit under Part D	No	**Out of Network (OON) Claims processing**	Manual Only
DMR Methodology	Contracted - OOP	**Recoupment Threshold**	$25

Part D Insulin Copays	In Network			Mail			OON	LTC
	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	$ 87.50	$ 35.00	$ 52.50	$ 52.50	$ 35.00	$ 35.00

DAW Processing Requirements	
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)
Generic Available	**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 = 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.
Multi-Source Brand Drugs	**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 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**.**
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**
• **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 %

*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 802-03 1 Tier WRAP
Plan Requirements

Wrap (Supplemental) Requirements			
Supplemental Deductible	$ 0 Deductible applies to tier.	**Supplemental Deductible applies to tiers**	Yes
Supplemental Copay Proration?	Yes	**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