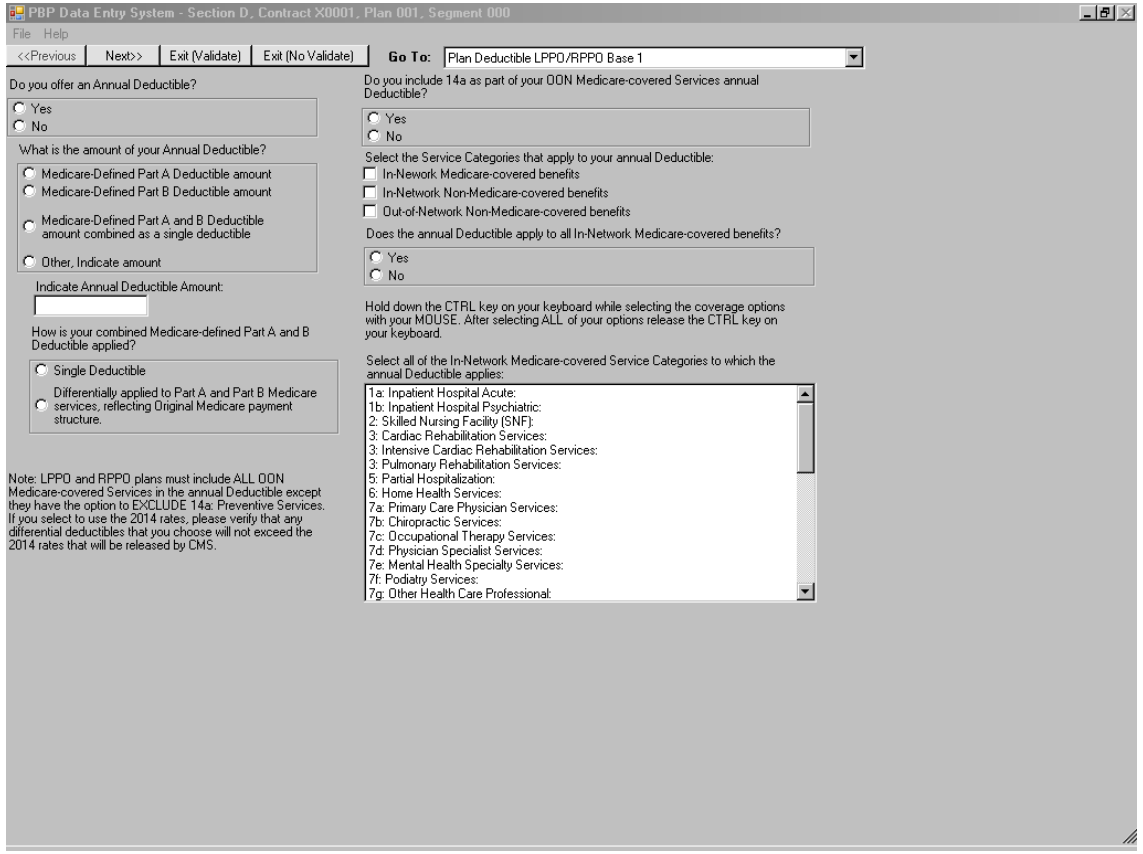
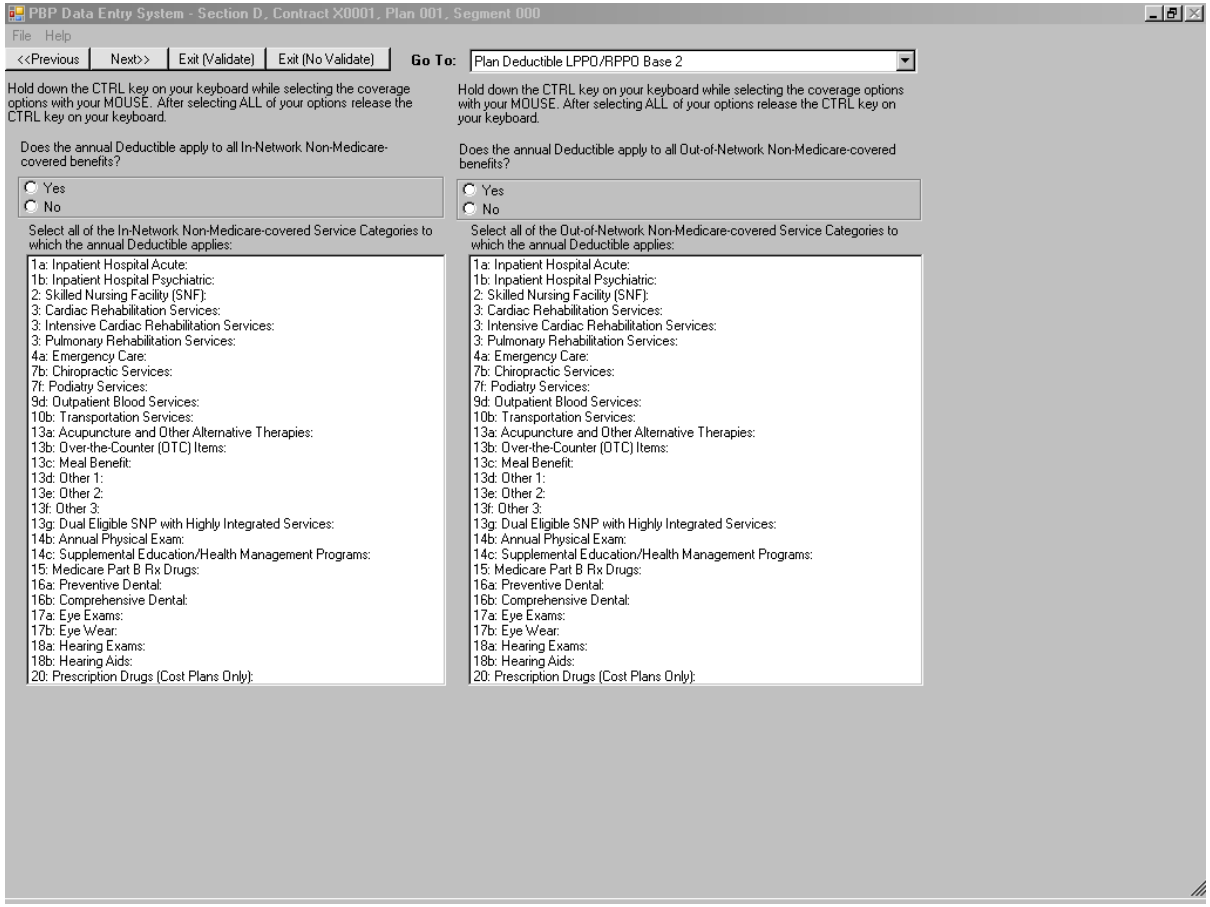
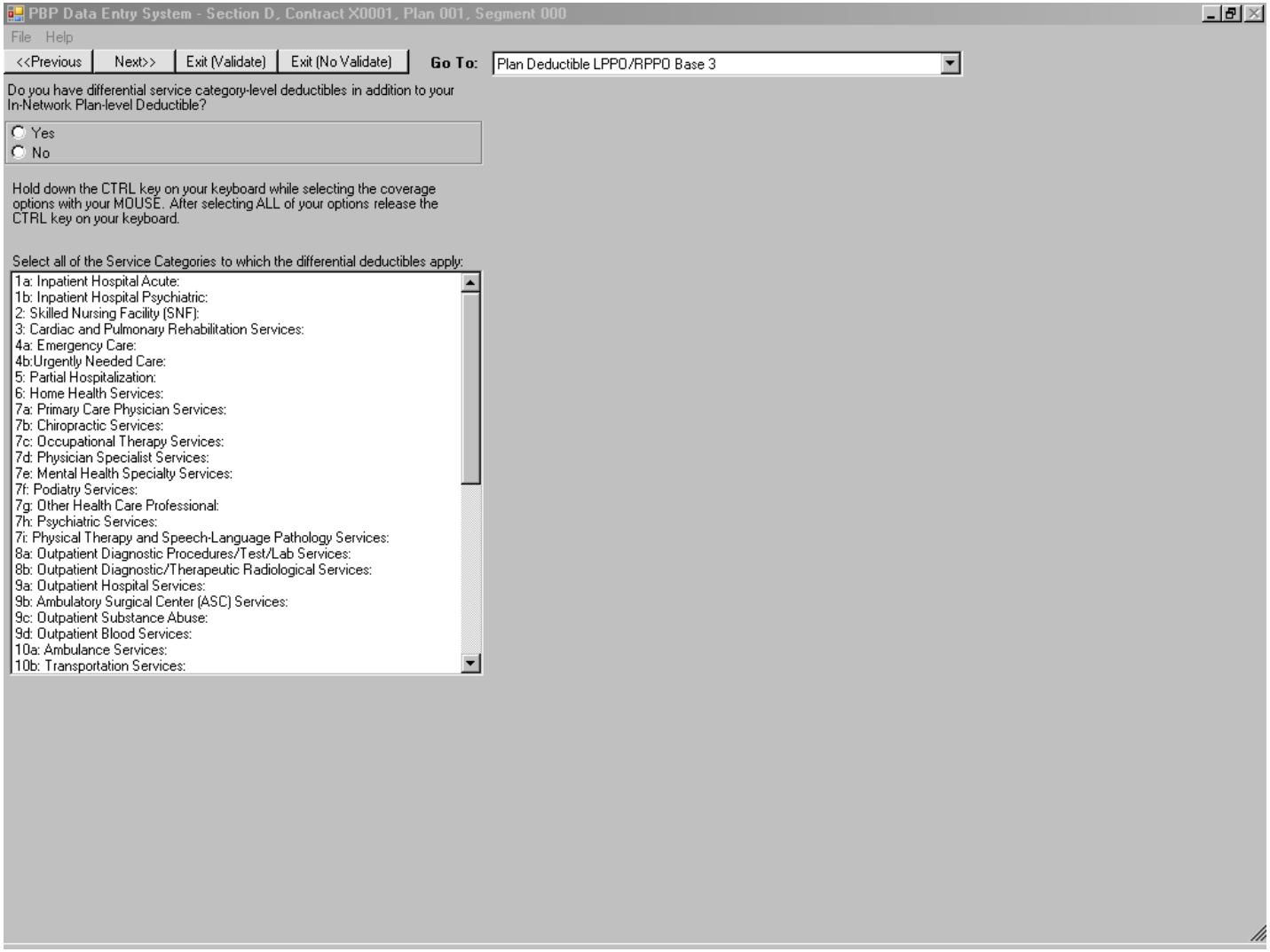
Plan Deductible LPPO/RPPO Base 1 – Screen



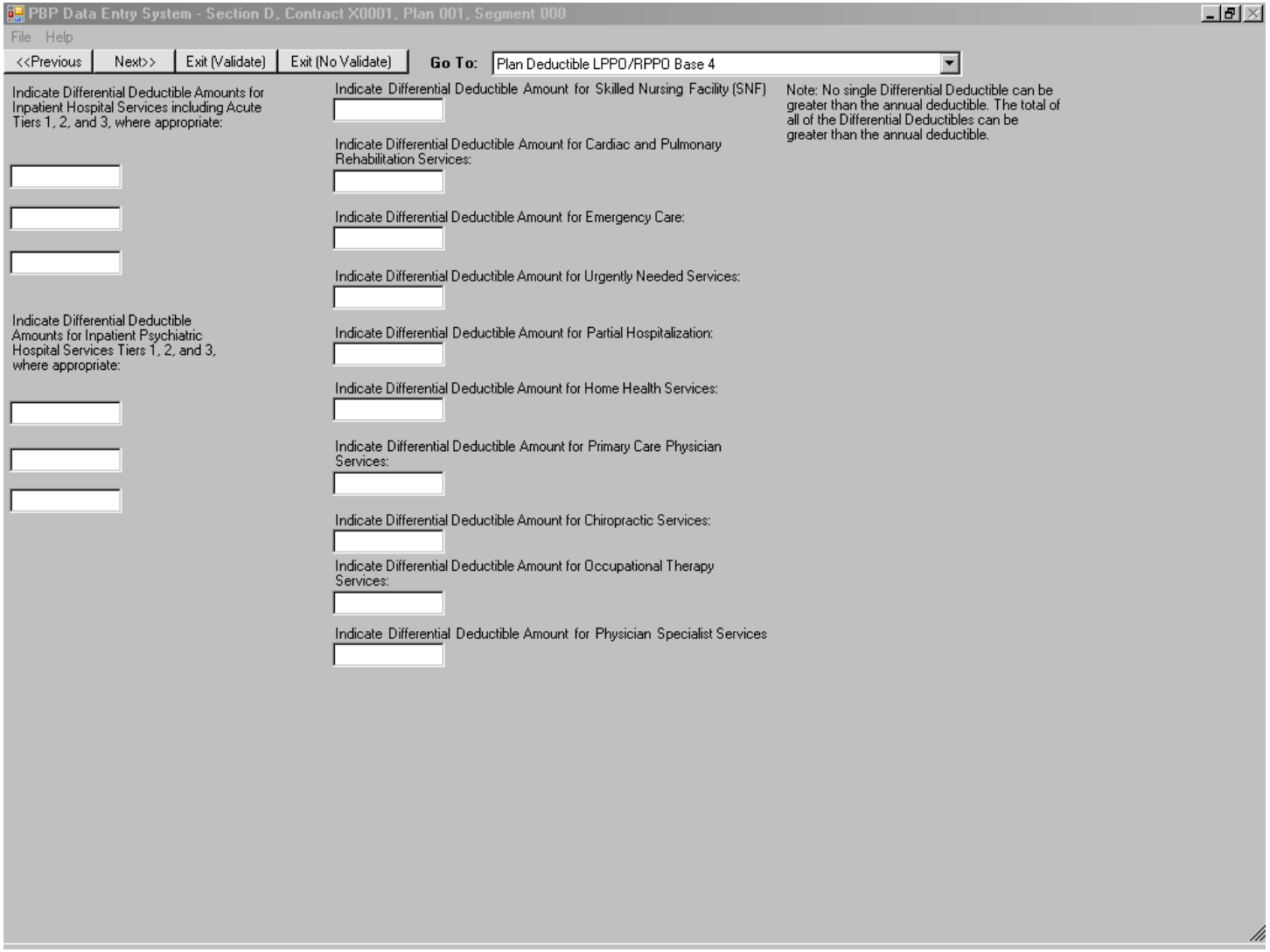
Plan Deductible LPPO/RPPO Base 2 – Screen



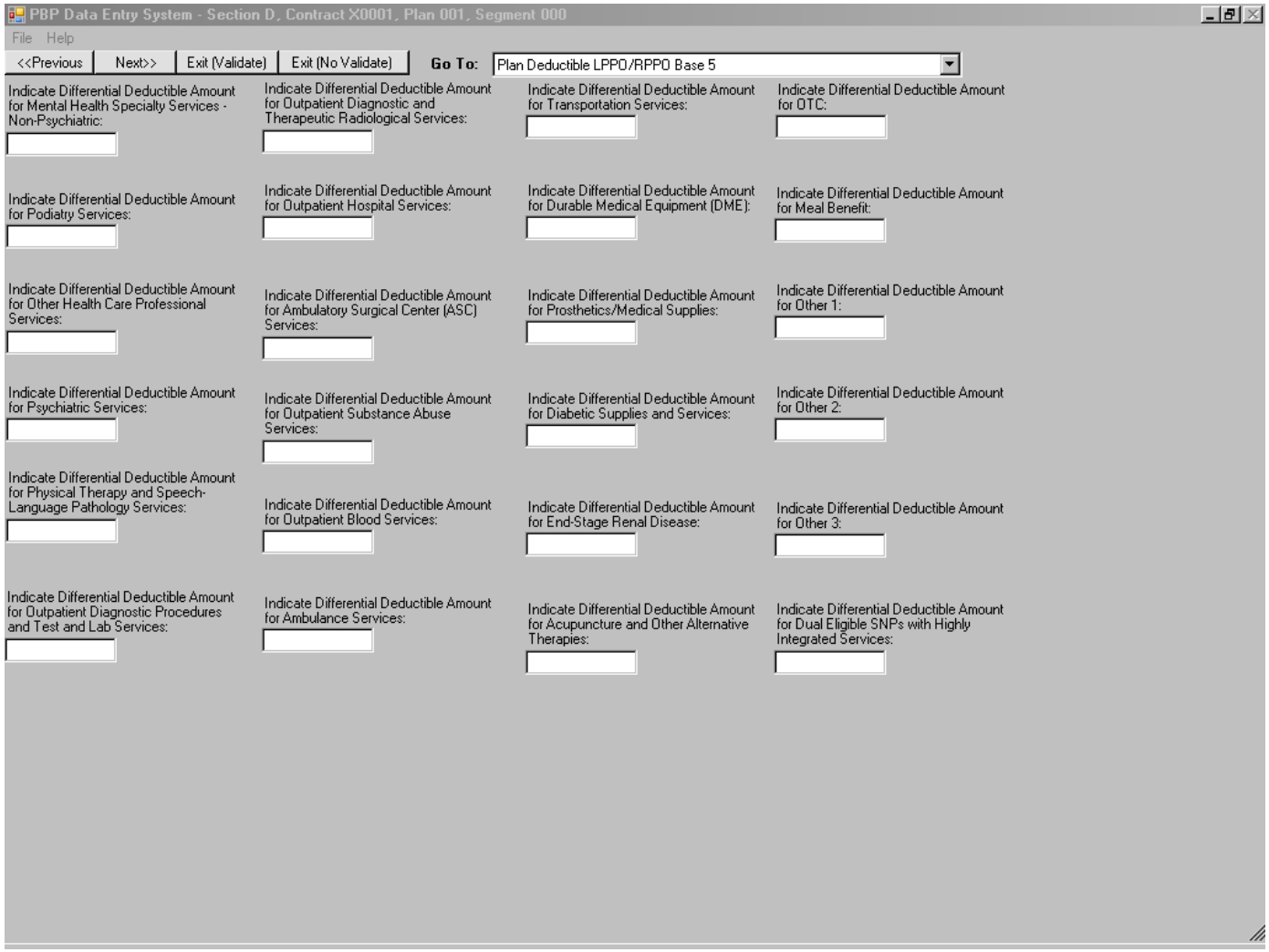
Plan Deductible LPPO/RPPO Base 3 – Screen



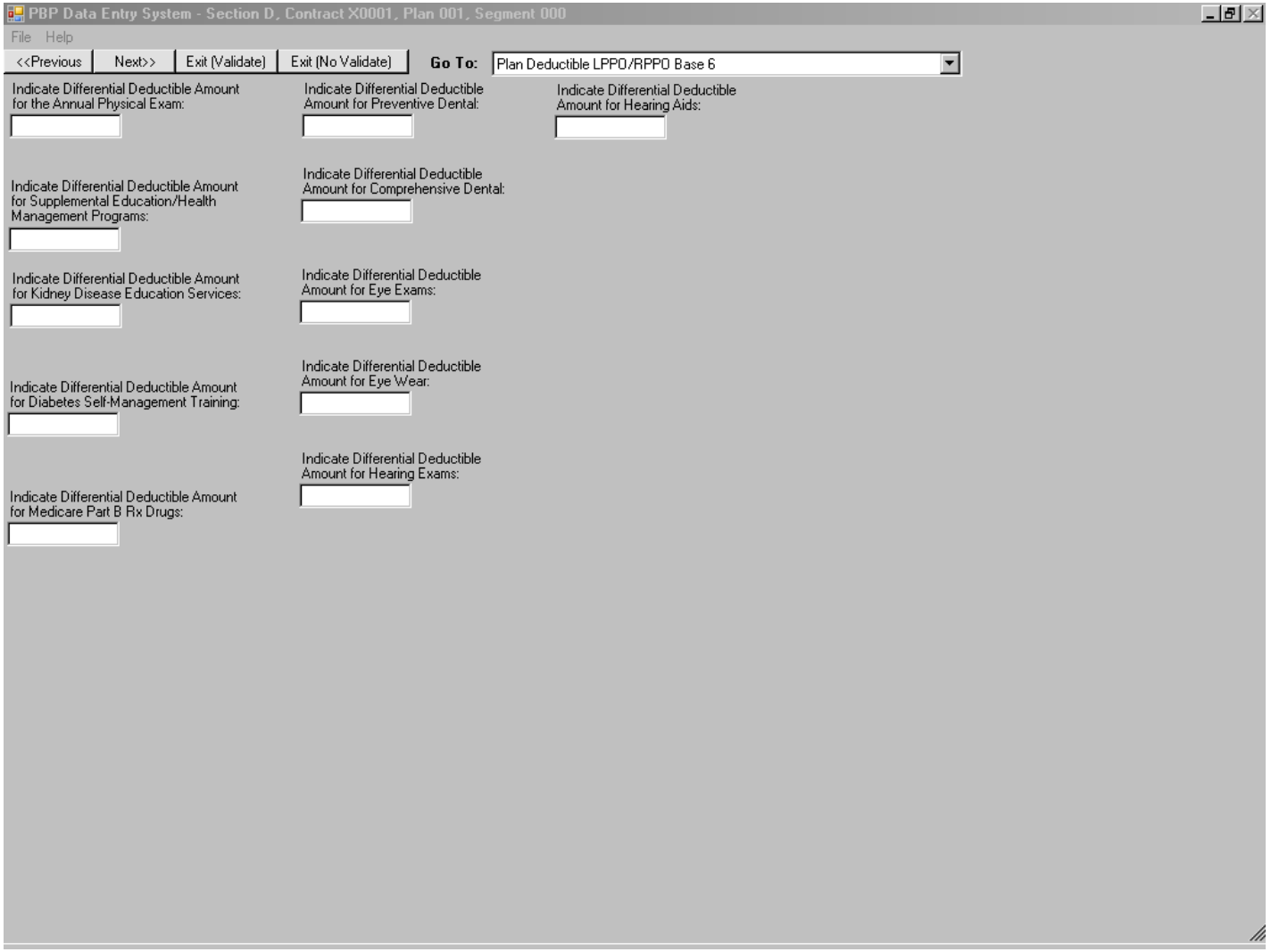
Plan Deductible LPPO/RPPO Base 4 – Screen



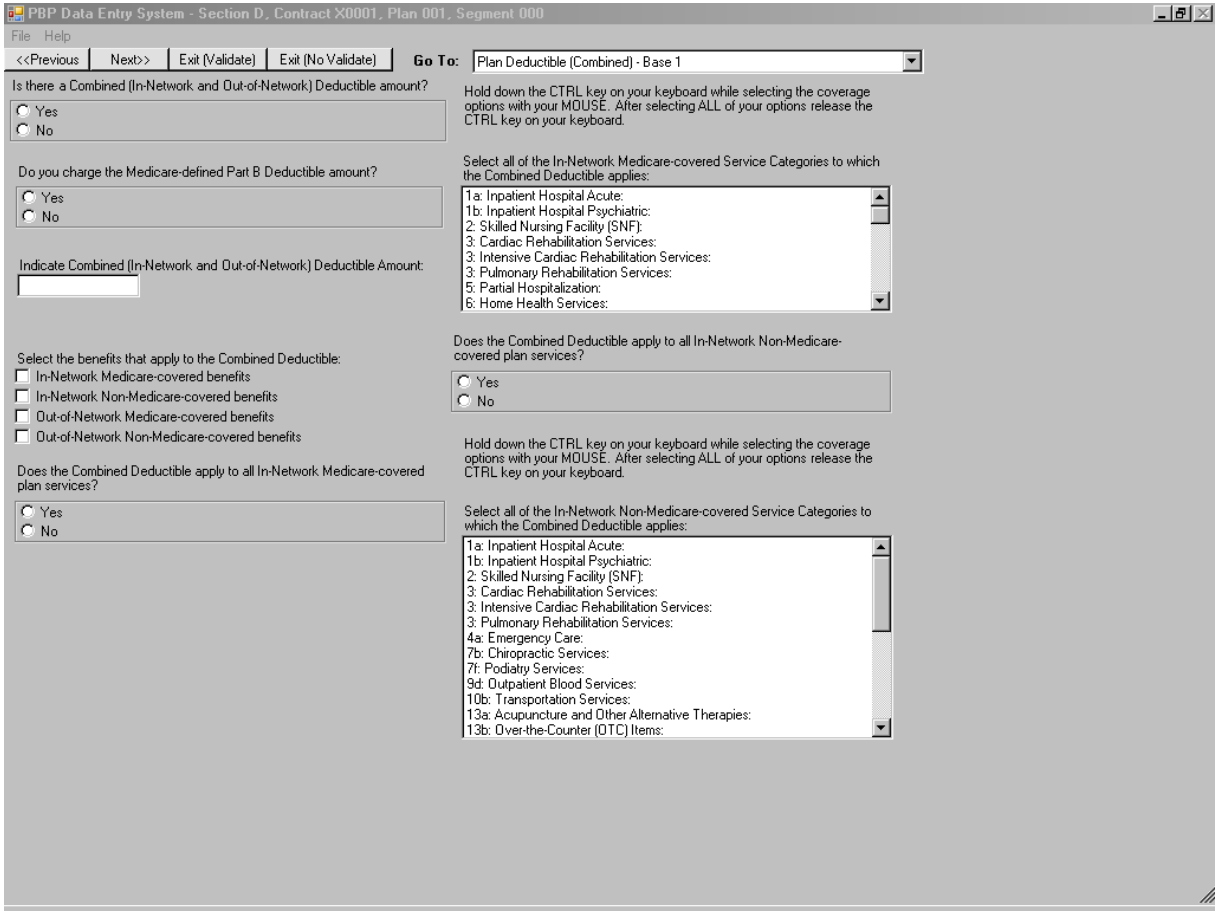
Plan Deductible LPPO/RPPO Base 5 – Screen



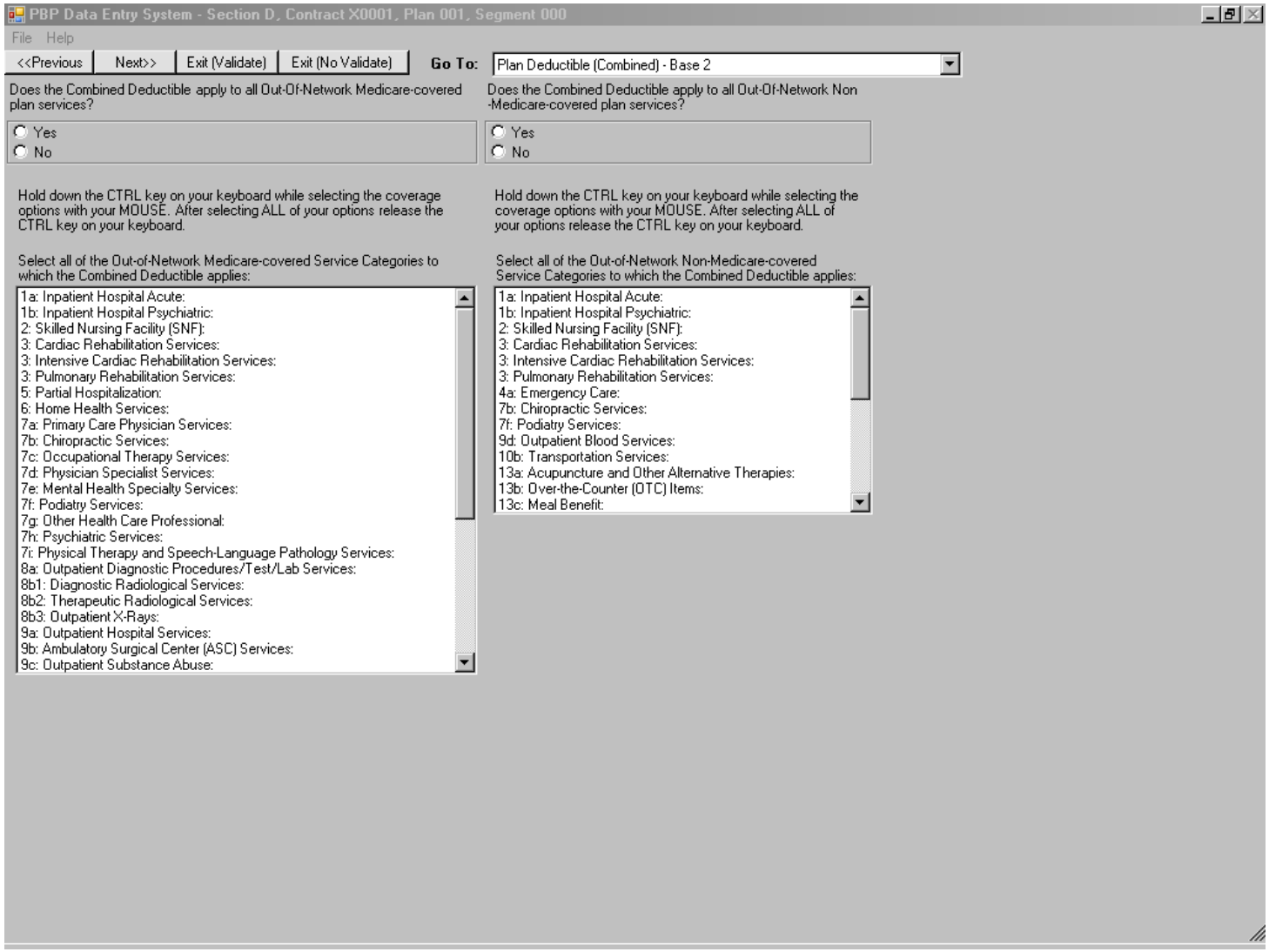
Plan Deductible LPPO/RPPO Base 6 – Screen



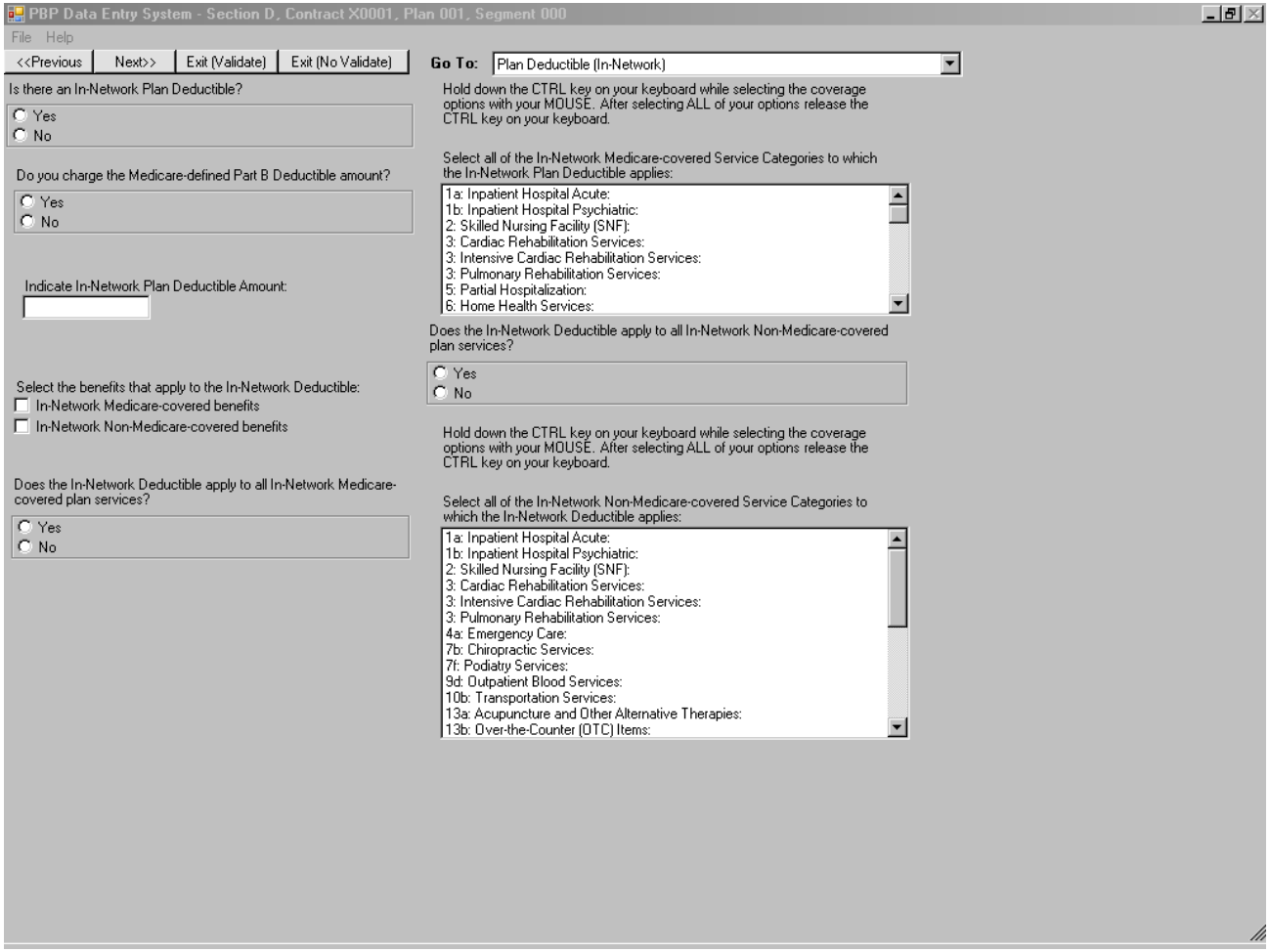
Plan Deductible (Combined) – Base 1 Screen



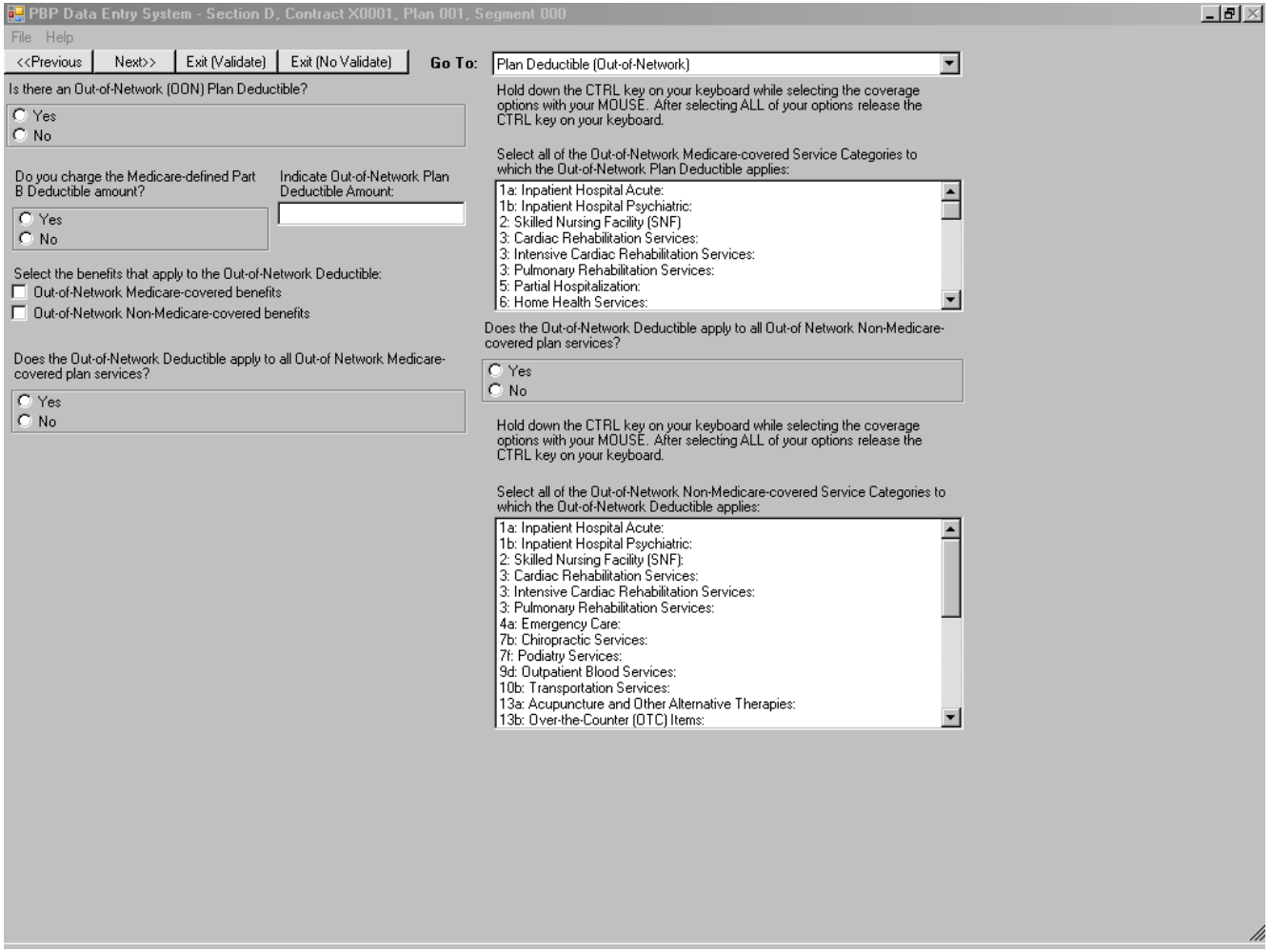
Plan Deductible (Combined) – Base 2 Screen



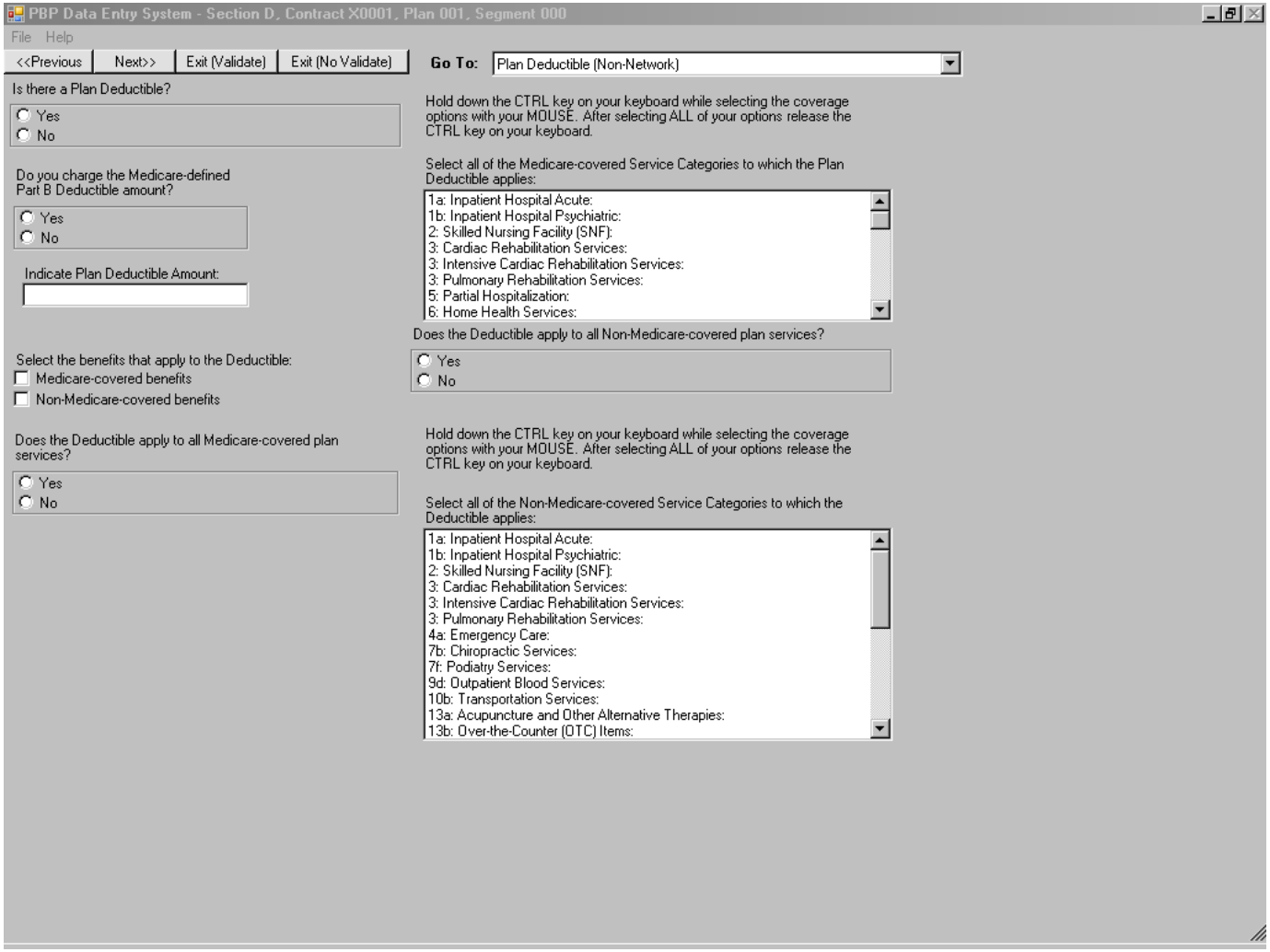
Plan Deductible (In-Network) Screen



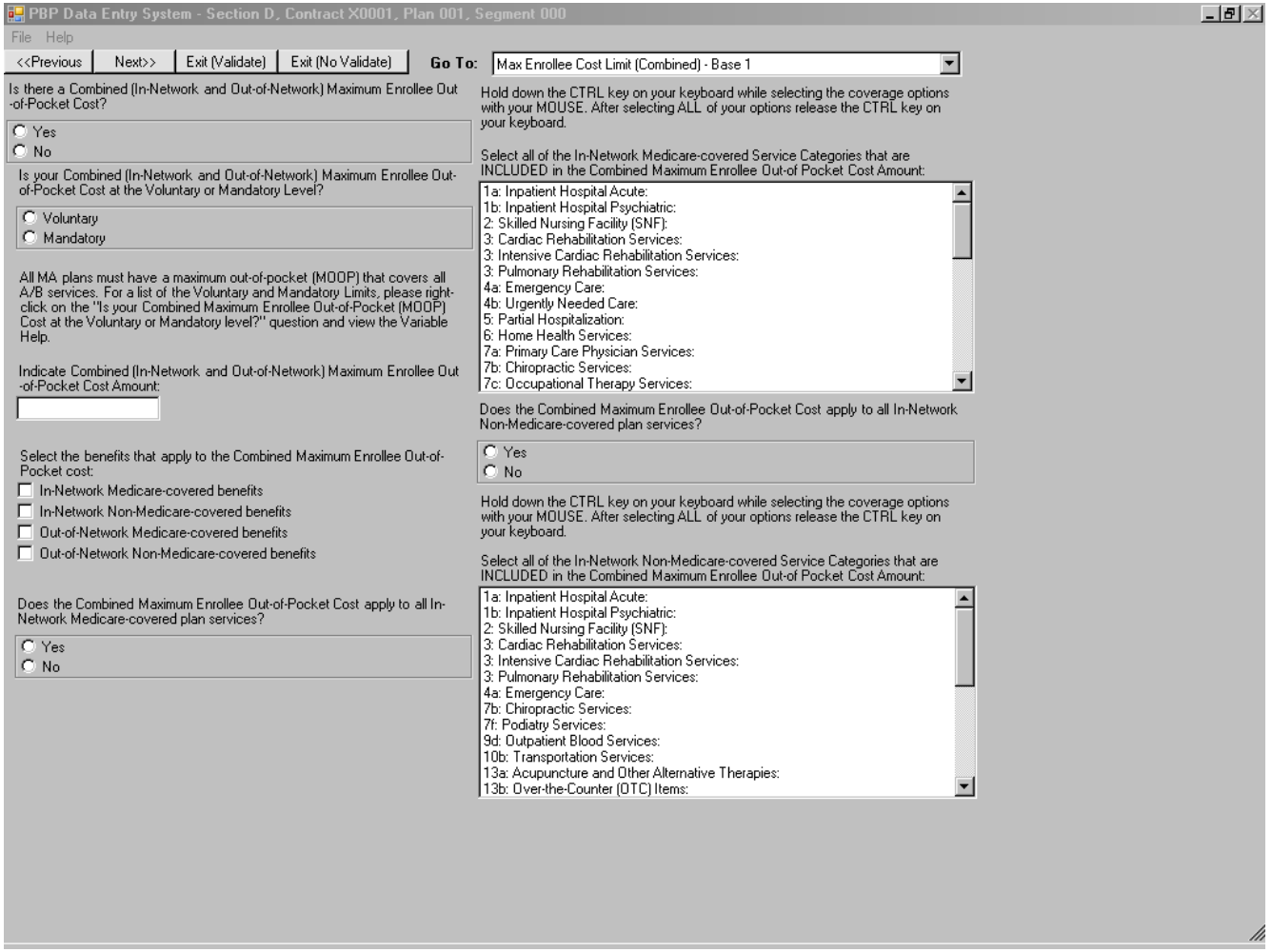
Plan Deductible (Out-of-Network) Screen



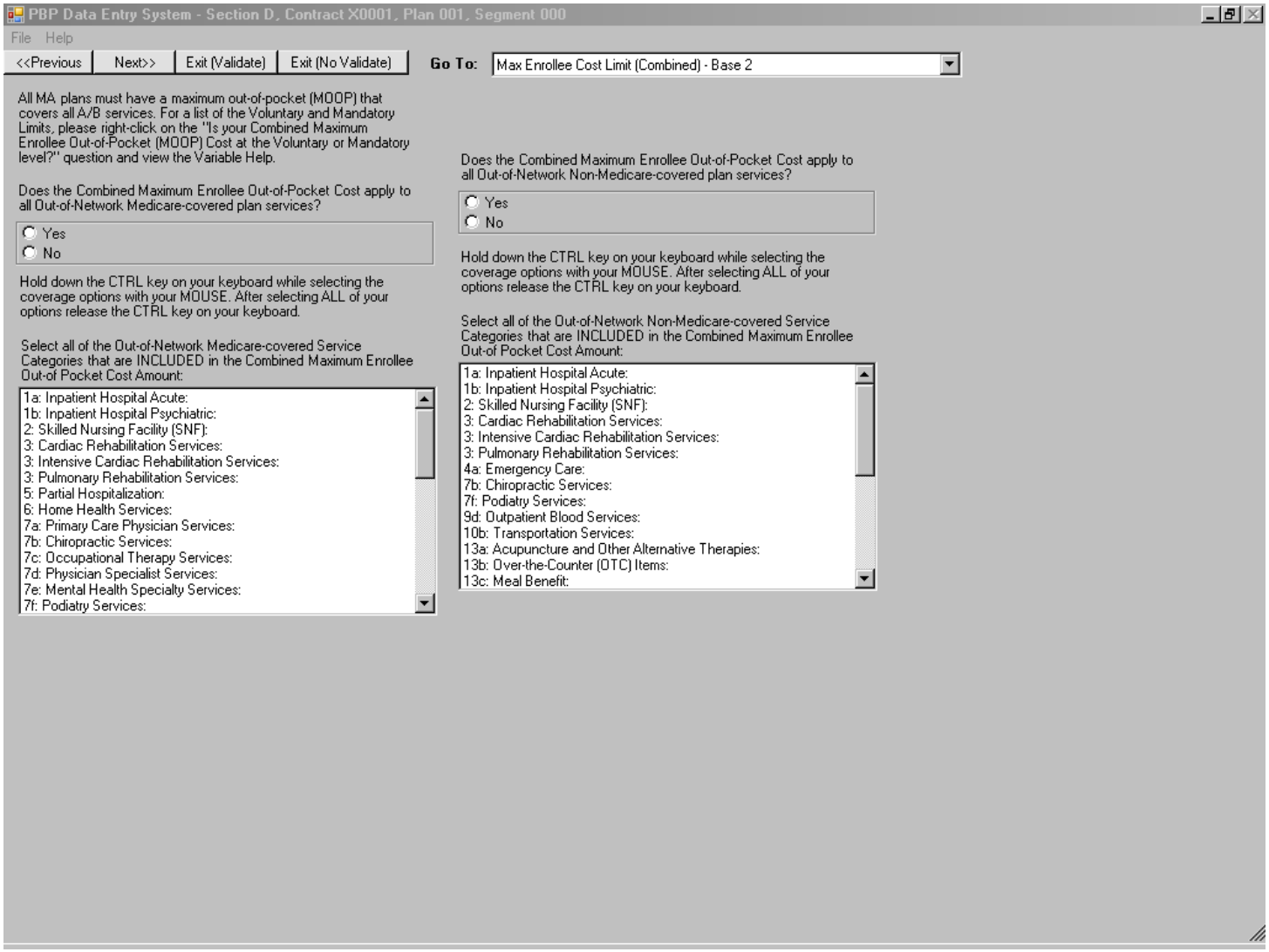
Plan Deductible (Non-Network) Screen



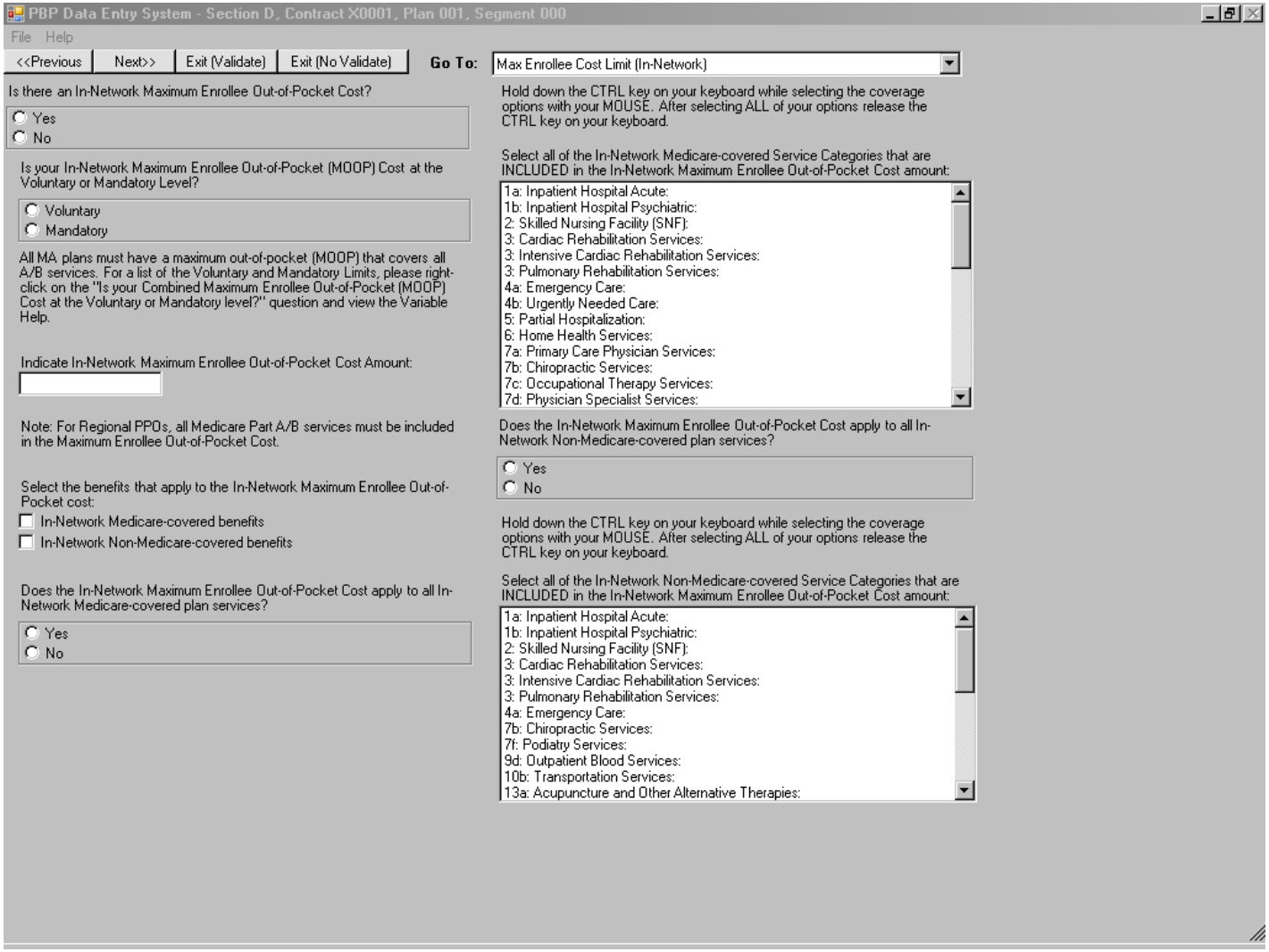
Max Enrolle Cost Limit (Combined) – Base 1 Screen



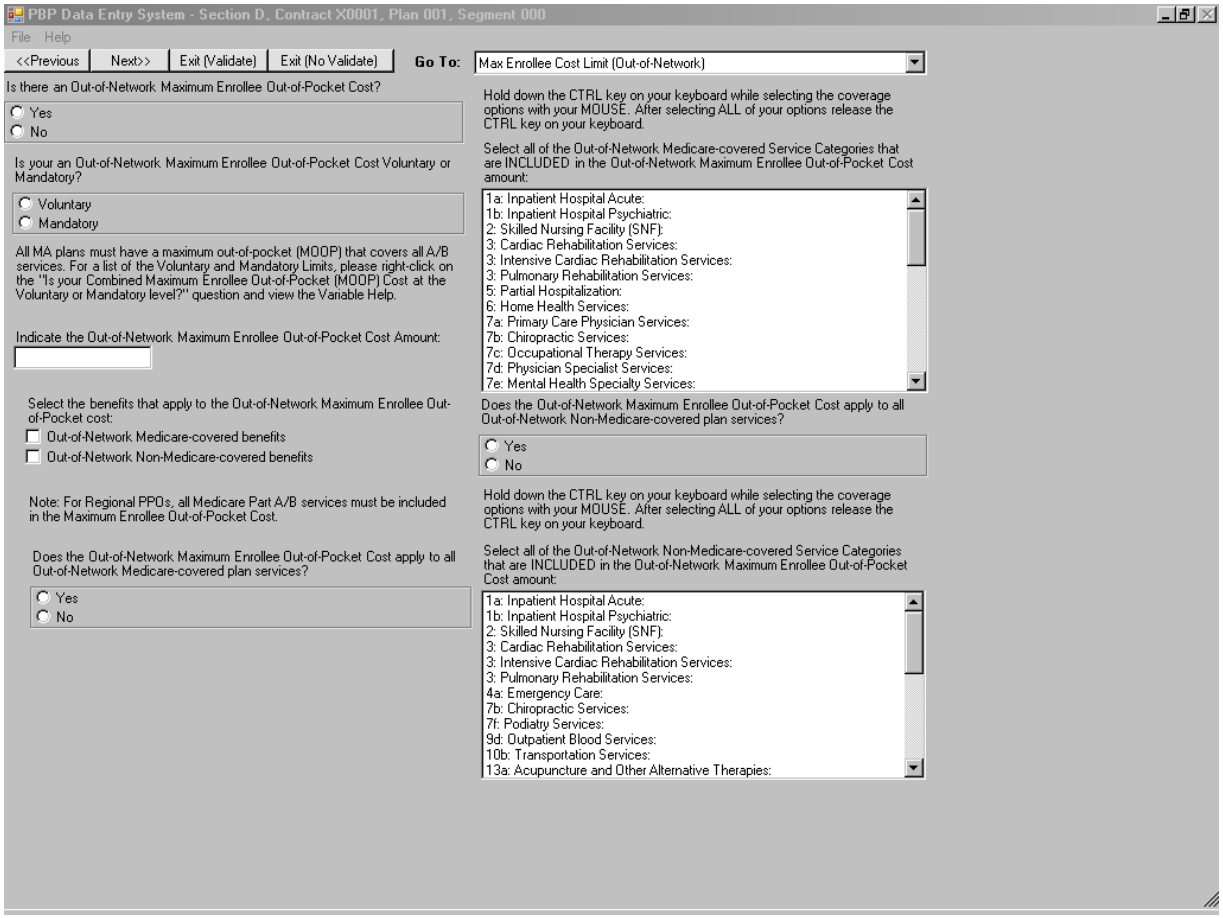
Max Enrollee Cost Limit (Combined) – Base 2 Screen



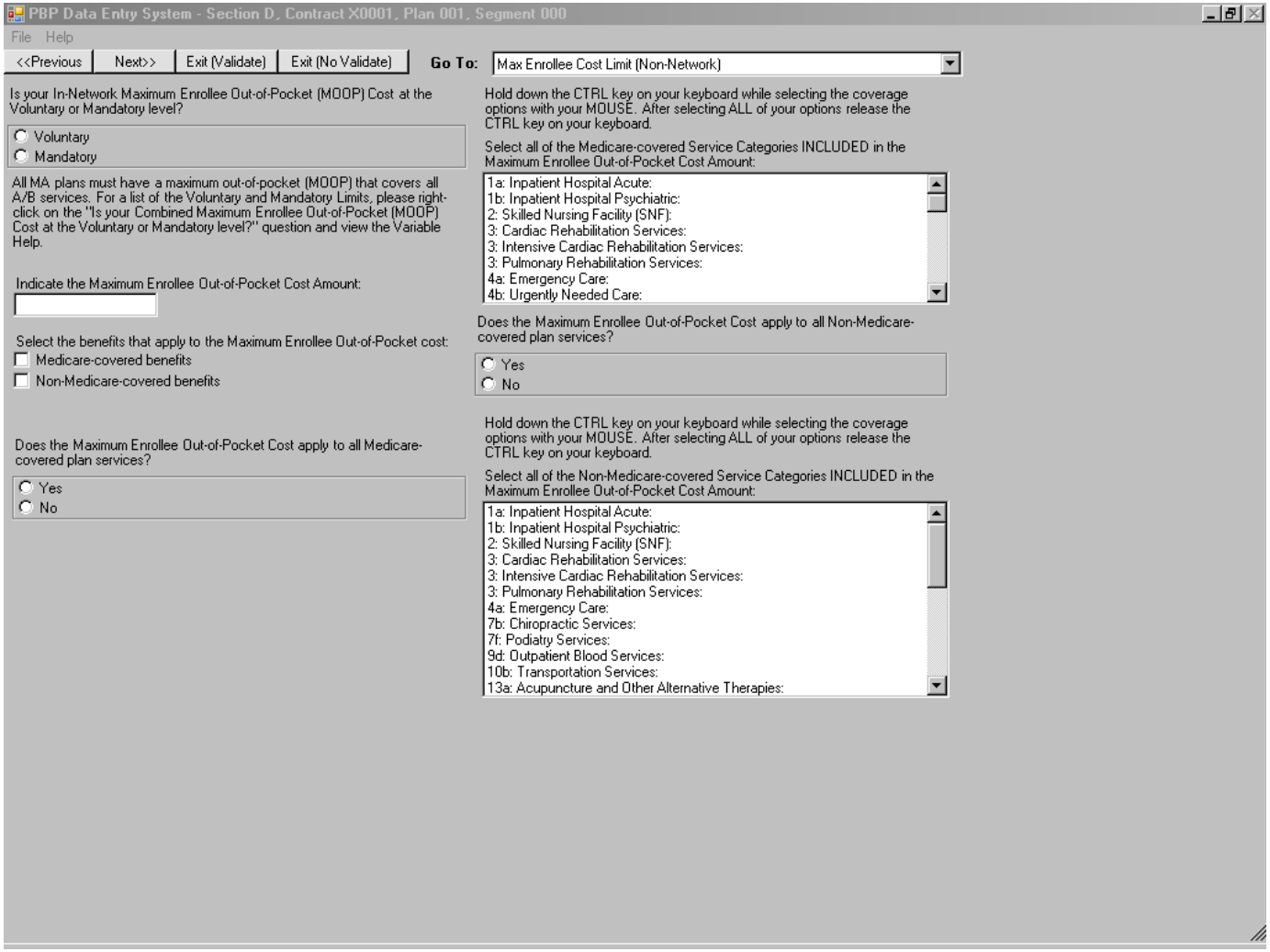
Max Enrollee Cost Limit (In-Network) Screen



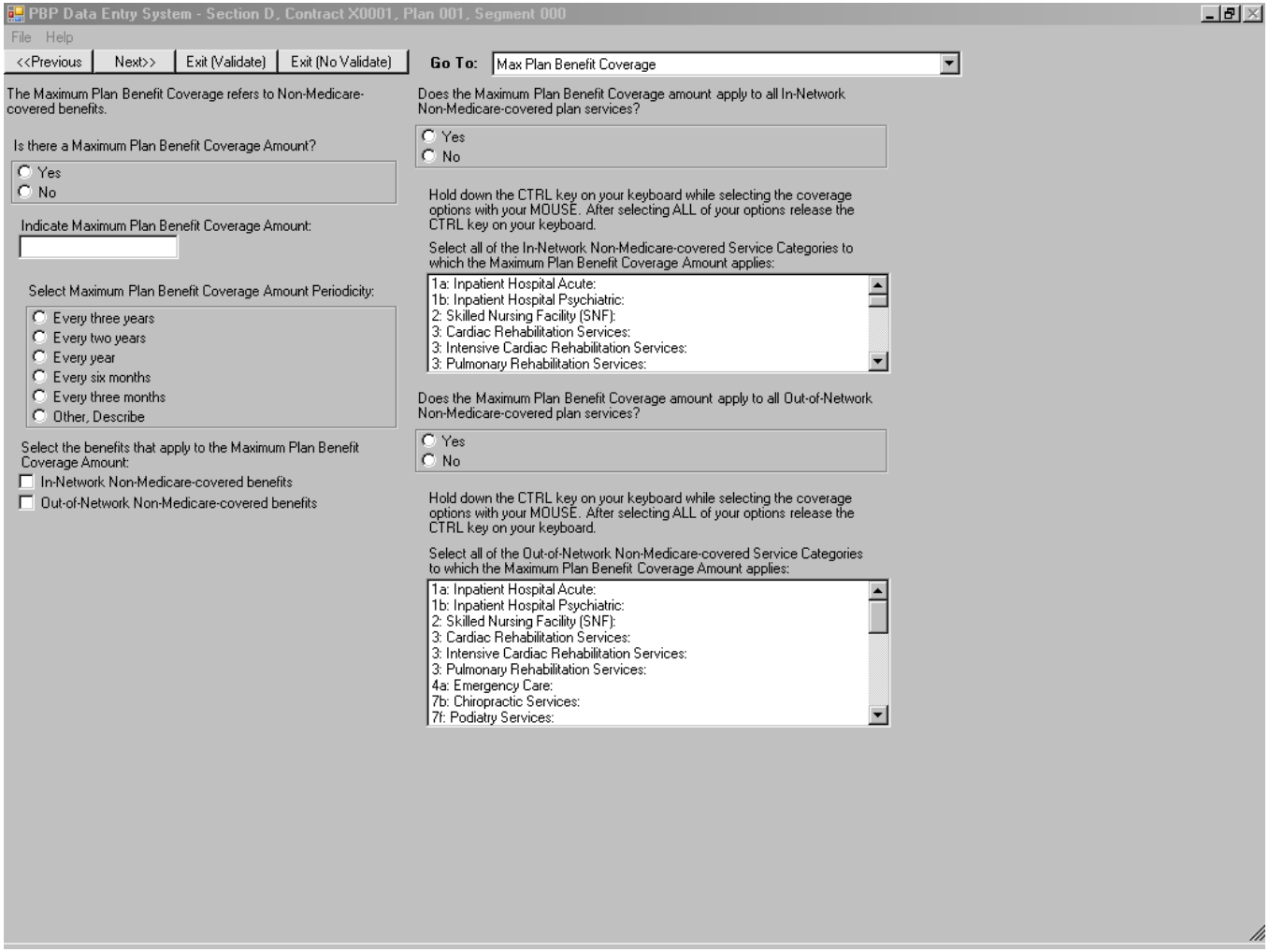
Max Enrollee Cost Limit (Out-of-Network) Screen



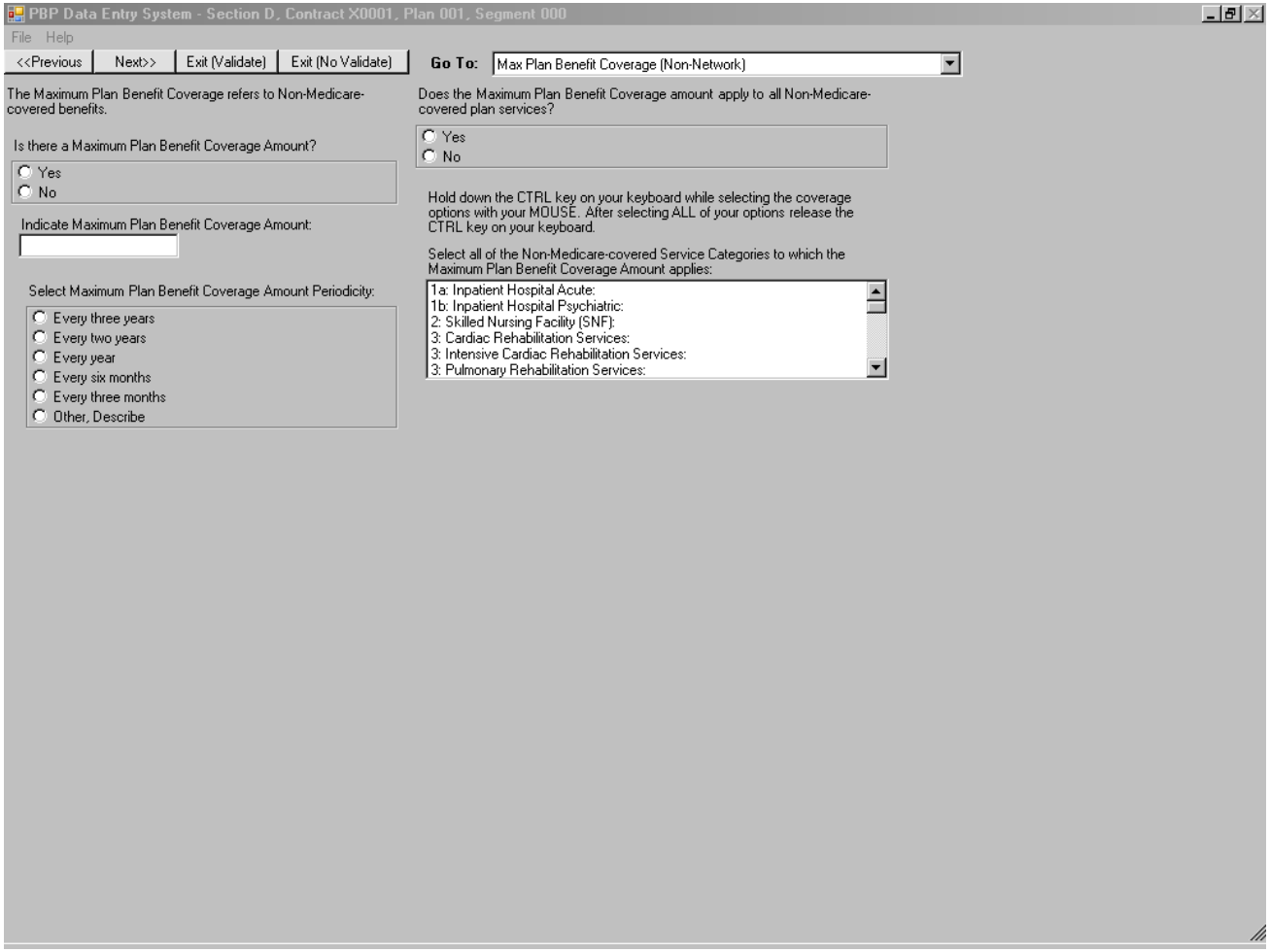
Max Enrollee Cost Limit (Non-Network) Screen



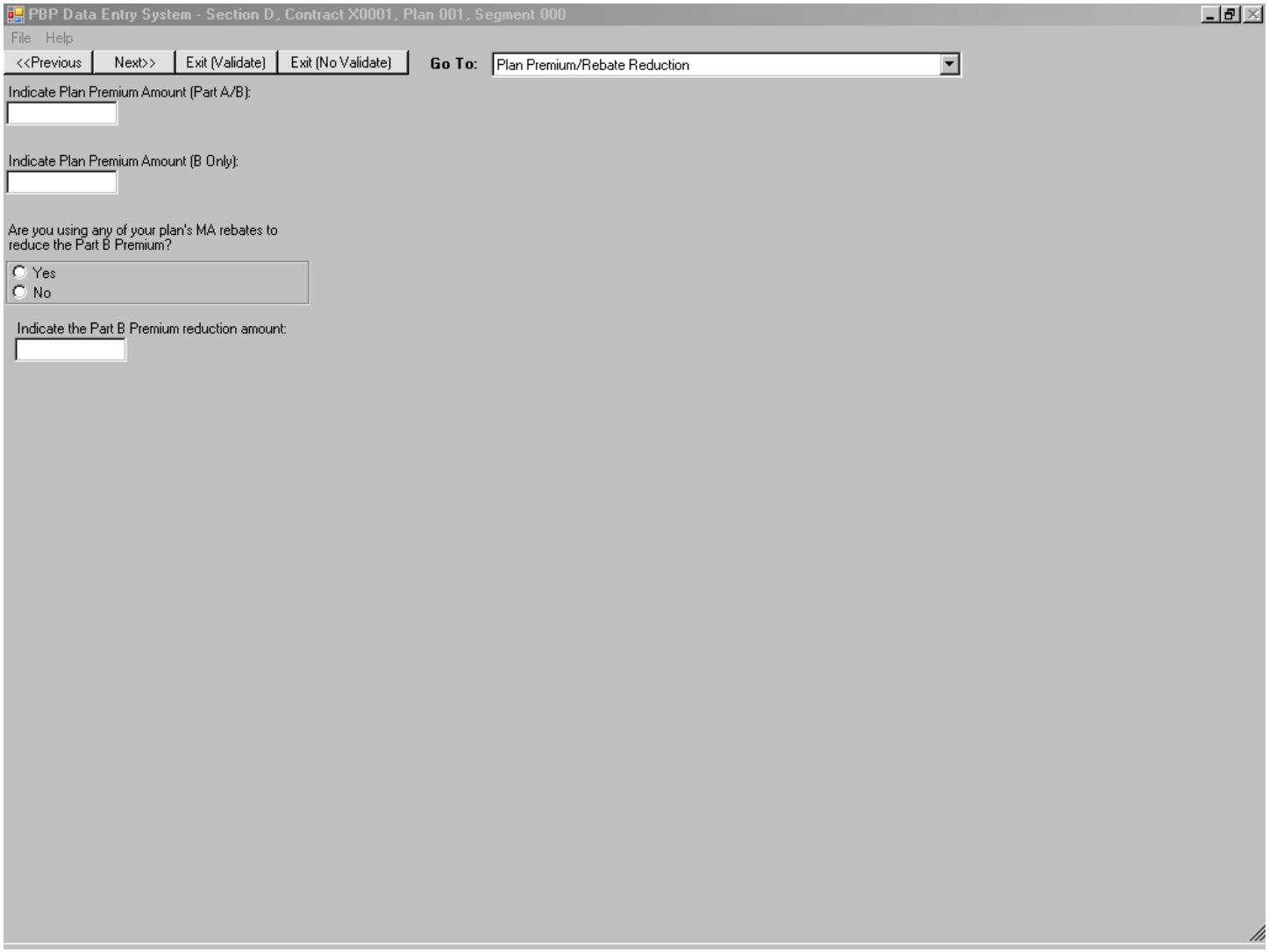
Max Plan Benefit Coverage Screen



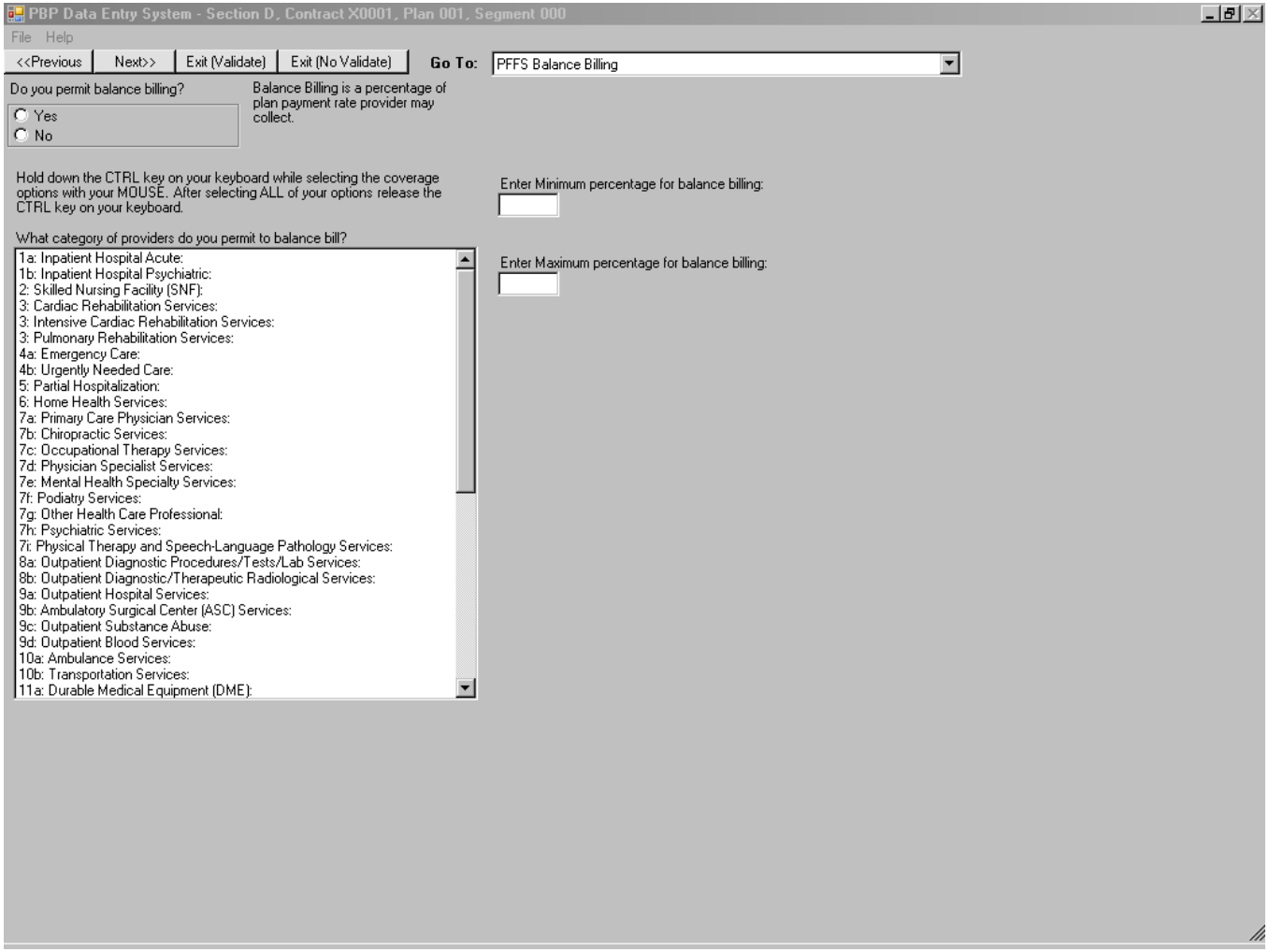
Max Plan Benefit Coverage (Non-Network) Screen



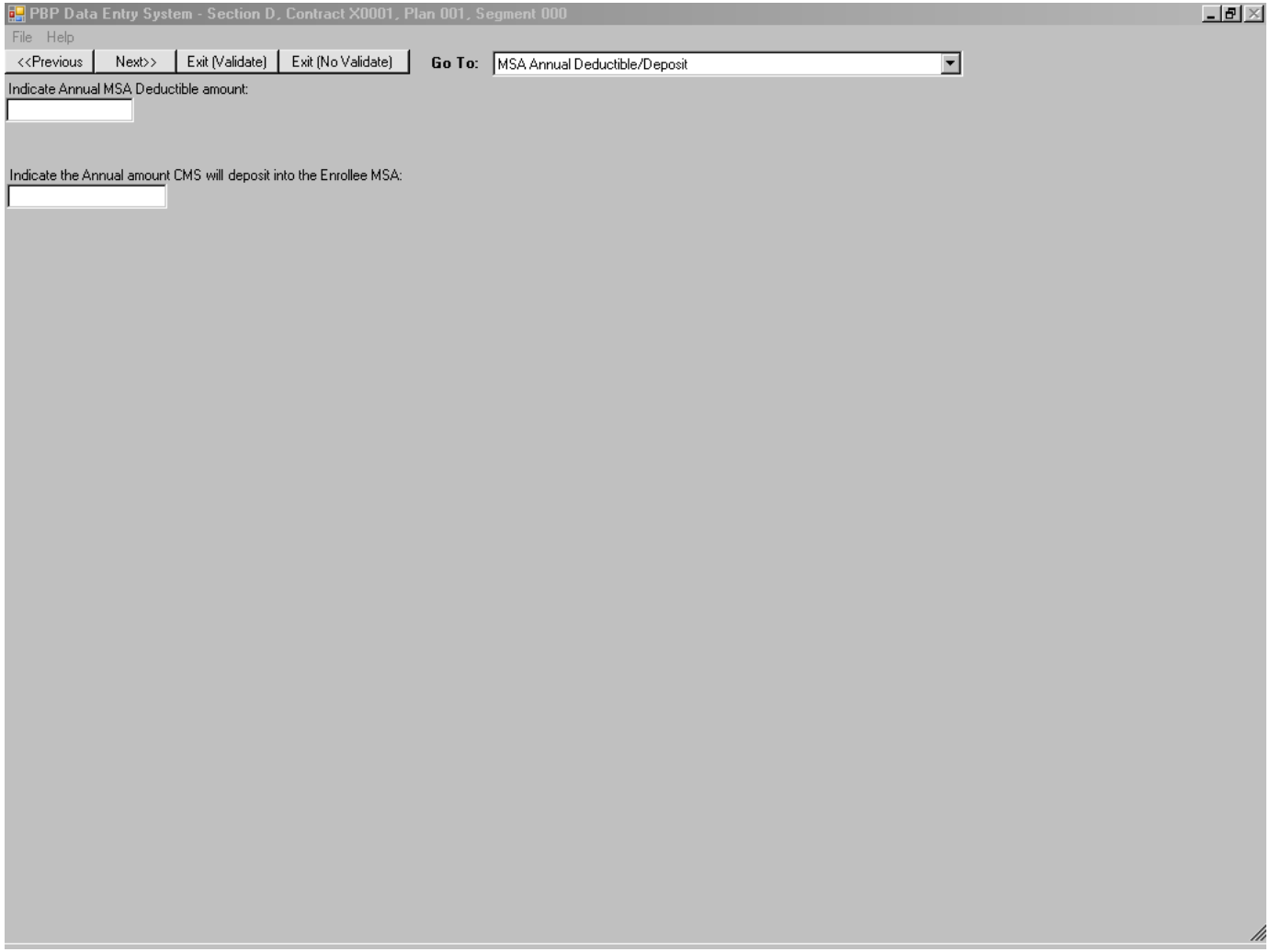
Plan Premium/Rebate Reduction Screen



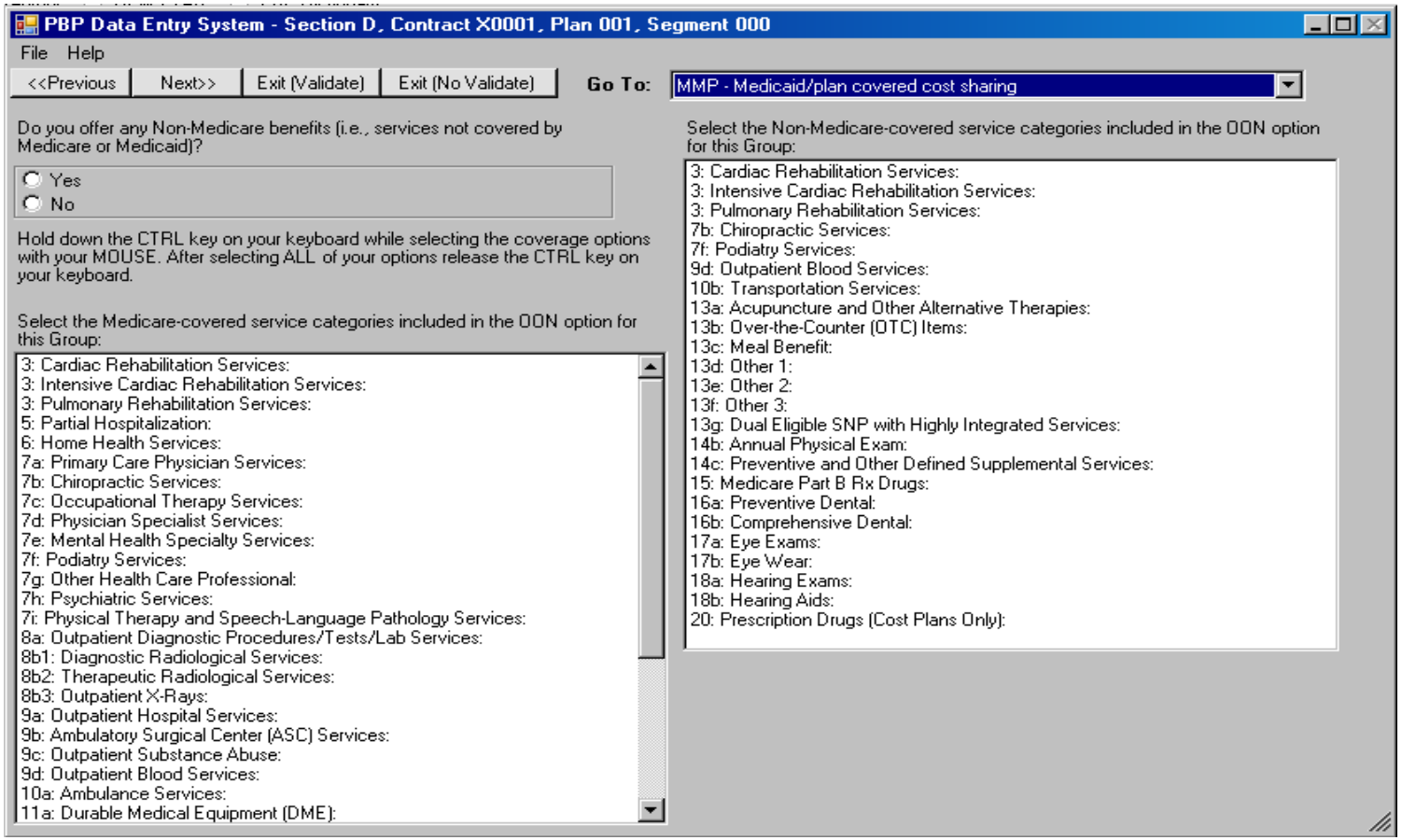
PFFS Balance Billing Screen



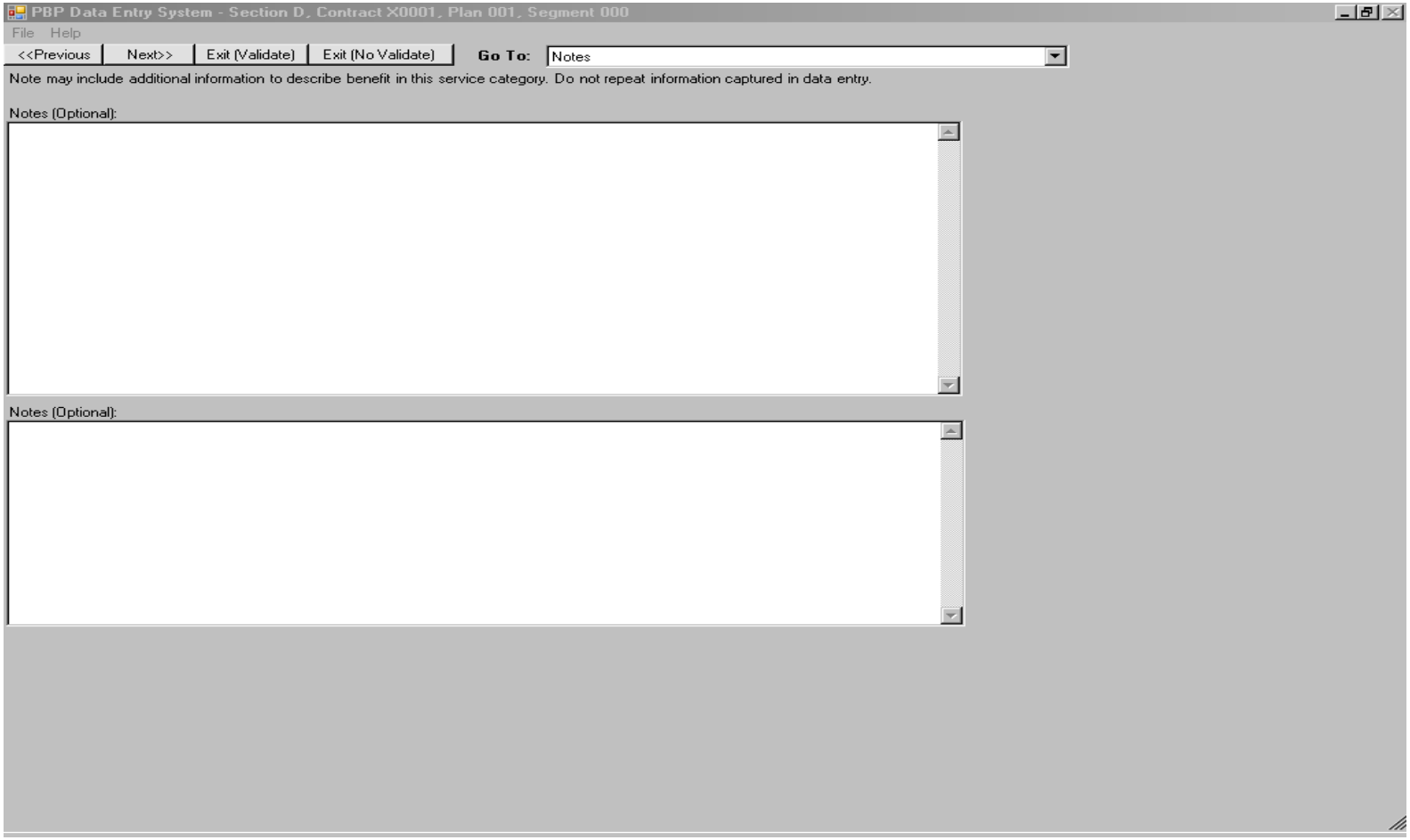
MSA Annual Deductible/Deposit Screen



MMP - Medicaid/Plan covered cost sharing Screen

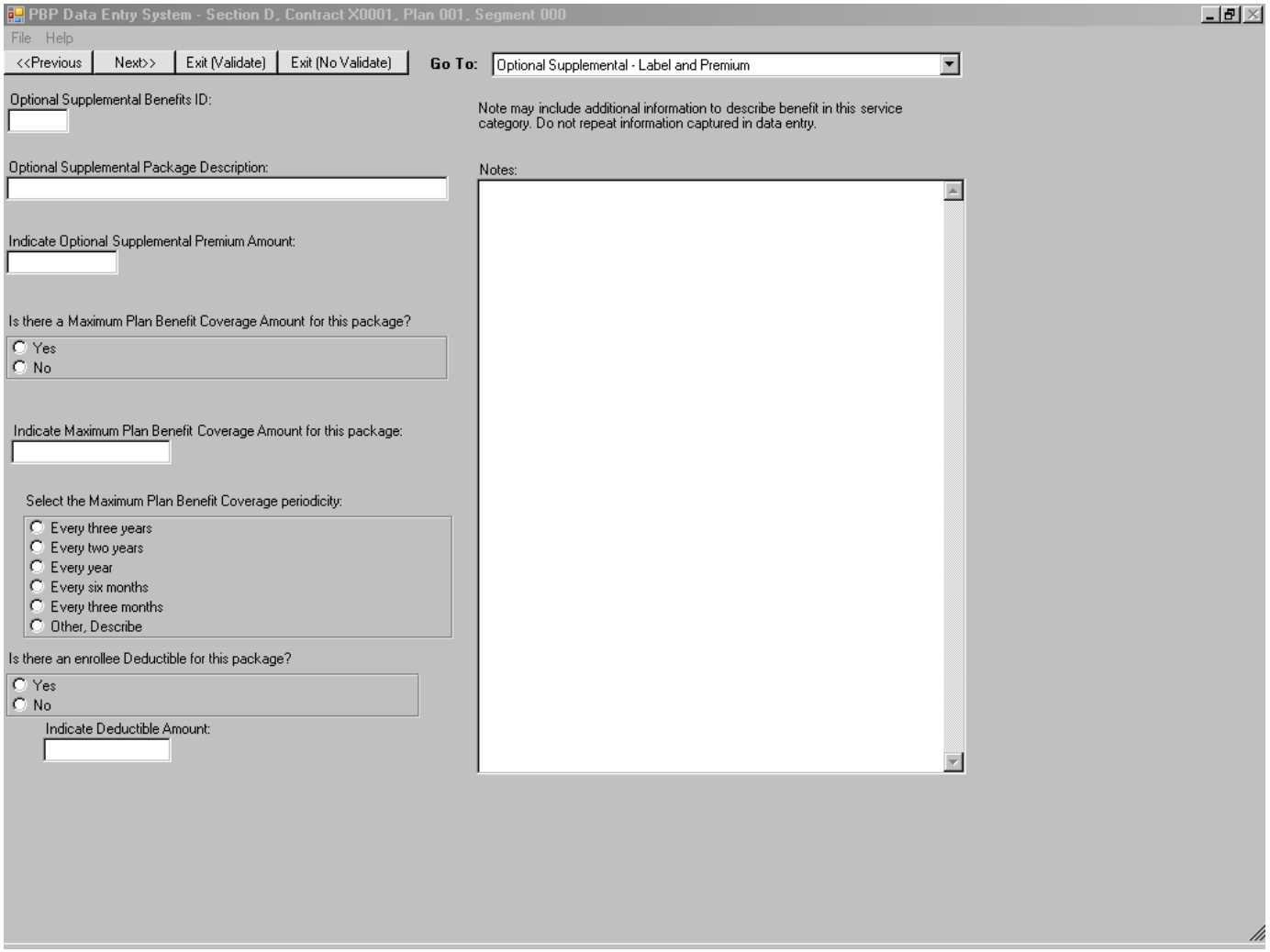


Notes Screen

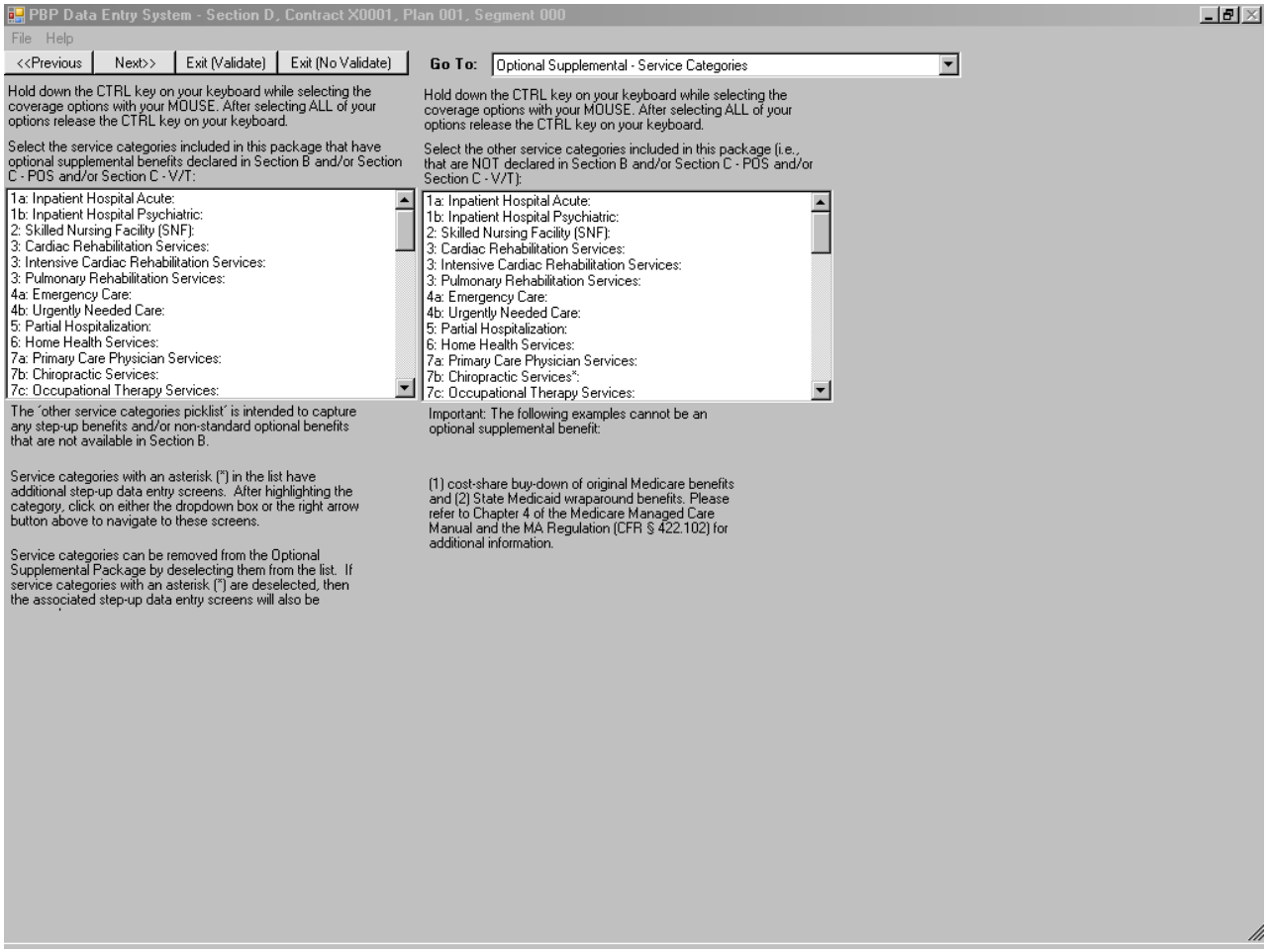


Optional Supplemental – Management Screen

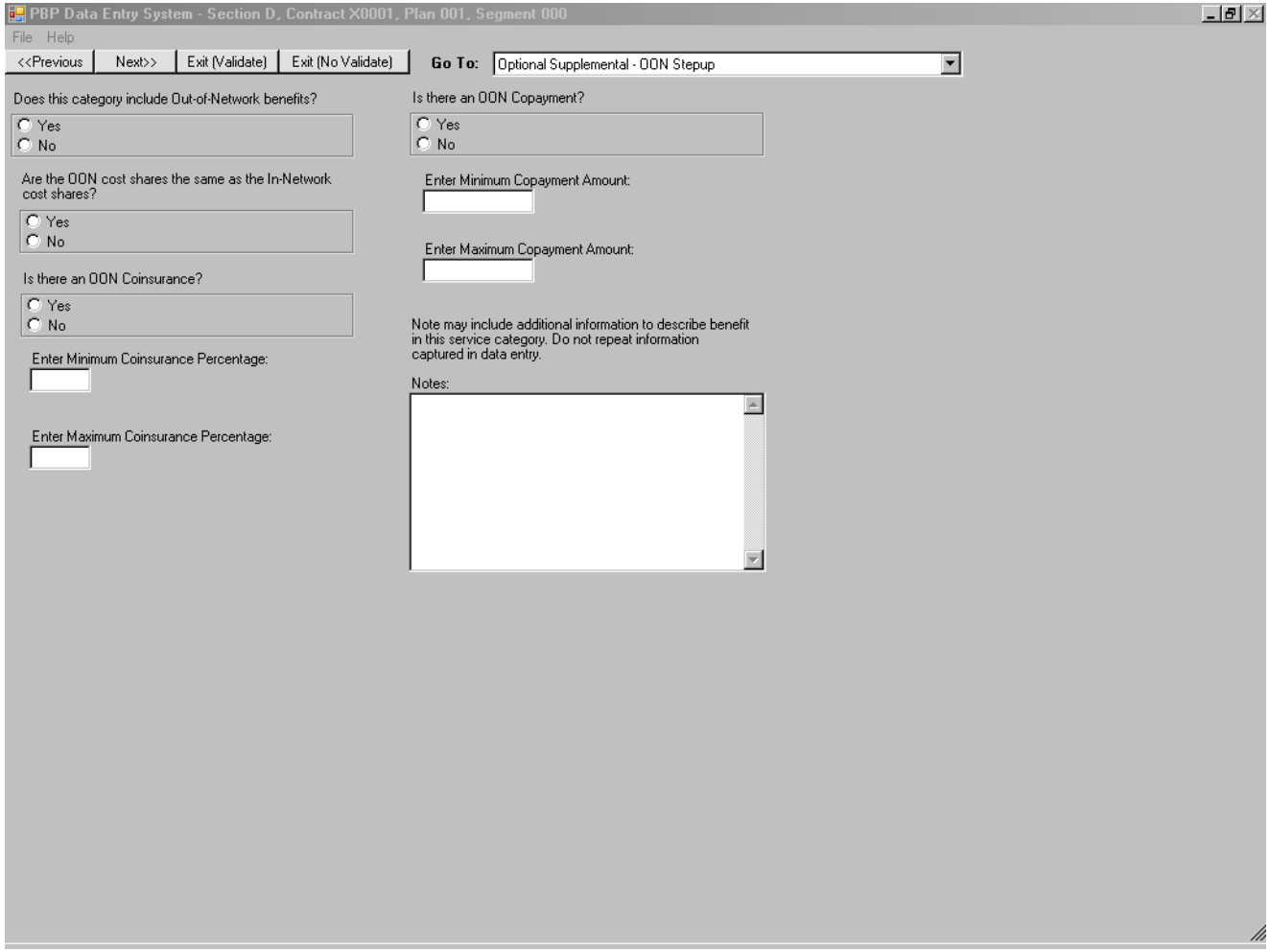
Optional Supplemental – Label and Premium Screen



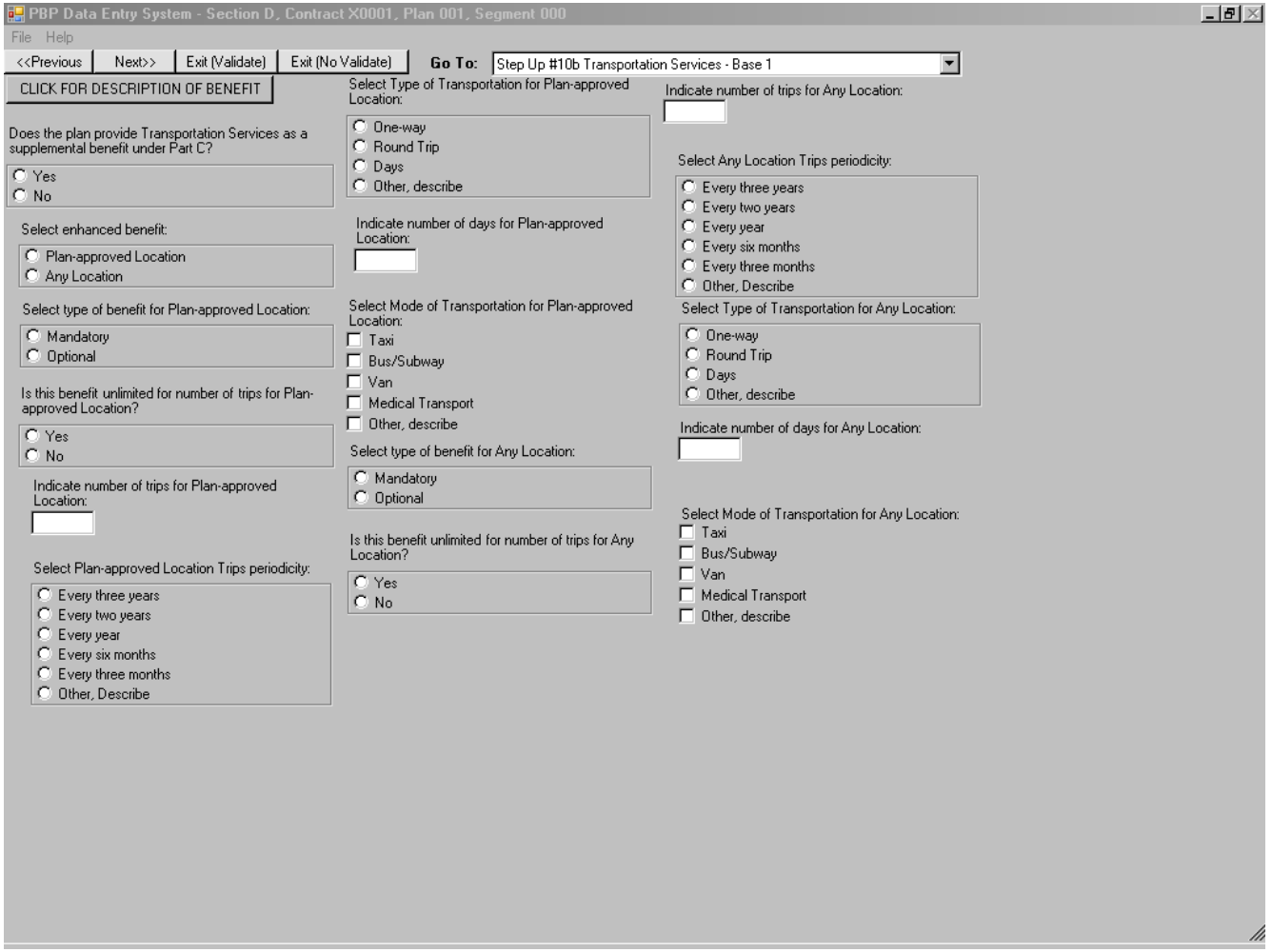
Optional Supplemental – Service Categories Screen



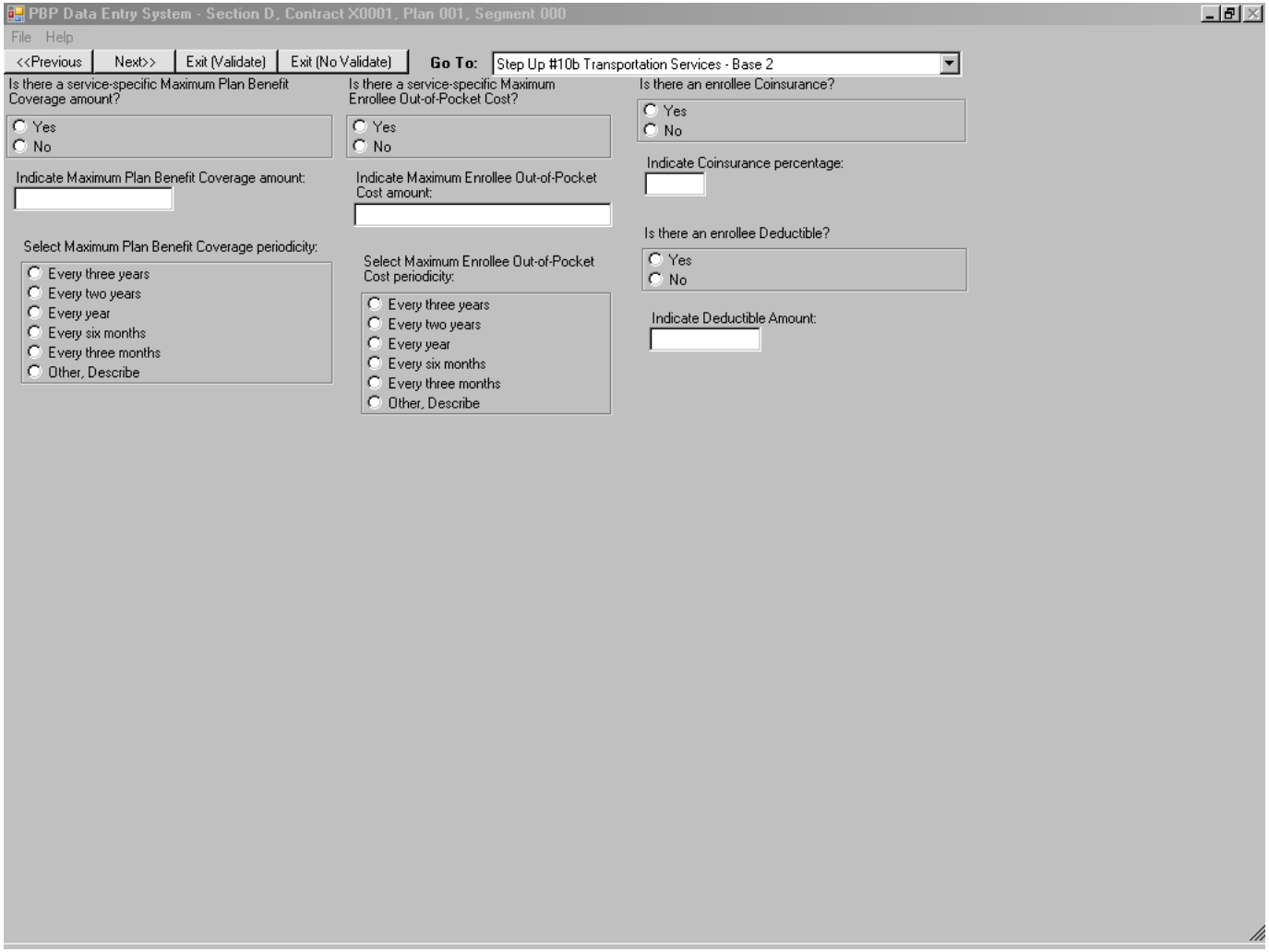
Optional Supplemental – OON Stepup Screen



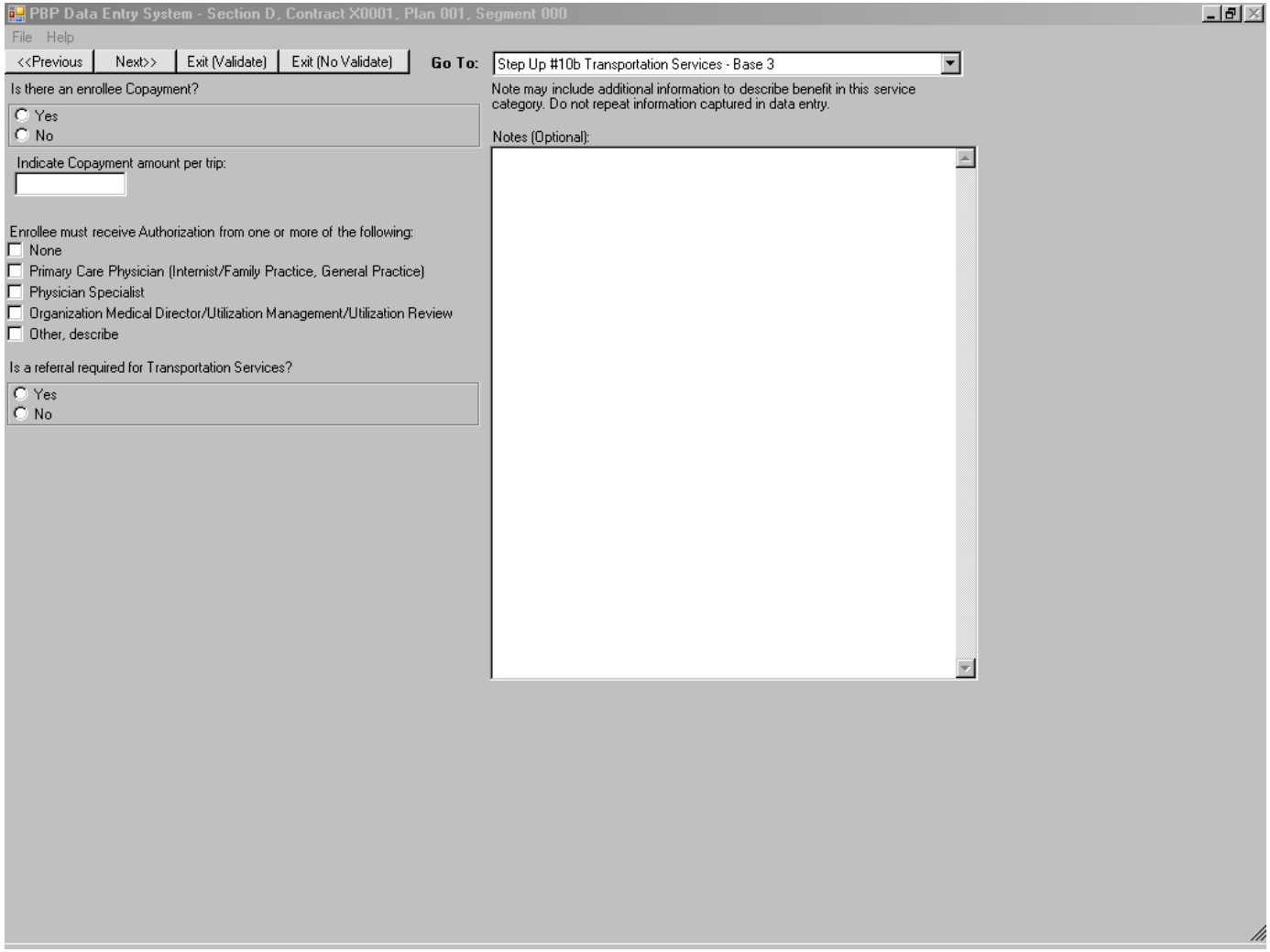
Step Up #10b Transportation Services – Base 1 Screen



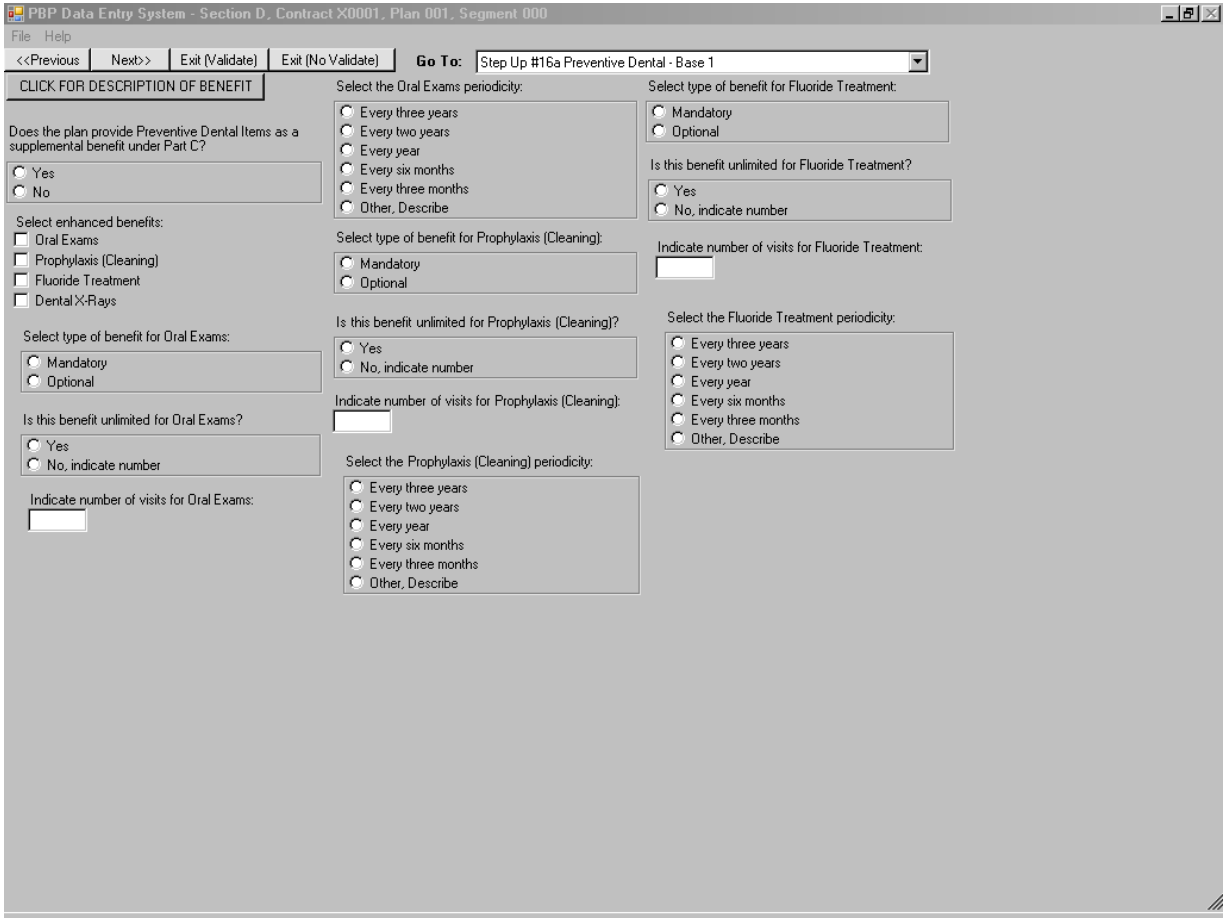
Step Up #10b Transportation Services – Base 2 Screen



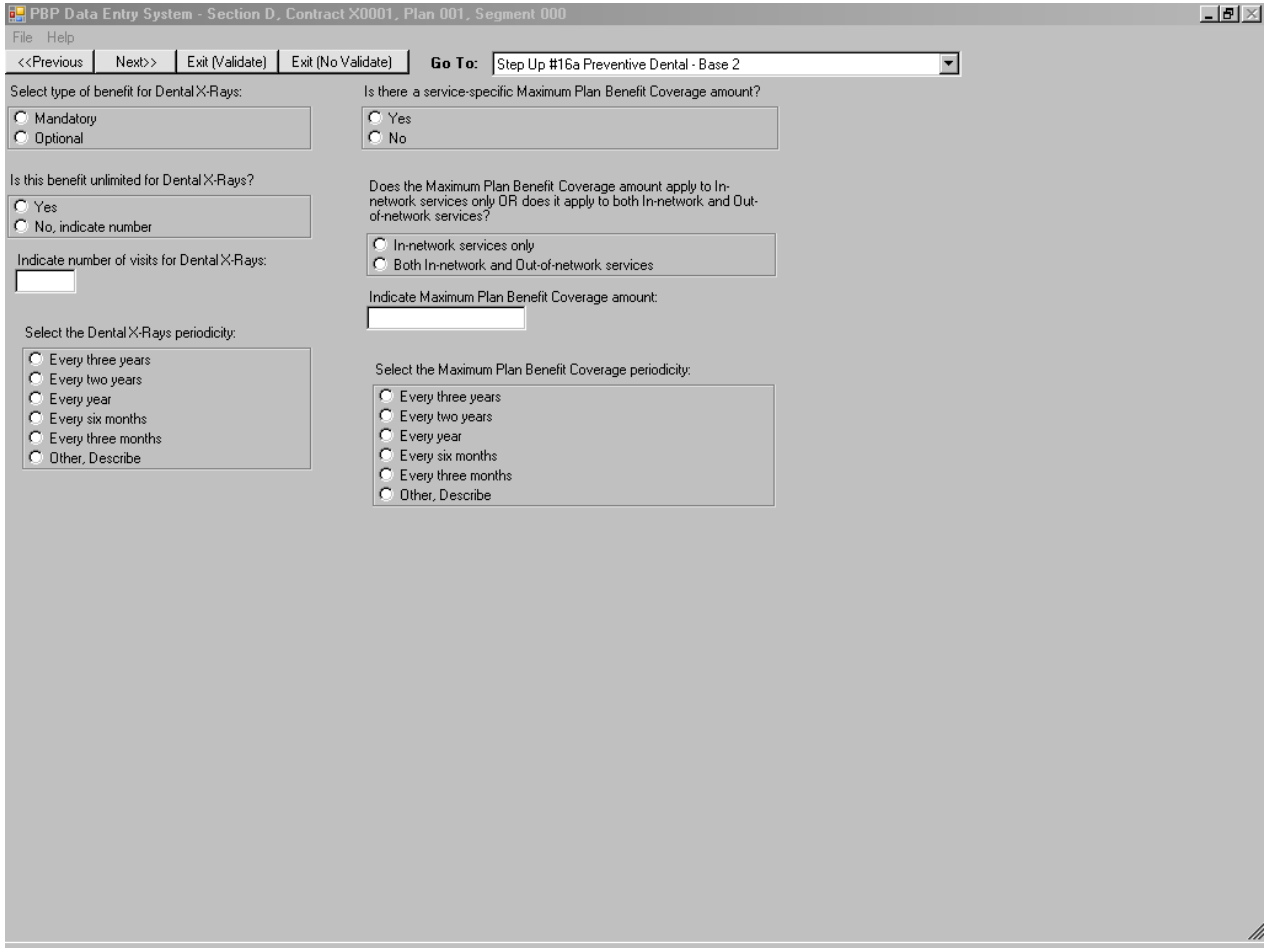
Step Up #10b Transportation Services – Base 3 Screen



Step Up #16a Preventive Dental – Base 1 Screen

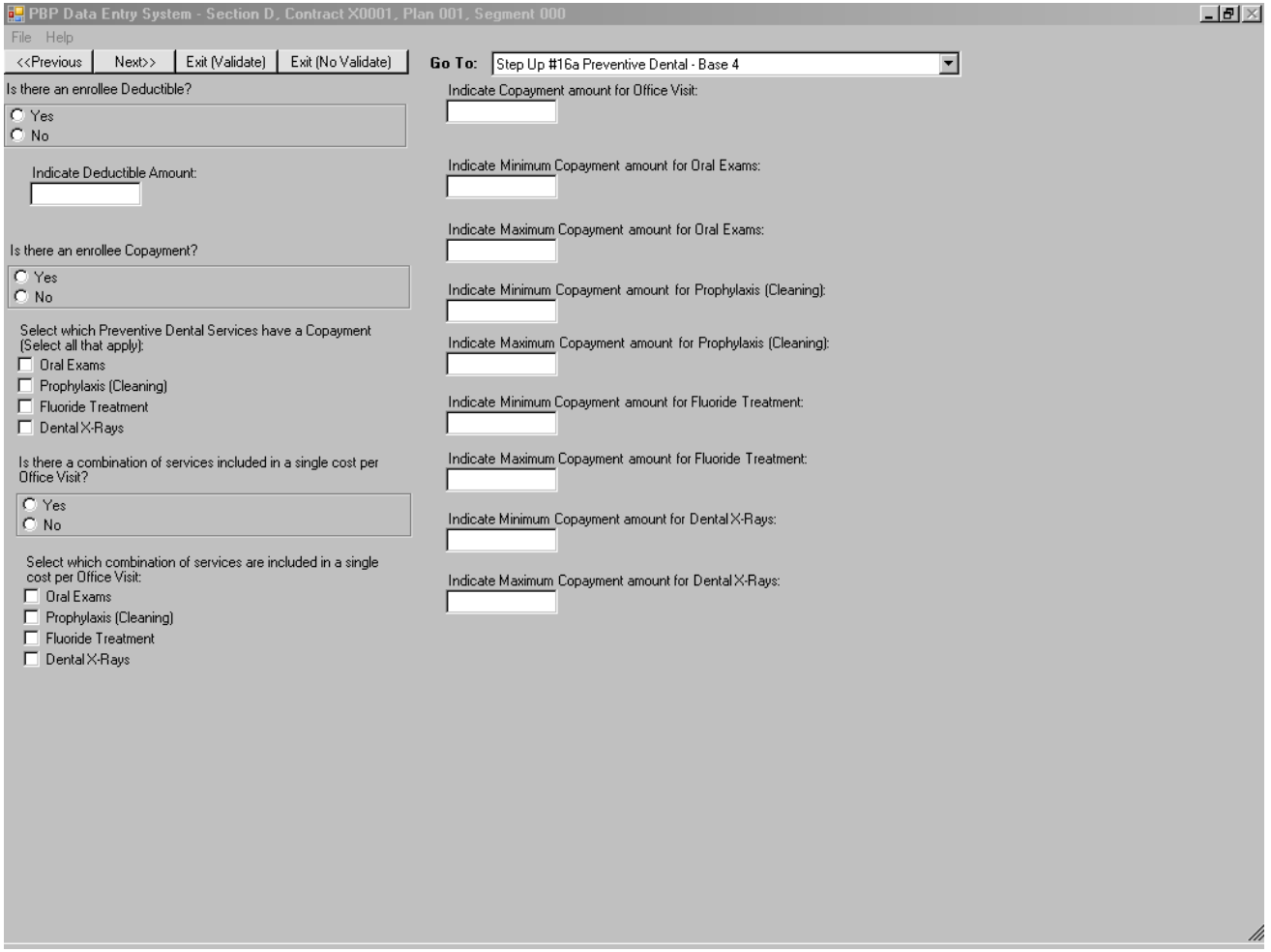


Step Up #16a Preventive Dental – Base 2 Screen

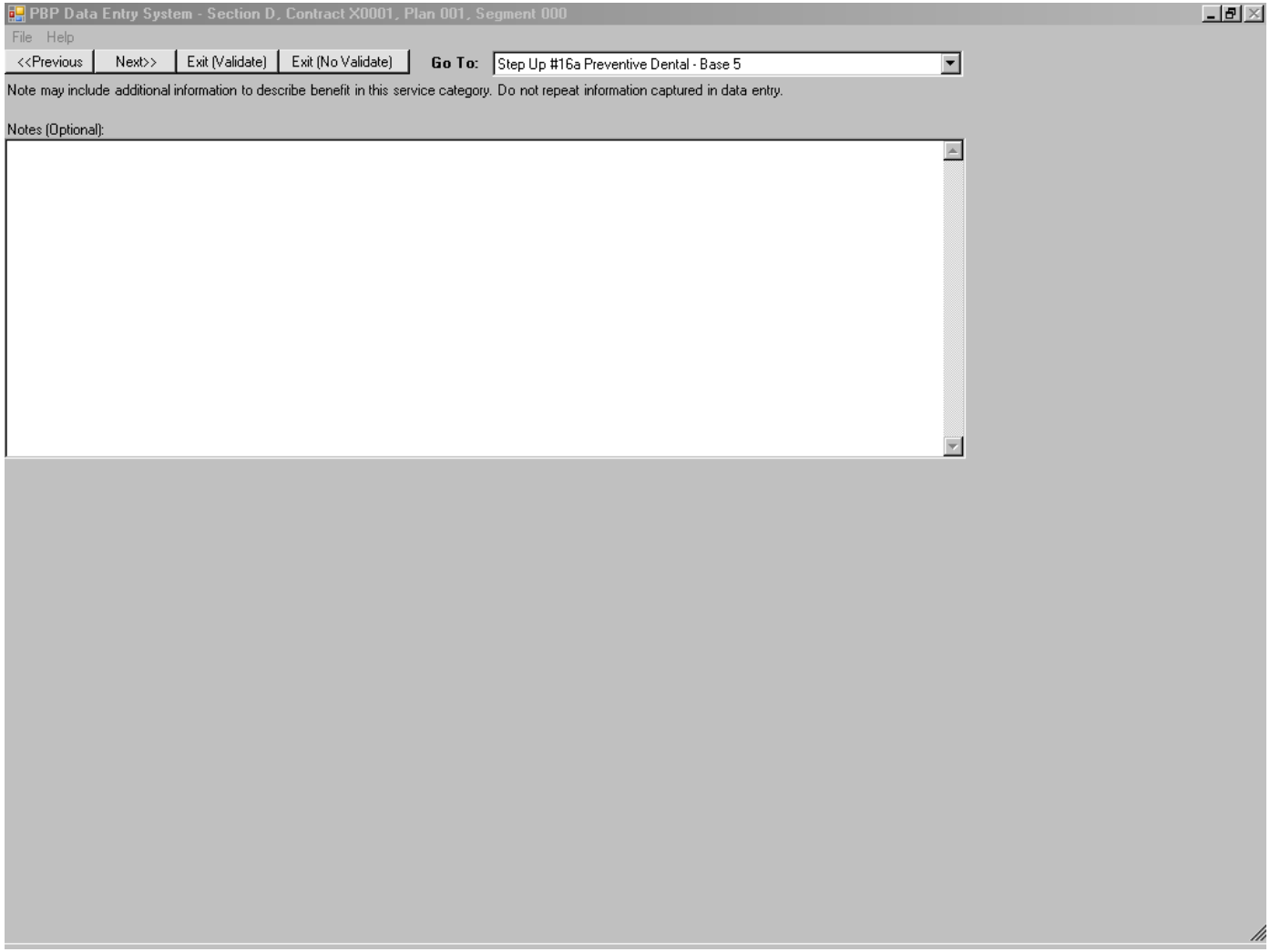


Step Up #16a Preventive Dental – Base 3 Screen

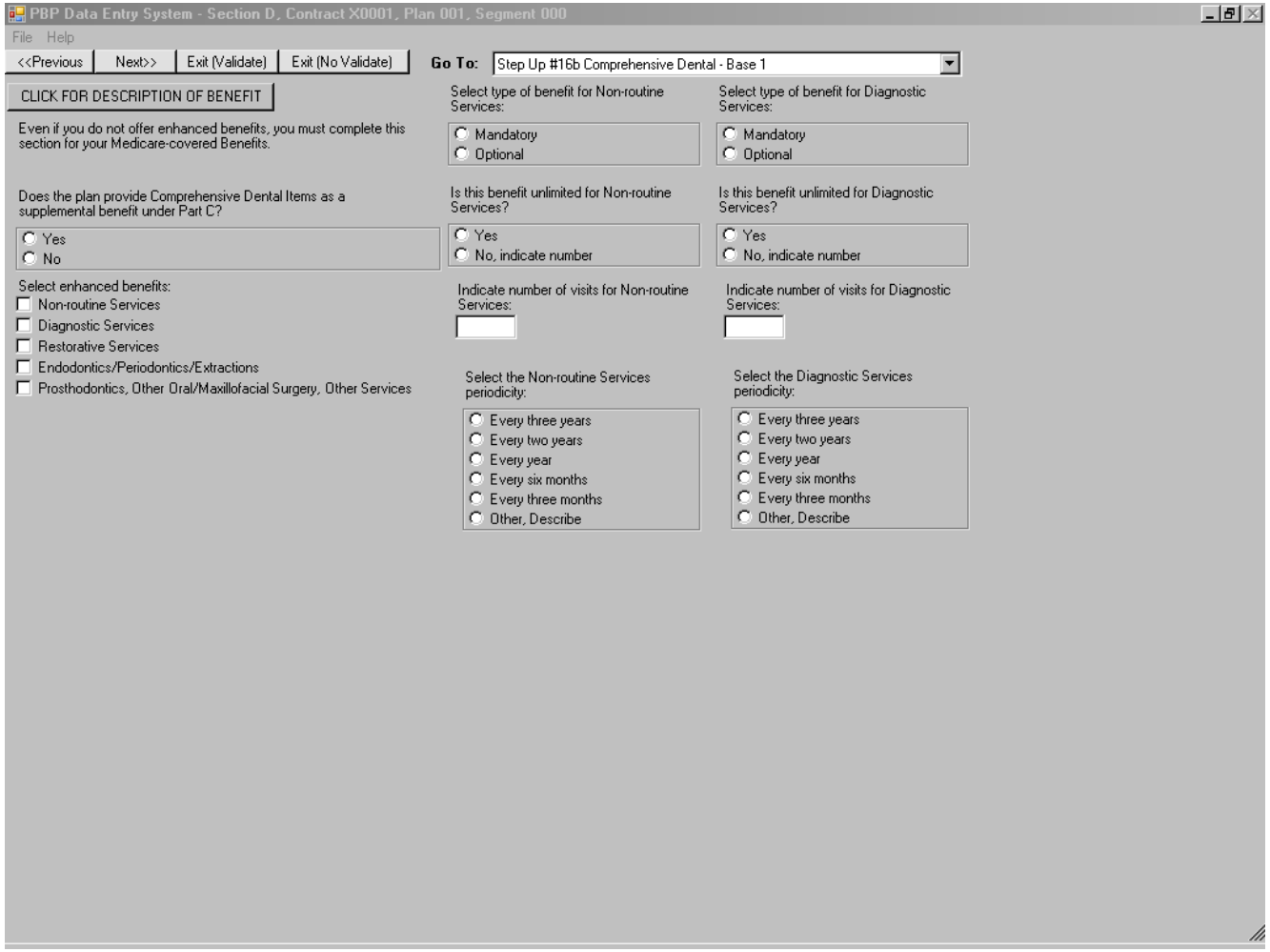
Step Up #16a Preventive Dental – Base 4 Screen



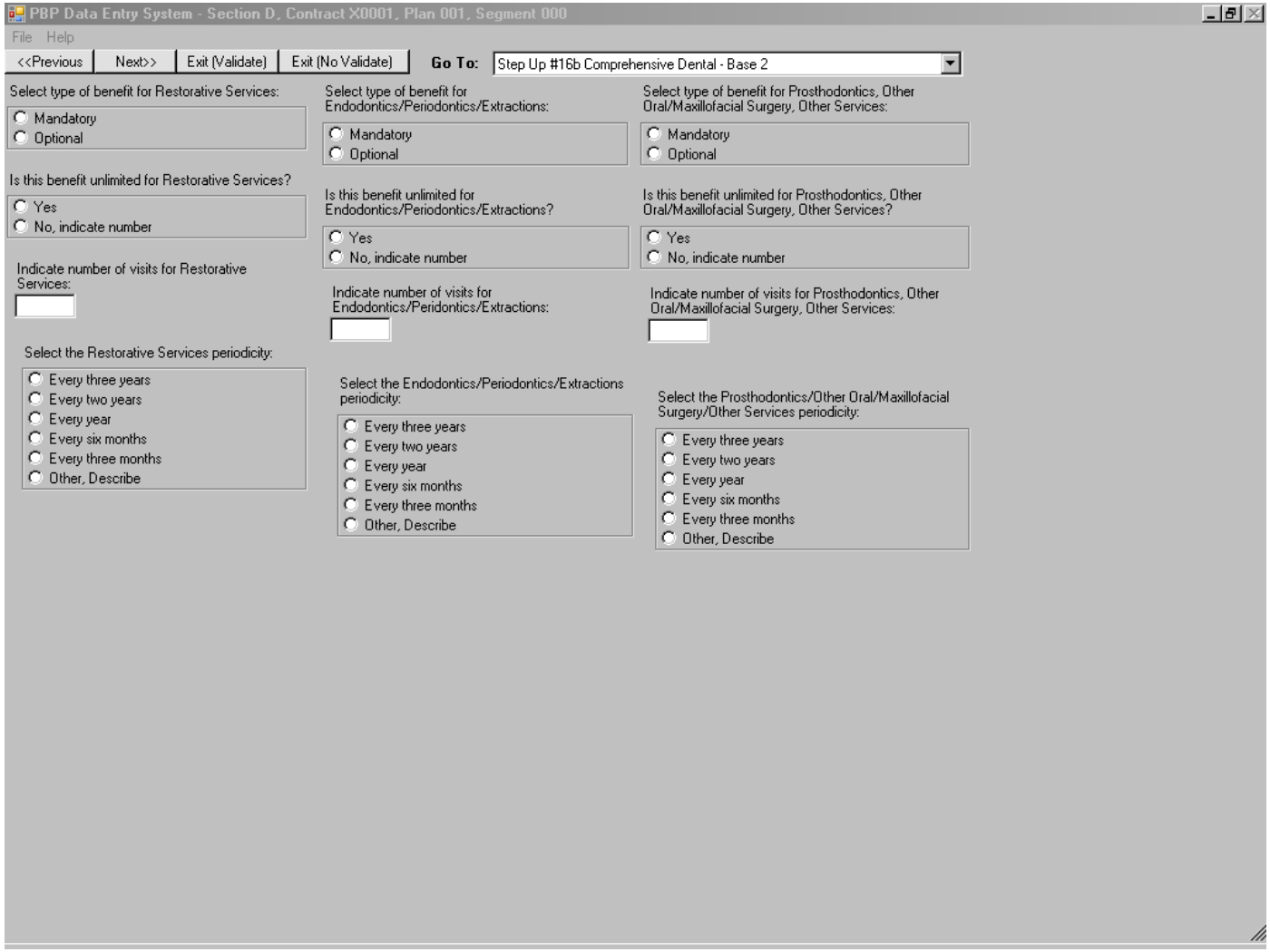
Step Up #16a Preventive Dental – Base 5 Screen



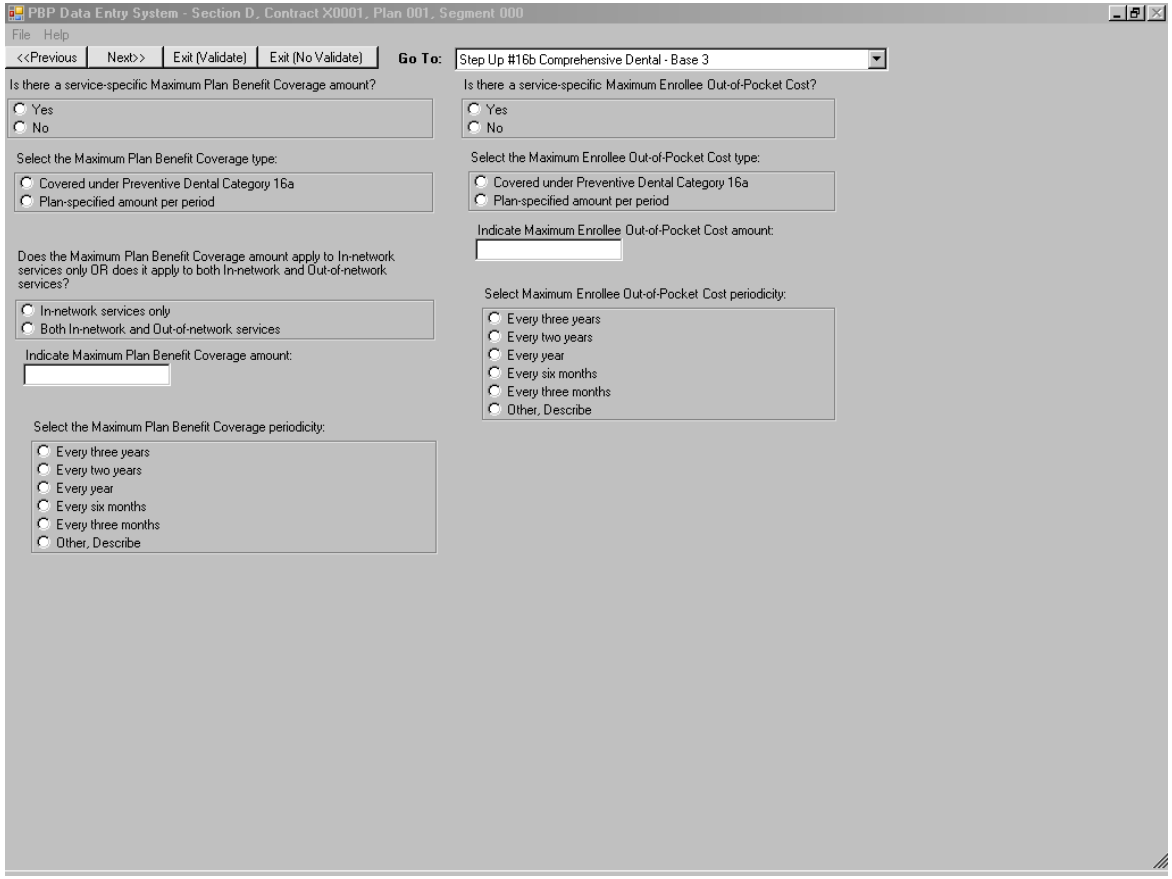
Step Up #16a Comprehensive Dental – Base 1 Screen



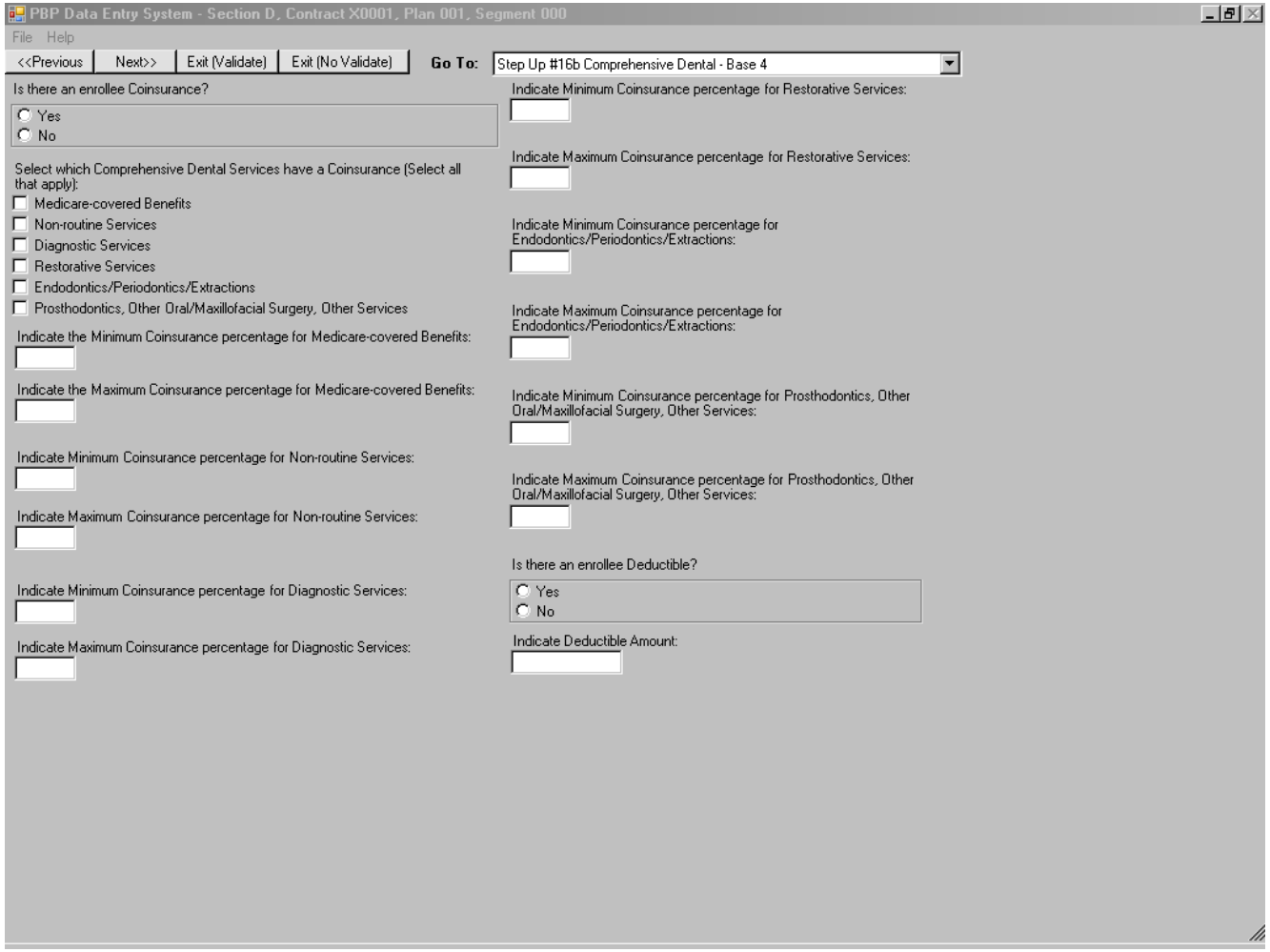
Step Up #16a Comprehensive Dental – Base 2 Screen



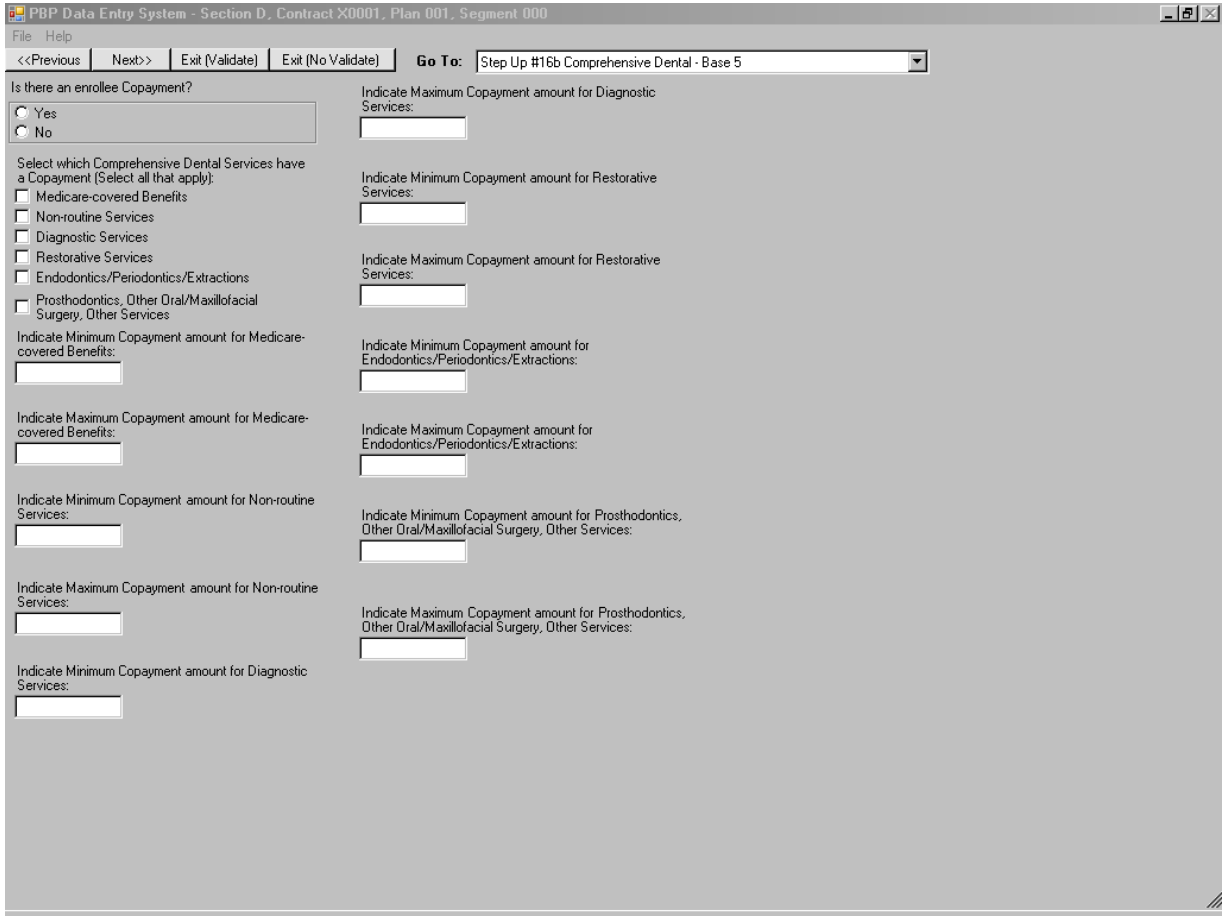
Step Up #16a Comprehensive Dental – Base 3 Screen



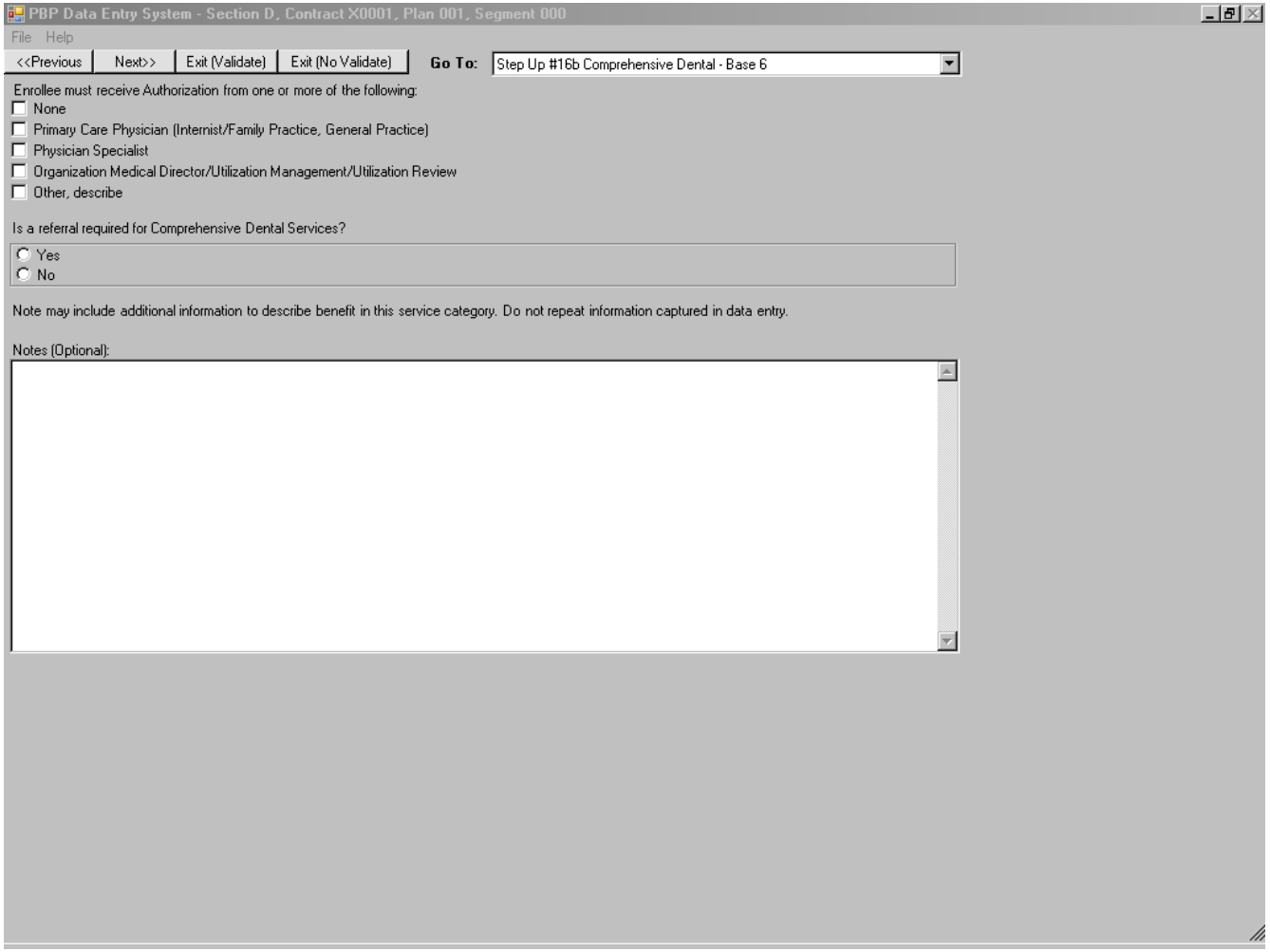
Step Up #16a Comprehensive Dental – Base 4 Screen



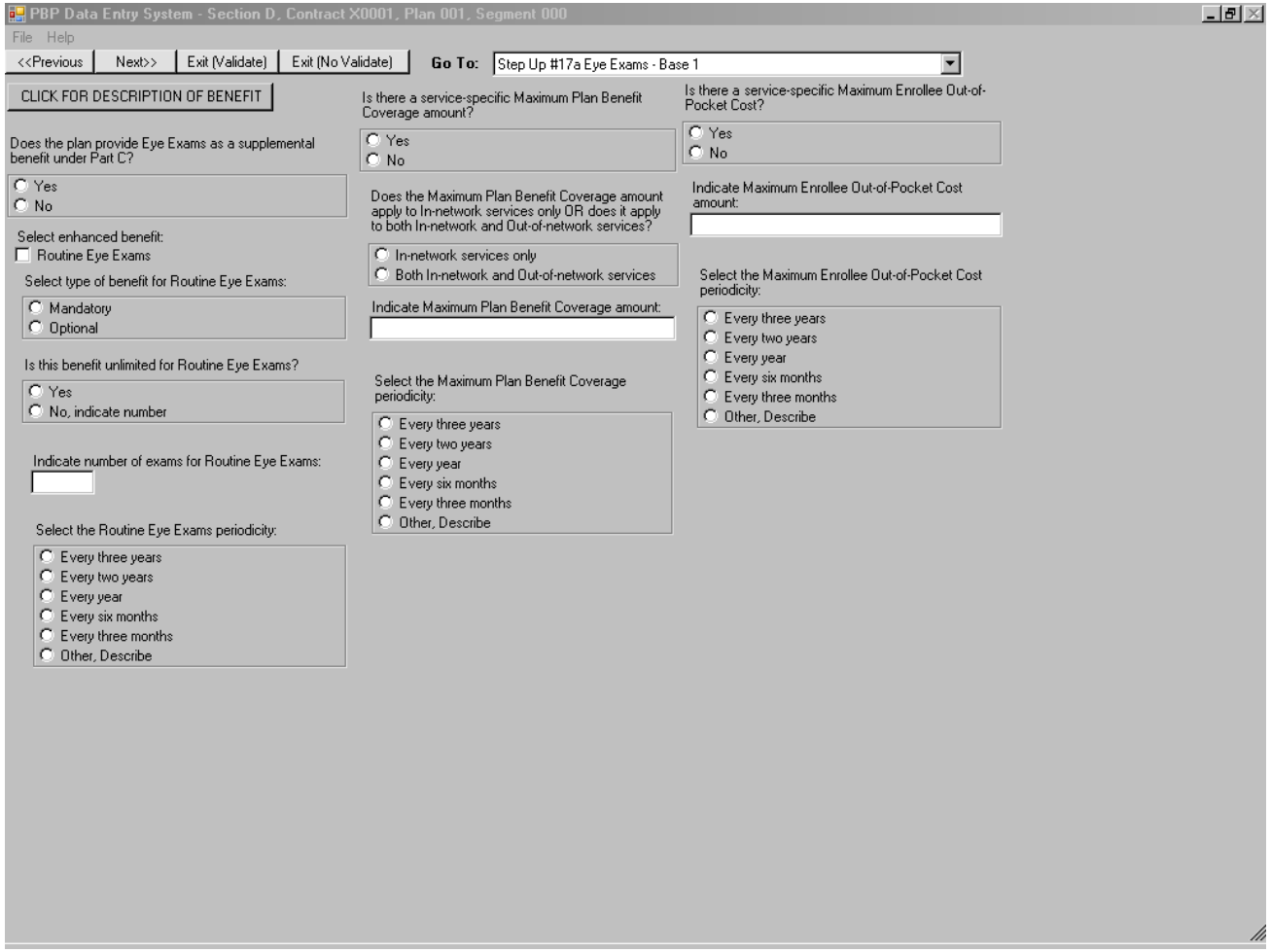
Step Up #16a Comprehensive Dental – Base 5 Screen



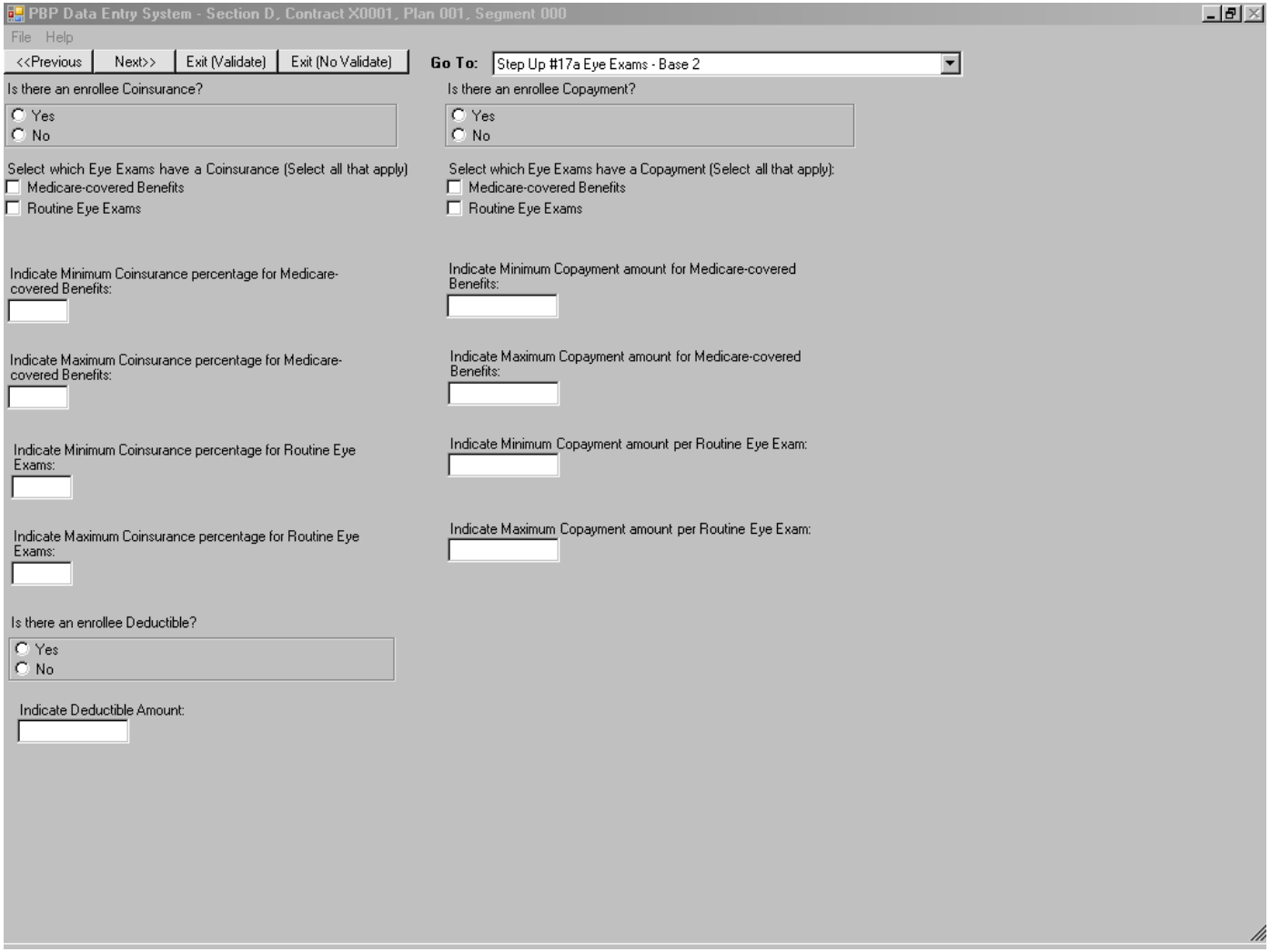
Step Up #16a Comprehensive Dental – Base 6 Screen



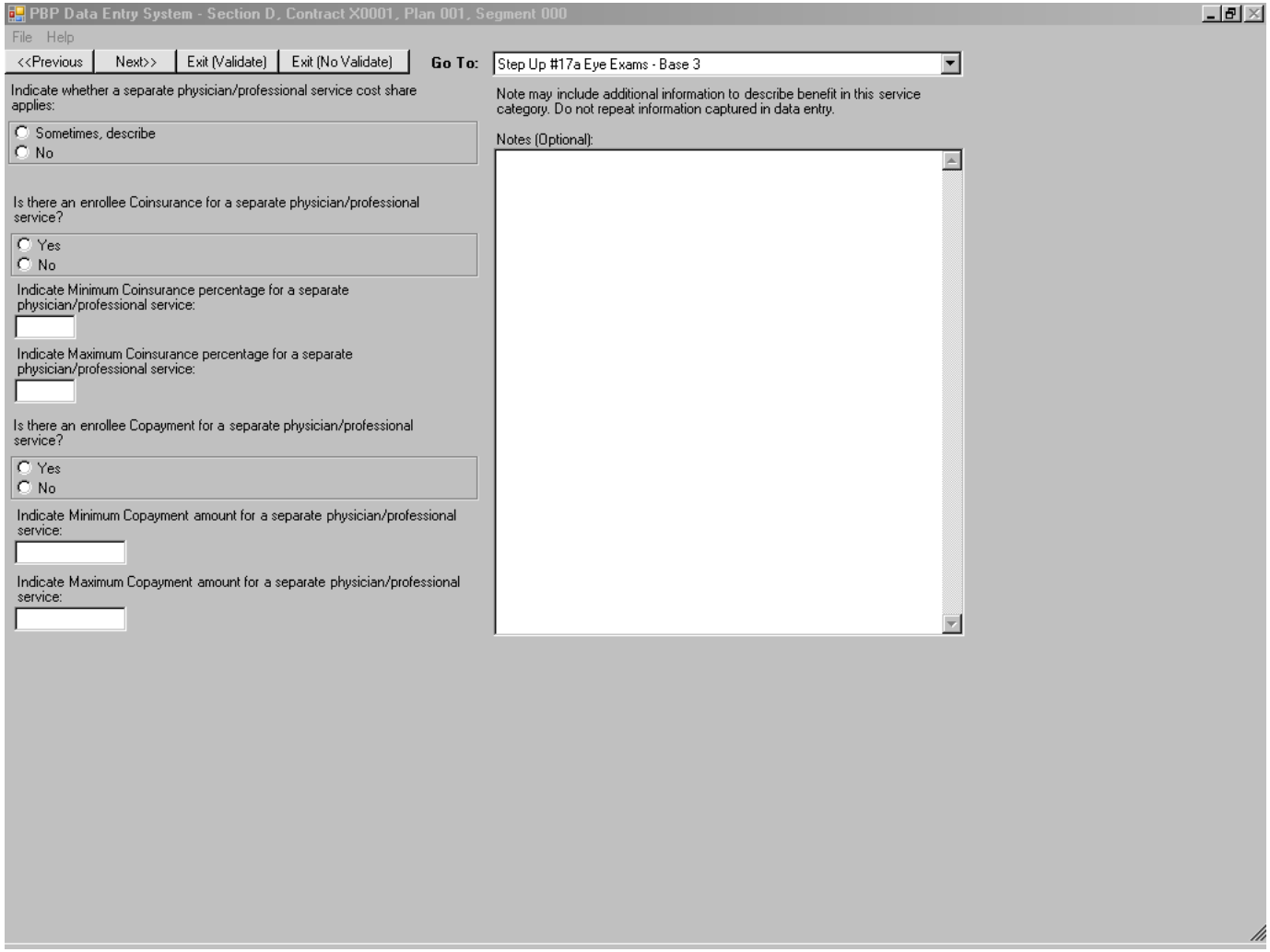
Step Up #17a Eye Exams – Base 1 Screen



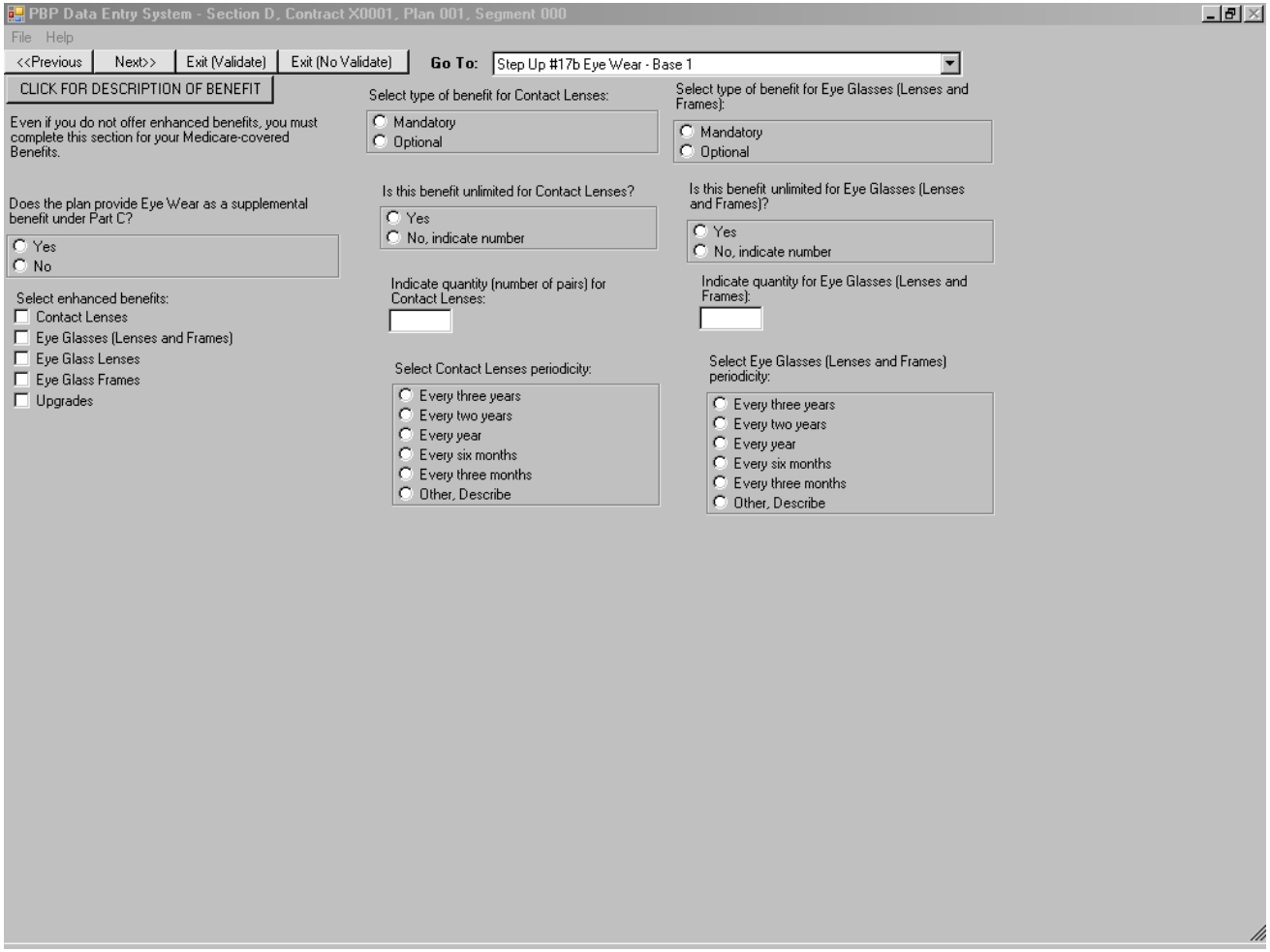
Step Up #17a Eye Exams – Base 2 Screen



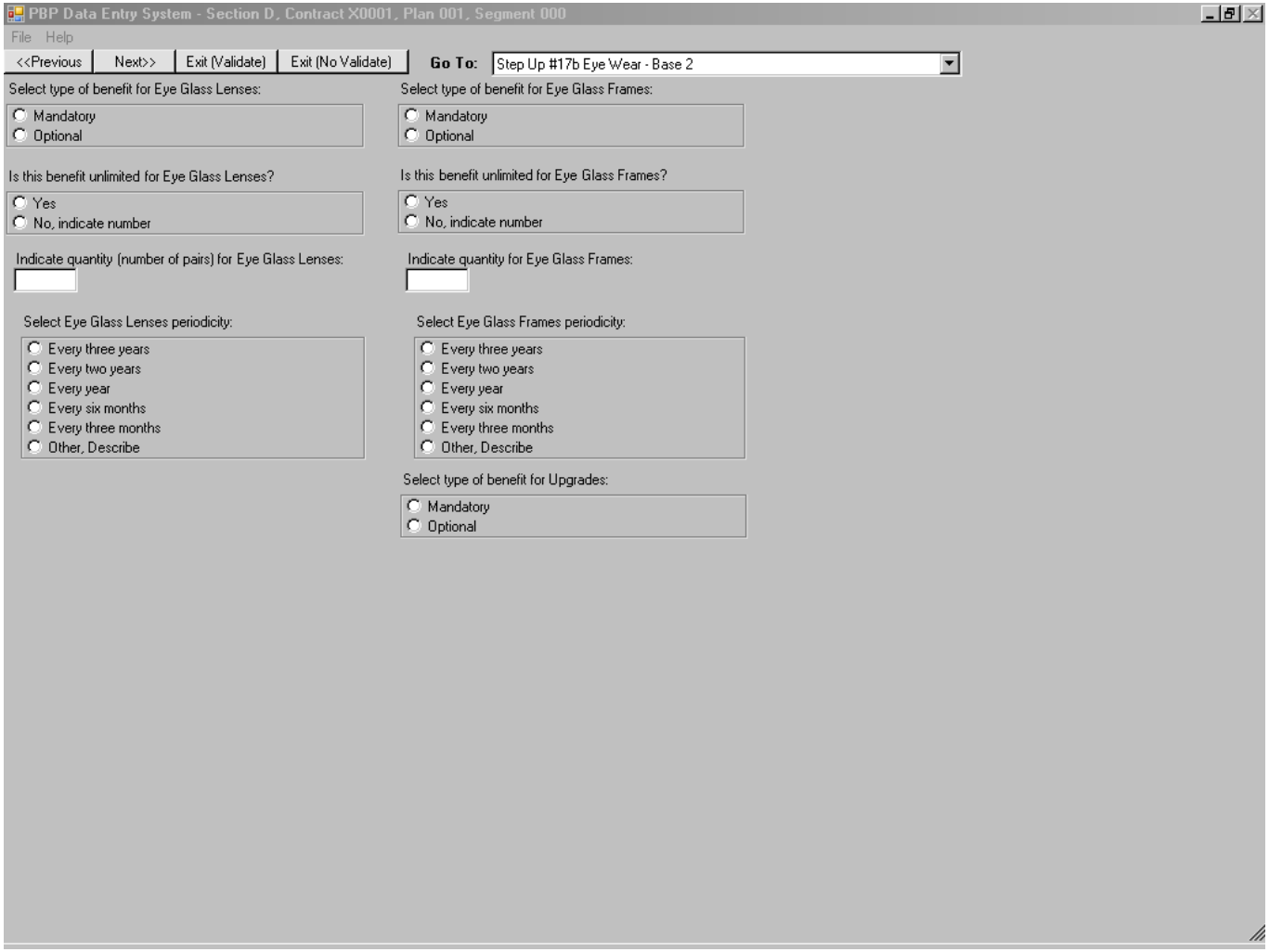
Step Up #17a Eye Exams – Base 3 Screen



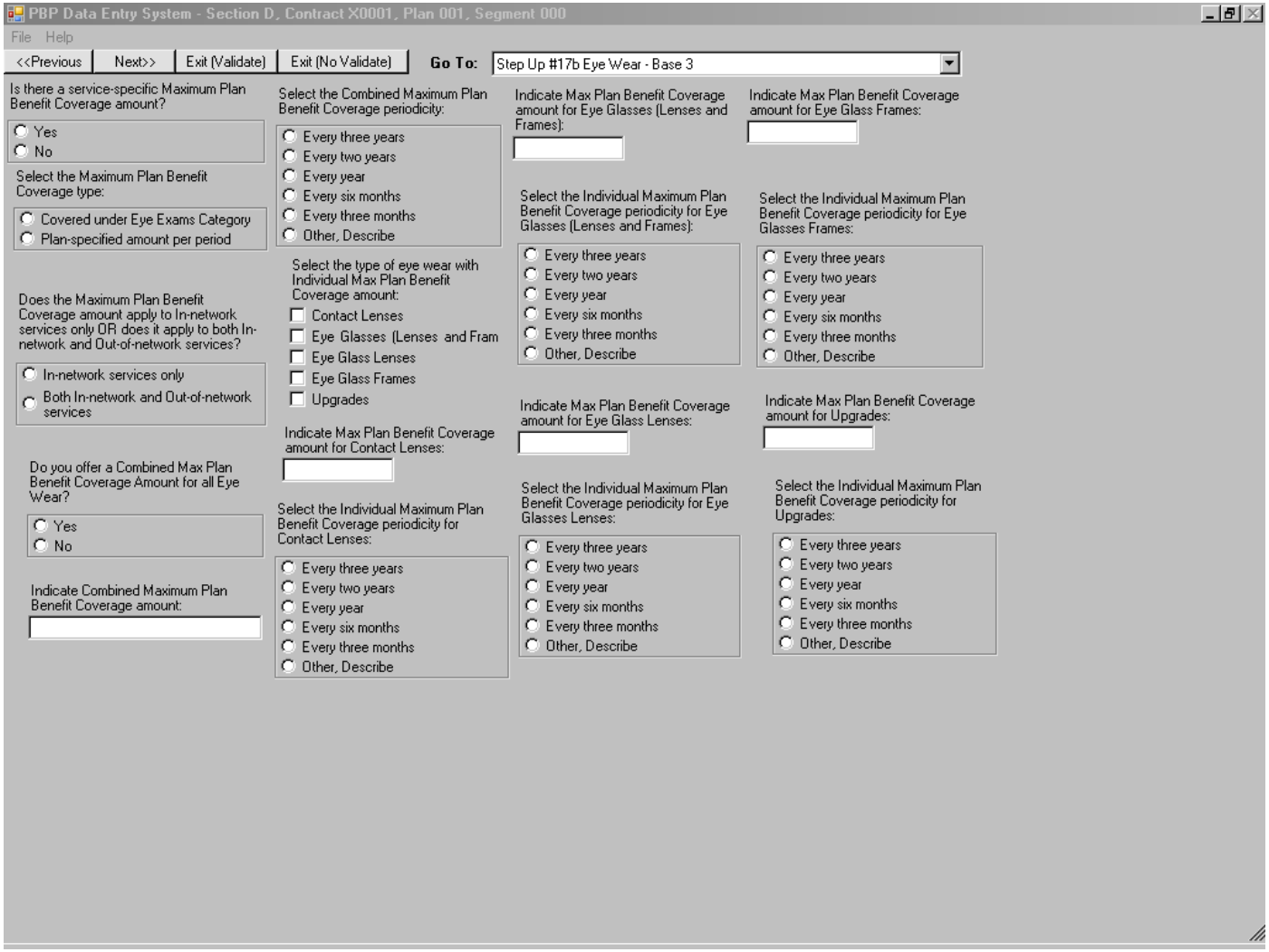
Step Up #17b Eye Wear – Base 1 Screen



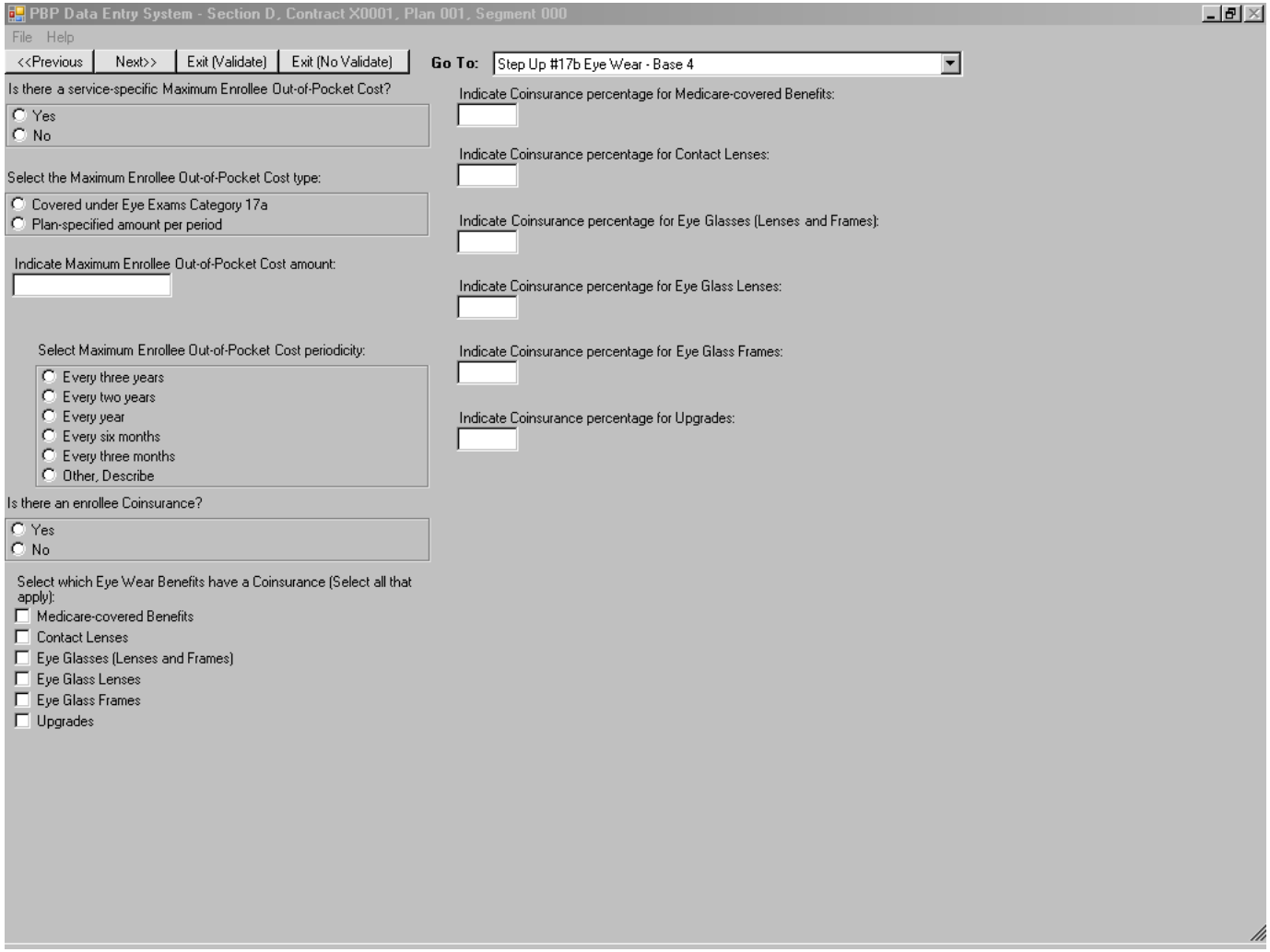
Step Up #17b Eye Wear – Base 2 Screen



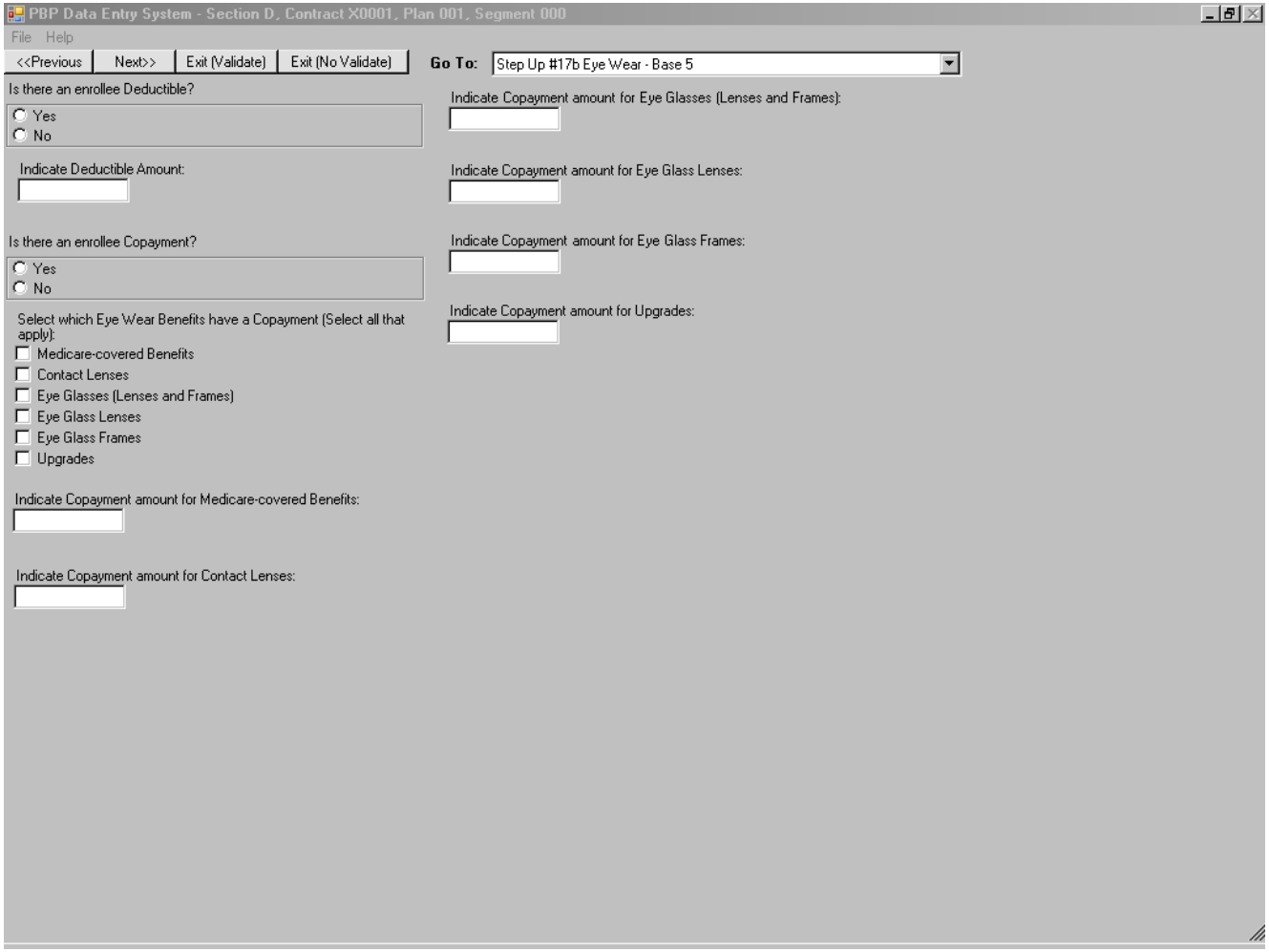
Step Up #17b Eye Wear – Base 3 Screen



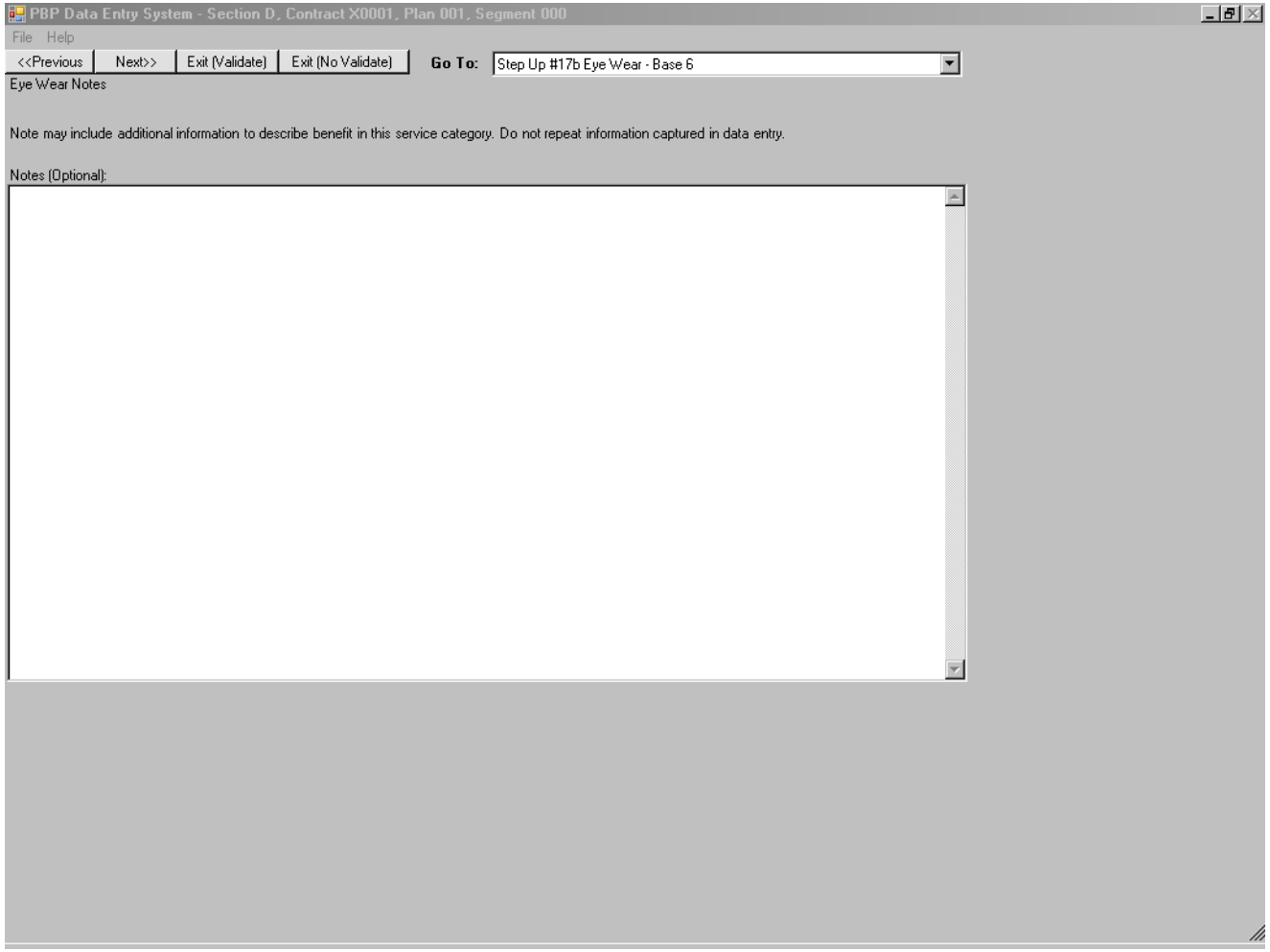
Step Up #17b Eye Wear – Base 4 Screen



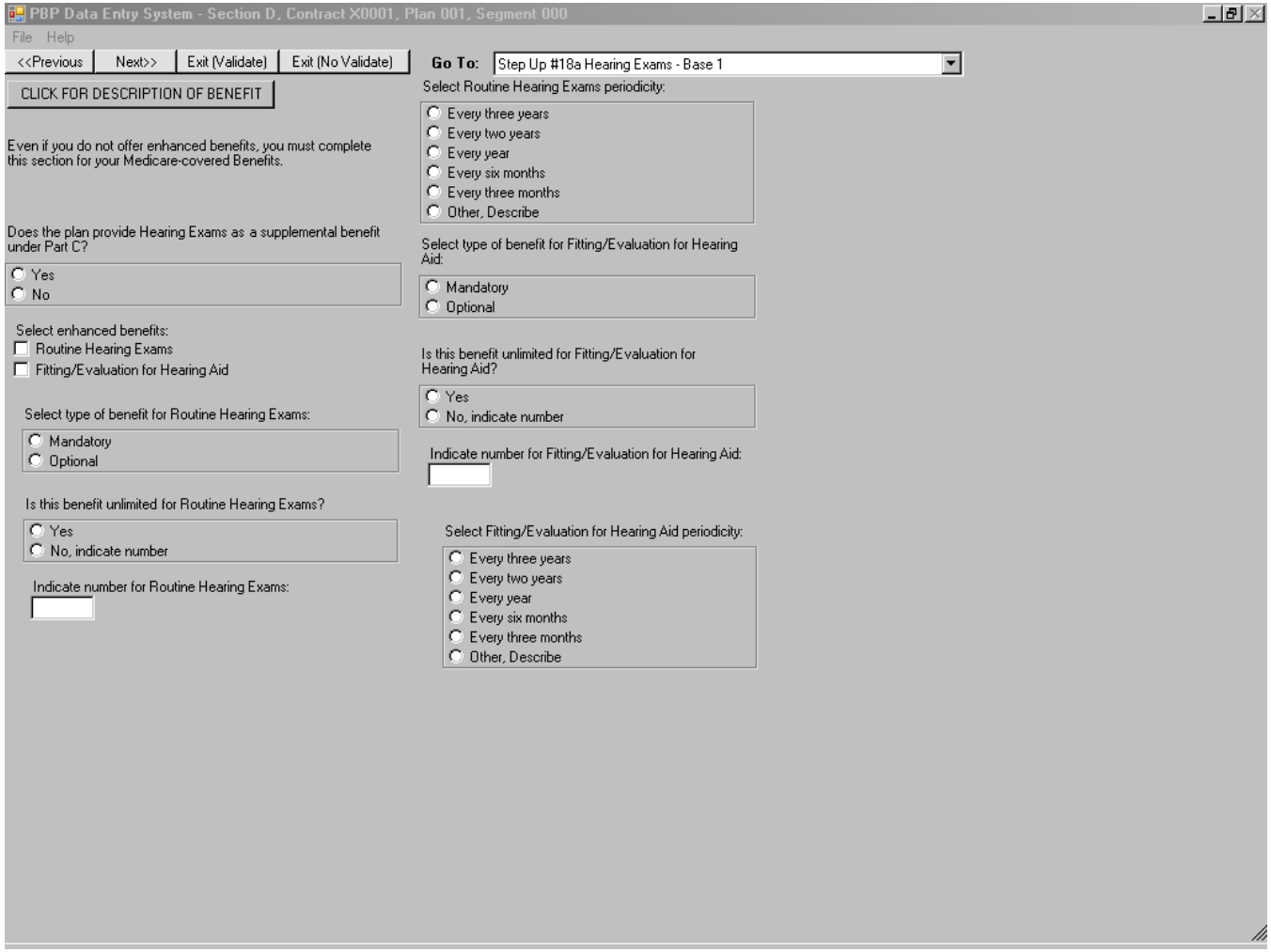
Step Up #17b Eye Wear – Base 5 Screen



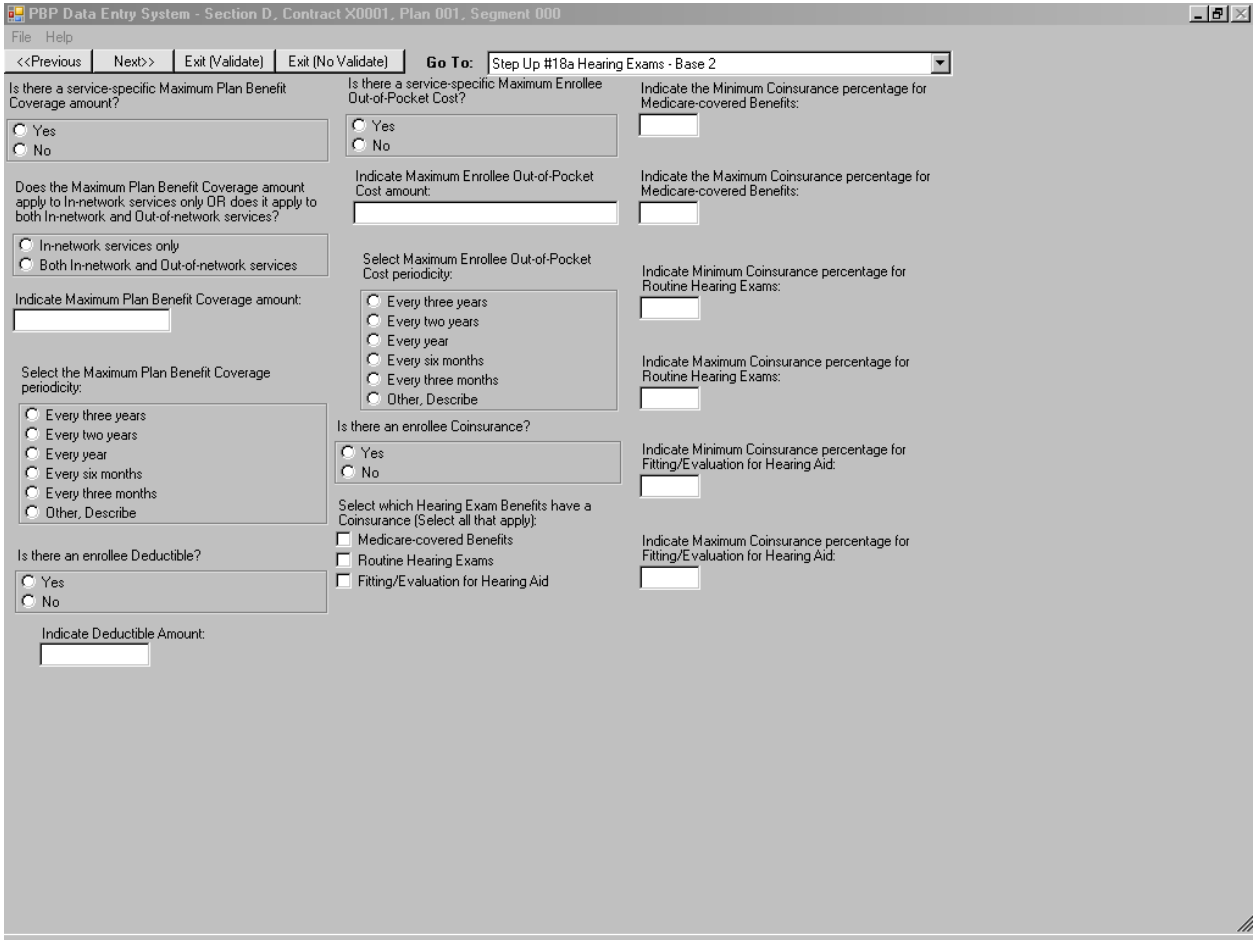
Step Up #17b Eye Wear – Base 6 Screen



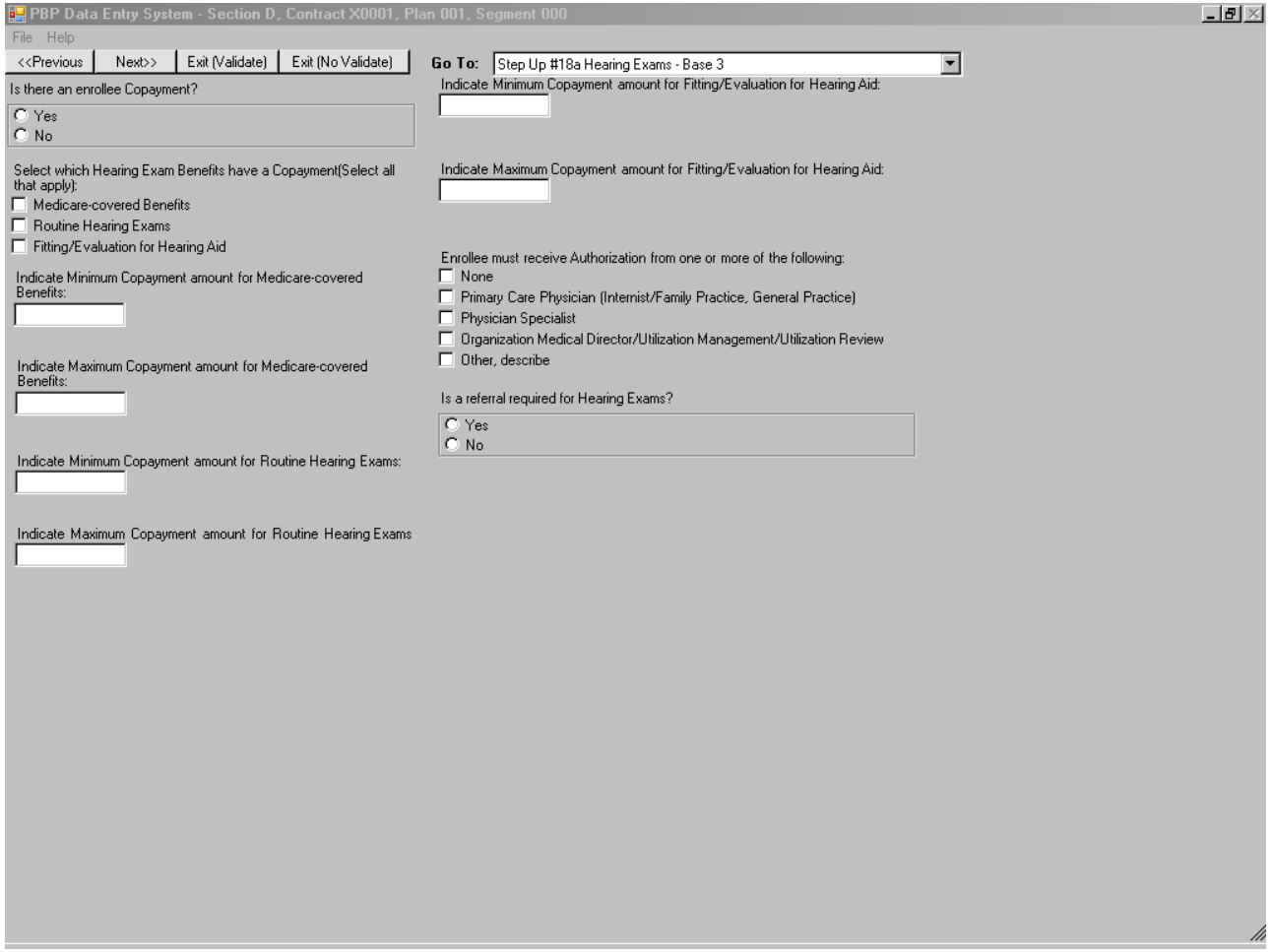
Step Up #18a Hearing Exams – Base 1 Screen



Step Up #18a Hearing Exams – Base 2 Screen

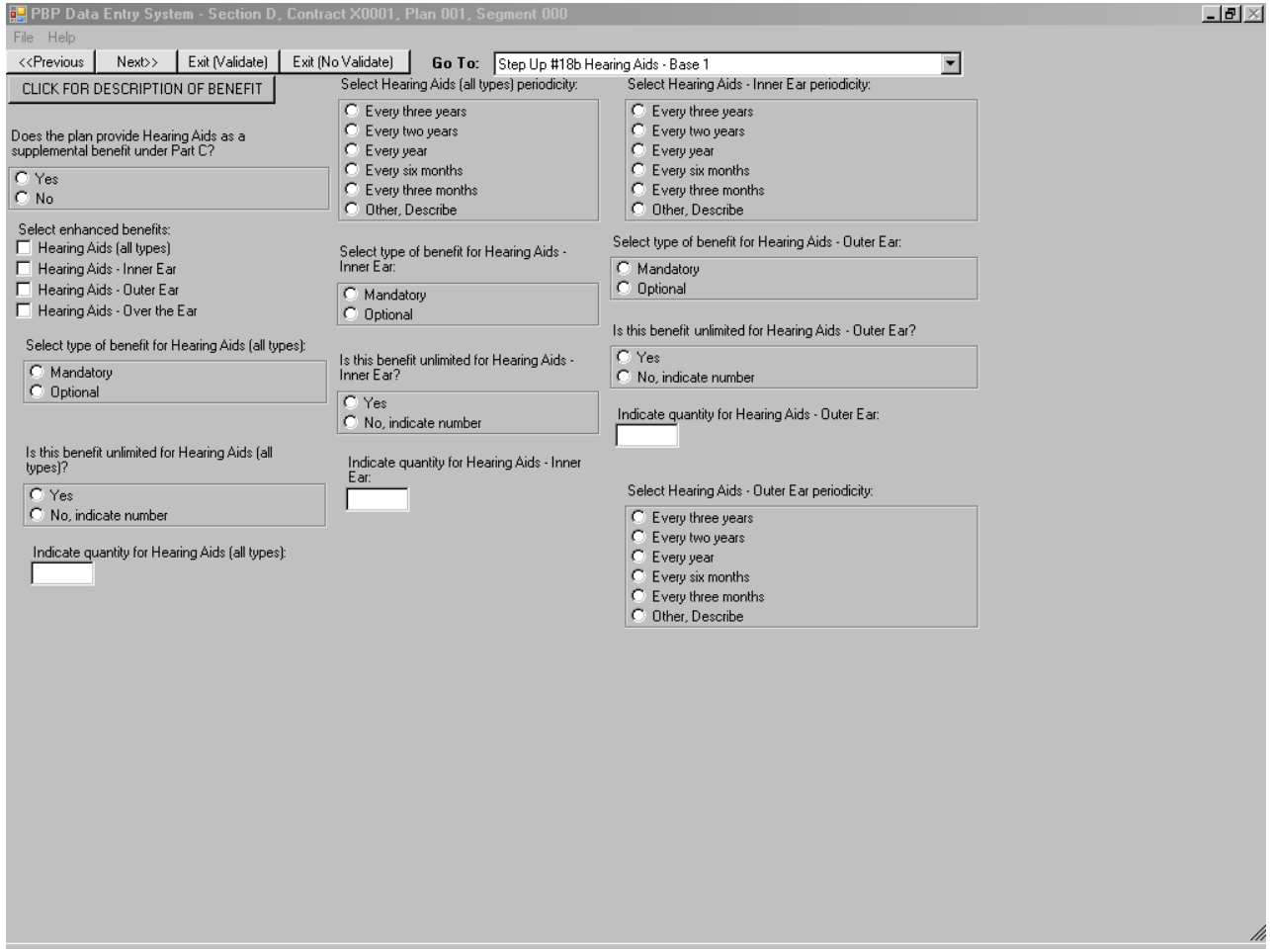


Step Up #18a Hearing Exams – Base 3 Screen

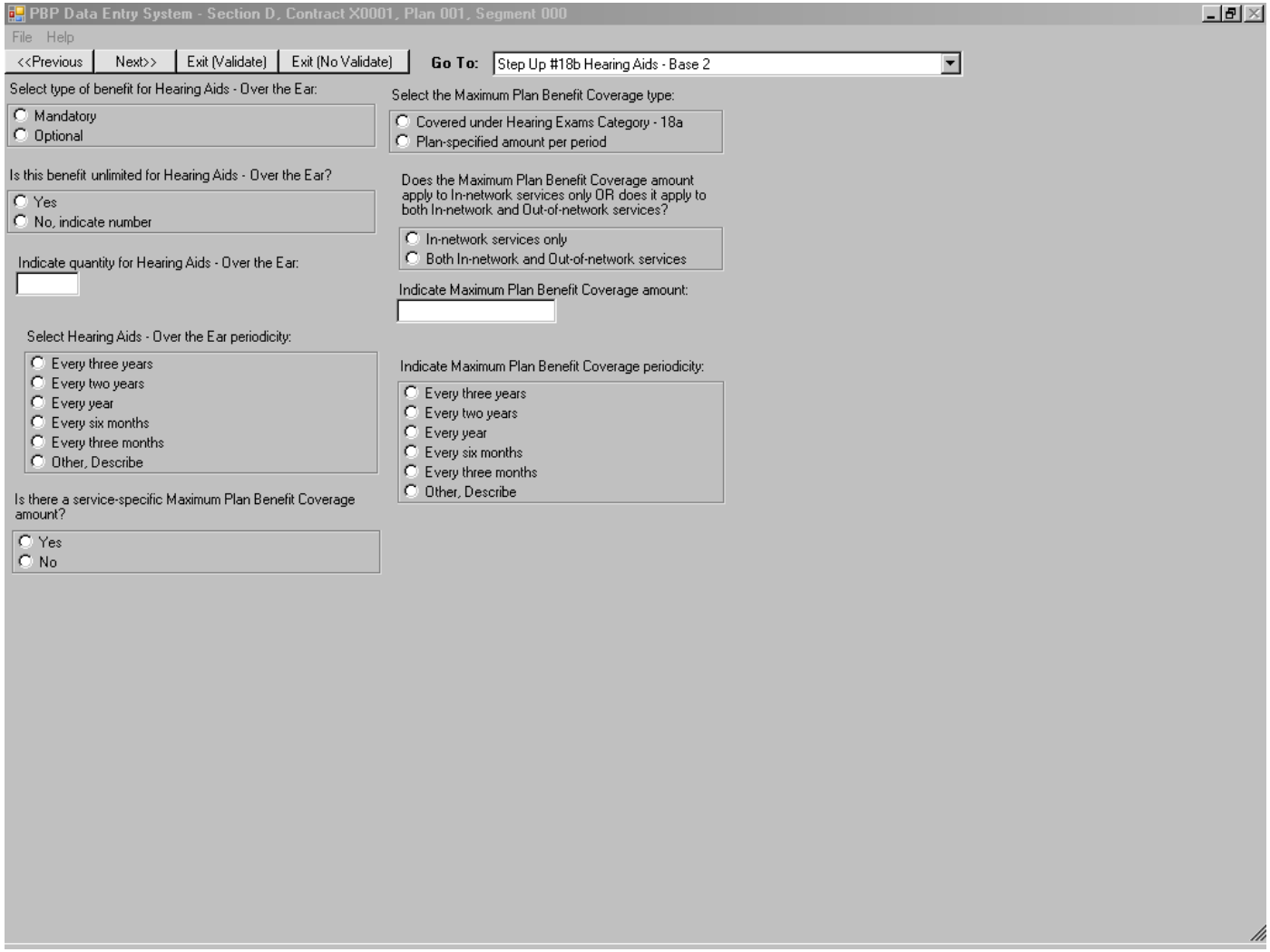


Step Up #18a Hearing Exams – Base 4 Screen

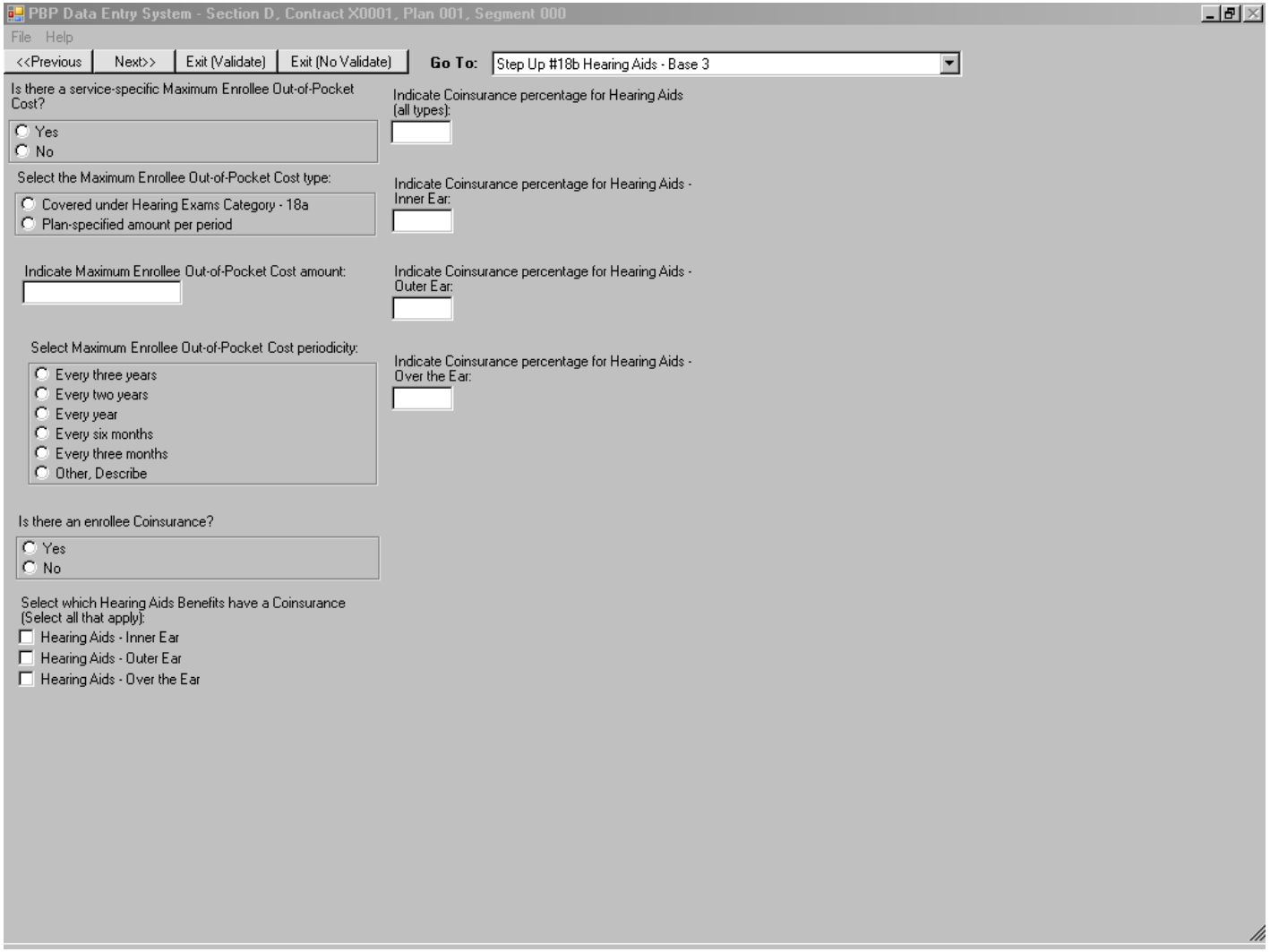
Step Up #18b Hearing Aids – Base 1 Screen



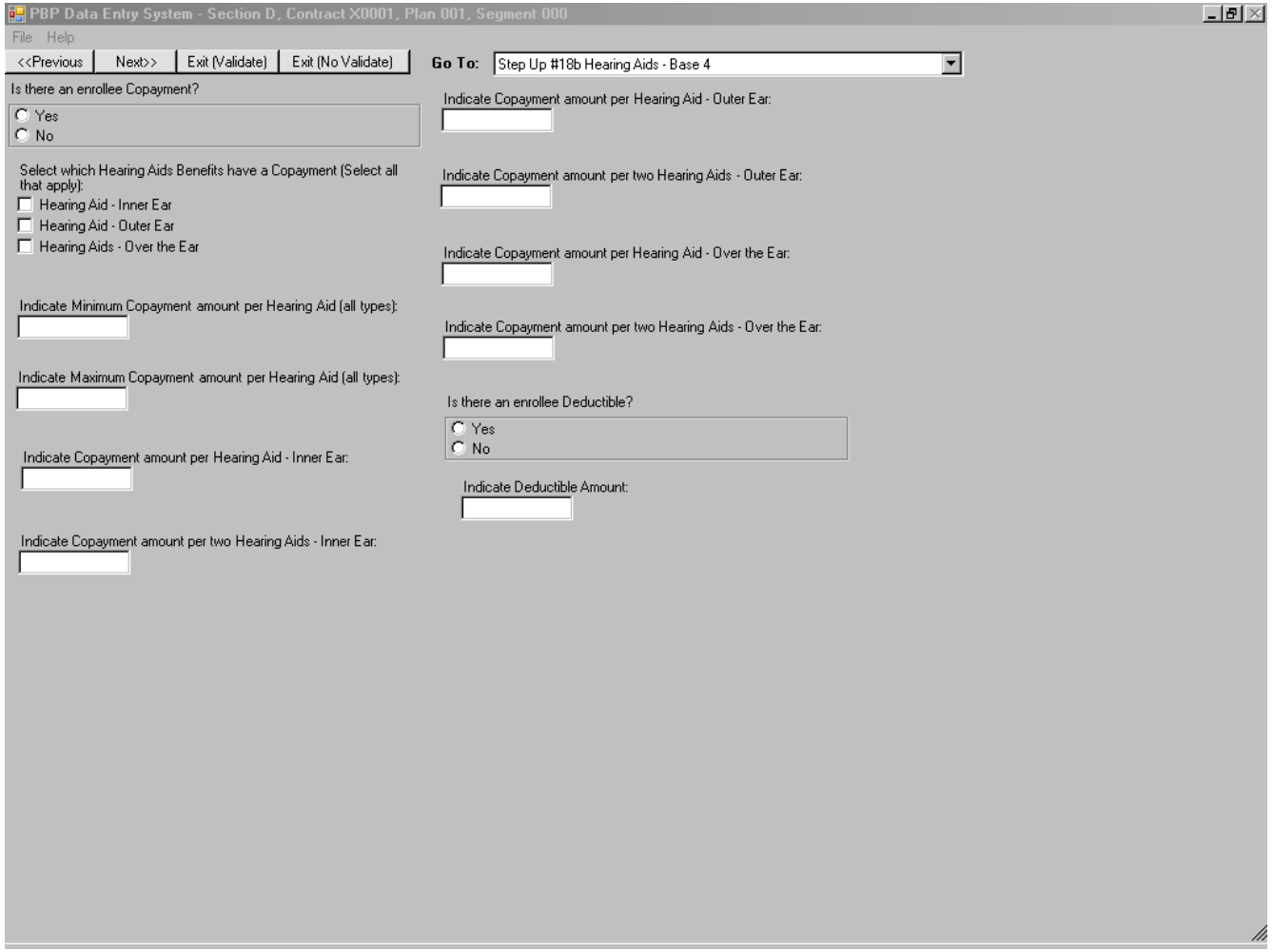
Step Up #18b Hearing Aids – Base 2 Screen



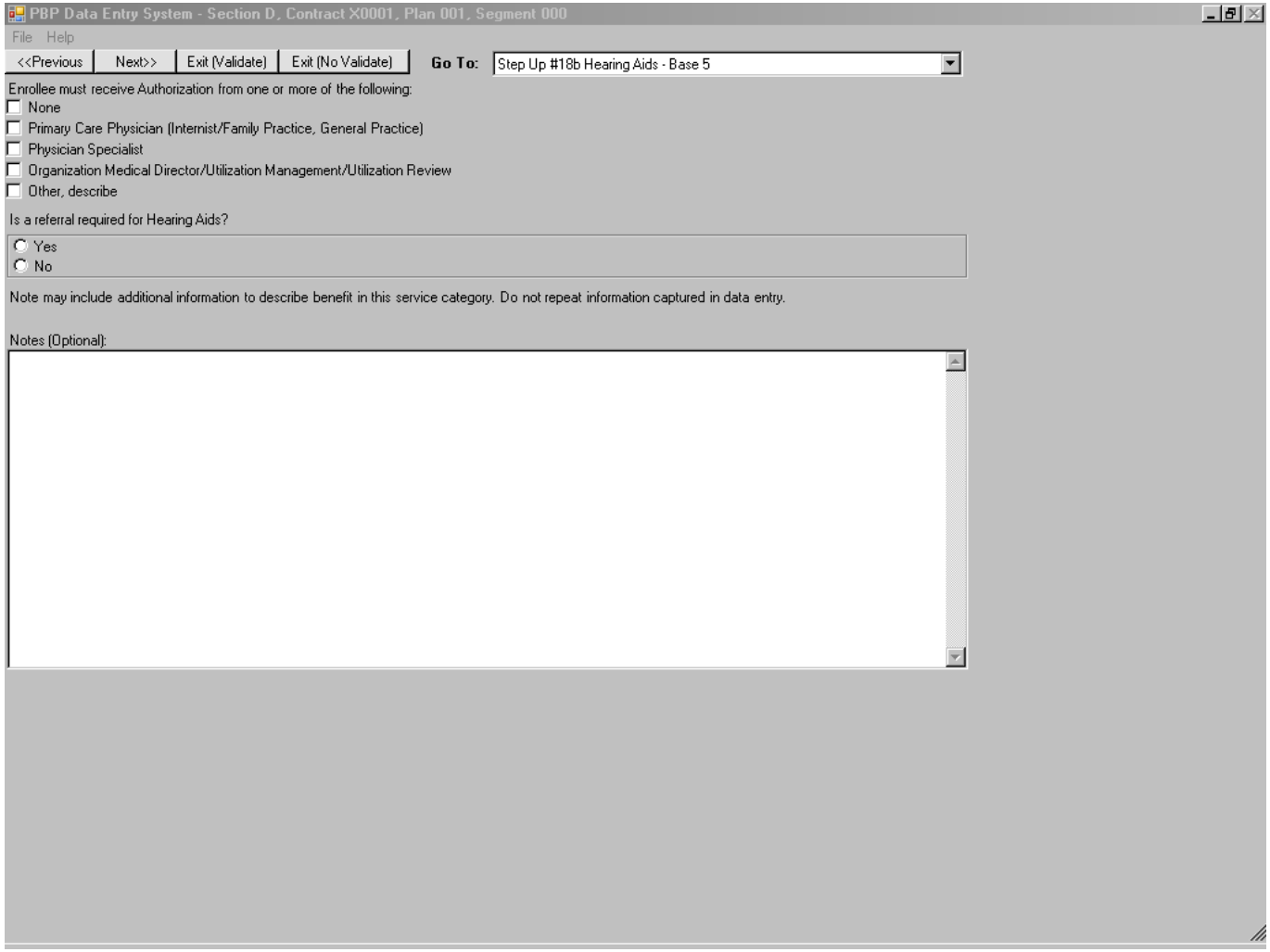
Step Up #18b Hearing Aids – Base 3 Screen



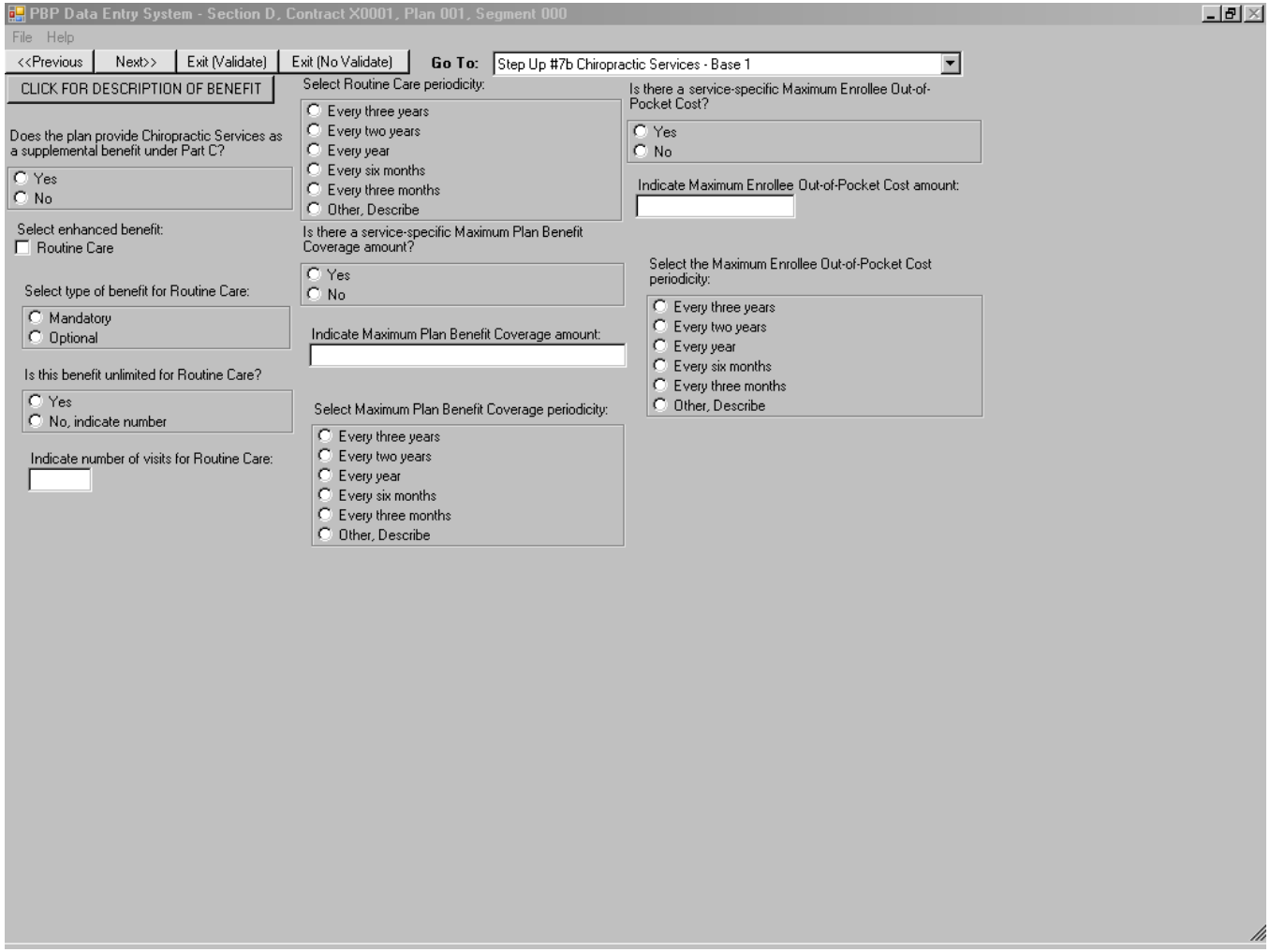
Step Up #18b Hearing Aids – Base 4 Screen



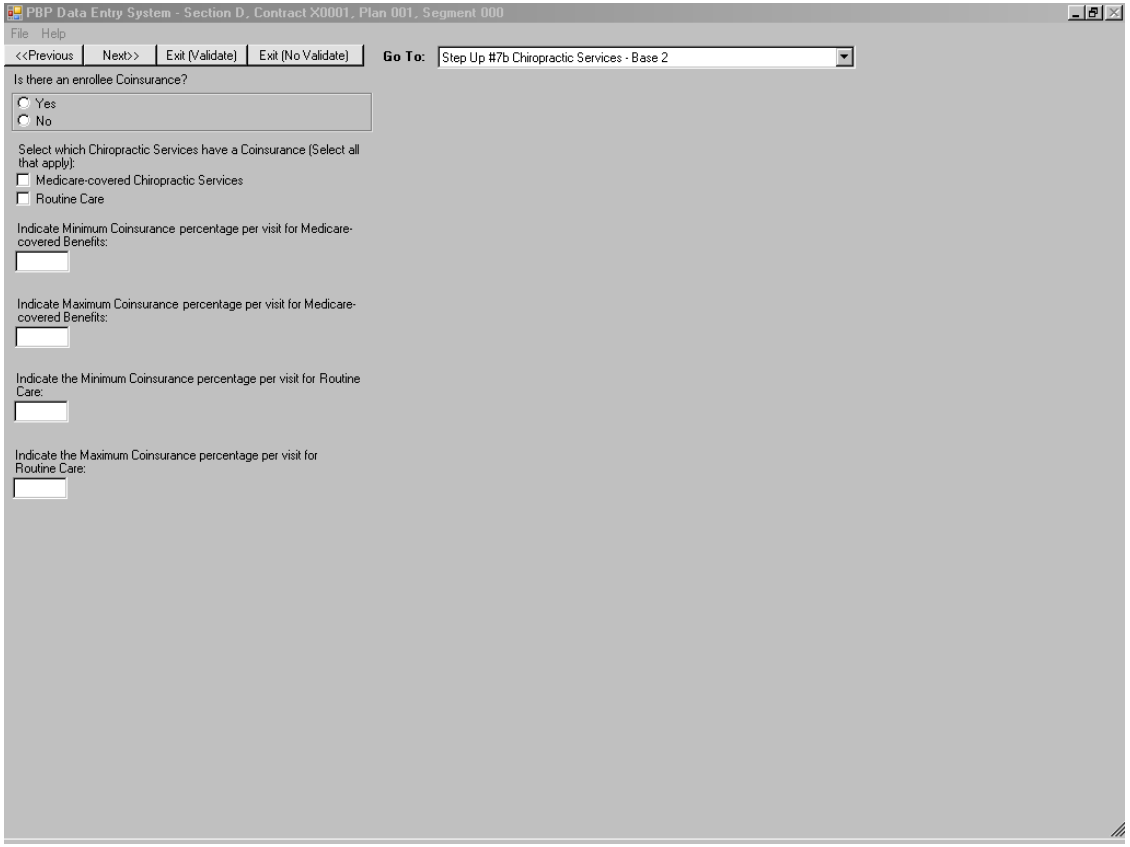
Step Up #18b Hearing Aids – Base 5 Screen



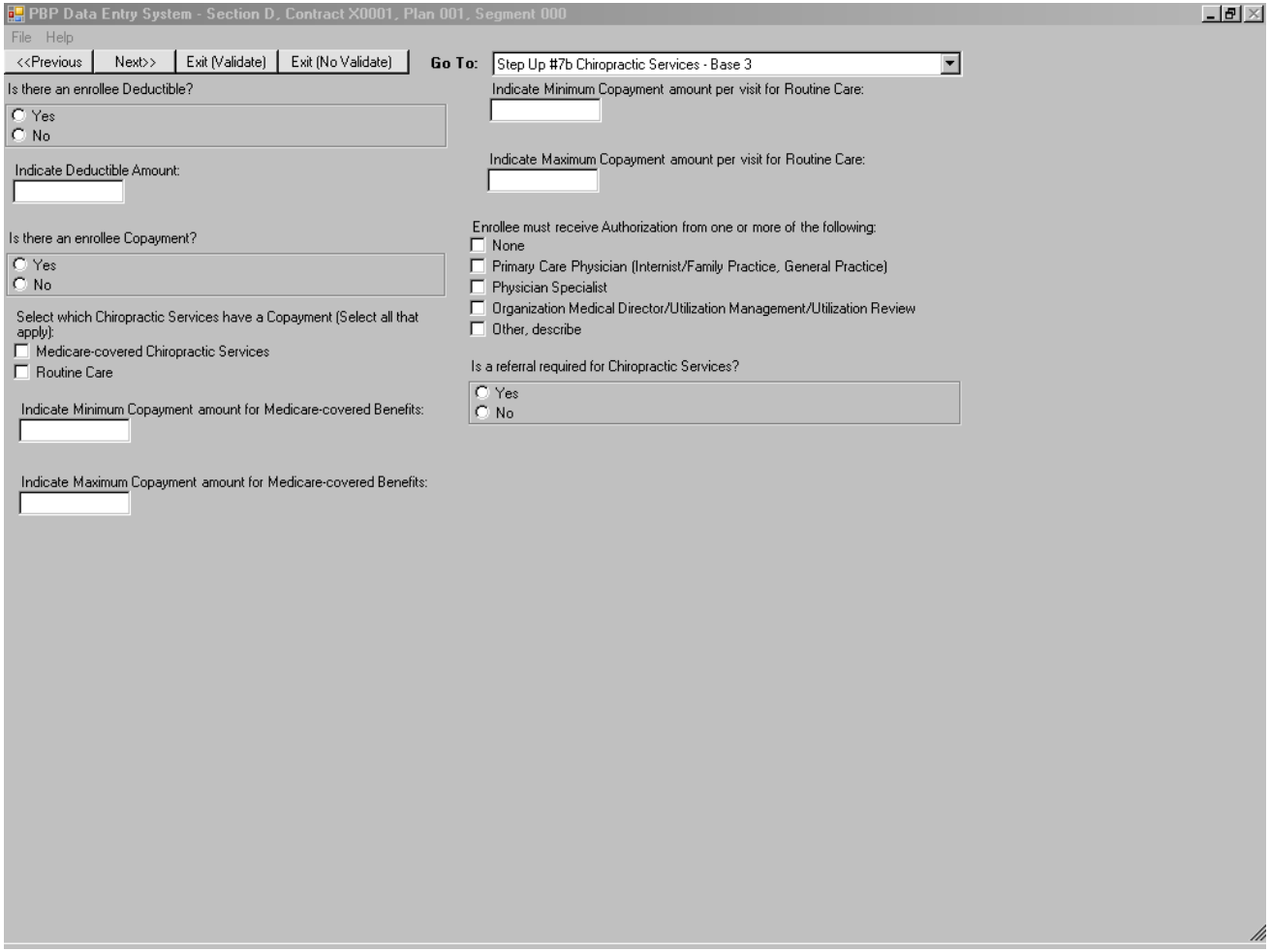
Step Up #7b Chiropratic Services – Base 1 Screen



Step Up #7b Chiropratic Services – Base 2 Screen

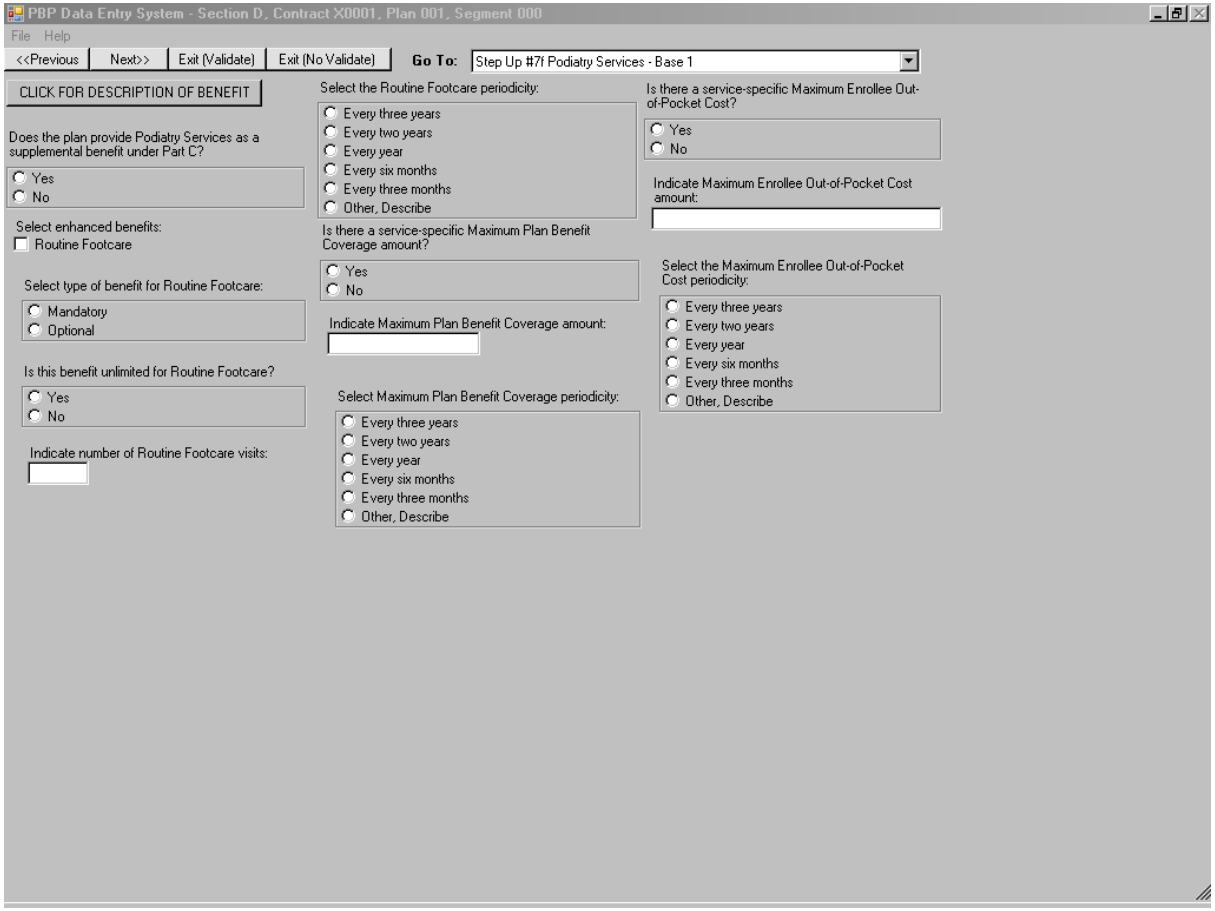


Step Up #7b Chiropratic Services – Base 3 Screen

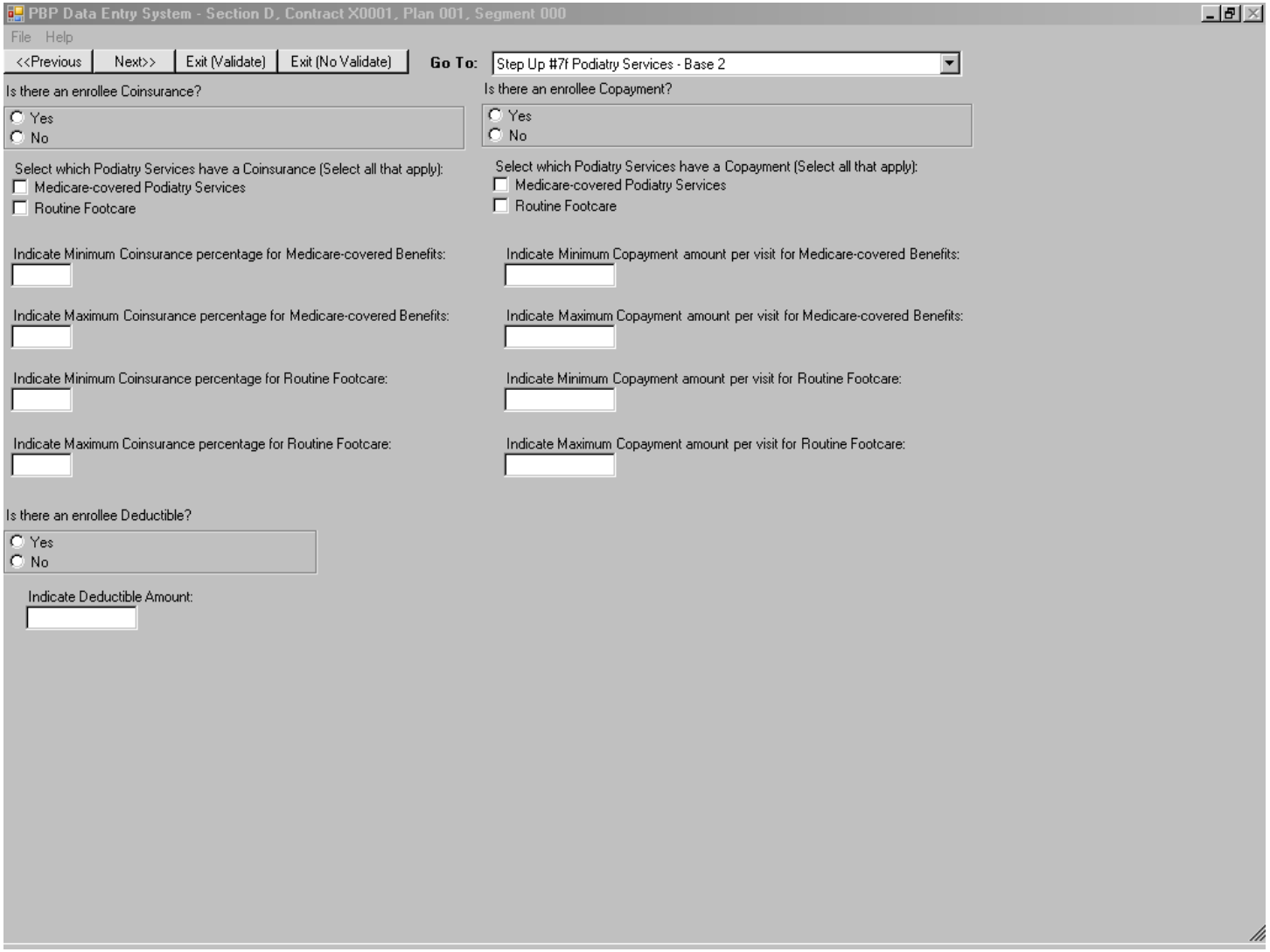


Step Up #7b Chiropratic Services – Base 4 Screen

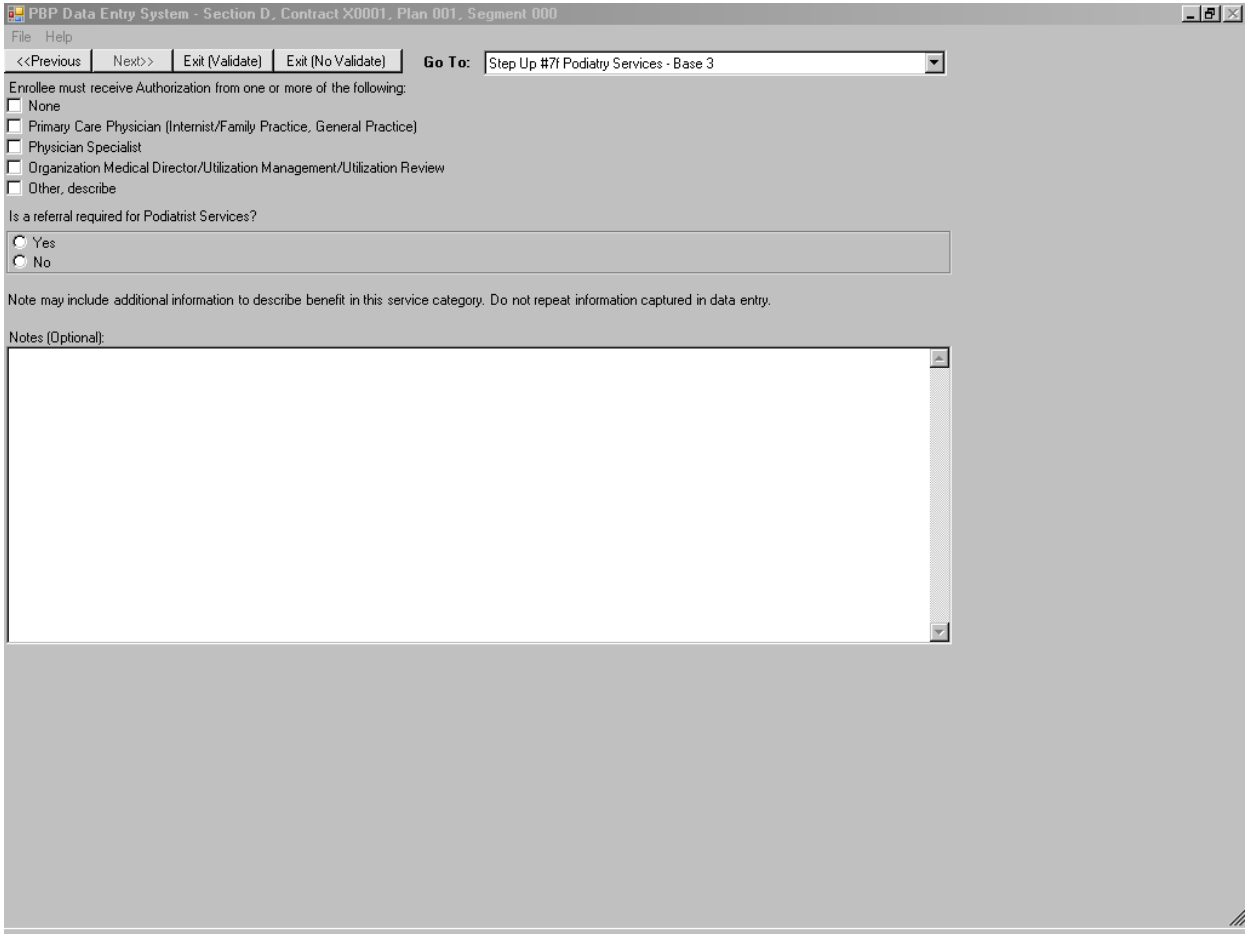
Step Up #7f Podiatry Services – Base 1 Screen



Step Up #7f Podiatry Services – Base 2 Screen



Step Up #7f Podiatry Services – Base 3 Screen


PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000
File Help
<<Previous
Next>>
Exit (Validate)
Exit (No Validate)
Go To:
Step Up #7f Podiatry Services - Base 3
Enrollee must receive Authorization from one or more of the following:
None
Primary Care Physician (Internist/Family Practice, General Practice)
Physician Specialist
Organization Medical Director/Utilization Management/Utilization Review
Other, describe
Is a referral required for Podiatrist Services?
Yes
No
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.
Notes (Optional):