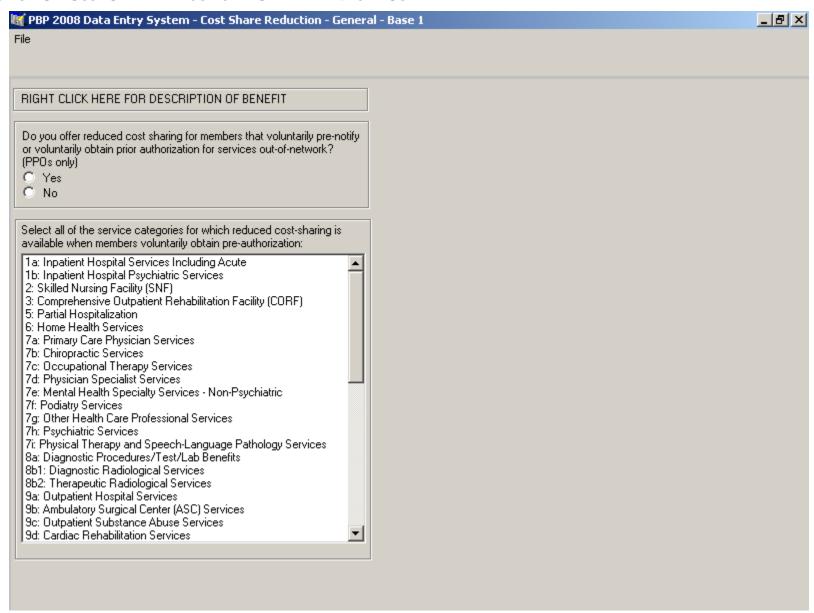
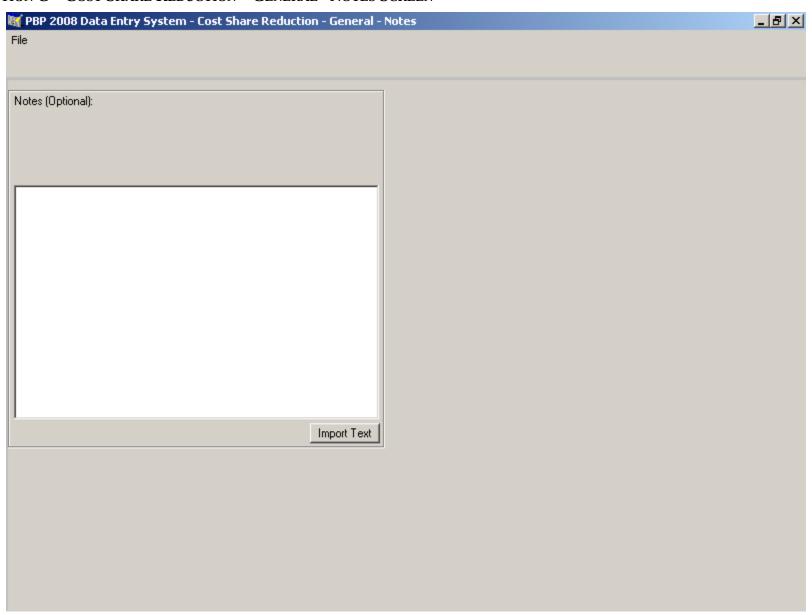
SECTION C - COST SHARE REDUCTION - GENERAL - BASE 1 SCREEN



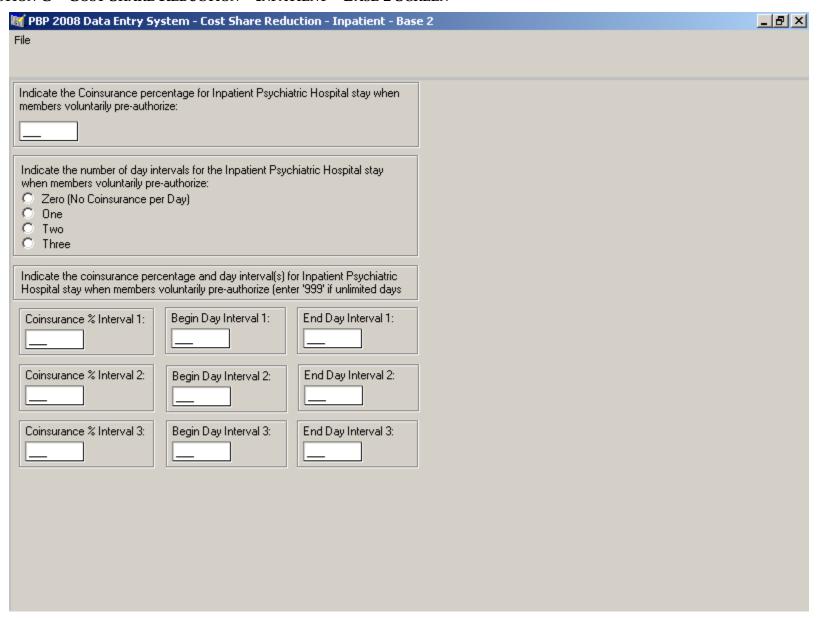
SECTION C - COST SHARE REDUCTION - GENERAL -NOTES SCREEN



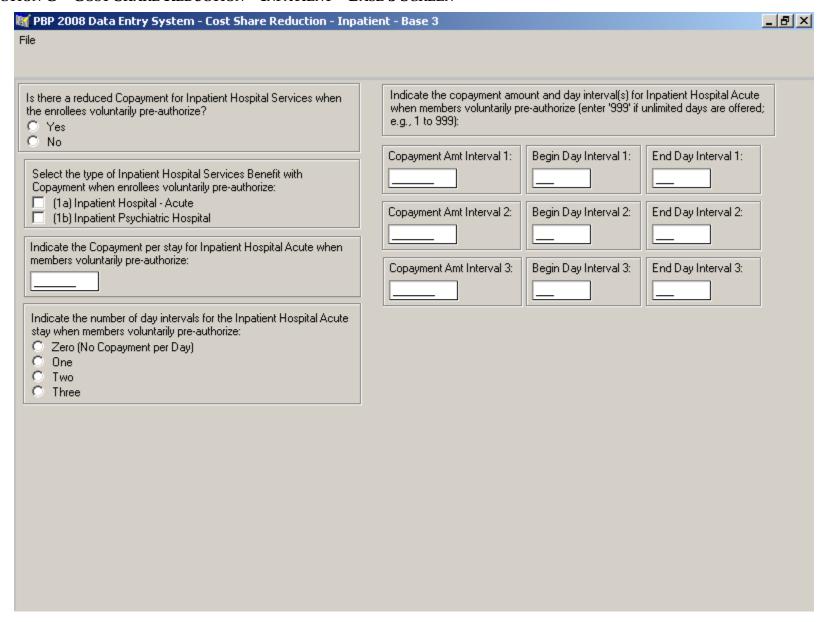
SECTION C – COST SHARE REDUCTION – INPATIENT – BASE 1 SCREEN

🌃 PBP 2008 Data Entry System - Cost Share Reduction - Inpatien	nt - Base 1		_ B ×
File			
Is there a reduced Coinsurance for Inpatient Hospital Services when enrollees voluntarily pre-authorize? Yes No Select the type of Inpatient Hospital Services Benefit with Coinsurance when enrollees voluntarily pre-authorize: (1a) Inpatient Hospital - Acute (1b) Inpatient Psychiatric Hospital Indicate Coinsurance percentage for Inpatient Acute when members voluntarily pre-authorize: Indicate the number of day intervals for Inpatient Hospital when members voluntarily pre-authorize. (Acute stay) Zero (No Coinsurance per Day) One Two Three	Indicate the coinsurance per Acute stay when members with a coinsurance in the coinsuranc	ercentage and day interval(voluntarily pre-authorize (en Begin Day Interval 1: Begin Day Interval 2: Begin Day Interval 3:	s) for Inpatient Hospital - ter '999' if unlimited days End Day Interval 1: End Day Interval 2: End Day Interval 3:

SECTION C – COST SHARE REDUCTION – INPATIENT – BASE 2 SCREEN



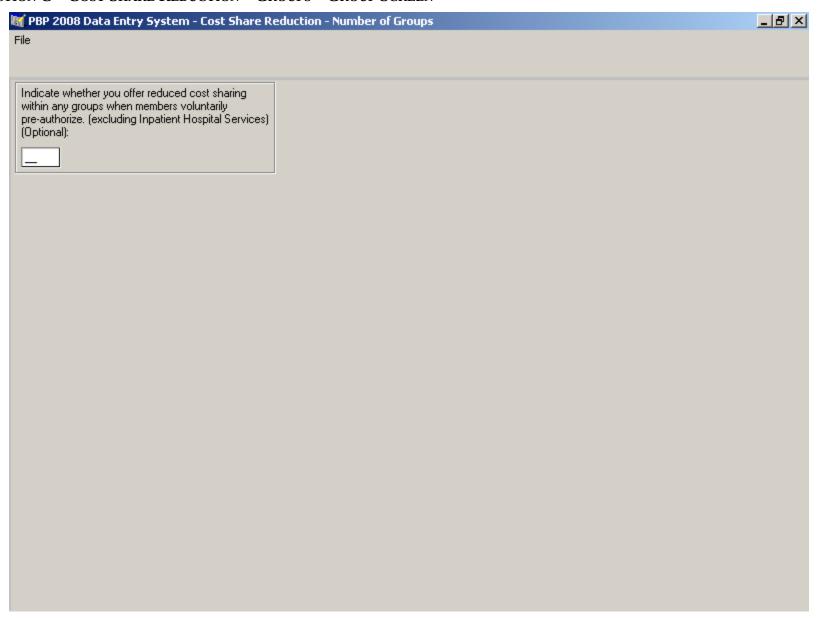
SECTION C - COST SHARE REDUCTION - INPATIENT - BASE 3 SCREEN



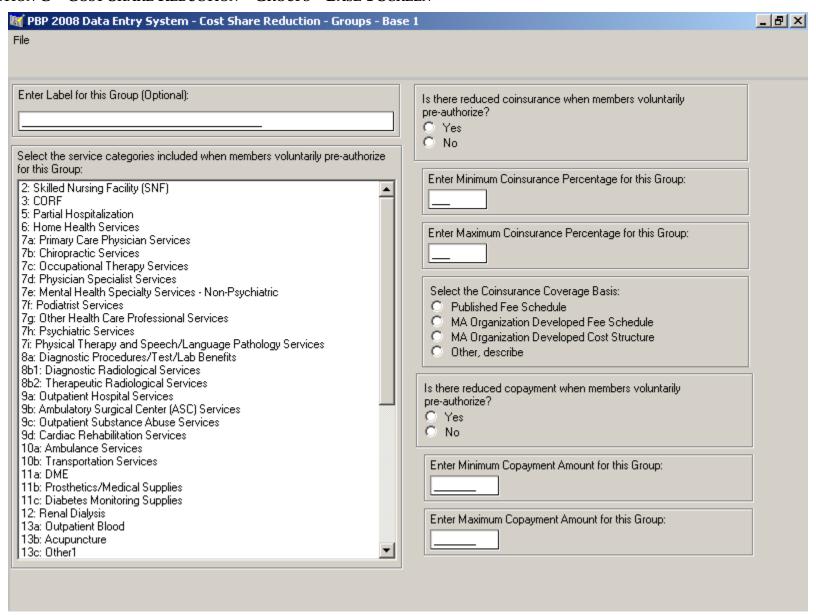
SECTION C – COST SHARE REDUCTION – INPATIENT – BASE 4 SCREEN

🙀 PBP 2008 Data Entry System - Cost Share Reduction - Inpatient	- Base 4
File	
Indicate Copayment amount per stay for Inpatient Psychiatric Hospital stay when members voluntarily pre-authorize:	Is there a Deductible for Inpatient Hospital Services when members voluntarily pre-authorize? C Yes C No
Indicate the number of day intervals for the Inpatient Psychiatric Hospital stay when members voluntarily pre-authorize: C Zero (No Copayment per Day) One Two Three	Select the type of Inpatient Hospital Services benefit with a Deductible when members voluntarily pre-authorize: Inpatient Hospital- Acute Inpatient Psychiatric Hospital Combined for both Inpatient Hospital Acute and Inpatient Psychiatric Hospital
Indicate the Copayment amount and day interval(s) for Inpatient Psychiatric Hospital stay when members voluntarily pre-authorize (enter '999' if unlimited days are offered; e.g., 1 to 999):	Enter Deductible amount for Inpatient Hospital-Acute:
	Enter Deductible amount for Inpatient Psychiatric Hospital:
Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:	
Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:	Enter Deductible amount for combined Inpatient Hospital Acute and Inpatient Psychiatric Hospital:
Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:	

SECTION C - COST SHARE REDUCTION - GROUPS - GROUP SCREEN



SECTION C - COST SHARE REDUCTION - GROUPS - BASE 1 SCREEN



SECTION C - COST SHARE REDUCTION - GROUPS - BASE 2 SCREEN

