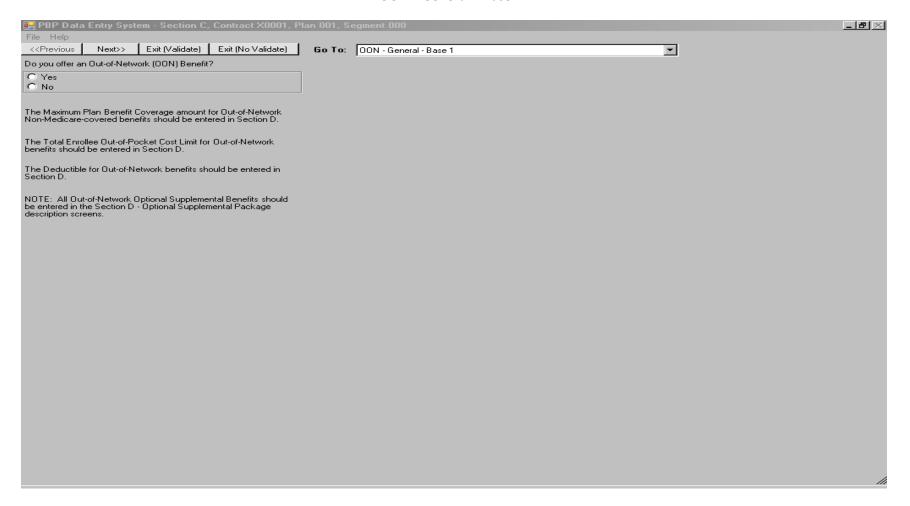
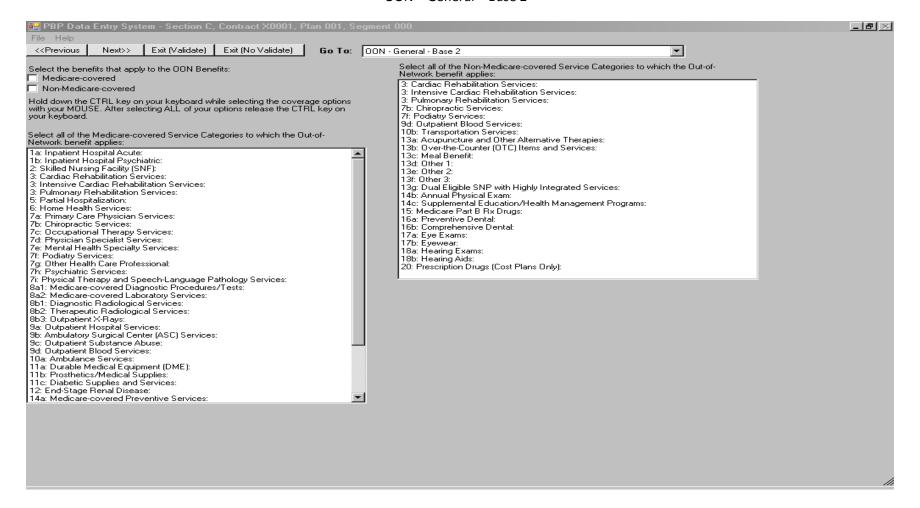
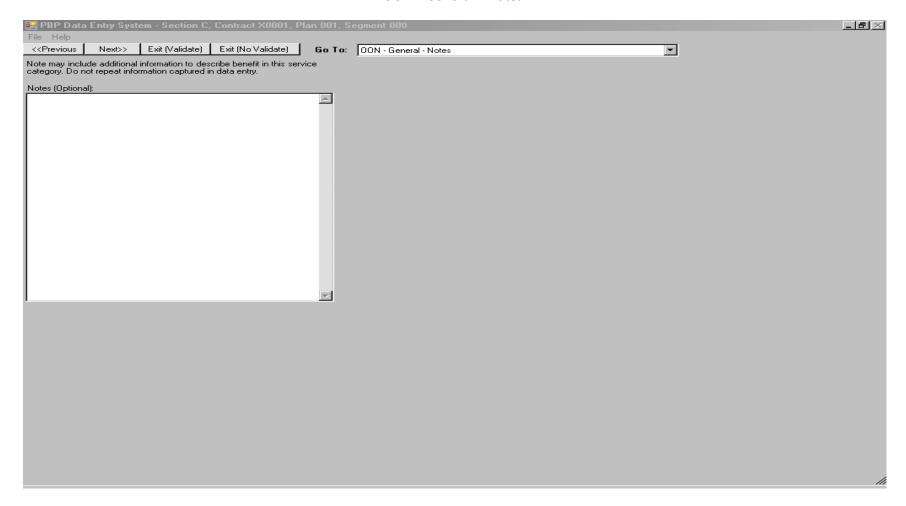
OON - General - Base 1



OON - General - Base 2



OON - General - Notes



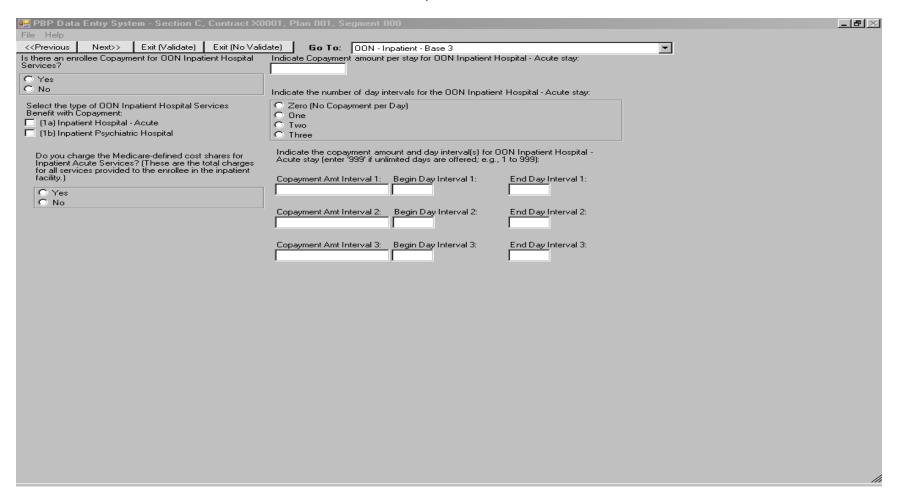
OON - Inpatient - Base 1

🔛 PBP Data Entry System - Section C, Contract X0001, Pla	an 001, Segment 000			_ & ×
File Help				
< <pre><<pre><<pre>revious</pre> <pre>Next>></pre> <pre>Exit (Validate)</pre> <pre>Exit (No Validate)</pre></pre></pre>	Go To: OON - Inpatient - Ba			
Is there an enrollee Coinsurance for OON Inpatient Hospital Services?	Acute stay (enter '999' if un	ercentage and day intervall limited days are offered; e.	(s) for OON Inpatient Hospital - g., 1 to 999):	
O Yes	Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:	
○ No				
Select the type of OON Inpatient Hospital Services Benefit with				
Coinsurance: [1a] Inpatient Hospital - Acute	Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:	
(1b) Inpatient Psychiatric Hospital				
	Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:	
Do you charge the Medicare-defined cost shares for Inpatient Acute Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)	Consular consular survey of the consular surv	Begin Bay Interval 6.	Zila Bayınlarvara.	
O Yes				
○ No				
Indicate Coinsurance percentage for OON Inpatient Hospital - Acute stay:				
Indicate the number of day intervals for the OON Inpatient Hospital - Acute stay:				
C Zero (No Coinsurance per Day)				
One Two				
C Three				

OON – Inpatient – Base 2

🔛 PBP Data Entry System - Section C, Contract X0001, Pl					_ & ×
File Help					
< <pre><<pre><<pre>c<<pre></pre></pre></pre></pre>	Go To: 00N - Inpatien			₹	
Do you charge the Medicare-defined cost shares for Inpatient Psychiatric Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)	Indicate the coinsurance pe Psychiatric Hospital stay (er	ercentage and day interval(s) nter '999' if unlimited days are	for OON Inpatient e offered; e.g., 1 to 999):		
○ Yes	Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:		
○ No					
Indicate Coinsurance percentage for DDN Inpatient Psychiatric Hospital stay:	Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:		
Indicate the number of day intervals for the OON Inpatient Psychiatric Hospital stay:	Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:		
C Zero (No Coinsurance per Day)					
○ One ○ Two					
O Three					
2 11100					
					111

OON - Inpatient - Base 3



OON - Inpatient - Base 4

🔛 PBP Data Entry System - Section C, Contract X0001, Plan 001, Segme		_ B ×
File Help		
< <pre><<pre><<pre></pre></pre></pre>	N - Inpatient - Base 4 ▼	
Do you charge the Medicare-defined cost shares for Inpatient Psychiatric Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)	Is there an OON Deductible for Inpatient Hospital Services?	
O Yes	U No	
© No		
Indicate Copayment amount per stay for OON Inpatient Psychiatric Hospital:	Select the type of OON Inpatient Hospital Services benefit with a Deductible: Inpatient Hospital - Acute Inpatient Psychiatric Hospital Combined for both Inpatient Hospital Acute and Inpatient Psychiatric Hospital	
Indicate the number of day intervals for the OON Inpatient Psychiatric Hospital stay: C Zero (No Copayment per Day) O One Two	Enter Deductible amount for Inpatient Hospital - Acute:	
O Three	Enter Deductible amount for Inpatient Psychiatric Hospital:	
Indicate the copayment amount and day interval(s) for OON Inpatient Psychiatric Hospital stay (enter '999' if unlimited days are offered; e.g., 1 to 999): Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:	Enter Deductible amount for combined Inpatient Hospital Acute and Inpatient Psychiatric Hospital:	
Copayment Amt Interval 2: End Day Interval 2: End Day Interval 2:		
Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:		
		//

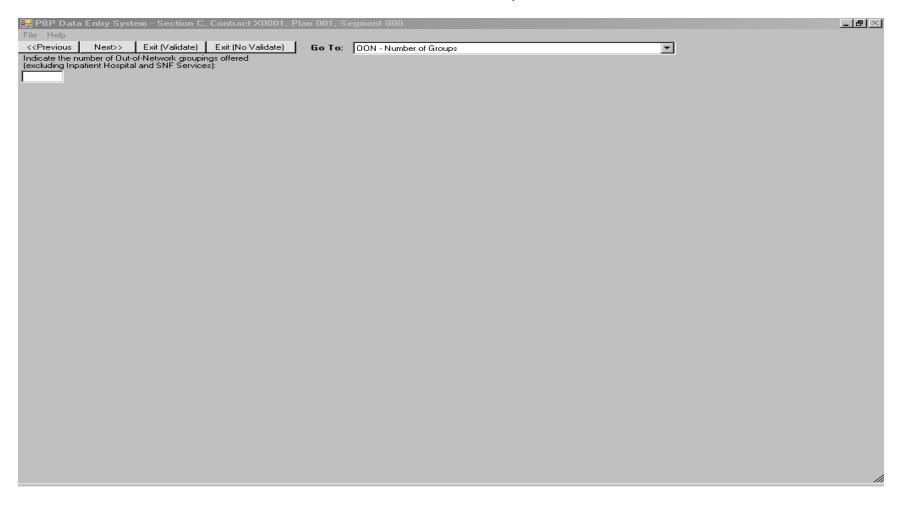
OON - SNF - Base 1

🔛 PBP Data Entry System - Section C, Contract X0001, Pl				_ & ×
File Help				
< <pre><<pre><<pre>revious</pre> <pre>Next>></pre> <pre>Exit (Validate)</pre> <pre>Exit (No Validate)</pre></pre></pre>	Go To: OON - SNF - Base		▼	
Is there an enrollee Coinsurance for DON SNF Services?	Indicate the coinsurance p '999' if unlimited days are o	ercentage and day interval(: offered; e.g., 1 to 999):	s) for OON SNF stay (enter	
C No	Coinsurance % 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 SNF.)	Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:	
O Yes O No				
	Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:	
Indicate Coinsurance percentage for OON SNF stay:				
Indicate the number of day intervals for the OON SNF stay:				
C Zero (No Coinsurance per Day) C One C Two				
C Three				

OON - SNF - Base 2

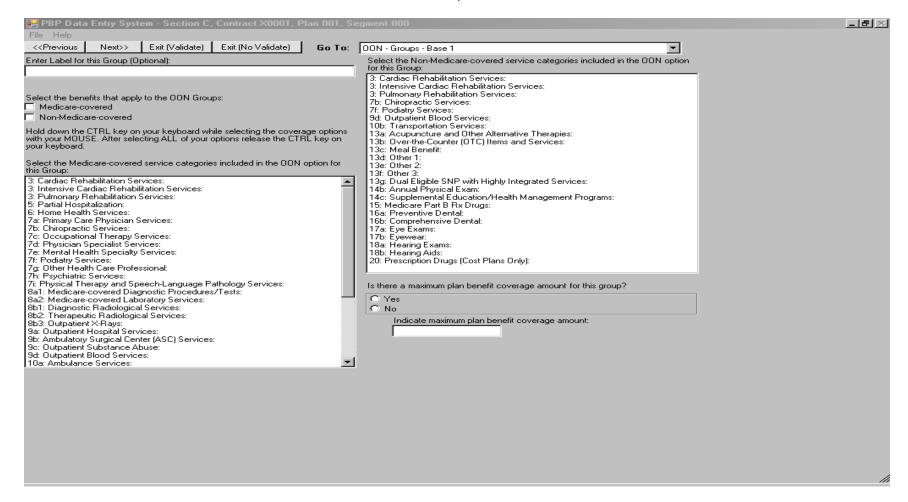
🔛 PBP Data Entry System - Section C, Contract X0001					_ 181 ×		
File Help							
< <pre><<pre><<pre>c</pre></pre> <pre>Next>></pre> <pre>Exit (Validate)</pre> <pre>Exit (No Validate)</pre></pre>	Go To: OON - SNF	- Base 2		<u>-</u>			
Is there an enrollee Copayment for DDN SNF Services? Yes	Indicate the copayment am unlimited days are offered; e	Indicate the copayment amount and day interval(s) for OON SNF stay (enter '999' if unlimited days are offered; e.g., 1 to 999):					
C No	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 SNF.)	Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:				
C Yes			5 10 11 10				
Indicate Copayment amount per stay for OON SNF stay:	Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:				
	Is there an OON Deduc	tible for SNF Services?					
Indicate the number of day intervals for the DDN SNF stay: C: Zero (No Copayment per Day) C: One	O Yes O No						
C Two	Enter Deductible amo	unt for SNF:					
					,		

OON - Number of Groups

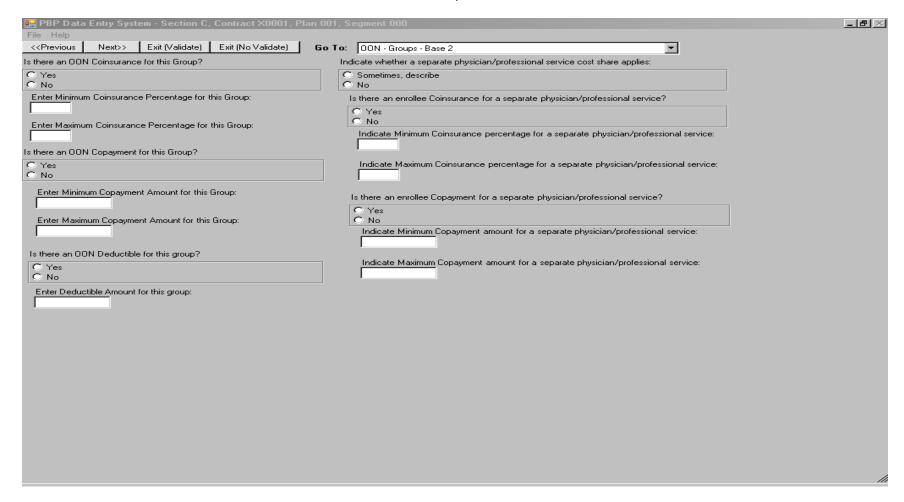


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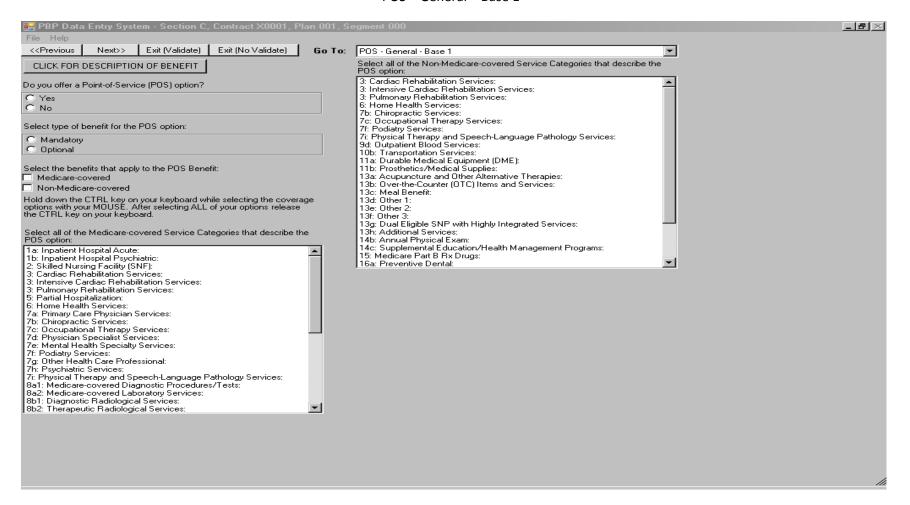
OON - Groups - Base 1

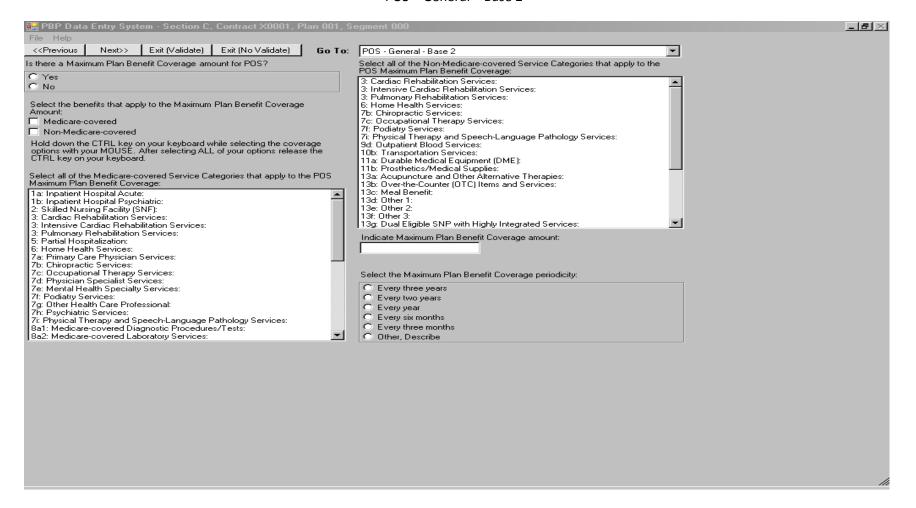


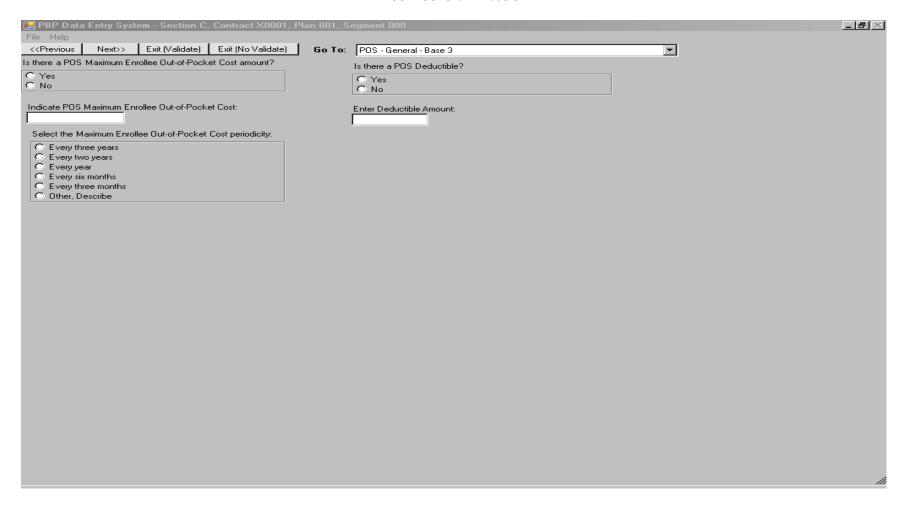
OON - Groups - Base 2

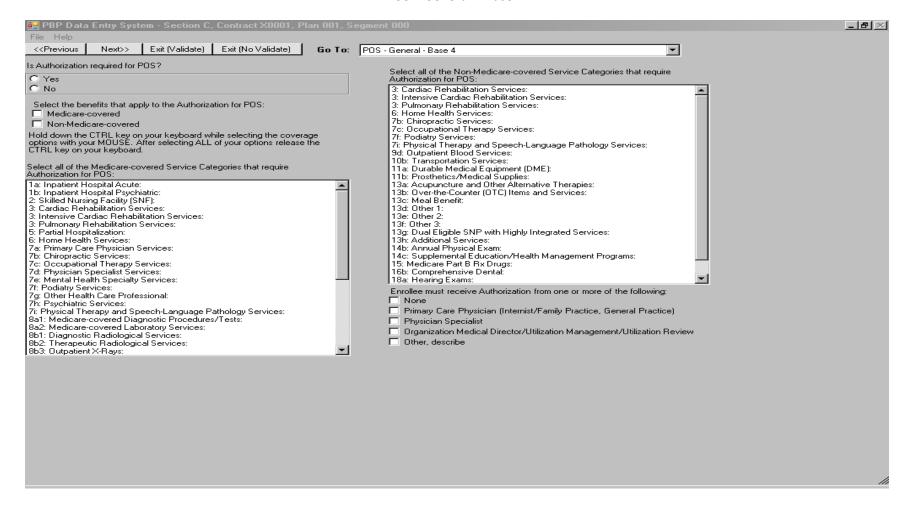


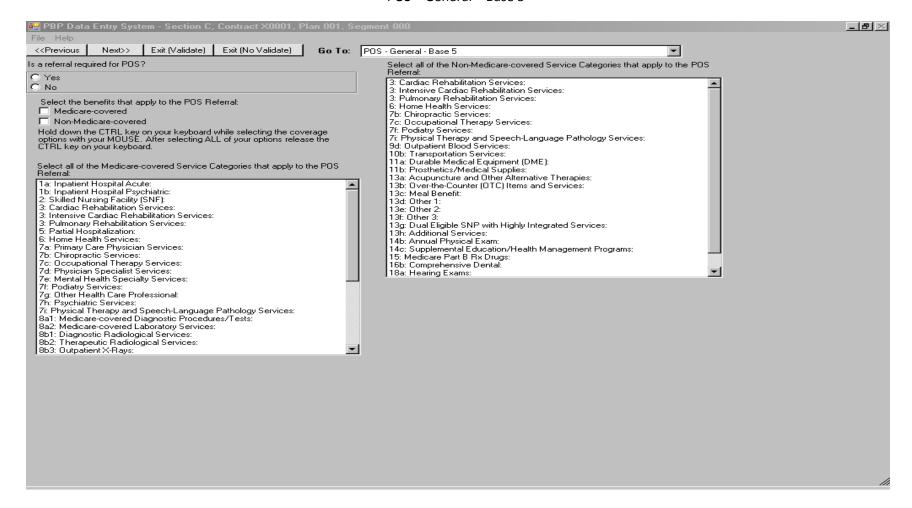
POS - General - Base 1

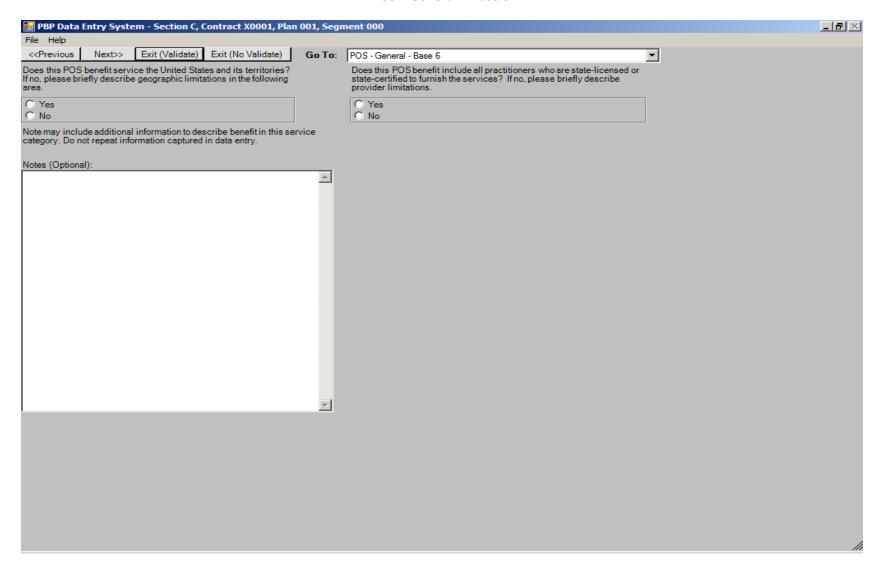




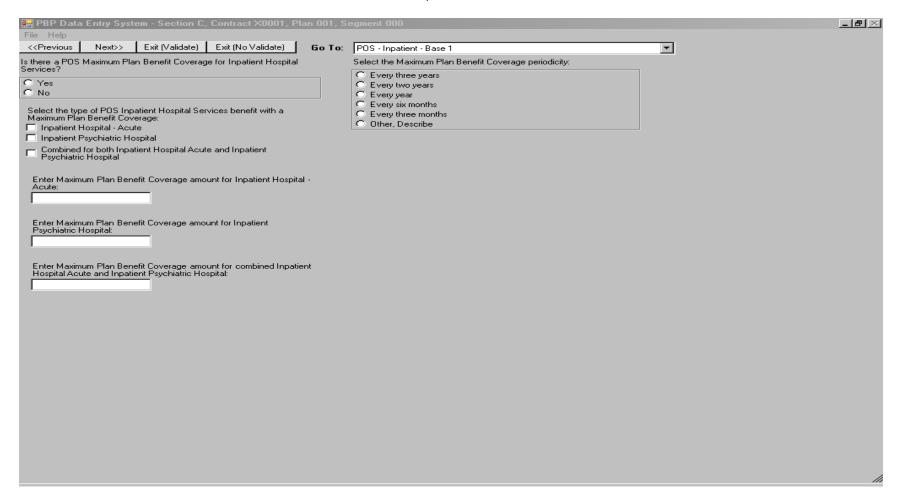








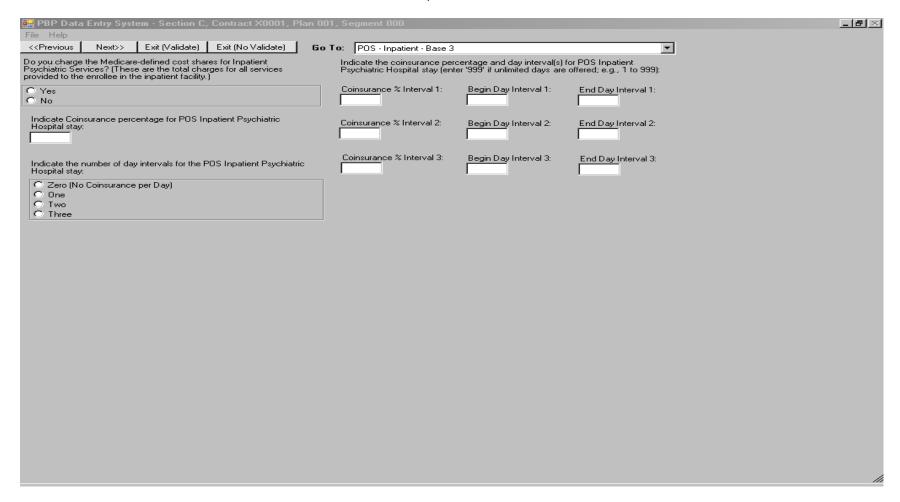
POS - Inpatient - Base 1



POS – Inpatient – Base 2

🔛 PBP Data Entry System - Section C, Contract X0001, Pla	an 001, S	egment 000				_ & ×
File Help					1	
< <pre><<pre>revious Next>> Exit (Validate) Exit (No Validate) Is there an enrollee Coinsurance for POS Inpatient Hospital Services?</pre></pre>	Go To:	POS - Inpatient - Base 2	centage and day interval(s)	▼ For POS Inpatient		
C Yes	7	Indicate the coinsurance per Hospital - Acute stay (enter "	999' if unlimited days are o	ffered; e.g., 1 to 999):		
C No		Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:		
Select the type of POS Inpatient Hospital Services Benefit with						
Coinsurance: [(1a) Inpatient Hospital - Acute		Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:		
(1b) Inpatient Psychiatric Hospital						
Do you charge the Medicare-defined cost shares for Inpatient Acute Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)		Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:		
C Yes	7					
○ No						
Indicate Coinsurance percentage for POS Inpatient Hospital - Acute stay:						
Indicate the number of day intervals for the POS Inpatient						
Hospital - Acute stay:						
C Zero (No Coinsurance per Day) C One						
O Two						
○ Three						

POS - Inpatient - Base 3



POS – Inpatient – Base 4

🔛 PBP Data Entry System - Section C, Contract X0001,	Plan 001, Segment 000	_ 6 ×
File Help		
< <pre><<pre><< Previous</pre></pre>	Go To: POS - Inpatient - Base 4	
Is there an enrollee Copayment for POS Inpatient Hospital Services?	Indicate Copayment amount per stay for POS Inpatient Hospital - Acute stay:	
C Yes		
○ No	Indicate the number of day intervals for the POS Inpatient Hospital - Acute stay:	
Select the type of POS Inpatient Hospital Services Benefit with Copayment: [[1a] Inpatient Hospital - Acute [[1b] Inpatient Psychiatric Hospital	C Zero (No Copayment per Day) C One C Two C Three	
Do you charge the Medicare-defined cost shares for for Inpatient Acute Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)	Indicate the copayment amount and day interval(s) for POS Inpatient Hospital - Acute stay (enter '999' if unlimited days are offered; e.g., 1 to 999);	
C Yes C No	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:	
		//

POS – Inpatient – Base 5

🔛 PBP Data Entry System - Section C, Contract X0001, Plan 001	l, Segment 000	_ 6 ×
File Help		
< <pre><<pre>revious Next>> Exit (Validate) Exit (No Validate) Go 1</pre></pre>		▼
Do you charge the Medicare-defined cost shares for for Inpatient Psychiatric Services? [These are the total charges for all services provided to the enrollee in the inpatient facility.]	Is there a POS Deductible for Inpatient Hospital Services? C Yes C No	
C Yes C No		
Indicate Copayment amount per stay for POS Inpatient Psychiatric Hospital:	Select the type of POS Inpatient Hospital Services benefit with a Deductible: Inpatient Hospital - Acute Inpatient Psychiatric Hospital Combined for both Inpatient Hospital Acute and Inpatient Psychiatric Hospital	
Indicate the number of day intervals for the POS Inpatient Psychiatric Hospital stay:	Psychiatric Hospital	
C Zero (No Copayment per Day) C One C Two C Three	Enter Deductible amount for Inpatient Hospital - Acute:	
Indicate the copayment amount and day interval(s) for POS Inpatient Psychiatric Hospital stay (enter '999' if unlimited days are offered; e.g., 1 to 999):	Enter Deductible amount for Inpatient Psychiatric Hospital:	
Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:	Enter Deductible amount for combined Inpatient Hospital Acute and Inpatient Psychiatric Hospital:	
Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:		
Copayment Amt Interval 3: Begin Day Interval 3: End Day Interval 3:		

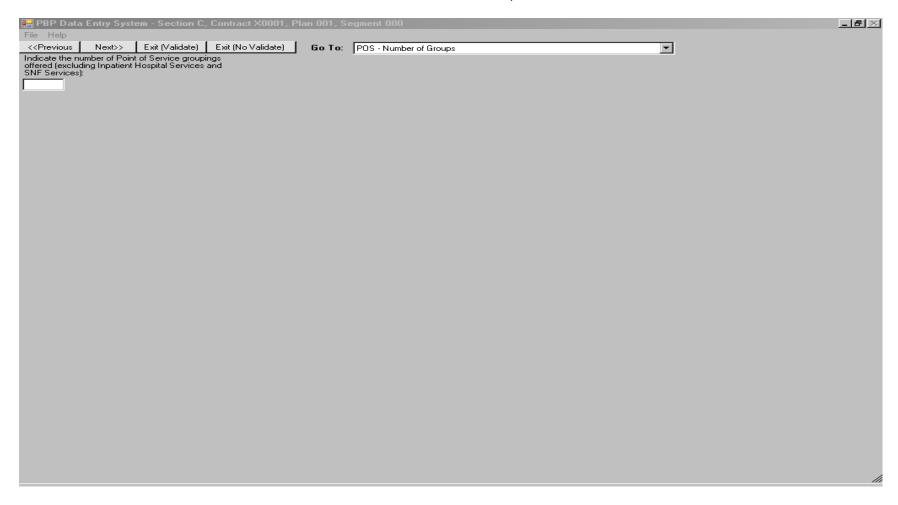
POS – SNF – Base 1

🔛 PBP Data Entry System - Section C, Contract X0001, Pla				_ B ×
File Help				
< <pre><<pre><<pre>vious</pre></pre></pre>	Go To: POS - SNF - Base 1		▼	
Is there an enrollee Coinsurance for POS SNF Services?	Indicate the coinsurance p	ercentage and day interval(: offered; e.g., 1 to 999);	s) for POS SNF stay (enter	
© Yes	555 ii uriiiniiled days are c	merea, e.g., 1 to 333).		
C No	Coinsurance % 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 SNF.)				
O Yes	Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:	
O No				
	Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:	
	Comsularice % Interval 5.	Degin Day Interval 5.	End Day Interval 3.	
Indicate Coinsurance percentage for POS SNF stay:				
Indicate the number of day intervals for the POS SNF stay:				
C Zero (No Coinsurance per Day)				
C One C Two				
C Three				
	1			
				//

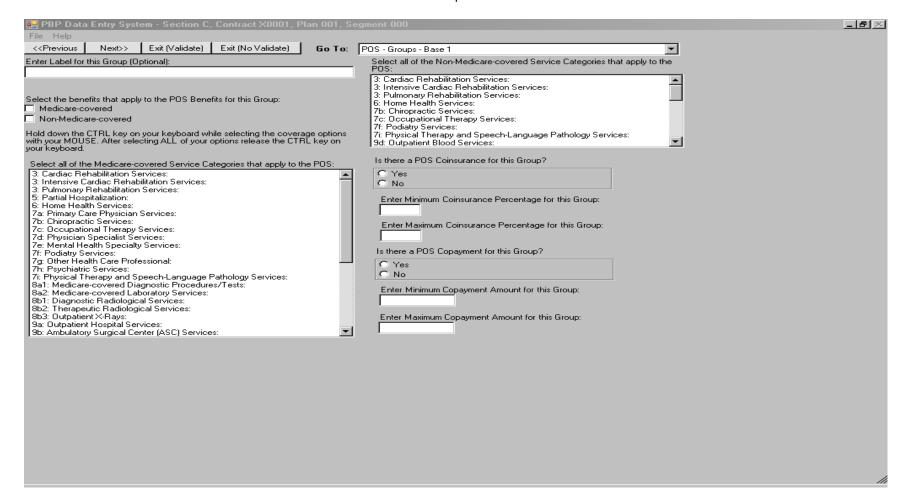
POS – SNF – Base 2

🖳 PBP Data Entry System - Section C, Contract X00	0001, Plan 001, Segment 000	_ B ×
File Help		
< <pre><<pre><<pre>revious</pre> <pre>Next>></pre> <pre>Exit (Validate)</pre> <pre>Exit (No Validate)</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' if unlimited days are offered; e.g., 1 to 999):	
O Yes	unlimited days are offered; e.g., 1 to 999);	
○ No		
	Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:	
Do you charge the Medicare-defined cost shares?(These		
Do you charge the Medicare-defined cost shares?(These are the total charges for all services provided to the enrollee in the inpatient facility.)	Second Arthropia Peris Prohitoria Secondaria	
	Copayment Amt Interval 2: Begin Day Interval 2: End Day Interval 2:	
C Yes C No		
9 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?	
	C Yes	
Indicate the number of day intervals for the POS SNF stay:	C No	
C Zero (No Copayment per Day)		
◯ One ◯ Two	Enter Deductible amount for SNF:	
C Three		
		1

POS – Number of Groups



POS - Groups - Base 1



POS – Groups – Base 2

🔛 PBP Data Entry System - Section C, Contract X0001, Plan I		<u>_ ₽ ×</u>
File Help		
< <pre><<pre><<pre>revious</pre></pre></pre>	io To: POS - Groups - Base 2	
Is there a POS Maximum Plan Benefit Coverage amount for this group?	Indicate whether a separate physician/professional service cost share applies:	
O Yes	O Sometimes, describe	
○ No	○ No	
Indicate Maximum Plan Benefit Coverage amount:	Is there an enrollee Coinsurance for a separate physician/professional service?	
maicate Maximum Flan Benefit Coverage amount.	© Yes	
	No Indicate Minimum Coinsurance percentage for a separate physician/professional service:	
	Indicate Millimum Comsularice percentage for a separate physician/professional service.	
Select the Maximum Plan Benefit Coverage periodicity:		
C Every three years C Every two years	Indicate Maximum Coinsurance percentage for a separate physician/professional service:	
© Every year		
C Every six months	Is there an enrollee Copayment for a separate physician/professional service?	
C Every three months C Other, Describe	C Yes	
Is there a POS Deductible for this group?	O No	
C Yes	Indicate Minimum Copayment amount for a separate physician/professional service:	
O Yes O No		
	Indicate Maximum Copayment amount for a separate physician/professional service:	
Indicate Deductible amount for POS services:	Indicate Maximum Copayment amount for a separate physician/professional service:	

V/T – General – US

