OON – General – Base 1

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File   Help

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Do you offer an Out-of-Network (OON) Benefit?

○ Yes
○ No

The Maximum Plan Benefit Coverage amount for Out-of-Network Non-Medicare-covered benefits should be entered in Section D.

The Total Enrollee Out-of-Pocket Cost Limit for Out-of-Network benefits should be entered in Section D.

The Deductible for Out-of-Network benefits should be entered in Section D.

NOTE: All Out-of-Network Optional Supplemental Benefits should be entered in the Section D - Optional Supplemental Package description screens.
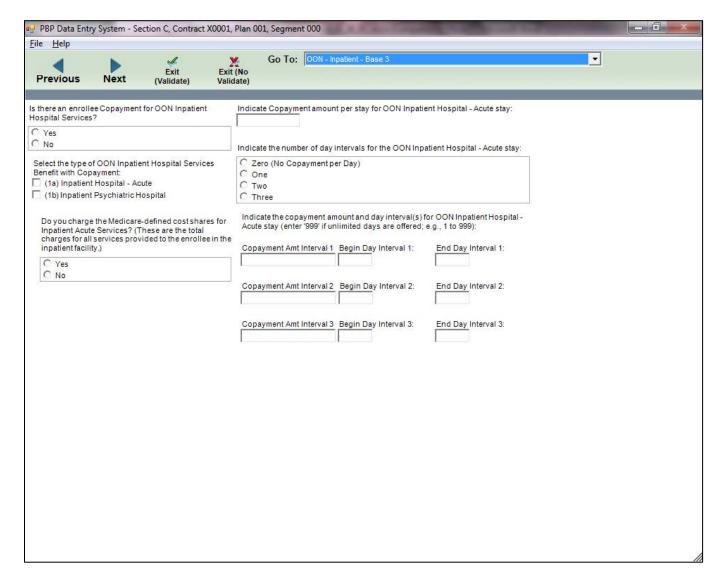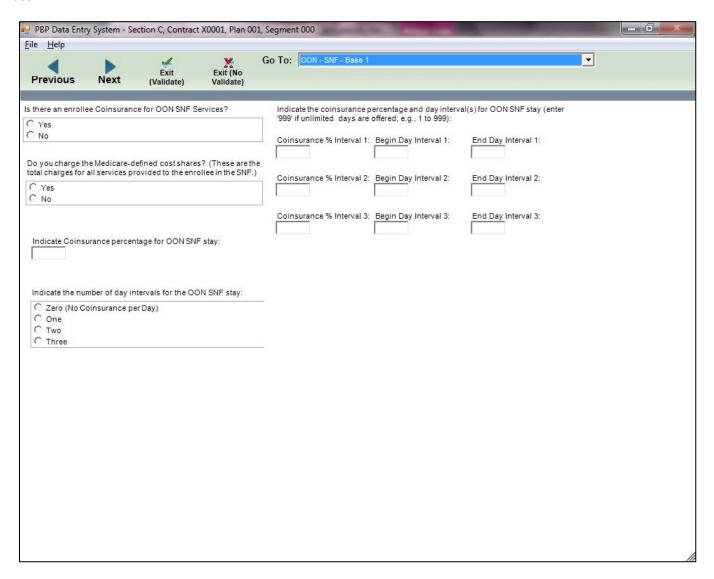
OON – General – Base 2

OON – General – Notes

OON – Inpatient – Base 1

OON – Inpatient – Base 2

OON – Inpatient – Base 3

OON – Inpatient – Base 4
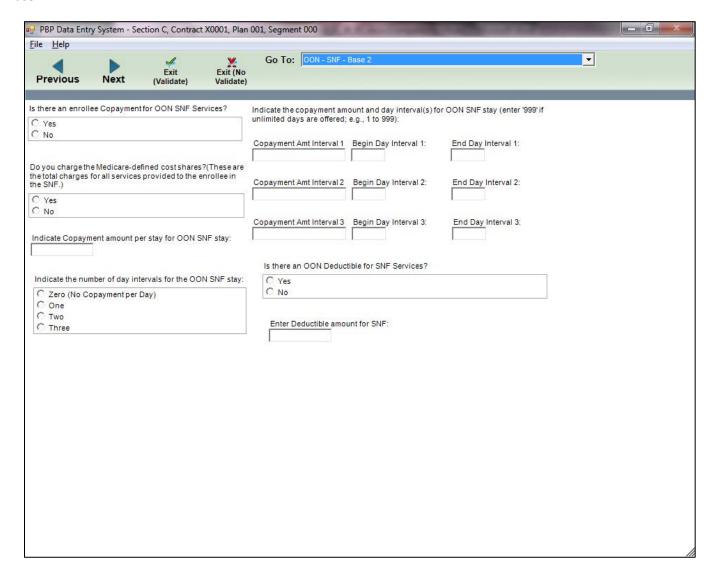
PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

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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.)

○ Yes
○ No

Indicate Copayment amount per stay for OON Inpatient Psychiatric Hospital:

[   ]

Indicate the number of day intervals for the OON Inpatient Psychiatric Hospital st

○ Zero (No Copayment per Day)
○ One
○ Two
○ Three

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:
[   ]   [   ]   [   ]

Copayment Amt Interval 2   Begin Day Interval 2:   End Day Interval 2:
[   ]   [   ]   [   ]

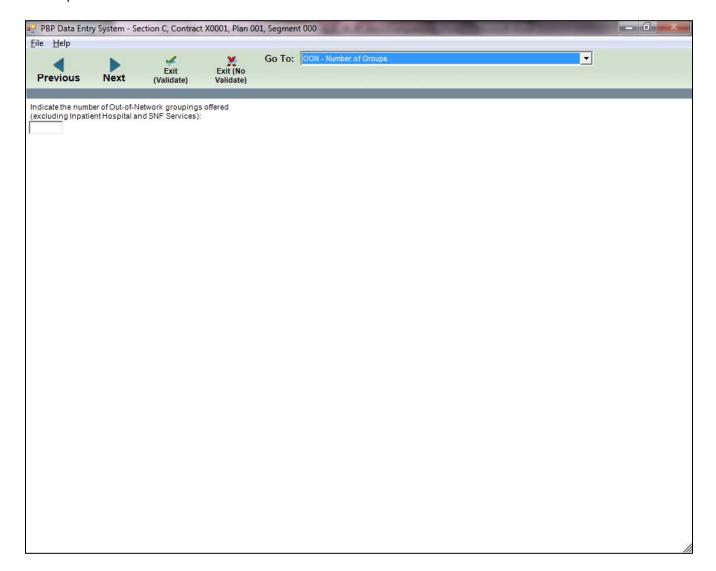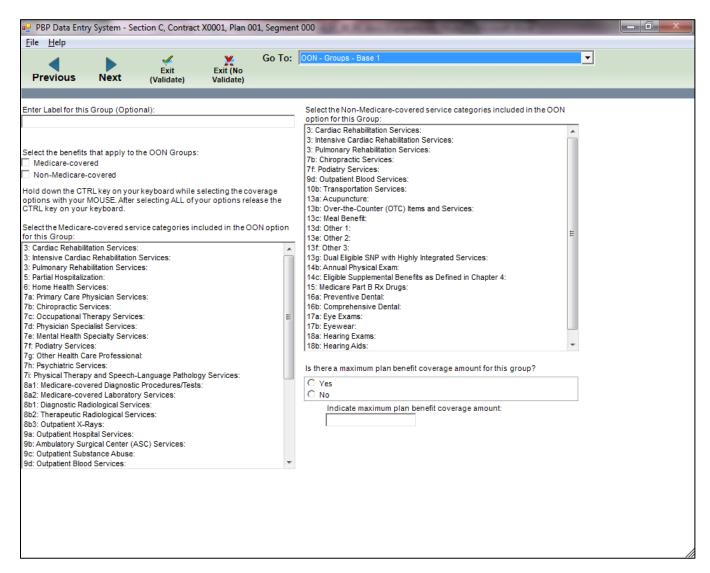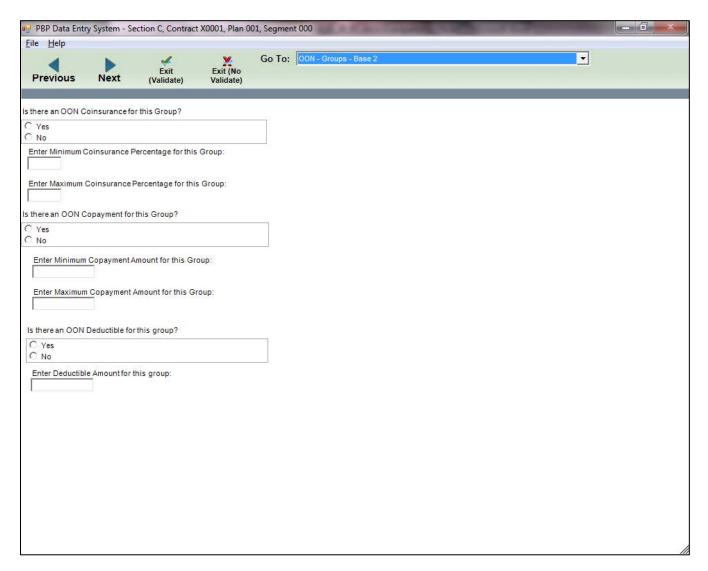Copayment Amt Interval 3   Begin Day Interval 3:   End Day Interval 3:
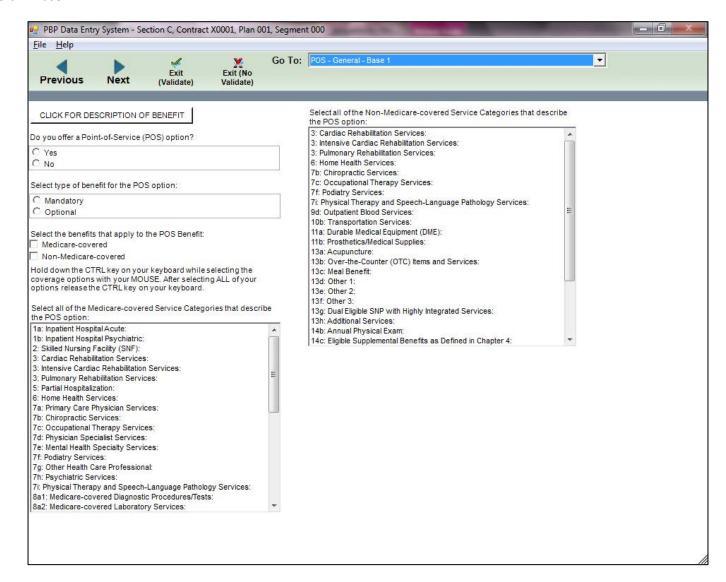[   ]   [   ]   [   ]

Is there an OON Deductible for Inpatient Hospital Services?

○ Yes
○ No

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

Enter Deductible amount for Inpatient Hospital - Acute:

[   ]

Enter Deductible amount for Inpatient Psychiatric Hospital:

[   ]

Enter Deductible amount for combined Inpatient Hospital Acute and Inpatient Psychiatric Hospital:

[   ]

OON – SNF – Base 1

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File   Help

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Go To: OON - SNF - Base 1

Is there an enrollee Coinsurance for OON SNF Services?

○ Yes
○ No

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

○ Yes
○ No

Indicate Coinsurance percentage for OON SNF stay:

Indicate the number of day intervals for the OON SNF stay:

○ Zero (No Coinsurance per Day)
○ One
○ Two
○ Three

Indicate the coinsurance percentage and day interval(s) for OON SNF stay (enter '999' if unlimited days are offered; e.g., 1 to 999):

Coinsurance % Interval 1:   Begin Day Interval 1:   End Day Interval 1:

Coinsurance % Interval 2:   Begin Day Interval 2:   End Day Interval 2:

Coinsurance % Interval 3:   Begin Day Interval 3:   End Day Interval 3:

OON – SNF – Base 2

CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

OON – Number of Groups

OON – Groups – Base 1

OON – Groups – Base 2

POS – General – Base 1

POS – General – Base 2

POS – General – Base 3

PBP Data Entry System - Section C, Contract X0001, Plan 001, Segment 000

File   Help

◀ Previous   ▶ Next   ✔ Exit (Validate)   ✘ Exit (No Validate)   Go To: POS - General - Base 3

Is there a POS Maximum Enrollee Out-of-Pocket Cost amount?

○ 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
○ Every six months
○ Every three months
○ Other, Describe

Is there a POS Deductible?

○ Yes
○ No

Enter Deductible Amount:

CY 2016 PBP Data Entry System Screens

POS – General – Base 4

POS – General – Base 5

POS – General – Base 6

POS – Inpatient – Base 1

POS – Inpatient – Base 2

POS – Inpatient – Base 3

CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

POS – Inpatient – Base 4

POS – Inpatient – Base 5

POS – SNF – Base 1

POS – SNF – Base 2

POS – Number of Groups

CY 2016 PBP Data Entry System Screens

POS – Groups – Base 1

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CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

POS – Groups – Base 2

V/T – General – US