

SECTION D – OPTIONAL SUPPLEMENTAL – OUT-OF-NETWORK - 7B – CHIROPRACTIC SERVICES SCREEN

PBP 2008 Data Entry System - (repaint)Optional Supplemental - OON

File

Does this category include Out-of-Network benefits? <input type="radio"/> Yes <input type="radio"/> No	Is there an OON Copayment? <input type="radio"/> Yes <input type="radio"/> No
Are the OON cost shares the same as the In-Network cost shares? <input type="radio"/> Yes <input type="radio"/> No	Enter Minimum Copayment Amount: <input type="text"/>
Is there an OON Coinsurance? <input type="radio"/> Yes <input type="radio"/> No	Enter Maximum Copayment Amount: <input type="text"/>
Enter Minimum Coinsurance Percentage: <input type="text"/>	
Enter Maximum Coinsurance Percentage: <input type="text"/>	
Select the Coinsurance Coverage Basis: <input type="radio"/> Published Fee Schedule <input type="radio"/> MA Organization Developed Fee Schedule <input type="radio"/> MA Organization Developed Cost Structure <input type="radio"/> Other, describe	

SECTION D – OPTIONAL SUPPLEMENTAL – OUT-OF-NETWORK - 7F – PODIATRY SERVICES SCREEN

PBP 2008 Data Entry System - (repaint)Optional Supplemental - OON

File

Does this category include Out-of-Network benefits?
 Yes
 No

Is there an OON Copayment?
 Yes
 No

Are the OON cost shares the same as the In-Network cost shares?
 Yes
 No

Enter Minimum Copayment Amount:

Enter Maximum Copayment Amount:

Is there an OON Coinsurance?
 Yes
 No

Enter Minimum Coinsurance Percentage:

Enter Maximum Coinsurance Percentage:

Select the Coinsurance Coverage Basis:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Other, describe

SECTION D – OPTIONAL SUPPLEMENTAL – OUT-OF-NETWORK - 10B – TRANSPORTATION SERVICES SCREEN

PBP 2008 Data Entry System - (repaint)Optional Supplemental - OON

File

Does this category include Out-of-Network benefits?
 Yes
 No

Is there an OON Copayment?
 Yes
 No

Are the OON cost shares the same as the In-Network cost shares?
 Yes
 No

Enter Minimum Copayment Amount:

Enter Maximum Copayment Amount:

Is there an OON Coinsurance?
 Yes
 No

Enter Minimum Coinsurance Percentage:

Enter Maximum Coinsurance Percentage:

Select the Coinsurance Coverage Basis:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Other, describe

SECTION D – OPTIONAL SUPPLEMENTAL – OUT-OF-NETWORK - 16A – PREVENTIVE DENTAL SERVICES SCREEN

PBP 2008 Data Entry System - (repaint)Optional Supplemental - OON

File

Does this category include Out-of-Network benefits? <input type="radio"/> Yes <input type="radio"/> No	Is there an OON Copayment? <input type="radio"/> Yes <input type="radio"/> No
Are the OON cost shares the same as the In-Network cost shares? <input type="radio"/> Yes <input type="radio"/> No	Enter Minimum Copayment Amount: <input type="text"/>
Is there an OON Coinsurance? <input type="radio"/> Yes <input type="radio"/> No	Enter Maximum Copayment Amount: <input type="text"/>
Enter Minimum Coinsurance Percentage: <input type="text"/>	
Enter Maximum Coinsurance Percentage: <input type="text"/>	
Select the Coinsurance Coverage Basis: <input type="radio"/> Published Fee Schedule <input type="radio"/> MA Organization Developed Fee Schedule <input type="radio"/> MA Organization Developed Cost Structure <input type="radio"/> Other, describe	

SECTION D – OPTIONAL SUPPLEMENTAL – OUT-OF-NETWORK - 16B – COMPREHENSIVE DENTAL SERVICES SCREEN

PBP 2008 Data Entry System - (repaint)Optional Supplemental - OON

File

Does this category include Out-of-Network benefits?
 Yes
 No

Is there an OON Copayment?
 Yes
 No

Are the OON cost shares the same as the In-Network cost shares?
 Yes
 No

Enter Minimum Copayment Amount:

Enter Maximum Copayment Amount:

Is there an OON Coinsurance?
 Yes
 No

Enter Minimum Coinsurance Percentage:

Enter Maximum Coinsurance Percentage:

Select the Coinsurance Coverage Basis:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Other, describe

SECTION D – OPTIONAL SUPPLEMENTAL – OUT-OF-NETWORK - 17A – EYE EXAMS SCREEN

PBP 2008 Data Entry System - (repaint)Optional Supplemental - OON

File

Does this category include Out-of-Network benefits?
 Yes
 No

Is there an OON Copayment?
 Yes
 No

Are the OON cost shares the same as the In-Network cost shares?
 Yes
 No

Enter Minimum Copayment Amount:

Enter Maximum Copayment Amount:

Is there an OON Coinsurance?
 Yes
 No

Enter Minimum Coinsurance Percentage:

Enter Maximum Coinsurance Percentage:

Select the Coinsurance Coverage Basis:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Other, describe

SECTION D – OPTIONAL SUPPLEMENTAL – OUT-OF-NETWORK - 17B – EYE WEAR SCREEN

PBP 2008 Data Entry System - (repaint)Optional Supplemental - OON

File

Does this category include Out-of-Network benefits?
 Yes
 No

Is there an OON Copayment?
 Yes
 No

Are the OON cost shares the same as the In-Network cost shares?
 Yes
 No

Enter Minimum Copayment Amount:

Enter Maximum Copayment Amount:

Is there an OON Coinsurance?
 Yes
 No

Enter Minimum Coinsurance Percentage:

Enter Maximum Coinsurance Percentage:

Select the Coinsurance Coverage Basis:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Other, describe

SECTION D – OPTIONAL SUPPLEMENTAL – OUT-OF-NETWORK - 18A – HEARING EXAMS SCREEN

PBP 2008 Data Entry System - (repaint)Optional Supplemental - OON

File

Does this category include Out-of-Network benefits?
 Yes
 No

Is there an OON Copayment?
 Yes
 No

Are the OON cost shares the same as the In-Network cost shares?
 Yes
 No

Enter Minimum Copayment Amount:

Enter Maximum Copayment Amount:

Is there an OON Coinsurance?
 Yes
 No

Enter Minimum Coinsurance Percentage:

Enter Maximum Coinsurance Percentage:

Select the Coinsurance Coverage Basis:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Other, describe

SECTION D – OPTIONAL SUPPLEMENTAL – OUT-OF-NETWORK - 18B – HEARING AIDS SCREEN

PBP 2008 Data Entry System - (repaint)Optional Supplemental - OON

File

Does this category include Out-of-Network benefits?
 Yes
 No

Is there an OON Copayment?
 Yes
 No

Are the OON cost shares the same as the In-Network cost shares?
 Yes
 No

Enter Minimum Copayment Amount:

Enter Maximum Copayment Amount:

Is there an OON Coinsurance?
 Yes
 No

Enter Minimum Coinsurance Percentage:

Enter Maximum Coinsurance Percentage:

Select the Coinsurance Coverage Basis:
 Published Fee Schedule
 MA Organization Developed Fee Schedule
 MA Organization Developed Cost Structure
 Other, describe