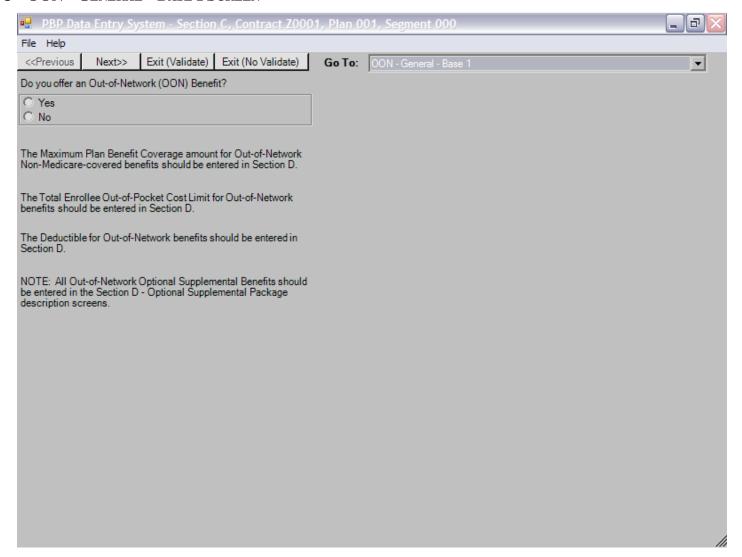
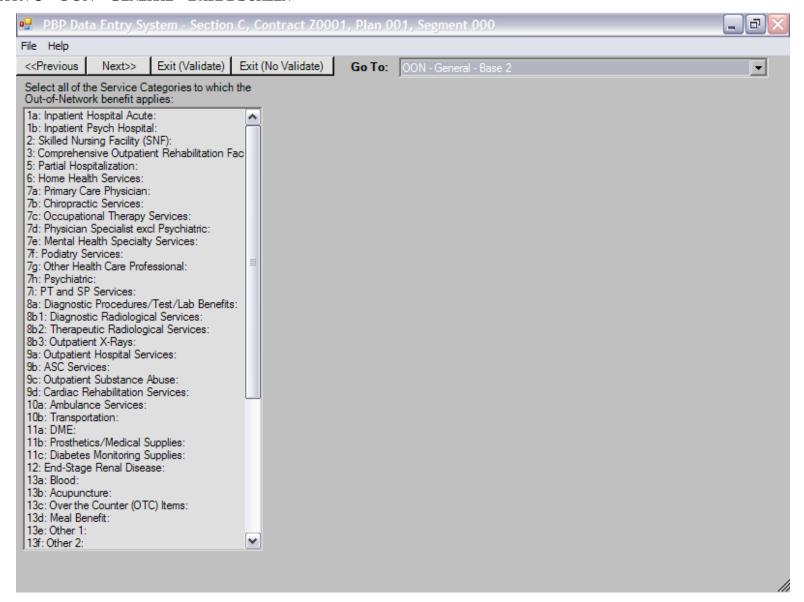
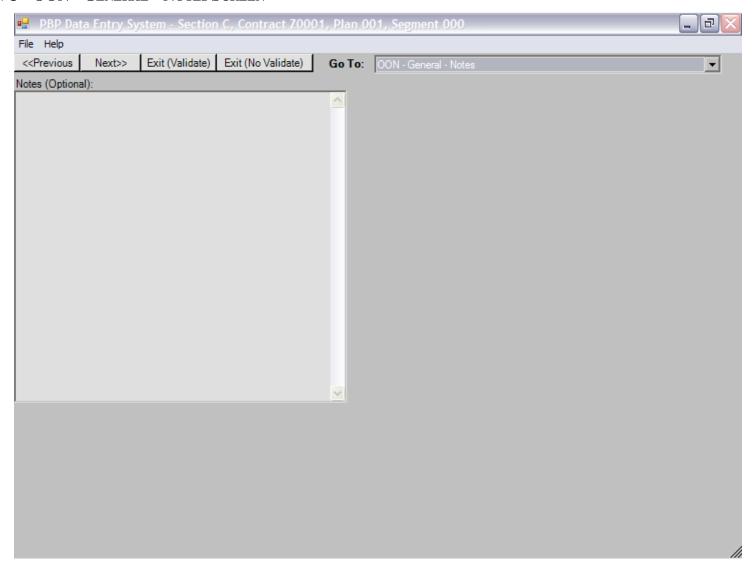
SECTION C - OON - GENERAL - BASE 1 SCREEN



SECTION C - OON - GENERAL - BASE 2 SCREEN



SECTION C - OON - GENERAL - NOTES SCREEN



SECTION C - OON - INPATIENT - BASE 1 SCREEN

🖳 PBP Dat	ta Entry Sy	stem - Section	C, Contract Z000	01, Plan 0	01, Segment 000			
File Help								
< <pre>revious</pre>	Next>>	Exit (Validate)	Exit (No Validate)	Go To:	OON - Inpatient - Ba	se 1	,	-
Is there an en Services?	rollee Coinsu	rance for OON In	patient Hospital	Indic Acute	ate the coinsurance po e stay (enter '999' if ur	ercentage and day interv nlimited days are offere	/al(s) for OON Inpatient Hospita d; e.g., 1 to 999):	il -
○ Yes ○ No				Coins	surance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:	
Coinsurance	: tient Hospital	- Acute	ervices Benefit with	Coins	surance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:	
Acute Service	es? (These a	re-defined cost si re the total charge the inpatient facil	hares for Inpatient es for all services lity.)	Coins	surance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:	
☐ Yes ☐ No								
Indicate Co Acute stay:		rcentage for OON	I Inpatient Hospital -					
Indicate the Hospital - A	e number of da Acute stay:	ay intervals for the	e OON Inpatient					
C Zero (N C One C Two C Three	No Coinsuran	ce per Day)						
								/

SECTION C - OON - INPATIENT - BASE 2 SCREEN

🖳 PBP Dat	a Entry Sy	stem - Section	C, Contract Z000)1, Plan 0	01, Segment (000				o (X
File Help											
< <pre><<pre>revious</pre></pre>	Next>>	Exit (Validate)	Exit (No Validate)	Go To:	OON - Inpatient	- Base 2					
Psychiatric Se	rvices?(The	e-defined cost sha se are the total cha he inpatient facilit	arges for all services	Indicate th Psychiatric	e coinsurance pe c Hospital stay (e	ercentage and enter '999' if u	d day interval(s unlimited days a) for OON Inpatient are offered; e.g., 1 to 999):		
O Yes O No				Coinsura	nce % Interval 1	Begin Day	Interval 1:	End Day Interval 1:			
Indicate Coins Hospital stay		entage for OON Ir	npatient Psychiatric	Coinsura	nce % Interval 2:	Begin Day	Interval 2:	End Day Interval 2:			
Indicate the n Psychiatric H	umber of day lospital stay:	r intervals for the	OON Inpatient	Coinsura	nce % Interval 3	Begin Day	Interval 3:	End Day Interval 3:			
C Zero (No C One C Two	Coinsurance	e per Day)									
C Three											

SECTION C - OON - INPATIENT - BASE 3 SCREEN

🖳 PBP Dat	ta Entry Sy	stem - Section	n C, Contract	Z0001,	Plan 00)1, Segn	nent 000			o l	\times
File Help											
< <pre><<pre>revious</pre></pre>	Next>>	Exit (Validate)	Exit (No Valid	late) (Go To:	OON - Inj	patient - Ba	ise 3			
Is there an en Services?	rollee Copayı	ment for OON Inp	atient Hospital	Indicate C	opaymen	it amount p	per stay fo	r OON Inpatier	nt Hospital - Acute stay:		
C Yes C No								the OON Inpat	tient Hospital - Acute stay:		
Select the ty Benefit with	pe of OON In Copayment:	patient Hospital S	Services	C Zero ((No Copa	yment per	Day)				
(1a) Inpa	tient Hospital	- Acute		C Two							
(1b) Inpat	tient Psychiat	ric Hospital		C Three	;						
Inpatient A	Acute Service	care-defined cos s? (These are the d to the enrollee in	e total charges	Indicate Acute sta	the copay ay (enter	ment amo '999' if unl	ount and da imited day	ay interval(s) for s are offered;	or OON Inpatient Hospital - e.g., 1 to 999):		
facility.) C Yes C No				Copaym	ent Amt Ir	iterval 1:	Begin Day	y Interval 1:	End Day Interval 1:		
				Copaym	ent Amt Ir	iterval 2:	Begin Day	y Interval 2:	End Day Interval 2:		
				Copaym	ent Amt Ir	nterval 3:	Begin Day	y Interval 3:	End Day Interval 3:		
											-

SECTION C - OON - INPATIENT - BASE 4 SCREEN

🖳 PBP Dat	ta Entry Sy	stem - Section	C, Contract ZOC	01, Plan 00	01, Se	egment 000		\times
File Help								
< <pre>revious</pre>	Next>>	Exit (Validate)	Exit (No Validate)	Go To:	OON	- Inpatient - Base 4	<u> </u>	-
Do you charge (These are the facility.)	the Medicare total charges	e-defined cost sha s for all services p	res for Inpatient Psy provided to the enroll	chiatric Service ee in the inpatie	es? ent	Is there an OON Deductible for Inpatient Hospital Services? O Yes O No		
C Yes C No						≥ NO		
Indicate Cop	payment amou	unt perstay for O(ON Inpatient Psychia	tric Hospital:		Select the type of OON Inpatient Hospital Services benefit with Deductible: Inpatient Hospital - Acute Inpatient Psychiatric Hospital	th a	
						Combined for both Inpatient Hospital Acute and Inpatient Psychiatric Hospital		
_	umber of day Copayment p		OON Inpatient Psychi	atric Hospital s	stay:	Enter Deductible amount for Inpatient Hospital - Acute:		
C Three						Enter Deductible amount for Inpatient Psychiatric Hospital:		
Indicate the co Hospital stay	opayment am (enter '999' if	ount and day inter unlimited days ar	val(s) for OON Inpat re offered; e.g., 1 to 9	ient Psychiatrio 99):	С	Enter Deductible amount for combined Inpatient Hospital Ad Inpatient Psychiatric Hospital:	ute and	
Copayment Ar	nt Interval 1:	Begin Day Interv	val 1: End Day	Interval 1:				
		Begin Day Interv		Interval 2:				
Copayment Ar	nt Interval 3:	Begin Day Interv	val 3: End Day	Interval 3:				

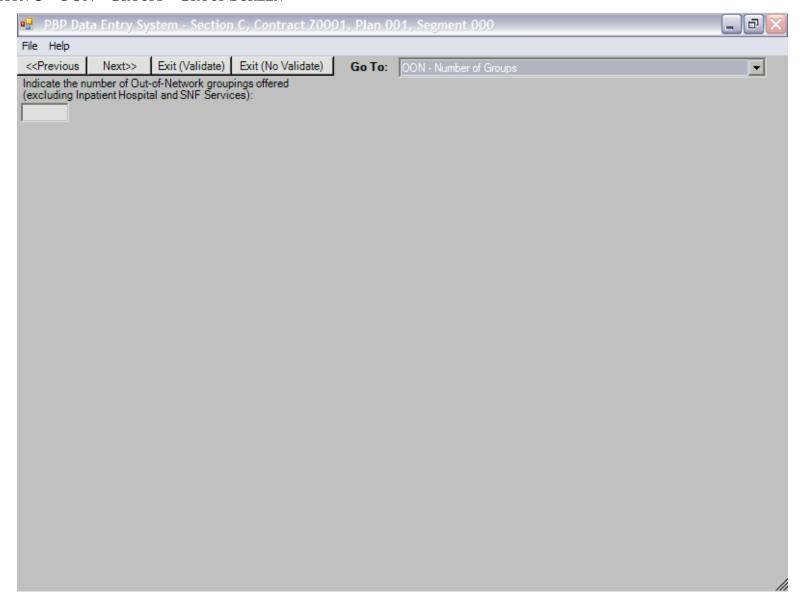
SECTION C - OON - SNF - BASE 1 SCREEN

PBP Data Entry System - Section C, Contract Z000	1, Plan 001, Segment 000	_ P X
File Help		
<pre><<pre><<pre></pre></pre></pre>	Go To: OON - SNF - Base 1 Indicate the coinsurance percentage and day interval(s) for OC '999' if unlimited days are offered; e.g., 1 to 999):	DN SNF stay (enter
Do you charge the Medicare-defined cost shares? (These are the	Coinsurance % Interval 1: Begin Day Interval 1: End I	Day Interval 1:
total charges for all services provided to the enrollee in the SNF.) O Yes No	Coinsurance % Interval 2: Begin Day Interval 2: End I	Day Interval 2:
Indicate Coinsurance percentage for OON SNF stay:	Coinsurance % Interval 3: Begin Day Interval 3: End I	Day Interval 3:
Indicate the number of day intervals for the OON SNF stay: C Zero (No Coinsurance per Day) O One Two Three		

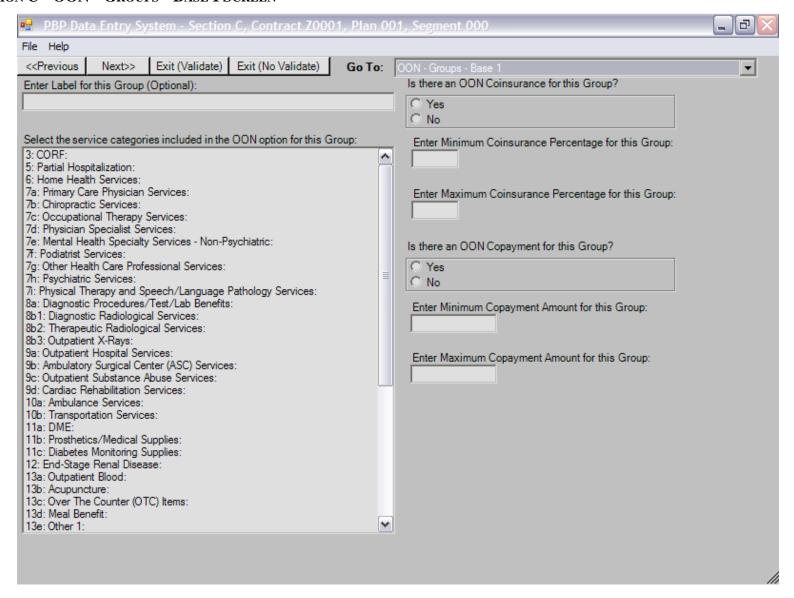
SECTION C - OON - SNF - BASE 2 SCREEN

🖳 PBP Dat	a Entry Sy	stem - Section	C, Contract ZO	001, Plan 0	01, Segmen	t 000				J X
File Help										
< <pre><<pre>revious</pre></pre>	Next>>	Exit (Validate)	Exit (No Validate)	Go To:	OON - SNF -	Base 2				-
S there an enr	ollee Copayı	ment for OON SNF	Services?	Indicate the c unlimited day	opayment amo 's are offered; e	unt and day e.g., 1 to 999	interval(s) for (9):	OON SNF stay (enter '999' if	f	
Do you charge	e the Medicar	e-defined cost sh	ares?(These are	Copayment A	Amt Interval 1:	Begin Day	Interval 1:	End Day Interval 1:		
the total charg the SNF.)	es for all ser	vices provided to	the enrollee in	Copayment A	Amt Interval 2:	Begin Day	/ Interval 2:	End Day Interval 2:		
C No	evment amou	int per stay for OC	IN SNE etav:	Copayment A	Amt Interval 3:	Begin Day	/ Interval 3:	End Day Interval 3:		
Indicate Cope	syment amou	int per stay for OC	IN SINI Stay.	Is there ar	n OON Deducti	ble for SNF	Services?			
C Zero (No	number of da Copayment	y intervals for the per Day)	OON SNF stay:	O Yes O No						
C One C Two C Three				Enter De	eductible amou	int for SNF:				
										/

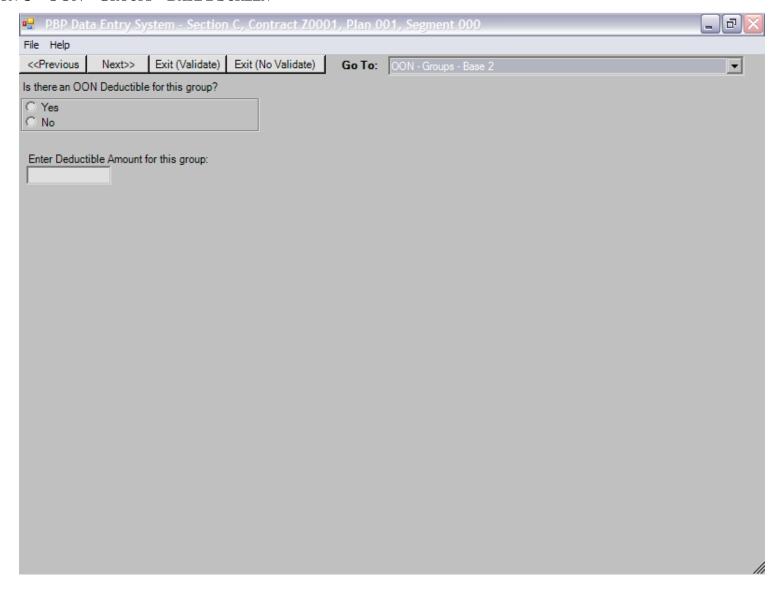
SECTION C - OON - GROUPS - GROUP SCREEN



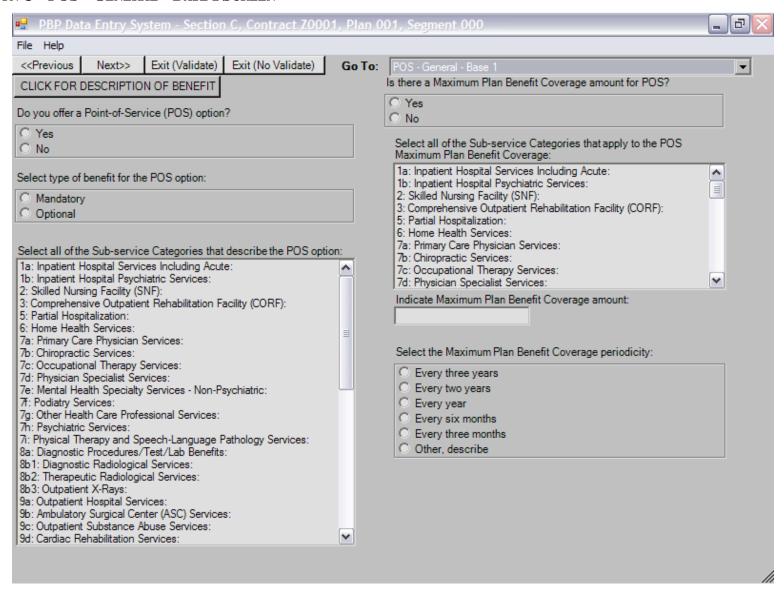
SECTION C - OON - GROUPS - BASE 1 SCREEN



SECTION C - OON - GROUPS - BASE 2 SCREEN



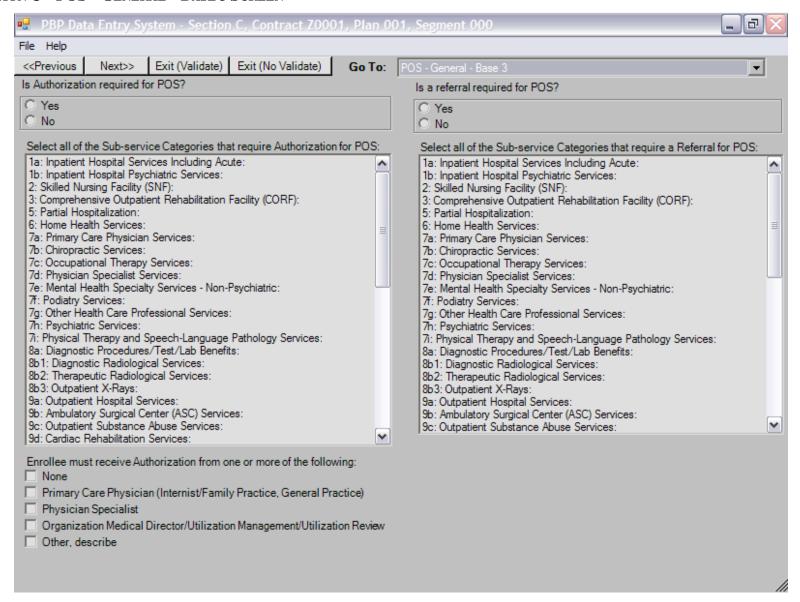
SECTION C - POS - GENERAL - BASE 1 SCREEN



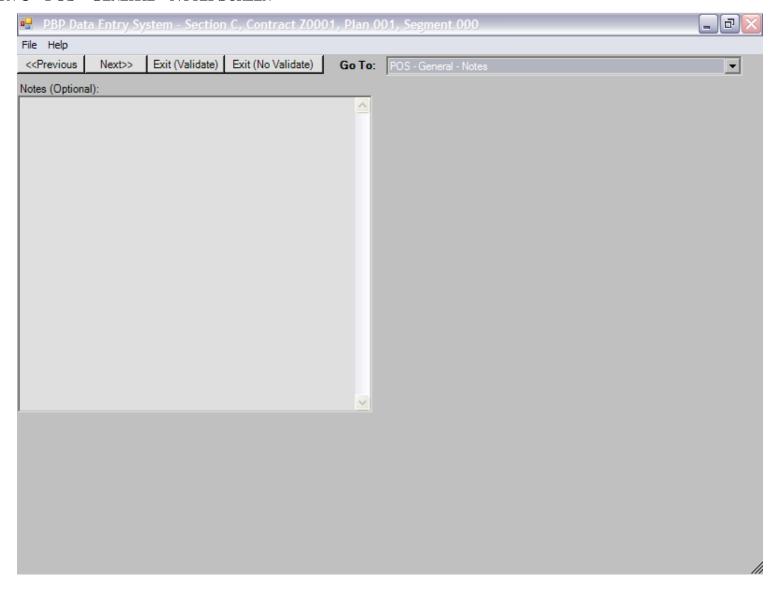
SECTION C - POS - GENERAL - BASE 2 SCREEN

PBP Data Entry System - Section C, Contract Z0001, Plan 001, Segment 000	a X
File Help	
< <pre><<pre></pre></pre>	▼
Is there a POS Maximum Enrollee Out-of-Pocket Cost amount?	
C Yes	
○ No	
Indicate POS Maximum Enrollee Out-of-Pocket Cost:	
Select the Maximum Enrollee Out-of-Pocket Cost periodicity:	
© Every three years	
© Every two years	
© Every year	
C Every six months	
© Every three months	
Other, describe	
Is there a POS Deductible?	
© Yes	
○ No	
Enter Deductible Amount:	

SECTION C - POS - GENERAL - BASE 3 SCREEN



SECTION C - POS - GENERAL - NOTES SCREEN



SECTION C - POS - INPATIENT - BASE 1 SCREEN

🖳 PBP Da	ta Entry Sy	stem - Section	C, Contract ZOO	01, Plan 0	01, Segment 000	o l	\times
File Help							
< <pre><<pre>revious</pre></pre>	Next>>	Exit (Validate)	Exit (No Validate)	Go To:	POS - Inpatient - Base 1		
Services? Yes No Select the ty Maximum Pl Inpatient Inpatient Combined Psychiatr Enter Maxim Acute: Enter Maxim Psychiatric Enter Maxim	pe of POS Inp an Benefit Co Hospital - Act Psychiatric H d for both Inpa ic Hospital num Plan Ber Hospital:	atient Hospital Severage: ute ospital atient Hospital Acc nefit Coverage am	nount for Inpatient Hos nount for Inpatient	pital -	Select the Maximum Plan Benefit Coverage periodicity: © Every three years © Every two years © Every six months © Every three months © Other, describe		
							1

SECTION C - POS - INPATIENT - BASE 2 SCREEN

🖳 PBP Dat	a Entry Sy	stem - Section	C, Contract Z000	1, Plan (001, Segment 000		_	D X
File Help								
< <pre>revious</pre>	Next>>	Exit (Validate)	Exit (No Validate)	Go To:	POS - Inpatient - Base 2			T
Is there an enr	ollee Coinsu	ance for POS Inp	atient Hospital Services	s?	Indicate the coinsurance per Hospital - Acute stay (enter	rcentage and day interval ('999' if unlimited days are	s) for POS Inpatier e offered; e.g., 1 to	nt 999):
C No					Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval	1:
Select the typ Coinsurance:		atient Hospital Se	ervices Benefit with					
	ent Hospital				Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval	2:
(1b) Inpati	ent Psychiat	ric Hospital						
Services?(1	ge the Medic These are the in the inpatie	total charges for:	shares for Inpatient Acu all services provided to	ite	Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval	3:
☐ Yes ☐ No								
Indicate (Acute sta		percentage for PC	OS Inpatient Hospital -					
Indicate t Hospital	he number o - Acute stay:	day intervals for	the POS Inpatient					
C Zero C One C Two C Three		ance per Day)						
								/

SECTION C - POS - INPATIENT - BASE 3 SCREEN

🖳 PBP Dat	ta Entry Sy	stem - Section	C, Contract Z000	1, Pla	n 001, Segment 000		_ P X
File Help							
< <pre>revious</pre>	Next>>	Exit (Validate)	Exit (No Validate)	Go T	o: POS - Inpatient - Base 3		▼
Psychiatric Se	rvices? (The	e-defined cost sha se are the total ch he inpatient facilit	arges for all services		Indicate the coinsurance per Psychiatric Hospital stay (e	rcentage and day interval(nter '999' if unlimited days	s) for POS Inpatient are offered; e.g., 1 to 999):
○ Yes ○ No					Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:
Indicate Coir Hospital stay	nsurance per y:	centage for POS I	npatient Psychiatric		Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
Indicate the r Hospital stay	number of day	y intervals for the	POS Inpatient Psychiat	ric	Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
O One	Coinsuranc	e per Day)					
C Two C Three							

SECTION C - POS - INPATIENT - BASE 4 SCREEN

🖳 PBP Dat	ta Entry Sy	stem - Section	C, Contract Z00	1, Plan 001, Segment 000	_	\times
File Help						
< <pre>revious</pre>	Next>>	Exit (Validate)	Exit (No Validate)	Go To: POS - Inpatient - Base 4		
Is there an en Services?	rollee Copayn	ment for POS Inpa	tient Hospital	Indicate Copayment amount per stay for POS Inpatient Hospital - Acute	stay:	
C Yes C No				Indicate the number of day intervals for the POS Inpatient Hospital - Ac	ute stay:	
Copayment:	pe of POS Inp		ervices Benefit with	C Zero (No Copayment per Day) C One C Two		
(1b) Inpati	ient Psychiatr	ric Hospital		C Three		
Inpatient Ac	cute Services	are-defined cost s ? (These are the tended)	otal charges for all	Indicate the copayment amount and day interval(s) for POS Inpatient - Acute stay (enter '999' if unlimited days are offered; e.g., 1 to 999):	Hospital	
C Yes C No				Copayment Amt Interval 1: Begin Day Interval 1: End Day Interv	al 1:	
				Copayment Amt Interval 2: Begin Day Interval 2: End Day Interv	al 2:	
				Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval	al 3:	
						/

SECTION C - POS - INPATIENT - BASE 5 SCREEN

🖳 PBP Dat	a Entry Sy	stem - Section	C, Contract 7	0001, Plan	001, Segment 000	_		$\overline{\times}$
File Help								
< <pre><<pre>revious</pre></pre>	Next>>	Exit (Validate)	Exit (No Validat	e) Go To:	POS - Inpatient - Base 5		T	
	ese are the to	e-defined cost sha otal charges for all ility.)			Is there a POS Deductible for Inpatient Hospital Services? O Yes O No			
O Yes					- No			
O No Indicate Copa	yment amou	nt per stay for PO	S Inpatient Psychi	atric Hospital:	Select the type of POS Inpatient Hospital Services benefit with a Deductible: Inpatient Hospital - Acute Inpatient Psychiatric Hospital			
Indicate the nu Hospital stay:	mber of day i	intervals for the P	OS Inpatient Psyc	hiatric	Combined for both Inpatient Hospital Acute and Inpatient Psychiatric Hospital			
C Zero (No C C One C Two	Copayment p	er Day)			Enter Deductible amount for Inpatient Hospital - Acute:			
Indicate the o	opayment an ospital stay (nount and day inte enter '999' if unlim	rval(s) for POS In	patient red; e.g., 1 to 9	Enter Deductible amount for Inpatient Psychiatric Hospital:			
Copayment A	mt Interval 1:	Begin Day Inte	rval 1: End Da	y Interval 1:	Enter Deductible amount for combined Inpatient Hospital Acute and Inpatient Psychiatric Hospital:			
Copayment A	mt Interval 2:	Begin Day Inte	erval 2: End Day	y Interval 2:				
Copayment A	mt Interval 3:	Begin Day Inte	rval 3: End Day	/ Interval 3:				
								/

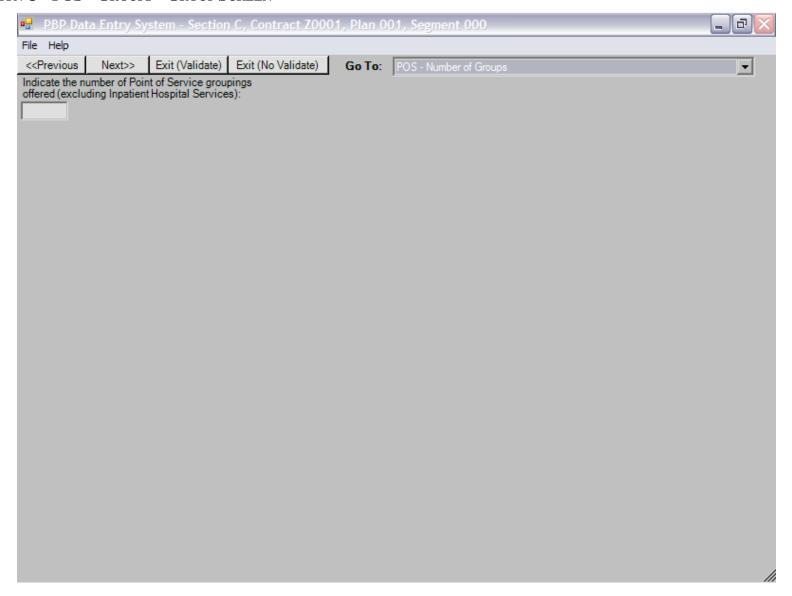
SECTION C - POS - SNF - BASE 1 SCREEN

PBP Data Entry System - Section C, Contract Z000	1, Plan 001, Segment 000	X
File Help		
<pre><<pre><<pre></pre></pre></pre>	Go To: POS - SNF - Base 1 Indicate the coinsurance percentage and day interval(s) for POS SNF s '999' if unlimited days are offered; e.g., 1 to 999):	stay (enter
C No Do you charge the Medicare-defined cost shares? (These are the	Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval	val 1:
total charges for all services provided to the enrollee in the SNF.) C Yes No	Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval	val 2:
Indicate Coinsurance percentage for POS SNF stay:	Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval	val 3:
Indicate the number of day intervals for the POS SNF stay:		
C Zero (No Coinsurance per Day) C One C Two C Three		

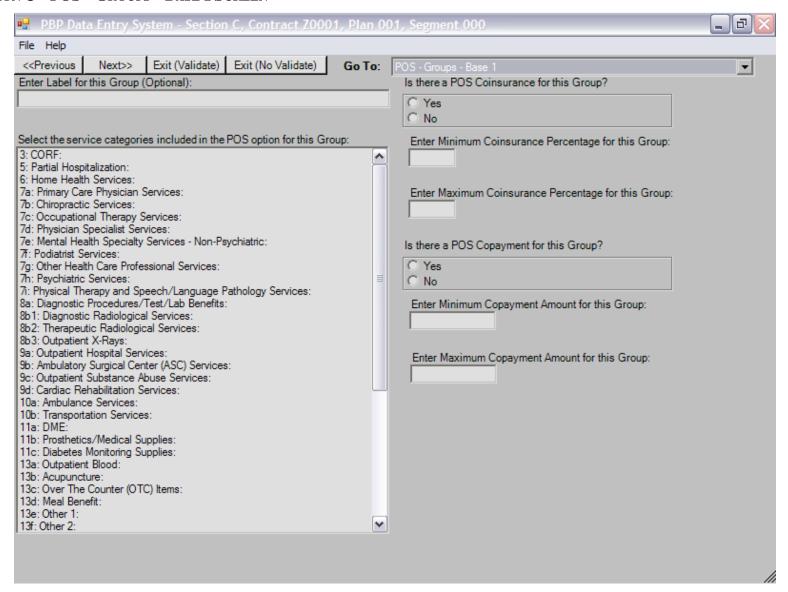
SECTION C - POS - SNF - BASE 2 SCREEN

PBP Data Entry System - Section C, Contract Z0001, Plan 001, Segment 000	×
File Help	
< <pre><<pre></pre></pre>	▼
Is there an enrollee Copayment for POS SNF Services? Indicate the copayment amount and day interval(s) for POS SNF stay (enter '999' unlimited days are offered; e.g., 1 to 999): No	if
Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1: Do you charge the Medicare-defined cost shares?(These are the total charges for all services provided to the enrollee	
in the inpatient facility.) Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2: O Yes O No	
Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3: Indicate Copayment amount per stay for POS SNF stay:	
Is there a POS Deductible for SNF Services?	
Indicate the number of day intervals for the POS SNF stay:	
C Zero (No Copayment per Day) C One C Two C Three Enter Deductible amount for SNF:	

SECTION C - POS - GROUPS - GROUP SCREEN



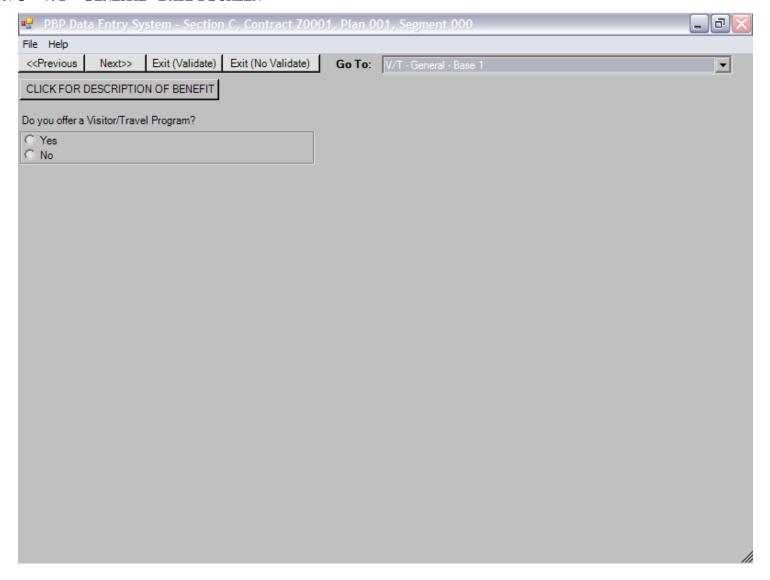
SECTION C - POS - GROUPS - BASE 1 SCREEN



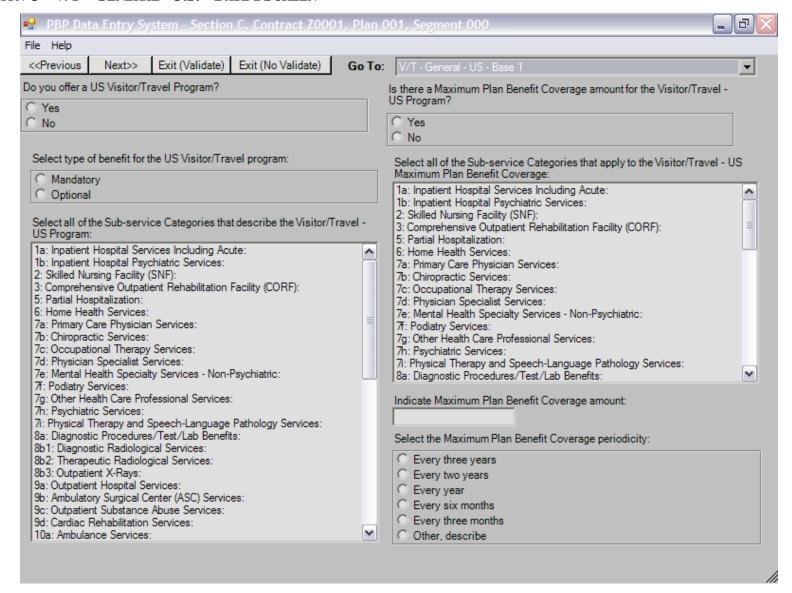
SECTION C - POS - GROUPS - BASE 2 SCREEN

PBP Data Entry System - Section C, Contract Z0001, Plan	001, Segment 000
File Help	
< <pre><<pre></pre></pre>	POS - Groups - Base 2
Is there a POS Maximum Plan Benefit Coverage amount for this group?	
C Yes	
○ No	
Indicate Maximum Plan Benefit Coverage amount:	
Select the Maximum Plan Benefit Coverage periodicity:	
© Every three years	
© Every two years	
© Every year © Every six months	
C Every three months	
Other, describe	
Is there a POS Deductible for this group?	
C Yes	
○ No	
Indicate Deductible amount for POS services:	

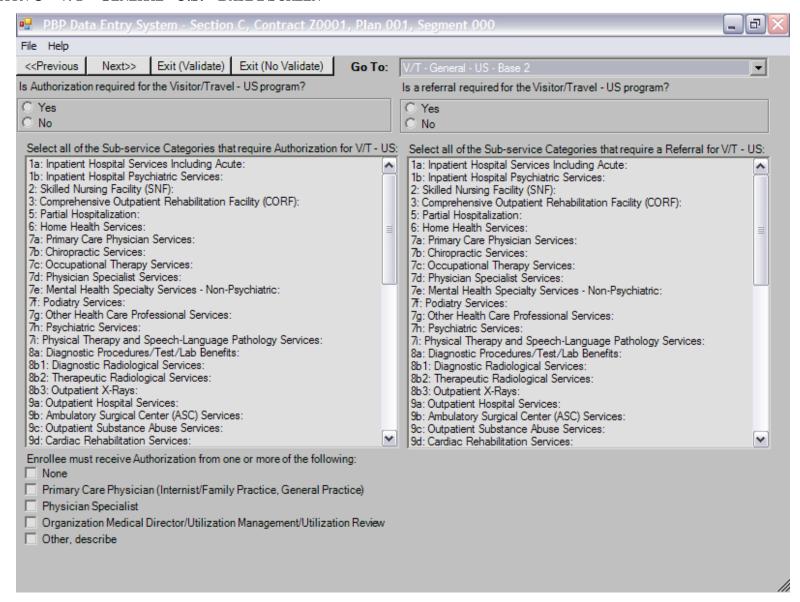
SECTION C - V/T - GENERAL -BASE 1 SCREEN



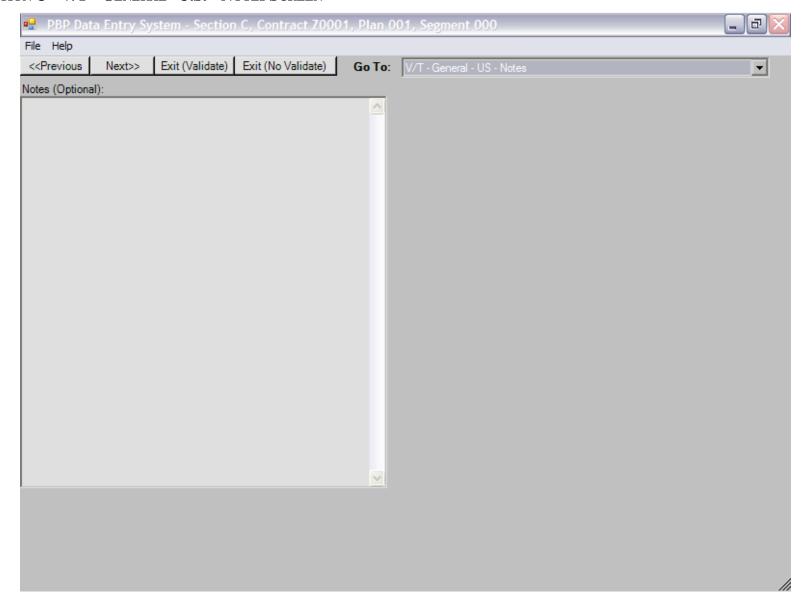
SECTION C - V/T - GENERAL -U.S. - BASE 1 SCREEN



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 Date	ta Entry Sy	stem - Section	C, Contract Z00	01, Plan	001, Segment 000			. 🗗	×
File Help									
<< Previous	Next>>	Exit (Validate)	Exit (No Validate)	Go To:	V/T - Inpatient - US - Base	1		Ţ	
	ring for this l	benefit the same a	s in Section B?		Indicate the number of day i stay:	ntervals for the V/T - US I	Inpatient Hospital	Acute	
C Yes C No					C Zero (No Coinsurance p	per Day)			
Is there an Services?	enrollee Coir	nsurance for V/T -	US Inpatient Hospital		C One C Two C Three				
○ Yes ○ No					Indicate the coinsurance pe Hospital - Acute stay (enter	rcentage and day interval '999' if unlimited days ar	(s) for V/T - USInpre offered; e.g., 1 to	patient 999):	
Coinsuran			oital Services Benefit	with	Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interv	al 1:	
(1b) Inp	patient Psych	iatric Hospital			Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interv	al 2:	
Services	? (These are	dicare-defined co the total charges t atient facility.)	st shares for Inpatient for all services provid	t Acute ed to	Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interv	al 3:	
Indicate (Acute sta		percentage for V/	T - US Inpatient Hospi	ital -					
									-

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

🖳 PBP Dat	ta Entry Sy	stem - Section	C, Contract Z000	1, Plan (001, Segment 000			_ & >	
File Help									
< <pre><<pre>revious</pre></pre>	Next>>	Exit (Validate)	Exit (No Validate)	Go To:	V/T - Inpatient - US -	Base 2		V	
Psychiatric Se provided to the	ervices?(The	e-defined cost sha se are the total ch he inpatient facilit	arges for all services	Psy	cate the coinsurance pe chiatric Hospital stay (e nsurance % Interval 1:	ercentage and day interval enter '999' if unlimited days Begin Day Interval 1:	s are offered; e.g., 1 to	999):	
○ Yes ○ No							End Day Interval		
Hospital stay	surance pero :	entage for V/T - U	SInpatient Psychiatric	Coi	nsurance % Interval 2:	Begin Day Interval 2:	End Day Interval	2:	
Psychiatric H	lospital stay:		//T - US Inpatient	Coi	nsurance % Interval 3:	Begin Day Interval 3:	End Day Interval	3:	
C One	Coinsurance	e per Day)							
C Two									
C Three									
									11

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

🖳 PBP Dat	ta Entry Sy	stem - Section	C, Contract Z00	01, Plan	001, Segment 000			- PX
File Help								
<< Previous	Next>>	Exit (Validate)	Exit (No Validate)	Go To	V/T - Inpatient - US - I	Base 3		
Is there an end Services?	rollee Copayn	ment for V/T - US	Inpatient Hospital	Indic	cate Copayment amount	per stay for V/T - US Inpa	atient Hospital - Acute s	tay:
○ Yes ○ No				Indic stay	cate the number of day in	tervals for the V/T - US I	npatient Hospital - Acute	3
Select the typ with Copaym		Inpatient Hospital	Services Benefit	0	Zero (No Copayment per	· Day)		7
(1a) Inpat		- Acute		0	One			
(1b) Inpati	ient Psychiatr	ric Hospital			Two			
					Three			
Acute Servi	ces? (These	are-defined costs are the total charg n the inpatient fac	shares for Inpatient les for all services ility.)	Indi Hos	icate the copayment amo spital- Acute stay (enter '	ount and day interval(s) for 1999' if unlimited days are	or V/T - US Inpatient e offered; e.g., 1 to 999):	
C Yes				Co	payment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:	
○ No								
				Co	payment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:	
				Co	payment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:	
								//

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

🖳 PBP Dat	ta Entry Sy	stem - Section	C, Contract 7	20001, Plan (001	1, Segment 000	_ P X
File Help							
<< Previous	Next>>	Exit (Validate)	Exit (No Validat	e) Go To:	: [V/T - Inpatient - US - Base 4	▼
Do you charge Psychiatric Se to the enrolled	ervices?(The	re-defined cost sh ese are the total ch ent facility.)	ares for for Inpati arges for all servi	ent ces provided	,		_
C Yes C No							
Indicate Co Hospital:	payment amo	ount per stay for V	/T - US Inpatient i	Psychiatric			
Indicate the nu Hospital stay:	mber of day i	ntervals for the V	T - US Inpatient F	sychiatric			
C Zero (No (Copayment pe	er Day)					
O Two							
C Three							
Indicate the c Inpatient Psy e.g., 1 to 999	chiatric Hosp	ercentage and da ital stay (enter '99	y interval(s) for V 9' if unlimited day	/T - US /s are offered;			
Copayment A	Amt Interval 1	Begin Day Inte	erval 1: End Da	y Interval 1:			
Copayment A	Amt Interval 2	Begin Day Inte	erval 2: End Da	y Interval 2:			
Copayment A	Amt Interval 3	Begin Day Inte	erval 3: End Da	y Interval 3:			

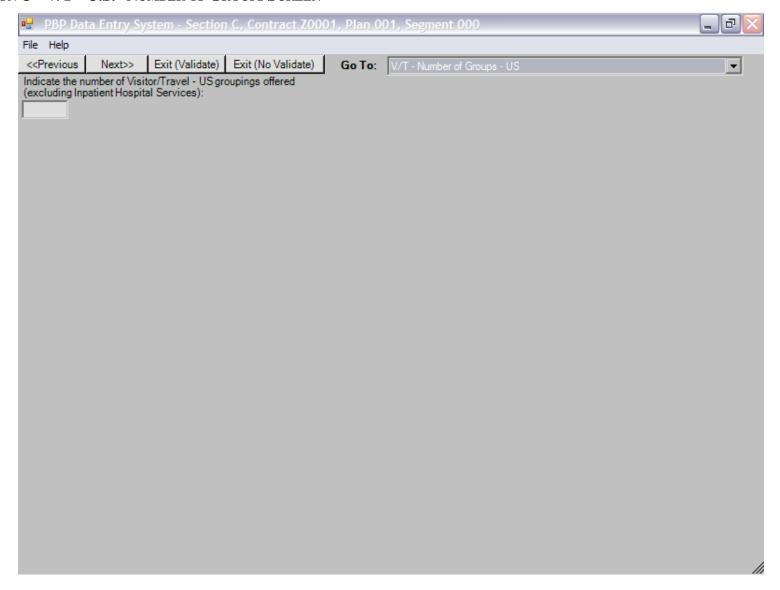
SECTION C - V/T - SNF - U.S. - BASE 1 SCREEN

PBP Dat	a Entry Sy	stem - Section	C, Contract Z00	01, Plan 0	01, Segment 000		_ P X
File Help							
< <pre><<pre>revious</pre></pre>	Next>>	Exit (Validate)	Exit (No Validate)	Go To:	V/T - SNF - US - Bas	se 1	▼
Is the cost sha	ring for this l	benefit the same a	s in Section B?	Indic	ate the coinsurance p	ercentage and day interv offered; e.g., 1 to 999):	val(s) for V/T US SNF stay (enter
O Yes				333	in diminiscu duys die	olicica, c.g., 1 to 555).	
○ No				Coin	surance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:
le thara an a	nrollee Coins	surance for V/T US	S SNE Santinge?				
© Yes	monee coms	surance for V/1 Oc	JOHN DEIVICES:	Coin	eurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
O No				Com	Surance % Interval 2.	begin bay interval 2.	Life Day Interval 2.
				,			,
Do you cha	rge the Medic	care-defined cost	shares? (These are	Coin	surance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
SNF.)	arges for all s	services provided	to the enrollee in the				
C Yes							
○ No							
Indicate Co	insurance pe	ercentage for V/T	US SNF stay:				
			e V/T US SNF stay:				
C Zero (N	lo Coinsuran	ce per Day)					
C Two							
C Three							

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

File Help < <pre> <<pre> </pre> Next>> Exit (Validate)</pre>
Is there an enrollee Copayment for V/T US SNF Services? Indicate the copayment amount and day interval(s) for V/T US SNF stay (enter '999' if unlimited days are offered; e.g., 1 to 999):
if unlimited days are offered; e.g., 1 to 999):
C No
Do you charge the Medicare-defined cost shares?(These are the total charges for all services provided to the enrollee in the inpatient facility.) Consument Amt Interval 1: Begin Day Interval 1: End Day Interval 1: End Day Interval 1: End Day Interval 2: End Day Interval 3: End Day Int
Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2: C Yes No
Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3: Indicate Copayment amount per stay for V/T US SNF stay:
Is there a V/T US Deductible for SNF Services?
Indicate the number of day intervals for the V/T US SNF stay:
C Zero (No Copayment per Day)
○ One ○ Two ○ Three Enter Deductible amount for SNF:

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



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

