

CY 2024 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - In Progress**
- Additional Days(1a1) - In Progress
- Non-Medicare Covered Days(1a2) - Not started
- Upgrades(1a3) - Not started
- In Patient Hospital Psychiatric(1b) - Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Inpatient Hospital-Acute (1a)

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Does this plan's Medicare-covered benefit cost sharing vary by hospital(s) in which an enrollee obtains care?

Yes No

Number of tiers

Lowest cost tier

Is there a coinsurance?

Yes No

Tier 1	Tier 2	Tier 3
Do you charge the Medicare-defined cost share for tier 1?	Do you charge the Medicare-defined cost share for tier 2?	Do you charge the Medicare-defined cost share for tier 3?
Yes No	Yes No	Yes No

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

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Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

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CY 2024 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

<div style="background-color: #e6f2ff; padding: 2px; margin-bottom: 2px;"> In Patient Hospital Services(1) - Completed </div> <div style="background-color: #0056b3; color: white; padding: 2px; margin-bottom: 2px;"> Inpatient Hospital-Acute(1a) - In Progress </div> <div style="background-color: #e6f2ff; padding: 2px; margin-bottom: 2px;"> Additional Days(1a1) - In Progress </div> <div style="background-color: #e6f2ff; padding: 2px; margin-bottom: 2px;"> Non-Medicare Covered Days(1a2) - Not started </div> <div style="background-color: #e6f2ff; padding: 2px; margin-bottom: 2px;"> Upgrades(1a3) - Not started </div> <div style="background-color: #e6f2ff; padding: 2px; margin-bottom: 2px;"> In Patient Hospital Psychiatric(1b) - Not started </div> <div style="background-color: #e6f2ff; padding: 2px; margin-bottom: 2px;"> Skilled Nursing Facility (SNF)(2) - Not started </div> <div style="background-color: #e6f2ff; padding: 2px; margin-bottom: 2px;"> Cardiac and Pulmonary Rehabilitation Services(3) - Not started </div> <div style="background-color: #e6f2ff; 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<p style="font-size: 10px; margin-bottom: 5px;">Is there a deductible?</p> <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 5px; background-color: #0056b3; color: white;">Yes</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">No</div> </div>																																																									
<table style="width: 100%; font-size: 10px;"> <tr> <td style="width: 33%; vertical-align: top;"> <p style="margin-bottom: 5px;">Tier 1</p> <p style="font-size: 8px; margin-bottom: 5px;">Deductible amount</p> <div style="border: 1px solid #ccc; padding: 2px;">\$40</div> </td> <td style="width: 33%; vertical-align: top;"> <p style="margin-bottom: 5px;">Tier 2</p> <p style="font-size: 8px; margin-bottom: 5px;">Deductible amount</p> <div style="border: 1px solid #ccc; padding: 2px;">\$40</div> </td> <td style="width: 33%; vertical-align: top;"> <p style="margin-bottom: 5px;">Tier 3</p> <p style="font-size: 8px; margin-bottom: 5px;">Deductible amount</p> <div style="border: 1px solid #ccc; padding: 2px;">\$40</div> </td> </tr> </table>				<p style="margin-bottom: 5px;">Tier 1</p> <p style="font-size: 8px; margin-bottom: 5px;">Deductible amount</p> <div style="border: 1px solid #ccc; padding: 2px;">\$40</div>	<p style="margin-bottom: 5px;">Tier 2</p> <p style="font-size: 8px; margin-bottom: 5px;">Deductible amount</p> <div style="border: 1px solid #ccc; padding: 2px;">\$40</div>	<p style="margin-bottom: 5px;">Tier 3</p> <p style="font-size: 8px; margin-bottom: 5px;">Deductible amount</p> <div style="border: 1px solid #ccc; padding: 2px;">\$40</div>																																																			
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<p style="font-size: 10px; margin-bottom: 5px;">What is your inpatient hospital-acute benefit period?</p> <div style="border: 1px solid #ccc; padding: 2px; width: 100%;">Annual</div>																																																									
<div style="display: flex; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 5px 15px; font-size: 10px;">Close</div> <div style="background-color: #0056b3; color: white; padding: 5px 15px; font-size: 10px;">Save and Close</div> <div style="background-color: #0056b3; color: white; padding: 5px 15px; font-size: 10px;">Save and Next</div> </div>																																																									

CY 2024 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 5

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - In Progress**
- Additional Days(1a1) - In Progress
- Non-Medicare Covered Days(1a2)- Not started
- Upgrades(1a3)-Not started
- In Patient Hospital Psychiatric(1b) - Not started
- Skilled Nursing Facility (SNF)(2) -Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Do you charge cost sharing on the day of discharge?
 Yes No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Is there a coinsurance?
 Yes No

Do you charge the Medicare-defined cost share?
 Yes No

Coinsurance

Number of day intervals

Coinsurance Begin day End day

CY 2024 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 6

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - In Progress**
- Additional Days(1a1) - In Progress
- Non-Medicare Covered Days(1a2) - Not started
- Upgrades(1a3) - Not started
- In Patient Hospital Psychiatric(1b) - Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Coinsurance	Begin day	End day
4%	1	10
Coinsurance	Begin day	End day
4%	1	10

Is there a copayment?

Yes No

Do you charge the Medicare-defined cost share?

Yes No

Copayment: \$40

Number of day intervals: 3

Copayment	Begin Day	End Day
\$40	1	10
Copayment	Begin Day	End Day
\$40	1	10
Copayment	Begin Day	End Day
\$40	1	10

CY 2024 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 7

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - In Progress**
- Additional Days(1a1) - In Progress
- Non-Medicare Covered Days(1a2)- Not started
- Upgrades(1a3)-Not started
- In Patient Hospital Psychiatric(1b)- Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7)- Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a deductible?

Yes No

Is there a deductible for both Inpatient Hospital-Acute and Inpatient Psychiatric Hospital?

Yes No

Deductible amount

\$400

Point-of-Service (POS) benefits

Is there a POS maximum plan benefit coverage?

Yes No

Is there a POS maximum plan benefit coverage for both Inpatient Hospital-Acute and Inpatient Psychiatric Hospital?

Yes No

Maximum plan benefit coverage amount

\$40

Periodicity

Every 6 months

Is there a coinsurance?

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 8

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - In Progress**
- Additional Days(1a1) - In Progress
- Non-Medicare Covered Days(1a2) - Not started
- Upgrades(1a3) - Not started
- In Patient Hospital Psychiatric(1b) - Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a coinsurance?
 Yes No

Do you charge the Medicare-defined cost share?
 Yes No

Coinsurance for Medicare-covered stay
4%

Number of day intervals for Medicare-covered stay
3

Coinsurance	Begin day	End day
4%	1	10
Coinsurance	Begin day	End day
4%	1	10
Coinsurance	Begin day	End day
4%	1	10

Is there a copayment?
 Yes No

Do you charge the Medicare-defined cost share?
 Yes No

CY 2024 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 9

▼ Inpatient Hospital-Acute(1a) - **In Progress**

Additional Days(1a1) - **In Progress**

Non-Medicare Covered Days(1a2) - Not started

Upgrades(1a3) - Not started

▼ In Patient Hospital Psychiatric(1b) - Not started

▼ Skilled Nursing Facility (SNF)(2) - Not started

▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started

▼ Emergency/Urgently Needed Services(4) - Not started

▼ Partial Hospitalization(5) - Not started

▼ Home Health Services(6) - Not started

▼ Health Care Professional Services(7) - Not started

▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a copayment?

Yes No

Do you charge the Medicare-defined cost share?

Yes No

Copayment for Medicare-covered stay

\$40

Number of day intervals for Medicare-covered stay

3

Copayment	Begin Day	End Day
\$40	1	10
\$40	1	10
\$40	1	10

Is there a deductible?

< 24 / 232 >

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 10

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - In Progress**
- Additional Days(1a1) - In Progress
- Non-Medicare Covered Days(1a2) - Not started
- Upgrades(1a3) - Not started
- In Patient Hospital Psychiatric(1b) - Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Copayment	Begin Day	End Day
\$40	1	10
Copayment	Begin Day	End Day
\$40	1	10

Is there a deductible?

Yes No

Is there a POS deductible for both Inpatient Hospital-Acute and Inpatient Psychiatric Hospital?

Yes No

Deductible amount

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

[+ Add Notes](#)

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2024 PBP Data Entry System Screens

1a – Additional Days for Inpatient Hospital-Acute - Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ In Patient Hospital Services(1) - In Progress
- ^ Inpatient Hospital-Acute(1a) - In Progress
- Additional Days(1a1) - In Progress
- Non-Medicare Covered Days(1a2)
- Upgrades(1a3)
- v In Patient Hospital Psychiatric(1b) - Not started
- v Skilled Nursing Facility (SNF)(2) - Not started
- v Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- v Emergency/Urgently Needed Services(4) - Not started
- v Partial Hospitalization(5) - Not started
- v Home Health Services(6) - Not started
- v Health Care Professional Services(7) - Not started
- v Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

[Plan Char](#)

Additional Days for Inpatient Hospital-Acute (1a1)

Is this benefit unlimited?

Yes No

Indicate number of Additional Days per benefit period:

30

Does this plan's Additional Days cost sharing vary by hospital(s) in which an enrollee obtains care?

Yes No

Number of tiers 3

Lowest cost tier 1

Is there a coinsurance?

Yes No

Tier 1	Tier 2	Tier 3
Number of day intervals 3	Number of day intervals 3	Number of day intervals 3
Coinsurance 4% Begin Day 1 End Day 10	Coinsurance 4% Begin Day 1 End Day 10	Coinsurance 4% Begin Day 1 End Day 10

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

1a - Additional Days for Inpatient Hospital-Acute - Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

<ul style="list-style-type: none"> ^ In Patient Hospital Services(1) - In Progress ^ Inpatient Hospital-Acute(1a) - In Progress <li style="background-color: #0056b3; color: white; text-align: center;">Additional Days(1a1) - In Progress Non-Medicare Covered Days(1a2) Upgrades(1a3) ∨ In Patient Hospital Psychiatric(1b) - Not started ∨ Skilled Nursing Facility (SNF)(2) - Not started ∨ Cardiac and Pulmonary Rehabilitation Services(3) - Not started ∨ Emergency/Urgently Needed Services(4) - Not started ∨ Partial Hospitalization(5) - Not started ∨ Home Health Services(6) - Not started ∨ Health Care Professional Services(7) - Not started ∨ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started 	<p>Tier 1</p> <p>Number of day intervals <input type="text" value="3"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Is there a copayment?</p> <p><input checked="" type="button" value="Yes"/> <input type="button" value="No"/></p> <p>Tier 1</p> <p>Number of day intervals <input type="text" value="3"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p>	<p>Tier 2</p> <p>Number of day intervals <input type="text" value="3"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Tier 2</p> <p>Number of day intervals <input type="text" value="3"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p>	<p>Tier 3</p> <p>Number of day intervals <input type="text" value="3"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/></p> <p>Tier 3</p> <p>Number of day intervals <input type="text" value="3"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/></p>
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CY 2024 PBP Data Entry System Screens

1a - Non-Medicare Covered Stay for Inpatient Hospital-Acute - Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - In Progress
- Inpatient Hospital-Acute(1a) - Completed
- Additional Days(1a1) - Completed
- Non-Medicare Covered Days(1a2) - In Progress**
- Upgrades(1a3)
- In Patient Hospital Psychiatric(1b) - Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)

[Plan Characteristics](#)

Is the coinsurance structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered stay

Yes No

Coinsurance percentage:

Number of day intervals:

Coinsurance	Begin Day	End Day
4%	1	10

Coinsurance	Begin Day	End Day
4%	1	10

Coinsurance	Begin Day	End Day
4%	1	10

Is the copayment structure for the non-Medicare-covered stay the same as the copayment structure for the Medicare-covered stay

Yes No

Copayment:

Number of day intervals:

CY 2024 PBP Data Entry System Screens

1a - Non-Medicare Covered Stay for Inpatient Hospital-Acute – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - In Progress
- Inpatient Hospital-Acute(1a) - Completed
- Additional Days(1a1) - Completed
- Non-Medicare Covered Days(1a2) - In Progress**
- Upgrades(1a3)
- In Patient Hospital Psychiatric(1b) - Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Copayment	\$40	
Number of day intervals	1	
Copayment	Begin Day	End Day
\$40	1	10
Copayment	Begin Day	End Day
\$40	1	10
Copayment	Begin Day	End Day
\$40	1	10

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

1a – Upgrades for Inpatient Hospital-Acute

PBP CY 2024 - Contract ID / Plan ID / Segment ID - In Patient Hospital Services(1)

Very long Plan Name

- In Patient Hospital Services(1) - In Progress
- Inpatient Hospital-Acute(1a) - Completed
- Additional Days(1a1) - Completed
- Non-Medicare Covered Days (1a2) - Completed
- Upgrades(1a3) - In Progress**
- In Patient Hospital Psychiatric(1b) - Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Upgrades for Inpatient Hospital-Acute (1a3)

Plan Characteristics

Is the coinsurance structure for upgrades the same as the coinsurance structure for the Medicare-covered stay?

Yes No

Coinsurance percentage

Is the copayment structure for upgrades the same as the copayment structure for the Medicare-covered stay?

Yes No

Copayment amount per stay

Copayment amount per day

CY 2024 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

In Patient Hospital Services(1) - Completed

Inpatient Hospital-Acute(1a) - Completed

In Patient Hospital Psychiatric(1b) - In Progress

Skilled Nursing Facility (SNF)(2) - Not started

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Inpatient Hospital - Psychiatric (1b)

Plan Chara

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

Select the maximum enrollee out-of-pocket cost type

Plan specified amount period

MOOP amount

\$400

Periodicity

6 Months

Does this plan's Medicare-covered benefit cost sharing vary by hospital(s) in which an enrollee obtains care?

Yes No

Number of tiers

3

Lowest cost tier

1

Is there a coinsurance?

Yes No

Tier 1 | Tier 2

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - Completed
- In Patient Hospital Psychiatric(1b) - In Progress
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Tier 1

Do you charge the Medicare-defined cost share for tier 1?

Coinsurance for Medicare-covered stay

Number of day intervals for Medicare-covered stay

Coinsurance	Begin Day	End Day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Coinsurance	Begin Day	End Day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Coinsurance	Begin Day	End Day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Is there a copayment?

Tier 2

Do you charge the Medicare-defined cost share for tier 2?

Coinsurance for Medicare-covered stay

Number of day intervals for Medicare-covered stay

Coinsurance	Begin Day	End Day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Coinsurance	Begin Day	End Day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Coinsurance	Begin Day	End Day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Tier 3

Do you charge the medicare-defin for tier 3?

Coinsurance for Medicare-covered stay

Number of day intervals for Medicare-cov

Coinsurance	Begin Day	End Day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text"/>

Coinsurance	Begin Day	End Day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text"/>

Coinsurance	Begin Day	End Day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text"/>

Tier 1

Do you charge the Medicare-defined cost share for tier 1?

Tier 2

Do you charge the Medicare-defined cost share for tier 2?

Tier 3

Do you charge the medicare-defin for tier 3?

CY 2024 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - Completed
- In Patient Hospital Psychiatric(1b) - In Progress
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Tier 1

Do you charge the Medicare-defined cost share for tier 1?

Yes No

Copayment for Medicare-covered stay
\$40

Number of day intervals for Medicare-covered stay
3

Copayment \$40 Begin Day 1 End Day 10

Copayment \$40 Begin Day 1 End Day 10

Copayment \$40 Begin Day 1 End Day 10

Is there a deductible?
 Yes No

Tier 1 Deductible amount
\$40

Tier 2

Do you charge the Medicare-defined cost share for tier 2?

Yes No

Copayment for Medicare-covered stay
\$40

Number of day intervals for Medicare-covered stay
3

Copayment \$40 Begin Day 1 End Day 10

Copayment \$40 Begin Day 1 End Day 10

Copayment \$40 Begin Day 1 End Day 10

Tier 2 Deductible amount
\$40

Tier 3

Do you charge the medicare-defin for tier 3?

Yes No

Copayment for Medicare-covered stay
\$40

Number of day intervals for Medicare-cove
3

Copayment \$40 Begin Day 1

Copayment \$40 Begin Day 1

Copayment \$40 Begin Day 1

Tier 3 Deductible amount
\$40

CY 2024 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - Completed
- In Patient Hospital Psychiatric(1b) - In Progress**
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Tier 1
Deductible amount

Tier 2
Deductible amount

Tier 3
Deductible amount

What is your Inpatient Hospital Psychiatric benefit period?
Psychiatric benefit period

Do you charge cost sharing on the day of discharge?
 Yes No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Is there a coinsurance?
 Yes No

Do you charge the Medicare-defined cost share?
 Yes No

CY 2024 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 5

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - Completed
- In Patient Hospital Psychiatric(1b) - In Progress**
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Do you charge the Medicare-defined cost share?

Yes No

Coinsurance:

Number of day intervals:

Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Is there a copayment?

Yes No

Do you charge the Medicare-defined cost share?

Yes No

Copayment:

Number of day intervals:

CY 2024 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 6

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - Completed
- In Patient Hospital Psychiatric(1b) - In Progress**
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Number of day intervals:

Copayment	Begin Day	End Day
<input type="text" value="\$40"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Copayment	Begin Day	End Day
<input type="text" value="\$40"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Copayment	Begin Day	End Day
<input type="text" value="\$40"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Is there a deductible?
 Yes No

Is there a combined deductible for both Inpatient Hospital-Acute and Inpatient Psychiatric Hospital?
 Yes No

Deductible amount:

Point-of-Service (POS) benefits

CY 2024 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 7

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
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- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Point-of-Service (POS) benefits

Is there a POS maximum plan benefit coverage?

Yes No

Is there a combined POS maximum plan benefit coverage for both Inpatient Hospital-Acute and Inpatient Psychiatric Hospital?

Yes No

Maximum plan benefit coverage amount

\$40

Periodicity

Every 6 months

Is there a coinsurance?

Yes No

Do you charge the Medicare-defined cost share?

Yes No

Coinsurance for Medicare-covered stay

4%

Number of day intervals for Medicare-covered stay

3

CY 2024 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 8

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
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- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Coinsurance	Begin day	End day
4%	1	10
Coinsurance	Begin day	End day
4%	1	10
Coinsurance	Begin day	End day
4%	1	10

Is there a copayment?

Yes No

Do you charge the Medicare-defined cost share?

Yes No

Copayment for Medicare-covered stay

\$40

Number of day intervals for Medicare-covered stay

3

Copayment	Begin Day	End Day
\$40	1	10
Copayment	Begin Day	End Day
\$40	1	10

CY 2024 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 9

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

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- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Coinsurance	Begin day	End day
4%	1	10
Coinsurance	Begin day	End day
4%	1	10

Is there a copayment?

Yes No

Do you charge the Medicare-defined cost share?

Yes No

Copayment for Medicare-covered stay

\$40

Number of day intervals for Medicare-covered stay

3

Copayment	Begin Day	End Day
\$40	1	10
Copayment	Begin Day	End Day
\$40	1	10
Copayment	Begin Day	End Day
\$40	1	10

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 10

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- ▼ In Patient Hospital Services(1) - Completed
- ▼ Inpatient Hospital-Acute(1a) - Completed
- ▼ In Patient Hospital Psychiatric(1b) - In Progress**
- Skilled Nursing Facility (SNF)(2) - Not started
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started
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- ▼ Home Health Services(6) - Not started
- ▼ Health Care Professional Services(7) - Not started
- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Copayment	Begin Day	End Day
\$40	1	10

Copayment	Begin Day	End Day
\$40	1	10

Is there a deductible?

Yes No

Is there a combined POS deductible for both Inpatient Hospital-Acute and Inpatient Psychiatric Hospital?

Yes No

Deductible amount

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

[+ Add Notes](#)

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2024 PBP Data Entry System Screens

1b - Additional Days for Inpatient Hospital-Psychiatric -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - Completed
- In Patient Hospital Psychiatric(1b) - In Progress
- Additional Days(1b1) - In Progress
- Non-Medicare Covered Days(1b2)- Not started
- Skilled Nursing Facility (SNF)(2)- Not started
- Cardiac and Pulmonary Rehabilitation Services(3) -Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Additional Days for Inpatient Hospital Psychiatric (1b1) Plan Char

Is this benefit unlimited?

Yes No

Indicate number of Additional Days per benefit period:

Number of days

Periodicity

Does this plan's Additional Days cost sharing vary by hospital(s) in which an enrollee obtains care?

Yes No

Number of Tiers

Lowest Cost Tier

Is there a coinsurance?

Yes No

<p>Tier 1</p> <p>Coinsurance <input style="width: 100%;" type="text" value="4%"/></p>	<p>Tier 2</p> <p>Coinsurance <input style="width: 100%;" type="text" value="4%"/></p>	<p>Tier 3</p> <p>Coinsurance <input style="width: 100%;" type="text" value="4%"/></p>
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Save and Next

CY 2024 PBP Data Entry System Screens

1b - Additional Days for Inpatient Hospital-Psychiatric -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- ▼ Inpatient Hospital-Acute(1a) - Completed
- ▲ In Patient Hospital Psychiatric(1b) - In Progress
- Additional Days(1b1) - In Progress
- Non-Medicare Covered Days(1b2)- Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started
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<p>Is there a copayment?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>		
<p>Tier 1</p> <p>Copayment <input type="text" value="\$40"/></p> <p>Number of day intervals <input type="text" value="3"/></p>	<p>Tier 2</p> <p>Copayment <input type="text" value="\$40"/></p> <p>Number of day intervals <input type="text" value="3"/></p>	<p>Tier 3</p> <p>Copayment <input type="text" value="\$40"/></p> <p>Number of day intervals <input type="text" value="3"/></p>

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Save and Next

CY 2024 PBP Data Entry System Screens

1b - Additional Days for Inpatient Hospital-Psychiatric -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

<div style="margin-bottom: 5px;"><input type="checkbox"/> In Patient Hospital Services(1) - Completed</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Inpatient Hospital-Acute(1a) - Completed</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> In Patient Hospital Psychiatric(1b) - In Progress</div> <div style="background-color: #4F81BD; color: white; padding: 2px 5px; text-align: center;">Additional Days(1b1) - In Progress</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Non-Medicare Covered Days(1b2)- Not started</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Skilled Nursing Facility (SNF)(2) - Not started</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Cardiac and Pulmonary Rehabilitation Services(3) - Not started</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Emergency/Urgently Needed Services(4) - Not started</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Partial Hospitalization(5) - Not started</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Home Health Services(6) - Not started</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Health Care Professional Services(7) - Not started</div> <div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started</div>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10																																				
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Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

1b - Additional Days for Inpatient Hospital-Psychiatric - Page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ In Patient Hospital Services(1) - Completed
- ▼ Inpatient Hospital-Acute(1a) - Completed
- ▲ In Patient Hospital Psychiatric(1b) - In Progress
- Additional Days(1b1) - In Progress
- Non-Medicare Covered Days(1b2)- Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- ▼ Emergency/Urgently Needed Services(4) - Not started
- ▼ Partial Hospitalization(5) - Not started
- ▼ Home Health Services(6) - Not started
- ▼ Health Care Professional Services(7) - Not started
- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10
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Is there a copayment?

Yes No

Tier 1	Tier 2	Tier 3									
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+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

1b - Non-Medicare-Covered Stay for Inpatient Hospital Psychiatric - Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - Completed
- In Patient Hospital Psychiatric(1b) - In Progress**
- Additional Days(1b1) - In Progress
- Non-Medicare Covered Days(1b2) - In Progress**
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)

[Plan Characteristics](#)

Is there a coinsurance?
 Yes No

Is the coinsurance structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered stay?
 Yes No

Coinsurance

Number of day intervals

Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>

Is there a copayment?
 Yes No

Is the copayment structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered

CY 2024 PBP Data Entry System Screens

1b - Non-Medicare-Covered Stay for Inpatient Hospital Psychiatric - Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - Completed
- In Patient Hospital Psychiatric(1b) - In Progress
- Additional Days(1b1) - In Progress
- Non-Medicare Covered Days(1b2) - In Progress**
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is the copayment structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered stay?

Yes No

Copayment:

Number of day intervals:

Copayment: <input type="text" value="\$40"/>	Begin Day: <input type="text" value="1"/>	End Day: <input type="text" value="10"/>
Copayment: <input type="text" value="\$40"/>	Begin Day: <input type="text" value="1"/>	End Day: <input type="text" value="10"/>
Copayment: <input type="text" value="\$40"/>	Begin Day: <input type="text" value="1"/>	End Day: <input type="text" value="10"/>

CY 2024 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - In Progress**
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Skilled Nursing Facility (SNF) (2)

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
Days:

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?
 Yes No

MOOP amount:

Periodicity:

Does this plan's Medicare-covered benefit cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?
 Yes No

Number of tiers:

Lowest cost tier:

Is there a coinsurance?
 Yes No

Plan Cha

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - In Progress
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a coinsurance?

Yes No

Tier 1

Do you charge Medicare defined costs for Tier 1? Yes No

Coinsurance for Medicare covered stay:

Number of day intervals for Medicare covered stay:

Coinsurance: <input type="text" value="4%"/>	Begin Day: <input type="text" value="1"/>	End Day: <input type="text" value="10"/>
Coinsurance: <input type="text" value="4%"/>	Begin Day: <input type="text" value="1"/>	End Day: <input type="text" value="10"/>
Coinsurance: <input type="text" value="4%"/>	Begin Day: <input type="text" value="1"/>	End Day: <input type="text" value="10"/>

Is there a copayment?

Yes No

Tier 2

Do you charge Medicare defined costs for Tier 2? Yes No

Coinsurance for Medicare covered stay:

Number of day intervals for Medicare covered stay:

Coinsurance: <input type="text" value="4%"/>	Begin Day: <input type="text" value="1"/>	End Day: <input type="text" value="10"/>
Coinsurance: <input type="text" value="4%"/>	Begin Day: <input type="text" value="1"/>	End Day: <input type="text" value="10"/>
Coinsurance: <input type="text" value="4%"/>	Begin Day: <input type="text" value="1"/>	End Day: <input type="text" value="10"/>

Tier 3

Do you charge Medicare defined costs for Tier 3? Yes No

Coinsurance for Medicare covered stay:

Number of day intervals for Medicare covered stay:

Coinsurance: <input type="text" value="4%"/>	Begin Day: <input type="text" value="1"/>	End Day: <input type="text"/>
Coinsurance: <input type="text" value="4%"/>	Begin Day: <input type="text" value="1"/>	End Day: <input type="text"/>
Coinsurance: <input type="text" value="4%"/>	Begin Day: <input type="text" value="1"/>	End Day: <input type="text"/>

CY 2024 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - In Progress
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Tier 1

Do you charge Medicare defined costs for Tier 1?

Yes No

Copayment for Medicare covered stay

Number of day intervals for Medicare covered stay

Copayment	Begin Day	End Day
<input type="text" value="\$40"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Copayment	Begin Day	End Day
<input type="text" value="\$40"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Copayment	Begin Day	End Day
<input type="text" value="\$40"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Tiering deductible for Tier 1?

Yes No

Deductible Amount

Tier 2

Do you charge Medicare defined costs for Tier 2?

Yes No

Copayment for Medicare covered stay

Number of day intervals for Medicare covered stay

Copayment	Begin Day	End Day
<input type="text" value="\$40"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Copayment	Begin Day	End Day
<input type="text" value="\$40"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Copayment	Begin Day	End Day
<input type="text" value="\$40"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Tiering deductible for Tier 2?

Yes No

Deductible Amount

Tier 3

Do you charge Medicare defined costs for Tier 3?

Yes No

Copayment for Medicare covered stay

Number of day intervals for Medicare covered stay

Copayment	Begin Day	End Day
<input type="text" value="\$40"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Copayment	Begin Day	End Day
<input type="text" value="\$40"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Copayment	Begin Day	End Day
<input type="text" value="\$40"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Tiering deductible for Tier 3?

Yes No

Deductible Amount

What is your SNF benefit period?

Periodicity

CY 2024 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - In Progress**
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

What is your SNF benefit period?

Periodicity: **Per admission or per stay**

Do you charge cost sharing on the day of discharge?

Yes No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Is there a coinsurance?

Yes No

Do you charge Medicare defined costs?

Yes No

Coinsurance: **4%**

Number of day intervals

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 5

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - In Progress**
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Coinsurance

Number of day intervals

Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>

Is there a copayment?
 Yes No

Do you charge Medicare defined costs?
 Yes No

Copayment

Number of day intervals

Copayment <input type="text"/>	Begin Day <input type="text"/>	End Day <input type="text"/>
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CY 2024 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 6

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - In Progress
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Copayment	Begin Day	End Day
\$40	1	10
Copayment	Begin Day	End Day
\$40	1	10
Copayment	Begin Day	End Day
\$40	1	10

Is there a deductible?

Yes No

Deductible amount

\$40

Point-of-Service (POS) benefits

Is there a coinsurance?

Yes No

Do you charge Medicare defined costs ?

Yes No

Coinsurance

4%

Number of claw intervals

CY 2024 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 7

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - In Progress**
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Coinsurance	4%	Begin day	1	End day	10
Coinsurance	4%	Begin day	1	End day	10

Is there a copayment?
 Yes No

Do you charge Medicare defined costs?
 Yes No

Copayment: \$40

Number of day intervals: 3

Copayment	\$40	Begin Day	1	End Day	10
Copayment	\$40	Begin Day	1	End Day	10
Copayment	\$40	Begin Day	1	End Day	10

Is there a deductible?

CY 2024 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 8

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - In Progress**
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Copayment	Begin Day	End Day
\$40	1	10

Copayment	Begin Day	End Day
\$40	1	10

Is there a deductible?

Yes No

Deductible Amount

\$40

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

[+ Add Notes](#)

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2024 PBP Data Entry System Screens

2 - Additional Days for Skilled Nursing Facility -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - In Progress
- Additional Days(2-1) - In Progress**
- Non-Medicare Covered Stay(2-2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1)

Plan Cha

Is this benefit unlimited?

Yes No

Indicate number of Additional Days per benefit period

10

Periodicity

6 Months

Does this plan's Additional Days cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?

Yes No

Number of Tiers

3

Lowest Cost Tier

1

Is there a coinsurance?

Yes No

Tier 1	Tier 2	Tier 3
Number of day intervals	Number of day intervals	Number of day intervals
3	3	3
Coinsurance	Coinsurance	Coinsurance
Begin Day	Begin Day	Begin Day
End Day	End Day	End Day

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

2 - Additional Days for Skilled Nursing Facility -Page -2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - In Progress

Additional Days(2-1) - In Progress

Non-Medicare Covered Stay(2-2) - Not started

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10
Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10
Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10

Is there a copayment?
Yes No

<p style="margin: 5px 0;">Tier 1</p> <p style="margin: 5px 0;">Number of day intervals for Medicare covered stay 3</p>	<p style="margin: 5px 0;">Tier 2</p> <p style="margin: 5px 0;">Number of day intervals for Medicare covered stay 3</p>	<p style="margin: 5px 0;">Tier 3</p> <p style="margin: 5px 0;">Number of day intervals for Medicare covered stay 3</p>
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Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

2 - Additional Days for Skilled Nursing Facility - Page-3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

<div style="display: flex; justify-content: space-between; align-items: center;"> ▼ In Patient Hospital Services(1) - Completed ▼ Skilled Nursing Facility (SNF)(2) - In Progress </div> <div style="background-color: #0056b3; color: white; padding: 2px; text-align: center; margin: 2px 0;"> Additional Days(2-1) - In Progress </div> <div style="background-color: #e6f2ff; padding: 2px;"> Non-Medicare Covered Stay(2-2) - Not started </div> <div style="background-color: #e6f2ff; padding: 2px;"> Cardiac and Pulmonary Rehabilitation Services(3) - Not started </div> <div style="background-color: #e6f2ff; padding: 2px;"> Emergency/Urgently Needed Services(4) - Not started </div> <div style="background-color: #e6f2ff; padding: 2px;"> Partial Hospitalization(5) - Not started </div> <div style="background-color: #e6f2ff; padding: 2px;"> Home Health Services(6) - Not started </div> <div style="background-color: #e6f2ff; padding: 2px;"> Health Care Professional Services(7) - Not started </div> <div style="background-color: #e6f2ff; padding: 2px;"> Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started </div>	<div style="margin-bottom: 10px;"> <input type="text" value="3"/> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Copayment \$40 </div> <div style="text-align: center;"> Begin Day 1 </div> <div style="text-align: center;"> End Day 10 </div> </div>	<div style="margin-bottom: 10px;"> <input type="text" value="3"/> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Copayment \$40 </div> <div style="text-align: center;"> Begin Day 1 </div> <div style="text-align: center;"> End Day 10 </div> </div>	<div style="margin-bottom: 10px;"> <input type="text" value="3"/> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Copayment \$40 </div> <div style="text-align: center;"> Begin Day 1 </div> </div>
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+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

2 - Non-Medicare-Covered Stay for Skilled Nursing Facility -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - In Progress
- Additional Days(2-1) - Completed
- Non-Medicare Covered Stay(2-2) - In Progress
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Plan Cha

Non Medicare-Covered Stay (SNF) (2-2)

Is the coinsurance structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered stay?

Yes No

Tier 1	Tier 2	Tier 3																		
Coinsurance for non Medicare covered stay <input style="width: 100%;" type="text" value="20%"/>	Coinsurance for non Medicare covered stay <input style="width: 100%;" type="text" value="20%"/>	Coinsurance for Non Medicare Covered <input style="width: 100%;" type="text" value="20%"/>																		
Number of day intervals <input style="width: 100%;" type="text" value="3"/>	Number of day intervals <input style="width: 100%;" type="text" value="3"/>	Number of day intervals <input style="width: 100%;" type="text" value="3"/>																		
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Coinsurance	Begin Day	End Day																		
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Coinsurance	Begin Day	End Day																		
<input style="width: 100%;" type="text" value="20%"/>	<input style="width: 100%;" type="text" value="1"/>	<input style="width: 100%;" type="text" value="10"/>																		

Is the copayment structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered stay?

Yes No

Tier 1	Tier 2	Tier 3
Copayment for non-Medicare covered stay <input style="width: 100%;" type="text" value="\$100"/>	Copayment for non-Medicare covered stay <input style="width: 100%;" type="text" value="\$100"/>	Copayment for non-Medicare covered stay <input style="width: 100%;" type="text" value="\$100"/>

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

2 - Non-Medicare-Covered Stay for Skilled Nursing Facility -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - In Progress
- Additional Days(2-1) - Completed
- Non-Medicare Covered Stay(2-2) - In Progress
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

20%	1	10	20%	1	10	20%	1	10
Coinsurance	Begin Day	End Day	Coinsurance	Begin Day	End Day	Coinsurance	Begin Day	End Day
20%	1	10	20%	1	10	20%	1	10

Is the copayment structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered stay?

Yes
 No

Tier 1	Tier 2	Tier 3																		
Copayment for non-Medicare covered stay <input style="width: 100%;" type="text" value="\$100"/>	Copayment for non-Medicare covered stay <input style="width: 100%;" type="text" value="\$100"/>	Copayment for non-Medicare covered stay <input style="width: 100%;" type="text" value="\$100"/>																		
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Copayment	Begin Day	End Day																		
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\$100	1	10																		
Copayment	Begin Day	End Day																		
\$100	1	10																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Copayment</td> <td style="width: 33%; text-align: center;">Begin Day</td> <td style="width: 33%; text-align: center;">End Day</td> </tr> <tr> <td style="text-align: center;">\$100</td> <td style="text-align: center;">1</td> <td style="text-align: center;">10</td> </tr> </table>	Copayment	Begin Day	End Day	\$100	1	10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Copayment</td> <td style="width: 33%; text-align: center;">Begin Day</td> <td style="width: 33%; text-align: center;">End Day</td> </tr> <tr> <td style="text-align: center;">\$100</td> <td style="text-align: center;">1</td> <td style="text-align: center;">10</td> </tr> </table>	Copayment	Begin Day	End Day	\$100	1	10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Copayment</td> <td style="width: 33%; text-align: center;">Begin Day</td> <td style="width: 33%; text-align: center;">End Day</td> </tr> <tr> <td style="text-align: center;">\$100</td> <td style="text-align: center;">1</td> <td style="text-align: center;">10</td> </tr> </table>	Copayment	Begin Day	End Day	\$100	1	10
Copayment	Begin Day	End Day																		
\$100	1	10																		
Copayment	Begin Day	End Day																		
\$100	1	10																		
Copayment	Begin Day	End Day																		
\$100	1	10																		

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

3 - Cardiac and Pulmonary Rehabilitation Services

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Not Started

Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Pulmonary Rehabilitation Services(3-3) - Not Started

SET for PAD Services(3-4) - Not Started

Additional Cardiac Rehabilitation Services(3-1) - Not Started

Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Cardiac and Pulmonary Rehabilitation Services (3)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount:

Periodicity:

Is there a deductible?

Yes No

Deductible amount:

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2024 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▲ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - In Progress
- Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- Pulmonary Rehabilitation Services(3-3) - Not Started
- SET for PAD Services(3-4) - Not Started
- Additional Cardiac Rehabilitation Services(3-1) - Not Started
- Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- Additional SET for PAD Services(3-4) - Not Started
- ▼ Emergency/Urgently Needed Services(4) - Not Started
- ▼ Partial Hospitalization(5) - Not Started

Cardiac Rehabilitation Services(3-1)

[Plan Characteristics](#)

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - In Progress
- Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- Pulmonary Rehabilitation Services(3-3) - Not Started
- SET for PAD Services(3-4) - Not Started
- Additional Cardiac Rehabilitation Services(3-1) - Not Started
- Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- Additional SET for PAD Services(3-4) - Not Started
- ▼ Emergency/Urgently Needed Services(4) - Not Started
- ▼ Partial Hospitalization(5) - Not Started

Add to OON Group

OON Group
 + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

3-2 - Intensive Cardiac Rehabilitation Services - Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - Completed
- Intensive Cardiac Rehabilitation Services(3-2) - In Progress
- Pulmonary Rehabilitation Services(3-3) - Not Started
- SET for PAD Services(3-4) - Not Started
- Additional Cardiac Rehabilitation Services(3-1) - Not Started
- Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- Additional SET for PAD Services(3-4) - Not Started
- Emergency/Urgently Needed Services(4) - Not Started
- Partial Hospitalization(5) - Not Started

Intensive Cardiac Rehabilitation Services(3-2)

Plan Characteristics

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

3-2 - Intensive Cardiac Rehabilitation Services - Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- v Skilled Nursing Facility (SNF)(2) - Completed
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - Completed
- Intensive Cardiac Rehabilitation Services(3-2) - In Progress
- Pulmonary Rehabilitation Services(3-3) - Not Started
- SET for PAD Services(3-4) - Not Started
- Additional Cardiac Rehabilitation Services(3-1) - Not Started
- Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- Additional SET for PAD Services(3-4) - Not Started
- v Emergency/Urgently Needed Services(4) - Not Started
- v Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation Services - Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- ∨ Skilled Nursing Facility (SNF)(2) - Completed
- ∧ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - Completed
- Intensive Cardiac Rehabilitation Services(3-2) - Completed
- Pulmonary Rehabilitation Services(3-3) - In Progress
- SET for PAD Services(3-4) - Not Started
- Additional Cardiac Rehabilitation Services(3-1) - Not Started
- Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- Additional SET for PAD Services(3-4) - Not Started
- ∨ Emergency/Urgently Needed Services(4) - Not Started
- ∨ Partial Hospitalization(5) - Not Started

Pulmonary Rehabilitation Services(3-3)

Plan Characteristics

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON
∨

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - Completed
- Intensive Cardiac Rehabilitation Services(3-2) - Completed
- Pulmonary Rehabilitation Services(3-3) - In Progress
- SET for PAD Services(3-4) - Not Started
- Additional Cardiac Rehabilitation Services(3-1) - Not Started
- Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- Additional SET for PAD Services(3-4) - Not Started
- ▼ Emergency/Urgently Needed Services(4) - Not Started
- ▼ Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- ✓ Skilled Nursing Facility (SNF)(2) - Completed
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - Completed
- Intensive Cardiac Rehabilitation Services(3-2) - Completed
- Pulmonary Rehabilitation Services(3-3) - Completed
- SET for PAD Services(3-4) - In Progress
- Additional Cardiac Rehabilitation Services(3-1) - Not Started
- Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- Additional SET for PAD Services(3-4) - Not Started
- ✓ Emergency/Urgently Needed Services(4) - Not Started
- ✓ Partial Hospitalization(5) - Not Started

Plan Characteristics

SET for PAD Services(3-4)

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▲ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- ▼ Cardiac Rehabilitation Services(3-1) - Completed
- ▼ Intensive Cardiac Rehabilitation Services(3-2) - Completed
- ▼ Pulmonary Rehabilitation Services(3-3) - Completed
- ▼ SET for PAD Services(3-4) - In Progress
- ▼ Additional Cardiac Rehabilitation Services(3-1) - Not Started
- ▼ Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- ▼ Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- ▼ Additional SET for PAD Services(3-4) - Not Started
- ▼ Emergency/Urgently Needed Services(4) - Not Started
- ▼ Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation Services - Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - In Progress

Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Additional Cardiac Rehabilitation Services(3-1)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

10

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - Completed
- Intensive Cardiac Rehabilitation Services(3-2) - Completed
- Pulmonary Rehabilitation Services(3-3) - Completed
- SET for PAD Services(3-4) - Completed
- Additional Cardiac Rehabilitation Services(3-1) - In Progress
- Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- Additional SET for PAD Services(3-4) - Not Started
- ▼ Emergency/Urgently Needed Services(4) - Not Started
- ▼ Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2024 PBP Data Entry System Screens

3-2 - Additional Intensive Cardiac Rehabilitation Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
 - Cardiac Rehabilitation Services(3-1) - Completed
 - Intensive Cardiac Rehabilitation Services(3-2) - Completed**
 - Pulmonary Rehabilitation Services(3-3) - Completed
- SET for PAD Services(3-4) - Completed
- Additional Cardiac Rehabilitation Services(3-1) - Complete
- Additional Intensive Cardiac Rehabilitation Services(3-2) - In Progress**
- Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- Additional SET for PAD Services(3-4) - Not Started
- Emergency/Urgently Needed Services(4) - Not Started
- Partial Hospitalization(5) - Not Started

Additional Intensive Cardiac Rehabilitation Services(3-2)

Is this benefit unlimited?

Yes **No**

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes **Yes with a min & max** No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes **Yes with a min & max** No

Minimum copayment Maximum copayment

Out-of-Network (OON) Benefits

CY 2024 PBP Data Entry System Screens

3-2 - Additional Intensive Cardiac Rehabilitation Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - Completed
- Intensive Cardiac Rehabilitation Services(3-2) - Completed
- Pulmonary Rehabilitation Services(3-3) - Completed
- SET for PAD Services(3-4) - Completed
- Additional Cardiac Rehabilitation Services(3-1) - Complete
- Additional Intensive Cardiac Rehabilitation Services(3-2) - In Progress
- Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- Additional SET for PAD Services(3-4) - Not Started
- ▼ Emergency/Urgently Needed Services(4) - Not Started
- ▼ Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - **In Progress**

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

Additional Intensive Cardiac Rehabilitation Services(3-2) - Complete

Additional Pulmonary Rehabilitation Services(3-3) - In Progress

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Additional Pulmonary Rehabilitation Services(3-3)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

10

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- v Skilled Nursing Facility (SNF)(2) - Completed
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - Completed
- Intensive Cardiac Rehabilitation Services(3-2) - Completed
- Pulmonary Rehabilitation Services(3-3) - Completed
- SET for PAD Services(3-4) - Completed
- Additional Cardiac Rehabilitation Services(3-1) - Complete
- Additional Intensive Cardiac Rehabilitation Services(3-2) - Complete
- Additional Pulmonary Rehabilitation Services(3-3) - In Progress
- Additional SET for PAD Services(3-4) - Not Started
- v Emergency/Urgently Needed Services(4) - Not Started
- v Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

3-4 Additional SET for PAD Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - **In Progress**

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

Additional Intensive Cardiac Rehabilitation Services(3-2) - Complete

Additional Pulmonary Rehabilitation Services(3-3) - Complete

Additional SET for PAD Services(3-4) - In Progress

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Additional SET for PAD Services(3-4)

[Plan Characteristics](#)

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Out-of-Network (OON) Benefits

CY 2024 PBP Data Entry System Screens

3-4 Additional SET for PAD Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- v Skilled Nursing Facility (SNF)(2) - Completed
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- v Cardiac Rehabilitation Services(3-1) - Completed
- v Intensive Cardiac Rehabilitation Services(3-2) - Completed
- v Pulmonary Rehabilitation Services(3-3) - Completed
- v SET for PAD Services(3-4) - Completed
- v Additional Cardiac Rehabilitation Services(3-1) - Complete
- v Additional Intensive Cardiac Rehabilitation Services(3-2) - Complete
- v Additional Pulmonary Rehabilitation Services(3-3) - Complete
- v Additional SET for PAD Services(3-4) - In Progress
- v Emergency/Urgently Needed Services(4) - Not Started
- v Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

4a Emergency Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - In Progress

Urgently Needed Services(4b) - Not started

Worldwide Emergency/Urgent Coverage(4c) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Emergency Services (4a)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Maximum per visit amount

Is the coinsurance for Medicare-covered benefits waived if admitted to hospital?

Yes No

Select either days or hours within which admission must occur for waiver

Days Hours

Number of days

CY 2024 PBP Data Entry System Screens

4a Emergency Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - In Progress
- Emergency Services(4a) - In Progress**
- Urgently Needed Services(4b) - Not started
- Worldwide Emergency/Urgent Coverage(4c) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Days Hours

Number of days

Is there a copayment?

Yes **Yes with a min & max** No

Minimum copayment Maximum copayment

Is the copayment for Medicare-covered benefits waived if admitted to hospital?

Yes No

Select either days or hours within which admission must occur for waiver

Days Hours

Enter number of days

Does the cost sharing count towards any plan-level deductible?

Yes No

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - In Progress
- Emergency Services(4a) - Completed
- Urgently Needed Services(4b) - In Progress**
- Worldwide Emergency/Urgent Coverage(4c) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Urgently Needed Services (4b)

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

Select the maximum enrollee out-of-pocket cost type

Covered under emergency/post stabilization services

Plan-specified amount per period

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Maximum per visit amount

Is the coinsurance for Medicare-covered benefits waived if admitted to hospital?

Yes No

[Plan Characteristics](#)

CY 2024 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - In Progress
 - Emergency Services(4a) - Completed
 - Urgently Needed Services(4b) - In Progress**
 - Worldwide Emergency/Urgent Coverage(4c) - Not started
 - Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is the coinsurance for Medicare-covered benefits waived if admitted to hospital?

Yes No

Select either days or hours within which admission must occur for waiver

Days Hours

Enter number of days

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is the copayment for Medicare-covered benefits waived if admitted to hospital?

Yes No

Select either days or hours within which admission must occur for waiver

Days Hours

Enter number of days

Does the cost sharing count towards any plan-level deductible?

CY 2024 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - In Progress
 - Emergency Services(4a) - Completed
 - Urgently Needed Services(4b)-In Progress**
 - Worldwide Emergency/Urgent Coverage(4c)- Not started
 - Partial Hospitalization(5) - Not started
 - Home Health Services(6) - Not started
 - Health Care Professional Services(7) - Not started
 - Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Enter number of days

Is there a copayment?
 Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is the copayment for Medicare-covered benefits waived if admitted to hospital?
 Yes No

Select either days or hours within which admission must occur for waiver
 Days Hours

Enter number of days

Does the cost sharing count towards any plan-level deductible?
 Yes No

CY 2024 PBP Data Entry System Screens

4c - Worldwide Emergency /Urgent Coverage -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - In Progress
 - Emergency Services(4a) - Completed
 - Urgently Needed Services(4b) - Completed
 - Worldwide Emergency/Urgent Coverage(4c) - In Progress**
 - Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Worldwide Emergency/Urgent Coverage (4c)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Is the maximum plan benefit coverage amount unlimited?

Yes No

Maximum amount

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a deductible?

Yes No

Deductible amount

CY 2024 PBP Data Entry System Screens

4c - Worldwide Emergency /Urgent Coverage -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - In Progress
 - Emergency Services(4a) - Completed
 - Urgently Needed Services(4b) - Completed
 - Worldwide Emergency/Urgent Coverage(4c) - In Progress**
 - Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a maximum plan benefit coverage?
 Yes No

Is the maximum plan benefit coverage amount unlimited?
 Yes No

Maximum amount

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?
 Yes No

MOOP amount

Periodicity

Is there a deductible?
 Yes No

Deductible amount

CY 2024 PBP Data Entry System Screens

4c1 - Worldwide Emergency Coverage

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- ▲ Emergency/Urgently Needed Services(4) - In Progress
 - Emergency Services(4a) - Completed
 - Urgently Needed Services(4b) - Completed
 - ▼ Worldwide Emergency/Urgent Coverage(4c) - In Progress
 - Worldwide Emergency Coverage(4c1) - In Progress
 - Worldwide Urgent Coverage(4c2) - Not started
 - Worldwide Emergency Transportation(4c3) - Not started
 - Partial Hospitalization(5) - Not started
 - ▼ Home Health Services(6) - Not started
 - ▼ Health Care Professional Services(7) - Not started

Worldwide Emergency Coverage (4c1) Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is this Coinsurance waived if admitted to hospital?

Yes No

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is the Copayment waived if admitted to hospital?

Yes No

[+ Add Notes](#)

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2024 PBP Data Entry System Screens

4c2 - Worldwide Urgent Coverage

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - In Progress
 - Emergency Services(4a) - Completed
 - Urgently Needed Services(4b) - Completed
 - Worldwide Emergency/Urgent Coverage(4c) - In Progress
 - Worldwide Emergency Coverage(4c1) - Completed
 - Worldwide Urgent Coverage(4c2) - In Progress**
 - Worldwide Emergency Transportation(4c3) - Not started
 - Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started

Worldwide Urgent Coverage (4c2)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is this Coinsurance waived if admitted to hospital?

Yes No

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is the Copayment waived if admitted to hospital?

Yes No

[+ Add Notes](#)

CY 2024 PBP Data Entry System Screens

4c3 - Worldwide Emergency Transportation

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- ▲ Emergency/Urgently Needed Services(4) - In Progress
 - Emergency Services(4a) - Completed
 - Urgently Needed Services(4b) - Completed
 - ▼ Worldwide Emergency/Urgent Coverage(4c) - In Progress
 - Worldwide Emergency Coverage(4c1) - Completed
 - Worldwide Urgent Coverage(4c2) - Completed
 - Worldwide Emergency Transportation(4c3) - In Progress
 - Partial Hospitalization(5) - Not started
 - ▼ Home Health Services(6) - Not started
 - ▼ Health Care Professional Services(7) - Not started

Worldwide Emergency Transportation (4c3) Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is this Coinsurance waived if admitted to hospital?

Yes No

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is the Copayment waived if admitted to hospital?

Yes No

+ Add Notes

Close Save and Close Save and Next

Softrams

CY2024 PBP – Benefit Service Categories 1-10
01/13/2023

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CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

CY 2024 PBP Data Entry System Screens

5 - Partial Hospitalization -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - In Progress**
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Partial Hospitalization (5)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?

Yes No

CY 2024 PBP Data Entry System Screens

5 - Partial Hospitalization -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- ▼ Emergency/Urgently Needed Services(4) - Completed
- ▼ Partial Hospitalization(5) - In Progress
- ▼ Home Health Services(6) - Not started
- ▼ Health Care Professional Services(7) - Not started
- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Deductible amount

\$
400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

5 - Partial Hospitalization -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - In Progress
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

OUT-OF-NETWORK (OON) BENEFITS

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

6 -Home Health Services-Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress**
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Home Health Services (6)

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount:

Periodicity:

Is there a maximum plan benefit coverage amount?

Yes No

Maximum amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

[Plan Characteristics](#)

CY 2024 PBP Data Entry System Screens

6 -Home Health Services-Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: \$400 Maximum copayment: \$400

Is there a deductible?

Yes No

Deductible amount: \$400

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group: Group Name 1 - OON + Add New OON Group

Coinsurance Copayment Deductible

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

6 -Home Health Services-Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

▶
400

- ▼ In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- ▼ Emergency/Urgently Needed Services(4) - Completed
- ▼ Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) - In Progress
- ▼ Health Care Professional Services(7) - Not started
- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+

Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

6-1 Additional Hours of Care -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - In Progress**
- Personal Care Services (6-2) - Not Started
- Other 1 for Home Health Services (6-3) - Not Started
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Additional Hours of Care (6-1)

Plan Characteristics

Is there a limit on the services provided?

Yes No

Indicate units:

Indicate numerical limit:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

CY 2024 PBP Data Entry System Screens

6-1 Additional Hours of Care -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - In Progress
- Personal Care Services (6-2) - Not Started
- Other 1 for Home Health Services (6-3) - Not Started
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Minimum copayment

Maximum copayment

Does any service require qualification for and enrollment in a state-operated waiver program?

Yes
 No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

CY 2024 PBP Data Entry System Screens

6-1 Additional Hours of Care -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - In Progress**
- Personal Care Services (6-2) - Not Started
- Other 1 for Home Health Services (6-3) - Not Started
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Yes No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

6-2 Personal Care Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - Completed
- Personal Care Services (6-2) - In Progress**
- Other 1 for Home Health Services (6-3) - Not Started
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Personal Care Services (6-2)

Is there a limit on the services provided?

Yes No

Indicate units _____
Sessions

Indicate numerical limit _____
50

Periodicity _____
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance _____ 4% Maximum coinsurance _____ 8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment _____ \$400 Maximum copayment _____ \$400

[Plan Characteristics](#)

CY 2024 PBP Data Entry System Screens

6-2 Personal Care Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - Completed
- Personal Care Services (6-2) - In Progress
- Other 1 for Home Health Services (6-3) - Not Started
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Minimum copayment

Maximum copayment

Does any service require qualification for and enrollment in a state-operated waiver program?

Yes No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

CY 2024 PBP Data Entry System Screens

6-2 Personal Care Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - Completed
- Personal Care Services (6-2) - In Progress
- Other 1 for Home Health Services (6-3) - Not Started
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Yes No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

6-3 Other 1 for Home Health Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress**
- Additional Hours of Care (6-1) - Completed
- Personal Care Services (6-2) - Completed
- Other 1 for Home Health Services (6-3) - In Progress**
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Other 1 for Home Health Services (6-3)

Name of Other Service
Other Service Name

Is there a limit on the services provided?

Yes No

Indicate units
Sessions

Indicate numerical limit
50

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Plan Characteristics

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

6-3 Other 1 for Home Health Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - Completed
- Personal Care Services (6-2) - Completed
- Other 1 for Home Health Services (6-3) - In Progress
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment
\$400

Maximum copayment
\$400

Does any service require qualification for and enrollment in a state-operated waiver program?

Yes
No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

6-3 Other 1 for Home Health Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - Completed
- Personal Care Services (6-2) - Completed
- Other 1 for Home Health Services (6-3) - In Progress
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Yes
No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

6-4 Other 2 for Home Health Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Other 2 for Home Health Services (6-4) Plan Characteristics

Name of Other Service
Other Service Name

Is there a limit on the services provided?
 Yes No

Indicate units
Sessions

Indicate numerical limit
50

Periodicity
6 Months

Is there a coinsurance?
 Yes Yes with a min & max No

Minimum coinsurance **4%** Maximum coinsurance **8%**

Is there a copayment?
 Yes Yes with a min & max No

Close Save and Close Save and Next

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress**
 - Additional Hours of Care (6-1) - Completed
 - Personal Care Services (6-2) - Completed
 - Other 1 for Home Health Services (6-3) - Completed
 - Other 2 for Home Health Services (6-4) - In Progress**
 - Health Care Professional Services(7) - Not started
 - Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

CY 2024 PBP Data Entry System Screens

6-4 Other 2 for Home Health Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - Completed
- Personal Care Services (6-2) - Completed
- Other 1 for Home Health Services (6-3) - Completed
- Other 2 for Home Health Services (6-4) - In Progress
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a copayment?

Minimum copayment
\$400

Maximum copayment
\$400

Does any service require qualification for and enrollment in a state-operated waiver program?

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

6-4 Other 2 for Home Health Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- ▼ Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- ▲ Home Health Services(6) - In Progress
- ▼ Additional Hours of Care (6-1) - Completed
- ▼ Personal Care Services (6-2) - Completed
- ▼ Other 1 for Home Health Services (6-3) - Completed
- ▼ Other 2 for Home Health Services (6-4) - In Progress
- ▼ Health Care Professional Services(7) - Not started
- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Yes
 No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

7a - Primary Care Physician Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - In Progress

Chiropractic Services(7b) - Not Started

Occupational Therapy Services(7c) - Not Started

Physician Specialist Services(7d) - Not Started

Mental Health Specialty Services(7e) - Not Started

Individual Sessions for Mental Health Specialty Services(7e1) - Not Started

Group Sessions for Mental Health Specialty Services(7e2) - Not Started

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g) - Not Started

Primary Care Physician Services(7a)

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

CY 2024 PBP Data Entry System Screens

7a - Primary Care Physician Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Partial Hospitalization(5) - Completed
- Home Health Services(6) -Completed
- Health Care Professional Services(7)-
In Progress
- Primary Care Physician Services(7a) -
In Progress
- Chiropractic Services(7b) - Not Started
- Occupational Therapy Services(7c) -
Not Started
- Physician Specialist Services(7d) -
Not Started
- Mental Health Specialty Services(7e)-
Not Started
- Individual Sessions for Mental Health
Specialty Services(7e1) - Not Started
- Group Sessions for Mental Health
Specialty Services(7e2)- Not Started
- Podiatry Services(7f) -Not Started
- Other Health Care Professional(7g)-
Not Started

Yes
No

Deductible amount
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

7b – Chiropractic Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1) - Not Started

Other Chiropractic Services(7b2) - Not Started

Occupational Therapy Services(7c) - Not Started

Physician Specialist Services(7d) - Not Started

Mental Health Specialty Services(7e) - Not Started

Chiropractic Services(7b)

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Is there a medicare covered coinsurance?

Yes Yes with a min & max No

[Plan Characteristics](#)

CY 2024 PBP Data Entry System Screens

7b – Chiropractic Services -Page 2

Very long Plan Name	
Partial Hospitalization(5) - Completed	Periodicity 6 Months
Home Health Services(6) - Completed	Is there a medicare covered coinsurance?
Health Care Professional Services(7) - In Progress	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No
Primary Care Physician Services(7a) - Completed	Minimum coinsurance 4% Maximum coinsurance 8%
Chiropractic Services(7b) - In Progress	Is there a medicare covered copayment?
Routine Chiropractic Care(7b1) - Not Started	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No
Other Chiropractic Services(7b2) - Not Started	Minimum copayment \$400 Maximum copayment \$400
Occupational Therapy Services(7c) - Not Started	Is there a medicare covered deductible?
Physician Specialist Services(7d) - Not Started	<input checked="" type="radio"/> Yes <input type="radio"/> No
Mental Health Specialty Services(7e) - Not Started	Deductible amount \$400

CY 2024 PBP Data Entry System Screens

7b – Chiropractic Services -Page 3

Very long Plan Name

Partial Hospitalization(5) - Completed	Deductible amount \$400
Home Health Services(6) - Completed	Authorization required for this benefit? Yes
Health Care Professional Services(7) - In Progress	Referral required for this benefit? No
Primary Care Physician Services(7a) - Completed	
Chiropractic Services(7b) - In Progress	Out-of-Network (OON) Benefits
Routine Chiropractic Care(7b1) - Not Started	Add to OON Group
Other Chiropractic Services(7b2) - Not Started	OON Group Group Name 1 - OON + Add New OON Group
Occupational Therapy Services(7c) - Not Started	Coinsurance Copayment Deductible 20% \$20 \$200
Physician Specialist Services(7d) - Not Started	Point-of-Service (POS) benefits
Mental Health Specialty Services(7e) - Not Started	Add to POS Group

CY 2024 PBP Data Entry System Screens

7b – Chiropractic Services -Page 4

Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a)-
Completed

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1) -
Not Started

Other Chiropractic Services(7b2)-
Not Started

Occupational Therapy Services(7c)-
Not Started

Physician Specialist Services(7d)-
Not Started

Mental Health Specialty Services(7e)-
Not Started

Individual Sessions for Mental Health
Specialty Services(7e1)- Not Started

Group Sessions for Mental Health
Specialty Services(7e2)- Not Started

Benefits Details

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Partial Hospitalization(5) - Completed
- Home Health Services(6) -Completed
- Health Care Professional Services(7)- In Progress
 - Primary Care Physician Services(7a)- Completed
 - Chiropractic Services(7b) - In Progress
 - Routine Chiropractic Care(7b1) - In Progress**
 - Other Chiropractic Services(7b2)- Not Started
 - Occupational Therapy Services(7c) - Not Started
 - Physician Specialist Services(7d) - Not Started
 - Mental Health Specialty Services(7e)- Not Started

Routine Chiropractic Care(7b1)

Is this benefit unlimited?

Yes No

Visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

CY 2024 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care -Page 2

Primary Care Physician Services(7a) - Completed	
Chiropractic Services(7b) - In Progress	
Routine Chiropractic Care(7b1) - In Progress	
Other Chiropractic Services(7b2) - Not Started	
Occupational Therapy Services(7c) - Not Started	
Physician Specialist Services(7d) - Not Started	
Mental Health Specialty Services(7e) - Not Started	
Individual Sessions for Mental Health Specialty Services(7e1) - Not Started	
Group Sessions for Mental Health Specialty Services(7e2) - Not Started	

Minimum coinsurance	4%	Maximum coinsurance	8%
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Is there a copayment?

Yes	Yes with a min & max	No
-----	----------------------	----

Minimum copayment	\$400	Maximum copayment	\$400
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Is there a deductible?

Yes	No
-----	----

Deductible amount	\$400
-------------------	-------

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

7b2 – Other Chiropractic Care -Page 1

Very long Plan Name

- Partial Hospitalization(5) - Completed
- Home Health Services(6) - Completed
- Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a) - Completed
- Chiropractic Services(7b) - In Progress
- Routine Chiropractic Care(7b1) - Completed
- Other Chiropractic Services(7b2) - In Progress**
- Occupational Therapy Services(7c) - Not Started
- Physician Specialist Services(7d) - Not Started
- Mental Health Specialty Services(7e) - Not Started

Other Chiropractic Services(7b2)

Name of Other Service
Other Service Name

Is this benefit unlimited?

Yes No

Visits
5

Periodicity
6 Months

Service specific maximum plan benefit coverage amount?

Yes No

Maximum Amount
\$1000

Periodicity
6 Months

CY 2024 PBP Data Entry System Screens

7b2 – Other Chiropractic Care -Page 2

Primary Care Physician Services(7a) - Completed	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No
Chiropractic Services(7b) - In Progress	Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/>
Routine Chiropractic Care(7b1) - Completed	Is there a copayment?
Other Chiropractic Services(7b2) - In Progress	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No
Occupational Therapy Services(7c) - Not Started	Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/>
Physician Specialist Services(7d) - Not Started	Is there a deductible?
Mental Health Specialty Services(7e) - Not Started	<input checked="" type="radio"/> Yes <input type="radio"/> No
Individual Sessions for Mental Health Specialty Services(7e1) - Not Started	Deductible amount <input type="text" value="\$400"/>
Group Sessions for Mental Health Specialty Services(7e2) - Not Started	<input type="button" value="+ Add Notes"/>
<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>	

CY 2024 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) - Completed
- ▲ Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a) - Completed
- ▲ Chiropractic Services(7b) - Completed
- Occupational Therapy Services(7c) - In Progress
- Physician Specialist Services(7d) - Not Started
- Mental Health Specialty Services(7e) - Not Started
- Individual Sessions for Mental Health Specialty Services(7e1) - Not Started
- Group Sessions for Mental Health Specialty Services(7e2) - Not Started
- Podiatry Services(7f) - Not Started
- Other Health Care Professional(7g) - Not Started

Occupational Therapy Services(7c)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

CY 2024 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) - Completed
- ▲ Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a) - Completed
- ▲ Chiropractic Services(7b) - Completed
- Occupational Therapy Services(7c) - In Progress
- Physician Specialist Services(7d) - Not Started
- Mental Health Specialty Services(7e) - Not Started
- Individual Sessions for Mental Health Specialty Services(7e1) - Not Started
- Group Sessions for Mental Health Specialty Services(7e2) - Not Started
- Podiatry Services(7f) - Not Started
- Other Health Care Professional(7g) - Not Started

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) -Completed
- ▲ Health Care Professional Services(7)-
In Progress
- Primary Care Physician Services(7a) -
Completed
- ▲ Chiropractic Services(7b) -Completed
- Occupational Therapy Services(7c) -
In Progress
- Physician Specialist Services(7d) -
Not Started
- Mental Health Specialty Services(7e)-
Not Started
- Individual Sessions for Mental Health
Specialty Services(7e1) - Not Started
- Group Sessions for Mental Health
Specialty Services(7e2)- Not Started
- Podiatry Services(7f) -Not Started
- Other Health Care Professional(7g)-
Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

7d - Physician Specialist Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - In Progress

Mental Health Specialty Services(7e) - Not Started

Individual Sessions for Mental Health Specialty Services(7e1) - Not Started

Group Sessions for Mental Health Specialty Services(7e2) - Not Started

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g) - Not Started

Physician Specialist Services(7d)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?

Yes No

CY 2024 PBP Data Entry System Screens

7d - Physician Specialist Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) - Completed
- ▲ Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a) - Completed
- ▼ Chiropractic Services(7b) - Completed
- Occupational Therapy Services(7c) - Completed
- Physician Specialist Services(7d) - In Progress
- Mental Health Specialty Services(7e) - Not Started
- Individual Sessions for Mental Health Specialty Services(7e1) - Not Started
- Group Sessions for Mental Health Specialty Services(7e2) - Not Started
- Podiatry Services(7f) - Not Started
- Other Health Care Professional(7g) - Not Started

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2024 PBP Data Entry System Screens

7d - Physician Specialist Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) - Completed
- ▲ Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a) - Completed
- ▼ Chiropractic Services(7b) - Completed
- Occupational Therapy Services(7c) - Completed
- Physician Specialist Services(7d) - In Progress
- Mental Health Specialty Services(7e) - Not Started
- Individual Sessions for Mental Health Specialty Services(7e1) - Not Started
- Group Sessions for Mental Health Specialty Services(7e2) - Not Started
- Podiatry Services(7f) - Not Started
- Other Health Care Professional(7g) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

Group Name 1 - OON
+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Group Name 1 - POS
+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

7e - Mental Health Specialty Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e)- In Progress

Individual Sessions for Mental Health Specialty Services(7e1) - Not Started

Group Sessions for Mental Health Specialty Services(7e2)- Not Started

Podiatry Services(7f) -Not Started

Other Health Care Professional(7g)- Not Started

Mental Health Specialty Services(7e)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

CY 2024 PBP Data Entry System Screens

7e - Mental Health Specialty Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) -Completed
- ▲ Health Care Professional Services(7)-
In Progress
- Primary Care Physician Services(7a) -
Completed
- ▼ Chiropractic Services(7b) -Completed
- Occupational Therapy Services(7c) -
Completed
- Physician Specialist Services(7d) -
Completed
- ▲ Mental Health Specialty Services(7e)-
In Progress
- Individual Sessions for Mental Health
Specialty Services(7e1) - Not Started
- Group Sessions for Mental Health
Specialty Services(7e2)- Not Started
- Podiatry Services(7f) -Not Started
- Other Health Care Professional(7g)-
Not Started

Out-of-Network (OON) Benefits

Add to OON Group

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

7e - Individual Sessions for Mental Health Specialty Services

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Complete

Individual Sessions for Mental Health Specialty Services(7e1) - In Progress

Group Sessions for Mental Health Specialty Services(7e2) - Not Started

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g) - Not Started

Individual Sessions for Mental Health Specialty Services(7e1)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

7e - Group Sessions for Mental Health Specialty Services

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7) - **In Progress**

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - **Complete**

Individual Sessions for Mental Health Specialty Services(7e1) - Completed

Group Sessions for Mental Health Specialty Services(7e2) - In Progress

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g) - Not Started

Group Sessions for Mental Health Specialty Services(7e2)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment:

[+ Add Notes](#)

CY 2024 PBP Data Entry System Screens

7f - Podiatry Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

Individual Sessions for Mental Health Specialty Services(7e1) - Completed

Group Sessions for Mental Health Specialty Services(7e2) - Completed

Podiatry Services(7f) - In Progress

Other Health Care Professional(7g) - Not Started

Podiatry Services(7f)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount:

Periodicity:

Is there a medicare covered coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a medicare covered copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a medicare covered deductible?

Yes No

CY 2024 PBP Data Entry System Screens

7f - Podiatry Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) - Completed
- ▲ Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a) - Completed
- ▼ Chiropractic Services(7b) - Completed
- Occupational Therapy Services(7c) - Completed
- Physician Specialist Services(7d) - Completed
- Mental Health Specialty Services(7e) - Completed
- Individual Sessions for Mental Health Specialty Services(7e1) - Completed
- Group Sessions for Mental Health Specialty Services(7e2) - Completed
- ▼ Podiatry Services(7f) - In Progress
- Other Health Care Professional(7g) - Not Started

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

7f - Podiatry Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) - Completed
- ^ Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a)- Completed
- ▼ Chiropractic Services(7b) - Completed
- Occupational Therapy Services(7c)- Completed
- Physician Specialist Services(7d)- Completed
- Mental Health Specialty Services(7e)- Completed
- Individual Sessions for Mental Health Specialty Services(7e1)- Completed
- Group Sessions for Mental Health Specialty Services(7e2)- Completed
- ▼ Podiatry Services(7f) - In Progress
- Other Health Care Professional(7g)- Not Started

OUT-OF-NETWORK (OON) BENEFITS

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

7f - Podiatry Services -Routine Foot Care -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b)-Completed

Occupational Therapy Services(7c)- Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e)- Completed

Individual Sessions for Mental Health Specialty Services(7e1) - Completed

Group Sessions for Mental Health Specialty Services(7e2)- Completed

Podiatry Services(7f) - In Progress

Routine Foot Care(7f) - In Progress

Podiatry Services-Routine Foot Care (7f)

[Plan Characteristics](#)

Is this benefit unlimited?

Yes No

Visits

Periodicity

Service specific maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2024 PBP Data Entry System Screens

7f - Podiatry Services -Routine Foot Care -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) - Completed
- ▲ Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a) - Completed
- ▼ Chiropractic Services(7b) - Completed
- Occupational Therapy Services(7c) - Completed
- Physician Specialist Services(7d) - Completed
- Mental Health Specialty Services(7e) - Completed
- Individual Sessions for Mental Health Specialty Services(7e1) - Completed
- Group Sessions for Mental Health Specialty Services(7e2) - Completed
- ▲ Podiatry Services(7f) - In Progress
- Routine Foot Care(7f) - In Progress

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

7f - Podiatry Services -Routine Foot Care -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Partial Hospitalization(5) - Completed
- Home Health Services(6) -Completed
- Health Care Professional Services(7) - In Progress
- Primary Care Physician Services(7a) - Completed
- Chiropractic Services(7b) -Completed
- Occupational Therapy Services(7c) - Completed
- Physician Specialist Services(7d) - Completed
- Mental Health Specialty Services(7e) - Completed
- Individual Sessions for Mental Health Specialty Services(7e1) - Completed
- Group Sessions for Mental Health Specialty Services(7e2) - Completed
- Podiatry Services(7f) - In Progress
- Routine Foot Care(7f) - In Progress**

Point-of-Service (POS) benefits

Add to POS Group

POS Group: [+ Add New POS Group](#)

Coinsurance	Copayment	Deductible
20%	\$20	\$200

[+ Add Notes](#)

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2024 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a) -
Completed

Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c)-
Completed

Physician Specialist Services(7d)-
Completed

Mental Health Specialty Services(7e)-
Completed

Individual Sessions for Mental Health
Specialty Services(7e1) - Completed

Group Sessions for Mental Health
Specialty Services(7e2) - Completed

Podiatry Services(7f) - Completed

**Other Health Care Professional(7g)-
In Progress**

Other Health Care Professional(7g)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

CY 2024 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) - Completed
- ▲ Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a)- Completed
- ▼ Chiropractic Services(7b)-Completed
- Occupational Therapy Services(7c)- Completed
- Physician Specialist Services(7d)- Completed
- Mental Health Specialty Services(7e)- Completed
- Individual Sessions for Mental Health Specialty Services(7e1)- Completed
- Group Sessions for Mental Health Specialty Services(7e2)- Completed
- Podiatry Services(7f)- Completed
- Other Health Care Professional(7g)- In Progress

Deductible amount _____
\$400

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) -Completed
- ▲ Health Care Professional Services(7)-
In Progress
- Primary Care Physician Services(7a) -
Completed
- ▼ Chiropractic Services(7b) -Completed
- Occupational Therapy Services(7c) -
Completed
- Physician Specialist Services(7d) -
Completed
- Mental Health Specialty Services(7e)-
Completed
- Individual Sessions for Mental Health
Specialty Services(7e1) - Completed
- Group Sessions for Mental Health
Specialty Services(7e2) - Completed
- Podiatry Services(7f) - Completed
- Other Health Care Professional(7g)-
In Progress

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2024 PBP Data Entry System Screens

7h - Psychiatric Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Psychiatric Services(7h) - In Progress

Individual Sessions for Psychiatric Services (7h1) - Not Started

Group Sessions for Psychiatric Services (7h2) - Not Started

Physical Therapy and Speech-Language Pathology Services(7i) - Not Started

Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started

Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started

Diagnostic Procedures/Tests(8a1)- Not Started

Psychiatric Services(7h)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

CY 2024 PBP Data Entry System Screens

7h - Psychiatric Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Psychiatric Services(7h) - In Progress
- Individual Sessions for Psychiatric Services (7h1) - Not Started
- Group Sessions for Psychiatric Services (7h2) - Not Started
- Physical Therapy and Speech-Language Pathology Services(7i) - Not Started
- ^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started
- Other 1 for PT and SP Services (MMP) (7i1) - Not Started
- Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Services(7j) - Not Started
- Opioid Treatment Program Services(7k) - Not Started
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started
- ^ Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started
- Diagnostic Procedures/Tests(8a1) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OOO Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

7hi - Individual Sessions for Psychiatric Services

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Psychiatric Services(7h) - Completed

Individual Sessions for Psychiatric Services (7h1) - In Progress

Group Sessions for Psychiatric Services (7h2) - Not Started

Physical Therapy and Speech-Language Pathology Services(7i) - Not Started

Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started

Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started

Diagnostic Procedures/Tests(8a1) - Not Started

Individual Sessions for Psychiatric Services(7h1)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4% Maximum coinsurance 8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

7h2 - Group Sessions for Psychiatric Services

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Psychiatric Services(7h) - Completed

Individual Sessions for Psychiatric Services (7h1) - Completed

Group Sessions for Psychiatric Services (7h2) - In Progress

Physical Therapy and Speech-Language Pathology Services(7i) - Not Started

Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started

Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started

Diagnostic Procedures/Tests(8a1) - Not Started

Group Sessions for Psychiatric Services(7h2)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4% Maximum coinsurance 8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

7i - Physical Therapy and Speech -Language Pathology Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Psychiatric Services(7h) - Completed
- Individual Sessions for Psychiatric Services (7h1) - Completed
- Group Sessions for Psychiatric Services (7h2) - Completed
- Physical Therapy and Speech-Language Pathology Services(7i) - In Progress**
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i)- Not Started
- Other 1 for PT and SP Services (MMP) (7i1) - Not Started
- Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Services(7j) - Not Started
- Opioid Treatment Program Services(7k) - Not Started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started
- Diagnostic Procedures/Tests/ Lab Services(8a)- Not Started
- Diagnostic Procedures/Tests(8a1)- Not Started

Physical Therapy and Speech-Language Pathology Services(7i)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

7i - Physical Therapy and Speech -Language Pathology Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Psychiatric Services(7h) - Completed
- Individual Sessions for Psychiatric Services (7h1) - Completed
- Group Sessions for Psychiatric Services (7h2) - Completed
- ^ Physical Therapy and Speech-Language Pathology Services(7i) - In Progress
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i)- Not Started
- Other 1 for PT and SP Services (MMP) (7i1) - Not Started
- Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Services(7j) - Not Started
- Opioid Treatment Program Services(7k) - Not Started
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started
- ^ Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started
- Diagnostic Procedures/Tests(8a1)- Not Started

Deductible amount

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

▾

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

▾

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

7i - Physical Therapy and Speech -Language Pathology Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Psychiatric Services(7h) -Completed
- Individual Sessions for Psychiatric Services (7h1) -Completed
- Group Sessions for Psychiatric Services (7h2) - Completed
- ^ Physical Therapy and Speech-Language Pathology Services(7i)) -In Progress
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i) -Not Started
- Other 1 for PT and SP Services (MMP) (7i1) - Not Started
- Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Services(7j) - Not Started
- Opioid Treatment Program Services(7k) - Not Started
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not Started
- Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started
- Diagnostic Procedures/Tests(8a1)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

7j - Additional Telehealth Benefits -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Psychiatric Services(7h) - Completed

- Individual Sessions for Psychiatric Services (7h1) - Completed
- Group Sessions for Psychiatric Services (7h2) - Completed
- Physical Therapy and Speech-Language Pathology Services(7i) - Completed

Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started

- Other 1 for PT and SP Services (MMP) (7i1) - Not Started
- Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Benefits (7j)
In Process

- Opioid Treatment Program Services(7k) - Not Started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started

- Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started
- Diagnostic Procedures/Tests(8a1) - Not Started

Additional Telehealth Benefits (7j)

Do you offer an Additional Telehealth benefit for Part B services?

Yes No

Select the Medicare-covered benefits that may have Additional Telehealth Benefits available:

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Chiropractic Services(7b)
Skilled Nursing Facility (SNF)(2)	<	Individual Sessions for Outpatient Substance Abuse(9c1)
Cardiac Rehabilitation Services(3-1)	<<	Nursing Home Services(13h6)
Intensive Cardiac Rehabilitation Services(3-2)		Glaucoma Screening(14e1)
Pulmonary Rehabilitation Services(3-3)		

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount:

Periodicity:

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

7j - Additional Telehealth Benefits -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Psychiatric Services(7h) - Completed
 - Individual Sessions for Psychiatric Services (7h1) - Completed
 - Group Sessions for Psychiatric Services (7h2) - Completed
- Physical Therapy and Speech-Language Pathology Services(7i) - Completed
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started
 - Other 1 for PT and SP Services (MMP) (7i1) - Not Started
 - Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Benefits (7j)
In Process**
- Opioid Treatment Program Services(7k) - Not Started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started
 - Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started
 - Diagnostic Procedures/Tests(8a1) - Not Started

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

CY 2024 PBP Data Entry System Screens

7j - Additional Telehealth Benefits -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Psychiatric Services(7h) - Completed
 - Individual Sessions for Psychiatric Services (7h1) - Completed
 - Group Sessions for Psychiatric Services (7h2) - Completed
 - Physical Therapy and Speech-Language Pathology Services(7i) - Completed
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started
 - Other 1 for PT and SP Services (MMP) (7i1) - Not Started
 - Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Benefits (7j) In Process**
- Opioid Treatment Program Services(7k) - Not Started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started
 - Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started
 - Diagnostic Procedures/Tests(8a1)- Not Started

Minimum coinsurance Maximum coinsurance

Is there a copayment?
 Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?
 Yes No

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2024 PBP Data Entry System Screens

7k - Opioid Treatment Program Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Psychiatric Services(7h) -Completed
- Individual Sessions for Psychiatric Services (7h1) -Completed
- Group Sessions for Psychiatric Services (7h2) -Completed
- Physical Therapy and Speech-Language Pathology Services(7i) - Completed
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started
- Other 1 for PT and SP Services (MMP) (7i1) - Not Started
- Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Services(7j) - Not Started
- Opioid Treatment Program Services(7k) - In Process**
- Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not Started
- Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started
- Diagnostic Procedures/Tests(8a1)- Not Started

Opioid Treatment Program Services(7k)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

CY 2024 PBP Data Entry System Screens

7k - Opioid Treatment Program Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Psychiatric Services(7h) -Completed
- Individual Sessions for Psychiatric Services (7h1) -Completed
- Group Sessions for Psychiatric Services (7h2) -Completed
- Physical Therapy and Speech-Language Pathology Services(7i) - Completed
- ^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started
- Other 1 for PT and SP Services (MMP) (7i1) - Not Started
- Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Services(7j) - Not Started
- Opioid Treatment Program Services(7k) - In Process
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not Started
- ^ Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started
- Diagnostic Procedures/Tests(8a1)- Not Started

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

▾

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

▾

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

7k - Opioid Treatment Program Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Psychiatric Services(7h) -Completed
- Individual Sessions for Psychiatric Services (7h1) -Completed
- Group Sessions for Psychiatric Services (7h2) -Completed
- Physical Therapy and Speech-Language Pathology Services(7i) - Completed
- ^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started
- Other 1 for PT and SP Services (MMP) (7i1) - Not Started
- Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Services(7j) - Not Started
- Opioid Treatment Program Services(7k) - In Process
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not Started
- ^ Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started
- Diagnostic Procedures/Tests(8a1)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

8a - Diagnostic Procedures /Tests/Lab Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Health Care Professional Services(7)- Completed
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started**
- Diagnostic Procedures/Tests(8a1) - Not Started
- Lab Services(8a2) - Not Started
- Outpatient Diagnostic/Therapeutic Radiological Services(8b) - Not Started
 - Diagnostic Radiological Services(8b1) - Not Started
 - Therapeutic Radiological Services(8b2) - Not Started
 - Outpatient X-Ray Services(8b3) - Not Started
- Outpatient Services(9) - Not Started
- Ambulance/Transportation Services(10) - Not Started
- DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started

Diagnostic Procedures/Tests/Lab Services(8a)

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

Yes No

Plan Characteristics

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

8a - Diagnostic Procedures /Tests/Lab Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Health Care Professional Services(7)- Completed
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started**
- Diagnostic Procedures/Tests(8a1) - Not Started
- Lab Services(8a2) - Not Started
- Outpatient Diagnostic/Therapeutic Radiological Services(8b) - Not Started
 - Diagnostic Radiological Services(8b1) - Not Started
 - Therapeutic Radiological Services(8b2) - Not Started
 - Outpatient X-Ray Services(8b3) - Not Started
- Outpatient Services(9) - Not Started
- Ambulance/Transportation Services(10) - Not Started
- DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

Yes No

Is there a deductible?

Yes No

Deductible amount \$400

Authorization required for this benefit? Yes

Referral required for this benefit? No

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- v Health Care Professional Services(7)-
Completed
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) -Completed
- v Diagnostic Procedures/Tests(8a1) -
In Progress
- v Lab Services(8a2) -Not Started
- ^ Outpatient Diagnostic/Therapeutic
Radiological Services(8b) -Not Started
- v Diagnostic Radiological
Services(8b1) -Not Started
- v Therapeutic Radiological
Services(8b2) -Not Started
- v Outpatient X-Ray Services(8b3)
-Not Started
- v Outpatient Services(9) -Not Started
- v Ambulance/Transportation
Services(10) -Not Started
- v DME, Prosthetics and Medical and
Diabetic Supplies(11) -Not Started

Plan Characteristics

Diagnostic Procedures/Tests(8a1)

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ✓ Health Care Professional Services(7)-Completed
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8)-Completed
- Diagnostic Procedures/Tests(8a1) - In Process
- Lab Services(8a2) -Not Started
- ^ Outpatient Diagnostic/Therapeutic Radiological Services(8b) -Not Started
- Diagnostic Radiological Services(8b1) -Not Started
- Therapeutic Radiological Services(8b2) -Not Started
- Outpatient X-Ray Services(8b3) -Not Started
- ✓ Outpatient Services(9) -Not Started
- ✓ Ambulance/Transportation Services(10) -Not Started
- ✓ DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started

Yes
Yes with a min & max
No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OOB Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

8a2 - Lab Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- v Health Care Professional Services(7)-
Completed
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) -Completed
- v Diagnostic Procedures/Tests(8a1)-
Completed
- v Lab Services(8a2) -In Process
- ^ Outpatient Diagnostic/Therapeutic
Radiological Services(8b) -Not Started
- v Diagnostic Radiological
Services(8b1) -Not Started
- v Therapeutic Radiological
Services(8b2) -Not Started
- v Outpatient X-Ray Services(8b3)
-Not Started
- v Outpatient Services(9) -Not Started
- v Ambulance/Transportation
Services(10) -Not Started
- v DME, Prosthetics and Medical and
Diabetic Supplies(11) -Not Started

Plan Characteristics

Lab Services(8a2)

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

8a2 - Lab Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Health Care Professional Services(7)-Completed
- ▲ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- ▲ Outpatient Procedures, Tests, Labs and Radiology Services(8)-Completed
- ▲ Diagnostic Procedures/Tests(8a1)-Completed
- ▲ Lab Services(8a2) - In Progress
- ▲ Outpatient Diagnostic/Therapeutic Radiological Services(8b) - Not Started
- ▲ Diagnostic Radiological Services(8b1) - Not Started
- ▲ Therapeutic Radiological Services(8b2) - Not Started
- ▲ Outpatient X-Ray Services(8b3) - Not Started
- ▼ Outpatient Services(9) - Not Started
- ▼ Ambulance/Transportation Services(10) - Not Started
- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

8b - Outpatient Diagnostic /Therapeutic Radiological Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Health Care Professional Services(7)-Completed
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed
- Diagnostic Procedures/Tests(8a1)-Completed
- Lab Services(8a2) -Completed
- Outpatient Diagnostic/Therapeutic Radiological Services(8b) - In Progress**
- Diagnostic Radiological Services(8b1) -Not Started
- Therapeutic Radiological Services(8b2) -Not Started
- Outpatient X-Ray Services(8b3) -Not Started
- Outpatient Services(9) -Not Started
- Ambulance/Transportation Services(10) -Not Started
- DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started

Outpatient Diagnostic/Therapeutic Radiological Services(8b)

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Maximum per visit amount:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

[Plan Characteristics](#)

CY 2024 PBP Data Entry System Screens

8b - Outpatient Diagnostic /Therapeutic Radiological Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Health Care Professional Services(7)-Completed
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
 - Outpatient Procedures, Tests, Labs and Radiology Services(8)-Completed
 - Diagnostic Procedures/Tests(8a1)-Completed
 - Lab Services(8a2)-Completed
 - Outpatient Diagnostic/Therapeutic Radiological Services(8b) - In Progress**
 - Diagnostic Radiological Services(8b1)-Not Started
 - Therapeutic Radiological Services(8b2)-Not Started
 - Outpatient X-Ray Services(8b3)-Not Started
 - Outpatient Services(9) -Not Started
 - Ambulance/Transportation Services(10) -Not Started
 - DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started

Yes Yes with a min & max No

Minimum copayment Maximum copayment

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?
Yes No

Is there a deductible?
Yes No

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2024 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- v Health Care Professional Services(7)-
Completed
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - Completed
- Diagnostic Procedures/Tests(8a1)-
Completed
- Lab Services(8a2) - Completed
- ^ Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed
- ^ Diagnostic Radiological
Services(8b1) - In Process
- Therapeutic Radiological
Services(8b2) - Not Started
- Outpatient X-Ray Services(8b3)
- Not Started
- v Outpatient Services(9) - Not Started
- v Ambulance/Transportation
Services(10) - Not Started
- v DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

Diagnostic Radiological Services(8b1) Plan Characteristics

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

Maximum coinsurance

Maximum per visit amount

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- v Health Care Professional Services(7)-
Completed
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - Completed
- Diagnostic Procedures/Tests(8a1)-
Completed
- Lab Services(8a2) - Completed
- ^ Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed
- ^ Diagnostic Radiological
Services(8b1) - In Process
- Therapeutic Radiological
Services(8b2) - Not Started
- Outpatient X-Ray Services(8b3)
- Not Started
- v Outpatient Services(9) - Not Started
- v Ambulance/Transportation
Services(10) - Not Started
- v DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

Yes
Yes with a min & max
No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

8b2 - Therapeutic Radiological Services (8b2) -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- v Health Care Professional Services(7)-
Completed
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) -Completed
- Diagnostic Procedures/Tests(8a1)-
Completed
- Lab Services(8a2) -Completed
- ^ Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed
- Diagnostic Radiological
Services(8b1) - Completed
- Therapeutic Radiological
Services(8b2) - In Process
- Outpatient X-Ray Services(8b3)
-Not Started
- v Outpatient Services(9) -Not Started
- v Ambulance/Transportation
Services(10) -Not Started
- v DME, Prosthetics and Medical and
Diabetic Supplies(11) -Not Started

Plan Characteristics

Therapeutic Radiological Services(8b2)

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

Yes
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

8b2 - Therapeutic Radiological Services (8b2) -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- v Health Care Professional Services(7)-
Completed
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - Completed
- Diagnostic Procedures/Tests(8a1)-
Completed
- Lab Services(8a2) - Completed
- ^ Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed
- Diagnostic Radiological
Services(8b1) - Completed
- ^ Therapeutic Radiological
Services(8b2) - In Progress
- Outpatient X-Ray Services(8b3)
-Not Started
- v Outpatient Services(9) - Not Started
- v Ambulance/Transportation
Services(10) - Not Started
- v DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

Yes

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

8b3 - Outpatient X-Ray Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- v Health Care Professional Services(7)-
Completed
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - Completed
- Diagnostic Procedures/Tests(8a1)-
Completed
- Lab Services(8a2) - Completed
- ^ Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed
- Diagnostic Radiological
Services(8b1) - Completed
- Therapeutic Radiological
Services(8b2) - Completed
- ^ Outpatient X-Ray Services(8b3) -
In Process
- v Outpatient Services(9) - Not Started
- v Ambulance/Transportation
Services(10) - Not Started
- v DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

Outpatient X-Ray Services(8b3) Plan Characteristics

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

Yes
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 Group Name 1 - OON

v

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

8b3 - Outpatient X-Ray Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Health Care Professional Services(7)-
Completed
- ▲ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- ▲ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - Completed
- Diagnostic Procedures/Tests(8a1)-
Completed
- Lab Services(8a2) - Completed
- ▲ Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed
- Diagnostic Radiological
Services(8b1) - Completed
- Therapeutic Radiological
Services(8b2) - Completed
- ▲ Outpatient X-Ray Services(8b3) -
In Process
- ▼ Outpatient Services(9) - Not Started
- ▼ Ambulance/Transportation
Services(10) - Not Started
- ▼ DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

Yes
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Progress

Outpatient Hospital Services(9a1) - In Progress

Observation Services(9a2) - Not Started

Ambulatory Surgical Center (ASC) Services(9b) - Not Started

Outpatient Substance Abuse(9c) - Not Started

Individual Sessions for Outpatient Substance Abuse(9c1) - Not Started

Group Sessions for Outpatient Substance Abuse(9c2) - Not Started

Outpatient Blood Services(9d) - Not Started

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) - Not Started

Outpatient Hospital Services(9a1)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

CY 2024 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**
- ▲ Outpatient Services(9) - **In Progress**
- ▲ Outpatient Hospital Services(9a) - **In Process**
- ▲ Outpatient Hospital Services(9a1) - **In Progress**
- ▲ Observation Services(9a2) - **Not Started**
- ▲ Ambulatory Surgical Center (ASC) Services(9b) - **Not Started**
- ▲ Outpatient Substance Abuse(9c) - **Not Started**
- ▲ Individual Sessions for Outpatient Substance Abuse(9c1) - **Not Started**
- ▲ Group Sessions for Outpatient Substance Abuse(9c2) - **Not Started**
- ▲ Outpatient Blood Services(9d) - **Not Started**
- ▲ Three(3) pint Deductible Waived(9d) - **Not started**
- ▼ Ambulance/Transportation Services(10) - **Not Started**

Is there a deductible?

Yes
No

Deductible amount

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**
- ^ Outpatient Services(9) - **In Progress**
- ^ Outpatient Hospital Services(9a) - **In Progress**
- ^ Outpatient Hospital Services(9a1) - **In Progress**
- ^ Observation Services(9a2) - **Not Started**
- ^ Ambulatory Surgical Center (ASC) Services(9b) - **Not Started**
- ^ Outpatient Substance Abuse(9c) - **Not Started**
- ^ Individual Sessions for Outpatient Substance Abuse(9c1) - **Not Started**
- ^ Group Sessions for Outpatient Substance Abuse(9c2) - **Not Started**
- ^ Outpatient Blood Services(9d) - **Not Started**
- ^ Three(3) pint Deductible Waived(9d) - **Not started**
- ▼ Ambulance/Transportation Services(10) - **Not Started**

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

9a2 - Observation Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - In Progress

Ambulatory Surgical Center (ASC) Services(9b) - Not Started

Outpatient Substance Abuse(9c) - Not Started

Individual Sessions for Outpatient Substance Abuse(9c1)-Not Started

Group Sessions for Outpatient Substance Abuse(9c2)-Not Started

Outpatient Blood Services(9d) - Not Started

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) - Not Started

Observation Services(9a2)

Plan Characteristics

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Select the periodicity of the copayment amount for Medicare-covered Observation Services

Periodicity:

CY 2024 PBP Data Entry System Screens

9a2 - Observation Services - Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ▲ Outpatient Services(9) - In Progress
- ▲ Outpatient Hospital Services(9a) - In Process
- ▲ Outpatient Hospital Services(9a1) - Completed
- ▲ Observation Services(9a2) - In Progress
- ▲ Ambulatory Surgical Center (ASC) Services(9b) - Not Started
- ▲ Outpatient Substance Abuse(9c) - Not Started
- ▲ Individual Sessions for Outpatient Substance Abuse(9c1) - Not Started
- ▲ Group Sessions for Outpatient Substance Abuse(9c2) - Not Started
- ▲ Outpatient Blood Services(9d) - Not Started
- ▲ Three(3) pint Deductible Waived(9d) - Not started
- ▼ Ambulance/Transportation Services(10) - Not Started

Periodicity

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

9a2 - Observation Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ∨ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ∧ Outpatient Services(9) - In Progress
- ∧ Outpatient Hospital Services(9a) - In Process
- ∧ Outpatient Hospital Services(9a1)- Completed
- ∧ Observation Services(9a2) - In Progress
- ∧ Ambulatory Surgical Center (ASC) Services(9b) - Not Started
- ∧ Outpatient Substance Abuse(9c)- Not Started
- ∧ Individual Sessions for Outpatient Substance Abuse(9c1)-Not Started
- ∧ Group Sessions for Outpatient Substance Abuse(9c2)-Not Started
- ∧ Outpatient Blood Services(9d) - Not Started
- ∧ Three(3) pint Deductible Waived(9d) - Not started
- ∨ Ambulance/Transportation Services(10) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

9b - Ambulatory Surgical Center (ASC) Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- Outpatient Services(9) - In Progress
- Outpatient Hospital Services(9a) - In Process
 - Outpatient Hospital Services(9a1) - Completed
 - Observation Services(9a2) - Completed
 - Ambulatory Surgical Center (ASC) Services(9b) - In Progress**
 - Outpatient Substance Abuse(9c) - Not Started
 - Individual Sessions for Outpatient Substance Abuse(9c1) - Not Started
 - Group Sessions for Outpatient Substance Abuse(9c2) - Not Started
 - Outpatient Blood Services(9d) - Not Started
 - Three(3) pint Deductible Waived(9d) - Not started
- Ambulance/Transportation Services(10) - Not Started

Ambulatory Surgical Center (ASC) Services(9b)

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

Select the maximum enrollee out-of-pocket cost type

Covered under outpatient hospital services category(9a)

Plan-specified amount per period

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

[Plan Characteristics](#)

CY 2024 PBP Data Entry System Screens

9b - Ambulatory Surgical Center (ASC) Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**
- ▲ Outpatient Services(9) - **In Progress**
- ▲ Outpatient Hospital Services(9a) - **In Process**
- Outpatient Hospital Services(9a1) - **Completed**
- Observation Services(9a2) - **Completed**
- Ambulatory Surgical Center (ASC) Services(9b) - **In Progress**
- ▲ Outpatient Substance Abuse(9c) - **Not Started**
- Individual Sessions for Outpatient Substance Abuse(9c1) - **Not Started**
- Group Sessions for Outpatient Substance Abuse(9c2) - **Not Started**
- Outpatient Blood Services(9d) - **Not Started**
- Three(3) pint Deductible Waived(9d) - **Not started**
- ▼ Ambulance/Transportation Services(10) - **Not Started**

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point of Service (POS) benefits

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

9b - Ambulatory Surgical Center (ASC) Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ^ Outpatient Services(9) - In Progress
- ^ Outpatient Hospital Services(9a) - In Process
- Completed Outpatient Hospital Services(9a1)-
- Completed Observation Services(9a2)-
- In Progress Ambulatory Surgical Center (ASC) Services(9b) -
- ^ Outpatient Substance Abuse(9c)- Not Started
- Not Started Individual Sessions for Outpatient Substance Abuse(9c1)-
- Not Started Group Sessions for Outpatient Substance Abuse(9c2)-
- Not Started Outpatient Blood Services(9d)-
- Not started Three(3) pint Deductible Waived(9d)-
- ▼ Ambulance/Transportation Services(10) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

9c - Outpatient Substance Abuse -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**
- Outpatient Services(9) - **In Progress**
- Outpatient Hospital Services(9a) - **In Process**
- Outpatient Hospital Services(9a1) - **Completed**
- Observation Services(9a2) - **Completed**
- Ambulatory Surgical Center (ASC) Services(9b) - **Completed**
- Outpatient Substance Abuse(9c) - In Progress**
- Individual Sessions for Outpatient Substance Abuse(9c1) - Not Started
- Group Sessions for Outpatient Substance Abuse(9c2) - Not Started
- Outpatient Blood Services(9d) - Not Started
- Three(3) pint Deductible Waived(9d) - Not started
- Ambulance/Transportation Services(10) - Not Started

Outpatient Substance Abuse(9c)

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

Select the maximum enrollee out-of-pocket cost type

Covered under outpatient hospital services category(9a)

Plan-specified amount per period

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

[Plan Characteristics](#)

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2024 PBP Data Entry System Screens

9c - Outpatient Substance Abuse -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**
- ▲ Outpatient Services(9) - **In Progress**
- ▲ Outpatient Hospital Services(9a) - **In Progress**
- ▲ Outpatient Hospital Services(9a1) - **Completed**
- ▲ Observation Services(9a2) - **Completed**
- ▲ Ambulatory Surgical Center (ASC) Services(9b) - **Completed**
- ▲ Outpatient Substance Abuse(9c) - **In Progress**
- ▲ Individual Sessions for Outpatient Substance Abuse(9c1) - Not Started
- ▲ Group Sessions for Outpatient Substance Abuse(9c2) - Not Started
- ▲ Outpatient Blood Services(9d) - Not Started
- ▲ Three(3) pint Deductible Waived(9d) - Not started
- ▼ Ambulance/Transportation Services(10) - Not Started

Minimum copayment

\$400

Maximum copayment

\$400

Is there a deductible?

Yes

No

Deductible amount

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

9c - Outpatient Substance Abuse -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**
- ▲ Outpatient Services(9) - **In Progress**
- ▲ Outpatient Hospital Services(9a) - **In Progress**
 - Outpatient Hospital Services(9a1) - **Completed**
 - Observation Services(9a2) - **Completed**
 - Ambulatory Surgical Center (ASC) Services(9b) - **Completed**
 - Outpatient Substance Abuse(9c) - **In Progress**
 - Individual Sessions for Outpatient Substance Abuse(9c1) - **Not Started**
 - Group Sessions for Outpatient Substance Abuse(9c2) - **Not Started**
 - Outpatient Blood Services(9d) - **Not Started**
 - Three(3) pint Deductible Waived(9d) - **Not started**
- ▼ Ambulance/Transportation Services(10) - **Not Started**

Out-of-Network (OON) Benefits

Add to OON Group

OOB Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

9c1 - Individual Sessions for Outpatient Substance Abuse

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- Outpatient Services(9) - **In Progress**
- Outpatient Hospital Services(9a) - **In Process**
- Outpatient Hospital Services(9a1) - Completed
- Observation Services(9a2) - Completed
- Ambulatory Surgical Center (ASC) Services(9b) - Completed
- Outpatient Substance Abuse(9c) - Completed
- Individual Sessions for Outpatient Substance Abuse(9c1) - In Progress**
- Group Sessions for Outpatient Substance Abuse(9c2) - Not Started
- Outpatient Blood Services(9d) - Not Started
- Three(3) pint Deductible Waived(9d) - Not started
- Ambulance/Transportation Services(10) - Not Started

Individual Sessions for Outpatient Substance Abuse(9c1)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

9c2 - Group Sessions for Outpatient Substance Abuse

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- Outpatient Services(9) - In Progress
- Outpatient Hospital Services(9a) - In Process
- Outpatient Hospital Services(9a1) - Completed
- Observation Services(9a2) - Completed
- Ambulatory Surgical Center (ASC) Services(9b) - Completed
- Outpatient Substance Abuse(9c) - Completed
- Individual Sessions for Outpatient Substance Abuse(9c1) - Completed
- Group Sessions for Outpatient Substance Abuse(9c2) - In Progress**
- Outpatient Blood Services(9d) - Not Started
- Three(3) pint Deductible Waived(9d) - Not started
- Ambulance/Transportation Services(10) - Not Started

Group Sessions for Outpatient Substance Abuse(9c2)

Plan Characteristics

Is there a coinsurance?

Yes **Yes with a min & max** No

Minimum coinsurance **4%** Maximum coinsurance **8%**

Is there a copayment?

Yes **Yes with a min & max** No

Minimum copayment **\$400** Maximum copayment **\$400**

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

9d - Outpatient Blood Services

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- Outpatient Services(9) - **In Progress**
- Outpatient Hospital Services(9a) - In Process
 - Outpatient Hospital Services(9a1) - Completed
 - Observation Services(9a2) - Completed
 - Ambulatory Surgical Center (ASC) Services(9b) - Completed
 - Outpatient Substance Abuse(9c) - Completed
 - Individual Sessions for Outpatient Substance Abuse(9c1) - Completed
 - Group Sessions for Outpatient Substance Abuse(9c2) - Completed
 - Outpatient Blood Services(9d) - In Progress**
 - Three(3) pint Deductible Waived(9d) - Not started
- Ambulance/Transportation Services(10) - Not Started

Outpatient Blood Services(9d)

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a minimum & maximum No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a minimum & maximum No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

[Plan Characteristics](#)

CY 2024 PBP Data Entry System Screens

9d - Three (3) pint Deductible Waived -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- v Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ^ Outpatient Services(9) - In Progress
- ^ Outpatient Hospital Services(9a) - In Process
- Completed Outpatient Hospital Services(9a1)-
- Completed Observation Services(9a2)-
- Completed Ambulatory Surgical Center (ASC) Services(9b)-
- Completed Outpatient Substance Abuse(9c)-
- Completed Individual Sessions for Outpatient Substance Abuse(9c1)-
- Completed Group Sessions for Outpatient Substance Abuse(9c2)-
- Completed Outpatient Blood Services(9d)-
- In Progress Three(3) pint Deductible Waived(9d)-
- v Ambulance/Transportation Services(10) - Not Started

Three(3) pint Deductible Waived(9d)

Is there a limit on the services provided?

Yes

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

9d - Three (3) pint Deductible Waived -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ▲ Outpatient Services(9) - In Progress
- ▲ Outpatient Hospital Services(9a) - In Process
 - Completed Outpatient Hospital Services(9a1) - Completed
 - Completed Observation Services(9a2) - Completed
 - Completed Ambulatory Surgical Center (ASC) Services(9b) - Completed
 - Completed Outpatient Substance Abuse(9c) - Completed
 - Completed Individual Sessions for Outpatient Substance Abuse(9c1) - Completed
 - Completed Group Sessions for Outpatient Substance Abuse(9c2) - Completed
 - Completed Outpatient Blood Services(9d) - Completed
 - In Progress Three(3) pint Deductible Waived(9d) - In Progress
 - ▼ Ambulance/Transportation Services(10) - Not Started

Add to OON Group

OON Group Group Name 1 - OON ▼

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group Group Name 1 - POS ▼

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

10a - Ambulance Services

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - In Progress

Ground Ambulance Services(10a1) - Not Started

Air Ambulance Services(10a2) - Not Started

Transportation Services(10b) - In Progress

Transportation Services - Plan Approved Health-related Location(10b1) - Not Started

Transportation Services - Any Health-related Location(10b2) - Not Started

DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started

Dialysis Services(12) - Not Started

Ambulance Services(10a)

Plan Characteristics

Is there a coinsurance?
 Yes No

Is this Coinsurance waived if admitted to hospital?
 Yes No

Is there a copayment?
 Yes No

Is this Copayment waived if admitted to hospital?
 Yes No

Authorization required for this benefit?
Yes

CY 2024 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - Completed

Ground Ambulance Services(10a1) - In Progress

Air Ambulance Services(10a2) - Not Started

Transportation Services(10b) - In Progress

Transportation Services - Plan Approved Health-related Location(10b1) - Not Started

Transportation Services - Any Health-related Location(10b2) - Not Started

DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started

Dialysis Services(12) - Not Started

Ground Ambulance Services(10a1)

Plan Characteristics

Does this plan have a ground ambulance services maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

CY 2024 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page-2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Outpatient Services(9) - Completed
- ▲ Ambulance/Transportation Services(10) - In Progress
 - ▲ Ambulance Services(10a) - Completed
 - Ground Ambulance Services(10a1) - In Progress
 - Air Ambulance Services(10a2) - Not Started
- ▲ Transportation Services(10b) - In Progress
 - Transportation Services - Plan Approved Health-related Location(10b1) - Not Started
 - Transportation Services - Any Health-related Location(10b2) - Not Started
- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
- ▼ Dialysis Services(12) - Not Started

Is there a deductible?

Yes No

Deductible amount

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

10a2 - Air Ambulance Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - Completed

Ground Ambulance Services(10a1) - Completed

Air Ambulance Services(10a2) - In Progress

Transportation Services(10b) - In Progress

Transportation Services - Plan Approved Health-related Location(10b1) - Not Started

Transportation Services - Any Health-related Location(10b2) - Not Started

DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started

Dialysis Services(12) - Not Started

Air Ambulance Services(10a2)

Plan Characteristics

Does this plan have an air ambulance services maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

CY 2024 PBP Data Entry System Screens

10a2 - Air Ambulance Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Outpatient Services(9) - Completed
- ▲ Ambulance/Transportation Services(10) - In Progress
 - ▲ Ambulance Services(10a) - Completed
 - Ground Ambulance Services(10a1) - Completed
 - Air Ambulance Services(10a2) - In Process
 - ▲ Transportation Services(10b) - In Progress
 - Transportation Services - Plan Approved Health-related Location(10b1) - Not Started
 - Transportation Services - Any Health-related Location(10b2) - Not Started
- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
- ▼ Dialysis Services(12) - Not Started

Is there a deductible?

Yes No

Deductible amount

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

10b1 - Transportation Services -Plan Approved Health-related Location -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - Completed

Ground Ambulance Services(10a1) - Completed

Air Ambulance Services(10a2) - Completed

Transportation Services(10b) - In Progress

Transportation Services - Plan Approved Health-related Location(10b1) - In Progress

Transportation Services - Any Health-related Location(10b2) - Not Started

DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started

Dialysis Services(12) - Not Started

Transportation Services - Plan Approved Health-related Location (10b1)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of trips

Periodicity

Select type of transportation:

Type of transportation

Indicate number of days

Select Mode of Transportation

Taxi

Rideshare services

Bus/Subway

Van

Medical Transport

Other

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

10b1 - Transportation Services -Plan Approved Health-related Location -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Outpatient Services(9) - Completed
- Ambulance/Transportation Services(10) - In Progress
 - Ambulance Services(10a) - Completed
 - Ground Ambulance Services(10a1) - Completed
 - Air Ambulance Services(10a2) - Completed
 - Transportation Services(10b) - In Progress
 - Transportation Services - Plan Approved Health-related Location(10b1) - In Progress**
 - Transportation Services - Any Health-related Location(10b2) - Not Started
- DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
- Dialysis Services(12) - Not Started

Describe Other
Other description

Is there a maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount
\$500

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

10b1 - Transportation Services -Plan Approved Health-related Location -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Outpatient Services(9) - Completed
- ▲ Ambulance/Transportation Services(10) - In Progress
 - ▲ Ambulance Services(10a) - Completed
 - Ground Ambulance Services(10a1) - Completed
 - Air Ambulance Services(10a2) - Completed
 - ▲ Transportation Services(10b) - In Progress
 - Transportation Services - Plan Approved Health-related Location(10b1) - In Progress
 - Transportation Services - Any Health-related Location(10b2) - Not Started
- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
- ▼ Dialysis Services(12) - Not Started

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

10b1 - Transportation Services -Plan Approved Health-related Location -Page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Outpatient Services(9) - Completed
- ▲ Ambulance/Transportation Services(10) - In Progress
 - ▲ Ambulance Services(10a) - Completed
 - ▲ Ground Ambulance Services(10a1) - Completed
 - ▲ Air Ambulance Services(10a2) - Completed
 - ▲ Transportation Services(10b) - In Progress
 - ▲ Transportation Services - Plan Approved Health-related Location(10b1) - In Progress
 - ▲ Transportation Services - Any Health-related Location(10b2) - Not Started
 - ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
 - ▼ Dialysis Services(12) - Not Started

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

10b2 - Transportation Services -Any Health-Related Locations -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

- Ambulance Services(10a) - Completed
- Ground Ambulance Services(10a1) - Completed
- Air Ambulance Services(10a2) - Completed
- Transportation Services(10b) - In Progress
 - Transportation Services - Plan Approved Health-related Location(10b1) - Completed
 - Transportation Services - Any Health-related Location(10b2) - In Progress**
- DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
- Dialysis Services(12) - Not Started

Transportation Services - Any Health-related Location(10b2)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of trips

Periodicity

Select type of transportation:

Type of transportation

Indicate number of days

Select Mode of Transportation

Mode of transportation

Indicate number of trips

Is there a maximum enrollee out-of-pocket cost (MOOP)?

Yes No

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

10b2 - Transportation Services -Any Health-Related Locations -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Outpatient Services(9) -Completed
- Ambulance/Transportation Services(10) - In Progress
 - Ambulance Services(10a) - Completed
 - Ground Ambulance Services(10a1) - Completed
 - Air Ambulance Services(10a2) - Completed
 - Transportation Services(10b) - In Progress
 - Transportation Services - Plan Approved Health-related Location(10b1) - Completed
 - Transportation Services - Any Health-related Location(10b2) - In Progress**
 - DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
 - Dialysis Services(12) - Not Started

Is there a maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

CY 2024 PBP Data Entry System Screens

10b2 - Transportation Services -Any Health-Related Locations -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Outpatient Services(9) - Completed
- ▲ Ambulance/Transportation Services(10) - In Progress
- ▲ Ambulance Services(10a) - Completed
- Ground Ambulance Services(10a1) - Completed
- Air Ambulance Services(10a2) - Completed
- ▲ Transportation Services(10b) - In Progress
- Transportation Services - Plan Approved Health-related Location(10b1) - Completed
- ▲ Transportation Services - Any Health-related Location(10b2) - In Progress
- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
- ▼ Dialysis Services(12) - Not Started

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2024 PBP Data Entry System Screens

10b2 - Transportation Services -Any Health-Related Locations -Page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Outpatient Services(9) -Completed
- ▲ Ambulance/Transportation Services(10) -
In Progress
- ▲ Ambulance Services(10a)-
Completed
- Ground Ambulance Services(10a1) -
Completed
- Air Ambulance Services(10a2) -
Completed
- ▲ Transportation Services(10b) -
In Progress
- Transportation Services - Plan
Approved Health-related
Location(10b1) -Completed
- Transportation Services - Any
Health-related Location(10b2) -
In Progress
- ▼ DME, Prosthetics and Medical and
Diabetic Supplies(11) -Not Started
- ▼ Dialysis Services(12) -Not Started

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next