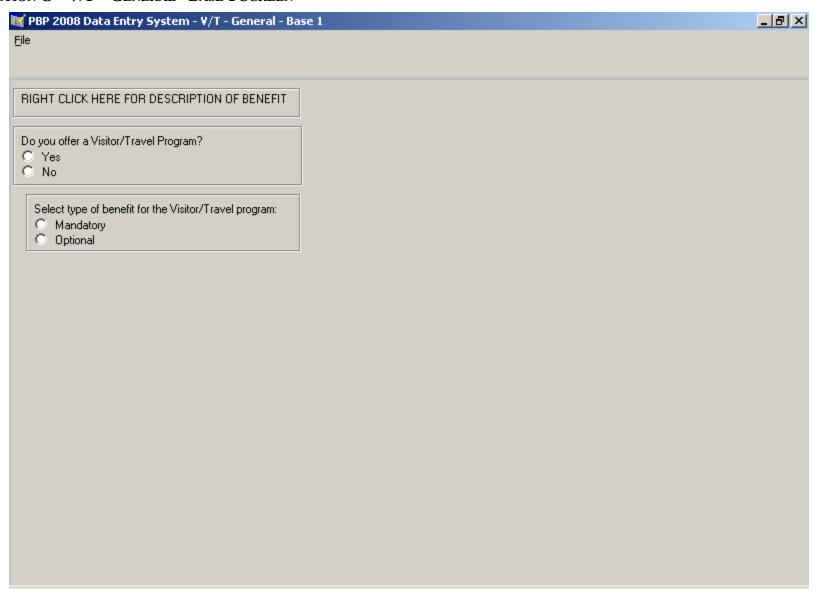
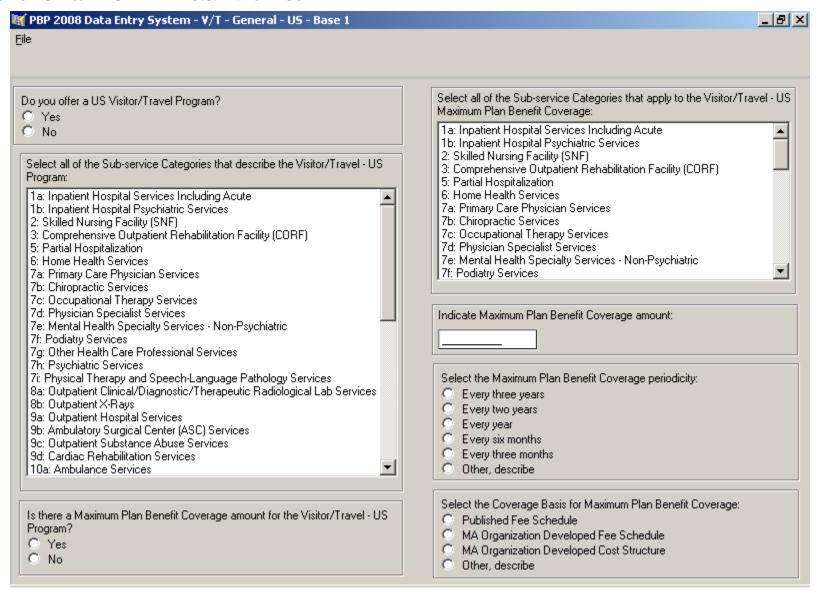
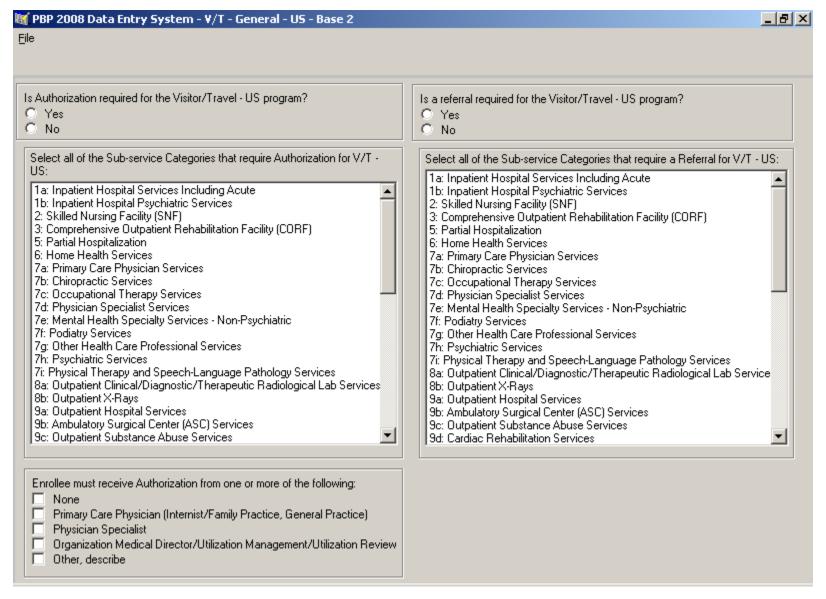
SECTION C - V/T - GENERAL -BASE 1 SCREEN



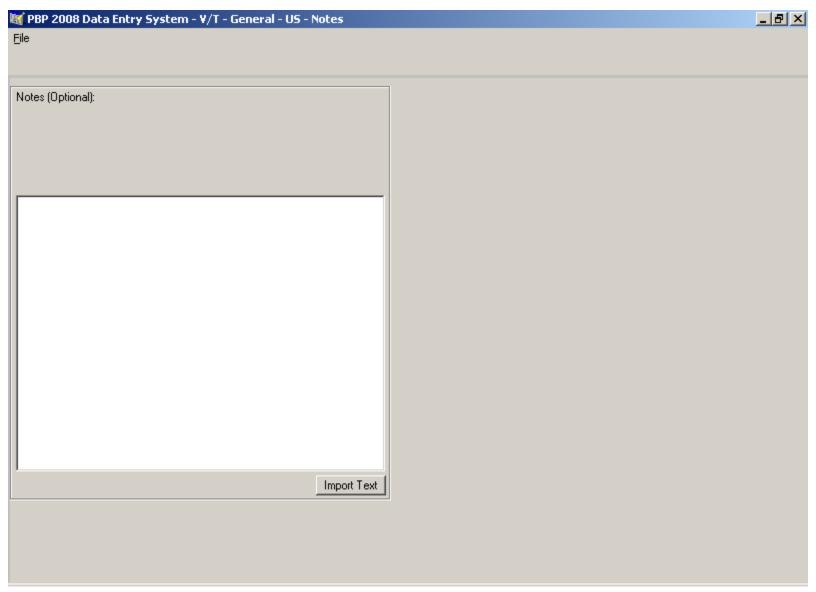
SECTION C - V/T - GENERAL -U.S. - BASE 1 SCREEN



SECTION C - V/T - GENERAL -U.S. - BASE 2 SCREEN



SECTION C - V/T - GENERAL -U.S. - NOTES SCREEN



SECTION C - V/T - INPATIENT - U.S. - BASE 1 SCREEN

🌃 PBP 2008 Data Entry System - V/T - Inpatient - US - Base 1	
<u>File</u>	
Is there an enrollee Coinsurance for V/T - US Inpatient Hospital Services? Yes No Select the type of V/T - US Inpatient Hospital Services Benefit with Coinsurance: (1a) Inpatient Hospital - Acute (1b) Inpatient Psychiatric Hospital Indicate Coinsurance percentage for V/T - US Inpatient Hospital - Acute stay: Indicate the number of day intervals for the V/T - US Inpatient Hospital - Acute stay: Zero (No Coinsurance per Day) One Two Three	Indicate the coinsurance percentage and day interval(s) for V/T - US Inpatient Hospital - Acute stay (enter '999' if unlimited days are offered; e.g., 1 to 999): Coinsurance % Interval 1: Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2: End Day Interval 2: End Day Interval 3: End Day Interval 3: End Day Interval 3: Published Fee Schedule MA Organization Developed Fee Schedule MA Organization Developed Cost Structure Other, describe

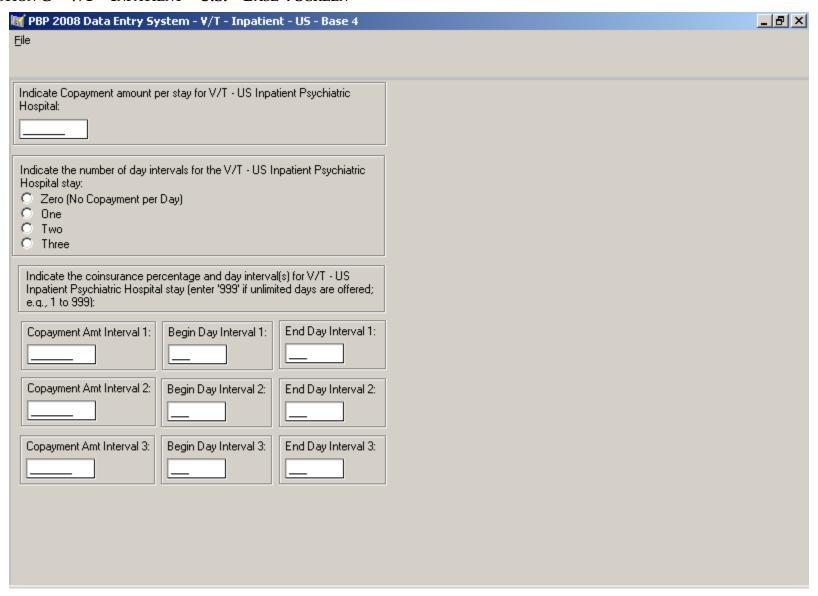
SECTION C - V/T - INPATIENT - U.S. - BASE 2 SCREEN

🌃 PBP 2008 Data Entry System - ¥/T - Inpatient - US - Base 2	_ [
<u>File</u>	
Indicate Coinsurance percentage for V/T - US Inpatient Psychiatric Hospital stay: Indicate the number of day intervals for the V/T - US Inpatient Psychiatric Hospital stay: Zero (No Coinsurance per Day) One Two Three Indicate the coinsurance percentage and day interval(s) for V/T - US Inpatient Psychiatric Hospital stay (enter '999' if unlimited days are offered; e.g., 1 to 999):	Select the Coinsurance Coverage Basis for V/T - US Inpatient Psychiatric Hospital stay: Published Fee Schedule MA Organization Developed Fee Schedule MA Organization Developed Cost Structure Other, describe
Coinsurance % Interval 1: Begin Day Interval 1: Coinsurance % Interval 2: Begin Day Interval 2: Begin Day Interval 2: End Day Interval 2: End Day Interval 3:	

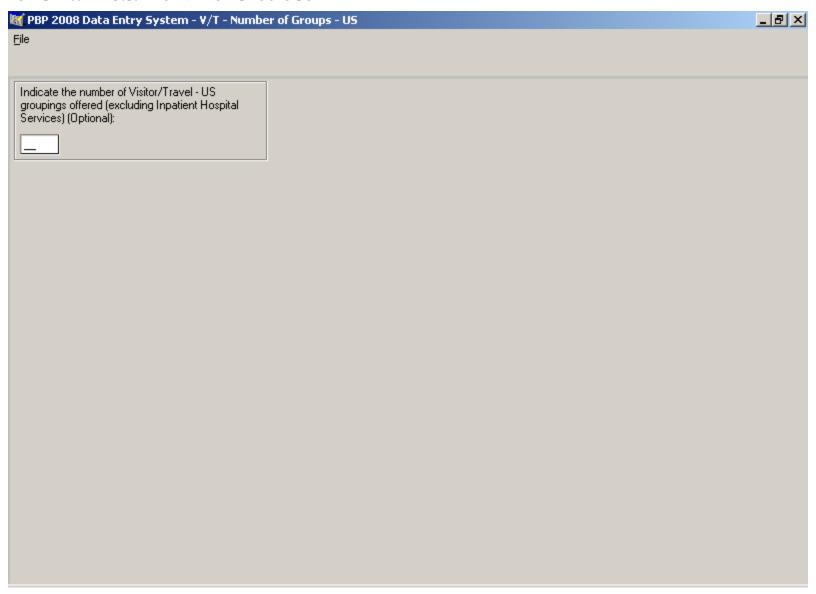
SECTION C - V/T - INPATIENT - U.S. - BASE 3 SCREEN

🌃 PBP 2008 Data Entry System - V/T - Inpatient - US - Base 3				
<u>F</u> ile				
Is there an enrollee Copayment for V/T - US Inpatient Hospital Services? Yes No Select the type of V/T- US Inpatient Hospital Services Benefit with Copayment: [1a] Inpatient Hospital - Acute [1b] Inpatient Psychiatric Hospital	Indicate Copayment amount per stay for V/T - US Inpatient Hospital - Acute Indicate the number of day intervals for the V/T - US Inpatient Hospital - Acute stay: Zero (No Copayment per Day) One Two Three			
	Indicate the copayment amo Hospital-Acute stay (enter 'S	ount and day interval(s) for 199' if unlimited days are o	V/T - US Inpatient ffered; e.g., 1 to 999);	
	Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:	
	Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:	
	Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:	

SECTION C - V/T - INPATIENT - U.S. - BASE 4 SCREEN



SECTION C - V/T - U.S. -NUMBER OF GROUPS SCREEN



SECTION C - V/T - U.S. - GROUPS - BASE 1 SCREEN

