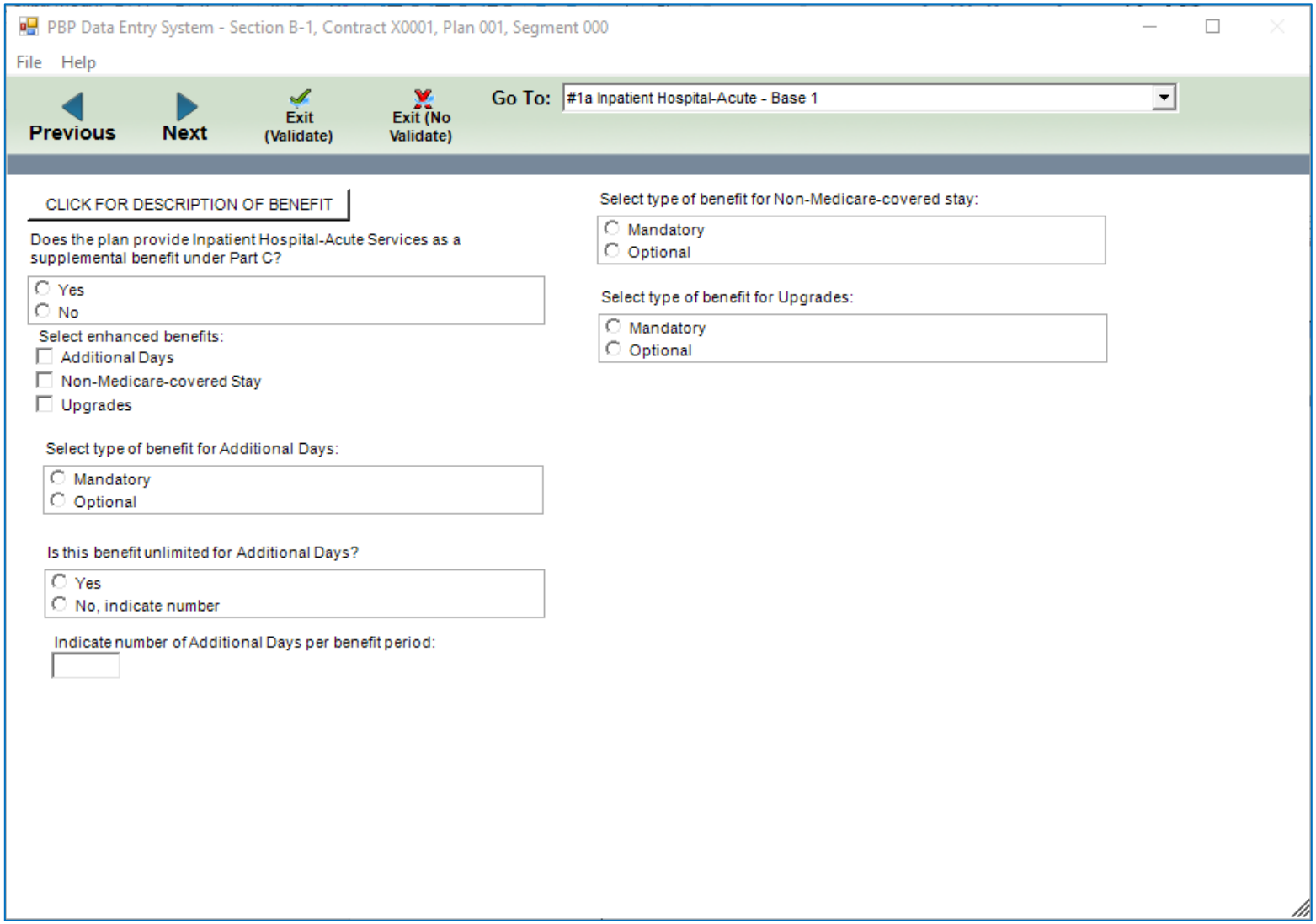
#1a Inpatient Hospital-Acute – Base 1



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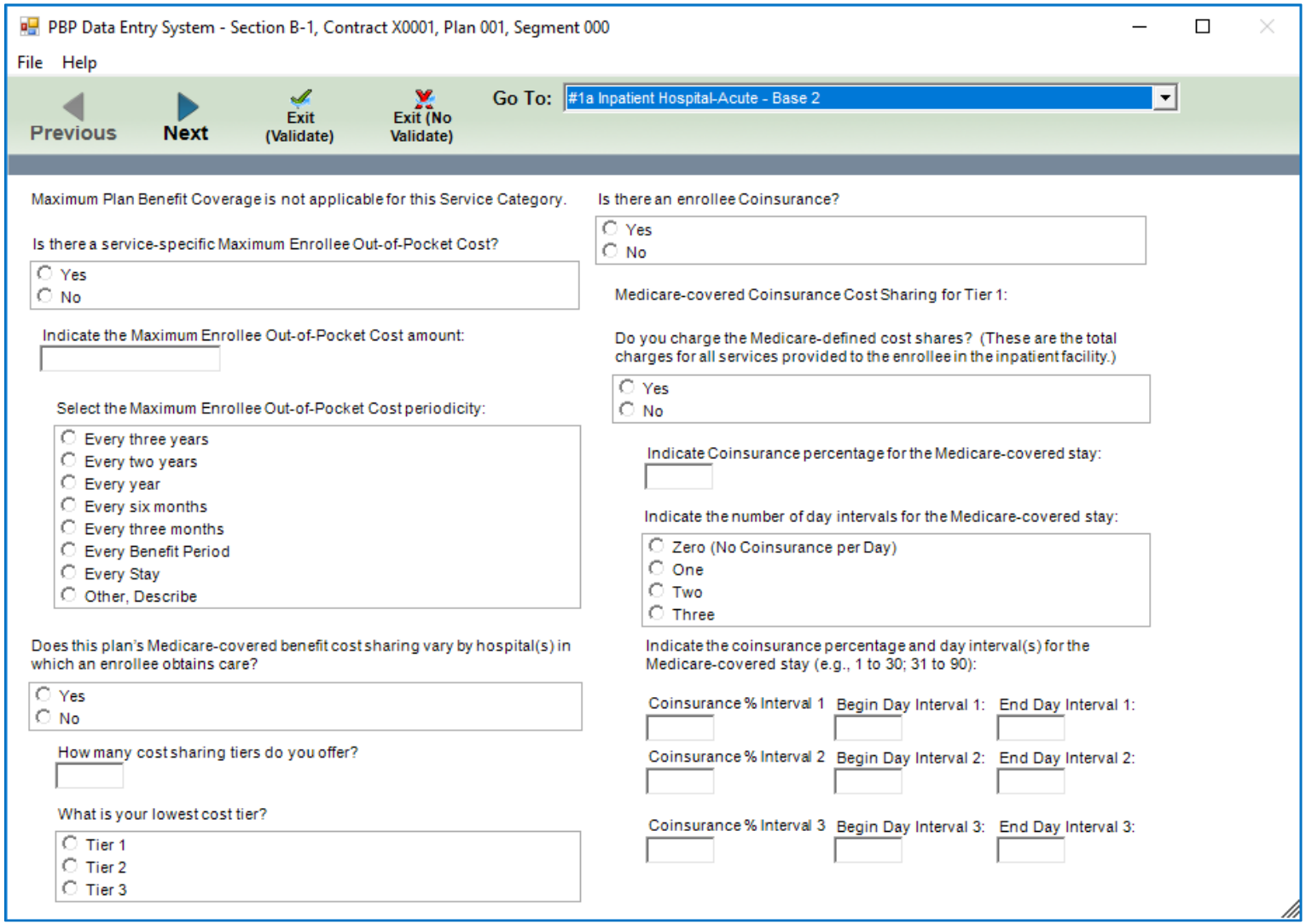
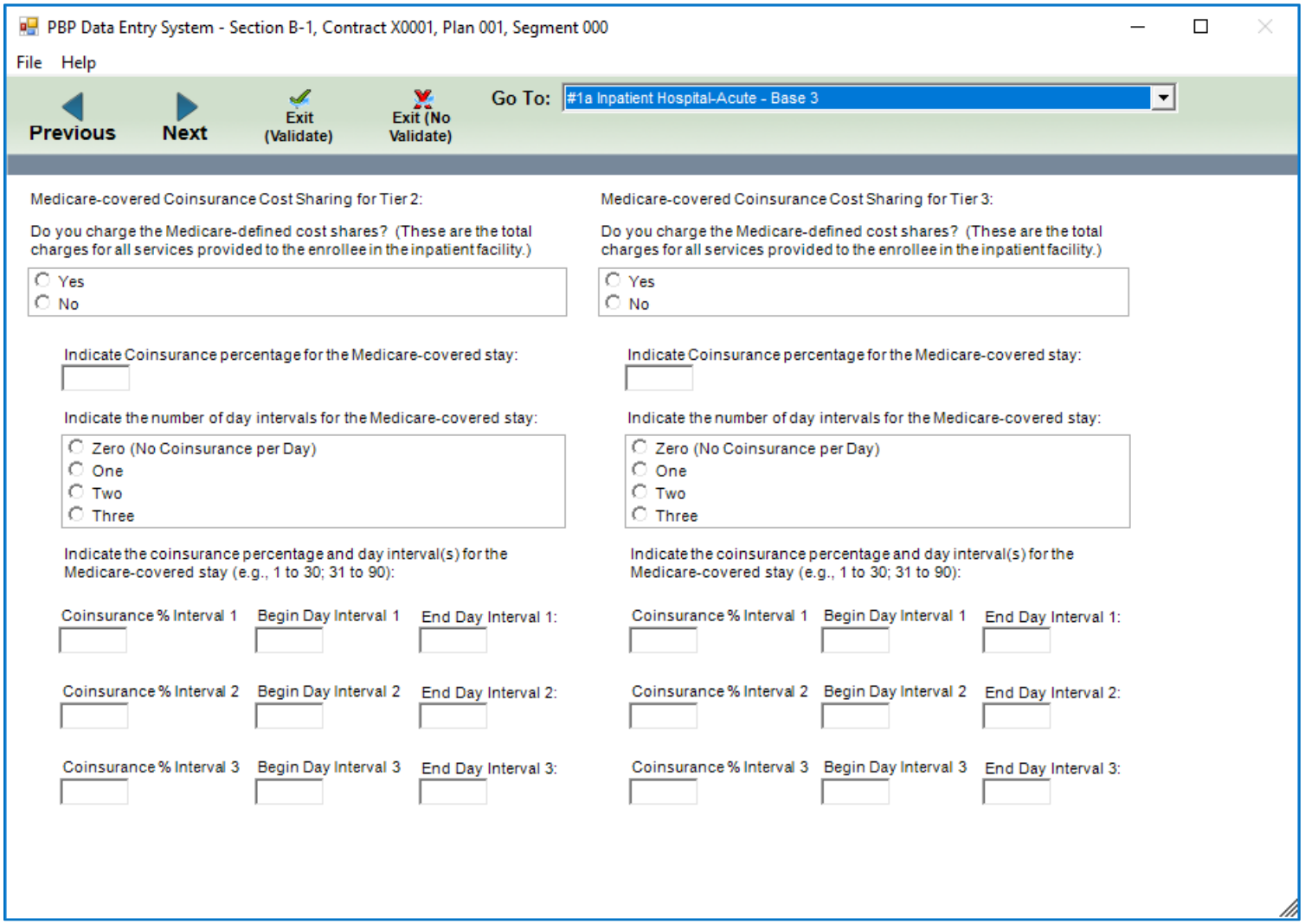
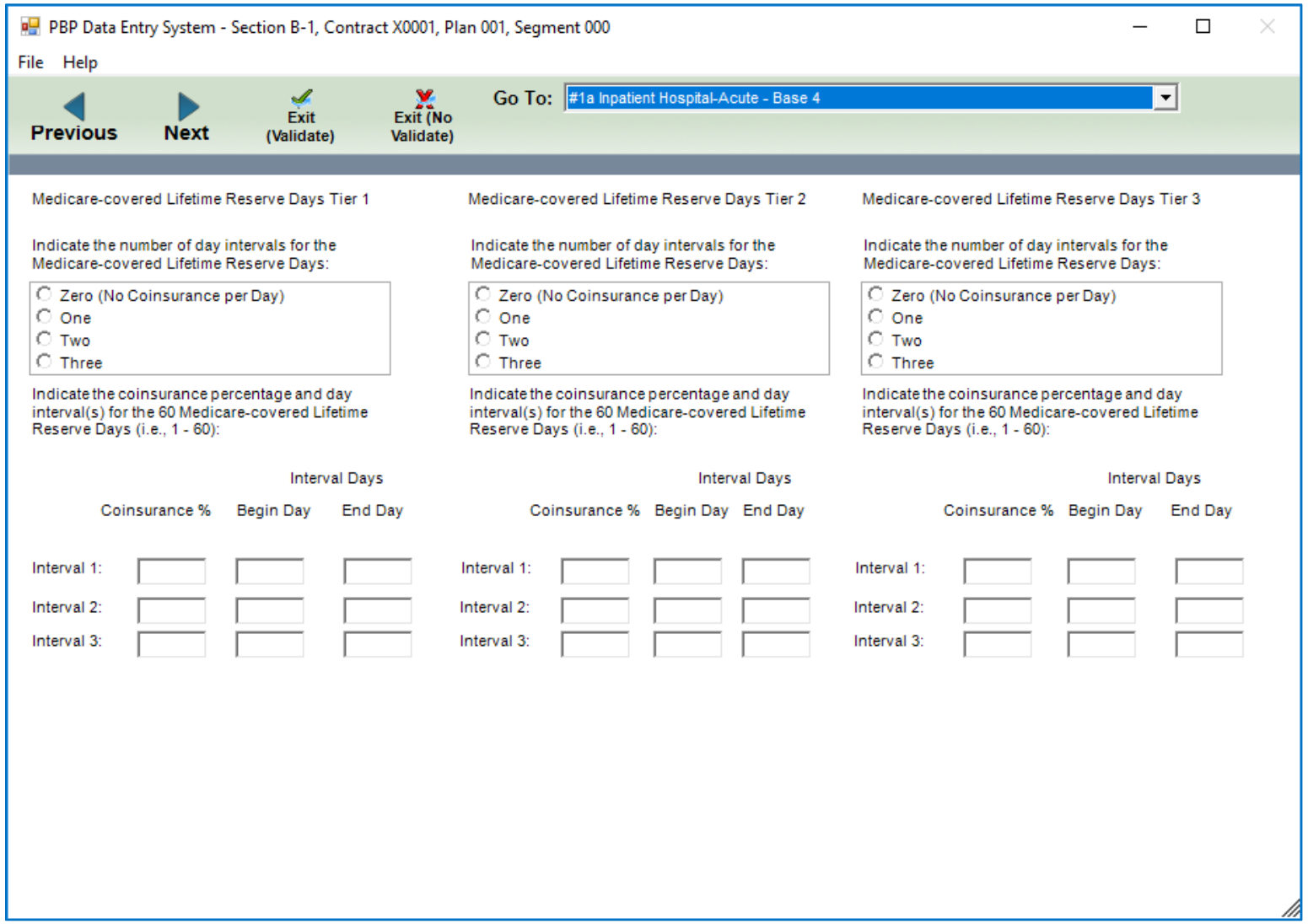


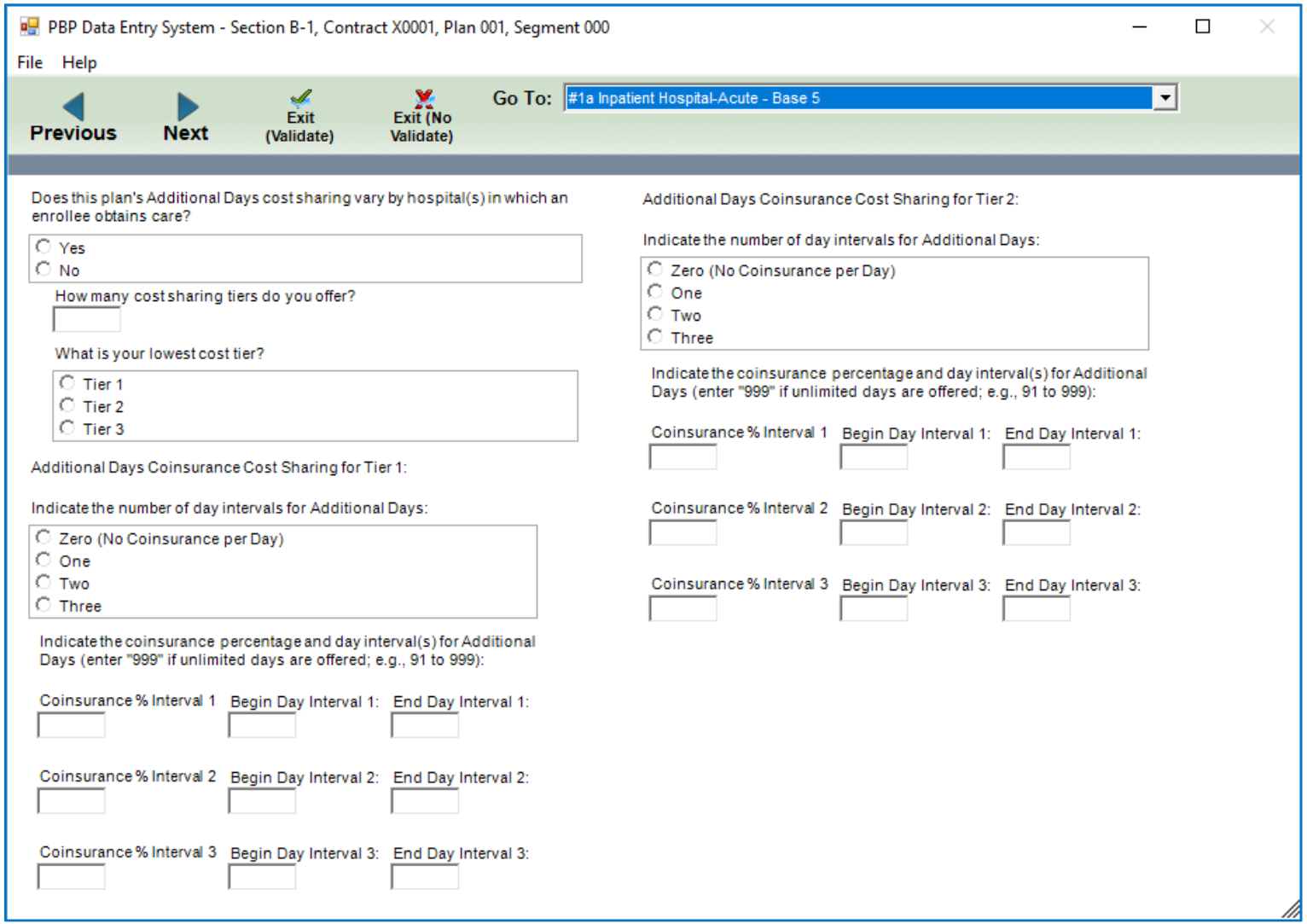
#1a Inpatient Hospital-Acute – Base 3



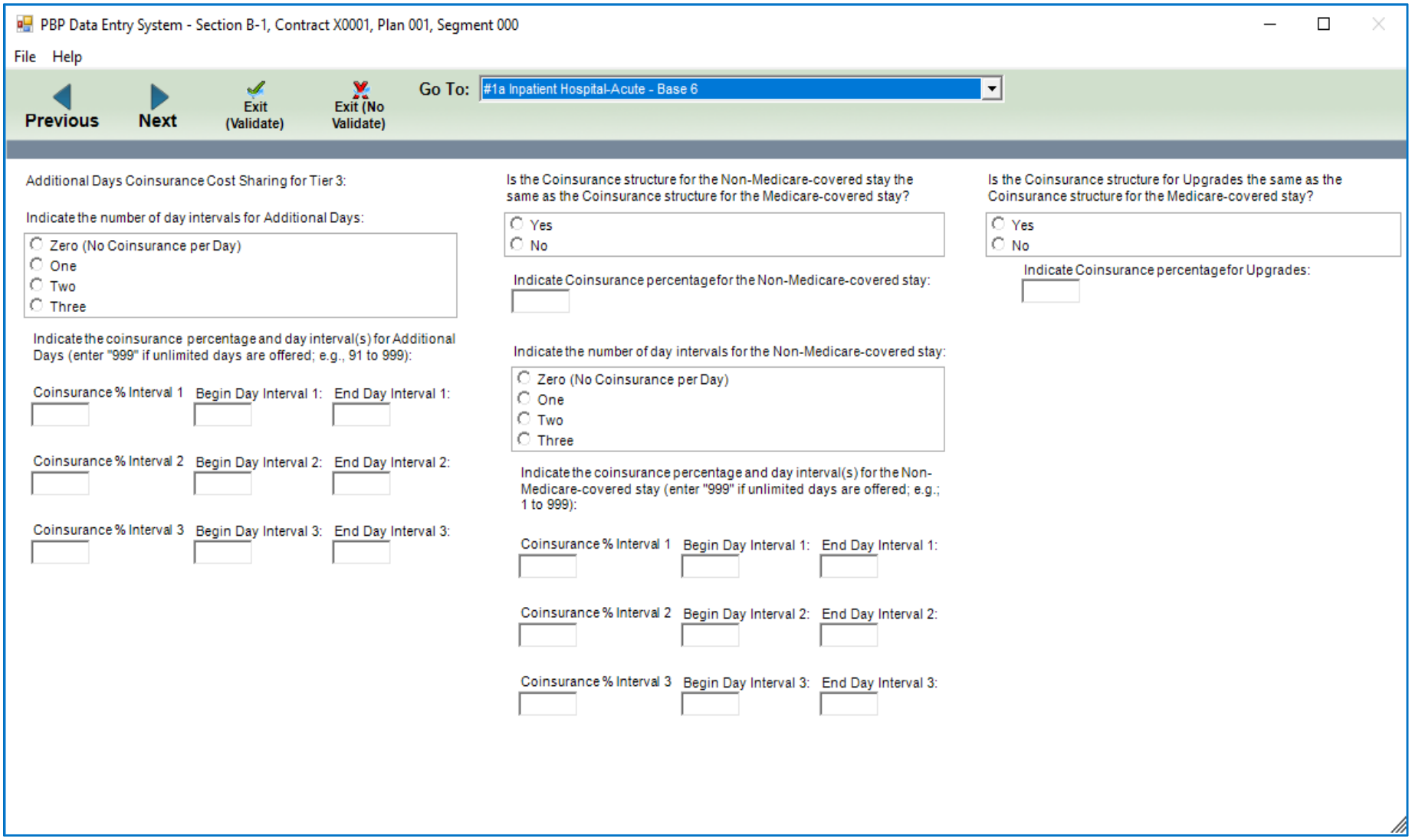
#1a Inpatient Hospital-Acute – Base 4



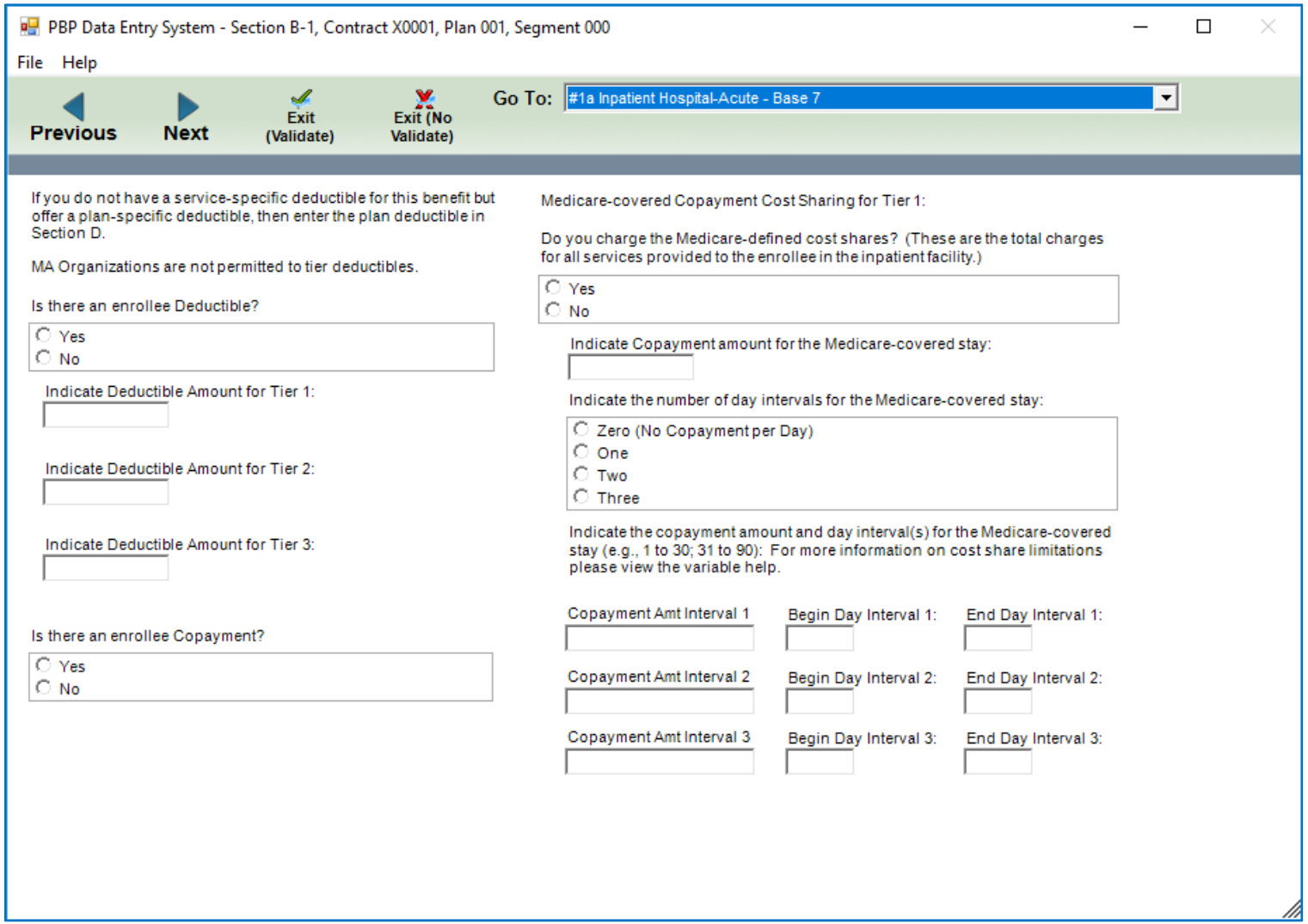
#1a Inpatient Hospital-Acute – Base 5



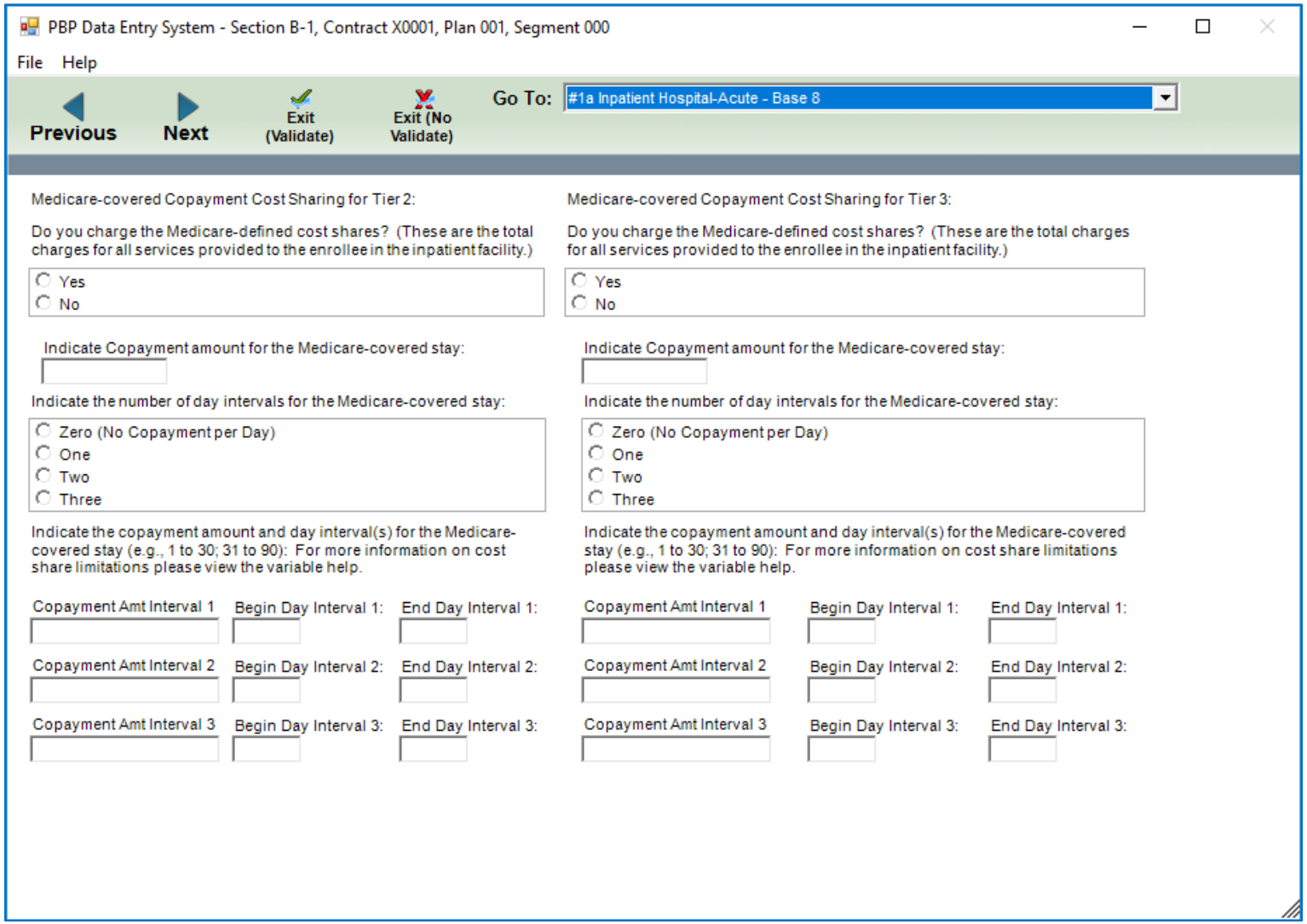
#1a Inpatient Hospital-Acute – Base 6



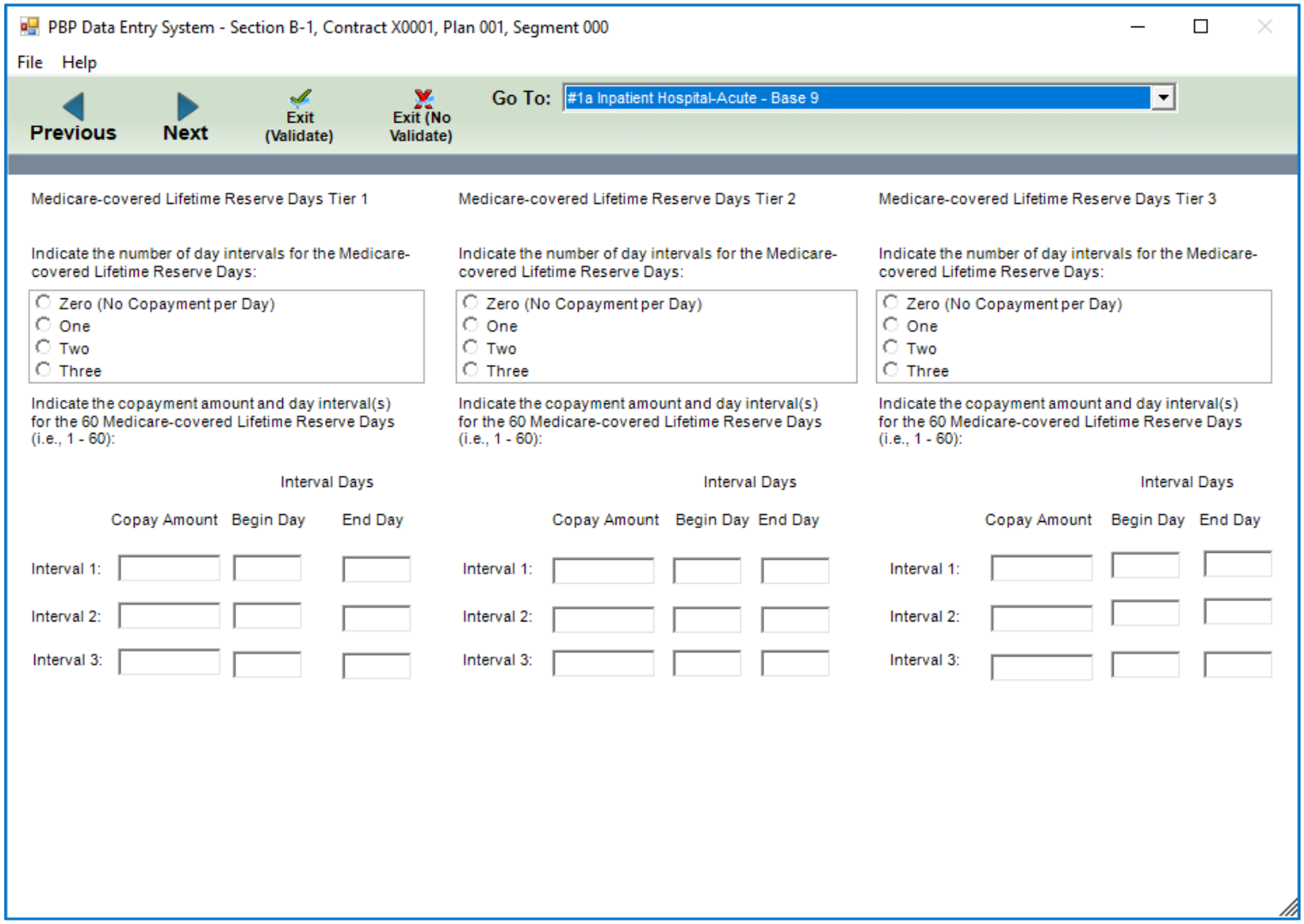
#1a Inpatient Hospital-Acute – Base 7



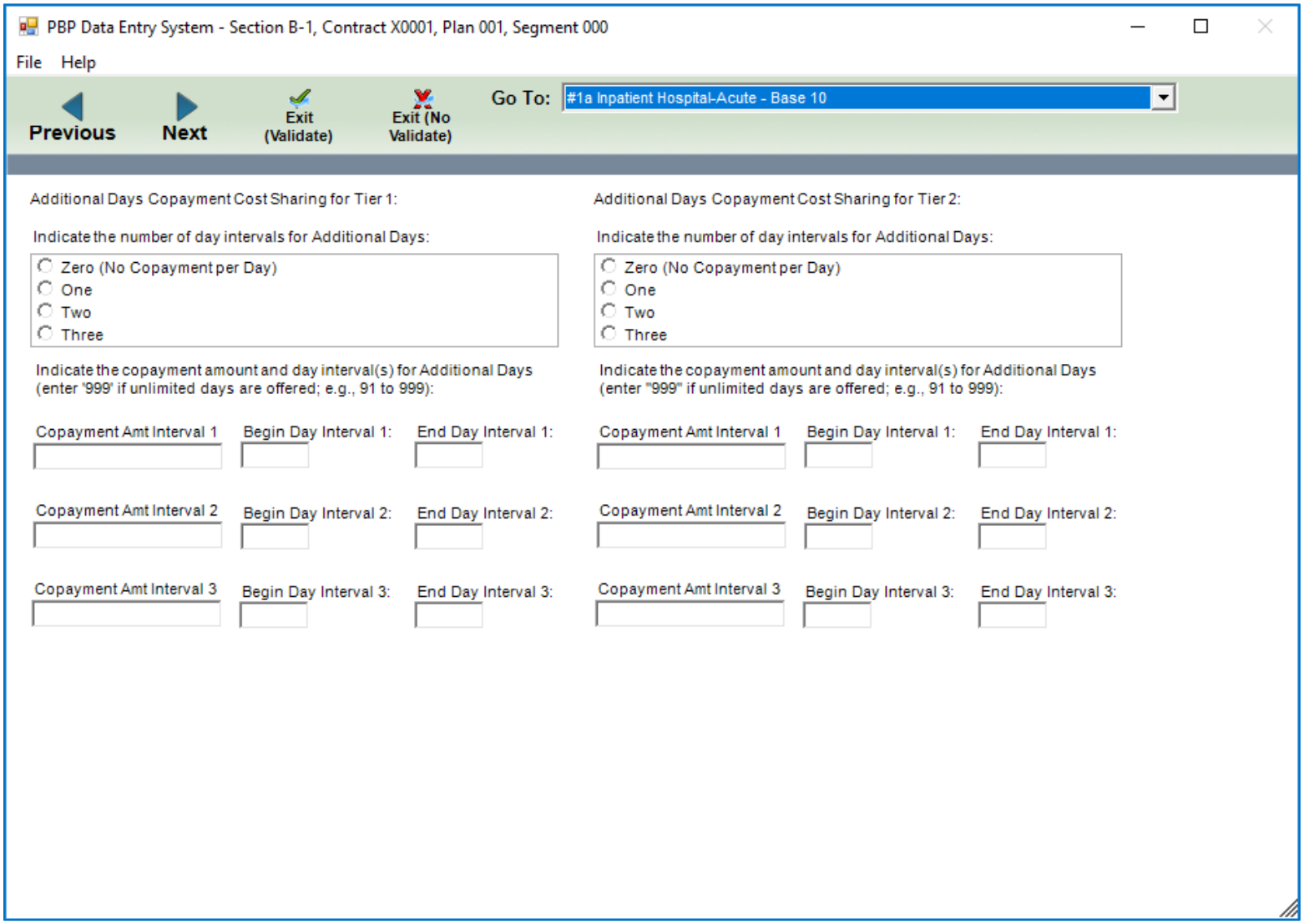
#1a Inpatient Hospital-Acute – Base 8



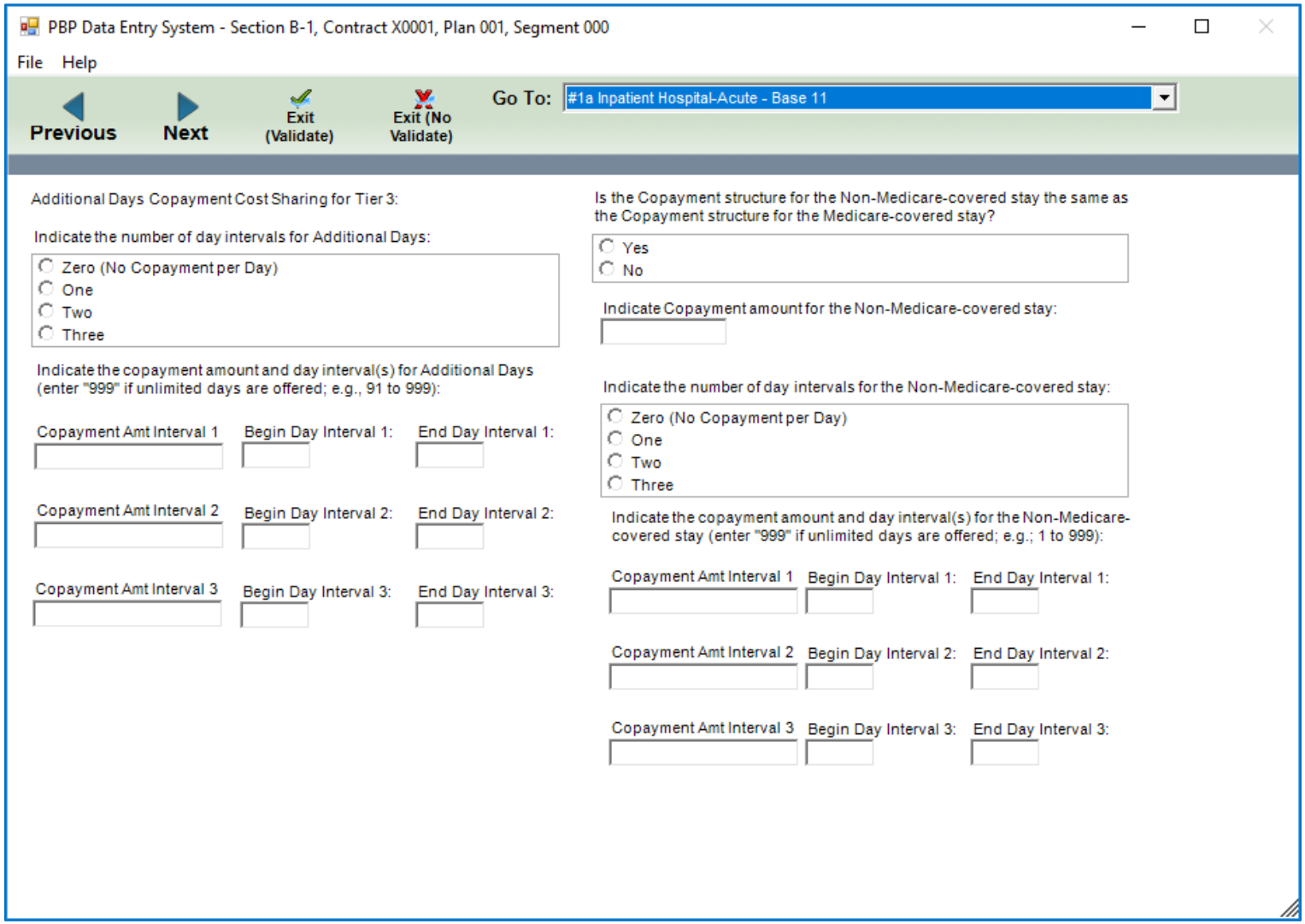
#1a Inpatient Hospital-Acute – Base 9



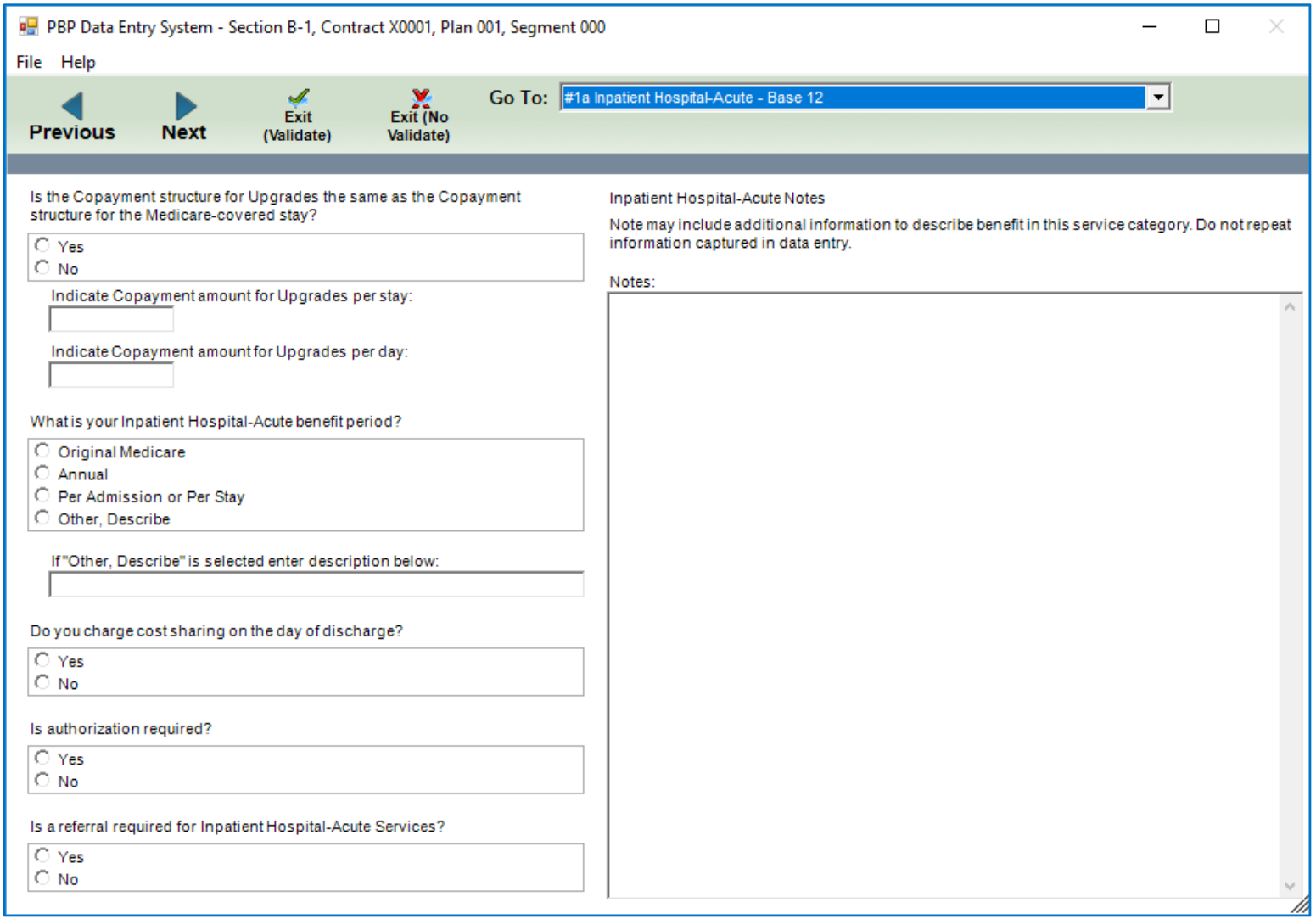
#1a Inpatient Hospital-Acute – Base 10



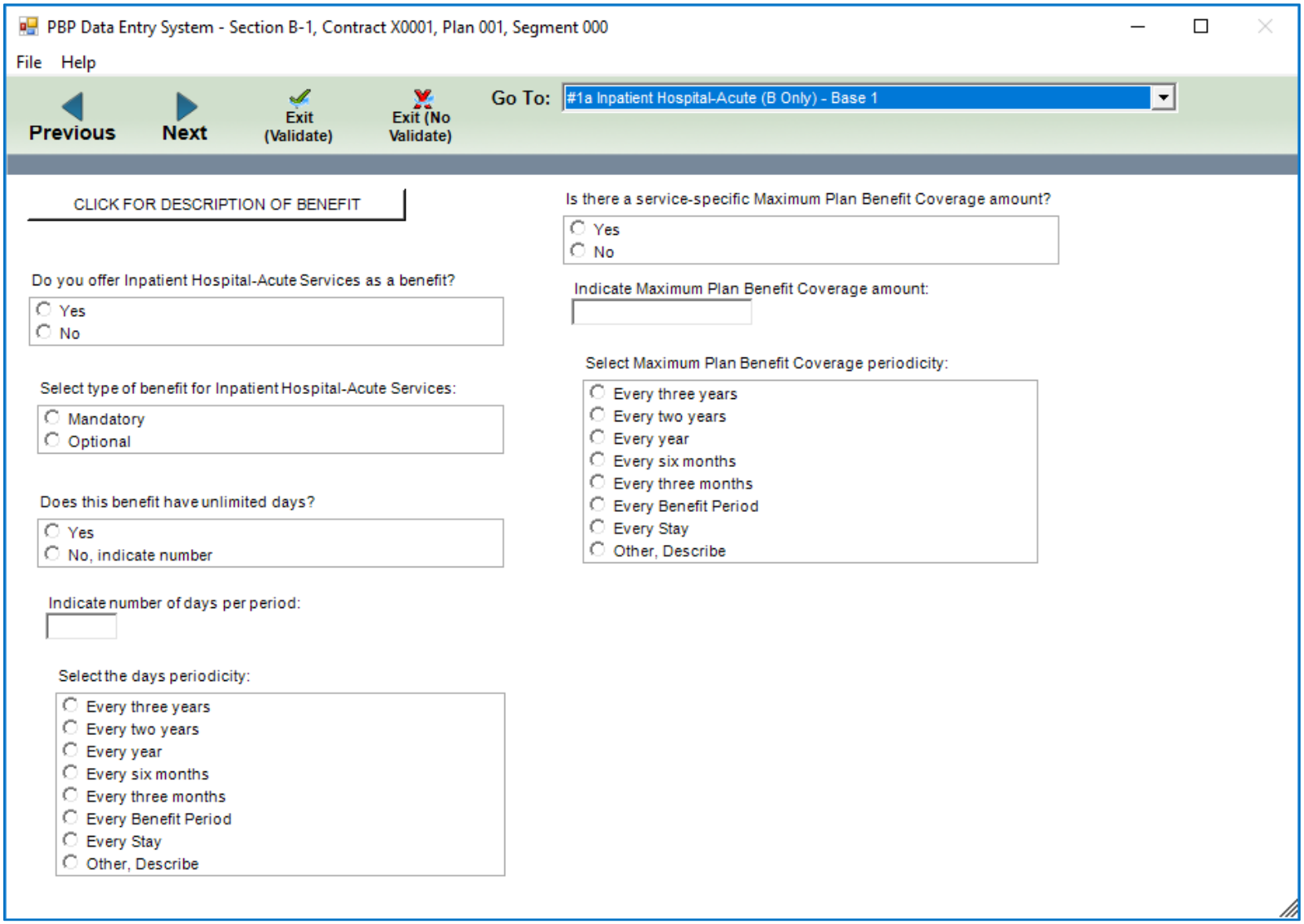
#1a Inpatient Hospital-Acute – Base 11



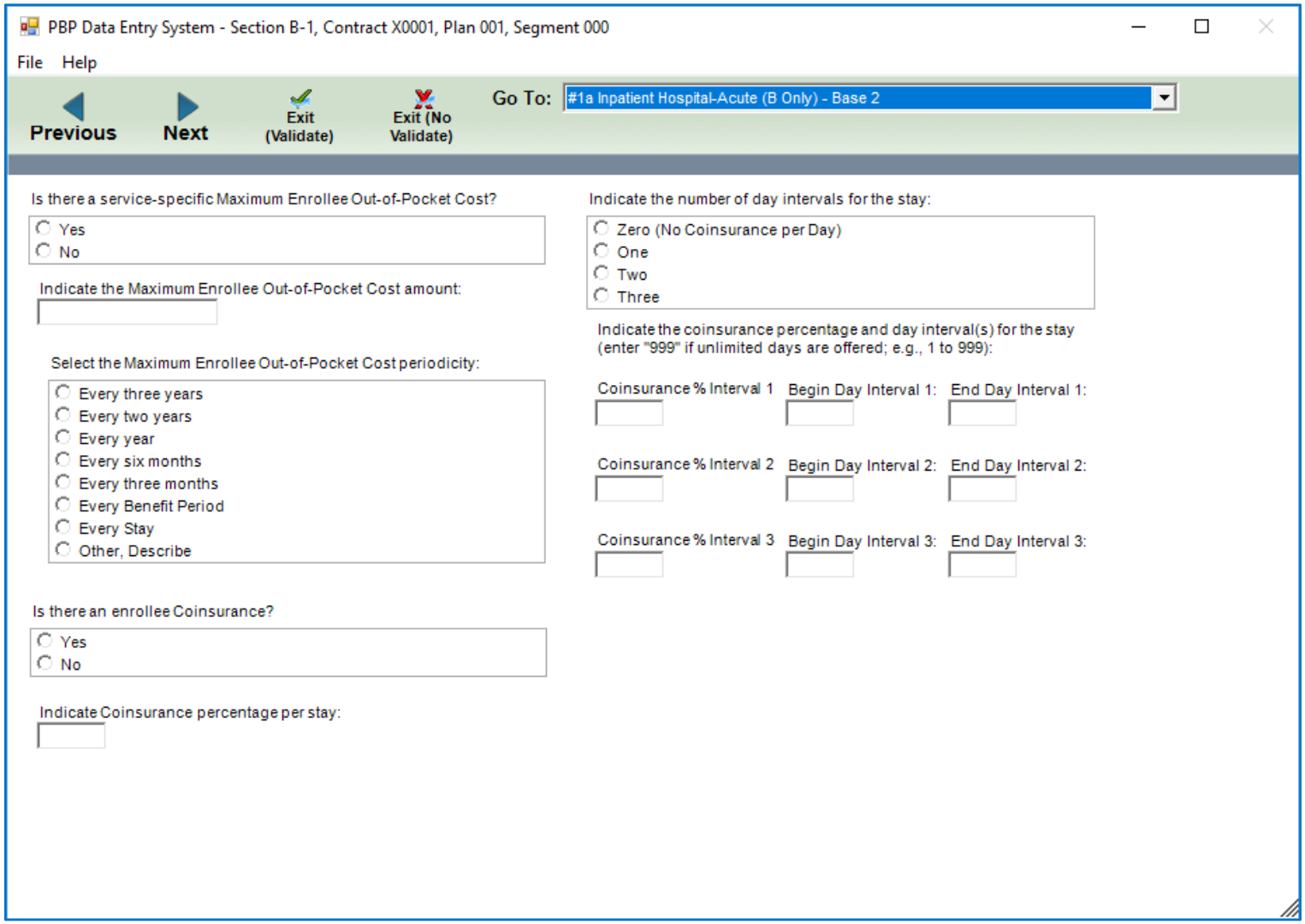
#1a Inpatient Hospital-Acute – Base 12



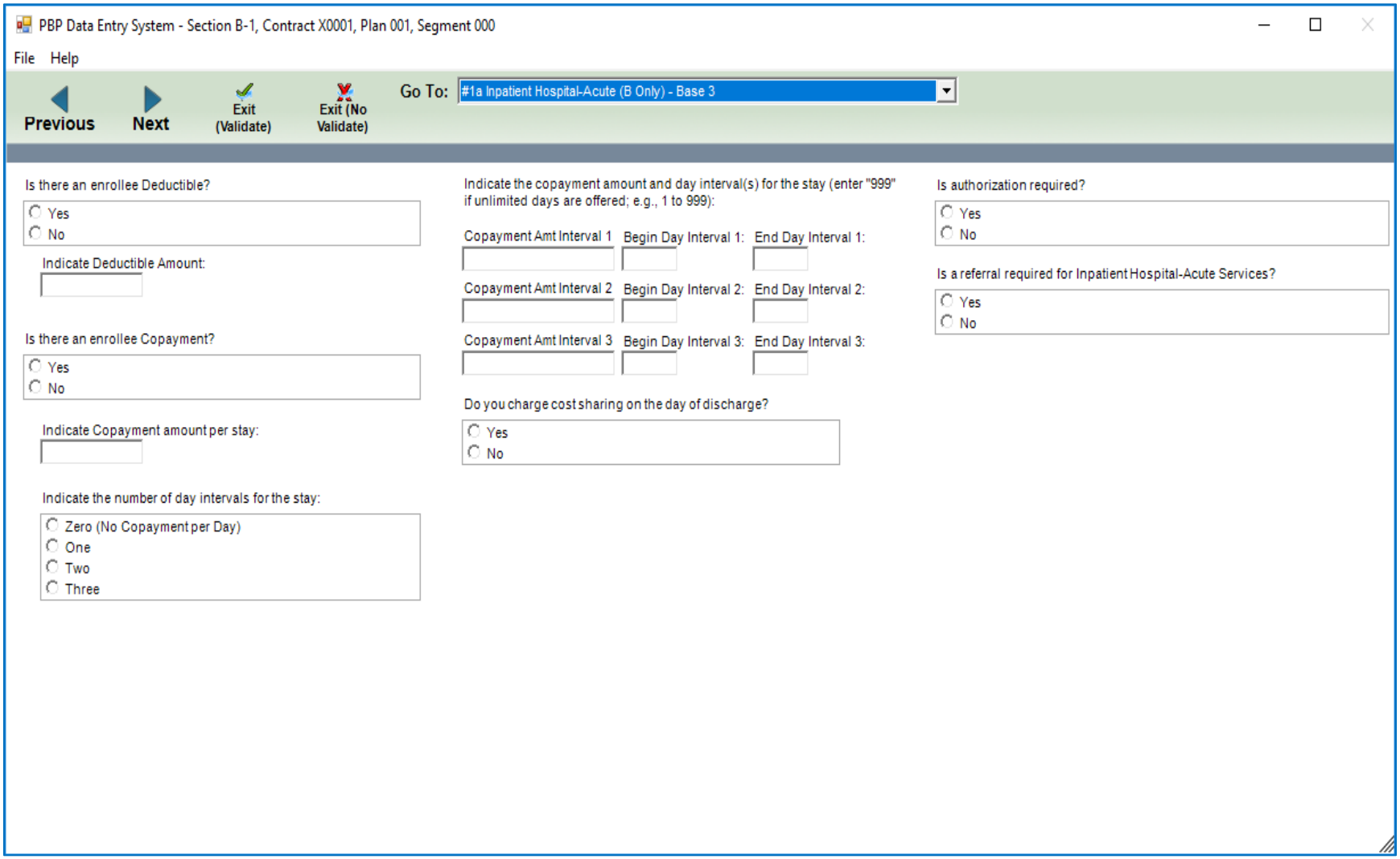
#1a Inpatient Hospital-Acute (B Only) – Base 1



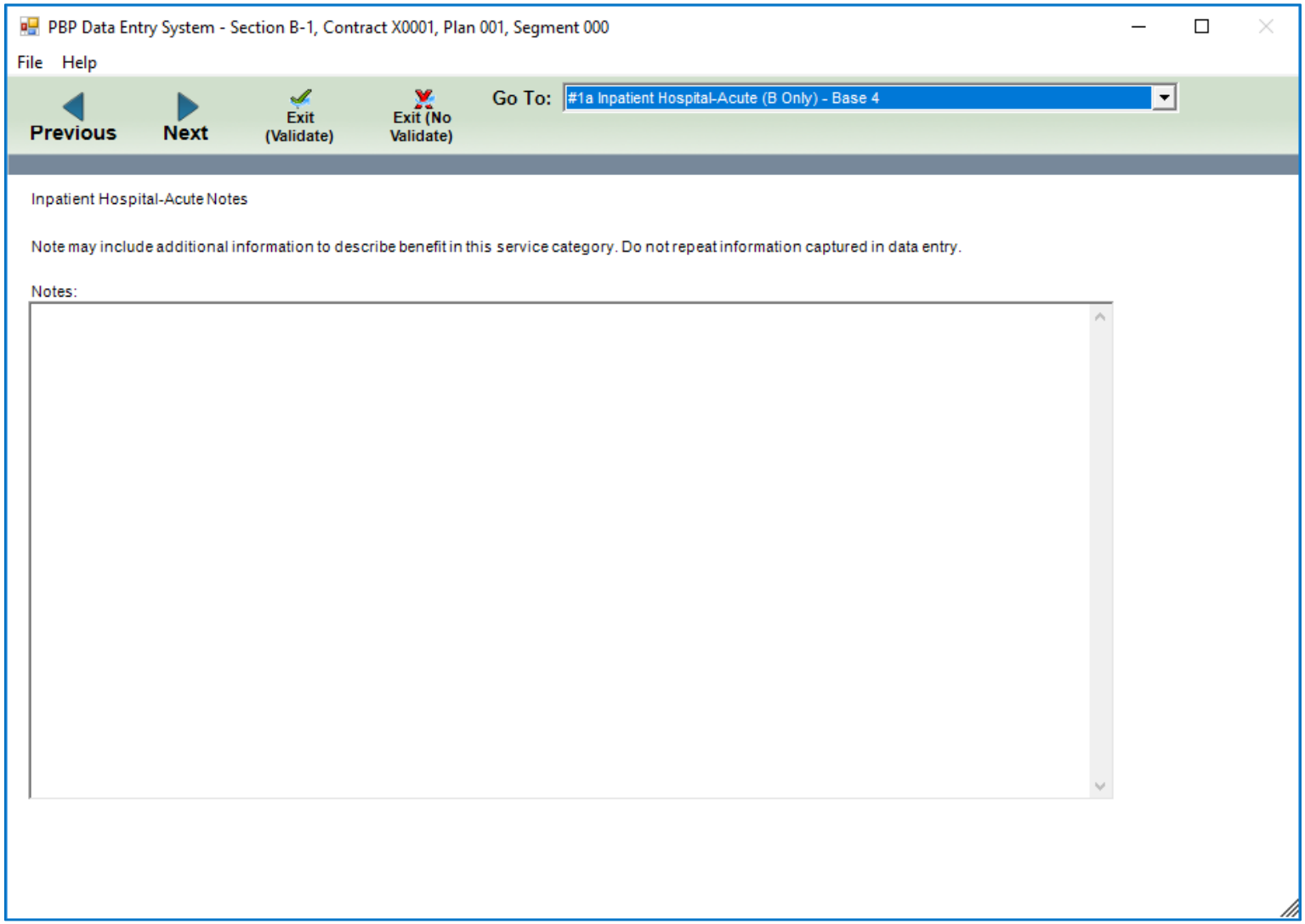
#1a Inpatient Hospital-Acute (B Only) – Base 2



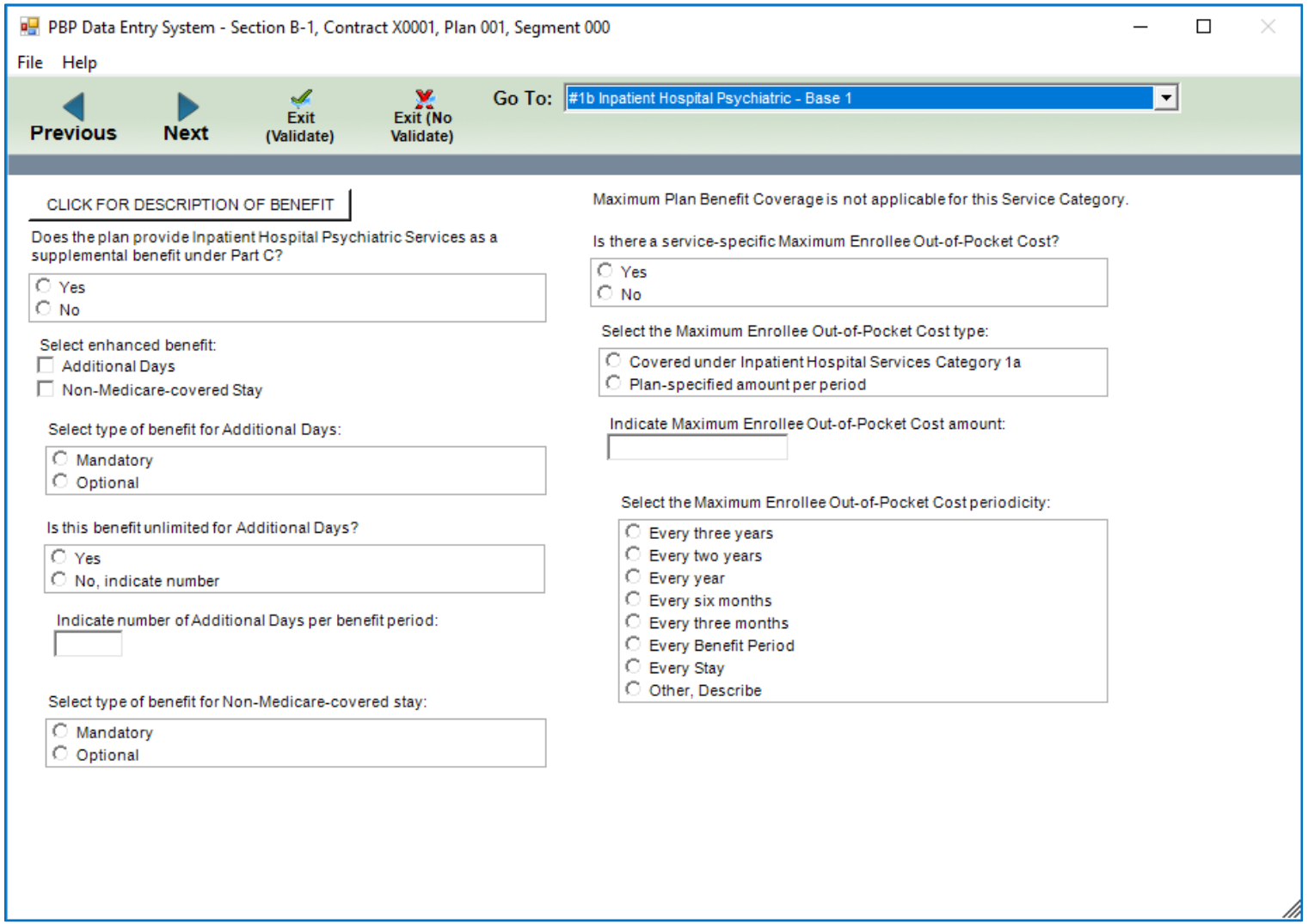
#1a Inpatient Hospital-Acute (B Only) – Base 3



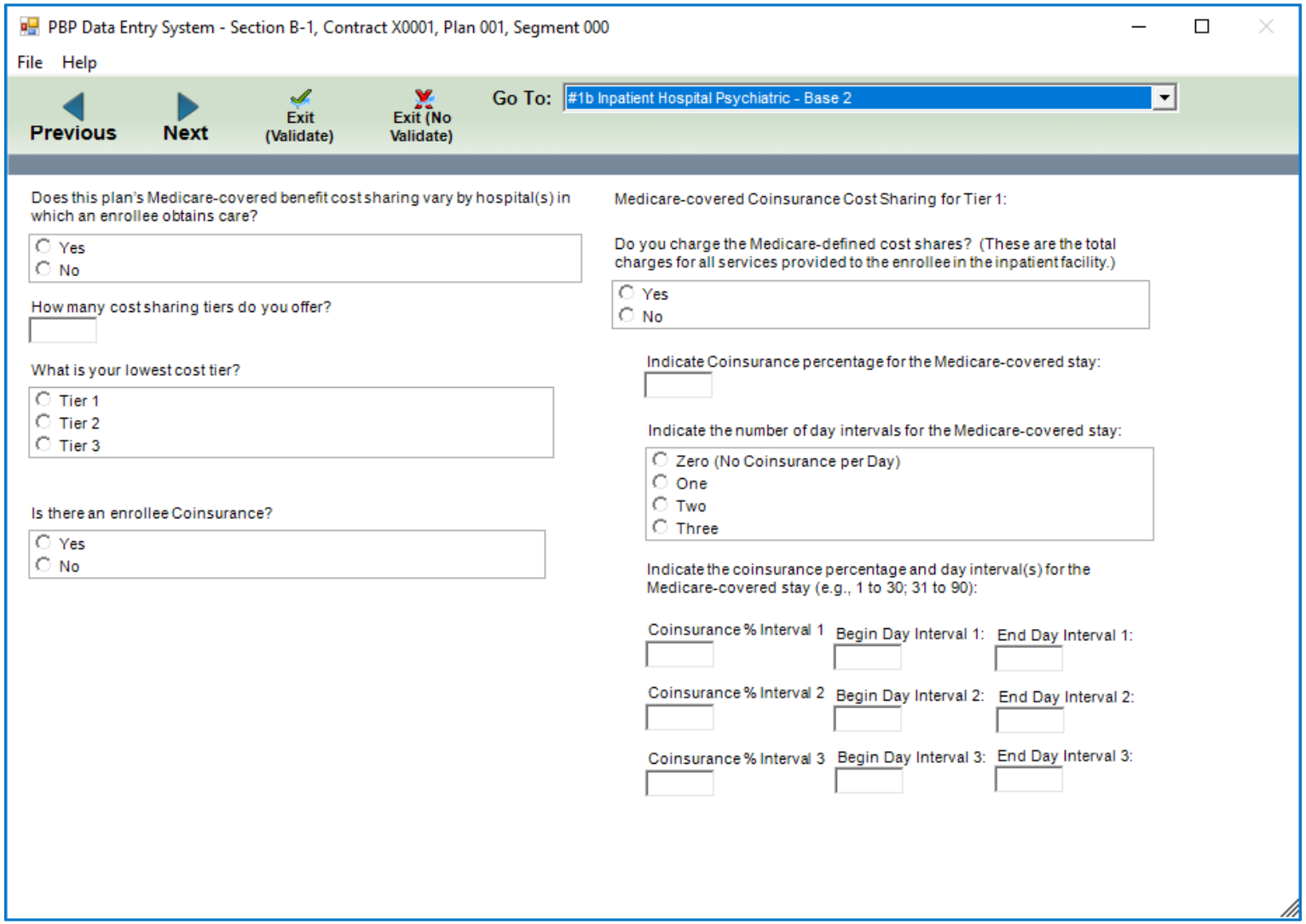
#1a Inpatient Hospital-Acute (B Only) – Base 4



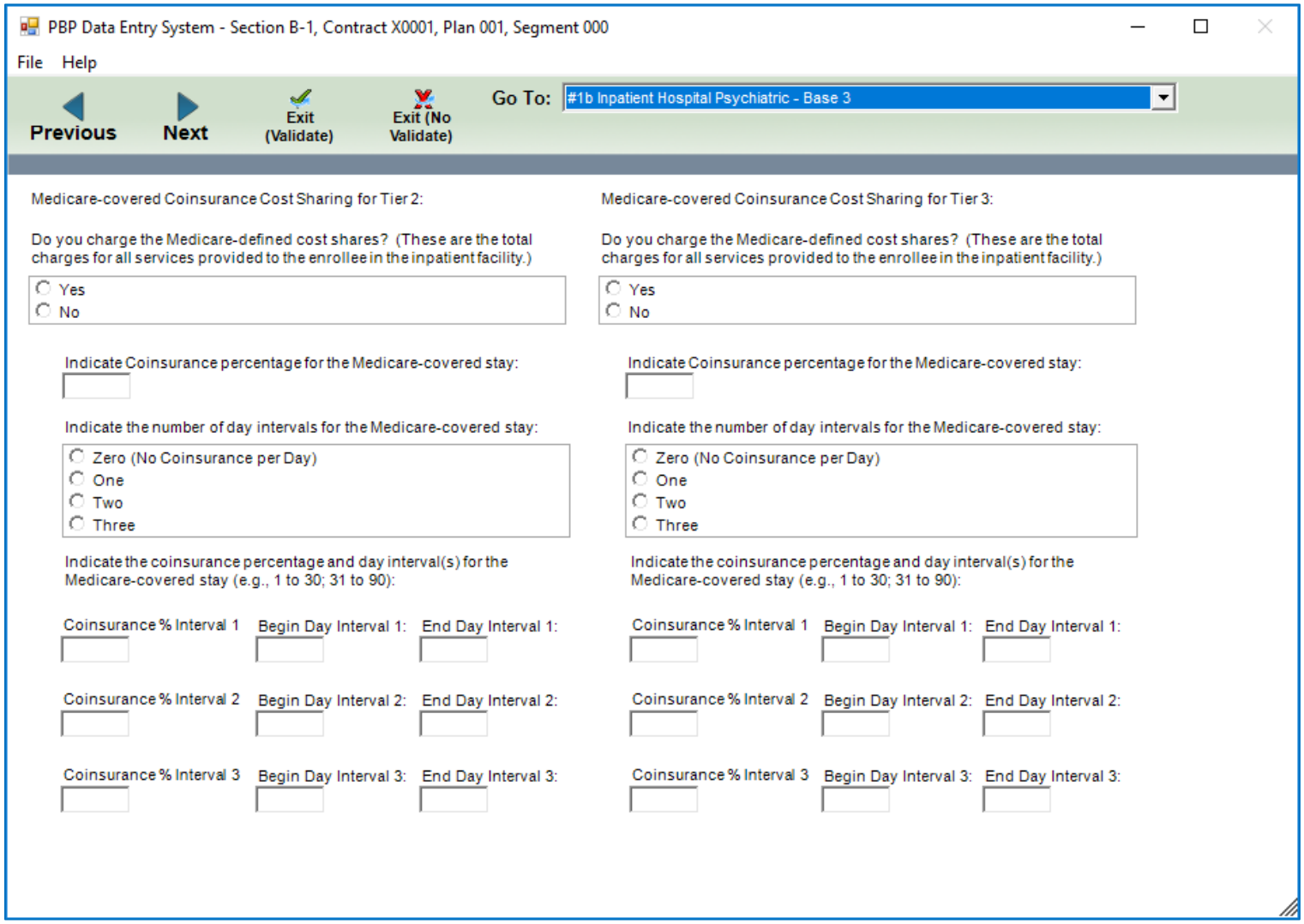
#1b Inpatient Hospital Psychiatric – Base 1



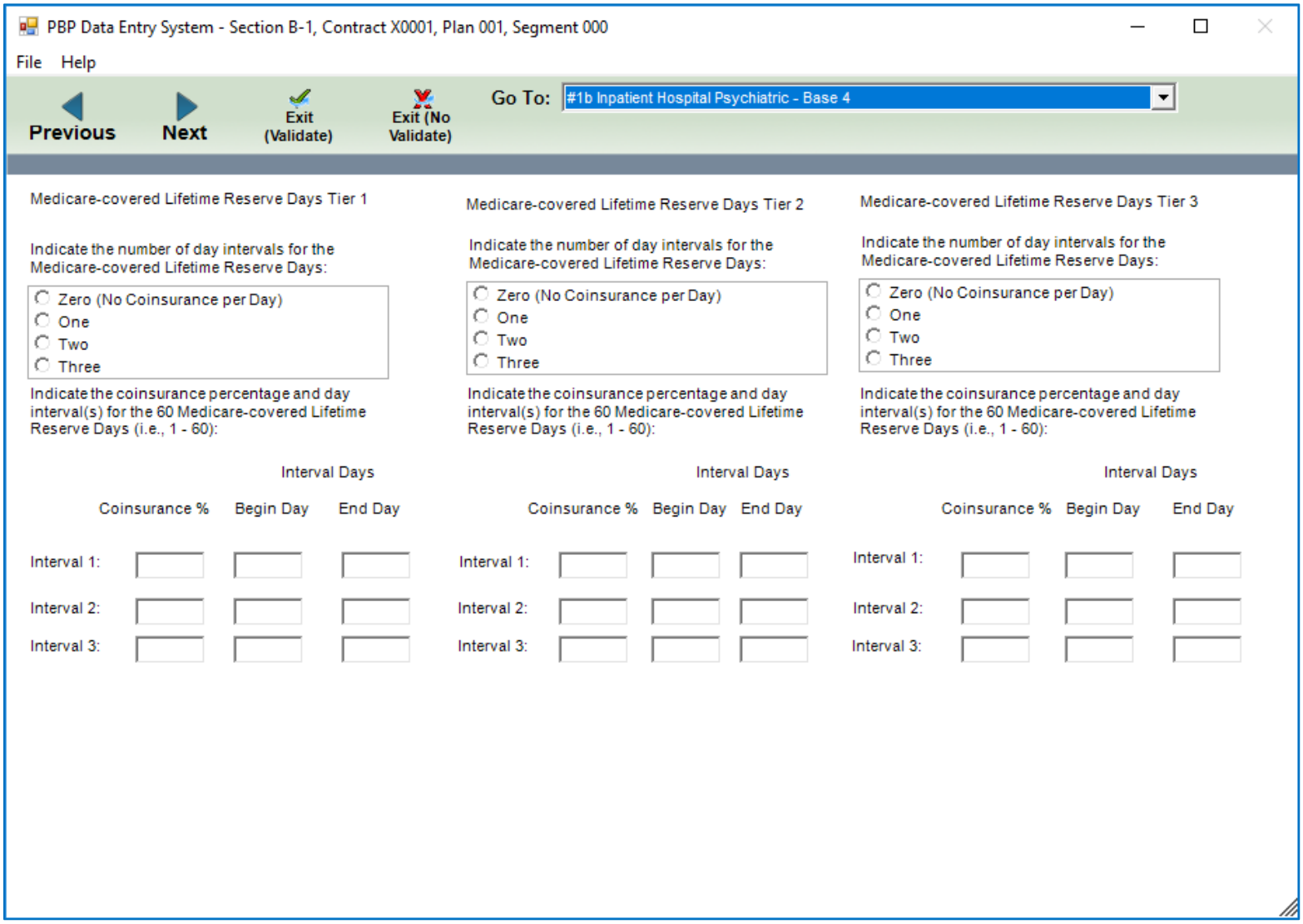
#1b Inpatient Hospital Psychiatric – Base 2



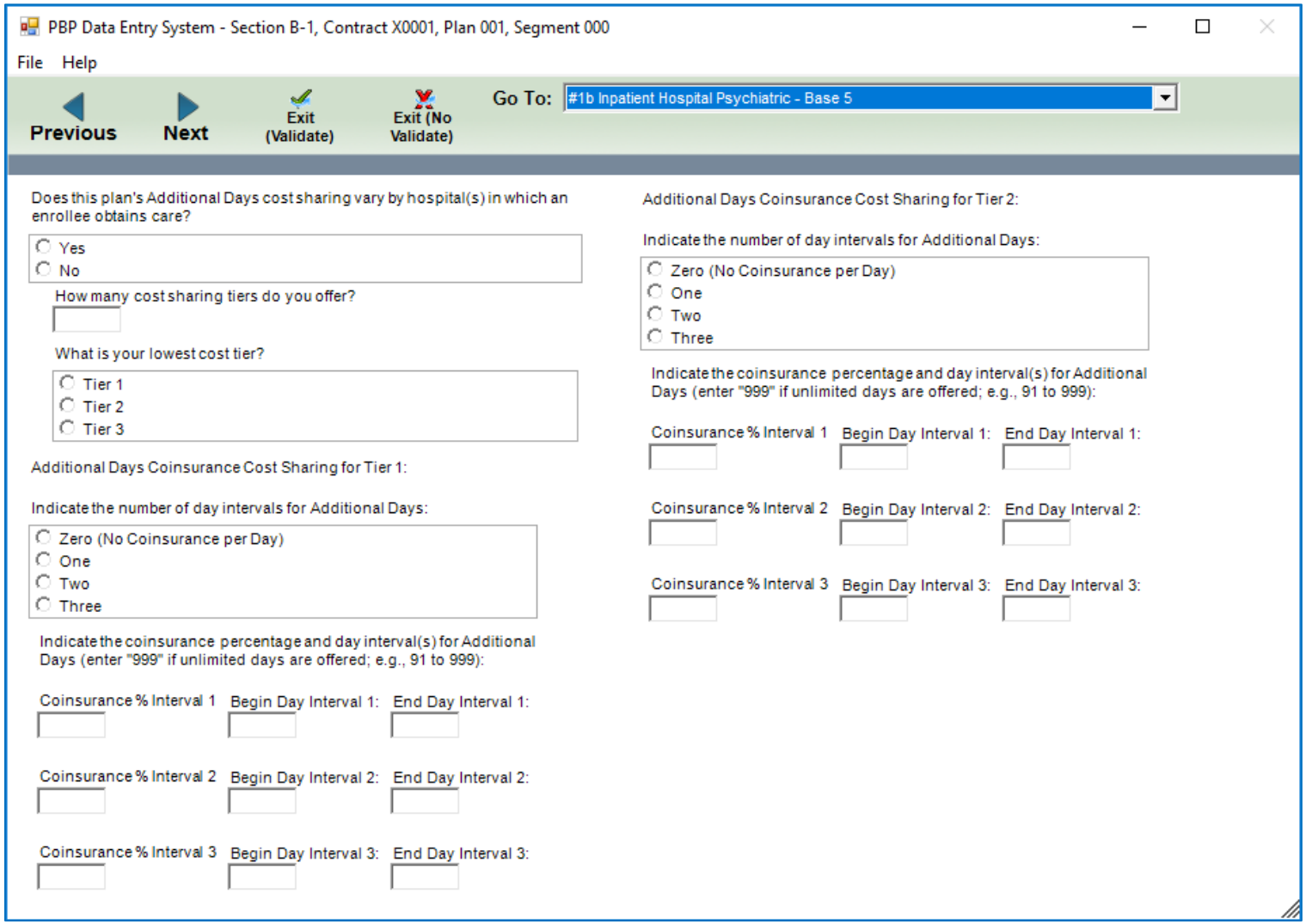
#1b Inpatient Hospital Psychiatric – Base 3



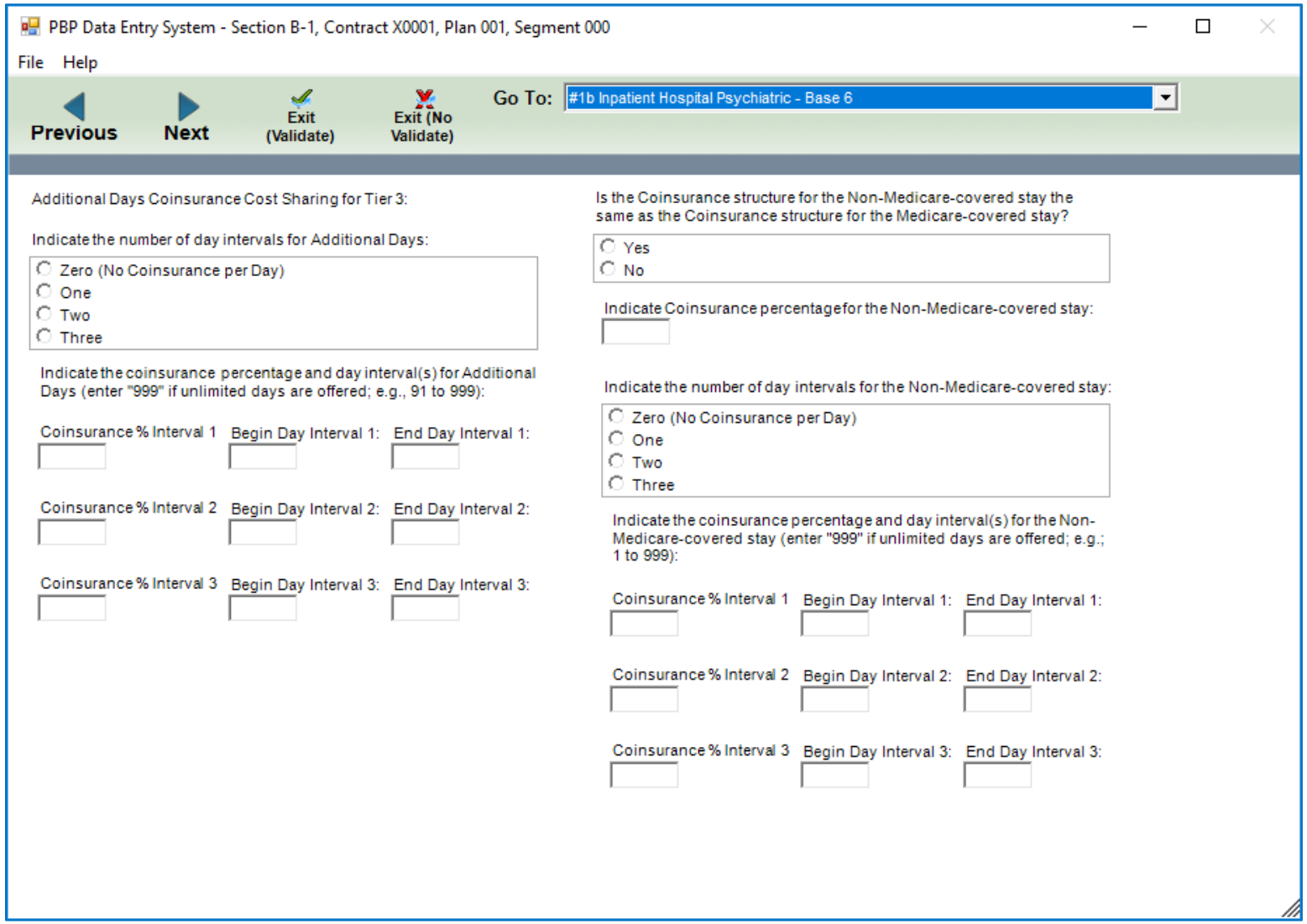
#1b Inpatient Hospital Psychiatric – Base 4



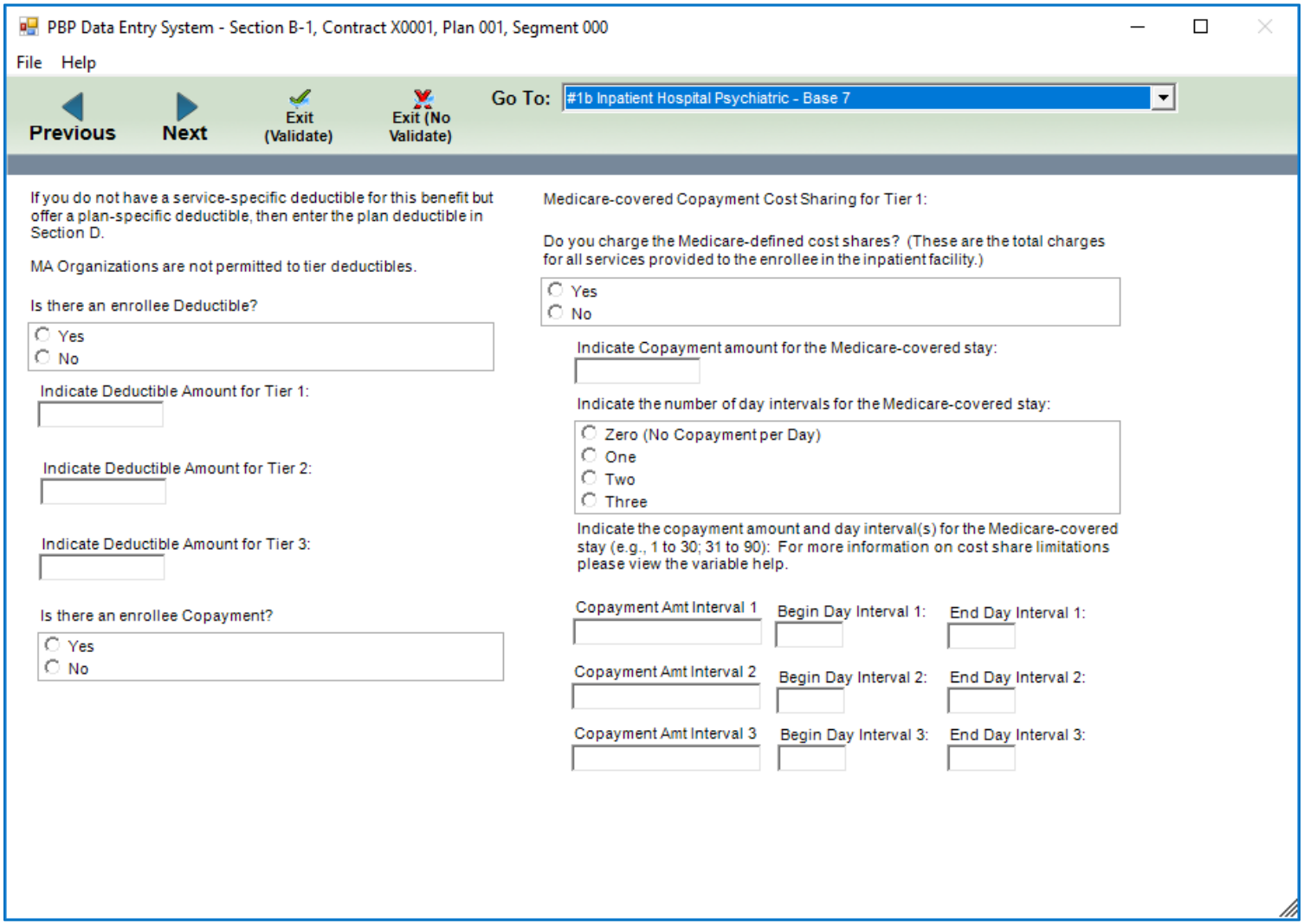
#1b Inpatient Hospital Psychiatric – Base 5



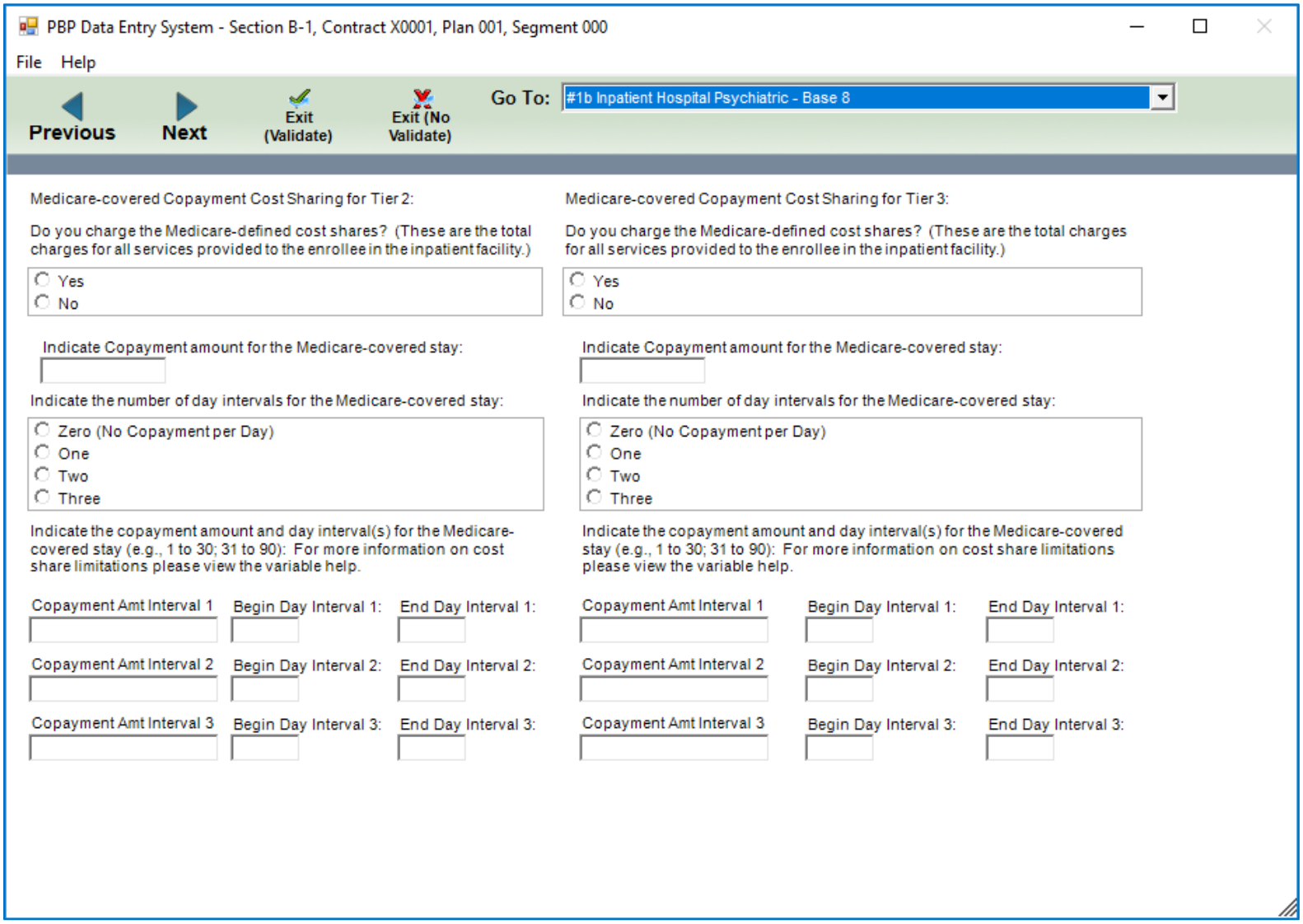
#1b Inpatient Hospital Psychiatric – Base 6



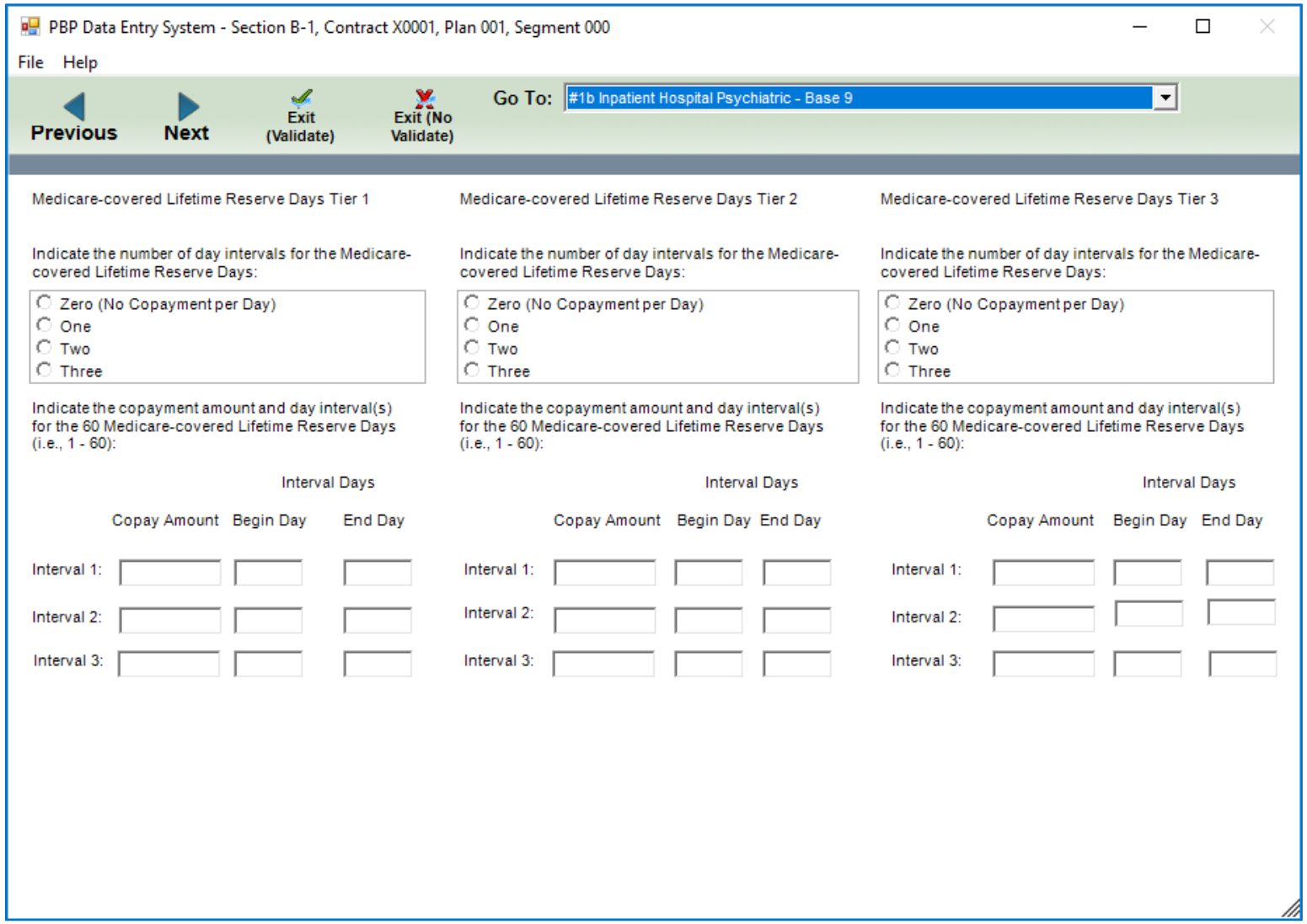
#1b Inpatient Hospital Psychiatric – Base 7



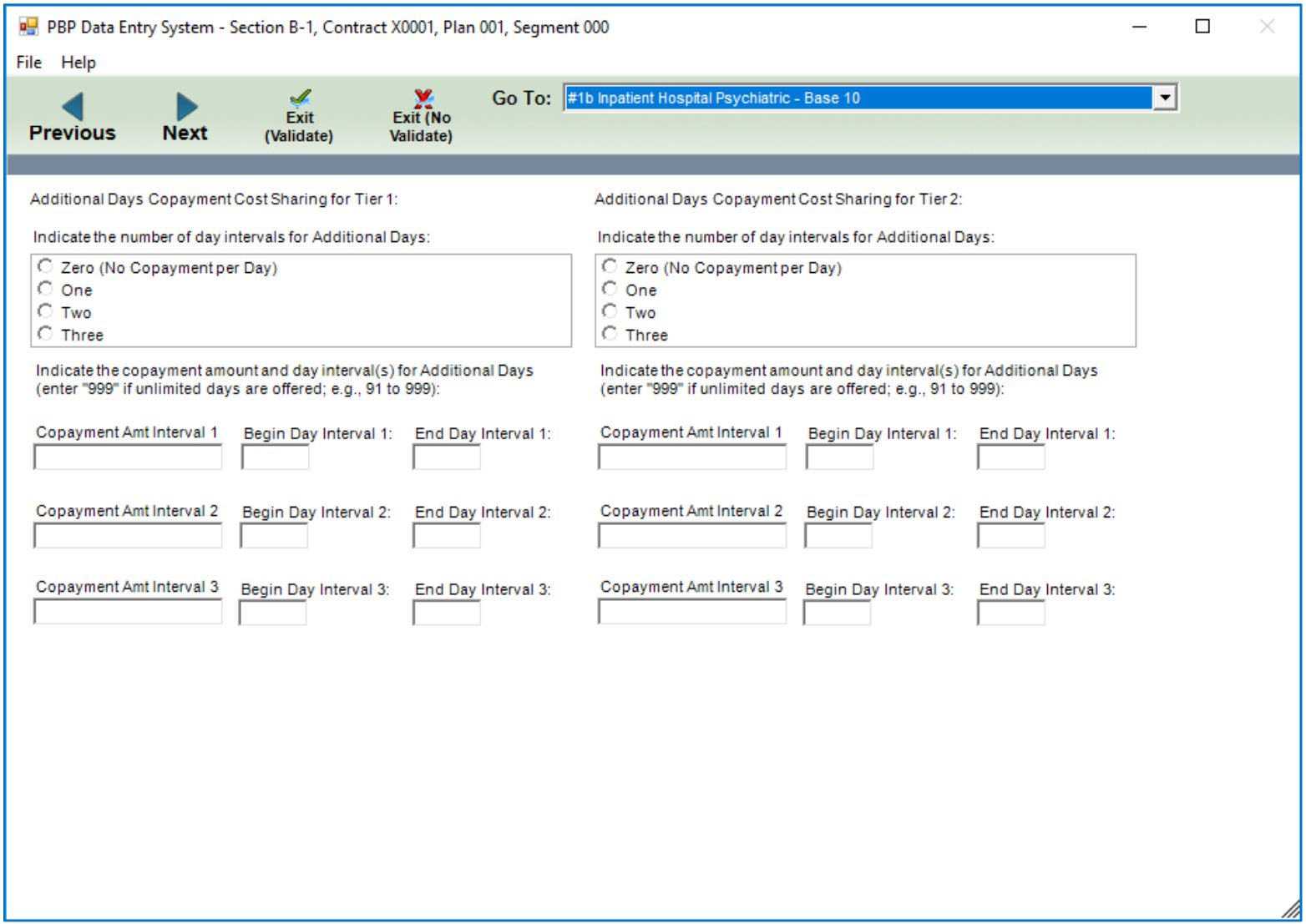
#1b Inpatient Hospital Psychiatric – Base 8



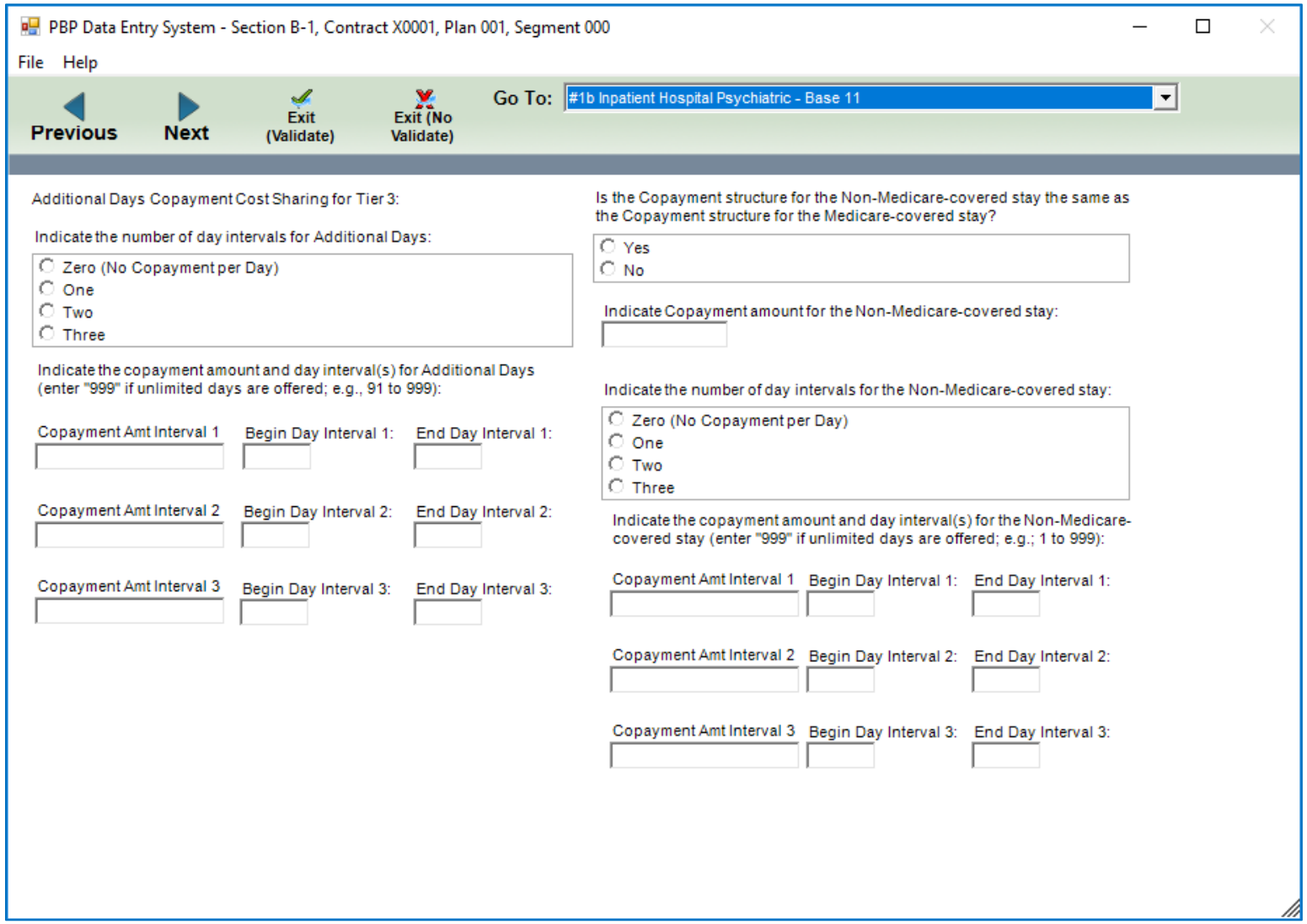
#1b Inpatient Hospital Psychiatric – Base 9



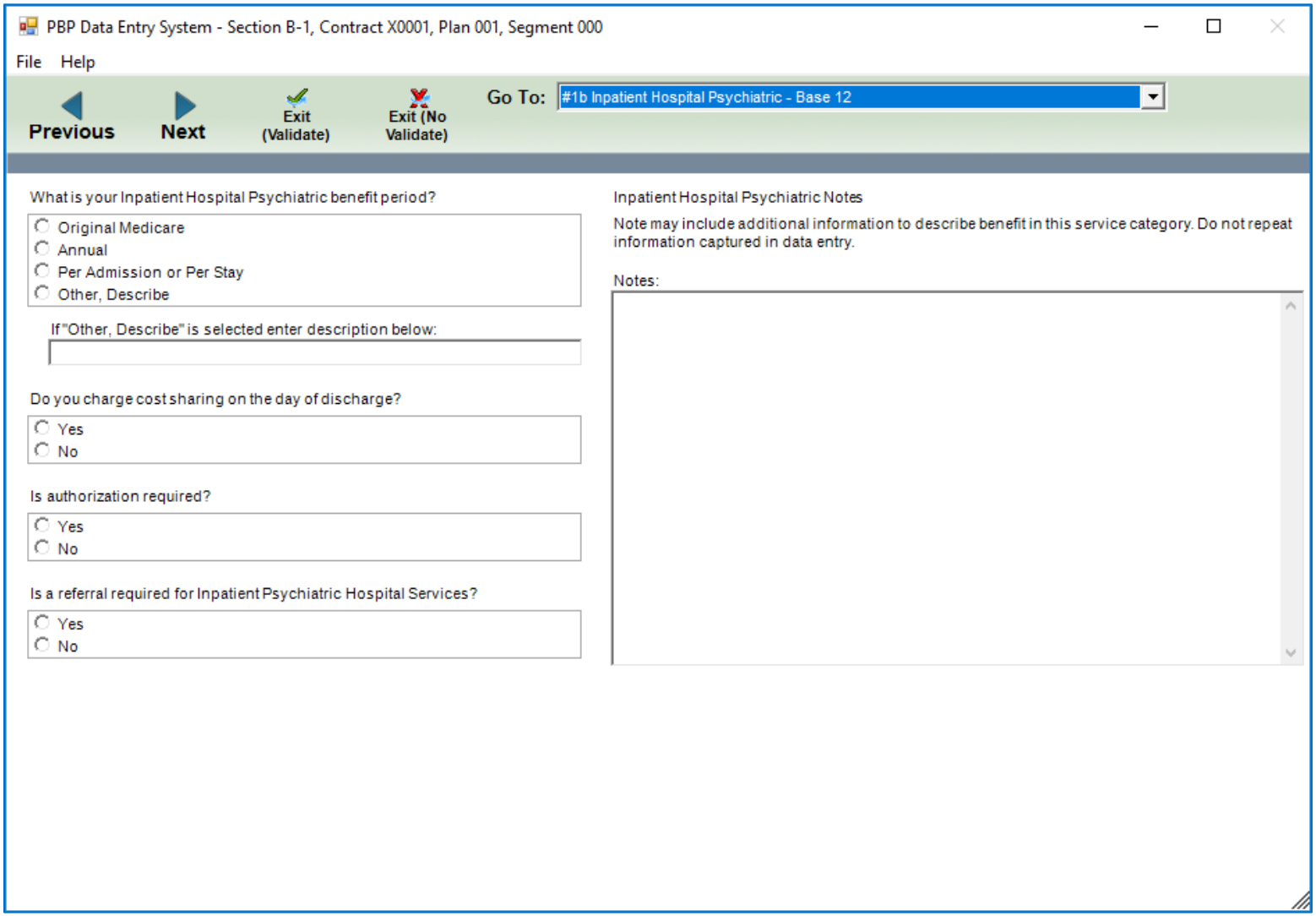
#1b Inpatient Hospital Psychiatric – Base 10



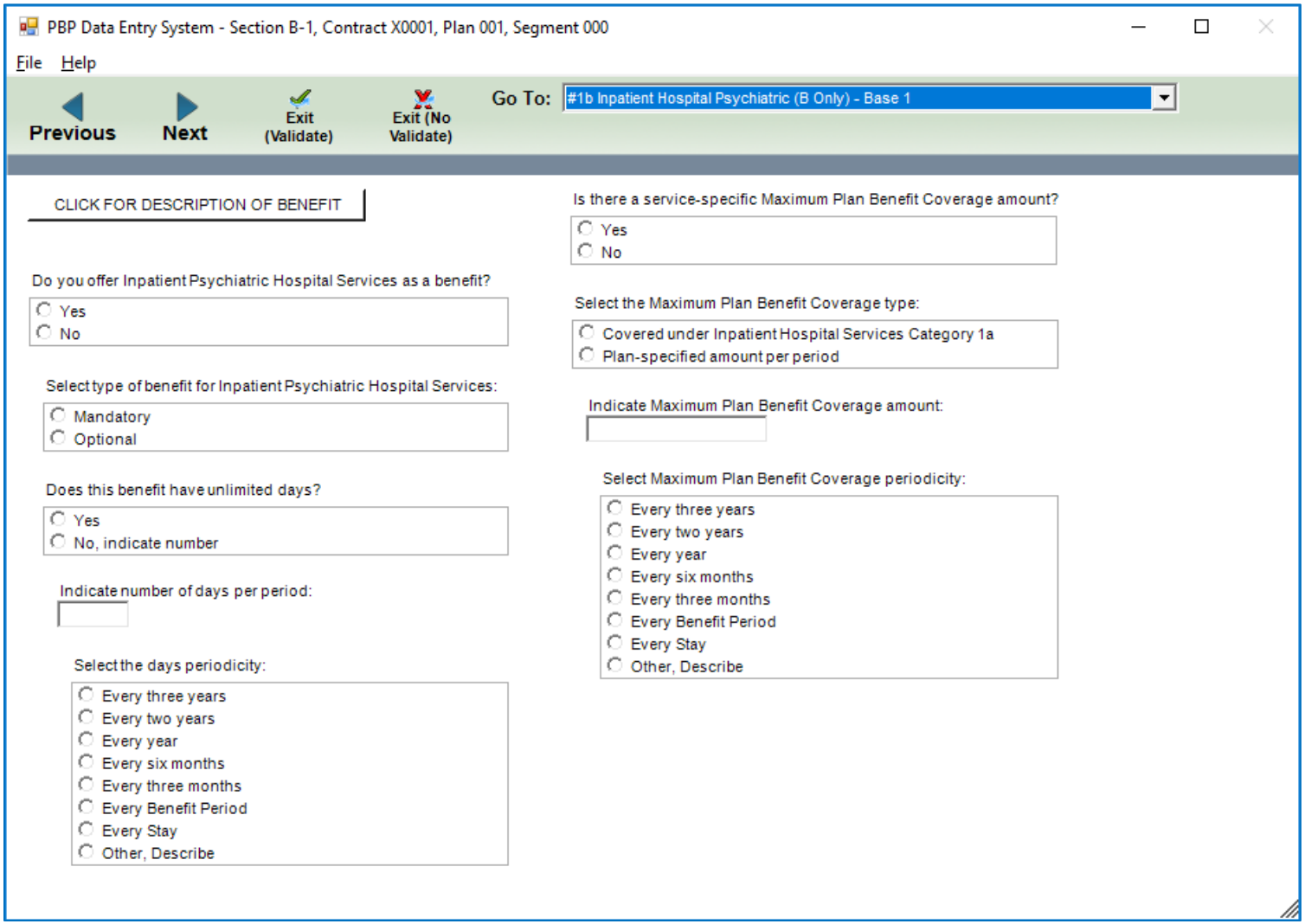
#1b Inpatient Hospital Psychiatric – Base 11



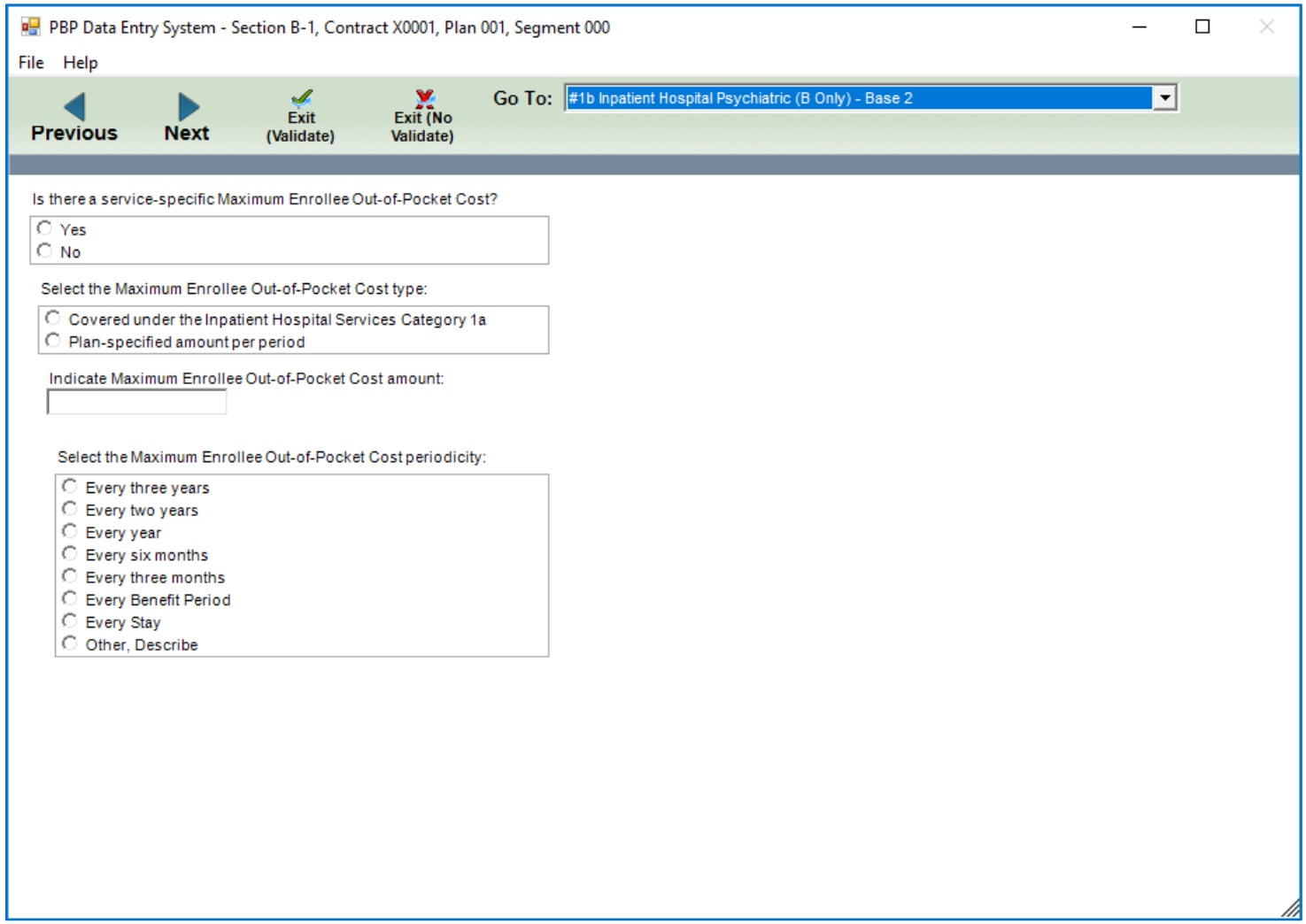
#1b Inpatient Hospital Psychiatric – Base 12



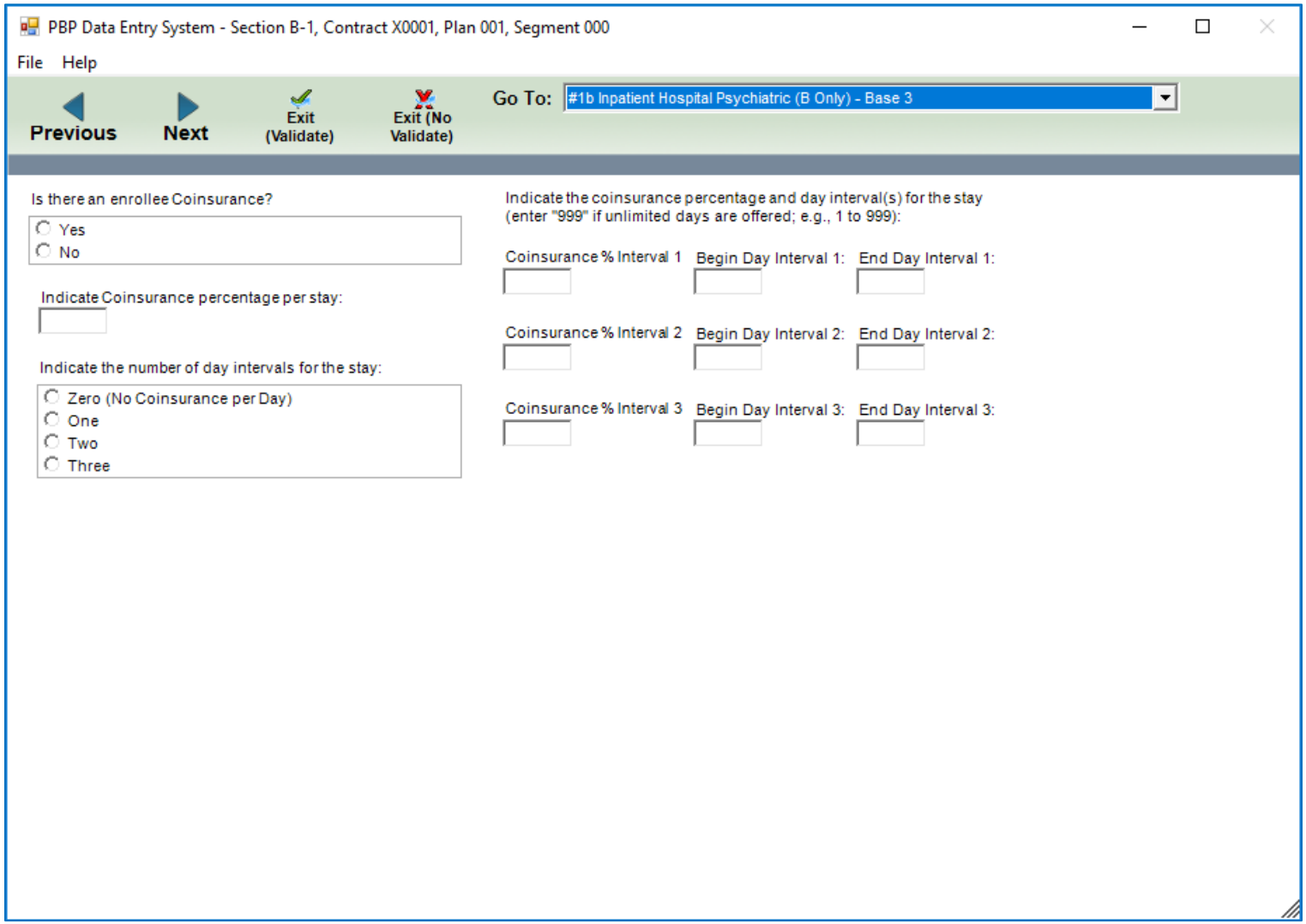
#1b Inpatient Hospital Psychiatric (B Only) – Base 1



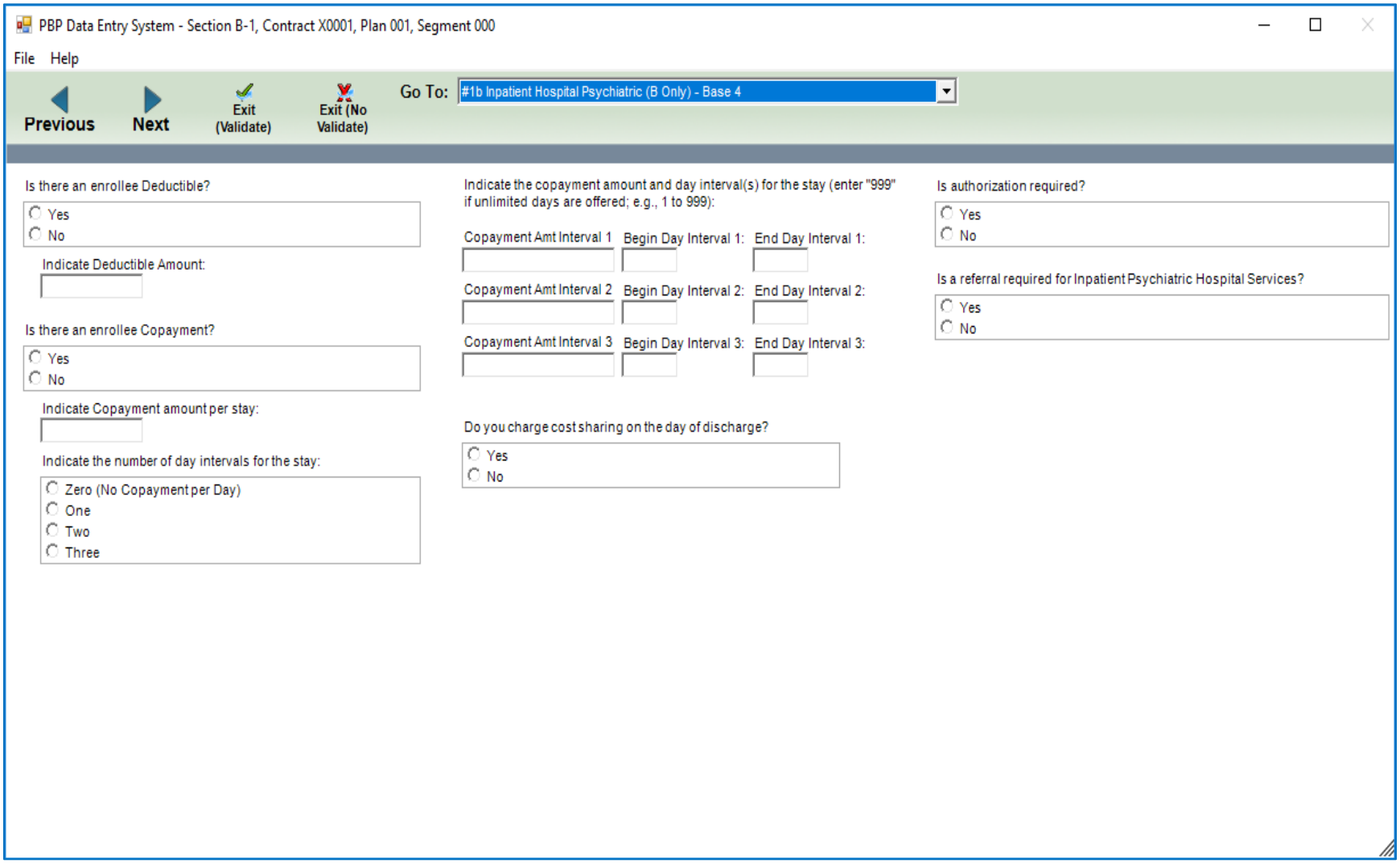
#1b Inpatient Hospital Psychiatric (B Only) – Base 2



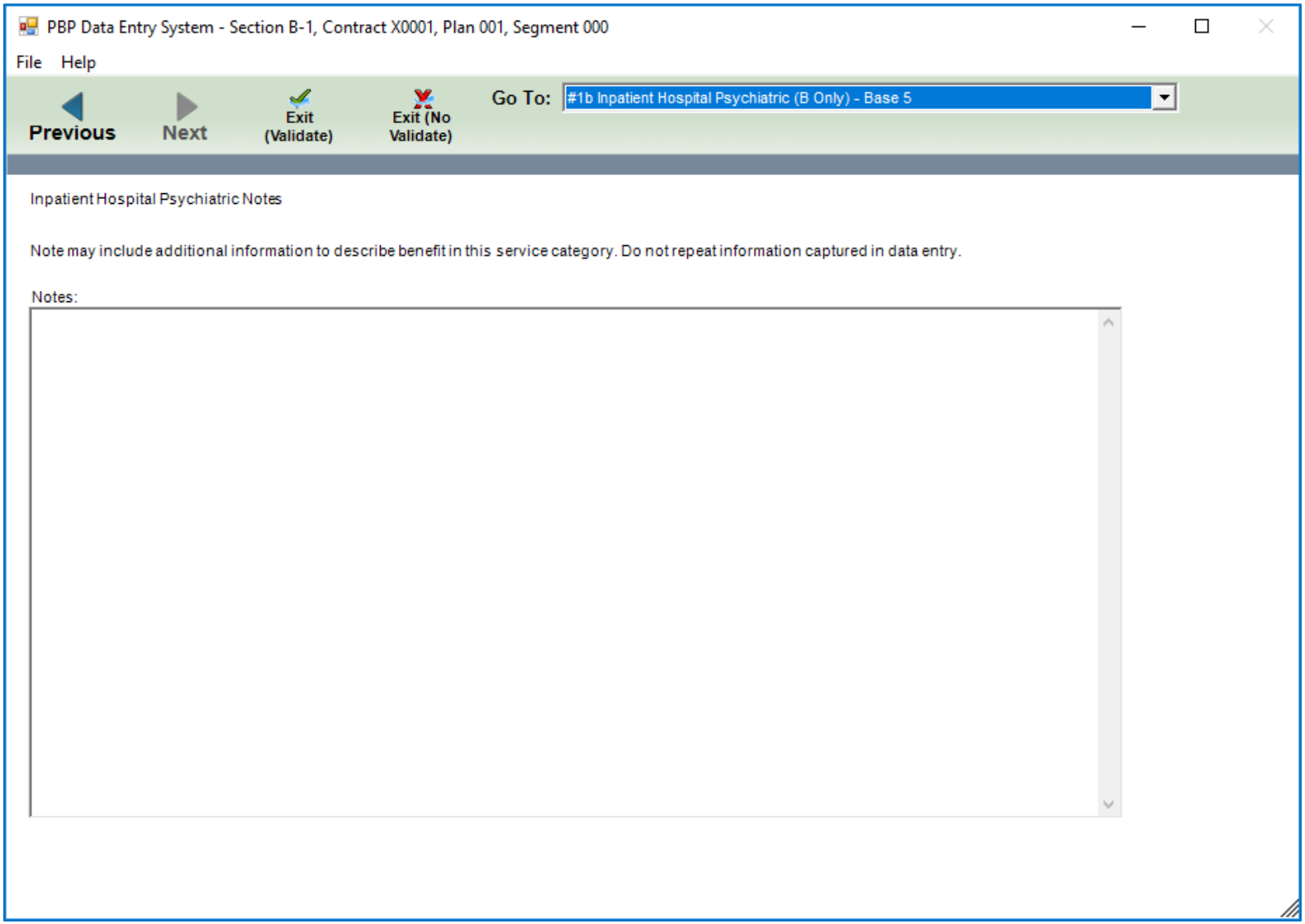
#1b Inpatient Hospital Psychiatric (B Only) – Base 3



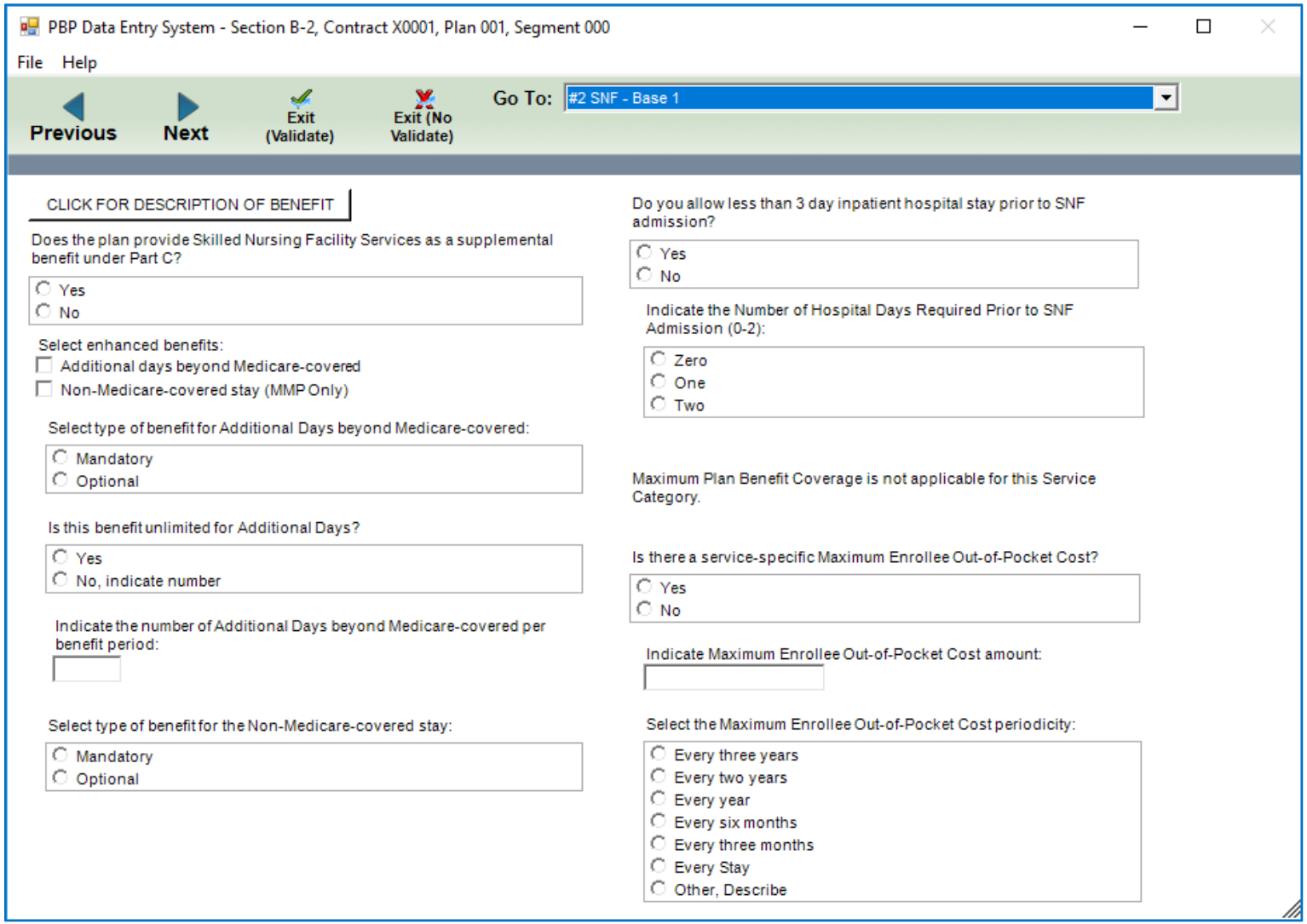
#1b Inpatient Hospital Psychiatric (B Only) – Base 4



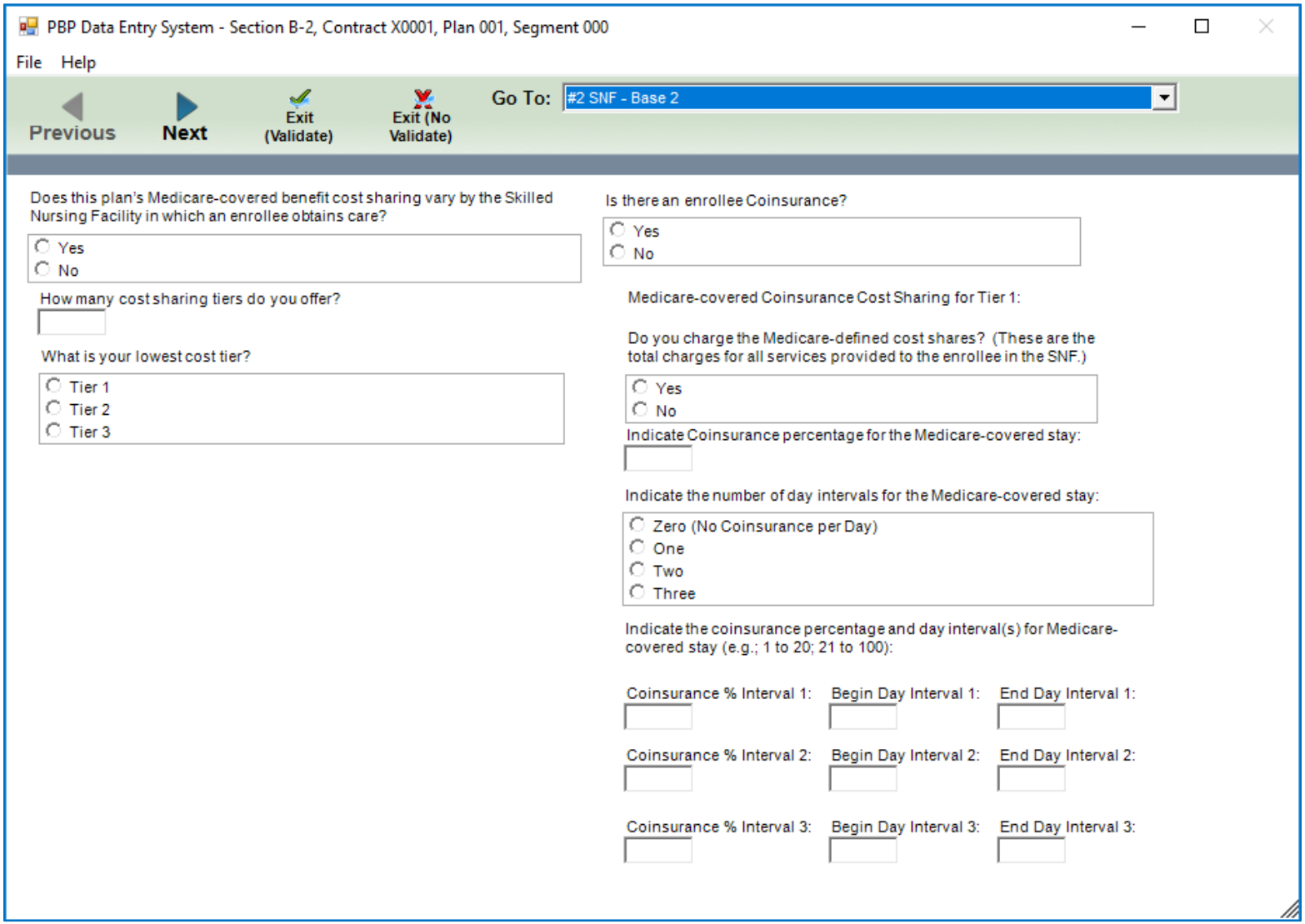
#1b Inpatient Hospital Psychiatric (B Only) – Base 5



#2 SNF – Base 1


PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000
File
Help
Previous
Next
Exit (Validate)
Exit (No Validate)
Go To:
#2 SNF - Base 1
CLICK FOR DESCRIPTION OF BENEFIT
Does the plan provide Skilled Nursing Facility Services as a supplemental benefit under Part C?
Yes
No
Select enhanced benefits:
Additional days beyond Medicare-covered
Non-Medicare-covered stay (MMP Only)
Select type of benefit for Additional Days beyond Medicare-covered:
Mandatory
Optional
Is this benefit unlimited for Additional Days?
Yes
No, indicate number
Indicate the number of Additional Days beyond Medicare-covered per benefit period:
Select type of benefit for the Non-Medicare-covered stay:
Mandatory
Optional
Do you allow less than 3 day inpatient hospital stay prior to SNF admission?
Yes
No
Indicate the Number of Hospital Days Required Prior to SNF Admission (0-2):
Zero
One
Two
Maximum Plan Benefit Coverage is not applicable for this Service Category.
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
Every Stay
Other, Describe

#2 SNF – Base 2


PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000
File
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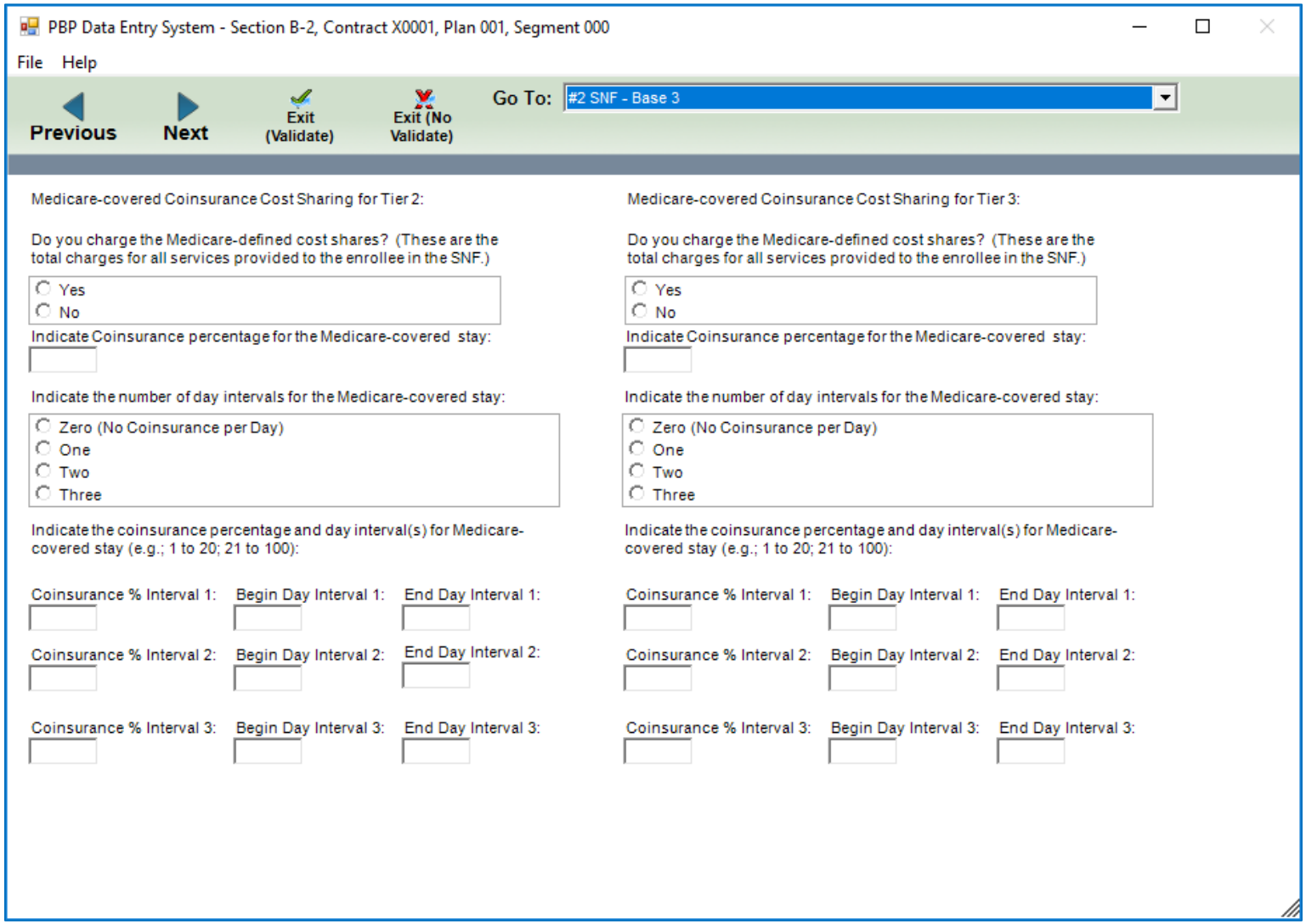
Exit (Validate)
Exit (No Validate)
Go To:
#2 SNF - Base 2
Does this plan's Medicare-covered benefit cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?
Yes
No
How many cost sharing tiers do you offer?
What is your lowest cost tier?
Tier 1
Tier 2
Tier 3
Is there an enrollee Coinsurance?
Yes
No
Medicare-covered Coinsurance Cost Sharing for Tier 1:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)
Yes
No
Indicate Coinsurance percentage for the Medicare-covered stay:
Indicate the number of day intervals for the Medicare-covered stay:
Zero (No Coinsurance per Day)
One
Two
Three
Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100):
Coinsurance % Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Coinsurance % Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Coinsurance % Interval 3:
Begin Day Interval 3:
End Day Interval 3:

#2 SNF – Base 3


PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000
File
Help
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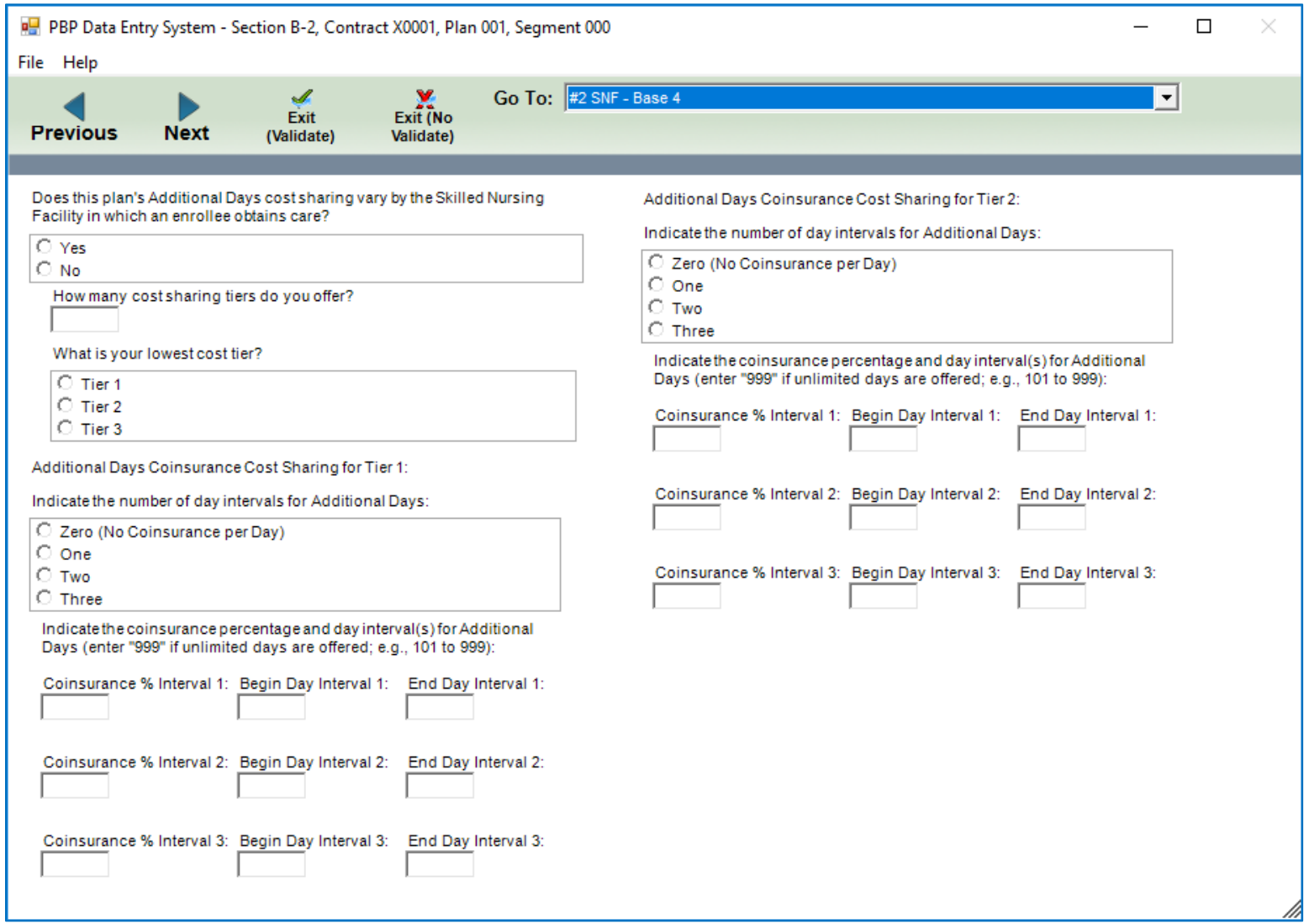
Exit (Validate)
Exit (No Validate)
Go To:
#2 SNF - Base 3
Medicare-covered Coinsurance Cost Sharing for Tier 2:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)
Yes
No
Indicate Coinsurance percentage for the Medicare-covered stay:
Indicate the number of day intervals for the Medicare-covered stay:
Zero (No Coinsurance per Day)
One
Two
Three
Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100):
Coinsurance % Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Coinsurance % Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Coinsurance % Interval 3:
Begin Day Interval 3:
End Day Interval 3:
Medicare-covered Coinsurance Cost Sharing for Tier 3:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)
Yes
No
Indicate Coinsurance percentage for the Medicare-covered stay:
Indicate the number of day intervals for the Medicare-covered stay:
Zero (No Coinsurance per Day)
One
Two
Three
Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100):
Coinsurance % Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Coinsurance % Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Coinsurance % Interval 3:
Begin Day Interval 3:
End Day Interval 3:

#2 SNF – Base 4


PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000
File
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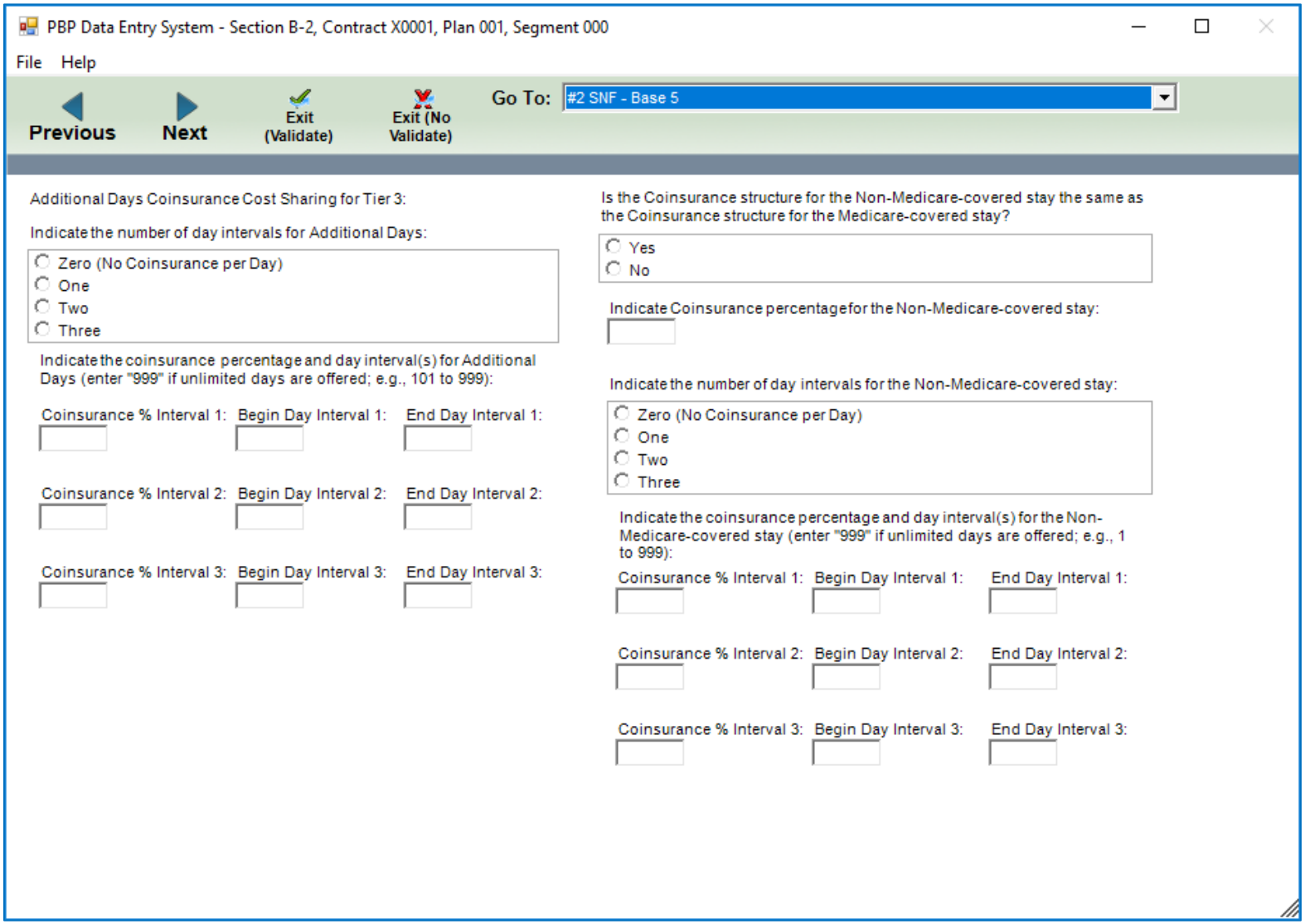
Next
Exit (Validate)
Exit (No Validate)
Go To:
#2 SNF - Base 4
Does this plan's Additional Days cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?
Yes
No
How many cost sharing tiers do you offer?
What is your lowest cost tier?
Tier 1
Tier 2
Tier 3
Additional Days Coinsurance Cost Sharing for Tier 1:
Indicate the number of day intervals for Additional Days:
Zero (No Coinsurance per Day)
One
Two
Three
Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):
Coinsurance % Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Coinsurance % Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Coinsurance % Interval 3:
Begin Day Interval 3:
End Day Interval 3:
Additional Days Coinsurance Cost Sharing for Tier 2:
Indicate the number of day intervals for Additional Days:
Zero (No Coinsurance per Day)
One
Two
Three
Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):
Coinsurance % Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Coinsurance % Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Coinsurance % Interval 3:
Begin Day Interval 3:
End Day Interval 3:

#2 SNF – Base 5


PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000
File
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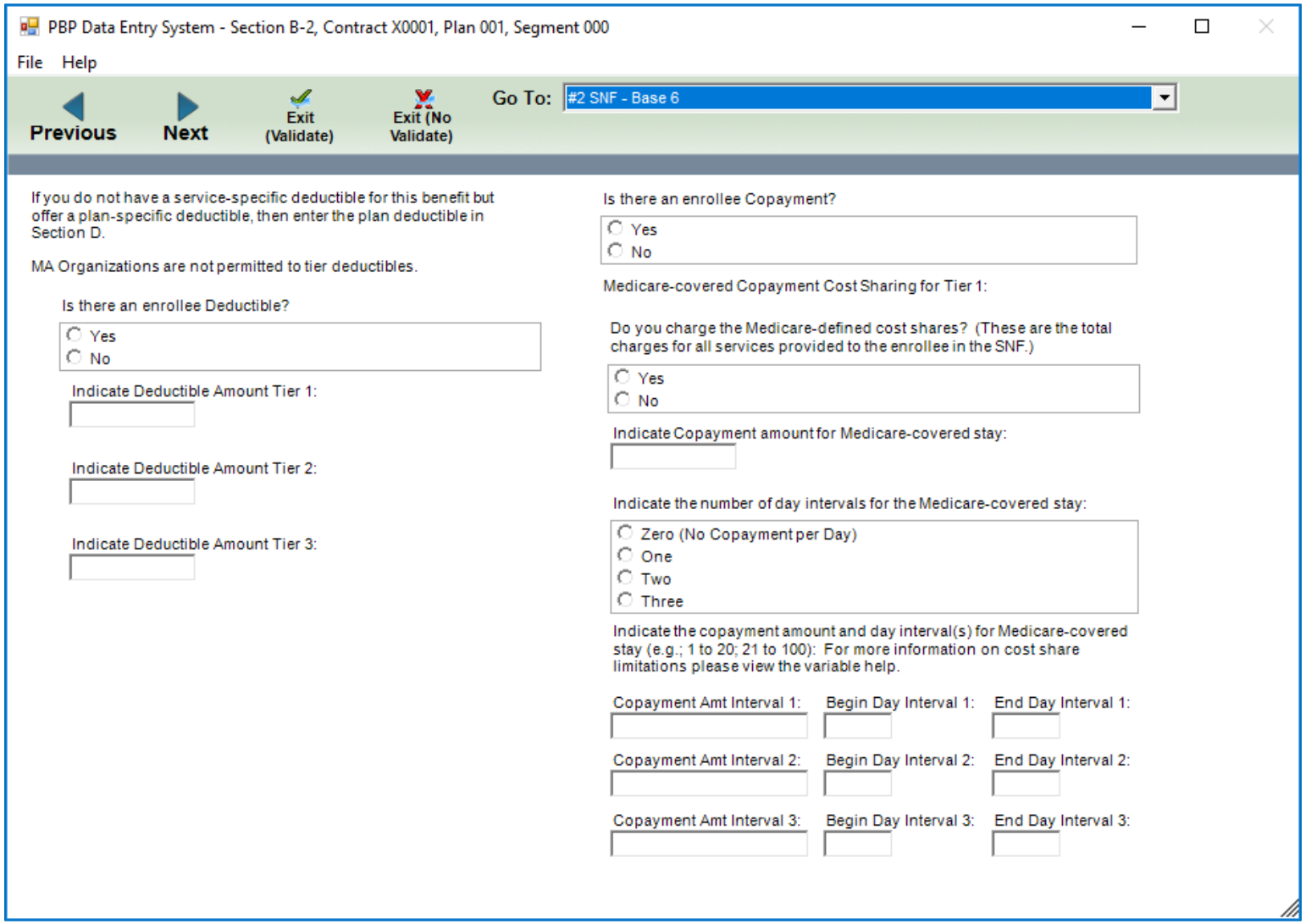
Next
Exit (Validate)
Exit (No Validate)
Go To:
#2 SNF - Base 5
Additional Days Coinsurance Cost Sharing for Tier 3:
Indicate the number of day intervals for Additional Days:
Zero (No Coinsurance per Day)
One
Two
Three
Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):
Coinsurance % Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Coinsurance % Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Coinsurance % Interval 3:
Begin Day Interval 3:
End Day Interval 3:
Is the Coinsurance structure for the Non-Medicare-covered stay the same as the Coinsurance structure for the Medicare-covered stay?
Yes
No
Indicate Coinsurance percentage for the Non-Medicare-covered stay:
Indicate the number of day intervals for the Non-Medicare-covered stay:
Zero (No Coinsurance per Day)
One
Two
Three
Indicate the coinsurance percentage and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):
Coinsurance % Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Coinsurance % Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Coinsurance % Interval 3:
Begin Day Interval 3:
End Day Interval 3:

#2 SNF – Base 6


PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000
File
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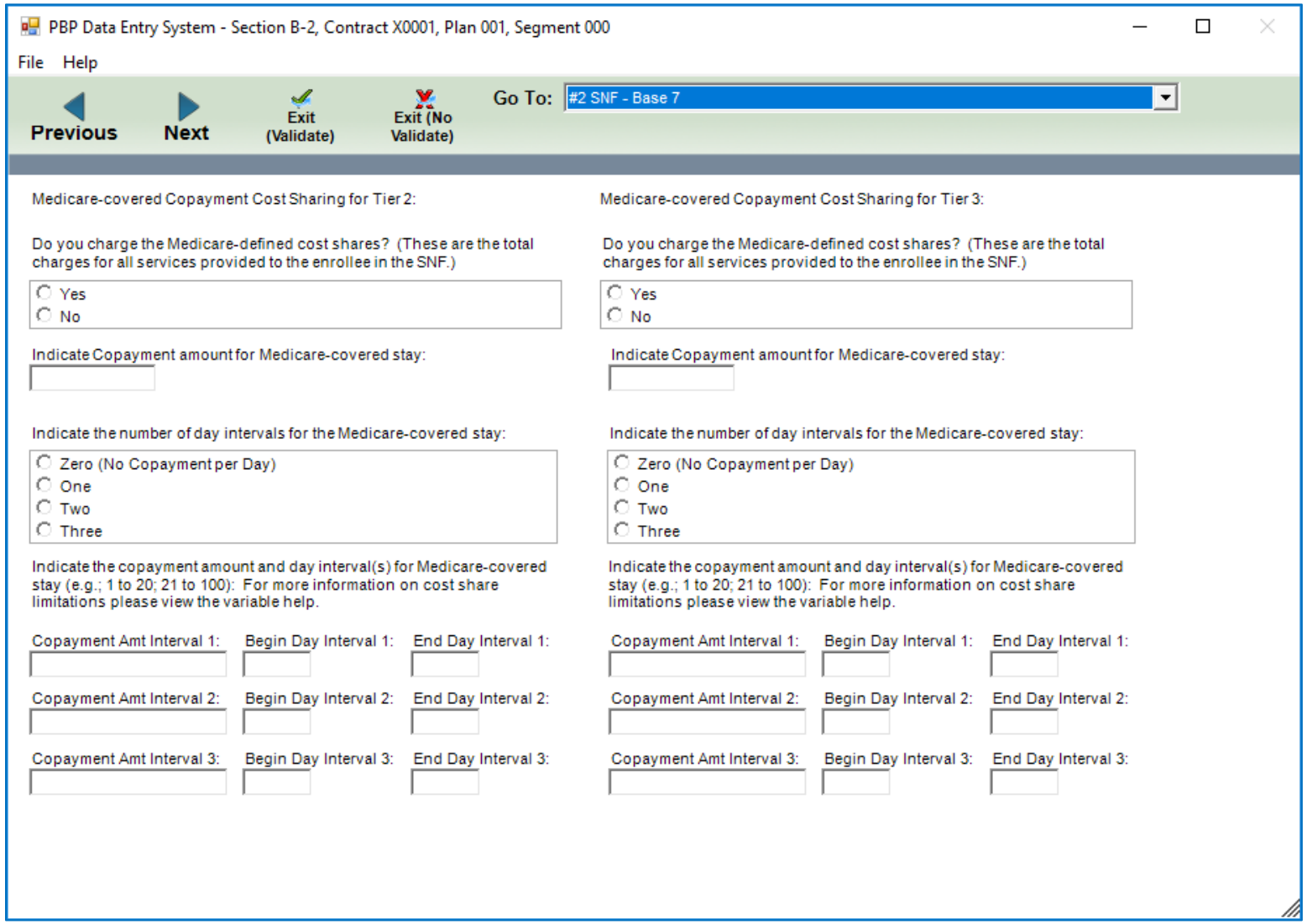
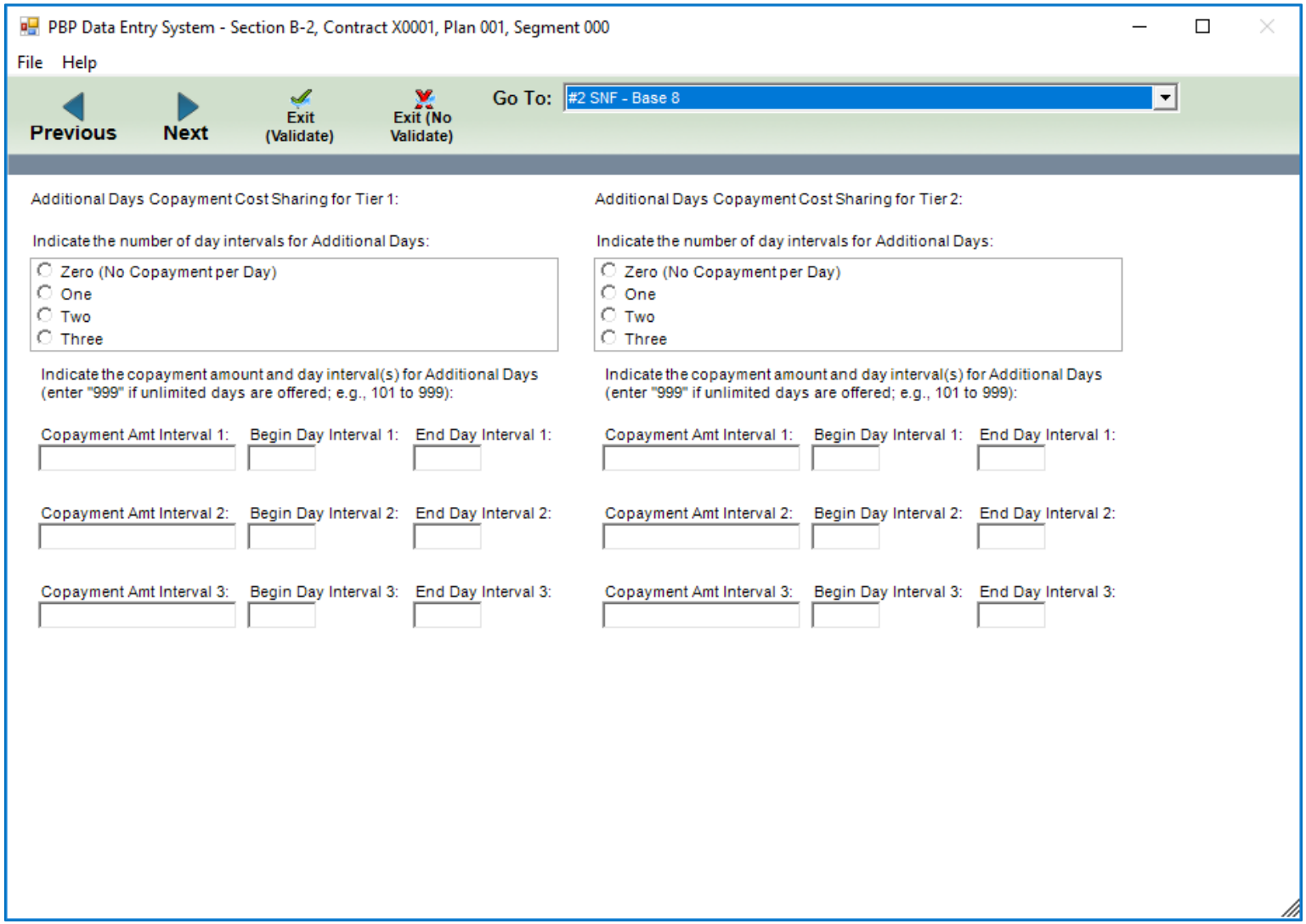
Exit (Validate)
Exit (No Validate)
Go To:
#2 SNF - Base 6
If you do not have a service-specific deductible for this benefit but offer a plan-specific deductible, then enter the plan deductible in Section D.
MA Organizations are not permitted to tier deductibles.
Is there an enrollee Deductible?
Yes
No
Indicate Deductible Amount Tier 1:
Indicate Deductible Amount Tier 2:
Indicate Deductible Amount Tier 3:
Is there an enrollee Copayment?
Yes
No
Medicare-covered Copayment Cost Sharing for Tier 1:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)
Yes
No
Indicate Copayment amount for Medicare-covered stay:
Indicate the number of day intervals for the Medicare-covered stay:
Zero (No Copayment per Day)
One
Two
Three
Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100): For more information on cost share limitations please view the variable help.
Copayment Amt Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Copayment Amt Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Copayment Amt Interval 3:
Begin Day Interval 3:
End Day Interval 3:

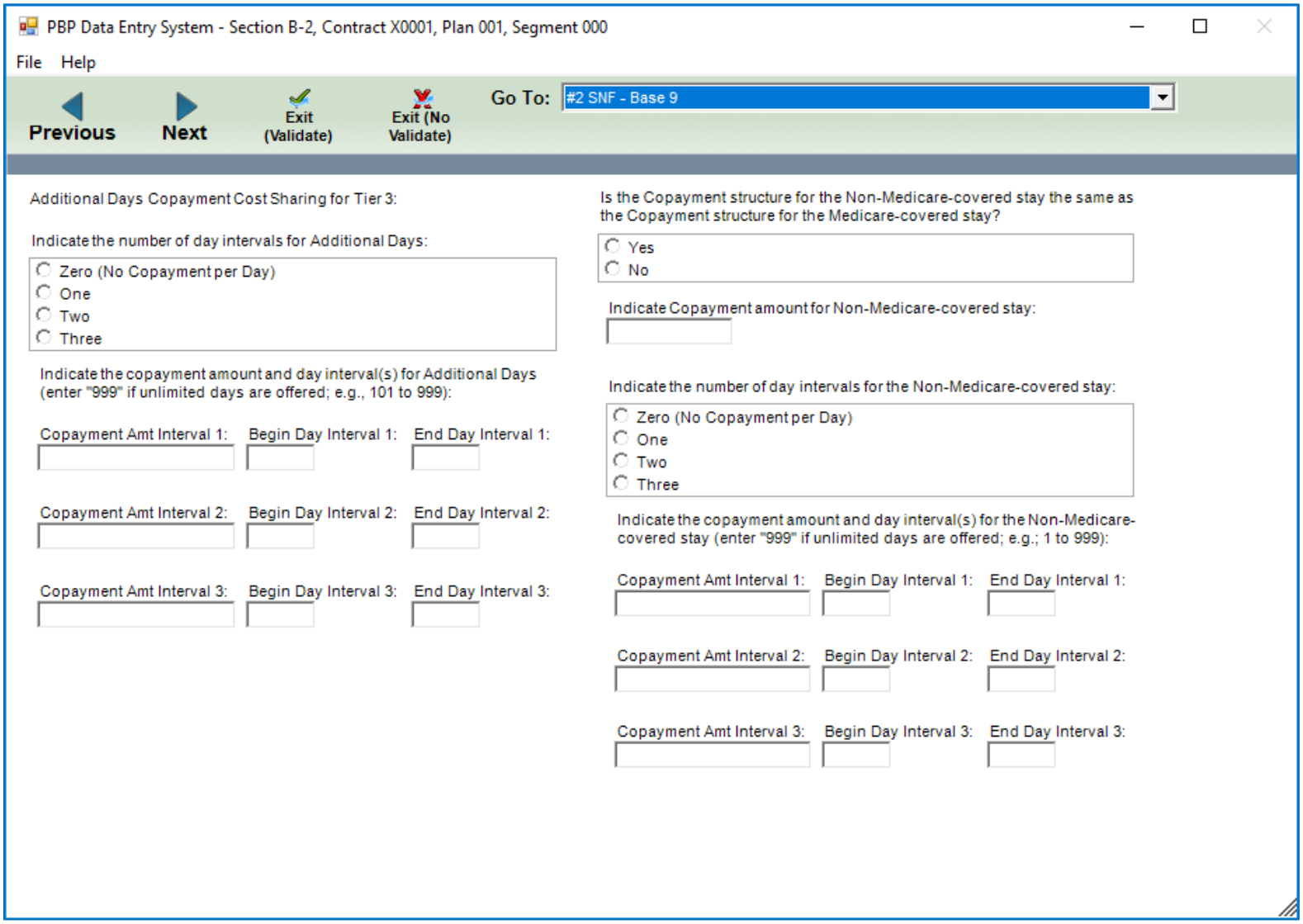
#2 SNF – Base 7


PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000
File
Help
Previous
Next
Exit (Validate)
Exit (No Validate)
Go To:
#2 SNF - Base 7
Medicare-covered Copayment Cost Sharing for Tier 2:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)
Yes
No
Indicate Copayment amount for Medicare-covered stay:
Indicate the number of day intervals for the Medicare-covered stay:
Zero (No Copayment per Day)
One
Two
Three
Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100): For more information on cost share limitations please view the variable help.
Copayment Amt Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Copayment Amt Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Copayment Amt Interval 3:
Begin Day Interval 3:
End Day Interval 3:
Medicare-covered Copayment Cost Sharing for Tier 3:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)
Yes
No
Indicate Copayment amount for Medicare-covered stay:
Indicate the number of day intervals for the Medicare-covered stay:
Zero (No Copayment per Day)
One
Two
Three
Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100): For more information on cost share limitations please view the variable help.
Copayment Amt Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Copayment Amt Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Copayment Amt Interval 3:
Begin Day Interval 3:
End Day Interval 3:

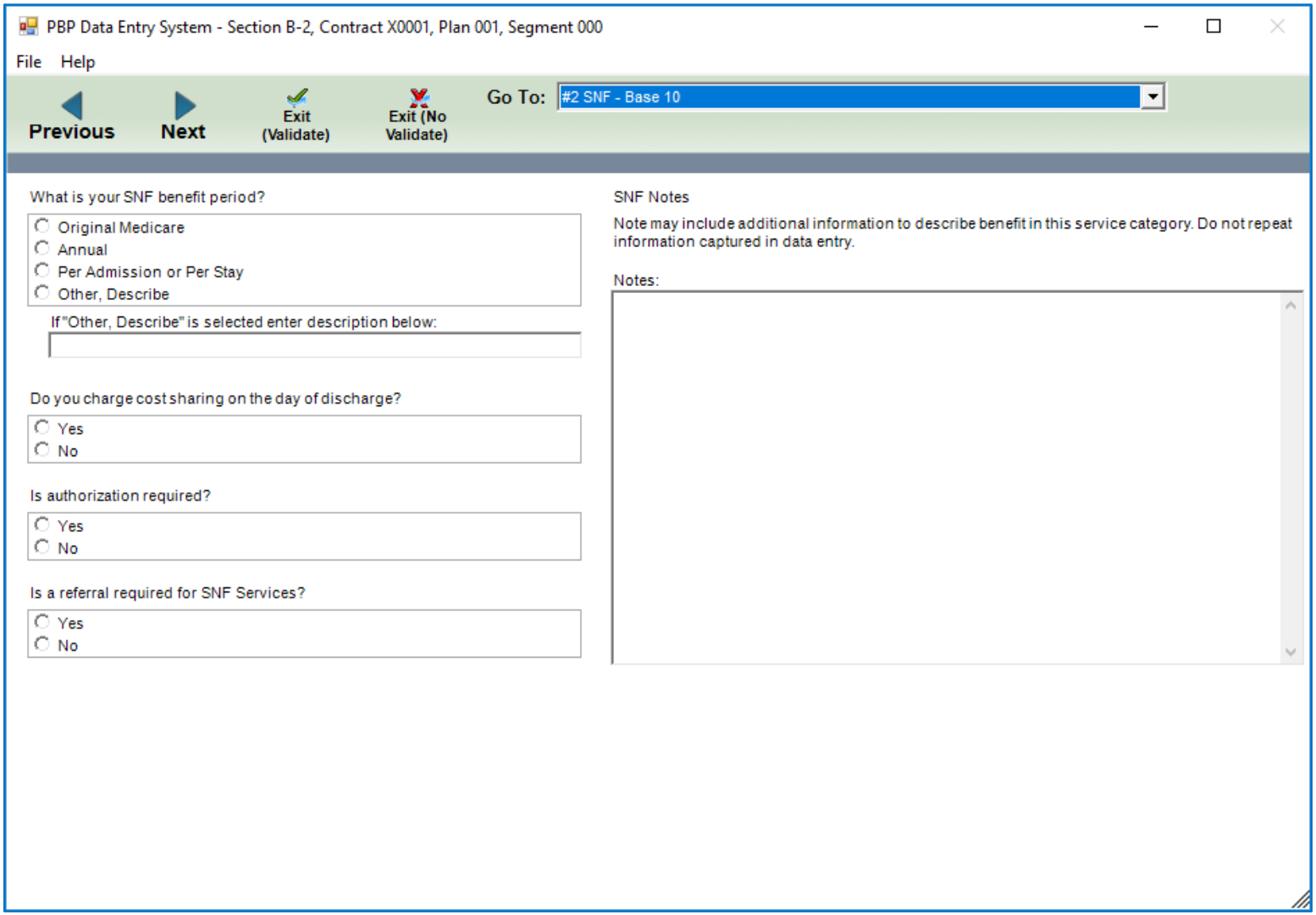
#2 SNF – Base 8


PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000
File
Help
Previous
Next
Exit (Validate)
Exit (No Validate)
Go To:
#2 SNF - Base 8
Additional Days Copayment Cost Sharing for Tier 1:
Indicate the number of day intervals for Additional Days:
Zero (No Copayment per Day)
One
Two
Three
Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):
Copayment Amt Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Copayment Amt Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Copayment Amt Interval 3:
Begin Day Interval 3:
End Day Interval 3:
Additional Days Copayment Cost Sharing for Tier 2:
Indicate the number of day intervals for Additional Days:
Zero (No Copayment per Day)
One
Two
Three
Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):
Copayment Amt Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Copayment Amt Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Copayment Amt Interval 3:
Begin Day Interval 3:
End Day Interval 3:

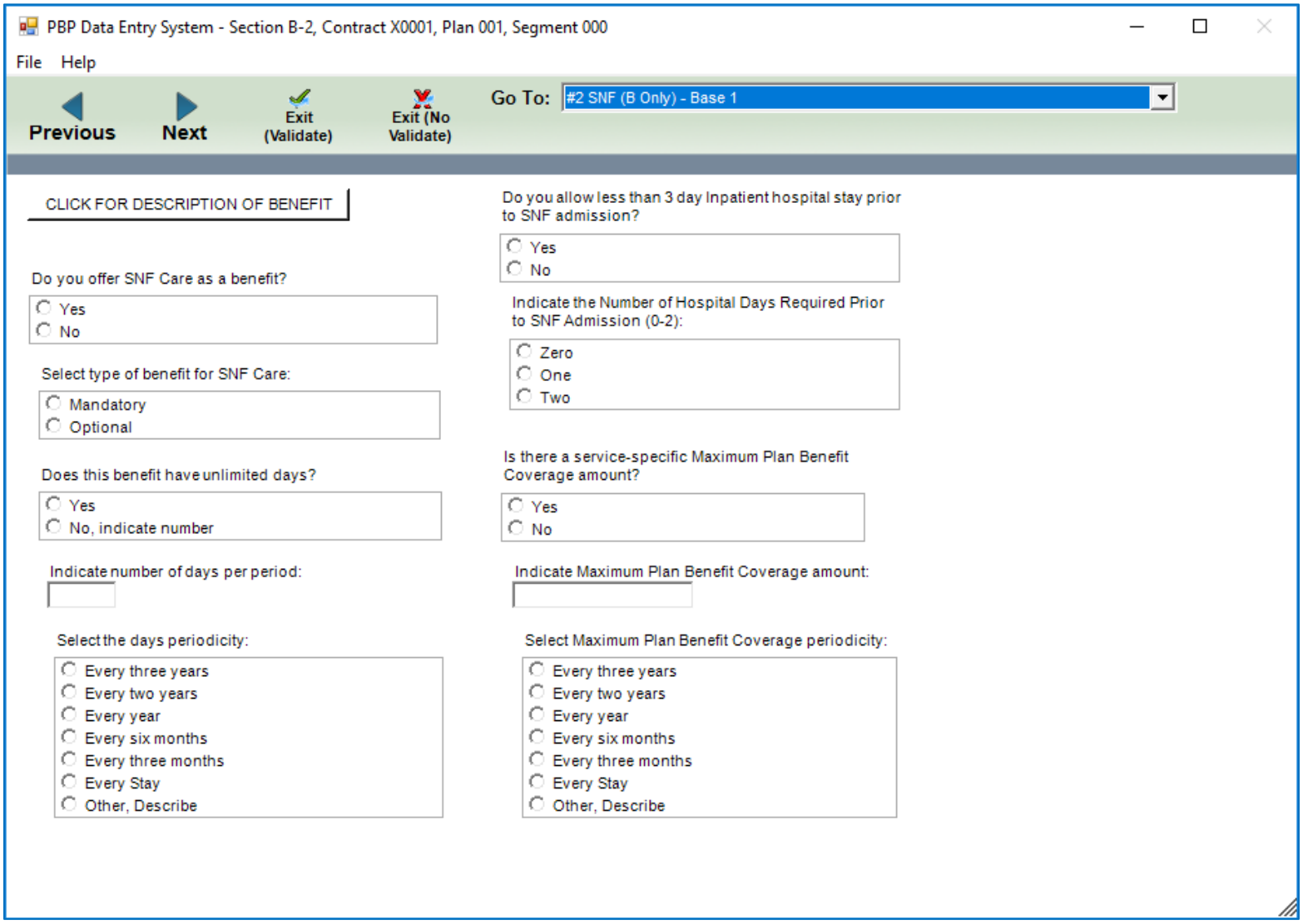
#2 SNF – Base 9


PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000
File
Help
Previous
Next
Exit (Validate)
Exit (No Validate)
Go To:
#2 SNF - Base 9
Additional Days Copayment Cost Sharing for Tier 3:
Indicate the number of day intervals for Additional Days:
Zero (No Copayment per Day)
One
Two
Three
Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):
Copayment Amt Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Copayment Amt Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Copayment Amt Interval 3:
Begin Day Interval 3:
End Day Interval 3:
Is the Copayment structure for the Non-Medicare-covered stay the same as the Copayment structure for the Medicare-covered stay?
Yes
No
Indicate Copayment amount for Non-Medicare-covered stay:
Indicate the number of day intervals for the Non-Medicare-covered stay:
Zero (No Copayment per Day)
One
Two
Three
Indicate the copayment amount and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g.; 1 to 999):
Copayment Amt Interval 1:
Begin Day Interval 1:
End Day Interval 1:
Copayment Amt Interval 2:
Begin Day Interval 2:
End Day Interval 2:
Copayment Amt Interval 3:
Begin Day Interval 3:
End Day Interval 3:

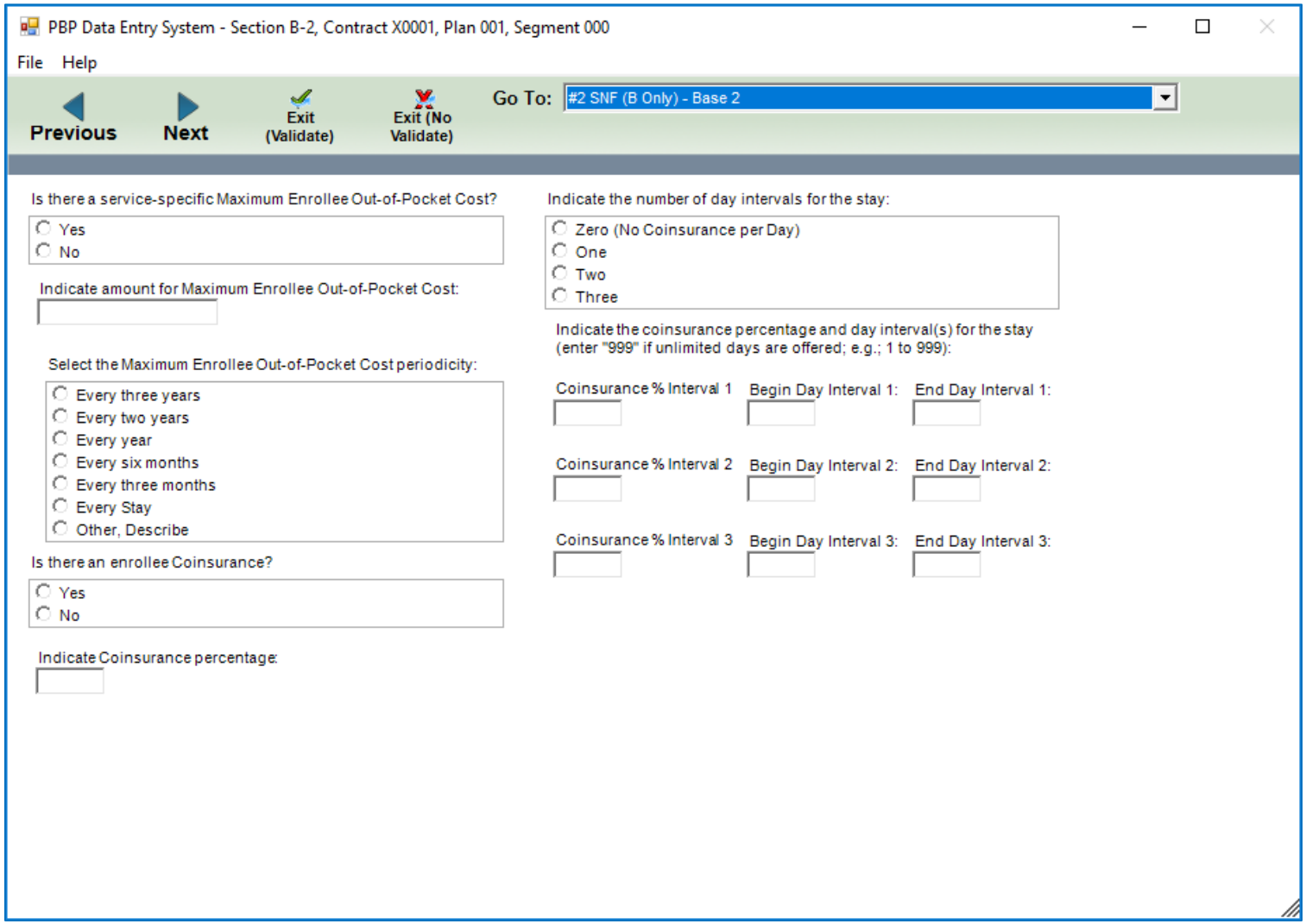
#2 SNF – Base 10


PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000
File
Help
Previous
Next
Exit (Validate)
Exit (No Validate)
Go To:
#2 SNF - Base 10
What is your SNF benefit period?
Original Medicare
Annual
Per Admission or Per Stay
Other, Describe
If "Other, Describe" is selected enter description below:
Do you charge cost sharing on the day of discharge?
Yes
No
Is authorization required?
Yes
No
Is a referral required for SNF Services?
Yes
No
SNF Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.
Notes:

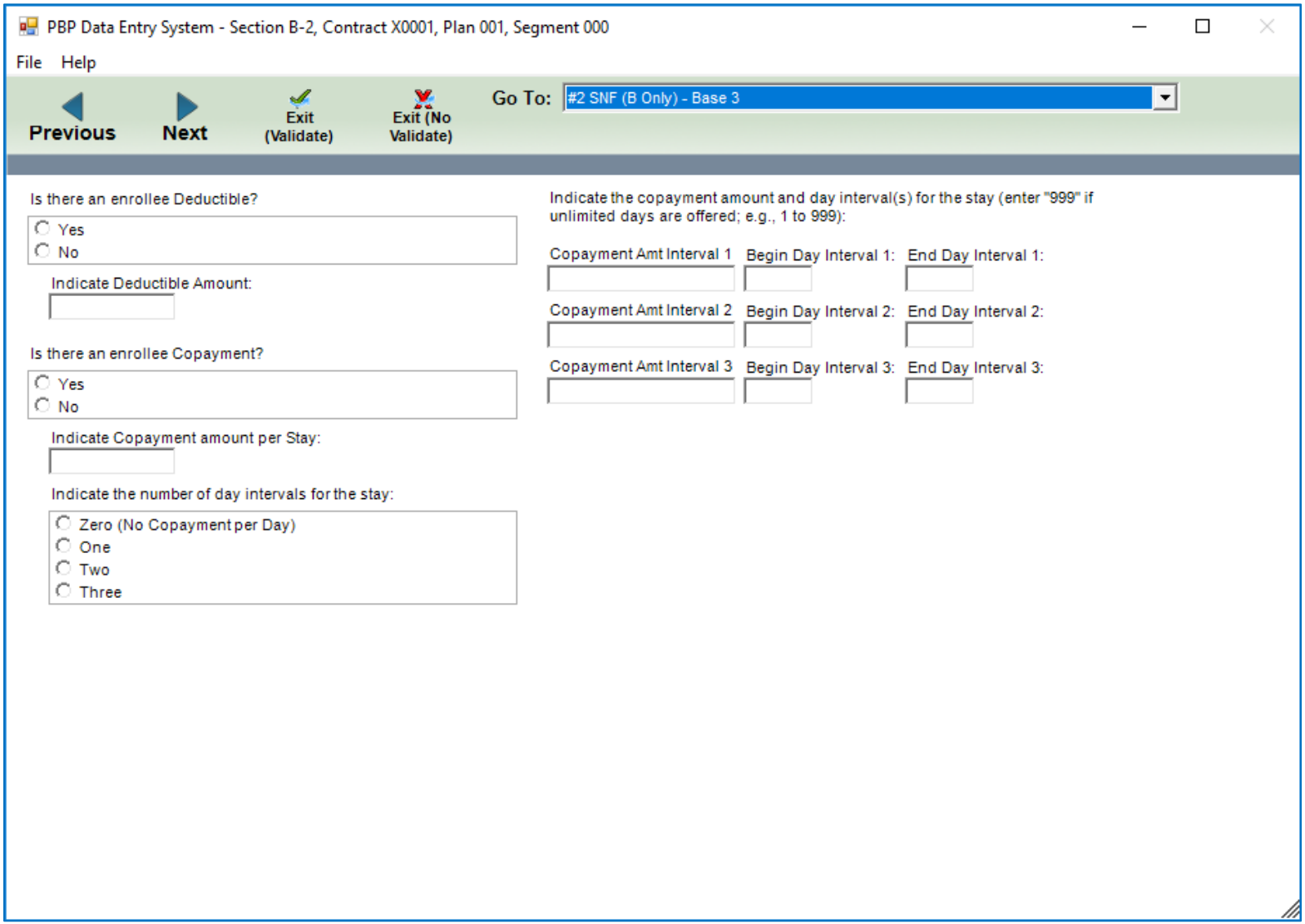
#2 SNF (B Only) – Base 1



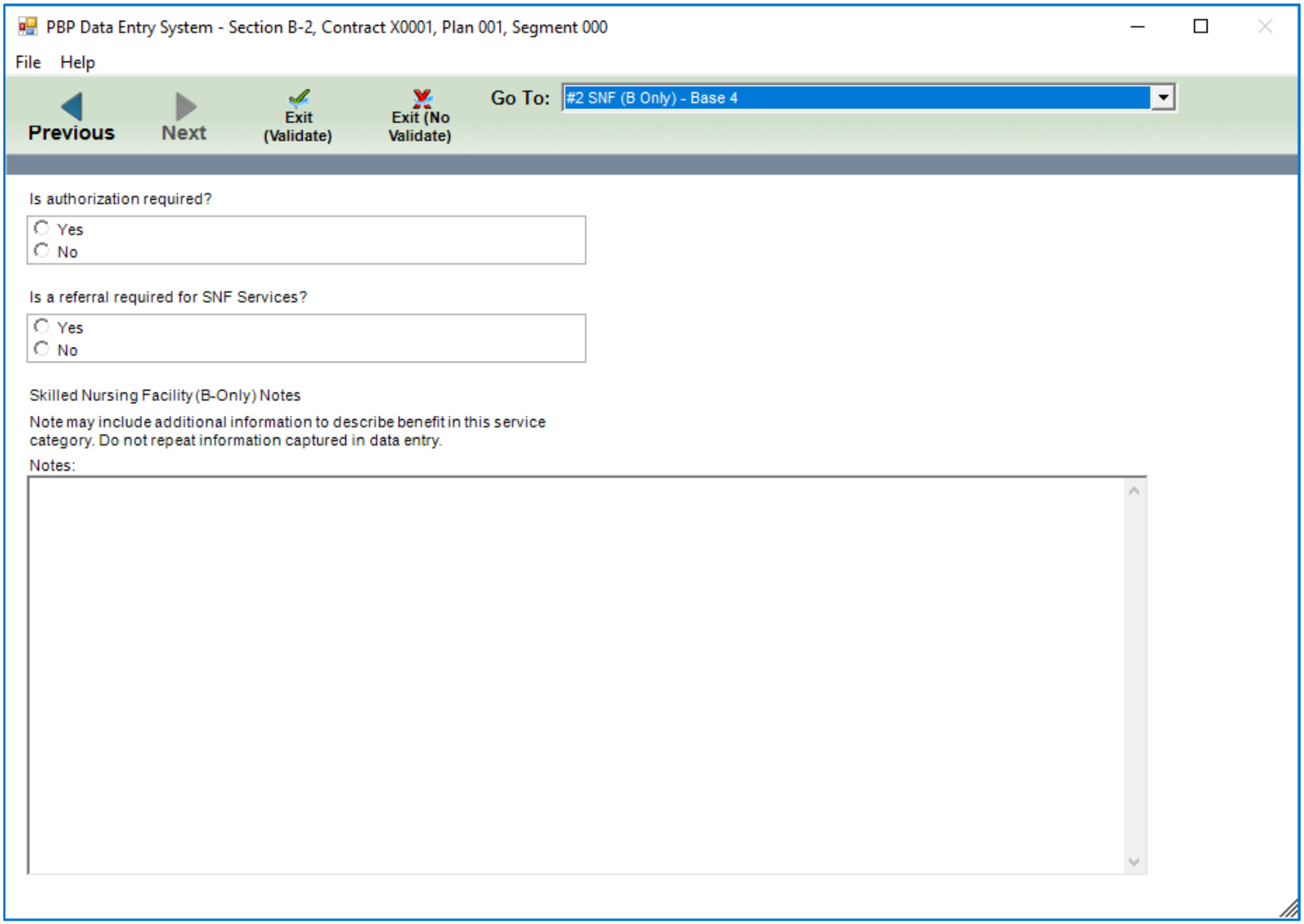
#2 SNF (B Only) – Base 2



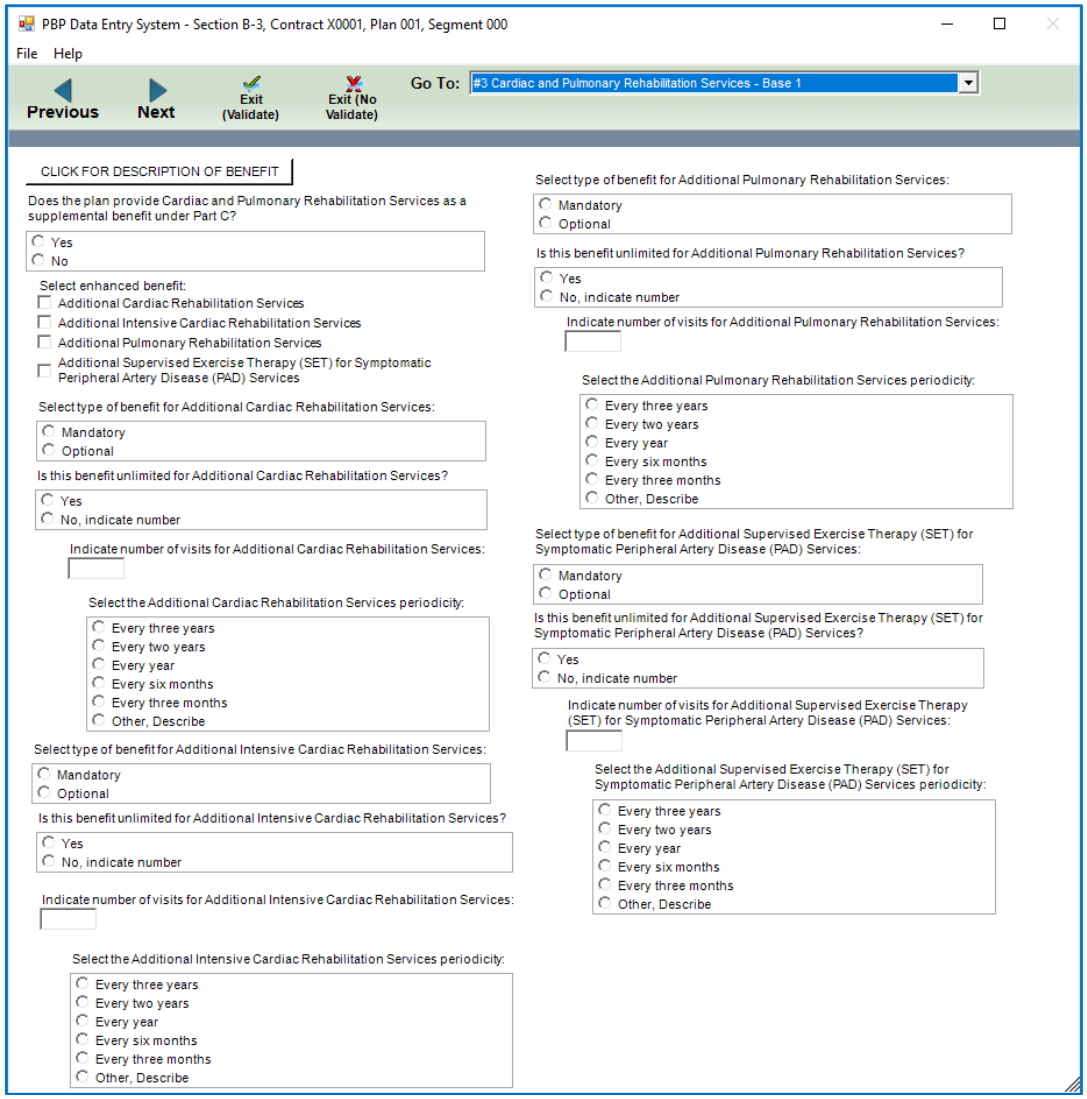
#2 SNF (B Only) – Base 3



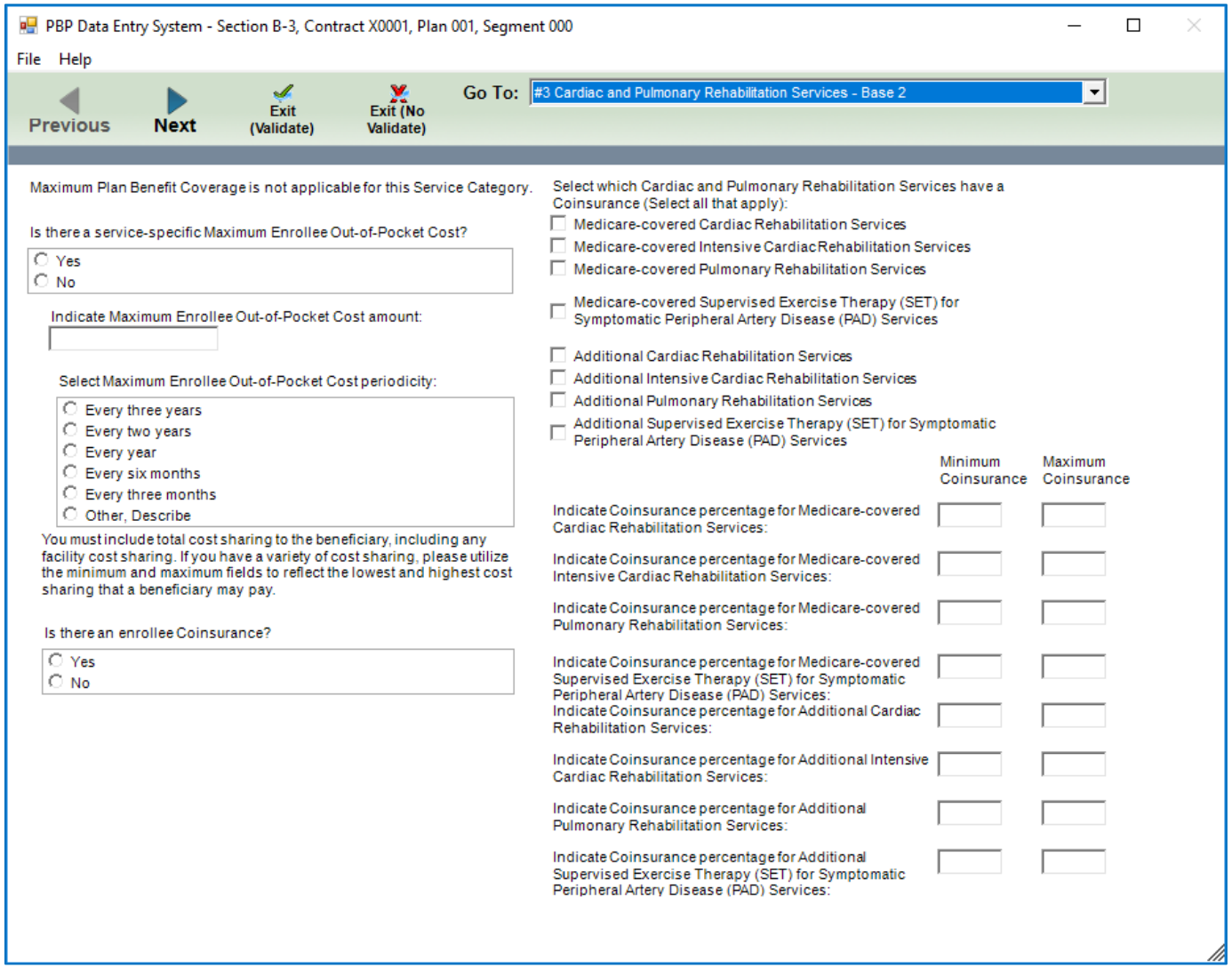
#2 SNF (B Only) – Base 4



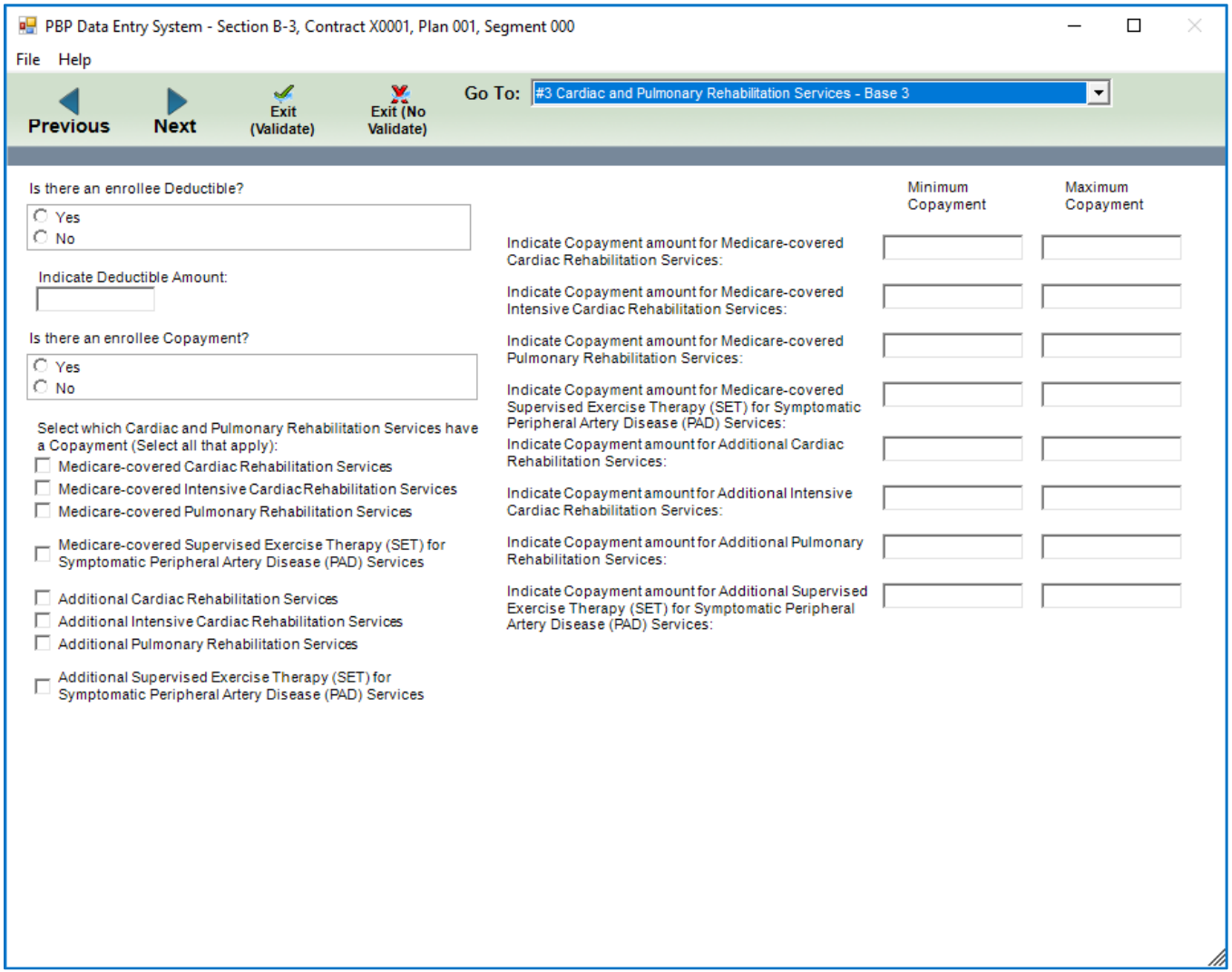
#3 Cardiac and Pulmonary Rehabilitation Services – Base 1



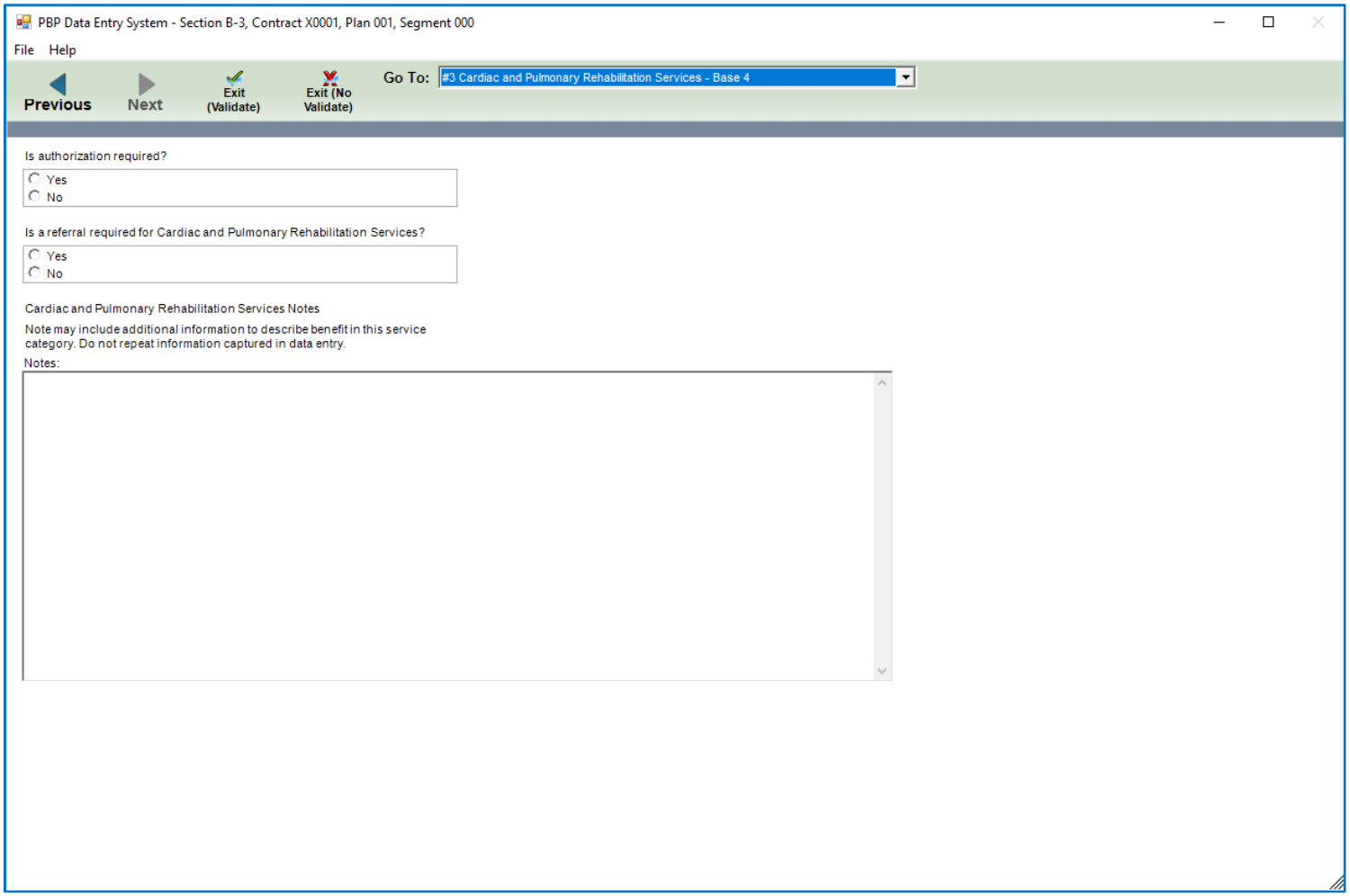
#3 Cardiac and Pulmonary Rehabilitation Services – Base 2



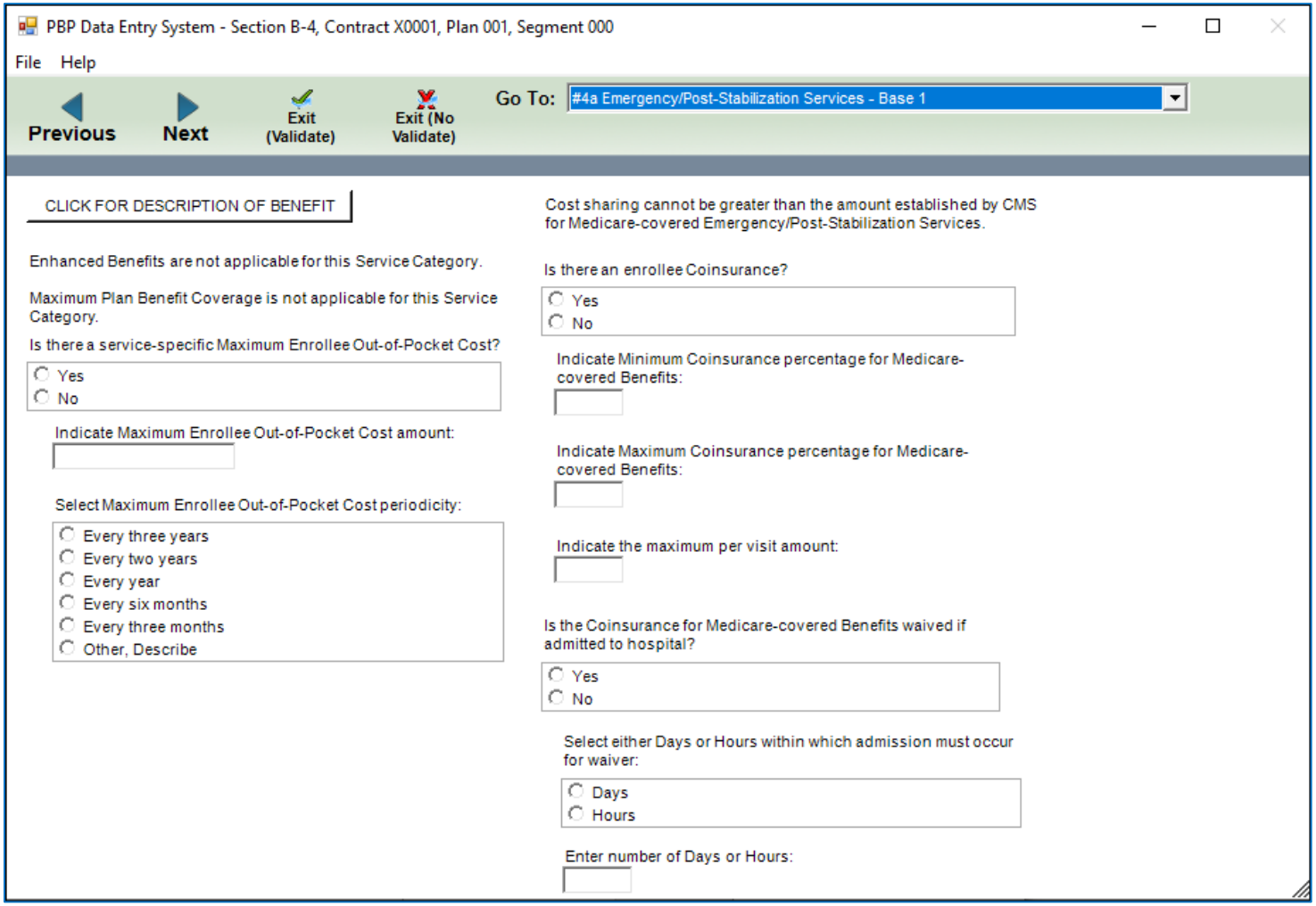
#3 Cardiac and Pulmonary Rehabilitation Services – Base 3



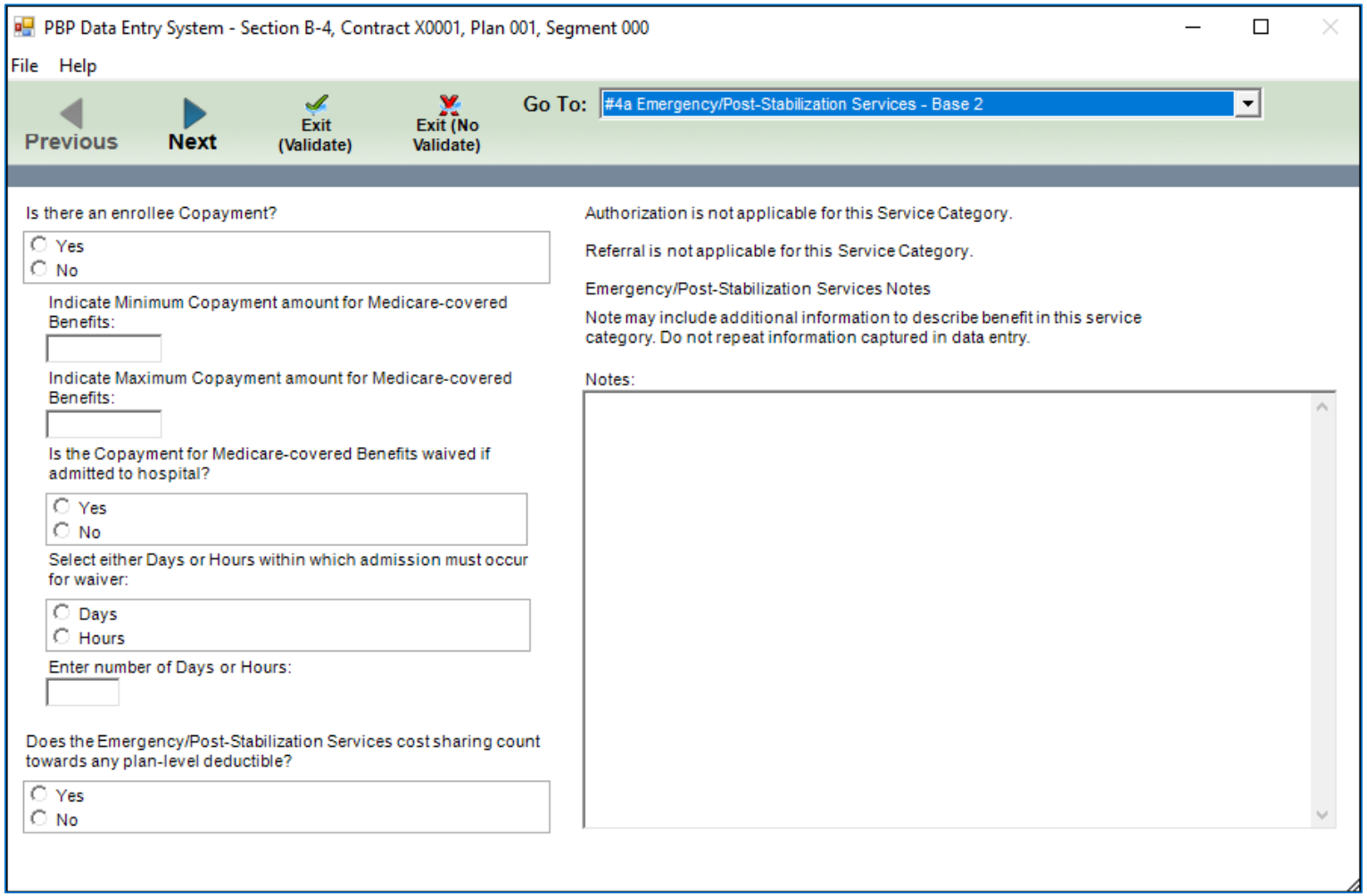
#3 Cardiac and Pulmonary Rehabilitation Services – Base 4



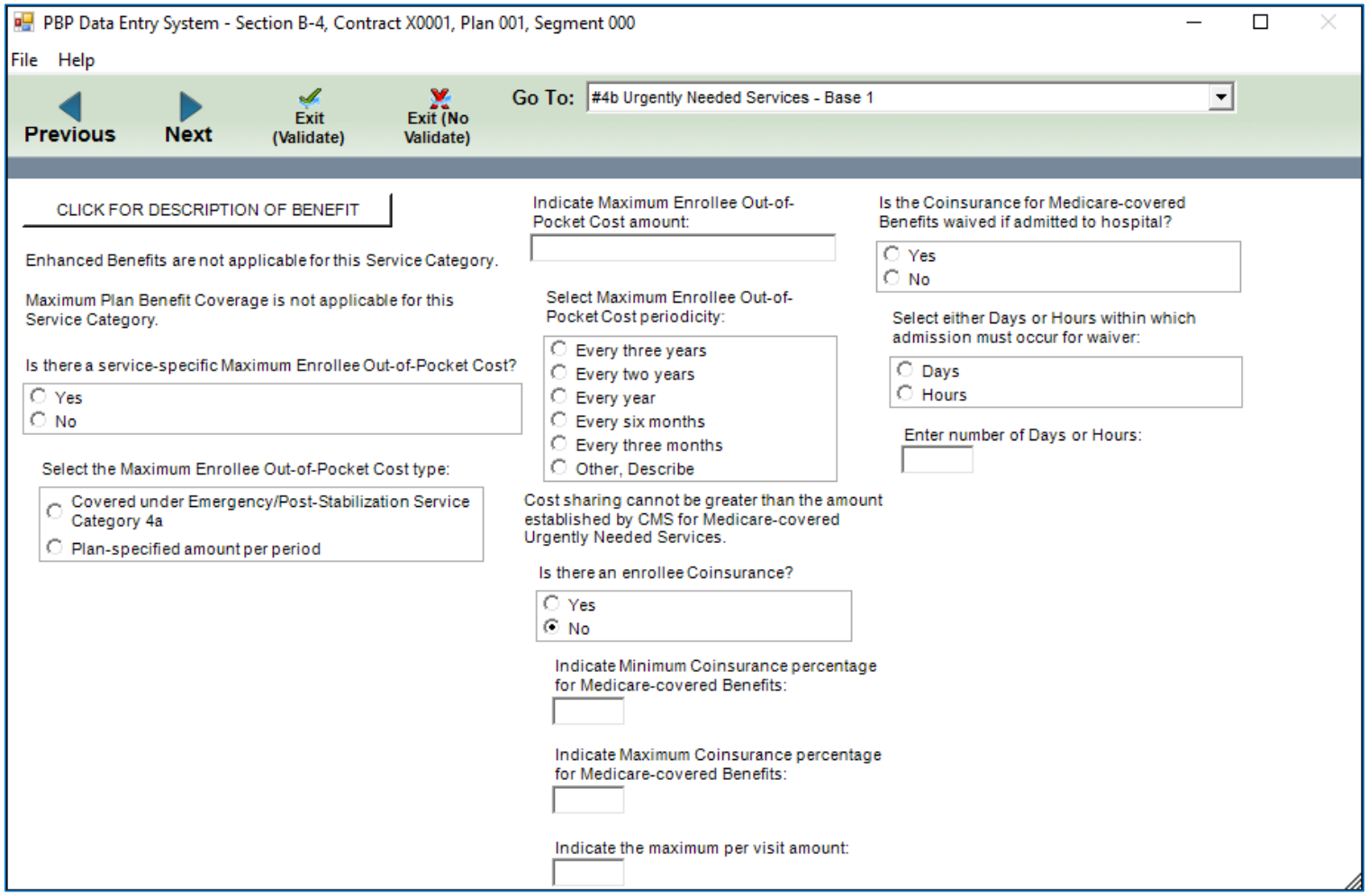
#4a Emergency Services – Base 1



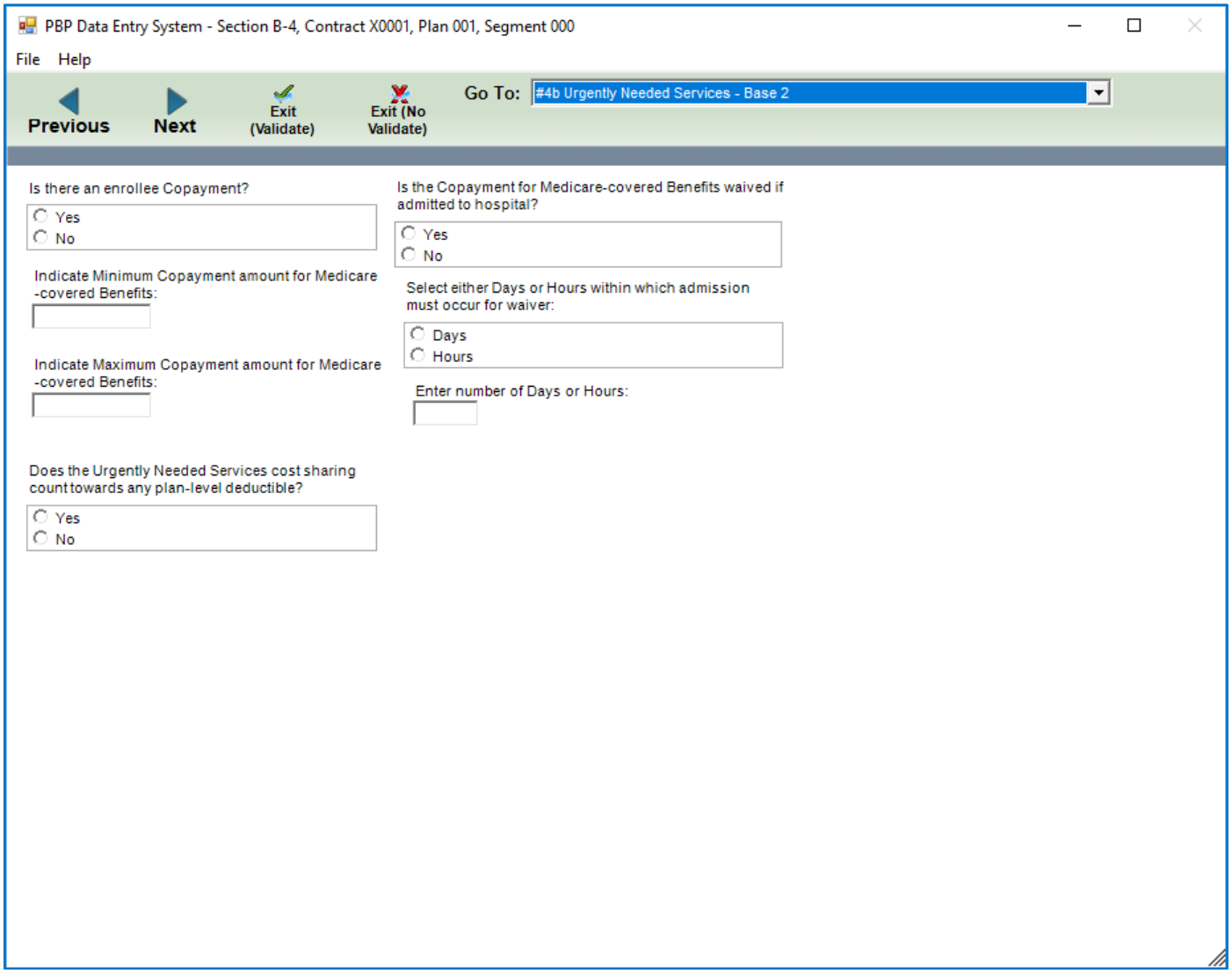
#4a Emergency /Post-Stabilization Services – Base 2



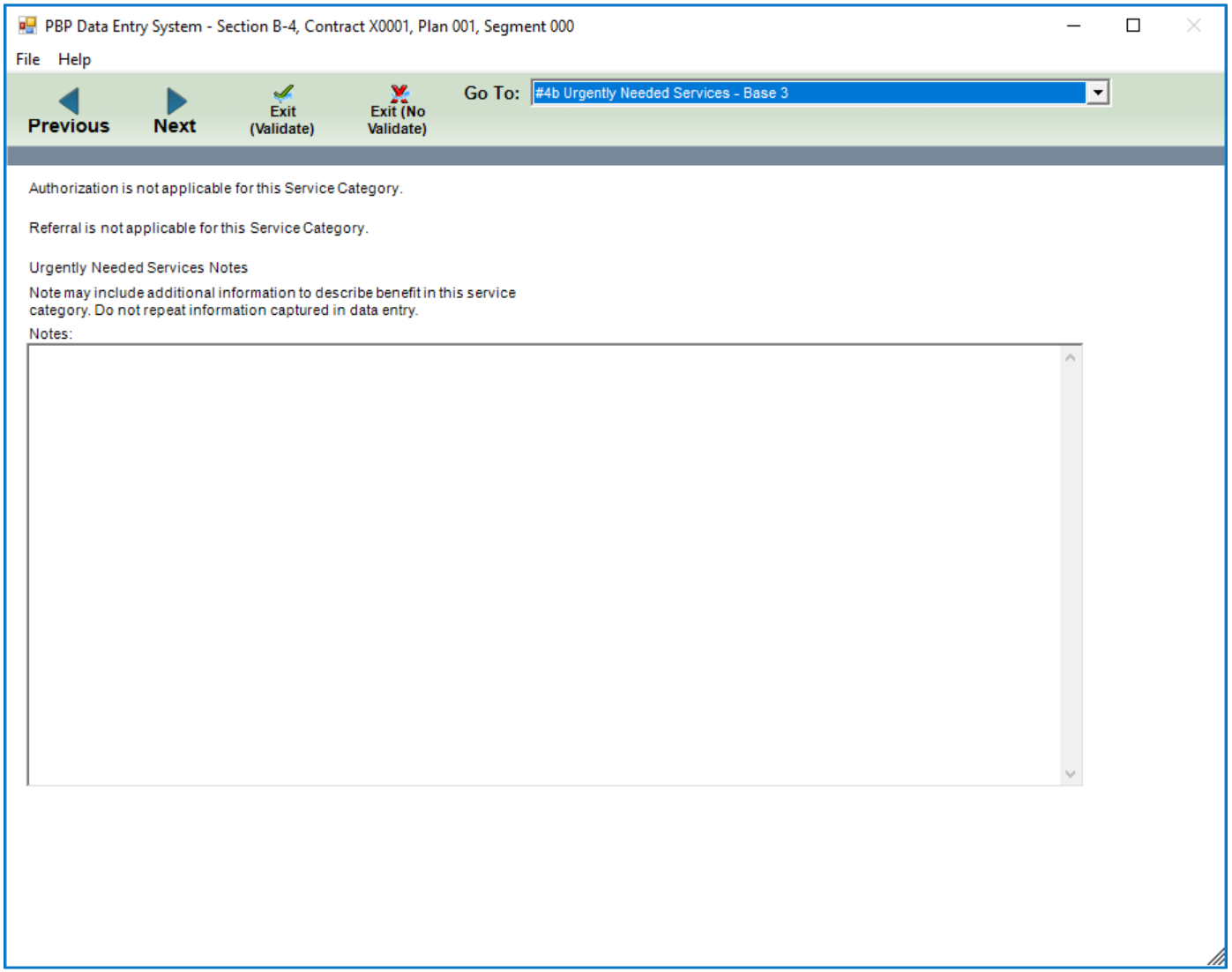
#4b Urgently Needed Services – Base 1



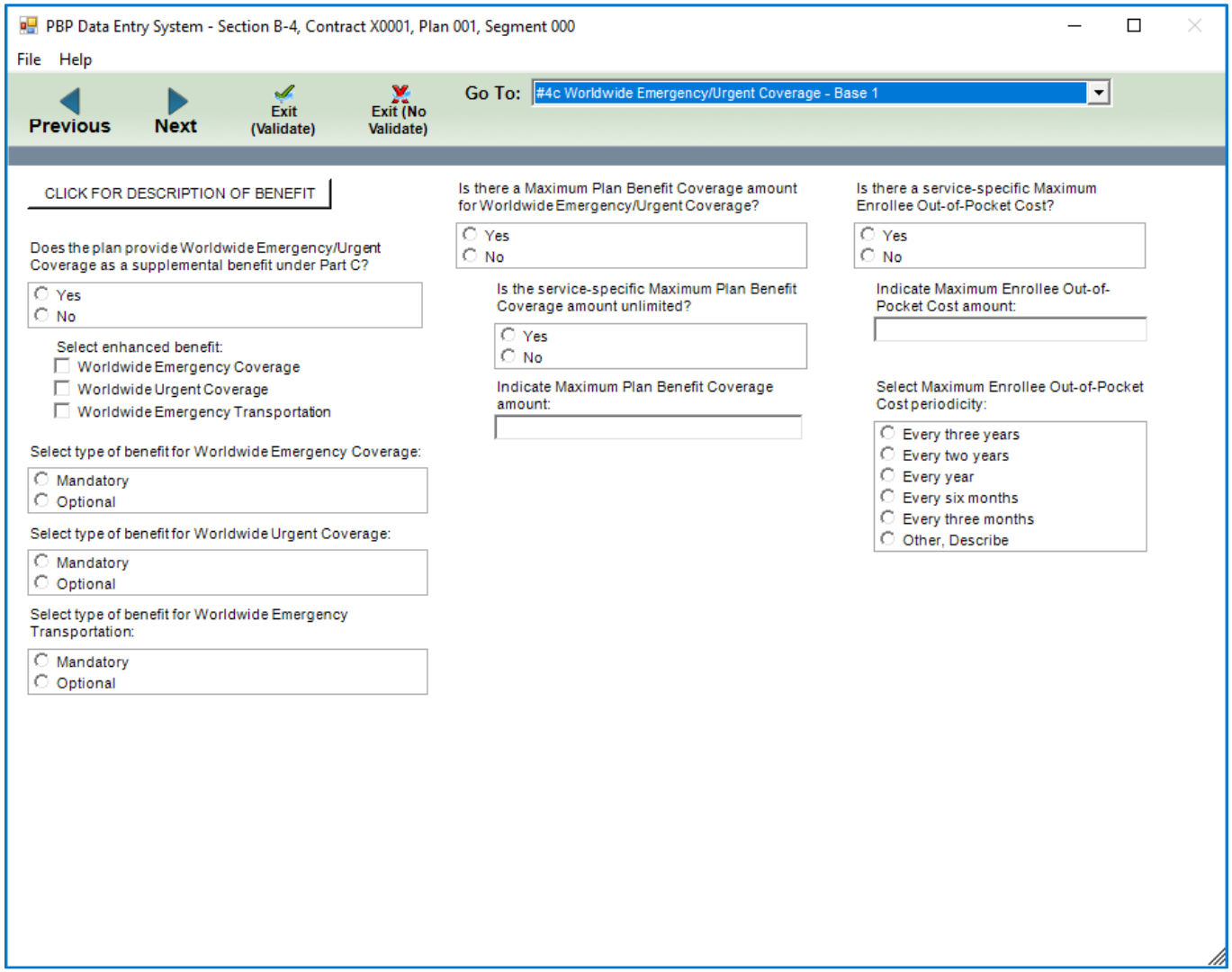
4b Urgently Needed Services – Base 2



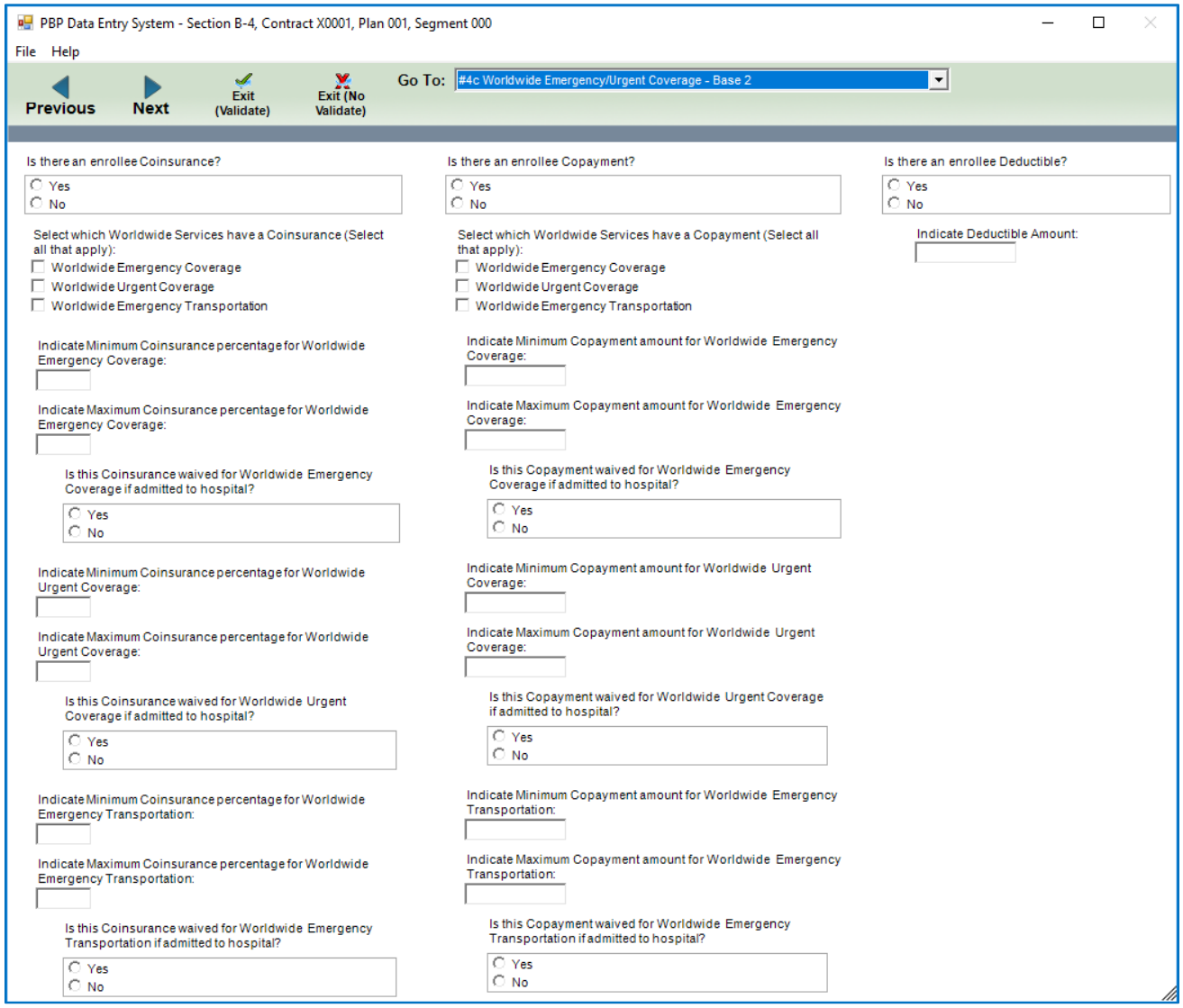
#4b Urgently Needed Services – Base 3



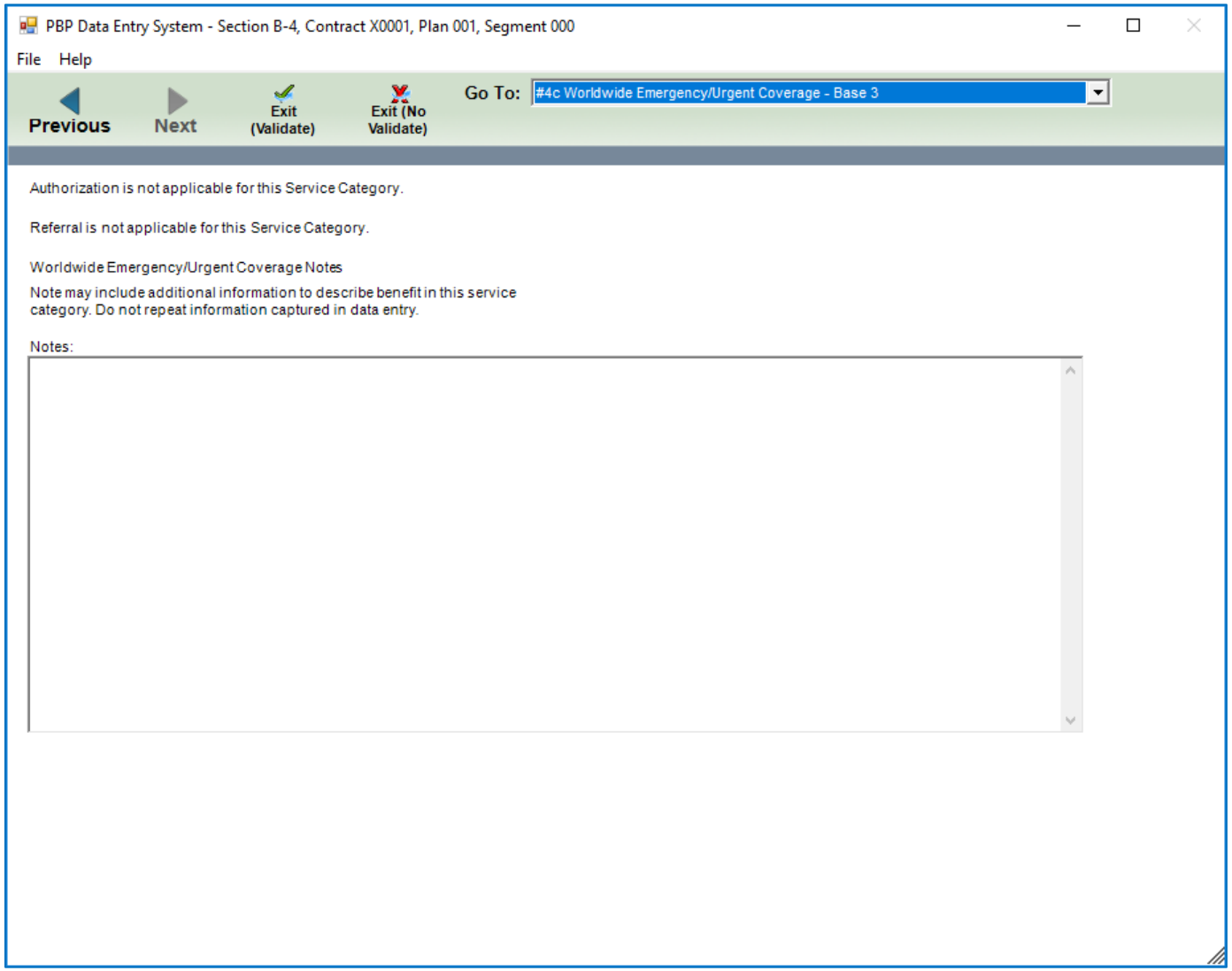
#4c Worldwide Emergency/Urgent Coverage – Base 1



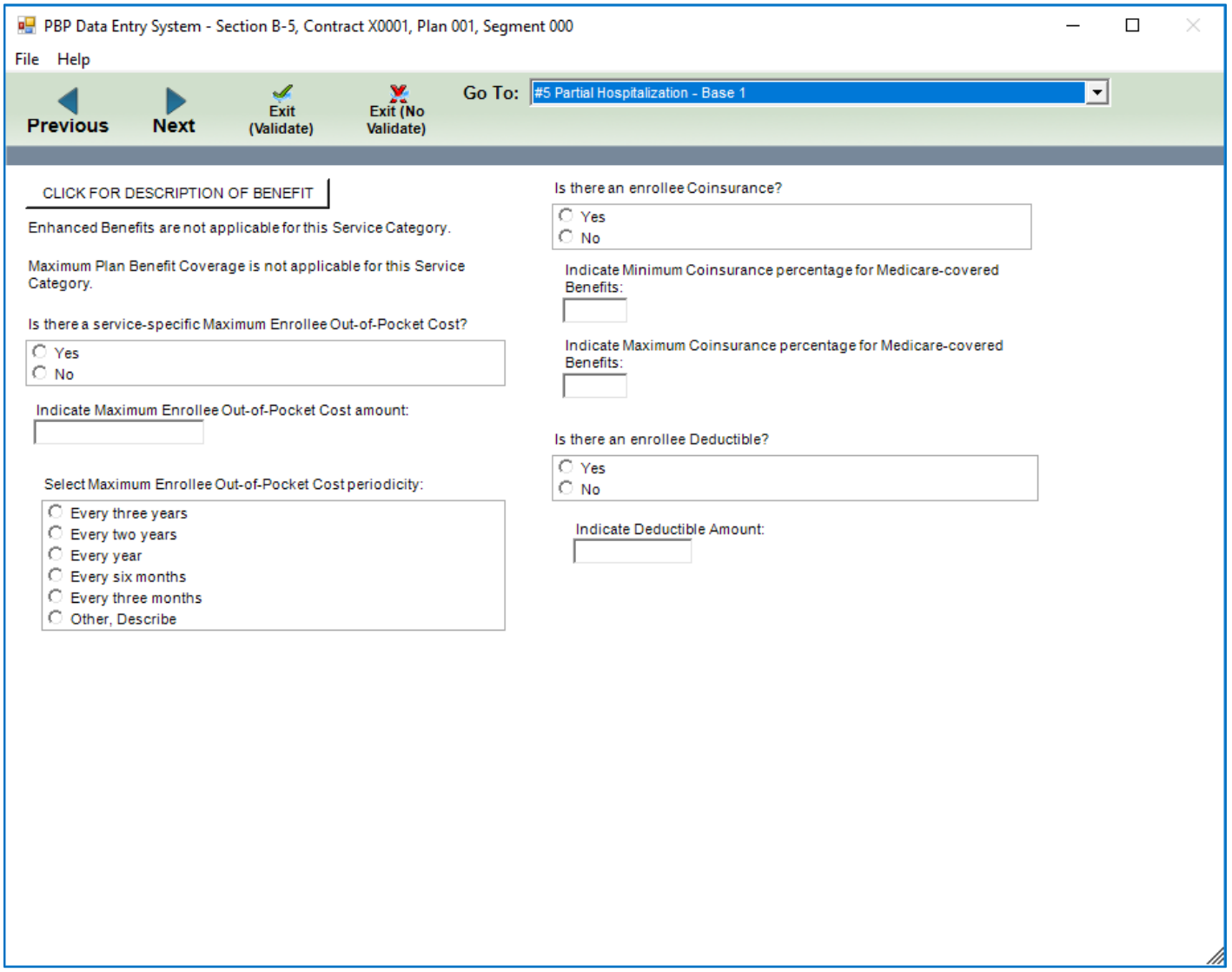
#4c Worldwide Emergency/Urgent Coverage – Base 2



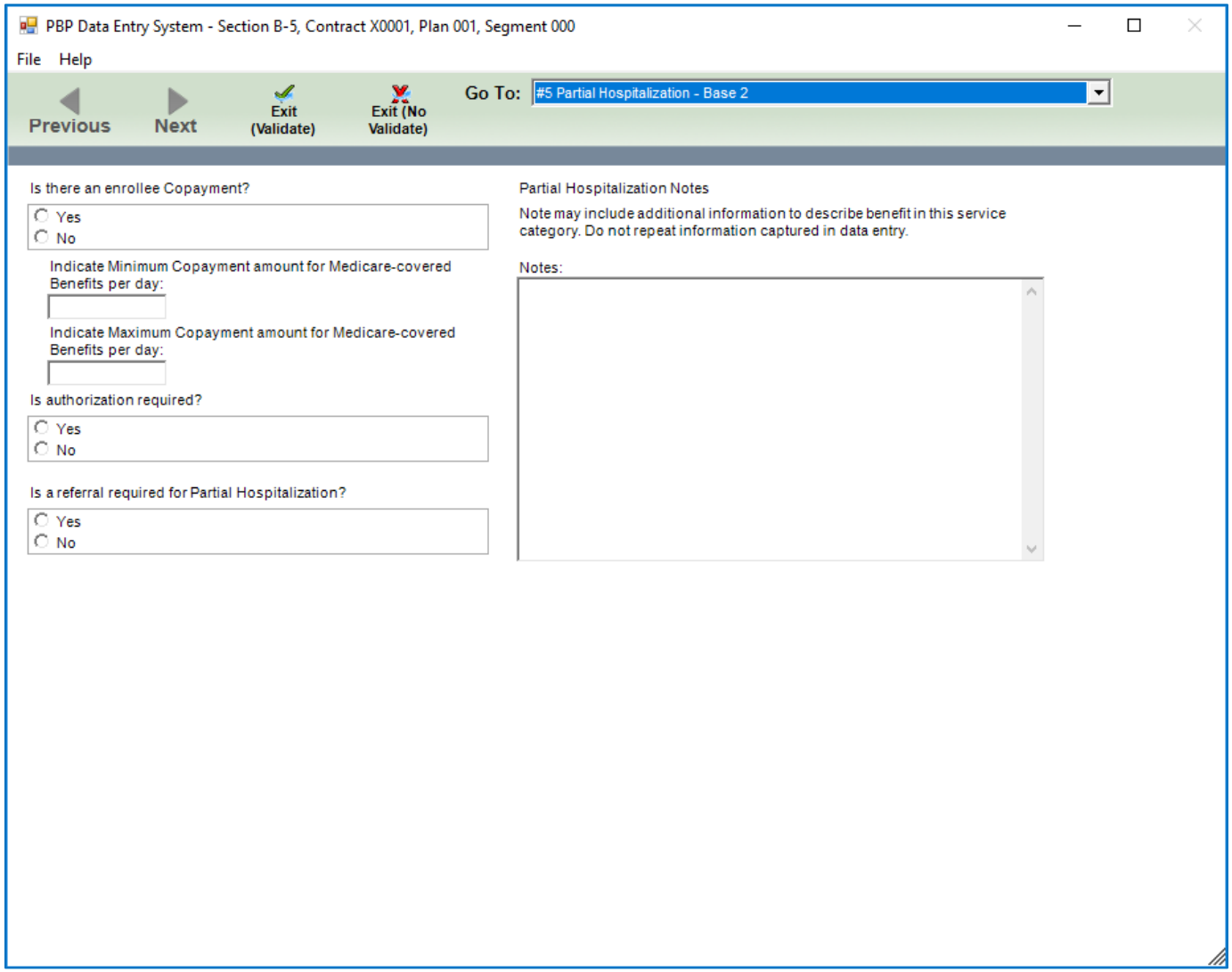
#4c Worldwide Emergency/Urgent Coverage – Base 3



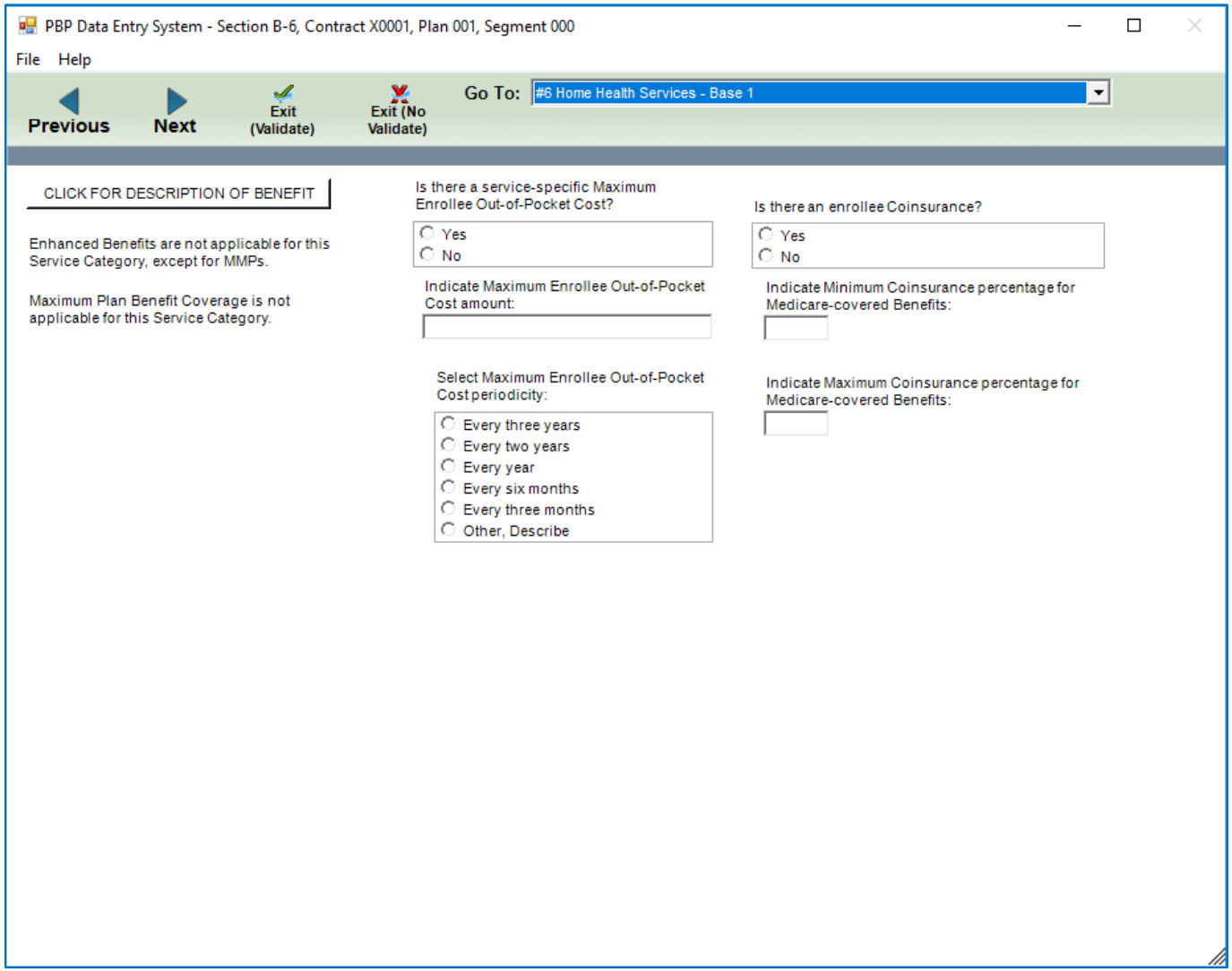
#5 Partial Hospitalization – Base 1



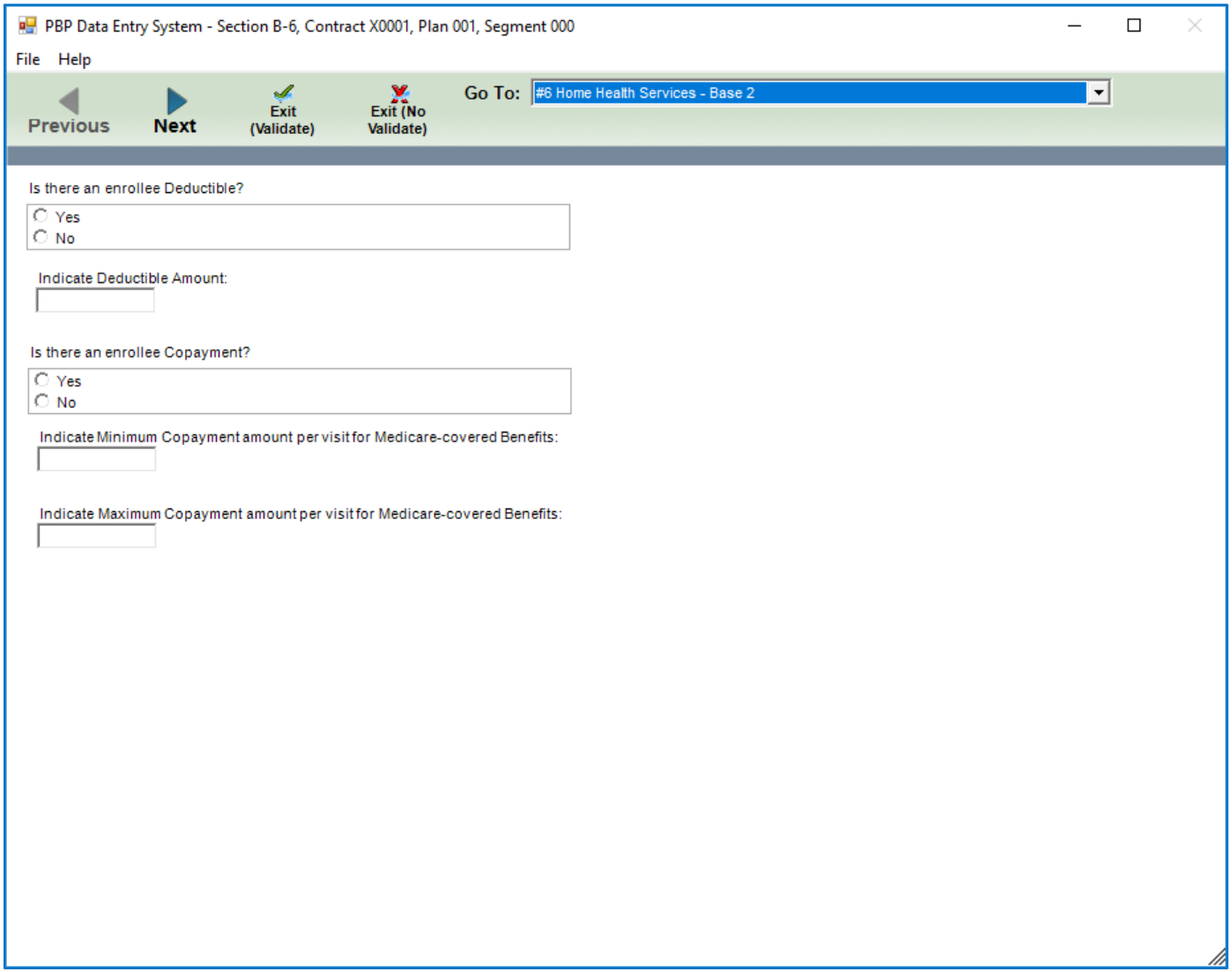
#5 Partial Hospitalization – Base 2



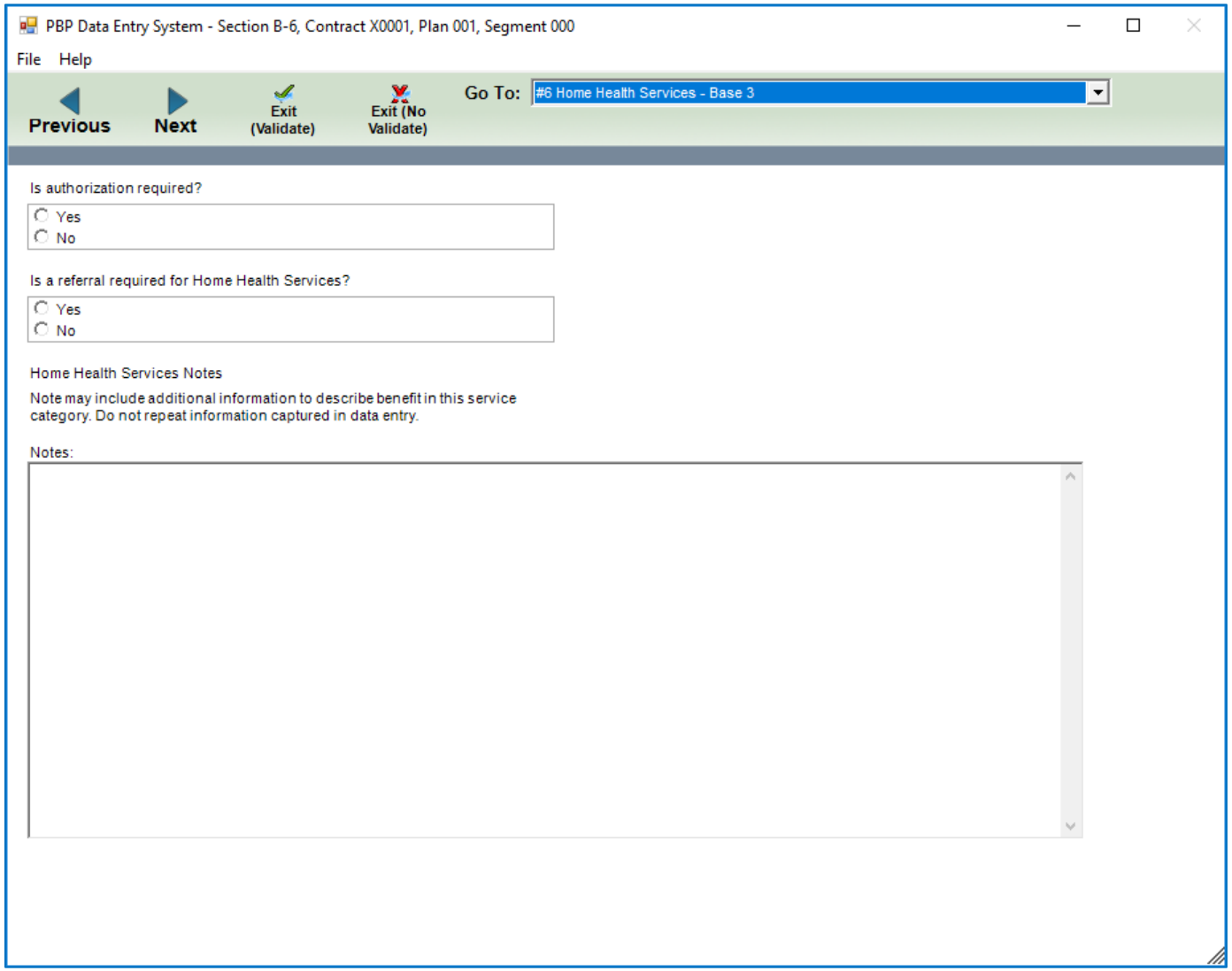
#6 Home Health Services – Base 1



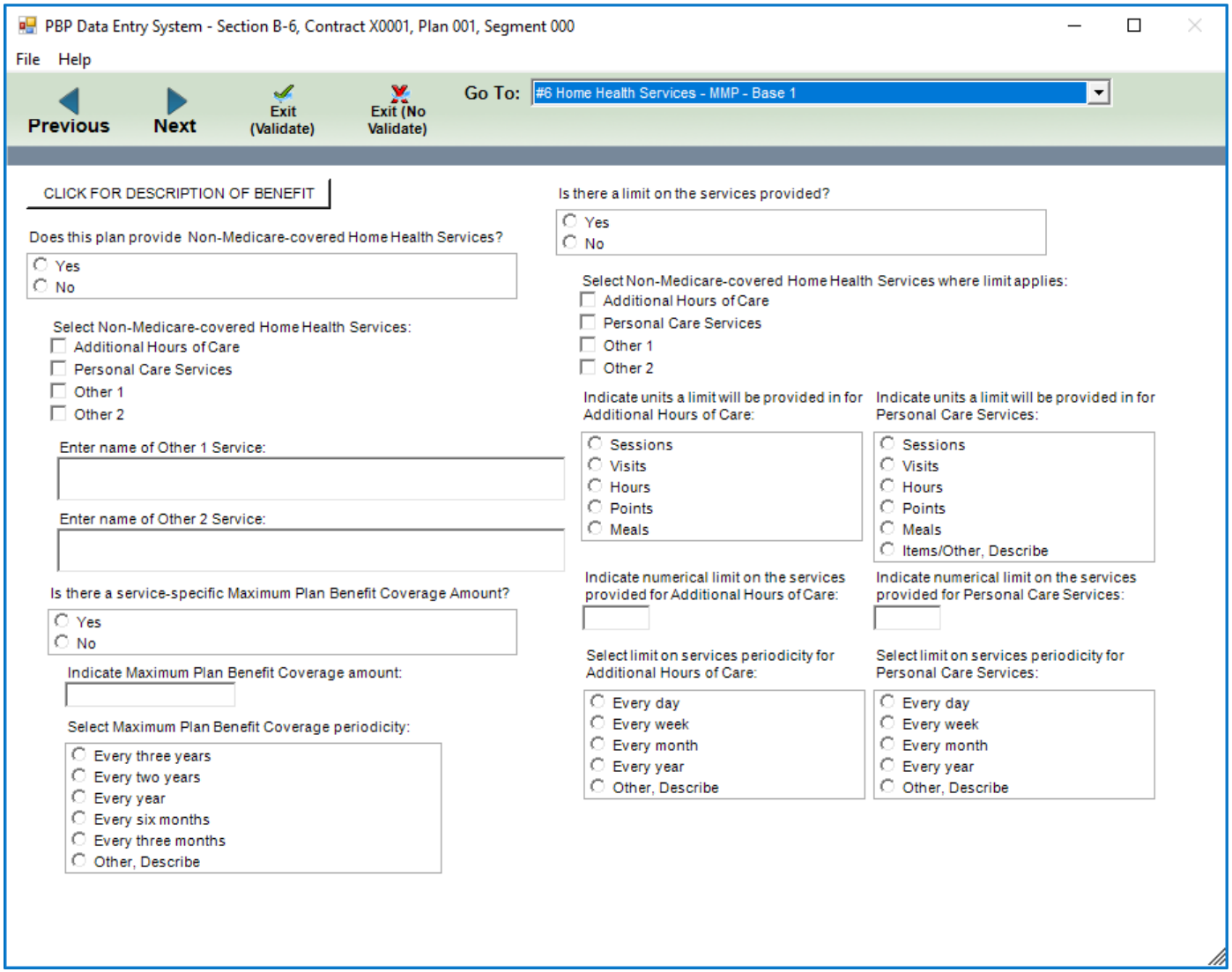
#6 Home Health Services – Base 2



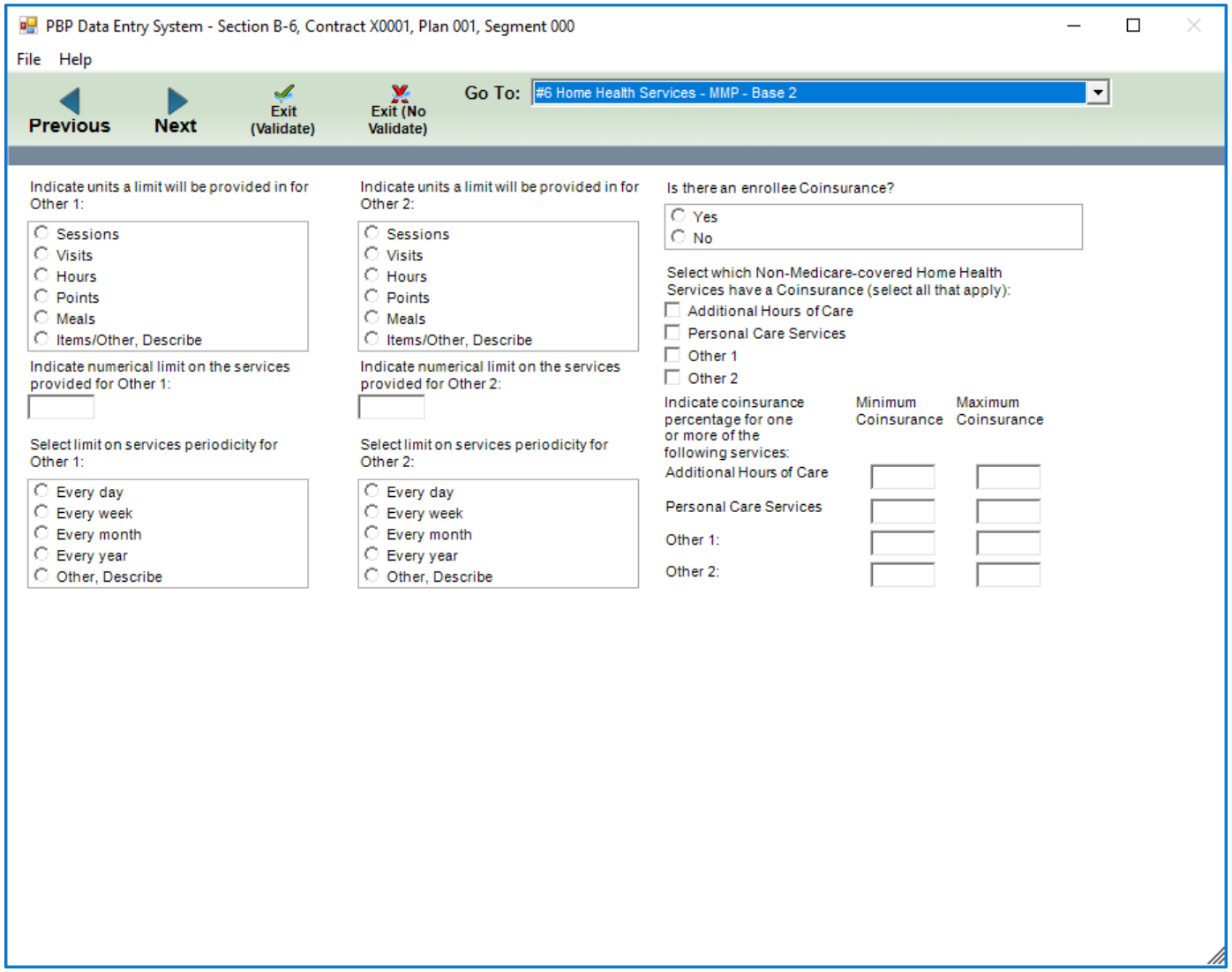
#6 Home Health Services – Base 3



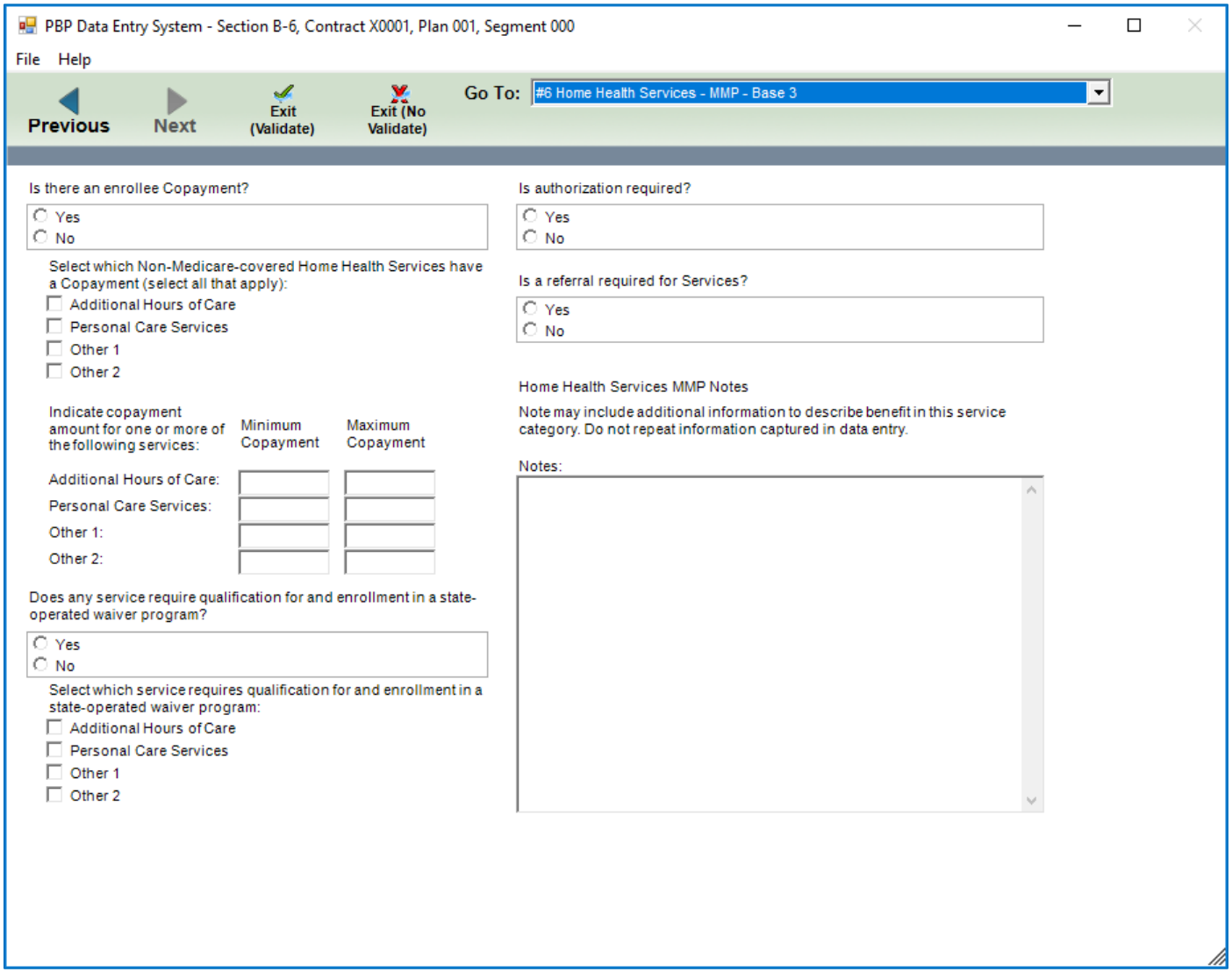
#6 Home Health Services – MMP – Base 1



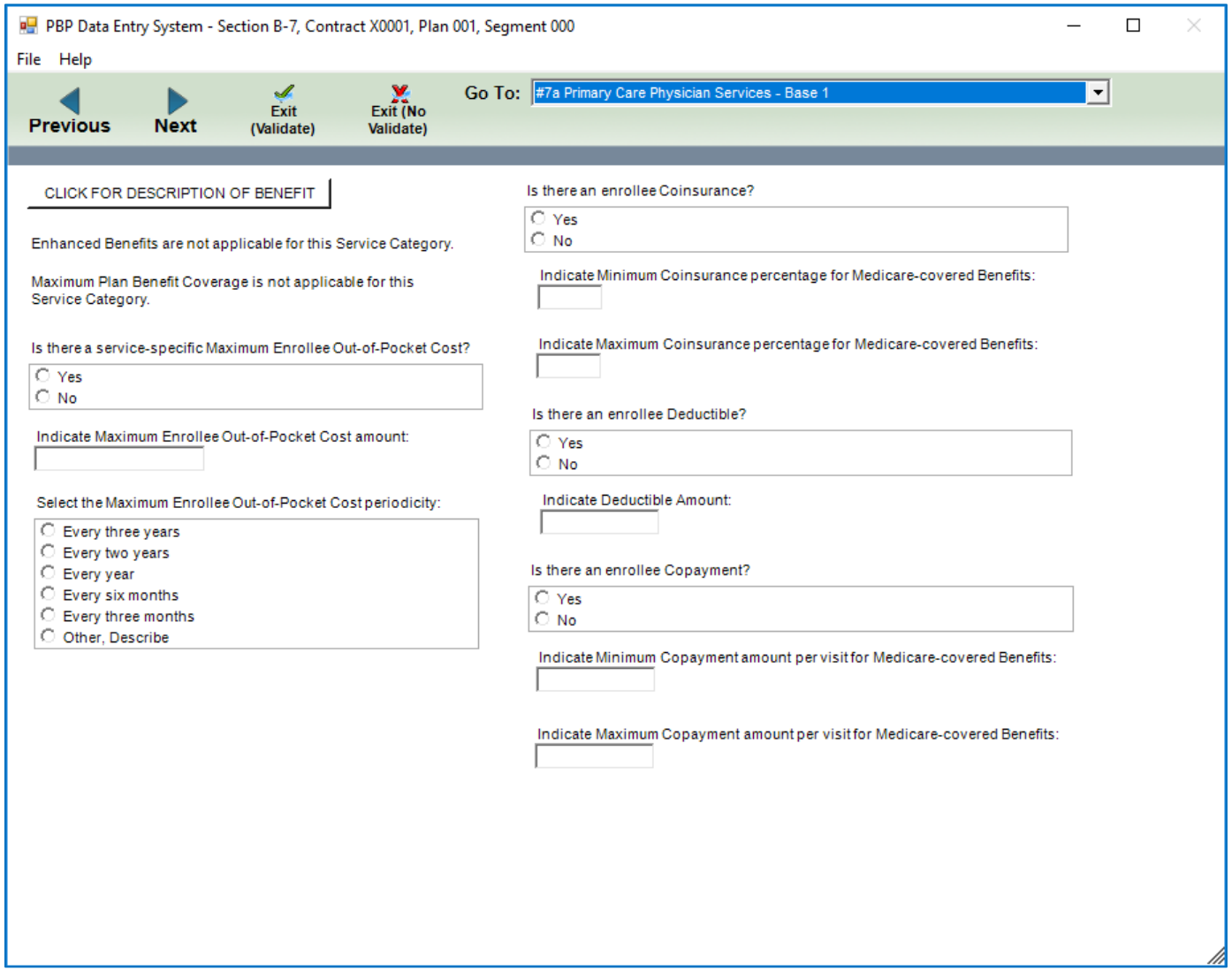
#6 Home Health Services – MMP – Base 2



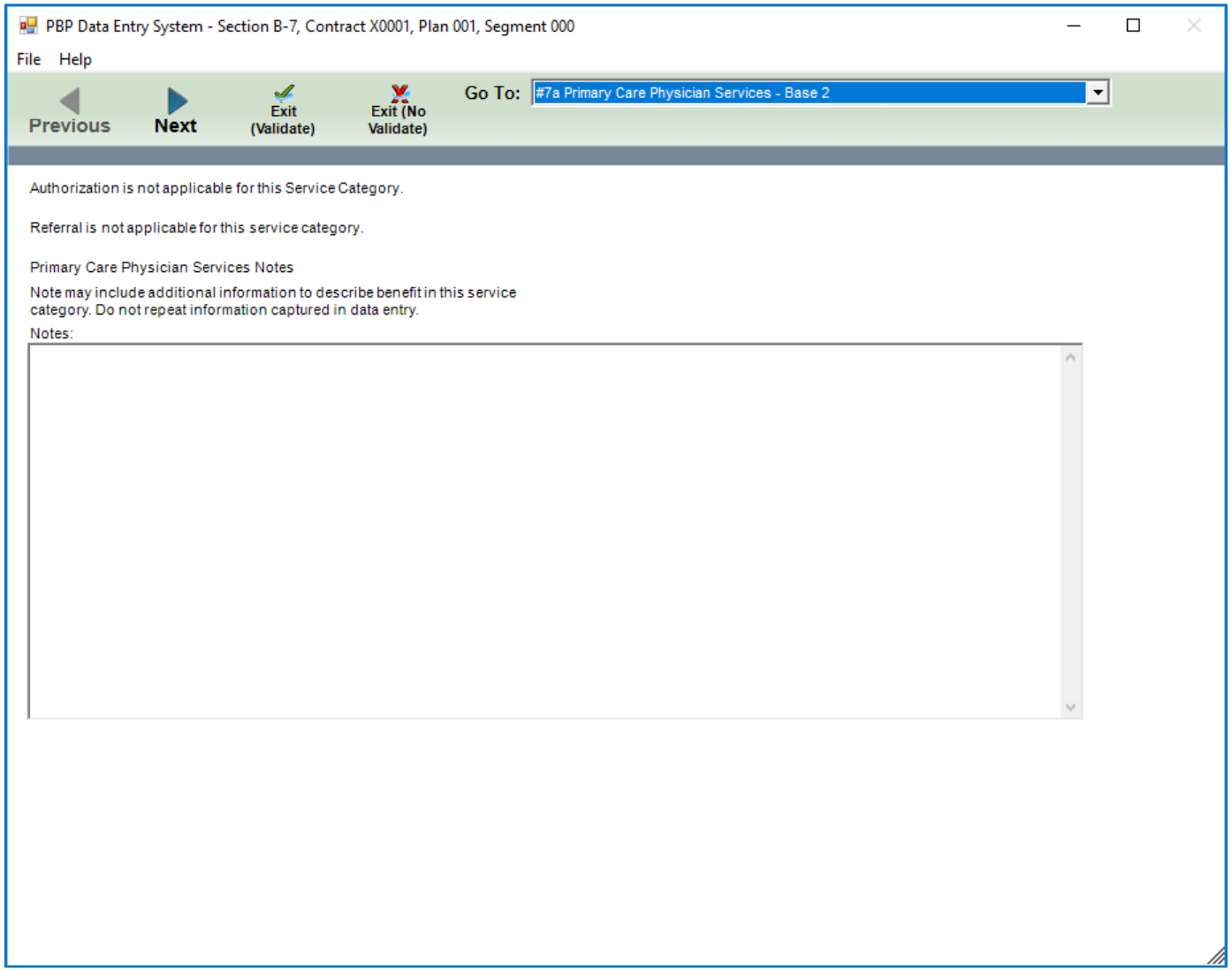
#6 Home Health Services – MMP – Base 3



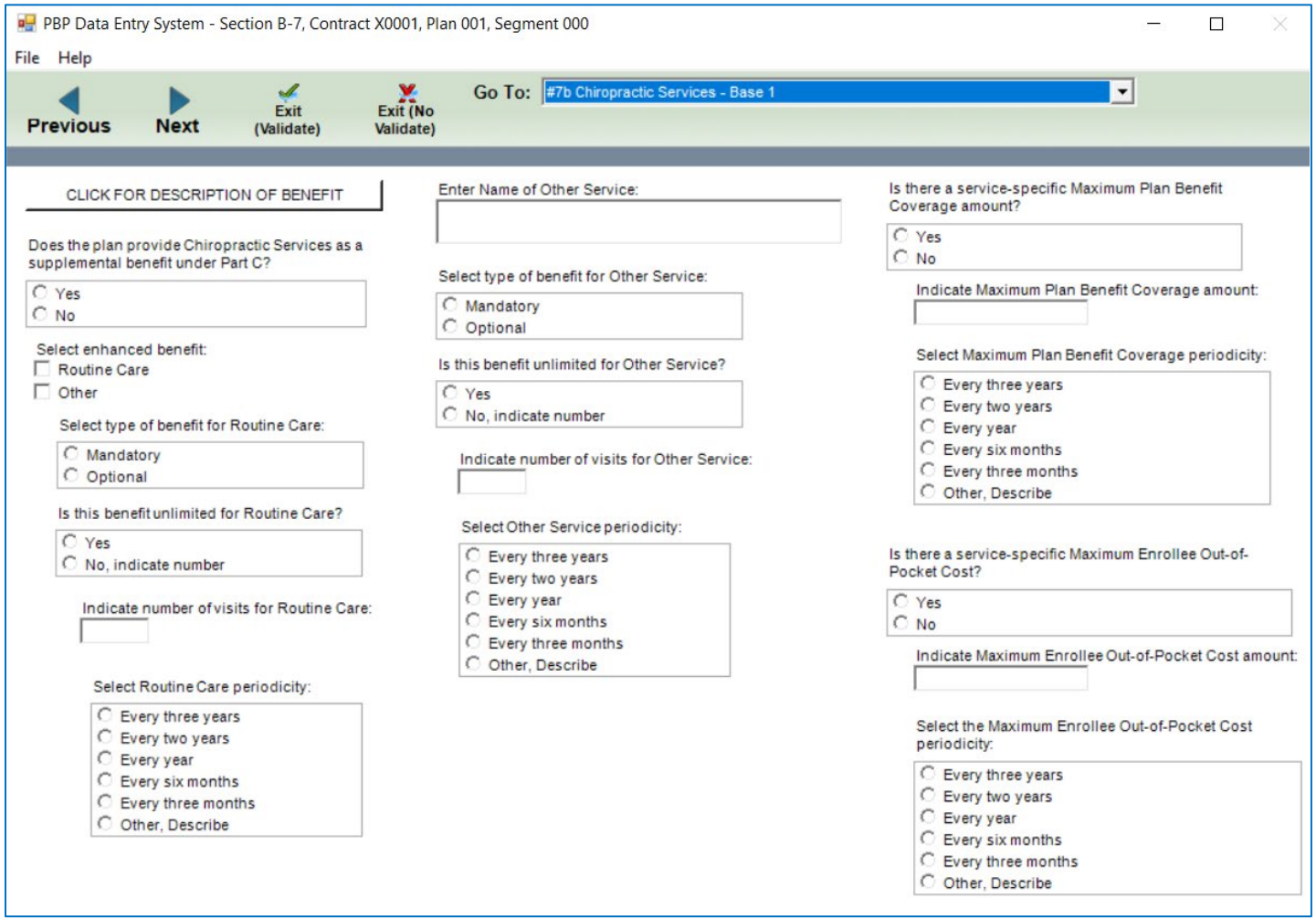
#7a Primary Care Physician Services – Base 1



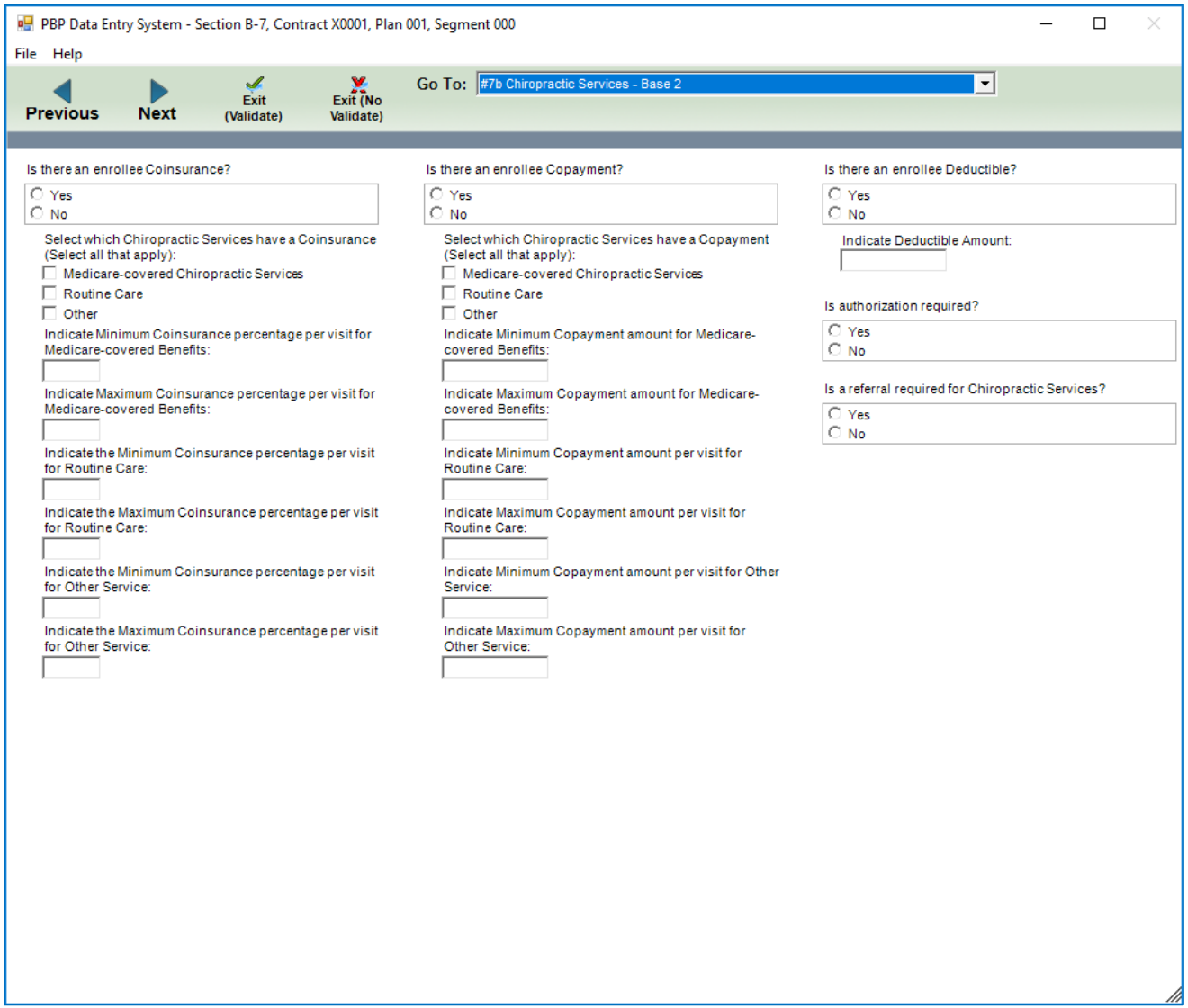
#7a Primary Care Physician Services – Base 2



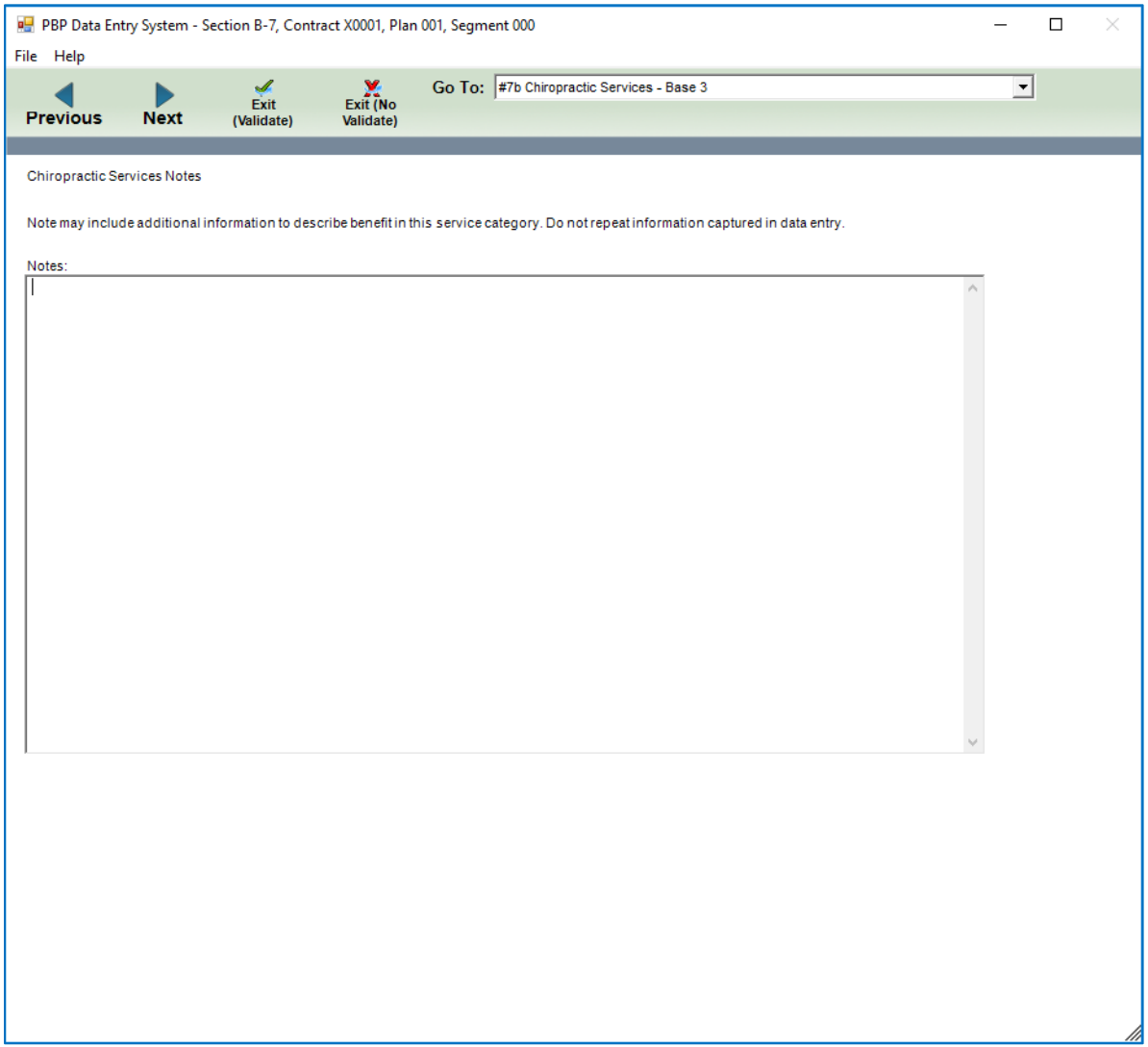
#7b Chiropractic Services – Base 1



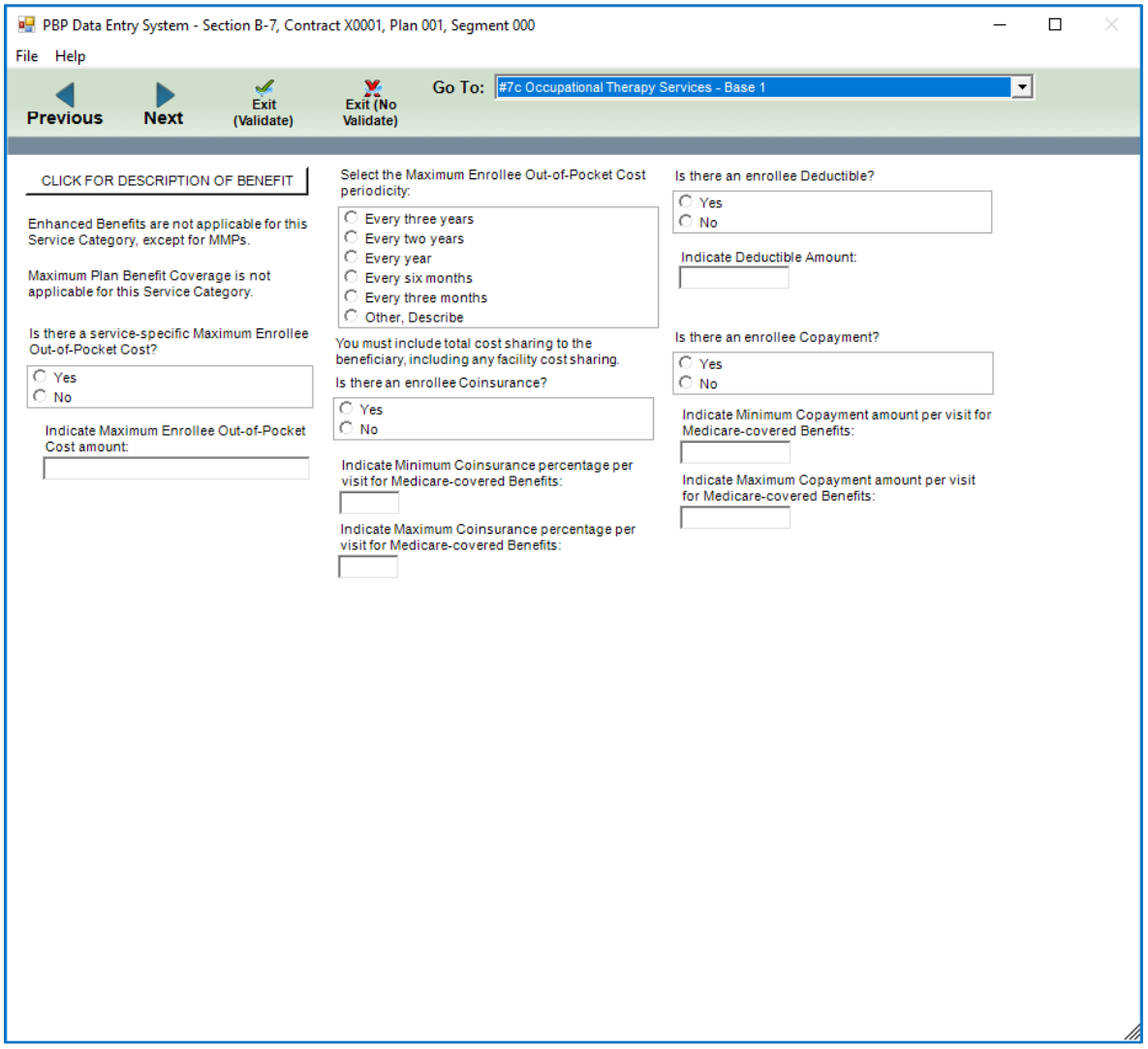
#7b Chiropractic Services – Base 2



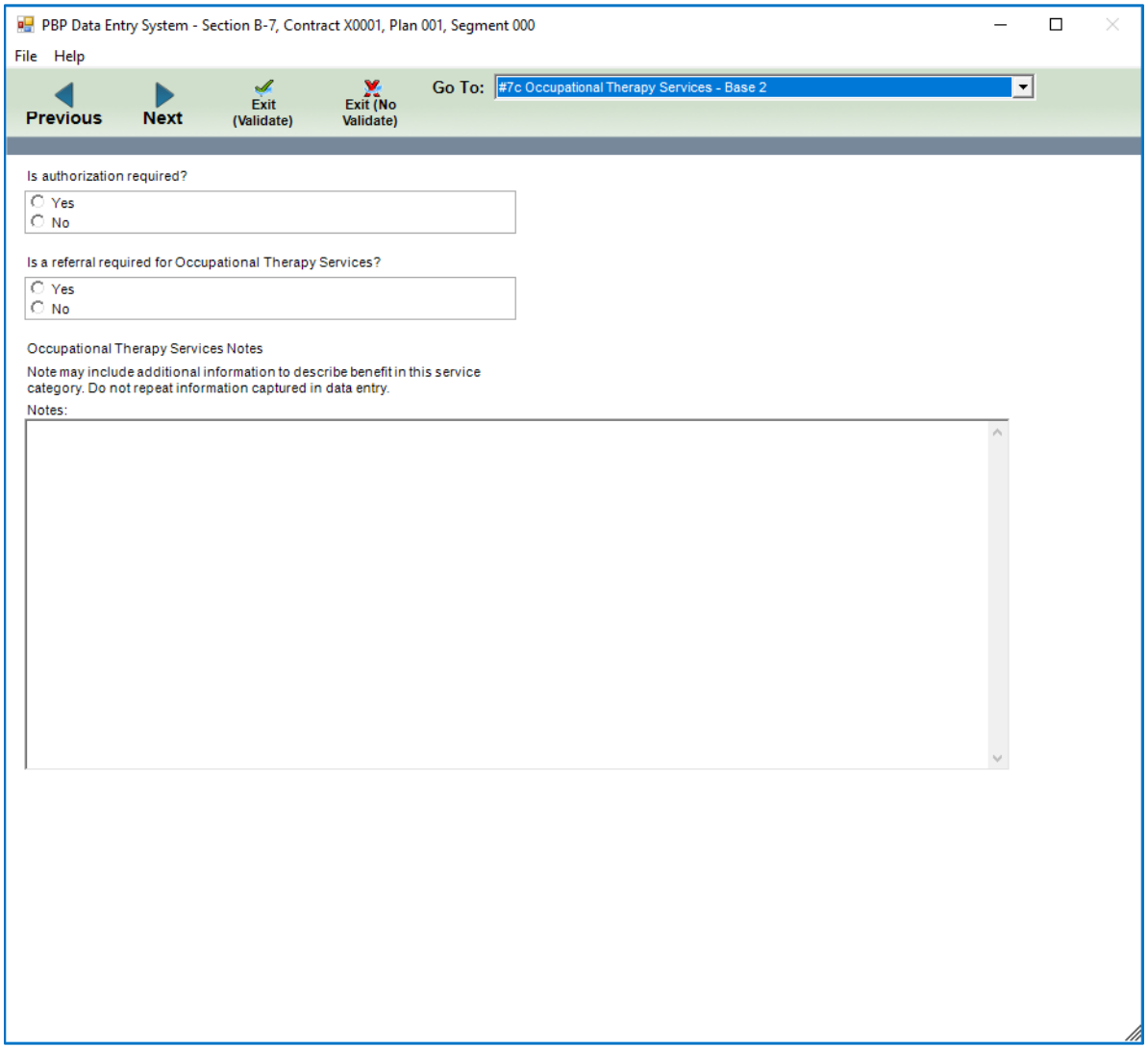
#7b Chiropractic Services – Base 3



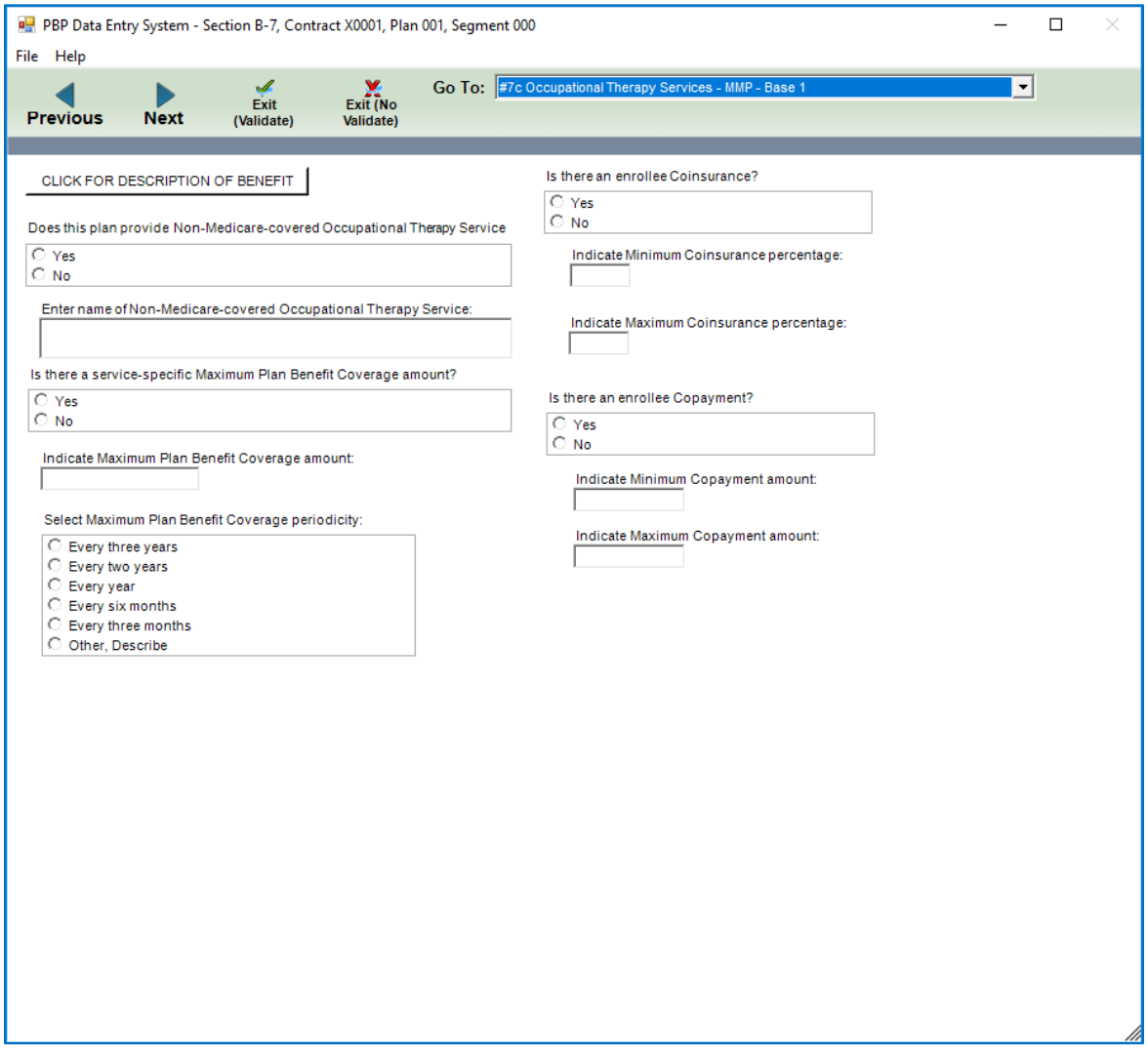
#7c Occupational Therapy Services – Base 1



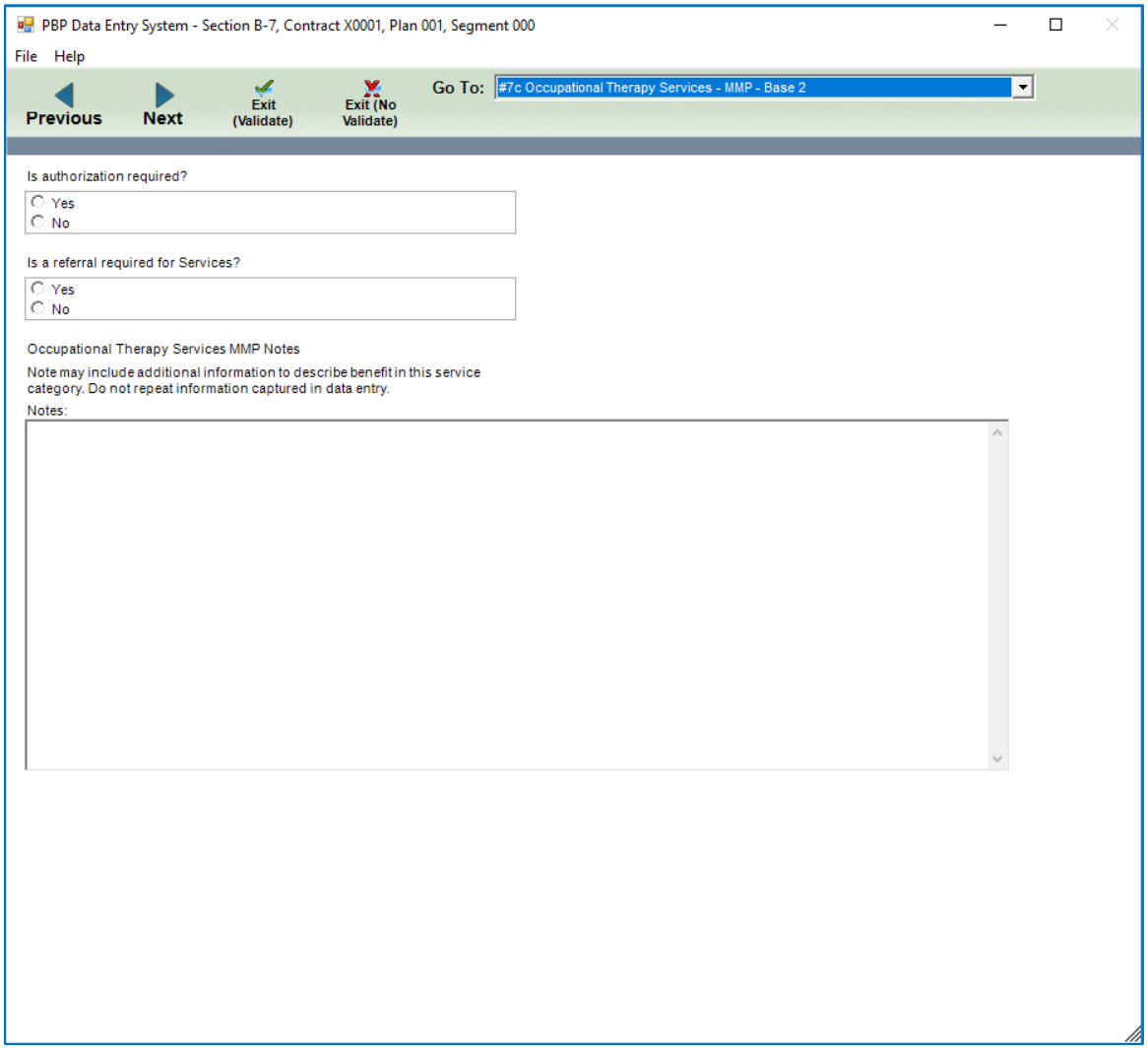
#7c Occupational Therapy Services – Base 2



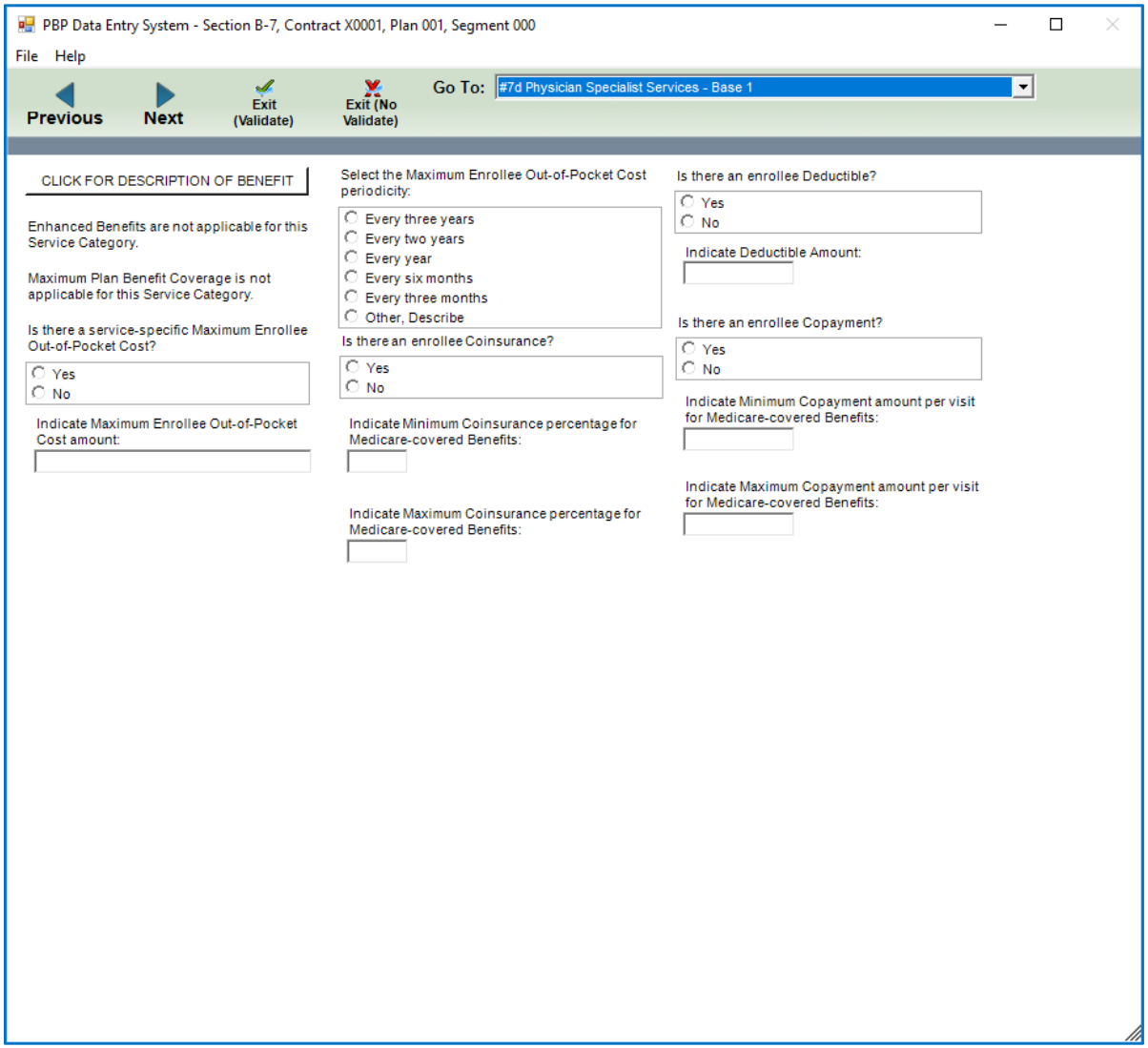
#7c Occupational Therapy Services – MMP – Base 1



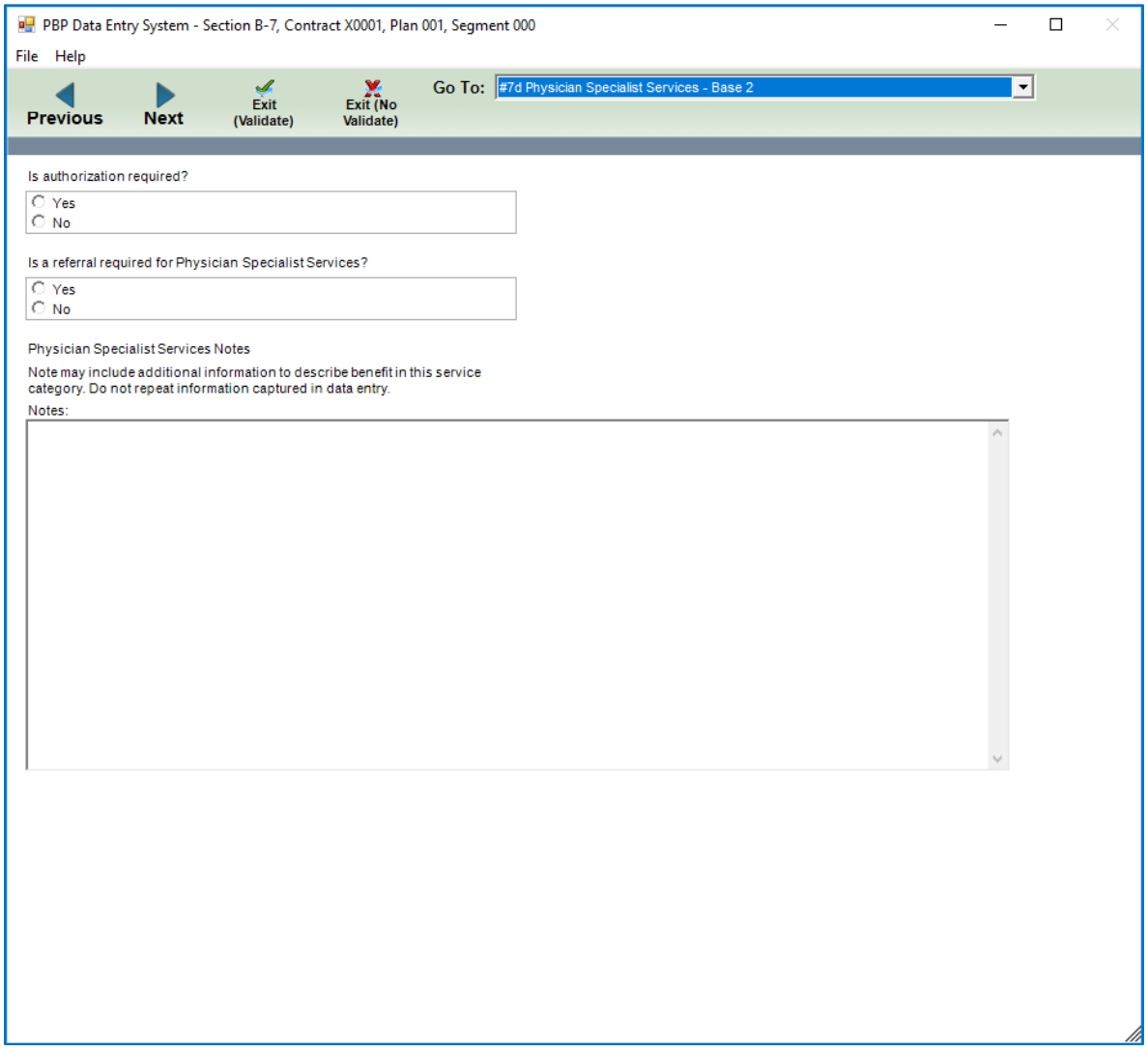
#7c Occupational Therapy Services – MMP – Base 2



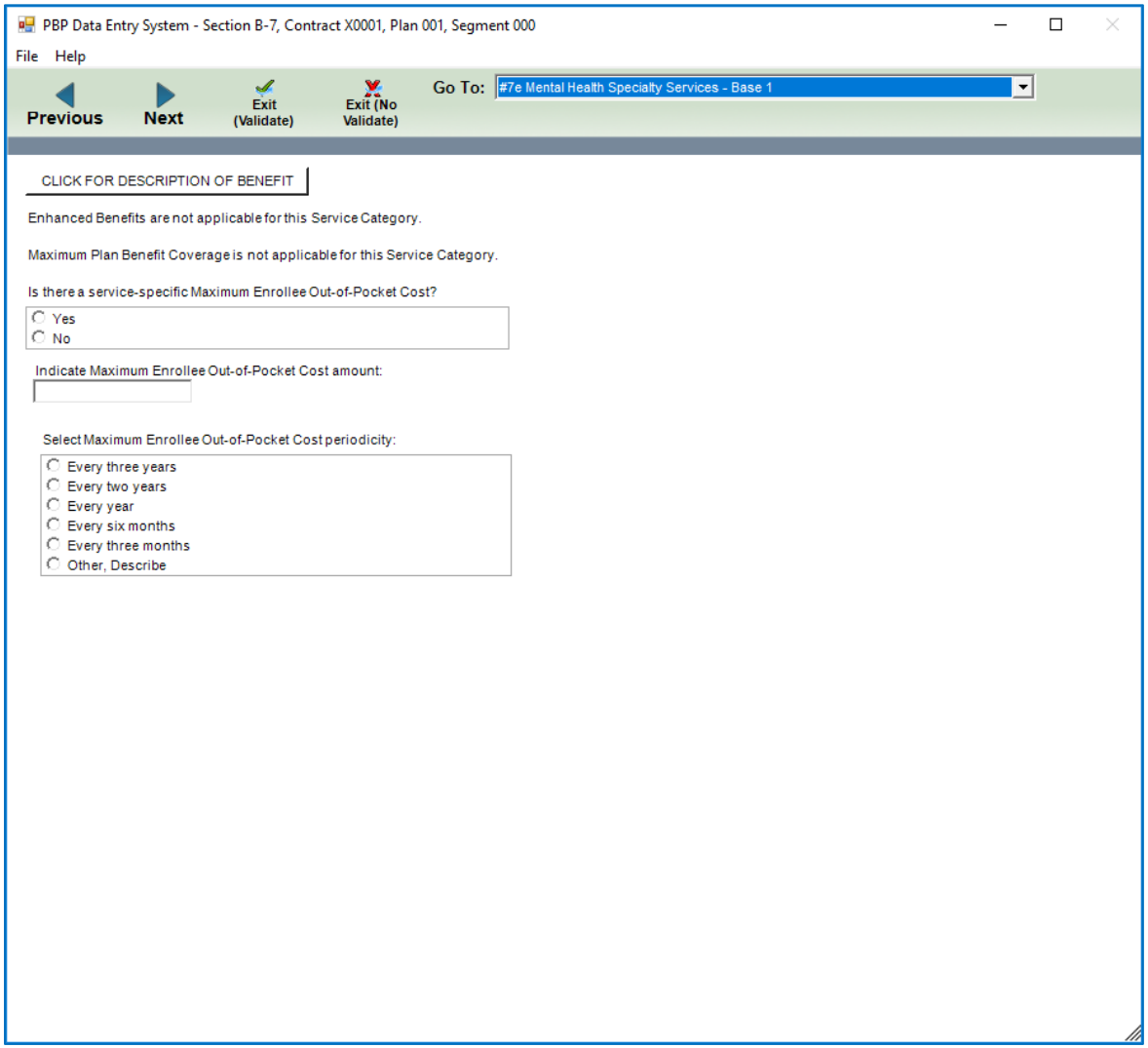
#7d Physician Specialist Services – Base 1



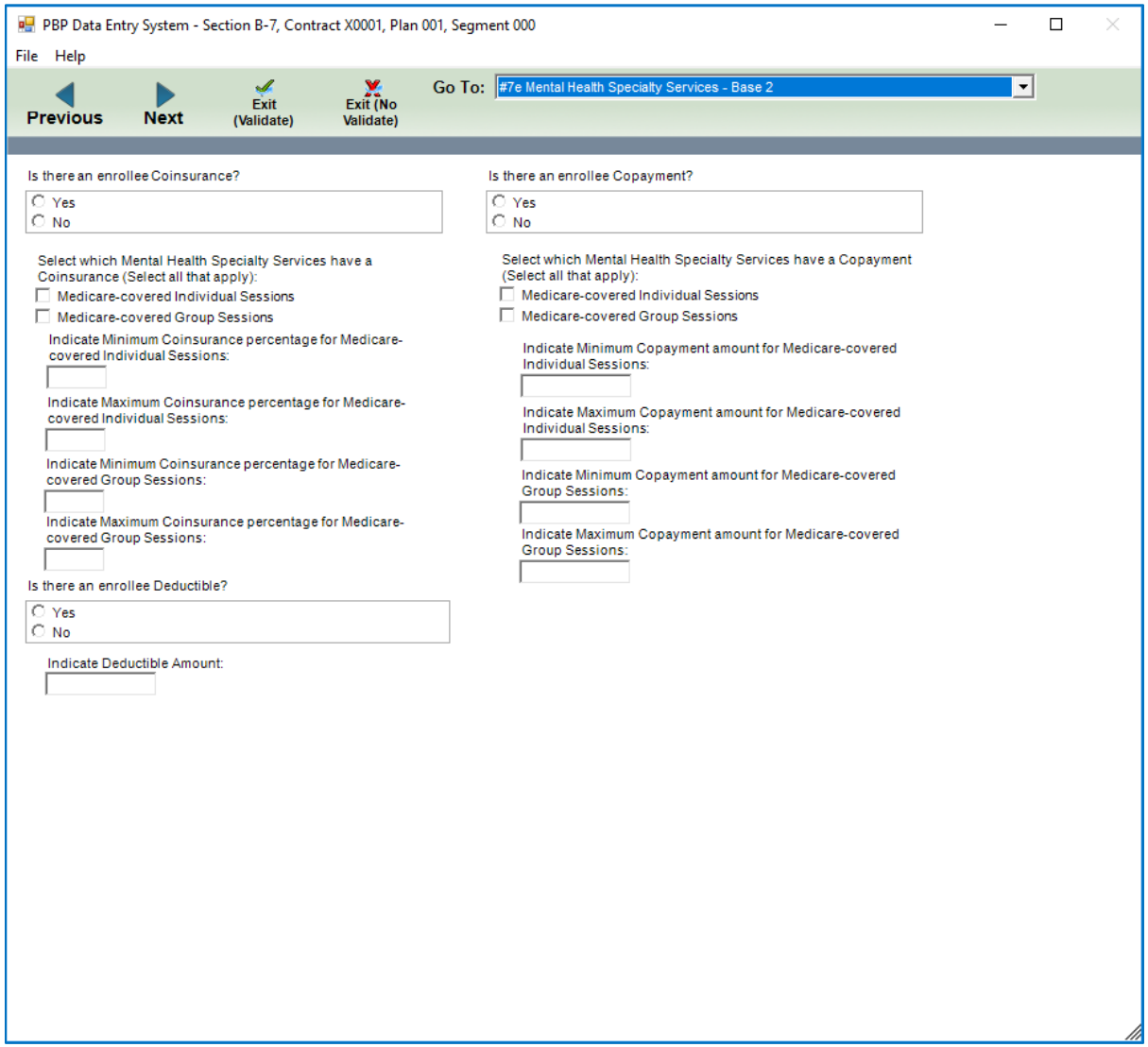
#7d Physician Specialist Services – Base 2



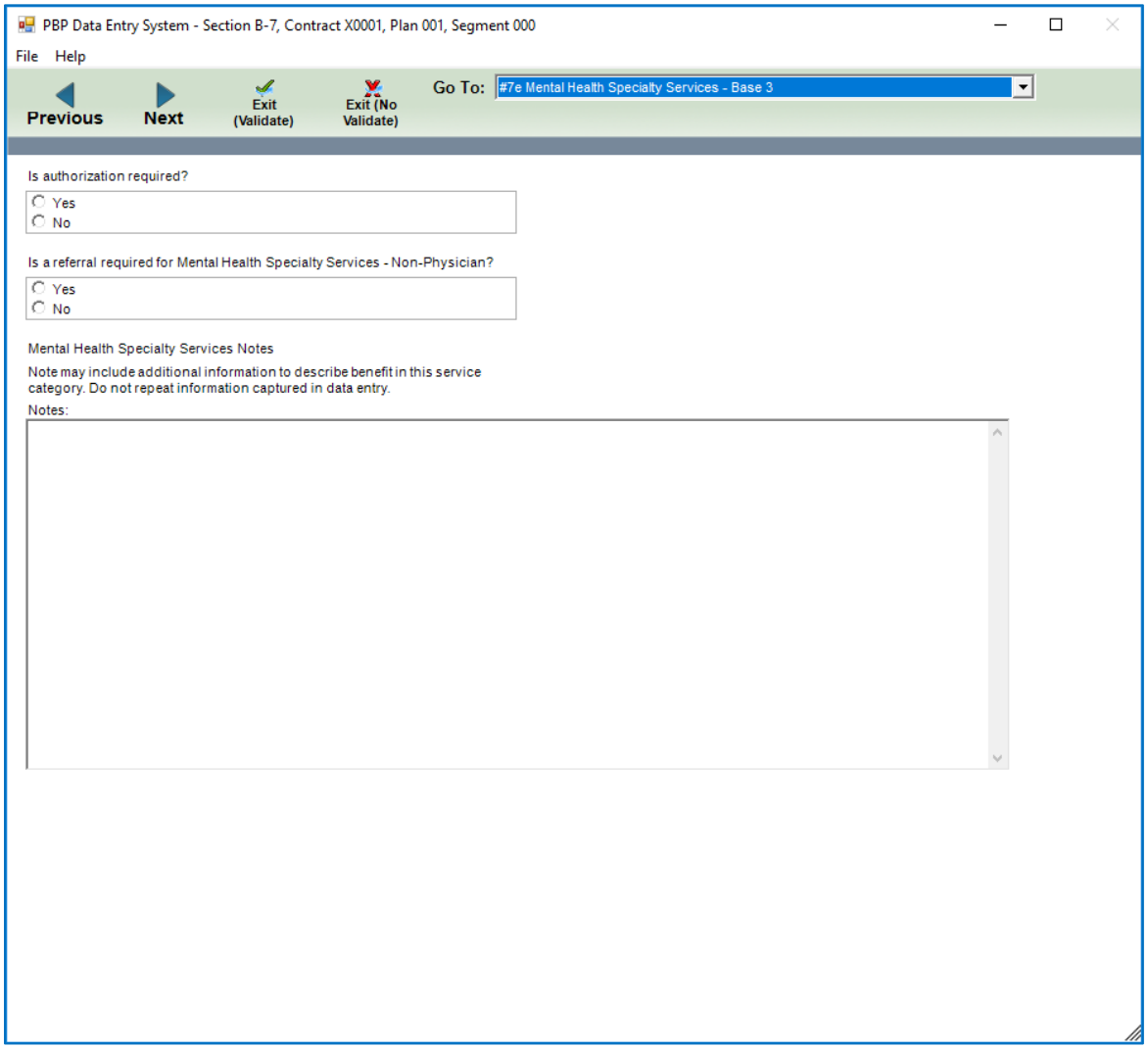
#7e Mental Health Specialty Services – Base 1



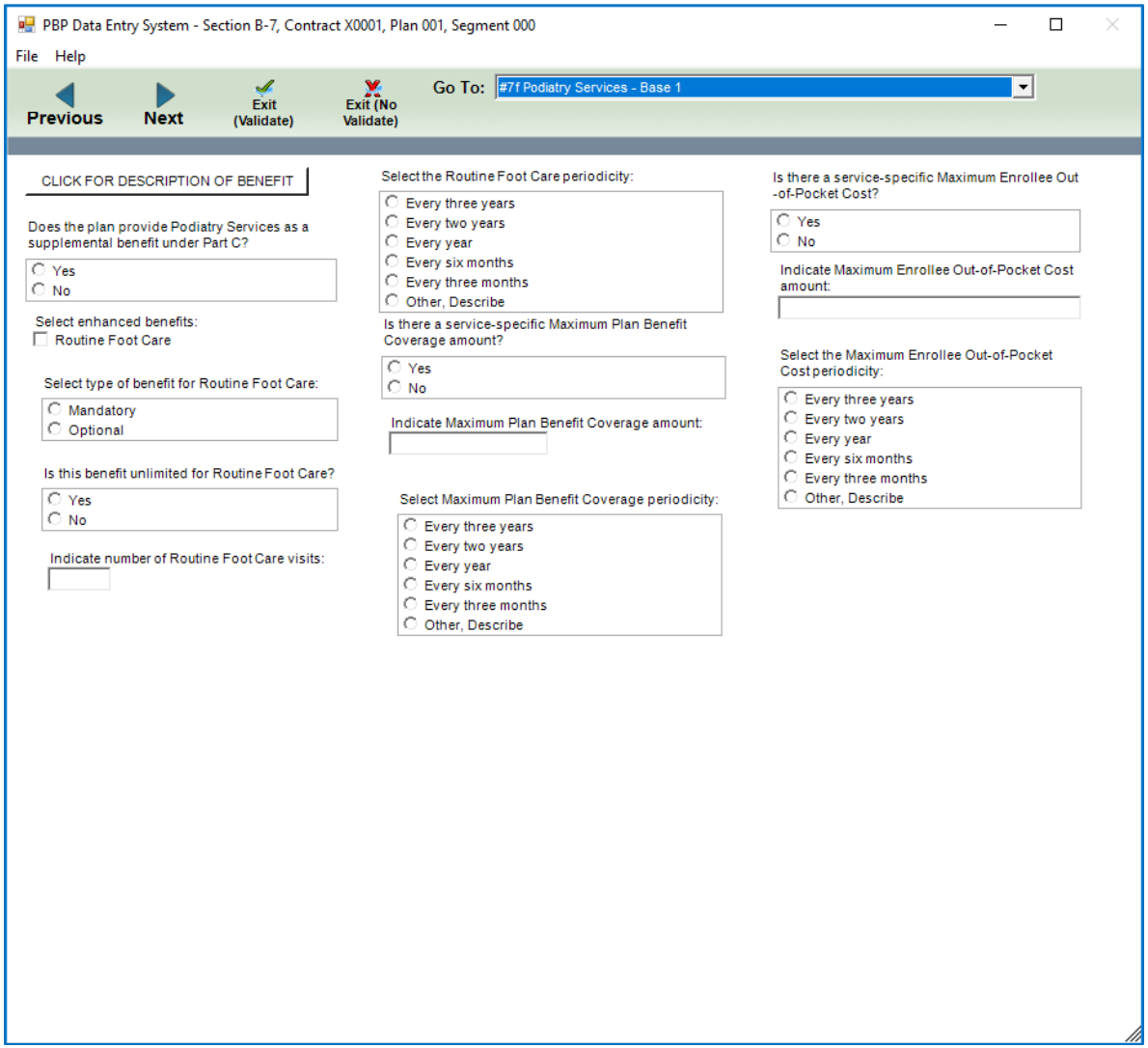
#7e Mental Health Specialty Services – Base 2



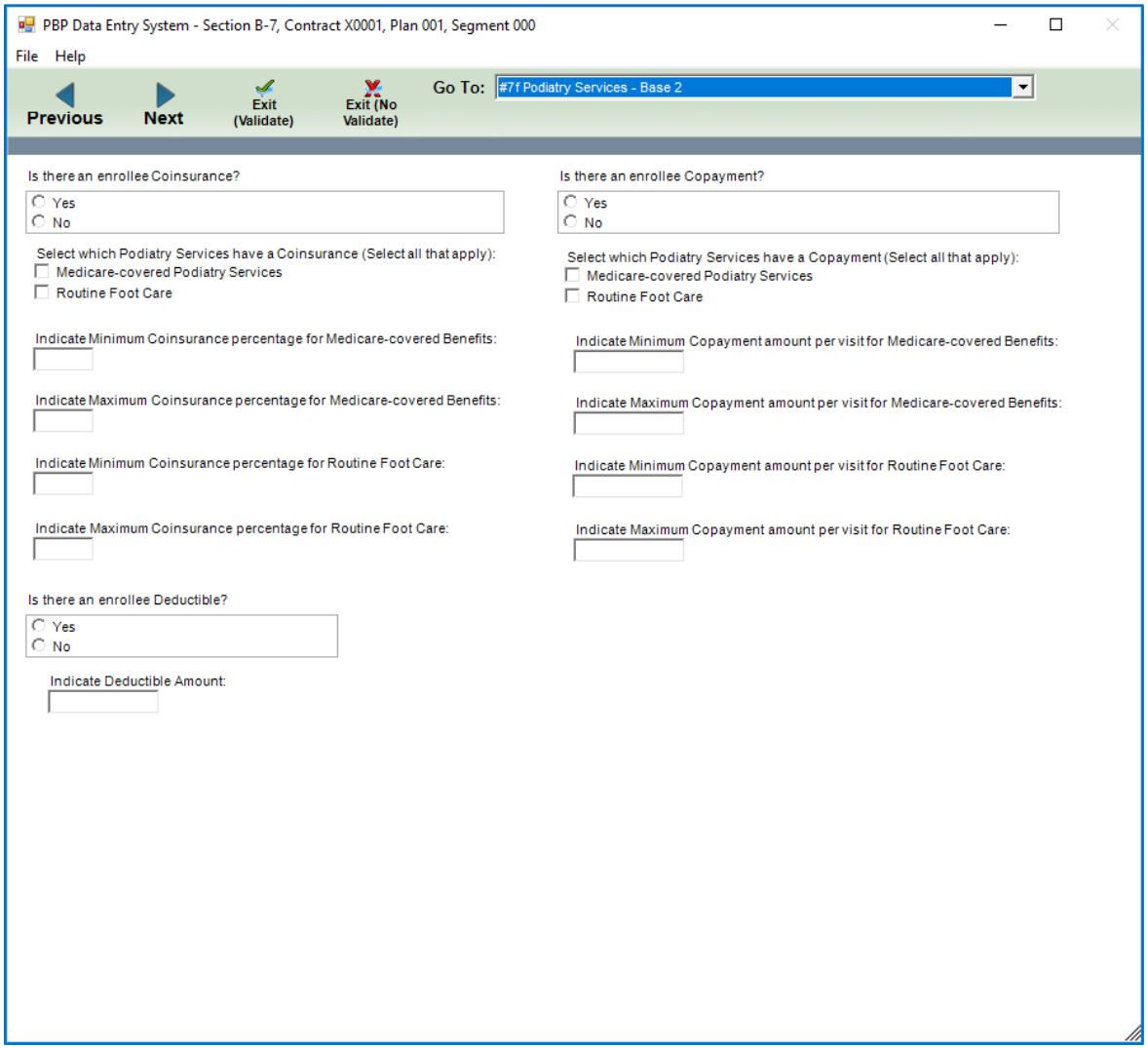
#7e Mental Health Specialty Services – Base 3



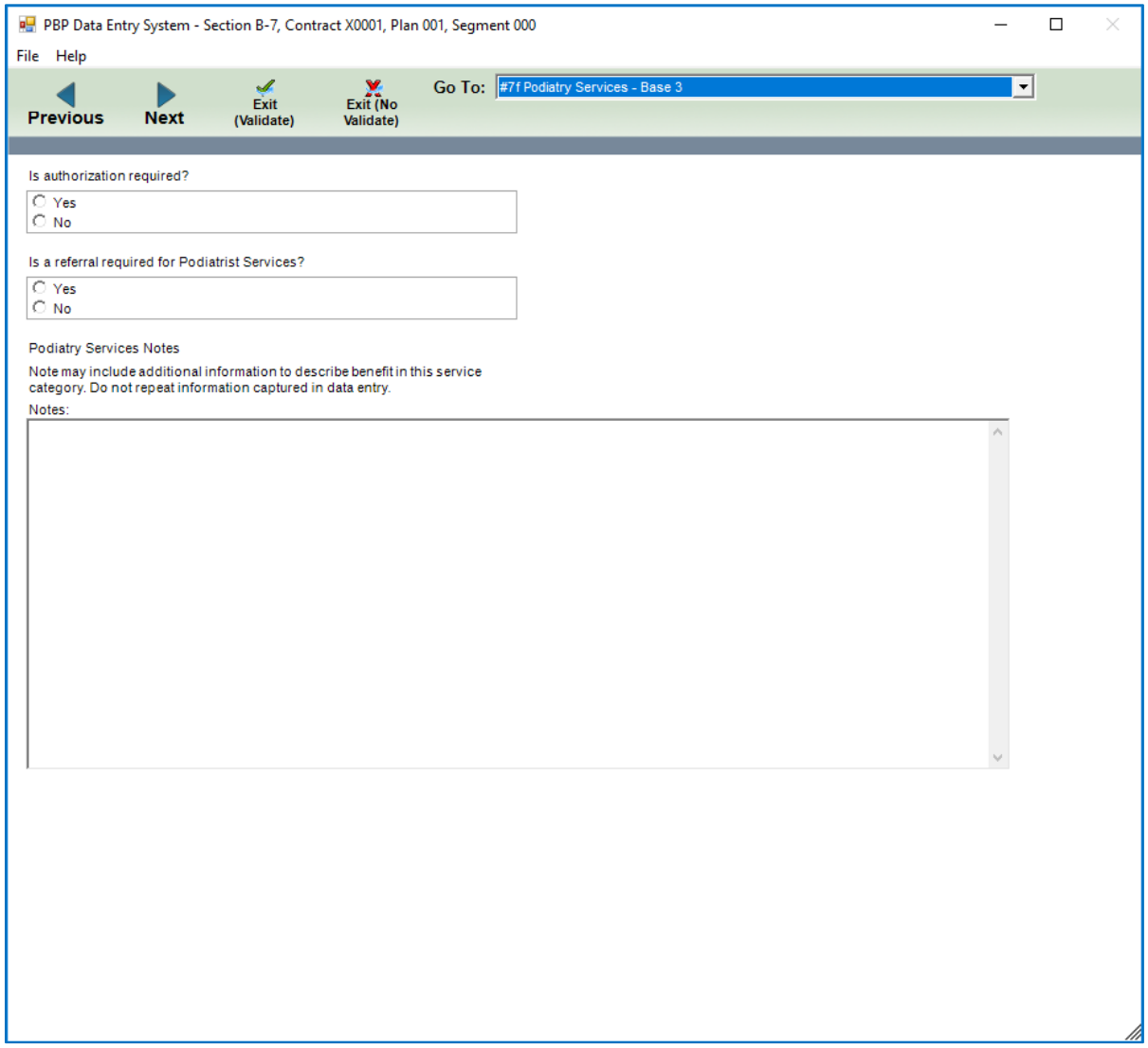
#7f Podiatry Services – Base 1



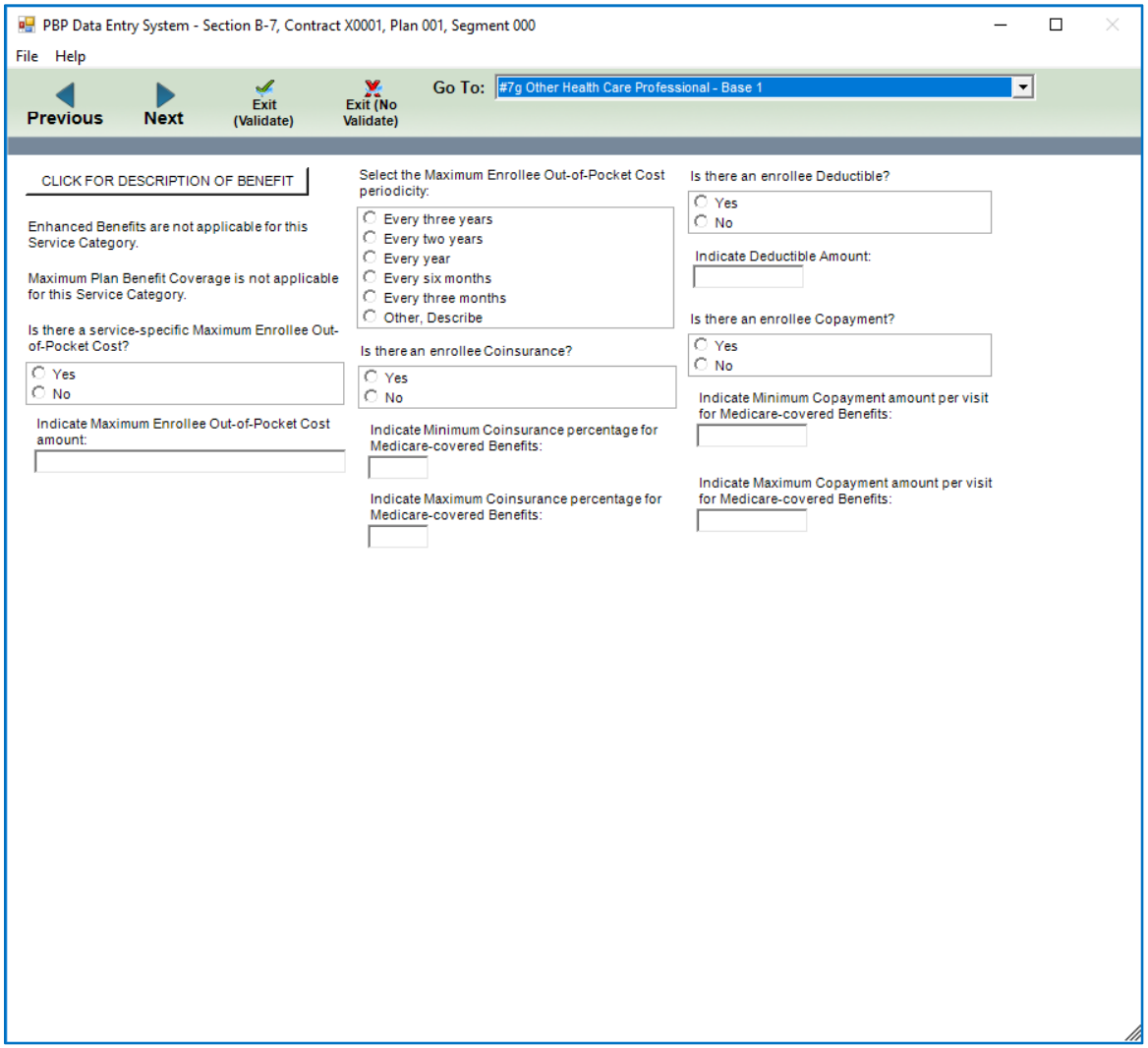
#7f Podiatry Services – Base 2



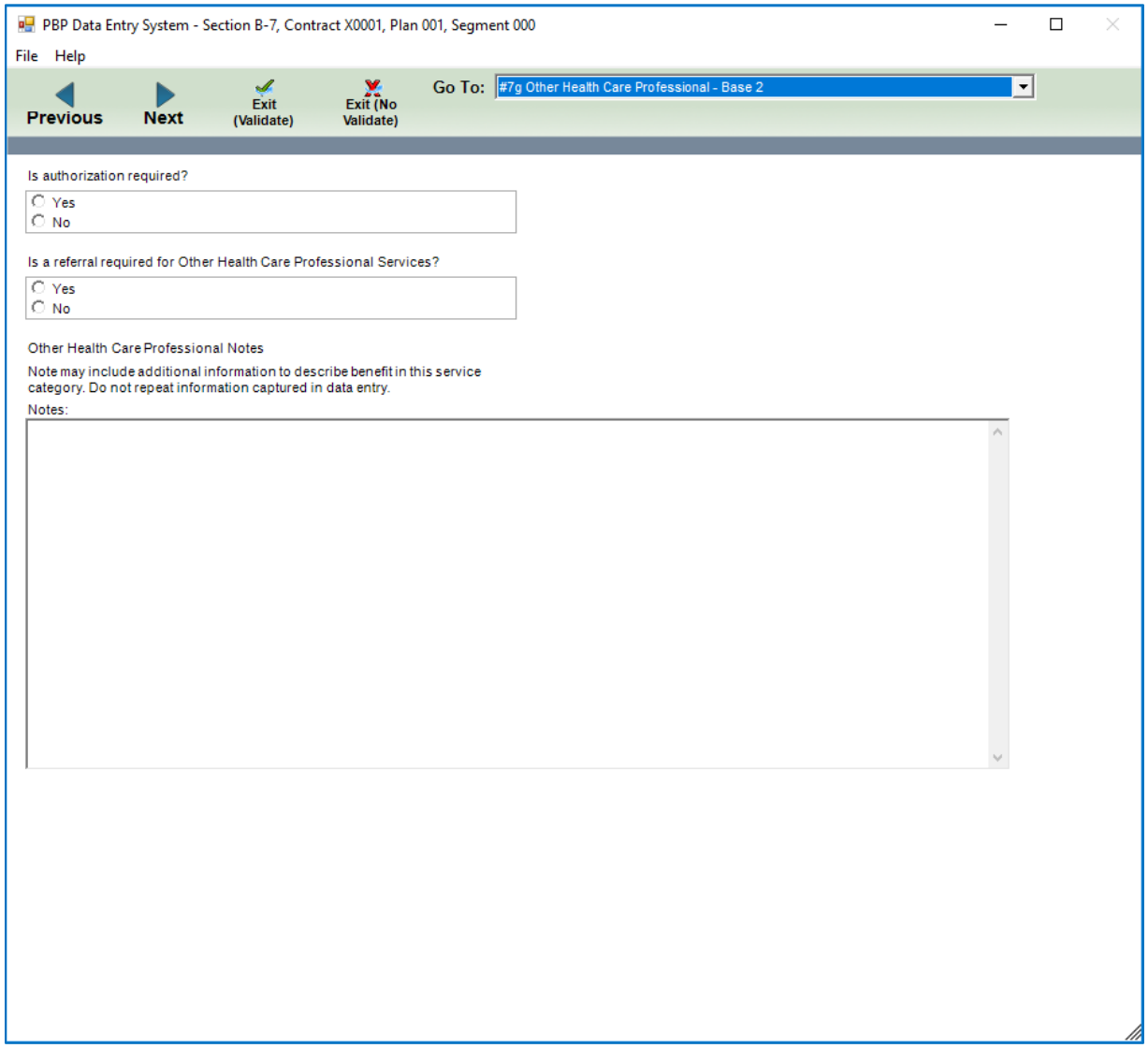
#7f Podiatry Services – Base 3



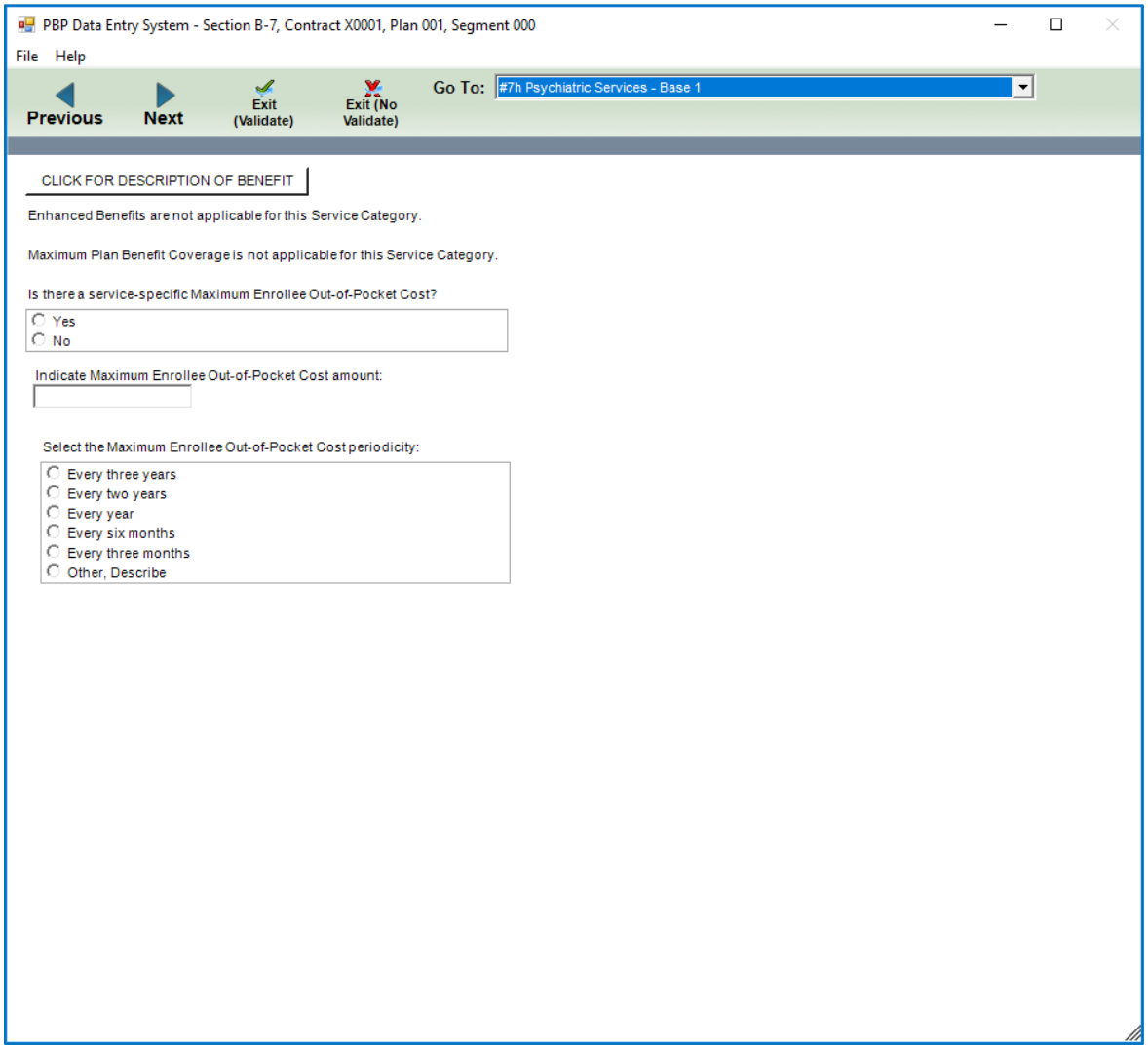
#7g Other Health Care Professional – Base 1



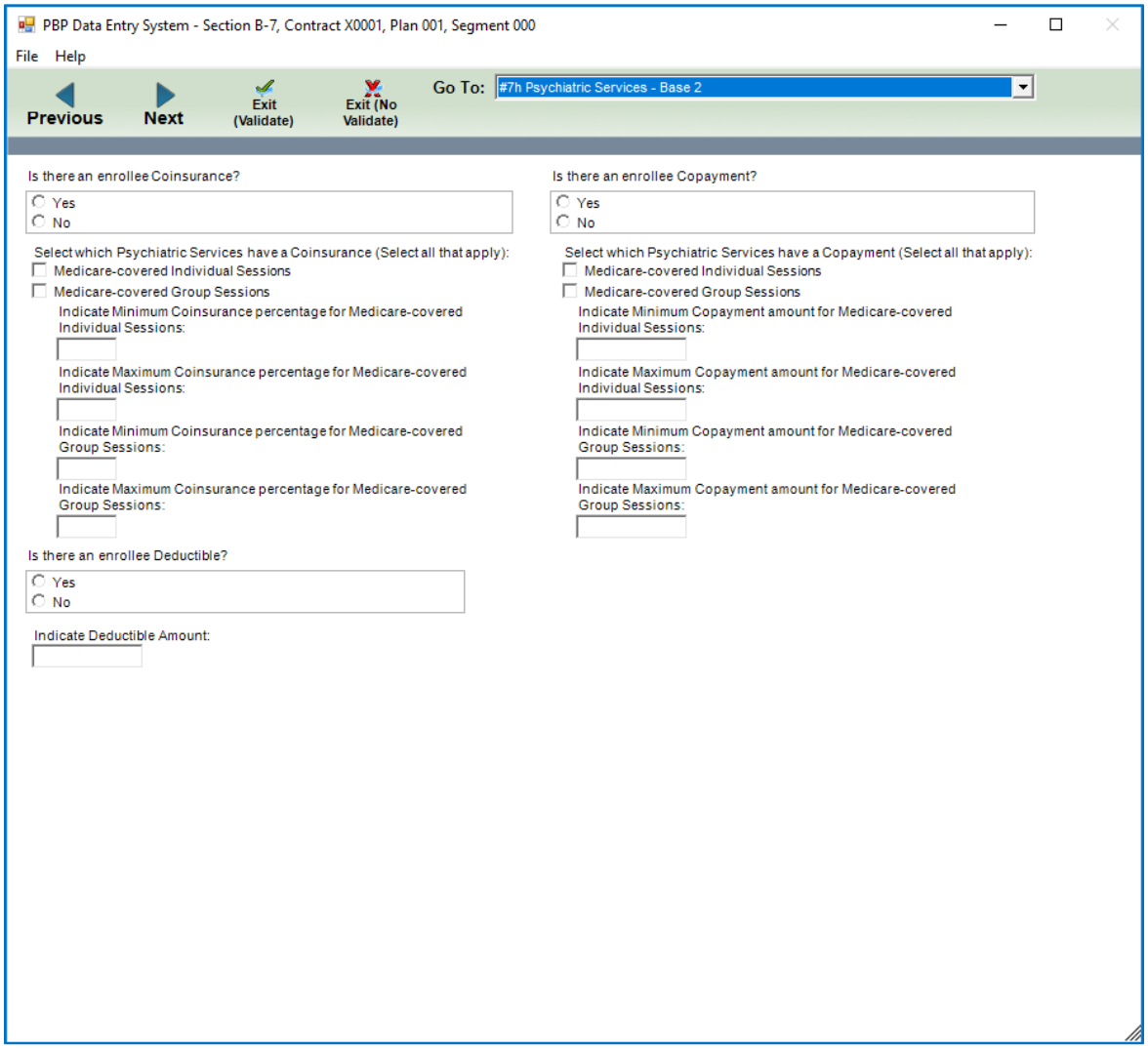
#7g Other Health Care Professional – Base 2



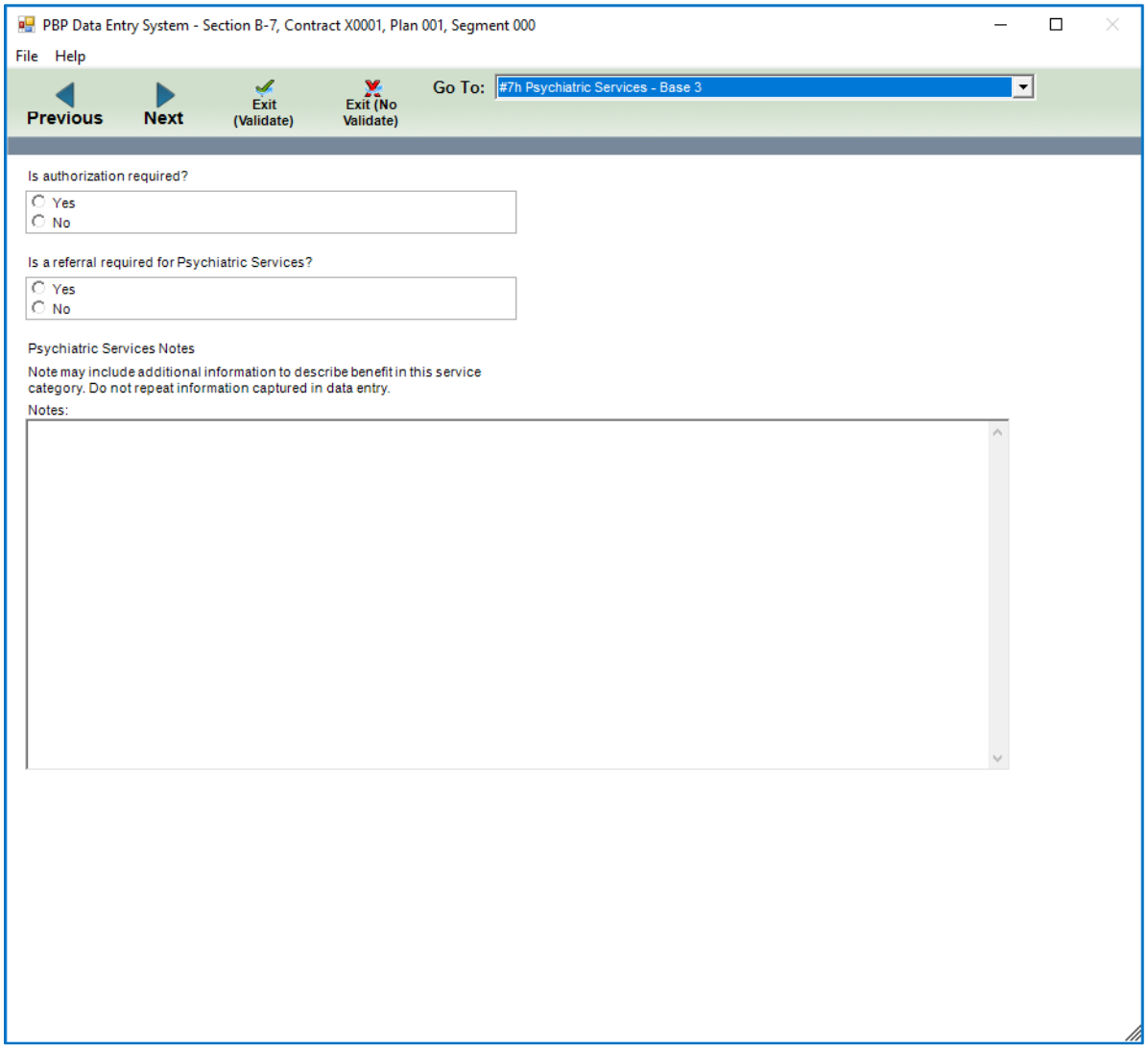
#7h Psychiatric Services – Base 1



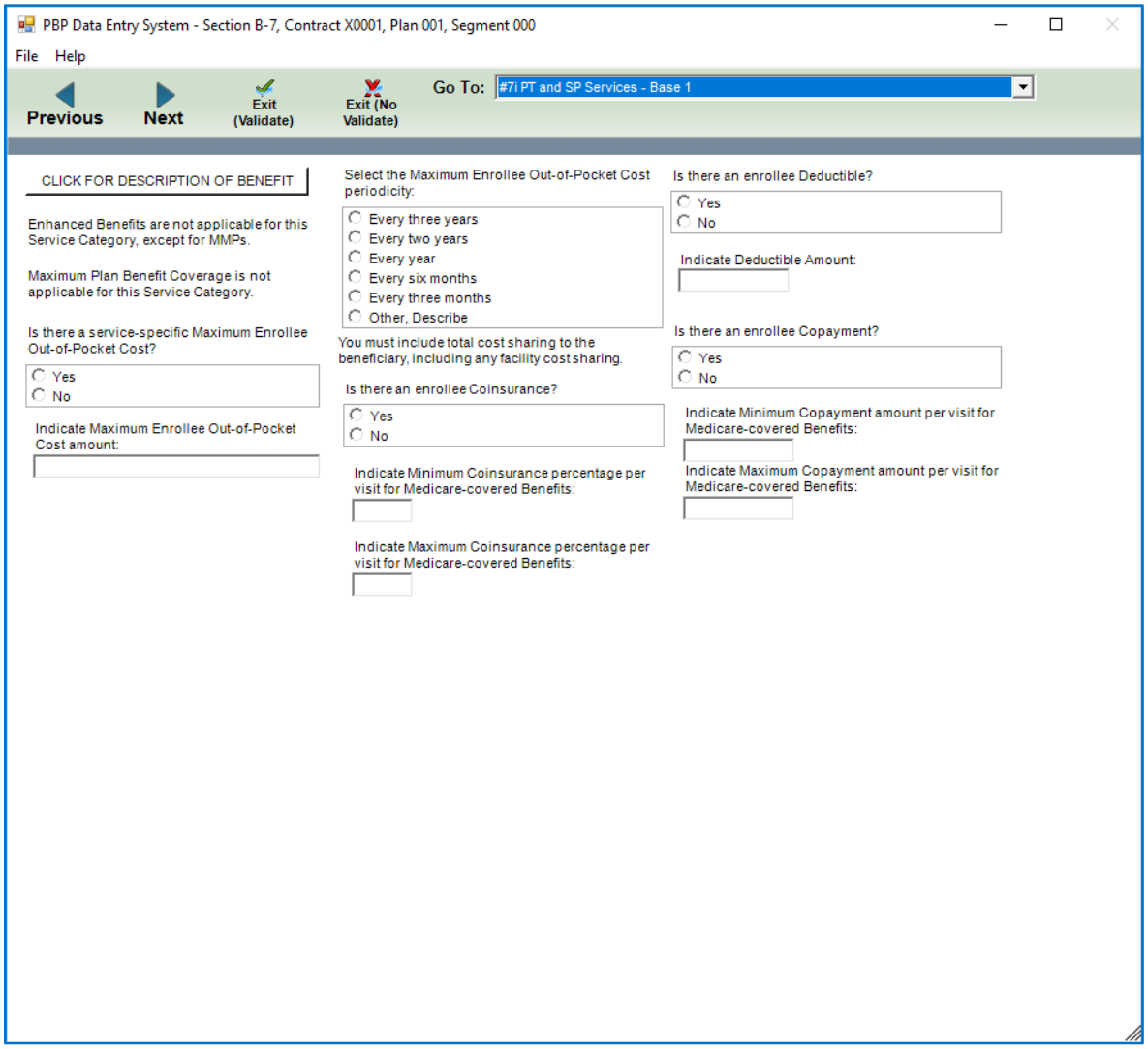
#7h Psychiatric Services – Base 2



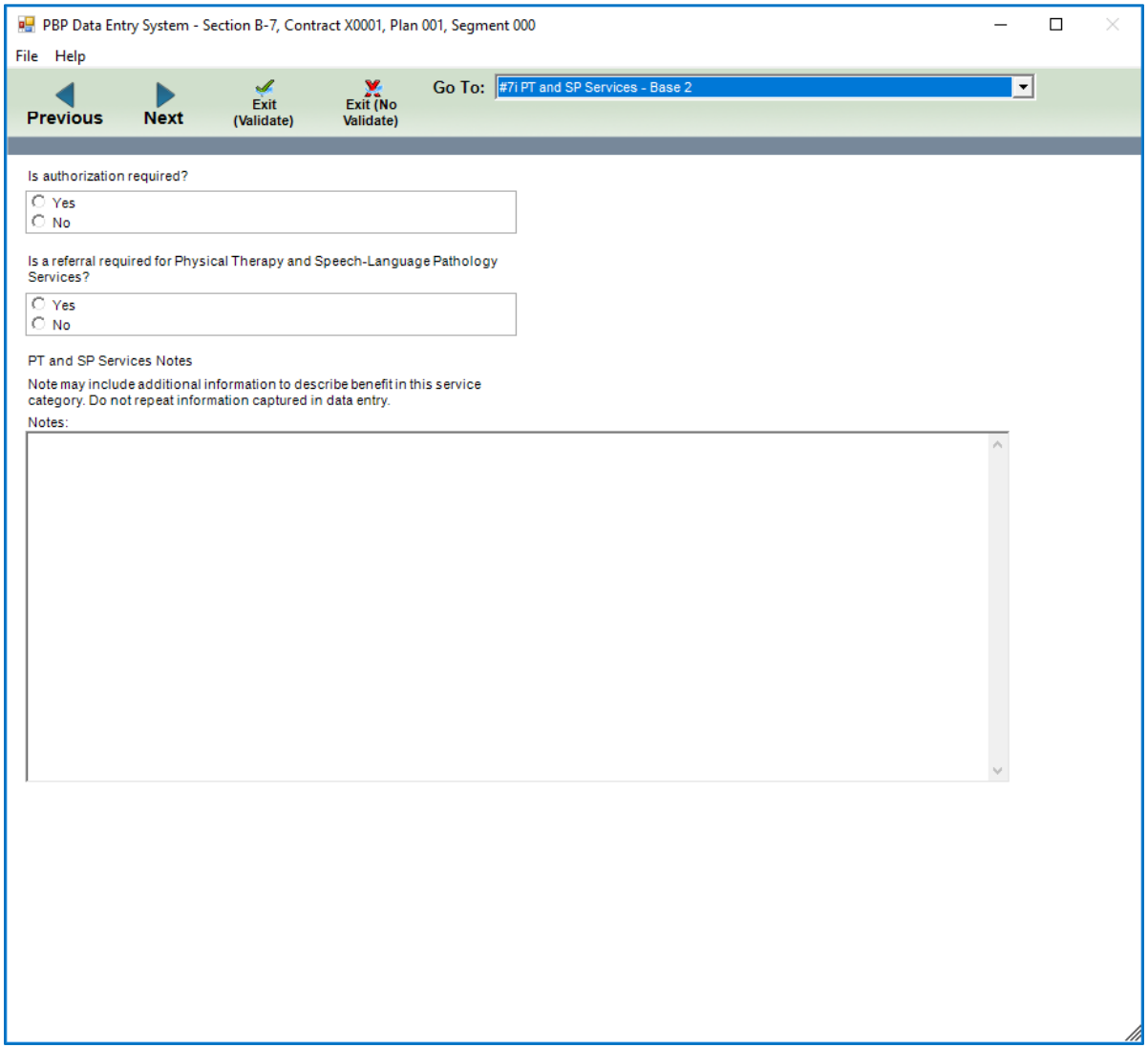
#7h Psychiatric Services – Base 3



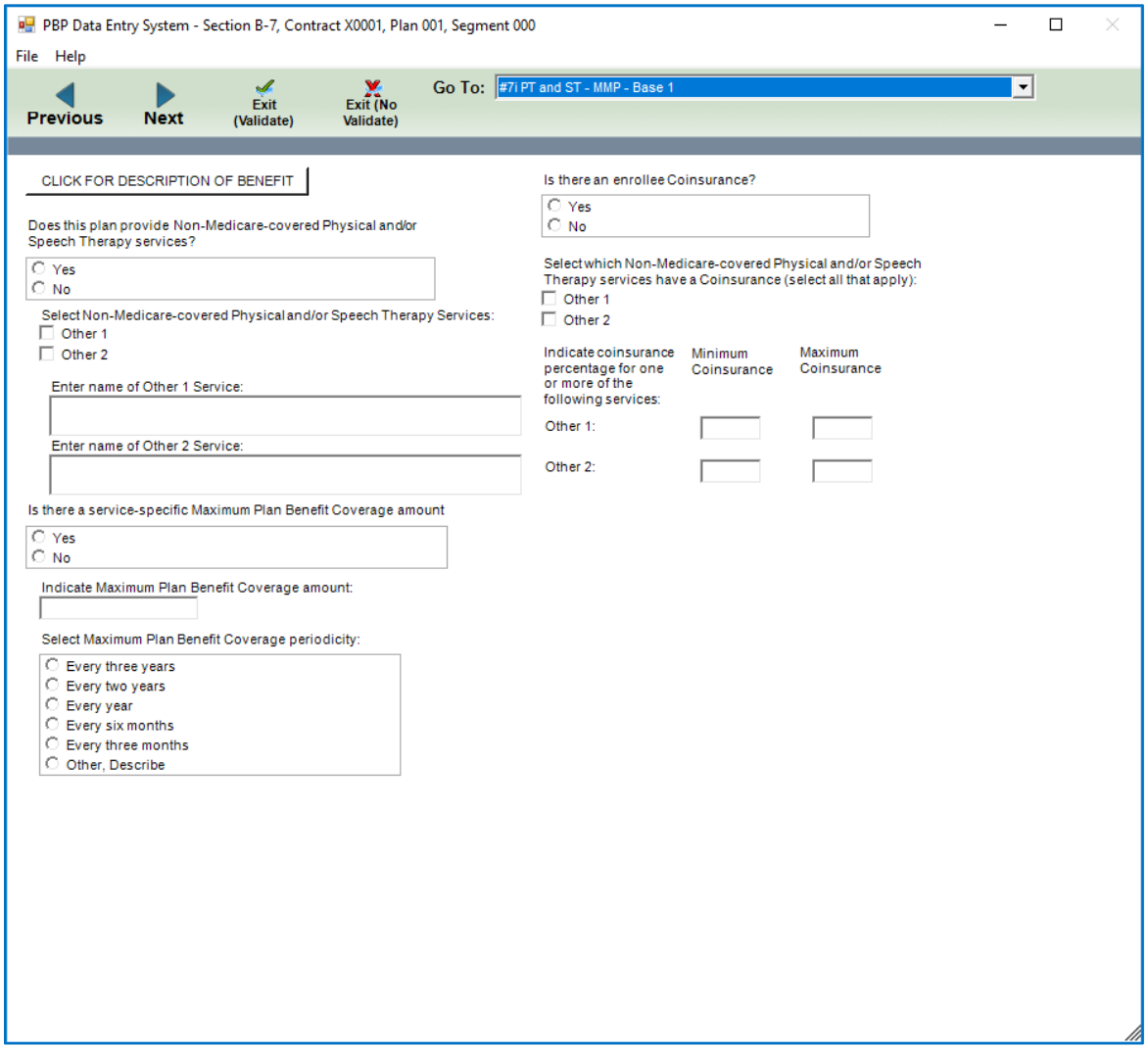
#7i PT and SP Services – Base 1



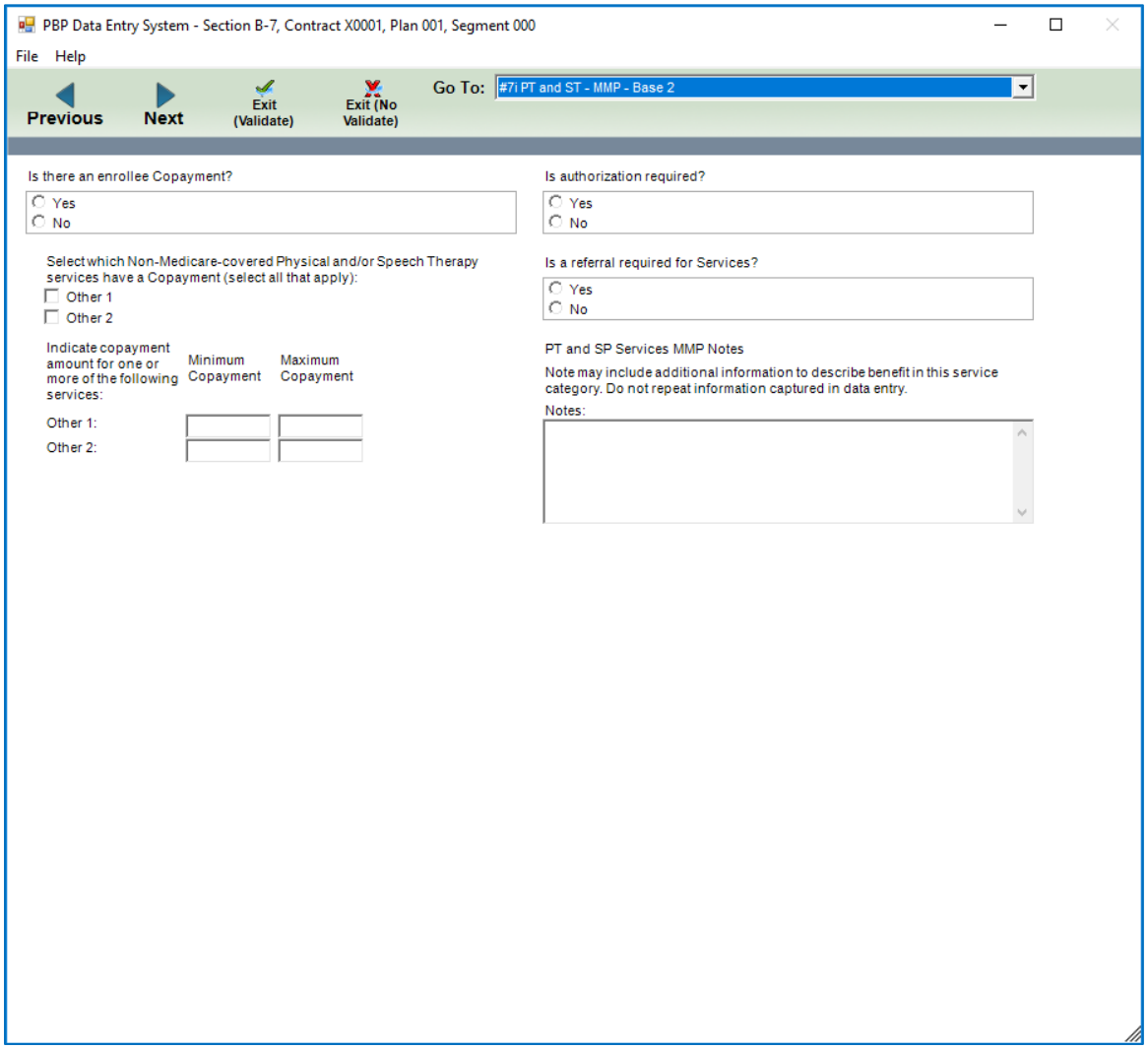
#7i PT and SP Services – Base 2



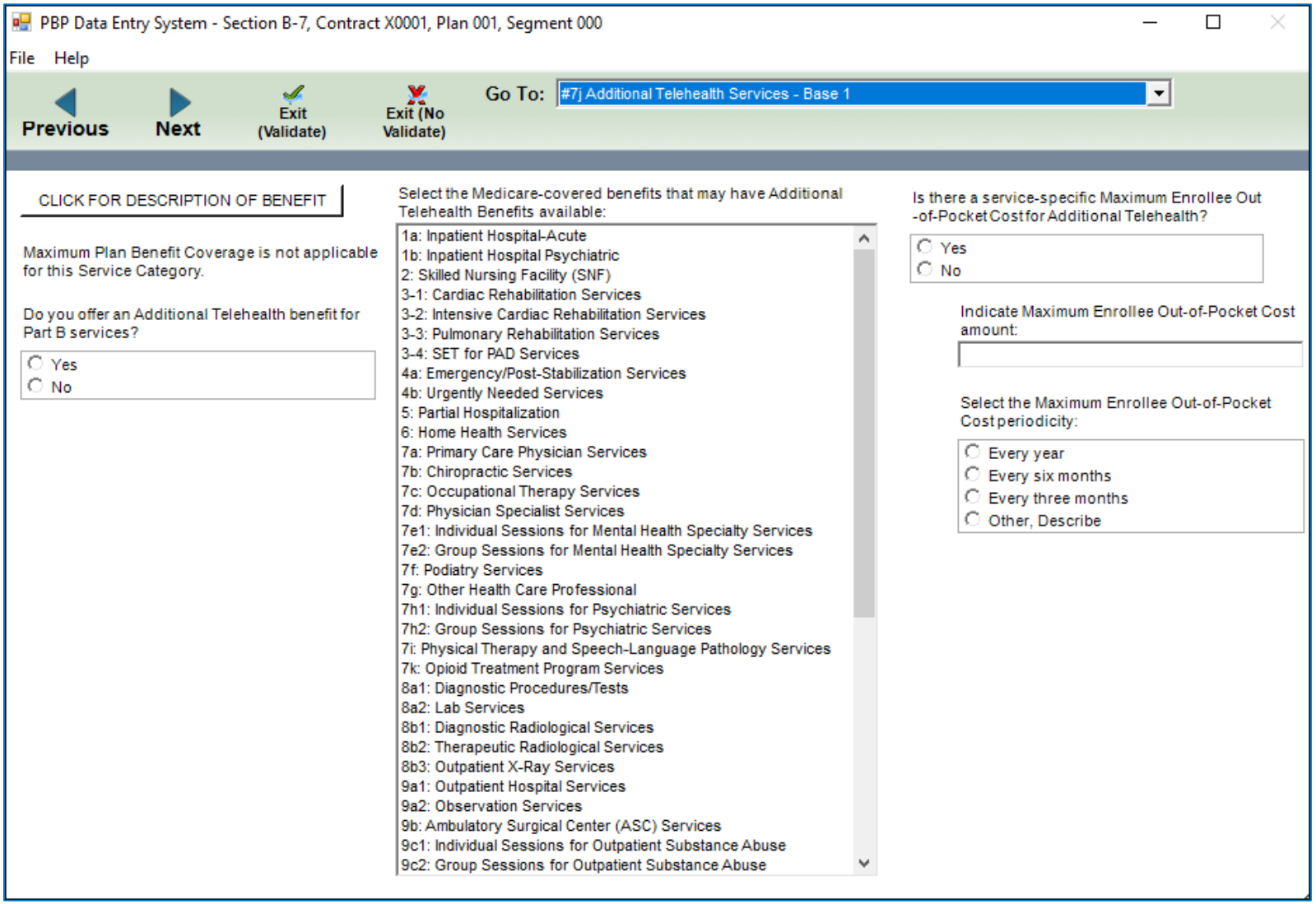
#7i PT and ST – MMP – Base 1



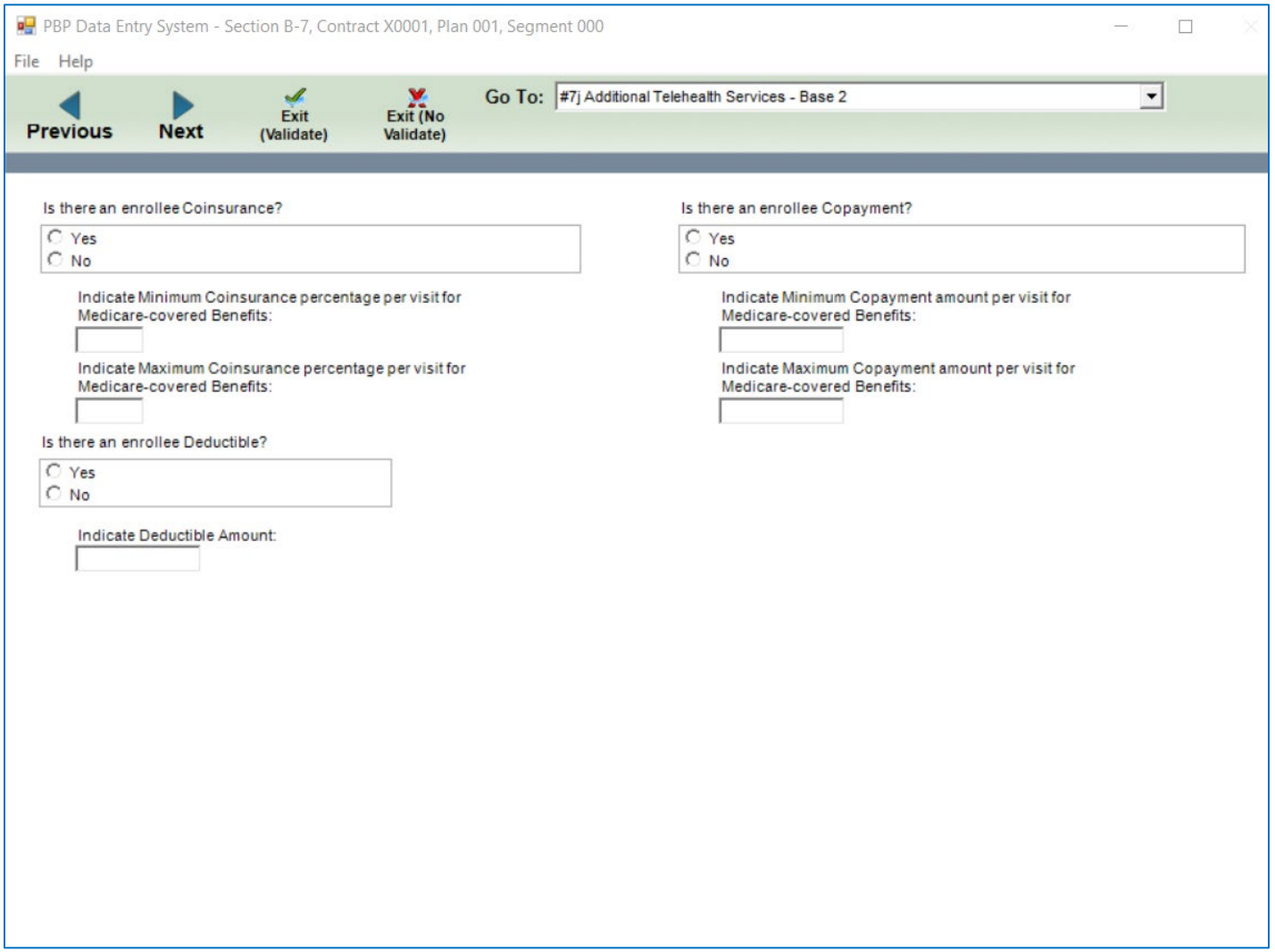
#7i PT and ST – MMP – Base 2



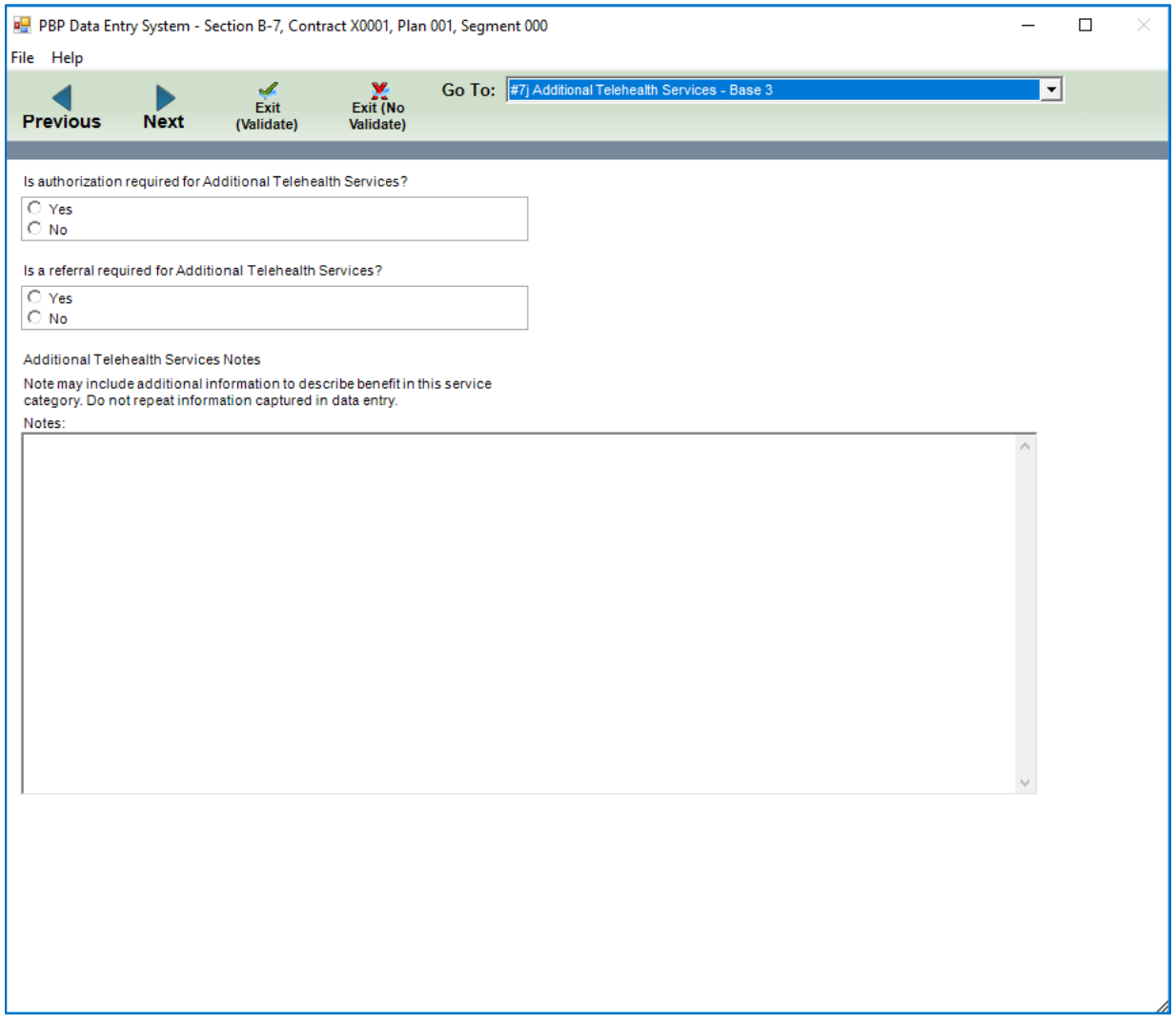
#7j Additional Telehealth Services – Base 1



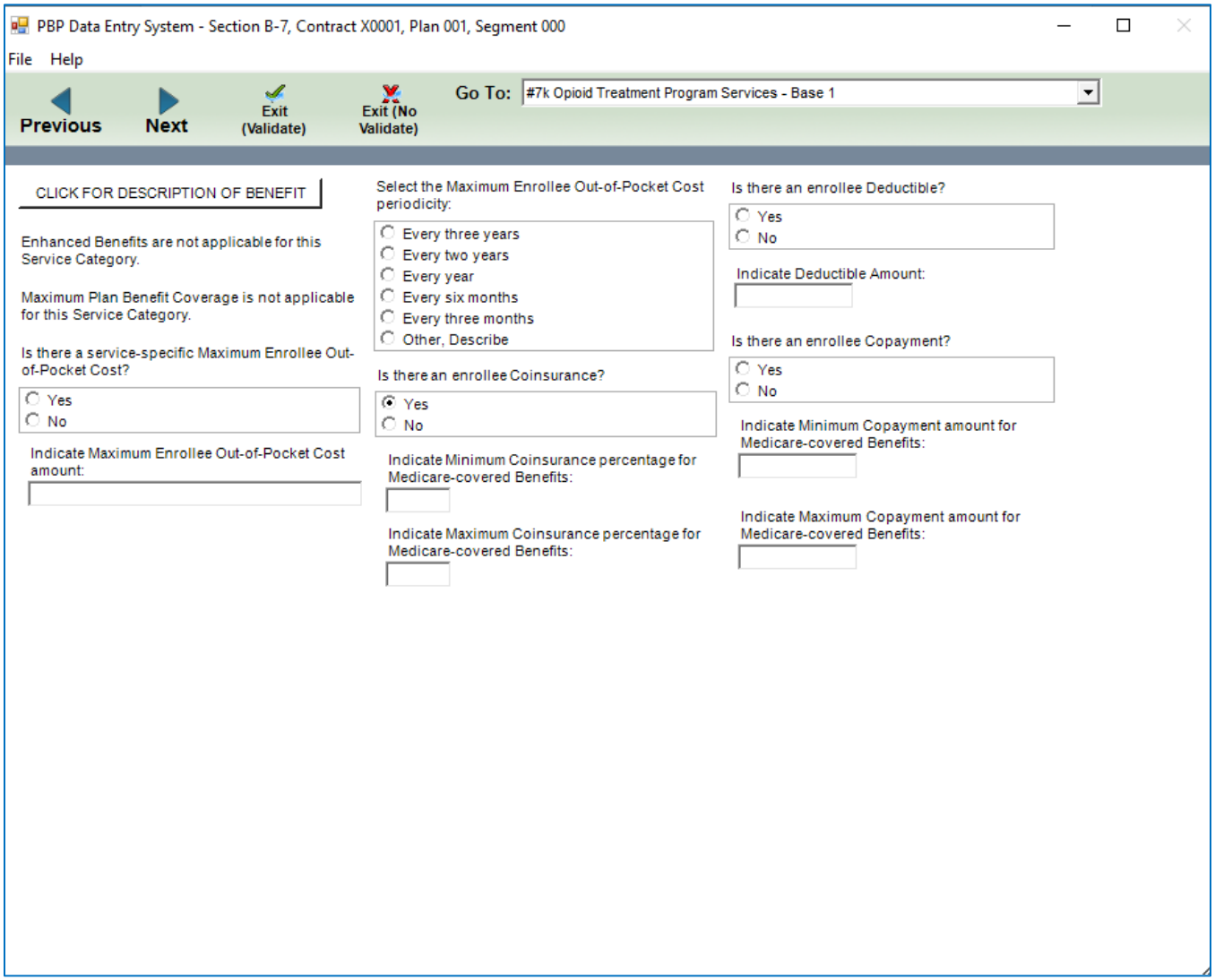
#7j Additional Telehealth Services – Base 2



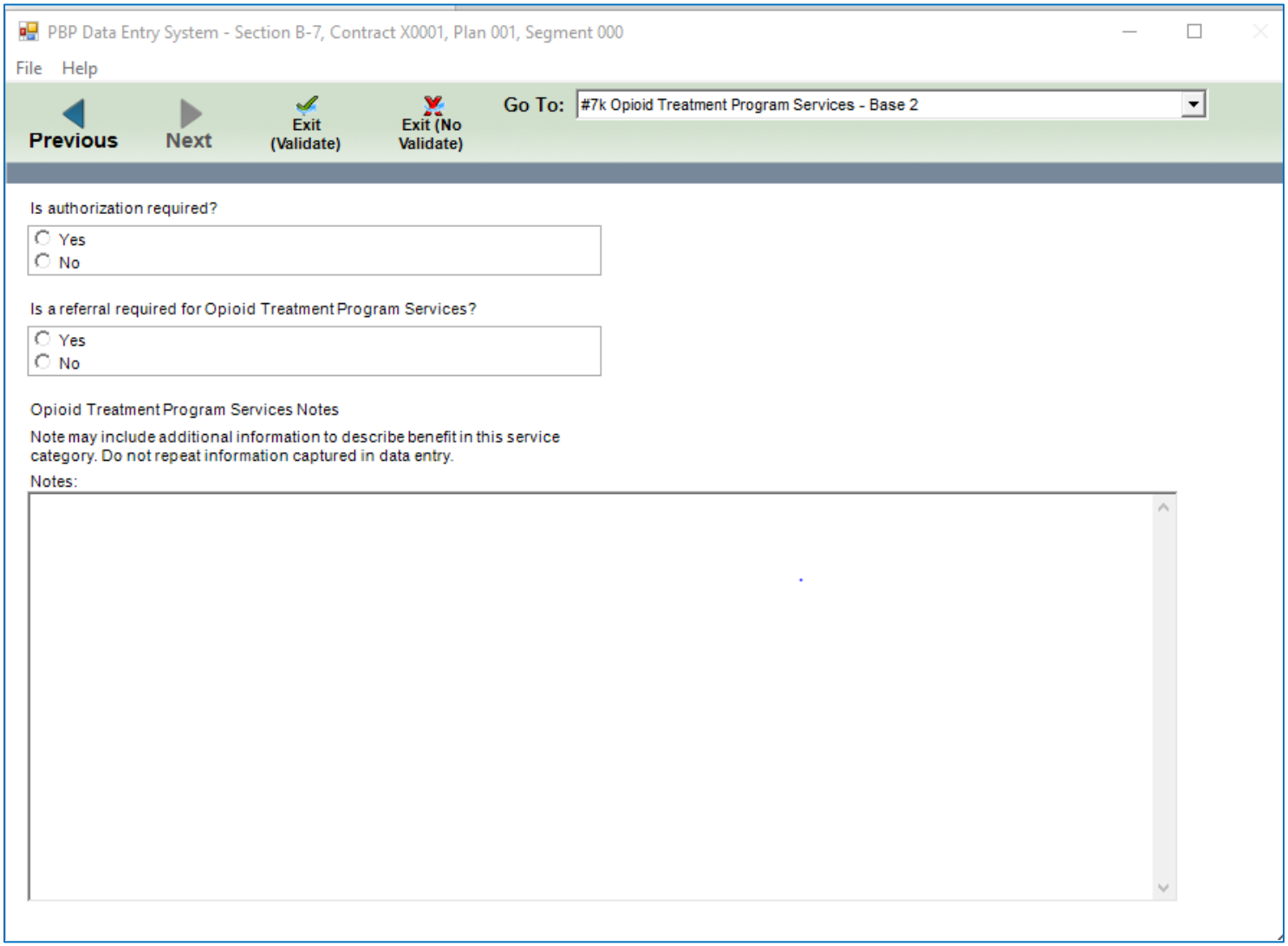
#7j Additional Telehealth Services – Base 3



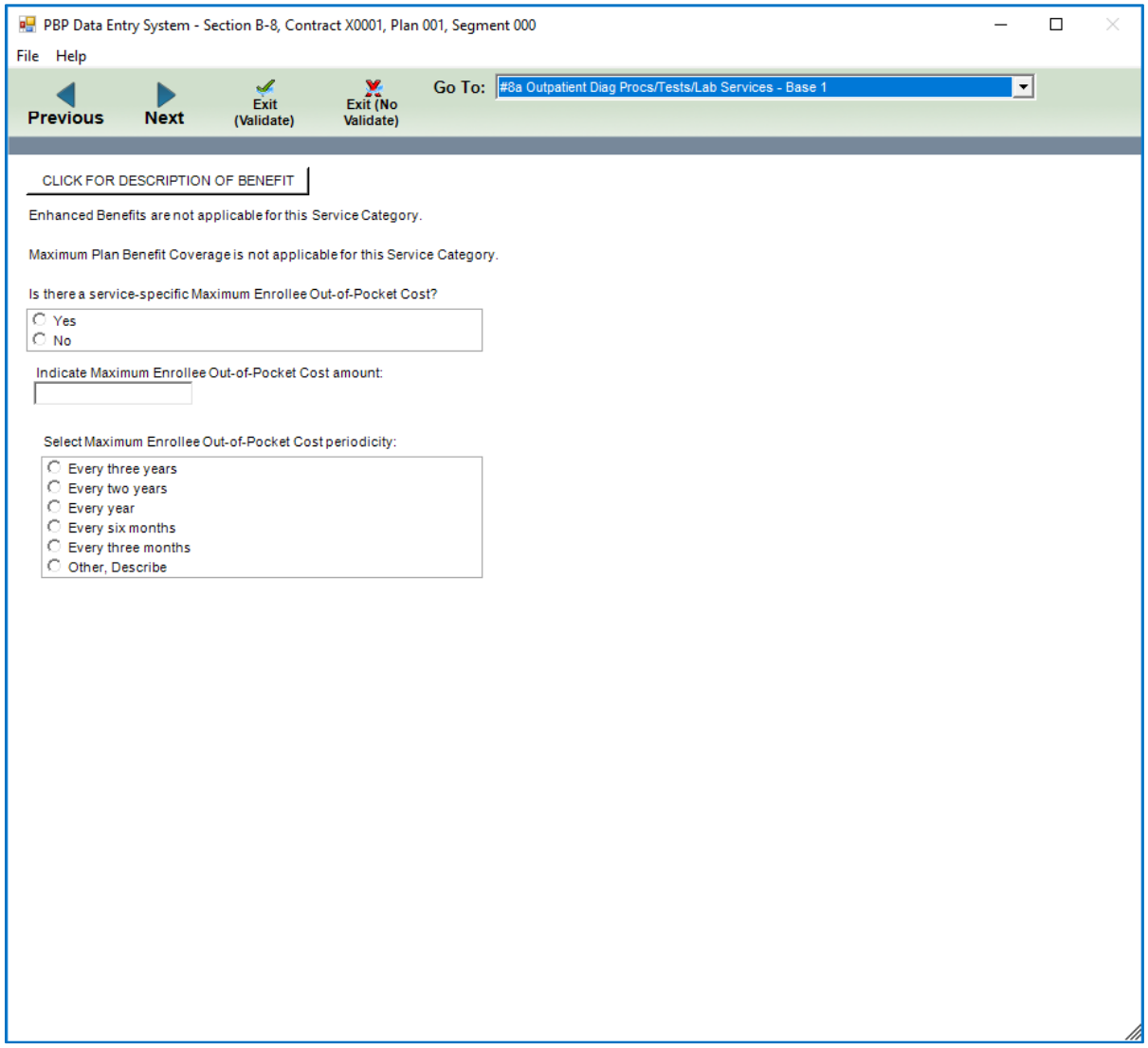
#7k Opioid Treatment Program Services – Base 1



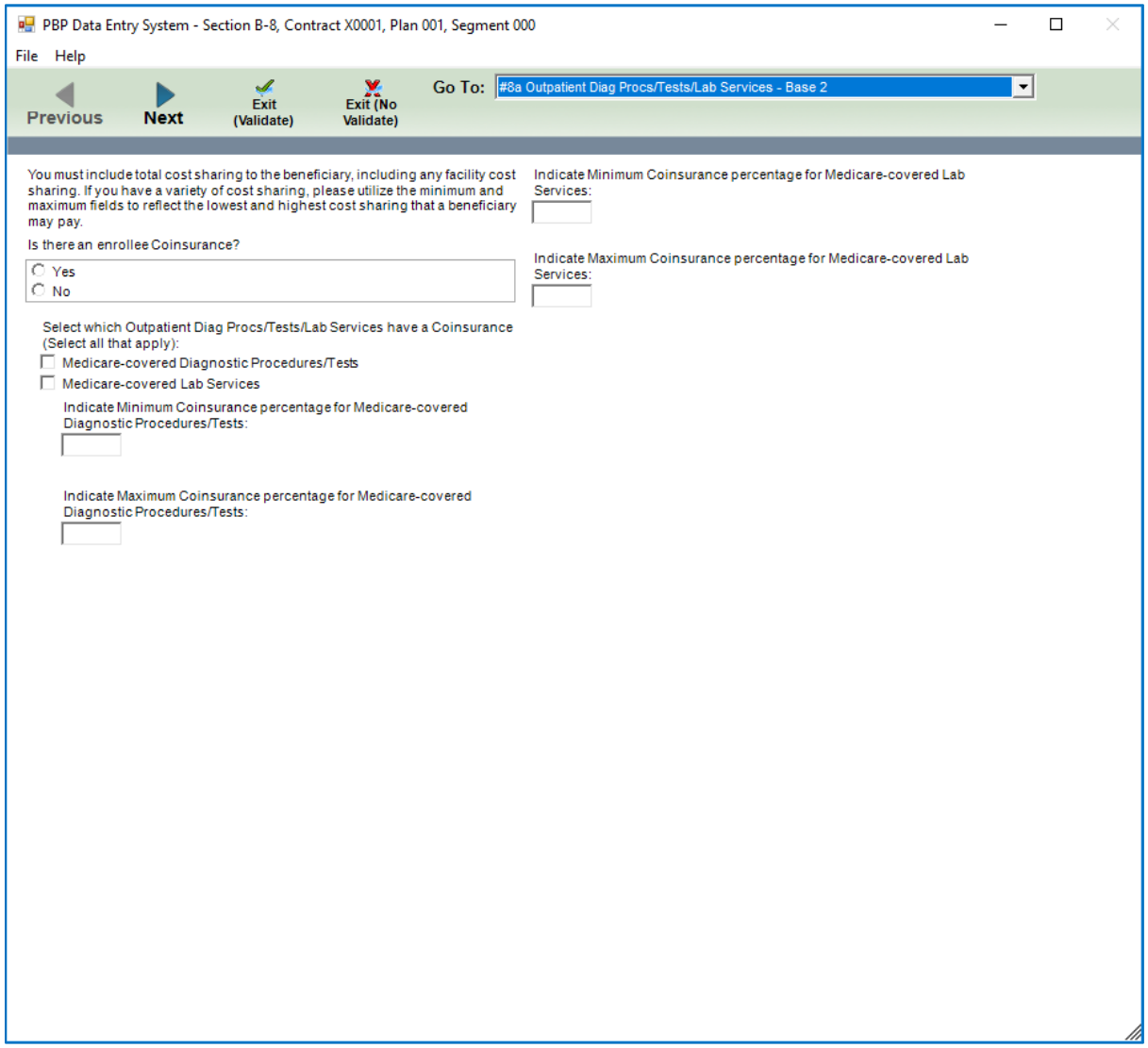
#7k Opioid Treatment Program Services – Base 2



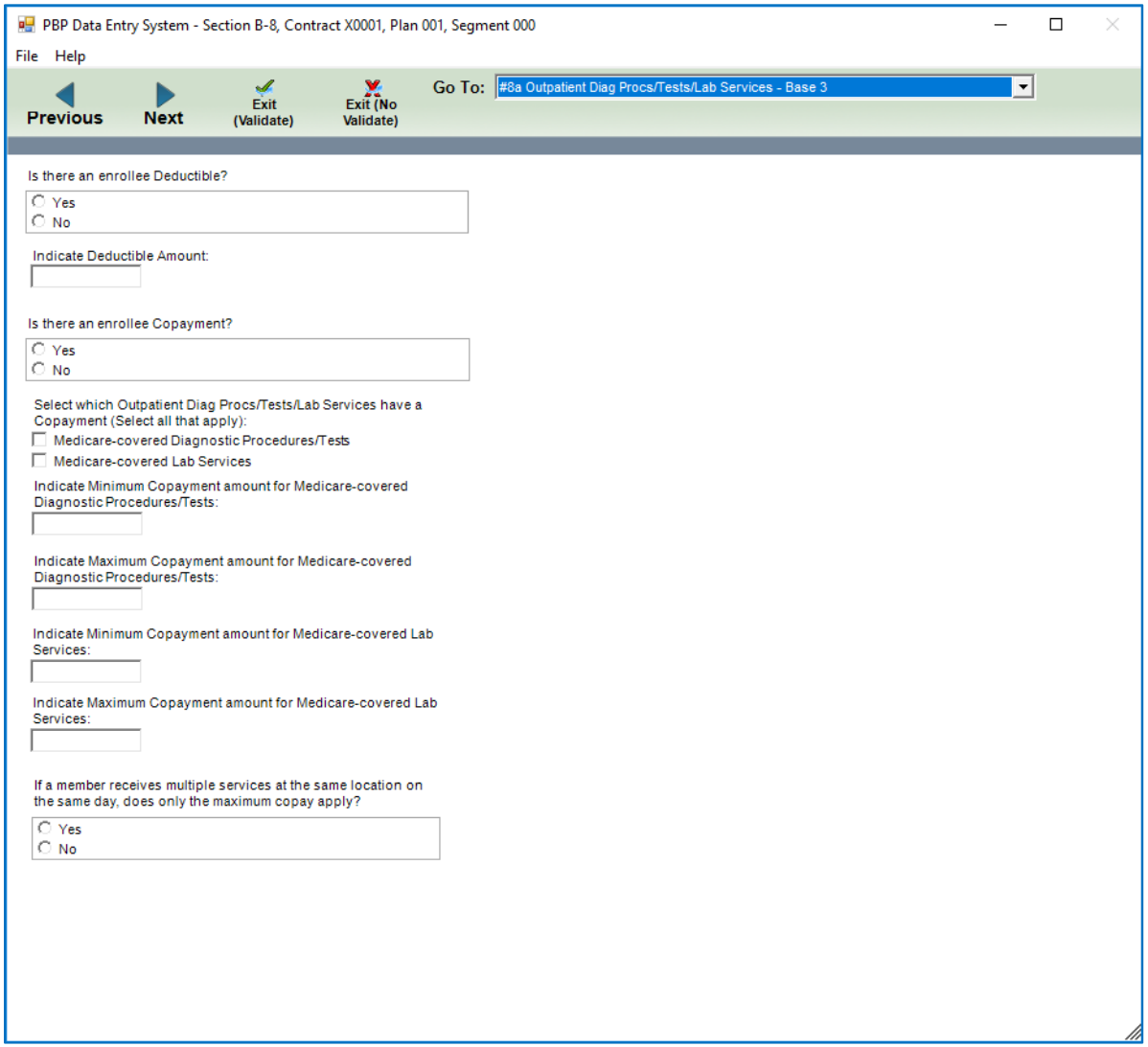
#8a Outpatient Diag Procs/Tests/Lab Services – Base 1



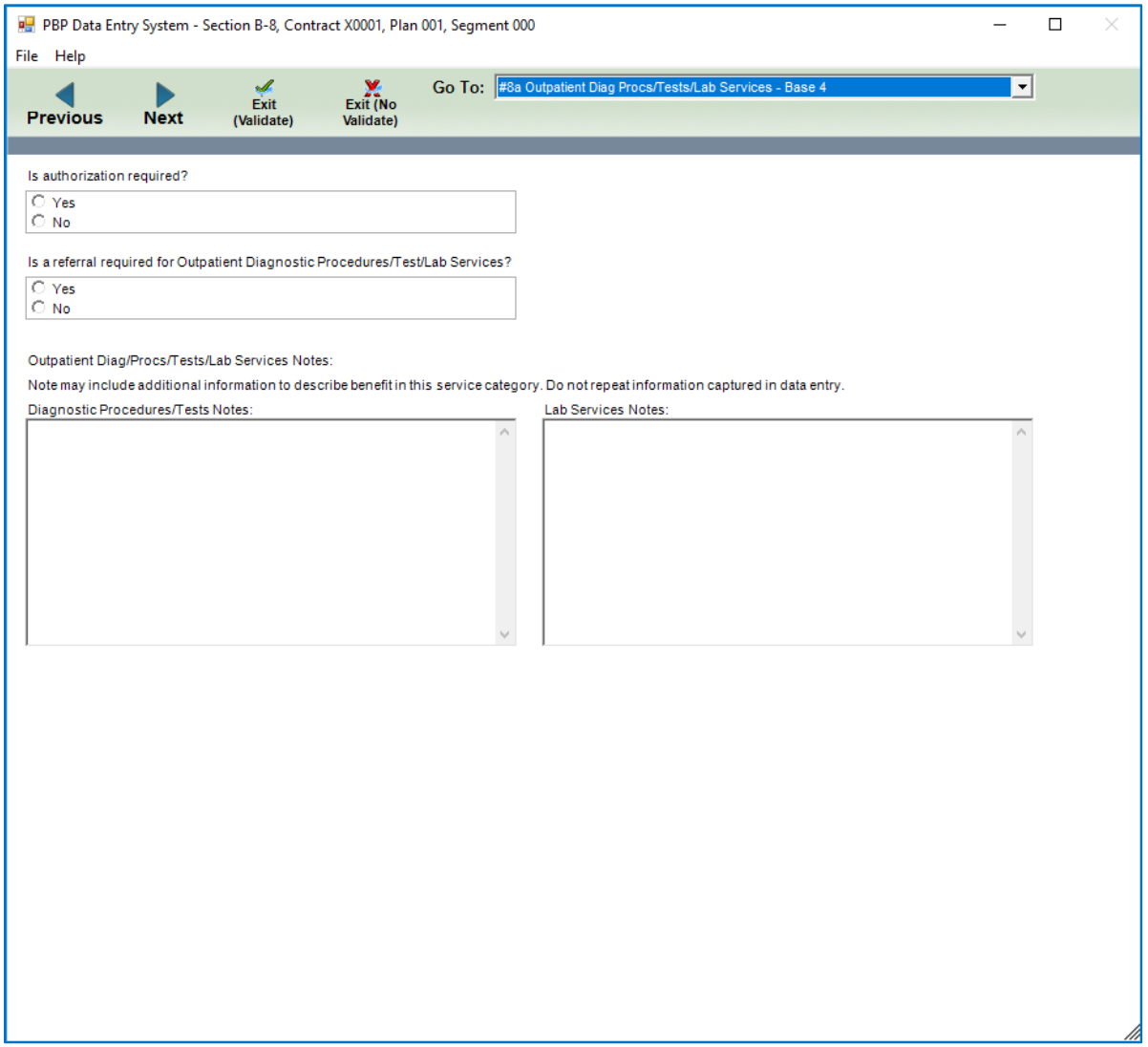
#8a Outpatient Diag Procs/Tests/Lab Services – Base 2



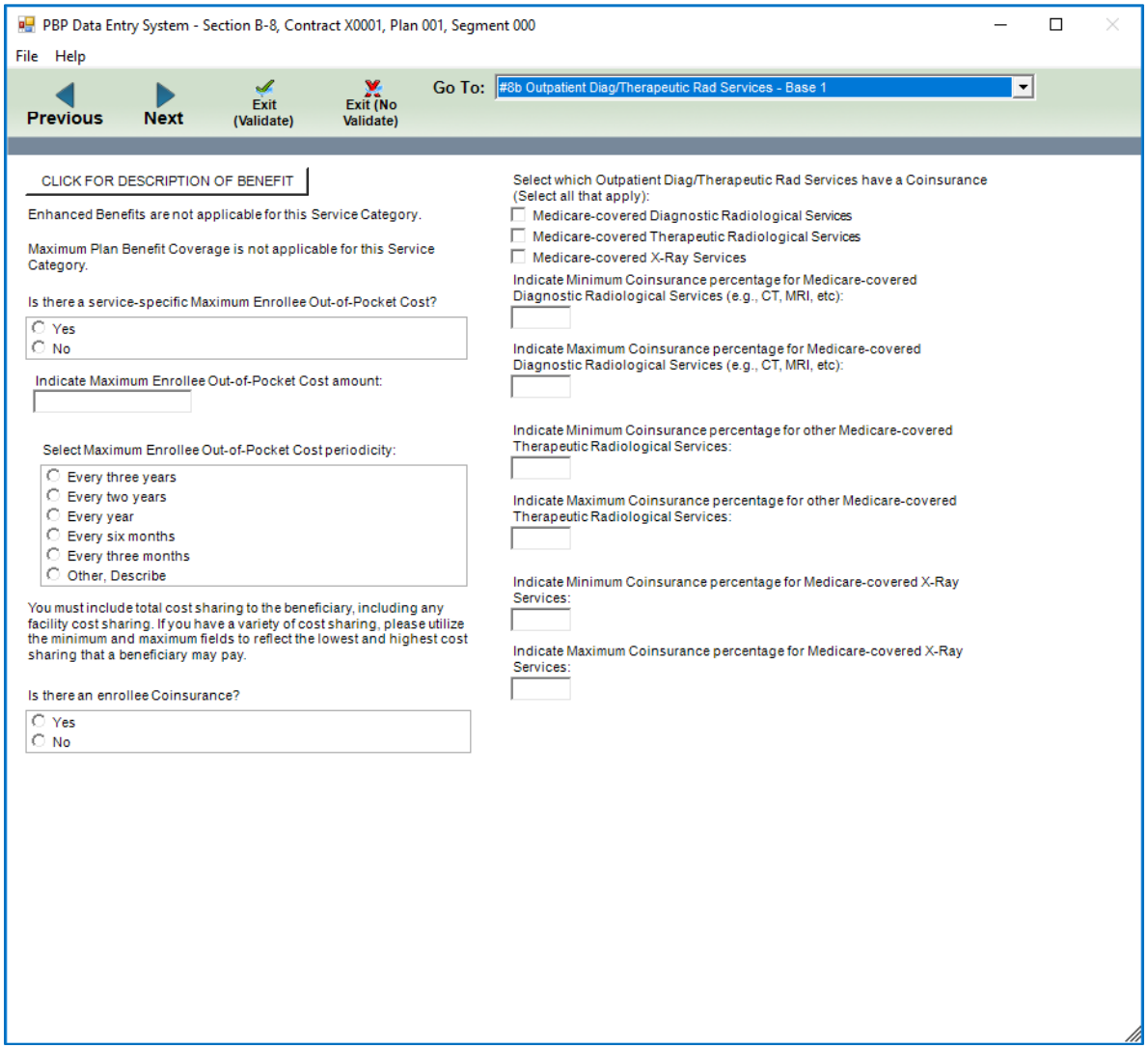
#8a Outpatient Diag Procs/Tests/Lab Services – Base 3



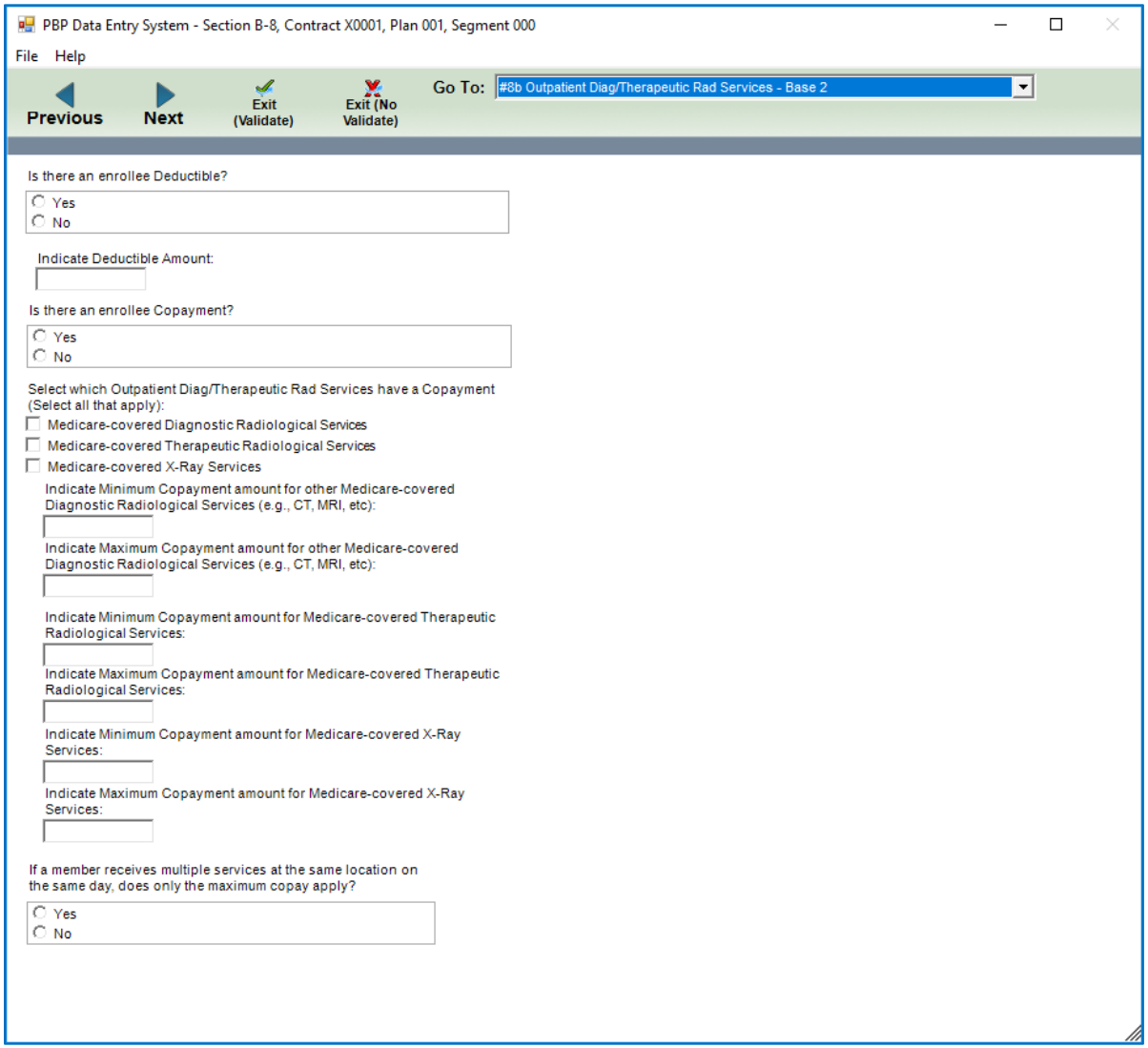
#8a Outpatient Diag Procs/Tests/Lab Services – Base 4



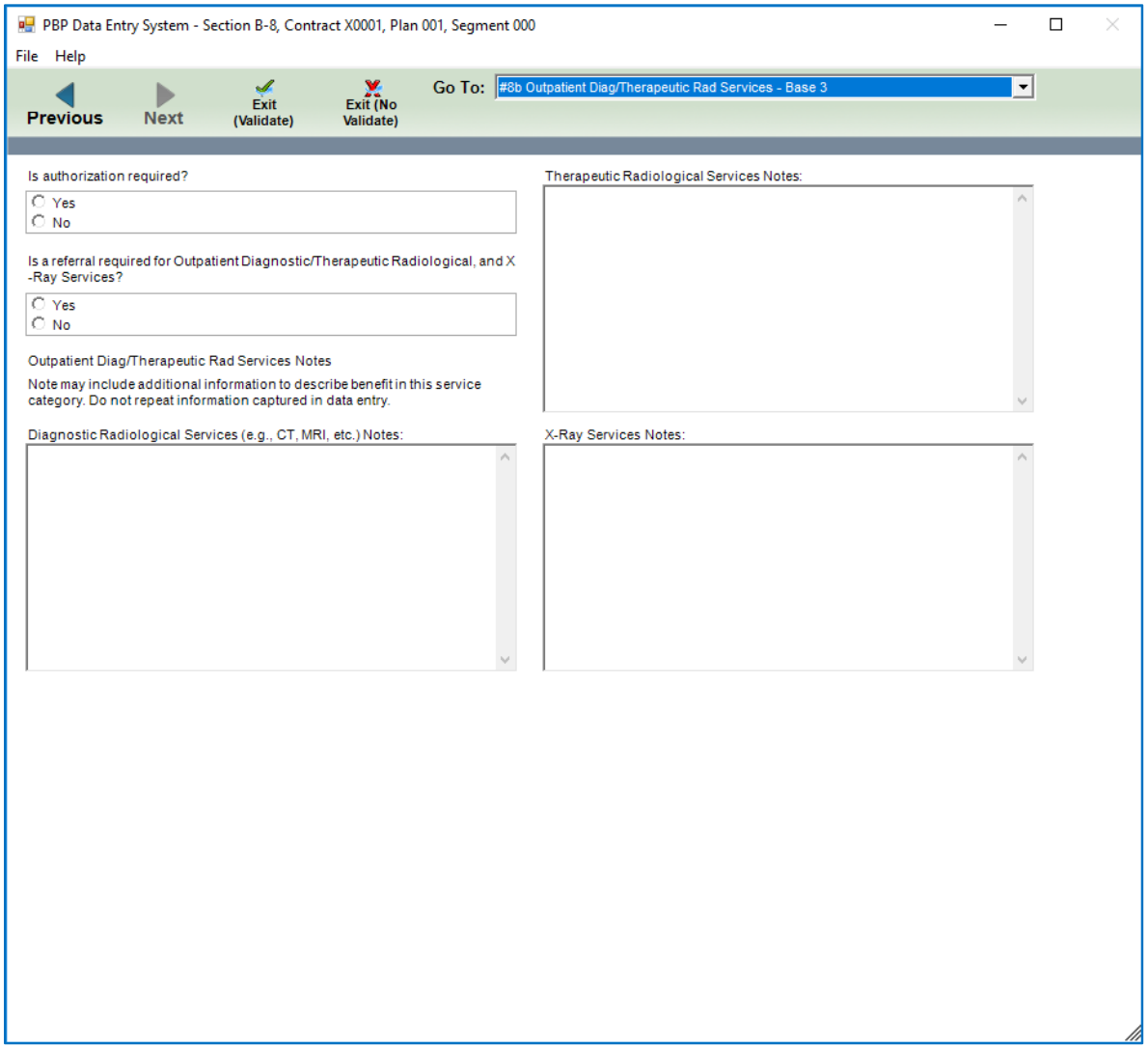
#8b Outpatient Diag/Therapeutic Rad Services – Base 1



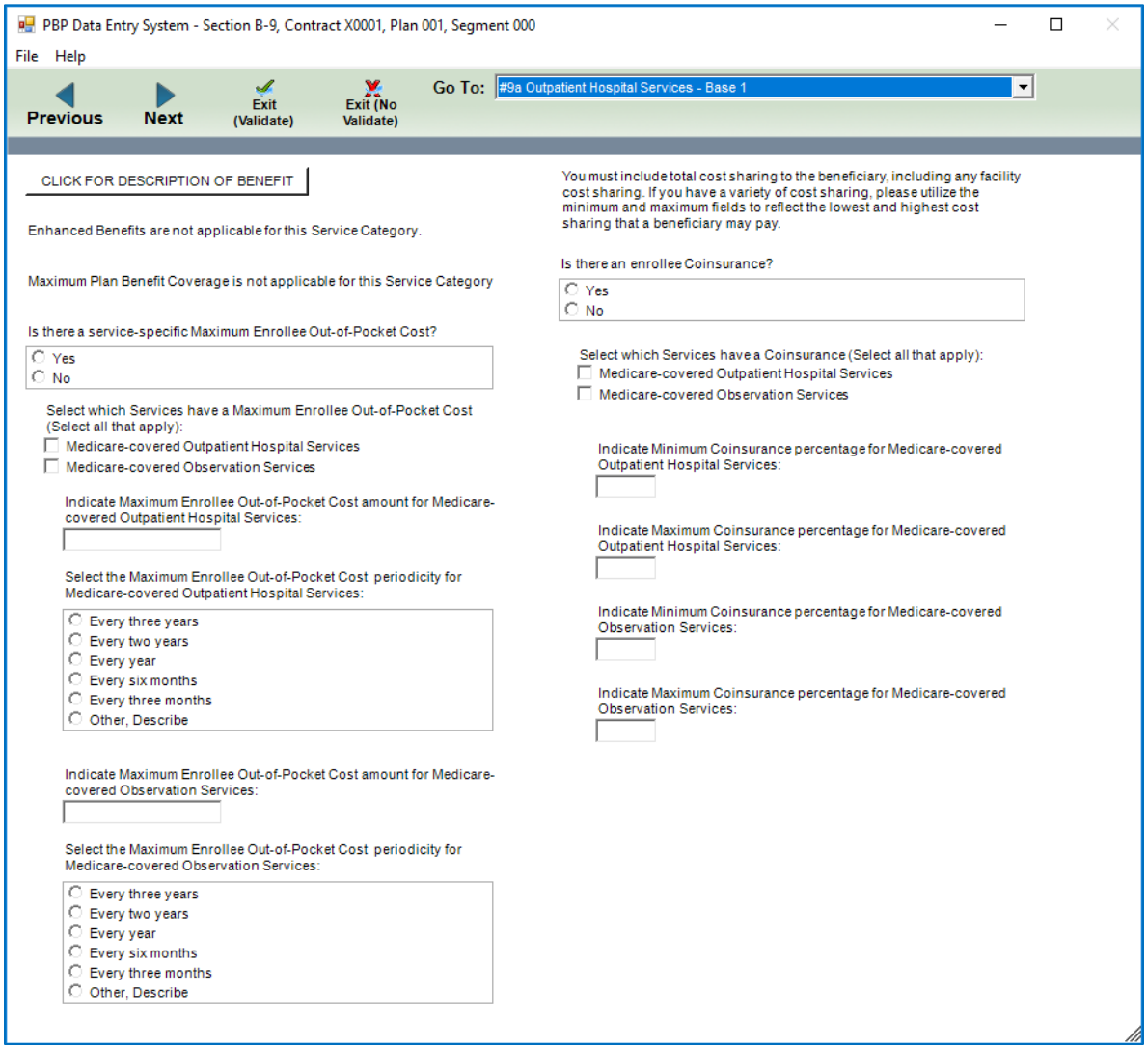
#8b Outpatient Diag/Therapeutic Rad Services – Base 2



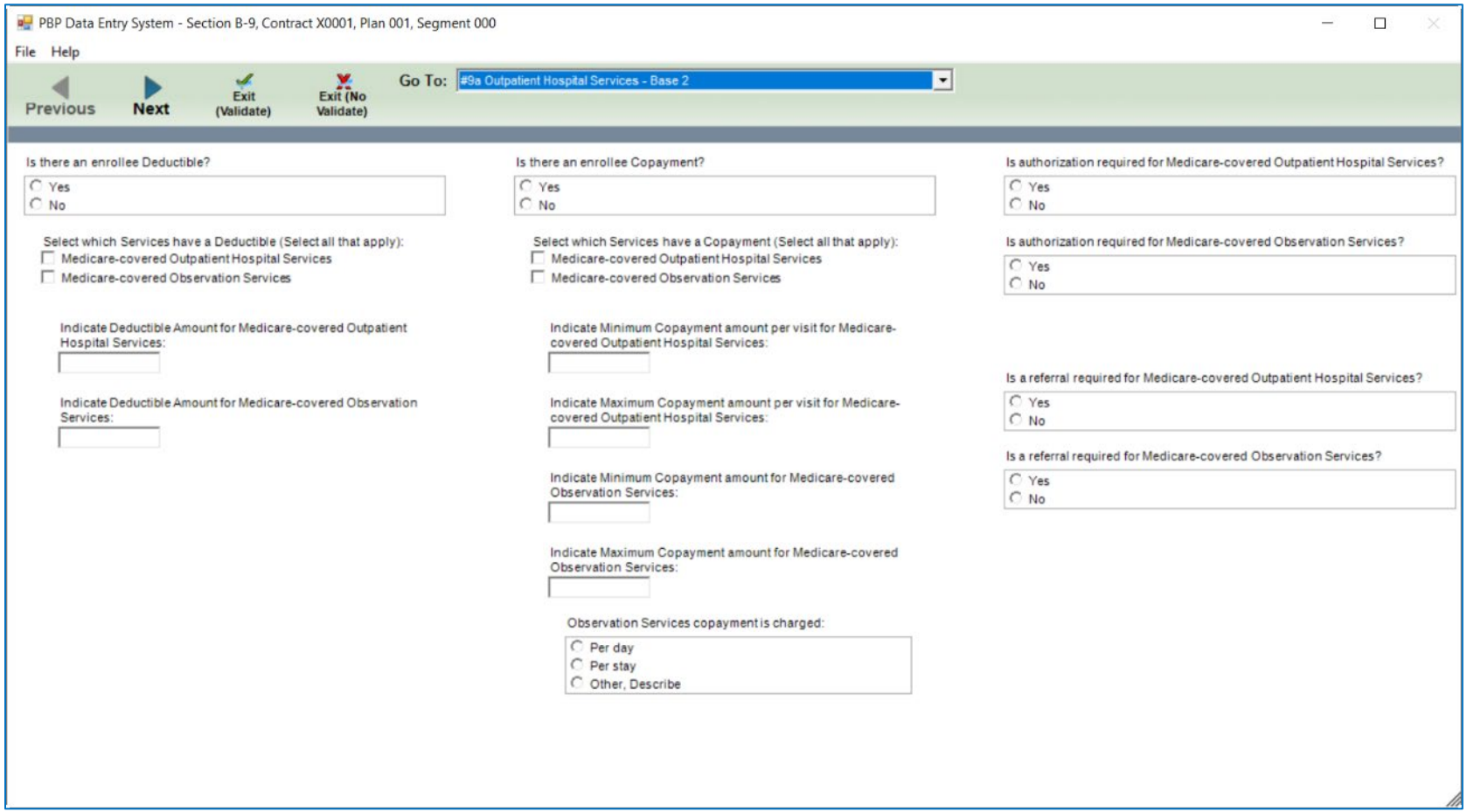
#8b Outpatient Diag/Therapeutic Rad Services – Base 3



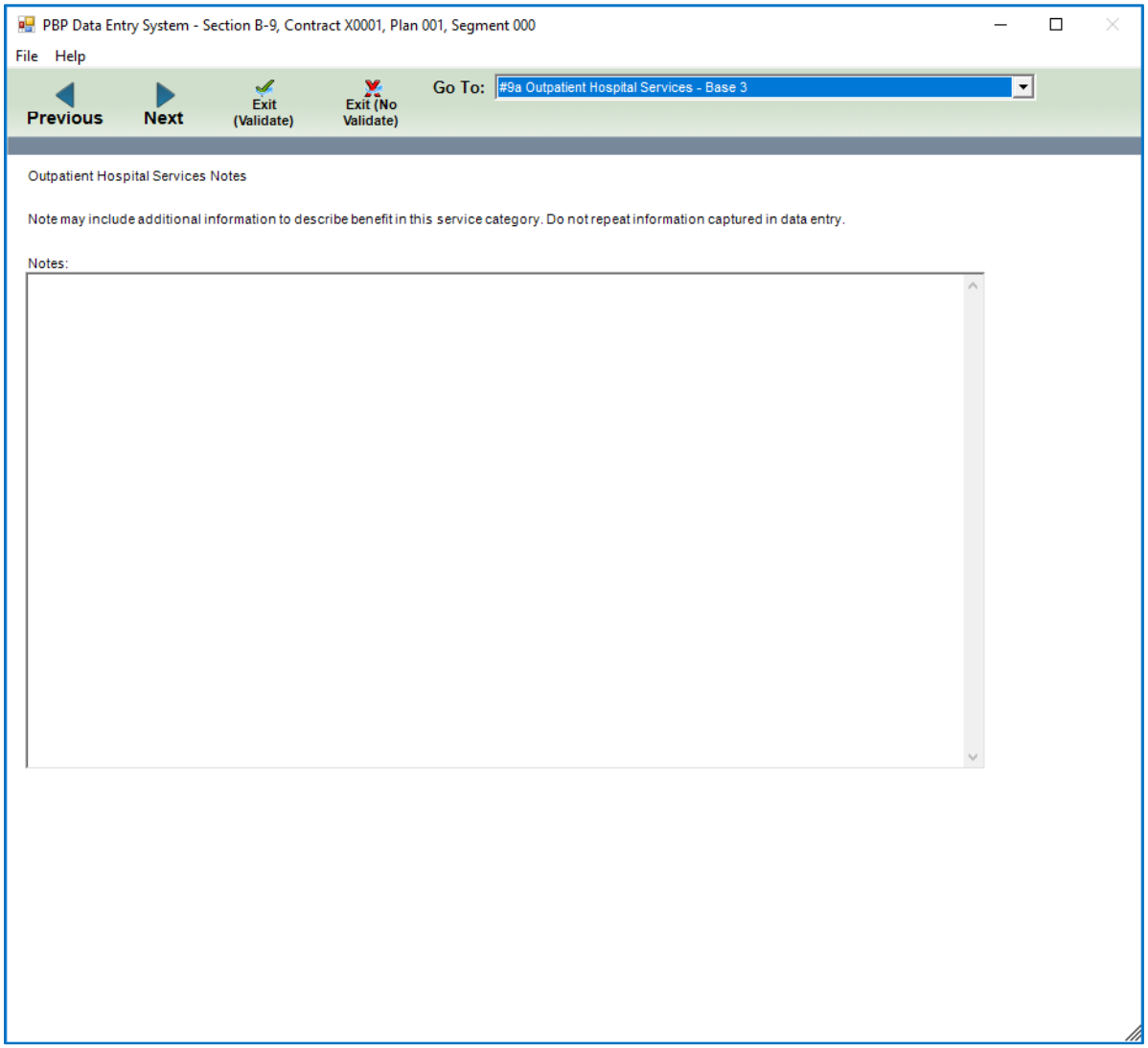
#9a Outpatient Hospital Services – Base 1



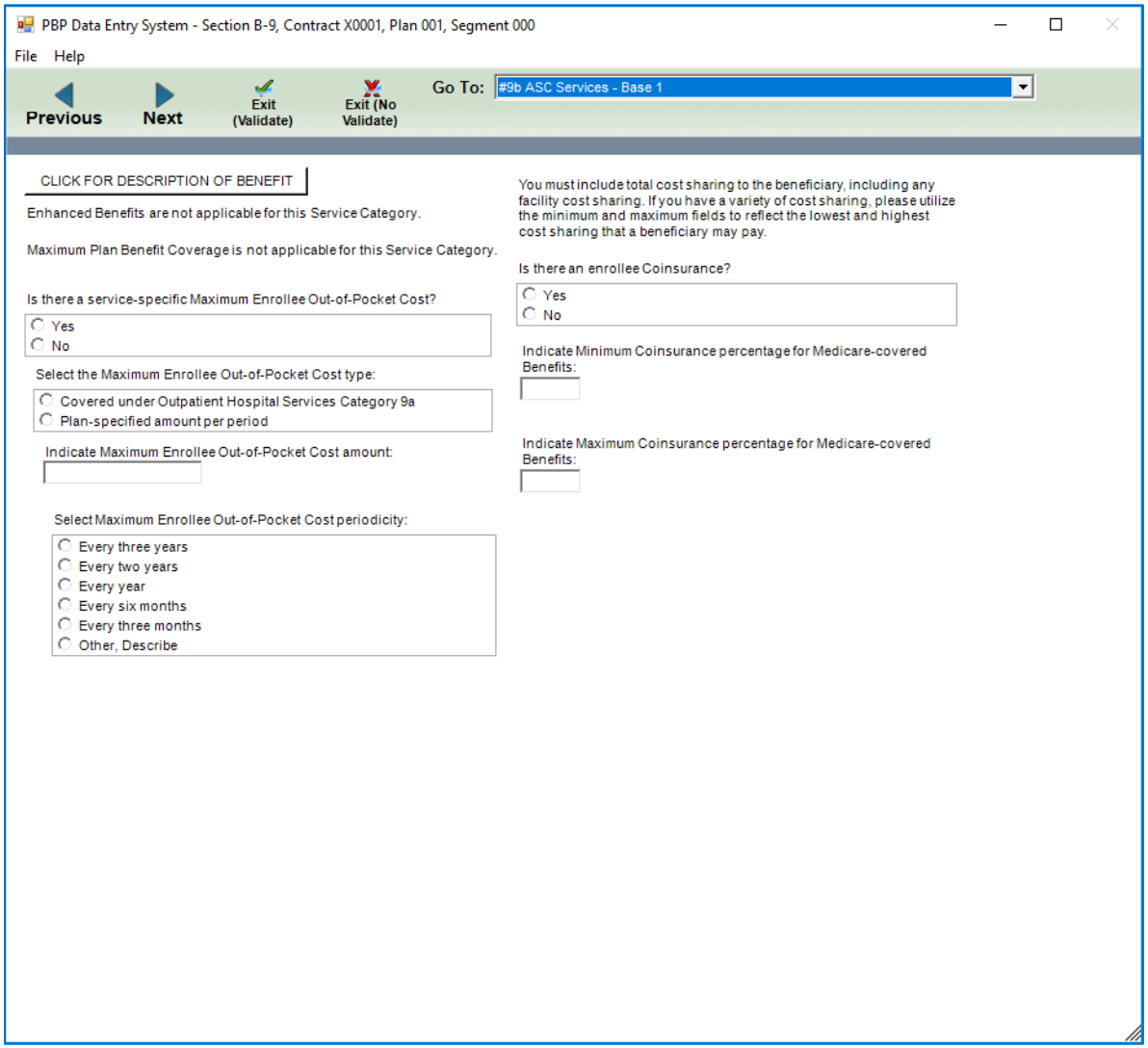
#9a Outpatient Hospital Services – Base 2



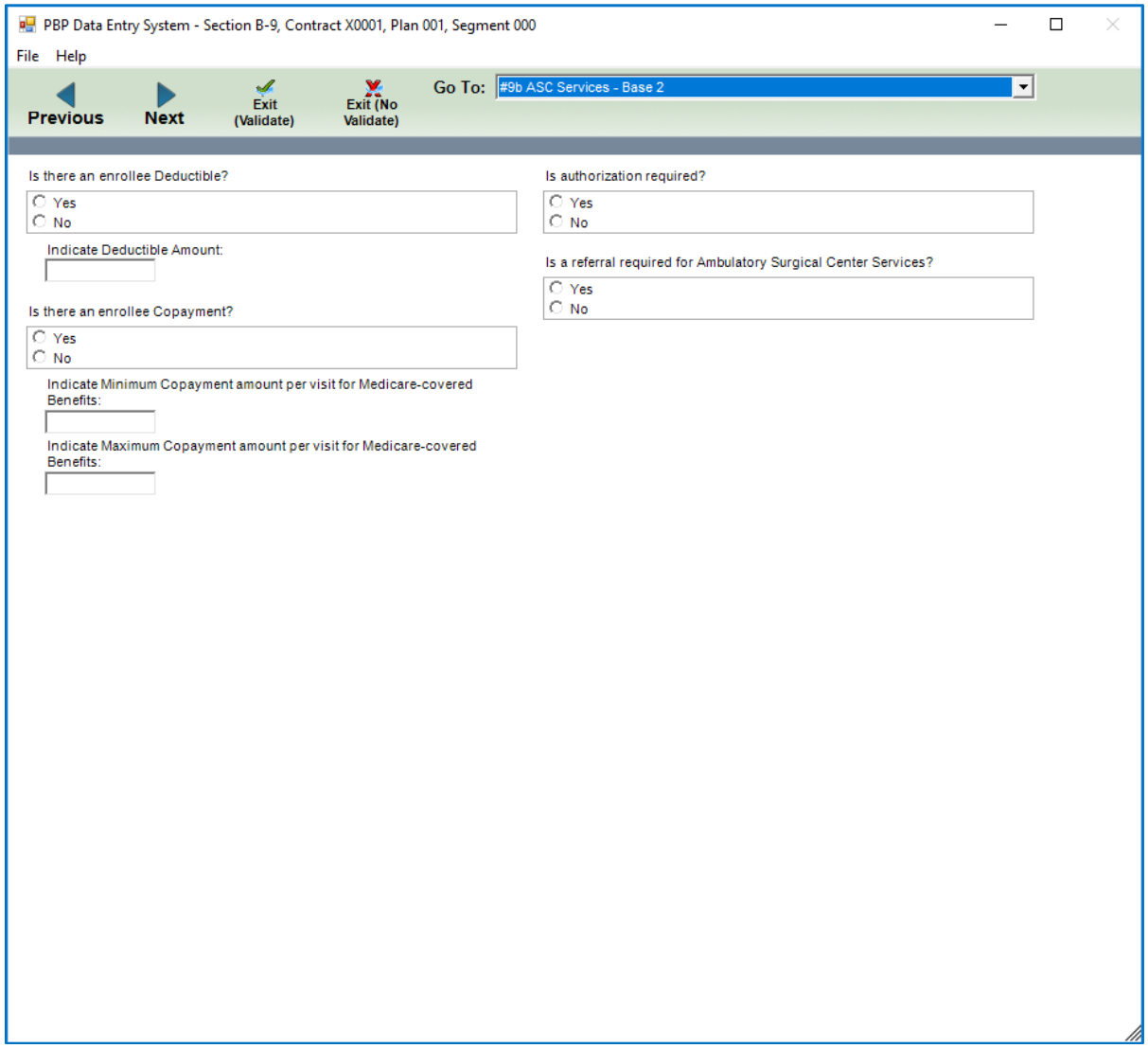
#9a Outpatient Hospital Services – Base 3



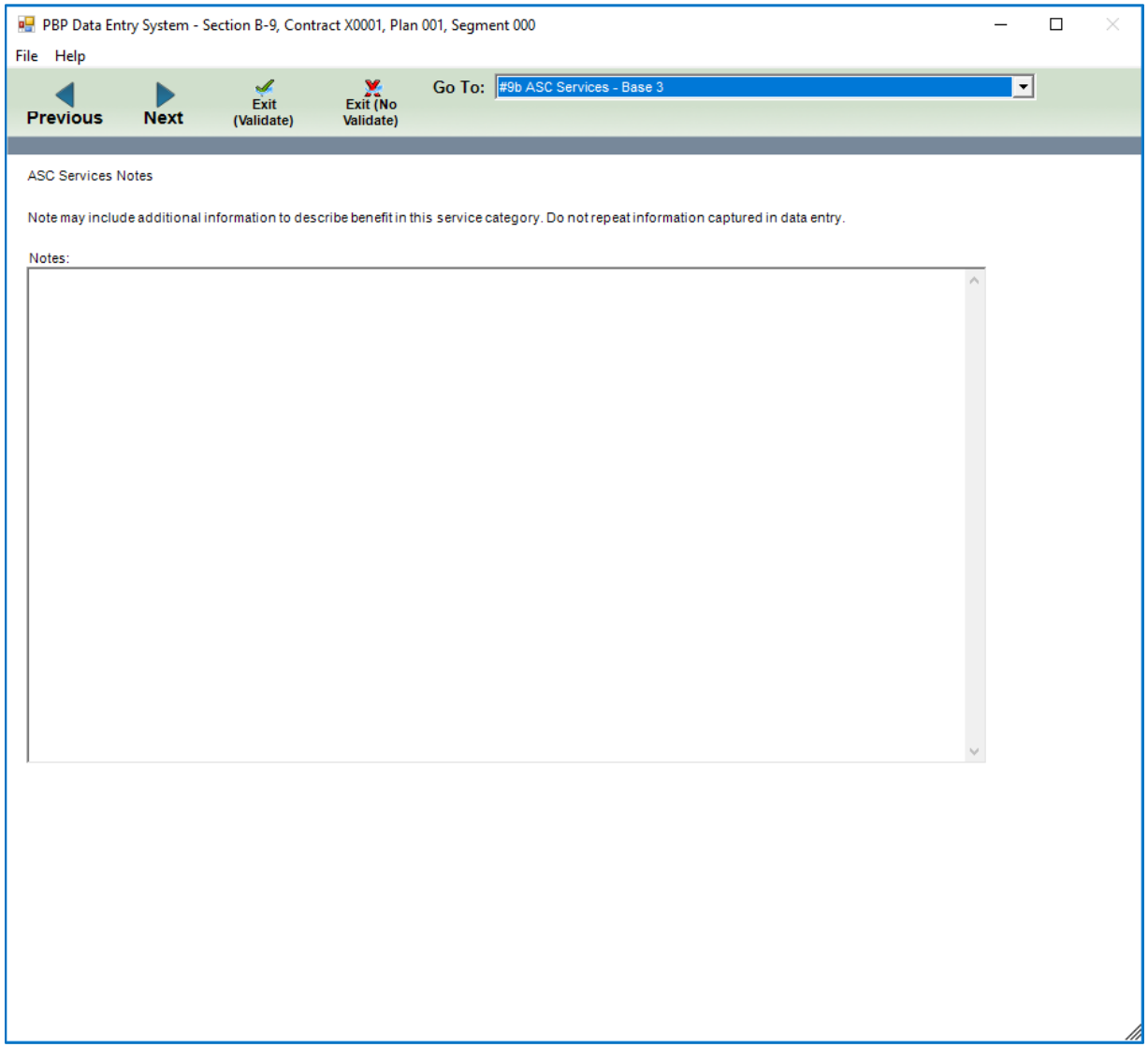
#9b ASC Services – Base 1



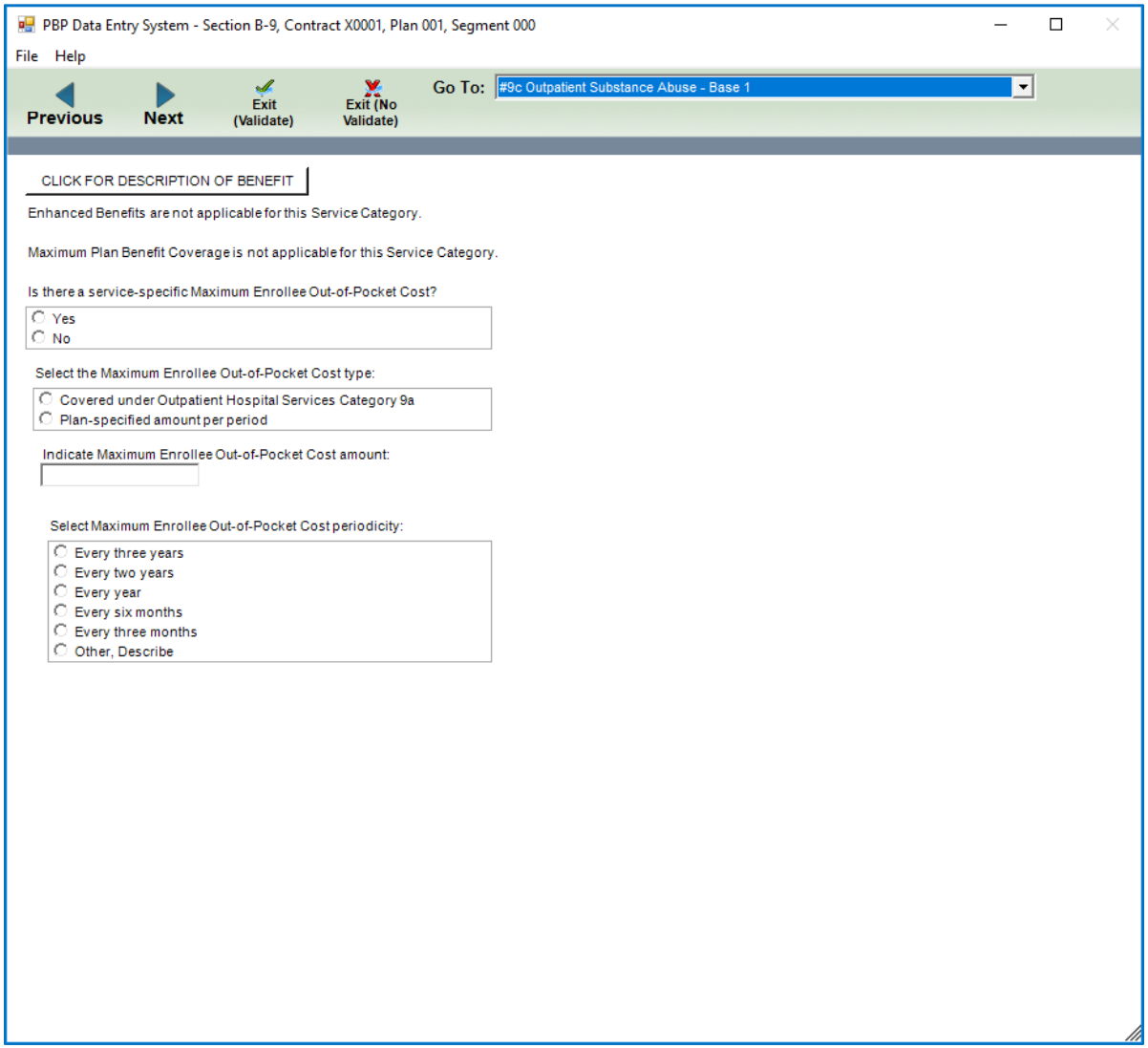
#9b ASC Services – Base 2



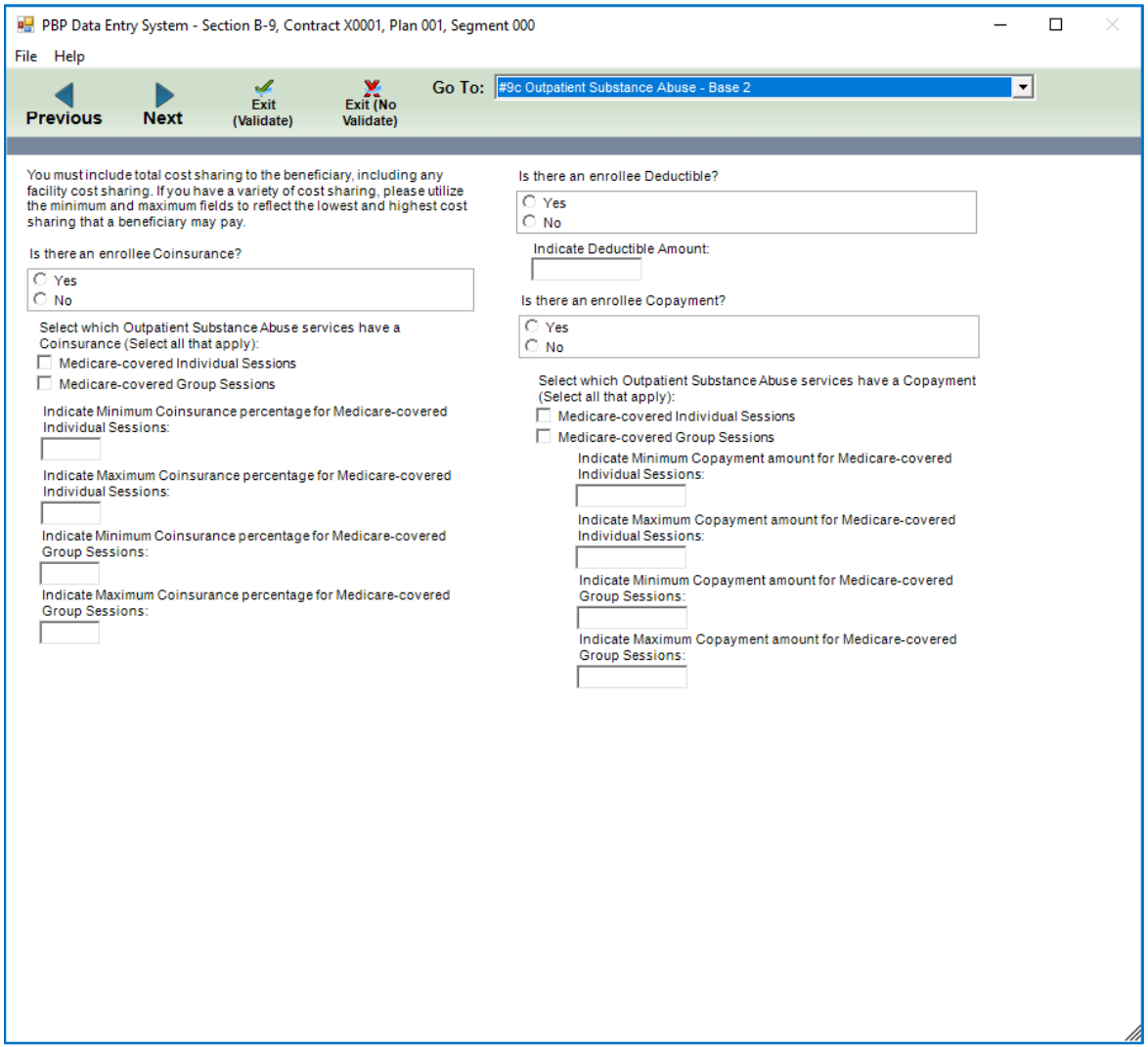
#9b ASC Services – Base 3



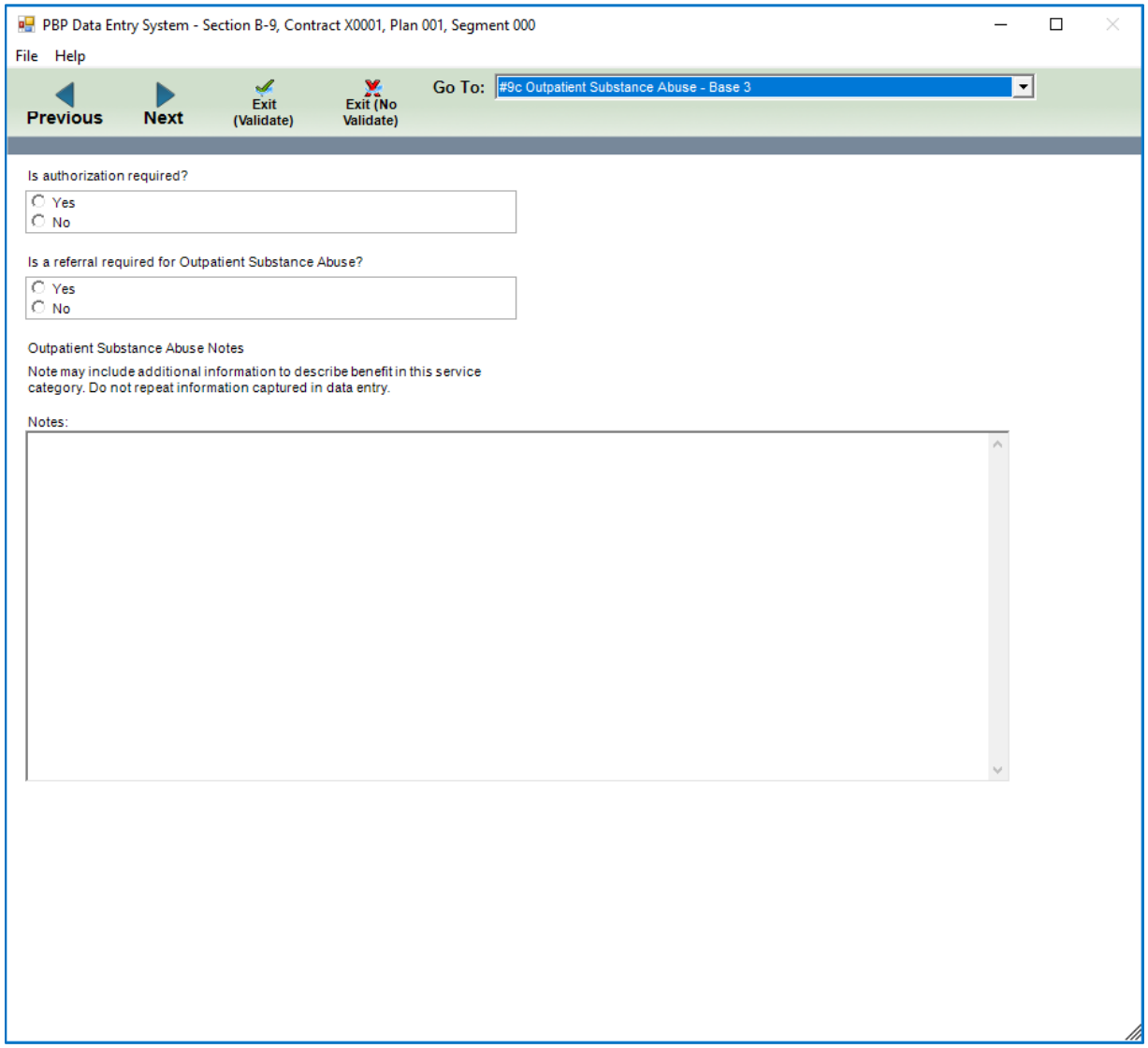
#9c Outpatient Substance Abuse – Base 1



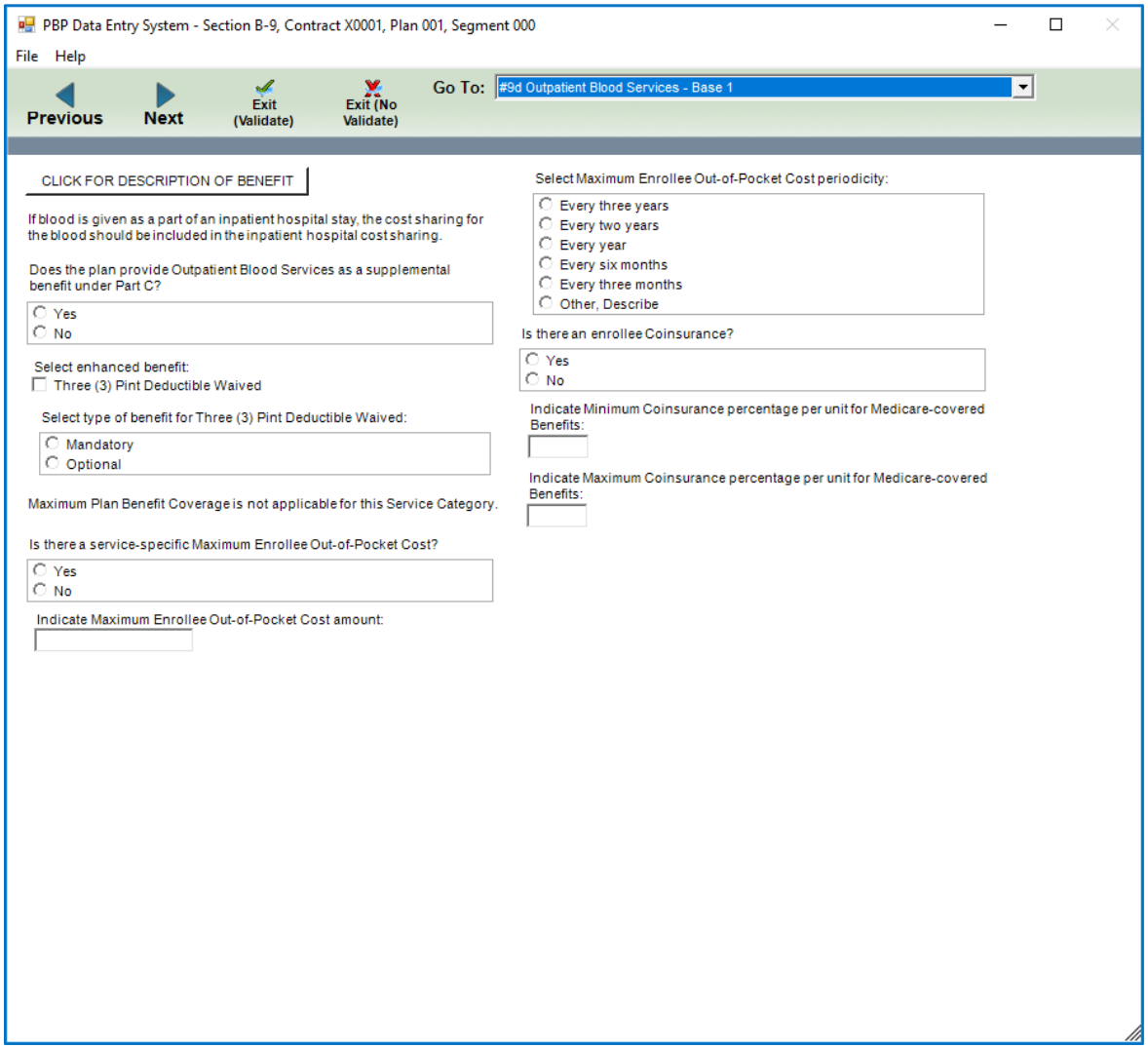
#9c Outpatient Substance Abuse – Base 2



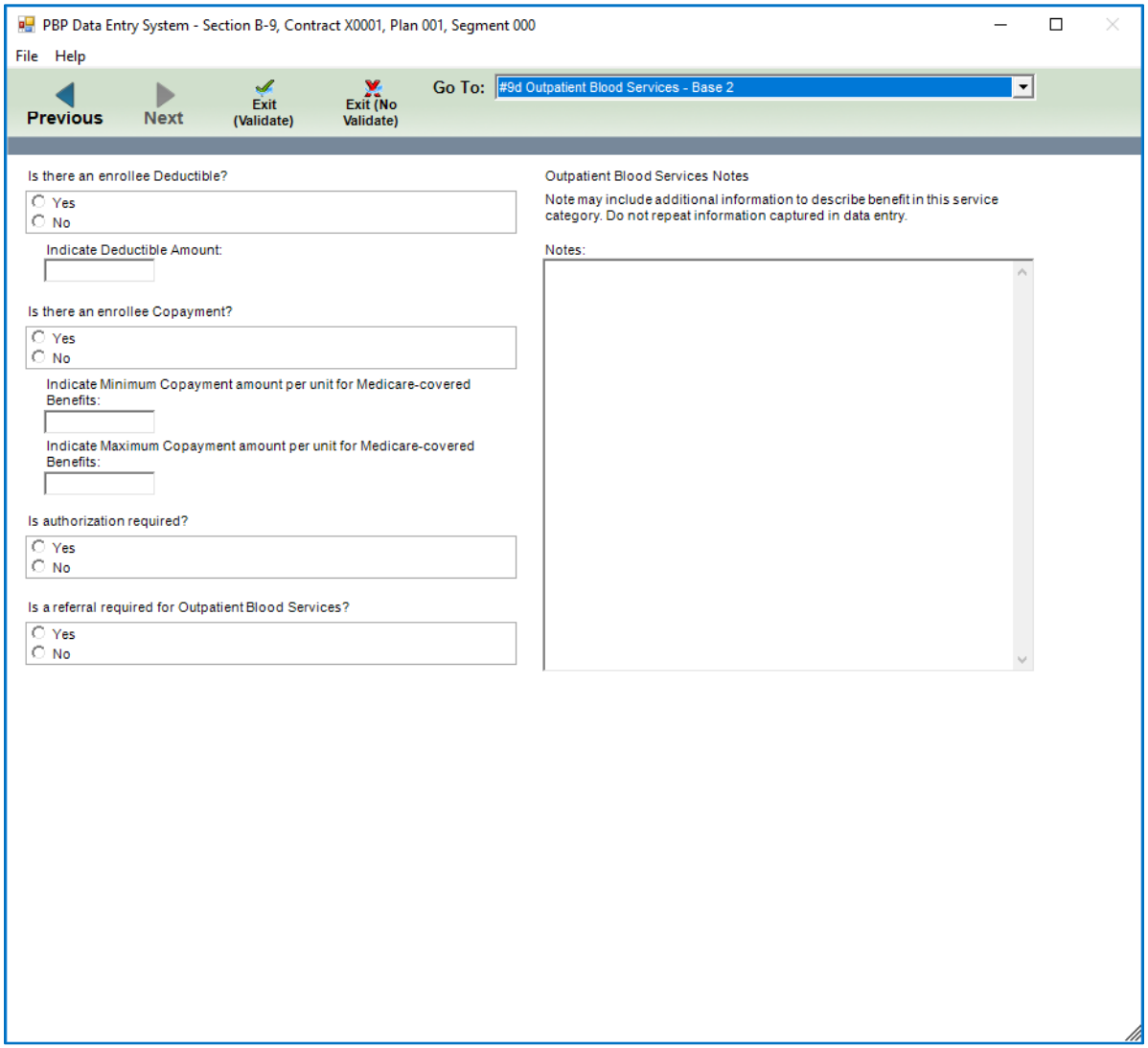
#9c Outpatient Substance Abuse – Base 3



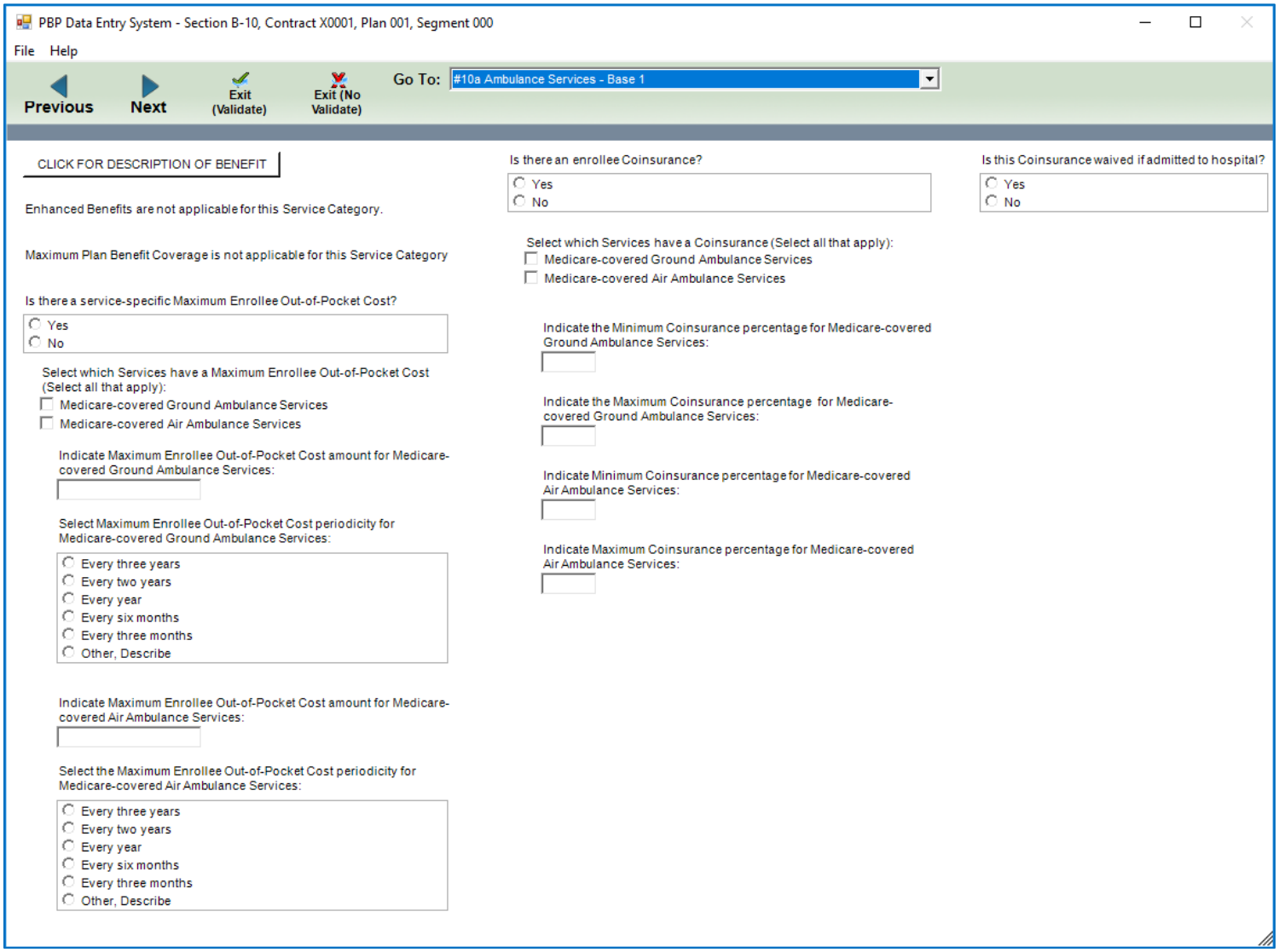
#9d Outpatient Blood Services – Base 1



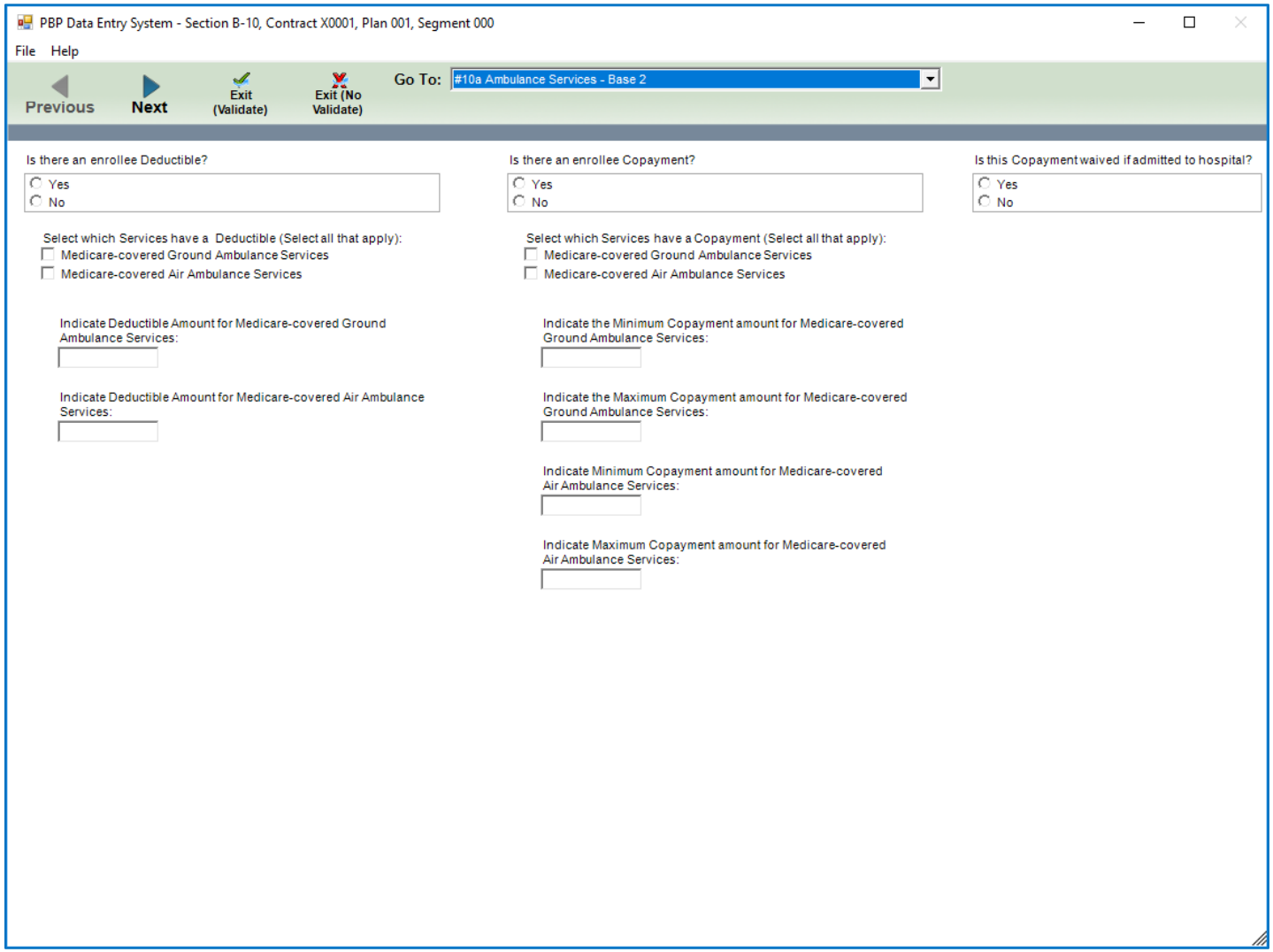
#9d Outpatient Blood Services – Base 2



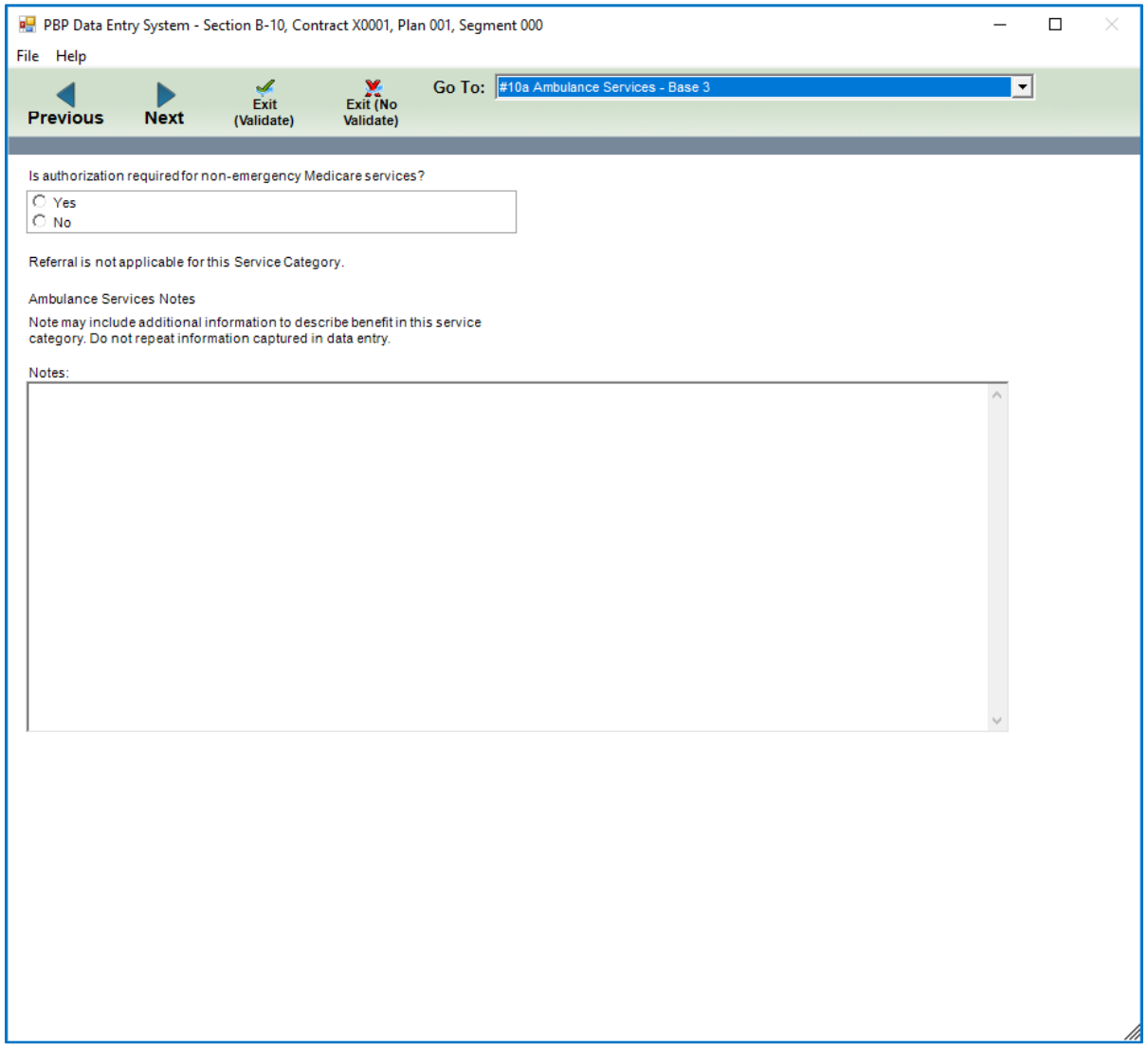
#10a Ambulance Services – Base 1



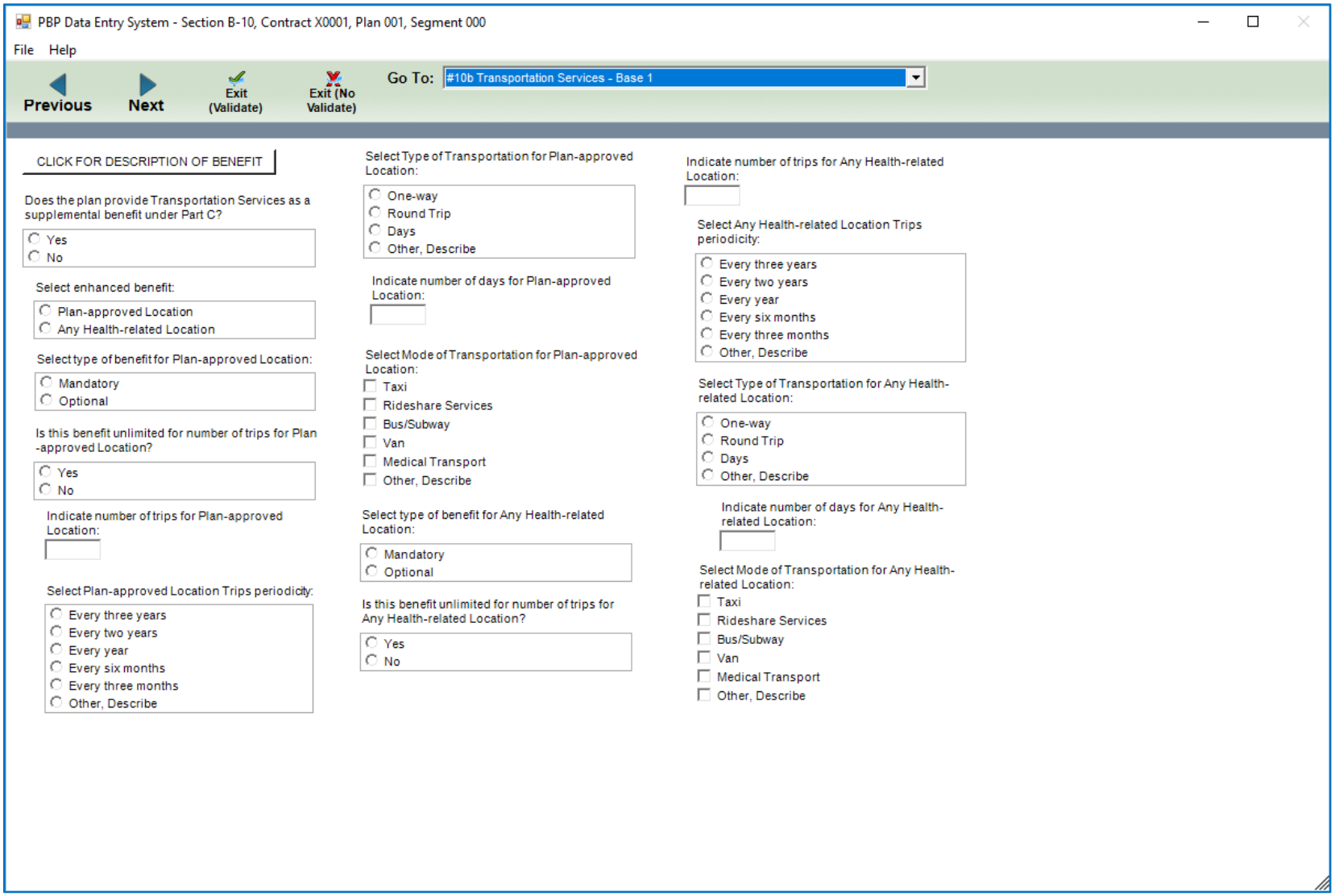
#10a Ambulance Services – Base 2



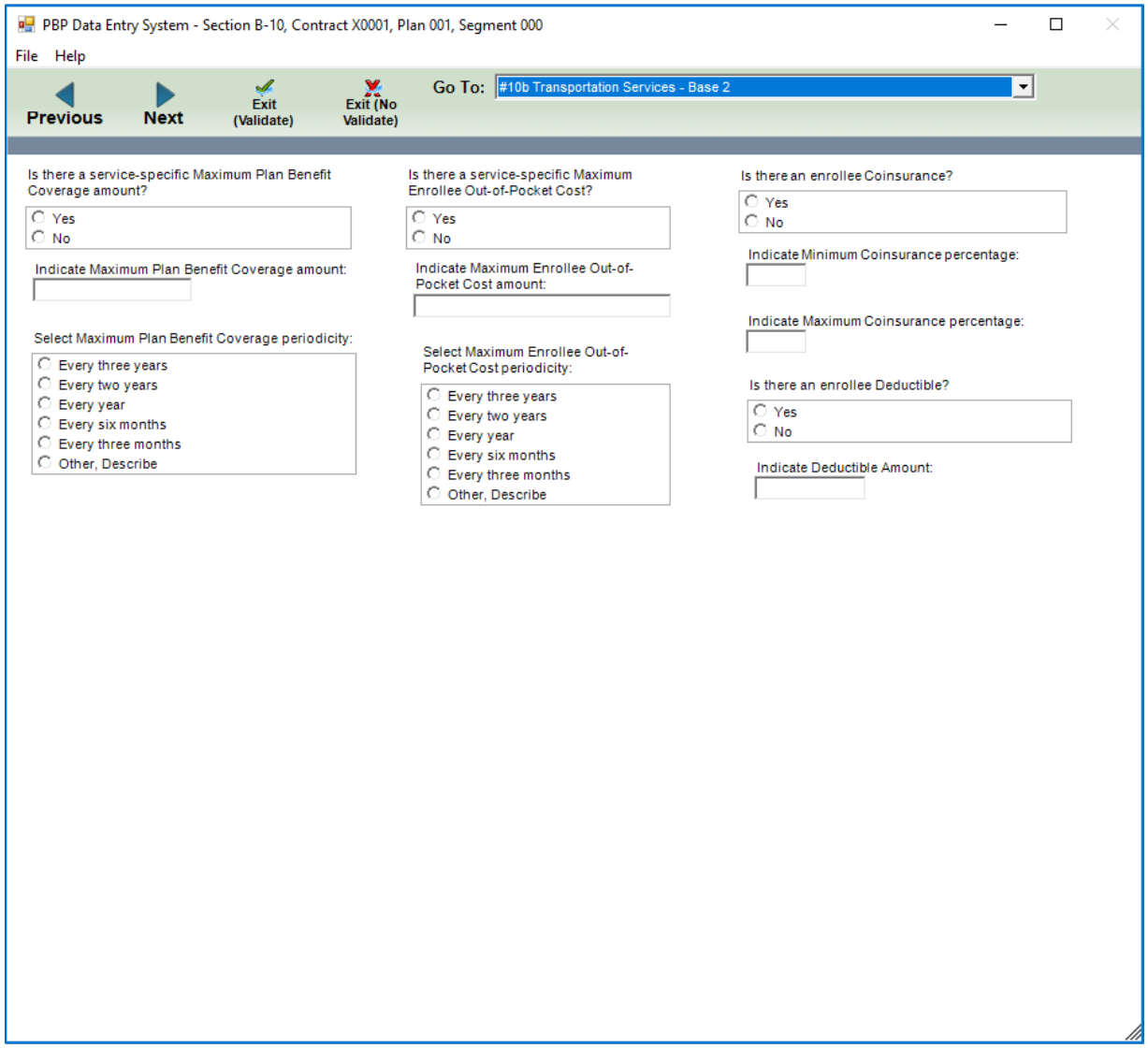
#10a Ambulance Services – Base 3



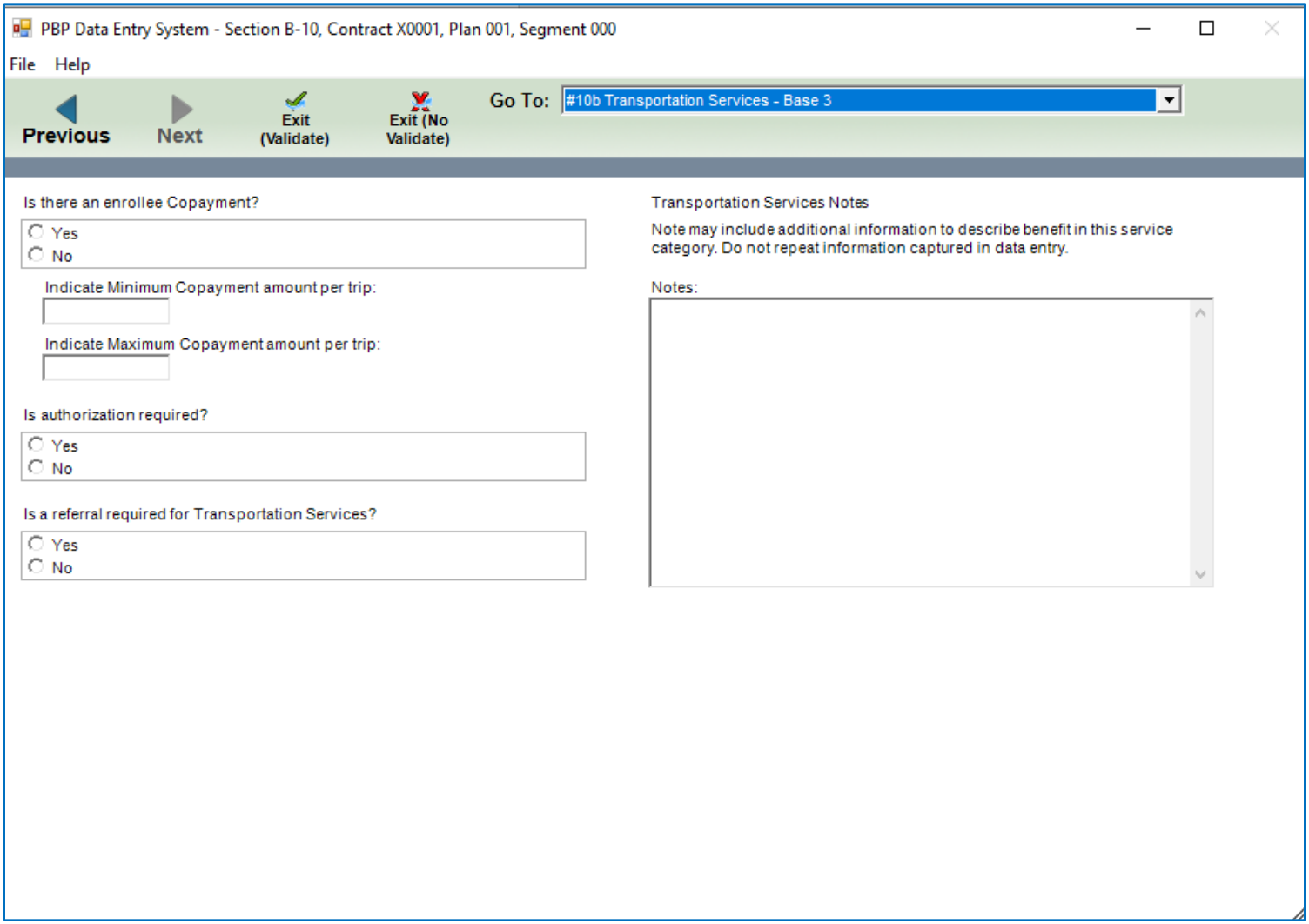
#10b Transportation Services – Base 1



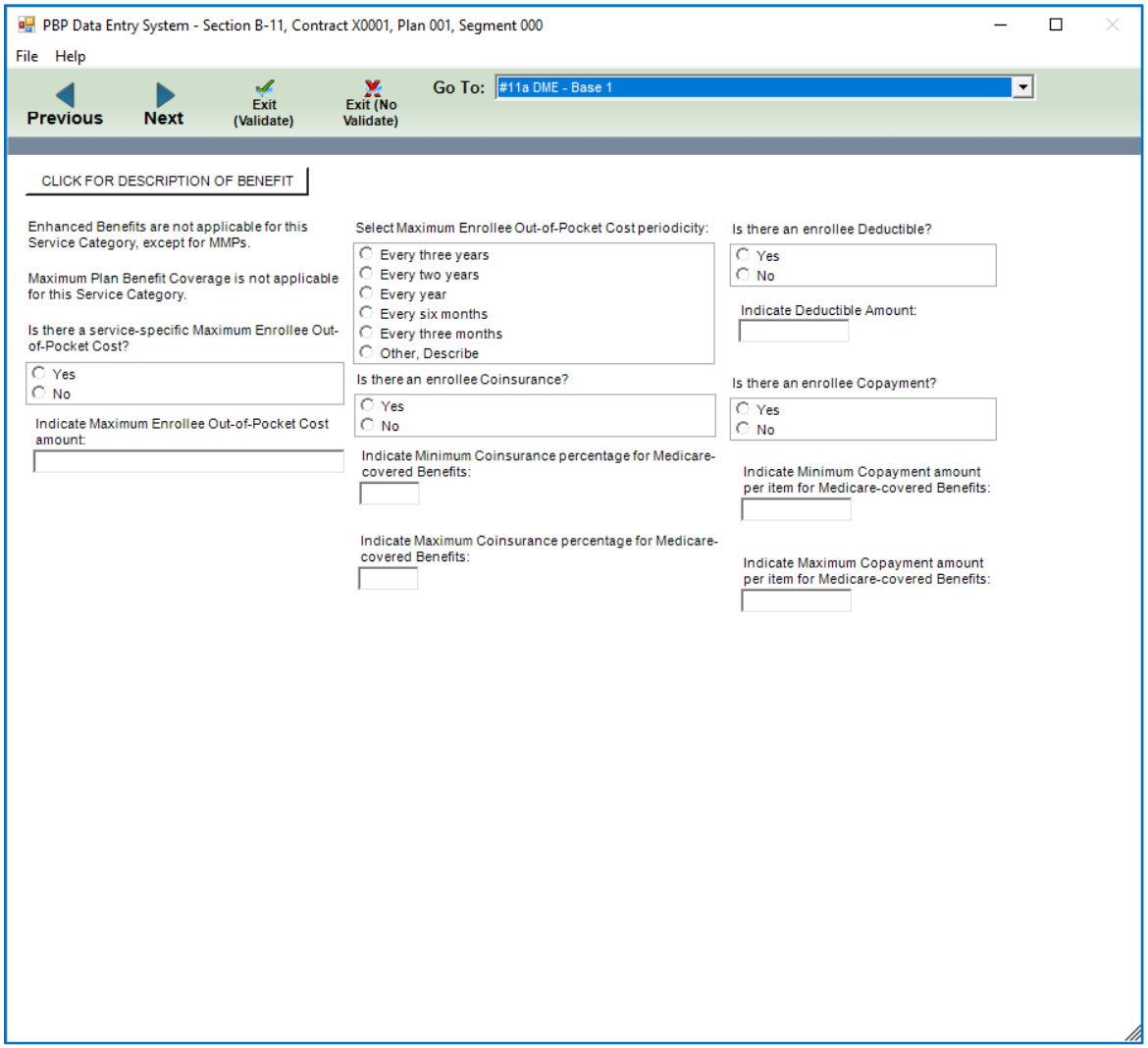
#10b Transportation Services – Base 2



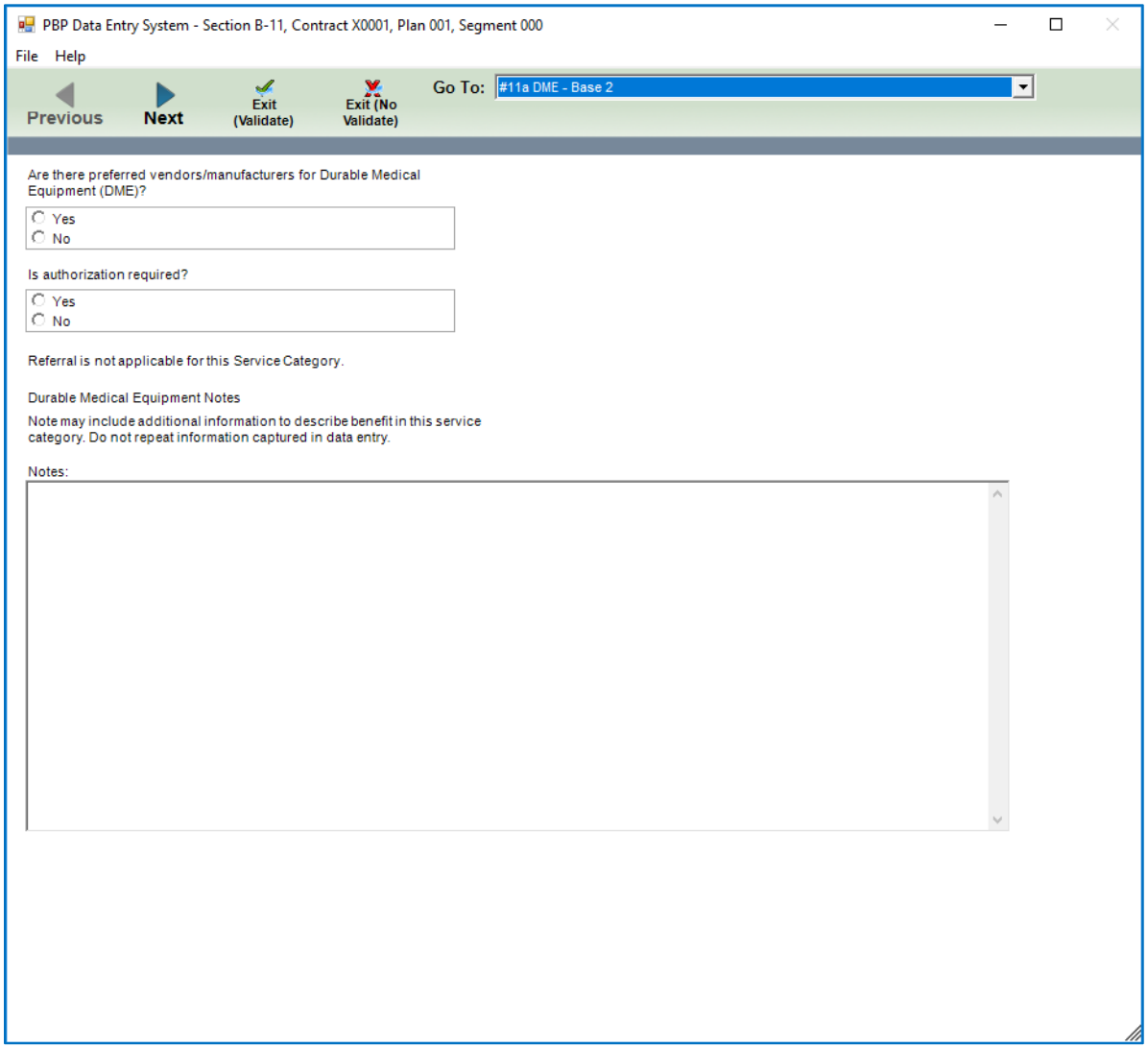
#10b Transportation Services – Base 3



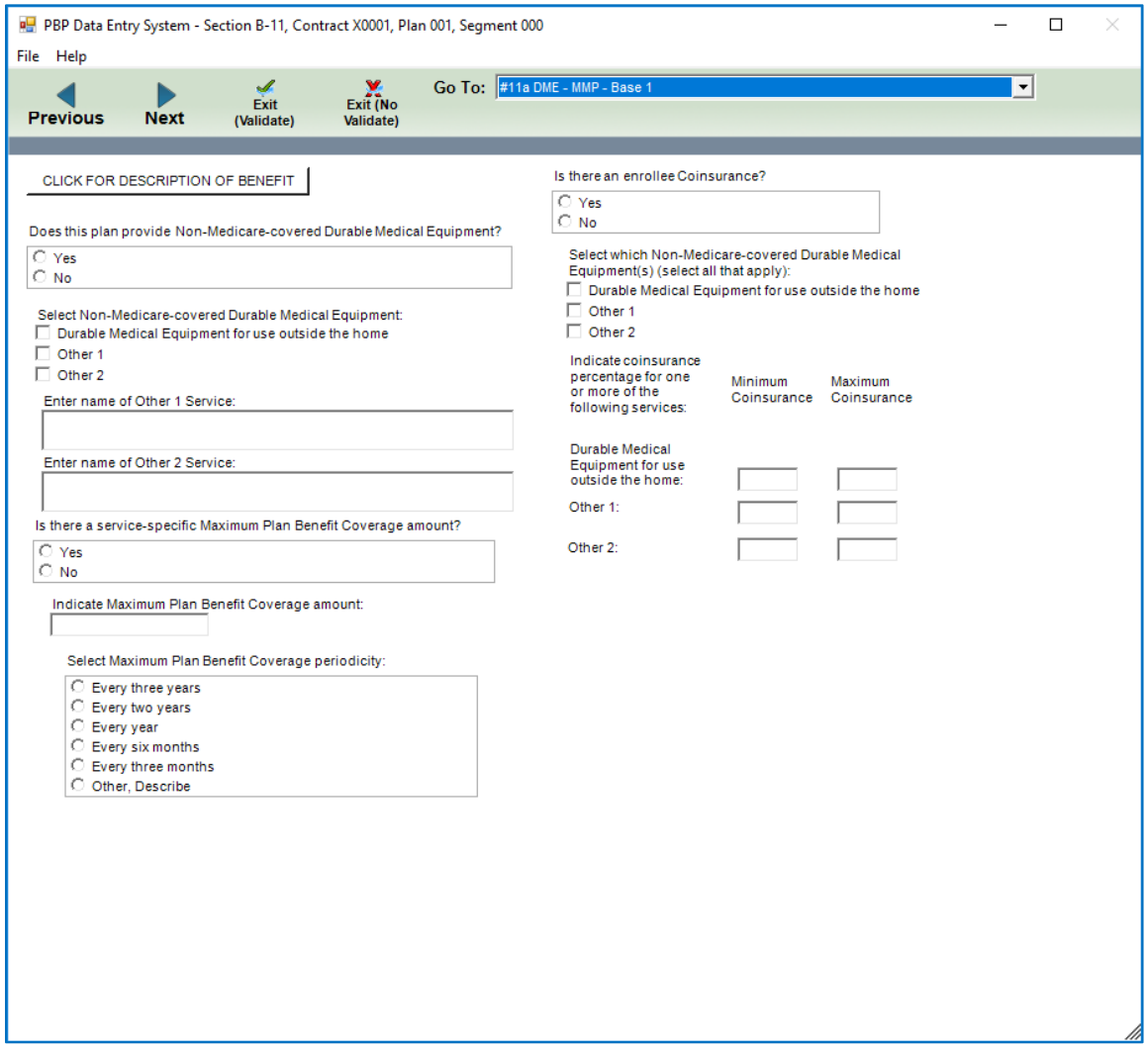
#11a DME – Base 1



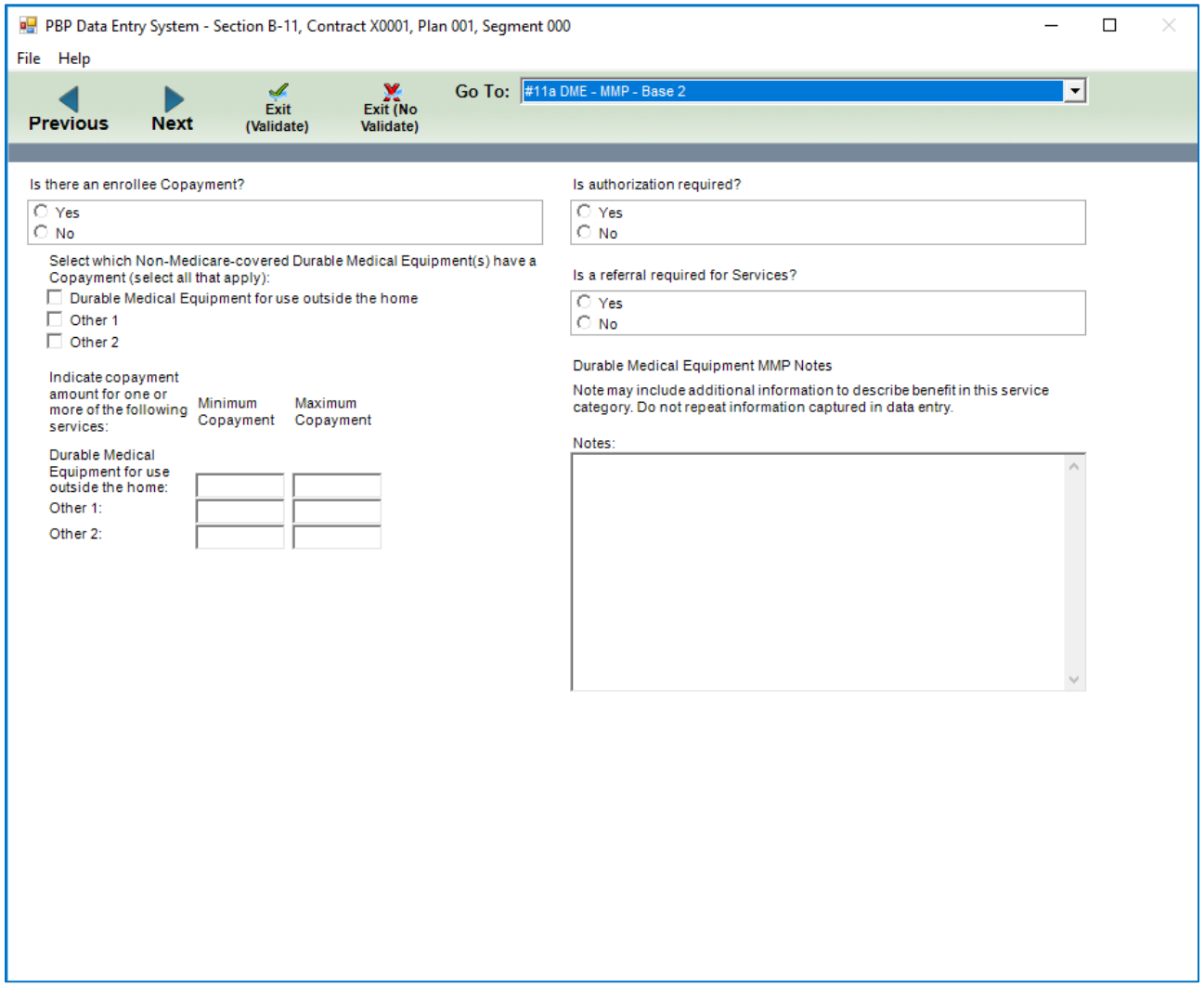
#11a DME – Base 2



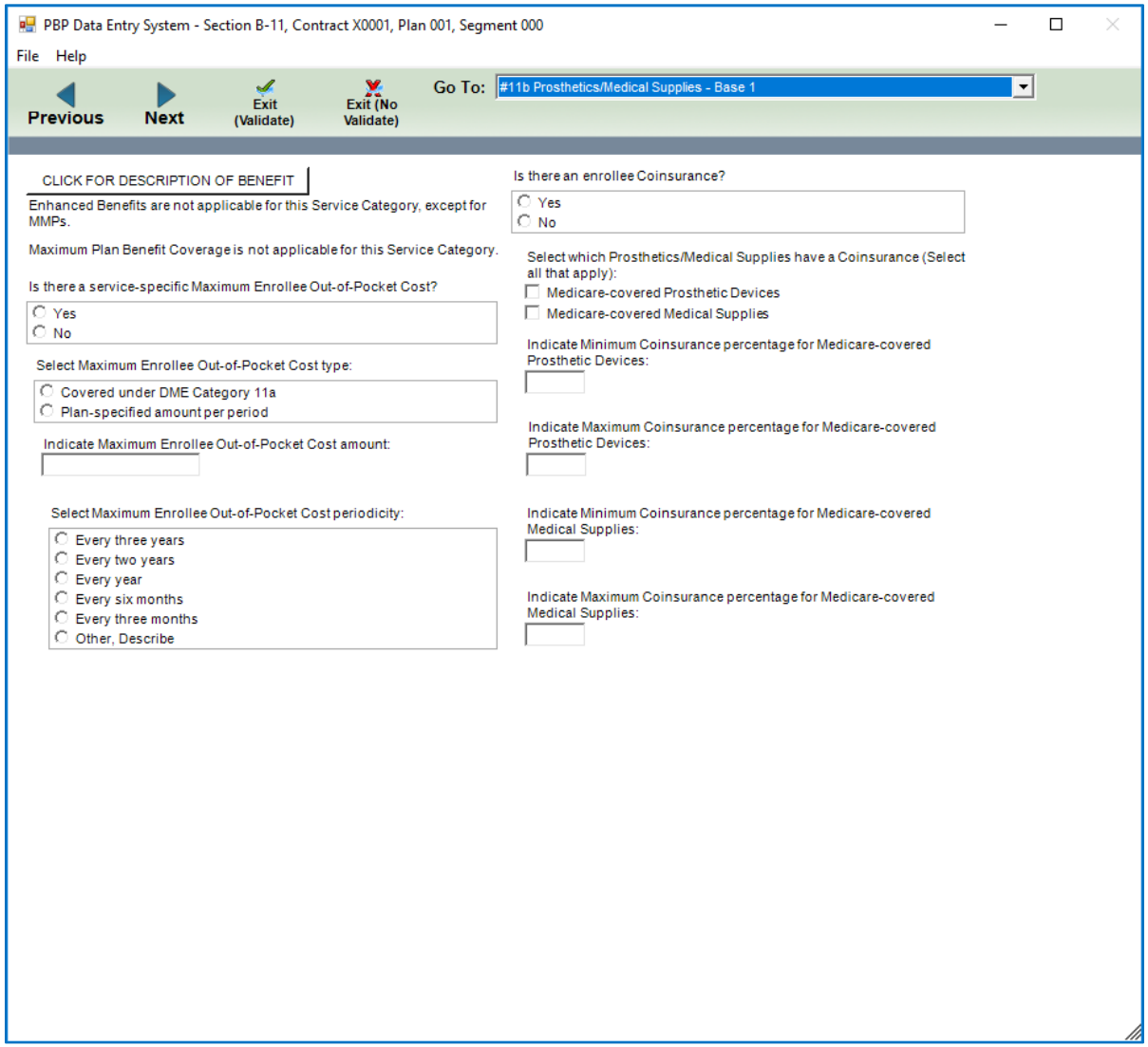
#11a DME – MMP – Base 1



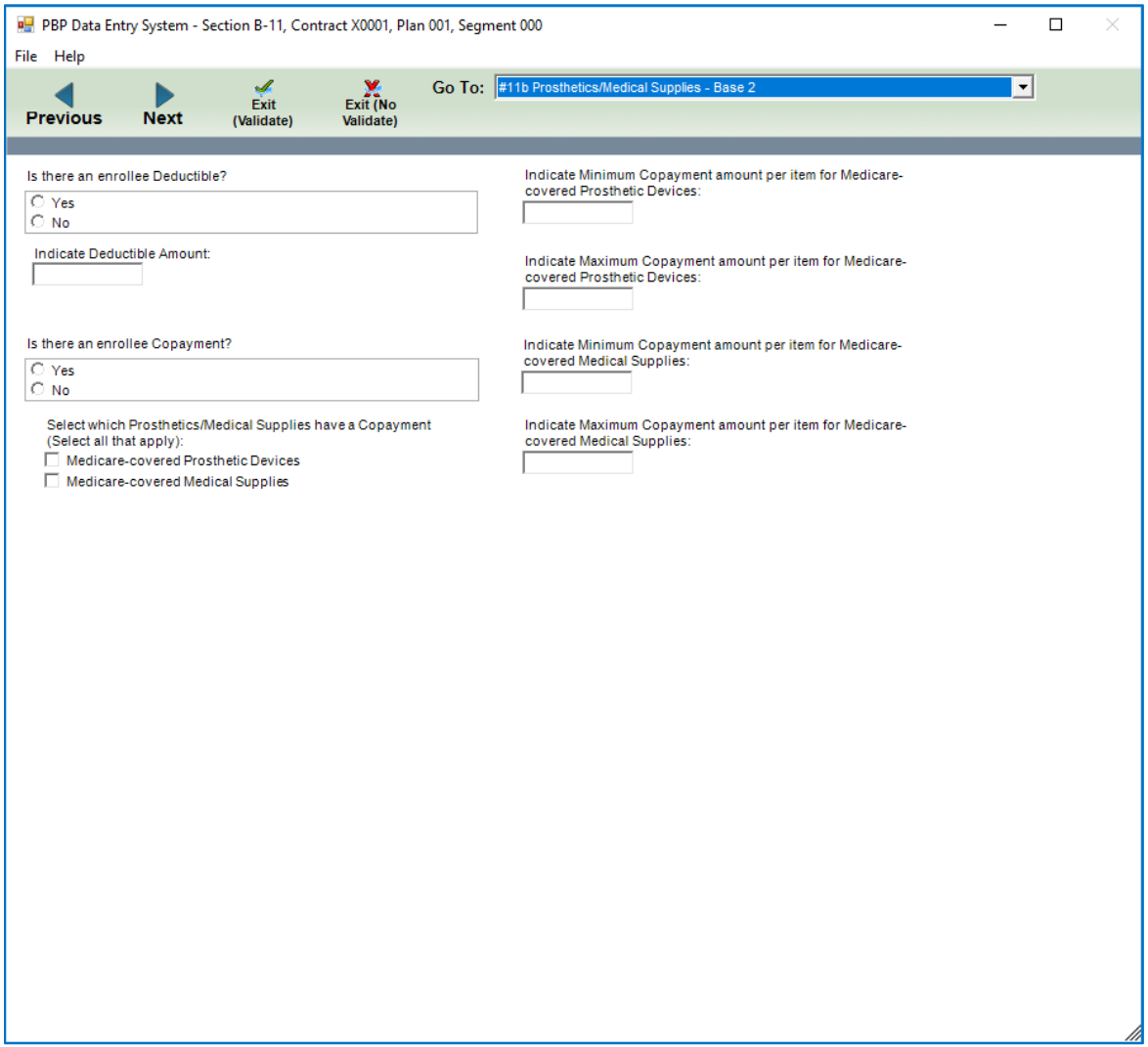
#11a DME – MMP – Base 2



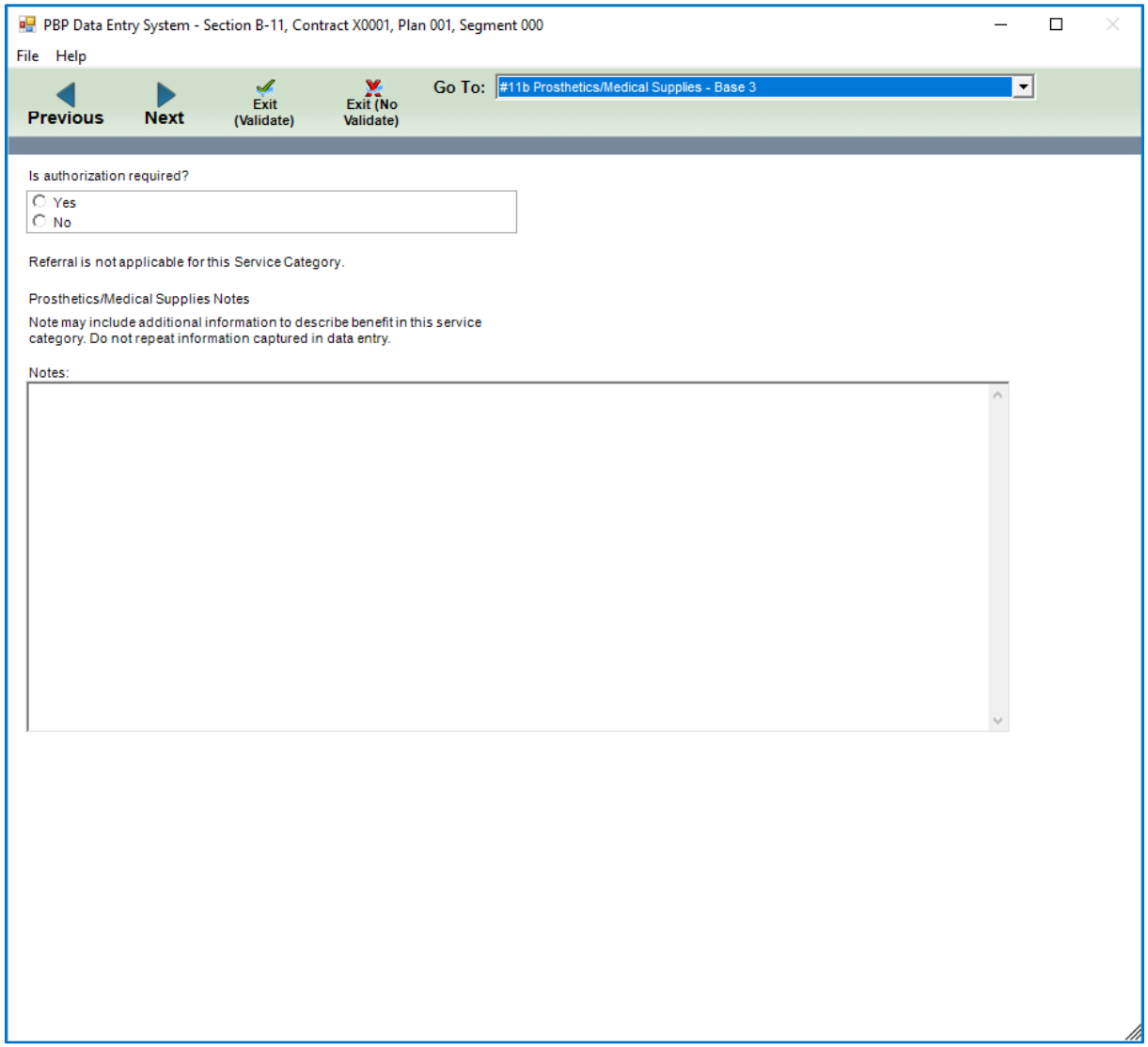
#11b Prosthetics/Medical Supplies – Base 1



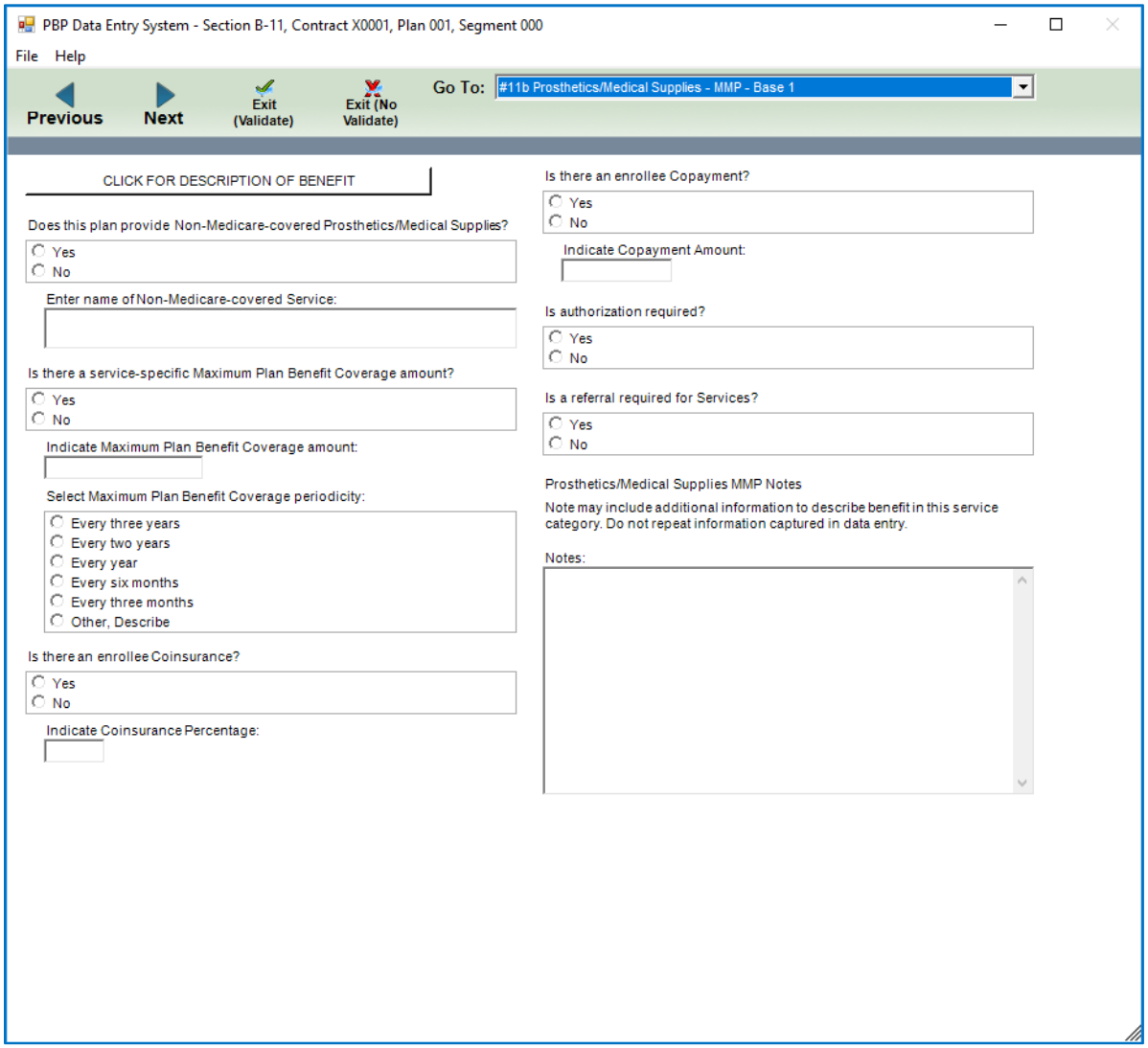
#11b Prosthetics/Medical Supplies – Base 2



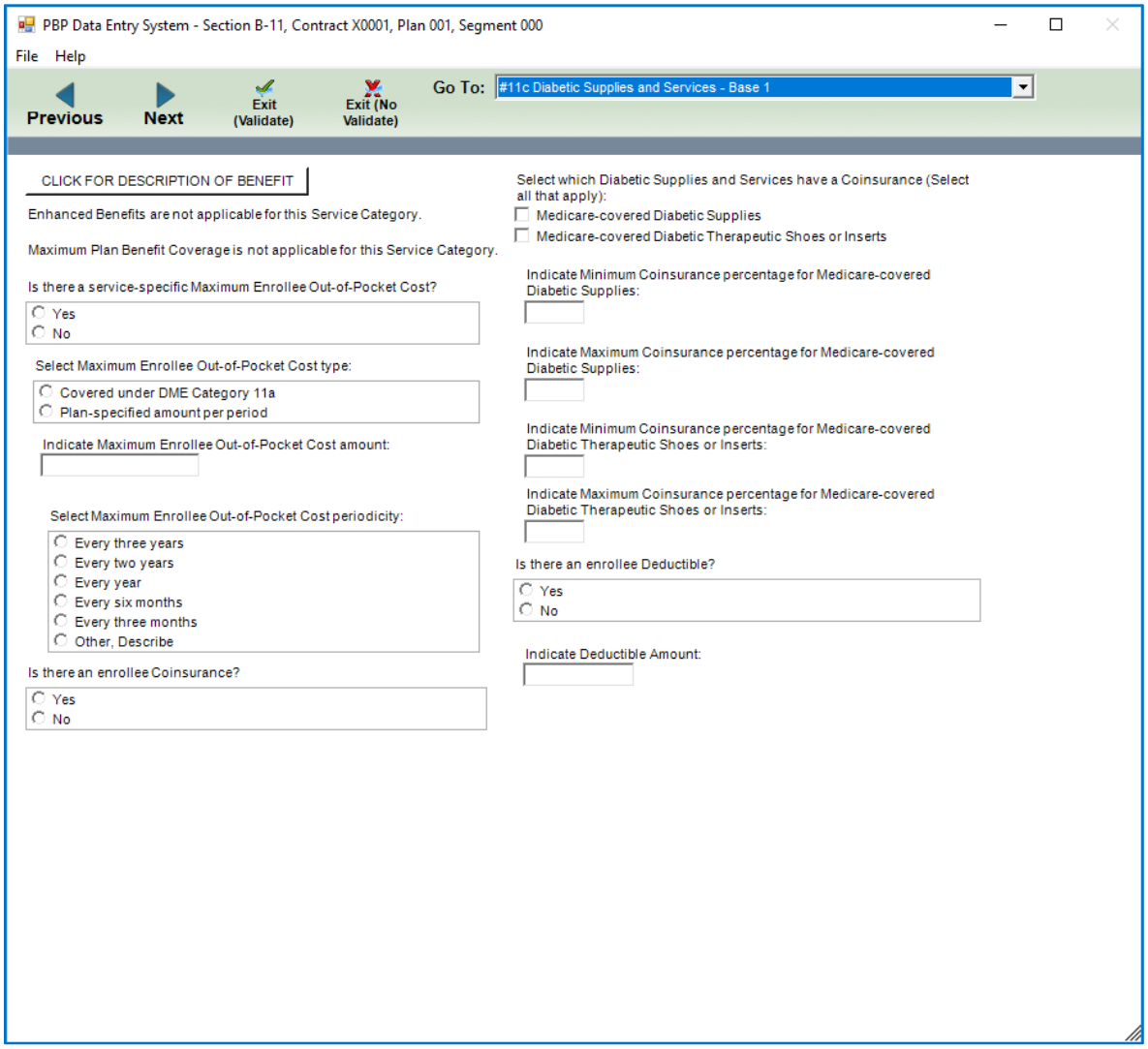
#11b Prosthetics/Medical Supplies – Base 3



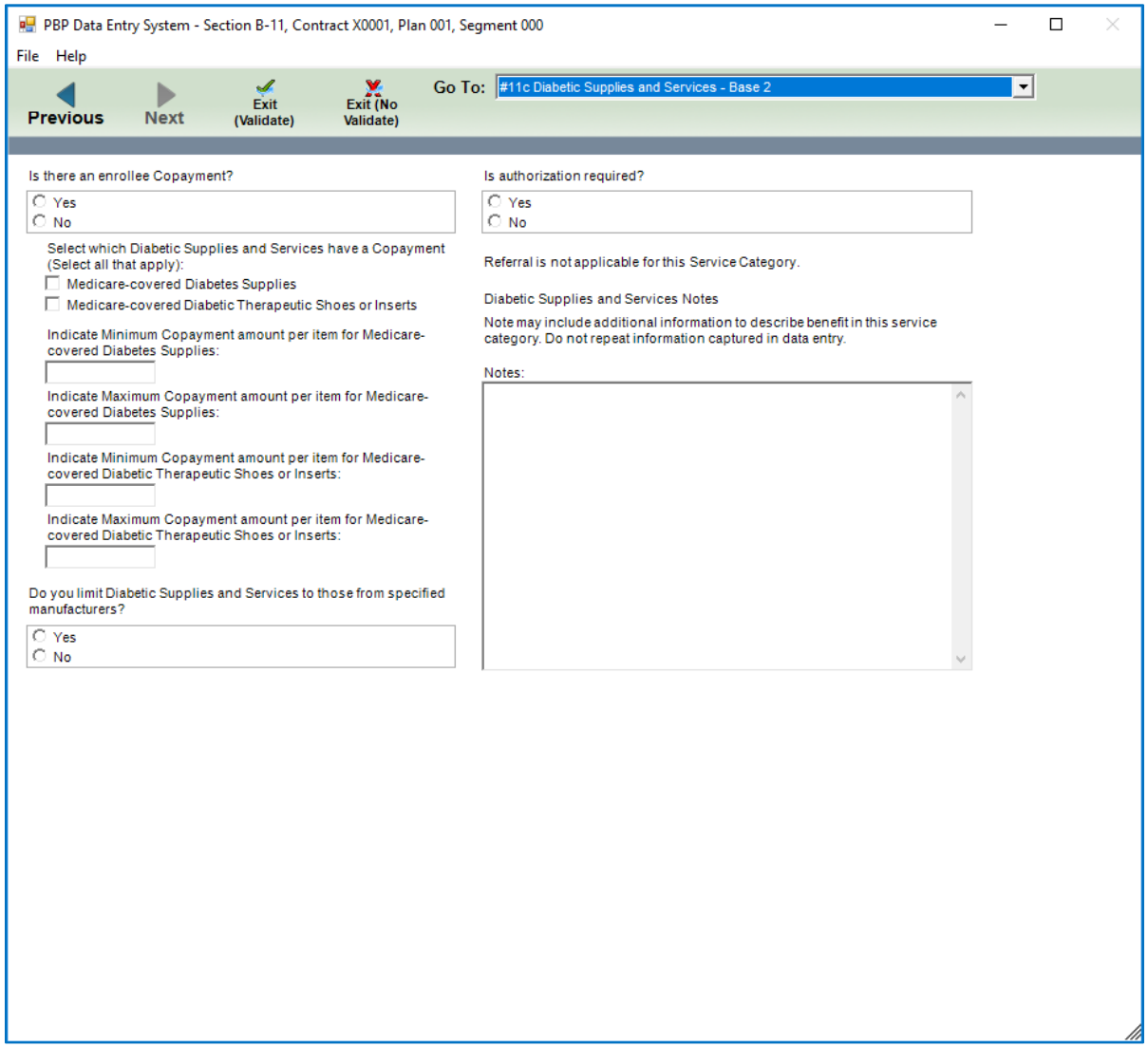
#11b Prosthetics/Medical Supplies – MMP – Base 1



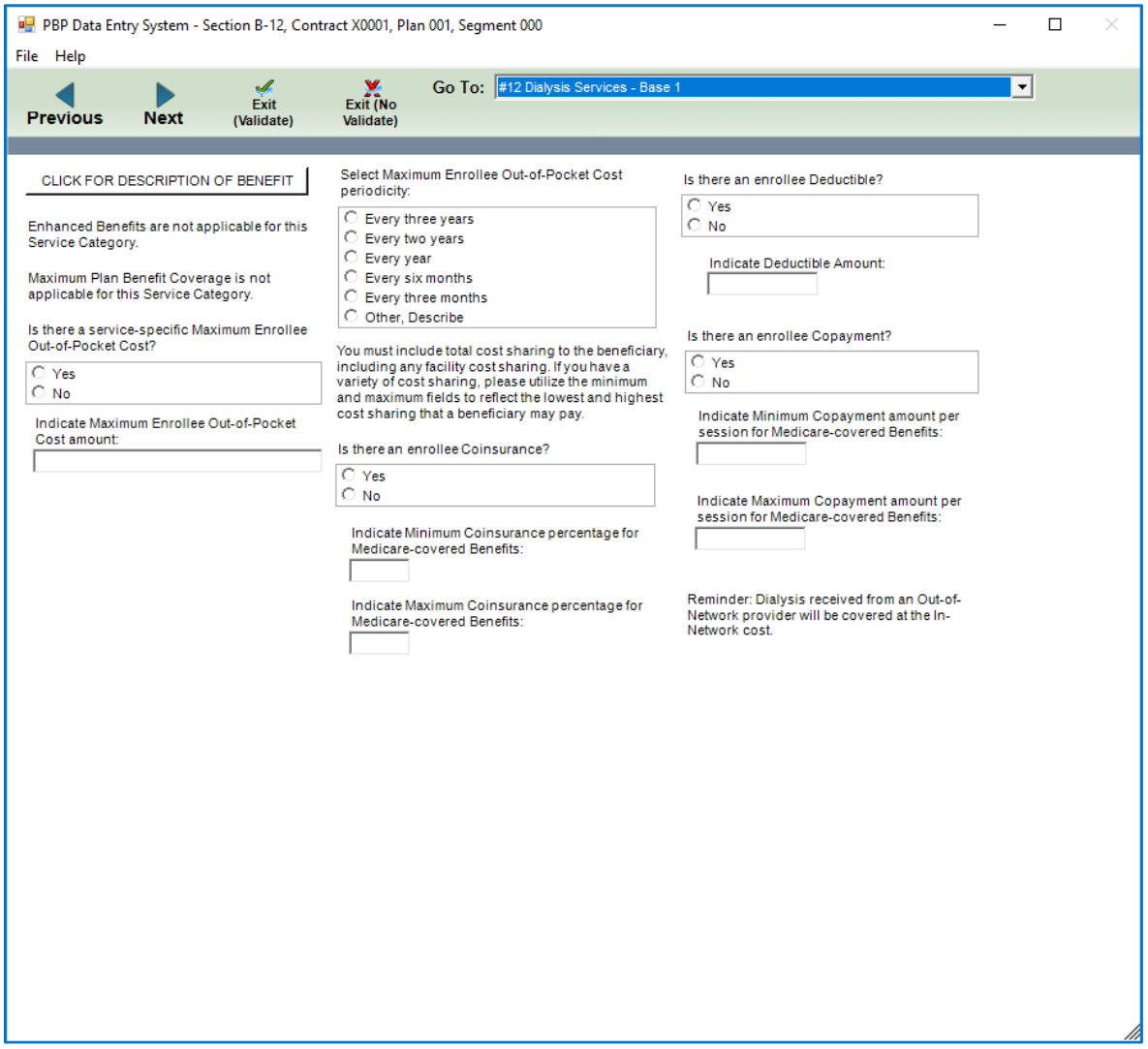
#11c Diabetic Supplies and Services – Base 1



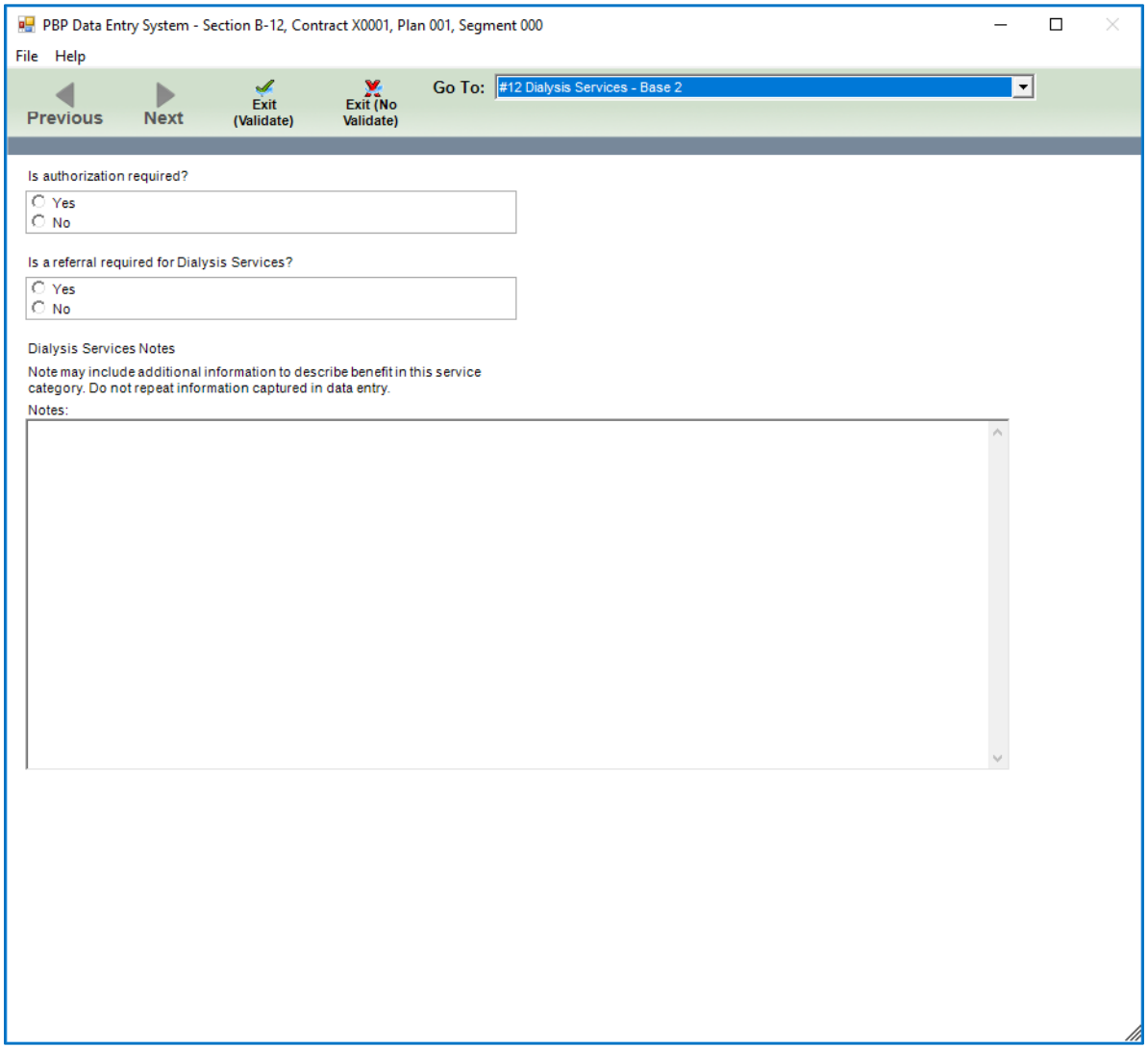
#11c Diabetic Supplies and Services – Base 2



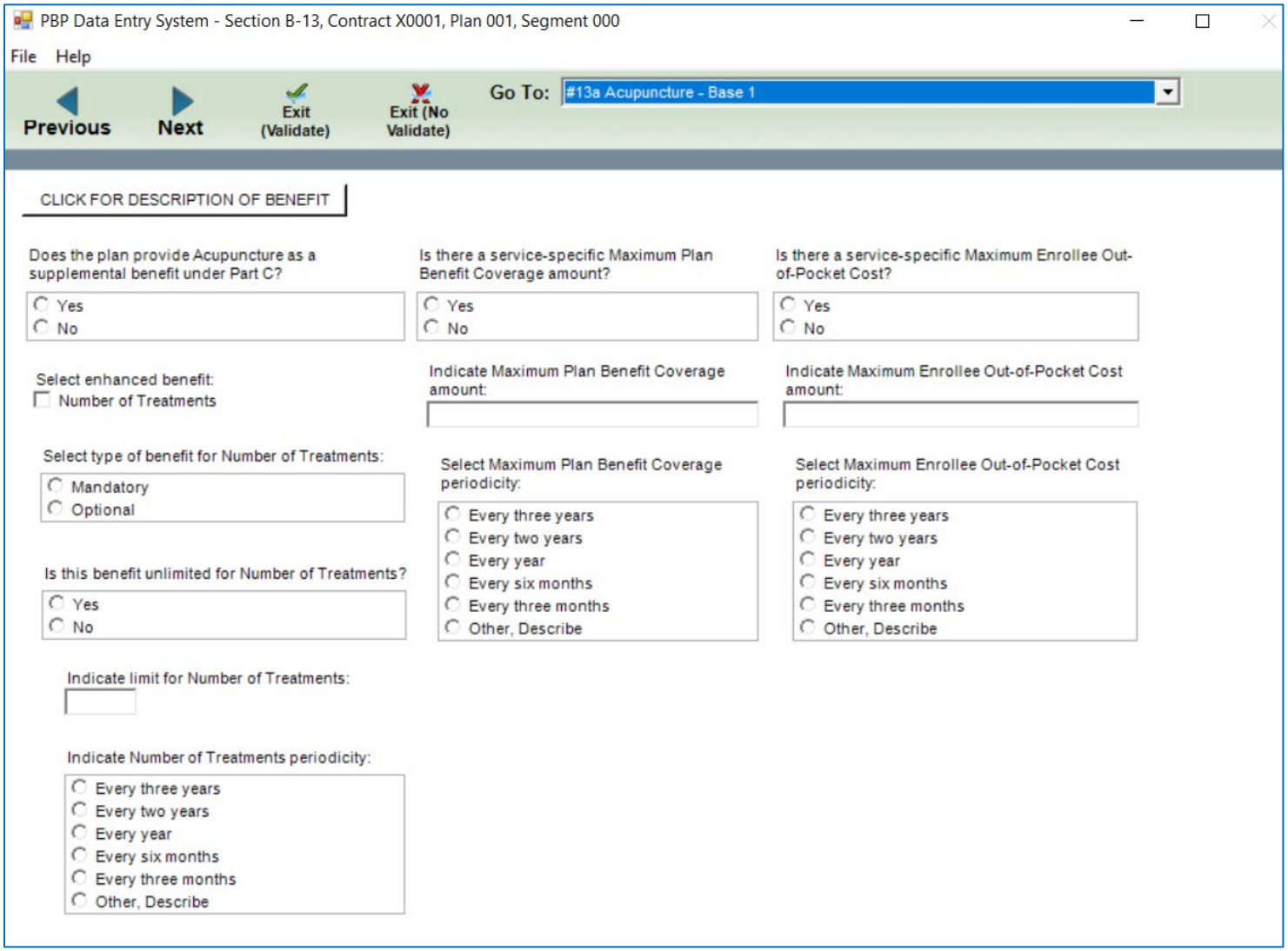
#12 Dialysis Services – Base 1



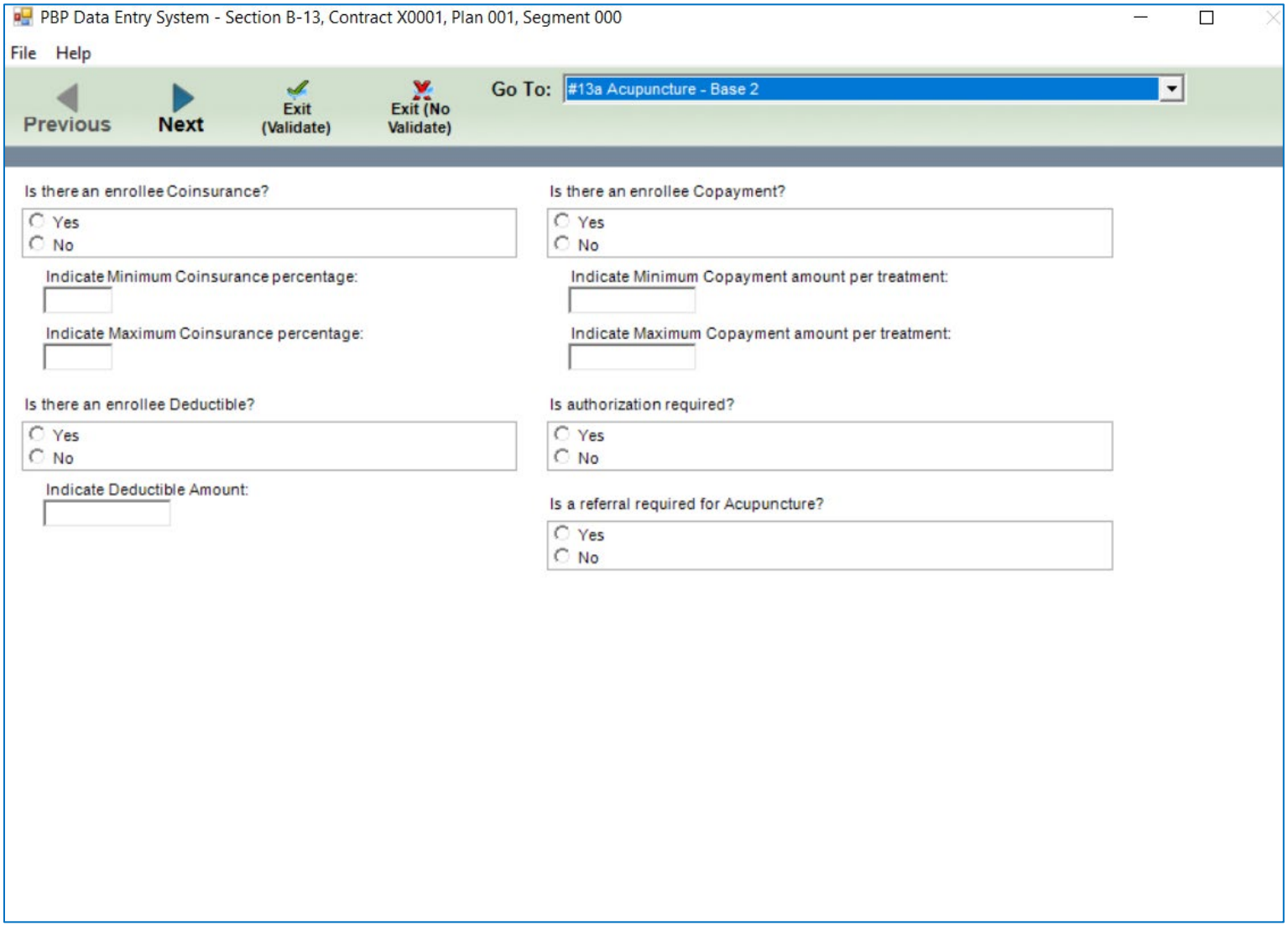
#12 Dialysis Services – Base 2



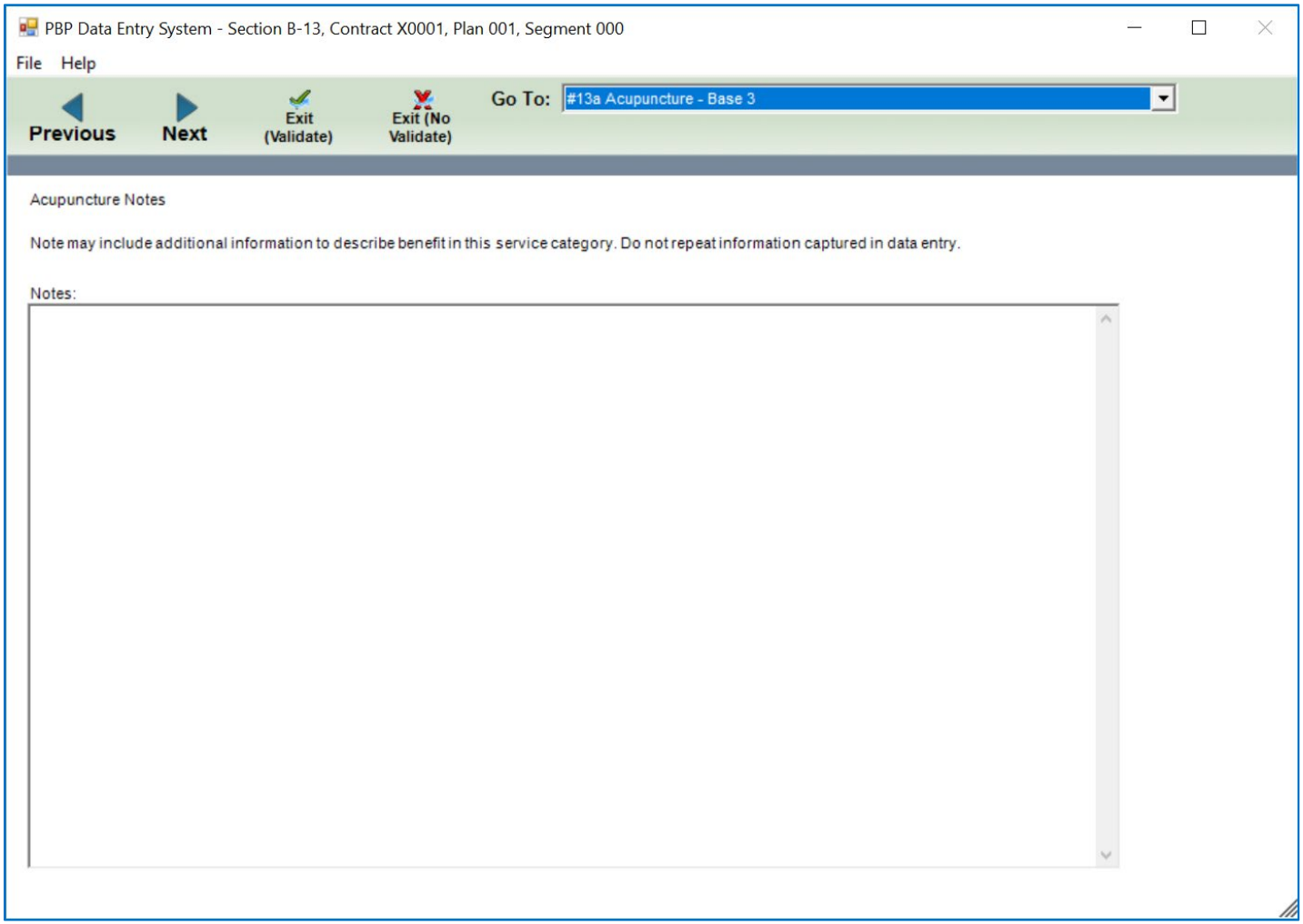
#13a Acupuncture – Base 1



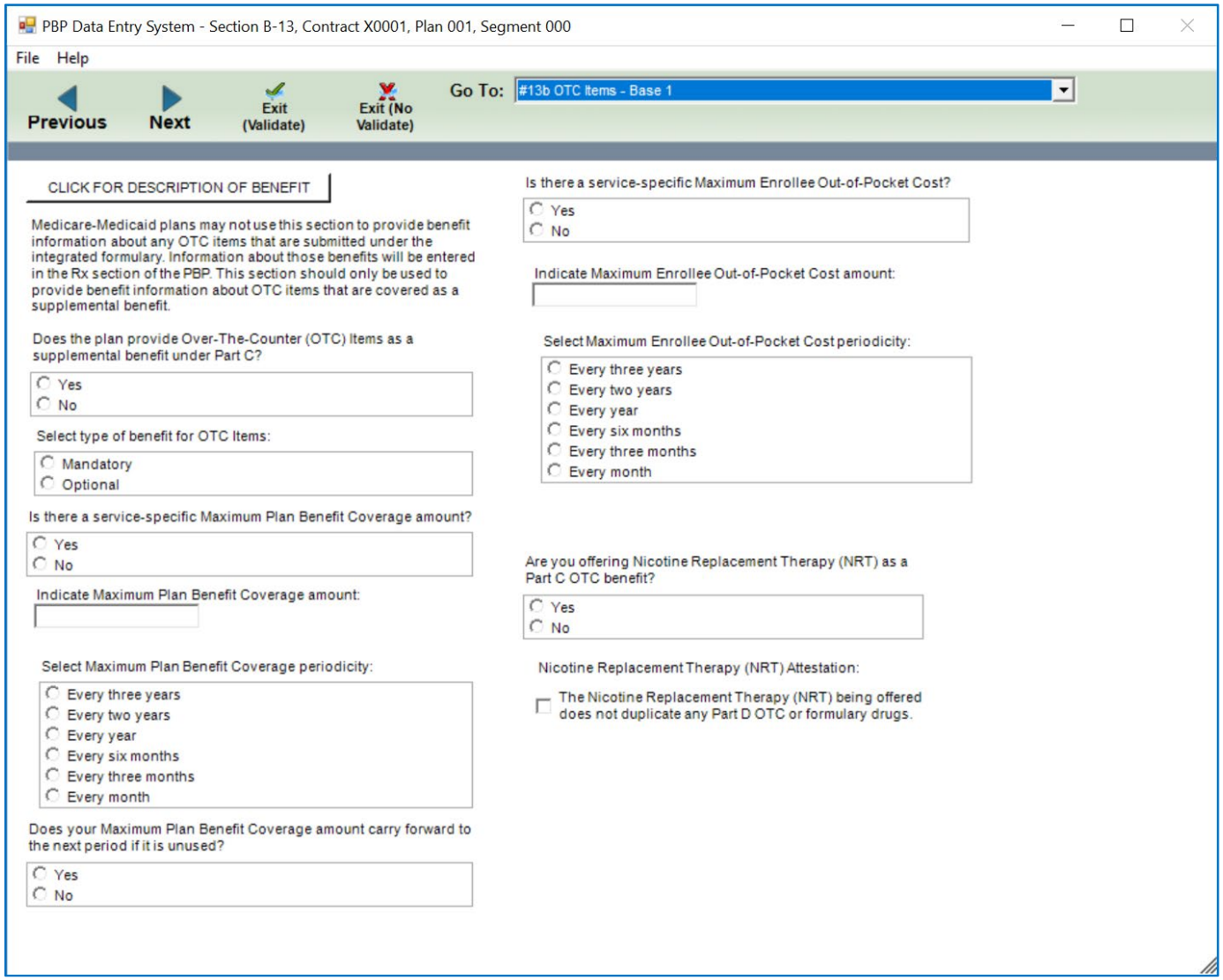
#13a Acupuncture – Base 2



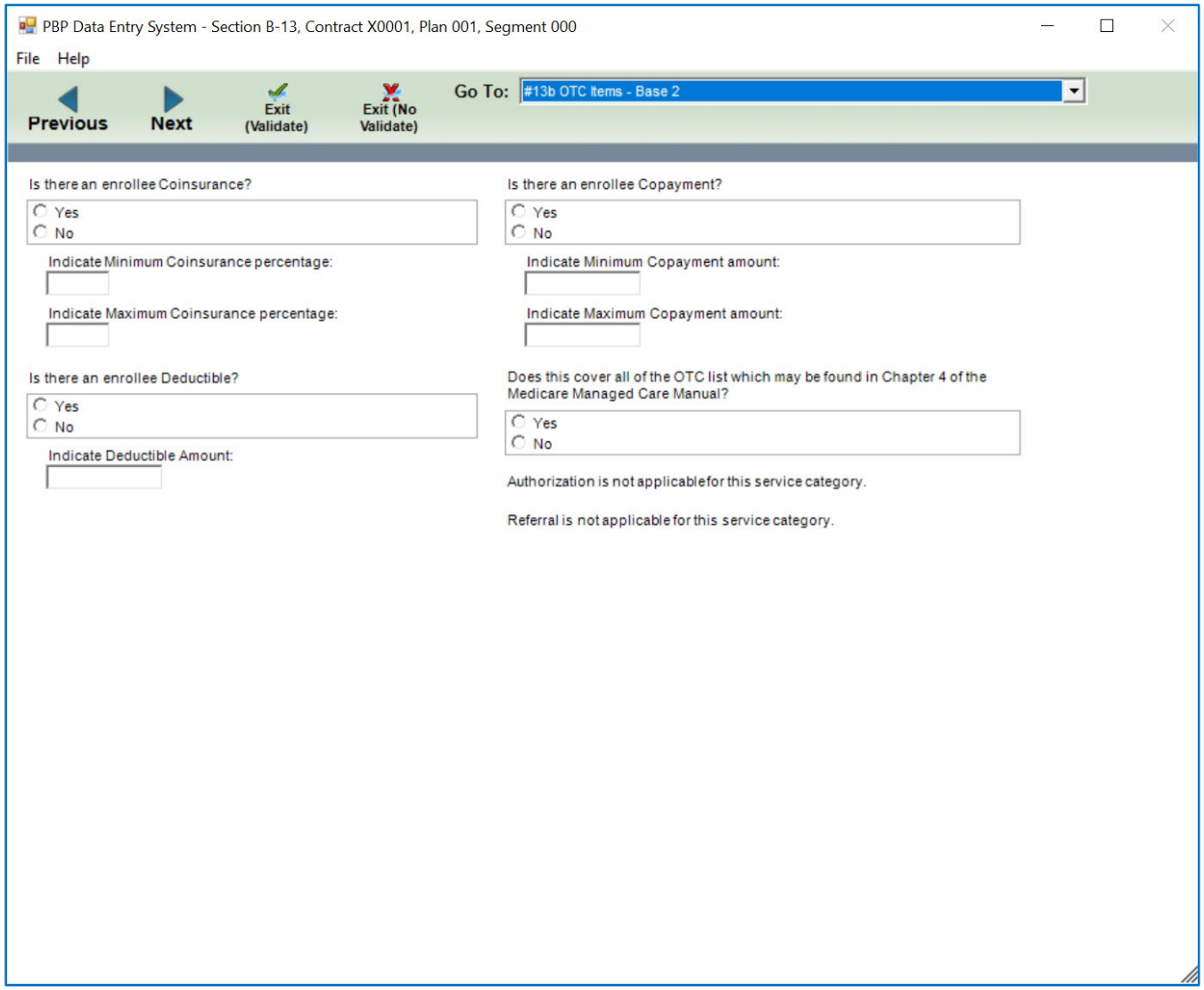
#13a Acupuncture – Base 3



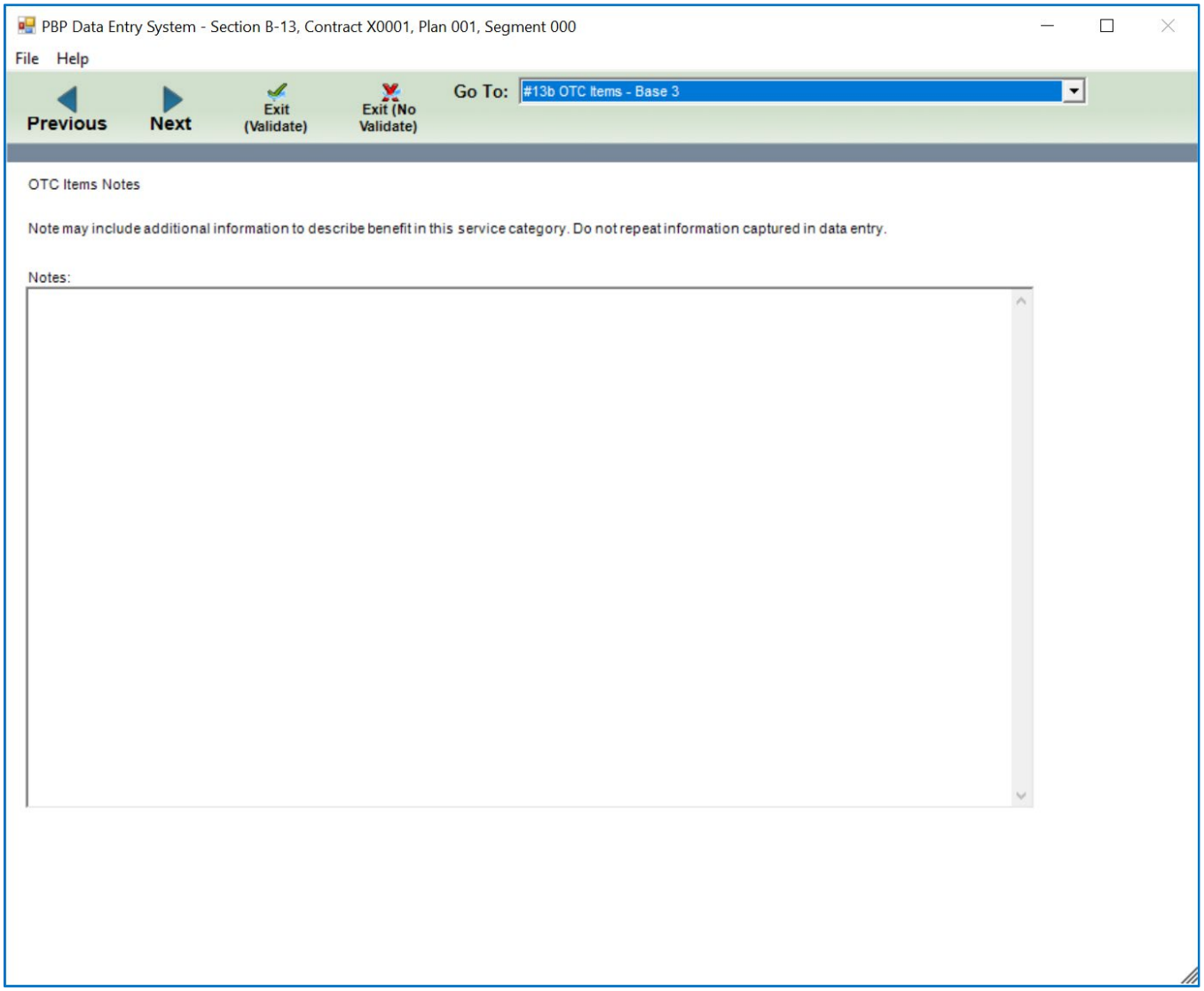
#13b OTC Items – Base 1



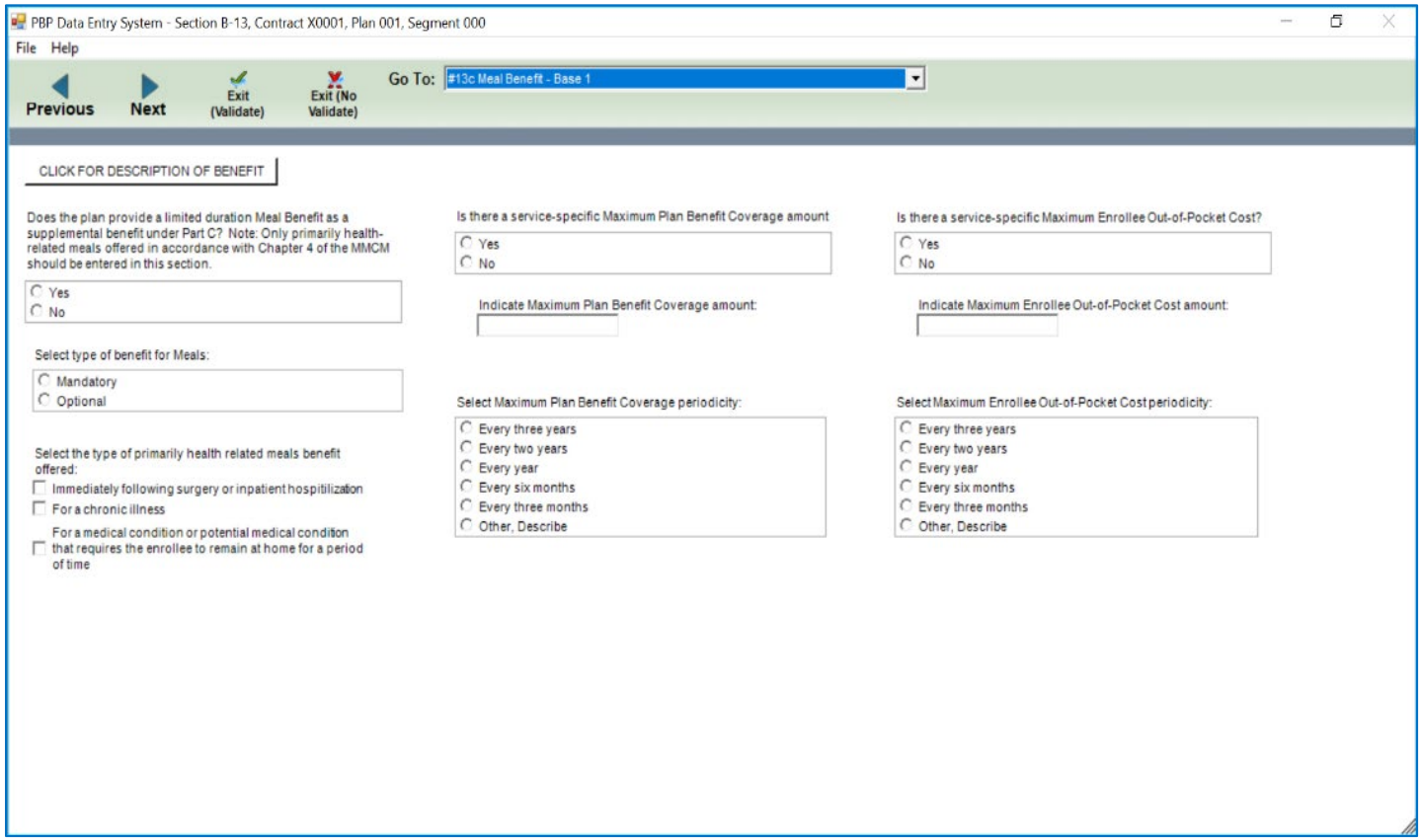
#13b OTC Items – Base 2



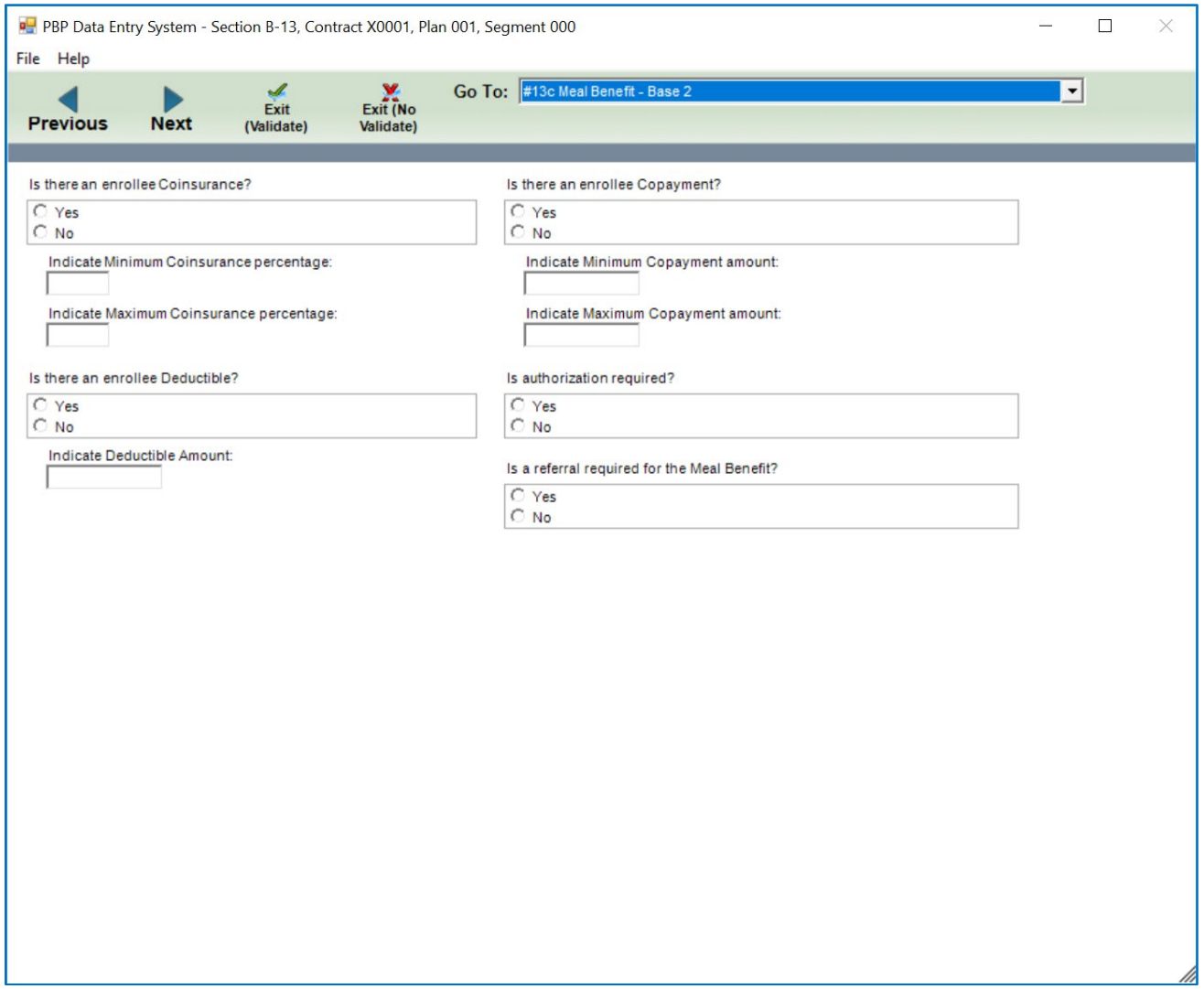
#13b OTC Items – Base 3



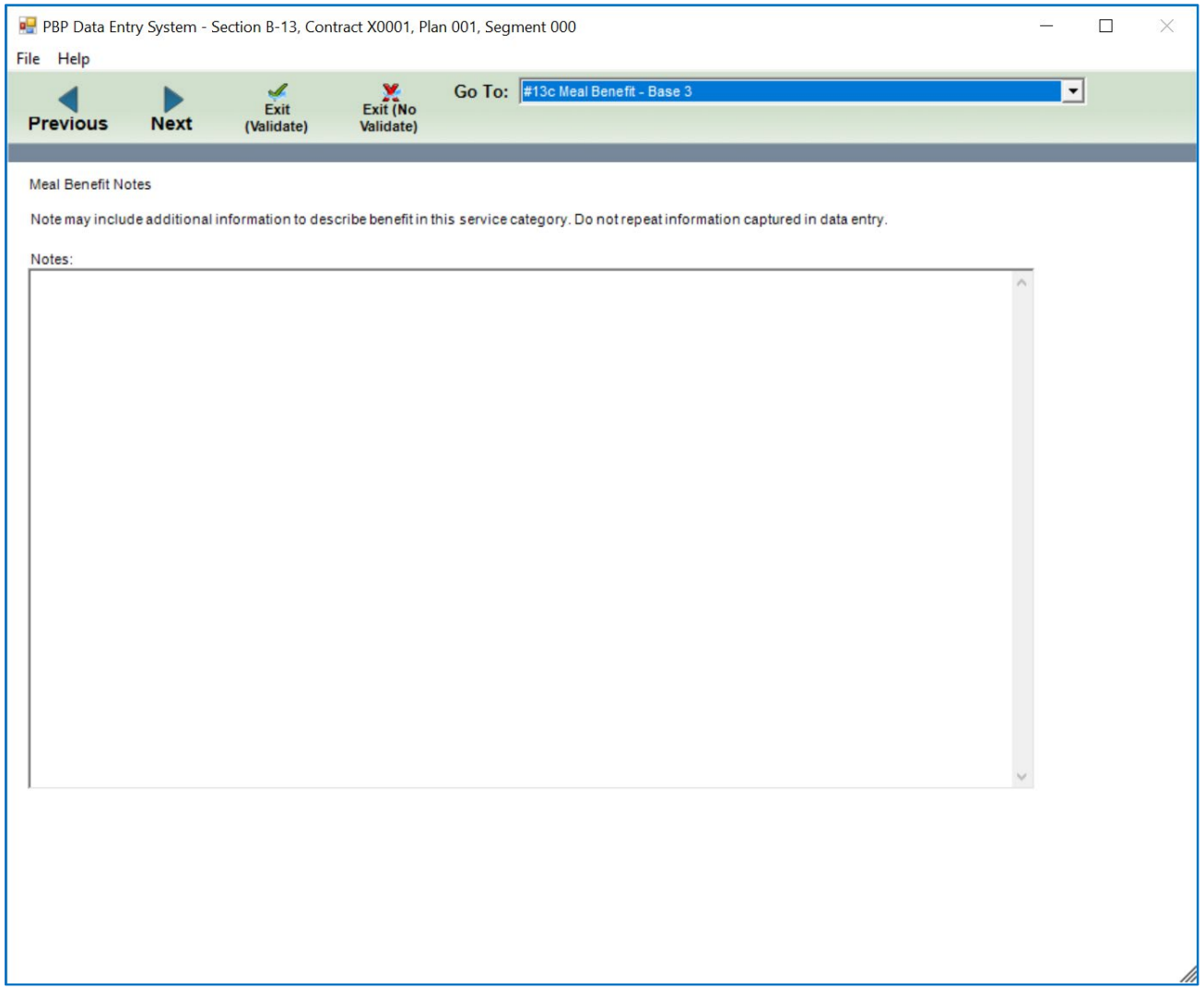
#13c Meal Benefit – Base 1



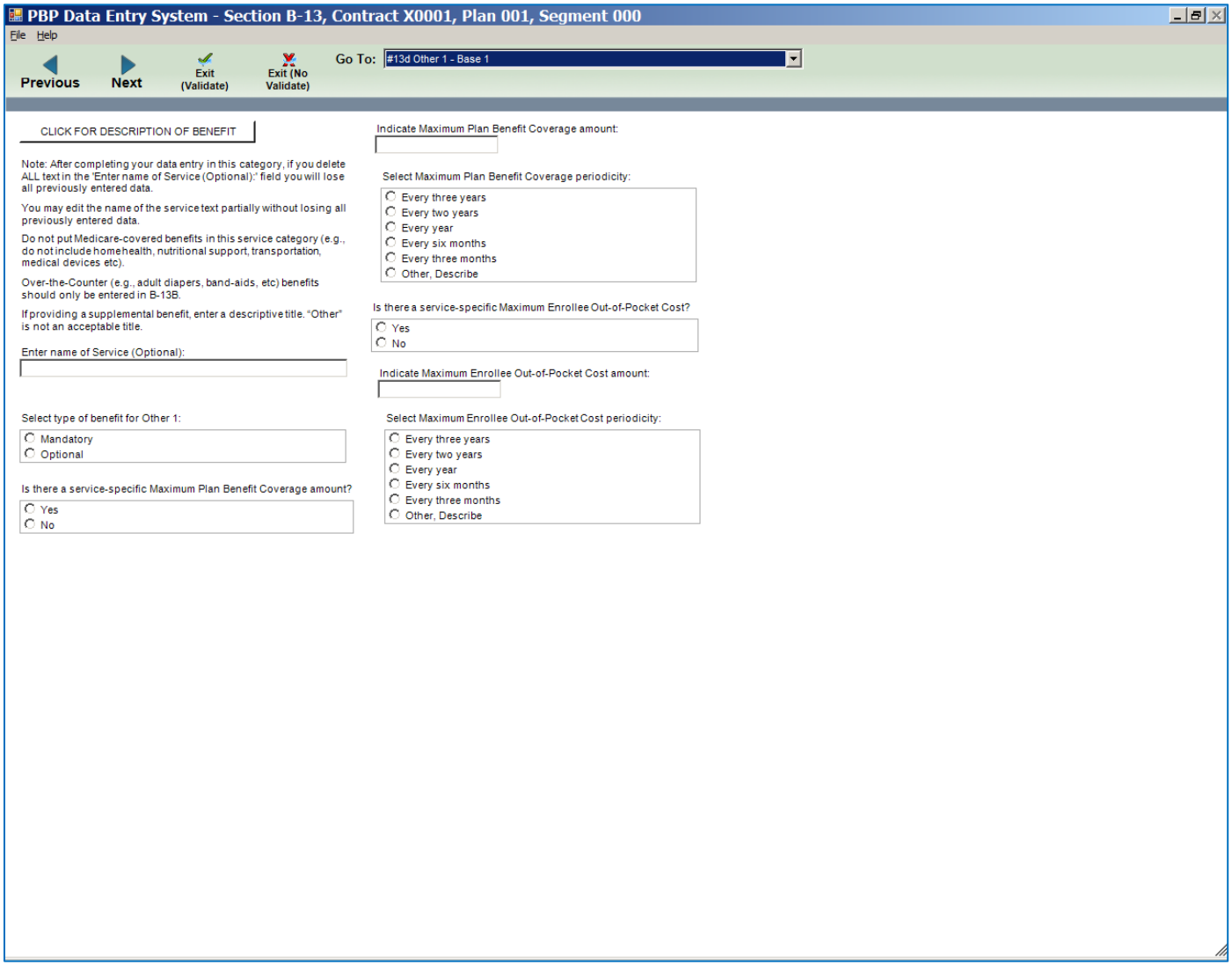
#13c Meal Benefit – Base 2



#13c Meal Benefit – Base 3



#13d Other 1 – Base 1



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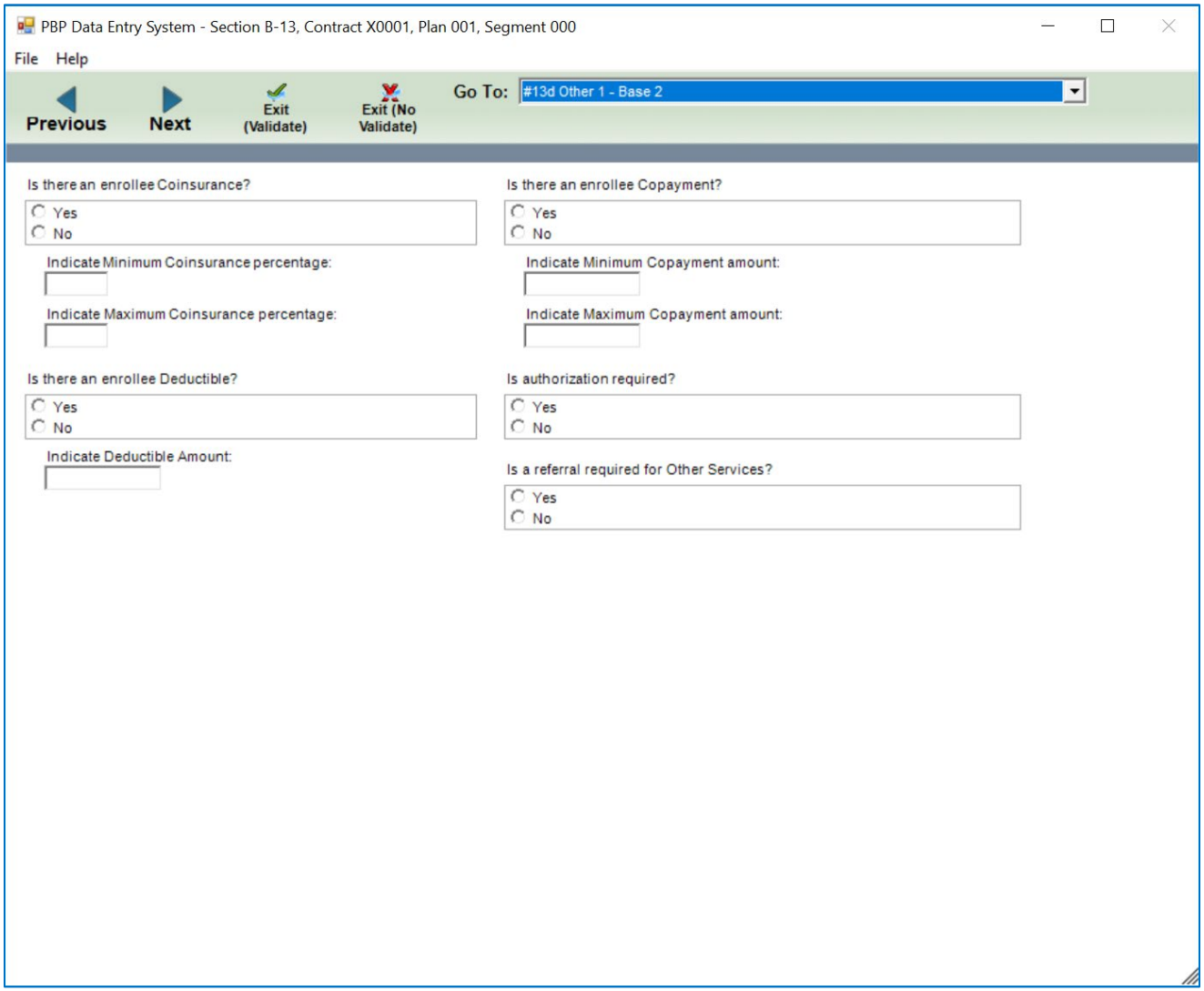
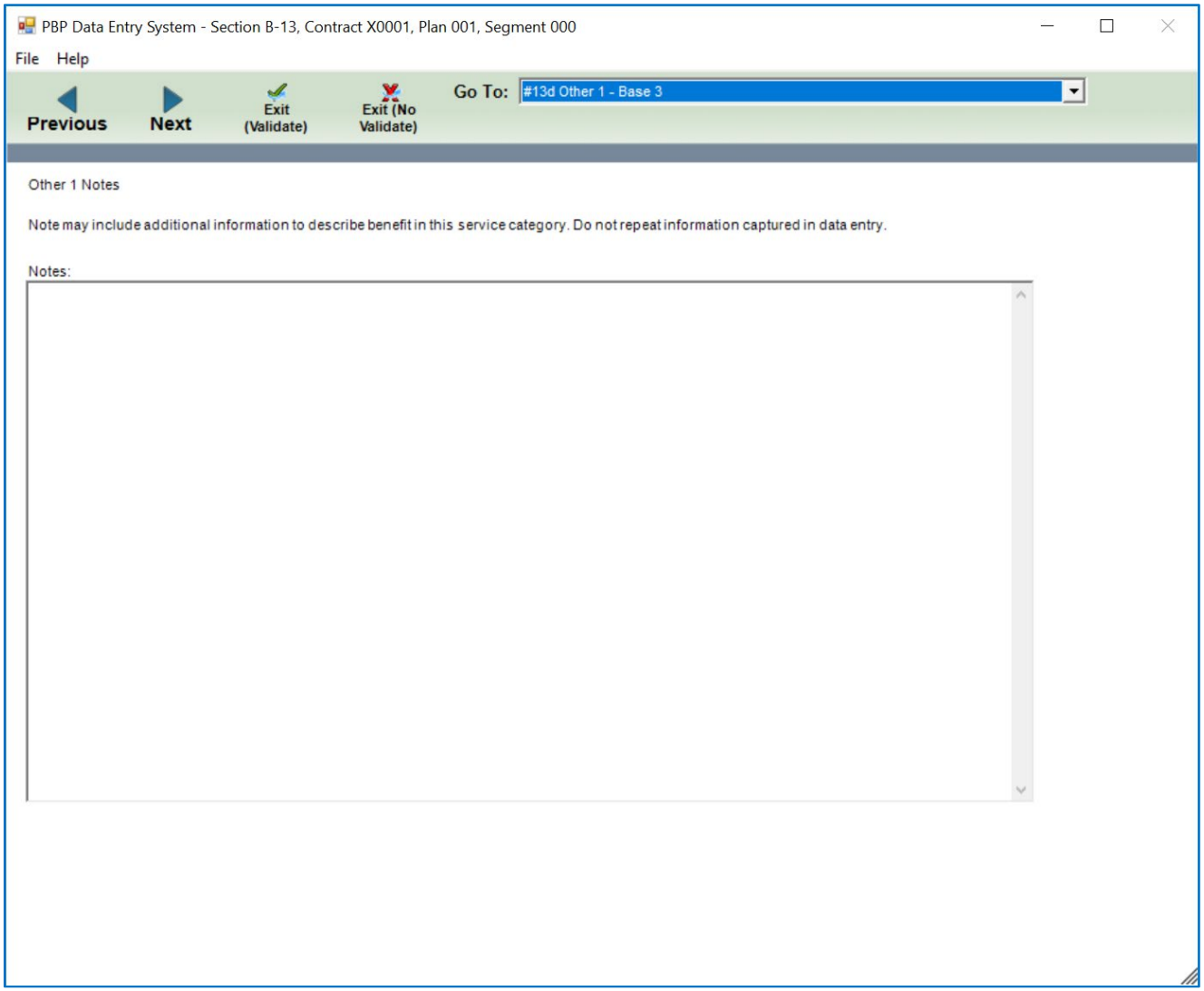
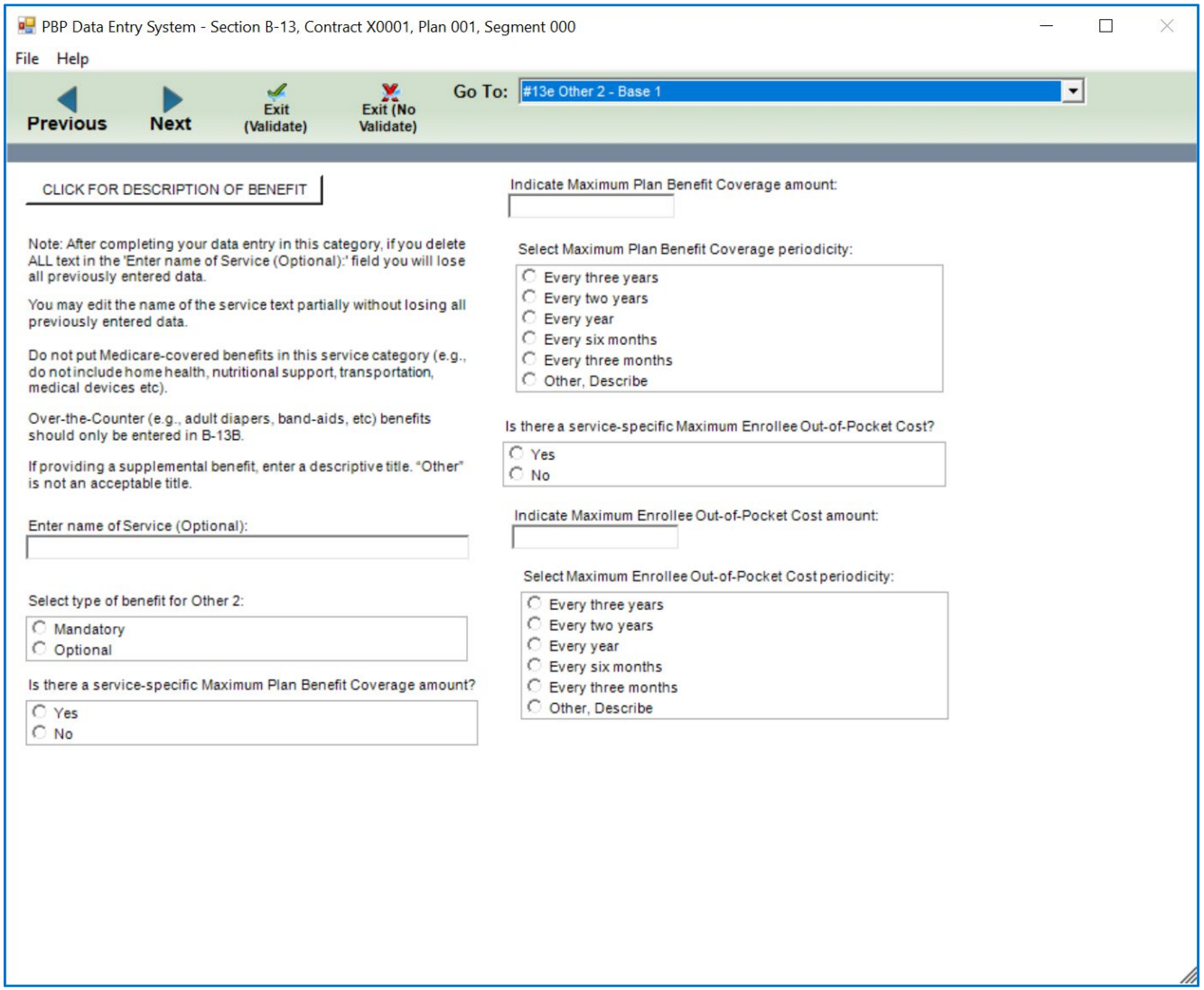


#13d Other 1 – Base 3



#13e Other 2 – Base 1



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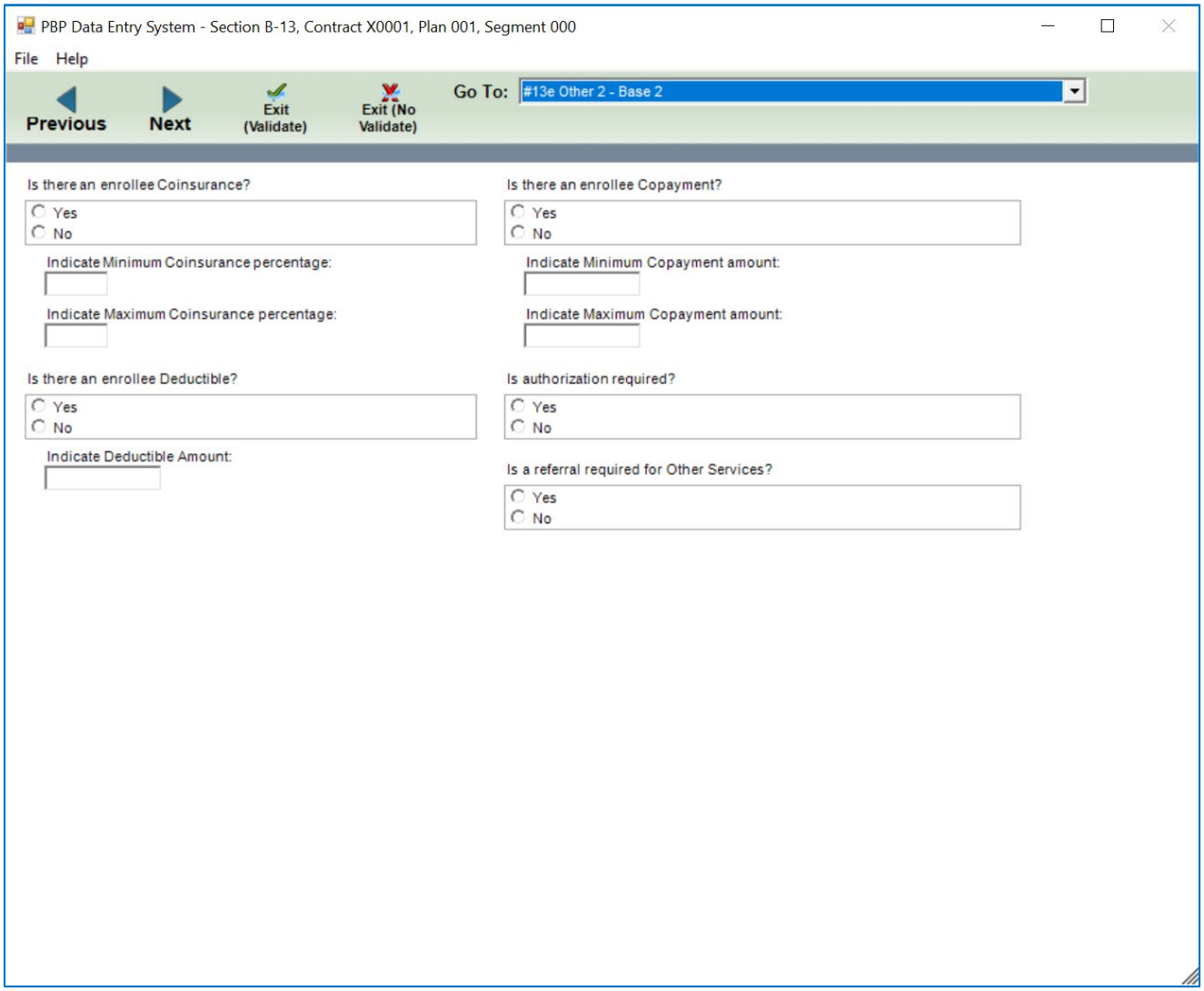

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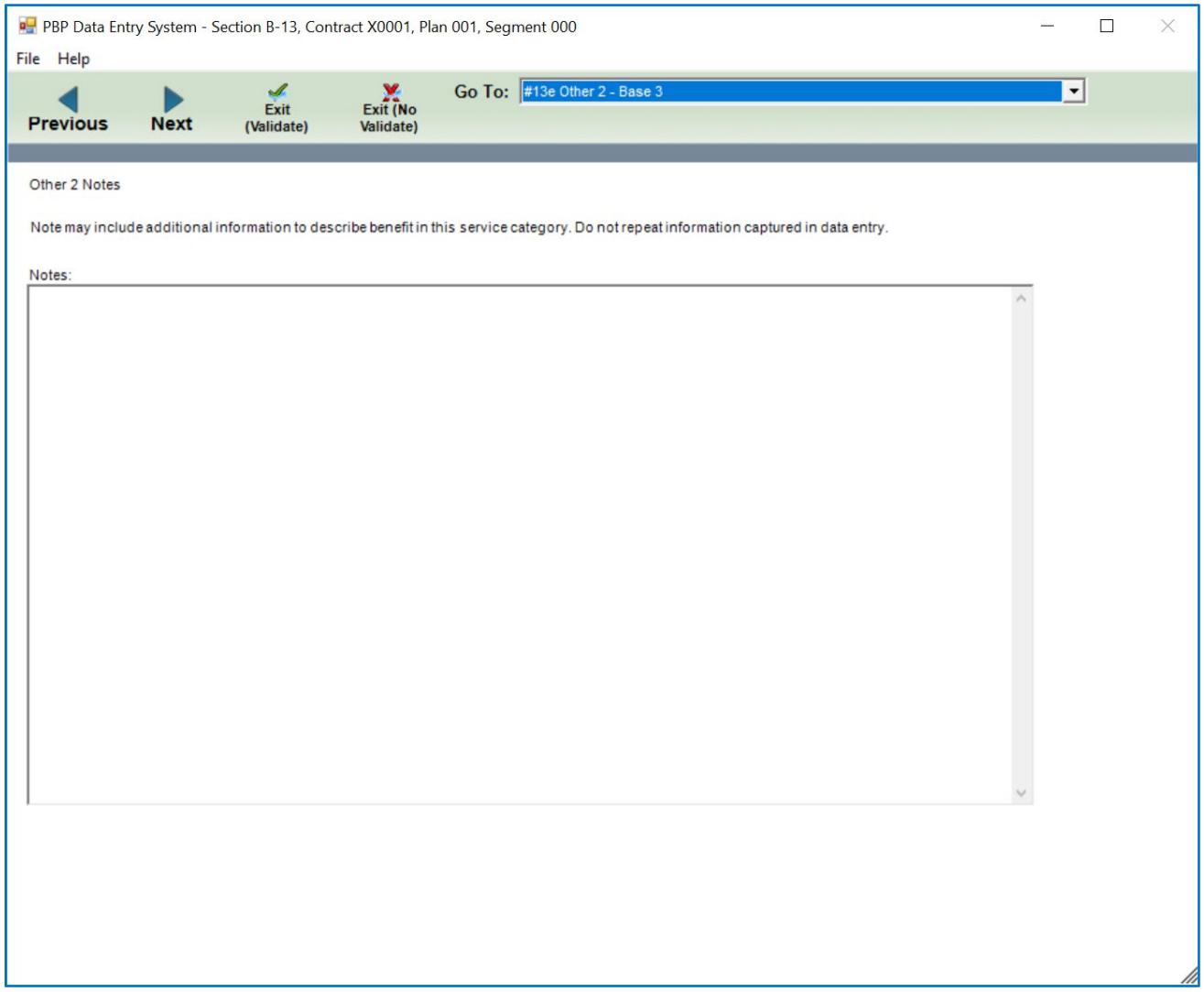
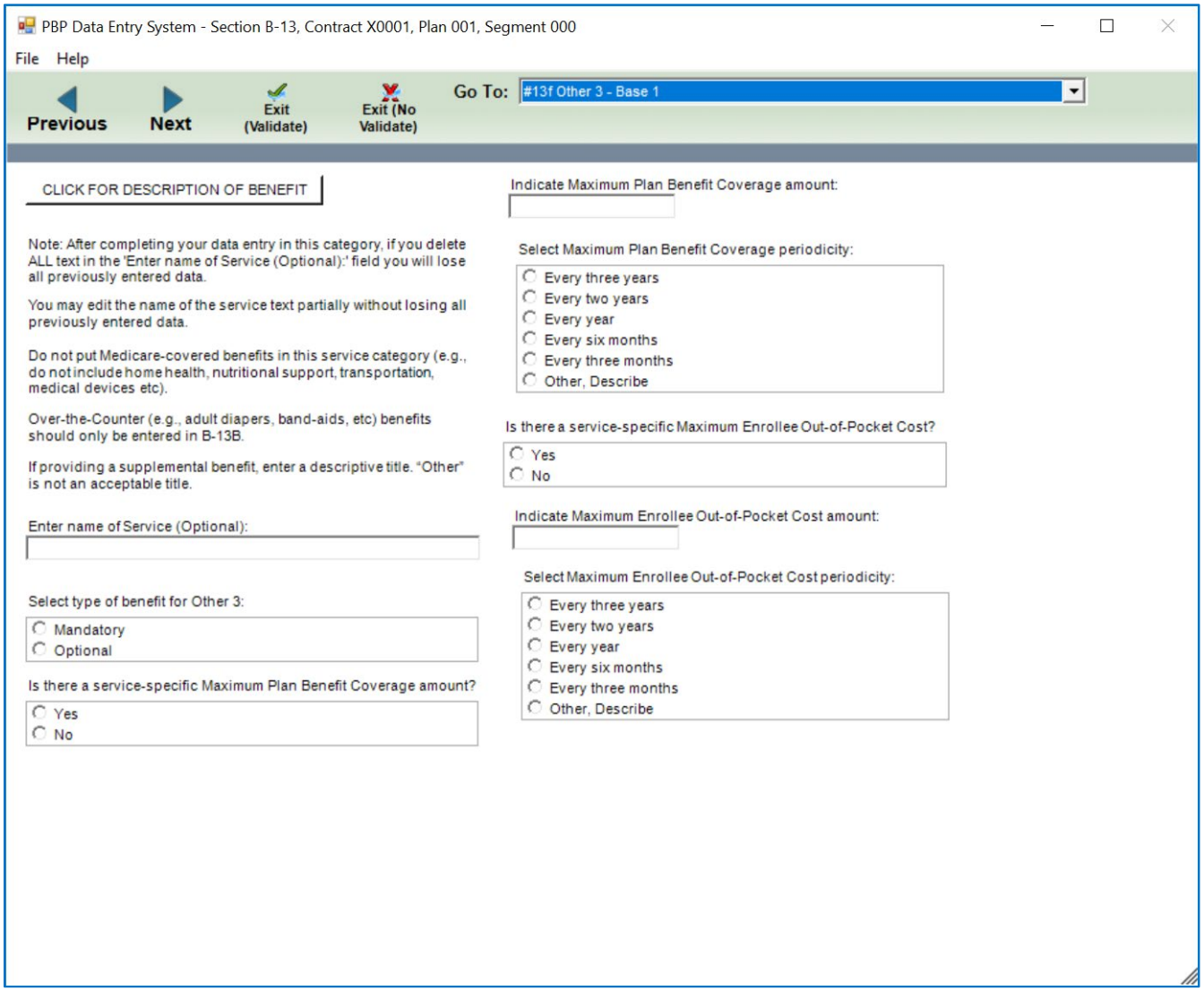


#13f Other 3 – Base 1



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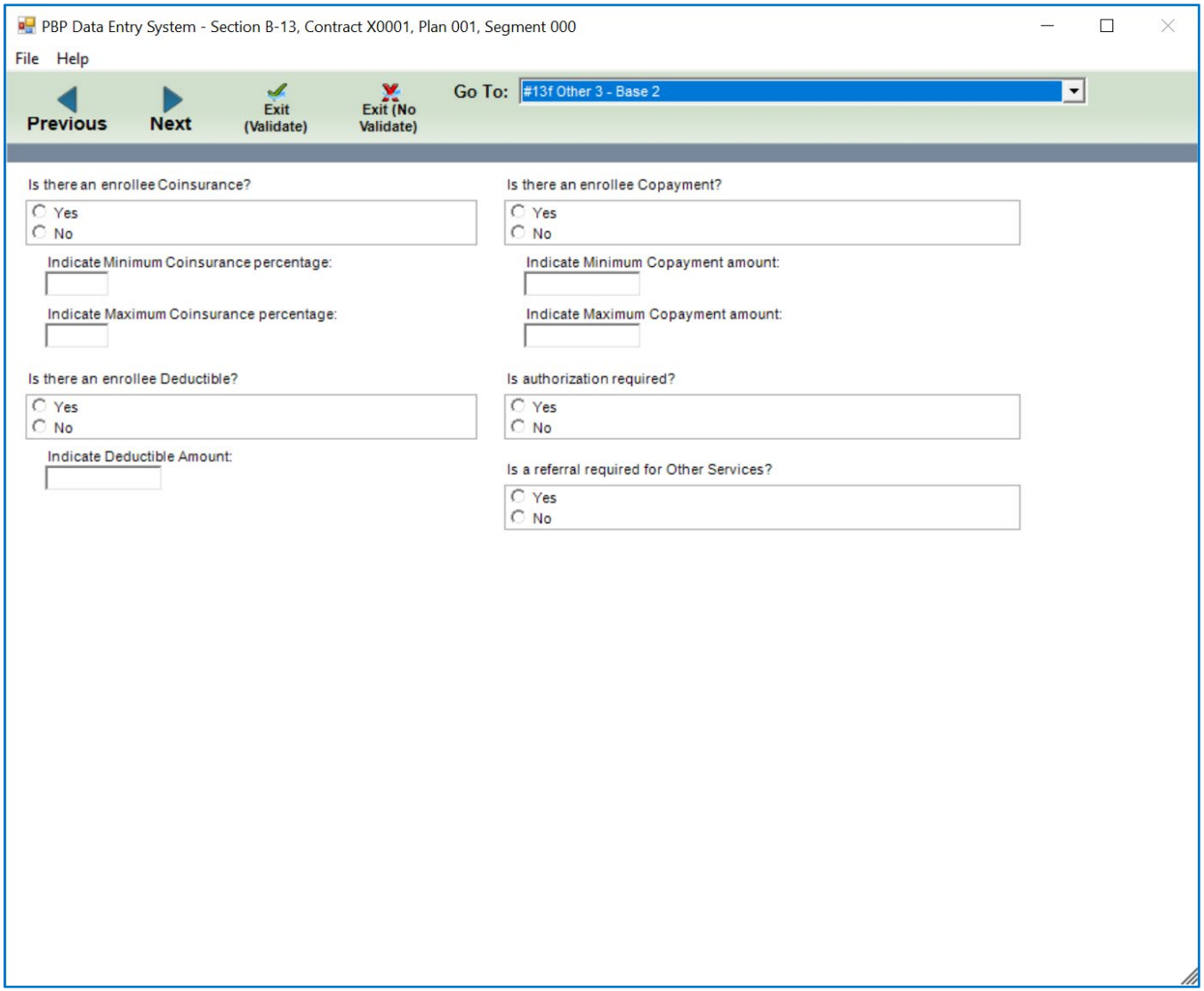

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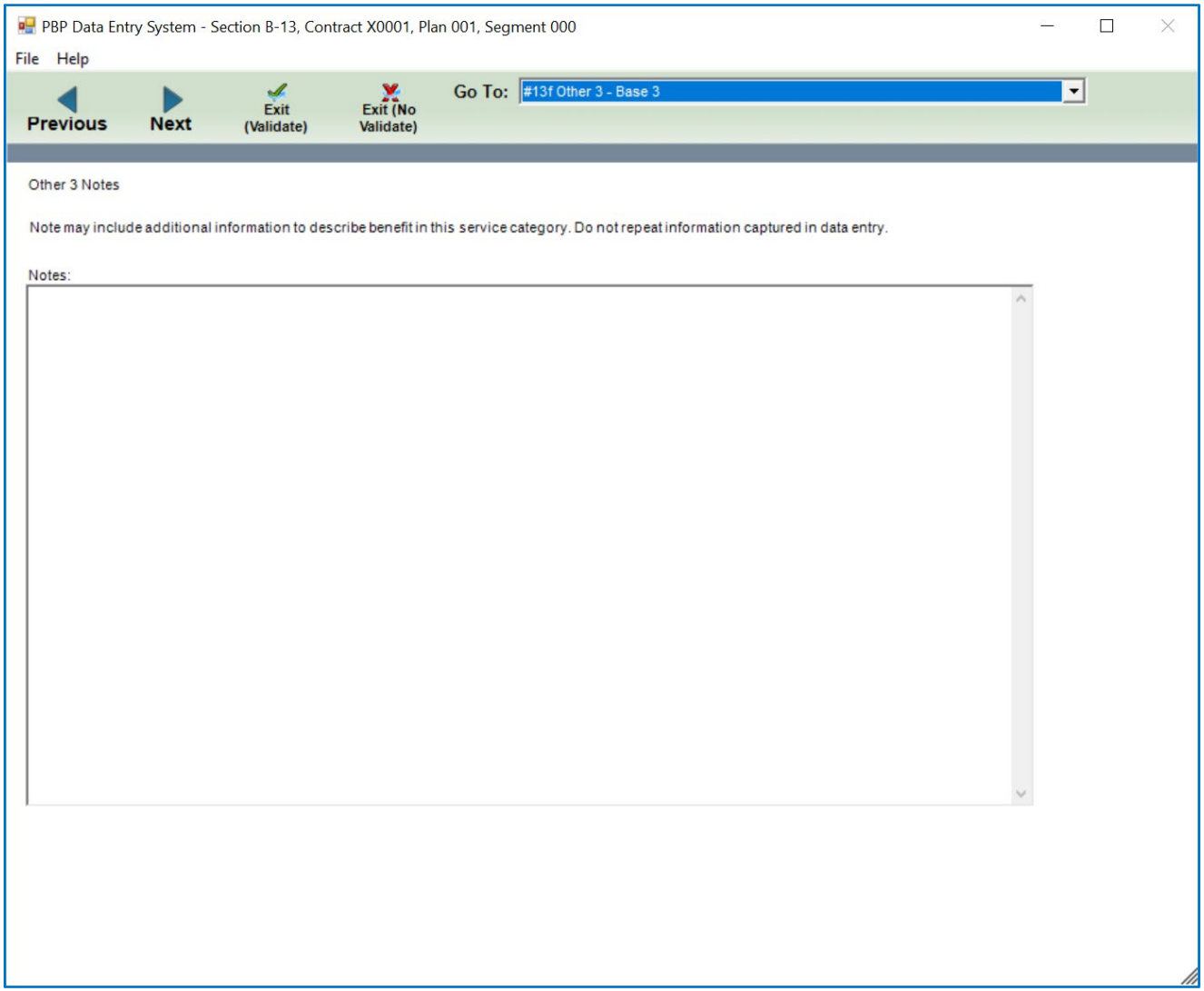
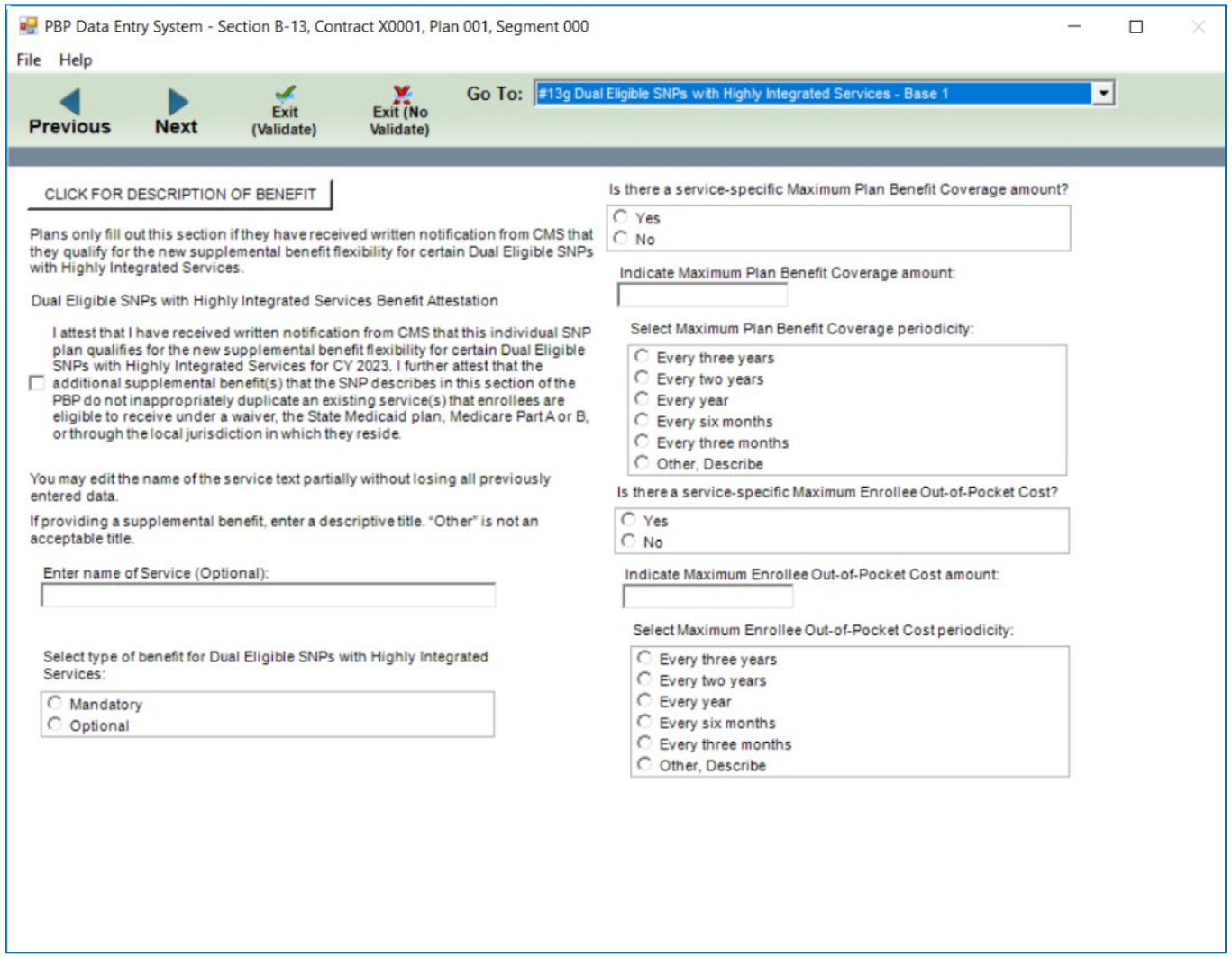
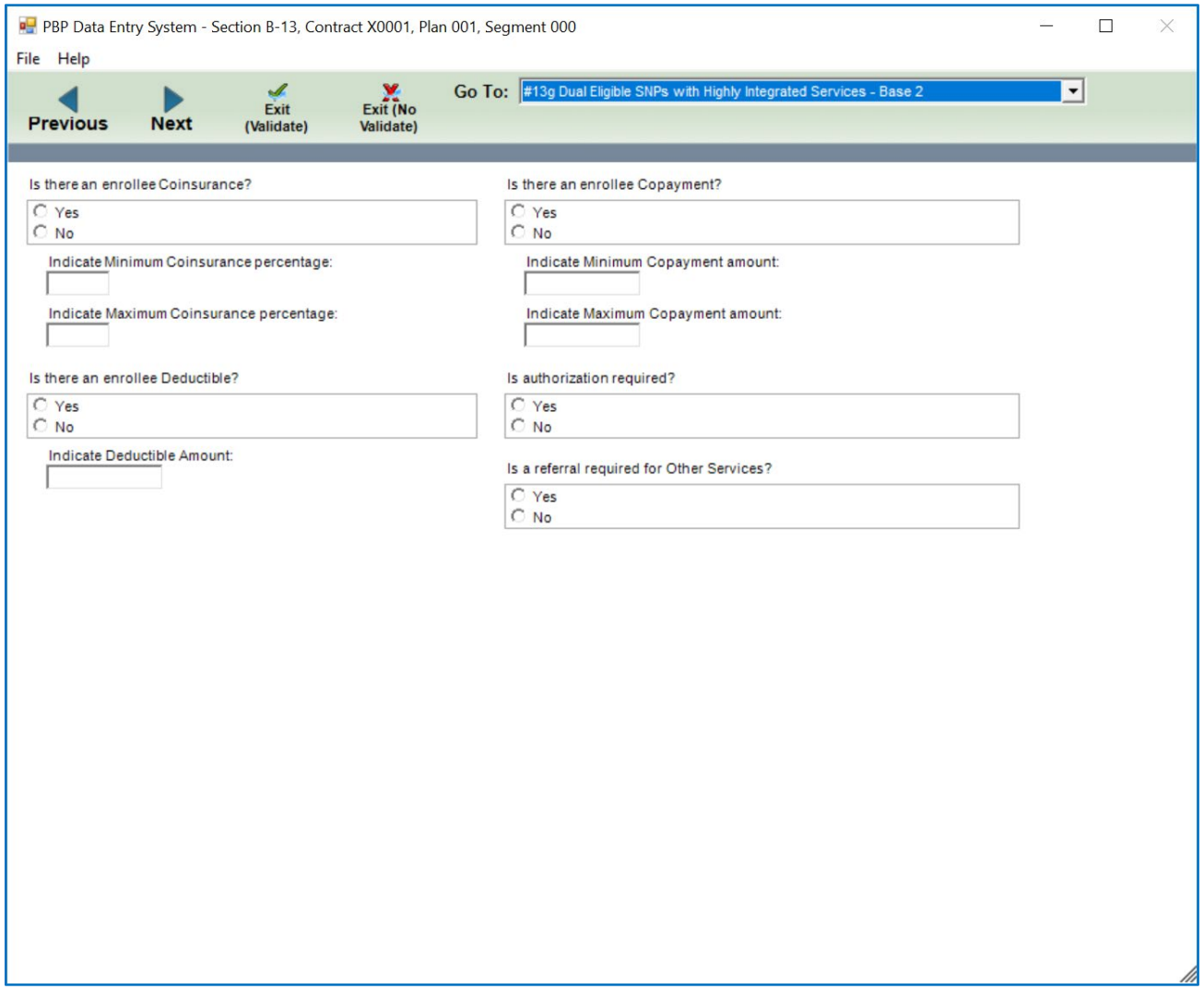


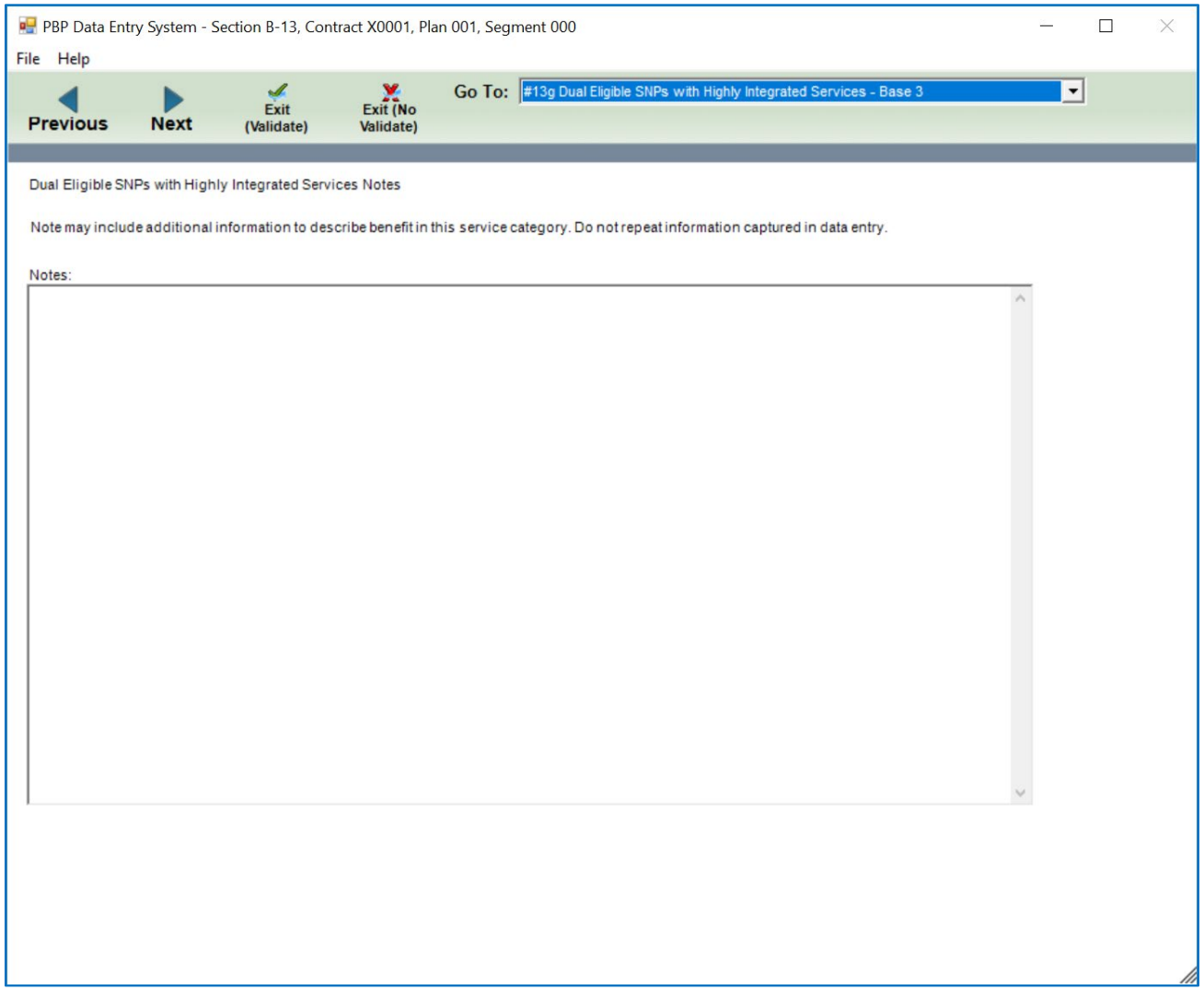
#13g Dual Eligible SNPs with Highly Integrated Services – Base 1



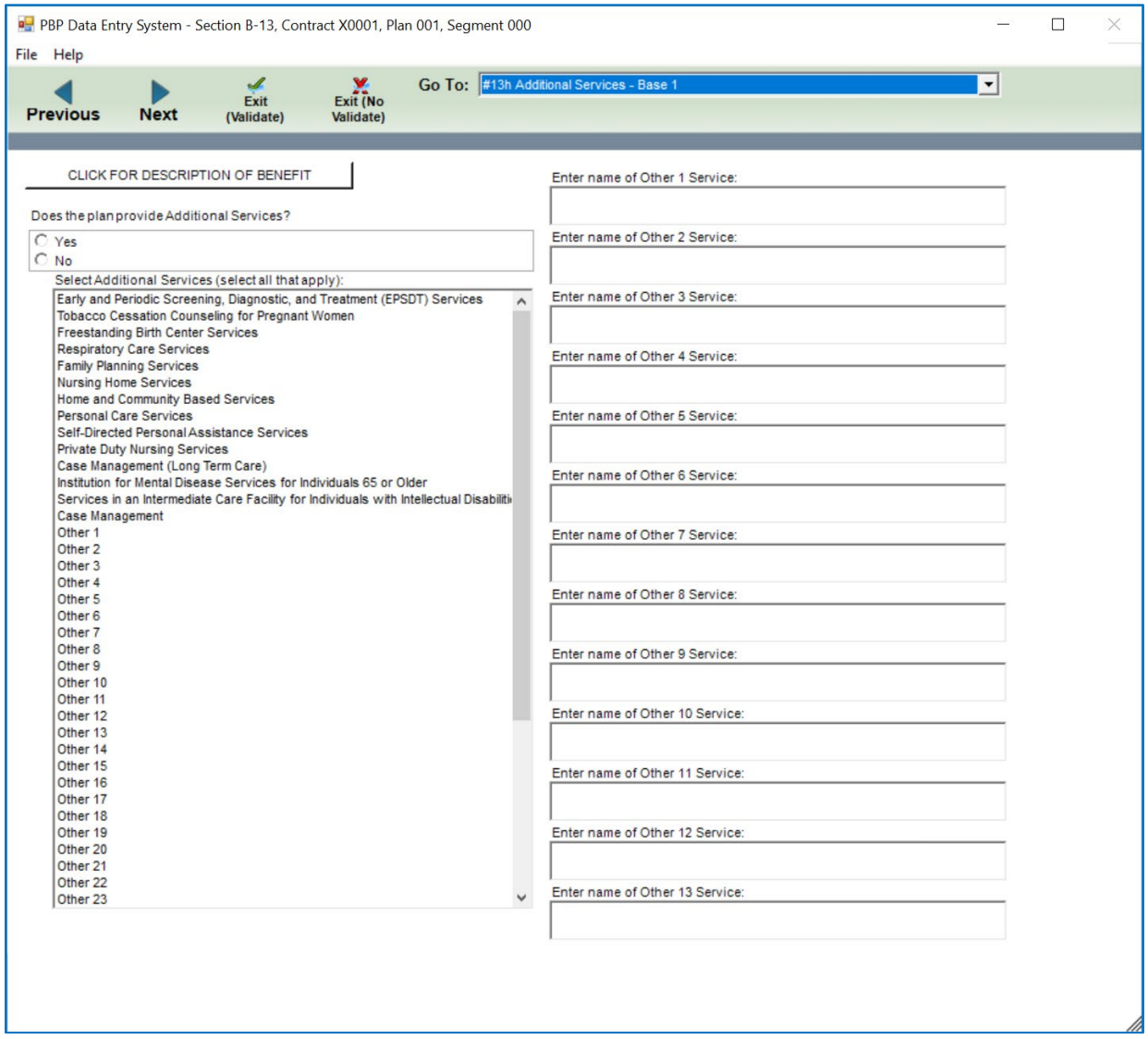
#13g Dual Eligible SNPs with Highly Integrated Services – Base 2



#13g Dual Eligible SNPs with Highly Integrated Services – Base 3



#13h Additional Services – Base 1



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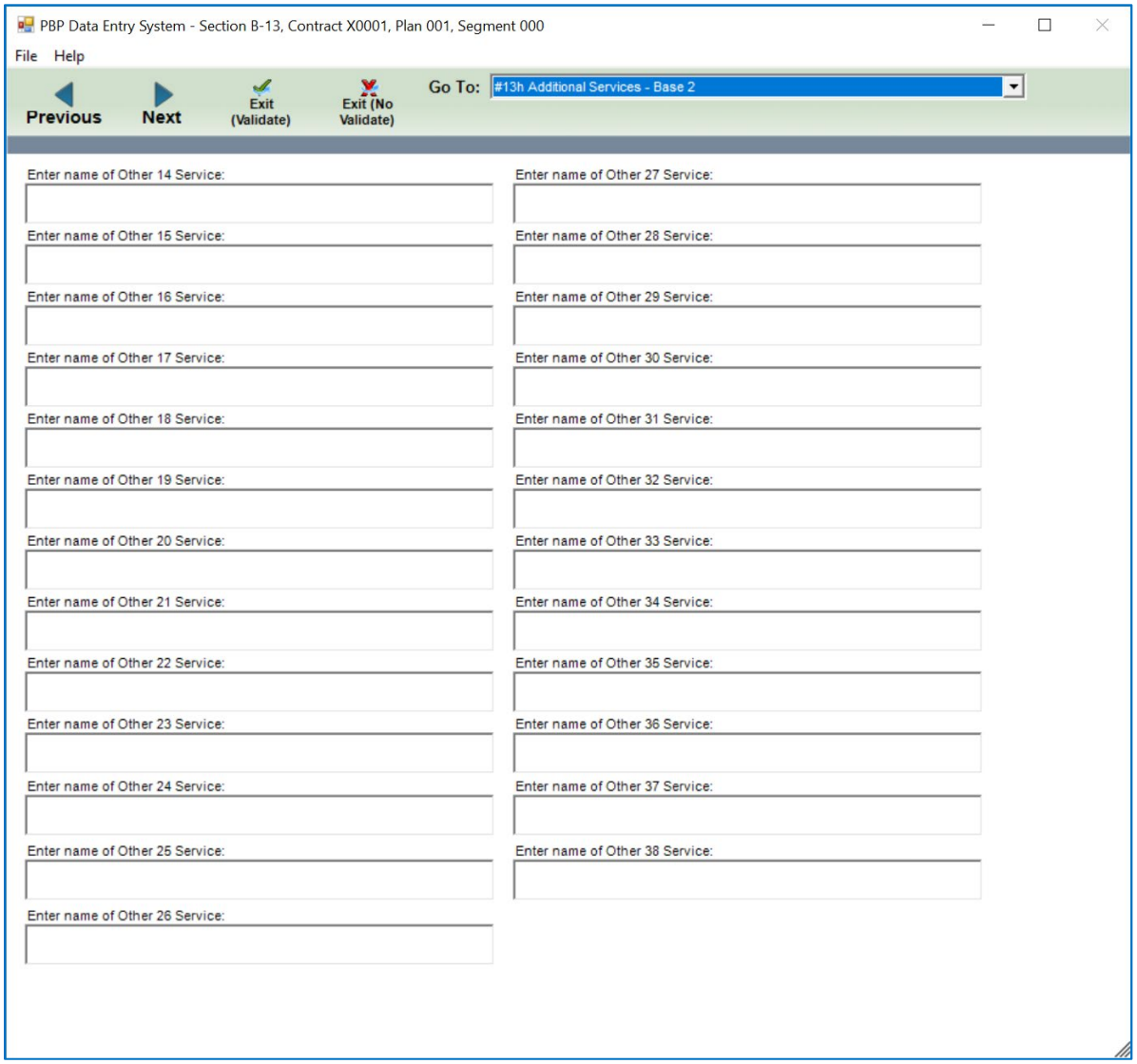
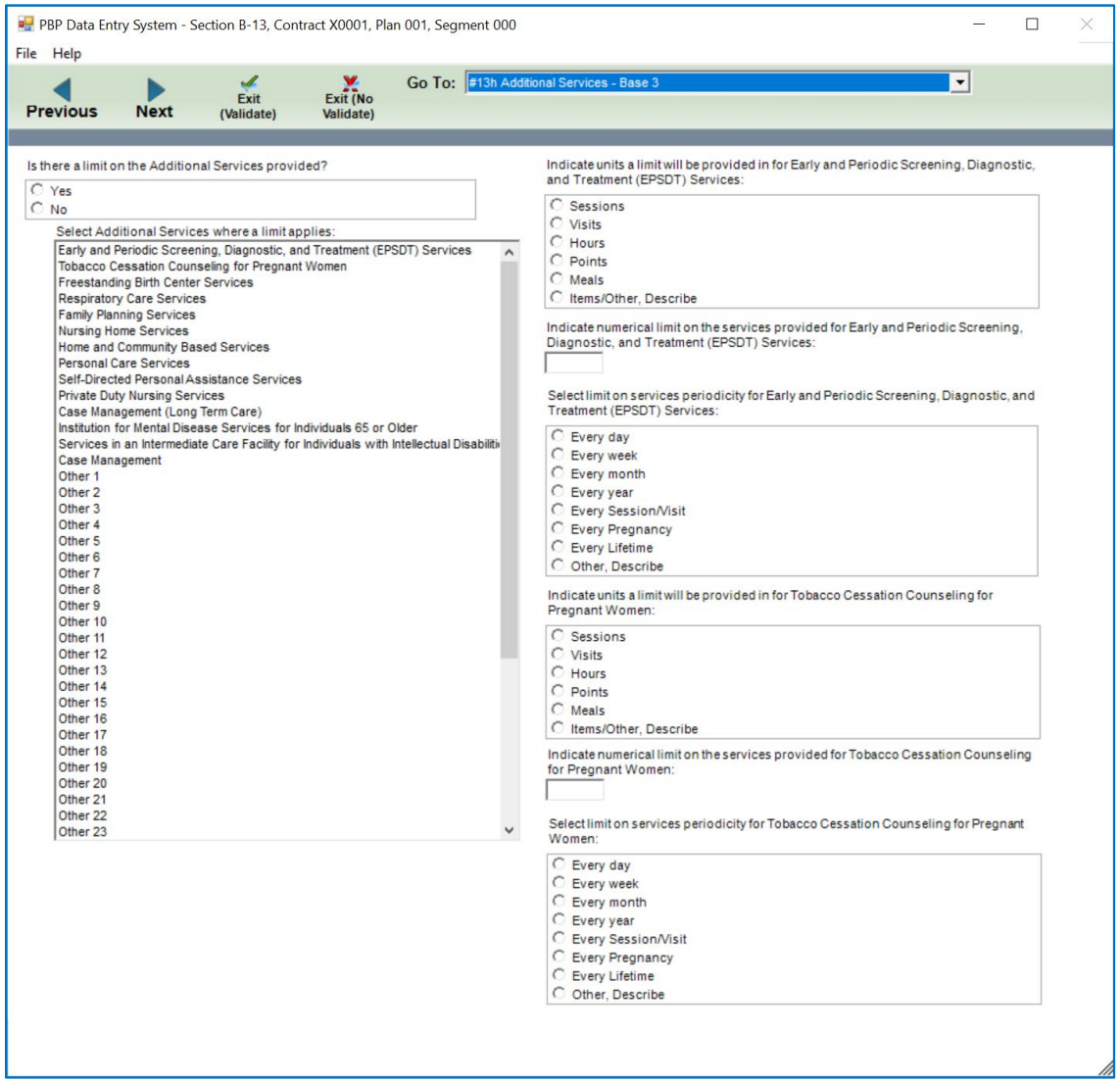
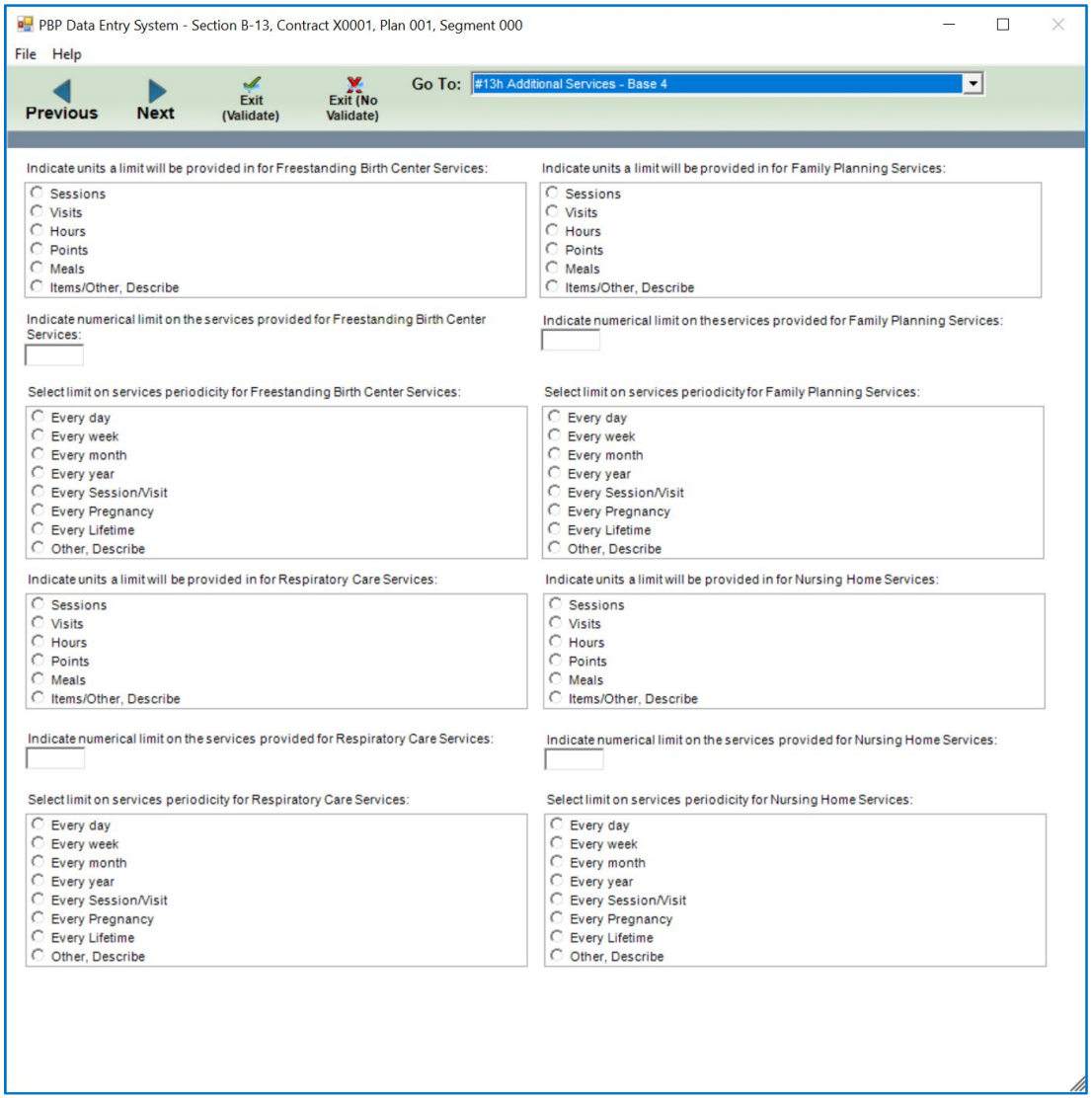


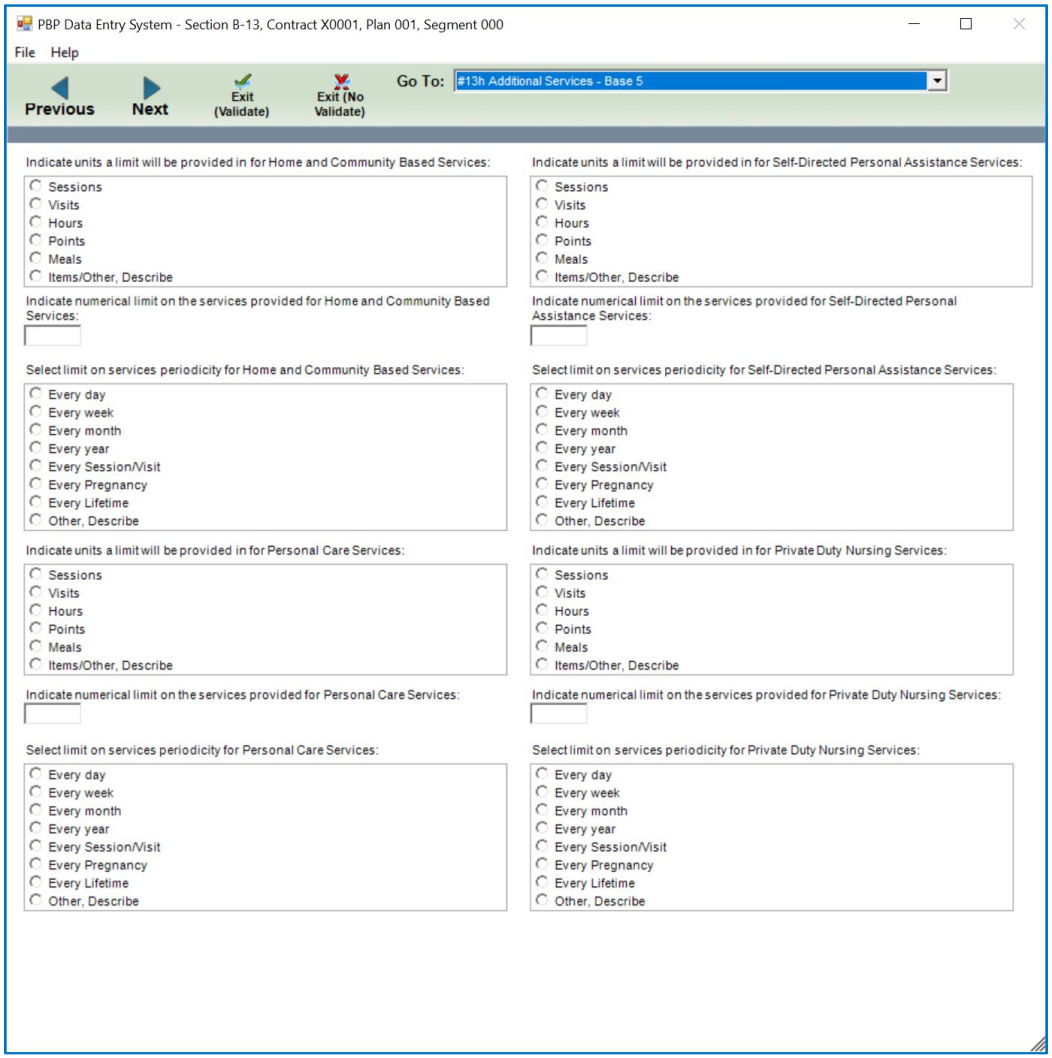
#13h Additional Services – Base 3



#13h Additional Services – Base 4



#13h Additional Services – Base 5



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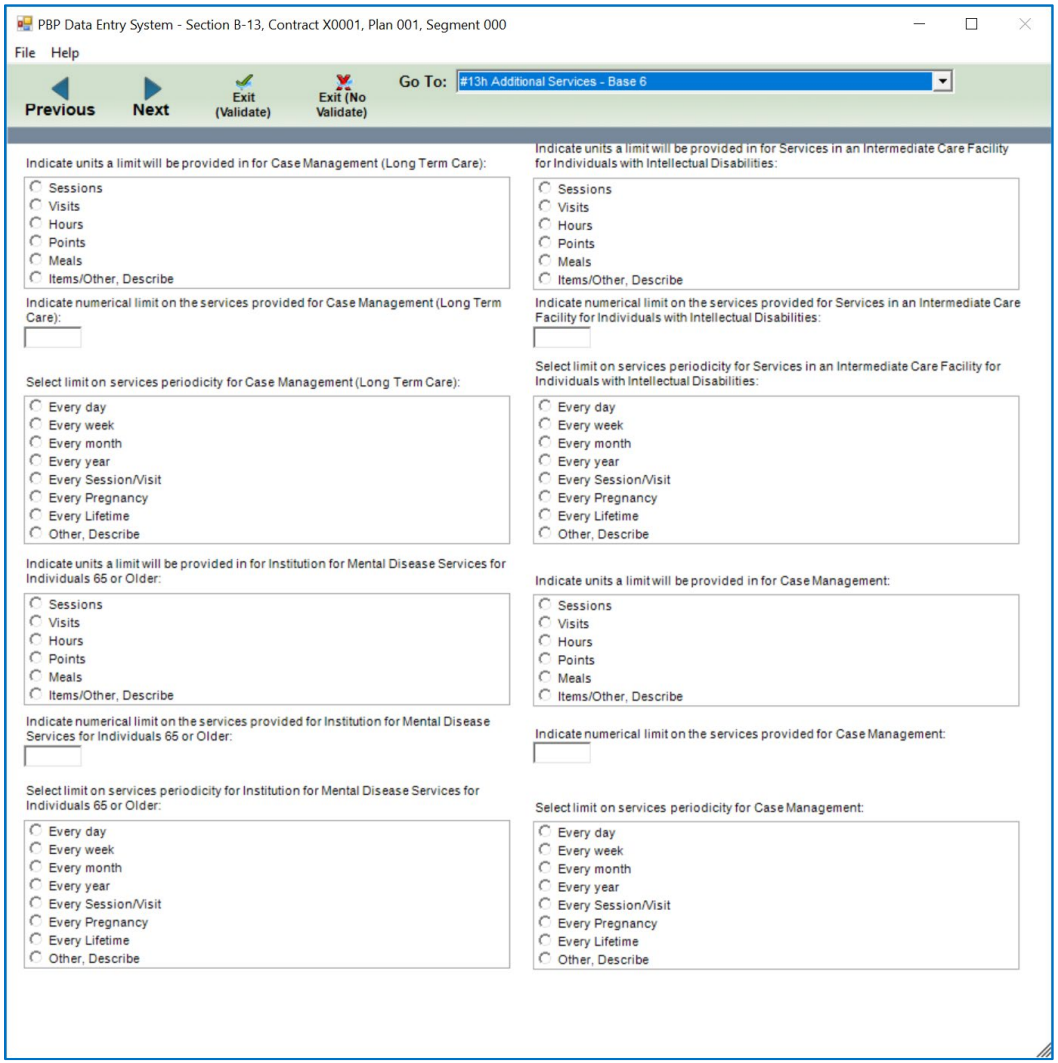
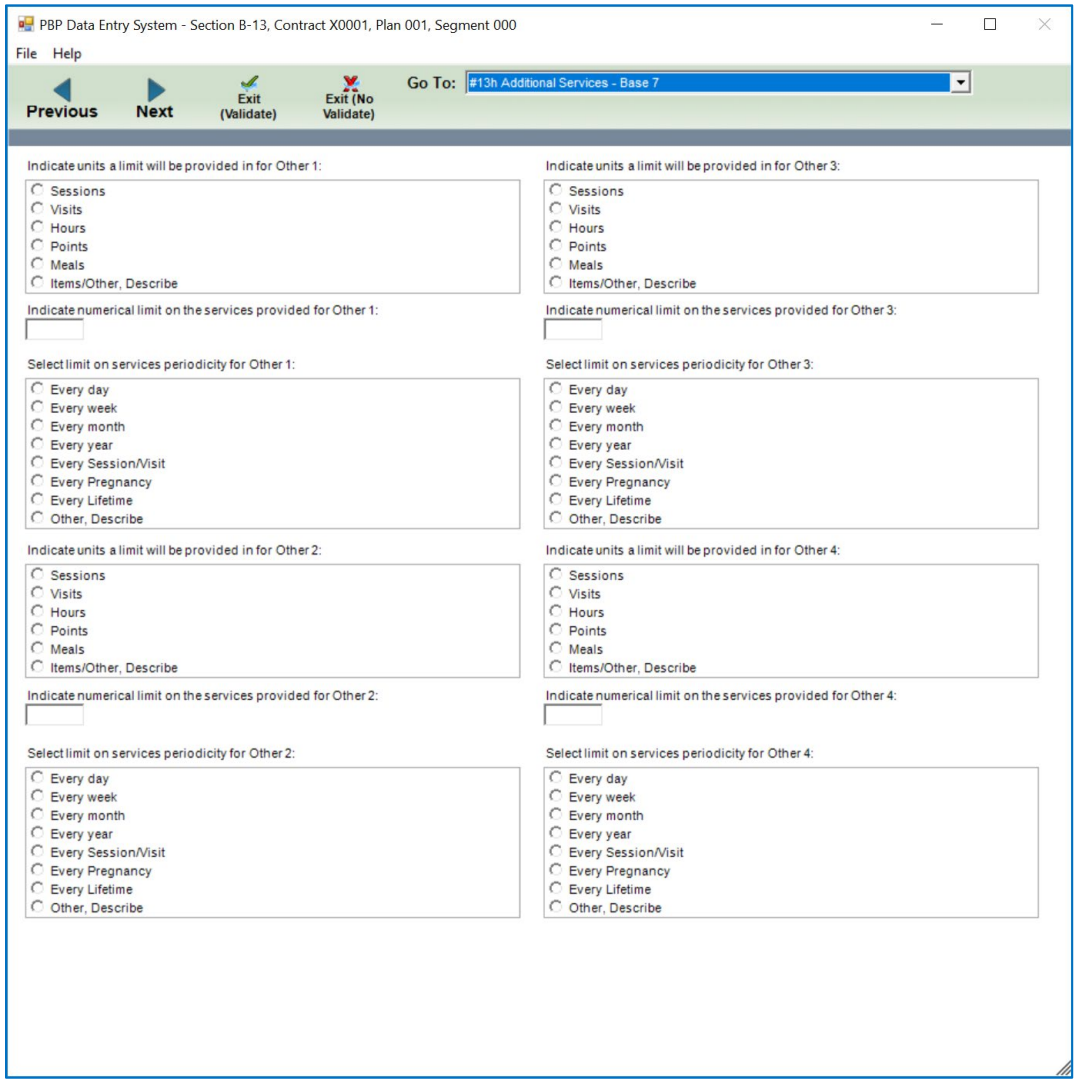
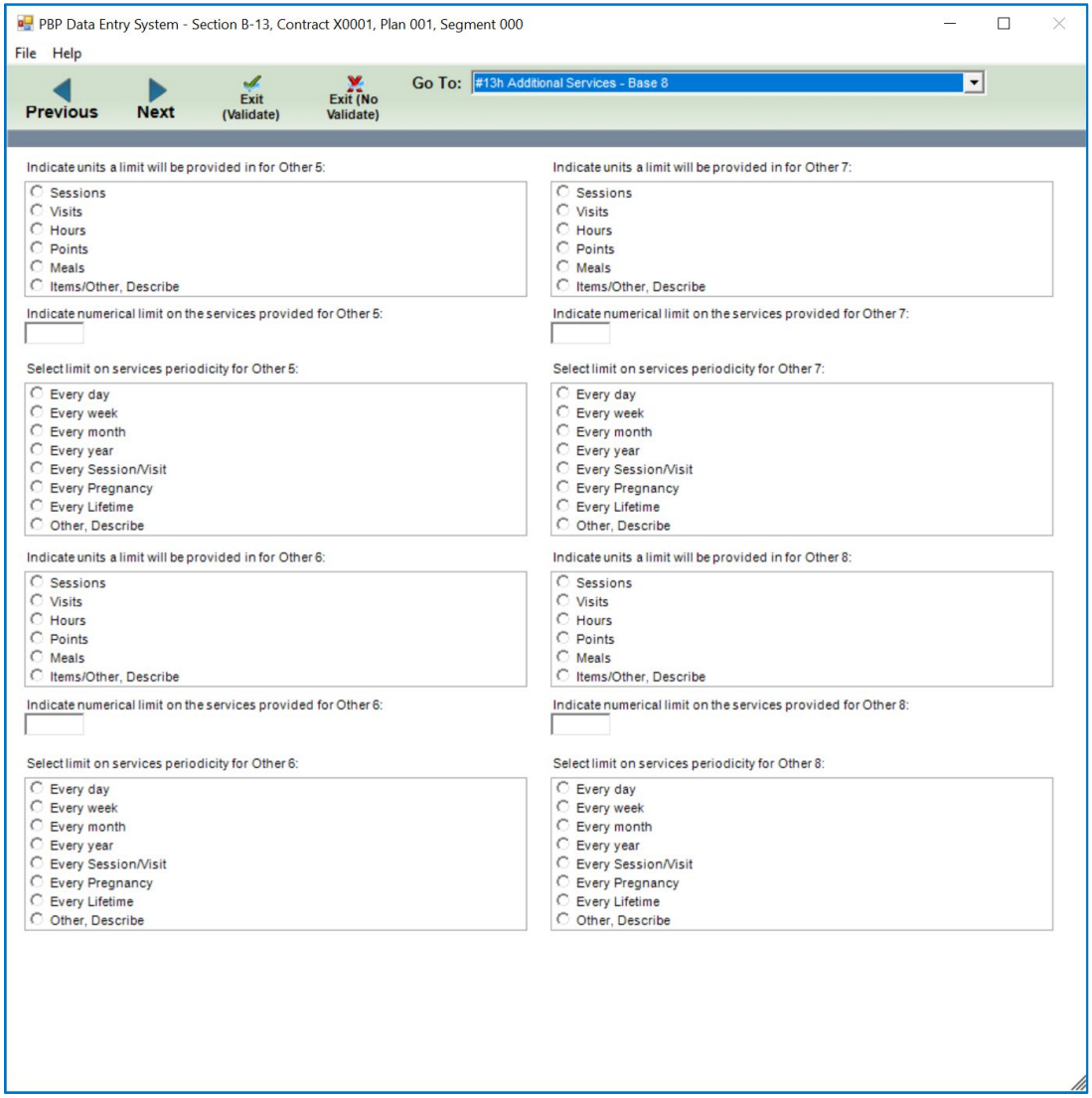


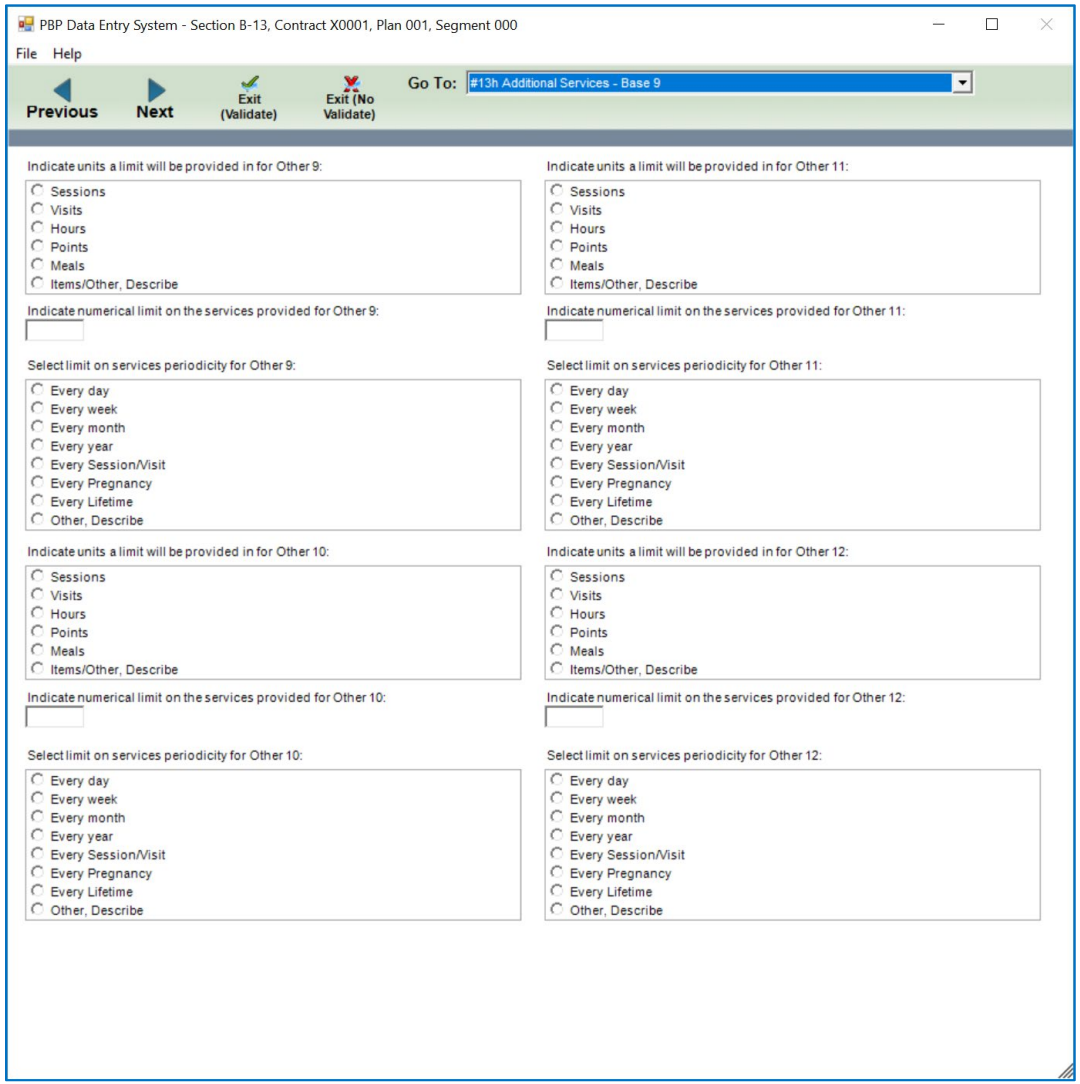
#13h Additional Services – Base 7



#13h Additional Services – Base 8



#13h Additional Services – Base 9



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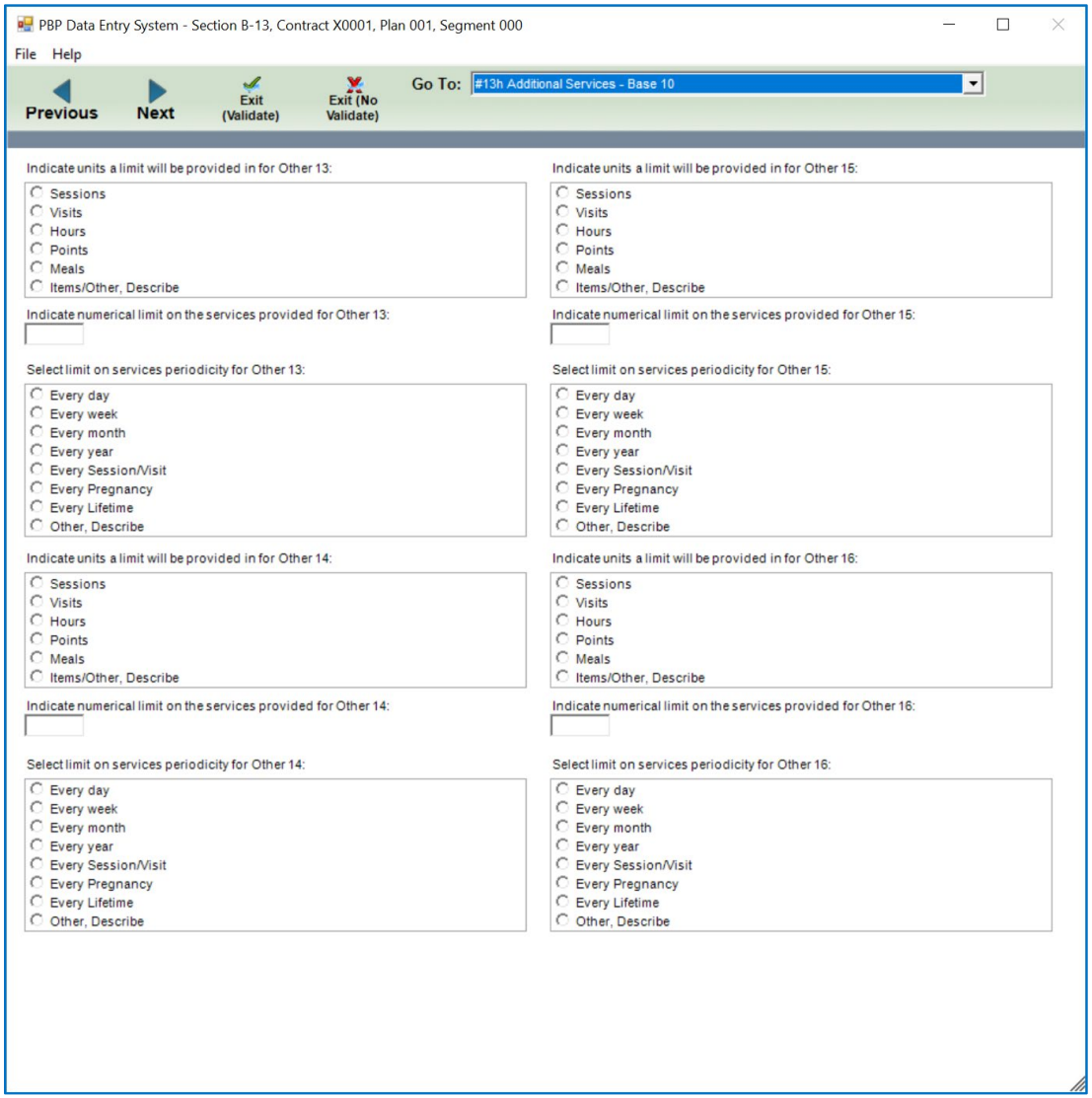
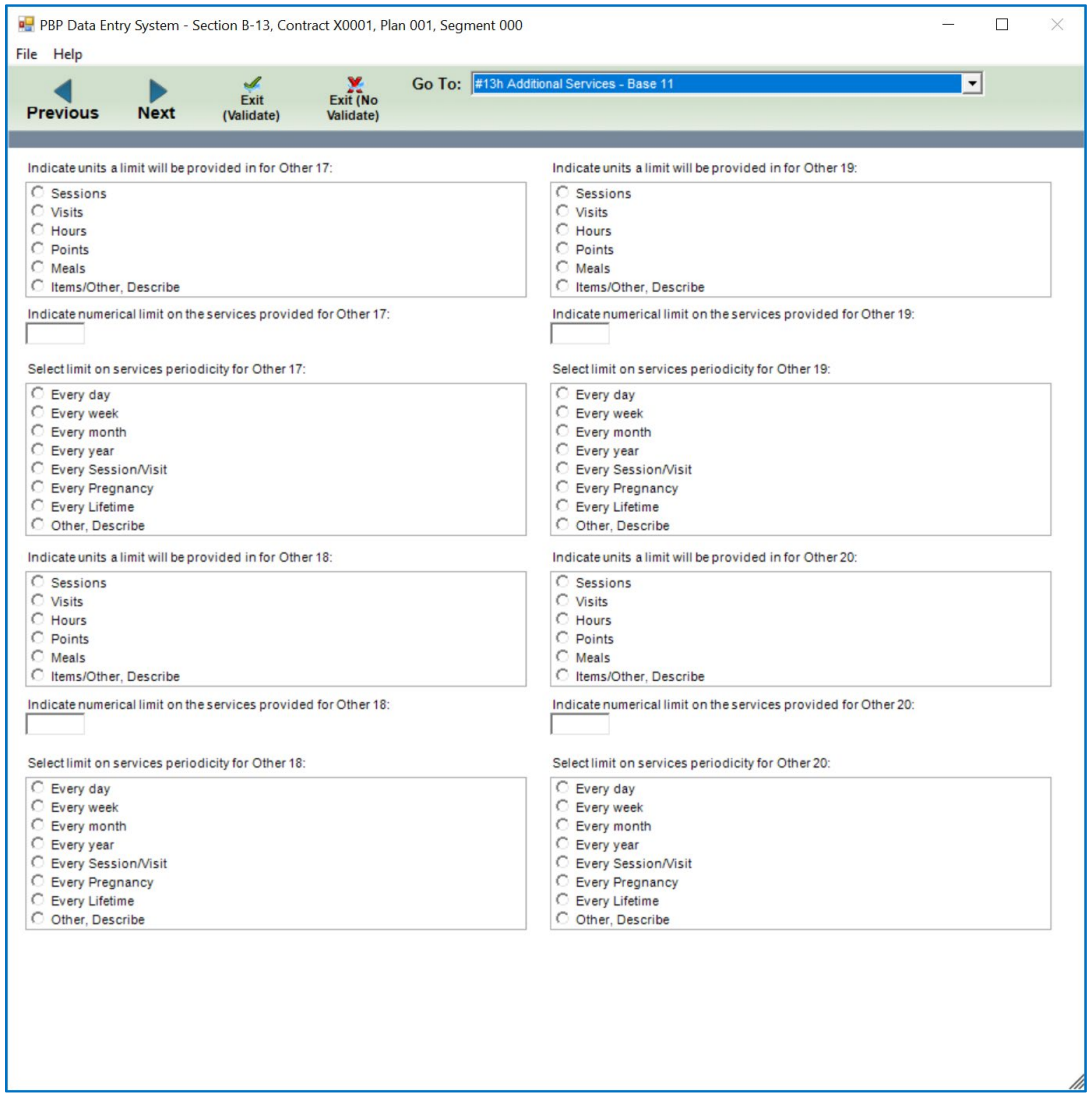
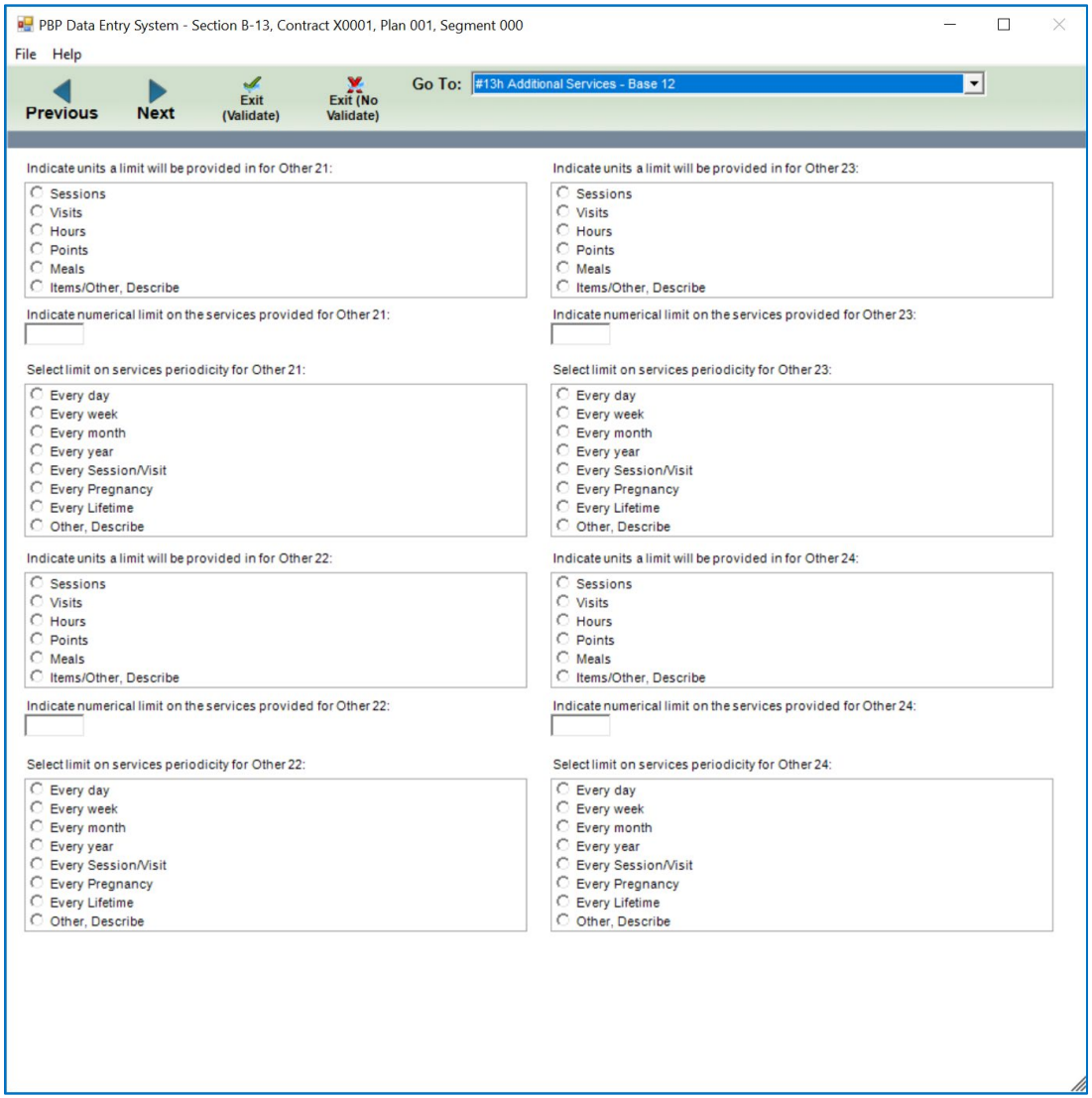


#13h Additional Services – Base 11



#13h Additional Services – Base 12



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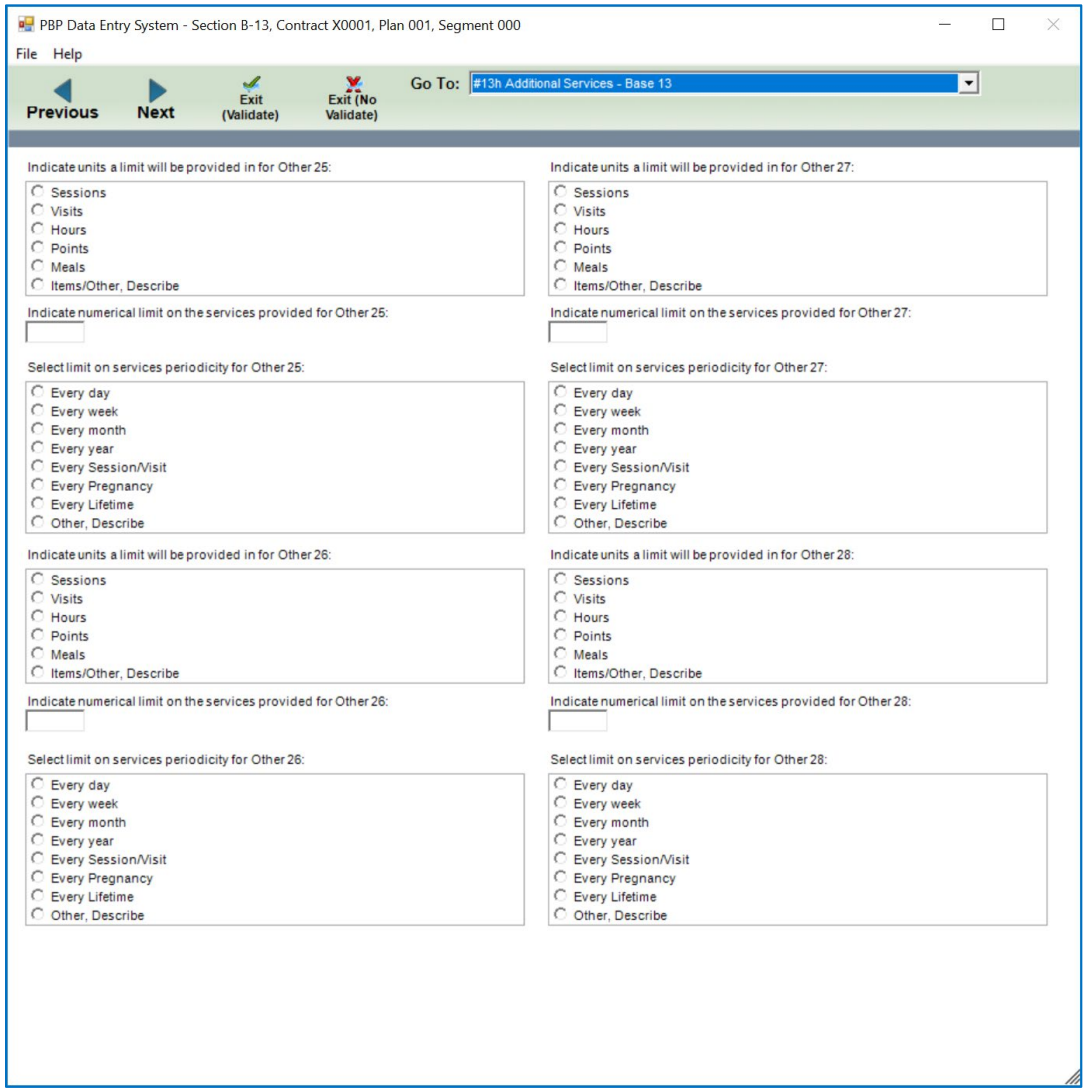
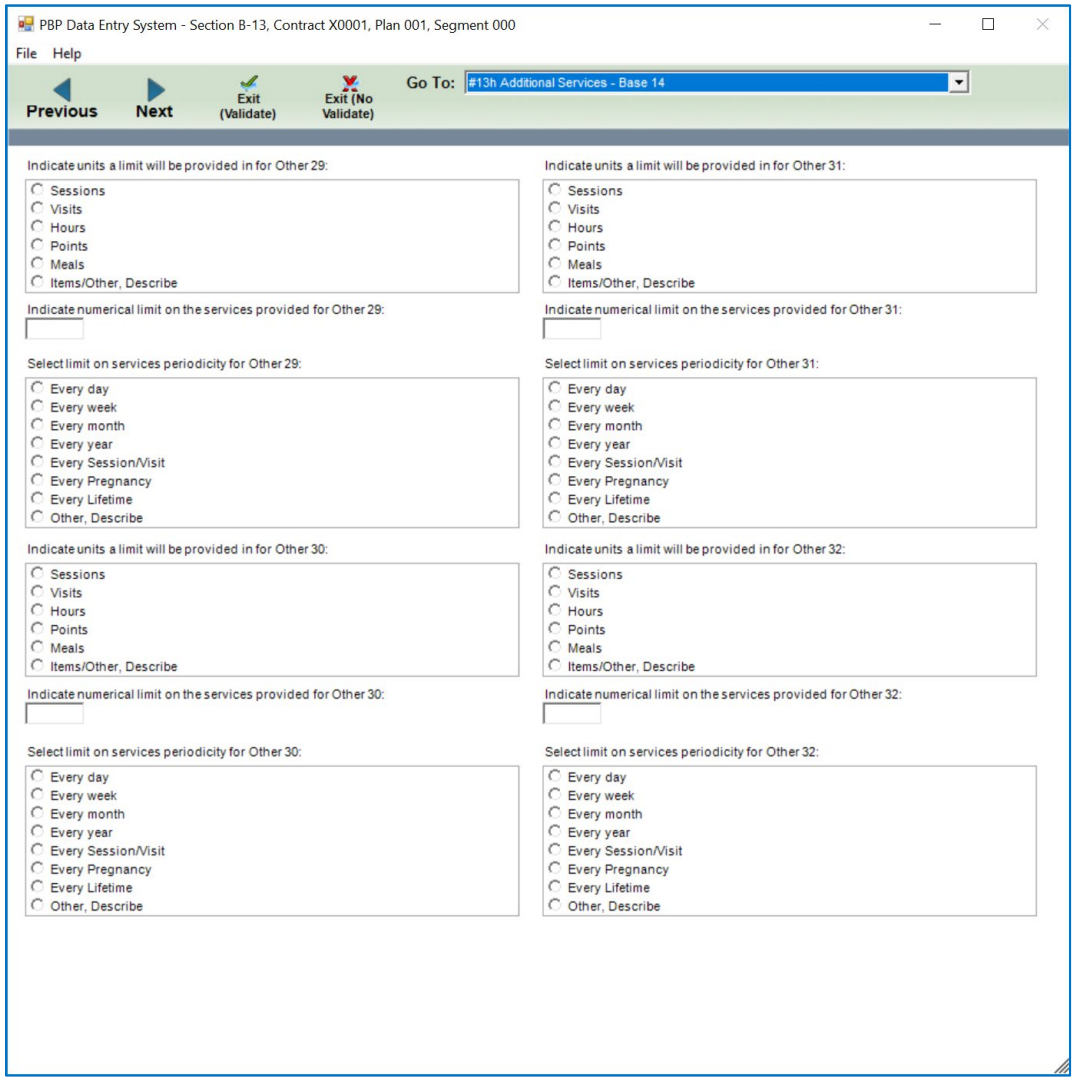


#13h Additional Services – Base 14



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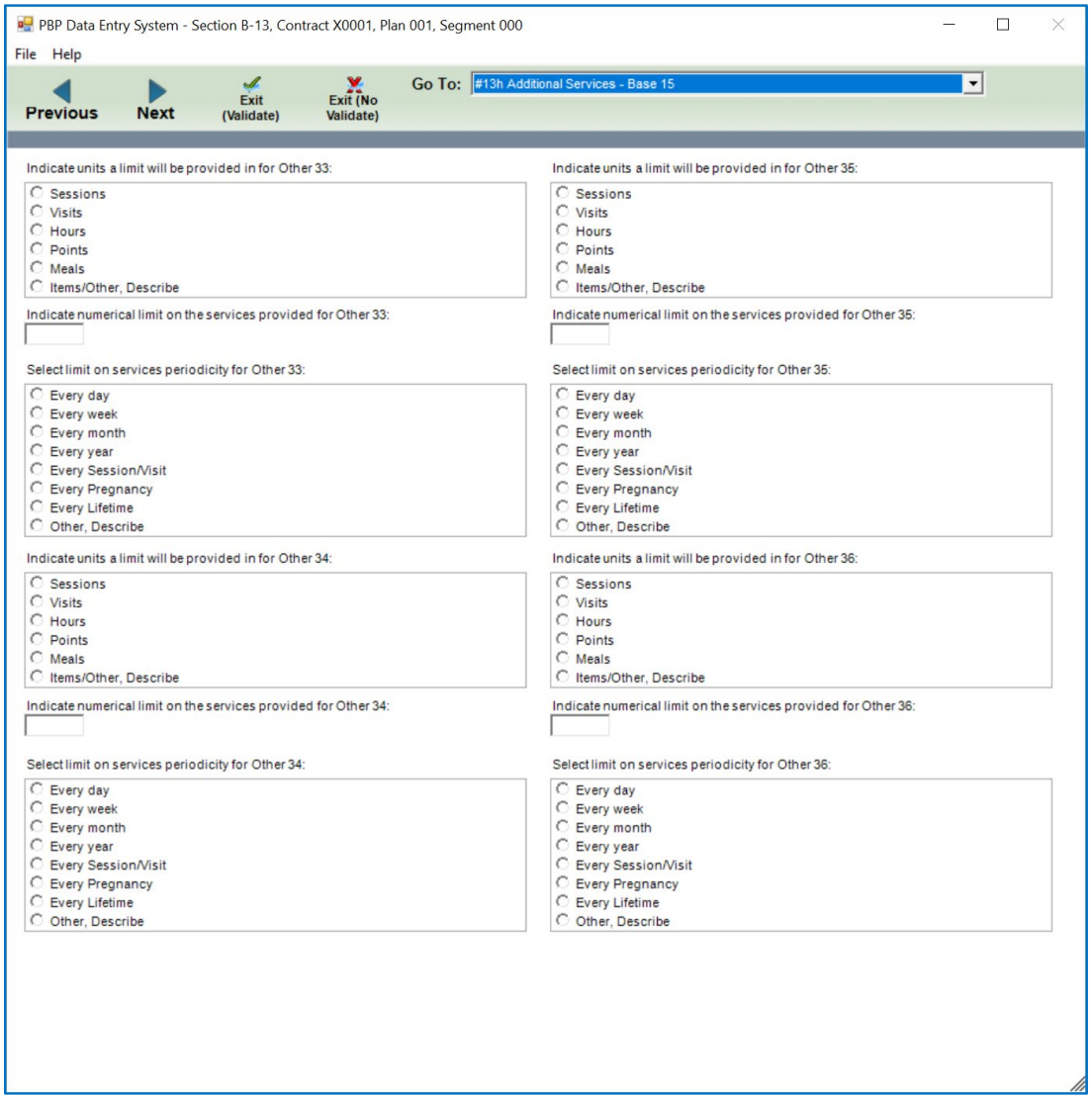

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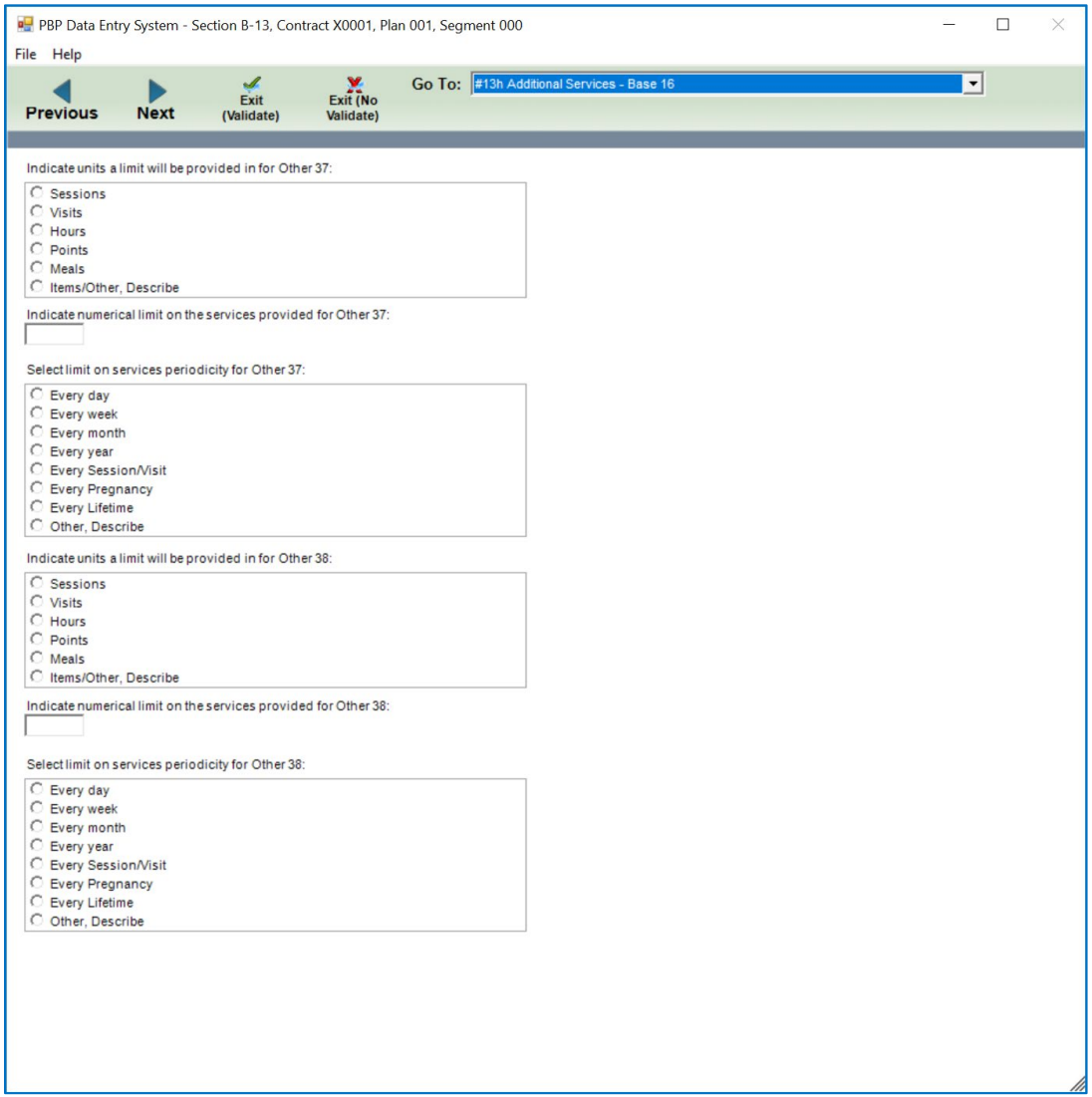

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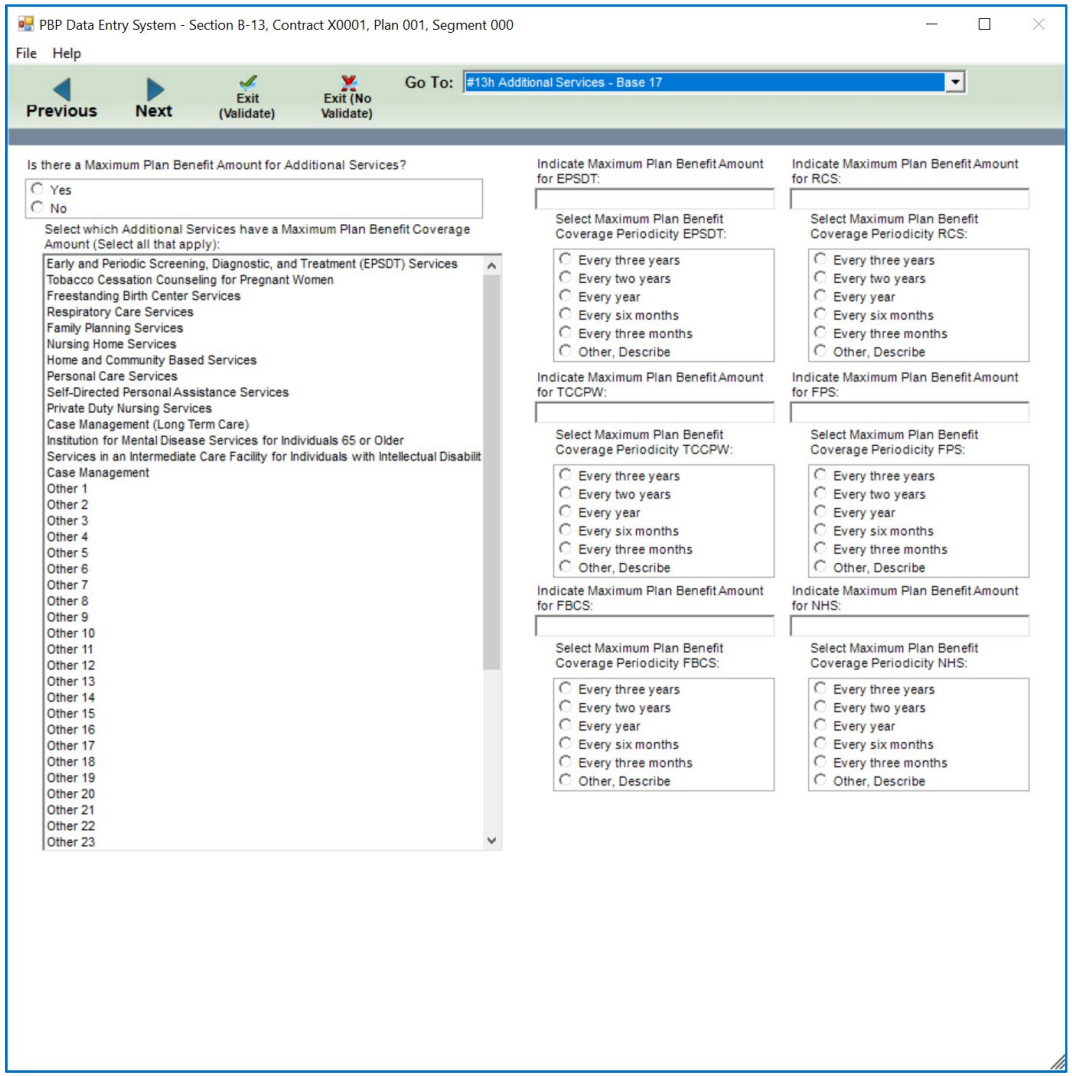
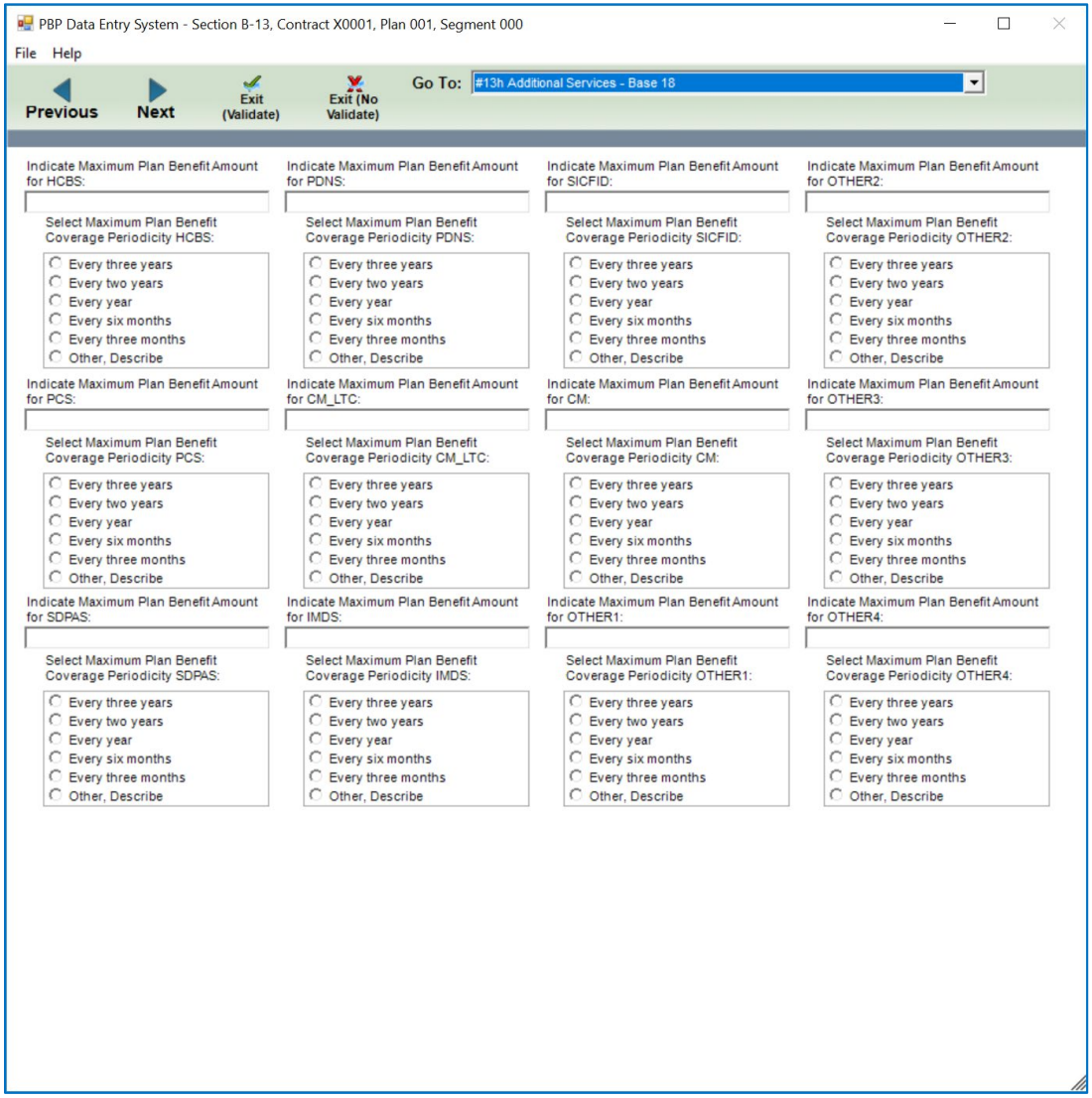


#13h Additional Services – Base 18



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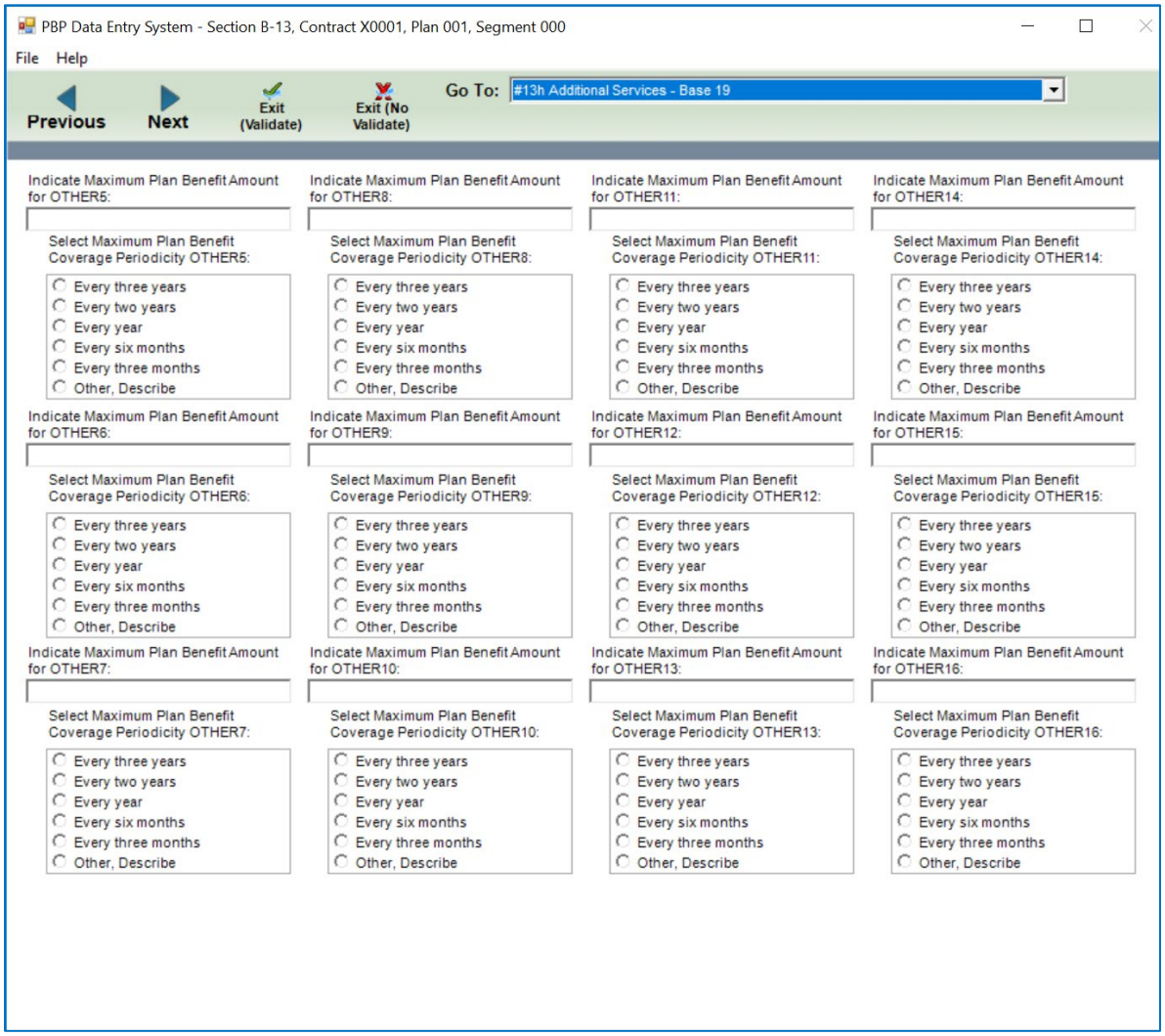
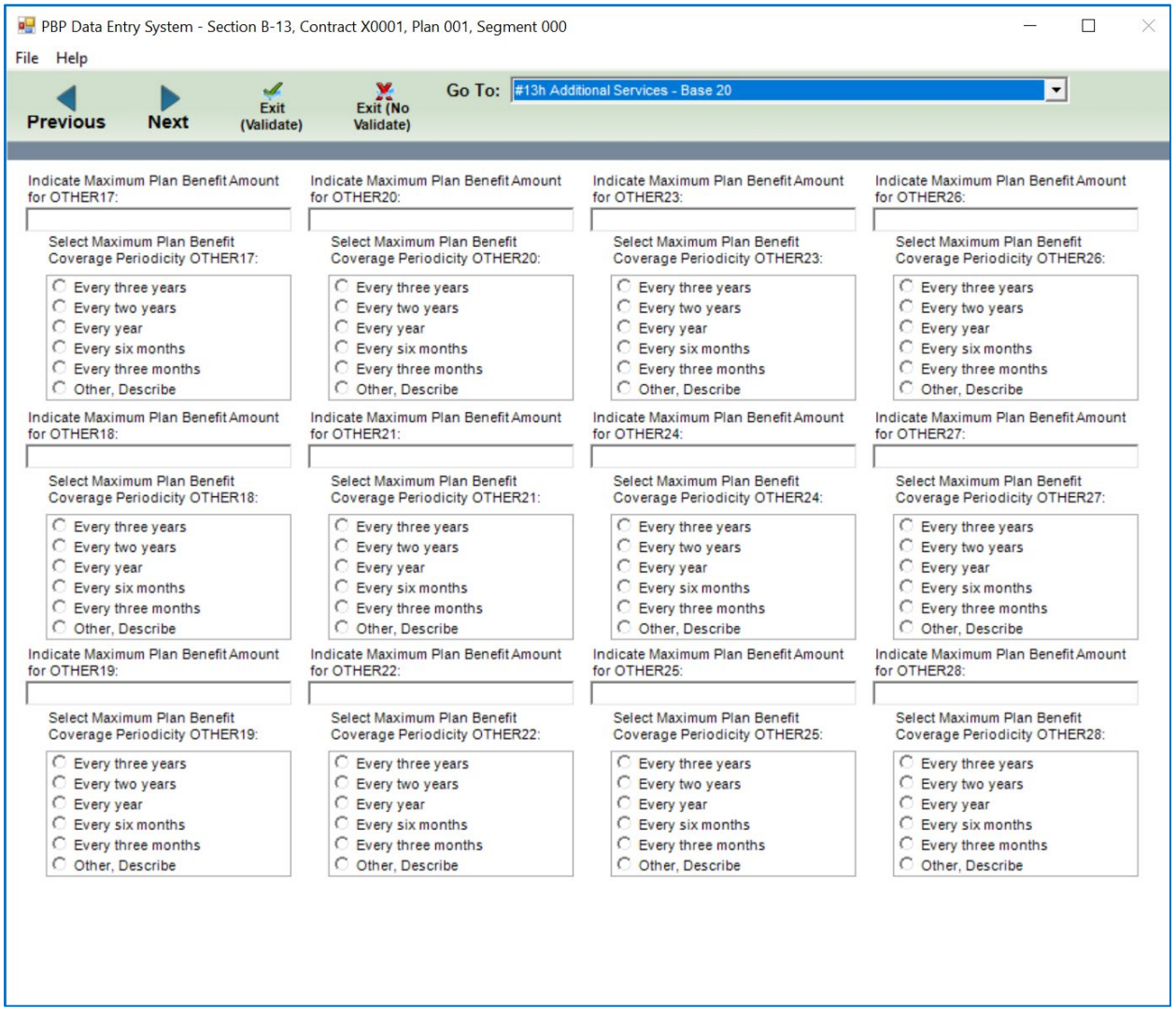
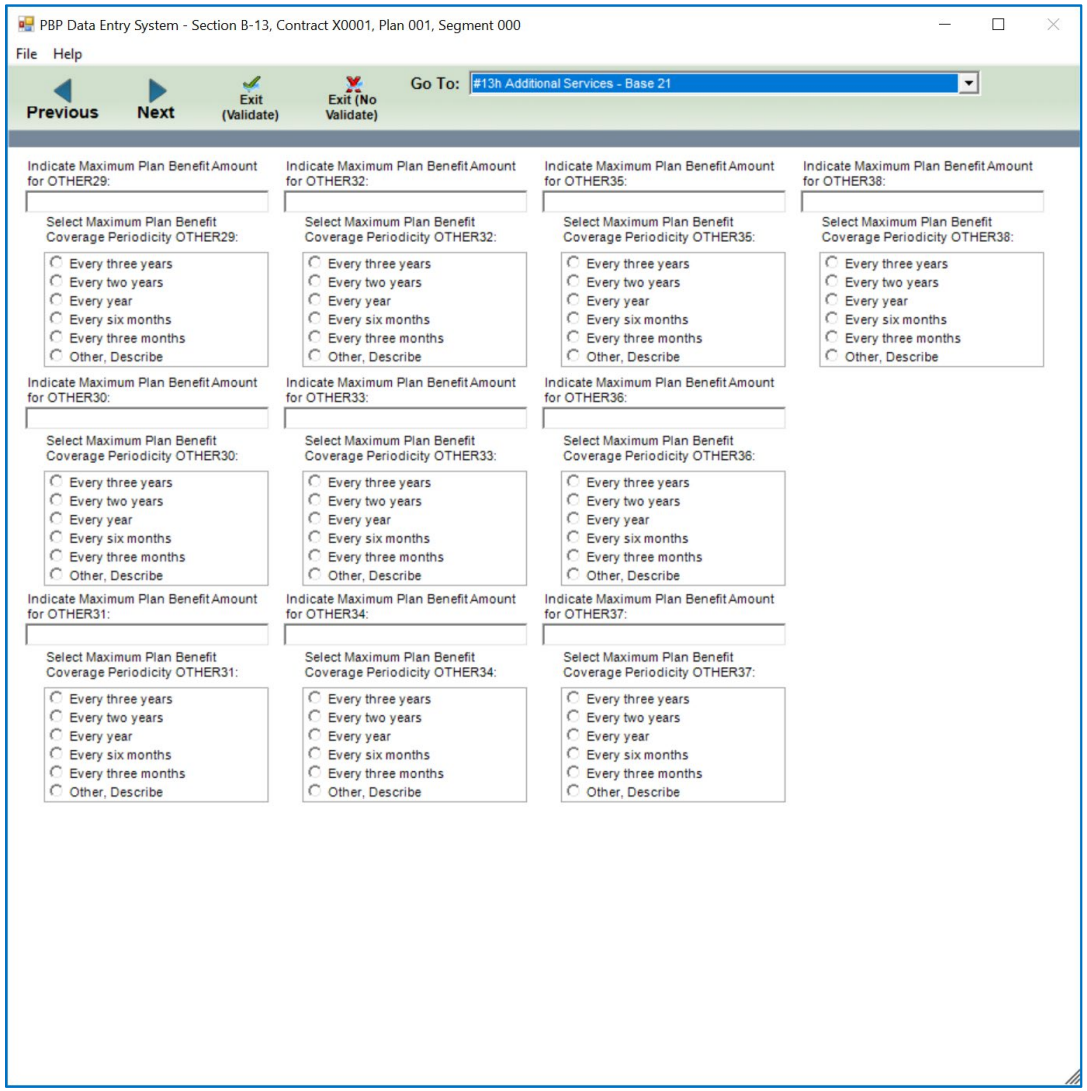


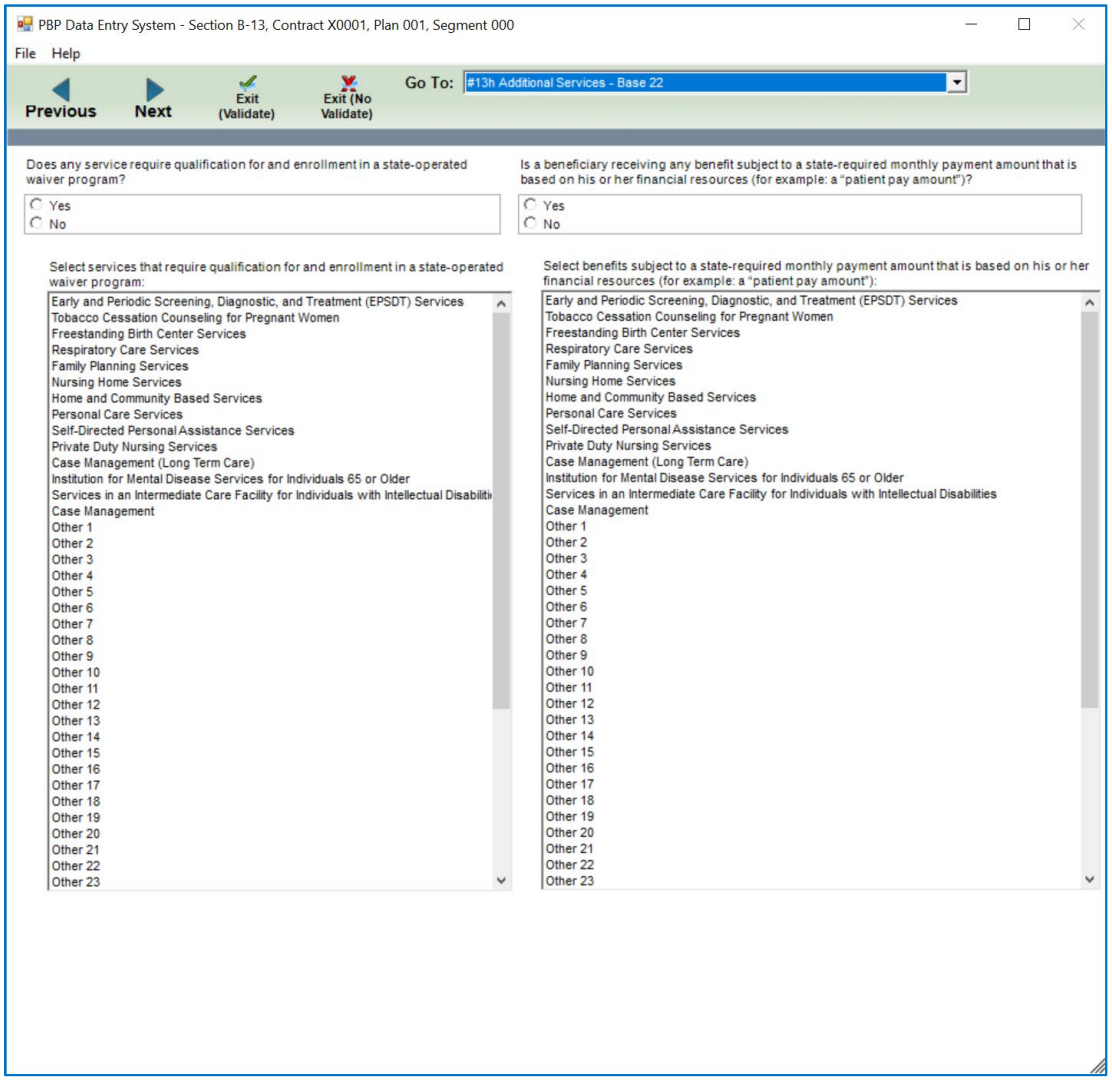
#13h Additional Services – Base 20



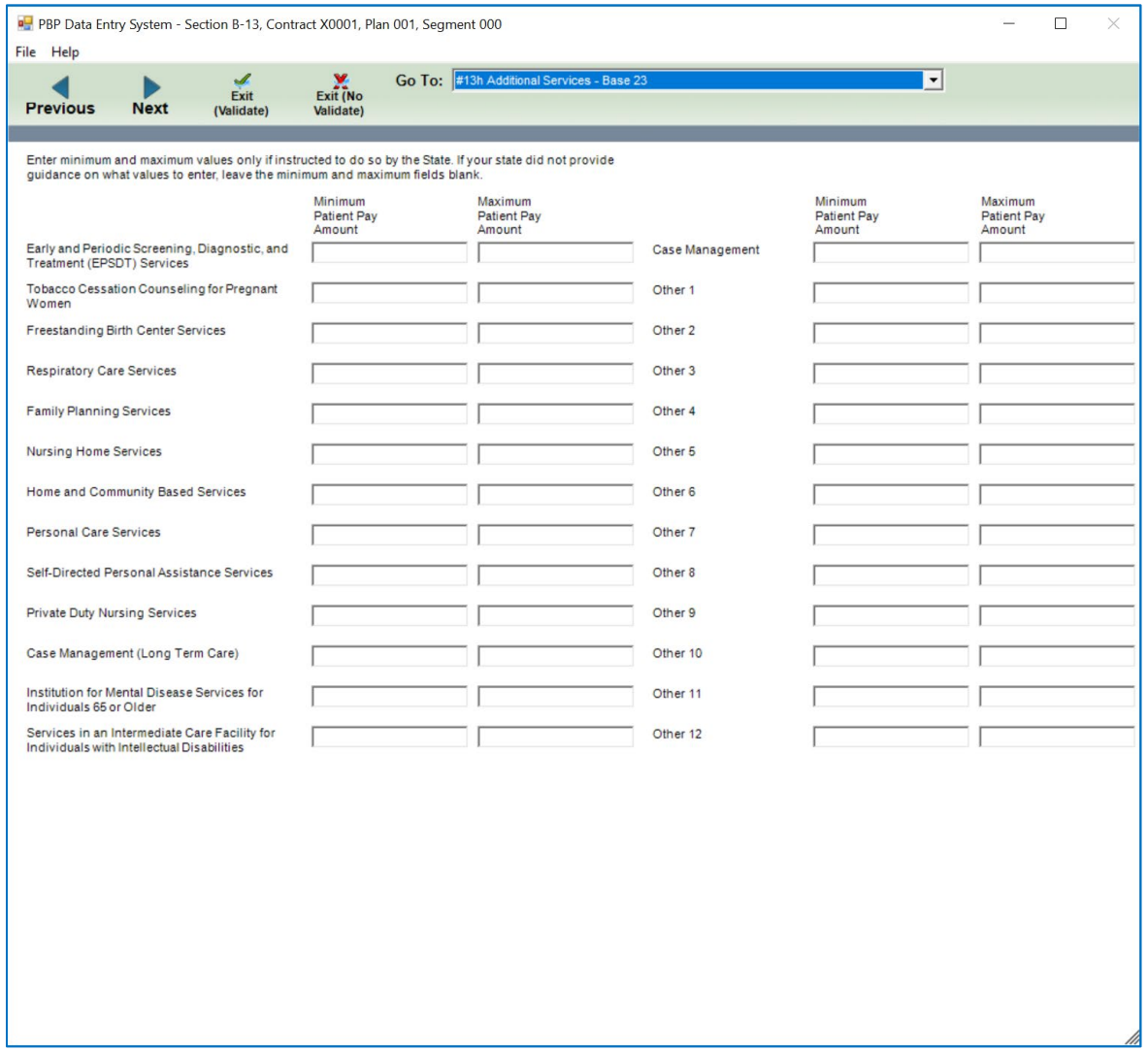
#13h Additional Services – Base 21



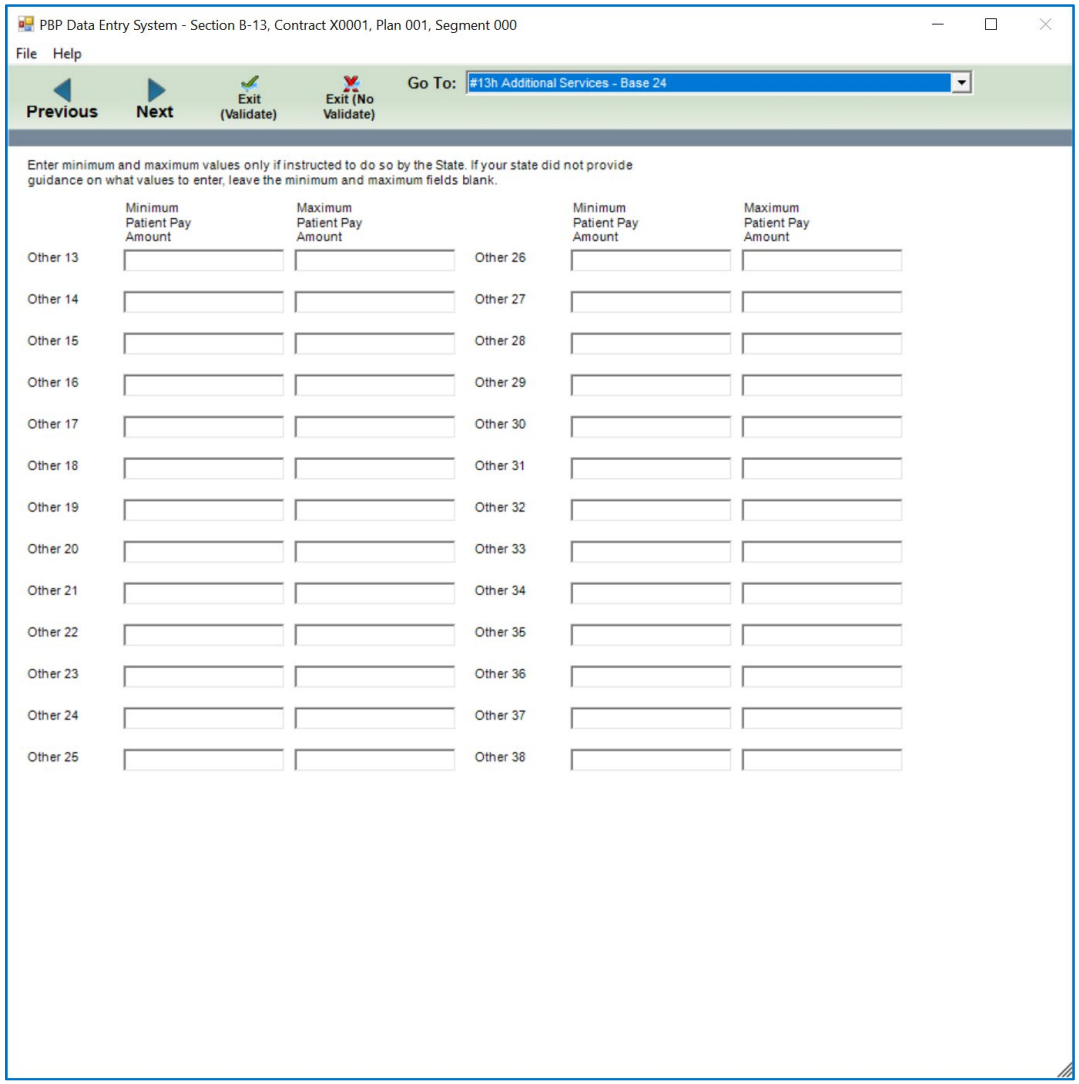
#13h Additional Services – Base 22



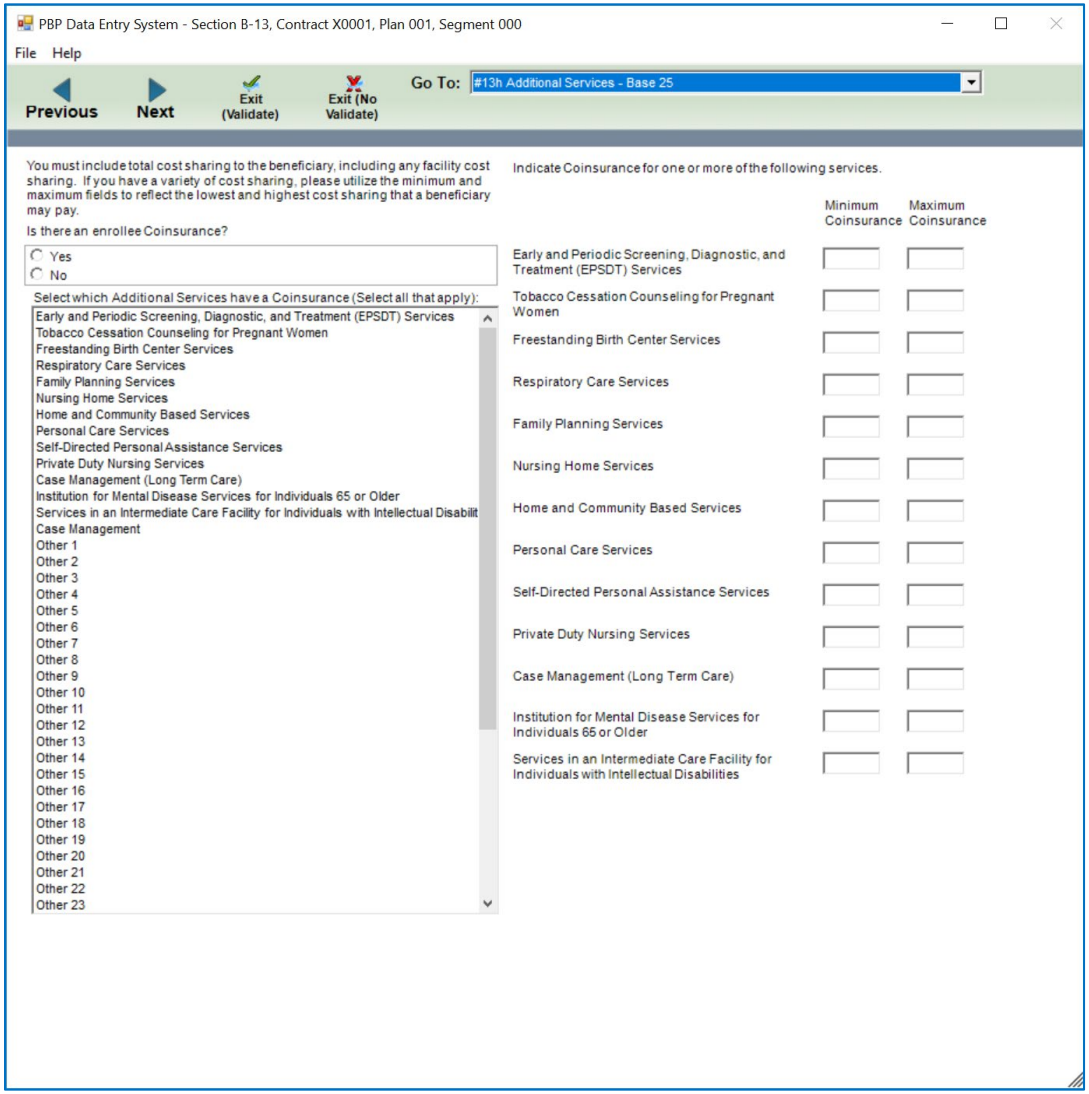
#13h Additional Services – Base 23



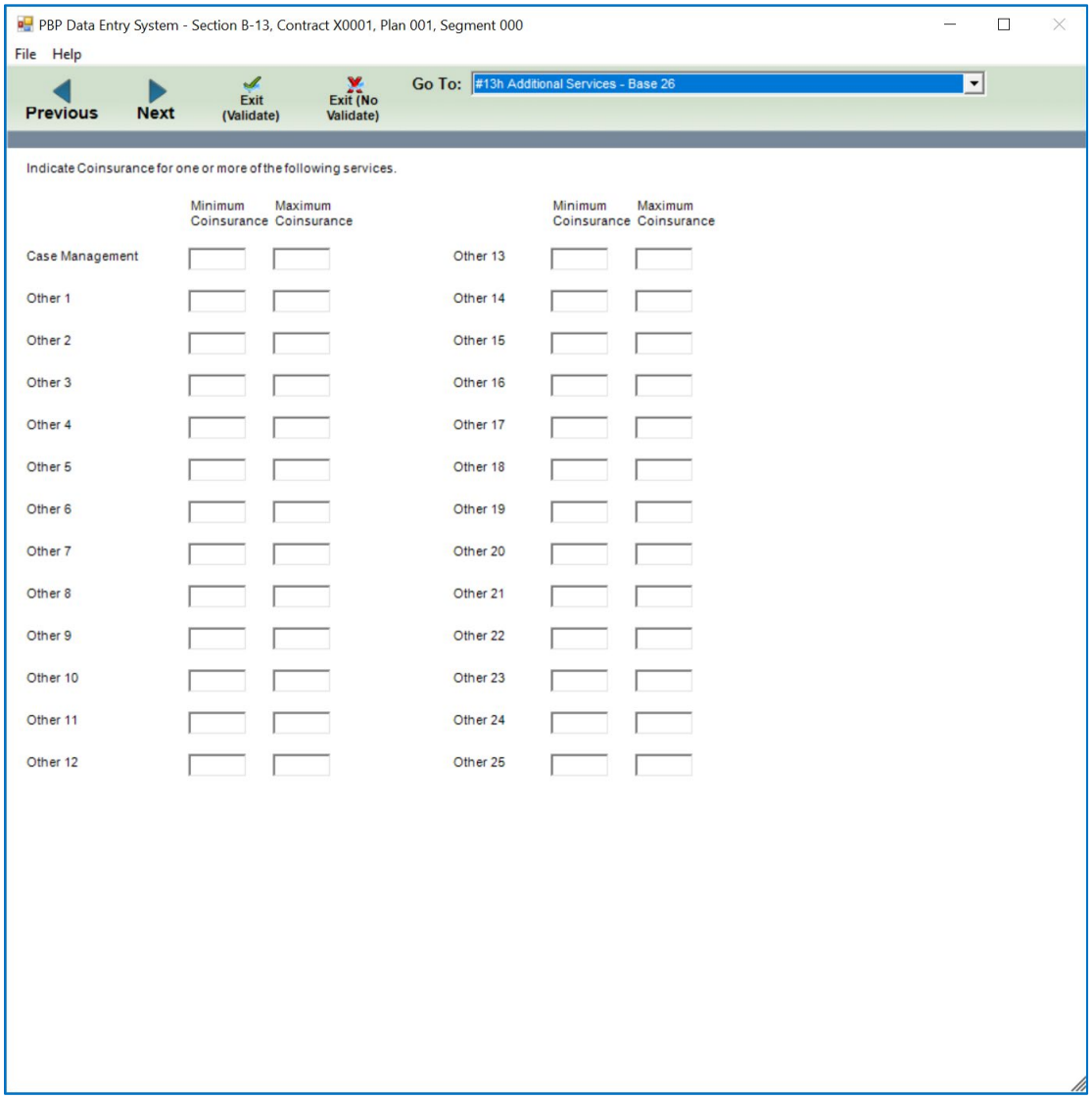
#13h Additional Services – Base 24



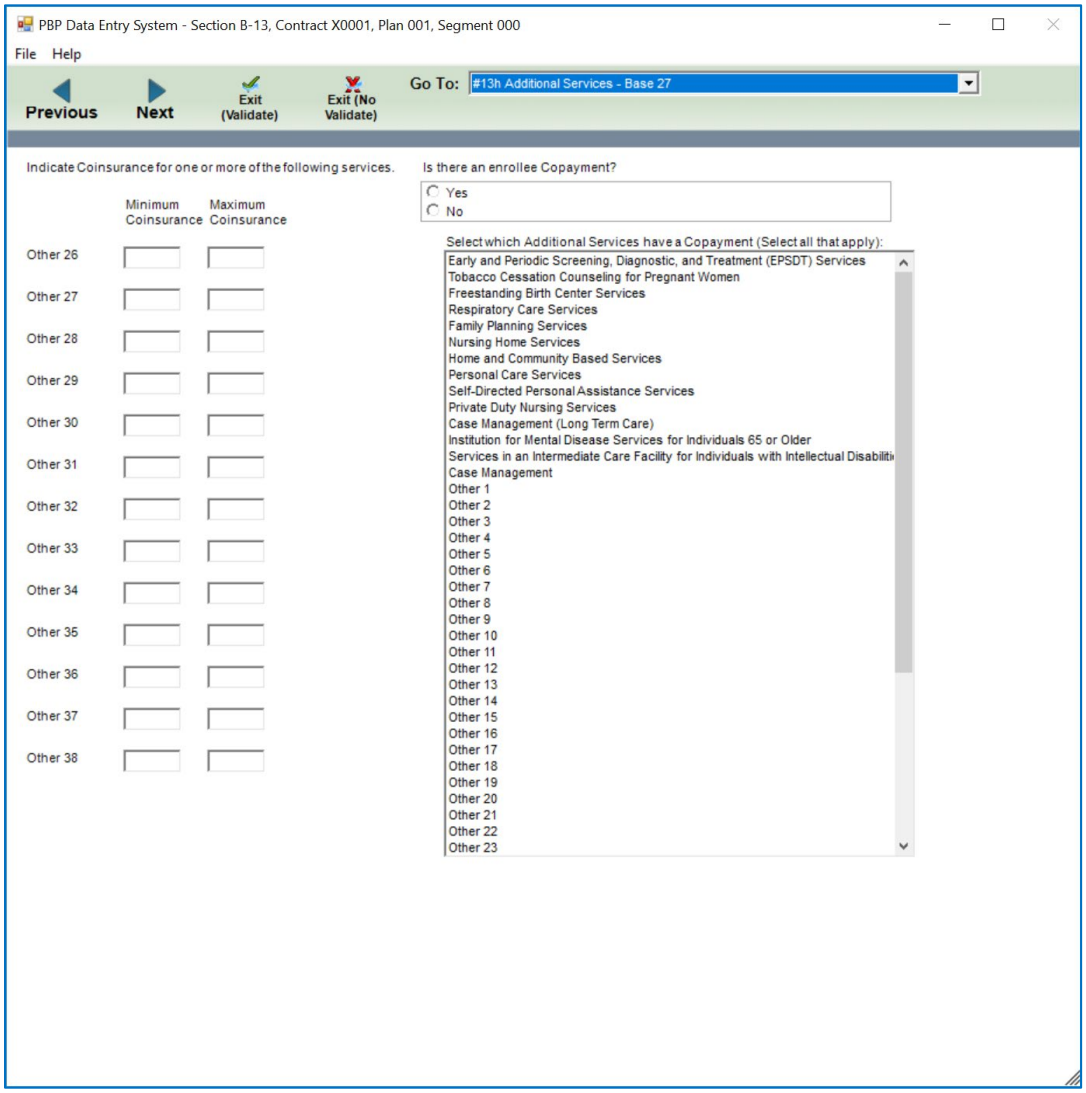
#13h Additional Services – Base 25



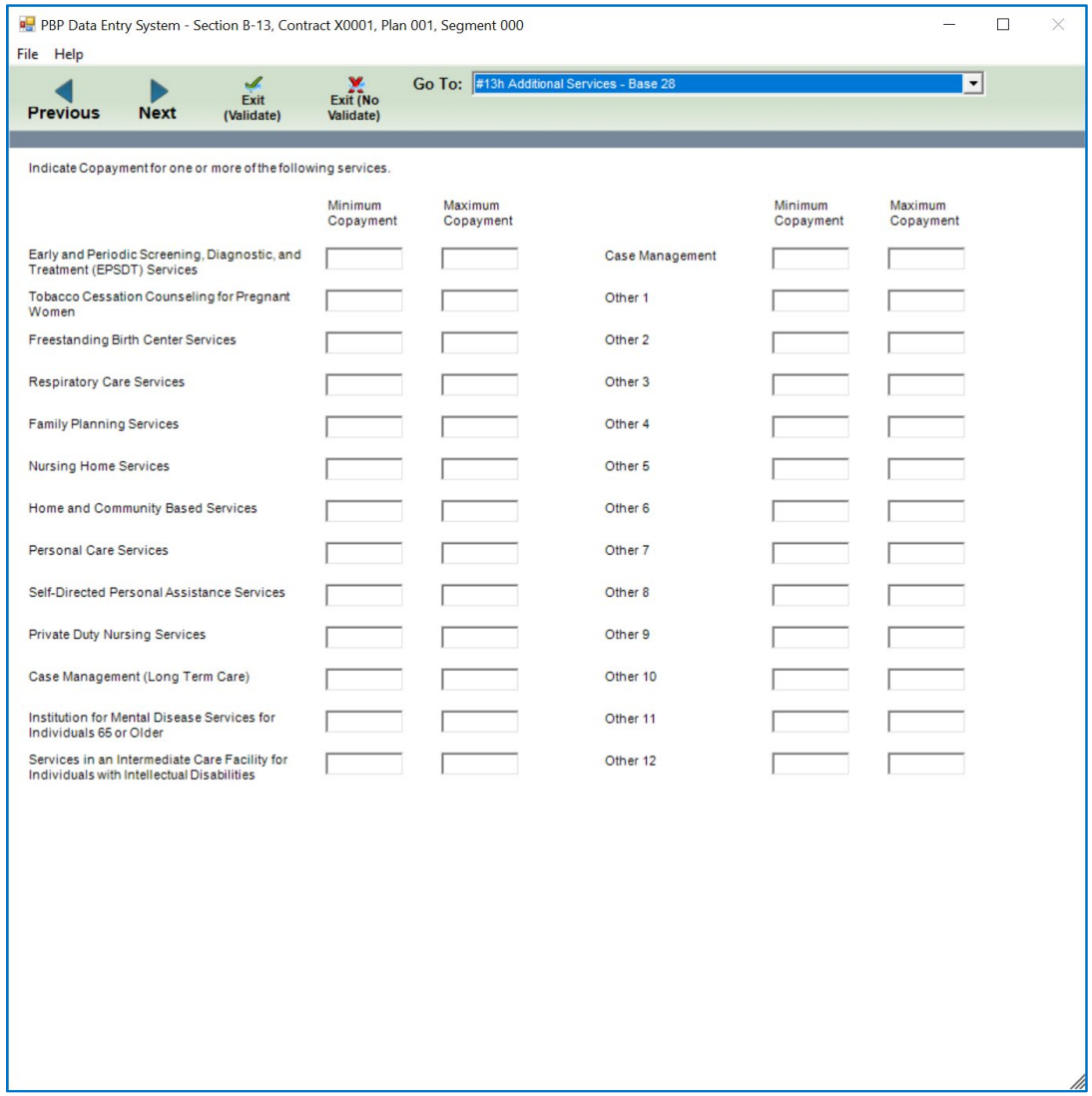
#13h Additional Services – Base 26



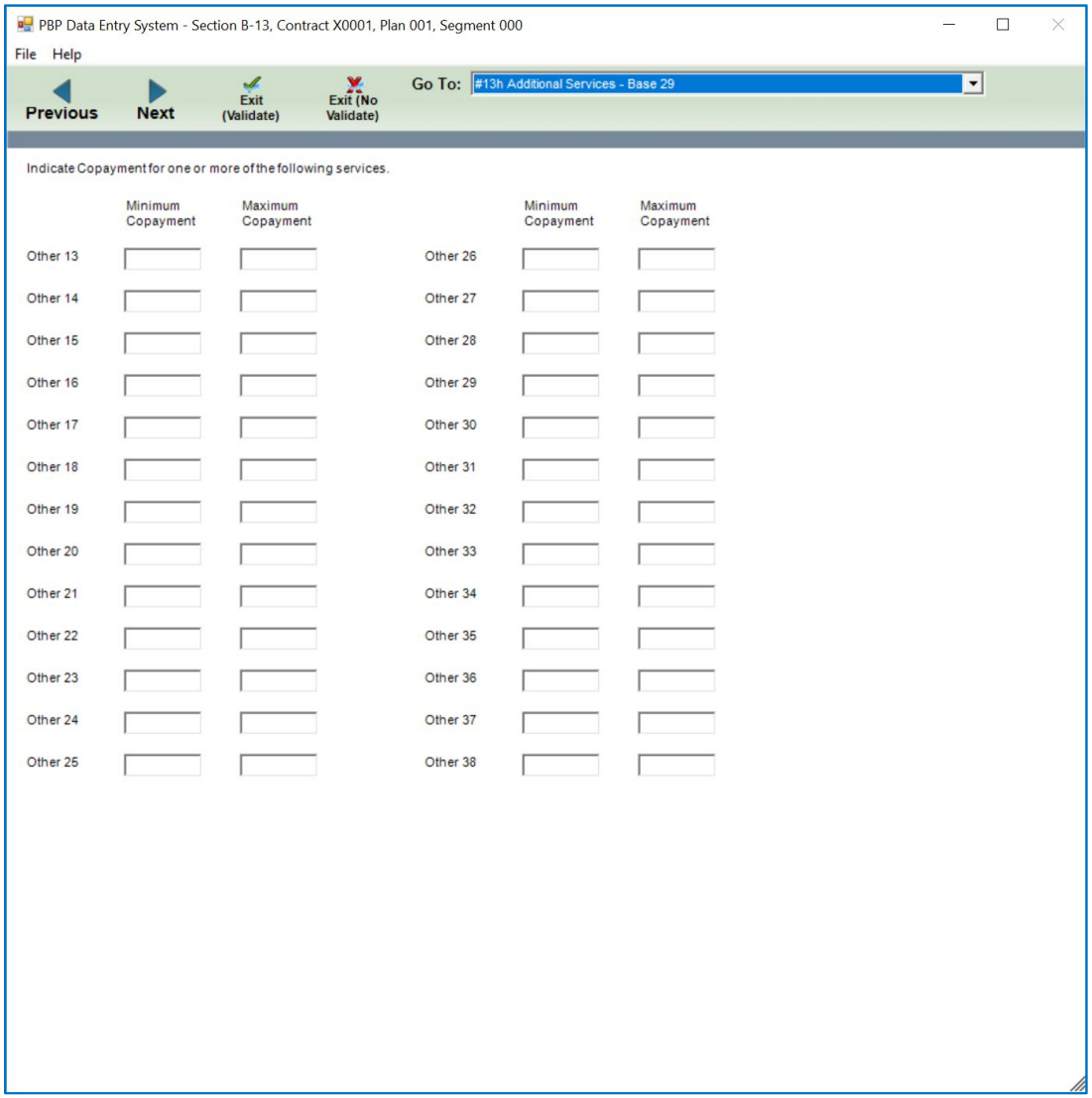
#13h Additional Services – Base 27



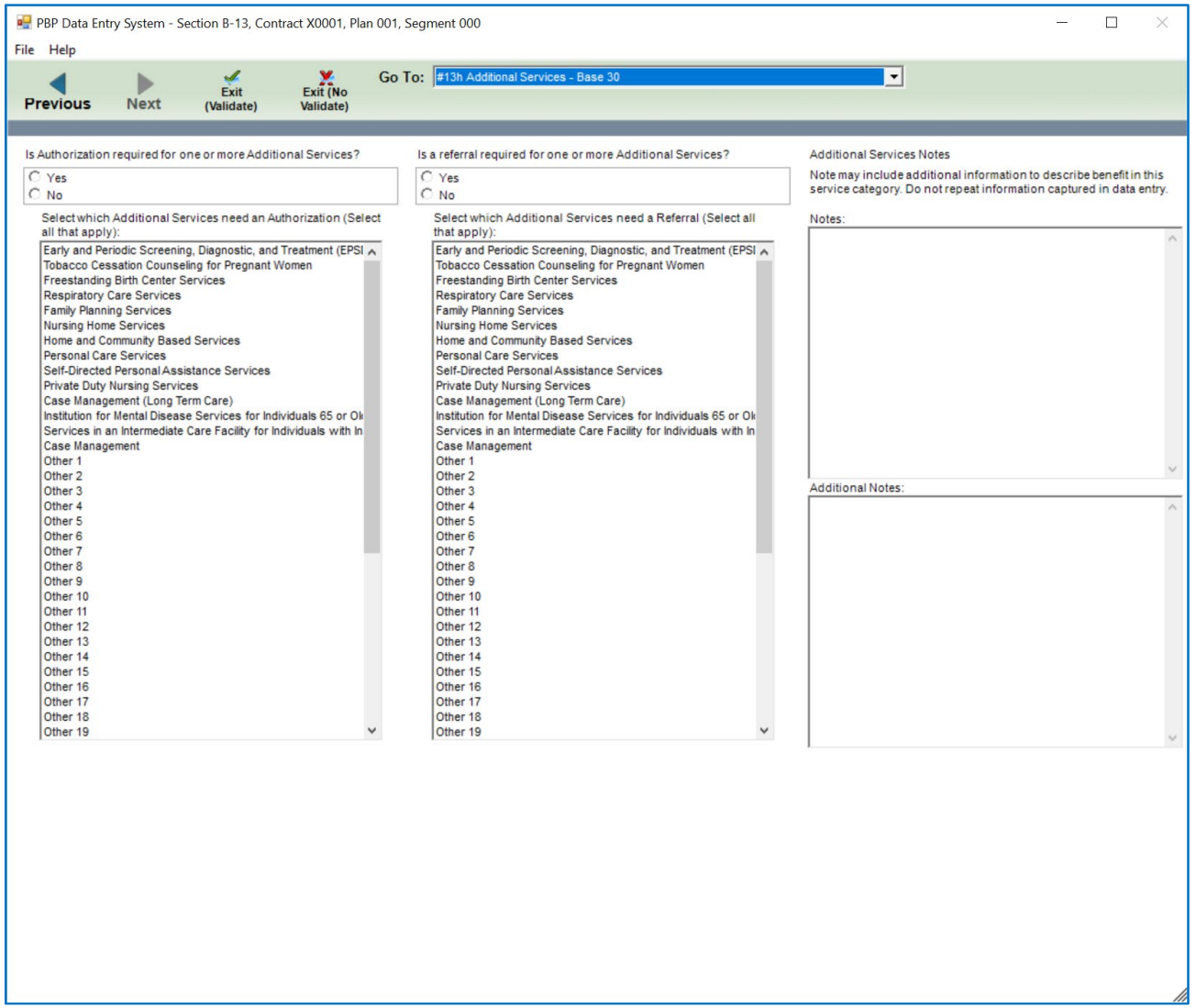
#13h Additional Services – Base 28



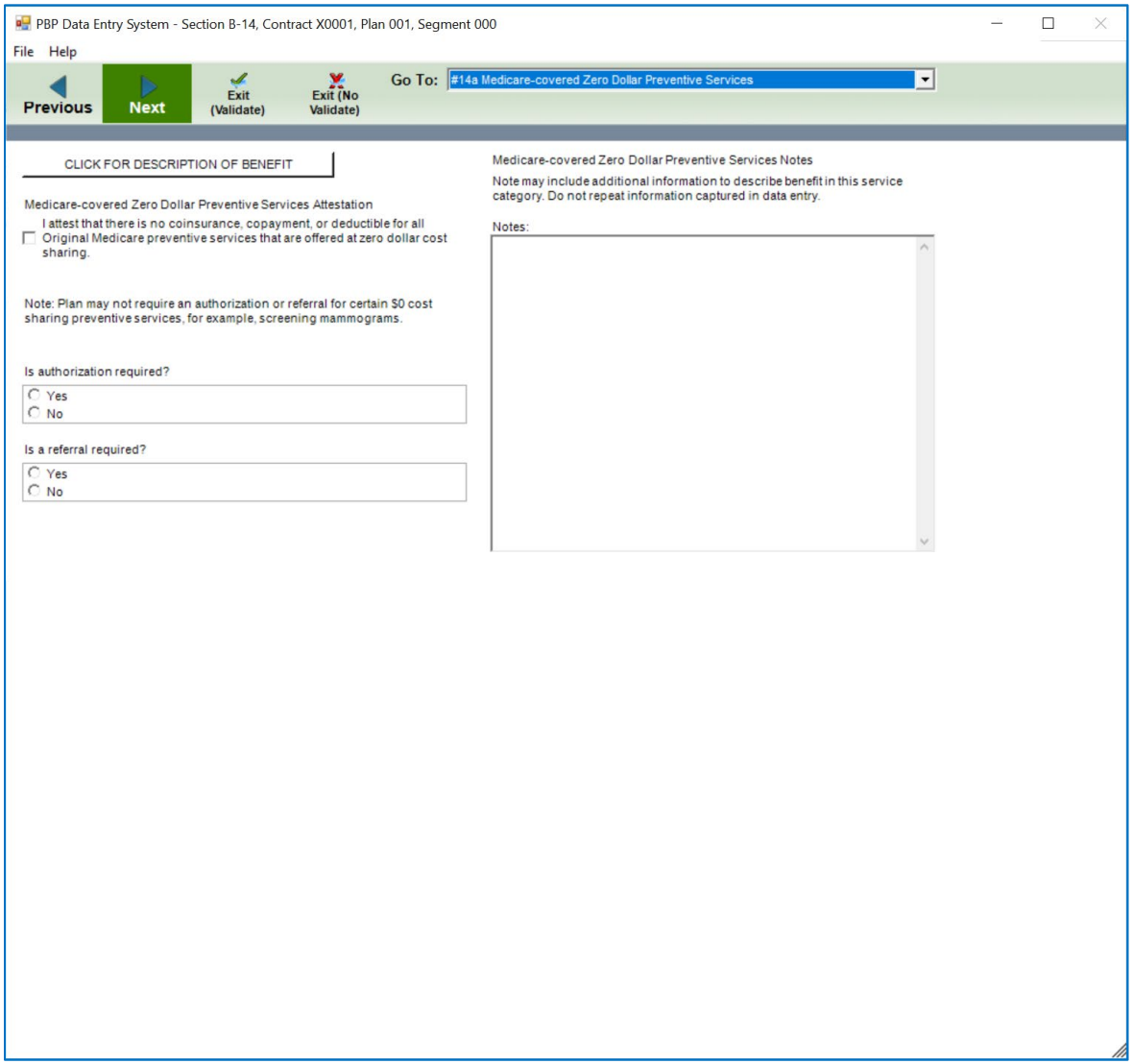
#13h Additional Services – Base 29



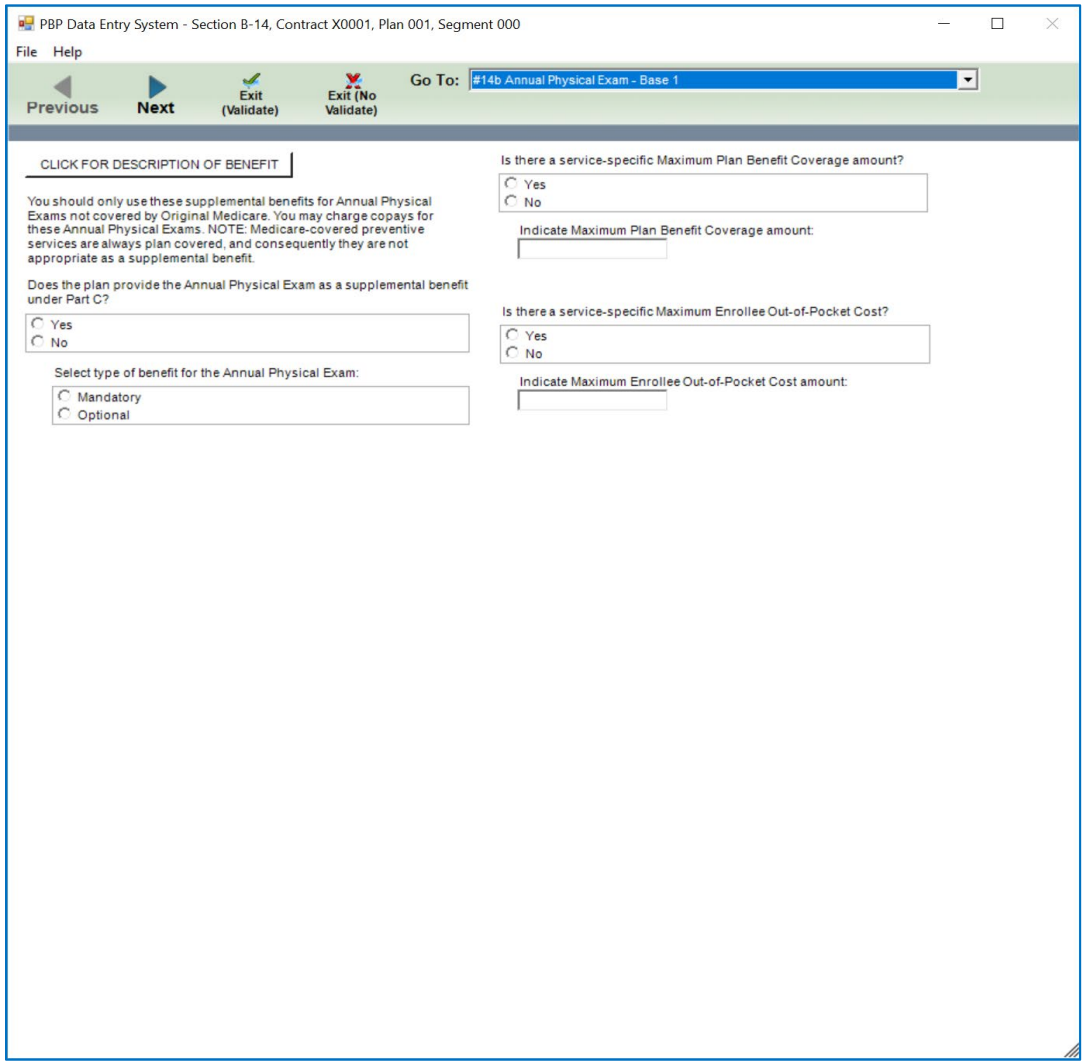
#13h Additional Services – Base 30



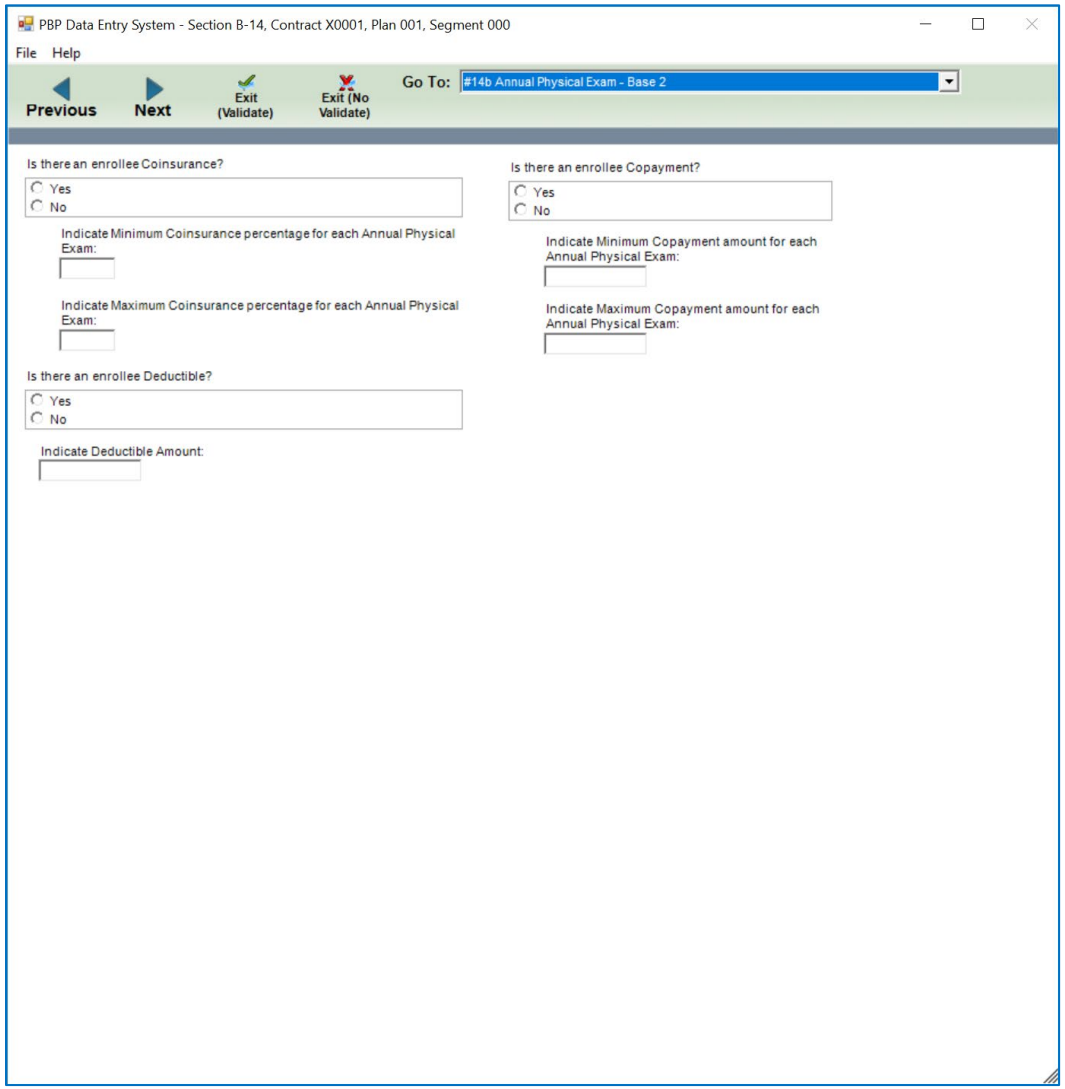
#14a Medicare-covered Zero Dollar Preventive Services



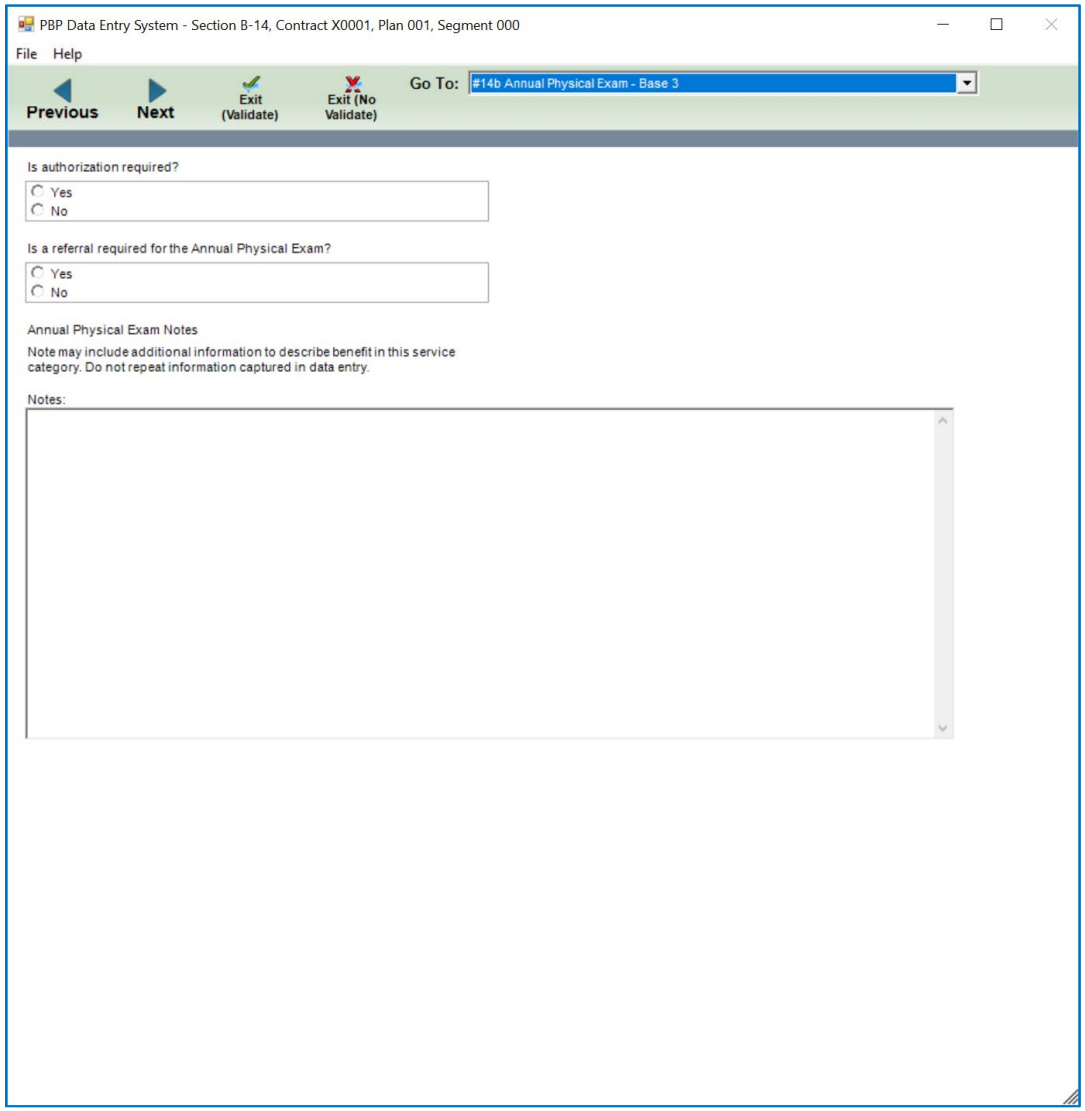
#14b Annual Physical Exam – Base 1



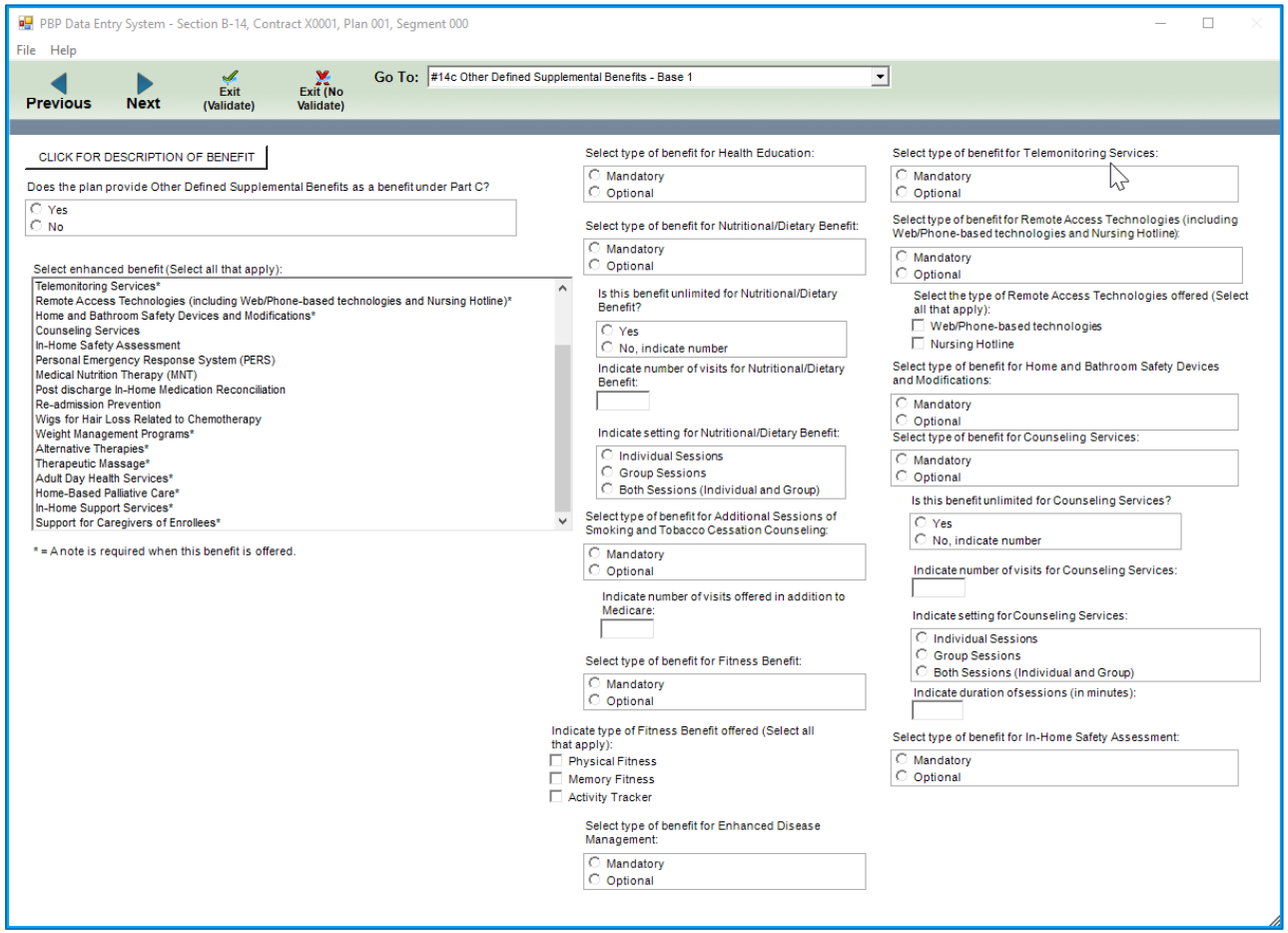
#14b Annual Physical Exam – Base 2



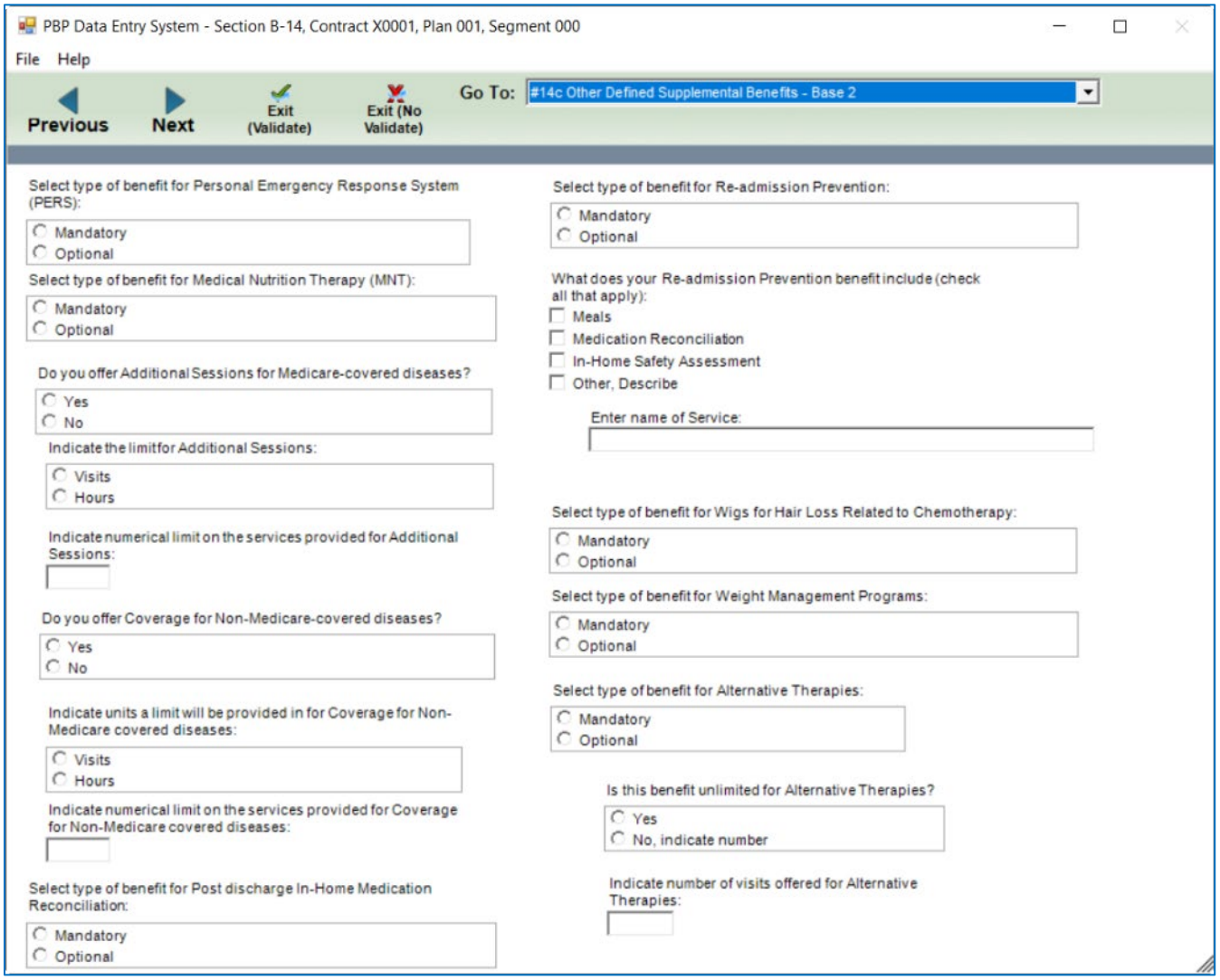
#14b Annual Physical Exam – Base 3



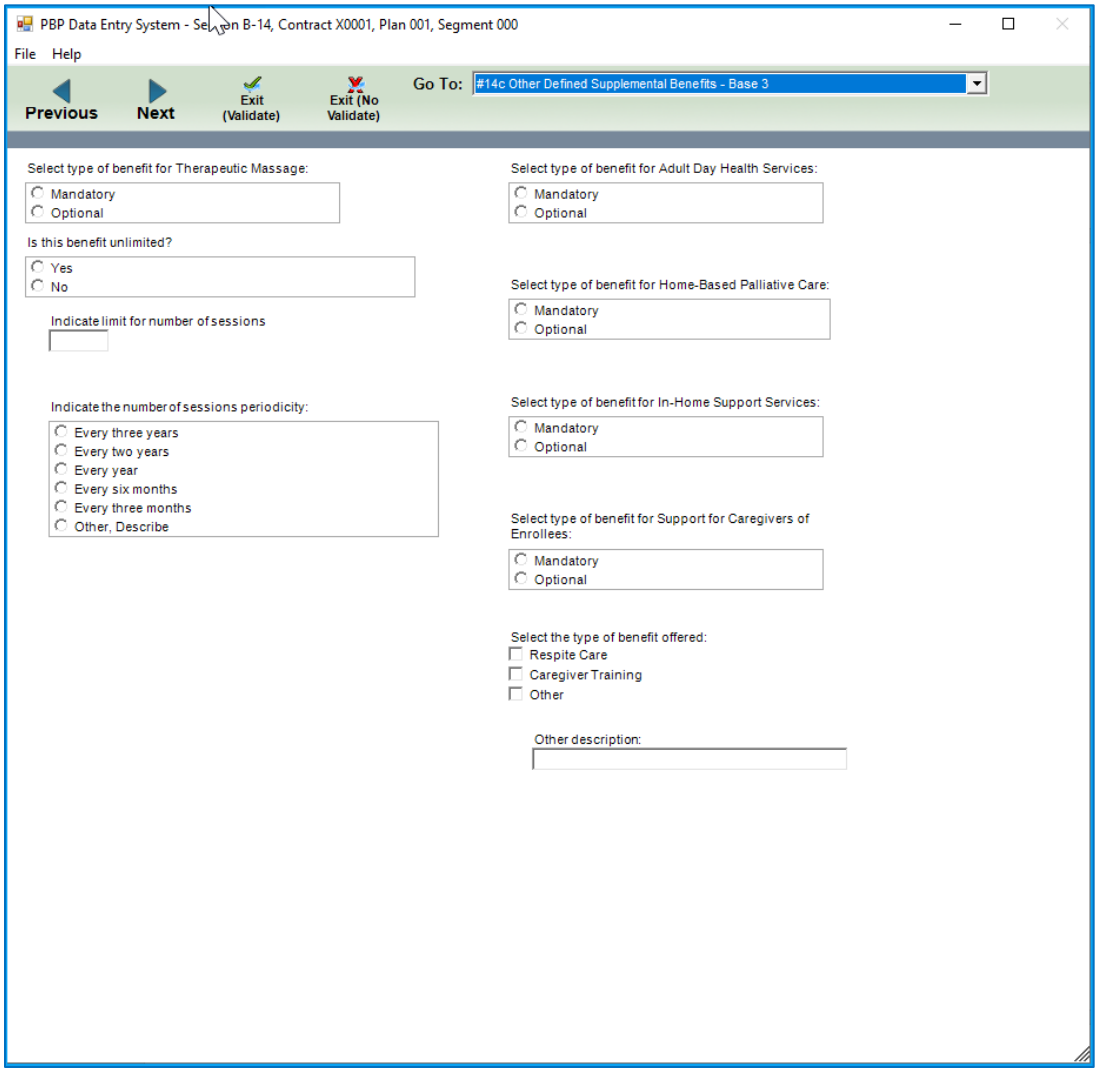
#14c Other Defined Supplemental Benefits – Base 1



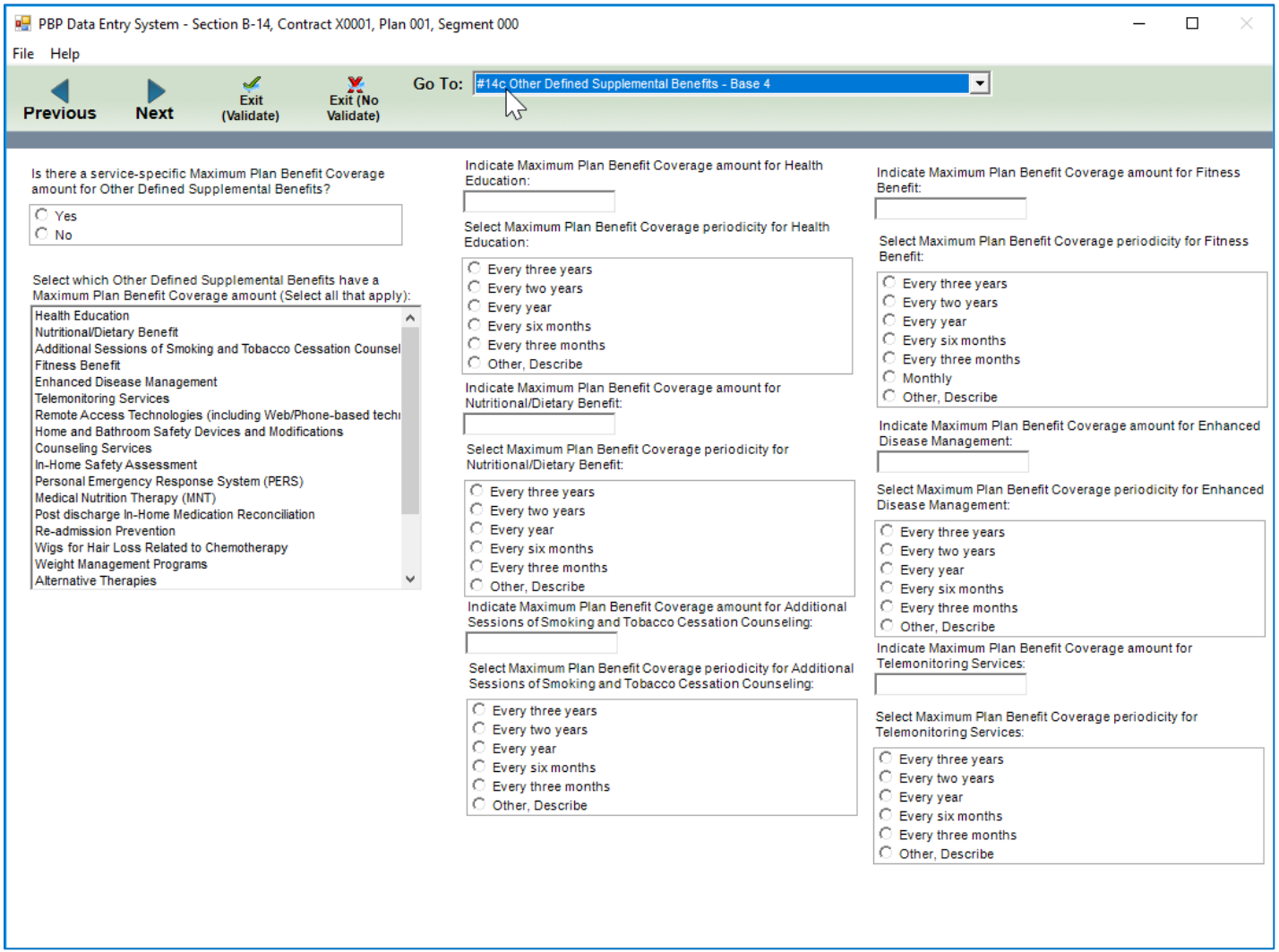
#14c Other Defined Supplemental Benefits – Base 2



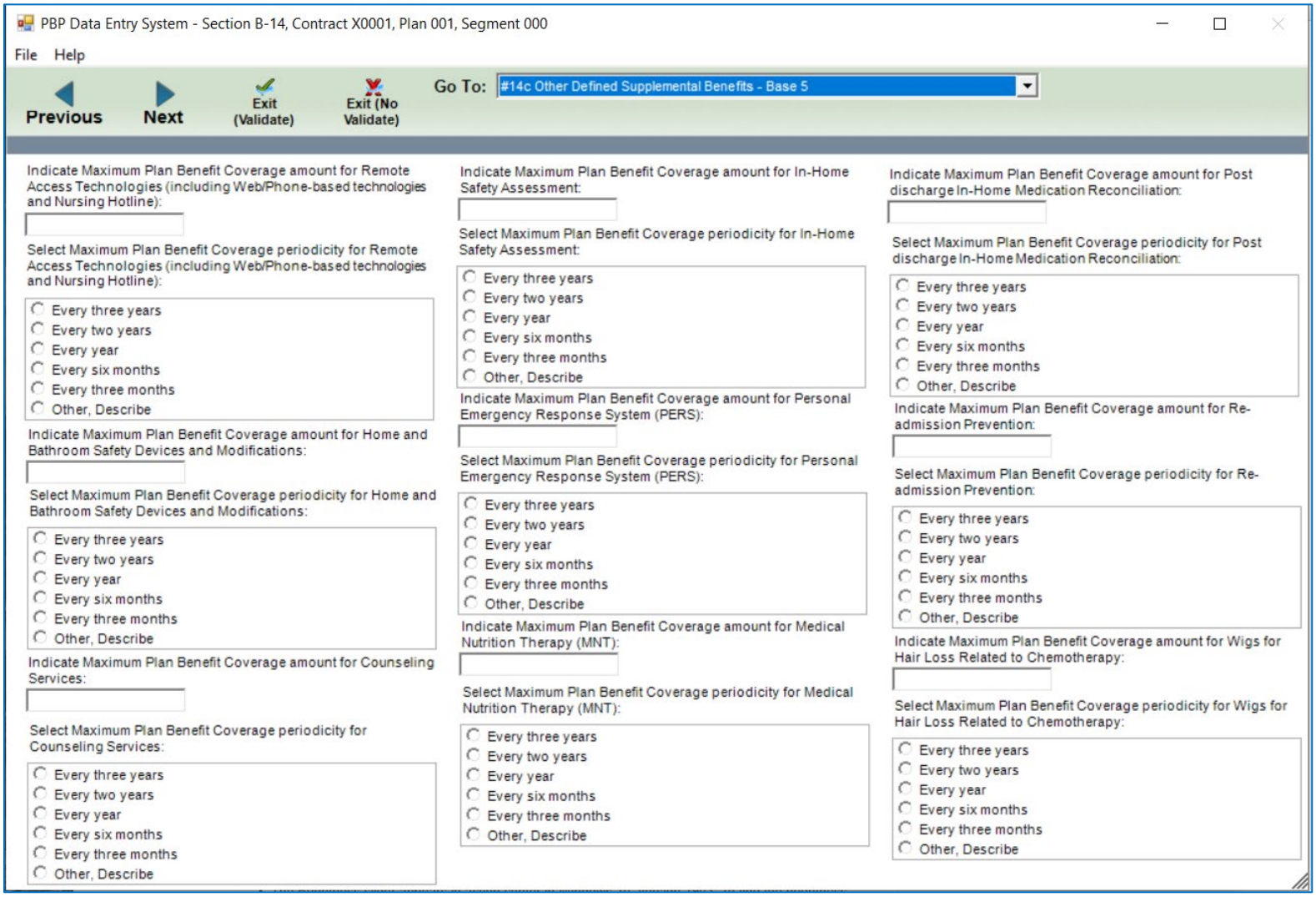
14c Other Defined Supplemental Benefits – Base



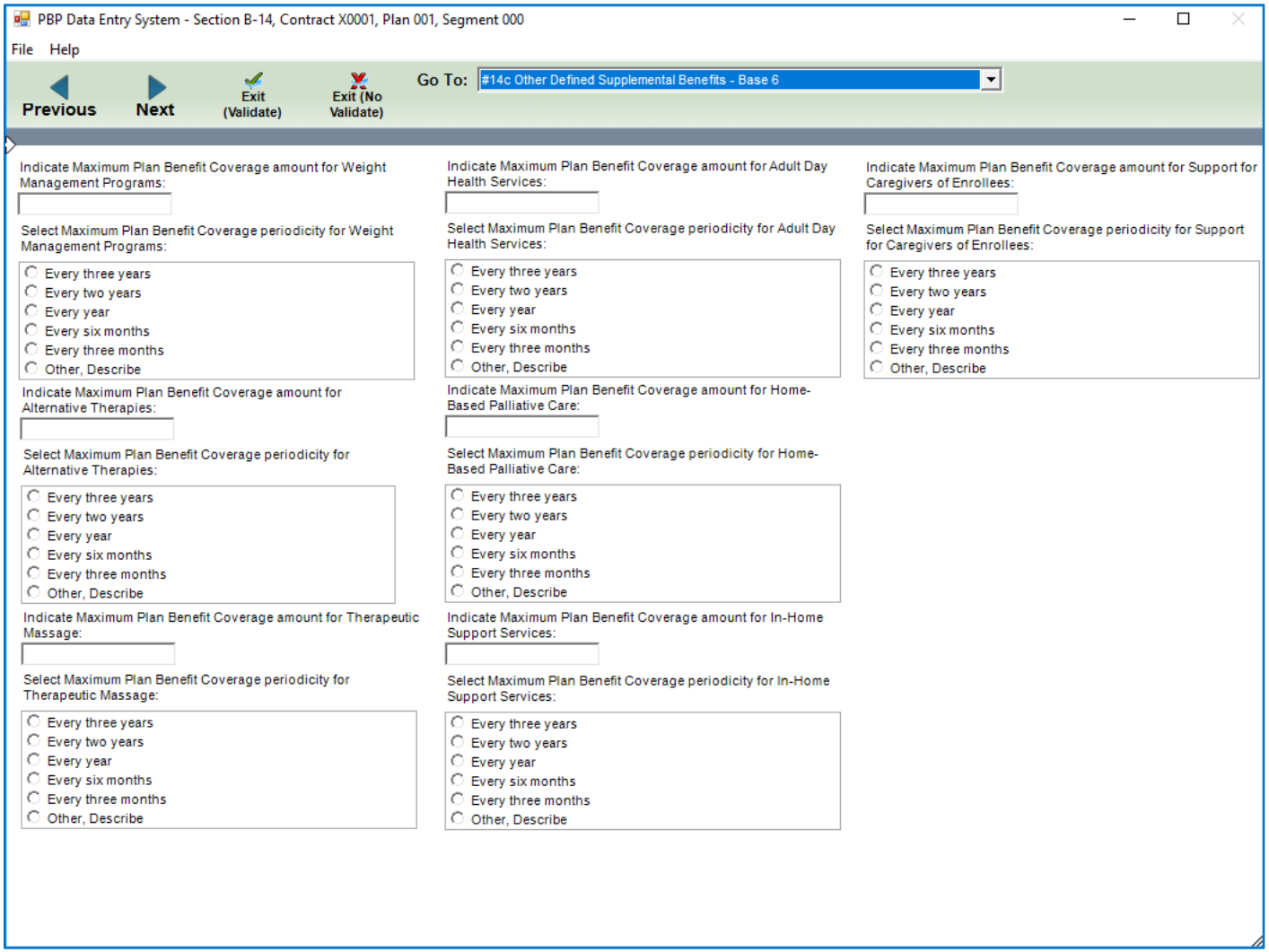
#14c Other Defined Supplemental Benefits – Base 4



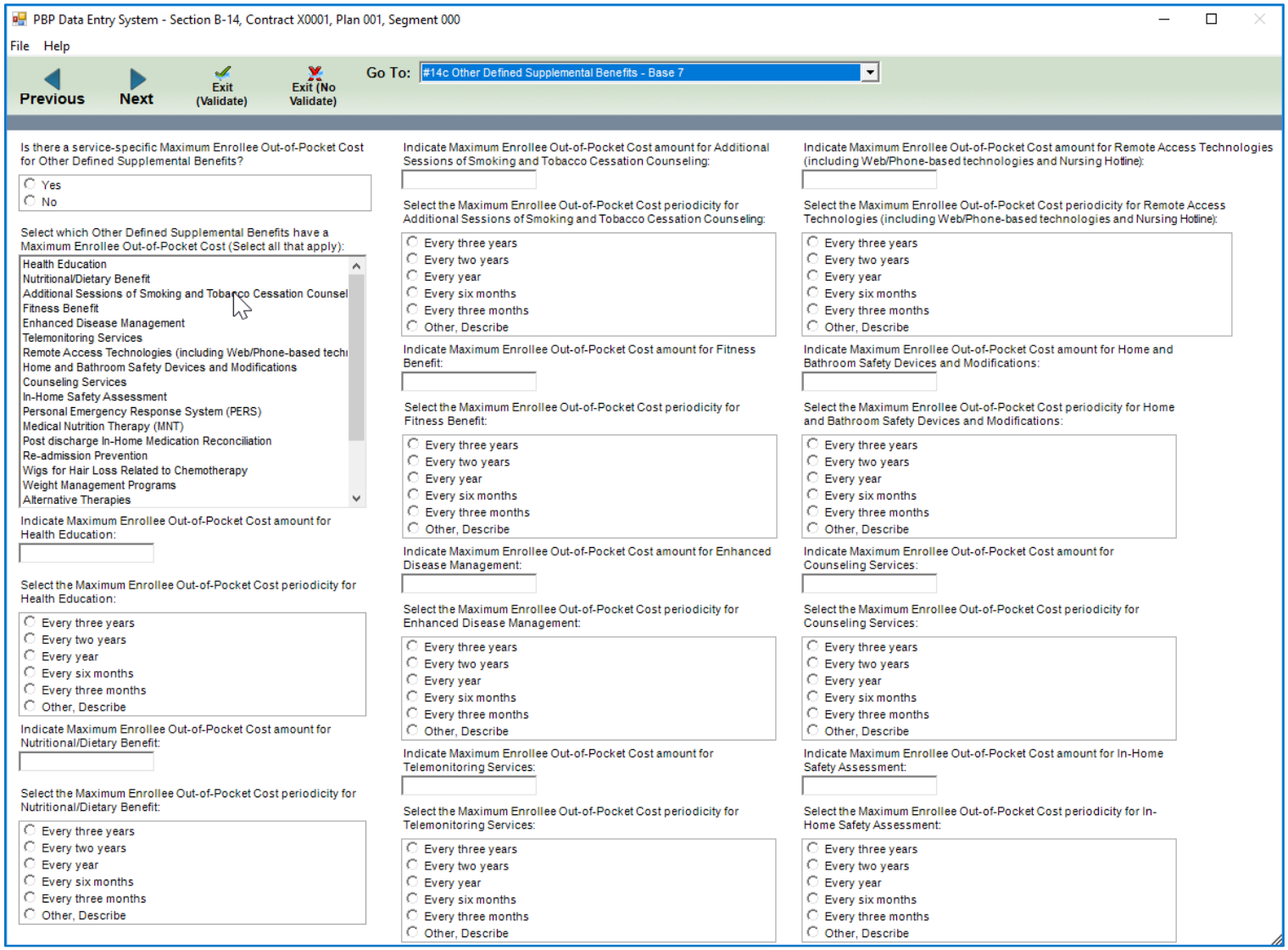
#14c Other Defined Supplemental Benefits – Base 5



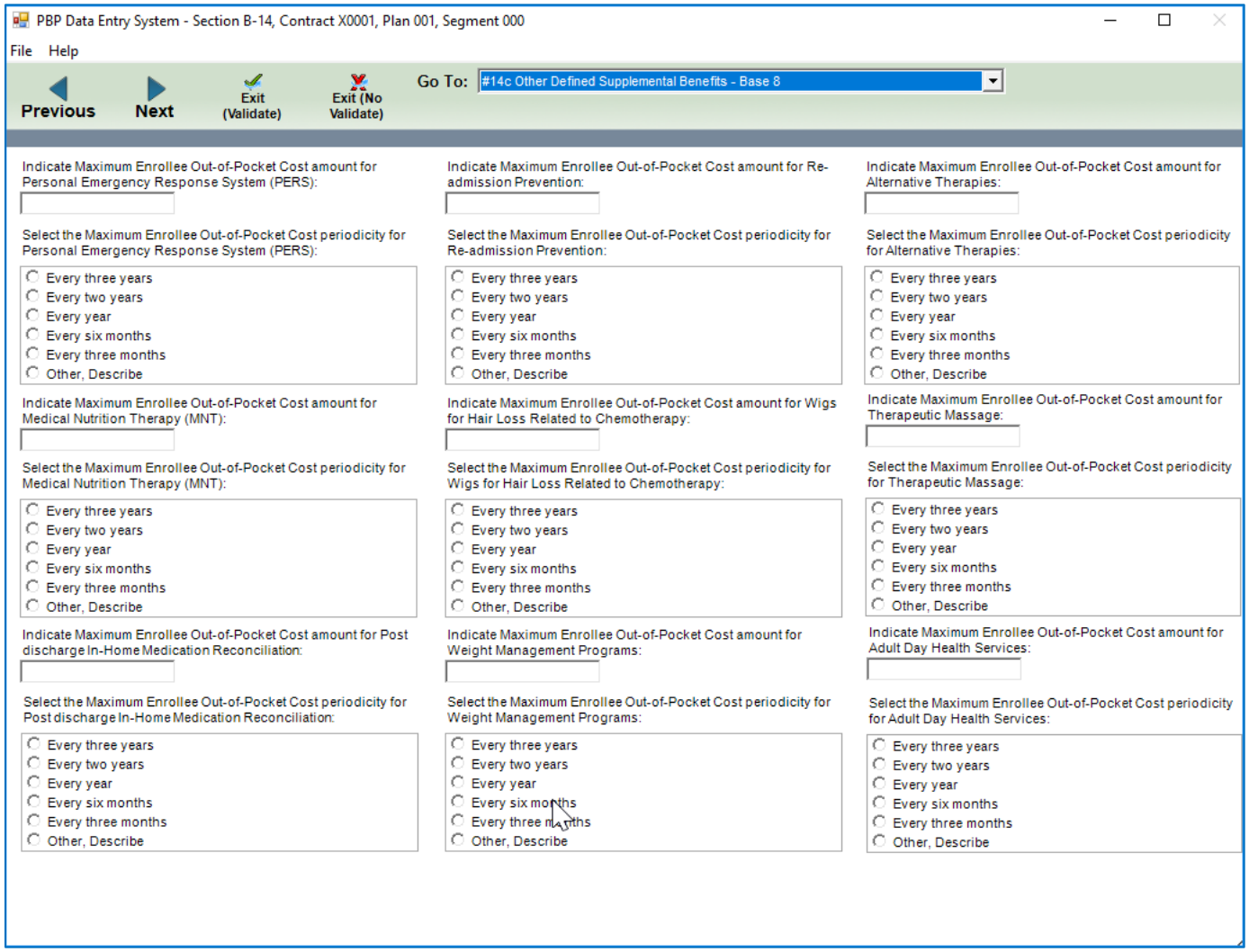
#14c Other Defined Supplemental Benefits – Base 6



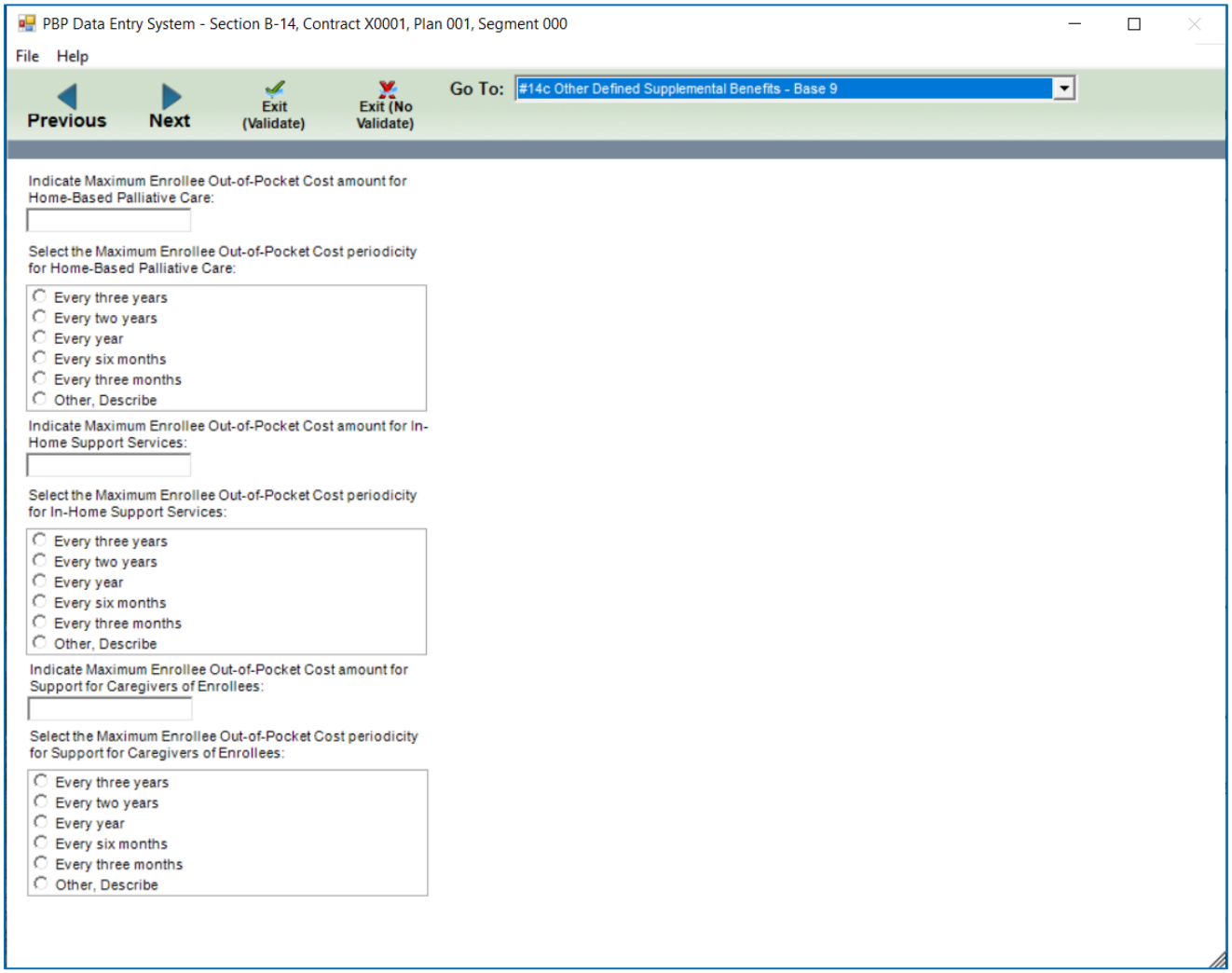
#14c Other Defined Supplemental Benefits – Base 7



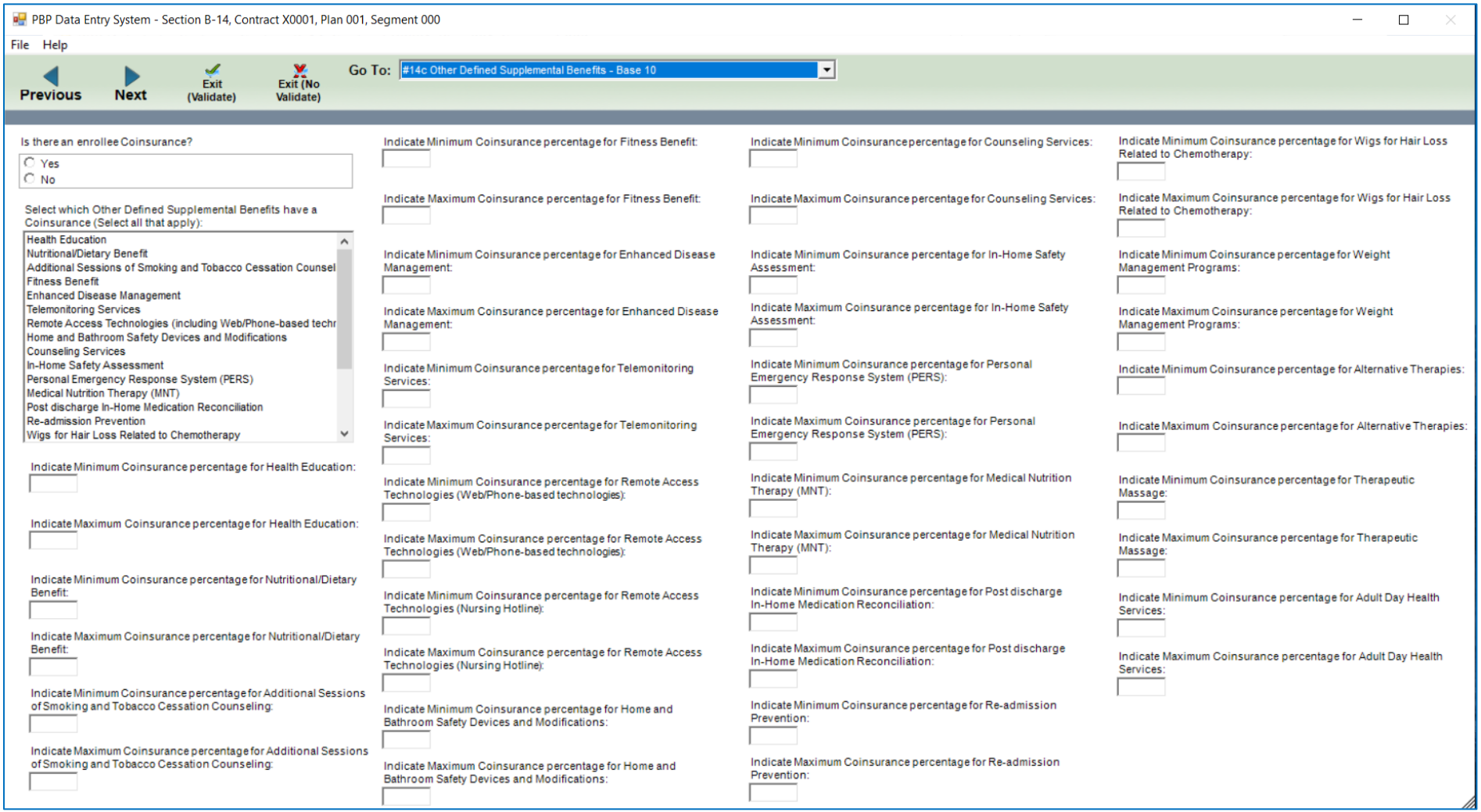
#14c Other Defined Supplemental Benefits – Base 8



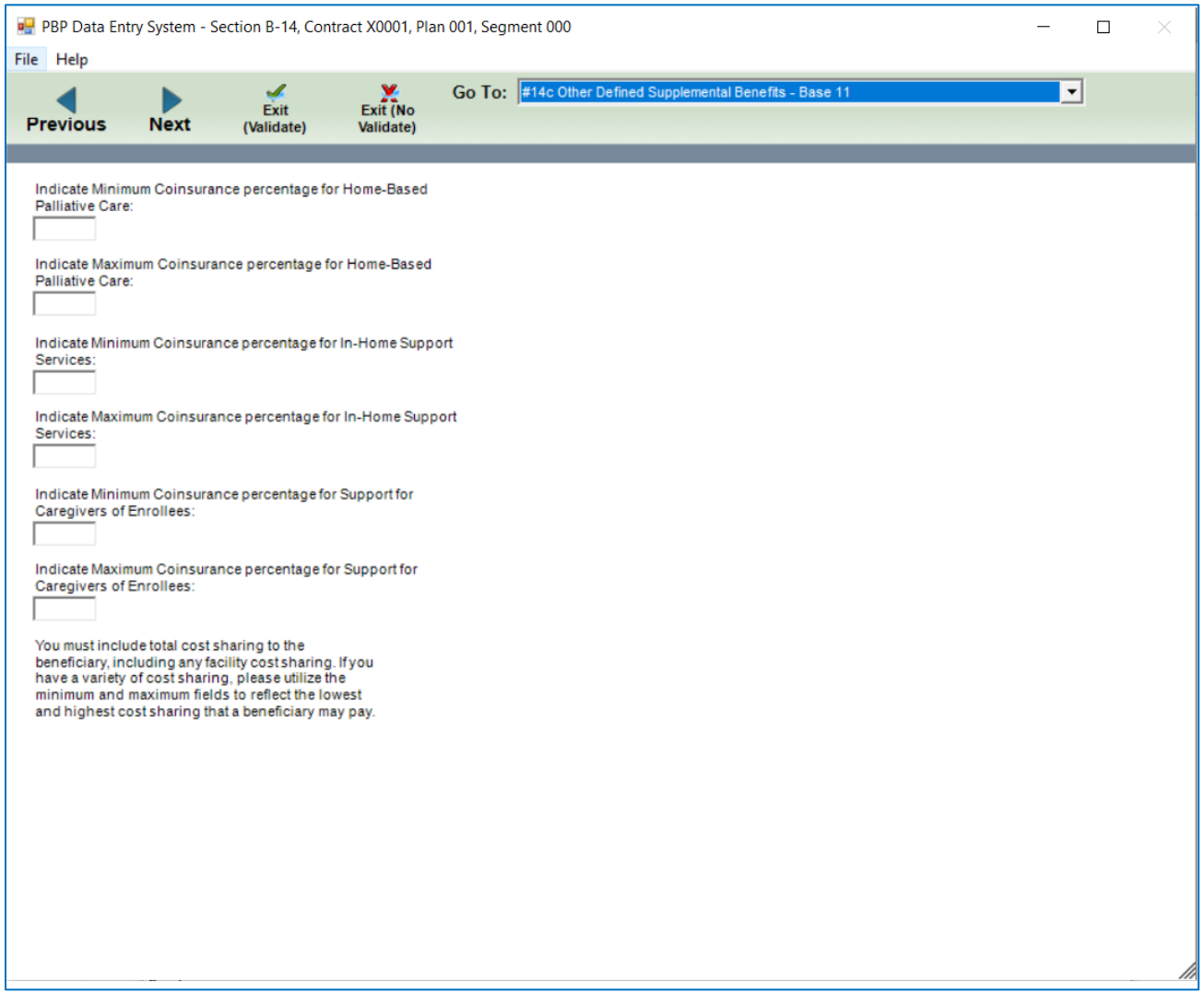
#14c Other Defined Supplemental Benefits – Base 9



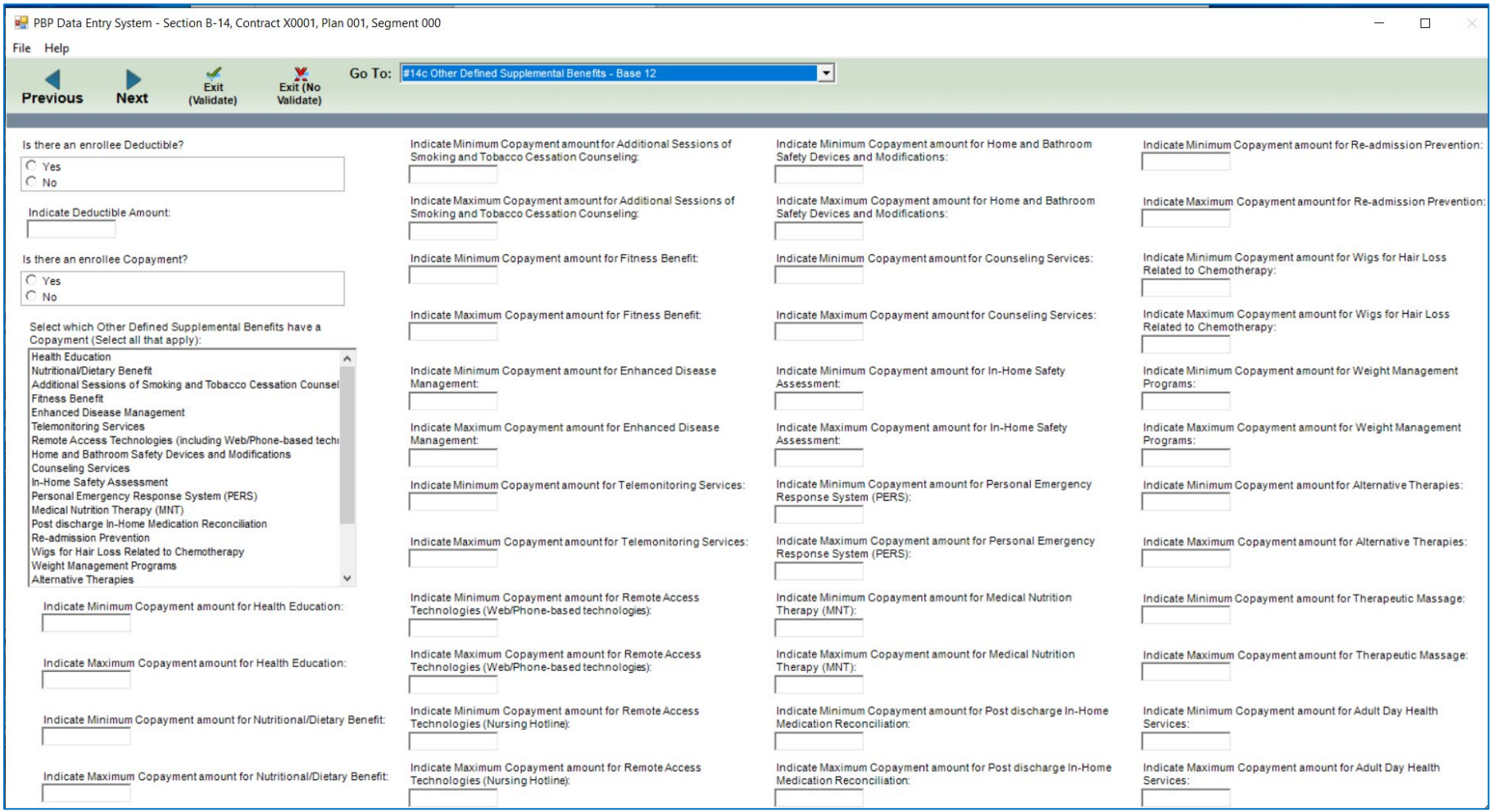
#14c Other Defined Supplemental Benefits – Base 10



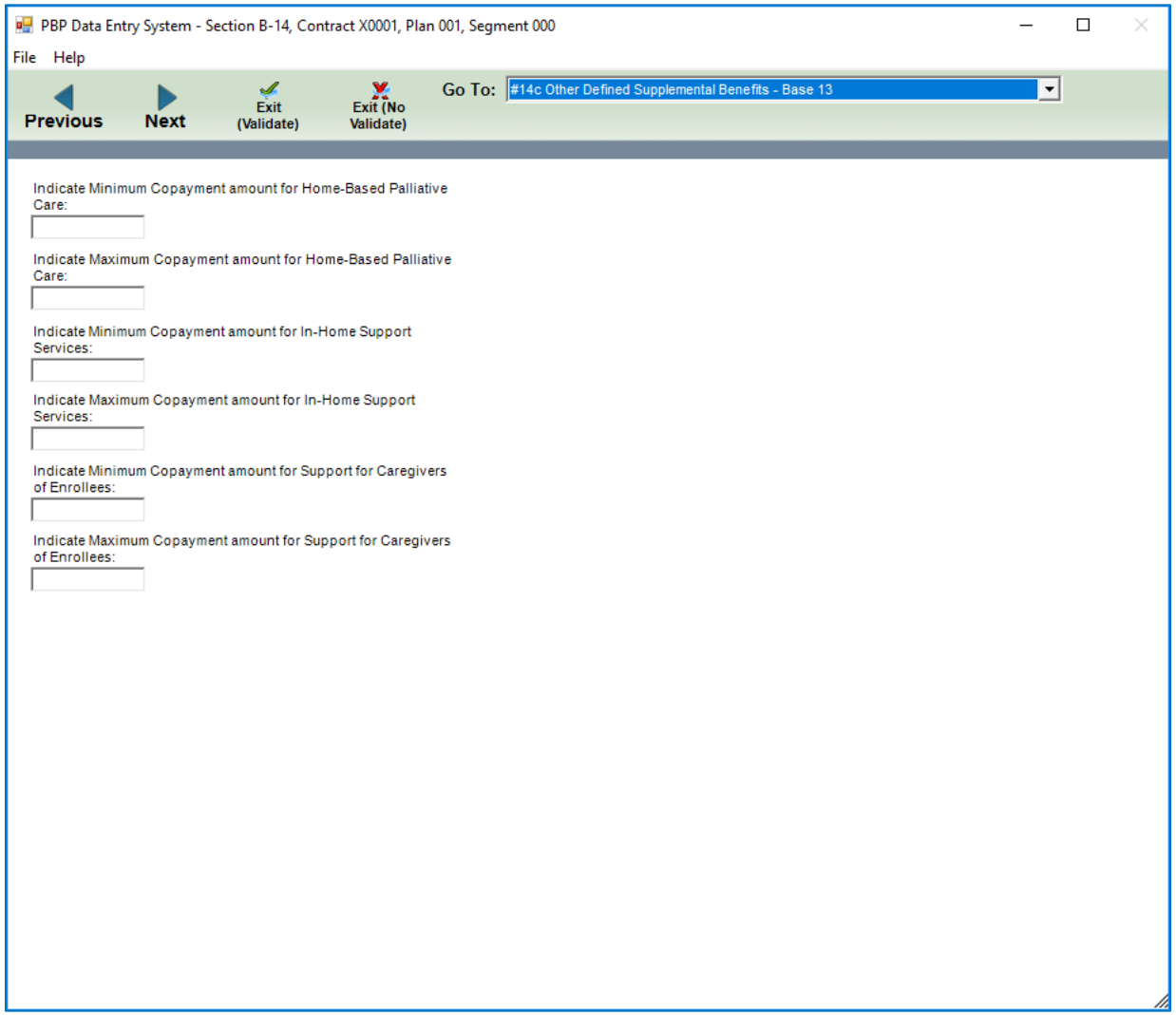
#14c Other Defined Supplemental Benefits – Base 11



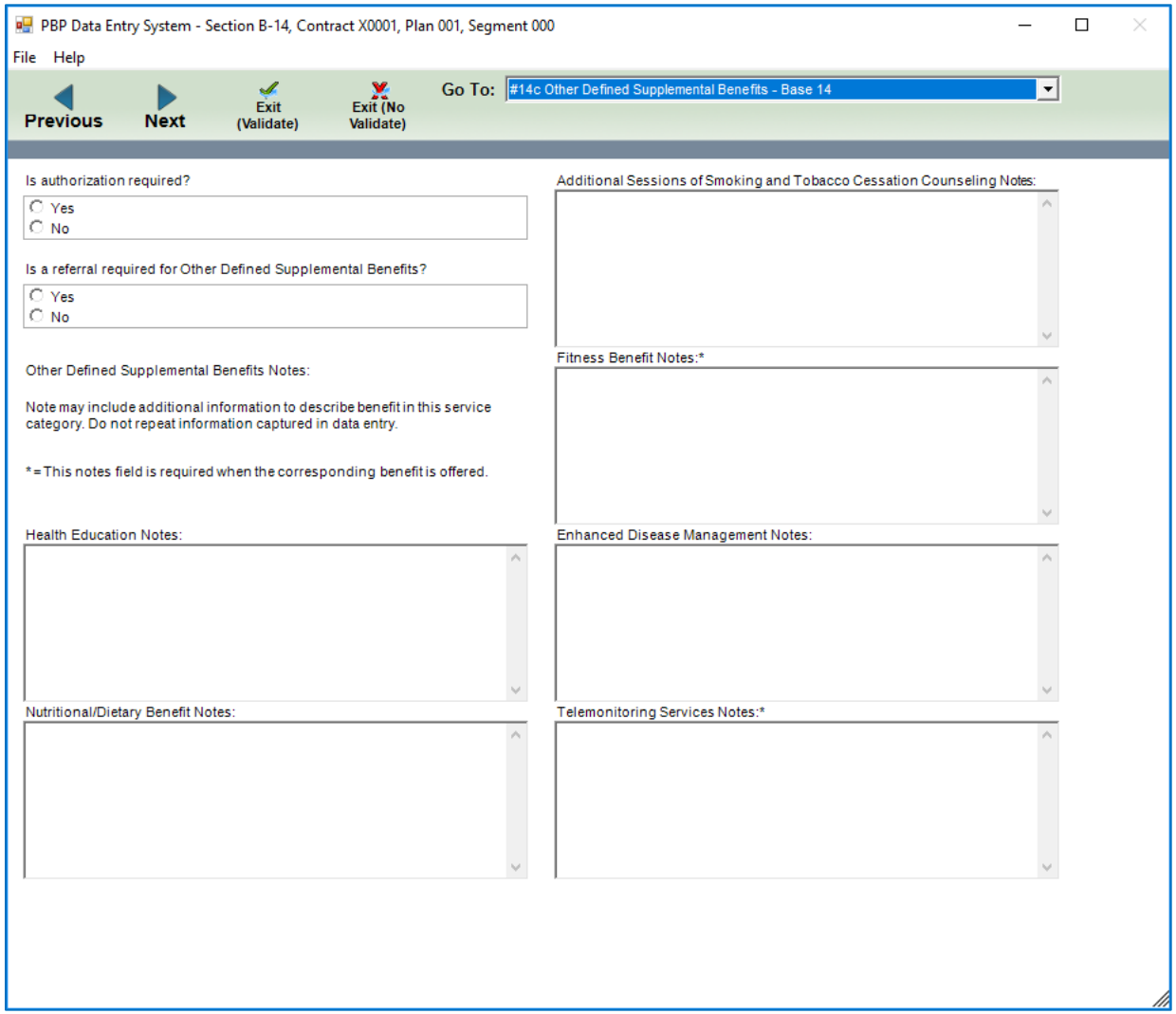
#14c Other Defined Supplemental Benefits – Base 12



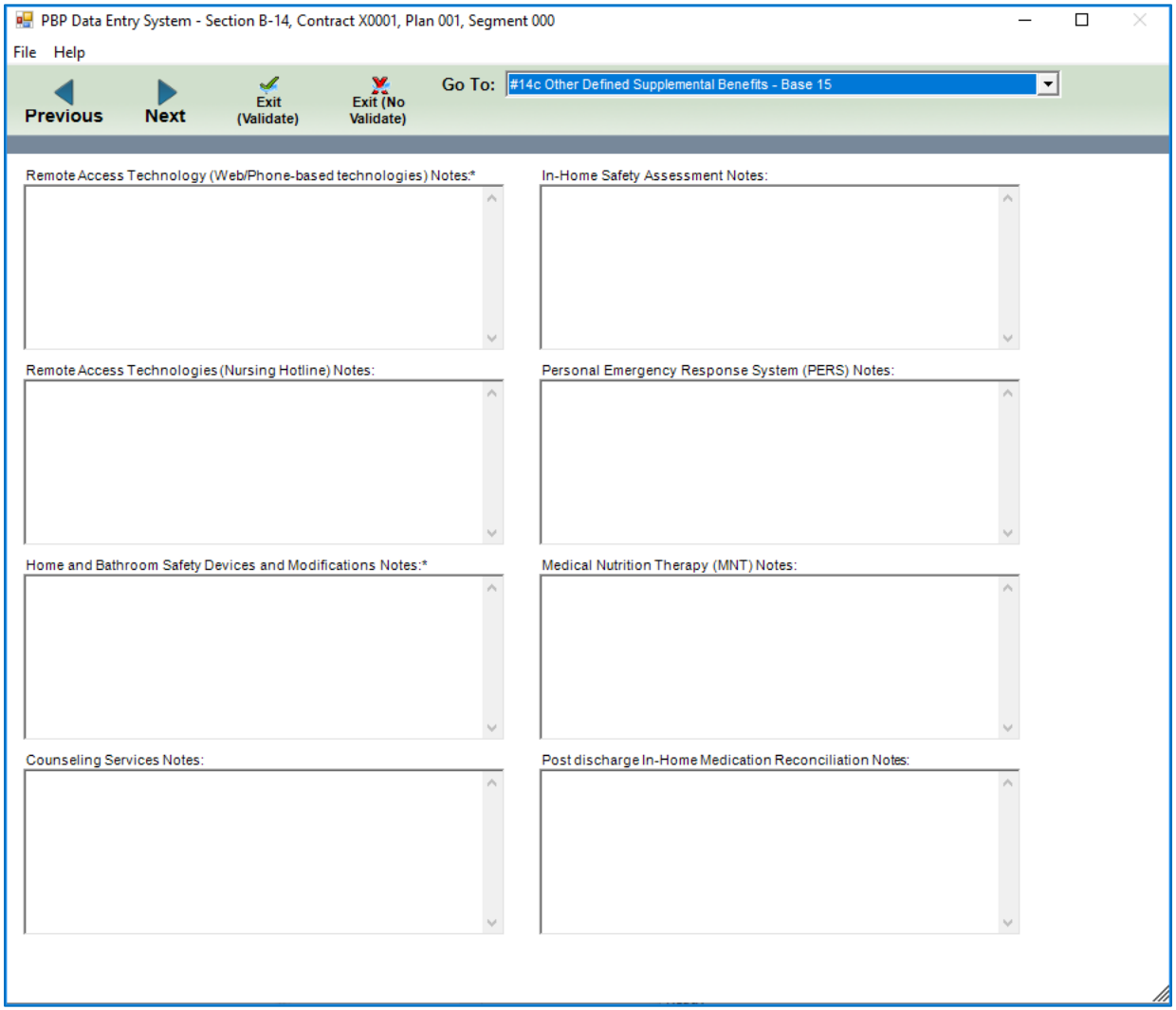
#14c Other Defined Supplemental Benefits – Base 13



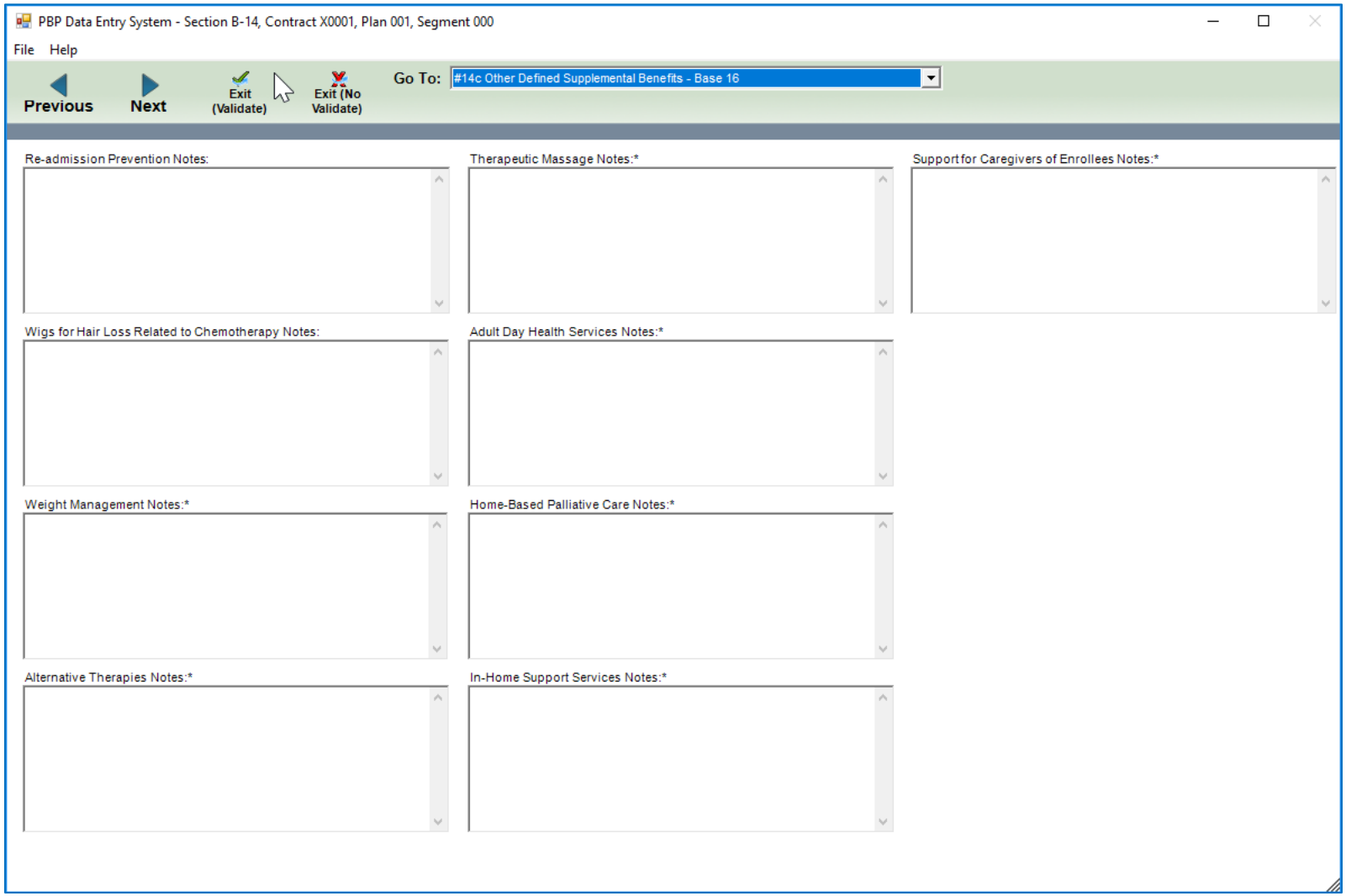
#14c Other Defined Supplemental Benefits – Base 14



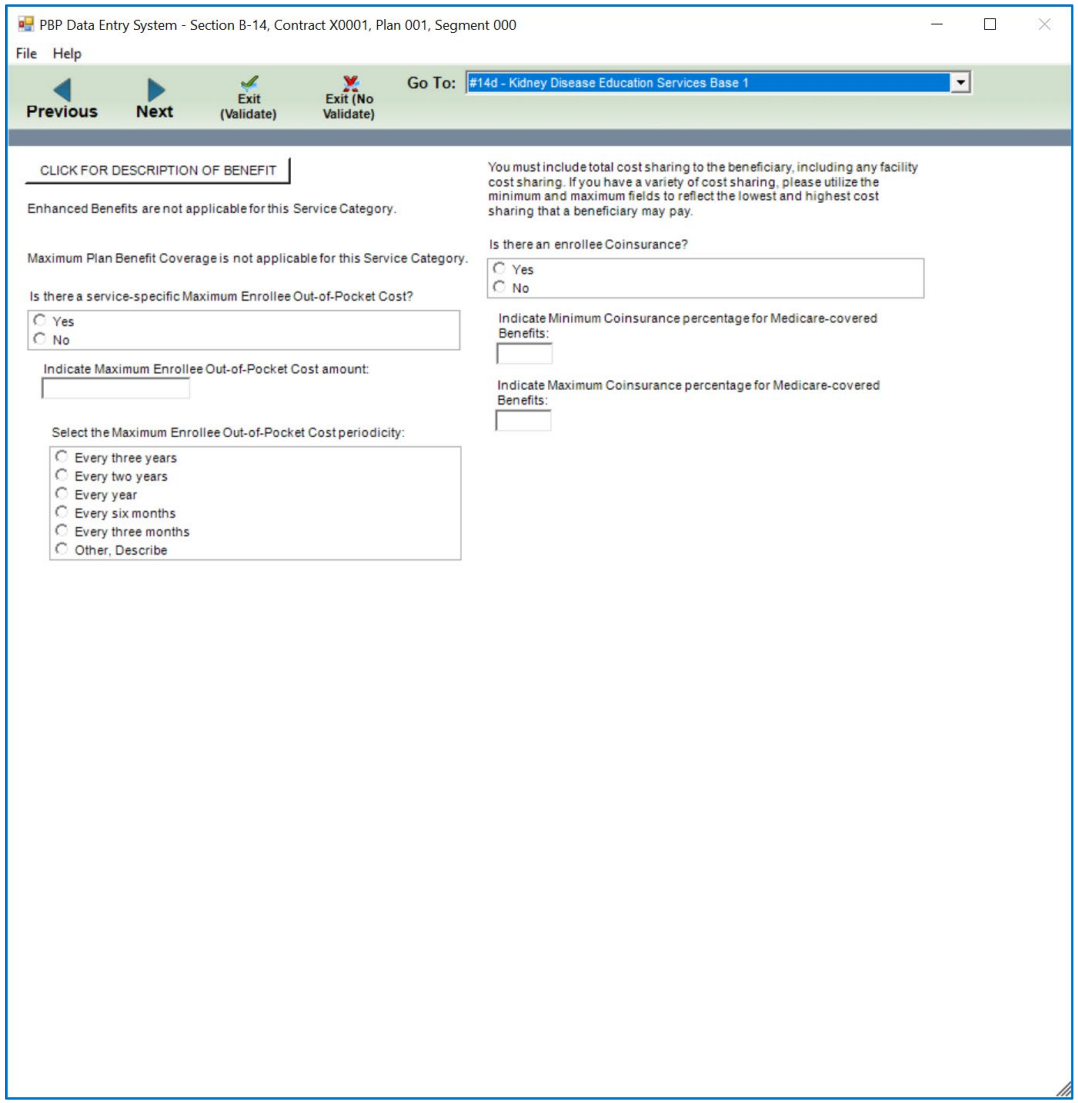
#14c Other Defined Supplemental Benefits – Base 15



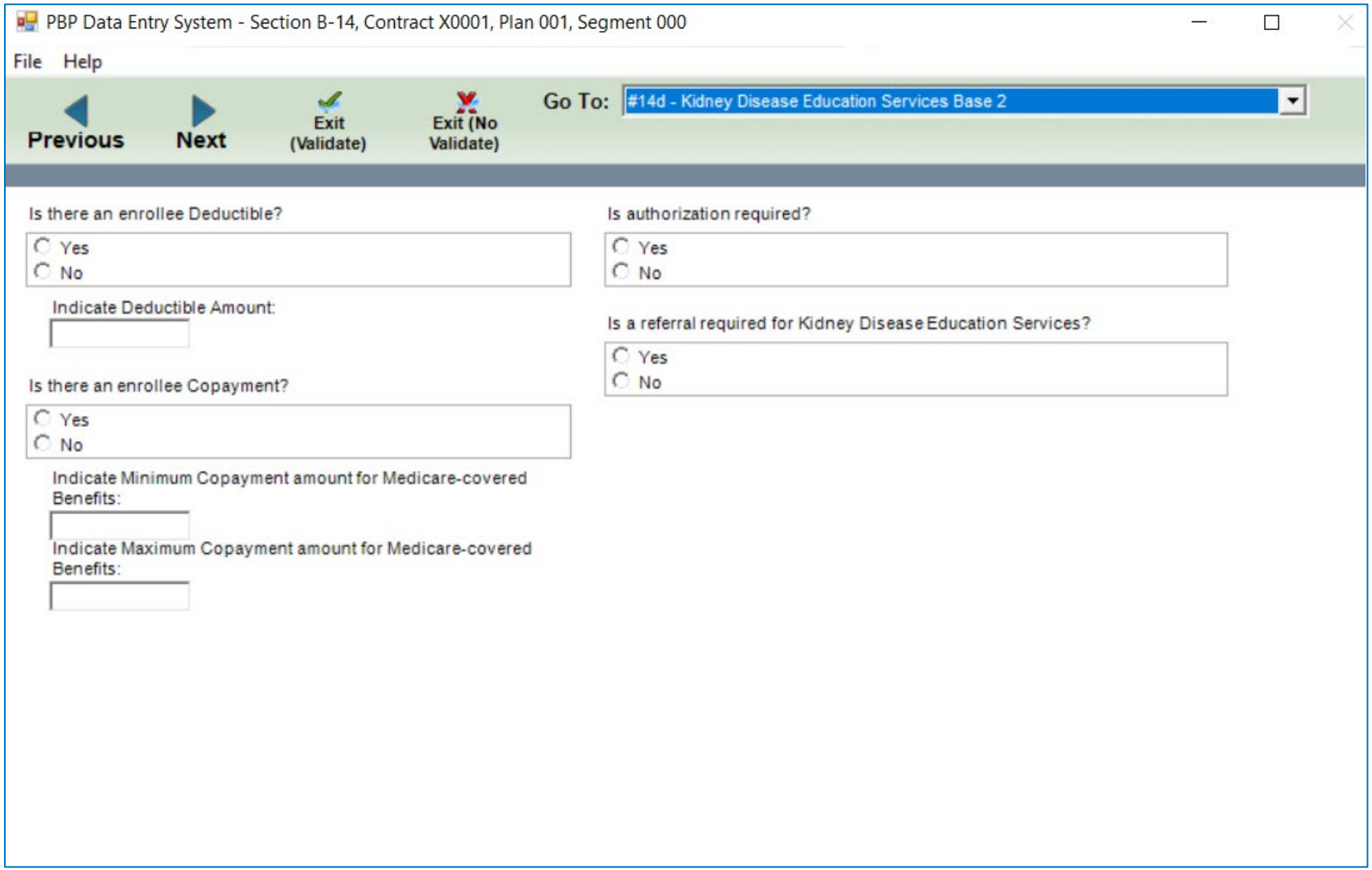
#14c Other Defined Supplemental Benefits – Base 16



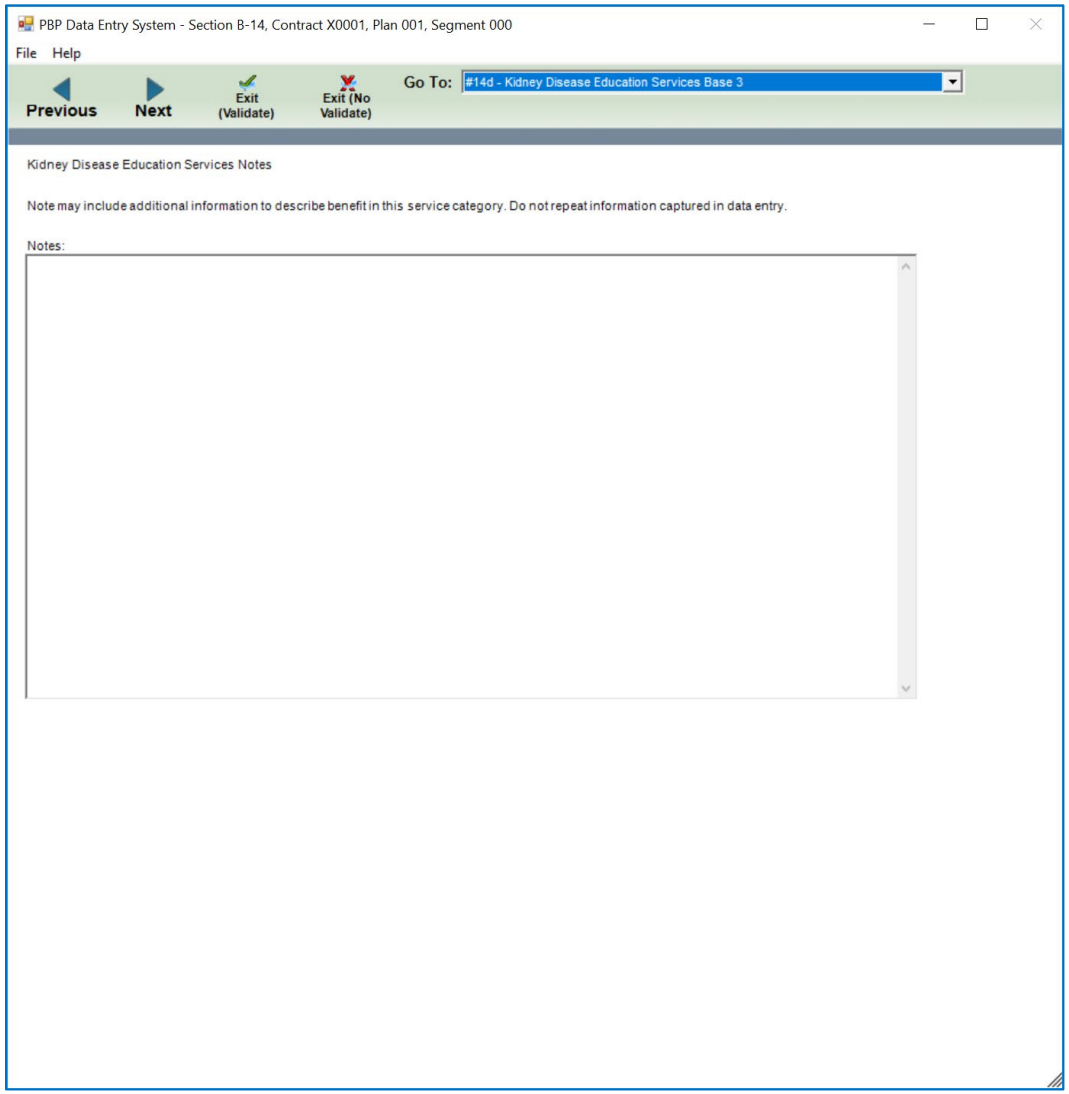
#14d Kidney Disease Education Services Base 1



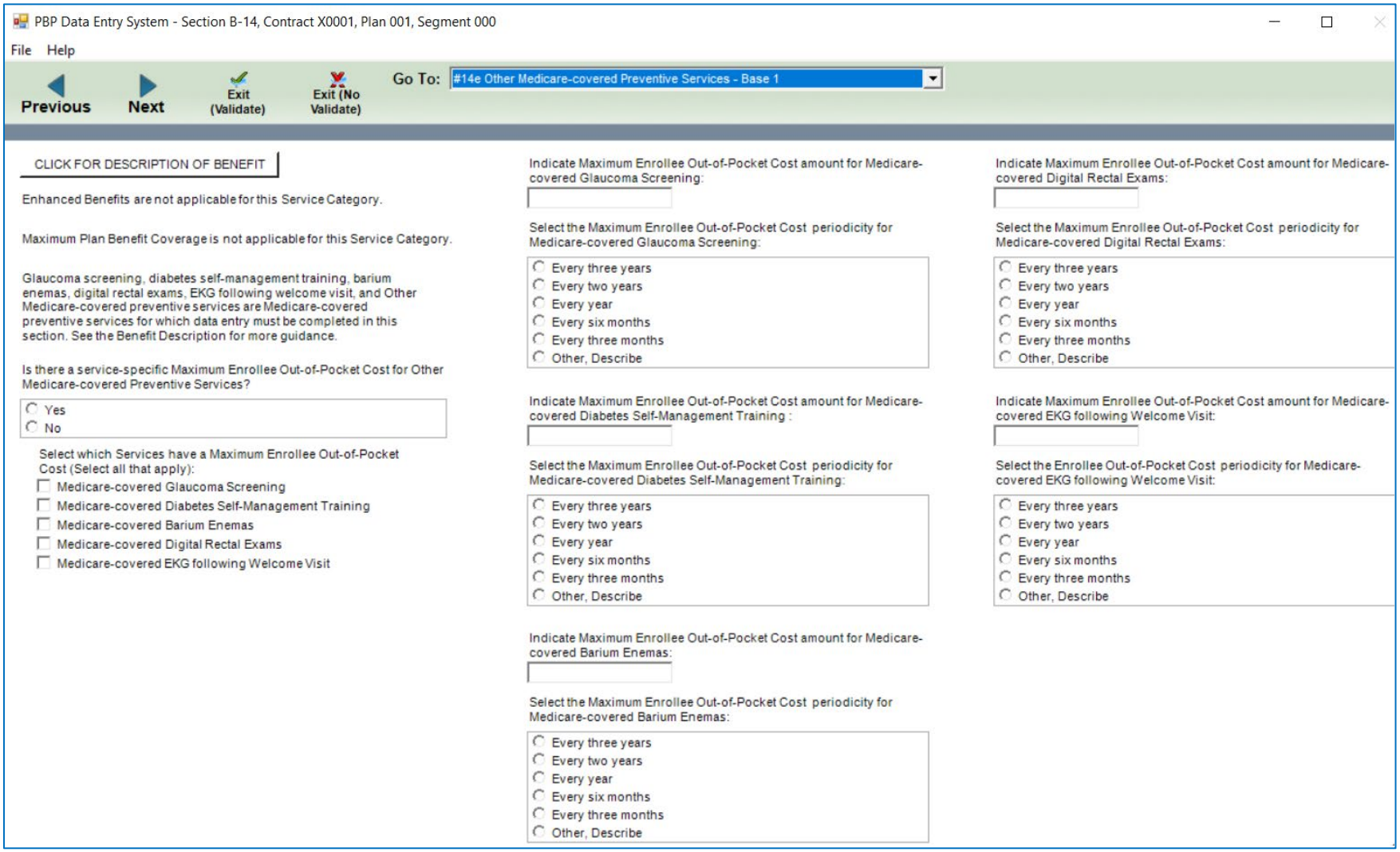
#14d Kidney Disease Education Services Base 2



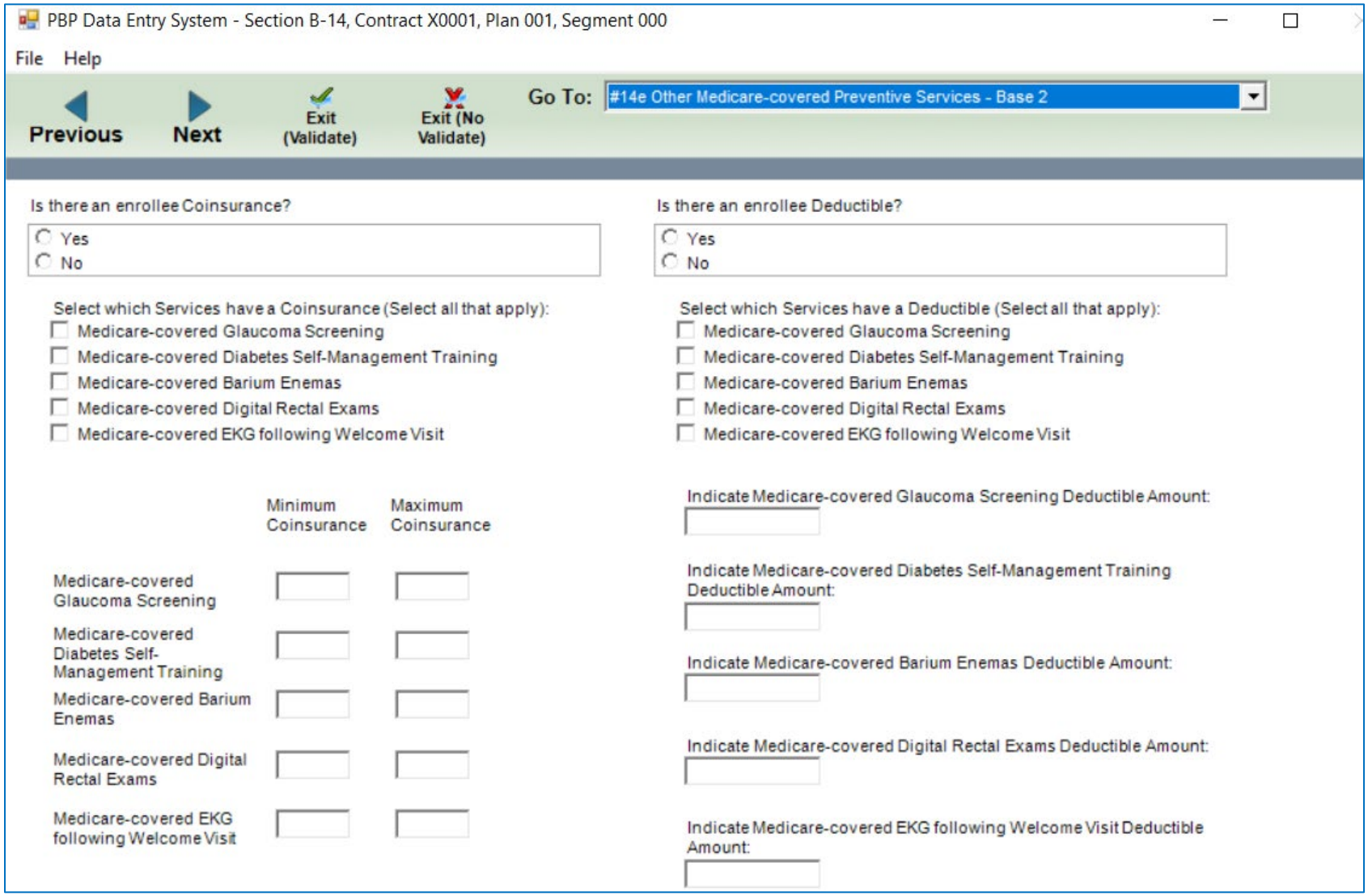
#14d Kidney Disease Education Services – Base 3



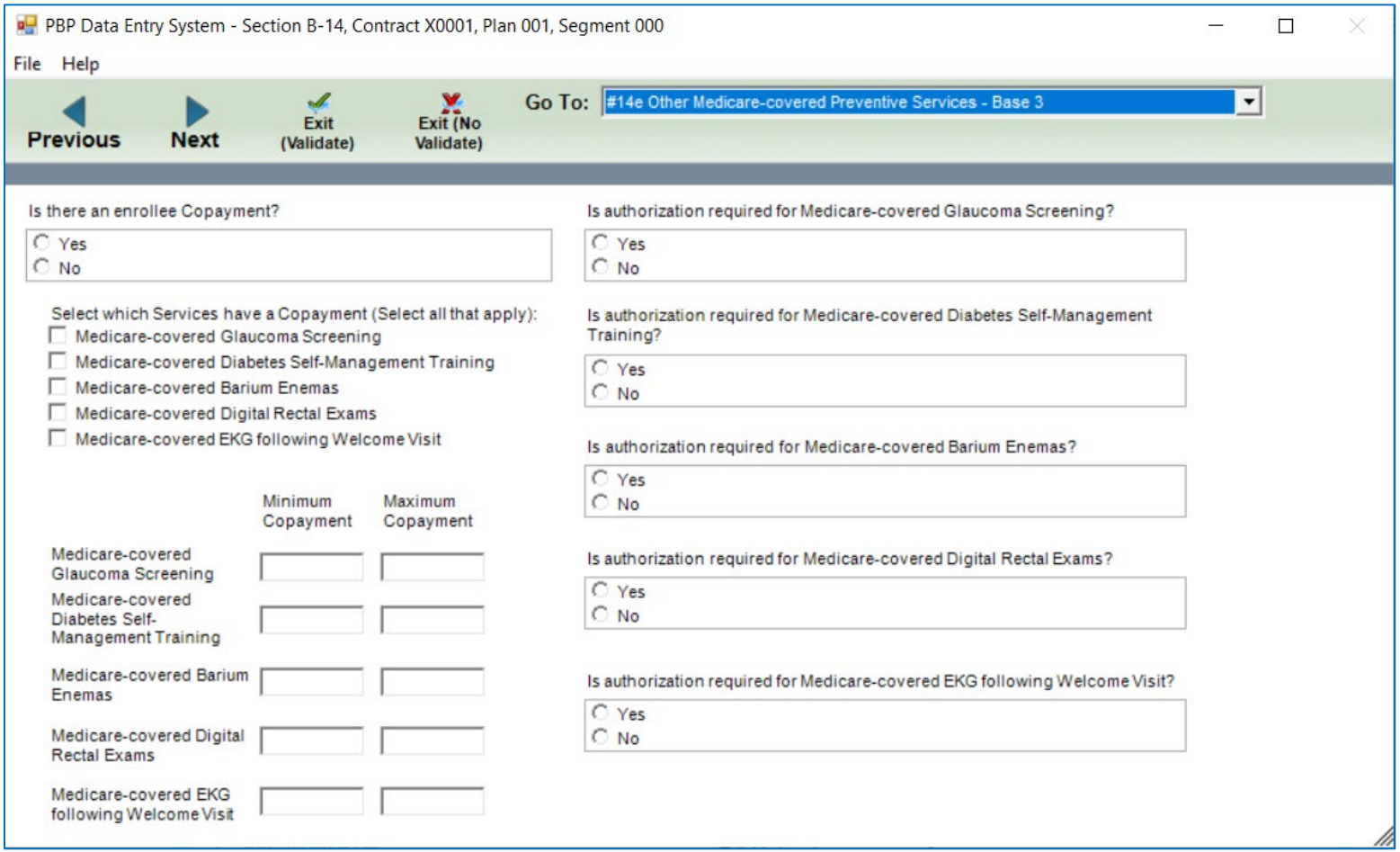
#14e Other Medicare-covered Preventive Services – Base 1



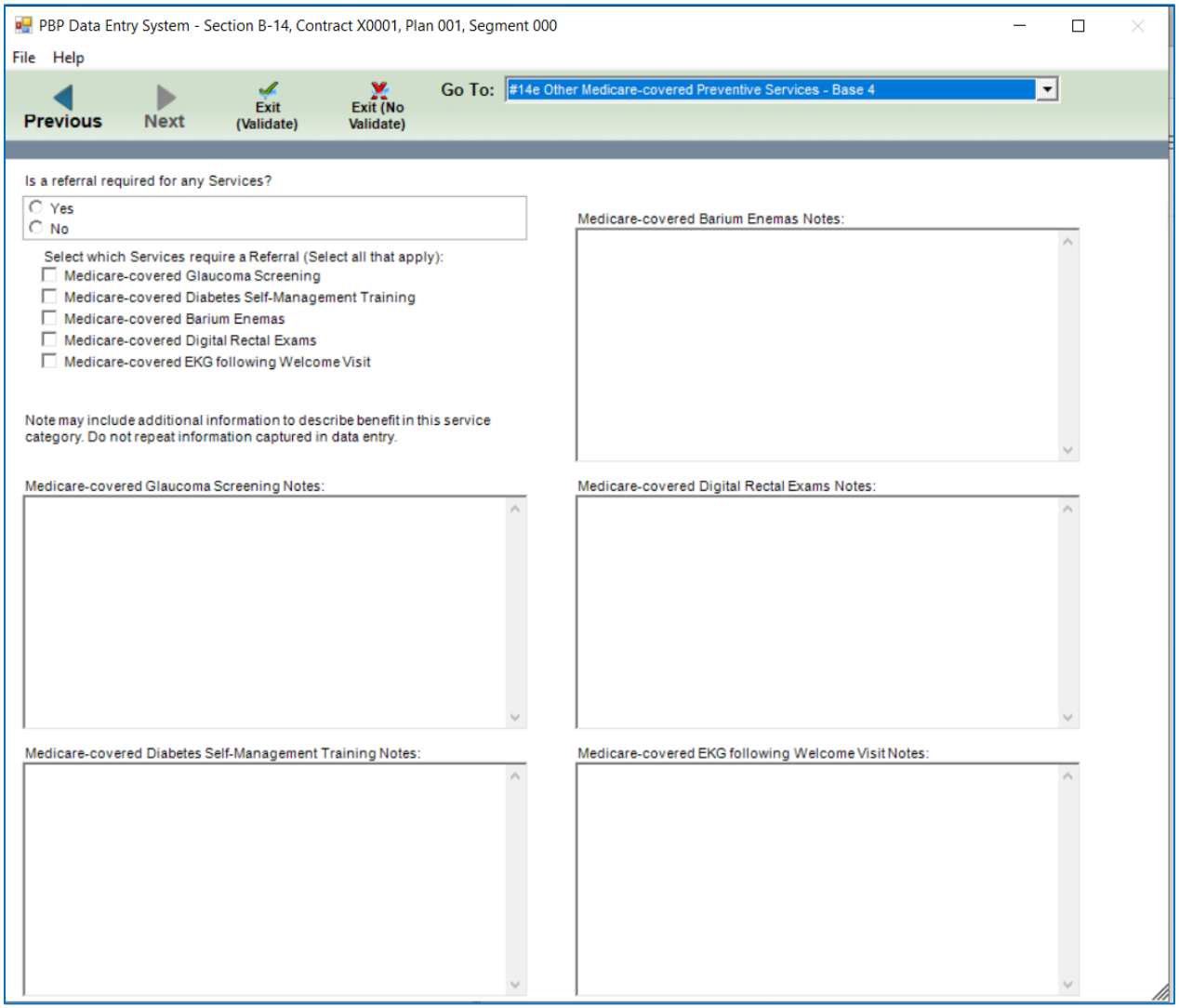
#14e Other Medicare-covered Preventive Services – Base 2



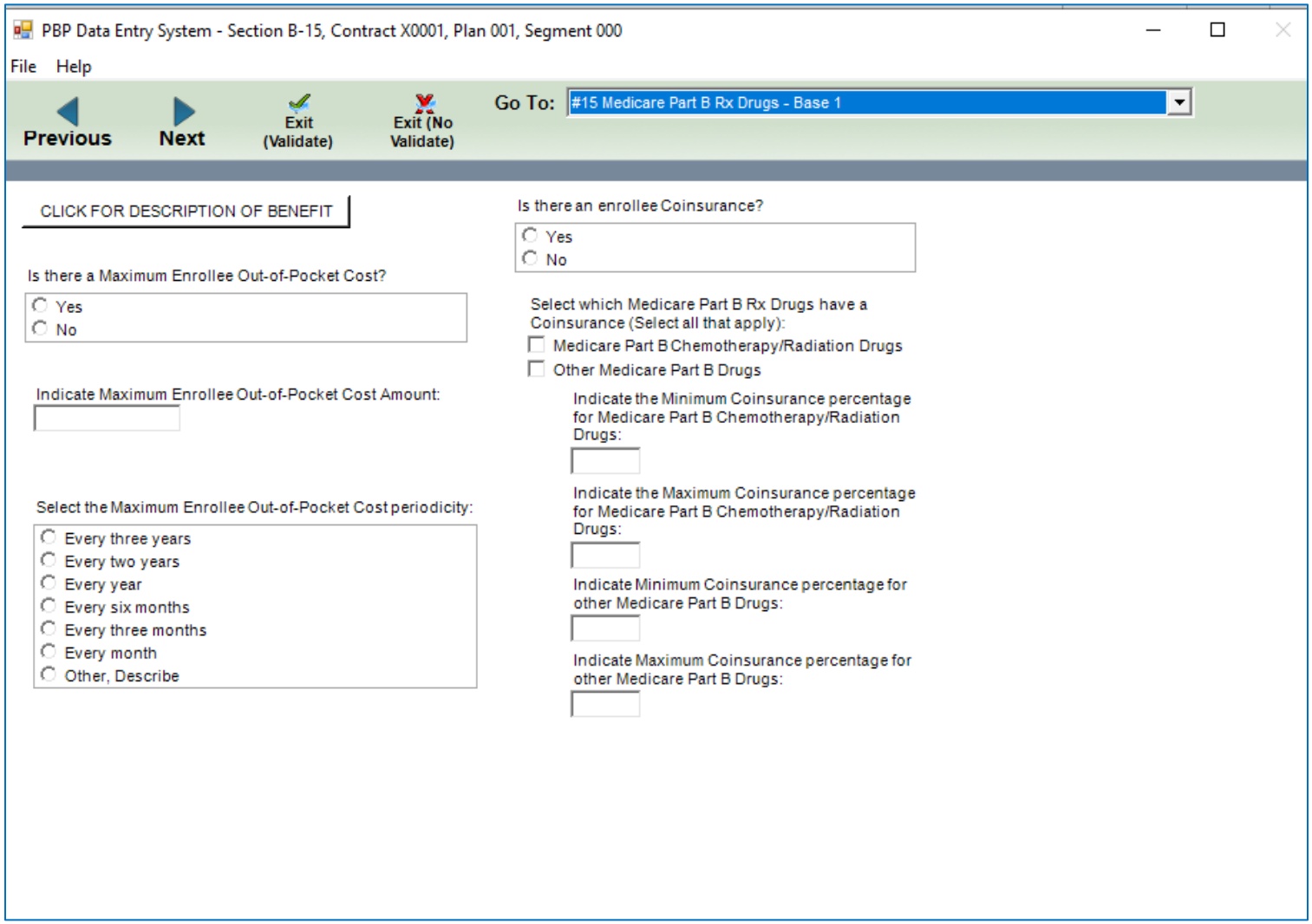
#14e Other Medicare-covered Preventive Services – Base 3



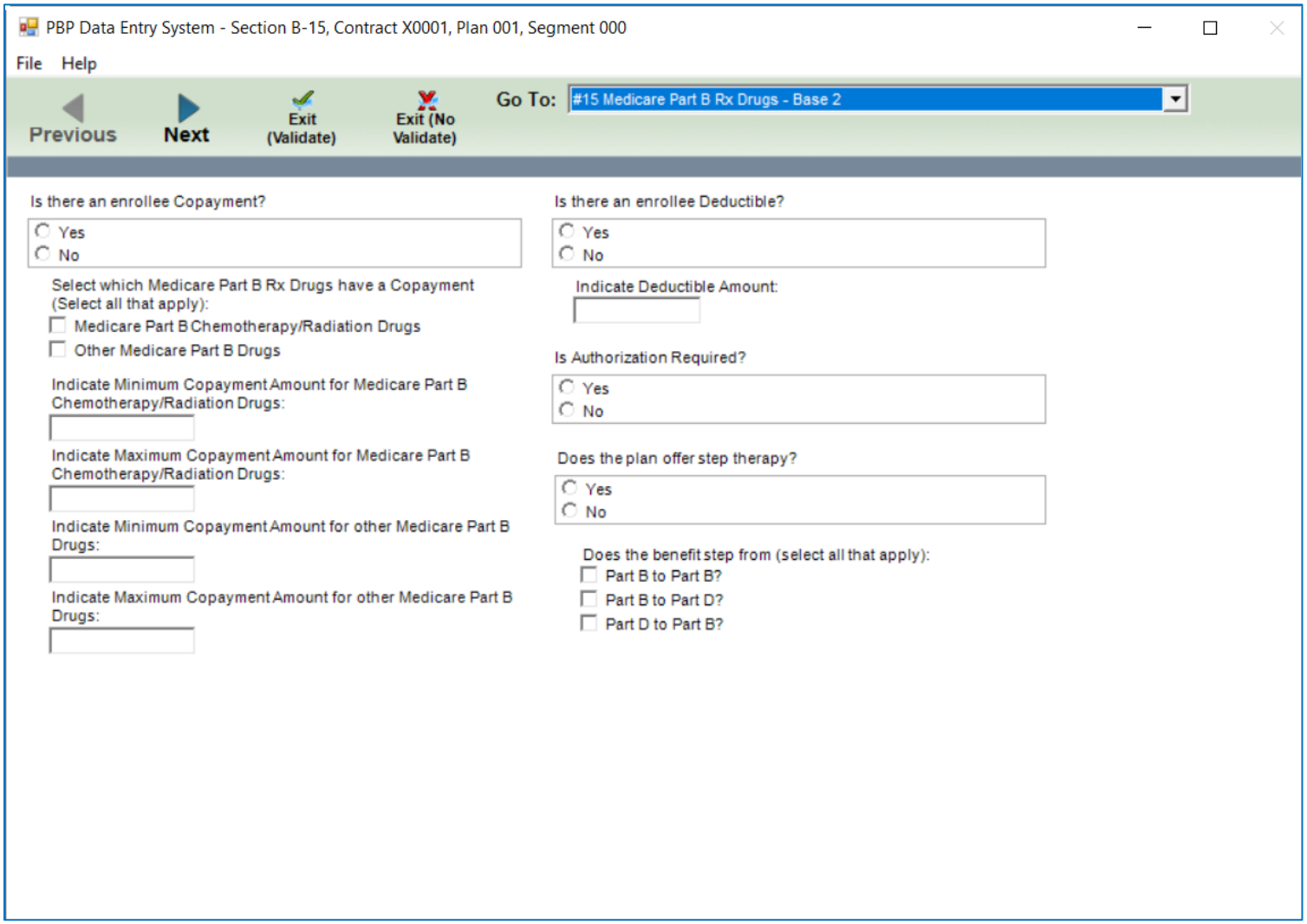
#14e Other Medicare-covered Preventive Services – Base 4



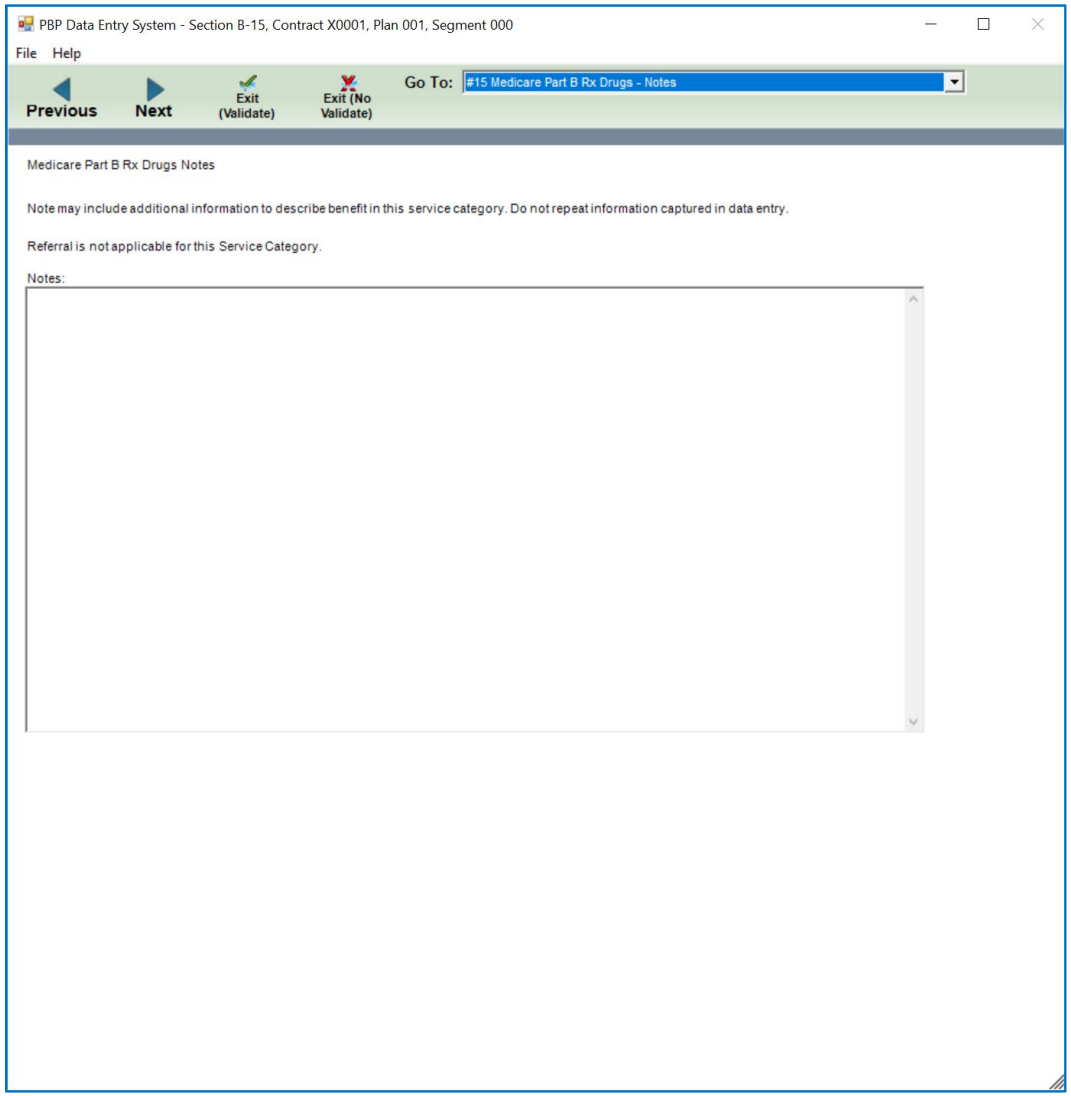
#15 Medicare Part B Rx Drugs – Base 1



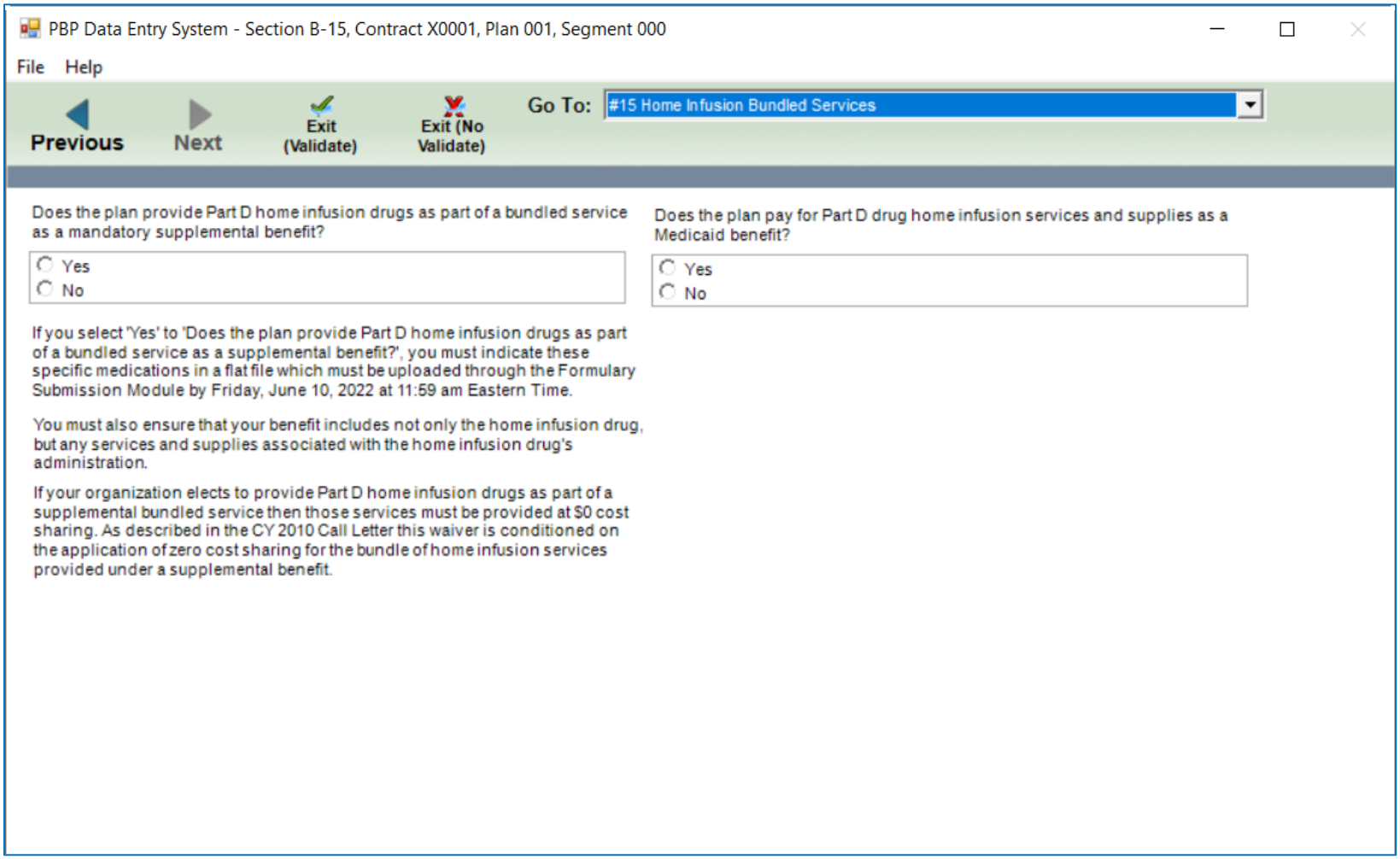
#15 Medicare Part B Rx Drugs – Base 2



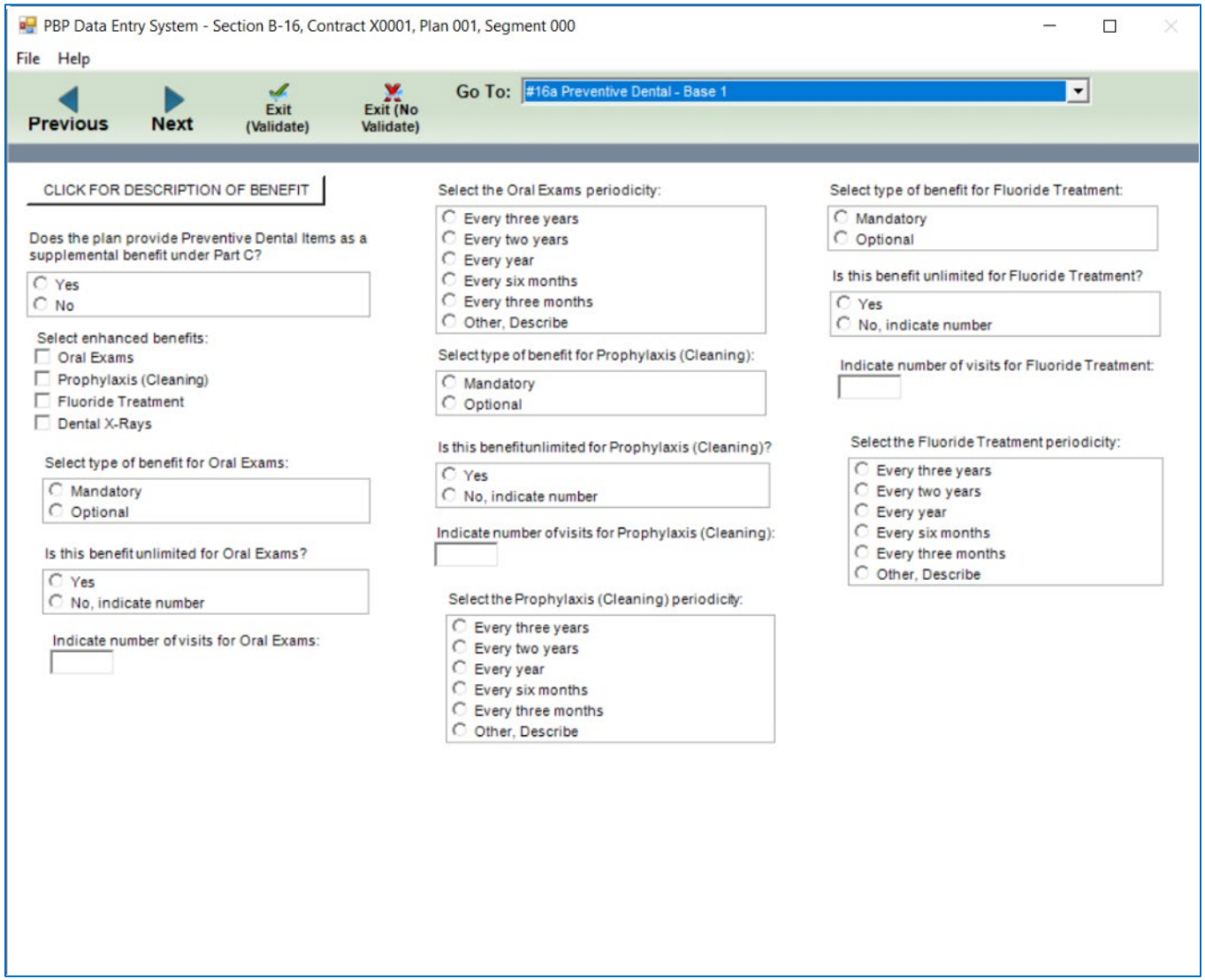
#15 Medicare Part B Rx Drugs – Notes



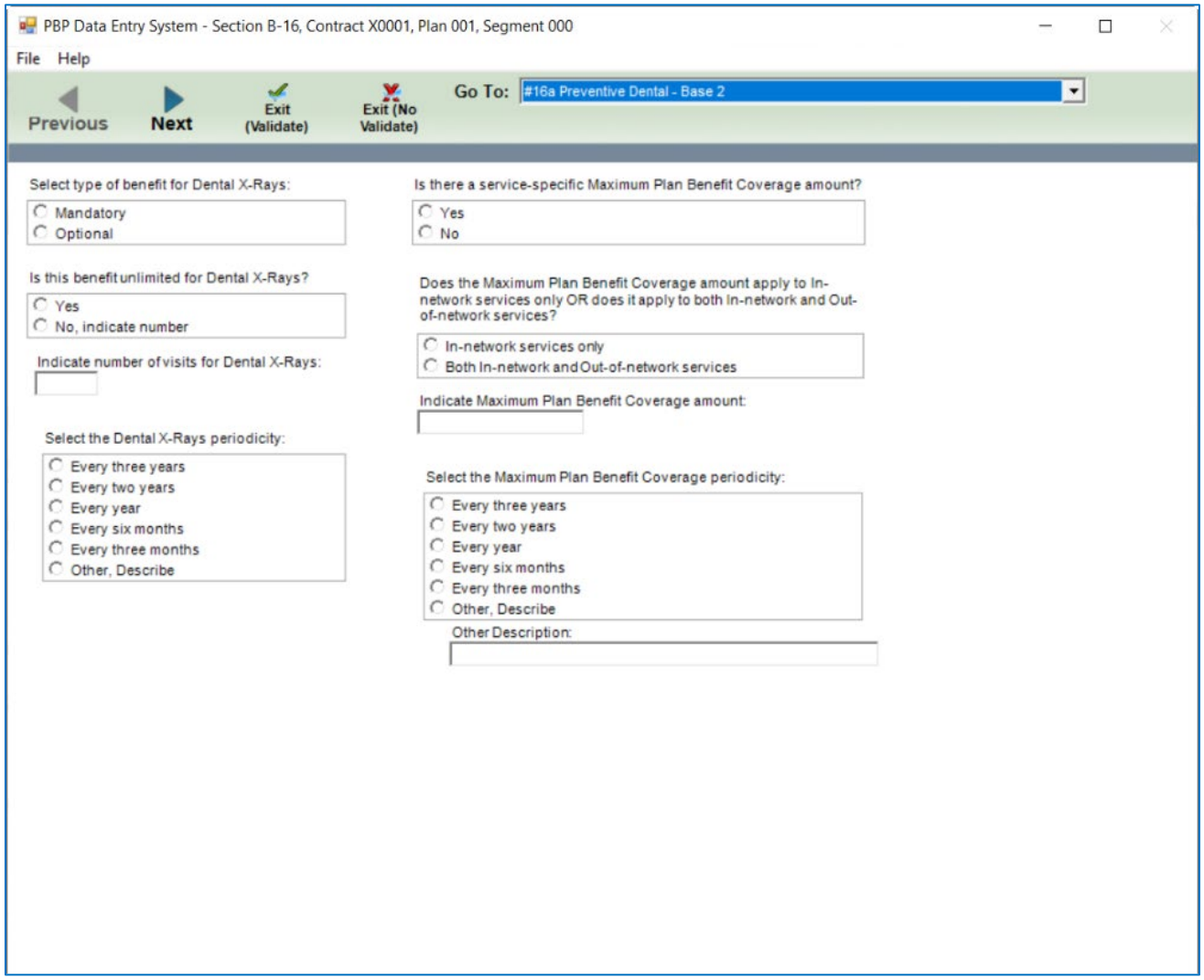
#15 Home Infusion Bundled Services



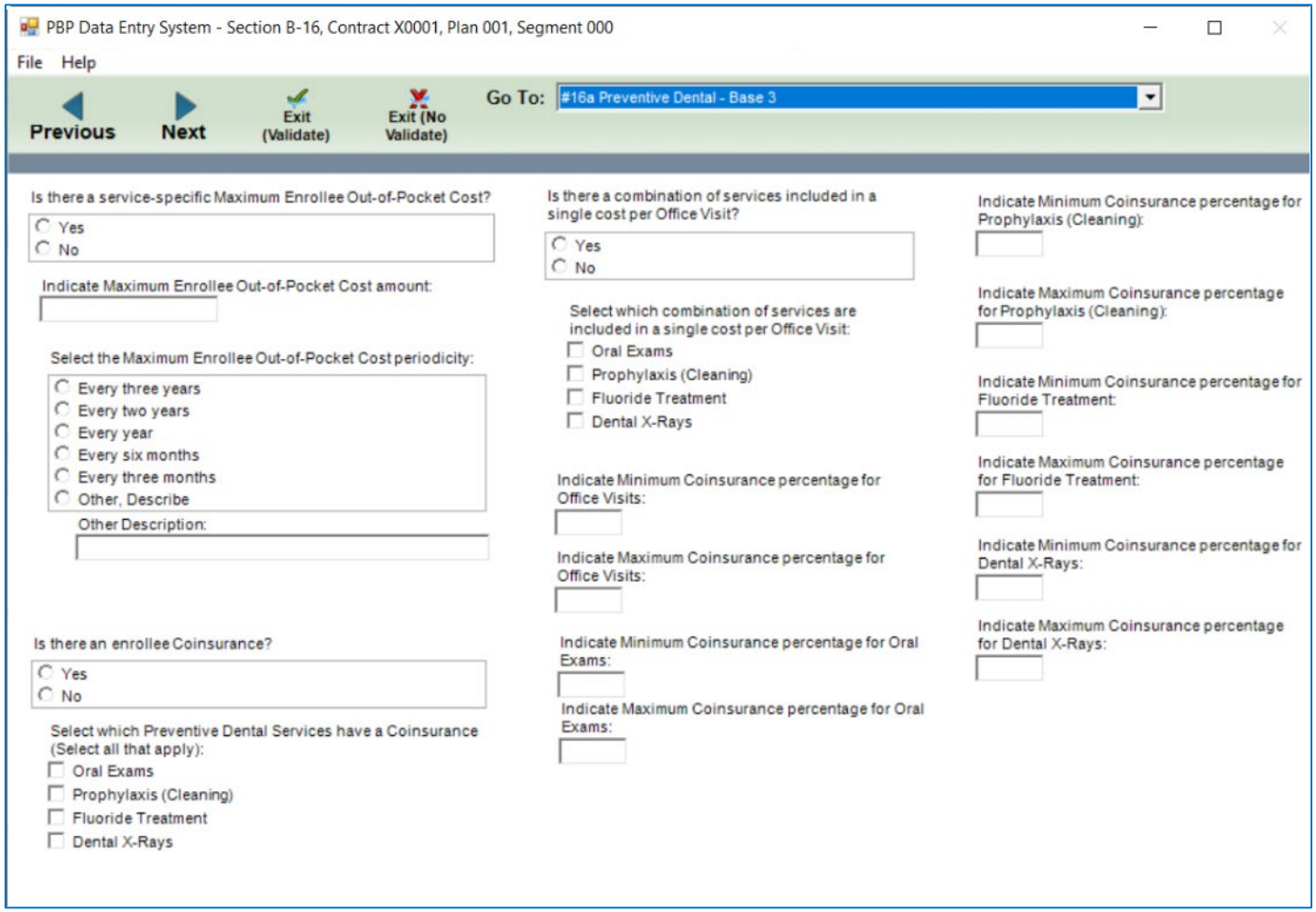
#16a Preventive Dental – Base 1



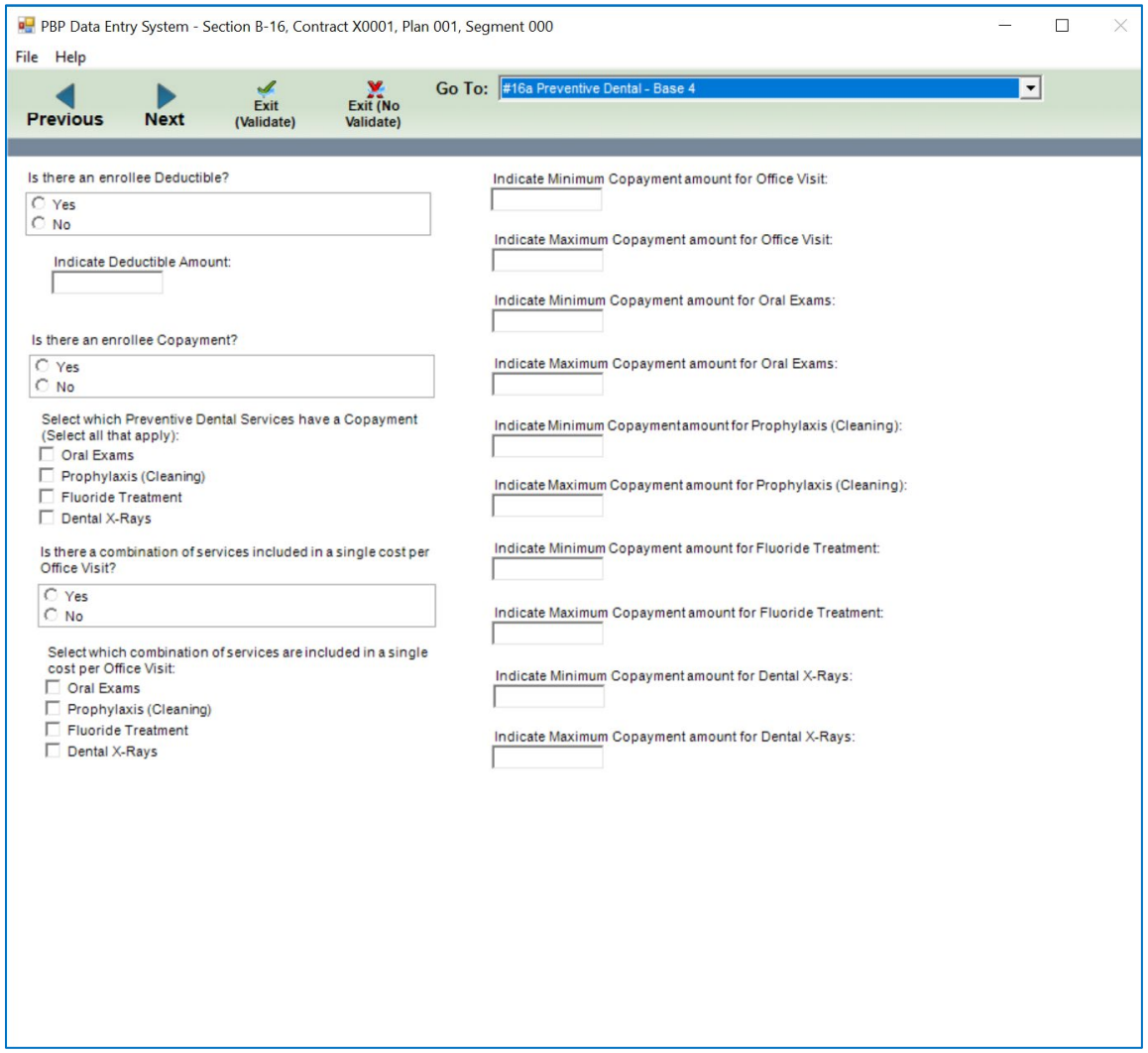
#16a Preventive Dental – Base 2



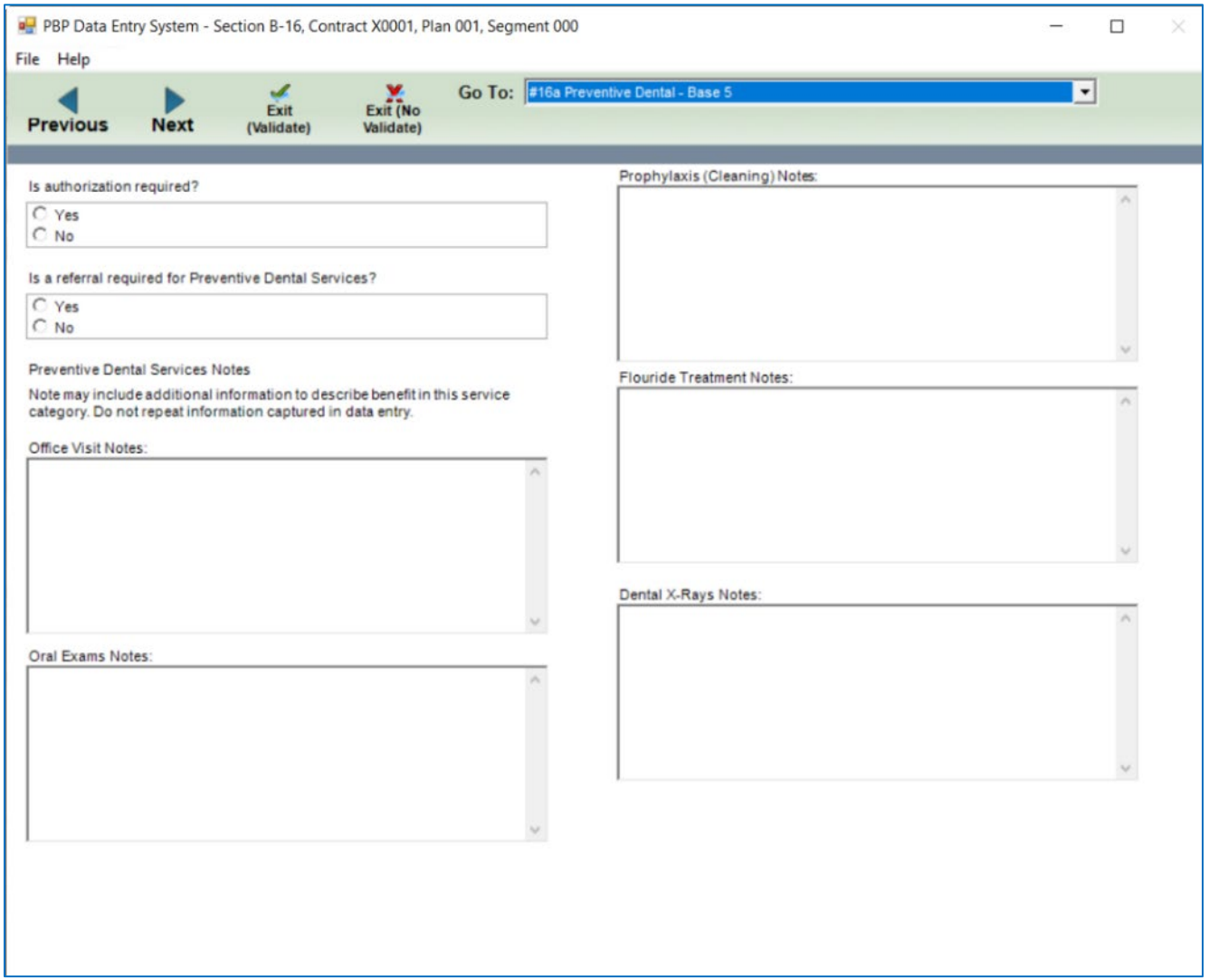
#16a Preventive Dental – Base 3



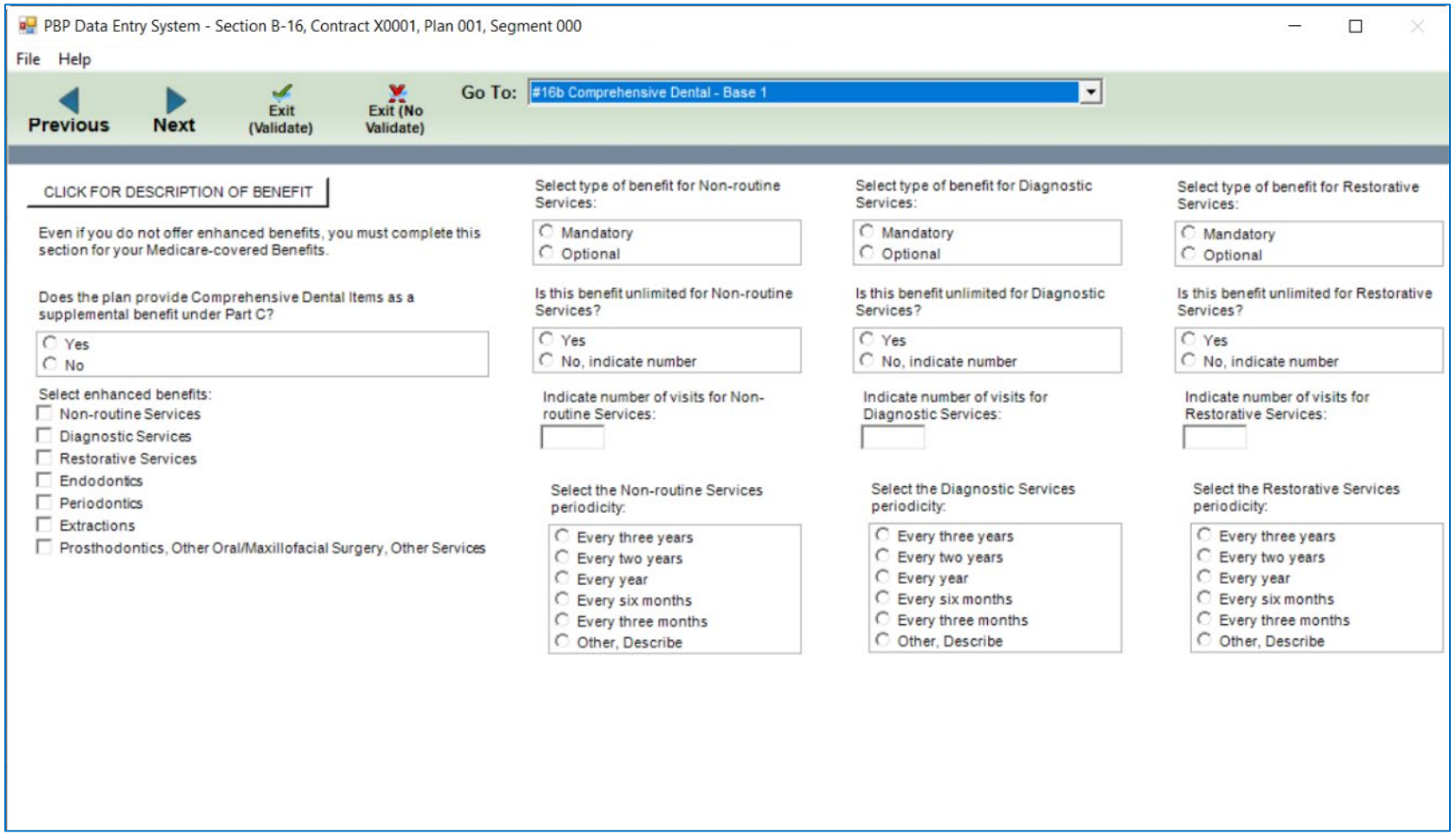
#16a Preventive Dental – Base 4



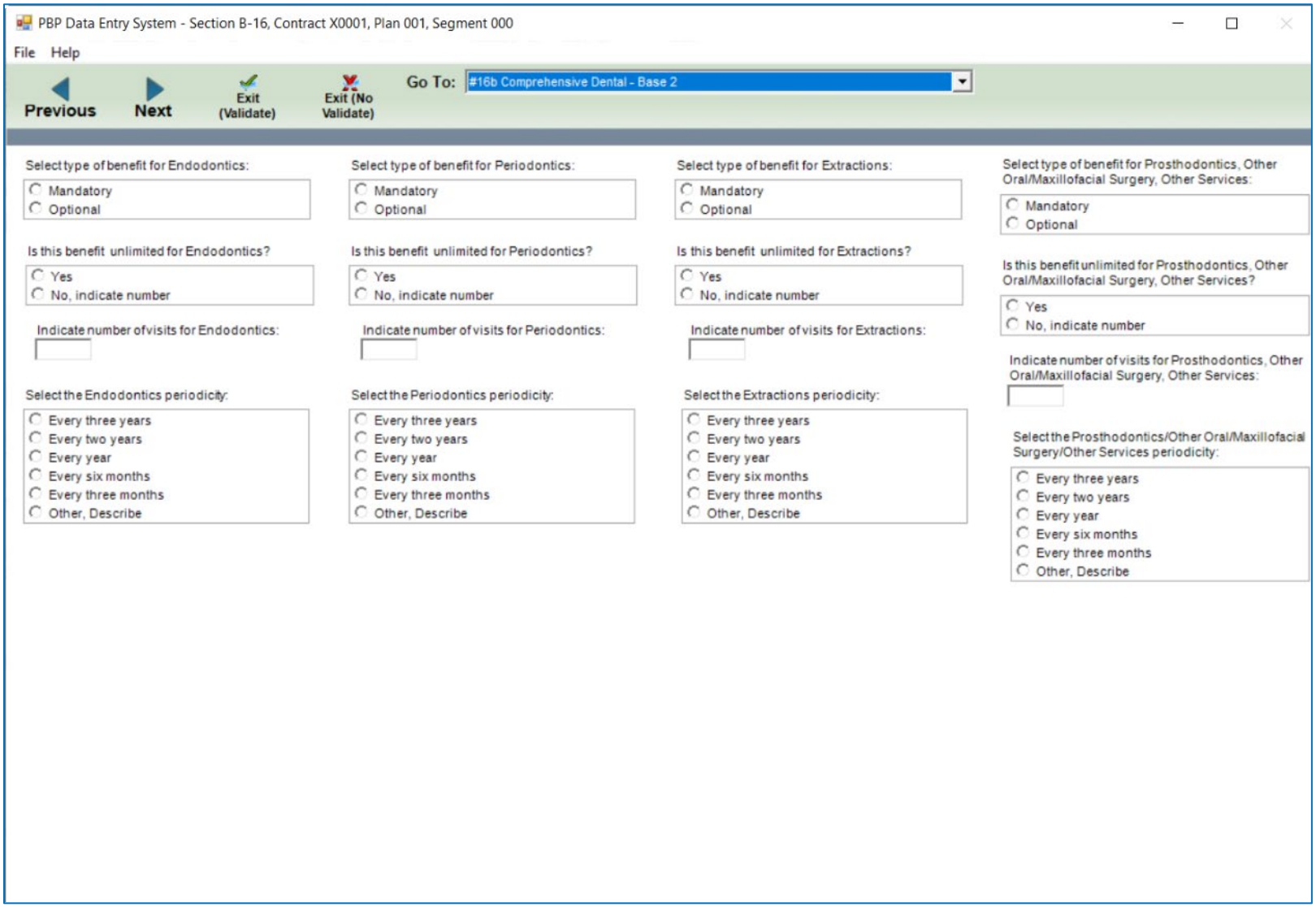
#16a Preventive Dental – Base 5



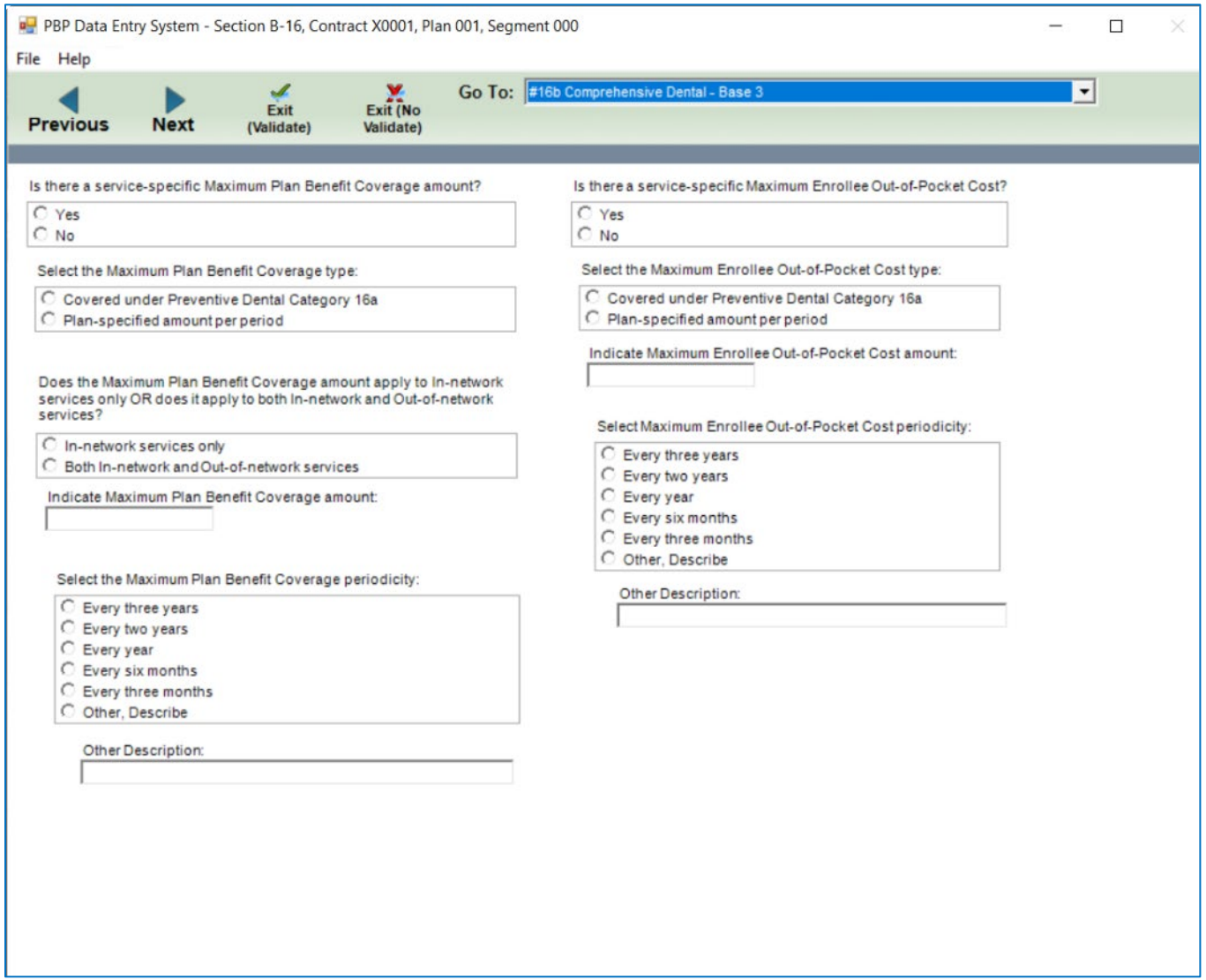
#16b Comprehensive Dental – Base 1



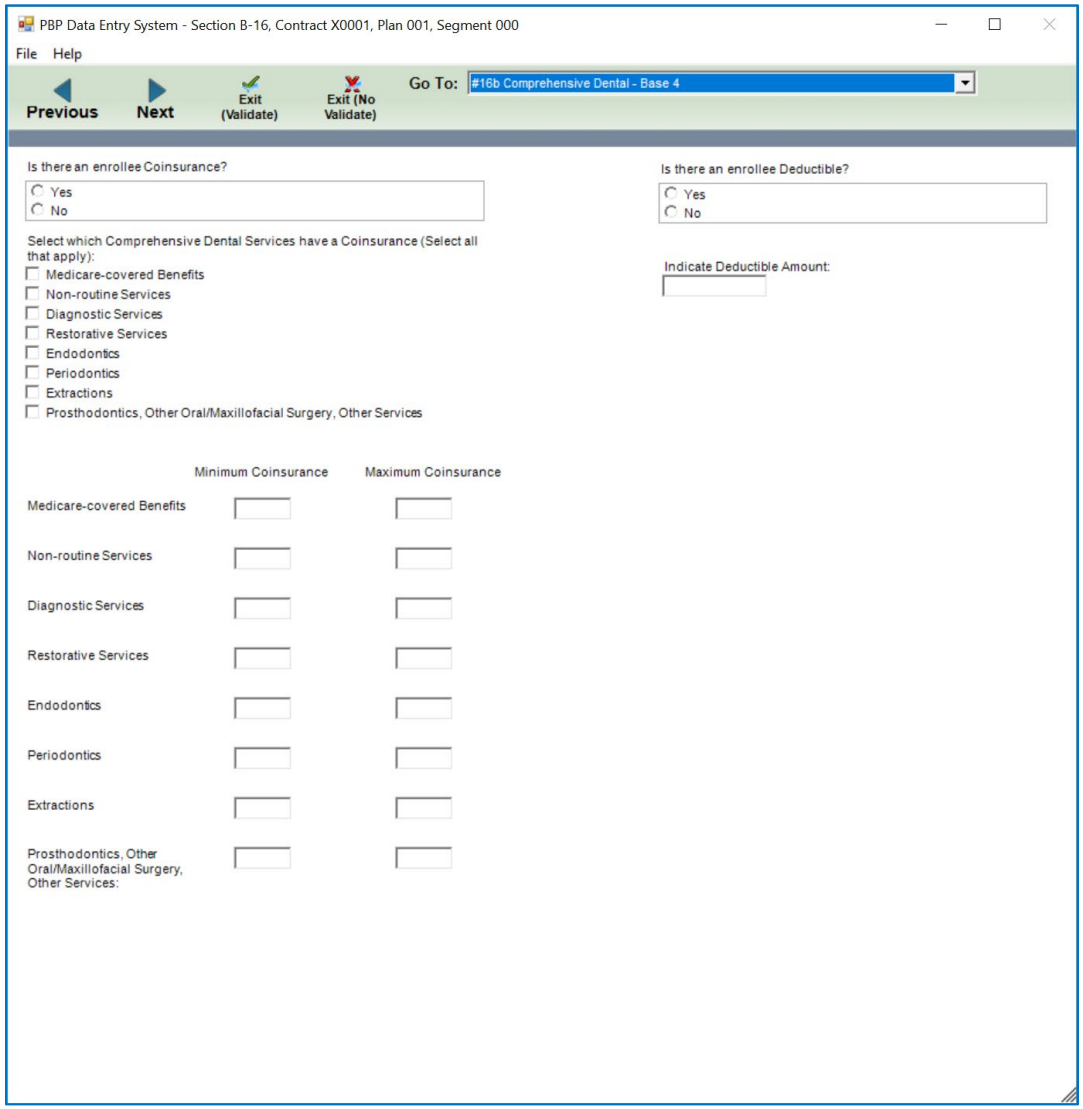
#16b Comprehensive Dental – Base 2



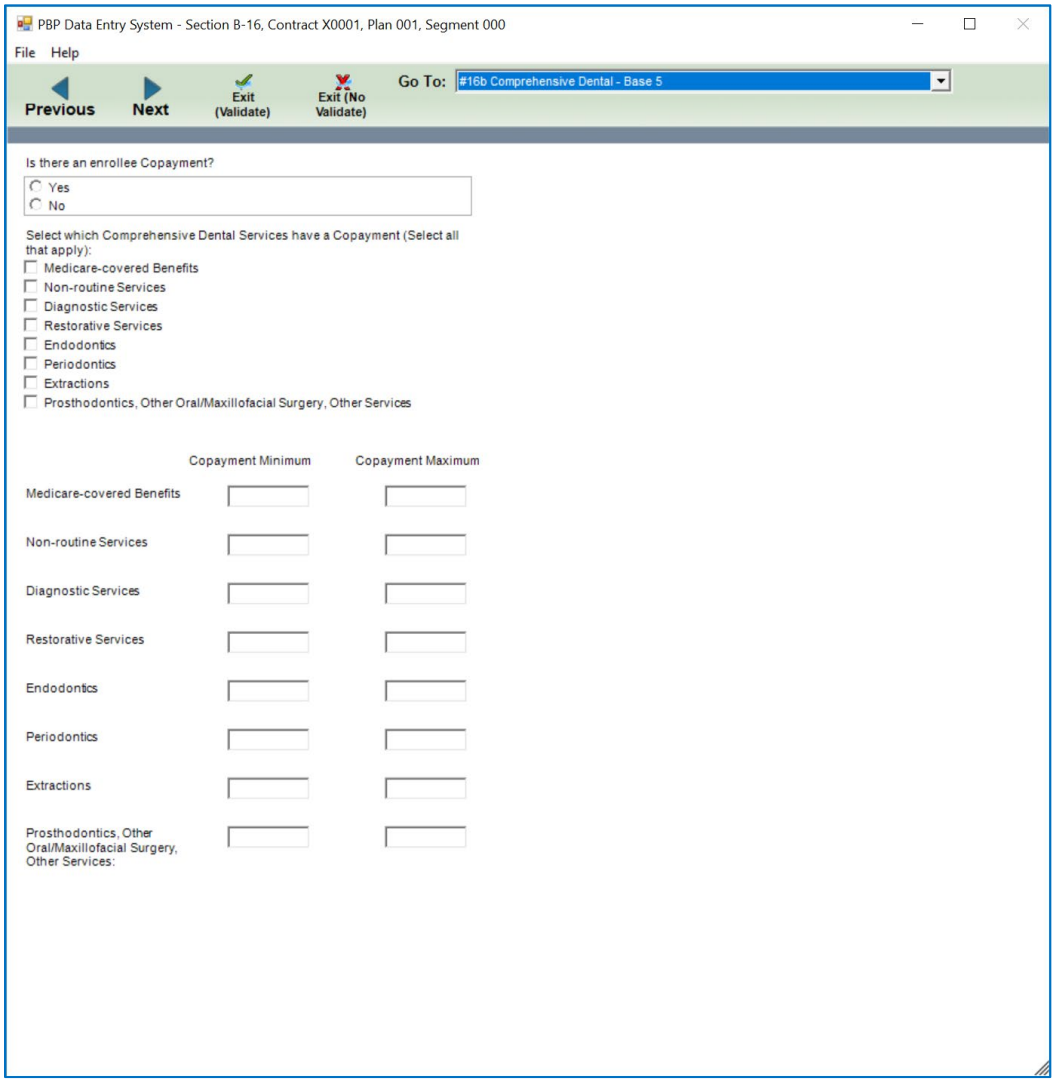
#16b Comprehensive Dental – Base 3



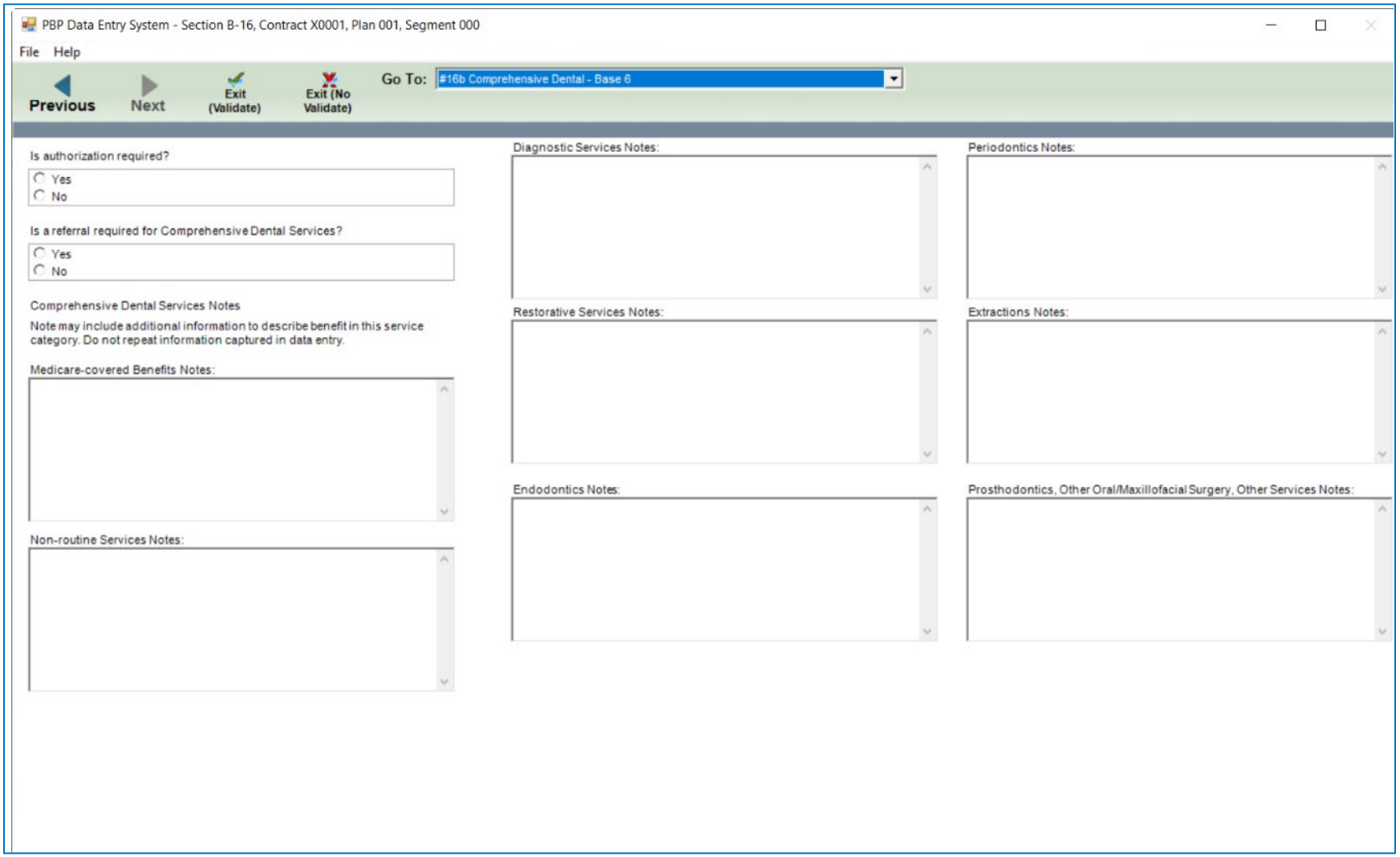
#16b Comprehensive Dental – Base 4



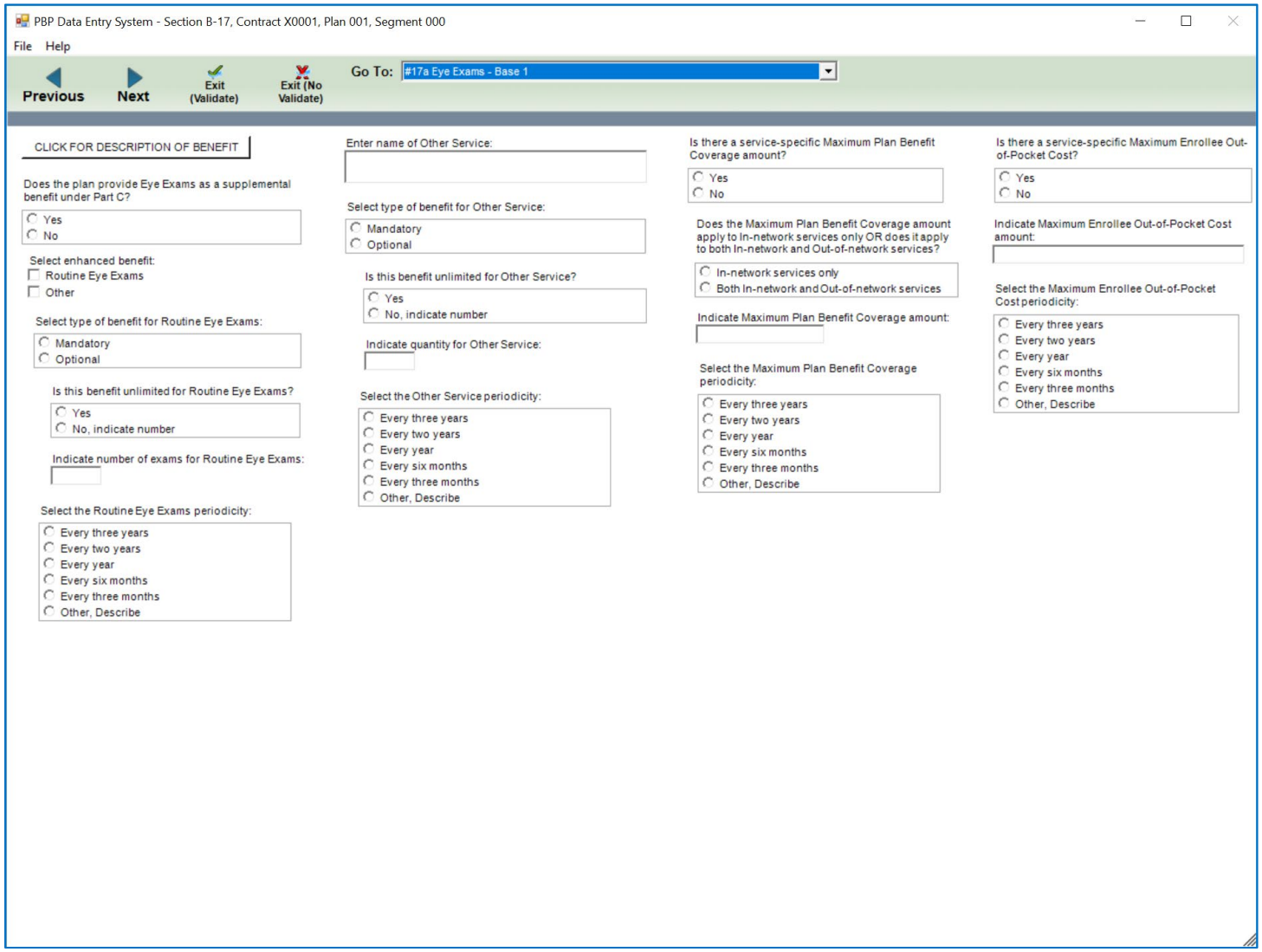
#16b Comprehensive Dental – Base 5



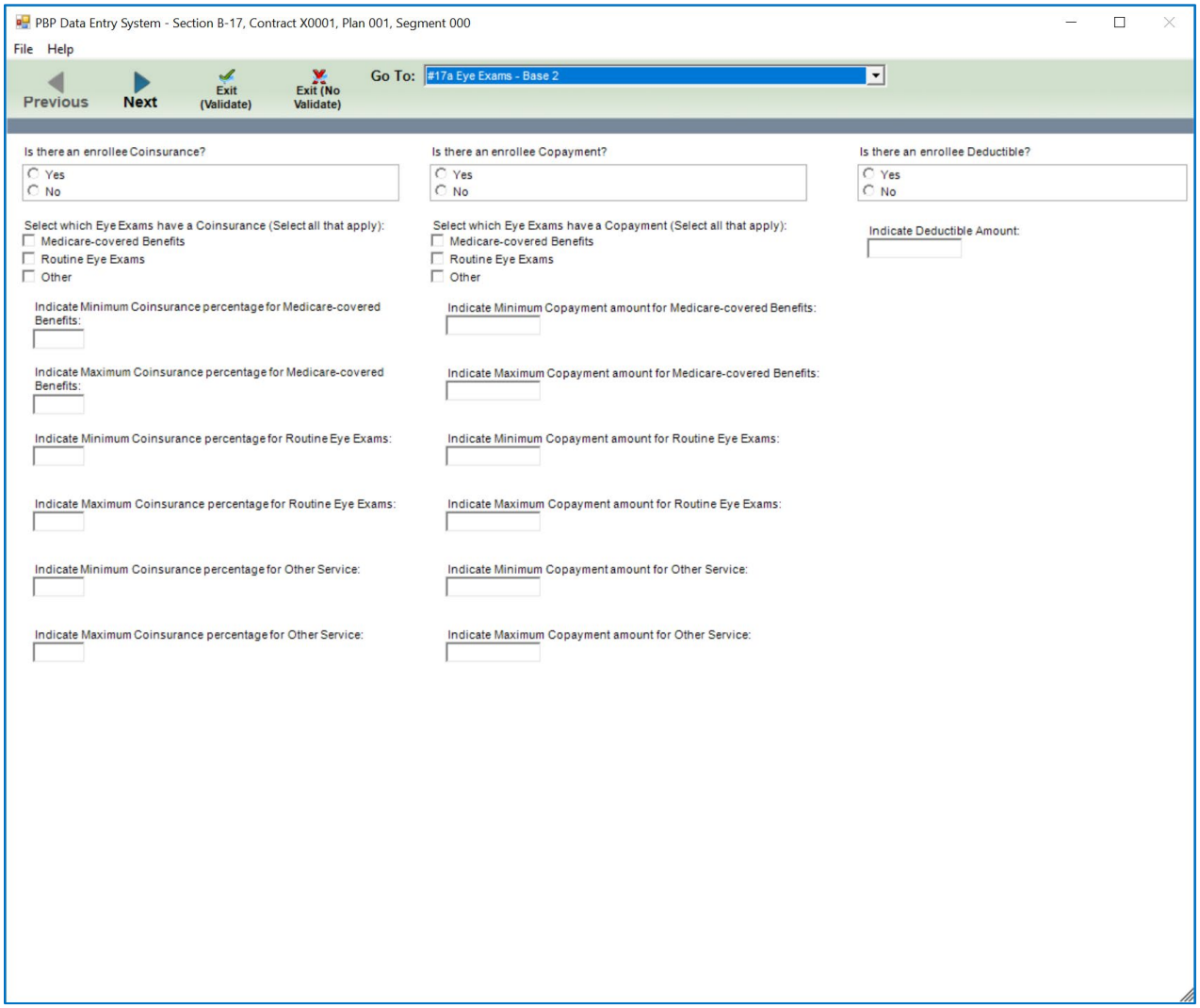
#16b Comprehensive Dental – Base 6



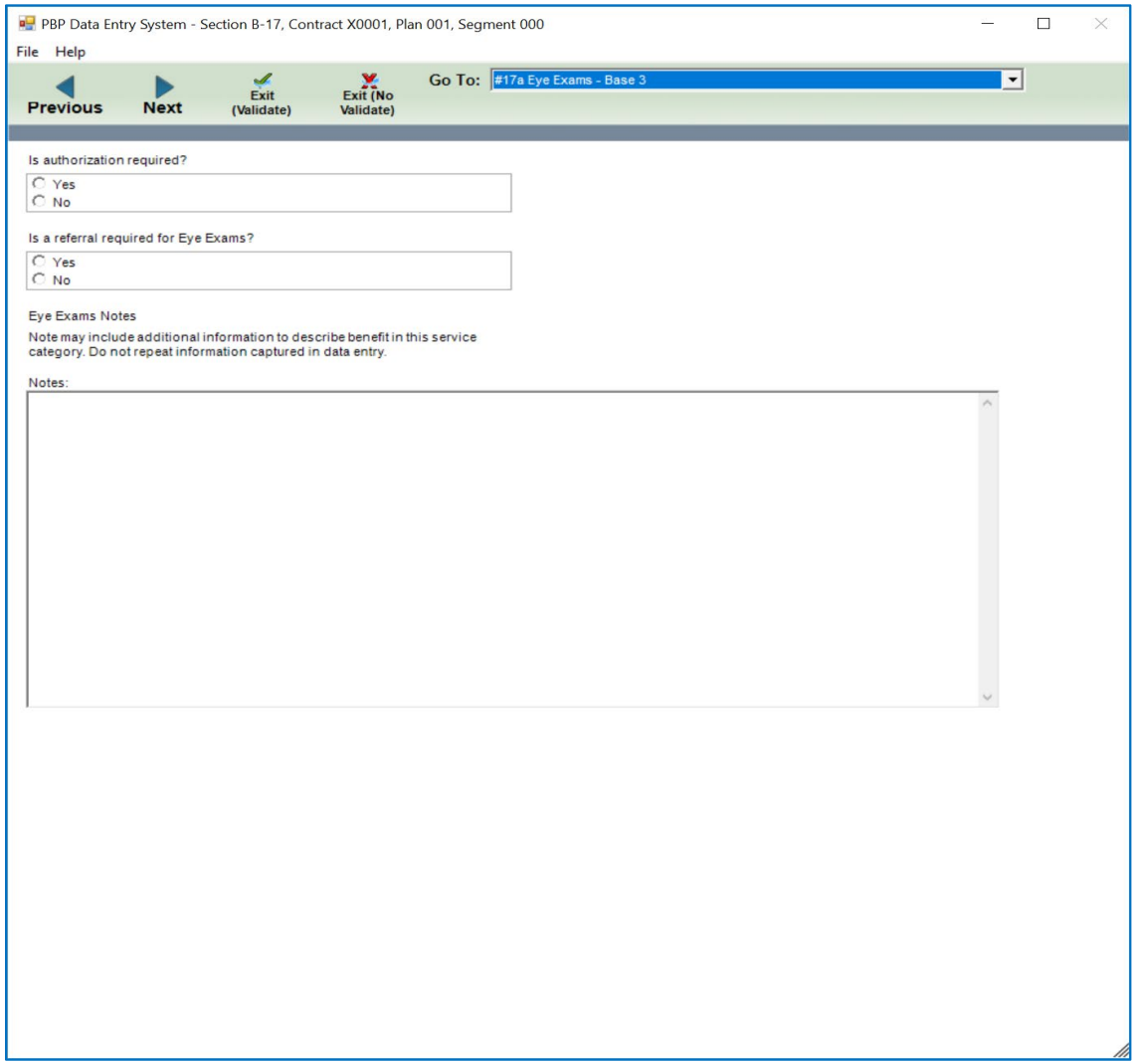
#17a Eye Exams – Base 1



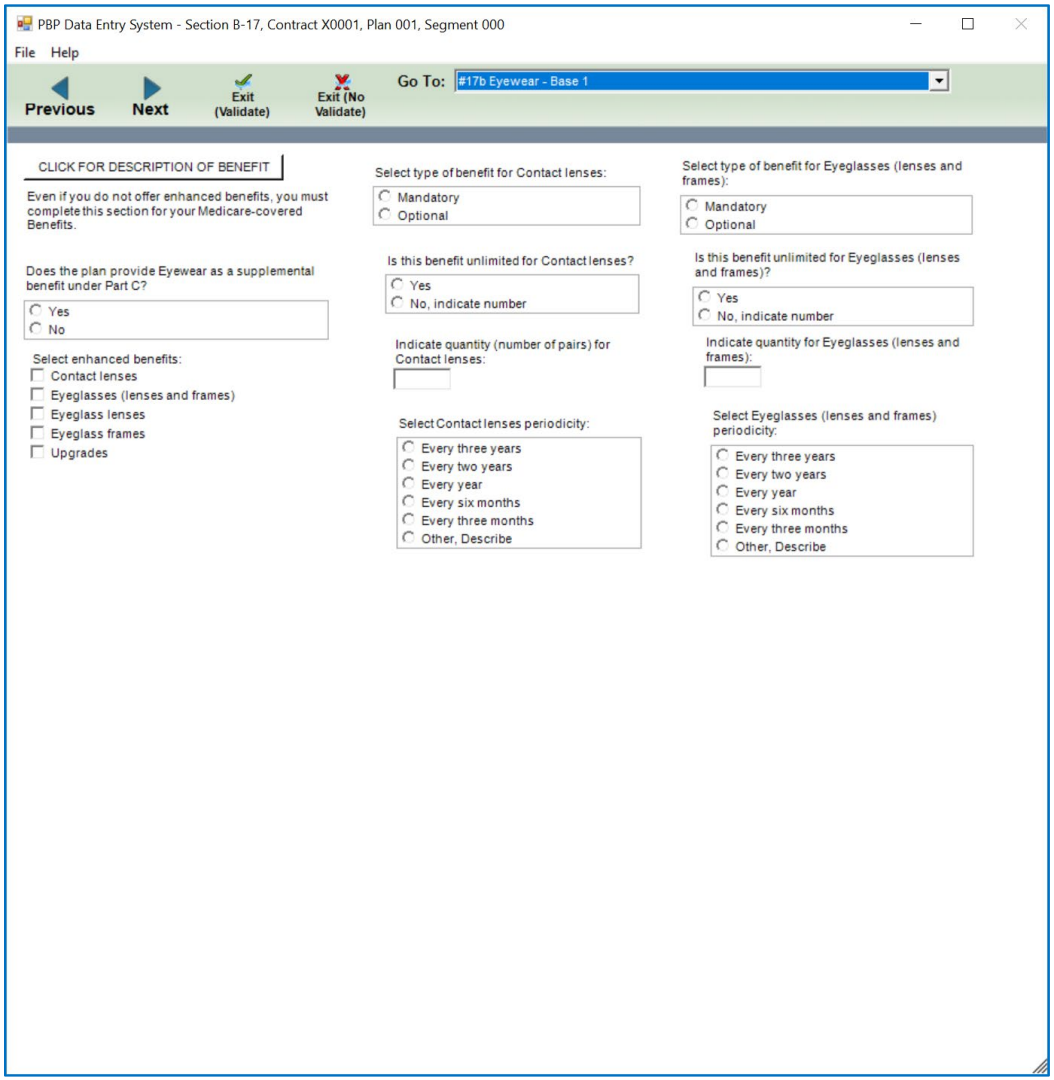
#17a Eye Exams – Base 2



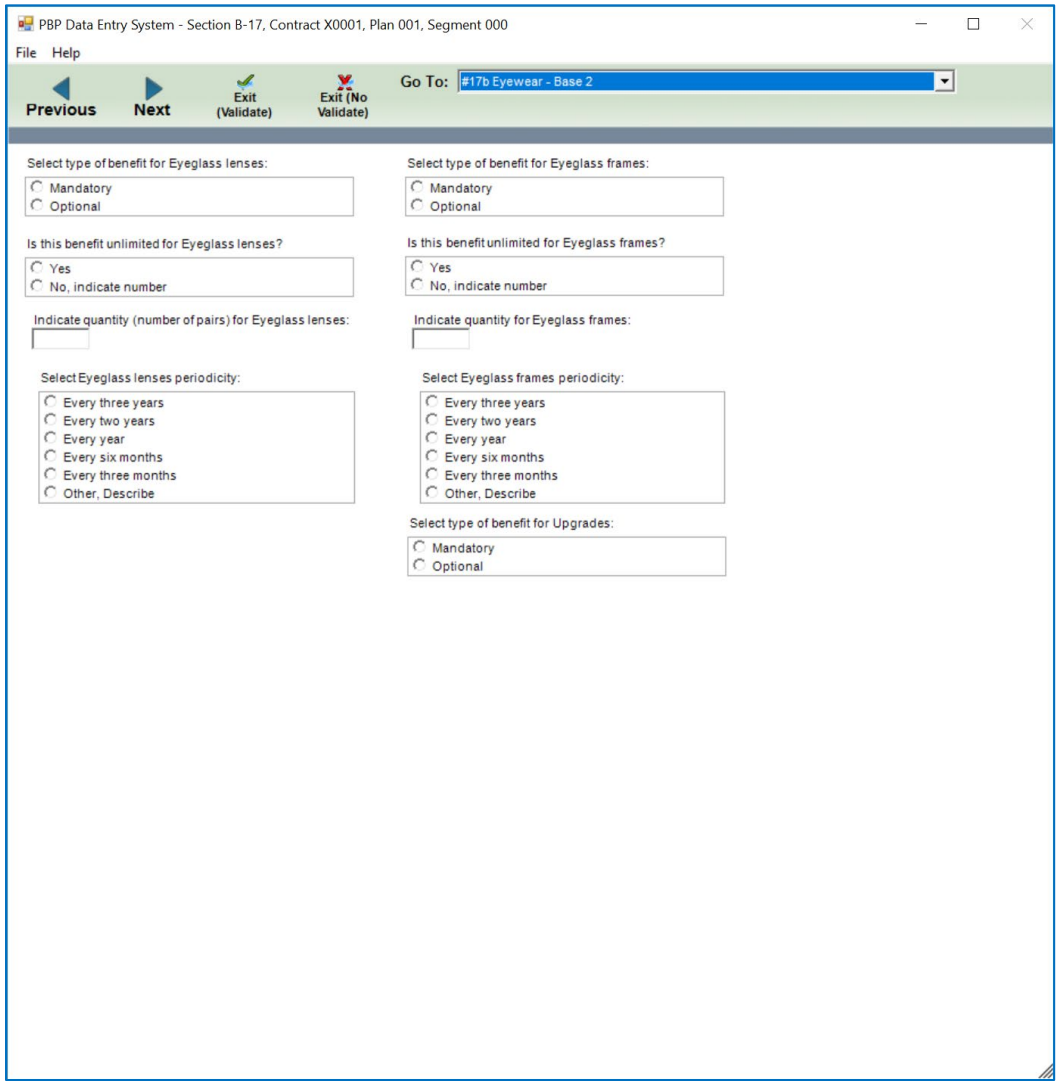
#17a Eye Exams – Base 3



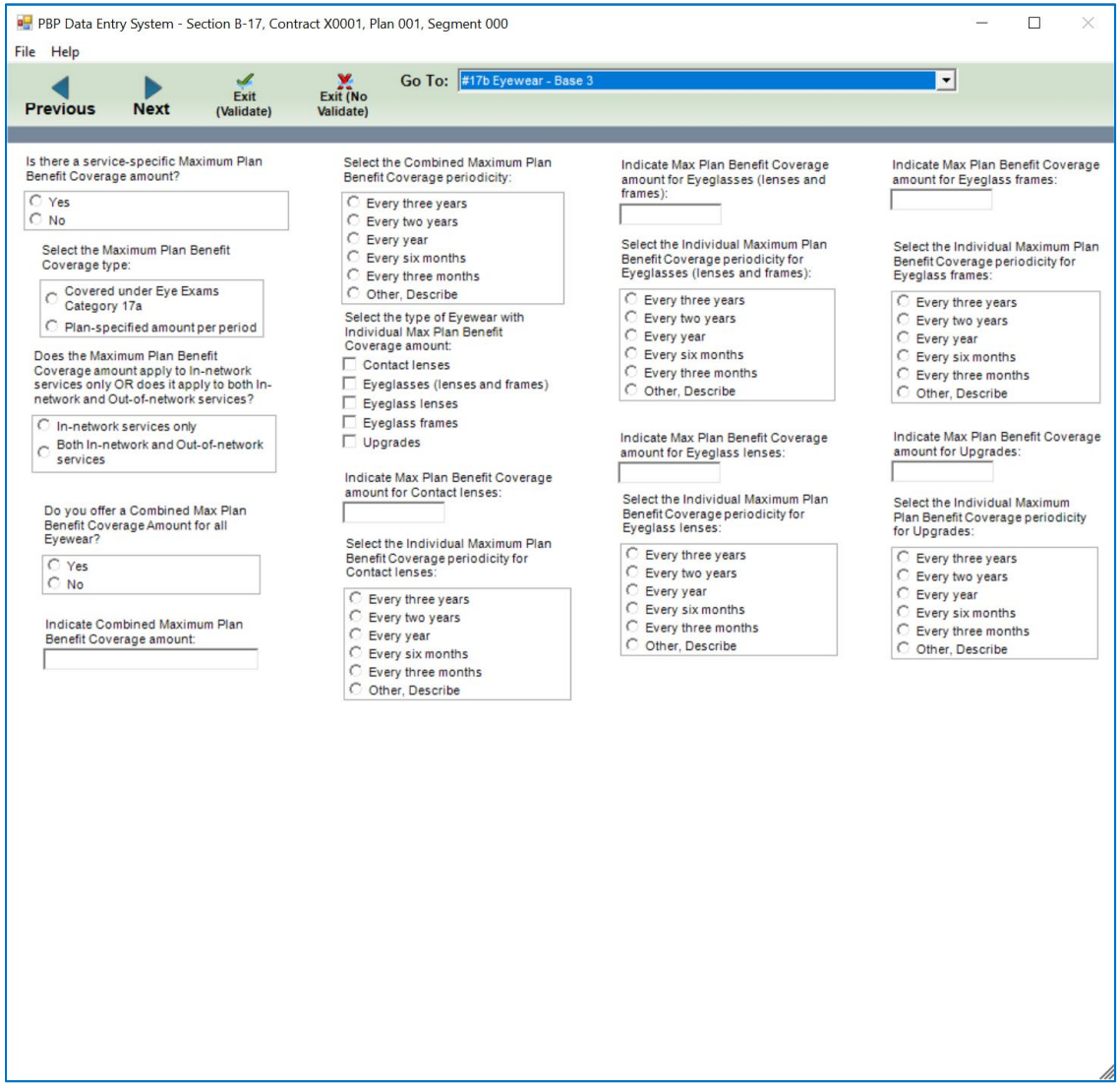
#17b Eyewear – Base 1



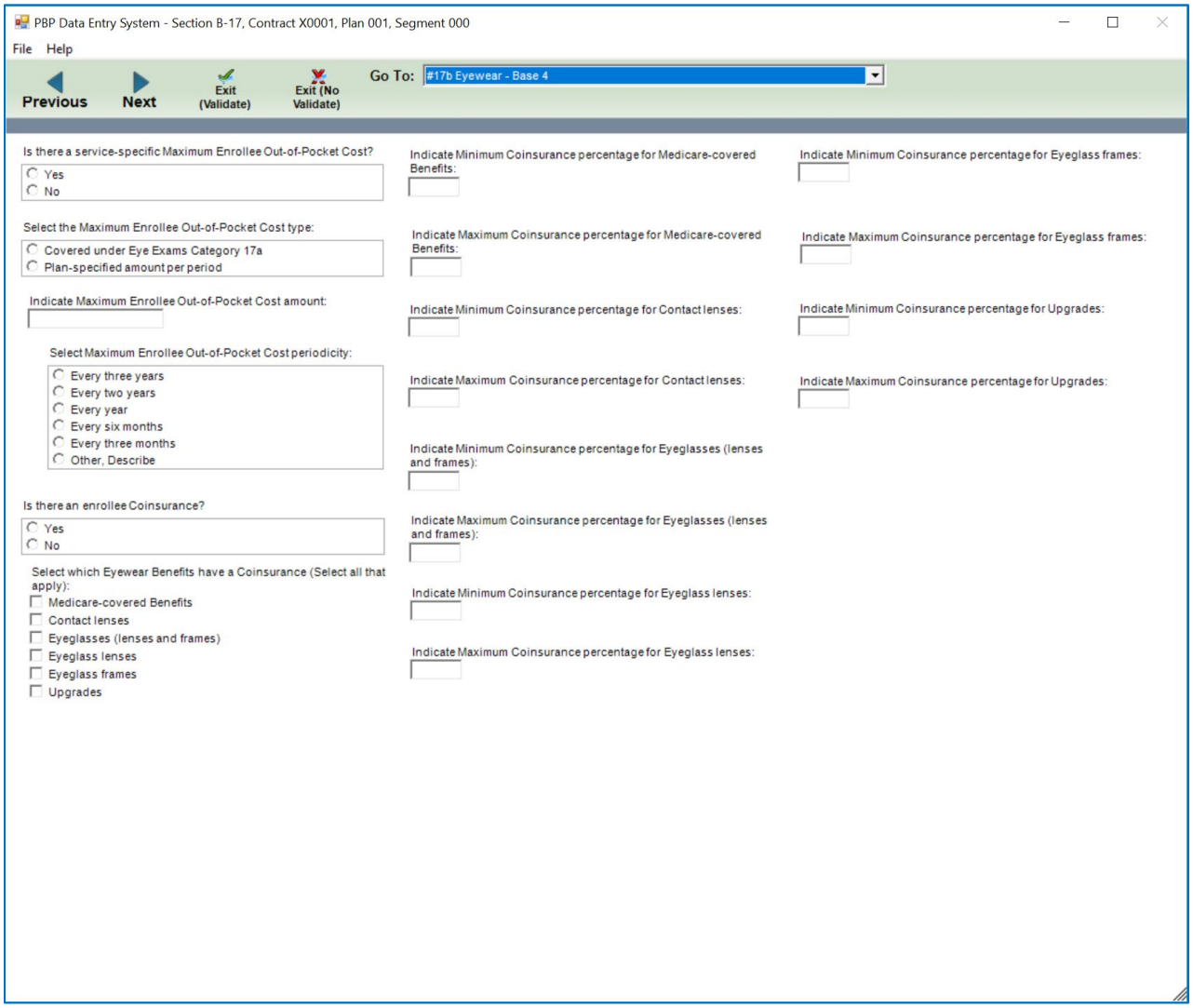
#17b Eyewear – Base 2



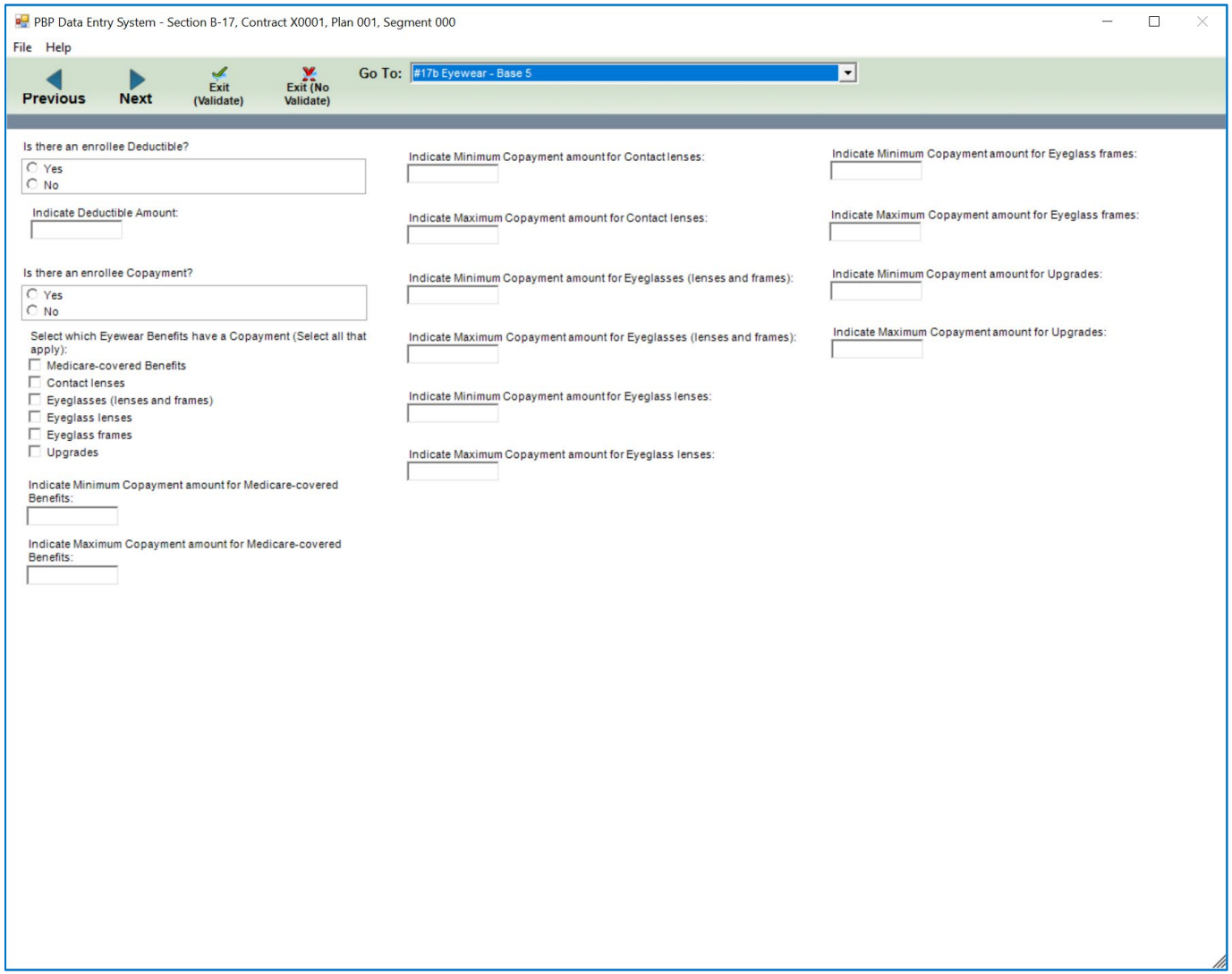
#17b Eyewear – Base 3



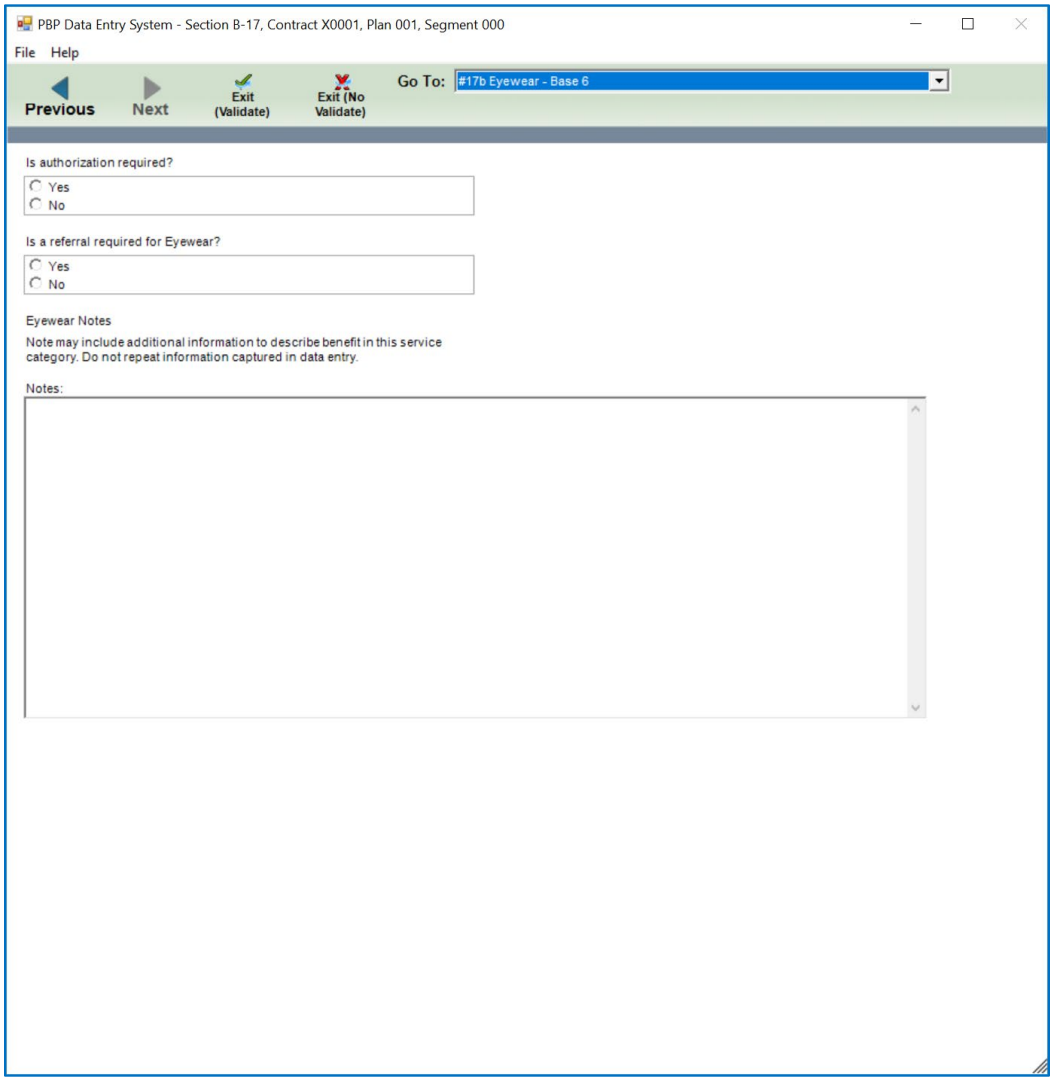
#17b Eyewear – Base 4



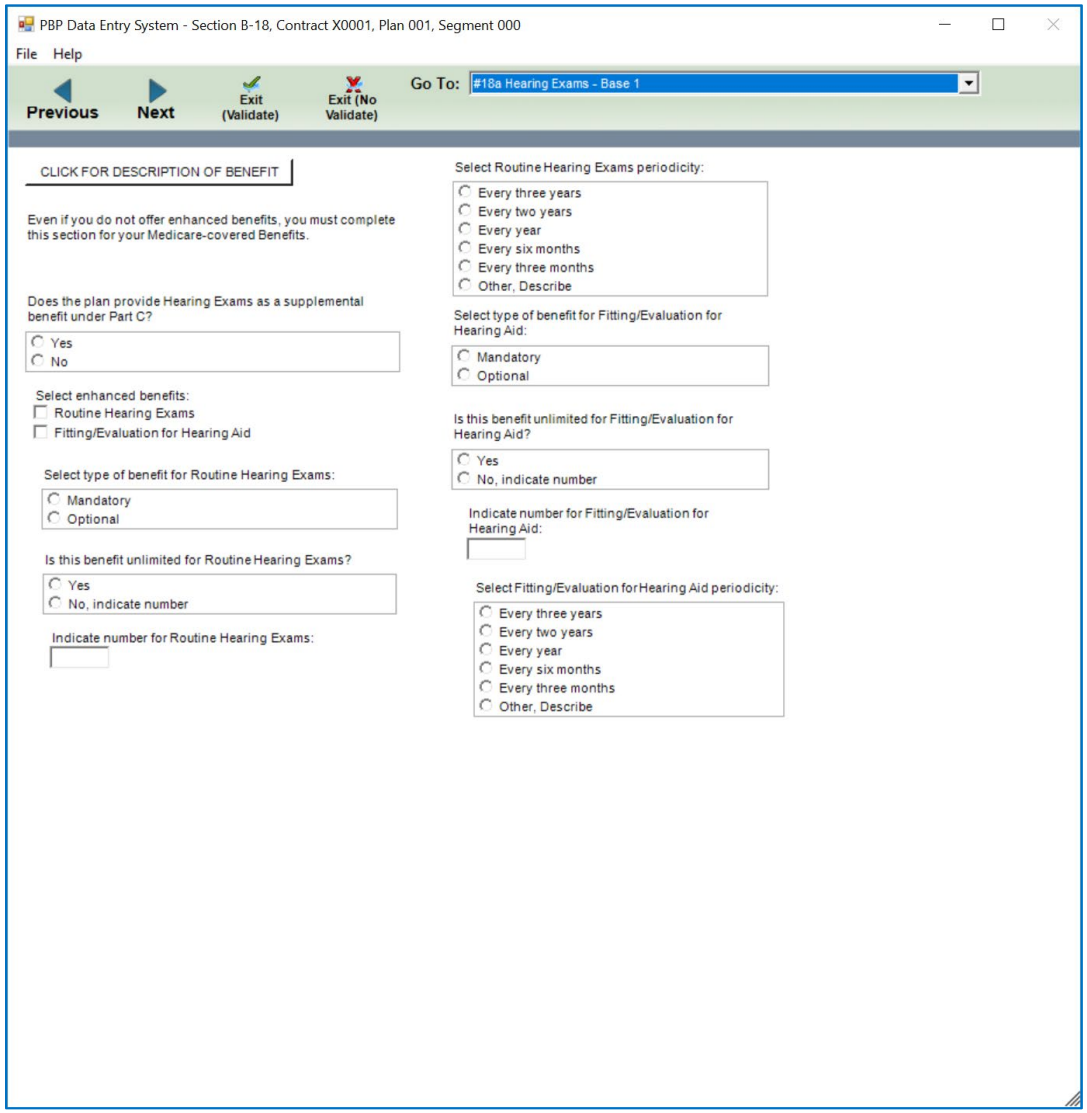
#17b Eyewear – Base 5



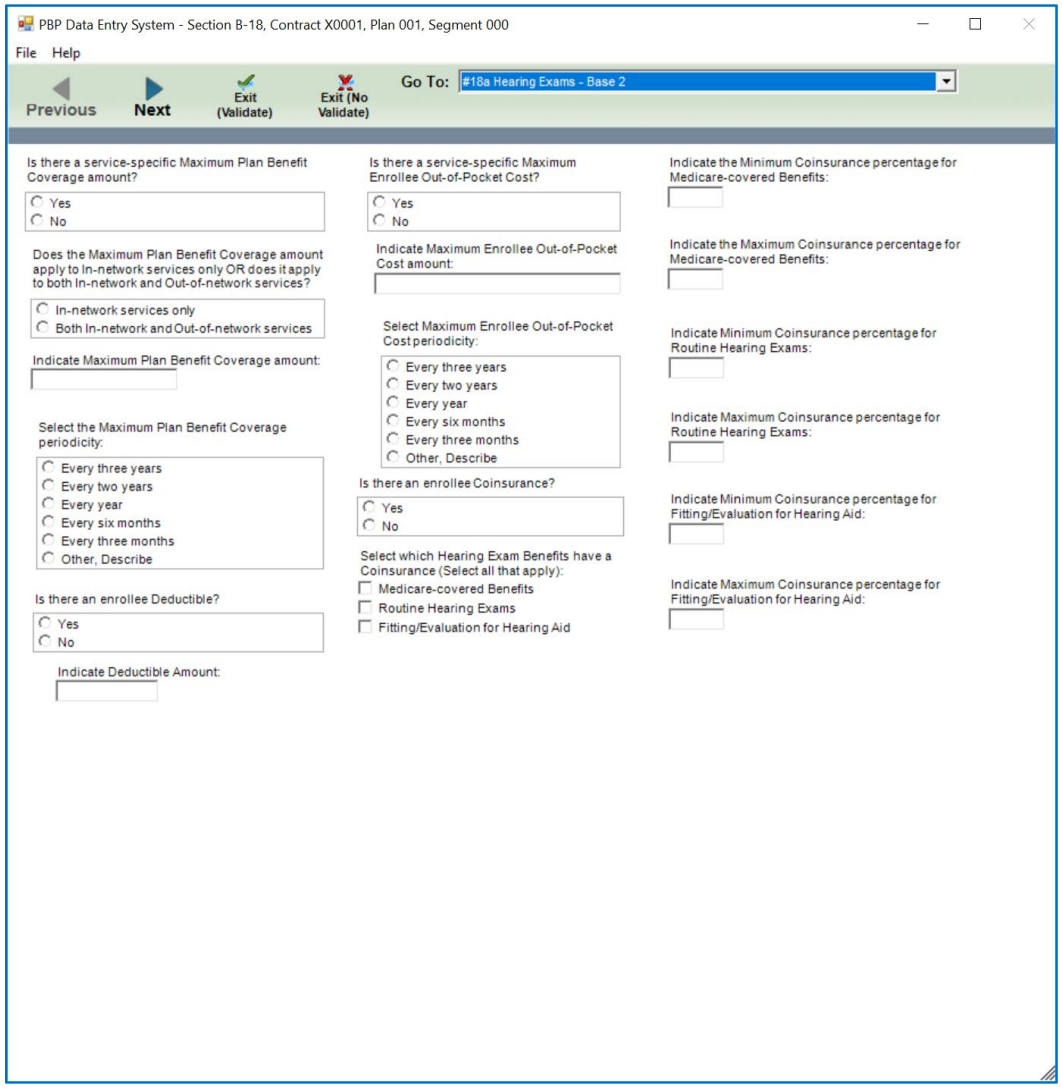
#17b Eyewear – Base 6



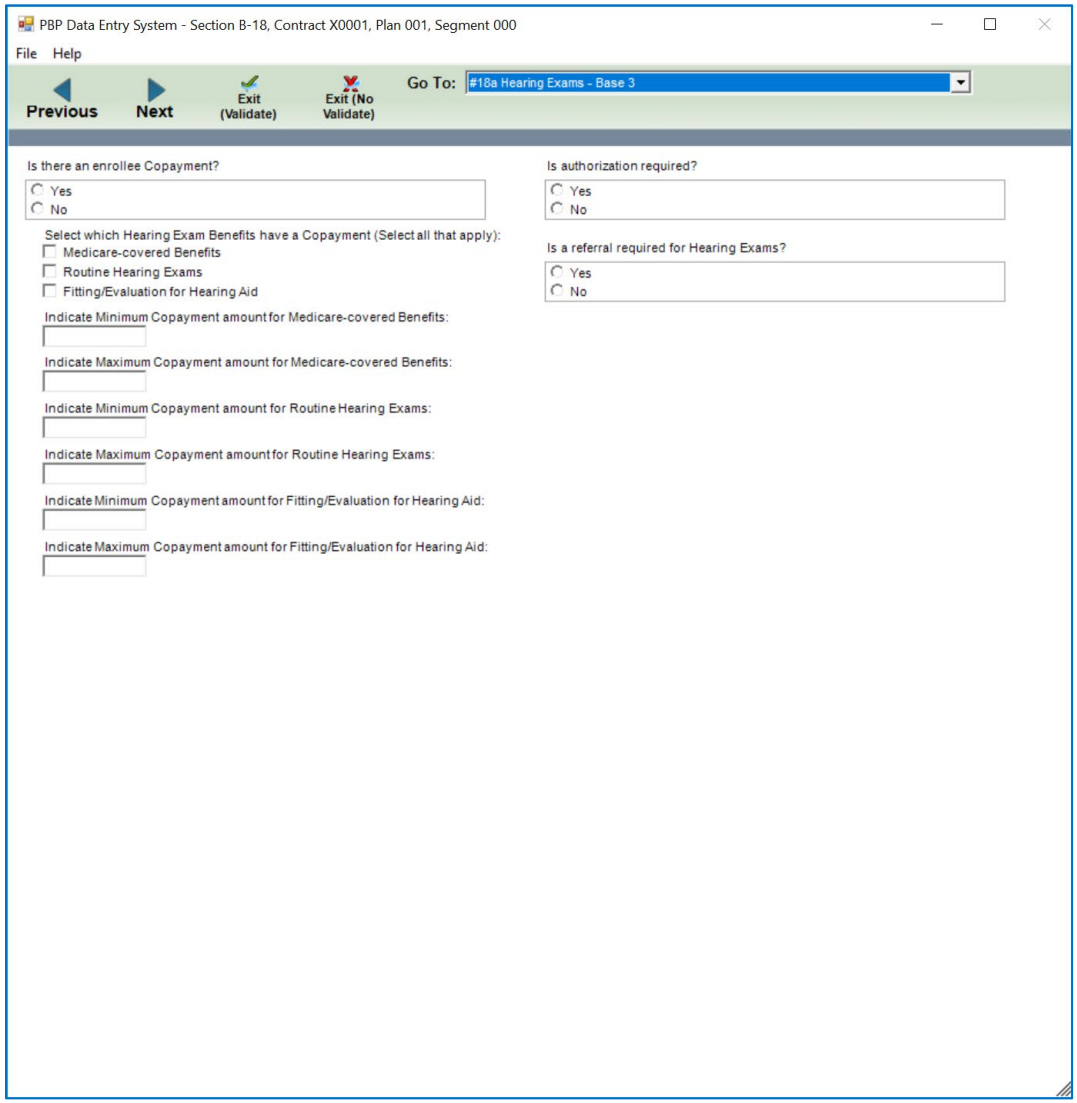
#18a Hearing Exams – Base 1



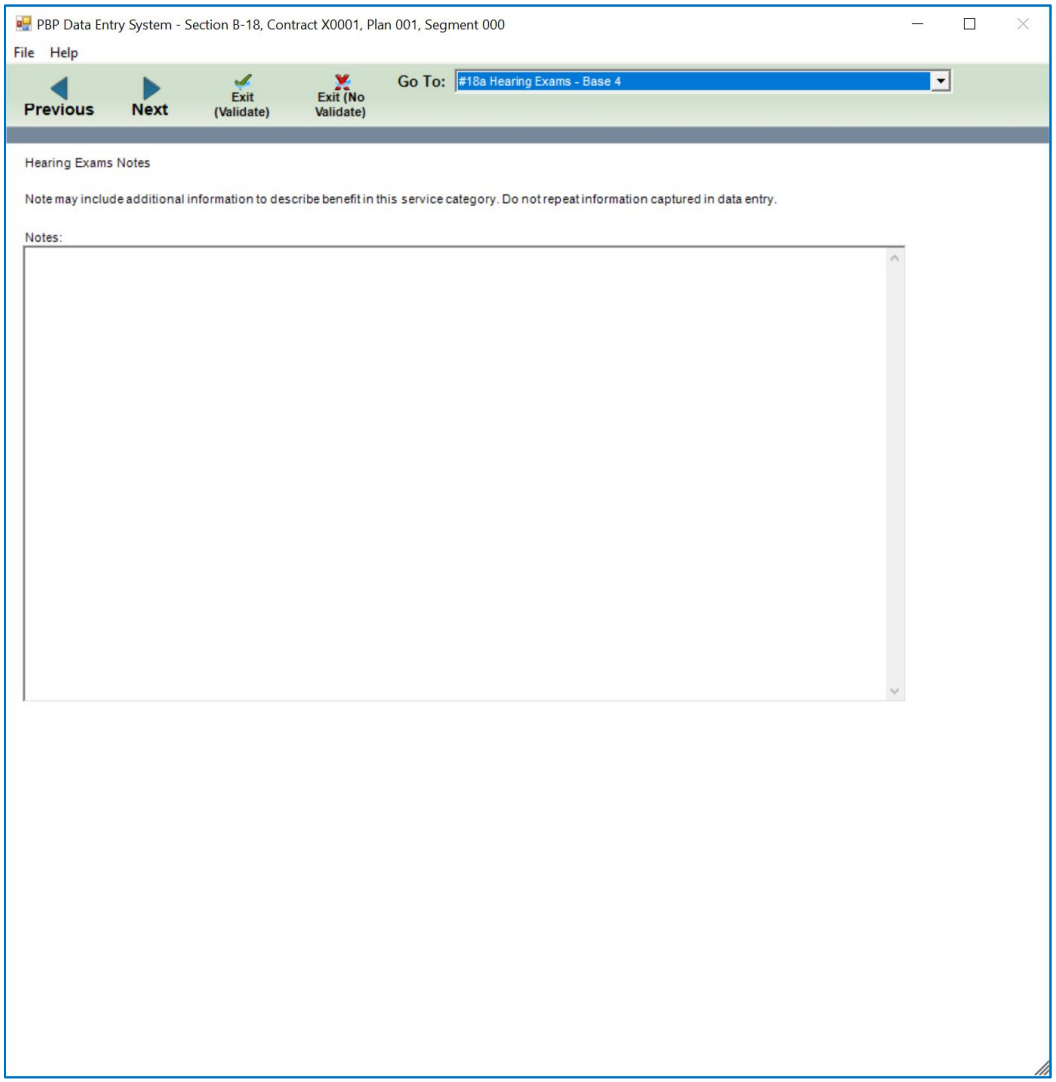
#18a Hearing Exams – Base 2



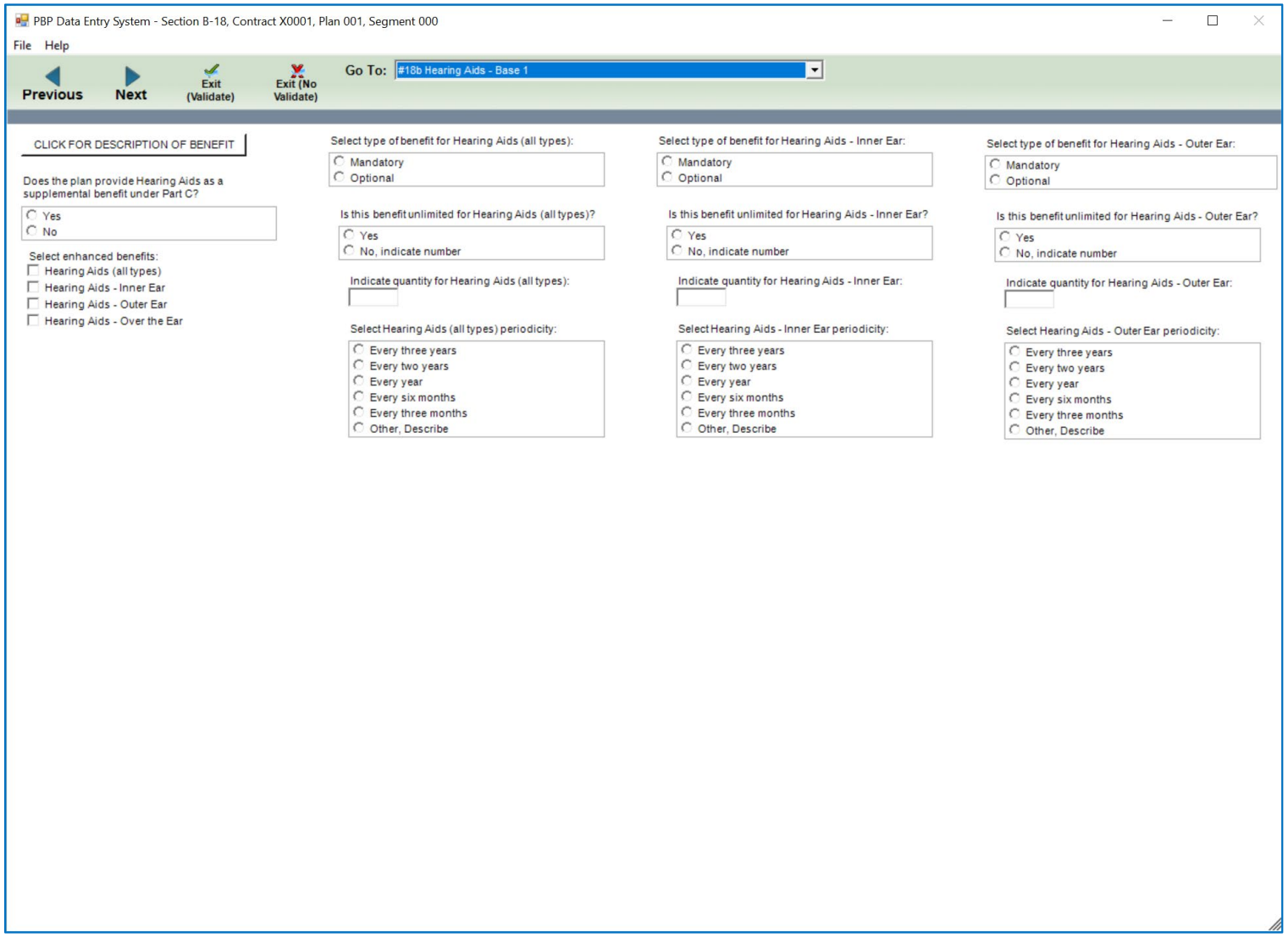
#18a Hearing Exams – Base 3



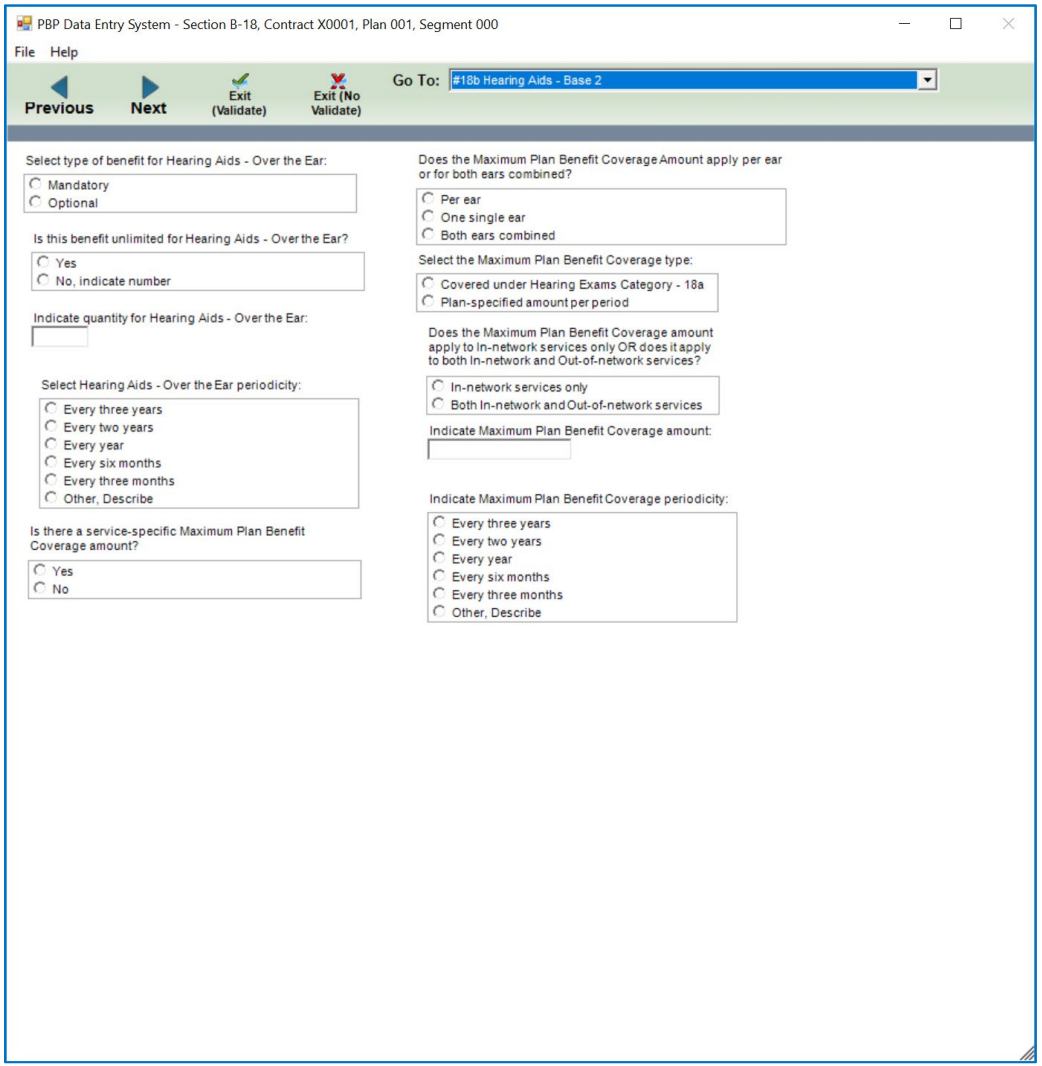
#18a Hearing Exams – Base 4



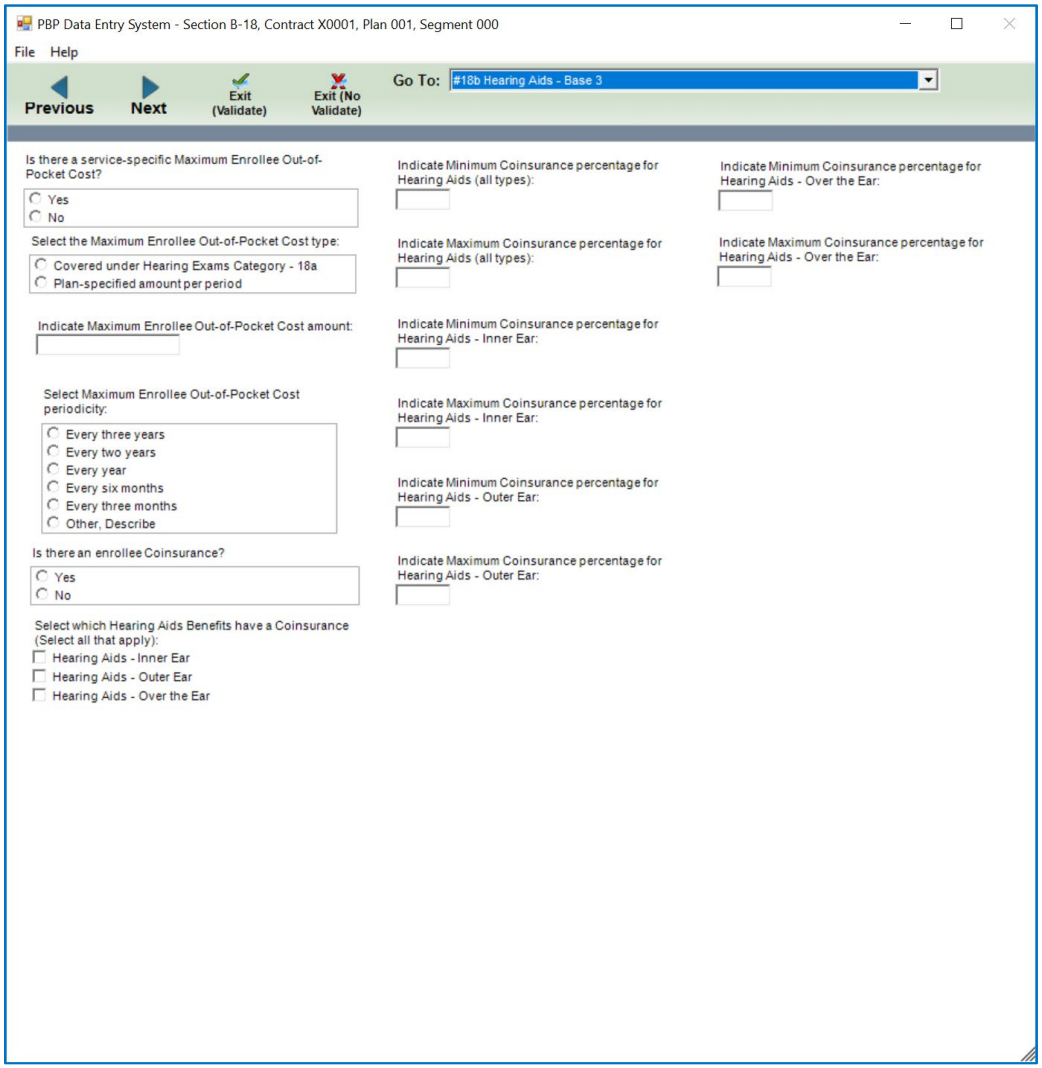
#18b Hearing Aids – Base 1



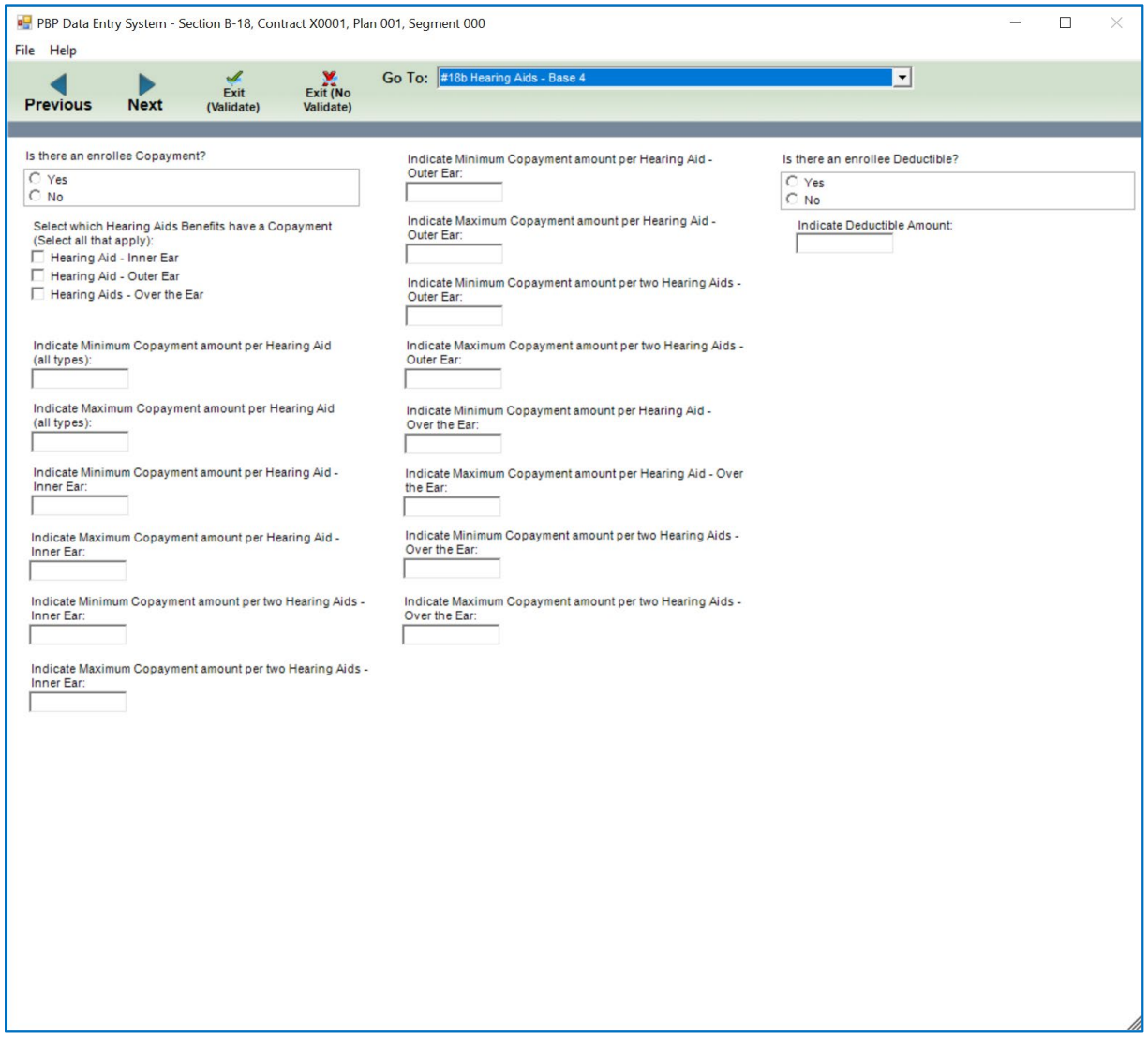
#18b Hearing Aids – Base 2



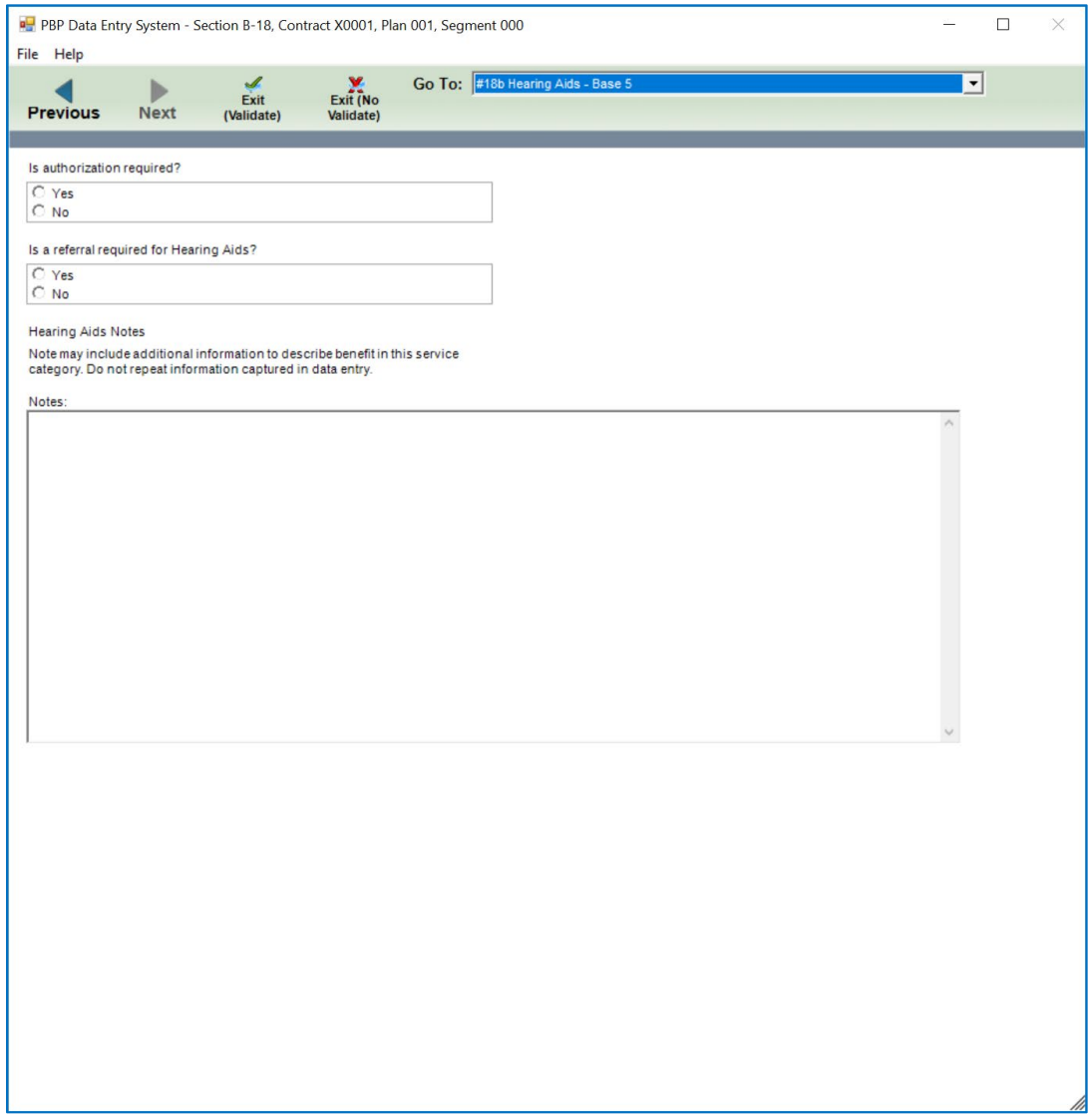
#18b Hearing Aids – Base 3



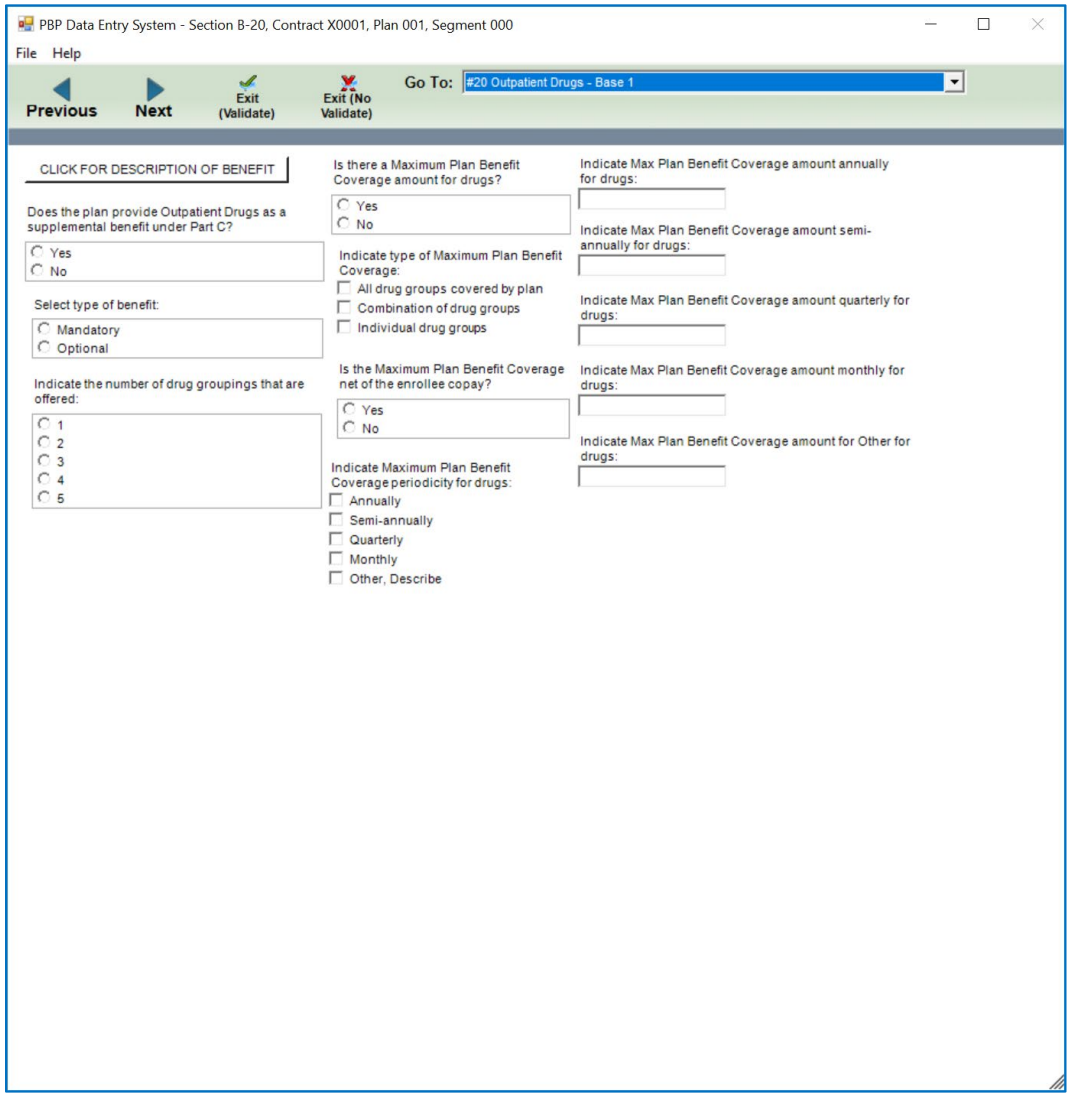
#18b Hearing Aids – Base 4



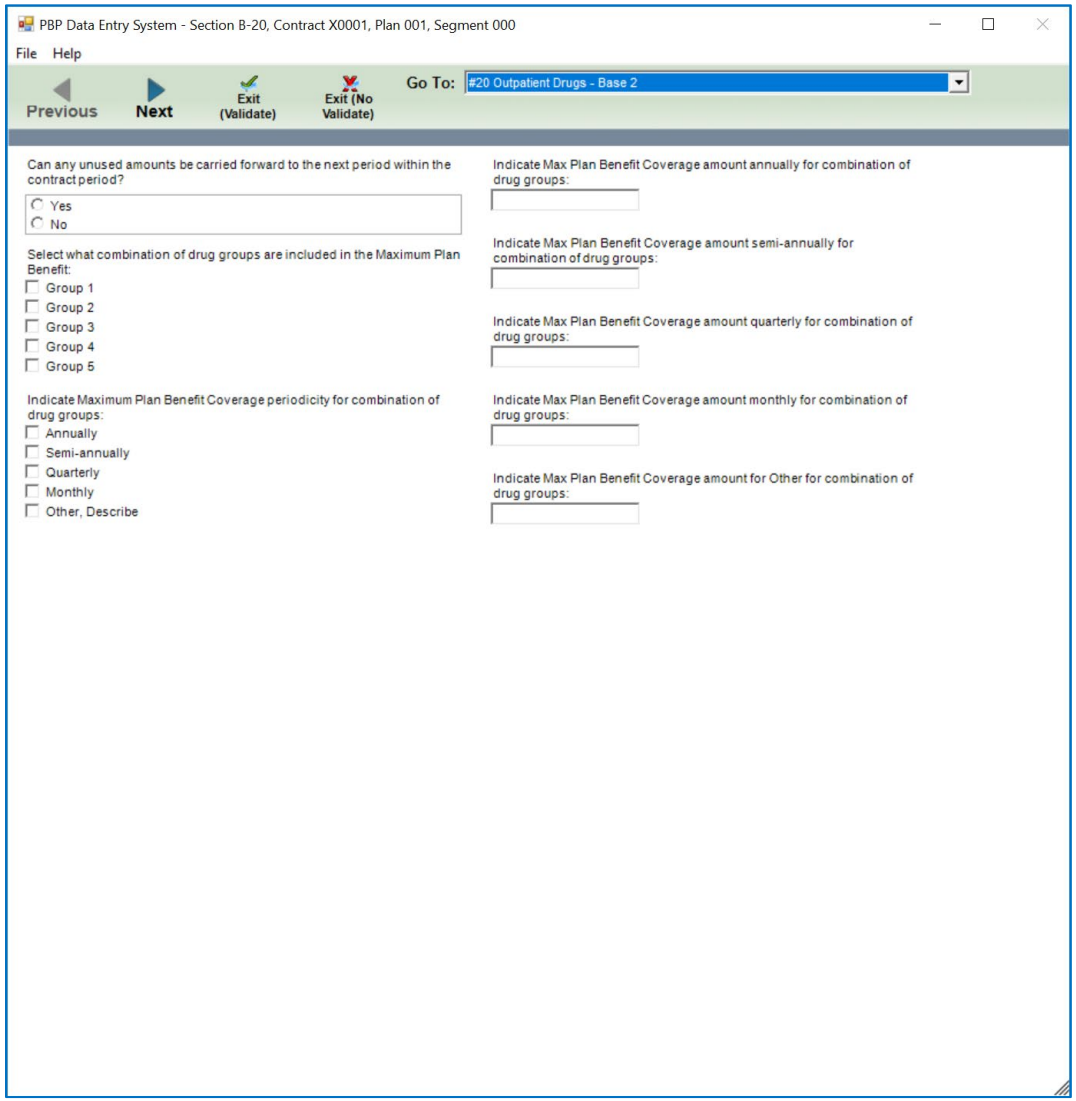
#18b Hearing Aids – Base 5



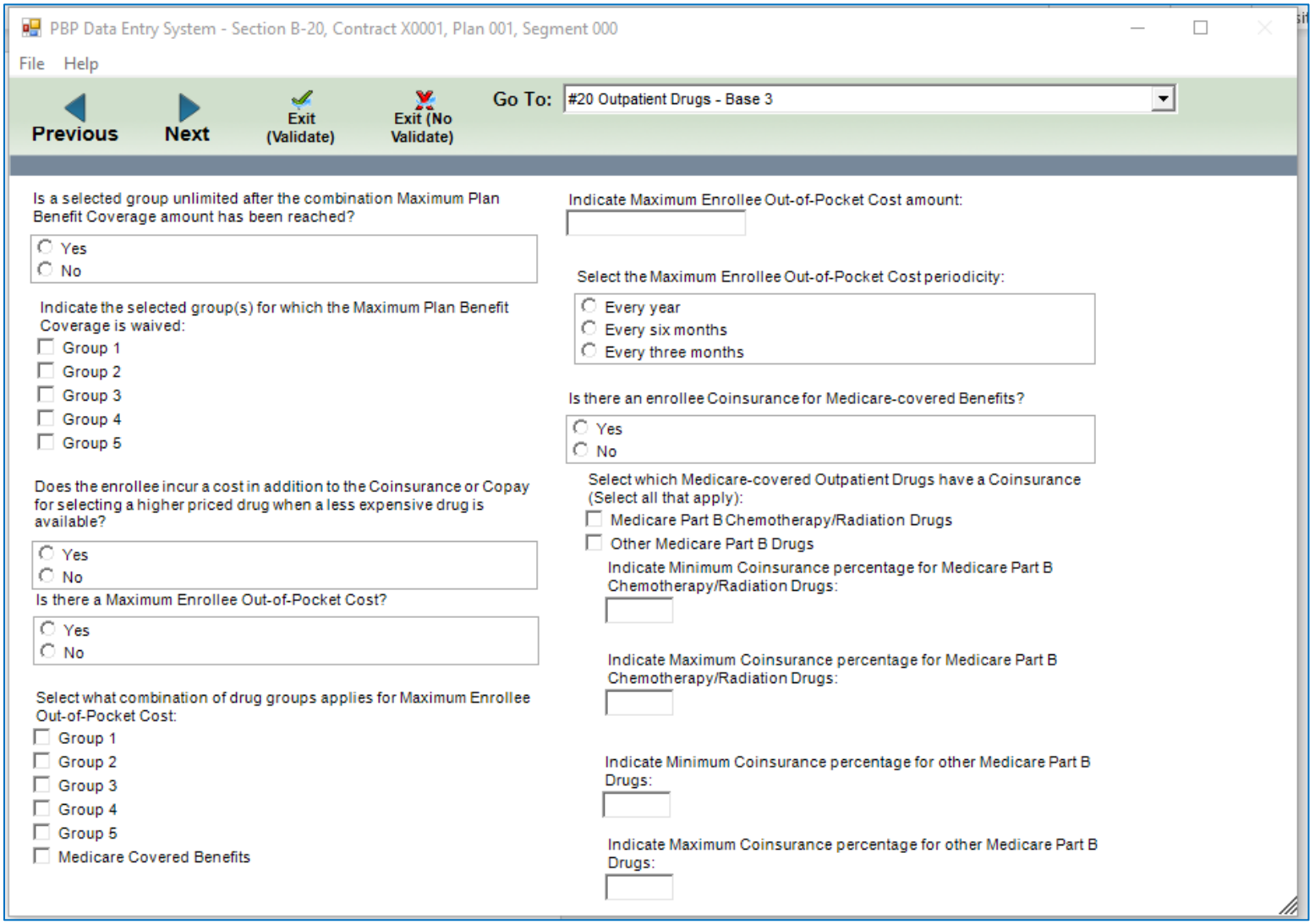
#20 Outpatient Drugs – Base 1



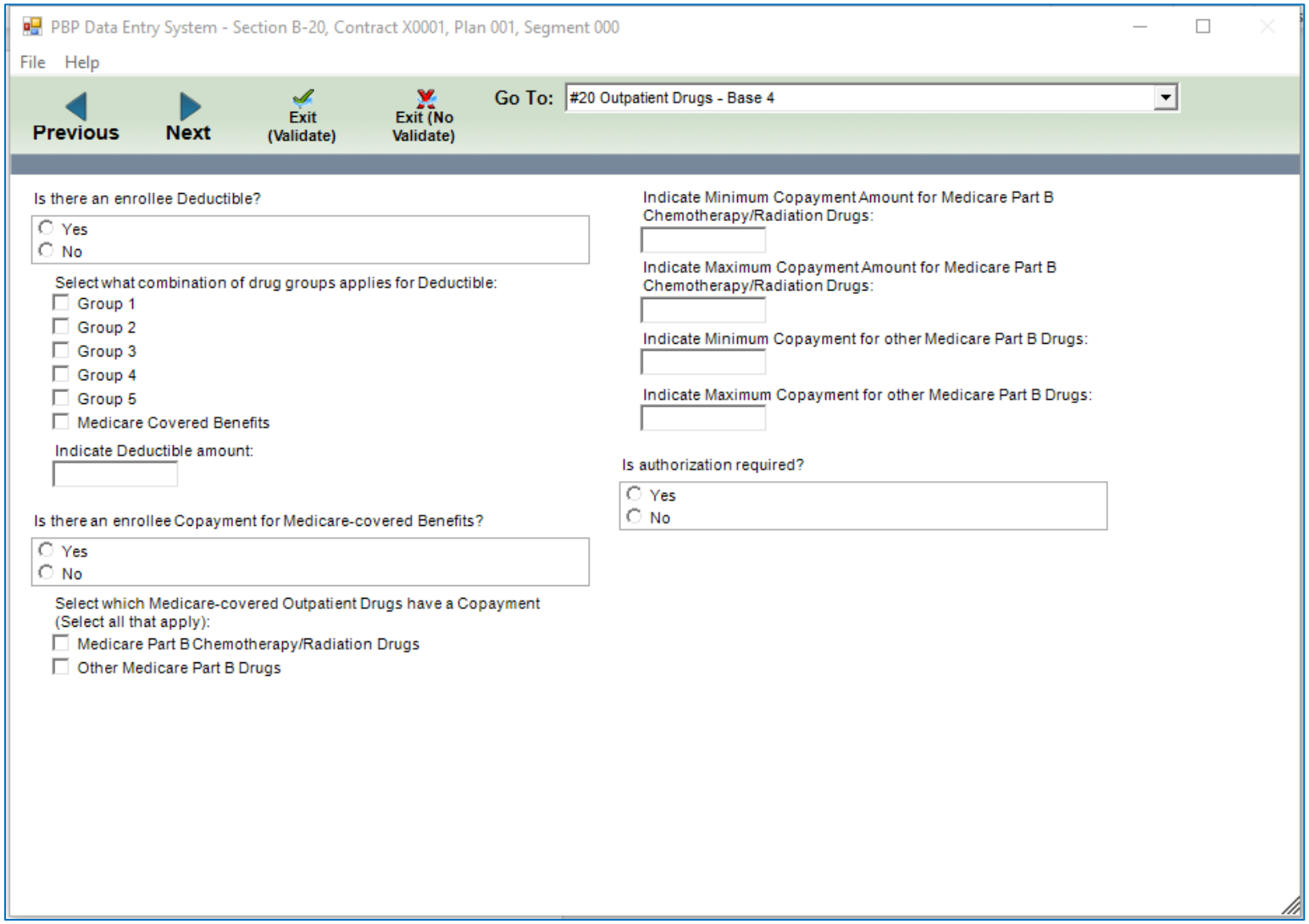
#20 Outpatient Drugs – Base 2



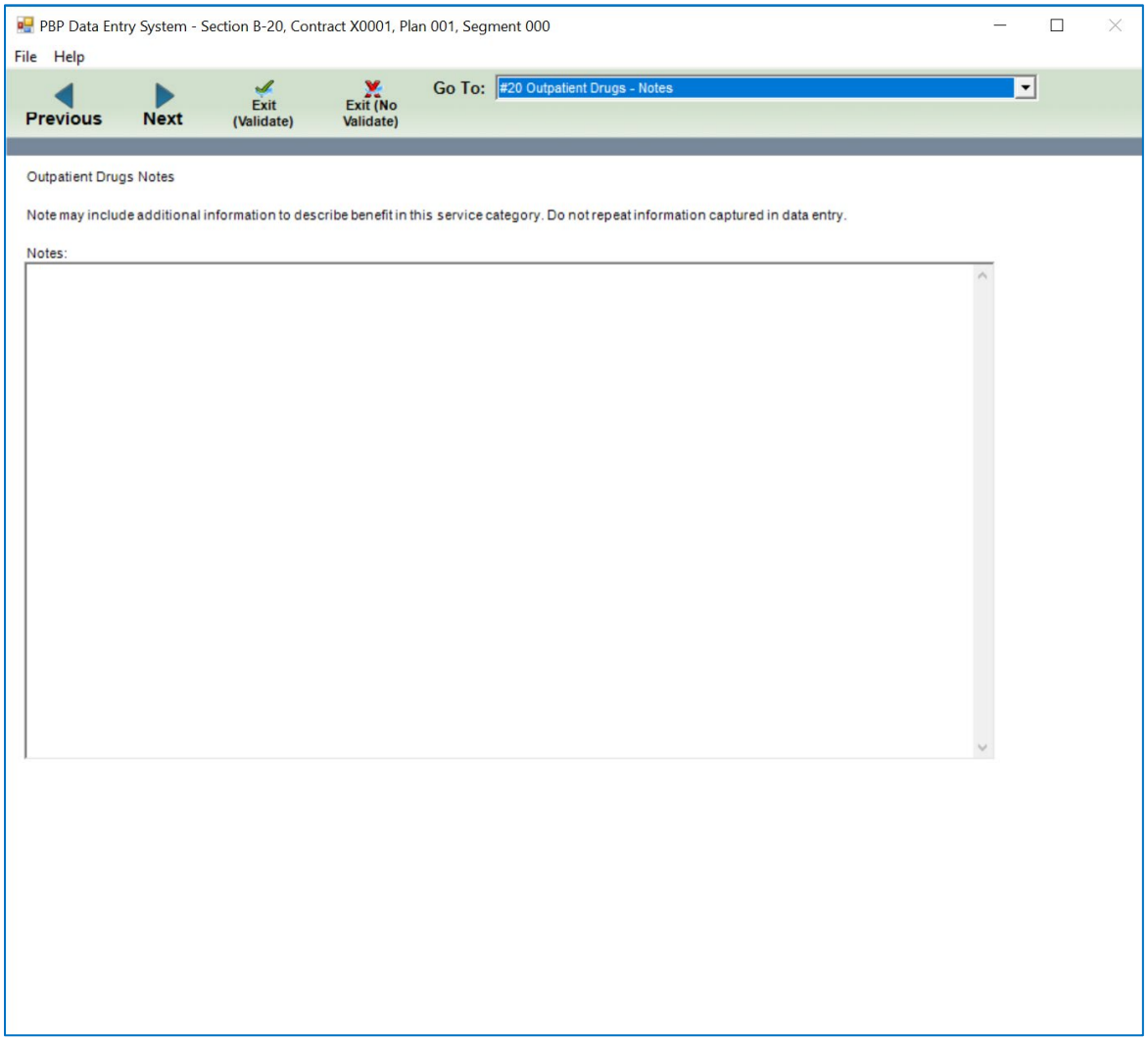
#20 Outpatient Drugs – Base 3



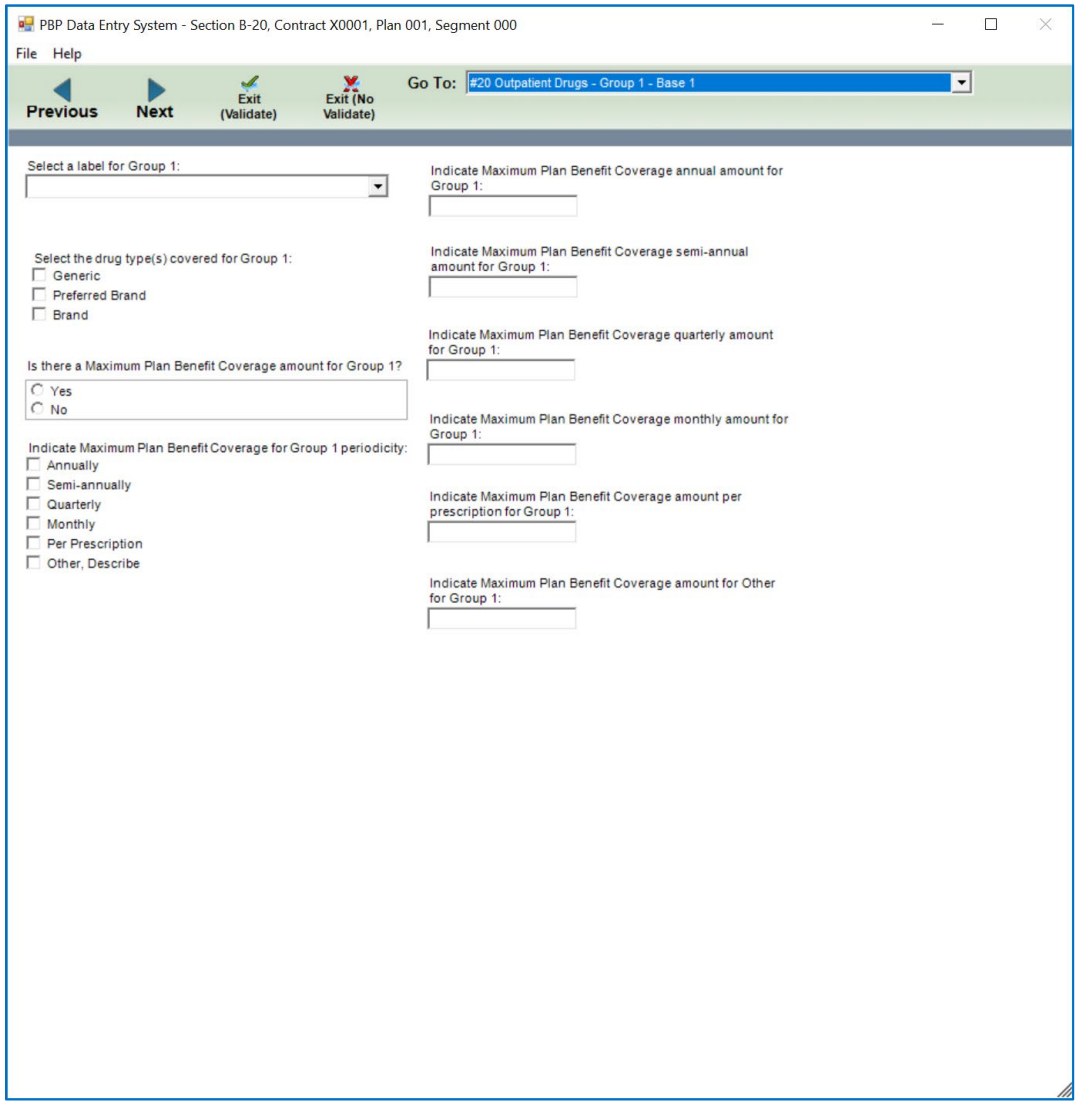
#20 Outpatient Drugs – Base 4



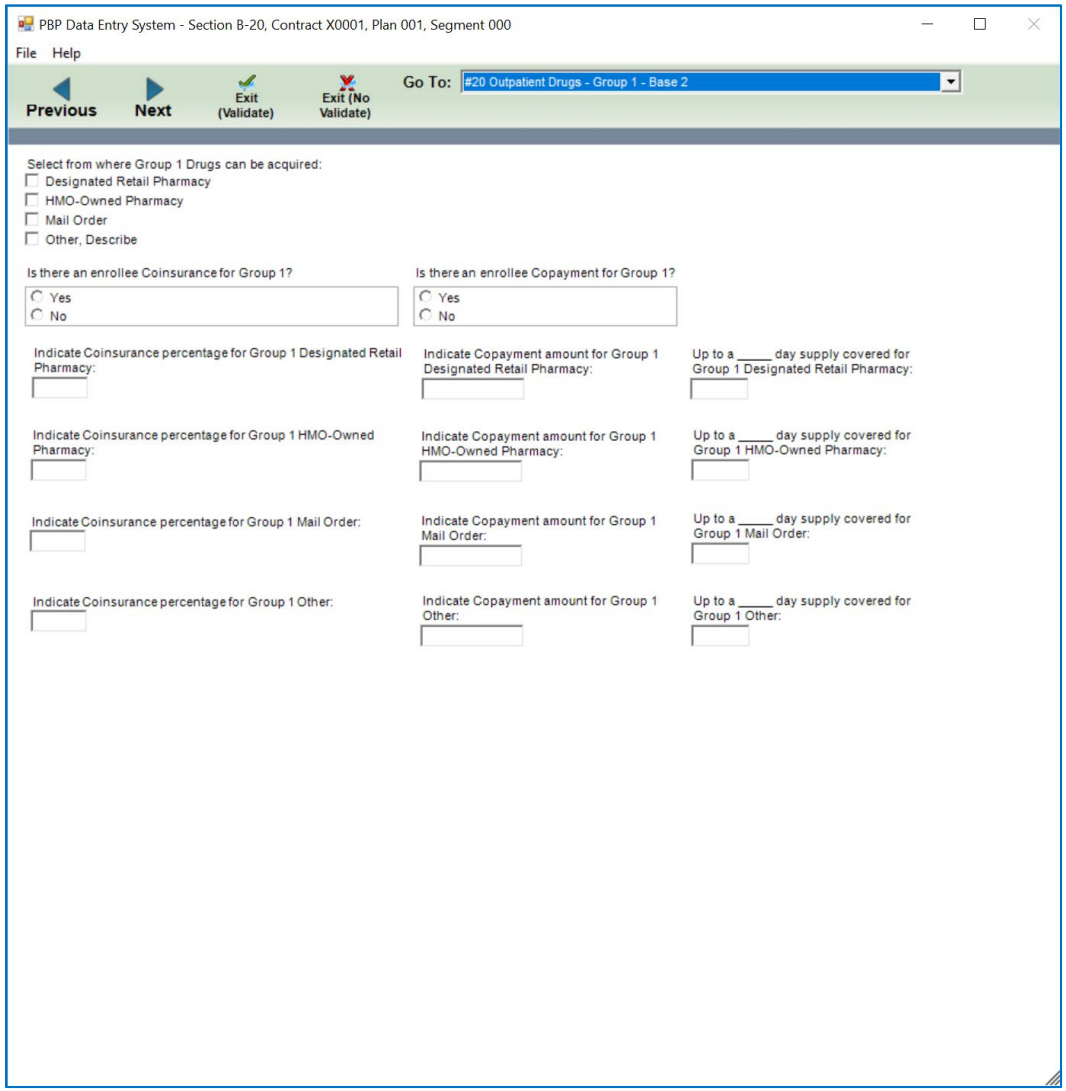
#20 Outpatient Drugs – Notes



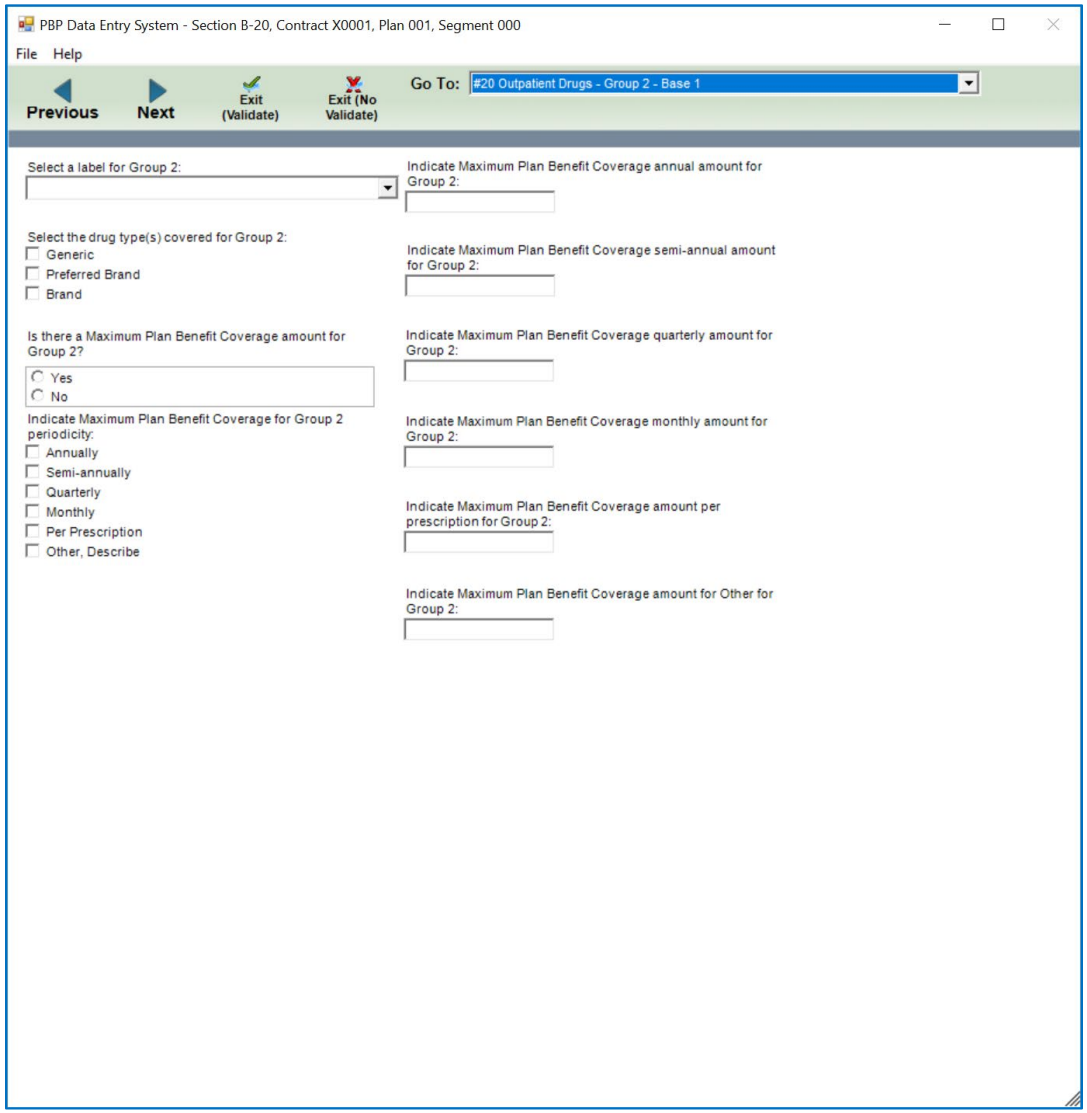
#20 Outpatient Drugs – Group 1 – Base 1



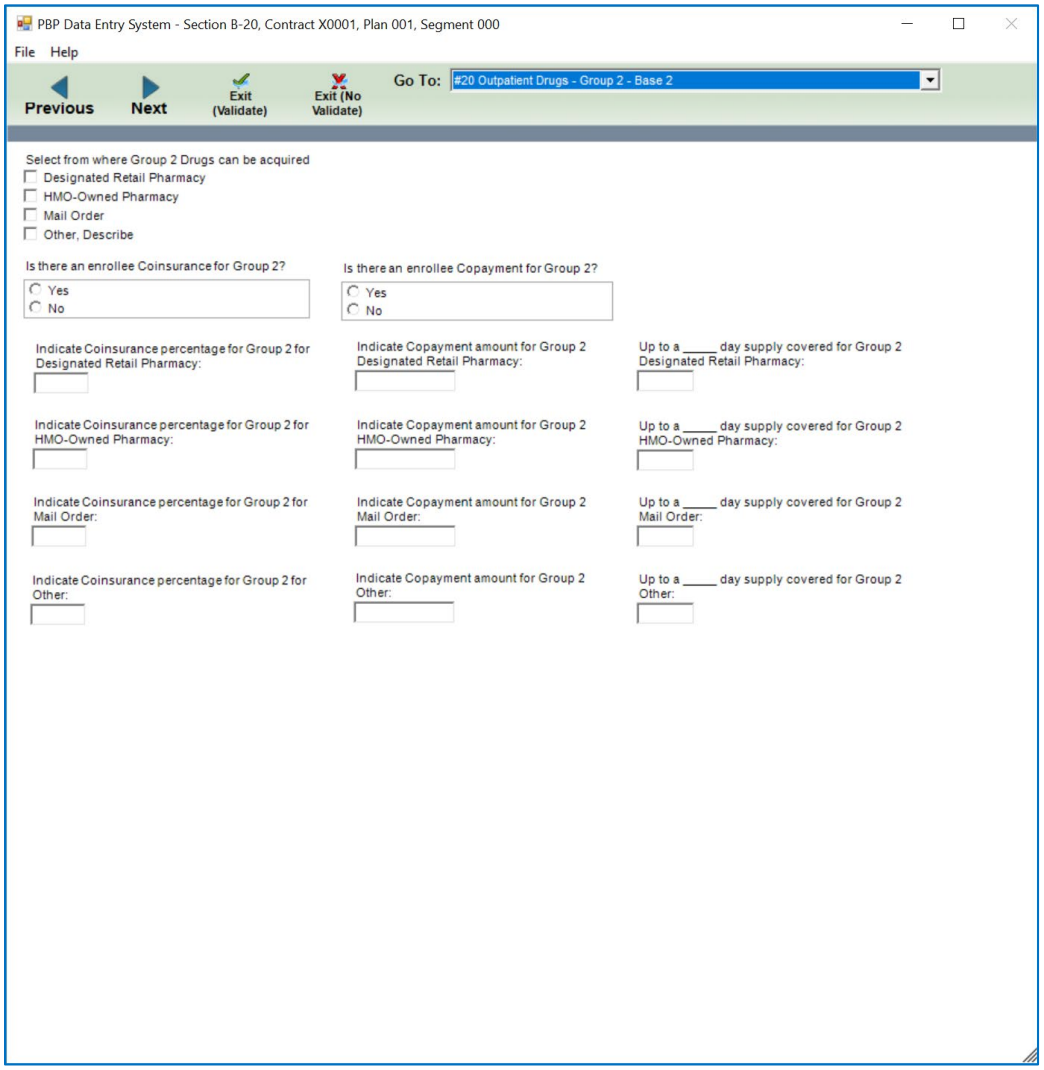
#20 Outpatient Drugs – Group 1 – Base 2



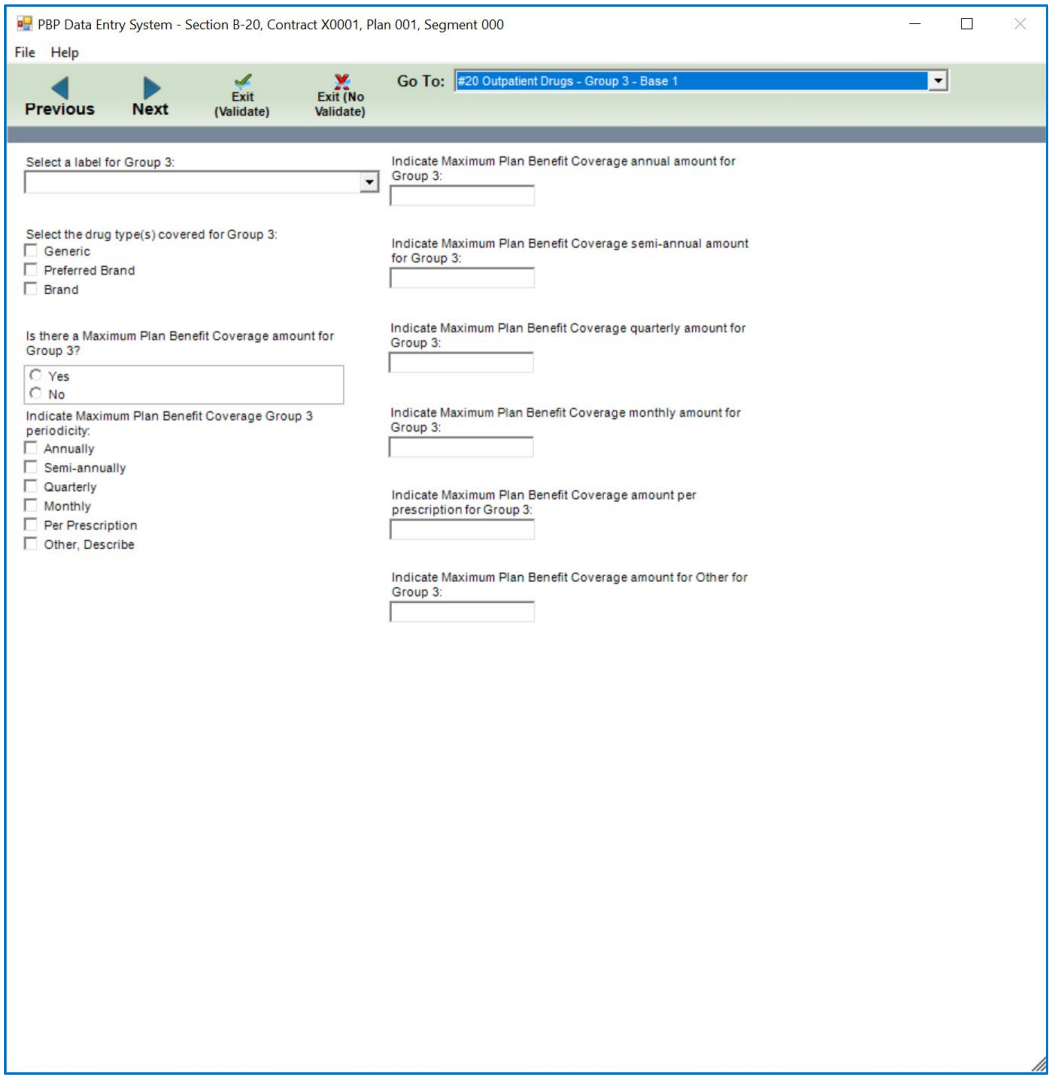
#20 Outpatient Drugs – Group 2 – Base 1



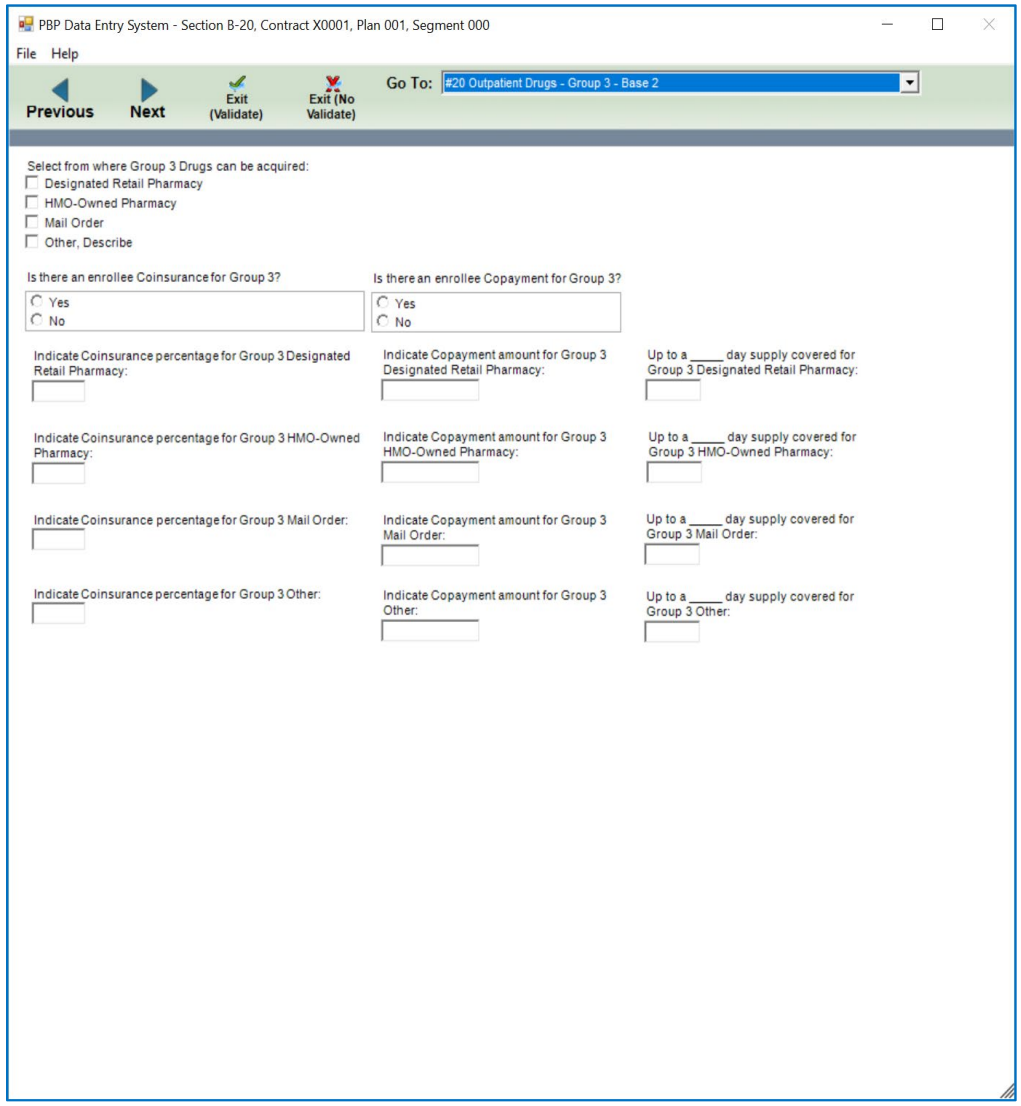
#20 Outpatient Drugs – Group 2 – Base 2



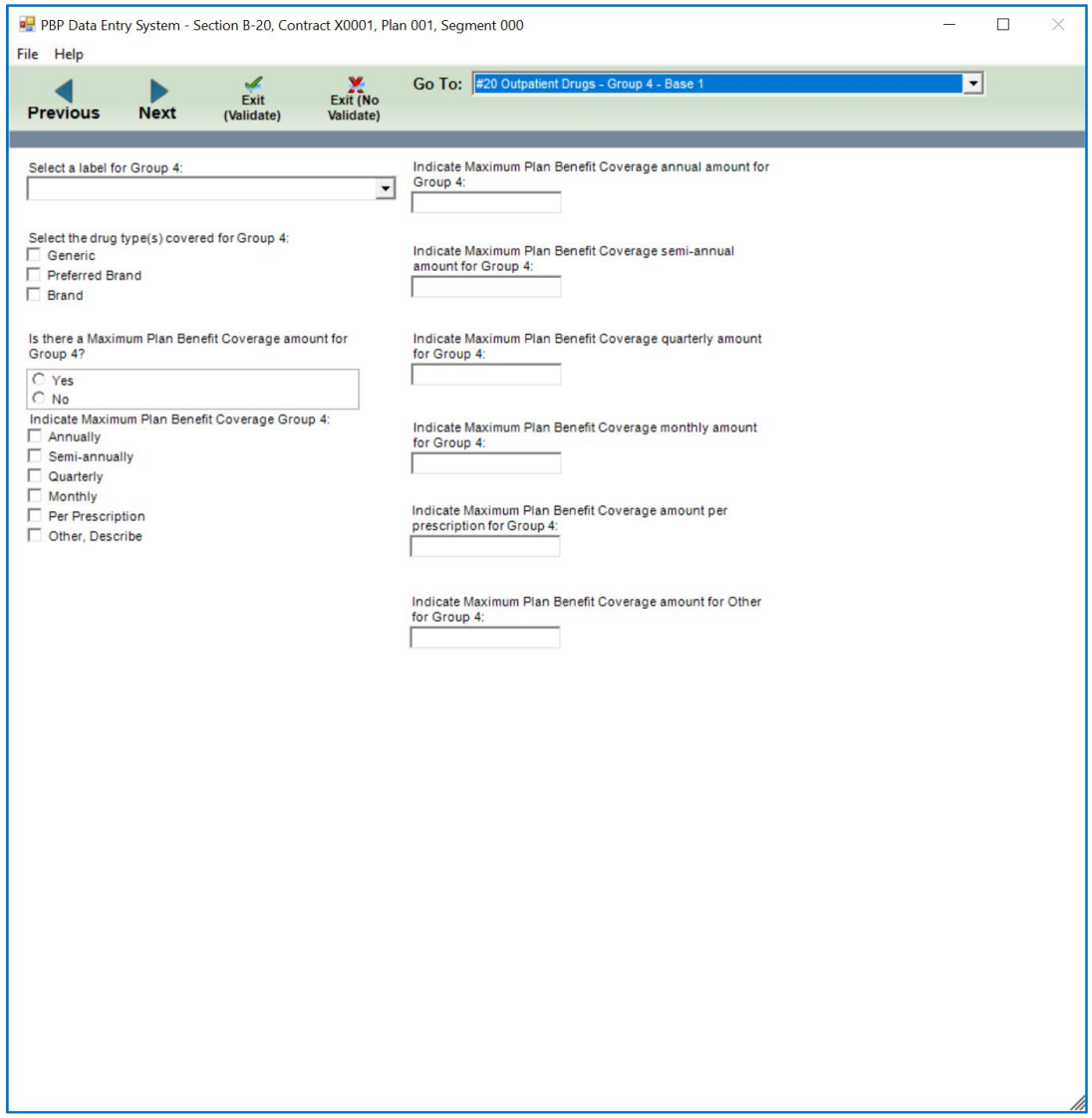
#20 Outpatient Drugs – Group 3 – Base 1



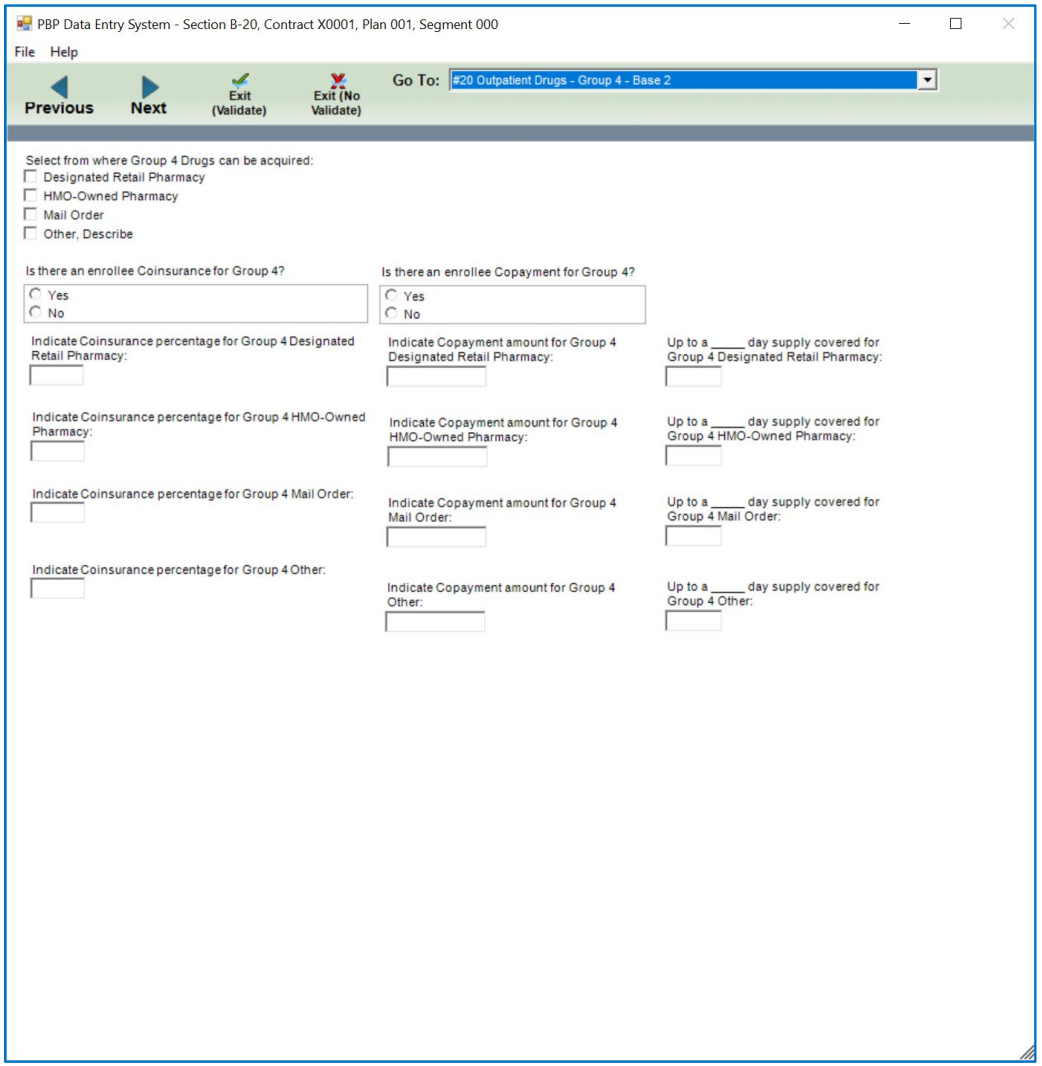
#20 Outpatient Drugs – Group 3 – Base 2



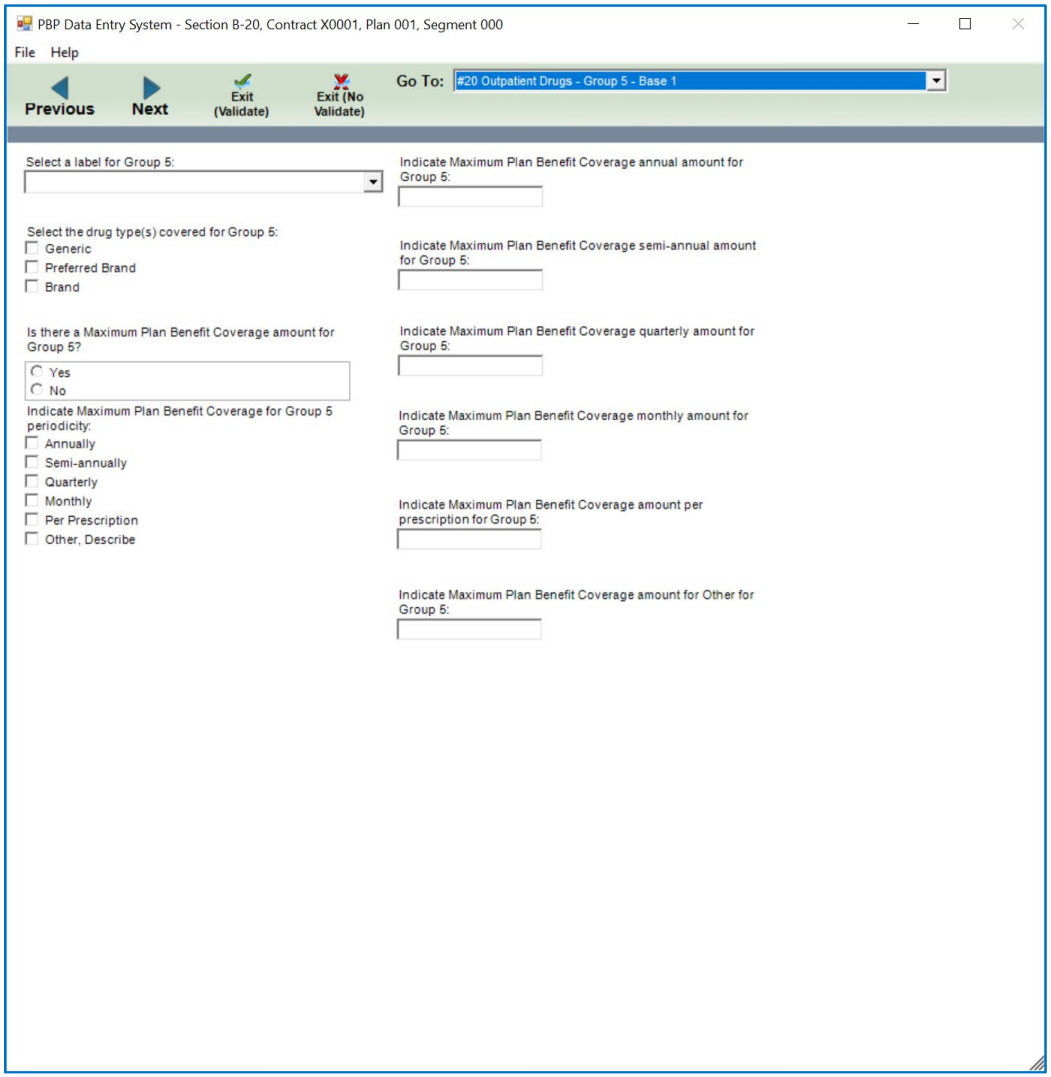
#20 Outpatient Drugs – Group 4 – Base 1



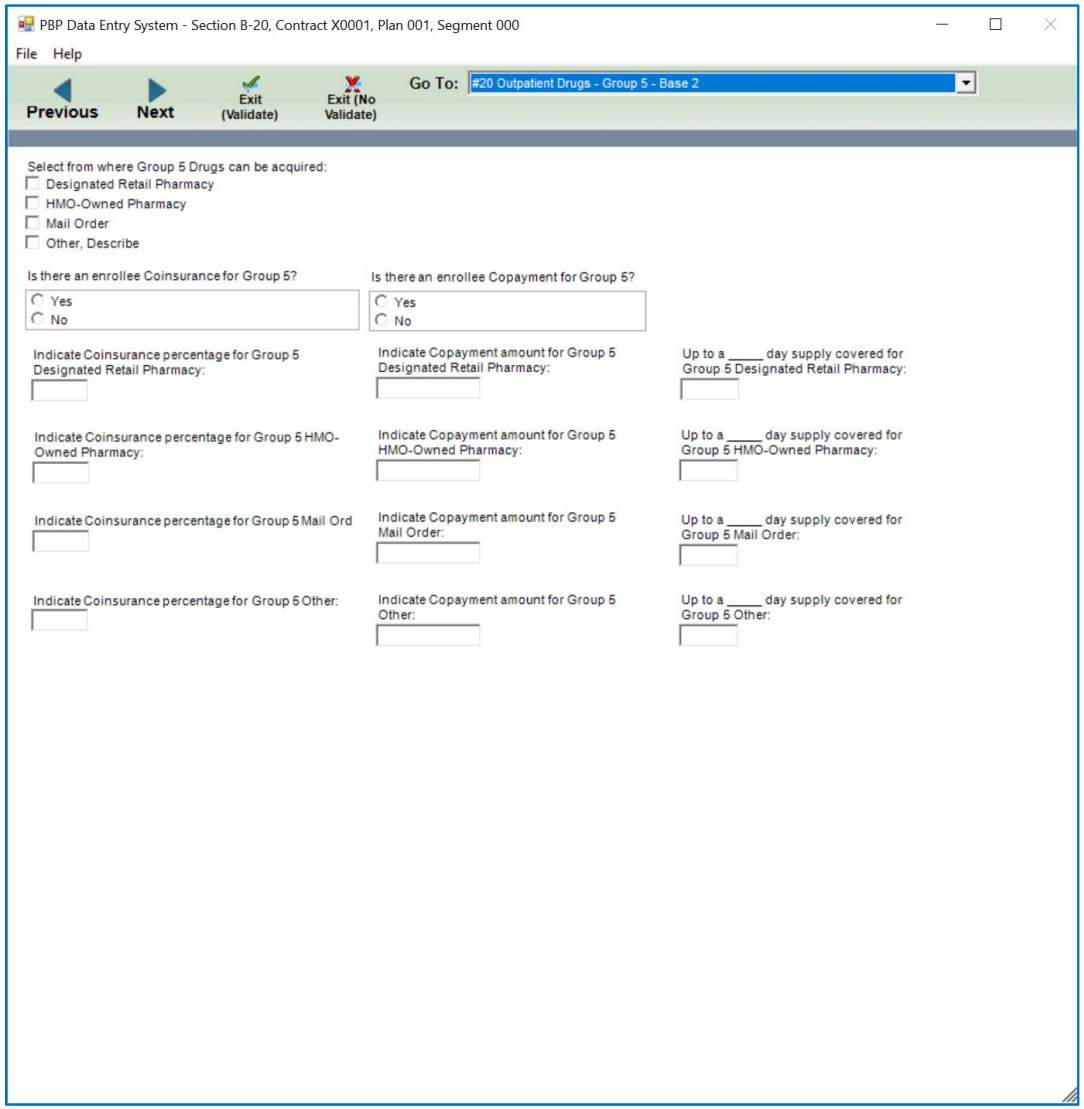
#20 Outpatient Drugs – Group 4 – Base 2



#20 Outpatient Drugs – Group 5 – Base 1



#20 Outpatient Drugs – Group 5 – Base 2



#20 Home Infusion Bundled Services