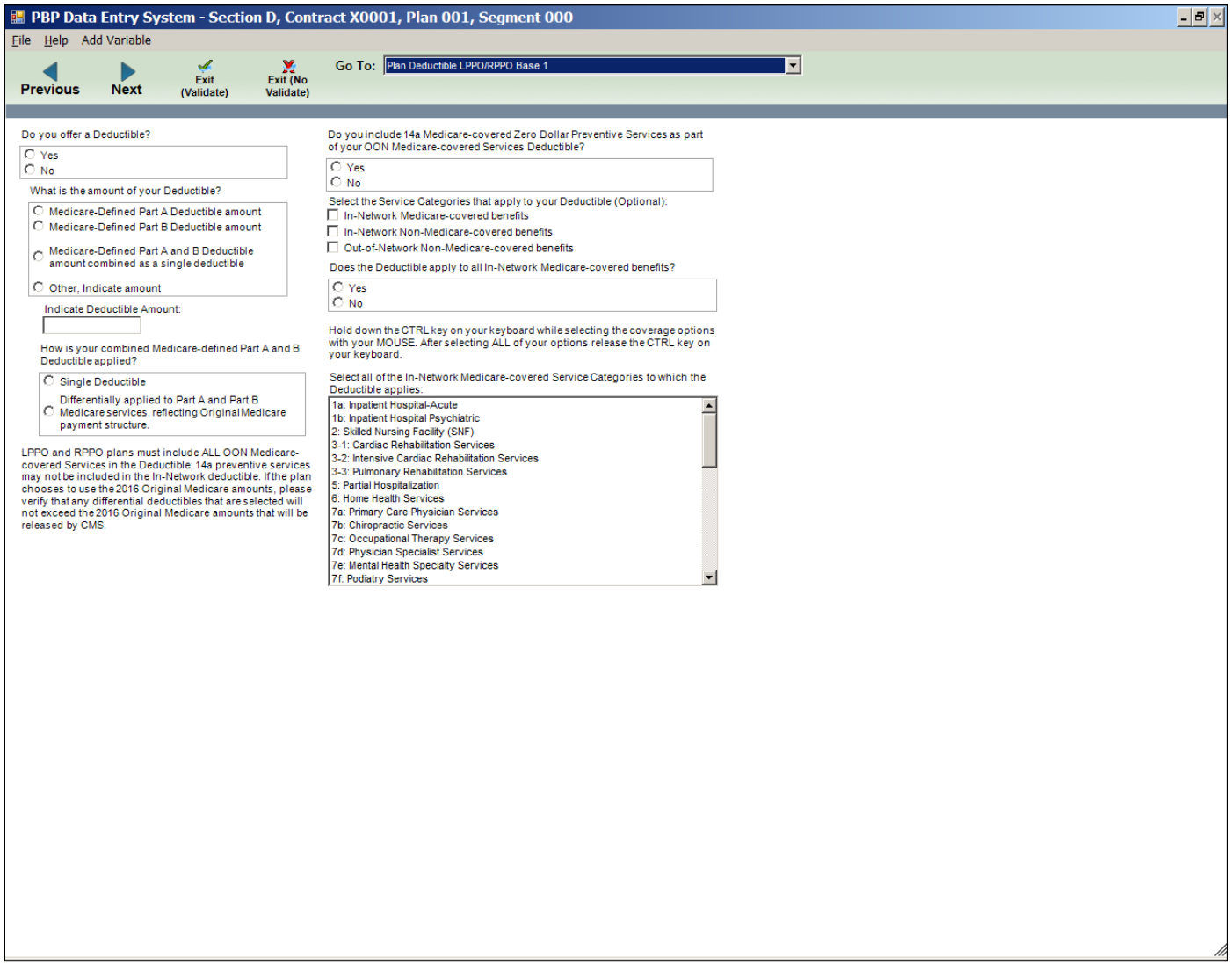
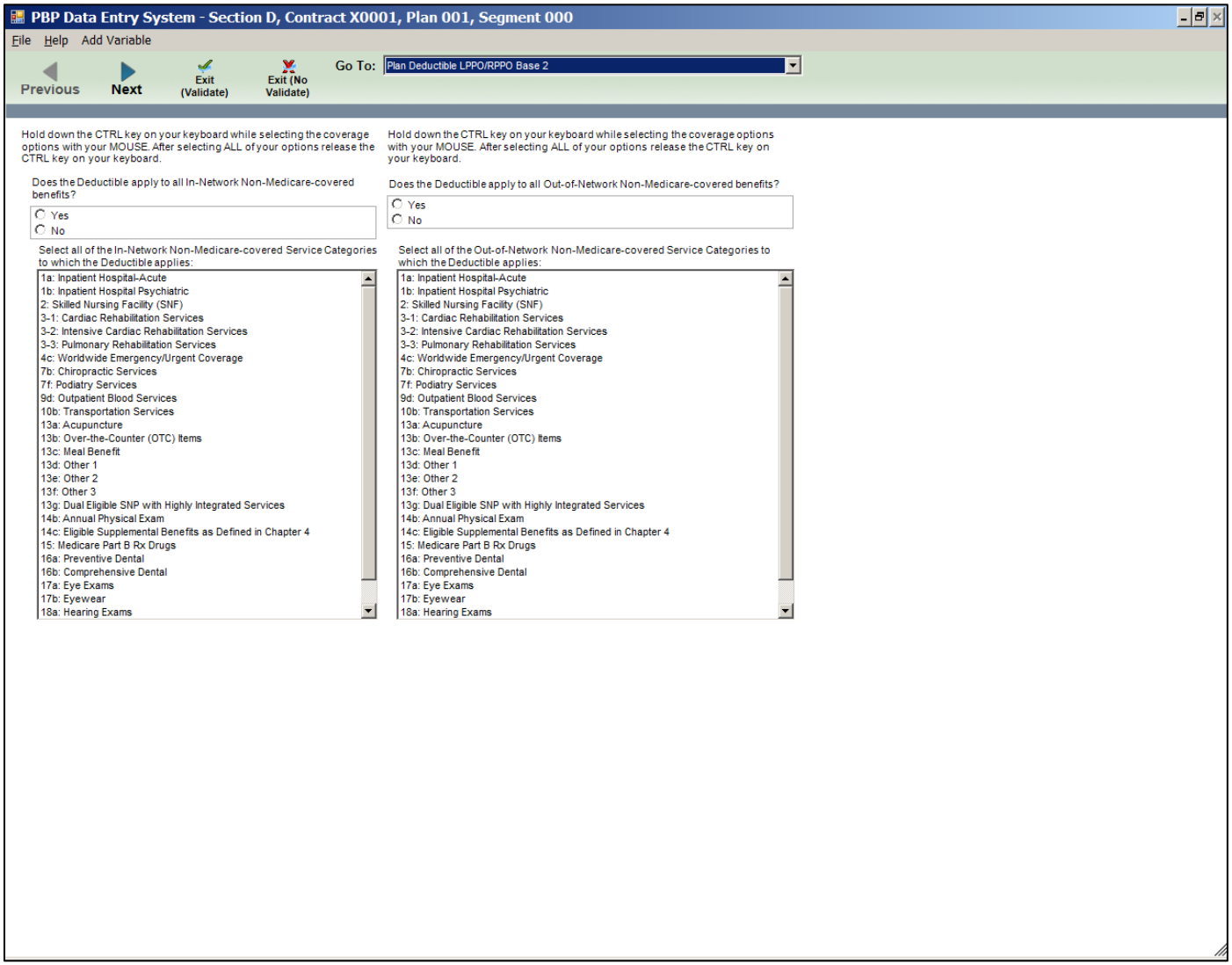
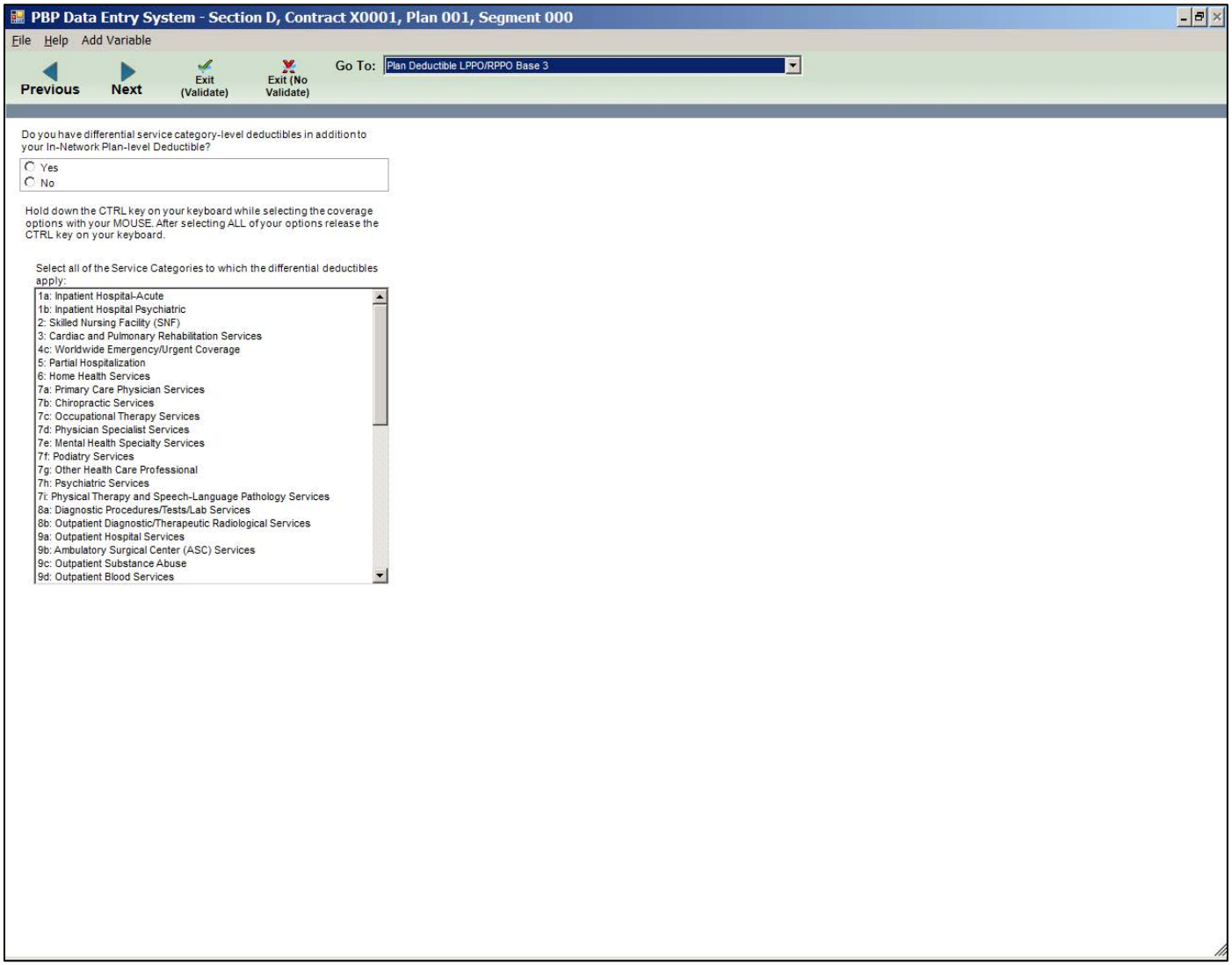
Plan Deductible LPPO/RPPO Base 1



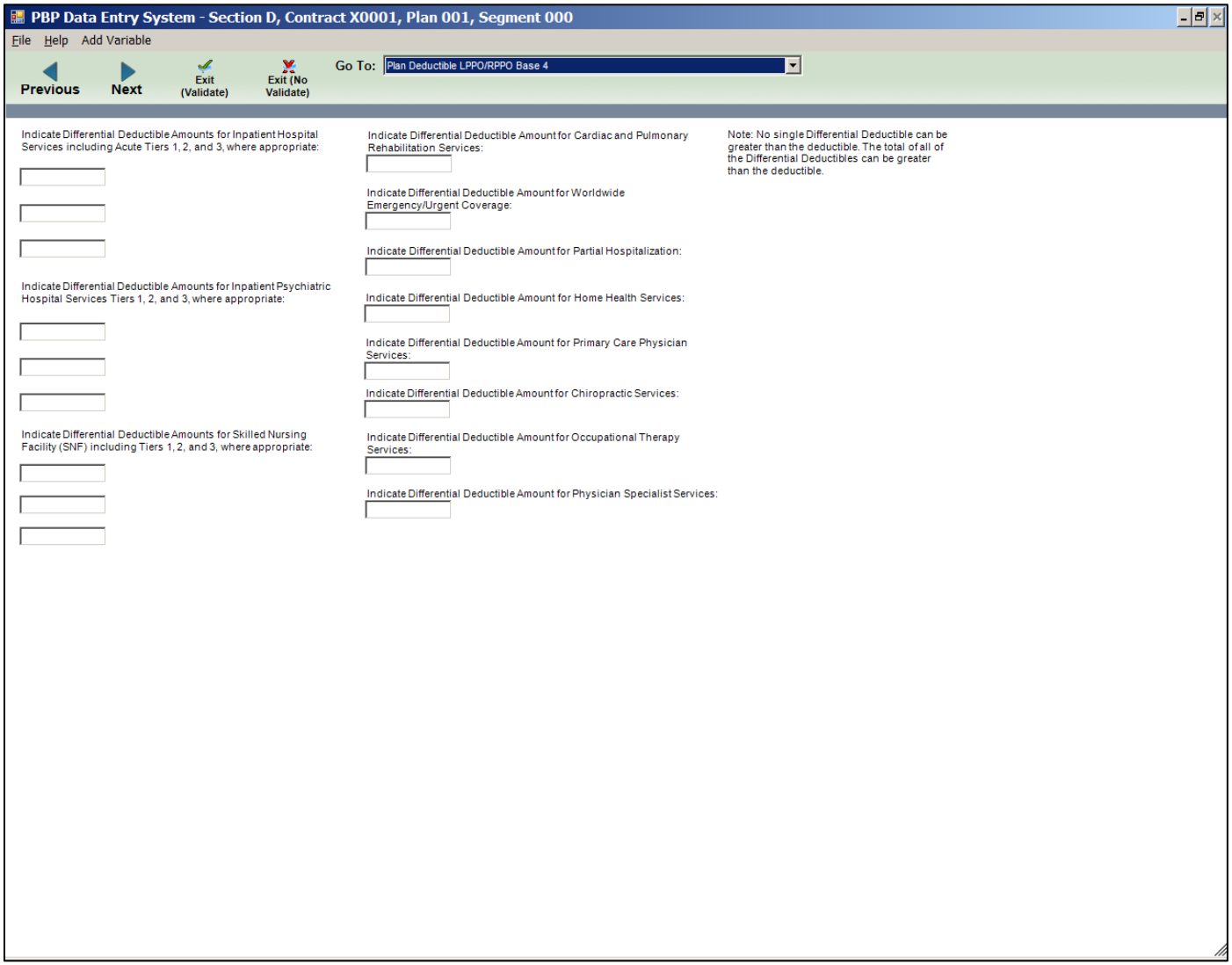
Plan Deductible LPPO/RPPO Base 2



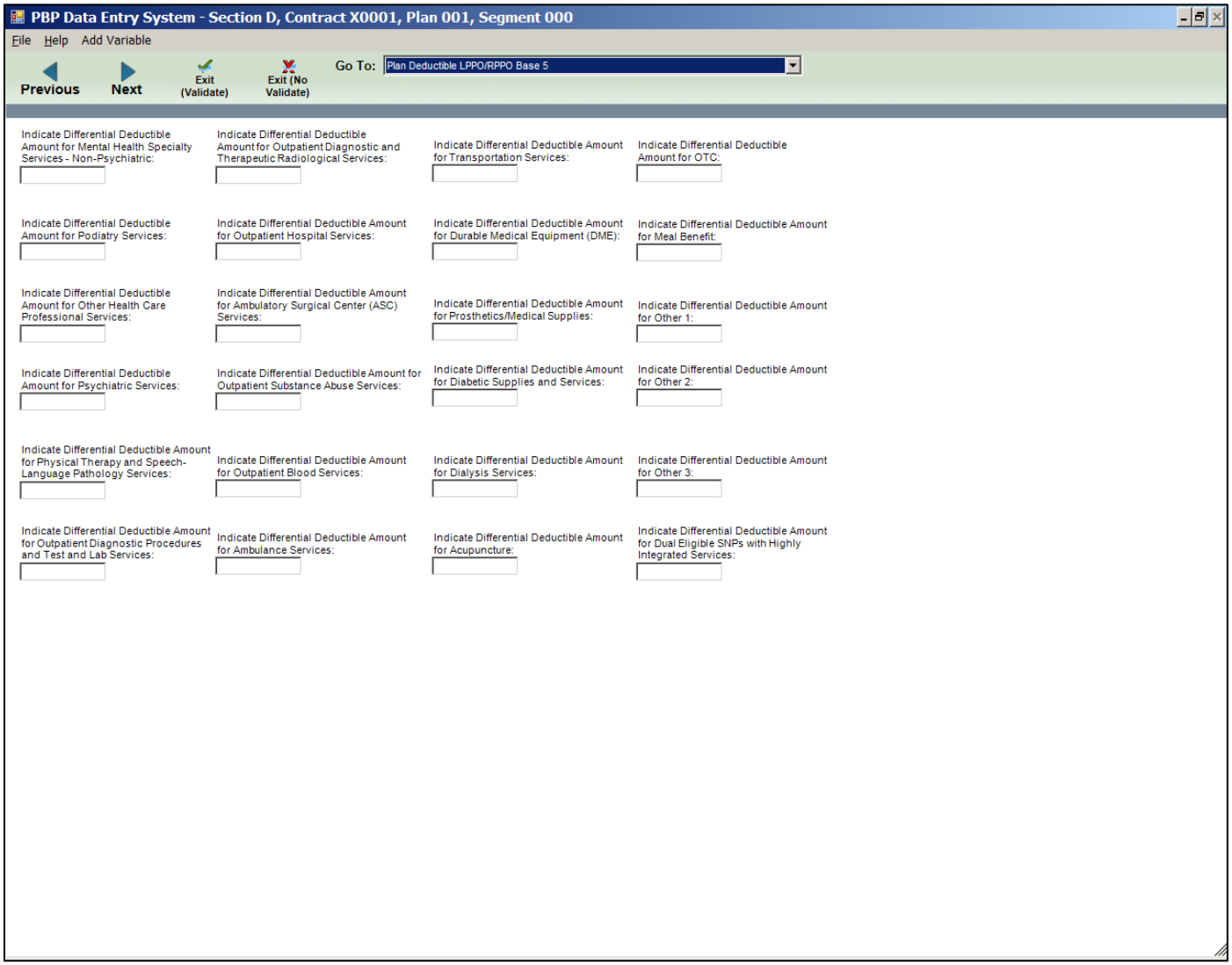
Plan Deductible LPPO/RPPO Base 3



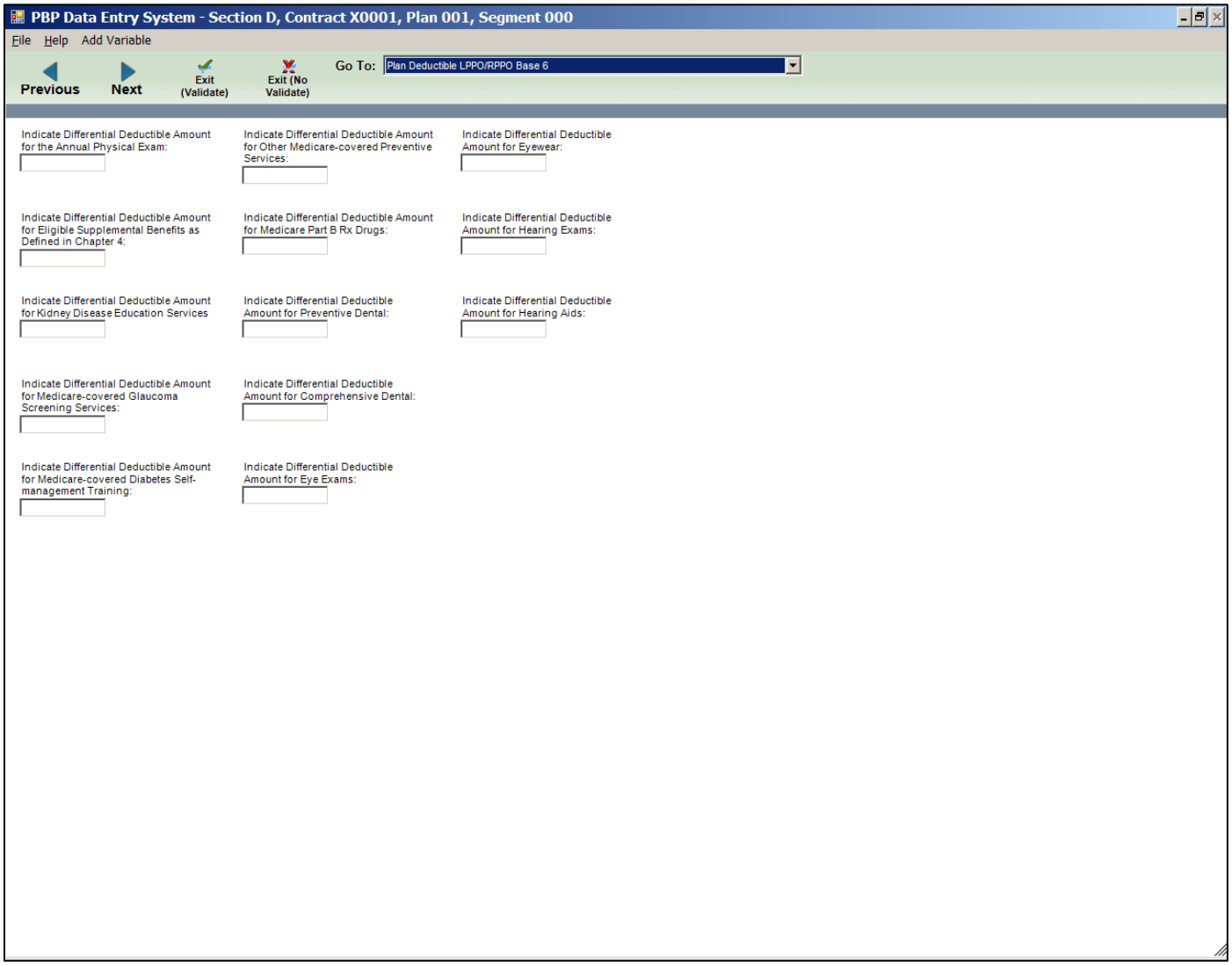
Plan Deductible LPPO/RPPO Base 4



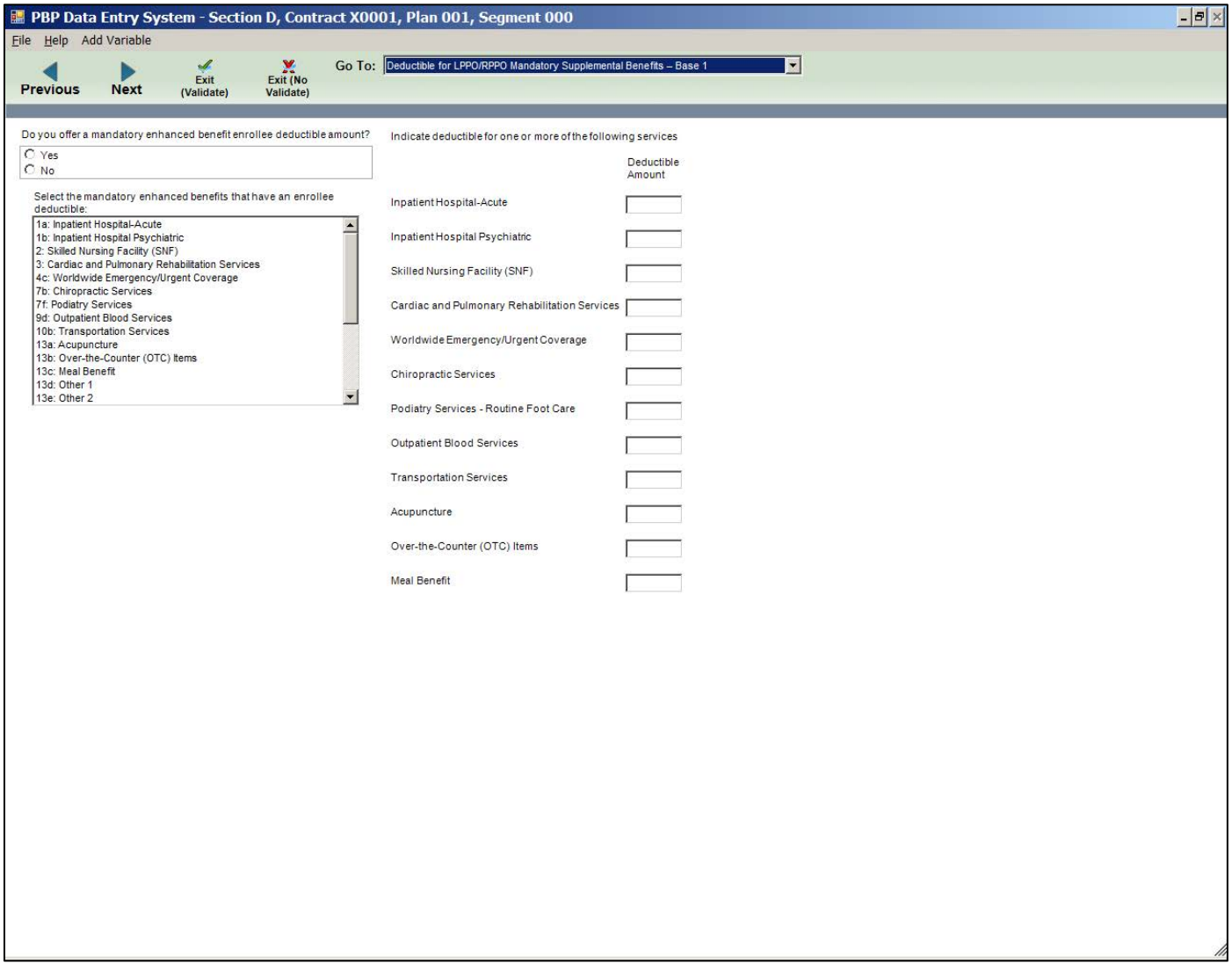
Plan Deductible LPPO/RPPO Base 5



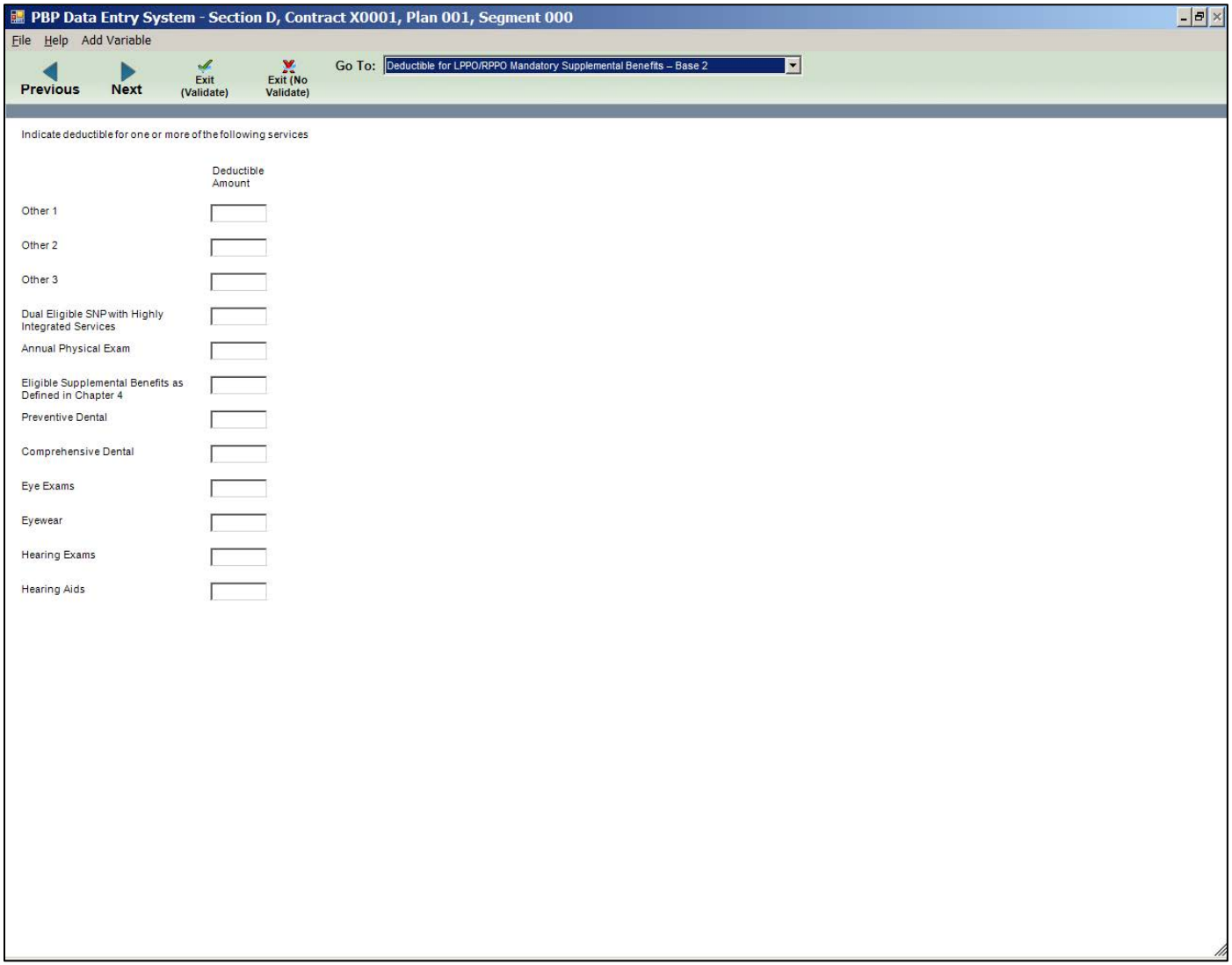
Plan Deductible LPPO/RPPO Base 6



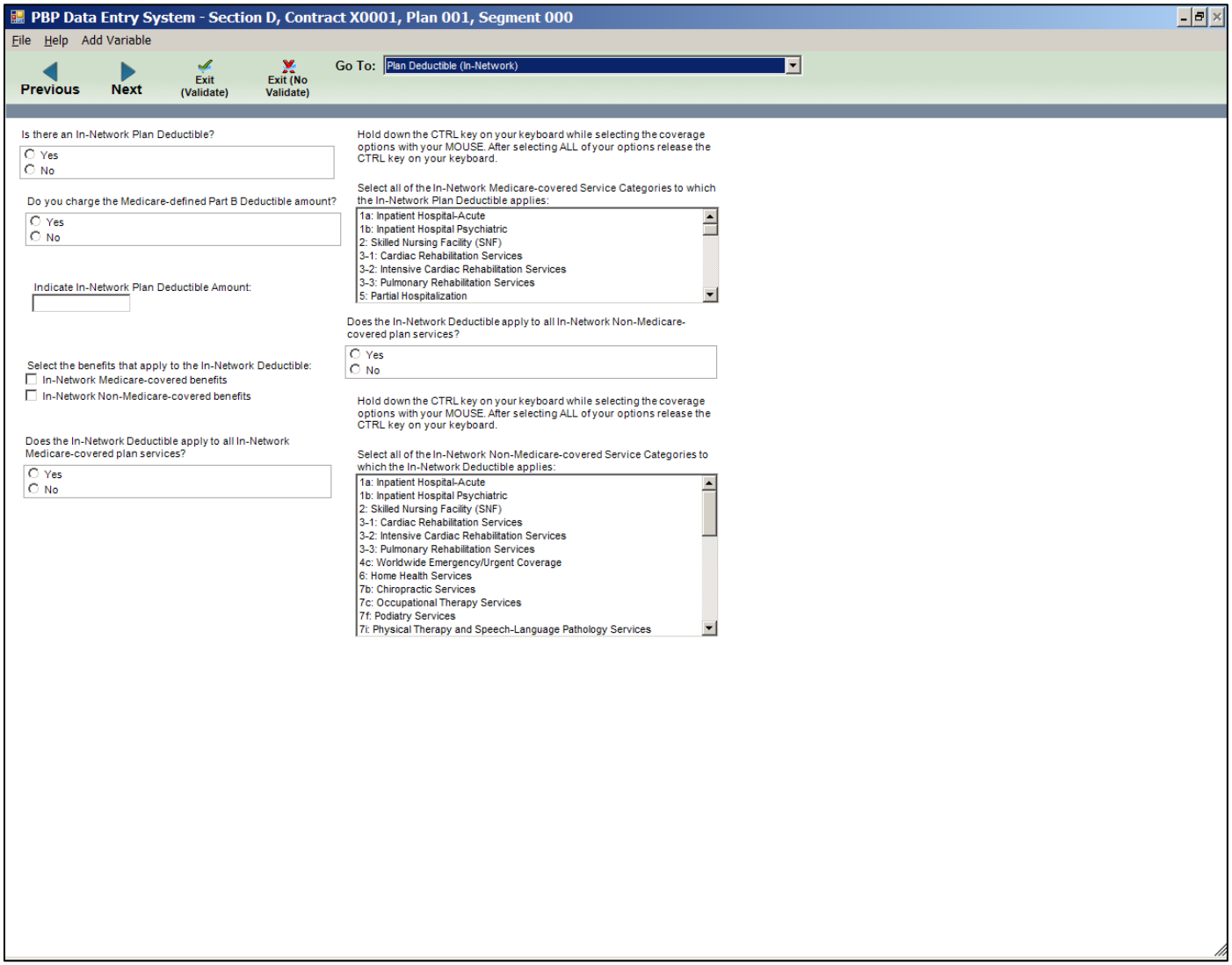
Deductible for LPPO/RPPO Mandatory Supplemental Benefits – Base 1



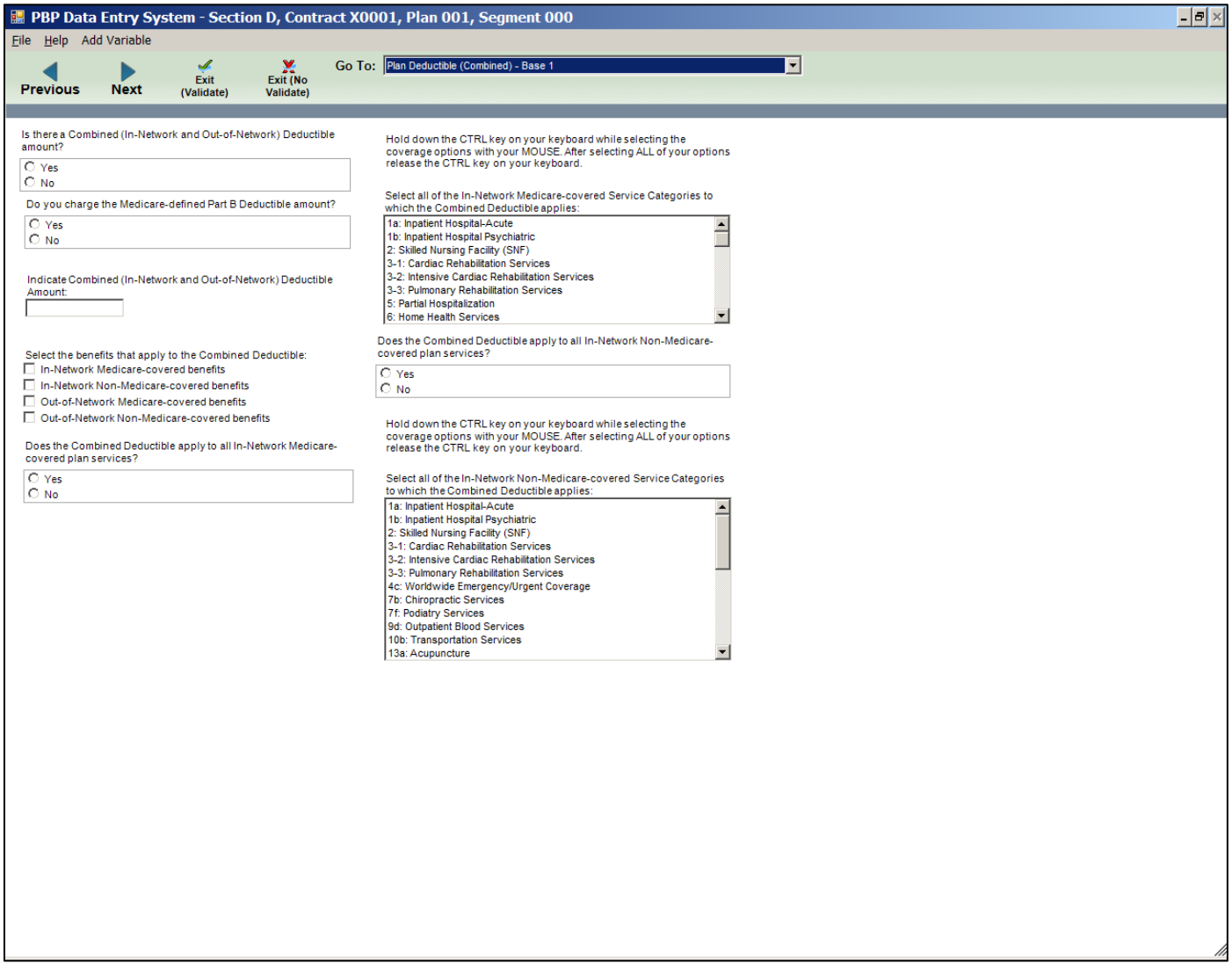
Deductible for LPPO/RPPO Mandatory Supplemental Benefits – Base 2



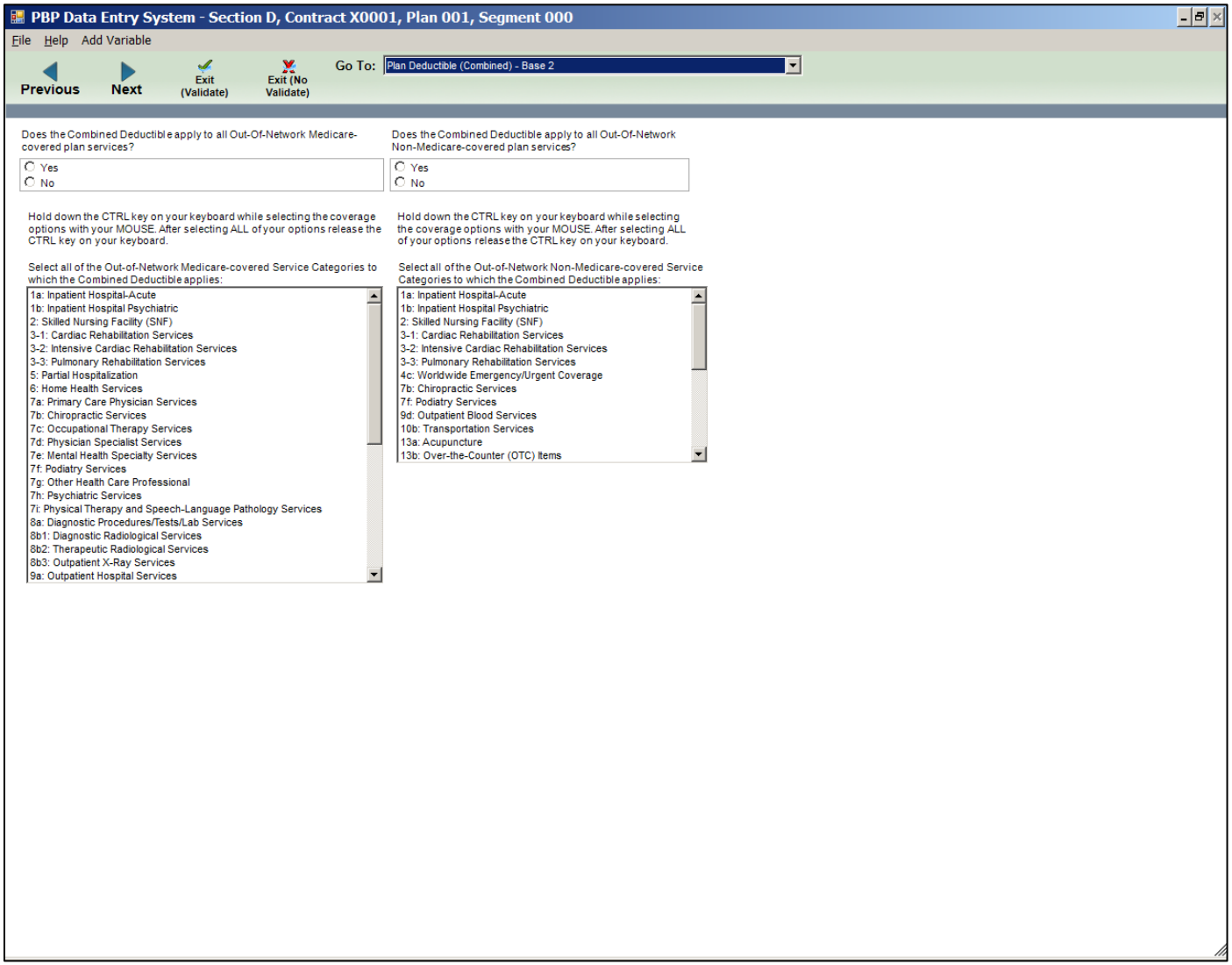
Plan Deductible (In-Network)



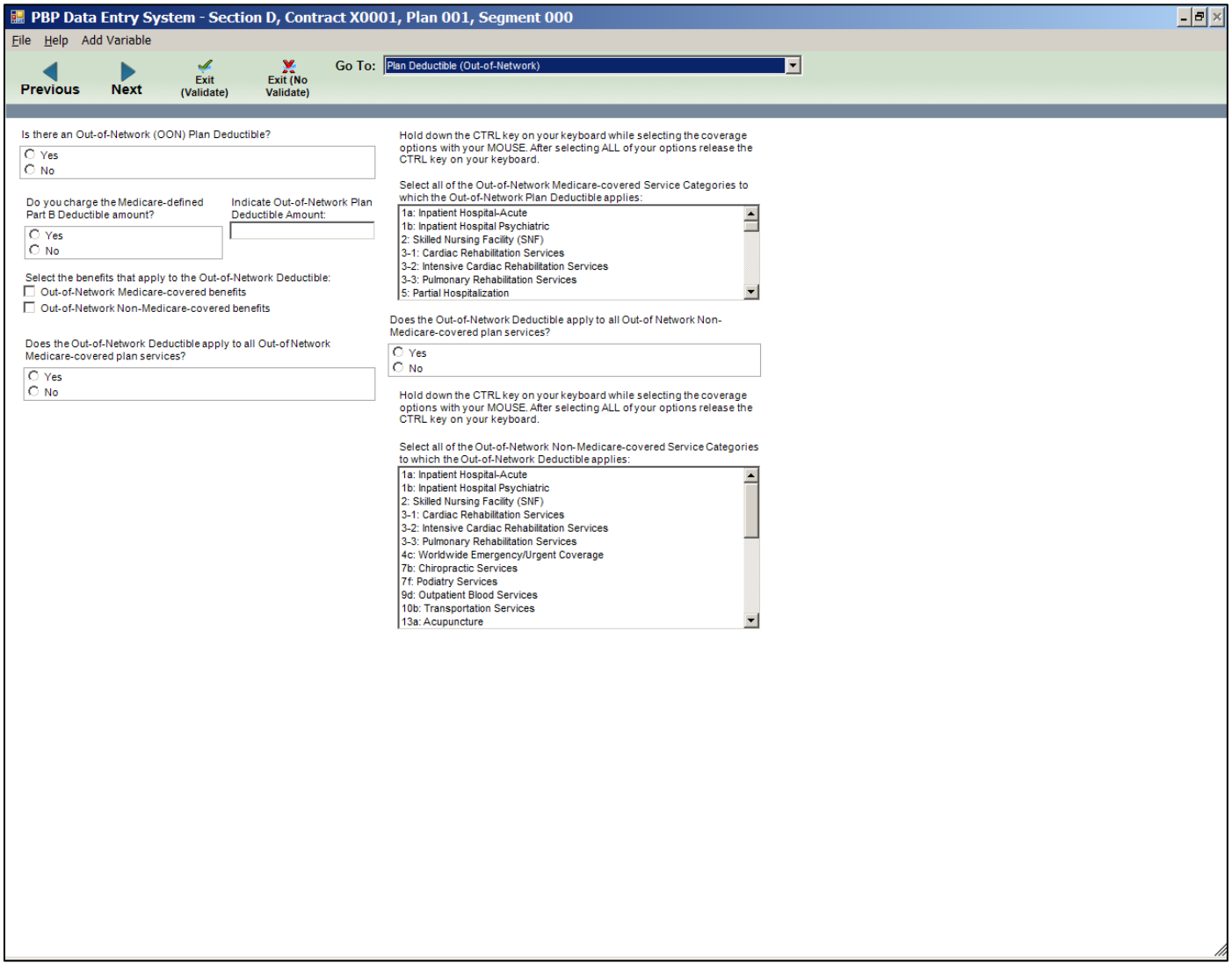
Plan Deductible (Combined) – Base 1



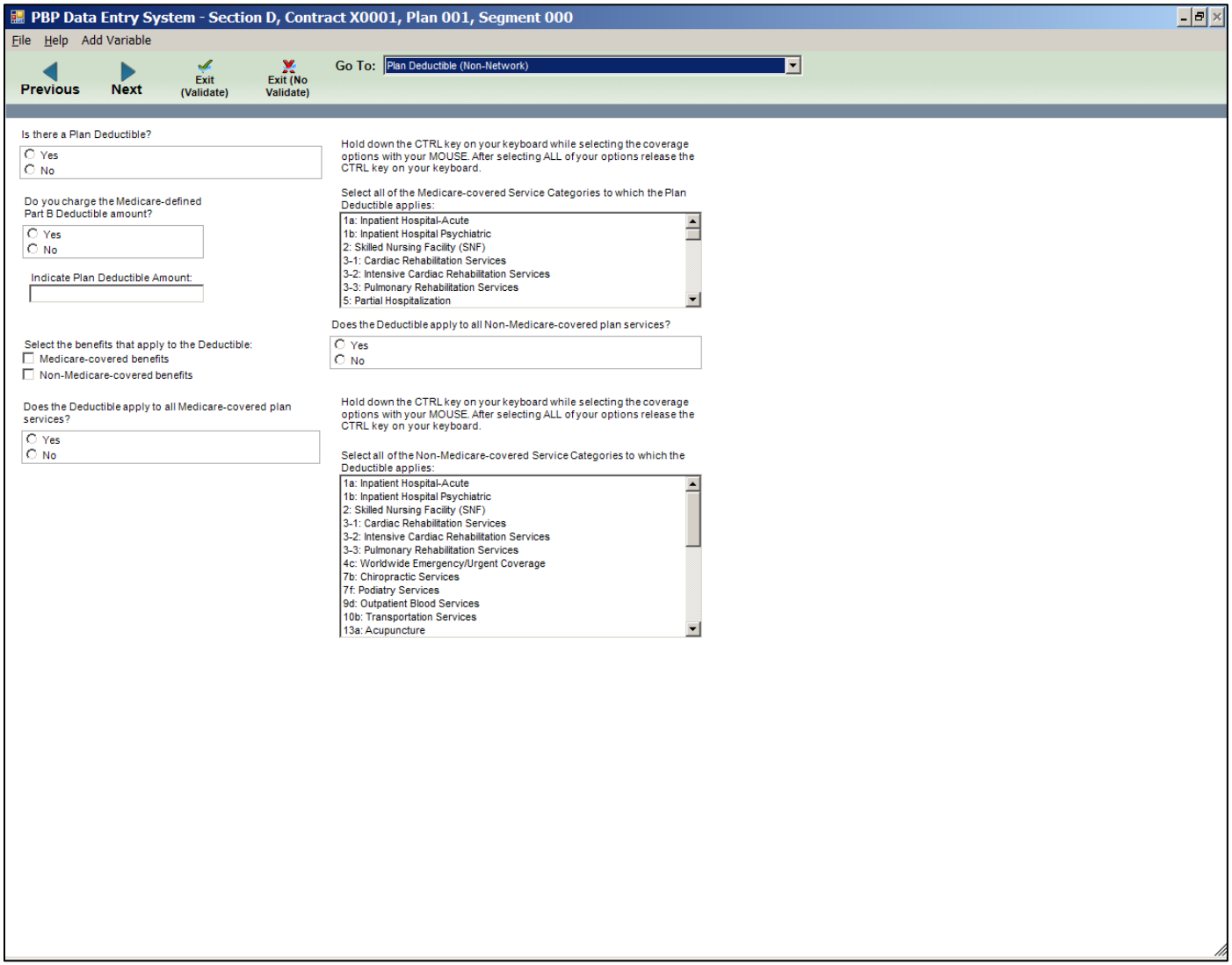
Plan Deductible (Combined) – Base 2



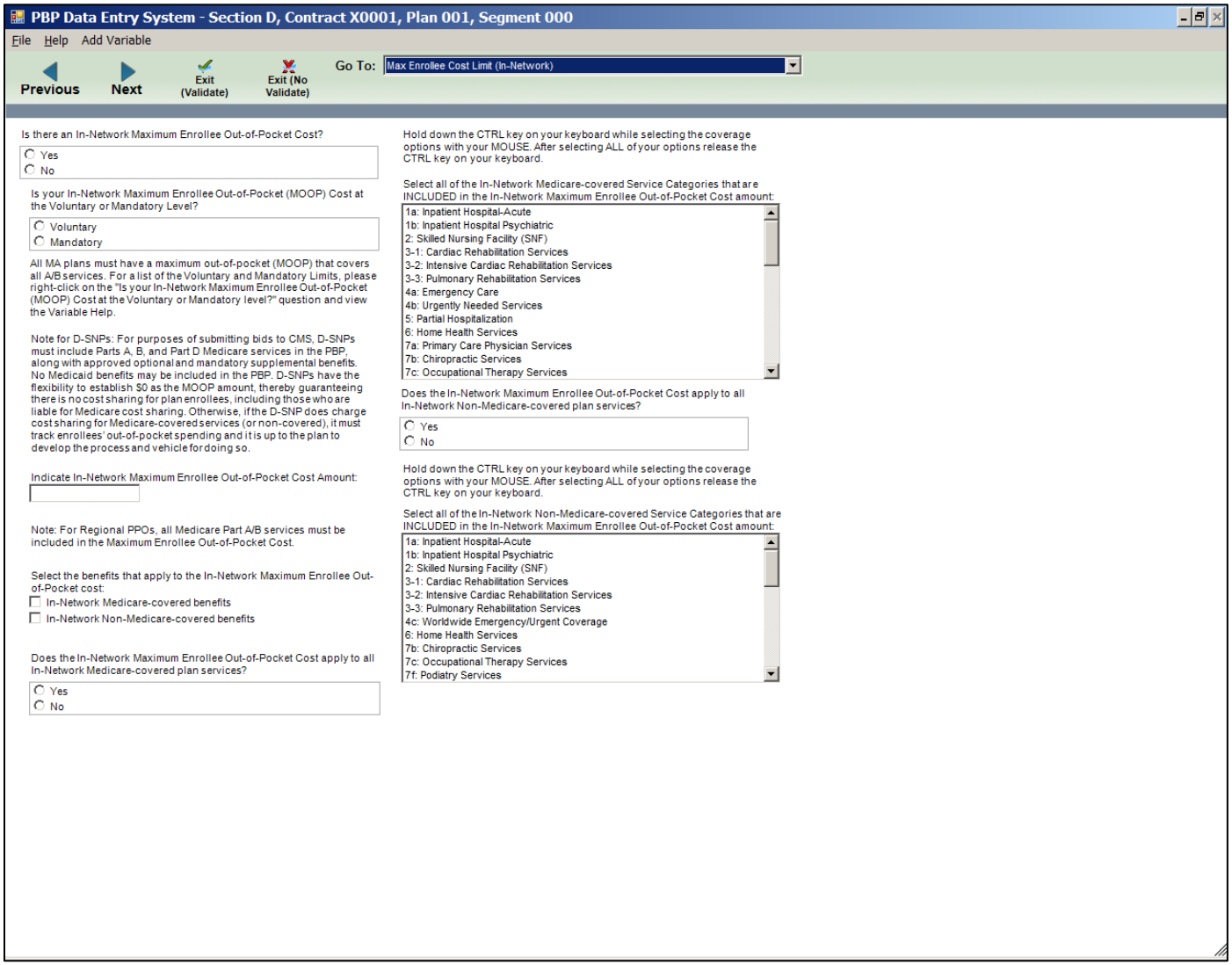
Plan Deductible (Out-of-Network)



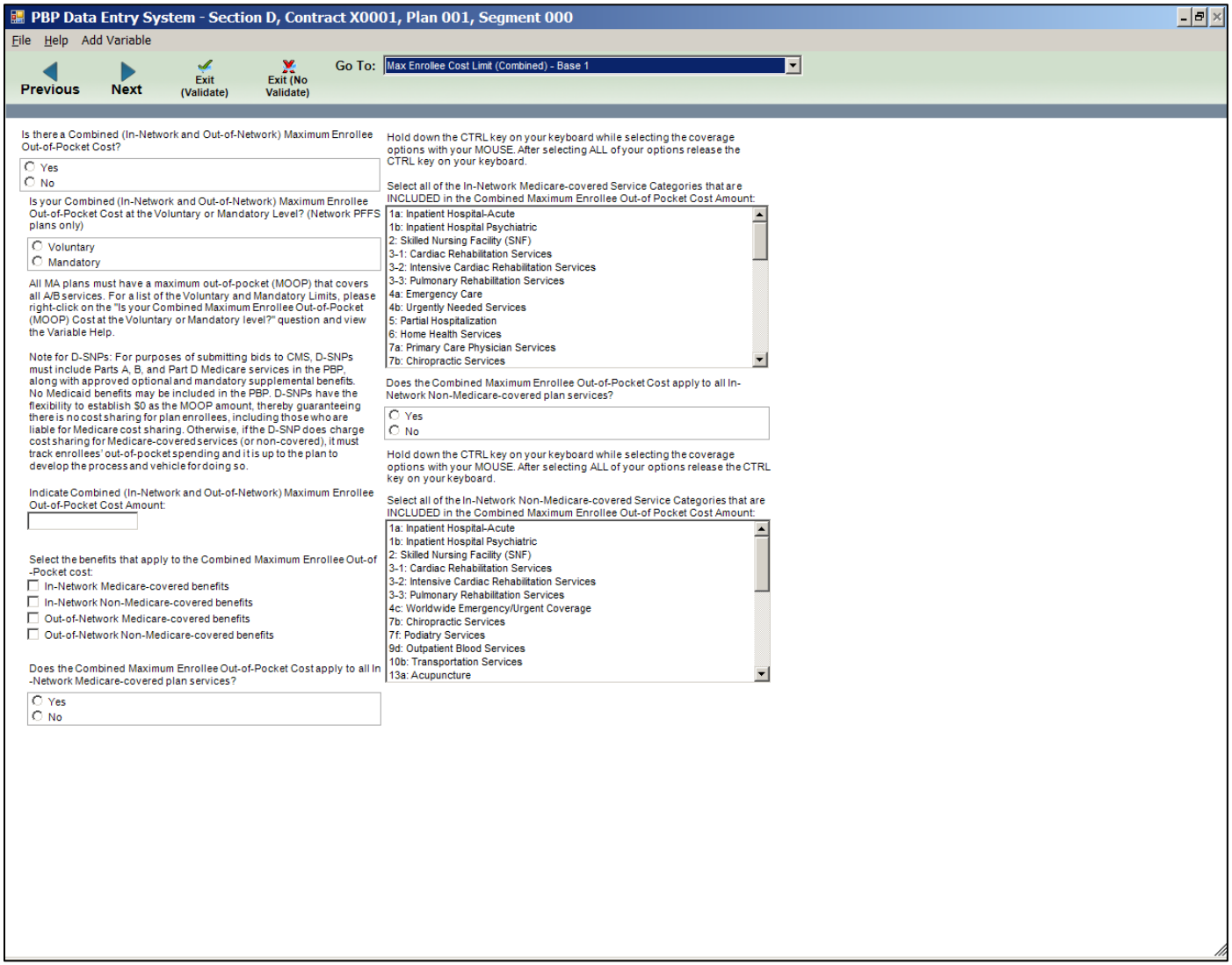
Plan Deductible (Non-Network)



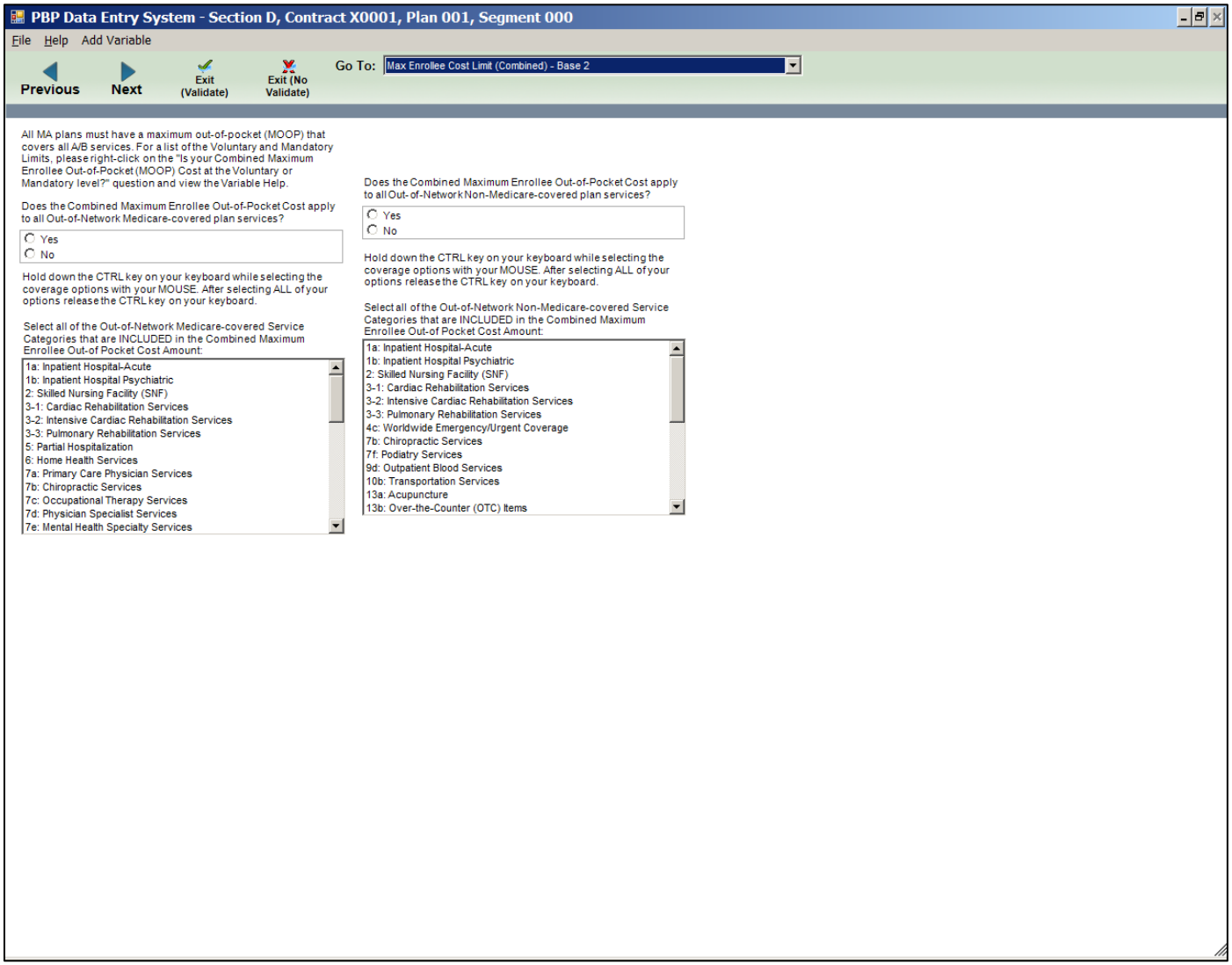
Max Enrollee Cost Limit (In-Network)



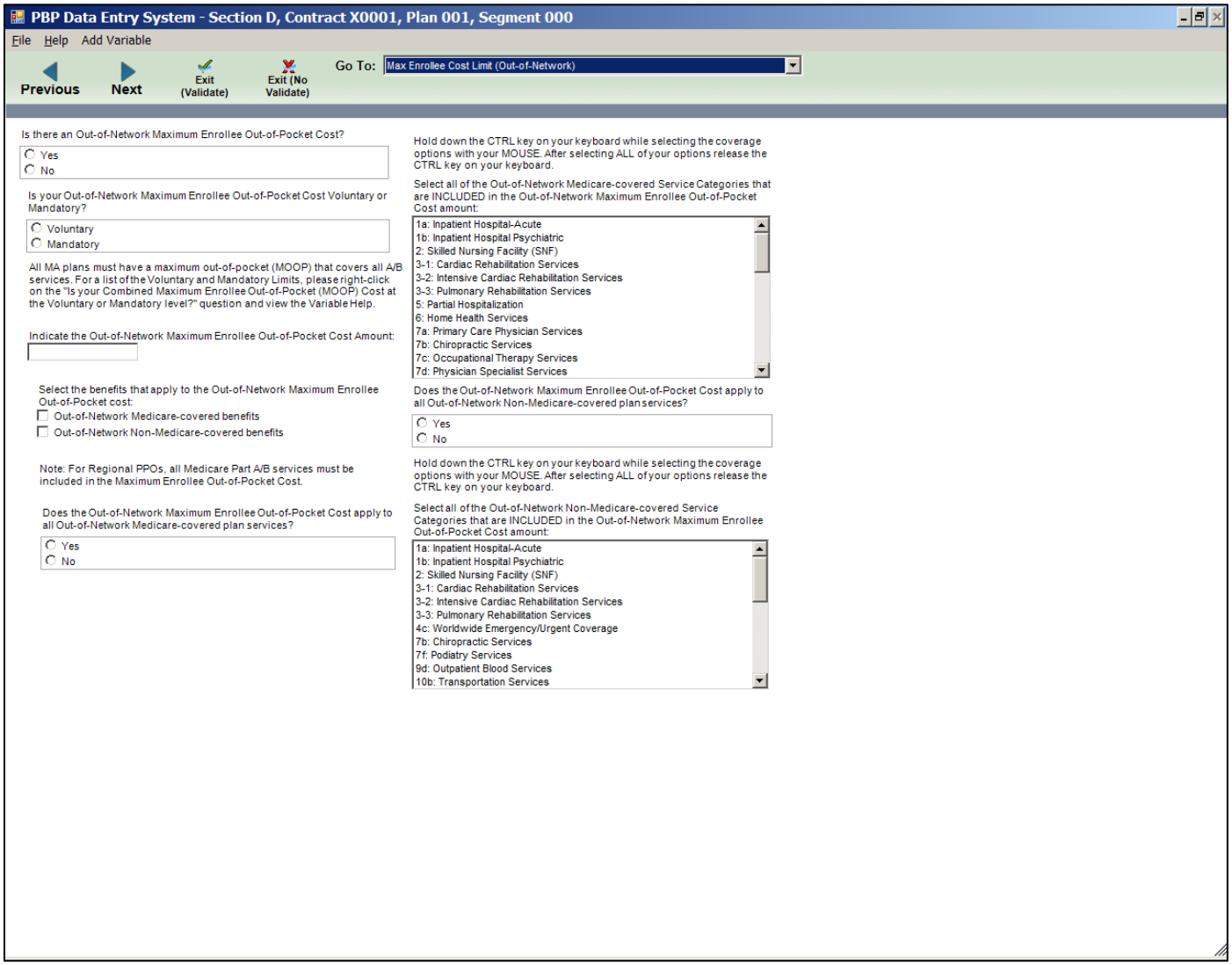
Max Enrollee Cost Limit (Combined) – Base 1



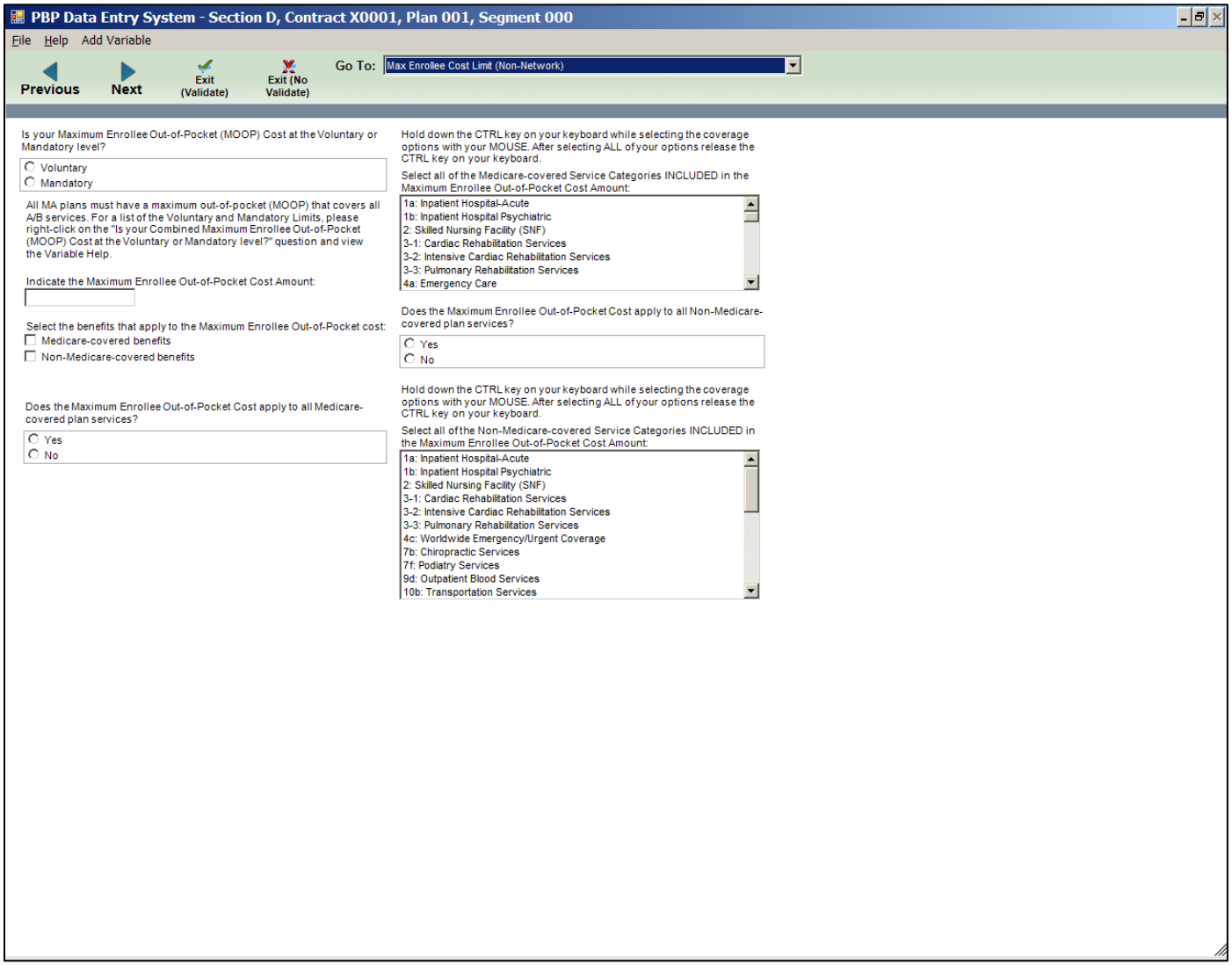
Max Enrollee Cost Limit (Combined) – Base 2



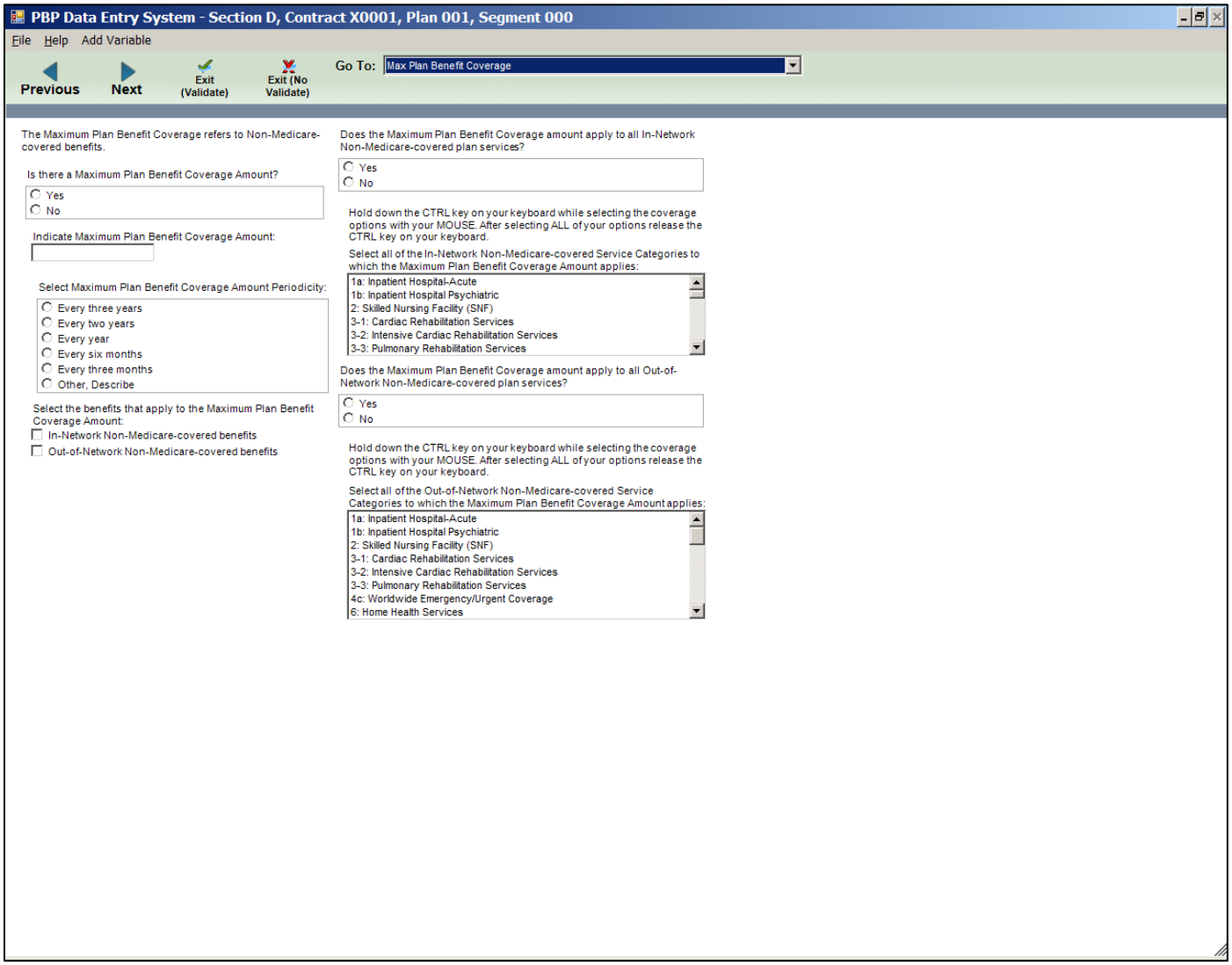
Max Enrollee Cost Limit (Out-of-Network)



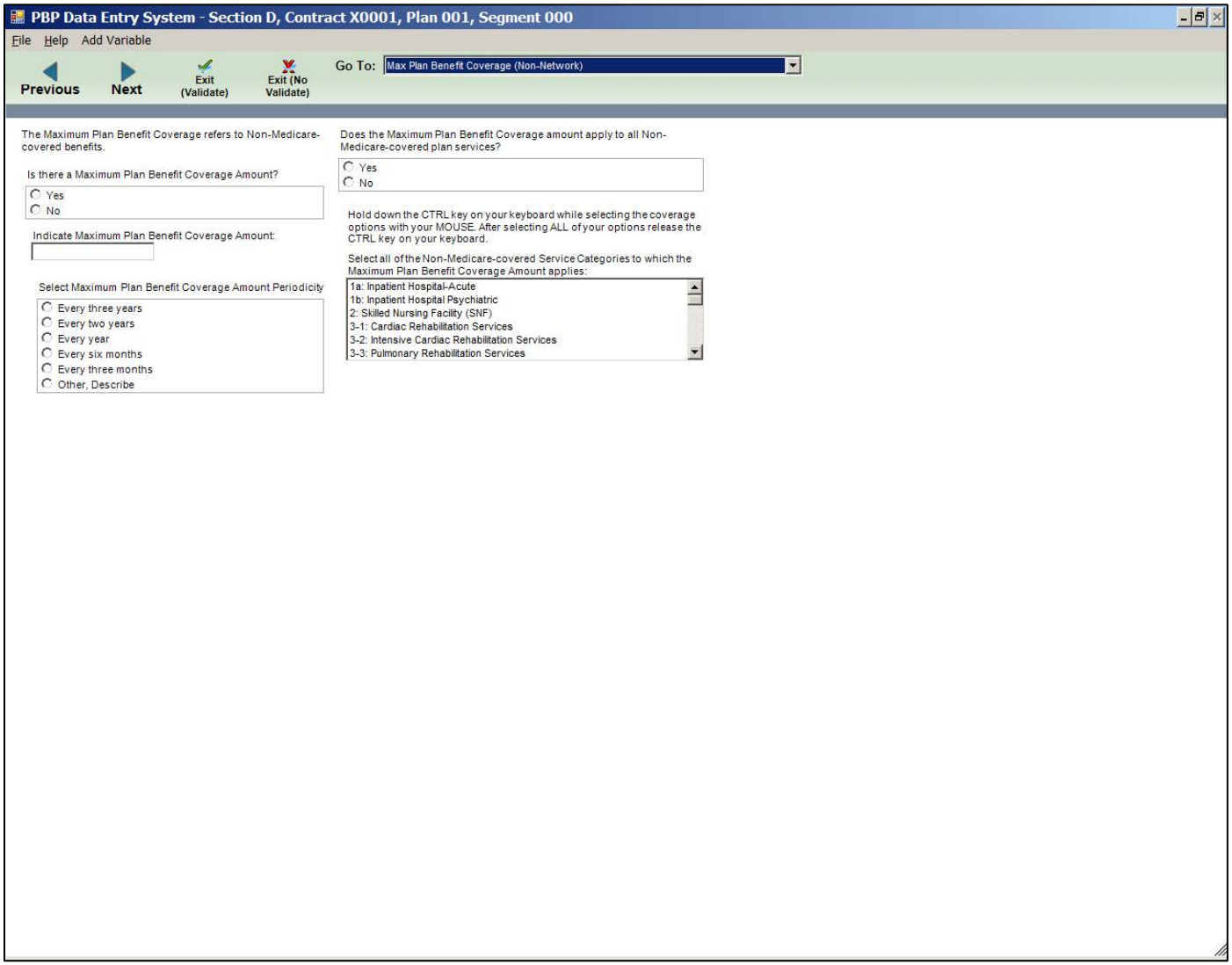
Max Enrollee Cost Limit (Non-Network)



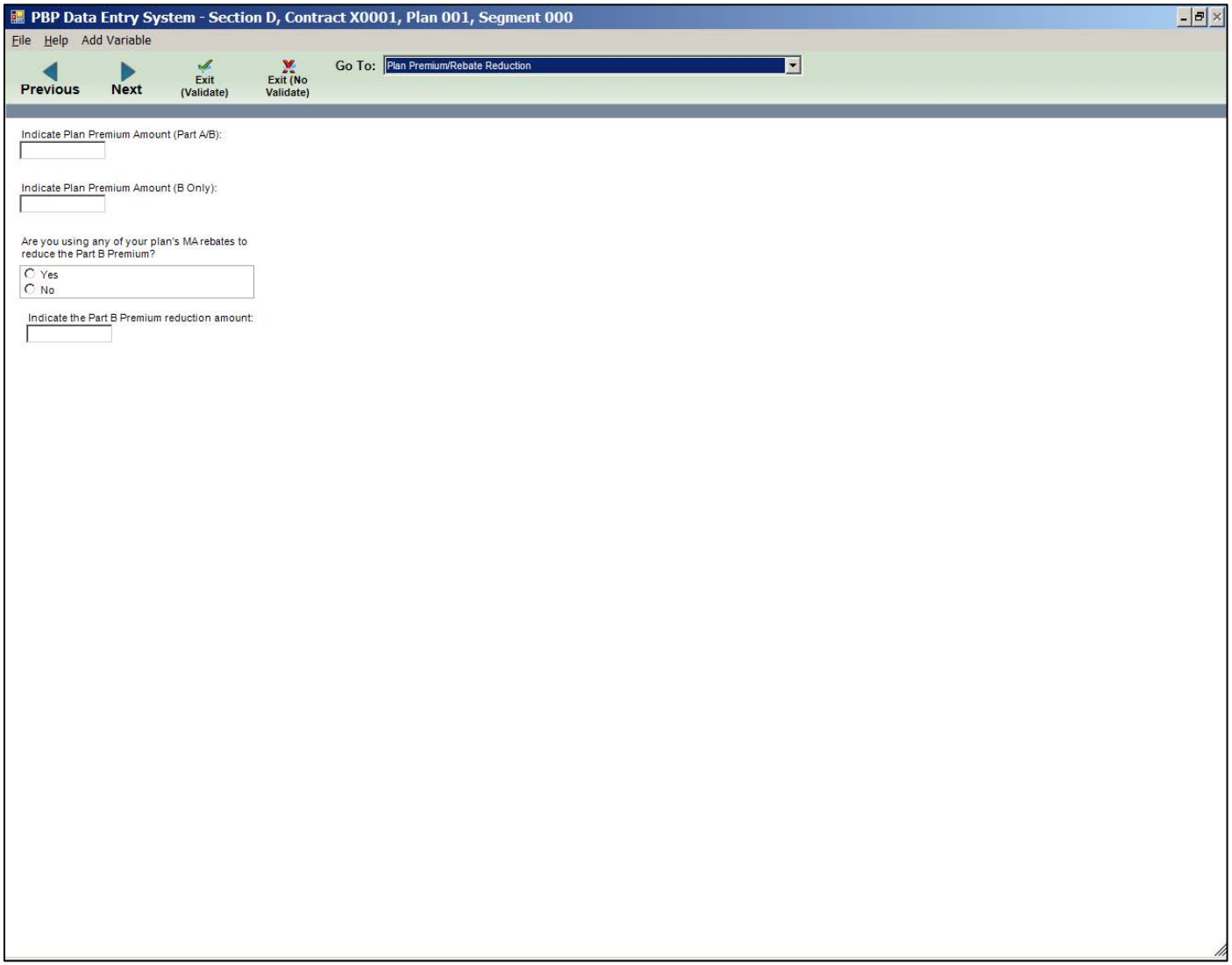
Max Plan Benefit Coverage



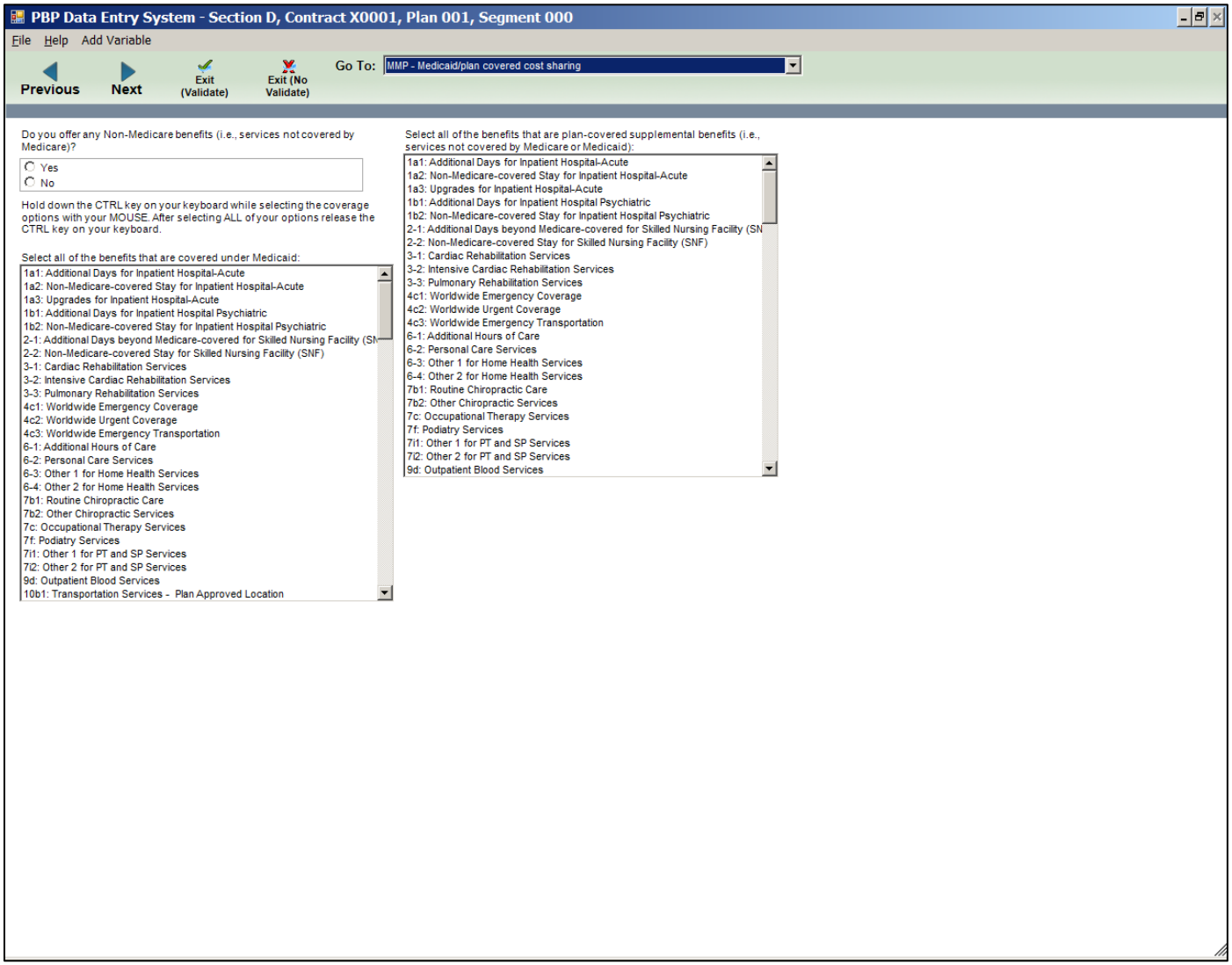
Max Plan Benefit Coverage (Non-Network)



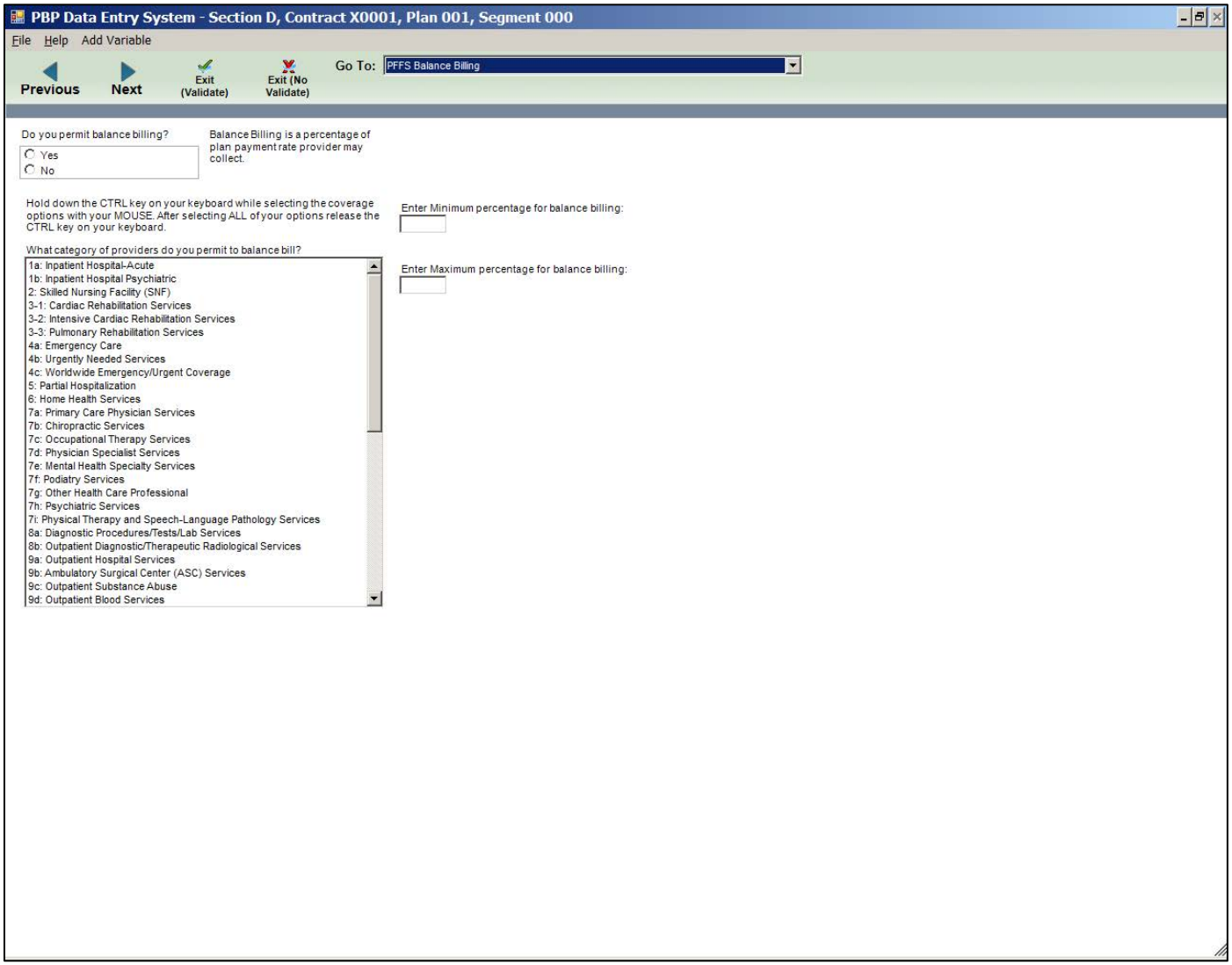
Plan Premium/Rebate Reduction



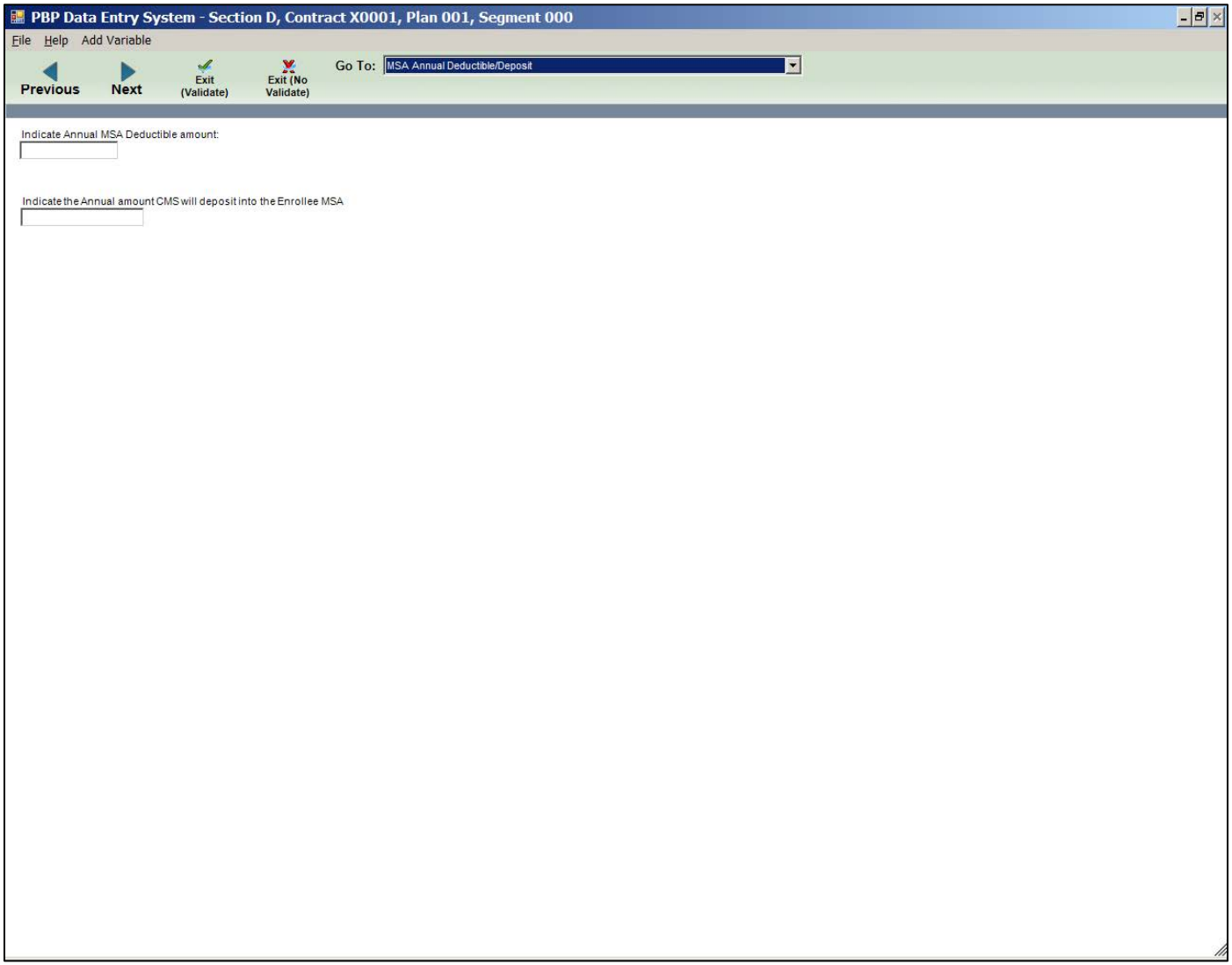
MMP – Medicaid/plan covered cost sharing



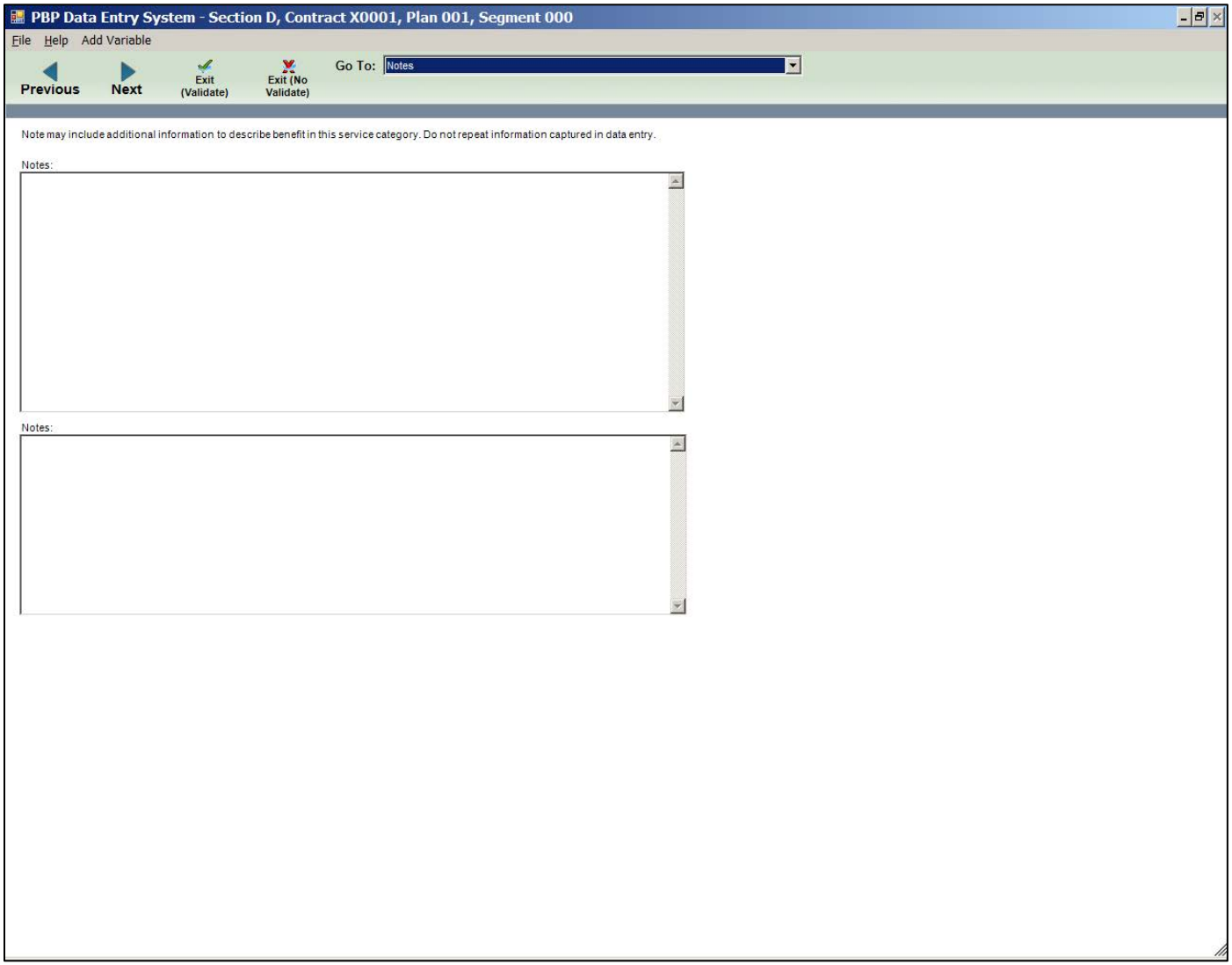
PFFS Balance Billing



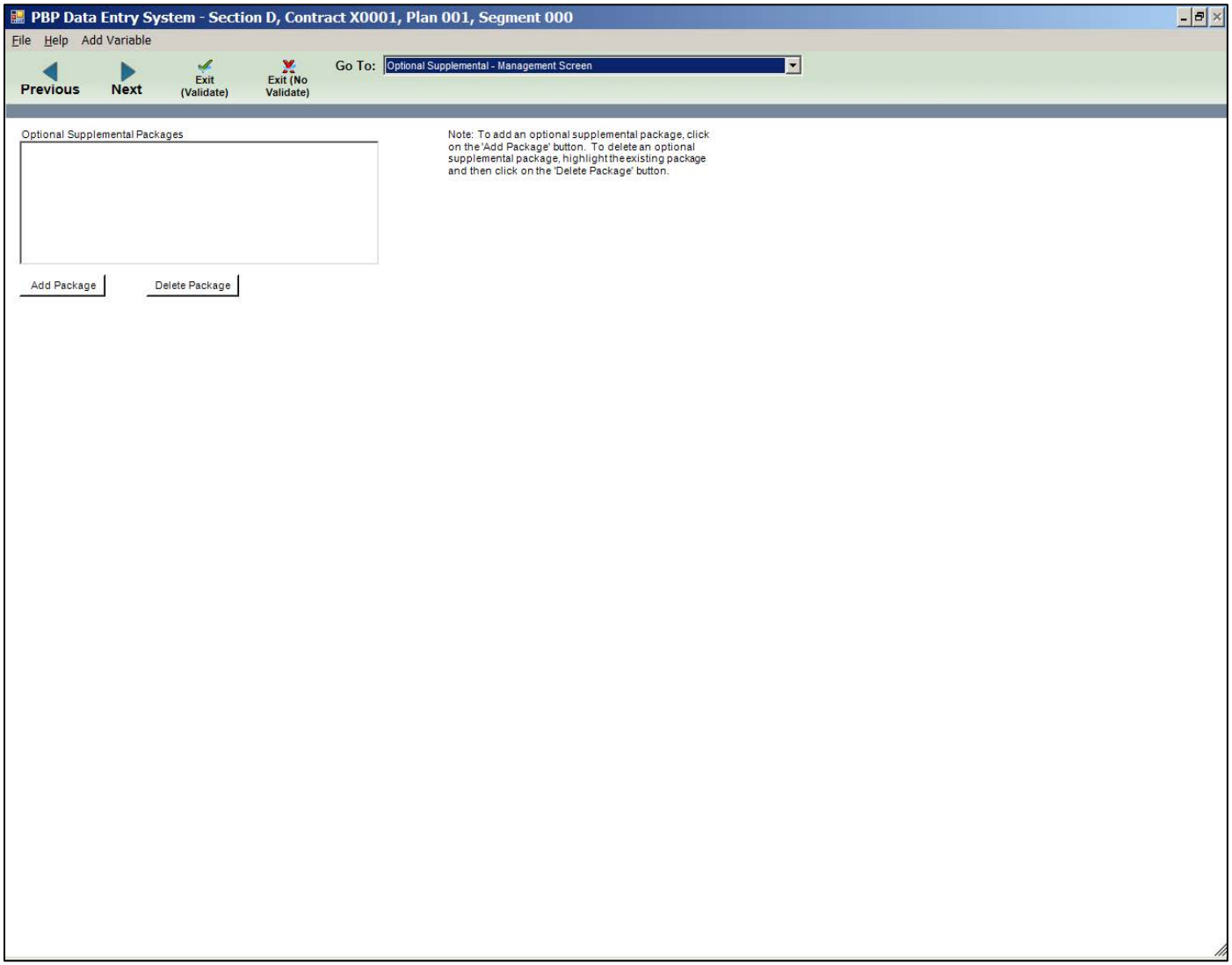
MSA Annual Deductible/Deposit



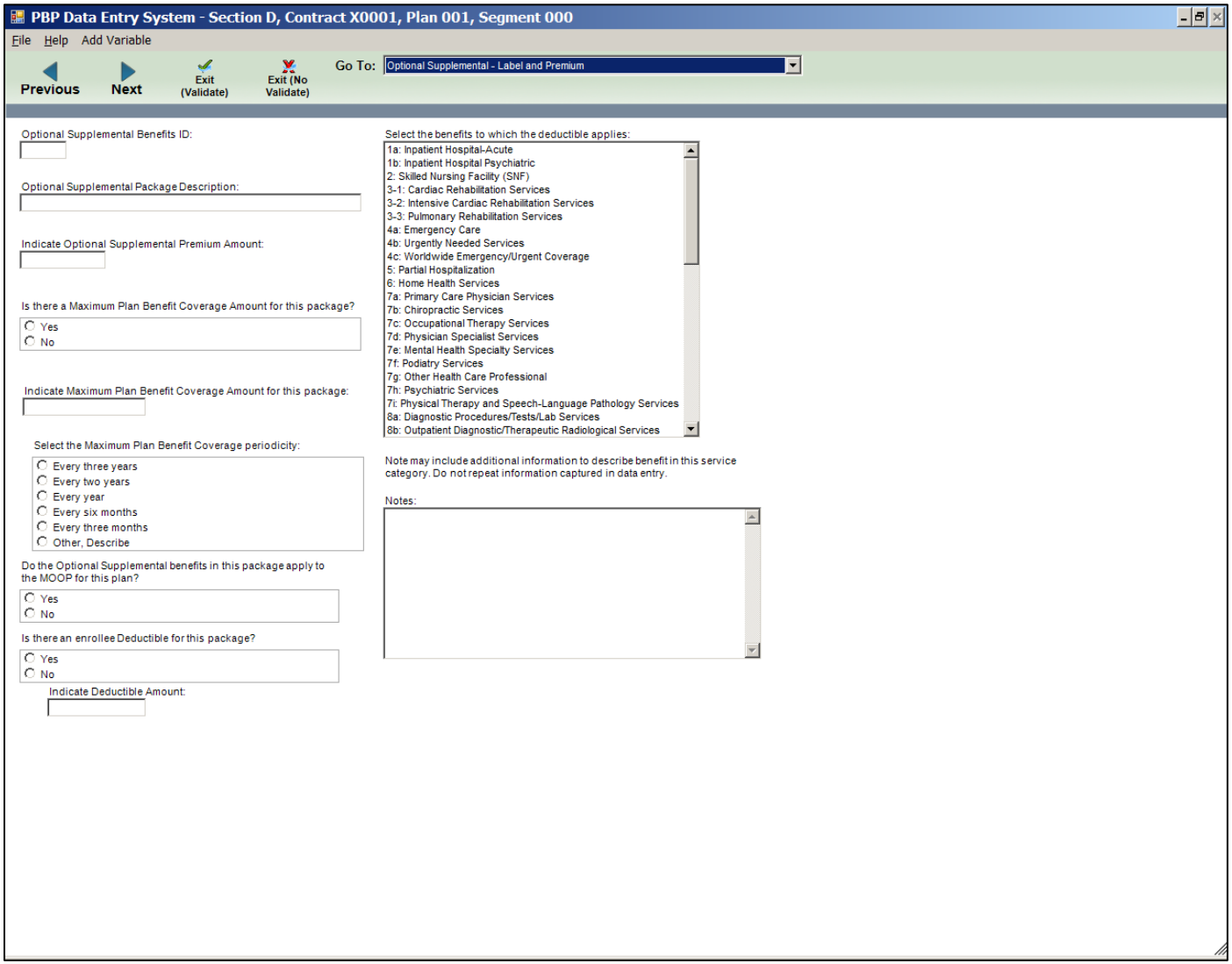
Notes


PBP Data Entry System - Section D, Contract X0001, Plan 001, Segment 000
File
Help
Add Variable
Previous
Next
Exit (Validate)
Exit (No Validate)
Go To:
Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.
Notes:
Notes:

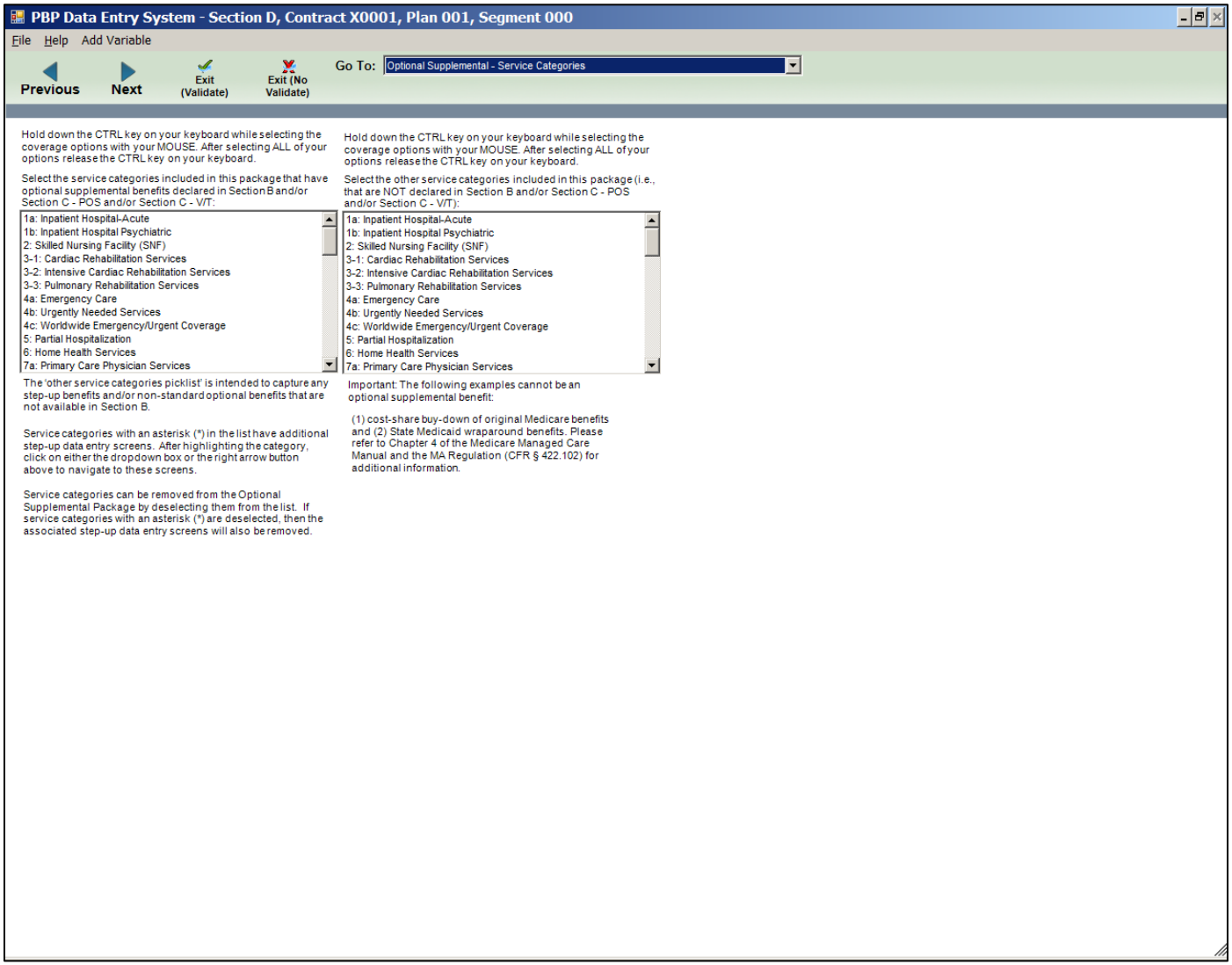
Optional Supplemental – Management Screen



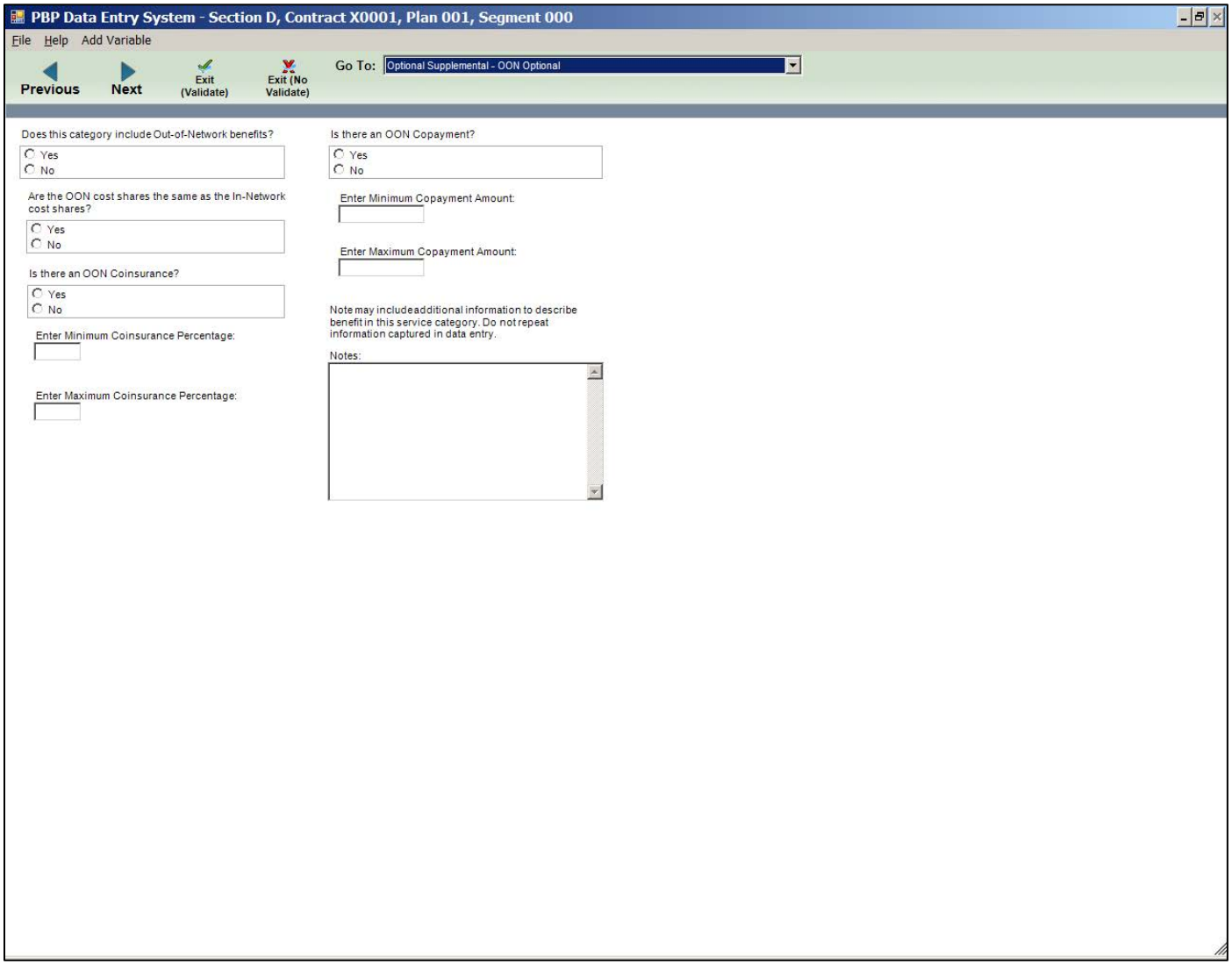
Optional Supplemental – Label and Premium



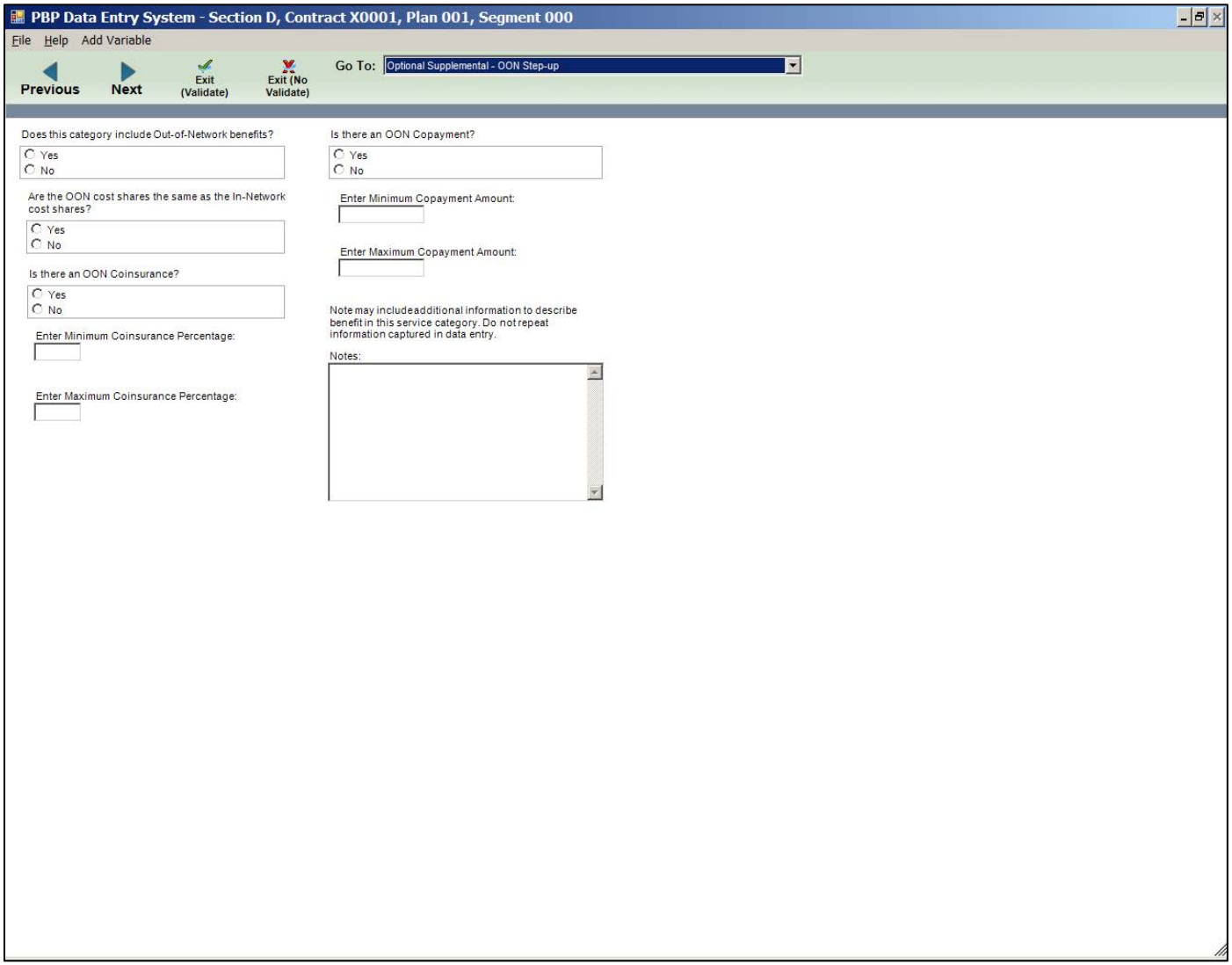
Optional Supplemental – Service Categories



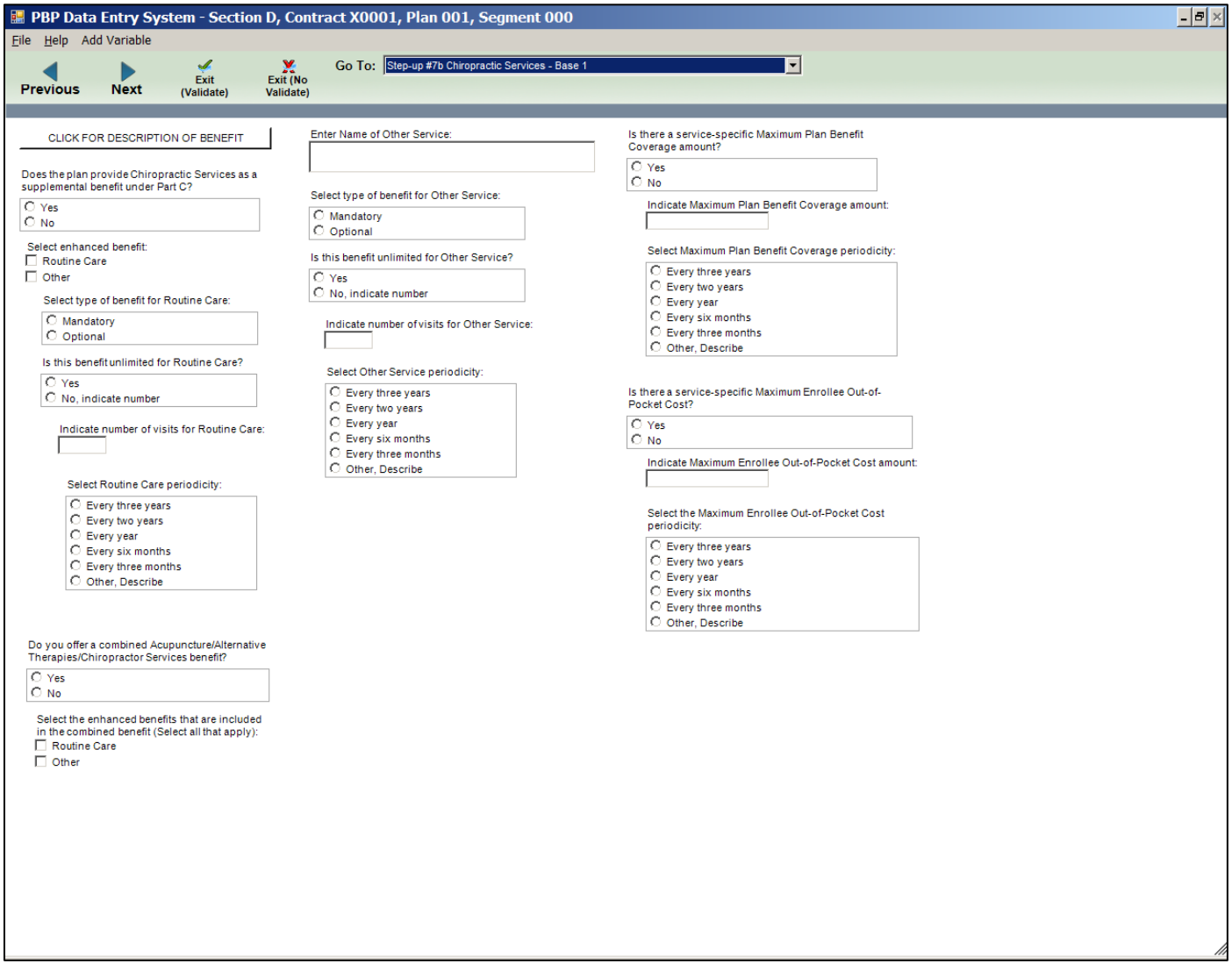
Optional Supplemental – OON Optional



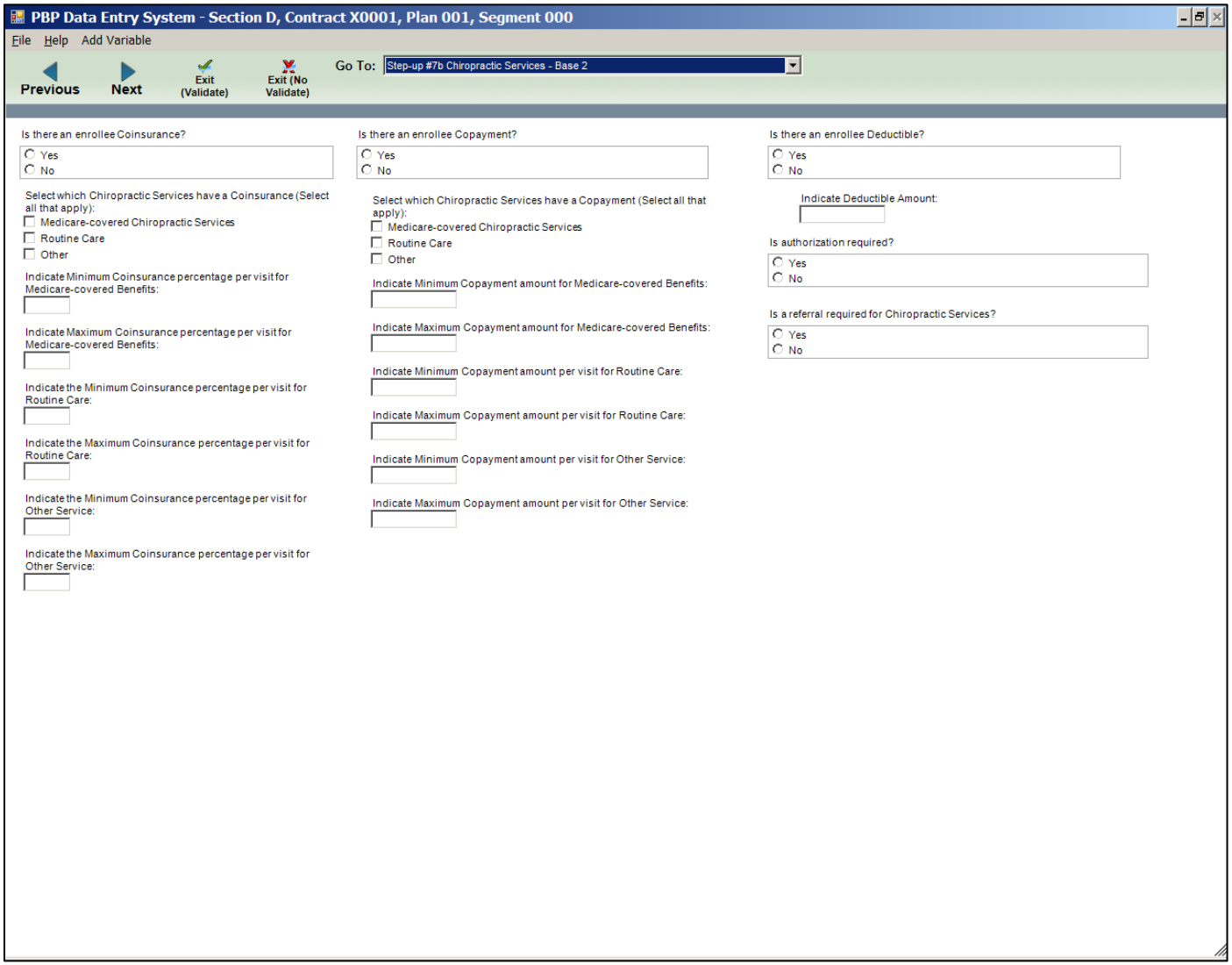
Optional Supplemental – OON Step-up



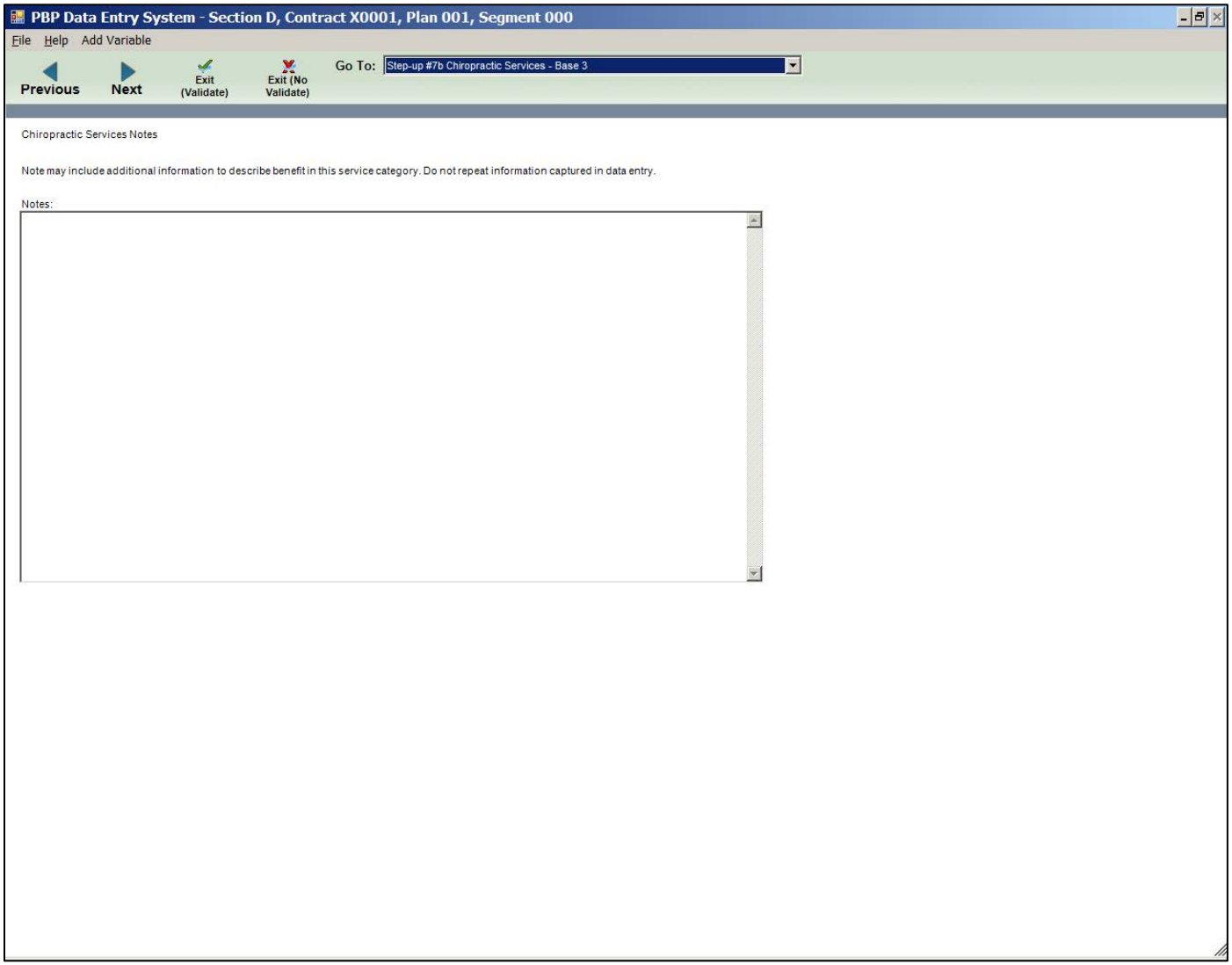
Step-up #7b Chiropractic Services – Base 1



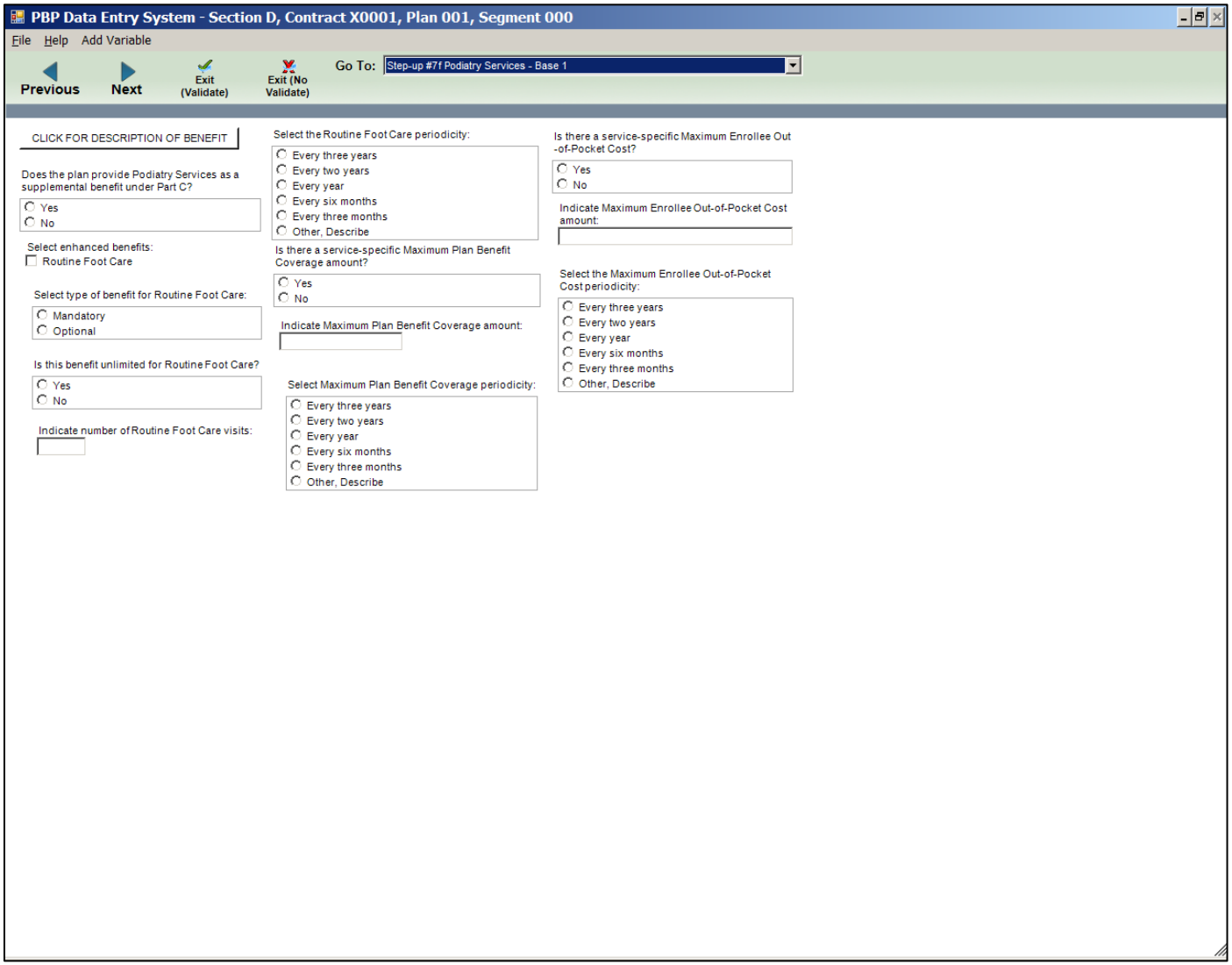
Step-up #7b Chiropractic Services – Base 2



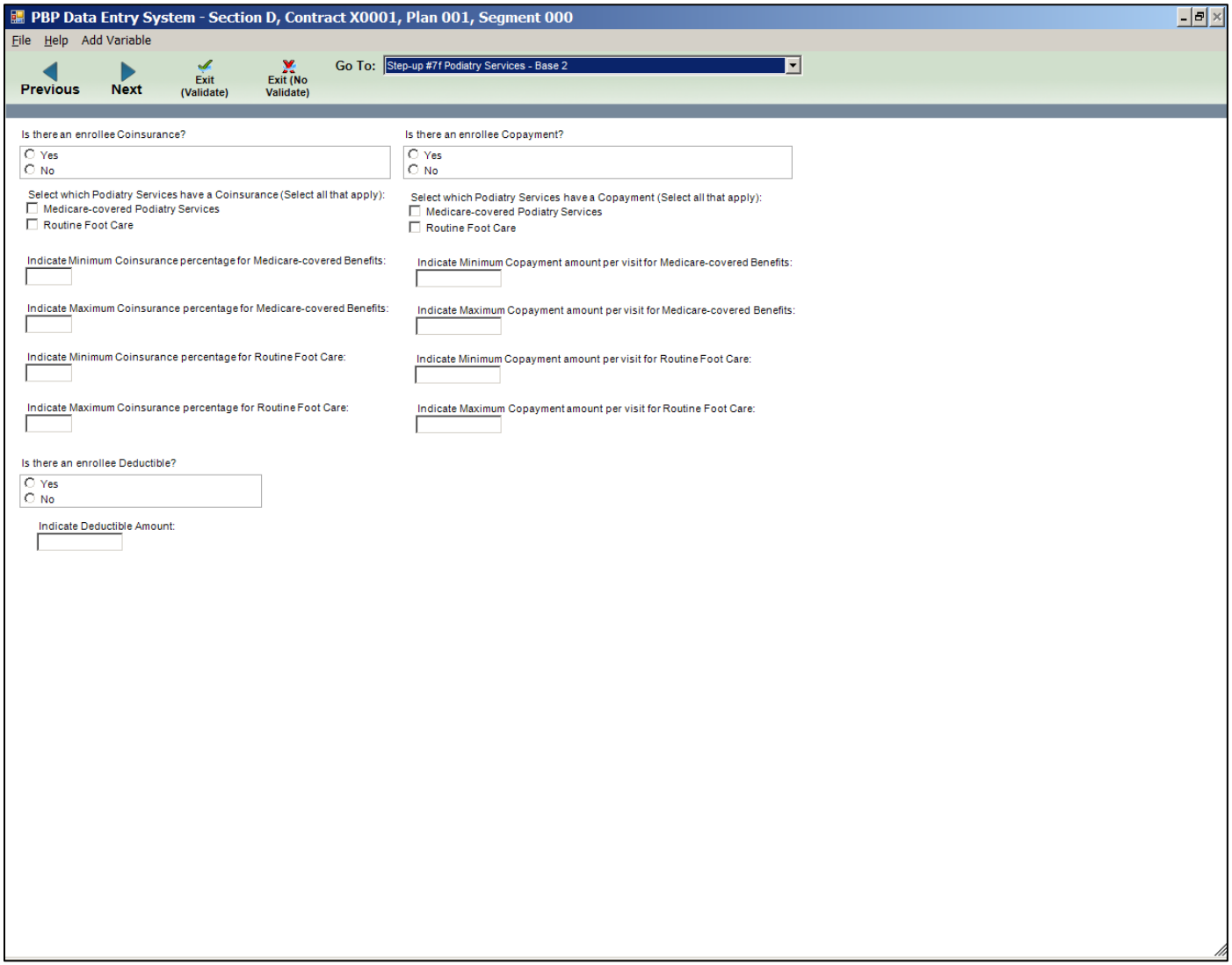
Step-up #7b Chiropractic Services – Base 3



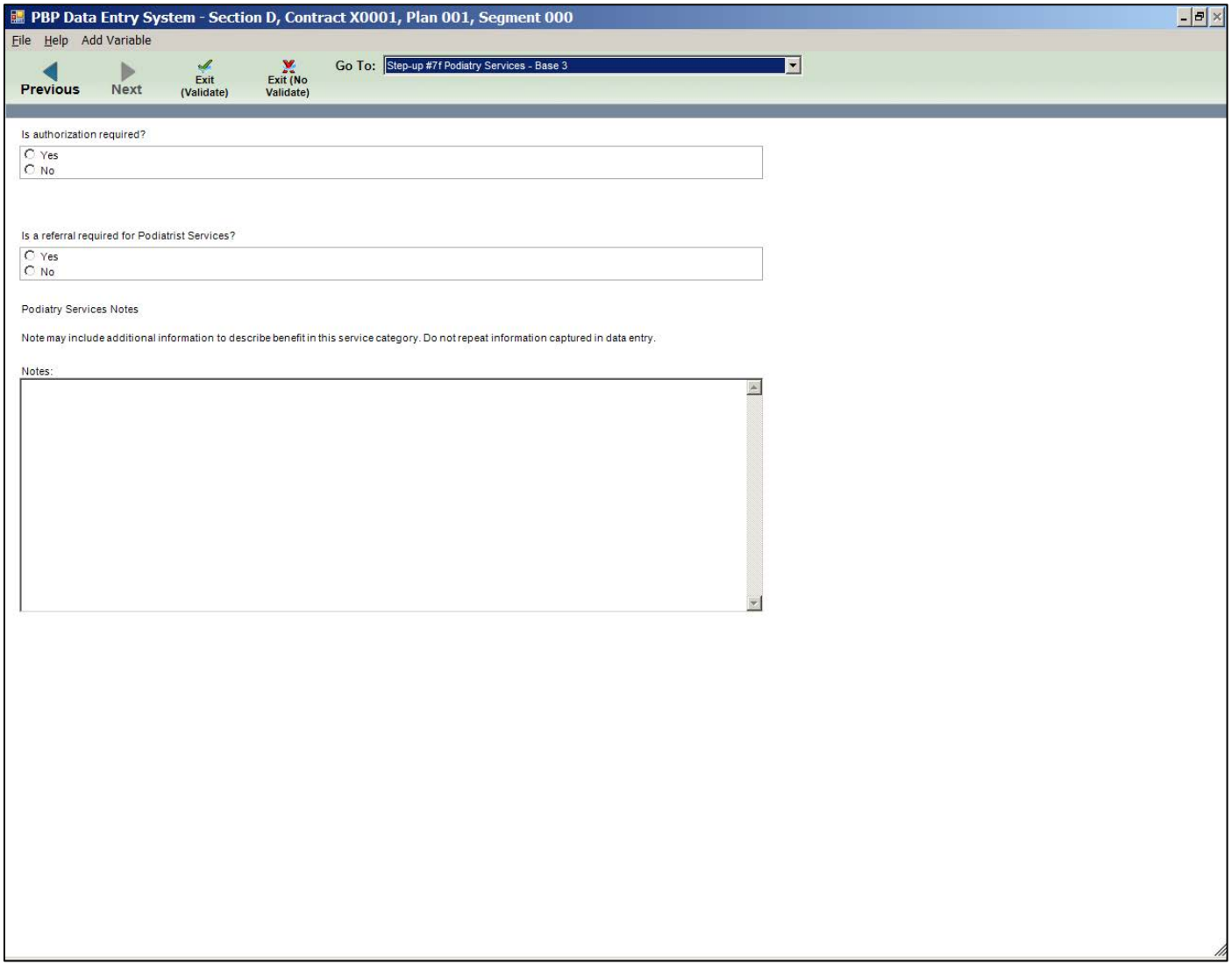
Step-up #7f Podiatry Services – Base 1



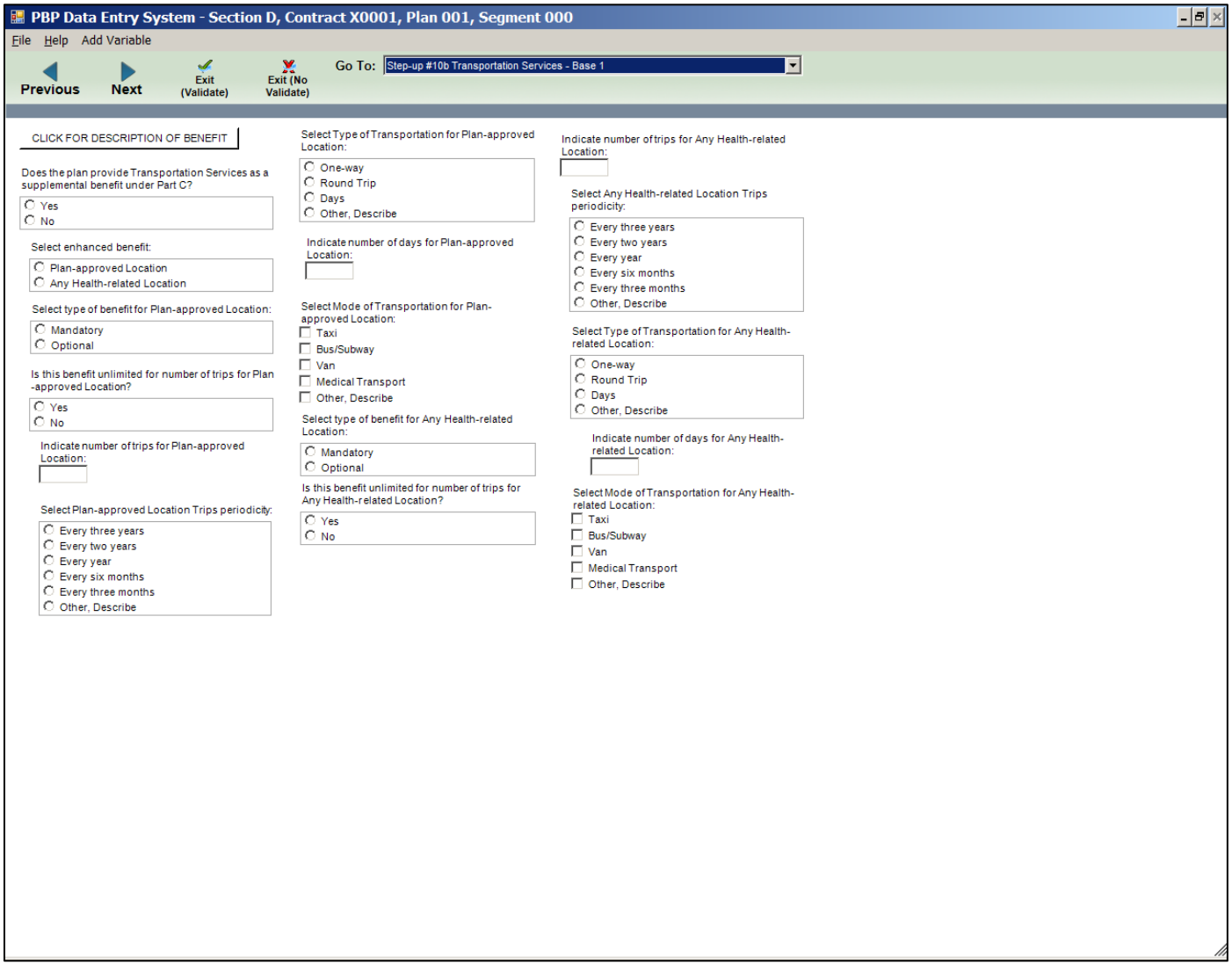
Step-up #7f Podiatry Services – Base 2



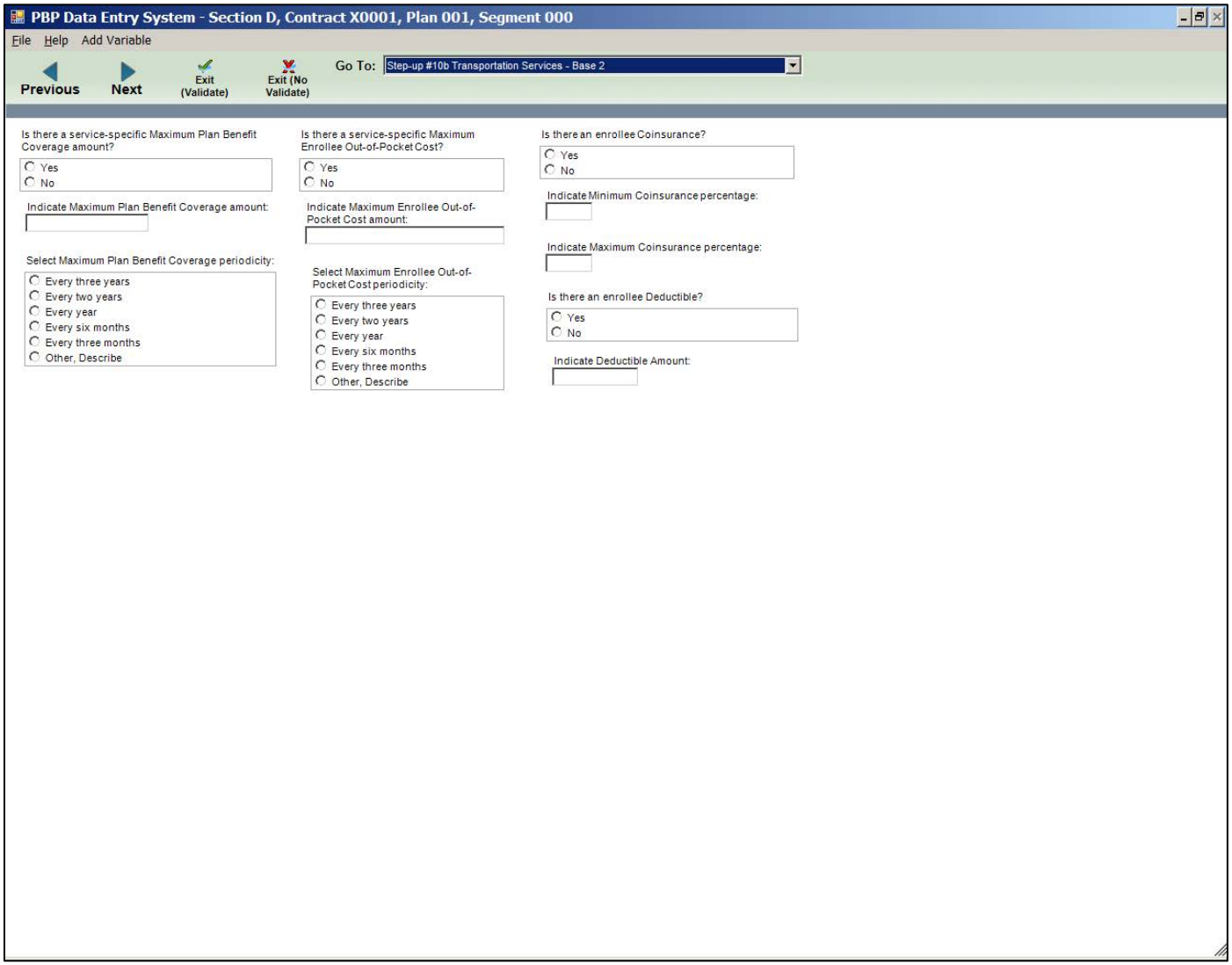
Step-up #7f Podiatry Services – Base 3



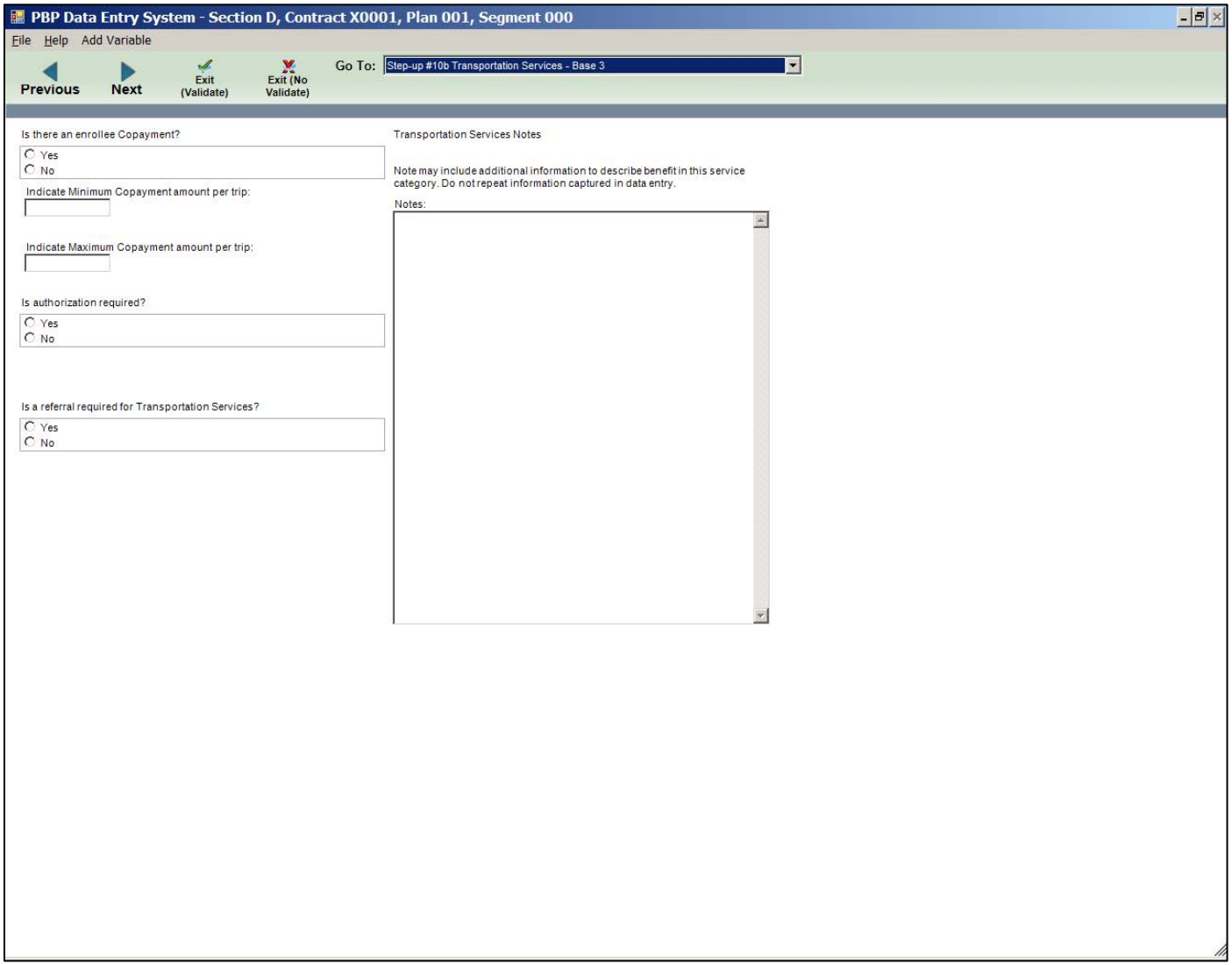
Step-up #10b Transportation Services – Base 1



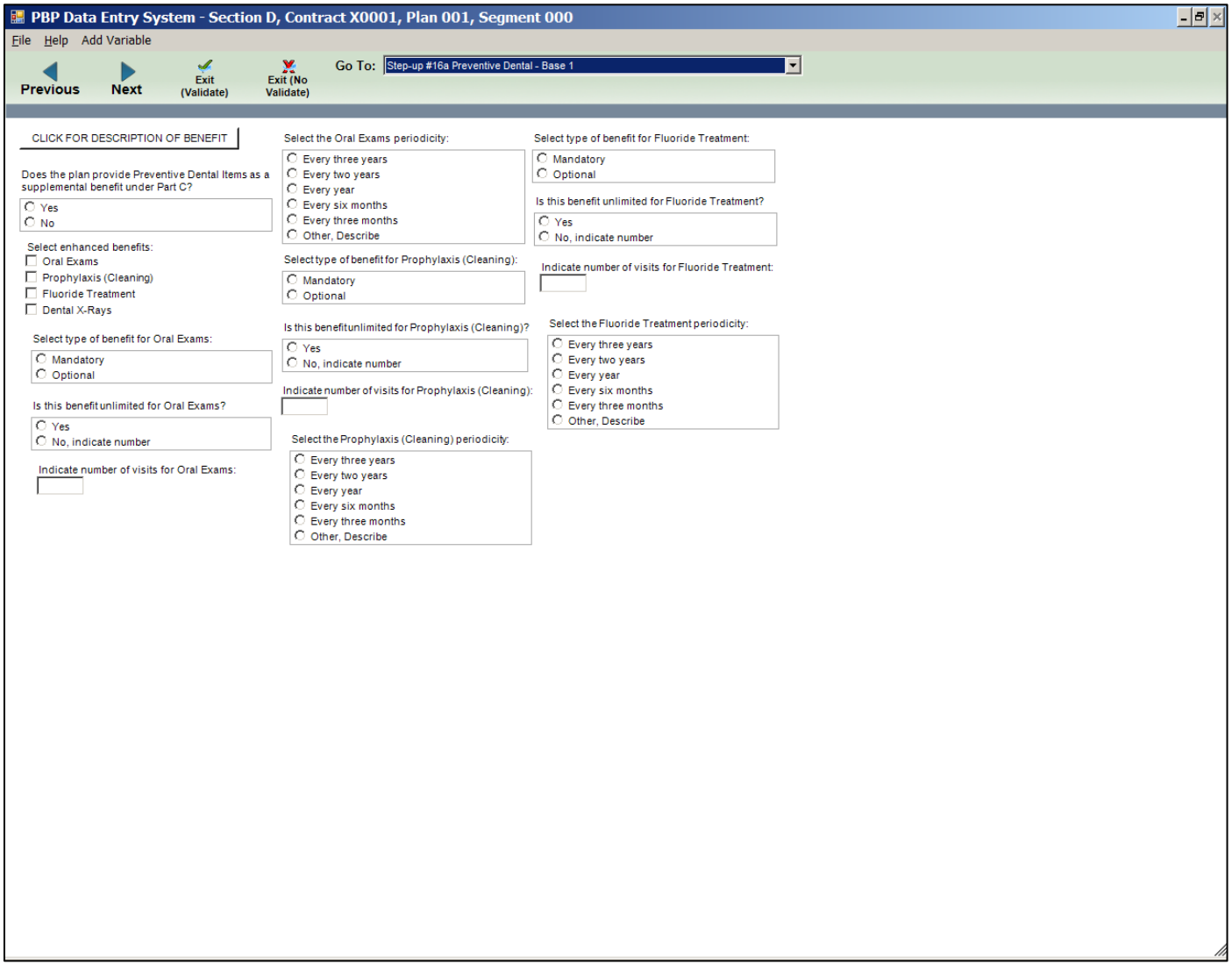
Step-up #10b Transportation Services – Base 2



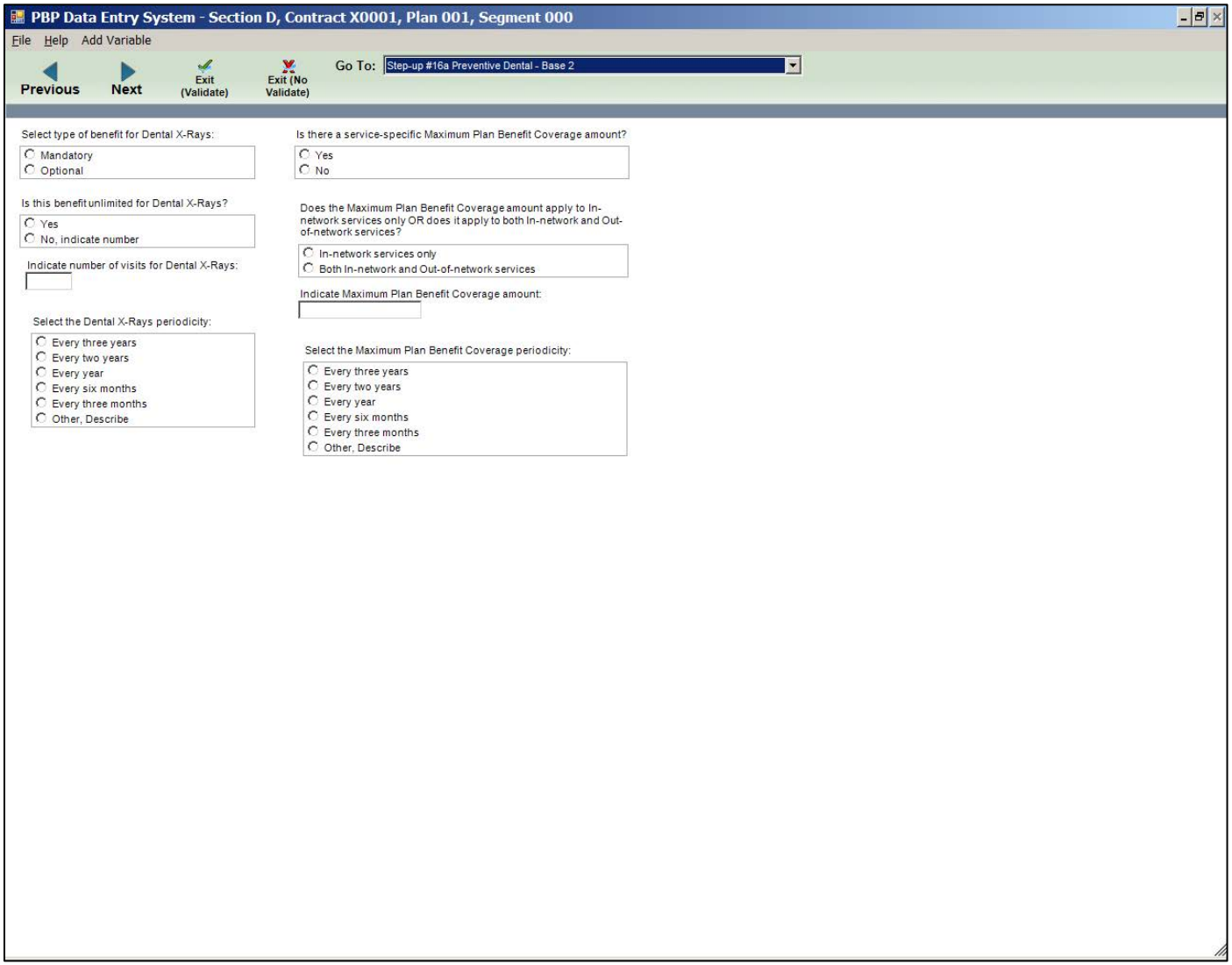
Step-up #10b Transportation Services – Base 3



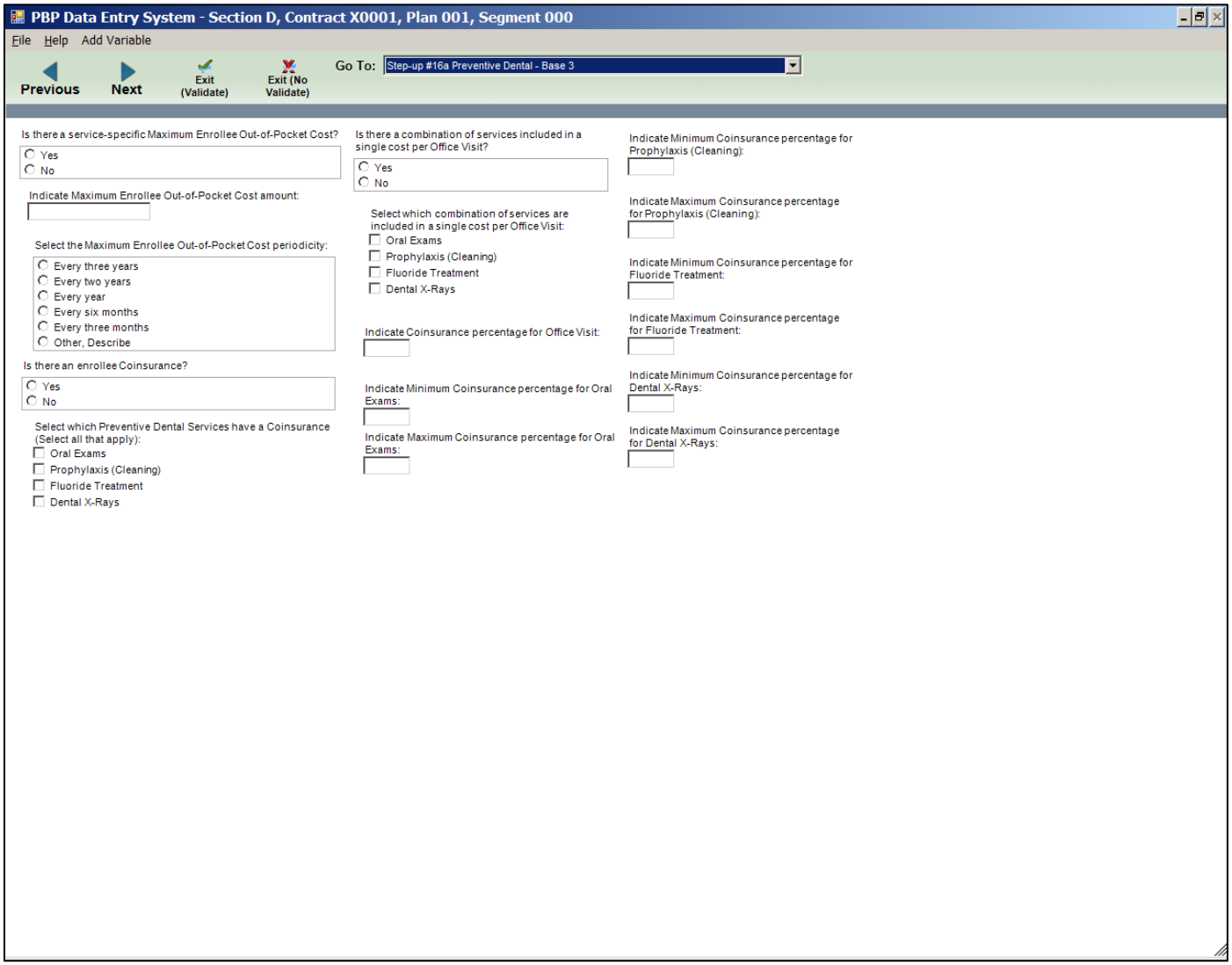
Step-up #16a Preventive Dental – Base 1



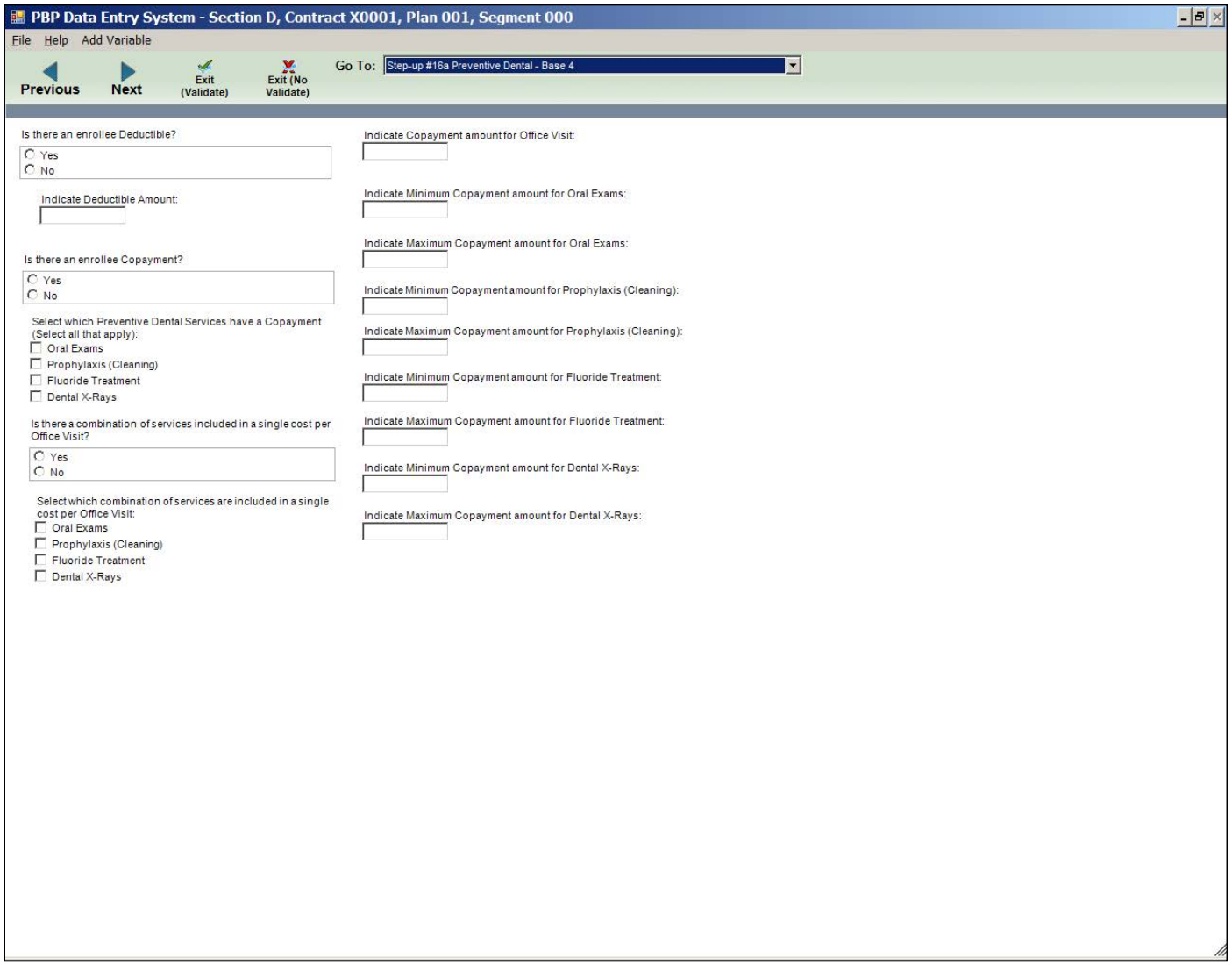
Step-up #16a Preventive Dental – Base 2



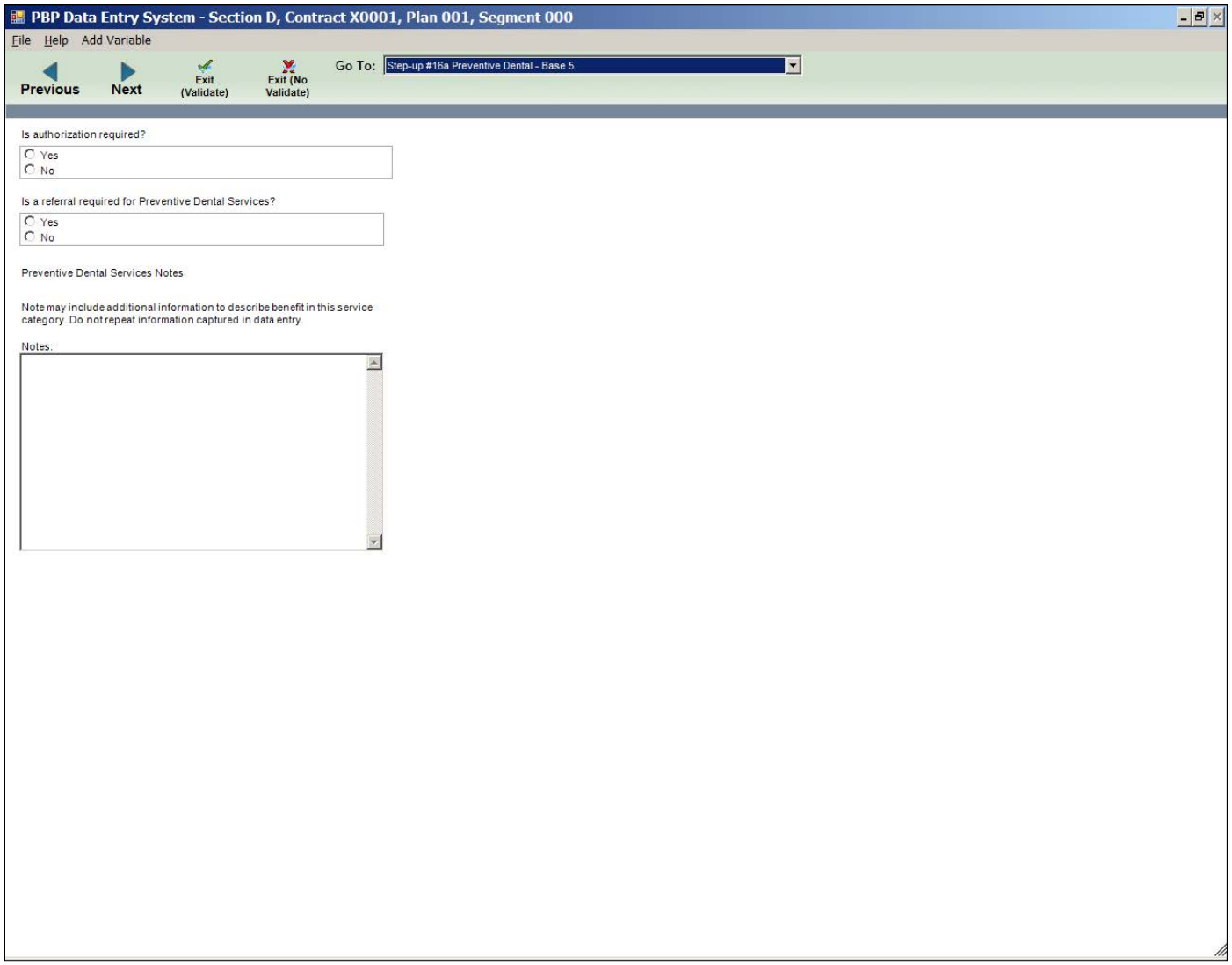
Step-up #16a Preventive Dental – Base 3



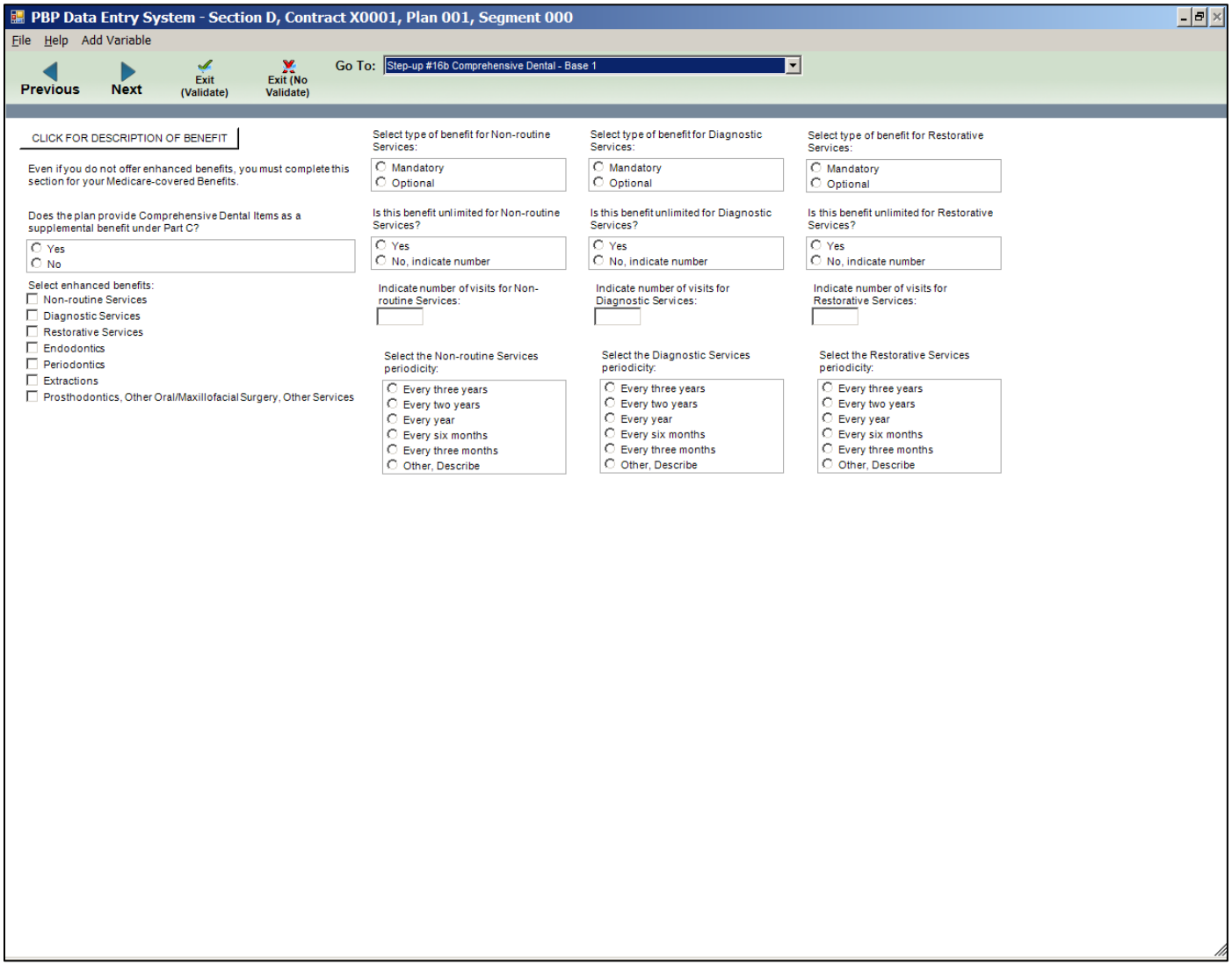
Step-up #16a Preventive Dental – Base 4



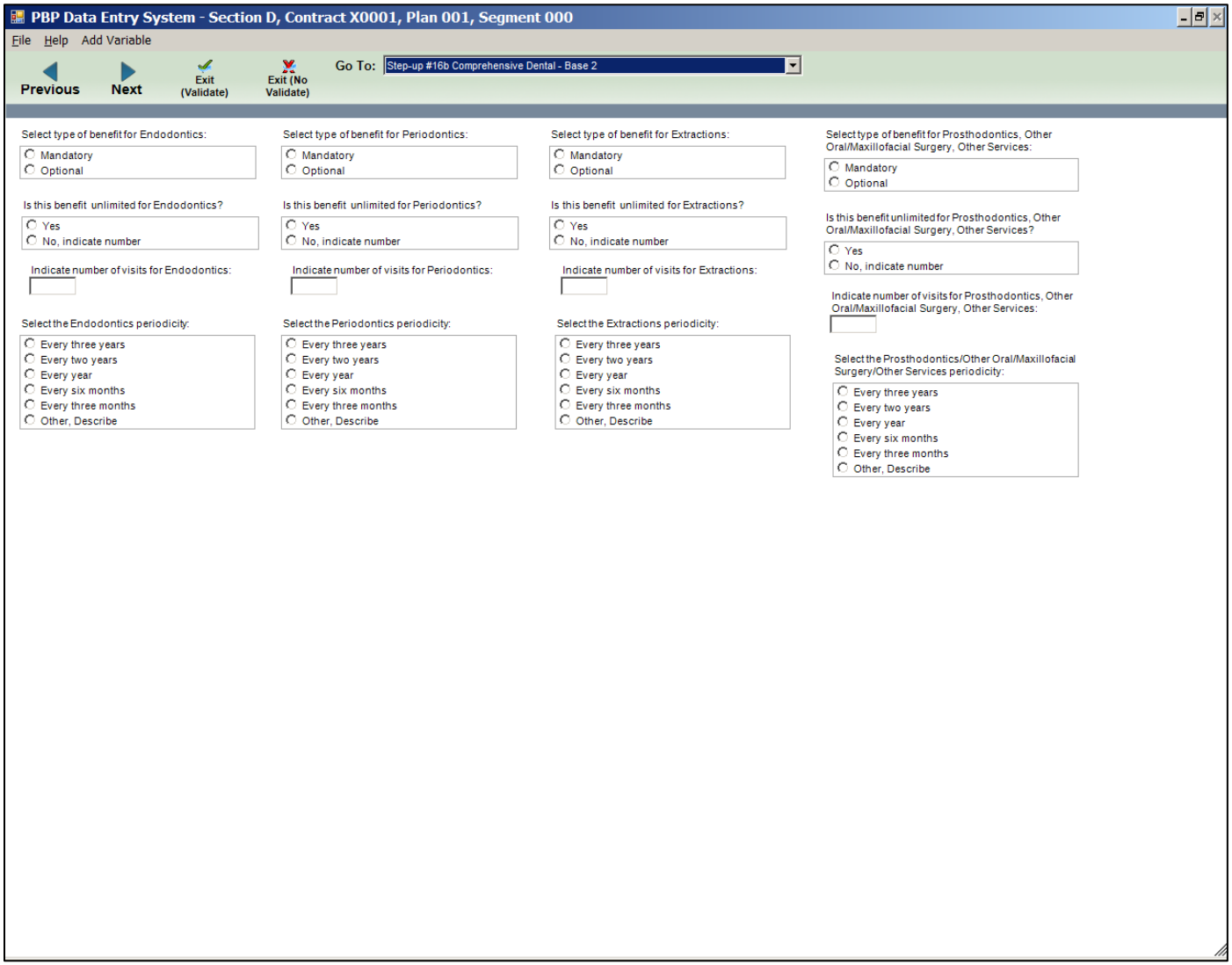
Step-up #16a Preventive Dental – Base 5



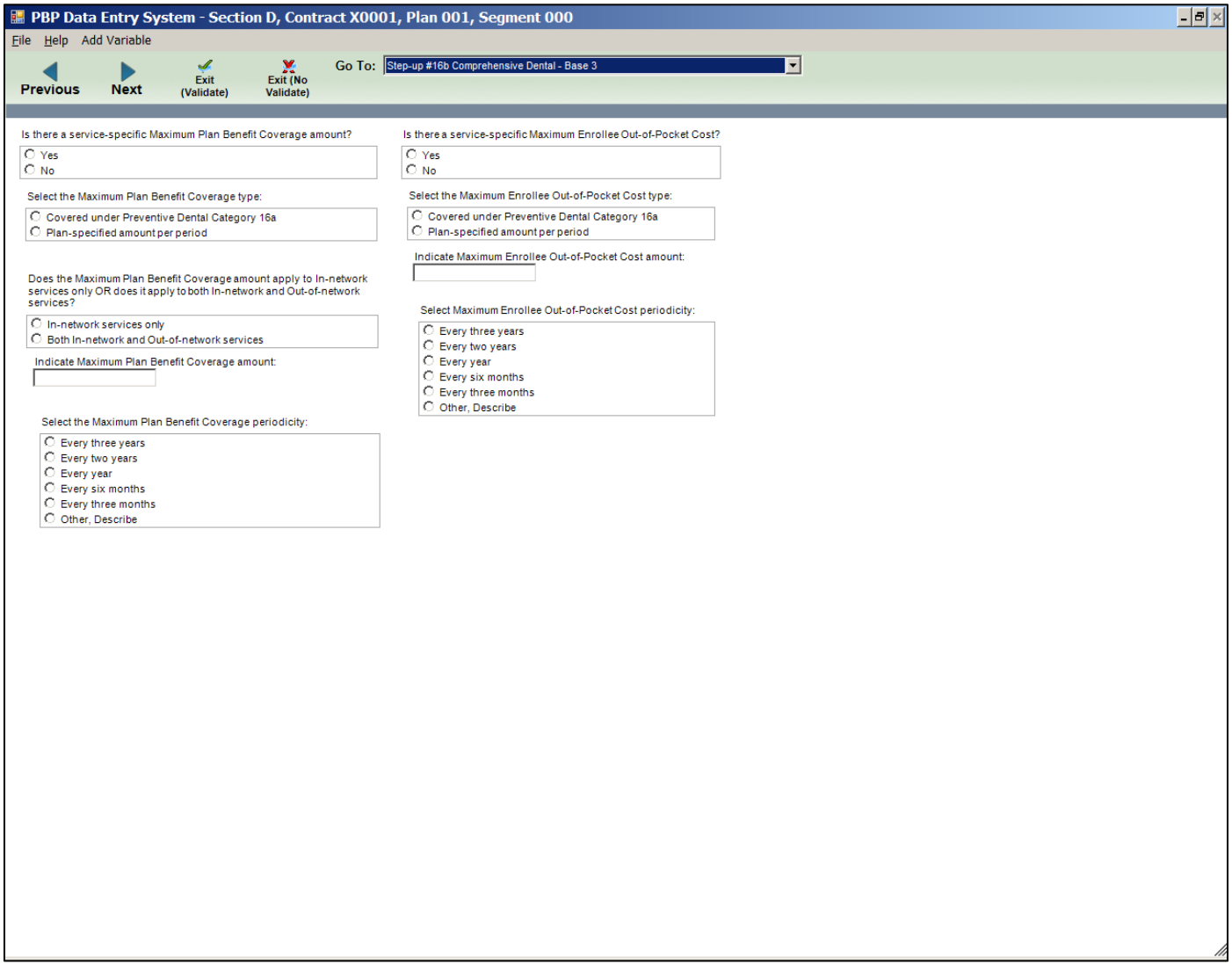
Step-up #16b Comprehensive Dental – Base 1



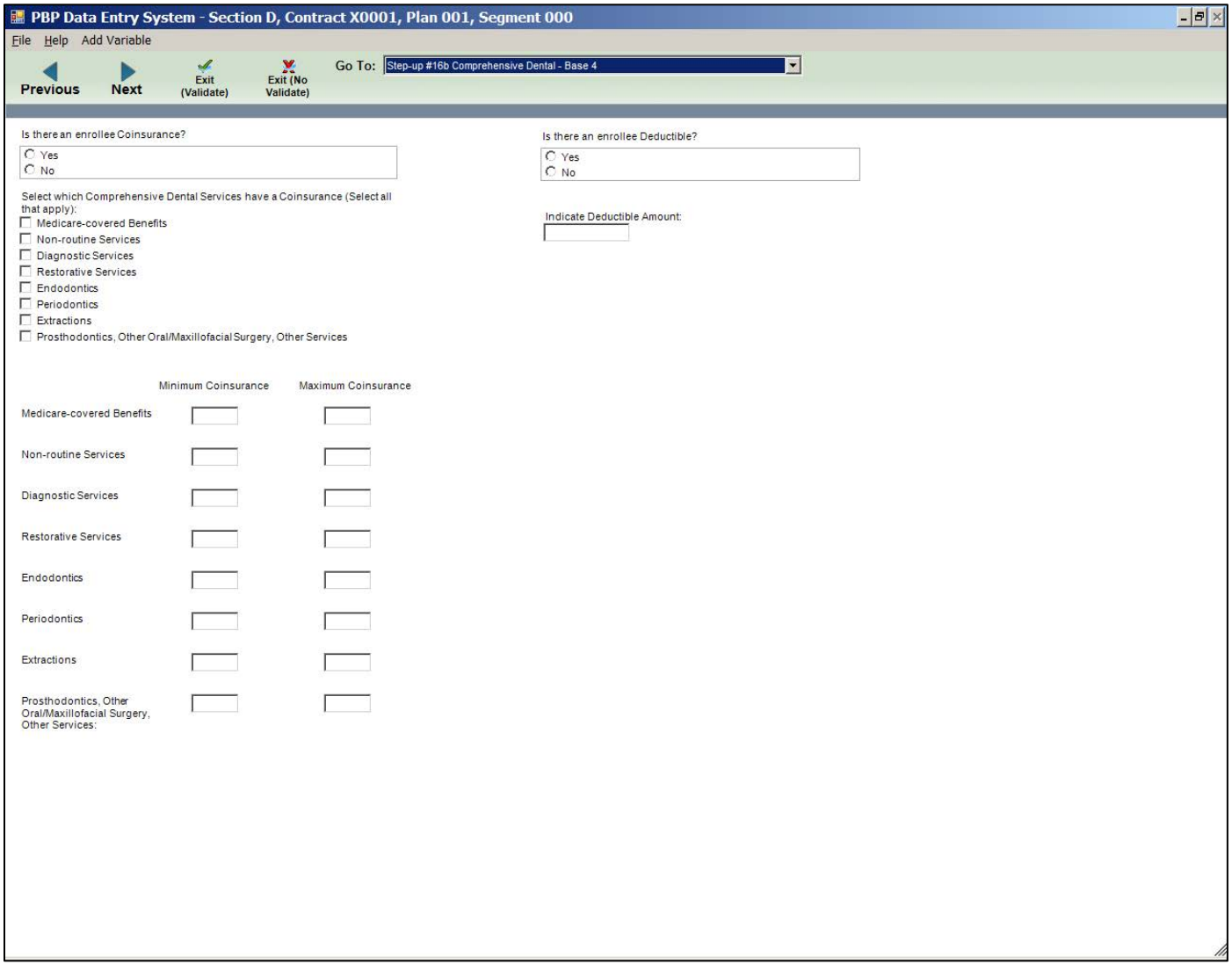
Step-up #16b Comprehensive Dental – Base 2



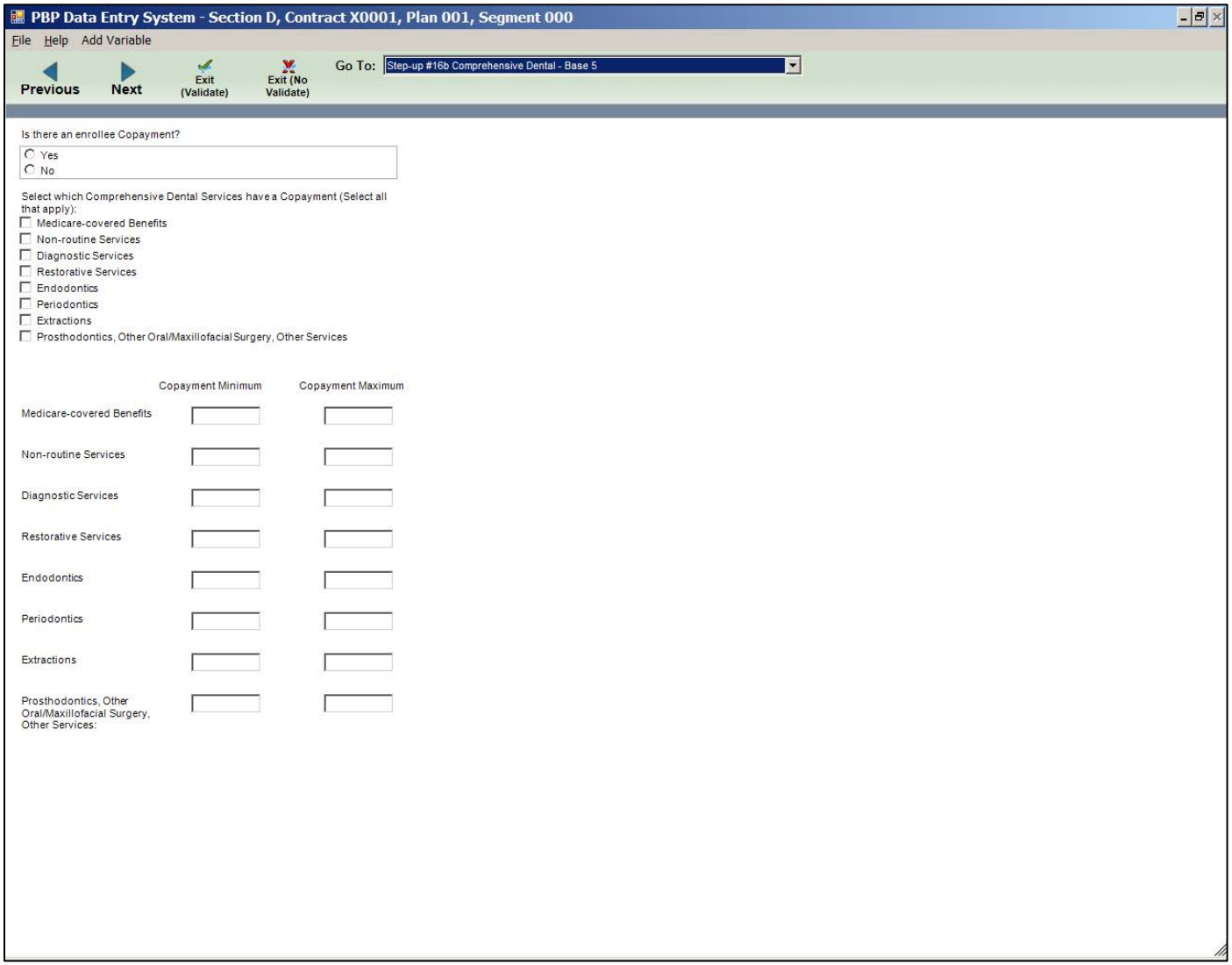
Step-up #16b Comprehensive Dental – Base 3



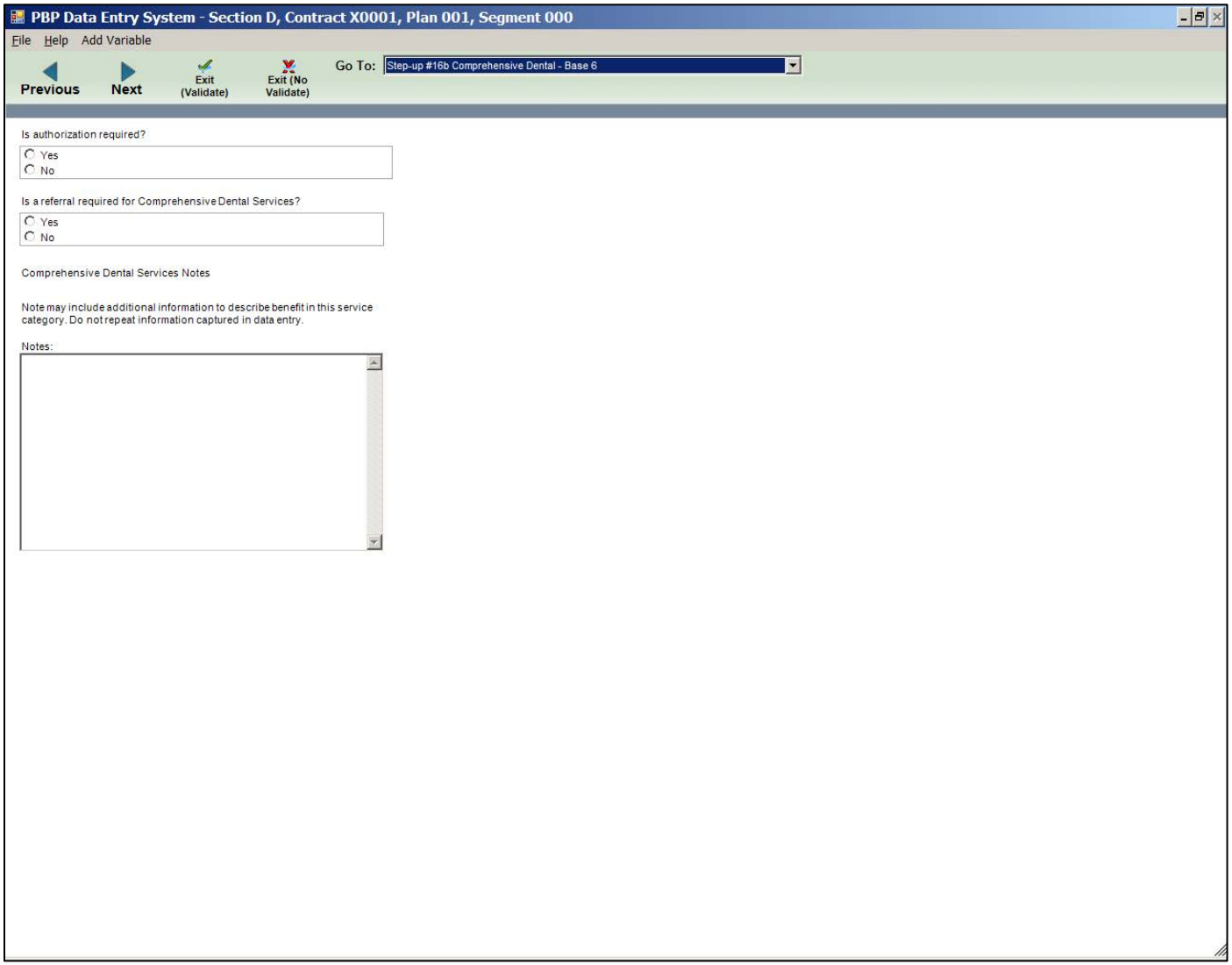
Step-up #16b Comprehensive Dental – Base 4



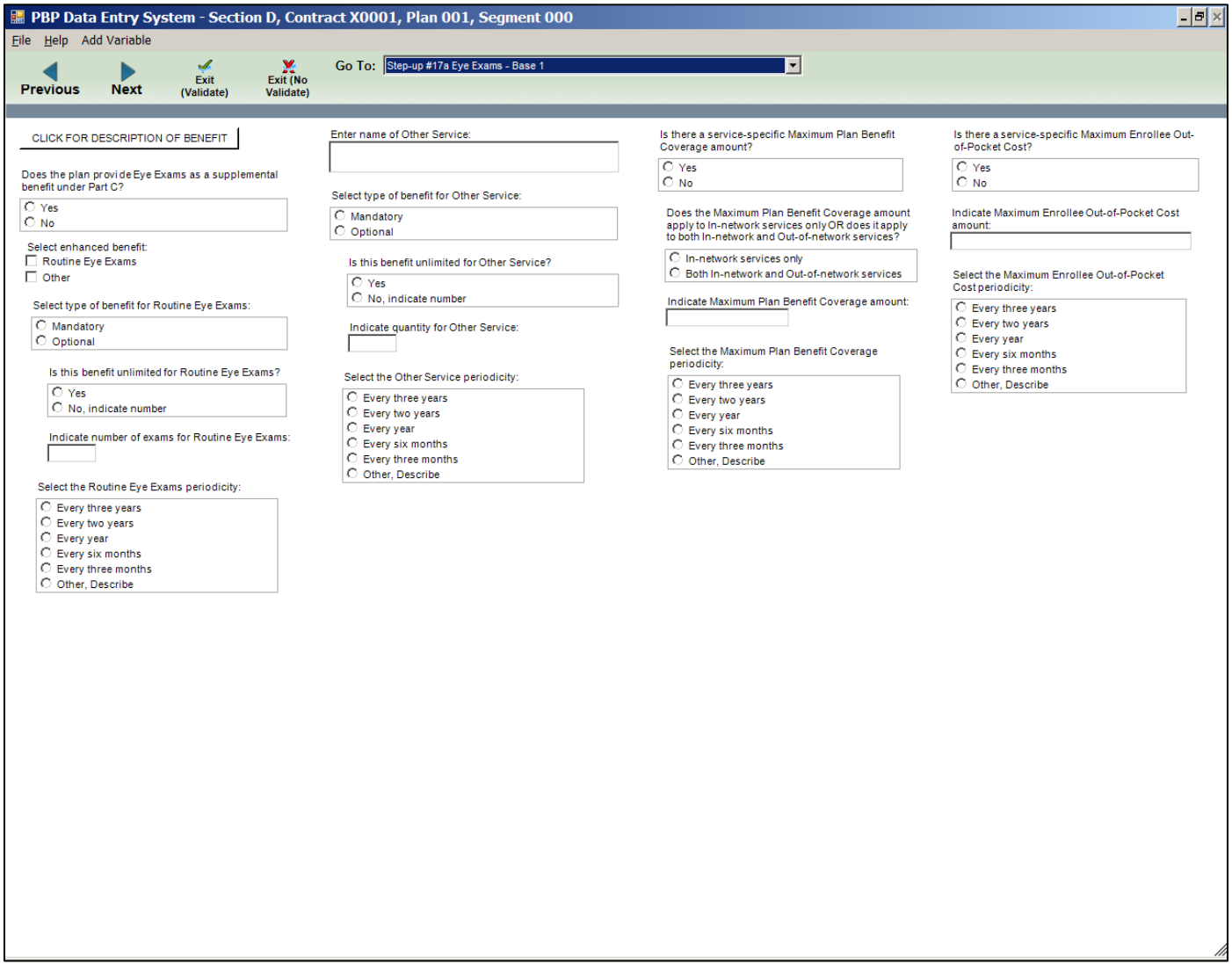
Step-up #16b Comprehensive Dental – Base 5



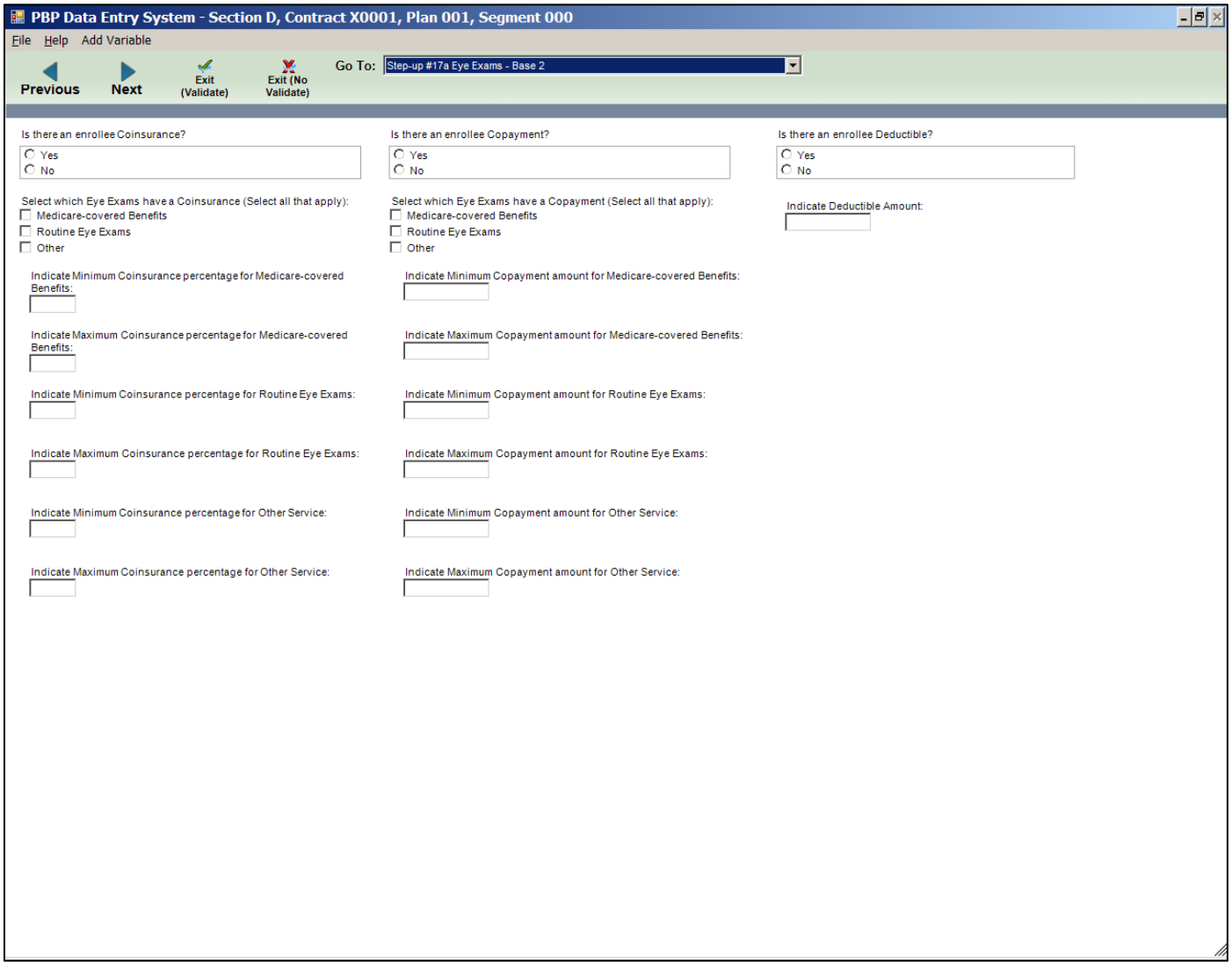
Step-up #16b Comprehensive Dental – Base 6



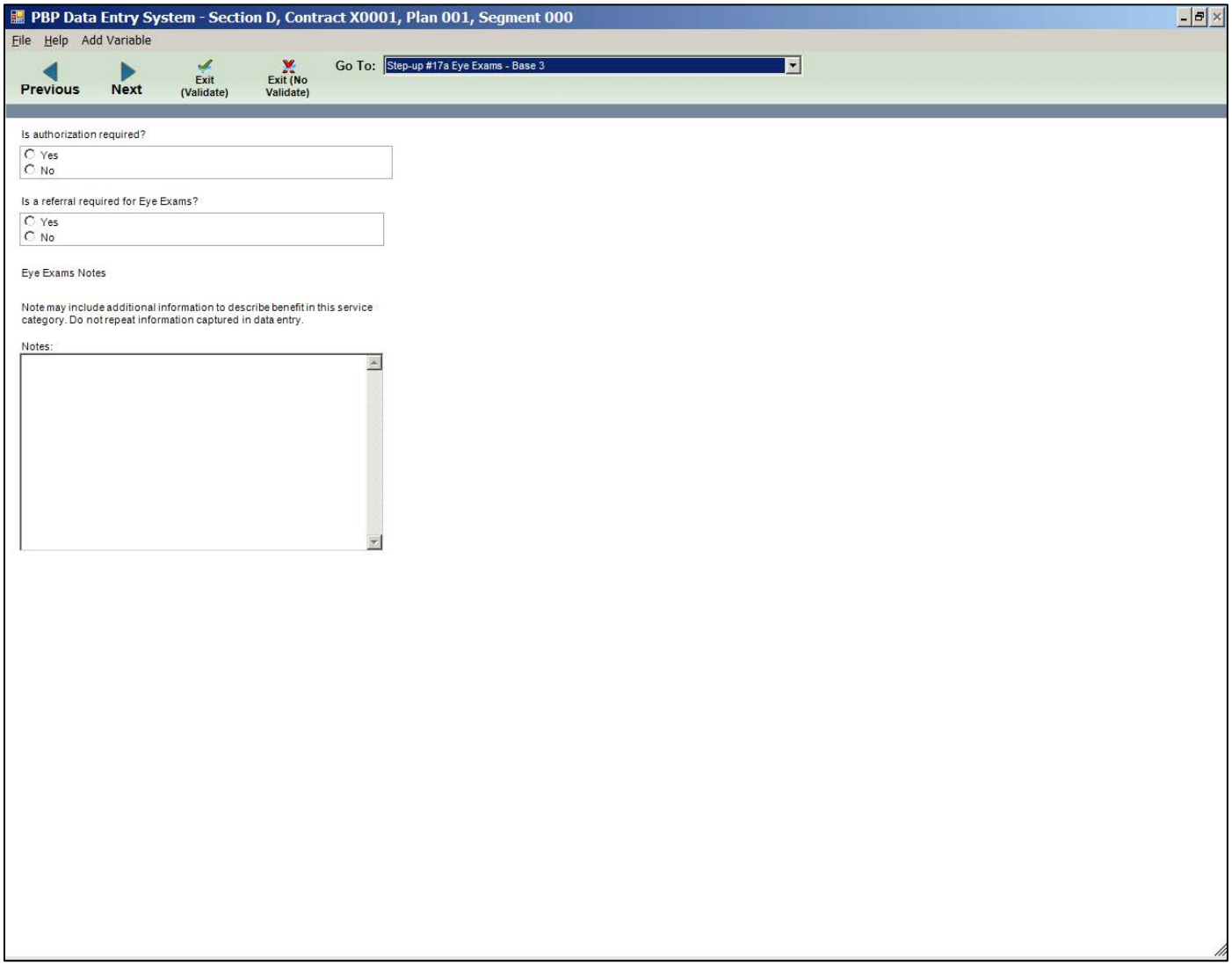
Step-up #17a Eye Exams – Base 1



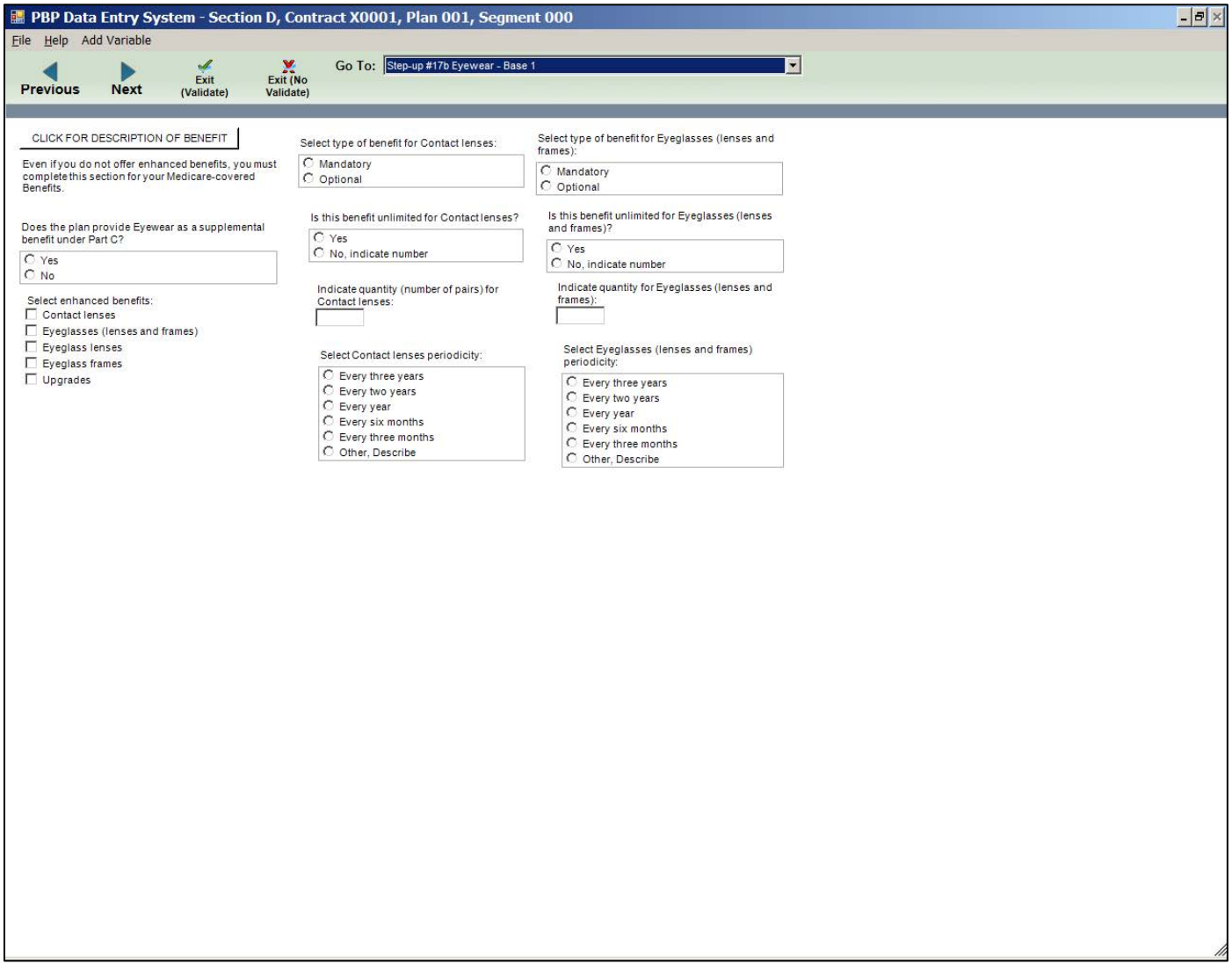
Step-up #17a Eye Exams – Base 2



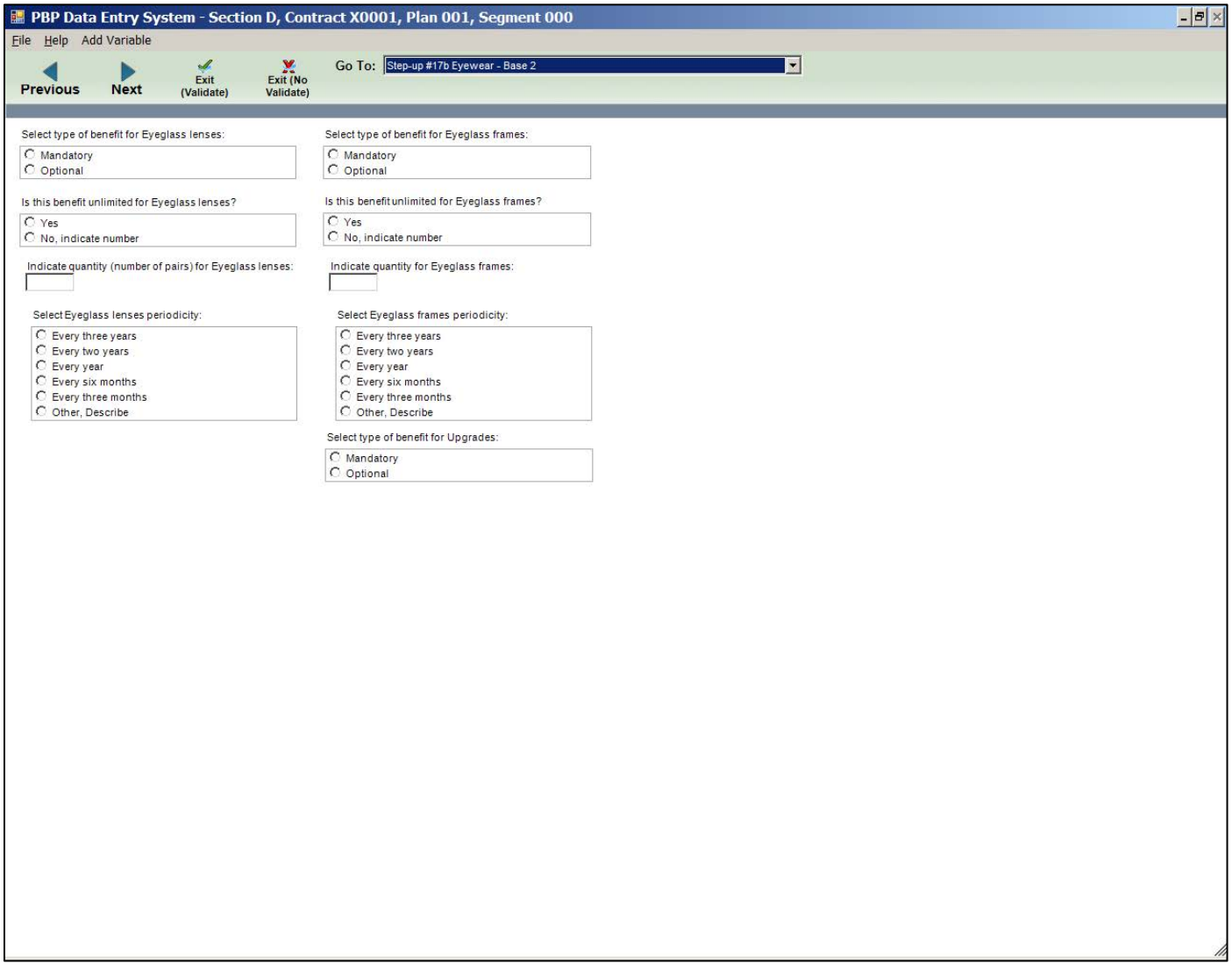
Step-up #17a Eye Exams – Base 3



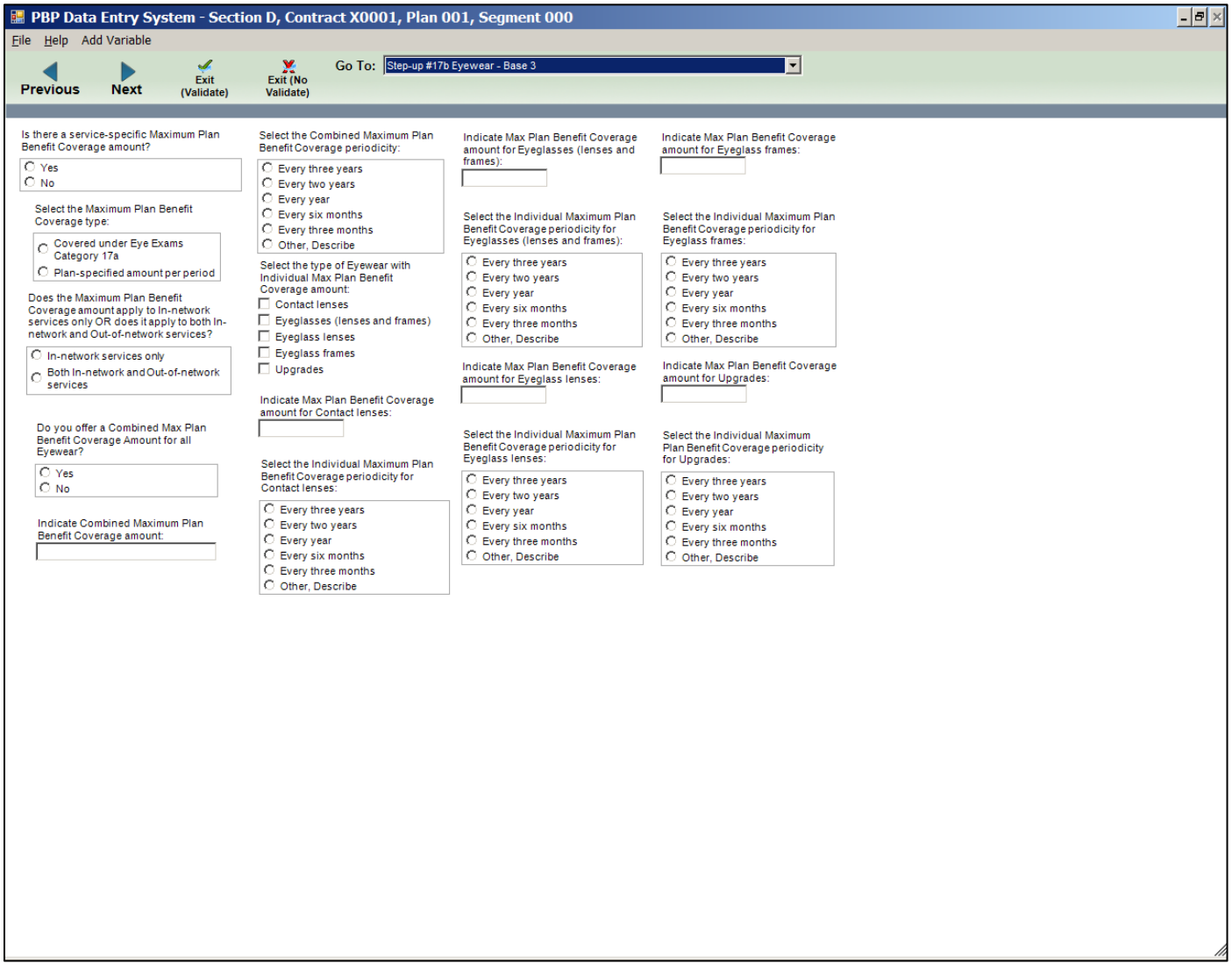
Step-up #17b Eyewear – Base 1



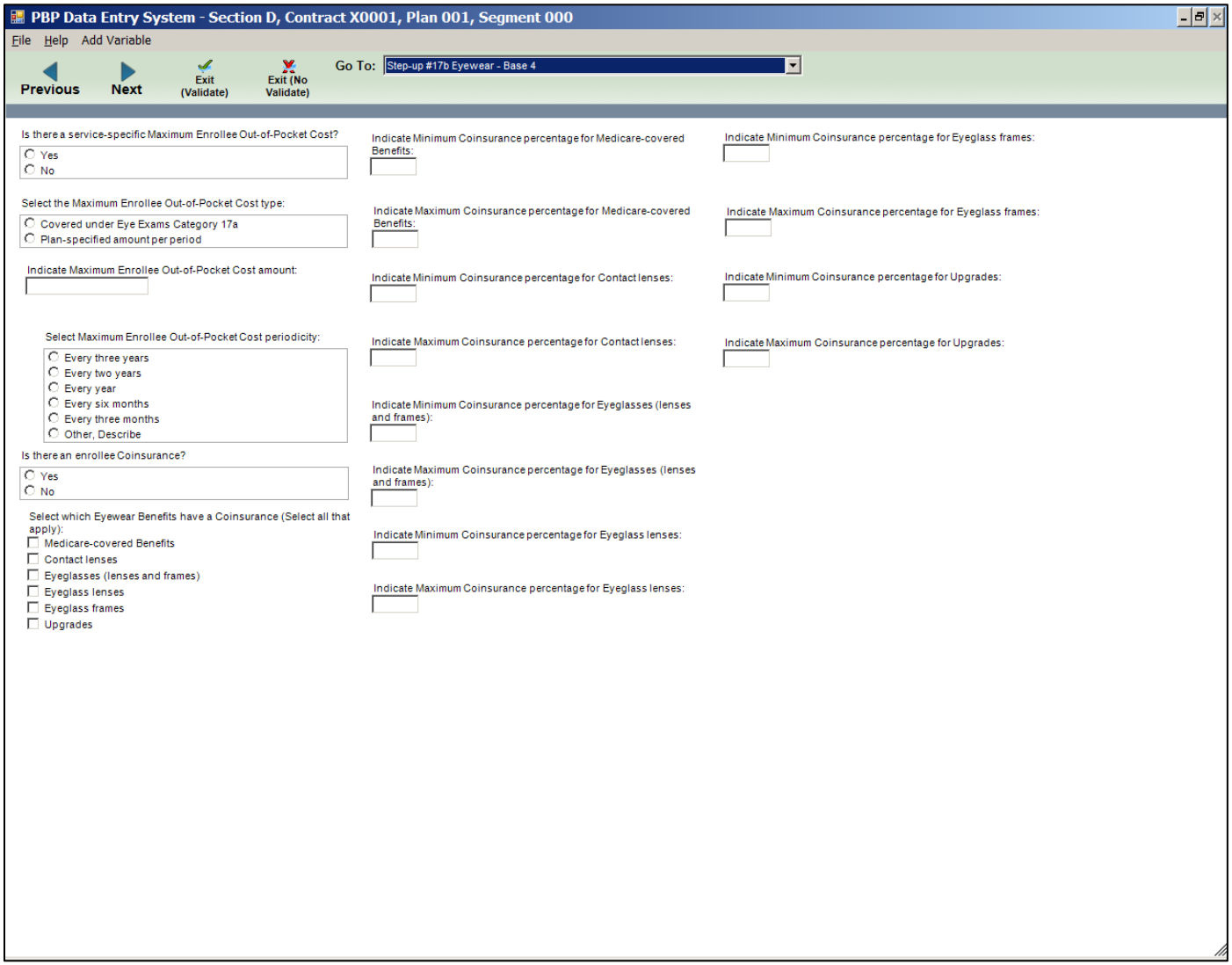
Step-up #17b Eyewear – Base 2



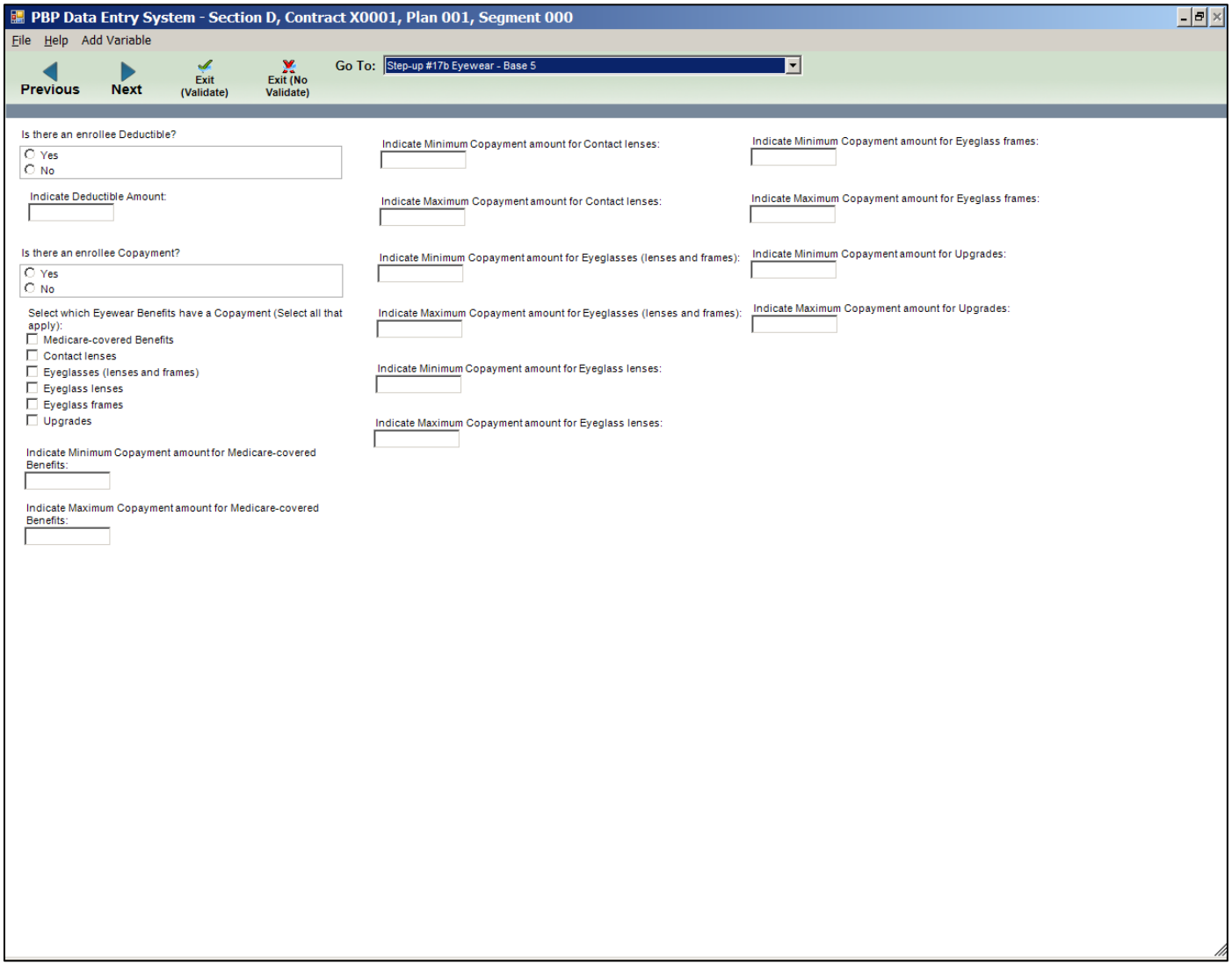
Step-up #17b Eyewear – Base 3



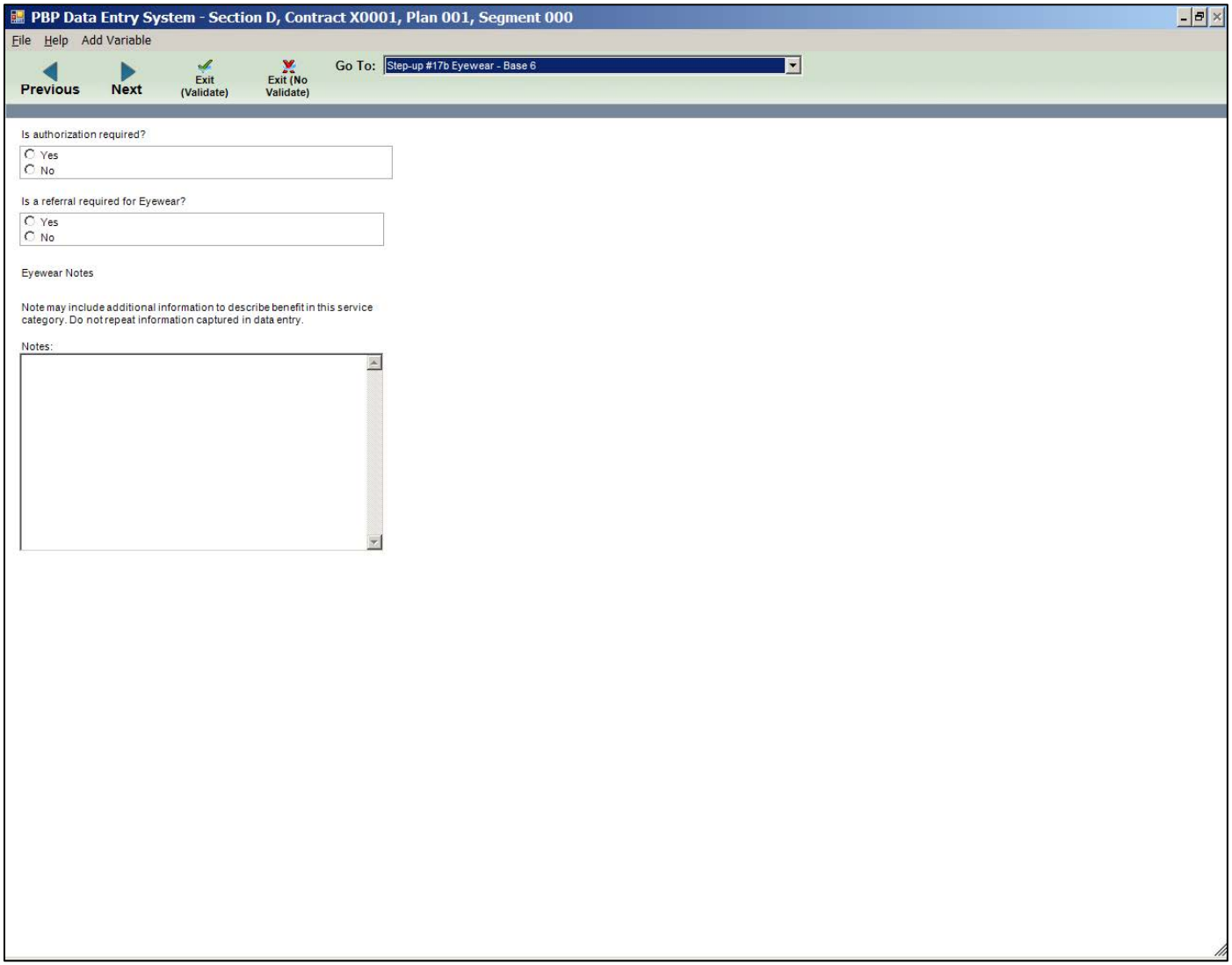
Step-up #17b Eyewear – Base 4



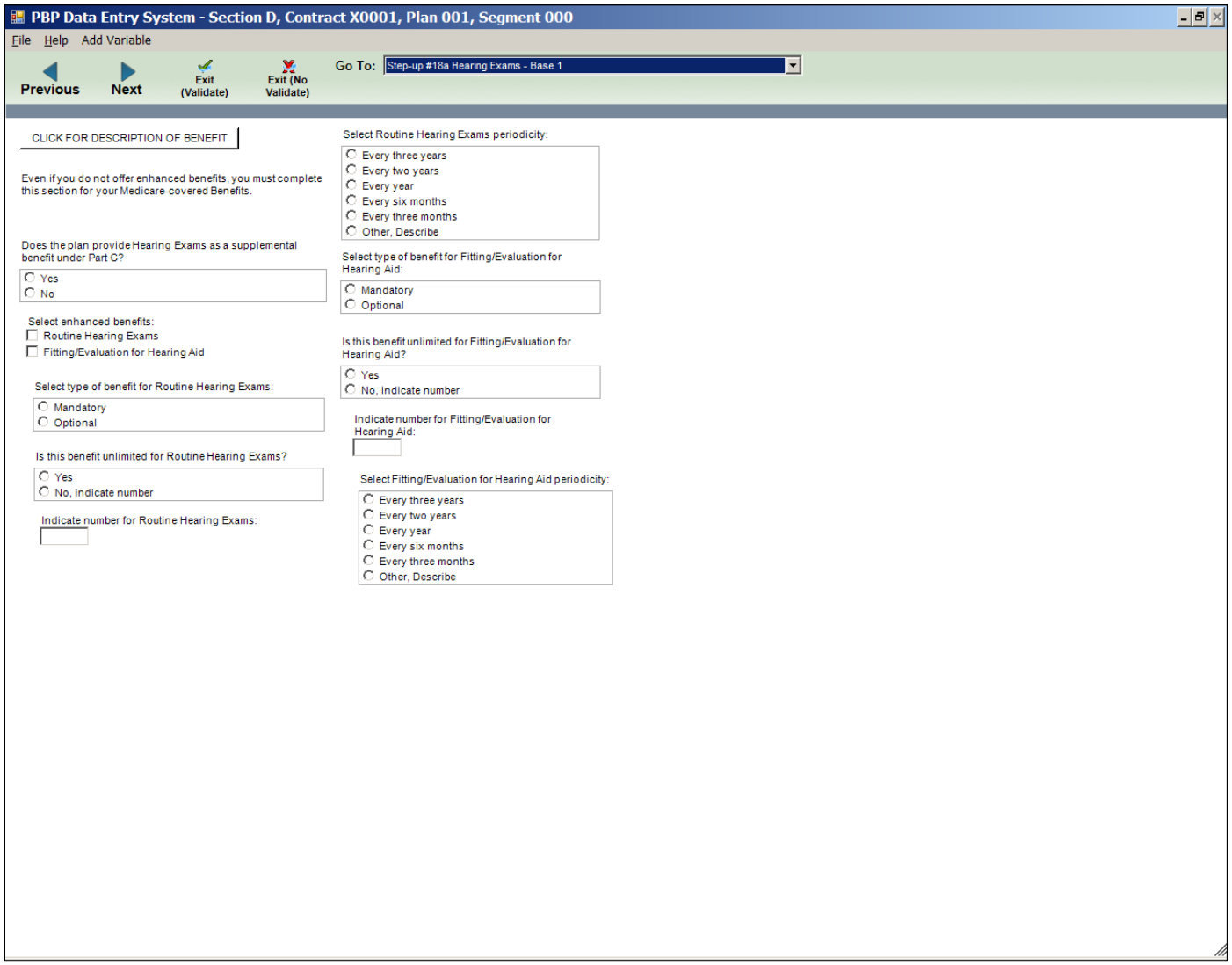
Step-up #17b Eyewear – Base 5



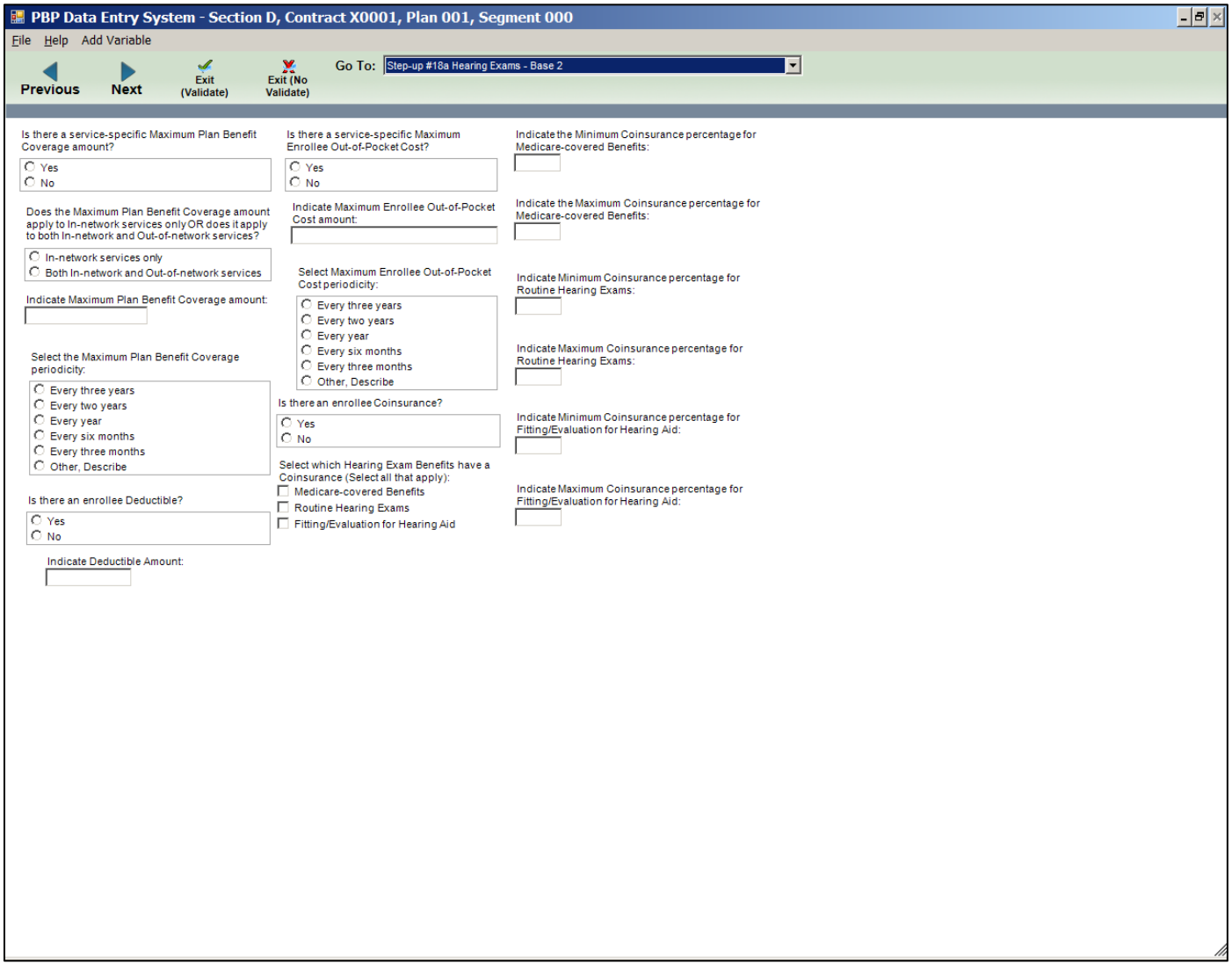
Step-up #17b Eyewear – Base 6



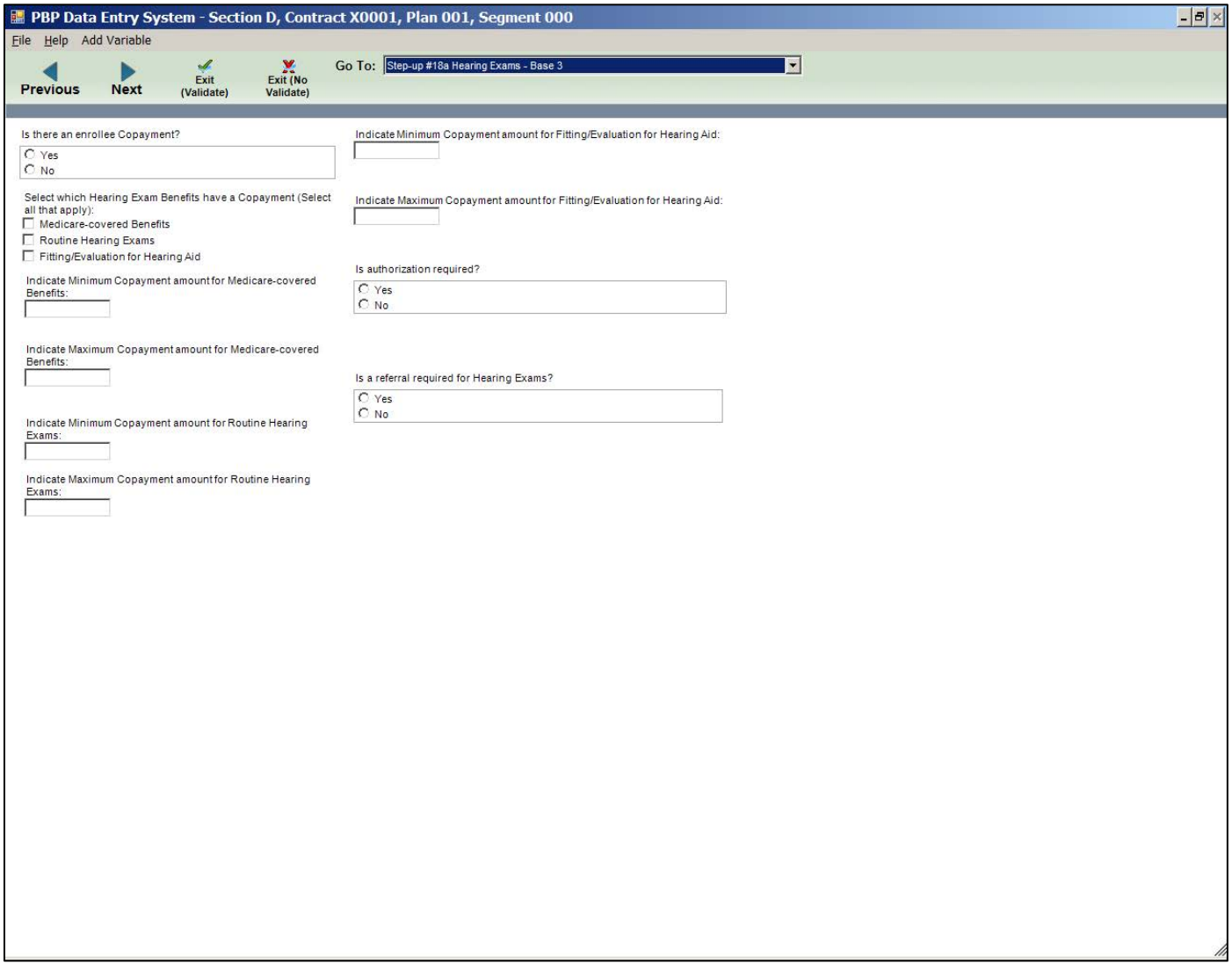
Step-up #18a Hearing Exams – Base 1



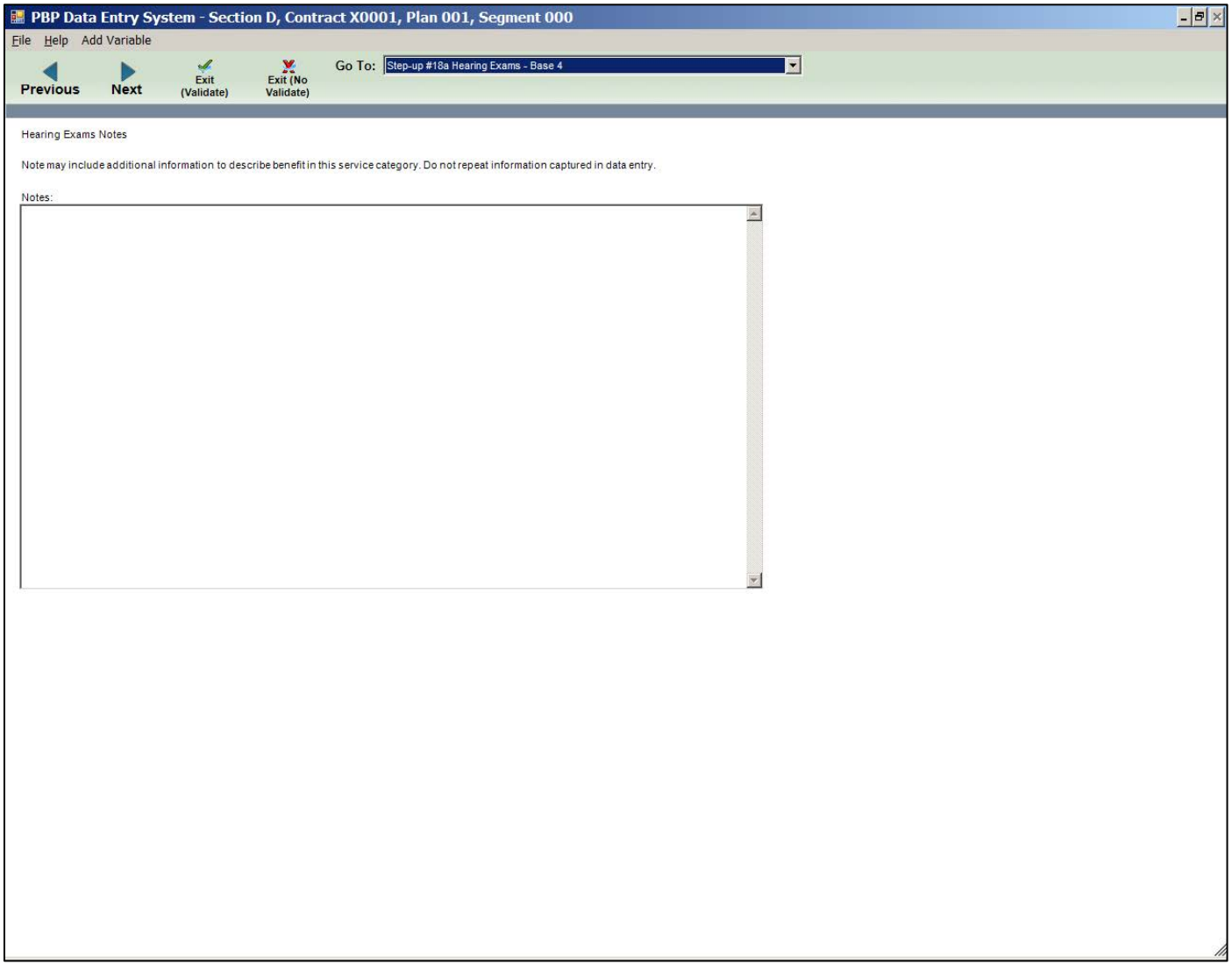
Step-up #18a Hearing Exams – Base 2



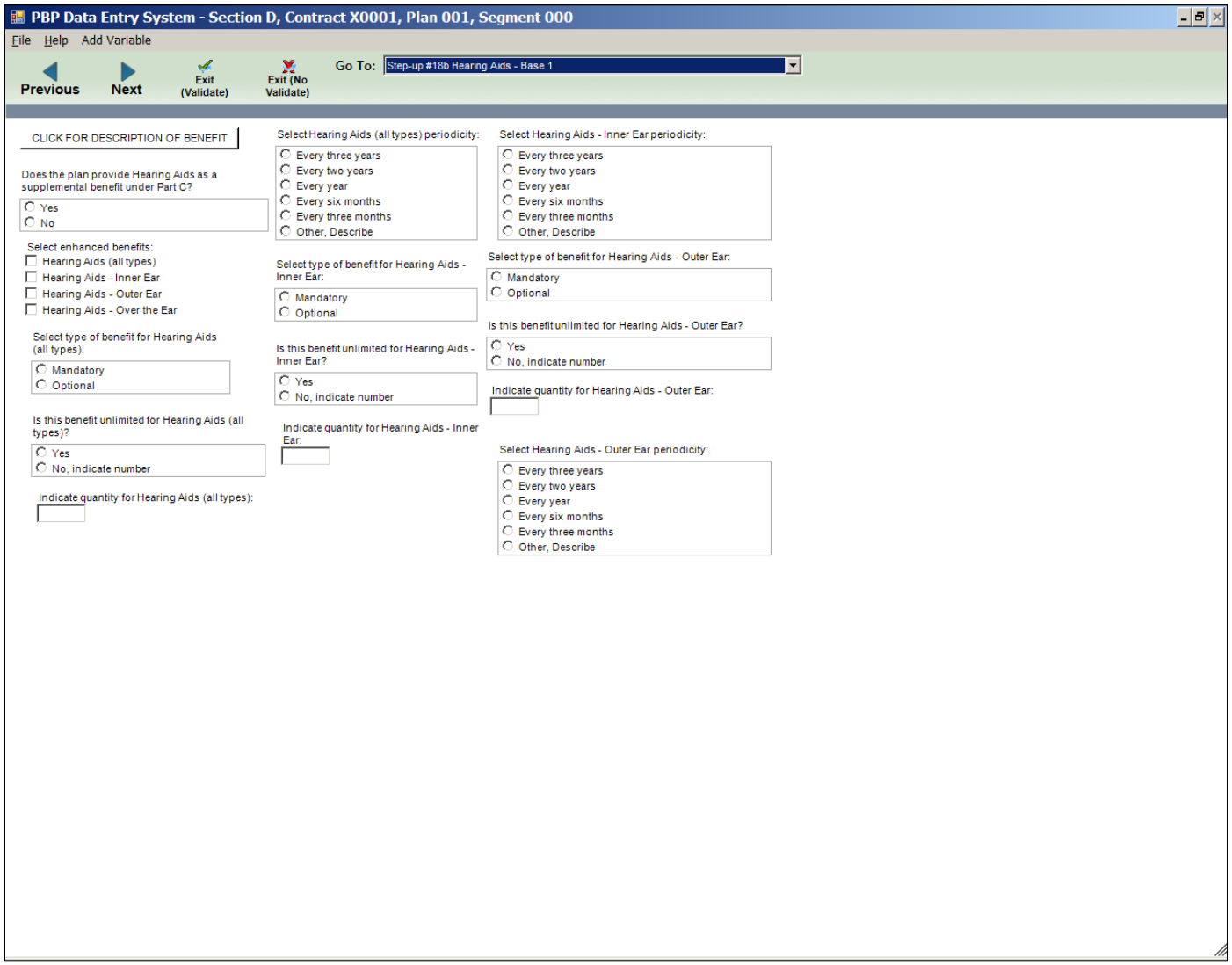
Step-up #18a Hearing Exams – Base 3



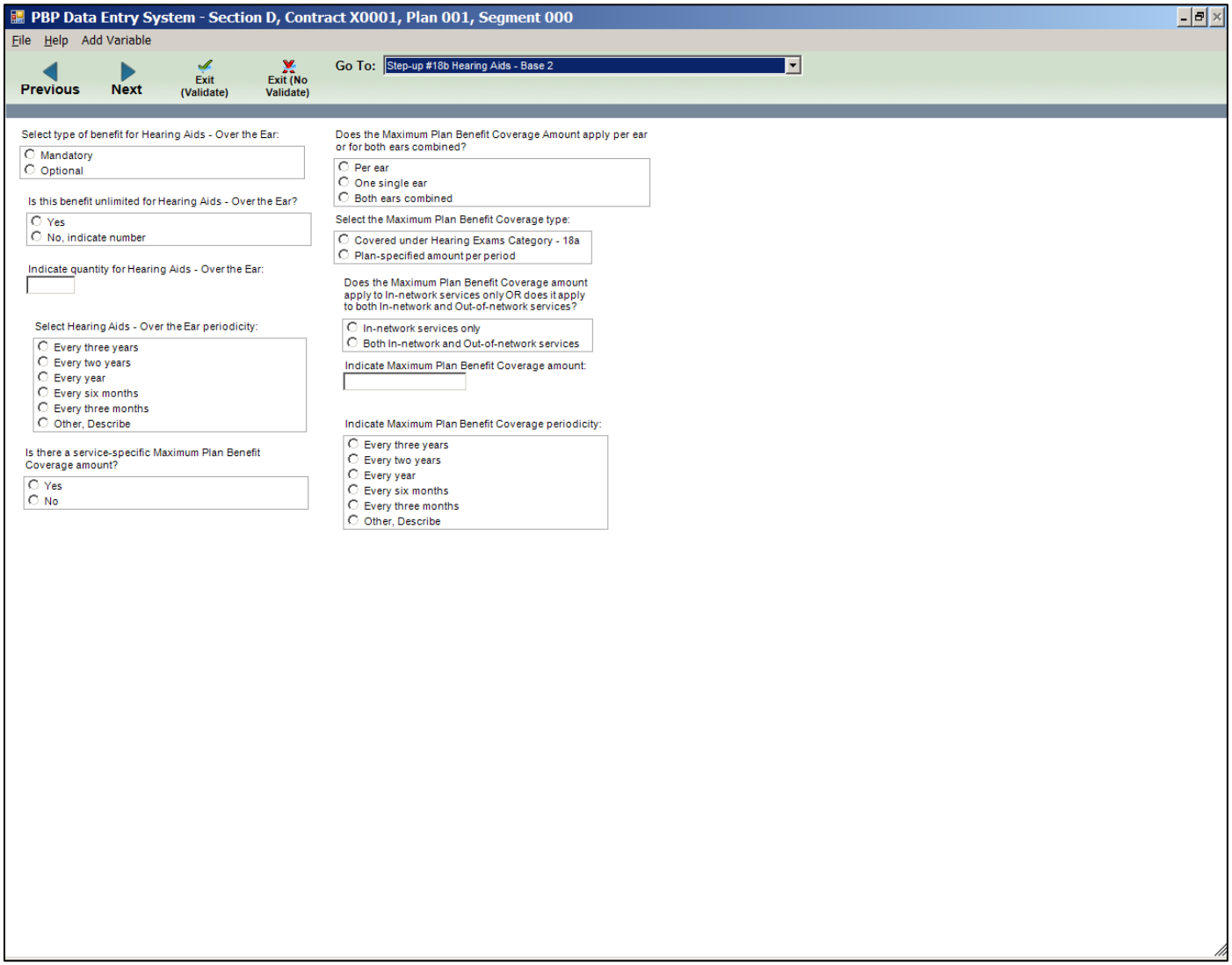
Step-up #18a Hearing Exams – Base 4



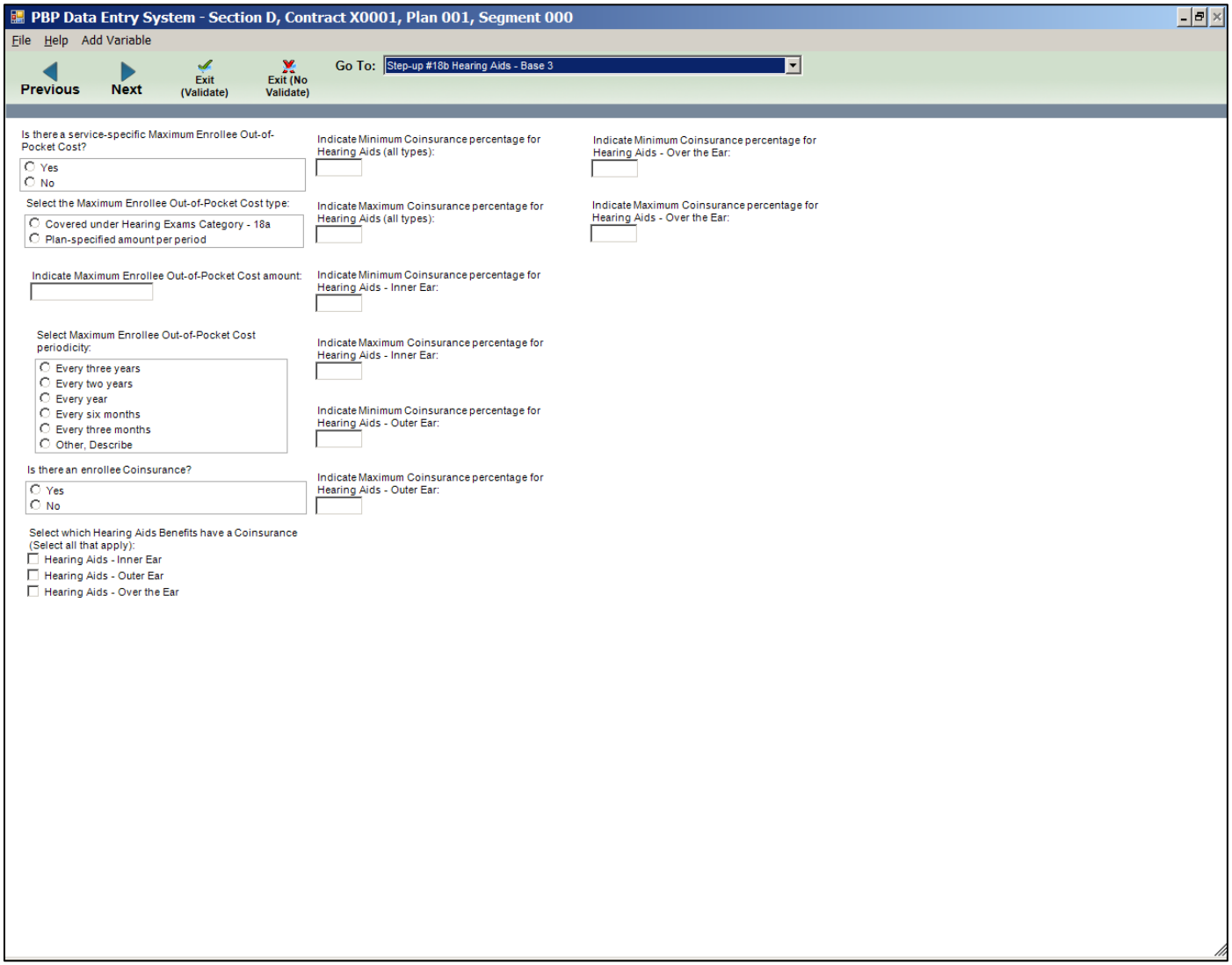
Step-up #18b Hearing Aids – Base 1



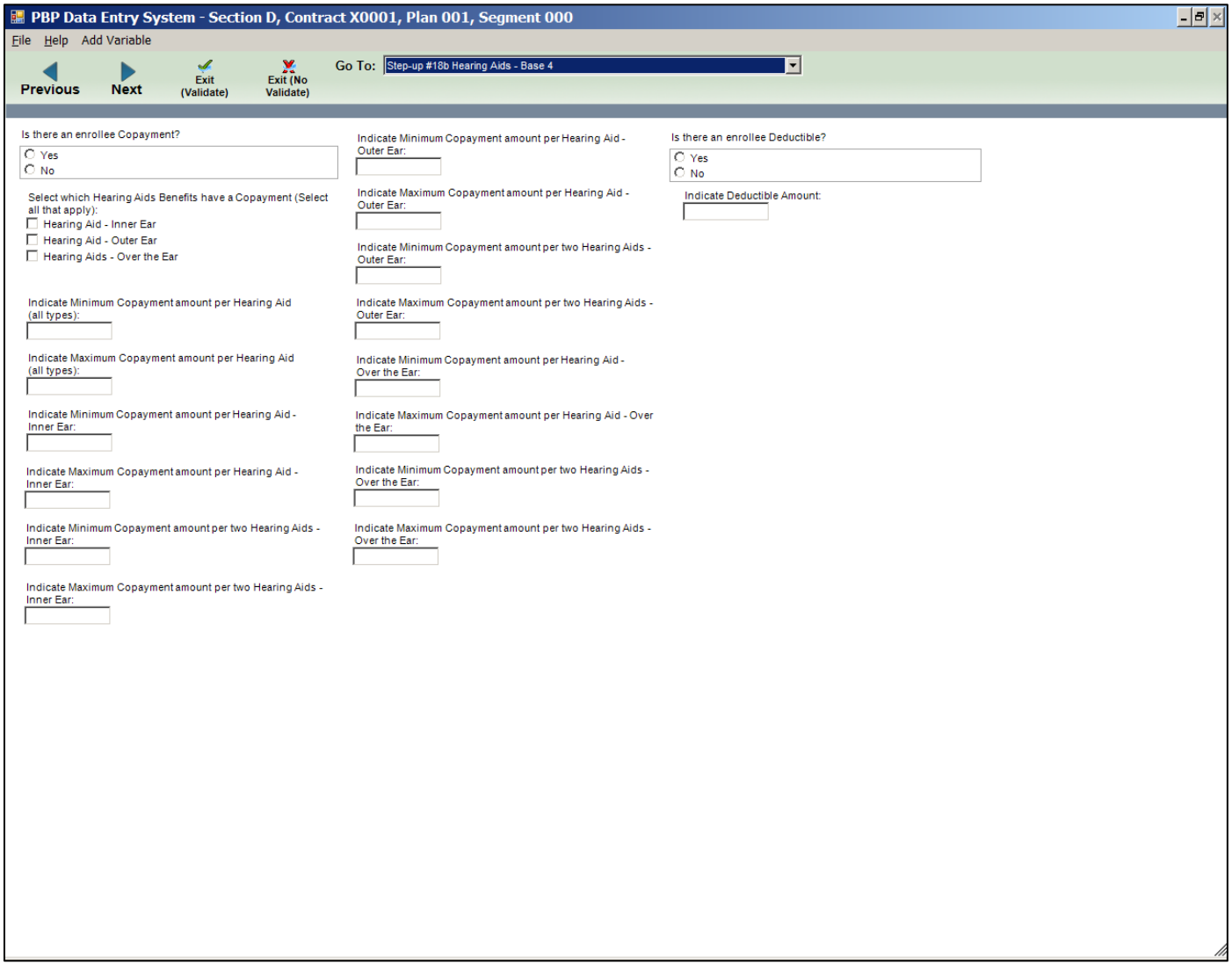
Step-up #18b Hearing Aids – Base 2



Step-up #18b Hearing Aids – Base 3



Step-up #18b Hearing Aids – Base 4



Step-up #18b Hearing Aids – Base 5