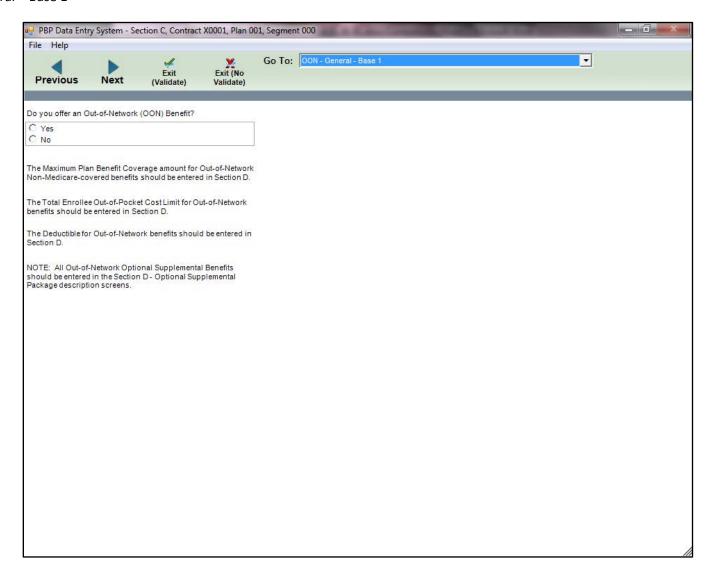
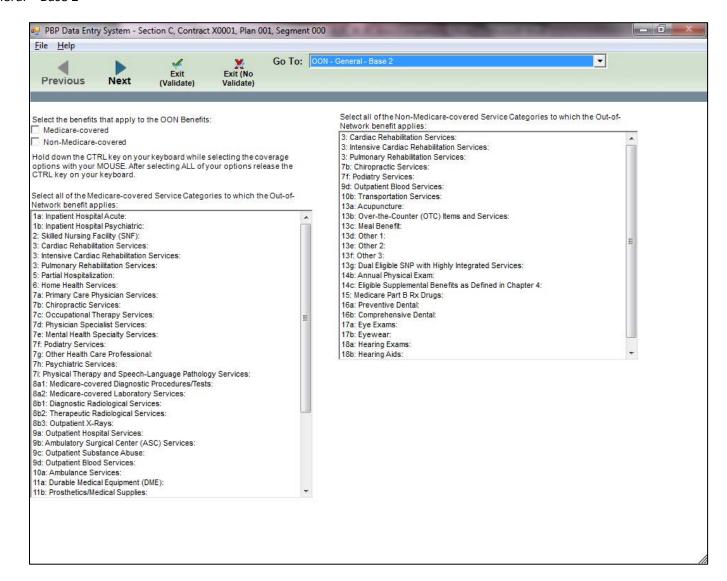
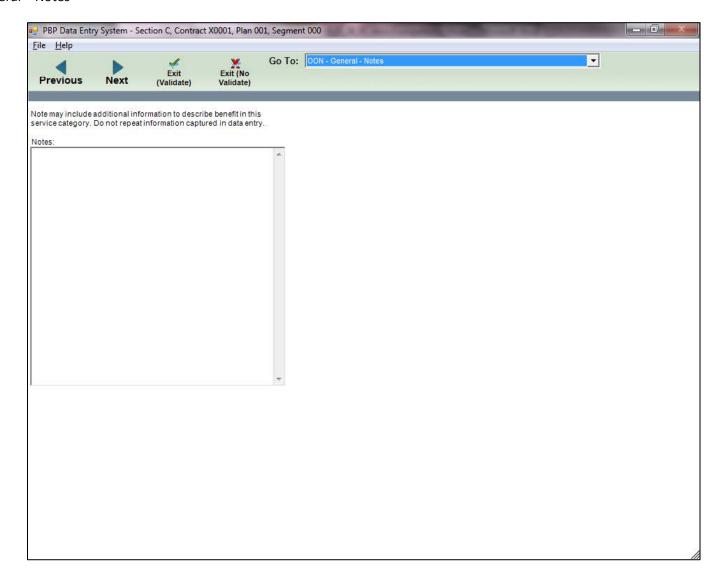
OON - General - Base 1

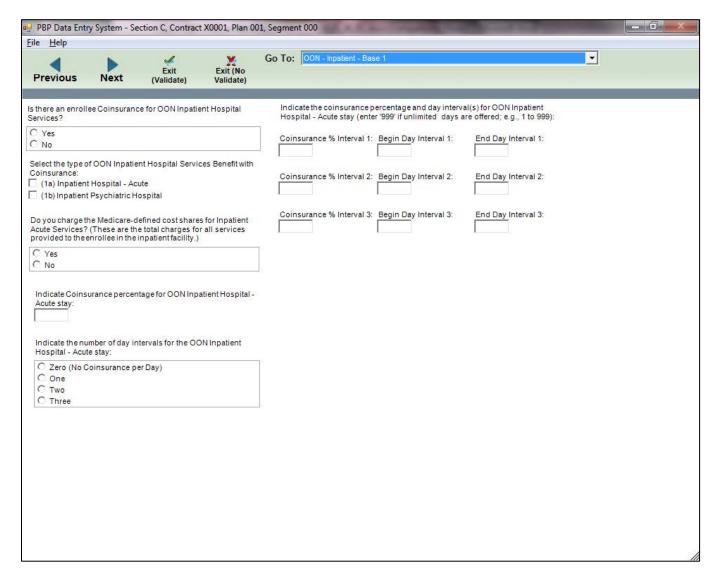


OON - General - Base 2

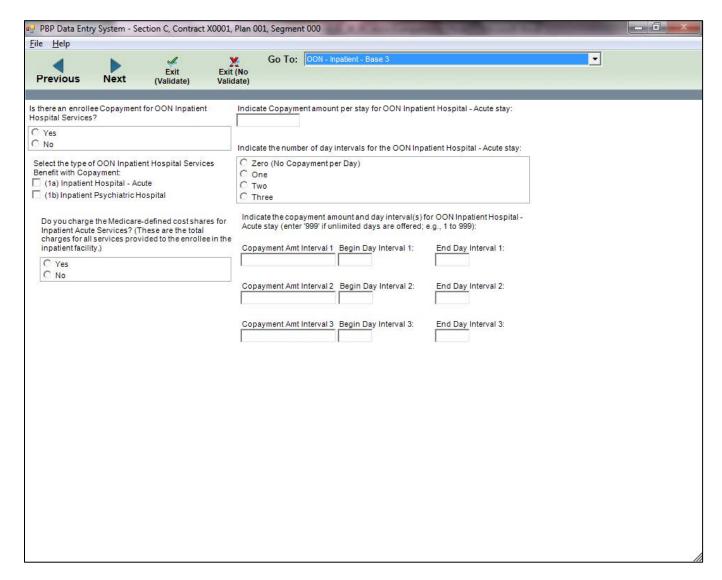


OON - General - Notes



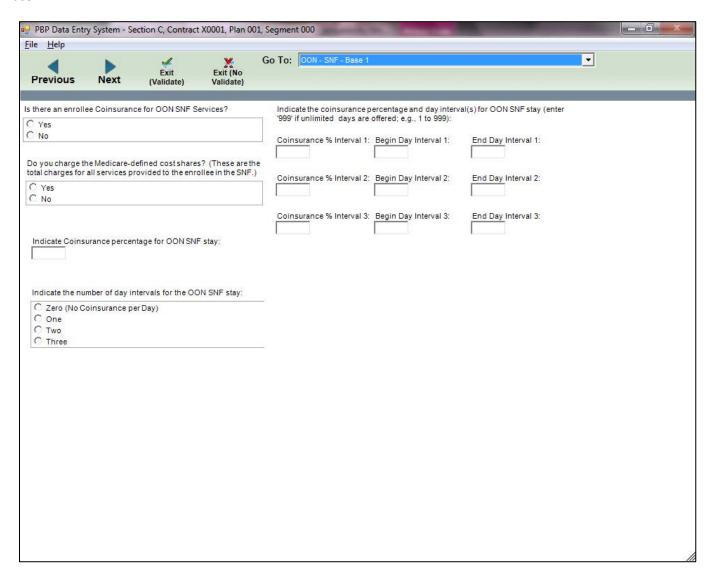


	ry System - Si	ection C, Contrac	t X0001, Plan 0	01, Segment 000	C Billion	
File Help Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: OON - Inpatient - Base 2	<u>v</u>	
Psychiatric Servi services provide C Yes C No Indicate Coinsu Hospital stay:	ces? (These a d to the enrolle rance percent nber of day int pital stay:	efined cost shares re the total charge be in the inpatient of the inpatien	es for all facility.)	Indicate the coinsurance percentage and day interves yield in the psychiatric Hospital stay (enter '999' if unlimited day (coinsurance % Interval 1: Begin Day Interval 1: Coinsurance % Interval 2: Begin Day Interval 2: Coinsurance % Interval 3: Begin Day Interval 3: Coinsurance % Interval 3: Begin Day Interval 3: Coinsurance % I		

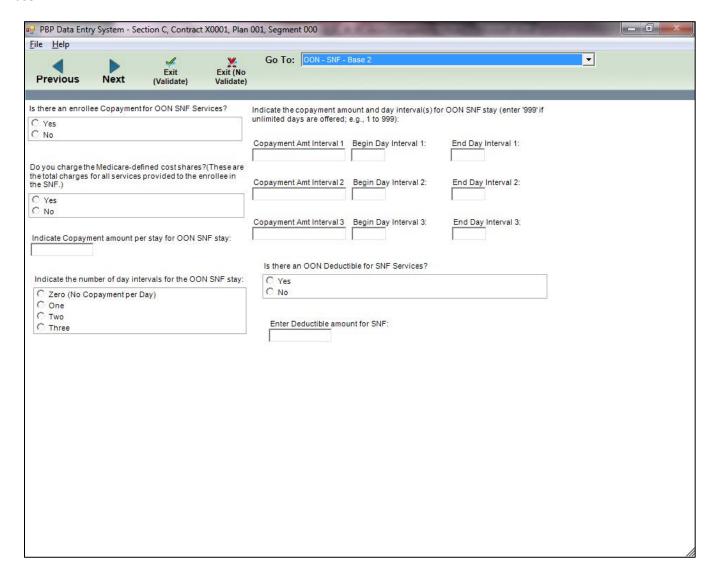


PBP Data Ent	y System	- Section C, Contract	X0001, Plan 0	001, Segment 000		
<u>F</u> ile <u>H</u> elp						
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: 001	N - Inpatient - Base 4	<u></u>
Do you charge the	Medicare	-defined cost shares fo	r Inpatient Ps	vchiatric Services	? Is there an OON Deductible for Inpatient Hospital Services?	
		for all services provide			t C Yes	
C Yes					C No	
C No Indicate Copay	ment amou	int per stay for OON Inp	atient Psychi	atric 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 numb	per of day i	ntervals for the OON In	patient Psych	iatric Hospital st		
C Zero (No Co C One C Two	paymentp	er Day)			Enter Deductible amount for Inpatient Hospital - Acute:	
C Three					Enter Deductible amount for Inpatient Psychiatric Hospital:	
Hospital stay (en	ter '999' if u	Begin Day Interval 1:	End Day		Enter Deductible amount for combined Inpatient Hospital Acute and Inpatient Psychiatric Hospital:	
Copayment Amt I	nterval 3	Begin Day Interval 3:	End Day	Interval 3:		

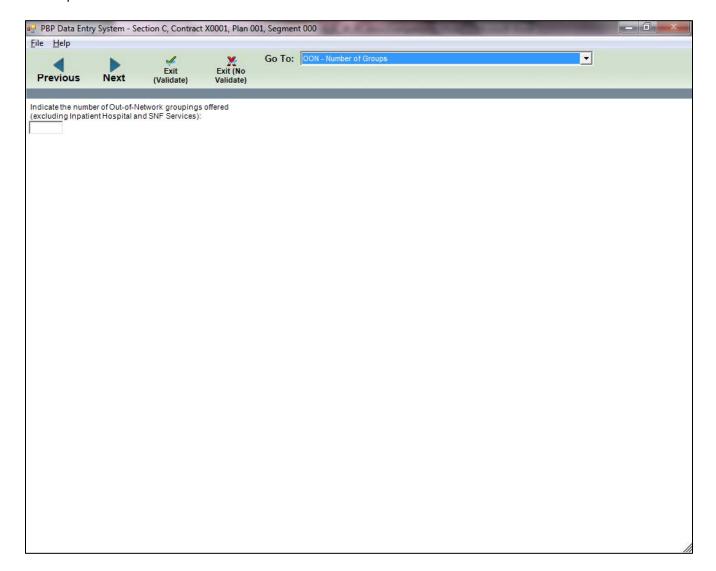
OON - SNF - Base 1



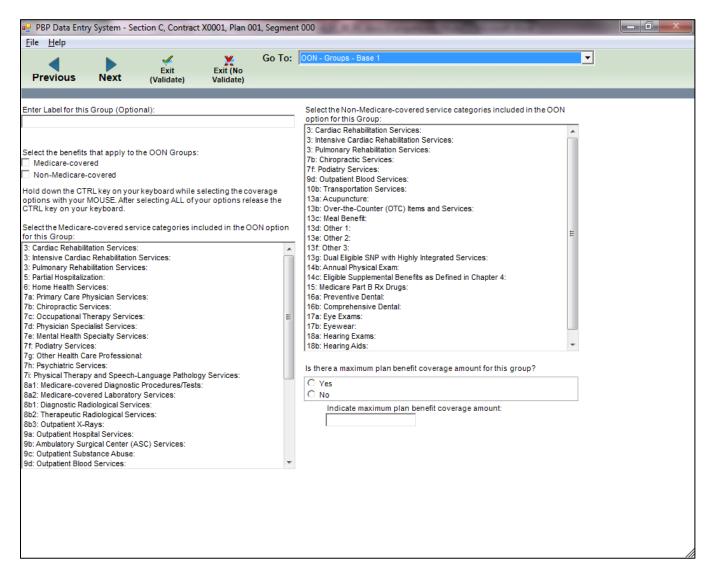
OON - SNF - Base 2



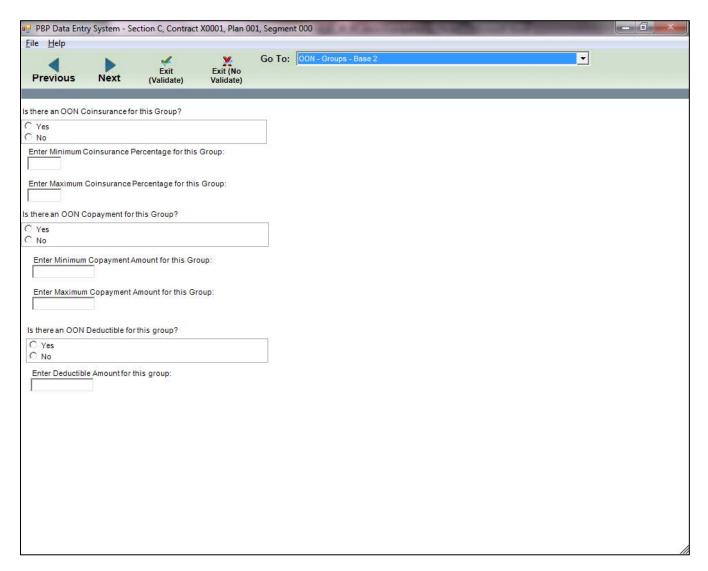
OON - Number of Groups



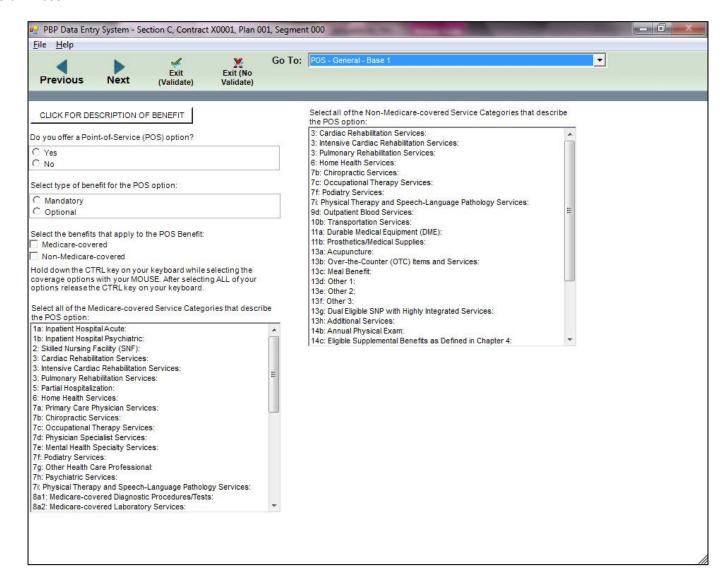
OON - Groups - Base 1



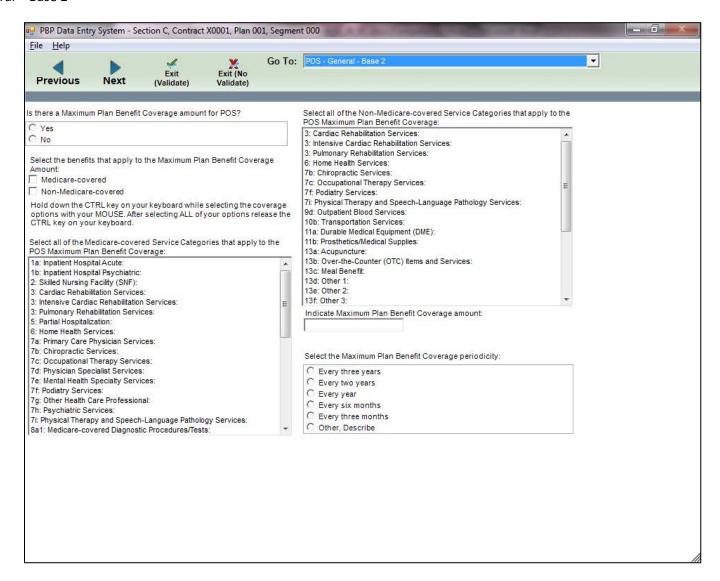
OON - Groups - Base 2



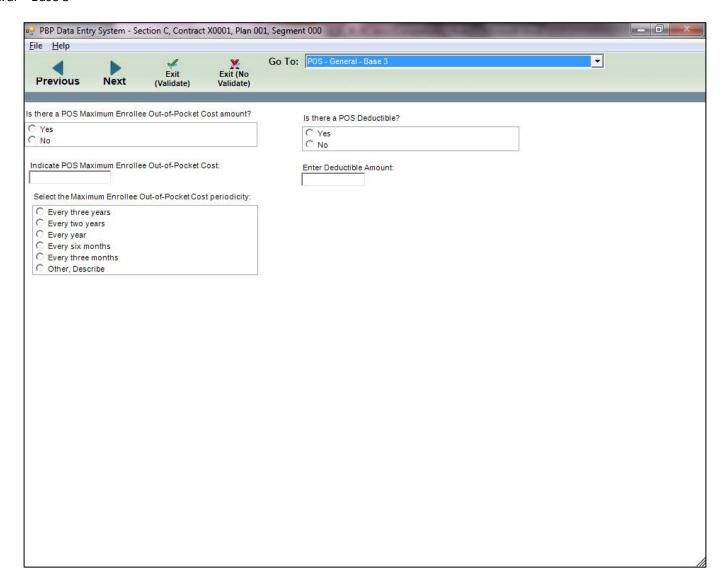
POS - General - Base 1



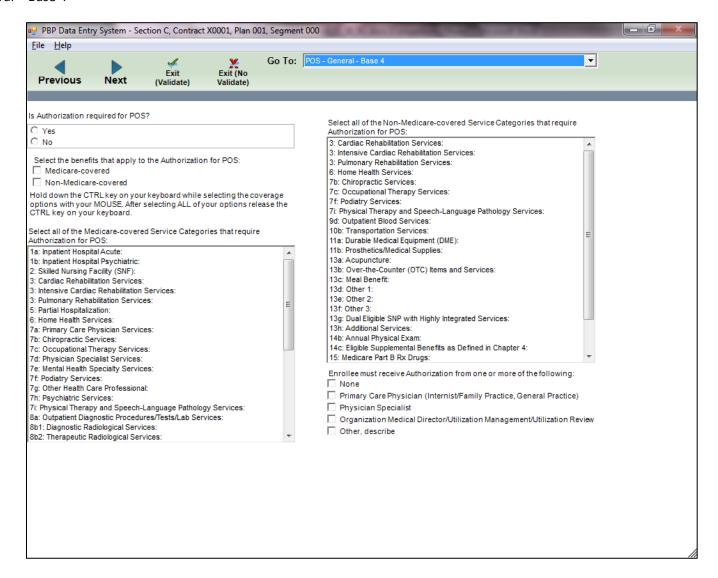
POS – General – Base 2



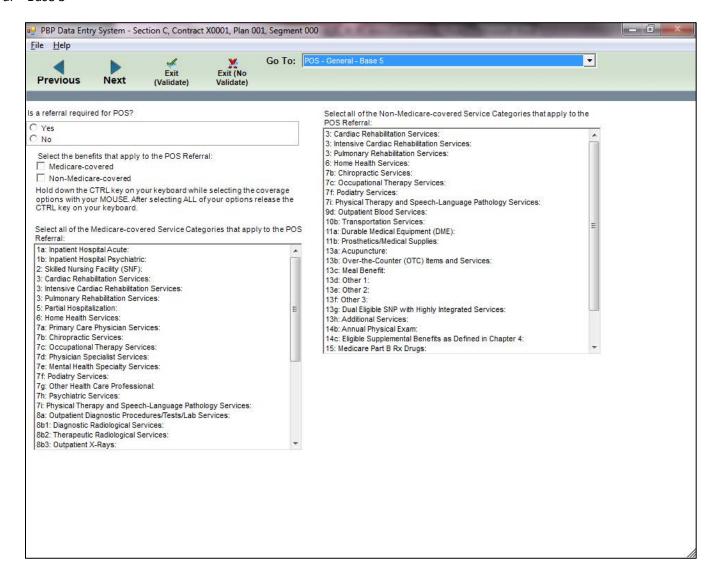
POS – General – Base 3



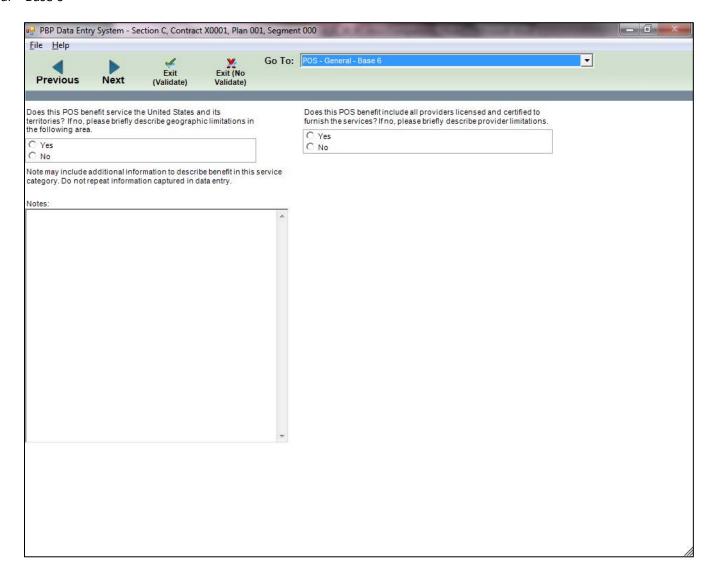
POS - General - Base 4

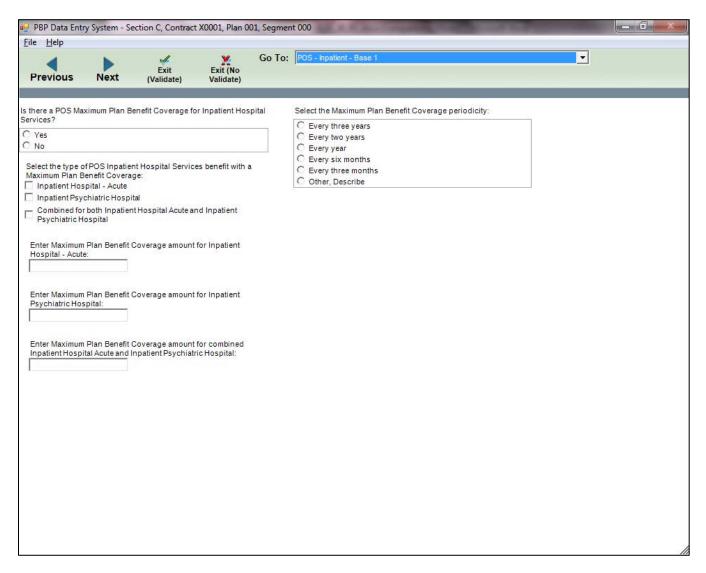


POS - General - Base 5



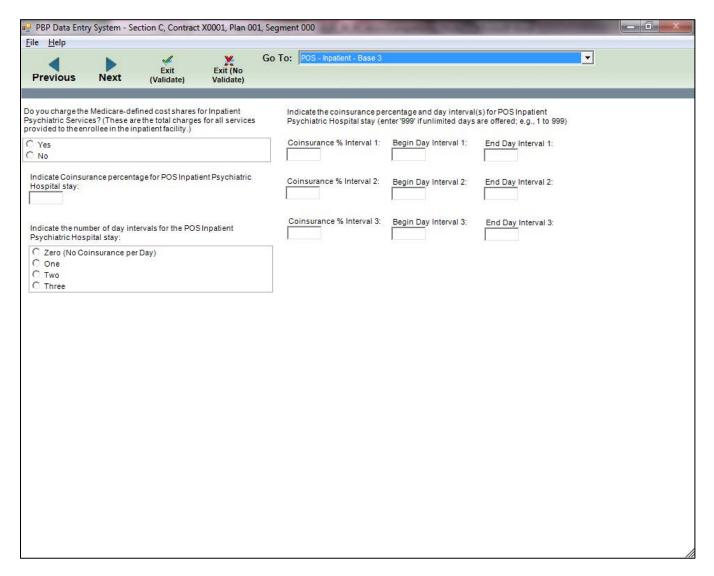
POS – General – Base 6





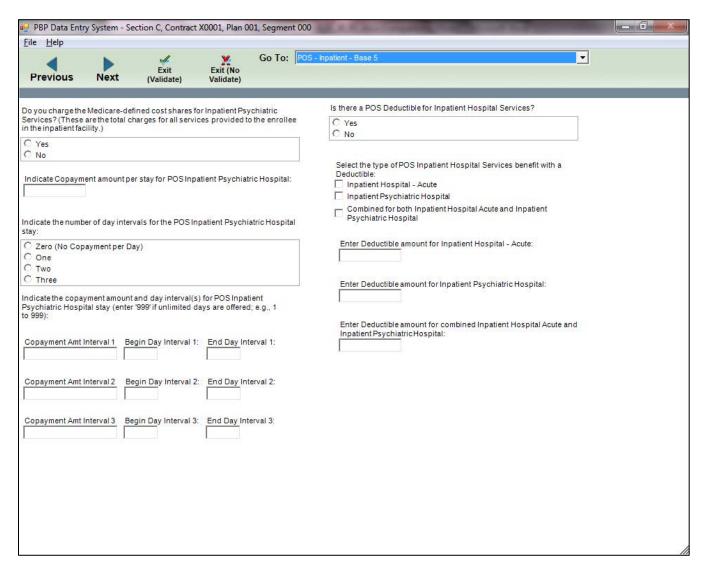
POS – Inpatient – Base 2

Eile Help	
Previous Next (Validate) Go To: POS - Inpatient - Base 2	
Indicate the coinsurance percentage and day interval (s) for POS inpatient Hospital Service Yes No Select the type of POS inpatient Hospital Services Benefit with Coinsurance: (15) Inpatient Hospital - Acute (15) Inpatient Hospital - Acute 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.) (Yes No Indicate Coinsurance percentage and day interval (s) for POS inpatient Hospital - Acute stay. Indicate Coinsurance percentage and day interval (s) for POS inpatient Hospital - Acute stay (enter '999' if unlimited days are offered, e.g., 1 to 999): Coinsurance % Interval 1: Begin Day Interval 2: End Day Interval 2: End Day Interval 3: End Day Interval 3: End Day Interval 3: Indicate Coinsurance percentage for POS inpatient Hospital - Acute stay. Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3: End Day Interval 3: End Day Interval 3: Coinsurance % Interval 3: End Day Interval 3: End Day Interval 3: The Day Interval 3: End Day Interval 4: End Day Interval 4: End Day Interval 4: End Day Interval 5: End Day Interval 5: End Day Interval 5: End Day Interval 6: End Day Interval 6: End Day Interval 6: End Day Interval 6: End Day Interval 8: End Day Interval 8: End Day Interval 9: End Day Inte	

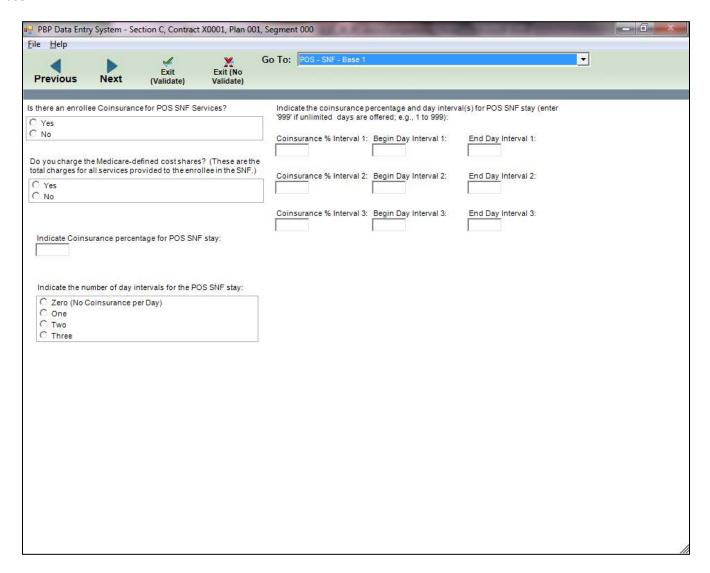


POS – Inpatient – Base 4

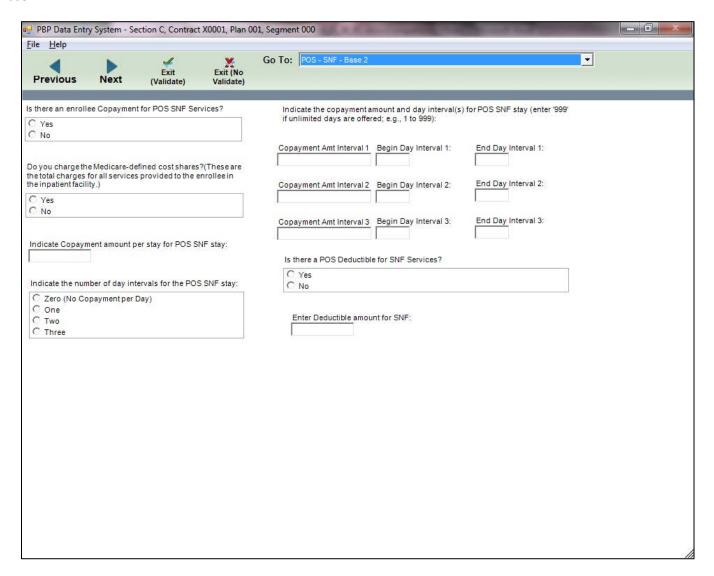
ile <u>H</u> elp					
Previous	Next	Exit (Validate)	Exit (No Validate)	Go To: POS - Inpatient - Base 4	
there an enrolle	ee Copavment	t for POS Inpatient	t Hospital Servic	Indicate Copayment amount per stay for POS Inpatient Hospital - Acute stay:	
Yes					
□ No				Indicate the number of day intervals 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 Inpatient Acute Services? (These are the total charges for all services provided to the enrollee in the inpatient facility.)			for all services	Acute stay (enter '999' if unlimited days are offered; e.g., 1 to 999):	
C Yes				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:	



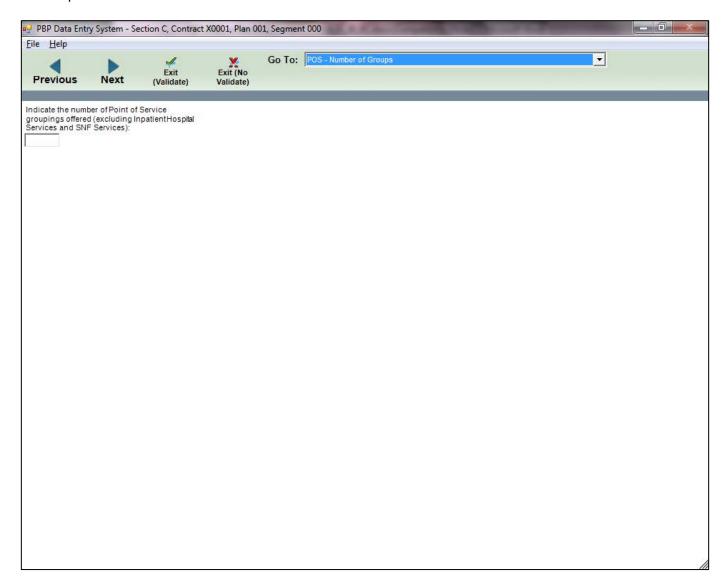
POS – SNF – Base 1



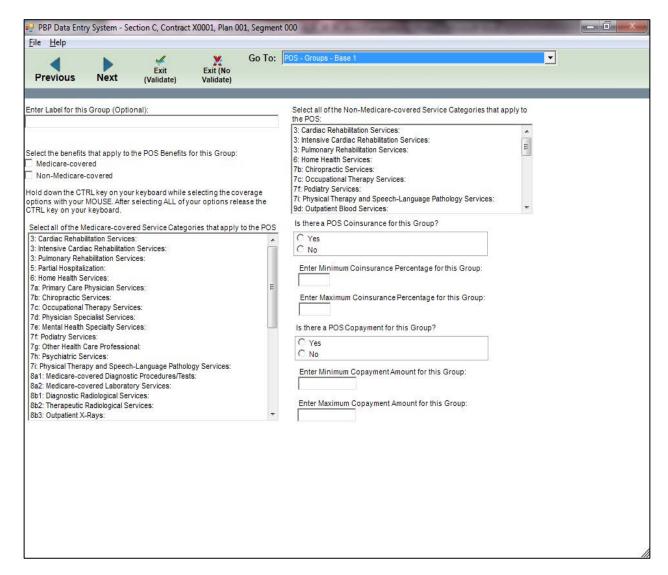
POS – SNF – Base 2



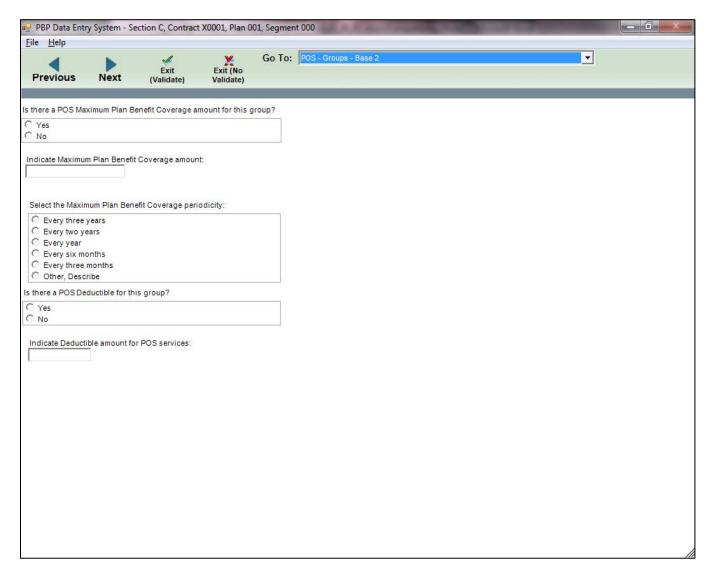
POS – Number of Groups



POS – Groups – Base 1



POS – Groups – Base 2



V/T – General – US

