

CY 2016 PBP Data Entry System Screens

Plan Deductible LPPO/RPPO Base 1

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

File Help

Go To: Plan Deductible LPPO/RPPO Base 1

Previous Next Exit (Validate) Exit (No Validate)

Do you offer an Deductible?
 Yes
 No

What is the amount of your Deductible?
 Medicare-Defined Part A Deductible amount
 Medicare-Defined Part B Deductible amount
 Medicare-Defined Part A and B Deductible amount combined as a single deductible
 Other, Indicate amount

Indicate Deductible Amount:

How is your combined Medicare-defined Part A and B Deductible applied?
 Single Deductible
 Differentially applied to Part A and Part B Medicare services, reflecting Original Medicare payment structure.

Do you include 14a Medicare-Covered Preventive Services as part of your OON Medicare-covered Services Deductible?
 Yes
 No

Select the Service Categories that apply to your Deductible (Optional):
 In-Network Medicare-covered benefits
 In-Network Non-Medicare-covered benefits
 Out-of-Network Non-Medicare-covered benefits

Does the Deductible apply to all In-Network Medicare-covered benefits?
 Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the In-Network Medicare-covered Service Categories to which the Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7a: Primary Care Physician Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7d: Physician Specialist Services:
- 7e: Mental Health Specialty Services:
- 7f: Podiatry Services:

LPPO and RPPO plans must include ALL OON Medicare-covered Services in the Deductible; 14a preventive services may not be included in the In-Network deductible. If the plan chooses to use the 2016 Original Medicare amounts, please verify that any differential deductibles that are selected will not exceed the 2016 Original Medicare amounts that will be released by CMS.

CY 2016 PBP Data Entry System Screens

Plan Deductible LPPO/RPPO Base 2

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

File Help

Go To: Plan Deductible LPPO/RPPO Base 2

Previous Next Exit (Validate) Exit (No Validate)

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Does the Deductible apply to all In-Network Non-Medicare-covered benefits?

Yes
 No

Select all of the In-Network Non-Medicare-covered Service Categories to which the Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 7b: Chiropractic Services:
- 7f: Podiatry Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:
- 13a: Acupuncture:
- 13b: Over-the-Counter (OTC) Items and Services:
- 13c: Meal Benefit:
- 13d: Other 1:
- 13e: Other 2:
- 13f: Other 3:
- 13g: Dual Eligible SNP with Highly Integrated Services:
- 14b: Annual Physical Exam:
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4:
- 15: Medicare Part B Rx Drugs:
- 16a: Preventive Dental:
- 16b: Comprehensive Dental:
- 17a: Eye Exams:
- 17b: Eyewear:
- 18a: Hearing Exams:

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Does the Deductible apply to all Out-of-Network Non-Medicare-covered benefits?

Yes
 No

Select all of the Out-of-Network Non-Medicare-covered Service Categories to which the Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 7b: Chiropractic Services:
- 7f: Podiatry Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:
- 13a: Acupuncture:
- 13b: Over-the-Counter (OTC) Items and Services:
- 13c: Meal Benefit:
- 13d: Other 1:
- 13e: Other 2:
- 13f: Other 3:
- 13g: Dual Eligible SNP with Highly Integrated Services:
- 14b: Annual Physical Exam:
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4:
- 15: Medicare Part B Rx Drugs:
- 16a: Preventive Dental:
- 16b: Comprehensive Dental:
- 17a: Eye Exams:
- 17b: Eyewear:
- 18a: Hearing Exams:

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Plan Deductible LPPO/RPPO Base 3

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

File Help

Go To: Plan Deductible LPPO/RPPO Base 3

Previous Next Exit (Validate) Exit (No Validate)

Do you have differential service category-level deductibles in addition to your In-Network Plan-level Deductible?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Service Categories to which the differential deductibles apply

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac and Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7a: Primary Care Physician Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7d: Physician Specialist Services:
- 7e: Mental Health Specialty Services:
- 7f: Podiatry Services:
- 7g: Other Health Care Professional:
- 7h: Psychiatric Services:
- 7i: Physical Therapy and Speech-Language Pathology Services:
- 8a: Outpatient Diagnostic Procedures/Test/Lab Services:
- 8b: Outpatient Diagnostic/Therapeutic Radiological Services:
- 9a: Outpatient Hospital Services:
- 9b: Ambulatory Surgical Center (ASC) Services:
- 9c: Outpatient Substance Abuse:
- 9d: Outpatient Blood Services:
- 10a: Ambulance Services:

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Plan Deductible LPPO/RPPO Base 4

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

File Help

Go To: Plan Deductible LPPO/RPPO Base 4

Previous Next Exit (Validate) Exit (No Validate)

Indicate Differential Deductible Amounts for Inpatient Hospital Services including Acute Tiers 1, 2, and 3, where appropriate: <input type="text"/> <input type="text"/> <input type="text"/>	Indicate Differential Deductible Amount for Cardiac and Pulmonary Rehabilitation Services: <input type="text"/>	Note: No single Differential Deductible can be greater than the annual deductible. The total of all of the Differential Deductibles can be greater than the annual deductible.
Indicate Differential Deductible Amounts for Inpatient Psychiatric Hospital Services Tiers 1, 2, and 3, where appropriate: <input type="text"/> <input type="text"/> <input type="text"/>	Indicate Differential Deductible Amount for Worldwide Emergency/Urgent Coverage: <input type="text"/>	
Indicate Differential Deductible Amounts for Skilled Nursing Facility (SNF) including Tiers 1, 2, and 3, where appropriate: <input type="text"/> <input type="text"/> <input type="text"/>	Indicate Differential Deductible Amount for Partial Hospitalization: <input type="text"/>	
	Indicate Differential Deductible Amount for Home Health Services: <input type="text"/>	
	Indicate Differential Deductible Amount for Primary Care Physician Services: <input type="text"/>	
	Indicate Differential Deductible Amount for Chiropractic Services: <input type="text"/>	
	Indicate Differential Deductible Amount for Occupational Therapy Services: <input type="text"/>	
	Indicate Differential Deductible Amount for Physician Specialist Services: <input type="text"/>	

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Plan Deductible LPPO/RPPO Base 5

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

File Help

Go To: Plan Deductible LPPO/RPPO Base 5

Indicate Differential Deductible Amount for Mental Health Specialty Services - Non-Psychiatric:	Indicate Differential Deductible Amount for Outpatient Diagnostic and Therapeutic Radiological Services:	Indicate Differential Deductible Amount for Transportation Services:	Indicate Differential Deductible Amount for OTC:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indicate Differential Deductible Amount for Podiatry Services:	Indicate Differential Deductible Amount for Outpatient Hospital Services:	Indicate Differential Deductible Amount for Durable Medical Equipment:	Indicate Differential Deductible Amount for Meal Benefit:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indicate Differential Deductible Amount for Other Health Care Professional Services:	Indicate Differential Deductible Amount for Ambulatory Surgical Center (ASC) Services:	Indicate Differential Deductible Amount for Prosthetics/Medical Supplies:	Indicate Differential Deductible Amount for Other 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indicate Differential Deductible Amount for Psychiatric Services:	Indicate Differential Deductible Amount for Outpatient Substance Abuse Services:	Indicate Differential Deductible Amount for Diabetic Supplies and Services:	Indicate Differential Deductible Amount for Other 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indicate Differential Deductible Amount for Physical Therapy and Speech-Language Pathology Services:	Indicate Differential Deductible Amount for Outpatient Blood Services:	Indicate Differential Deductible Amount for End-Stage Renal Disease:	Indicate Differential Deductible Amount for Other 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indicate Differential Deductible Amount for Outpatient Diagnostic Procedures and Test and Lab Services:	Indicate Differential Deductible Amount for Ambulance Services:	Indicate Differential Deductible Amount for Acupuncture:	Indicate Differential Deductible Amount for Dual Eligible SNPs with Highly Integrated Services:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Plan Deductible LPPO/RPPO Base 6

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

File Help

Go To: Plan Deductible LPPO/RPPO Base 6

Previous Next Exit (Validate) Exit (No Validate)

Indicate Differential Deductible Amount for the Annual Physical Exam:	Indicate Differential Deductible Amount for Preventive Dental:	Indicate Differential Deductible Amount for Hearing Aids:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Indicate Differential Deductible Amount for Eligible Supplemental Benefits as Defined in Chapter 4:	Indicate Differential Deductible Amount for Comprehensive Dental:	
<input type="text"/>	<input type="text"/>	
Indicate Differential Deductible Amount for Kidney Disease Education Services:	Indicate Differential Deductible Amount for Eye Exams:	
<input type="text"/>	<input type="text"/>	
Indicate Differential Deductible Amount for Diabetes Self-Management Training:	Indicate Differential Deductible Amount for Eyewear:	
<input type="text"/>	<input type="text"/>	
Indicate Differential Deductible Amount for Medicare Part B Rx Drugs:	Indicate Differential Deductible Amount for Hearing Exams:	
<input type="text"/>	<input type="text"/>	

CY 2016 PBP Data Entry System Screens

Plan Deductible (In-Network)

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

File Help

Go To: Plan Deductible (In-Network)

Previous Next Exit (Validate) Exit (No Validate)

Is there an In-Network Plan Deductible?
 Yes
 No

Do you charge the Medicare-defined Part B Deductible amount?
 Yes
 No

Indicate In-Network Plan Deductible Amount:

Select the benefits that apply to the In-Network Deductible:
 In-Network Medicare-covered benefits
 In-Network Non-Medicare-covered benefits

Does the In-Network Deductible apply to all In-Network Medicare-covered plan services?
 Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the In-Network Medicare-covered Service Categories to which the In-Network Plan Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:

Does the In-Network Deductible apply to all In-Network Non-Medicare-covered plan services?
 Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the In-Network Non-Medicare-covered Service Categories to which the In-Network Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 6: Home Health Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7f: Podiatry Services:
- 7i: Physical Therapy and Speech-Language Pathology Services:

CY 2016 PBP Data Entry System Screens

Plan Deductible (Combined) – Base 1

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

File Help

Go To: Plan Deductible (Combined) - Base 1

Previous Next Exit (Validate) Exit (No Validate)

Is there a Combined (In-Network and Out-of-Network) Deductible amount?

Yes
 No

Do you charge the Medicare-defined Part B Deductible amount?

Yes
 No

Indicate Combined (In-Network and Out-of-Network) Deductible Amount

Select the benefits that apply to the Combined Deductible:

In-Network Medicare-covered benefits
 In-Network Non-Medicare-covered benefits
 Out-of-Network Medicare-covered benefits
 Out-of-Network Non-Medicare-covered benefits

Does the Combined Deductible apply to all In-Network Medicare-covered plan services?

Yes
 No

Does the Combined Deductible apply to all In-Network Non-Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the In-Network Medicare-covered Service Categories to which the Combined Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:
- 6: Home Health Services:

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the In-Network Non-Medicare-covered Service Categories to which the Combined Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 7b: Chiropractic Services:
- 7f: Podiatry Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:
- 13a: Acupuncture:

CY 2016 PBP Data Entry System Screens

Plan Deductible (Combined) – Base 2

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

File Help

Go To: Plan Deductible (Combined) - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Does the Combined Deductible apply to all Out-Of-Network Medicare-covered plan services?

Yes
 No

Does the Combined Deductible apply to all Out-Of-Network Non-Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Out-of-Network Medicare-covered Service Categories to which the Combined Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7a: Primary Care Physician Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7d: Physician Specialist Services:
- 7e: Mental Health Specialty Services:
- 7f: Podiatry Services:
- 7g: Other Health Care Professional:
- 7h: Psychiatric Services:
- 7i: Physical Therapy and Speech-Language Pathology Services:
- 8a: Outpatient Diagnostic Procedures/Test/Lab Services:
- 8b1: Diagnostic Radiological Services:
- 8b2: Therapeutic Radiological Services:
- 8b3: Outpatient X-Rays:
- 9a: Outpatient Hospital Services:

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Out-of-Network Non-Medicare-covered Service Categories to which the Combined Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 7b: Chiropractic Services:
- 7f: Podiatry Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:
- 13a: Acupuncture:
- 13b: Over-the-Counter (OTC) Items and Services:

CY 2016 PBP Data Entry System Screens

Plan Deductible (Out-of-Network)

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

File Help

Go To: Plan Deductible (Out-of-Network)

Previous Next Exit (Validate) Exit (No Validate)

Is there an Out-of-Network (OON) Plan Deductible?

Yes
 No

Do you charge the Medicare-defined Part B Deductible amount? Yes No

Indicate Out-of-Network Plan Deductible Amount:

Select the benefits that apply to the Out-of-Network Deductible:

Out-of-Network Medicare-covered benefits
 Out-of-Network Non-Medicare-covered benefits

Does the Out-of-Network Deductible apply to all Out-of-Network Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Out-of-Network Medicare-covered Service Categories to which the Out-of-Network Plan Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF)
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:

Does the Out-of-Network Deductible apply to all Out-of-Network Non-Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Out-of-Network Non-Medicare-covered Service Categories to which the Out-of-Network Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 7b: Chiropractic Services:
- 7f: Podiatry Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:
- 13a: Acupuncture:

CY 2016 PBP Data Entry System Screens

Plan Deductible (Non-Network)

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

File Help

Go To: Plan Deductible (Non-Network)

Previous Next Exit (Validate) Exit (No Validate)

Is there a Plan Deductible?

Yes
 No

Do you charge the Medicare-defined Part B Deductible amount?

Yes
 No

Indicate Plan Deductible Amount:

Select the benefits that apply to the Deductible:

Medicare-covered benefits
 Non-Medicare-covered benefits

Does the Deductible apply to all Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Medicare-covered Service Categories to which the Plan Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:

Does the Deductible apply to all Non-Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Non-Medicare-covered Service Categories to which the Deductible applies:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 7b: Chiropractic Services:
- 7f: Podiatry Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:
- 13a: Acupuncture:

CY 2016 PBP Data Entry System Screens

Max Enrollee Cost Limit (In-Network)

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

File Help

Go To: Max Enrollee Cost Limit (In-Network)

Previous Next Exit (Validate) Exit (No Validate)

Is there an In-Network Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Is your In-Network Maximum Enrollee Out-of-Pocket (MOOP) Cost at the Voluntary or Mandatory Level?

Voluntary
 Mandatory

All MA plans must have a maximum out-of-pocket (MOOP) that covers all A/B services. For a list of the Voluntary and Mandatory Limits, please right-click on the "Is your Combined Maximum Enrollee Out-of-Pocket (MOOP) Cost at the Voluntary or Mandatory level?" question and view the Variable Help.

Indicate In-Network Maximum Enrollee Out-of-Pocket Cost Amount:

Note: For Regional PPOs, all Medicare Part A/B services must be included in the Maximum Enrollee Out-of-Pocket Cost.

Select the benefits that apply to the In-Network Maximum Enrollee Out-of-Pocket cost:

In-Network Medicare-covered benefits
 In-Network Non-Medicare-covered benefits

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the In-Network Medicare-covered Service Categories that are INCLUDED in the In-Network Maximum Enrollee Out-of-Pocket Cost amount

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4a: Emergency Care:
- 4b: Urgently Needed Services:
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7a: Primary Care Physician Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the In-Network Non-Medicare-covered Service Categories that are INCLUDED in the In-Network Maximum Enrollee Out-of-Pocket Cost amount

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 6: Home Health Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7f: Podiatry Services:

CY 2016 PBP Data Entry System Screens

Max Enrollee Cost Limit (Combined) – Base 1

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

File Help

Go To: Max Enrollee Cost Limit (Combined) - Base 1

Previous
Next
Exit (Validate)
Exit (No Validate)

Is there a Combined (In-Network and Out-of-Network) Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Is your Combined (In-Network and Out-of-Network) Maximum Enrollee Out-of-Pocket Cost at the Voluntary or Mandatory Level? (Network PFFS plans only)

Voluntary
 Mandatory

All MA plans must have a maximum out-of-pocket (MOOP) that covers all A/B services. For a list of the Voluntary and Mandatory Limits, please right-click on the "Is your Combined Maximum Enrollee Out-of-Pocket (MOOP) Cost at the Voluntary or Mandatory level?" question and view the Variable Help.

Indicate Combined (In-Network and Out-of-Network) Maximum Enrollee Out-of-Pocket Cost Amount:

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the In-Network Medicare-covered Service Categories that are INCLUDED in the Combined Maximum Enrollee Out-of-Pocket Cost Amount:

1a: Inpatient Hospital Acute:
1b: Inpatient Hospital Psychiatric:
2: Skilled Nursing Facility (SNF):
3: Cardiac Rehabilitation Services:
3: Intensive Cardiac Rehabilitation Services:
3: Pulmonary Rehabilitation Services:
4a: Emergency Care:
4b: Urgently Needed Services:
5: Partial Hospitalization:
6: Home Health Services:
7a: Primary Care Physician Services:
7b: Chiropractic Services:

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the In-Network Non-Medicare-covered Service Categories that are INCLUDED in the Combined Maximum Enrollee Out-of-Pocket Cost Amount:

1a: Inpatient Hospital Acute:
1b: Inpatient Hospital Psychiatric:
2: Skilled Nursing Facility (SNF):
3: Cardiac Rehabilitation Services:
3: Intensive Cardiac Rehabilitation Services:
3: Pulmonary Rehabilitation Services:
4c: Worldwide Emergency/Urgent Coverage:
7b: Chiropractic Services:
7f: Podiatry Services:
9d: Outpatient Blood Services:
10b: Transportation Services:
13a: Acupuncture:

Select the benefits that apply to the Combined Maximum Enrollee Out-of-Pocket cost:

In-Network Medicare-covered benefits
 In-Network Non-Medicare-covered benefits
 Out-of-Network Medicare-covered benefits
 Out-of-Network Non-Medicare-covered benefits

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services?

Yes
 No

CY 2016 PBP Data Entry System Screens

Max Enrollee Cost Limit (Combined) – Base 2

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a navigation bar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "Max Enrollee Cost Limit (Combined) - Base 2".

The main content area contains the following text and form elements:

All MA plans must have a maximum out-of-pocket (MOOP) that covers all A/B services. For a list of the Voluntary and Mandatory Limits, please right-click on the "Is your Combined Maximum Enrollee Out-of-Pocket (MOOP) Cost at the Voluntary or Mandatory level?" question and view the Variable Help.

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services?

Yes
 No

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Out-of-Network Medicare-covered Service Categories that are INCLUDED in the Combined Maximum Enrollee Out-of Pocket Cost Amount:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7a: Primary Care Physician Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7d: Physician Specialist Services:
- 7e: Mental Health Specialty Services:

Select all of the Out-of-Network Non-Medicare-covered Service Categories that are INCLUDED in the Combined Maximum Enrollee Out-of Pocket Cost Amount:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 7b: Chiropractic Services:
- 7f: Podiatry Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:
- 13a: Acupuncture:
- 13b: Over-the-Counter (OTC) Items and Services:

CY 2016 PBP Data Entry System Screens

Max Enrollee Cost Limit (Out-of-Network)

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

File Help

Go To: Max Enrollee Cost Limit (Out-of-Network)

Previous Next Exit (Validate) Exit (No Validate)

Is there an Out-of-Network Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Is your an Out-of-Network Maximum Enrollee Out-of-Pocket Cost Voluntary or Mandatory?
 Voluntary
 Mandatory

All MA plans must have a maximum out-of-pocket (MOOP) that covers all A/B services. For a list of the Voluntary and Mandatory Limits, please right-click on the "Is your Combined Maximum Enrollee Out-of-Pocket (MOOP) Cost at the Voluntary or Mandatory level?" question and view the Variable

Indicate the Out-of-Network Maximum Enrollee Out-of-Pocket Cost Amount:

Select the benefits that apply to the Out-of-Network Maximum Enrollee Out-of-Pocket cost:
 Out-of-Network Medicare-covered benefits
 Out-of-Network Non-Medicare-covered benefits

Note: For Regional PPOs, all Medicare Part A/B services must be included in the Maximum Enrollee Out-of-Pocket Cost.

Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services?
 Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Out-of-Network Medicare-covered Service Categories that are INCLUDED in the Out-of-Network Maximum Enrollee Out-of-Pocket Cost amount:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7a: Primary Care Physician Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7d: Physician Specialist Services:

Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services?
 Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Out-of-Network Non-Medicare-covered Service Categories that are INCLUDED in the Out-of-Network Maximum Enrollee Out-of-Pocket Cost amount:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 7b: Chiropractic Services:
- 7f: Podiatry Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:

CY 2016 PBP Data Entry System Screens

Max Enrollee Cost Limit (Non-Network)

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

File Help

Go To: Max Enrollee Cost Limit (Non-Network)

Previous Next Exit (Validate) Exit (No Validate)

Is your Maximum Enrollee Out-of-Pocket (MOOP) Cost at the Voluntary or Mandatory level?

Voluntary
 Mandatory

All MA plans must have a maximum out-of-pocket (MOOP) that covers all A/B services. For a list of the Voluntary and Mandatory Limits, please right-click on the "Is your Combined Maximum Enrollee Out-of-Pocket (MOOP) Cost at the Voluntary or Mandatory level?" question and view the Variable H

Indicate the Maximum Enrollee Out-of-Pocket Cost Amount:

Select the benefits that apply to the Maximum Enrollee Out-of-Pocket cost:

Medicare-covered benefits
 Non-Medicare-covered benefits

Does the Maximum Enrollee Out-of-Pocket Cost apply to all Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Medicare-covered Service Categories INCLUDED in the Maximum Enrollee Out-of-Pocket Cost Amount:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4a: Emergency Care:

Does the Maximum Enrollee Out-of-Pocket Cost apply to all Non-Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Non-Medicare-covered Service Categories INCLUDED in the Maximum Enrollee Out-of-Pocket Cost Amount:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 7b: Chiropractic Services:
- 7f: Podiatry Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:

CY 2016 PBP Data Entry System Screens

Max Plan Benefit Coverage

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

File Help

Go To: Max Plan Benefit Coverage

Previous Next Exit (Validate) Exit (No Validate)

The Maximum Plan Benefit Coverage refers to Non-Medicare-covered benefits.

Is there a Maximum Plan Benefit Coverage Amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage Amount:

Select Maximum Plan Benefit Coverage Amount Periodicity

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select the benefits that apply to the Maximum Plan Benefit Coverage Amount:

In-Network Non-Medicare-covered benefits
 Out-of-Network Non-Medicare-covered benefits

Does the Maximum Plan Benefit Coverage amount apply to all In-Network Non-Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the In-Network Non-Medicare-covered Service Categories to which the Maximum Plan Benefit Coverage Amount applies:

1a: Inpatient Hospital Acute:
1b: Inpatient Hospital Psychiatric:
2: Skilled Nursing Facility (SNF):
3: Cardiac Rehabilitation Services:
3: Intensive Cardiac Rehabilitation Services:
3: Pulmonary Rehabilitation Services:

Does the Maximum Plan Benefit Coverage amount apply to all Out-of-Network Non-Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Out-of-Network Non-Medicare-covered Service Categories to which the Maximum Plan Benefit Coverage Amount applies:

1a: Inpatient Hospital Acute:
1b: Inpatient Hospital Psychiatric:
2: Skilled Nursing Facility (SNF):
3: Cardiac Rehabilitation Services:
3: Intensive Cardiac Rehabilitation Services:
3: Pulmonary Rehabilitation Services:
4c: Worldwide Emergency/Urgent Coverage:
6: Home Health Services:

CY 2016 PBP Data Entry System Screens

Max Plan Benefit Coverage (Non-Network)

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

File Help

Go To: Max Plan Benefit Coverage (Non-Network)

Previous Next Exit (Validate) Exit (No Validate)

The Maximum Plan Benefit Coverage refers to Non-Medicare-covered benefits.

Is there a Maximum Plan Benefit Coverage Amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage Amount:

Select Maximum Plan Benefit Coverage Amount Periodicity

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Does the Maximum Plan Benefit Coverage amount apply to all Non-Medicare-covered plan services?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the Non-Medicare-covered Service Categories to which the Maximum Plan Benefit Coverage Amount applies:

1a: Inpatient Hospital Acute:
1b: Inpatient Hospital Psychiatric:
2: Skilled Nursing Facility (SNF):
3: Cardiac Rehabilitation Services:
3: Intensive Cardiac Rehabilitation Services:
3: Pulmonary Rehabilitation Services:

CY 2016 PBP Data Entry System Screens

Plan Premium/Rebate Reduction

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

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: Plan Premium/Rebate Reduction

Indicate Plan Premium Amount (Part A/B):

Indicate Plan Premium Amount (B Only):

Are you using any of your plan's MA rebates to reduce the Part B Premium?
 Yes
 No

Indicate the Part B Premium reduction amount:

CY 2016 PBP Data Entry System Screens

MMP – Medicaid/plan covered cost sharing

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

File Help

Go To: MMP - Medicaid/plan covered cost sharing

Previous Next Exit (Validate) Exit (No Validate)

Do you offer any Non-Medicare benefits (i.e., services not covered by Medicare)?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the service categories that include services covered under Medicaid (Optional):

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 6: Home Health Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7f: Podiatry Services:
- 7i: Physical Therapy and Speech-Language Pathology Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:
- 11a: Durable Medical Equipment (DME):
- 11b: Prosthetics/Medical Supplies:
- 13a: Acupuncture:
- 13b: Over-the-Counter (OTC) Items and Services:
- 13c: Meal Benefit:
- 13d: Other 1:
- 13e: Other 2:
- 13f: Other 3:
- 14b: Annual Physical Exam:
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4:

Select all of the service categories that include plan-covered supplemental benefits (i.e., services not covered by Medicare or Medicaid) (Optional):

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 6: Home Health Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7f: Podiatry Services:
- 7i: Physical Therapy and Speech-Language Pathology Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:
- 11a: Durable Medical Equipment (DME):
- 11b: Prosthetics/Medical Supplies:
- 13a: Acupuncture:
- 13b: Over-the-Counter (OTC) Items and Services:
- 13c: Meal Benefit:
- 13d: Other 1:
- 13e: Other 2:
- 13f: Other 3:
- 14b: Annual Physical Exam:
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4:

CY 2016 PBP Data Entry System Screens

PFFS Balance Billing

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

File Help

Go To: MMP - Medicaid/plan covered cost sharing

Previous Next Exit (Validate) Exit (No Validate)

Do you offer any Non-Medicare benefits (i.e., services not covered by Medicare)?

Yes
 No

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all of the service categories that include services covered under Medicaid (Optional):

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 6: Home Health Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7f: Podiatry Services:
- 7i: Physical Therapy and Speech-Language Pathology Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:
- 11a: Durable Medical Equipment (DME):
- 11b: Prosthetics/Medical Supplies:
- 13a: Acupuncture:
- 13b: Over-the-Counter (OTC) Items and Services:
- 13c: Meal Benefit:
- 13d: Other 1:
- 13e: Other 2:
- 13f: Other 3:
- 14b: Annual Physical Exam:
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4:

Select all of the service categories that include plan-covered supplemental benefits (i.e., services not covered by Medicare or Medicaid) (Optional):

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 4c: Worldwide Emergency/Urgent Coverage:
- 6: Home Health Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7f: Podiatry Services:
- 7i: Physical Therapy and Speech-Language Pathology Services:
- 9d: Outpatient Blood Services:
- 10b: Transportation Services:
- 11a: Durable Medical Equipment (DME):
- 11b: Prosthetics/Medical Supplies:
- 13a: Acupuncture:
- 13b: Over-the-Counter (OTC) Items and Services:
- 13c: Meal Benefit:
- 13d: Other 1:
- 13e: Other 2:
- 13f: Other 3:
- 14b: Annual Physical Exam:
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4:

CY 2016 PBP Data Entry System Screens

MSA Annual Deductible/Deposit

The screenshot shows a web application window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu bar is a navigation bar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently set to "MSA Annual Deductible/Deposit". The main content area contains two text input fields. The first field is labeled "Indicate Annual MSA Deductible amount:" and the second field is labeled "Indicate the Annual amount CMS will deposit into the Enrollee MSA".

CY 2016 PBP Data Entry System Screens

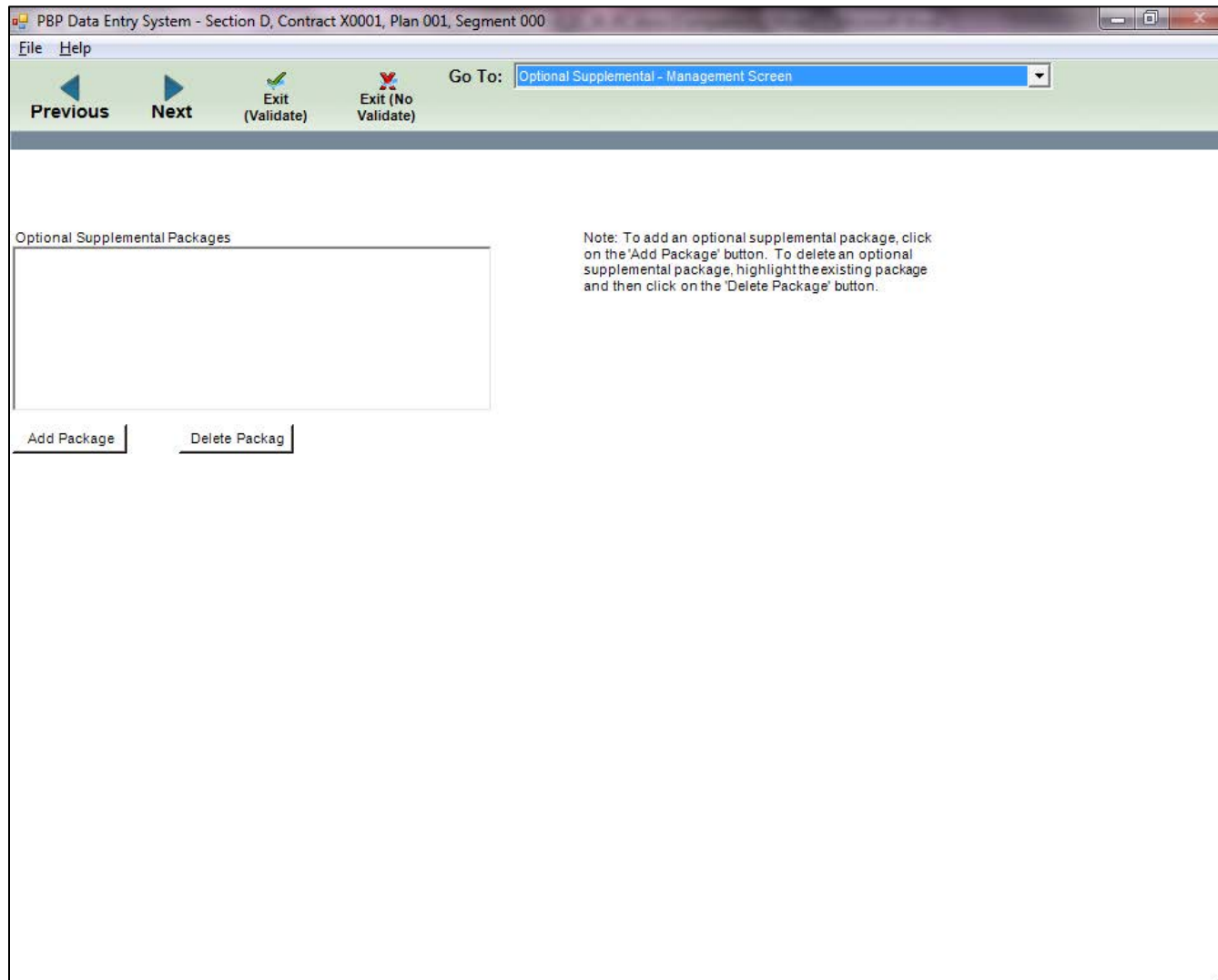
Notes

The screenshot displays a software window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu bar is a navigation toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently set to "Notes".

Below the toolbar, a text instruction reads: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." This is followed by two vertically stacked text input areas, each labeled "Notes:" on the left. Both input areas are currently empty and have vertical scrollbars on their right sides.

CY 2016 PBP Data Entry System Screens

Optional Supplemental – Management Screen



CY 2016 PBP Data Entry System Screens

Optional Supplemental – Label and Premium

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a navigation bar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "Optional Supplemental - Label and Premium".

The main content area contains the following fields and controls:

- Optional Supplemental Benefits ID:** A text input field.
- Optional Supplemental Package Description:** A text input field.
- Indicate Optional Supplemental Premium Amount:** A text input field.
- Is there a Maximum Plan Benefit Coverage Amount for this package?** Radio buttons for "Yes" and "No".
- Indicate Maximum Plan Benefit Coverage Amount for this package:** A text input field.
- Select the Maximum Plan Benefit Coverage periodicity:** Radio buttons for "Every three years", "Every two years", "Every year", "Every six months", "Every three months", and "Other, Describe".
- Is there an enrollee Deductible for this package?** Radio buttons for "Yes" and "No".
- Indicate Deductible Amount:** A text input field.
- Notes:** A large text area for additional information, with a note above it stating: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry."

CY 2016 PBP Data Entry System Screens

Optional Supplemental – Service Categories

CY 2016 PBP Data Entry System Screens

Optional Supplemental – OON Stepup

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

File Help

Go To: Optional Supplemental - OON Stepup

Previous Next Exit (Validate) Exit (No Validate)

Does this category include Out-of-Network benefits?
 Yes
 No

Are the OON cost shares the same as the In-Network cost shares?
 Yes
 No

Is there an OON Coinsurance?
 Yes
 No

Enter Minimum Coinsurance Percentage:

Enter Maximum Coinsurance Percentage:

Is there an OON Copayment?
 Yes
 No

Enter Minimum Copayment Amount:

Enter Maximum Copayment Amount:

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

Optional Supplemental – OON Optional

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with navigation buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (checkmark), and "Exit (No Validate)" (red X). A "Go To:" dropdown menu is set to "Optional Supplemental - OON Optional".

The main content area contains several form fields and sections:

- Does this category include Out-of-Network benefits?**
 Yes
 No
- Are the OON cost shares the same as the In-Network cost shares?**
 Yes
 No
- Is there an OON Coinsurance?**
 Yes
 No
- Enter Minimum Coinsurance Percentage:** [Text Input Field]
- Enter Maximum Coinsurance Percentage:** [Text Input Field]
- Is there an OON Copayment?**
 Yes
 No
- Enter Minimum Copayment Amount:** [Text Input Field]
- Enter Maximum Copayment Amount:** [Text Input Field]
- Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.**
- Notes:** [Large Text Area with scrollbars]

CY 2016 PBP Data Entry System Screens

Step Up #7b Chiropractic Services – Base 1

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

File Help

Go To: Step Up #7b Chiropractic Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Chiropractic Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefit:

Routine Care/Other

Select type of benefit for Routine Care/Other:

Mandatory
 Optional

Is this benefit unlimited for Routine Care/Other?

Yes
 No, indicate number

Indicate number of visits for Routine Care/Other:

Select Routine Care/Other periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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

CY 2016 PBP Data Entry System Screens

Step Up #7b Chiropractic Services – Base 2

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

File Help

Go To: Step Up #7b Chiropractic Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?

Yes
 No

Select which Chiropractic Services have a Coinsurance (Select all that apply):

Medicare-covered Chiropractic Services
 Routine Care/Other

Indicate Minimum Coinsurance percentage per visit for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage per visit for Medicare-covered Benefits:

Indicate the Minimum Coinsurance percentage per visit for Routine Care/Other:

Indicate the Maximum Coinsurance percentage per visit for Routine Care/Other:

CY 2016 PBP Data Entry System Screens

Step Up #7b Chiropractic Services – Base 3

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

File Help

Go To: Step Up #7b Chiropractic Services - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Select which Chiropractic Services have a Copayment (Select all that apply):
 Medicare-covered Chiropractic Services
 Routine Care/Other

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Copayment amount per visit for Routine Care/Other:

Indicate Maximum Copayment amount per visit for Routine Care/Other:

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 Chiropractic Services?
 Yes
 No

CY 2016 PBP Data Entry System Screens

Step Up #7b Chiropractic Services – Base 4

The screenshot shows a web-based application window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu bar is a navigation toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "Step Up #7b Chiropractic Services - Base 4".

The main content area is titled "Chiropractic Services Notes" and contains the following text: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this text is a large, empty text input field labeled "Notes:" with a vertical scrollbar on the right side.

CY 2016 PBP Data Entry System Screens

Step Up #7f Podiatry Services – Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Podiatry Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Routine Footcare

Select type of benefit for Routine Footcare:

Mandatory
 Optional

Is this benefit unlimited for Routine Footcare?

Yes
 No

Indicate number of Routine Footcare visits:

Select the Routine Footcare periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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

CY 2016 PBP Data Entry System Screens

Step Up #7f Podiatry Services – Base 2

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

File Help

Go To: Step Up #7f Podiatry Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Is there an enrollee Copayment?
 Yes
 No

Select which Podiatry Services have a Coinsurance (Select all that apply):
 Medicare-covered Podiatry Services
 Routine Footcare

Select which Podiatry Services have a Copayment (Select all that apply):
 Medicare-covered Podiatry Services
 Routine Footcare

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Minimum Copayment amount per visit for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Copayment amount per visit for Medicare-covered Benefits:

Indicate Minimum Coinsurance percentage for Routine Footcare:

Indicate Minimum Copayment amount per visit for Routine Footcare:

Indicate Maximum Coinsurance percentage for Routine Footcare:

Indicate Maximum Copayment amount per visit for Routine Footcare:

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

CY 2016 PBP Data Entry System Screens

Step Up #7f Podiatry Services – Base 3

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "Step Up #7f Podiatry Services - Base 3".

The main content area contains the following fields and options:

- 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: (A large text area for entering notes)

CY 2016 PBP Data Entry System Screens

Step Up #10b Transportation Services – Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Transportation Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefit:

Plan-approved Location
 Any Location

Select type of benefit for Plan-approved Location:

Mandatory
 Optional

Is this benefit unlimited for number of trips for Plan-approved Location?

Yes
 No

Indicate number of trips for Plan-approved Location:

Select Plan-approved Location Trips periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select Type of Transportation for Plan-approved Location:

One-way
 Round Trip
 Days
 Other, describe

Indicate number of days for Plan-approved Location:

Select Mode of Transportation for Plan-approved Location:

Taxi
 Bus/Subway
 Van
 Medical Transport
 Other, describe

Select type of benefit for Any Location:

Mandatory
 Optional

Is this benefit unlimited for number of trips for Any Location?

Yes
 No

Indicate number of days for Any Location:

Select Mode of Transportation for Any Location:

Taxi
 Bus/Subway
 Van
 Medical Transport
 Other, describe

Select Any Location Trips periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select Type of Transportation for Any Location:

One-way
 Round Trip
 Days
 Other, describe

Indicate number of trips for Any Location:

CY 2016 PBP Data Entry System Screens

Step Up #10b Transportation Services – Base 2

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

File Help

Go To: Step Up #10b Transportation Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Plan Benefit Coverage amount:</p> <input type="text"/>	<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <input type="text"/>	<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Coinsurance percentage:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Indicate Maximum Coinsurance percentage:</p> <input type="text"/>
		<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount:</p> <input type="text"/>

CY 2016 PBP Data Entry System Screens

Step Up #10b Transportation Services – Base 3

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

File Help

Go To: Step Up #10b Transportation Services - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?

Yes
 No

Indicate Minimum Copayment amount per trip:

Indicate Maximum Copayment amount per trip:

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 Transportation Services?

Yes
 No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

Step Up #16a Preventive Dental – Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Preventive Dental Items as a supplemental benefit under Part C?
 Yes
 No

Select enhanced benefits:
 Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Select type of benefit for Oral Exams:
 Mandatory
 Optional

Is this benefit unlimited for Oral Exams?
 Yes
 No, indicate number

Indicate number of visits for Oral Exams:

Select the Oral Exams periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Prophylaxis (Cleaning):
 Mandatory
 Optional

Is this benefit unlimited for Prophylaxis (Cleaning)
 Yes
 No, indicate number

Indicate number of visits for Prophylaxis (Cleaning)

Select the Prophylaxis (Cleaning) periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Fluoride Treatment:
 Mandatory
 Optional

Is this benefit unlimited for Fluoride Treatment?
 Yes
 No, indicate number

Indicate number of visits for Fluoride Treatment:

Select the Fluoride Treatment periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2016 PBP Data Entry System Screens

Step Up #16a Preventive Dental – Base 2

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

File Help

Go To: Step Up #16a Preventive Dental - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Dental X-Rays:

Mandatory

Optional

Is this benefit unlimited for Dental X-Rays?

Yes

No, indicate number

Indicate number of visits for Dental X-Rays:

Select the Dental X-Rays periodicity:

Every three years

Every two years

Every year

Every six months

Every three months

Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount

Yes

No

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?

In-network services only

Both In-network and Out-of-network services

Indicate Maximum Plan Benefit Coverage amount:

Select the Maximum Plan Benefit Coverage periodicity:

Every three years

Every two years

Every year

Every six months

Every three months

Other, Describe

CY 2016 PBP Data Entry System Screens

Step Up #16a Preventive Dental – Base 3

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

File Help

Go To: Step Up #16a Preventive Dental - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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 an enrollee Coinsurance?
 Yes
 No

Select which Preventive Dental Services have a Coinsurance (Select all that apply):
 Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Is there a combination of services included in a single cost per Office Visit?
 Yes
 No

Select which combination of services are included in a single cost per Office Visit:
 Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Indicate Coinsurance percentage for Office Visit:

Indicate Minimum Coinsurance percentage for Oral Exams:

Indicate Maximum Coinsurance percentage for Oral Exams:

Indicate Minimum Coinsurance percentage for Prophylaxis (Cleaning):

Indicate Maximum Coinsurance percentage for Prophylaxis (Cleaning):

Indicate Minimum Coinsurance percentage for Fluoride Treatment:

Indicate Maximum Coinsurance percentage for Fluoride Treatment:

Indicate Minimum Coinsurance percentage for Dental X-Rays:

Indicate Maximum Coinsurance percentage for Dental X-Rays:

CY 2016 PBP Data Entry System Screens

Step Up #16a Preventive Dental – Base 4

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

File Help

Go To: Step Up #16a Preventive Dental - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Select which Preventive Dental Services have a Copayment (Select all that apply):
 Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Is there a combination of services included in a single cost per Office Visit?
 Yes
 No

Select which combination of services are included in a single cost per Office Visit:
 Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Indicate Copayment amount for Office Visit:

Indicate Minimum Copayment amount for Oral Exams:

Indicate Maximum Copayment amount for Oral Exams:

Indicate Minimum Copayment amount for Prophylaxis (Cleaning):

Indicate Maximum Copayment amount for Prophylaxis (Cleaning):

Indicate Minimum Copayment amount for Fluoride Treatment:

Indicate Maximum Copayment amount for Fluoride Treatment:

Indicate Minimum Copayment amount for Dental X-Rays:

Indicate Maximum Copayment amount for Dental X-Rays:

CY 2016 PBP Data Entry System Screens

Step Up #16a Preventive Dental – Base 5

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu bar is a navigation toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "Step Up #16a Preventive Dental - Base 5".

The main content area contains the following form elements:

- A heading: "Enrollee must receive Authorization from one or more of the following:"
- Four radio button options:
 - None
 - Primary Care Physician (Internist/Family Practice, General Practice)
 - Physician Specialist
 - Organization Medical Director/Utilization Management/Utilization Review
 - Other, describe
- A heading: "Is a referral required for Preventive Dental Services?"
- Two radio button options:
 - Yes
 - No
- A text instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry."
- A heading: "Notes:"
- A large, empty text area with a vertical scrollbar on the right side.

CY 2016 PBP Data Entry System Screens

Step Up #16b Comprehensive Dental – Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Even if you do not offer enhanced benefits, you must complete this section for your Medicare-covered Benefits.

Does the plan provide Comprehensive Dental Items as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Non-routine Services
 Diagnostic Services
 Restorative Services
 Endodontics/Periodontics/Extractions
 Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Select type of benefit for Non-routine Services:

Mandatory
 Optional

Is this benefit unlimited for Non-routine Services?

Yes
 No, indicate number

Indicate number of visits for Non-routine Services:

Select the Non-routine Services periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Diagnostic Services:

Mandatory
 Optional

Is this benefit unlimited for Diagnostic Services?

Yes
 No, indicate number

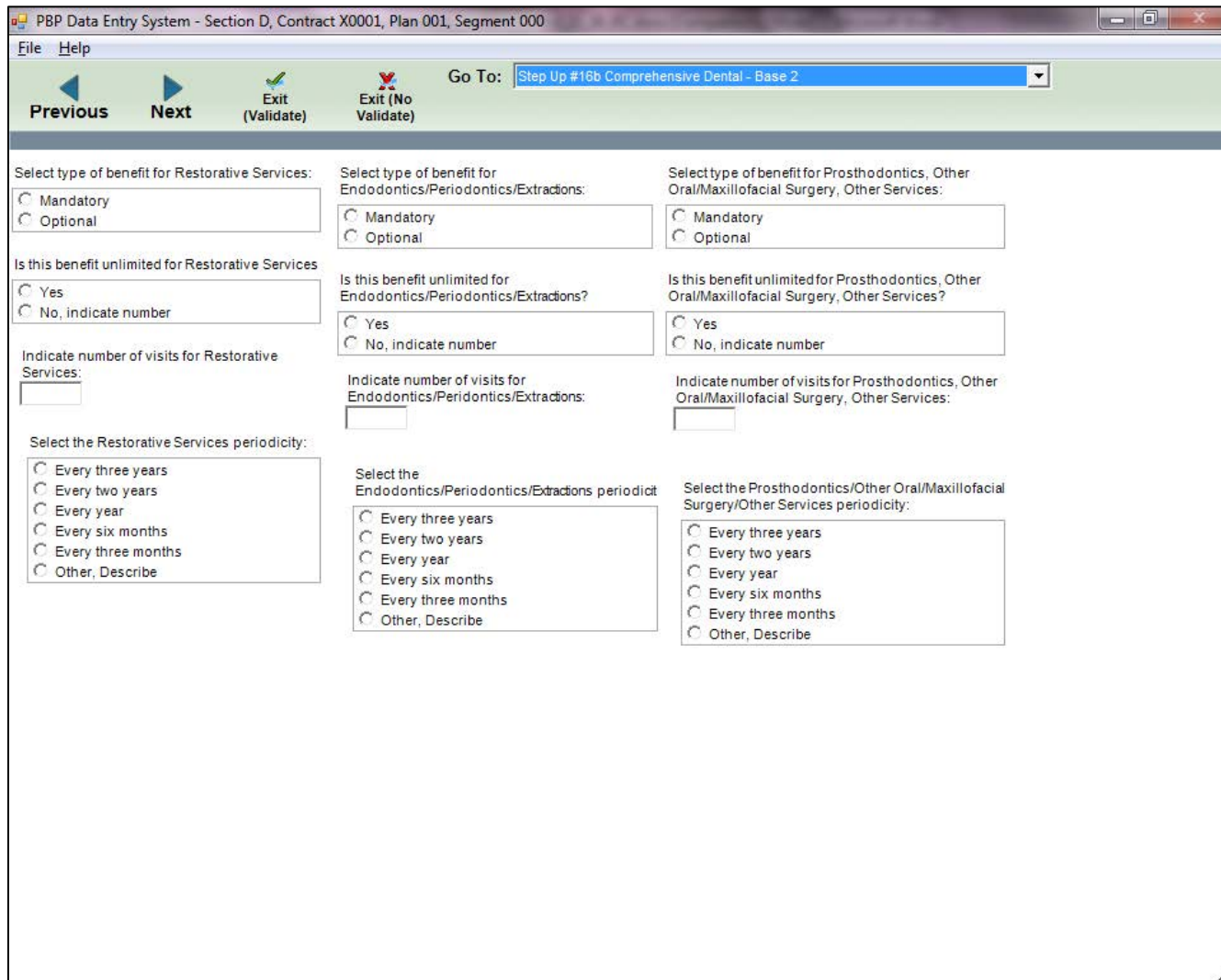
Indicate number of visits for Diagnostic Services:

Select the Diagnostic Services periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2016 PBP Data Entry System Screens

Step Up #16b Comprehensive Dental – Base 2



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

File Help

Go To: Step Up #16b Comprehensive Dental - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Restorative Services	Endodontics/Periodontics/Extractions	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Select type of benefit for Restorative Services: <input type="radio"/> Mandatory <input type="radio"/> Optional	Select type of benefit for Endodontics/Periodontics/Extractions: <input type="radio"/> Mandatory <input type="radio"/> Optional	Select type of benefit for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: <input type="radio"/> Mandatory <input type="radio"/> Optional
Is this benefit unlimited for Restorative Services <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Endodontics/Periodontics/Extractions? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services? <input type="radio"/> Yes <input type="radio"/> No, indicate number
Indicate number of visits for Restorative Services: <input type="text"/>	Indicate number of visits for Endodontics/Periodontics/Extractions: <input type="text"/>	Indicate number of visits for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: <input type="text"/>
Select the Restorative Services periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Endodontics/Periodontics/Extractions periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Prosthodontics/Other Oral/Maxillofacial Surgery/Other Services periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe

CY 2016 PBP Data Entry System Screens

Step Up #16b Comprehensive Dental – Base 3

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

File Help

Go To: Step Up #16b Comprehensive Dental - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Select the Maximum Plan Benefit Coverage type:

Covered under Preventive Dental Category 16a
 Plan-specified amount per period

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?

In-network services only
 Both In-network and Out-of-network services

Indicate Maximum Plan Benefit Coverage amount:

Select the Maximum Plan Benefit Coverage periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Select the Maximum Enrollee Out-of-Pocket Cost type:

Covered under Preventive Dental Category 16a
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2016 PBP Data Entry System Screens

Step Up #16b Comprehensive Dental – Base 4

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

File Help

Go To: Step Up #16b Comprehensive Dental - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Minimum Coinsurance percentage for Restorative Services:

Select which Comprehensive Dental Services have a Coinsurance (Select all that apply):
 Medicare-covered Benefits
 Non-routine Services
 Diagnostic Services
 Restorative Services
 Endodontics/Periodontics/Extractions
 Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Indicate Maximum Coinsurance percentage for Restorative Services:

Indicate Minimum Coinsurance percentage for Endodontics/Periodontics/Extractions:

Indicate Maximum Coinsurance percentage for Endodontics/Periodontics/Extractions:

Indicate the Minimum Coinsurance percentage for Medicare-covered Benefits

Indicate the Maximum Coinsurance percentage for Medicare-covered Benefit

Indicate Minimum Coinsurance percentage for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:

Indicate Minimum Coinsurance percentage for Non-routine Services:

Indicate Maximum Coinsurance percentage for Non-routine Services:

Indicate Maximum Coinsurance percentage for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:

Indicate Minimum Coinsurance percentage for Diagnostic Services:

Indicate Maximum Coinsurance percentage for Diagnostic Services:

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

CY 2016 PBP Data Entry System Screens

Step Up #16b Comprehensive Dental – Base 5

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

File Help

Go To: Step Up #16b Comprehensive Dental - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?
 Yes
 No

Select which Comprehensive Dental Services have a Copayment (Select all that apply):
 Medicare-covered Benefits
 Non-routine Services
 Diagnostic Services
 Restorative Services
 Endodontics/Periodontics/Extractions
 Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Indicate Maximum Copayment amount for Diagnostic Services:

Indicate Minimum Copayment amount for Restorative Services:

Indicate Maximum Copayment amount for Restorative Services:

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Copayment amount for Endodontics/Periodontics/Extractions:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Endodontics/Periodontics/Extractions:

Indicate Minimum Copayment amount for Non-routine Services:

Indicate Minimum Copayment amount for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:

Indicate Maximum Copayment amount for Non-routine Services:

Indicate Maximum Copayment amount for Prosthodontics, Other Oral/Maxillofacial Surgery, Other S:

Indicate Minimum Copayment amount for Diagnostic Services:

CY 2016 PBP Data Entry System Screens

Step Up #16b Comprehensive Dental – Base 6

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a navigation bar with buttons for "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "Step Up #16b Comprehensive Dental - Base 6".

The main content area contains the following text and form elements:

- 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 Comprehensive Dental Services?
 - Yes
 - No
- Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.
- Notes: [Large empty text area with a vertical scrollbar]

CY 2016 PBP Data Entry System Screens

Step Up #17a Eye Exams – Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Eye Exams as a supplemental benefit under Part C?
 Yes
 No

Select enhanced benefit:
 Routine Eye Exams/Other

Select type of benefit for Routine Eye Exams/Other:
 Mandatory
 Optional

Is this benefit unlimited for Routine Eye Exams/Other?
 Yes
 No, indicate number

Indicate number of exams for Routine Eye Exams/Other:

Select the Routine Eye Exams/Other periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?
 In-network services only
 Both In-network and Out-of-network services

Indicate Maximum Plan Benefit Coverage amount:

Select the Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?
 Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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

CY 2016 PBP Data Entry System Screens

Step Up #17a Eye Exams – Base 2

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

File Help

Go To: Step Up #17a Eye Exams - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Is there an enrollee Copayment?
 Yes
 No

Select which Eye Exams have a Coinsurance (Select all that apply)
 Medicare-covered Benefits
 Routine Eye Exams/Other

Select which Eye Exams have a Copayment (Select all that apply):
 Medicare-covered Benefits
 Routine Eye Exams/Other

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Coinsurance percentage for Routine Eye Exams/Other:

Indicate Minimum Copayment amount per Routine Eye Exam/Other:

Indicate Maximum Coinsurance percentage for Routine Eye Exams/Other:

Indicate Maximum Copayment amount per Routine Eye Exam/Other:

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

CY 2016 PBP Data Entry System Screens

Step Up #17a Eye Exams – Base 3

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a navigation bar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "Step Up #17a Eye Exams - Base 3".

The main content area contains the following fields and options:

- 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 Eye Exams?
 - Yes
 - No
- Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.
- Notes: (A large text area for entering notes)

CY 2016 PBP Data Entry System Screens

Step Up #17b Eyewear – Base 1

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

File Help

Go To: Step Up #17b Eyewear - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Even if you do not offer enhanced benefits, you must complete this section for your Medicare-covered Benefits.

Does the plan provide Eyewear as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Contact lenses
 Eyeglasses (lenses and frames)
 Eyeglass lenses
 Eyeglass frames
 Upgrades

Select type of benefit for Contact lenses:

Mandatory
 Optional

Select type of benefit for Eyeglasses (lenses and frames):

Mandatory
 Optional

Is this benefit unlimited for Contact lenses?

Yes
 No, indicate number

Is this benefit unlimited for Eyeglasses (lenses and frames)?

Yes
 No, indicate number

Indicate quantity (number of pairs) for Contact lenses:

Indicate quantity for Eyeglasses (lenses and frames):

Select Contact lenses periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select Eyeglasses (lenses and frames) periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2016 PBP Data Entry System Screens

Step Up #17b Eyewear – Base 2

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

File Help

Go To: Step Up #17b Eyewear - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Eyeglass lenses:
 Mandatory
 Optional

Select type of benefit for Eyeglass frames:
 Mandatory
 Optional

Is this benefit unlimited for Eyeglass lenses?
 Yes
 No, indicate number

Is this benefit unlimited for Eyeglass frames?
 Yes
 No, indicate number

Indicate quantity (number of pairs) for Eyeglass lenses:

Indicate quantity for Eyeglass frames:

Select Eyeglass lenses periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select Eyeglass frames periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Upgrades:
 Mandatory
 Optional

CY 2016 PBP Data Entry System Screens

Step up #17b Eyewear – Base 3

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 #17b Eyewear - Base 3

<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select the Maximum Plan Benefit Coverage type:</p> <p><input type="radio"/> Covered under Eye Exams Category <input type="radio"/> Plan-specified amount per period</p> <p>Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services</p> <p><input type="radio"/> In-network services only <input type="radio"/> Both In-network and Out-of-network services</p> <p>Do you offer a Combined Max Plan Benefit Coverage Amount for all Eyewear?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Combined Maximum Plan Benefit Coverage amount:</p> <input style="width: 100%;" type="text"/>	<p>Select the Combined Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p> <p>Select the type of Eyewear with Individual Max Plan Benefit Coverage amount:</p> <p><input type="checkbox"/> Contact lenses <input type="checkbox"/> Eyeglasses (lenses and frames) <input type="checkbox"/> Eyeglass lenses <input type="checkbox"/> Eyeglass frames <input type="checkbox"/> Upgrades</p> <p>Indicate Max Plan Benefit Coverage amount for Contact lenses:</p> <input style="width: 100%;" type="text"/> <p>Select the Individual Maximum Plan Benefit Coverage periodicity for Contact lenses:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Indicate Max Plan Benefit Coverage amount for Eyeglasses (lenses and frames):</p> <input style="width: 100%;" type="text"/> <p>Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglasses (lenses and frames):</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p> <p>Indicate Max Plan Benefit Coverage amount for Eyeglass lenses:</p> <input style="width: 100%;" type="text"/> <p>Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglass lenses:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Indicate Max Plan Benefit Coverage amount for Eyeglass frames:</p> <input style="width: 100%;" type="text"/> <p>Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglass frames:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p> <p>Indicate Max Plan Benefit Coverage amount for Upgrades:</p> <input style="width: 100%;" type="text"/> <p>Select the Individual Maximum Plan Benefit Coverage periodicity for Upgrades:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>
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CY 2016 PBP Data Entry System Screens

Step Up #17b Eyewear – Base 4

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

File Help

Go To: Step Up #17b Eyewear - Base 4

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost? Yes No

Indicate Minimum Coinsurance percentage for Medicare-covered Benef

Indicate Minimum Coinsurance percentage for Eyeglass frames:

Select the Maximum Enrollee Out-of-Pocket Cost type:
 Covered under Eye Exams Category 17a
 Plan-specified amount per period

Indicate Maximum Coinsurance percentage for Medicare-covered Bene

Indicate Maximum Coinsurance percentage for Eyeglass frames:

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Minimum Coinsurance percentage for Contact lenses:

Indicate Minimum Coinsurance percentage for Upgrades:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Coinsurance percentage for Contact lenses:

Indicate Maximum Coinsurance percentage for Upgrades:

Indicate Minimum Coinsurance percentage for Eyeglasses (lenses and frames):

Is there an enrollee Coinsurance? Yes No

Indicate Maximum Coinsurance percentage for Eyeglasses (lenses and frames):

Select which Eyewear Benefits have a Coinsurance (Select all that apply):

Medicare-covered Benefits

Contact lenses

Eyeglasses (lenses and frames)

Eyeglass lenses

Eyeglass frames

Upgrades

Indicate Minimum Coinsurance percentage for Eyeglass lenses:

Indicate Maximum Coinsurance percentage for Eyeglass lenses:

CY 2016 PBP Data Entry System Screens

Step Up #17b Eyewear – Base 5

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

File Help

Go To: Step Up #17b Eyewear - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Indicate Minimum Copayment amount for Contact lenses:

Indicate Maximum Copayment amount for Contact lenses:

Indicate Minimum Copayment amount for Eyeglass frames:

Indicate Maximum Copayment amount for Eyeglass frames:

Is there an enrollee Copayment?
 Yes
 No

Select which Eyewear Benefits have a Copayment (Select all that apply):

- Medicare-covered Benefits
- Contact lenses
- Eyeglasses (lenses and frames)
- Eyeglass lenses
- Eyeglass frames
- Upgrades

Indicate Minimum Copayment amount for Eyeglasses (lenses and frames):

Indicate Maximum Copayment amount for Eyeglasses (lenses and frames):

Indicate Minimum Copayment amount for Upgrades:

Indicate Maximum Copayment amount for Upgrades:

Indicate Minimum Copayment amount for Eyeglass lenses:

Indicate Maximum Copayment amount for Eyeglass lenses:

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

CY 2016 PBP Data Entry System Screens

Step Up #17b Eyewear – Base 6

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a navigation toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "Step Up #17b Eyewear - Base 6".

The main content area contains the following sections:

- Authorization:** "Enrollee must receive Authorization from one or more of the following:" with checkboxes for "None", "Primary Care Physician (Internist/Family Practice, General Practice)", "Physician Specialist", "Organization Medical Director/Utilization Management/Utilization Review", and "Other, describe".
- Referral:** "Is a referral required for Eyewear?" with radio buttons for "Yes" and "No".
- Notes:** "Eyewear Notes" section with a text area and a note: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a larger "Notes:" text area.

CY 2016 PBP Data Entry System Screens

Step Up #18a Hearing Exams – Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Even if you do not offer enhanced benefits, you must complete this section for your Medicare-covered Benefits.

Does the plan provide Hearing Exams as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Routine Hearing Exams
 Fitting/Evaluation for Hearing Aid

Select type of benefit for Routine Hearing Exams:

Mandatory
 Optional

Is this benefit unlimited for Routine Hearing Exams?

Yes
 No, indicate number

Indicate number for Routine Hearing Exams:

Select Routine Hearing Exams periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Fitting/Evaluation for Hearing Aid:

Mandatory
 Optional

Is this benefit unlimited for Fitting/Evaluation for Hearing Aid?

Yes
 No, indicate number

Indicate number for Fitting/Evaluation for Hearing Ai

Select Fitting/Evaluation for Hearing Aid periodict

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2016 PBP Data Entry System Screens

Step Up #18a Hearing Exams – Base 2

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 #18a Hearing Exams - Base 2

<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <input type="radio"/> Yes <input type="radio"/> No	<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <input type="radio"/> Yes <input type="radio"/> No	<p>Indicate the Minimum Coinsurance percentage for Medicare-covered Benefits:</p> <input style="width: 100%;" type="text"/>
<p>Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?</p> <input type="radio"/> In-network services only <input type="radio"/> Both In-network and Out-of-network services	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <input style="width: 100%;" type="text"/>	<p>Indicate the Maximum Coinsurance percentage for Medicare-covered Benefits:</p> <input style="width: 100%;" type="text"/>
<p>Indicate Maximum Plan Benefit Coverage amount:</p> <input style="width: 100%;" type="text"/>	<p>Select Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	<p>Indicate Minimum Coinsurance percentage for Routine Hearing Exams:</p> <input style="width: 100%;" type="text"/>
<p>Select the Maximum Plan Benefit Coverage periodicity:</p> <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	<p>Is there an enrollee Coinsurance?</p> <input type="radio"/> Yes <input type="radio"/> No	<p>Indicate Maximum Coinsurance percentage for Routine Hearing Exams:</p> <input style="width: 100%;" type="text"/>
<p>Is there an enrollee Deductible?</p> <input type="radio"/> Yes <input type="radio"/> No	<p>Select which Hearing Exam Benefits have a Coinsurance (Select all that apply):</p> <input type="checkbox"/> Medicare-covered Benefits <input type="checkbox"/> Routine Hearing Exams <input type="checkbox"/> Fitting/Evaluation for Hearing Aid	<p>Indicate Minimum Coinsurance percentage for Fitting/Evaluation for Hearing Aid:</p> <input style="width: 100%;" type="text"/>
<p>Indicate Deductible Amount:</p> <input style="width: 100%;" type="text"/>		<p>Indicate Maximum Coinsurance percentage for Fitting/Evaluation for Hearing Aid:</p> <input style="width: 100%;" type="text"/>

CY 2016 PBP Data Entry System Screens

Step Up #18a Hearing Exams – Base 3

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

File Help

Go To: Step Up #18a Hearing Exams - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount for Fitting/Evaluation for Hearing Aid:

Select which Hearing Exam Benefits have a Copayment (Select all that apply):
 Medicare-covered Benefits
 Routine Hearing Exams
 Fitting/Evaluation for Hearing Aid

Indicate Maximum Copayment amount for Fitting/Evaluation for Hearing Aid:

Indicate Minimum Copayment amount for Medicare-covered Benefits:

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

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Is a referral required for Hearing Exams?
 Yes
 No

Indicate Minimum Copayment amount for Routine Hearing Exa

Indicate Maximum Copayment amount for Routine Hearing Exa

CY 2016 PBP Data Entry System Screens

Step Up #18a Hearing Exams – Base 4

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu is a navigation bar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "Step Up #18a Hearing Exams - Base 4".

The main content area is titled "Hearing Exams Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this instruction is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

CY 2016 PBP Data Entry System Screens

Step Up #18b Hearing Aids – Base 1

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

File Help

Go To: Step Up #18b Hearing Aids - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Hearing Aids as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Hearing Aids (all types)
 Hearing Aids - Inner Ear
 Hearing Aids - Outer Ear
 Hearing Aids - Over the Ear

Select type of benefit for Hearing Aids (all types)

Mandatory
 Optional

Is this benefit unlimited for Hearing Aids (all types)?

Yes
 No, indicate number

Indicate quantity for Hearing Aids (all types):

Select Hearing Aids (all types) periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Hearing Aids - Inner Ear:

Mandatory
 Optional

Is this benefit unlimited for Hearing Aids - Inner Ear?

Yes
 No, indicate number

Indicate quantity for Hearing Aids - Inner Ear:

Select Hearing Aids - Inner Ear periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Hearing Aids - Outer Ear:

Mandatory
 Optional

Is this benefit unlimited for Hearing Aids - Outer Ear?

Yes
 No, indicate number

Indicate quantity for Hearing Aids - Outer Ear:

Select Hearing Aids - Outer Ear periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2016 PBP Data Entry System Screens

Step Up #18b Hearing Aids – Base 2

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

File Help

Go To: Step Up #18b Hearing Aids - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Hearing Aids - Over the Ear:

Mandatory
 Optional

Select the Maximum Plan Benefit Coverage type:

Covered under Hearing Exams Category - 18a
 Plan-specified amount per period

Is this benefit unlimited for Hearing Aids - Over the Ear?

Yes
 No, indicate number

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?

In-network services only
 Both In-network and Out-of-network services

Indicate quantity for Hearing Aids - Over the Ear:

Indicate Maximum Plan Benefit Coverage amount:

Select Hearing Aids - Over the Ear periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage periodict

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

CY 2016 PBP Data Entry System Screens

Step Up #18b Hearing Aids – Base 3

CY 2016 PBP Data Entry System Screens

Step Up #18b Hearing Aids – Base 4

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

File Help

Go To: Step Up #18b Hearing Aids - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount per Hearing Aid - Outer E

Is there an enrollee Deductible?
 Yes
 No

Select which Hearing Aids Benefits have a Copayment (Select all that apply):
 Hearing Aid - Inner Ear
 Hearing Aid - Outer Ear
 Hearing Aids - Over the Ear

Indicate Maximum Copayment amount per Hearing Aid - Outer E

Indicate Deductible Amount:

Indicate Minimum Copayment amount per two Hearing Aids - Outer Ear:

Indicate Minimum Copayment amount per Hearing Aid (all types)

Indicate Maximum Copayment amount per two Hearing Aids - Outer Ear:

Indicate Maximum Copayment amount per Hearing Aid (all types)

Indicate Minimum Copayment amount per Hearing Aid - Over the Ear:

Indicate Minimum Copayment amount per Hearing Aid - Inner E

Indicate Maximum Copayment amount per Hearing Aid - Over the Ear:

Indicate Minimum Copayment amount per Hearing Aid - Inner E

Indicate Minimum Copayment amount per two Hearing Aids - Over the Ear:

Indicate Minimum Copayment amount per two Hearing Aids - Inner Ear:

Indicate Maximum Copayment amount per two Hearing Aids - Over the Ear:

Indicate Minimum Copayment amount per two Hearing Aids - Inner Ear:

CY 2016 PBP Data Entry System Screens

Step Up #18b Hearing Aids – Base 5

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with navigation buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). A "Go To:" dropdown menu is set to "Step Up #18b Hearing Aids - Base 5".

The main content area contains the following text and form elements:

- 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 Hearing Aids?
 - Yes
 - No
- Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.
- Notes:
 - A large, empty text area with a vertical scrollbar for entering additional information.