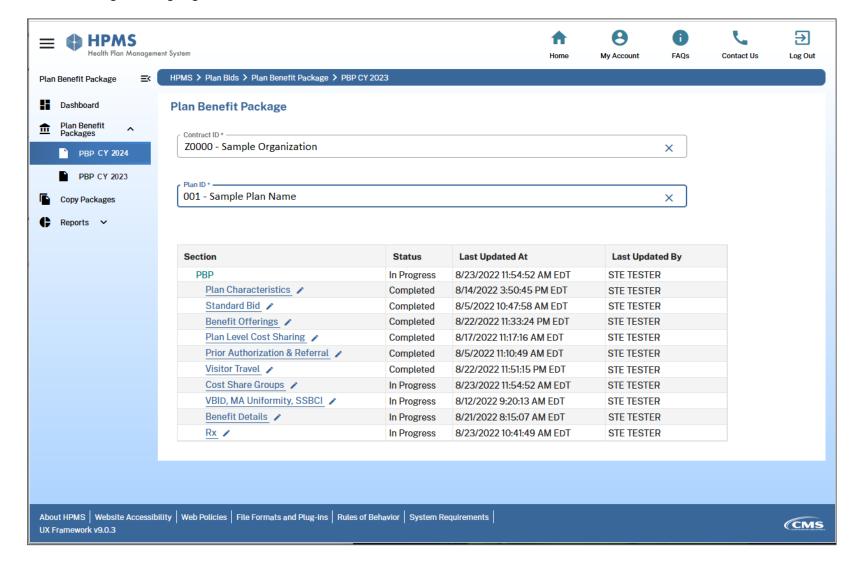
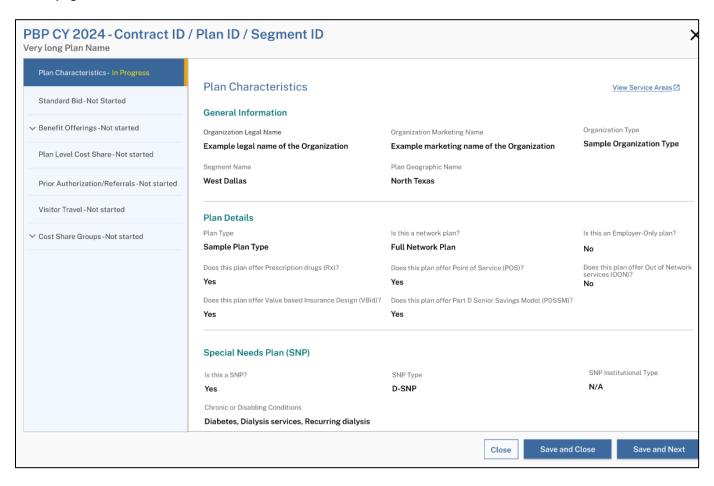
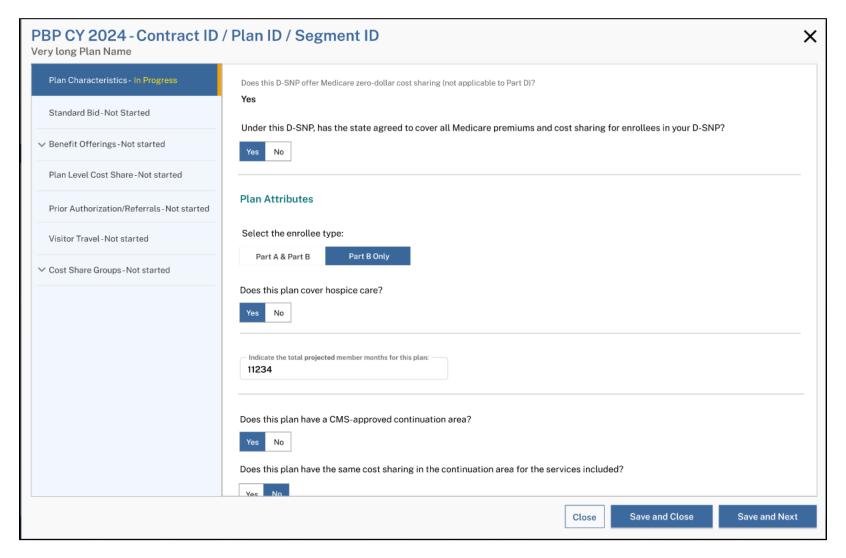
Plan Benefit Package Landing Page



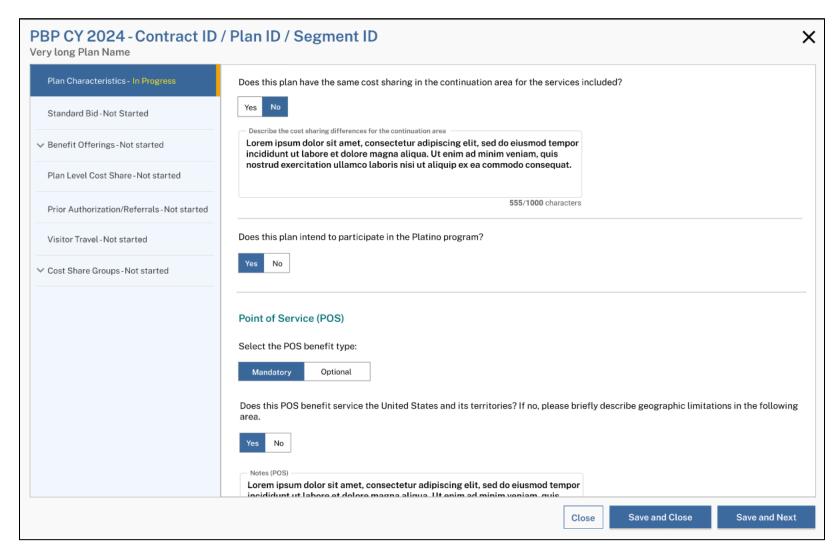
Plan Characteristics – page 1



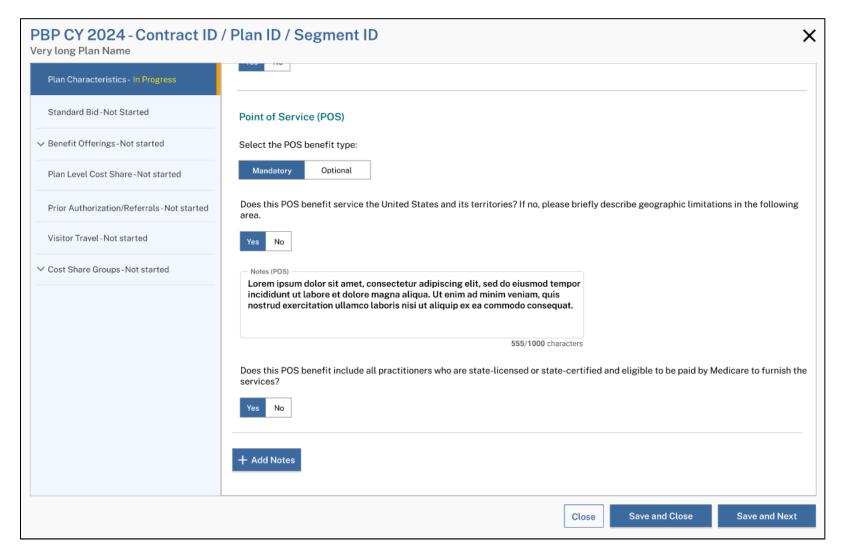
Plan Characteristics – page 2



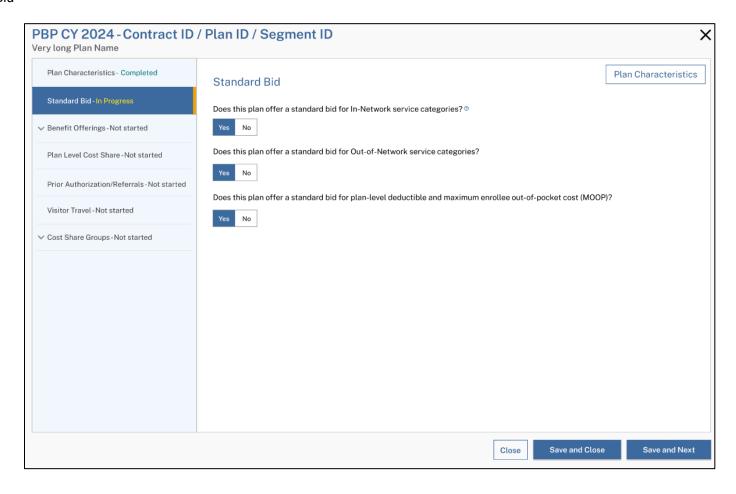
Plan Characteristics – page 3



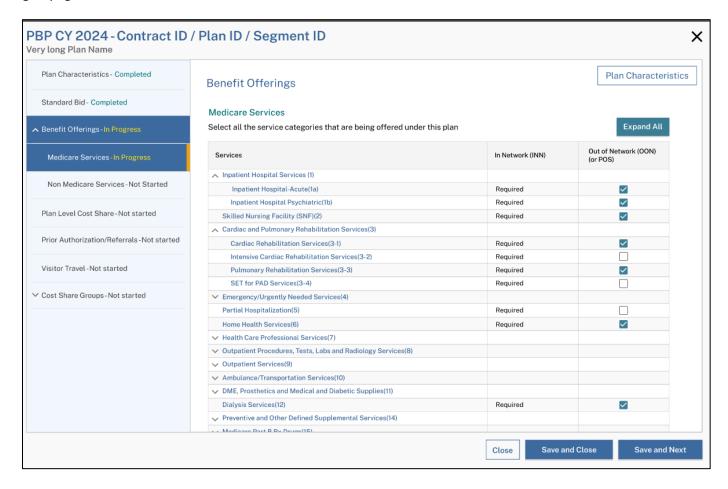
Plan Characteristics - page 4



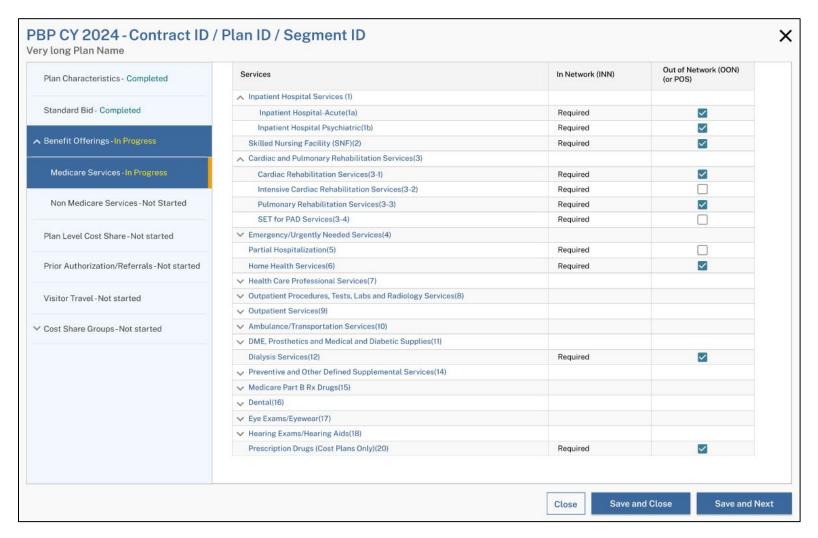
Standard Bid



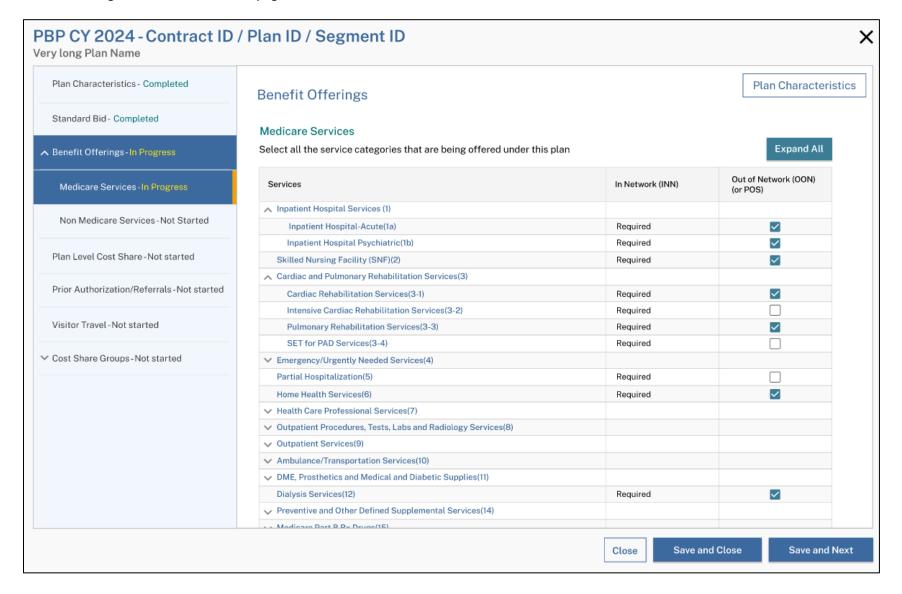
Benefit Offerings - page 1



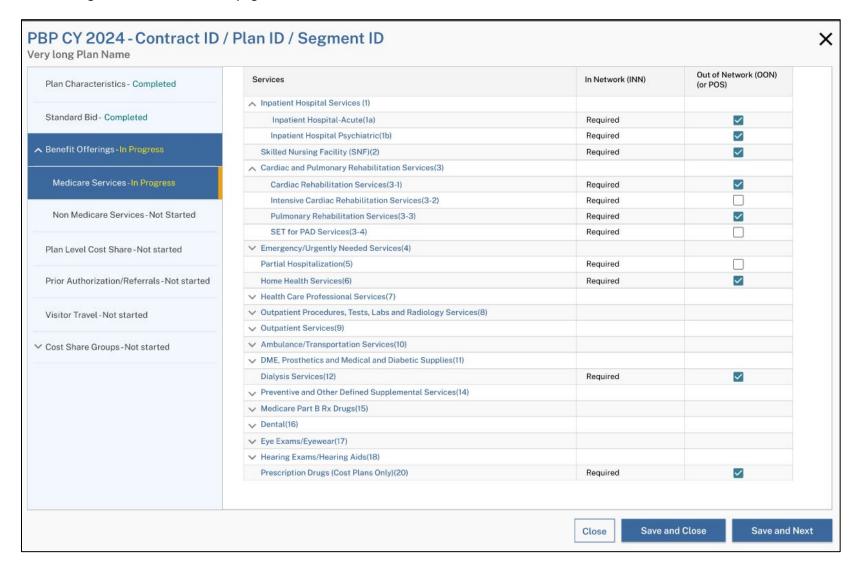
Benefit Offerings - page 2



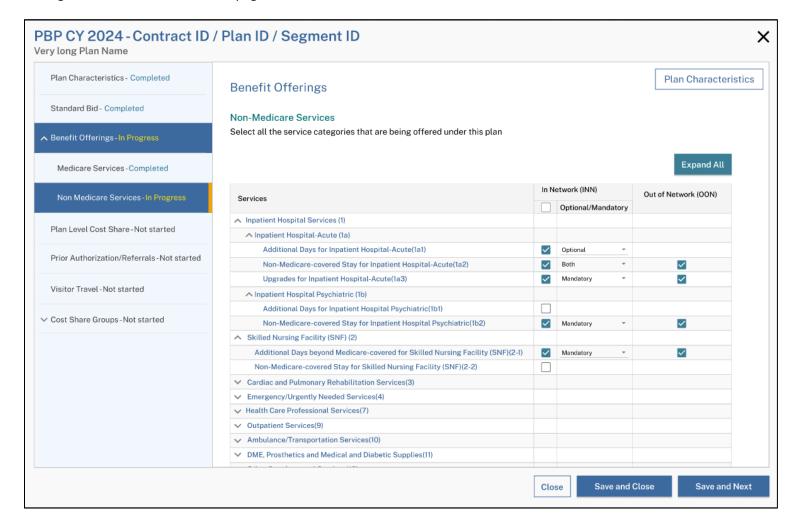
Benefit Offerings - Medicare Services - page 1



Benefit Offerings – Medicare Services – page 2

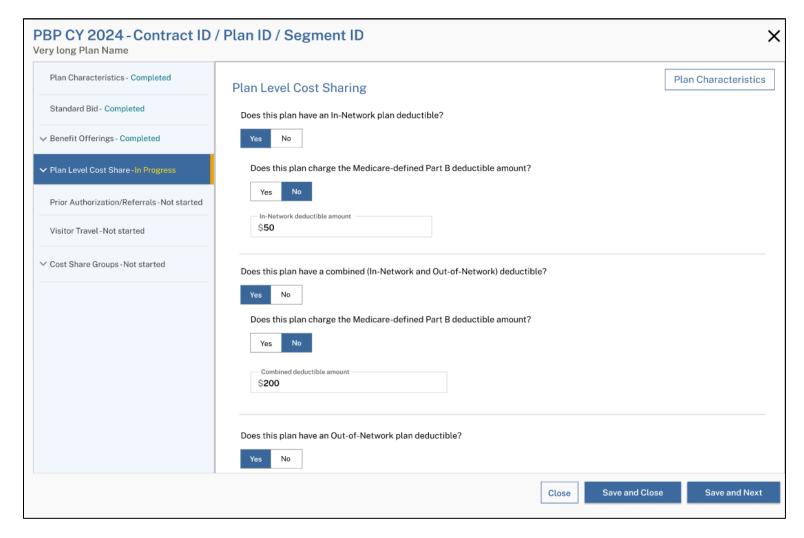


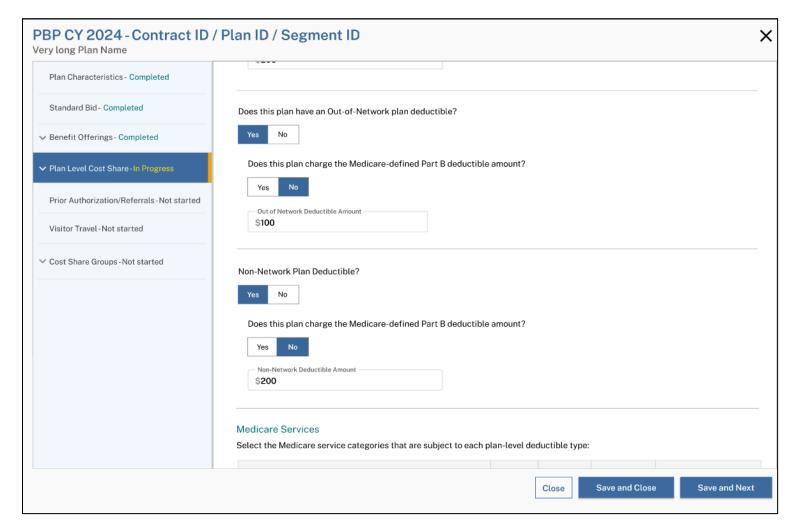
Benefit Offerings - Non-Medicare Services - page 1

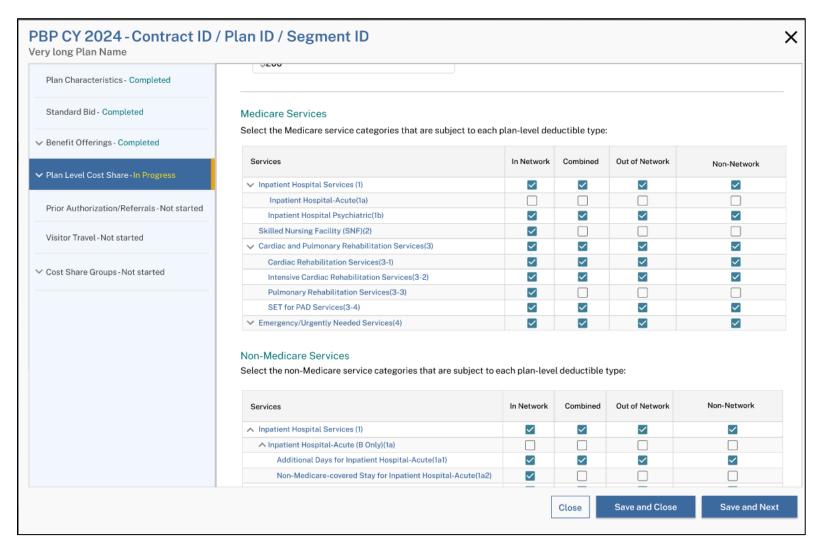


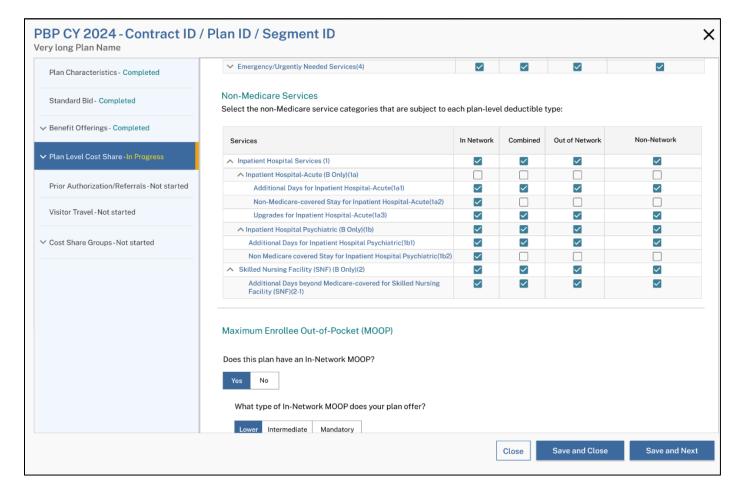
Benefit Offerings – Non Medicare Services – page 2

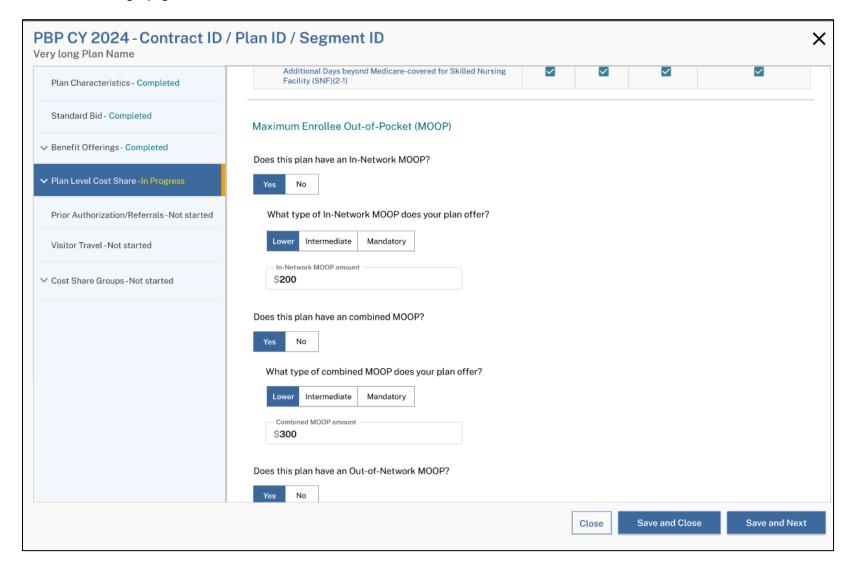
Plan Characteristics - Completed	mpatient nospital Services (i)				
	↑ Inpatient Hospital-Acute (1a)	_		200	
	Additional Days for Inpatient Hospital-Acute(1a1)	~	Optional	-	
Standard Bid - Completed	Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2)	~	Both	*	
	Upgrades for Inpatient Hospital-Acute(1a3)	~	Mandatory	-	
Name	↑ Inpatient Hospital Psychiatric (1b)	_			
	Additional Days for Inpatient Hospital Psychiatric(1b1)				
Medicare Services - Completed	Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2)	~	Mandatory	-	
	 Skilled Nursing Facility (SNF) (2) 				
Non Medicare Services - In Progress	Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1)	~	Mandatory	*	✓
	Non-Medicare-covered Stay for Skilled Nursing Facility (SNF)(2-2)				
Plan Level Cost Share - Not started	✓ Cardiac and Pulmonary Rehabilitation Services(3)				
	 Emergency/Urgently Needed Services(4) 				
Prior Authorization/Referrals - Not started	→ Health Care Professional Services(7)				
	✓ Outpatient Services(9)				
Visitor Travel - Not started	Ambulance/Transportation Services(10)				
	 DME, Prosthetics and Medical and Diabetic Supplies(11) 				
✓ Cost Share Groups-Not started	→ Other Supplemental Services(13)				
	Acupuncture(13a)				
	Over-the-Counter (OTC) Items(13b)				
	Meal Benefit(13c)				
	Some Other User given Name (13d) 🖍				
	Random Unique name service category				
	Other 3(13f) /				
	→ Preventive and Other Defined Supplemental Services(14)				
	✓ Dental(16)				
	✓ Eye Exams/Eyewear(17)				
	→ Hearing Exams/Hearing Aids(18)				

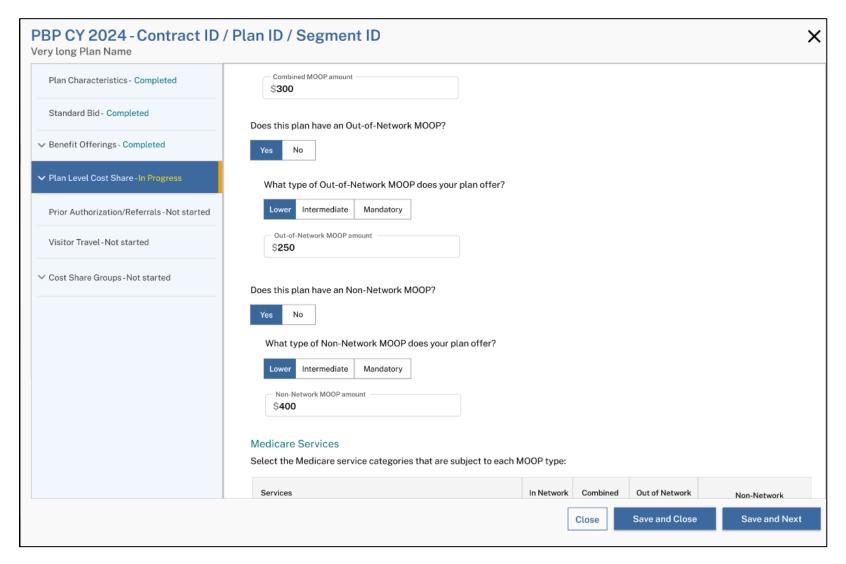


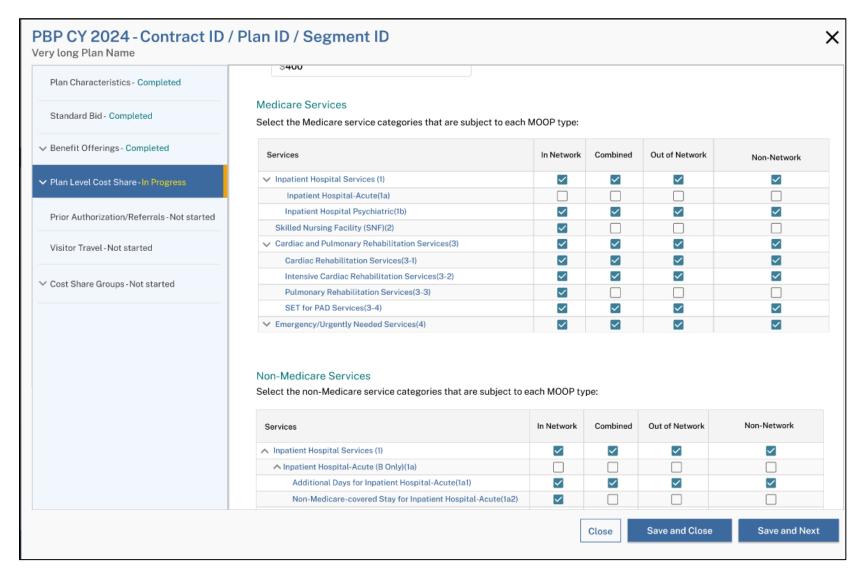


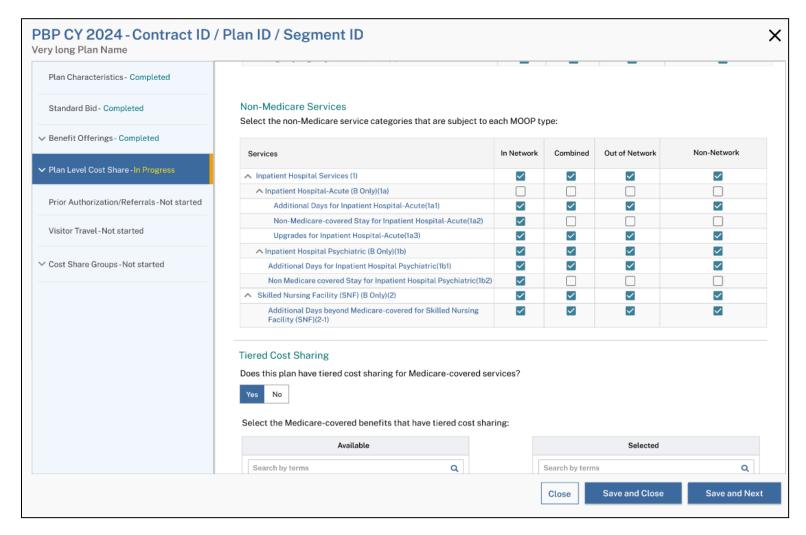


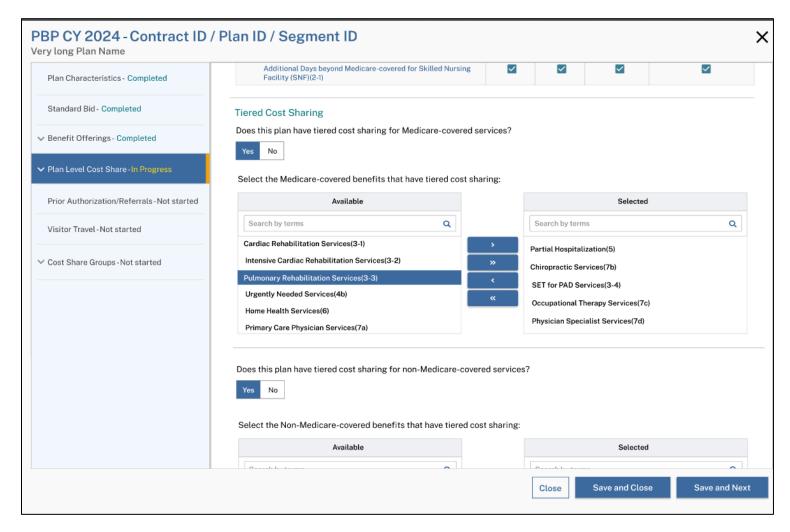


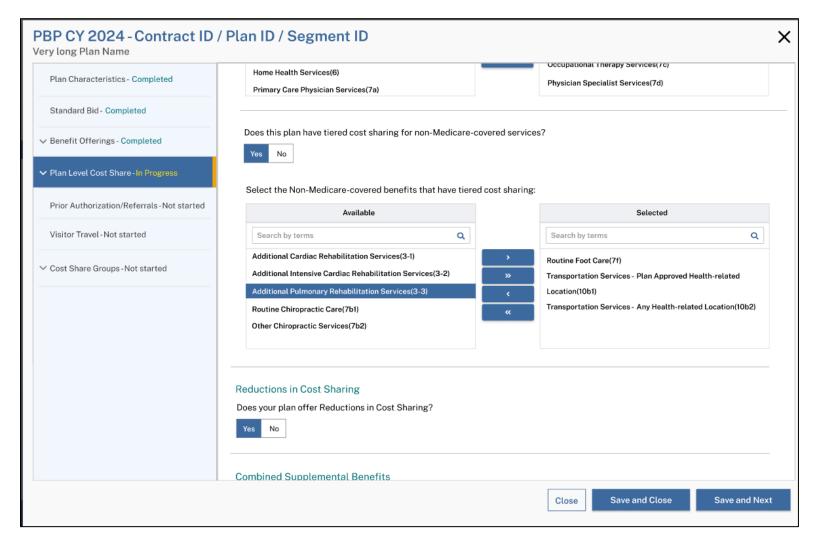


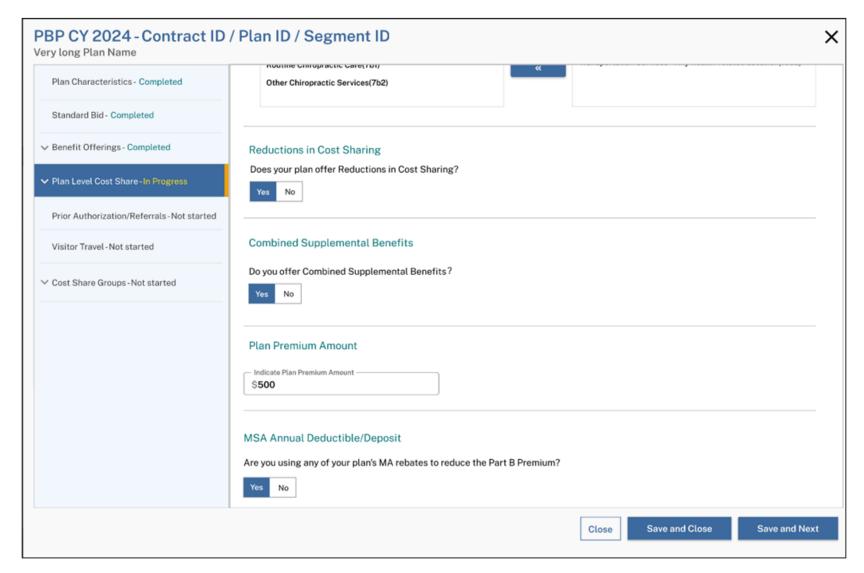


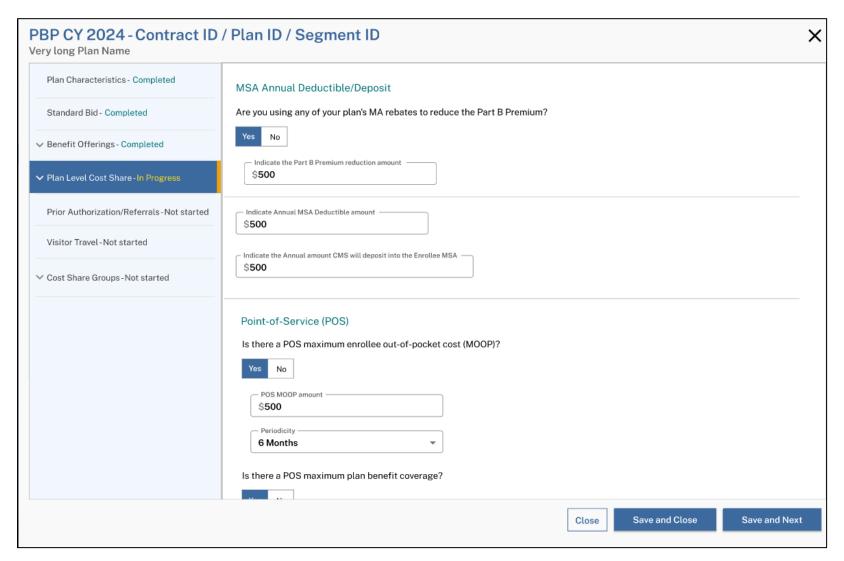


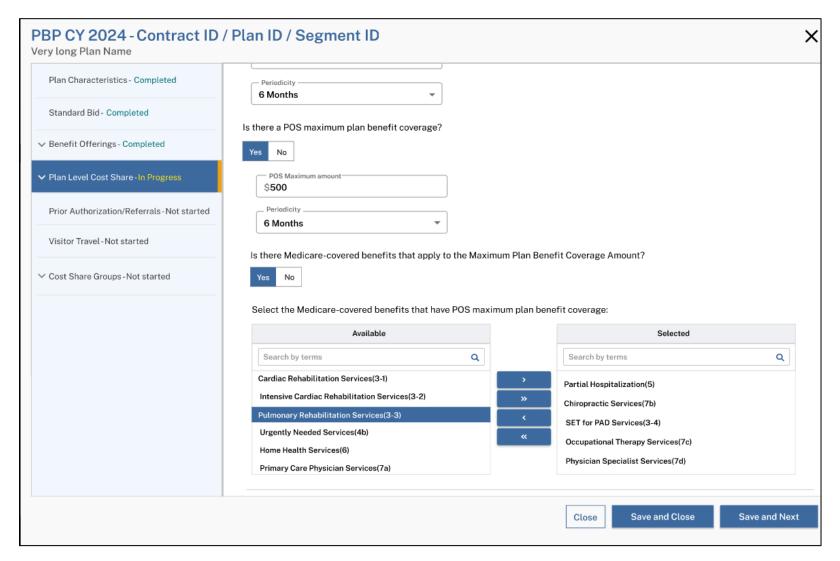


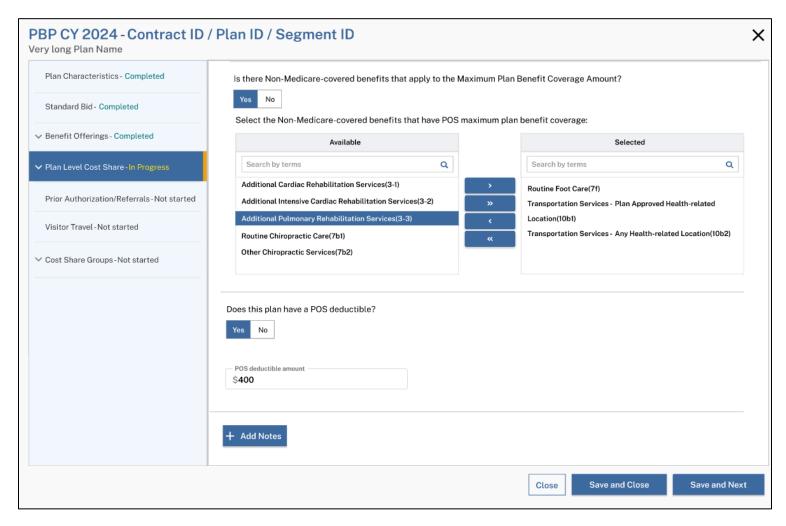




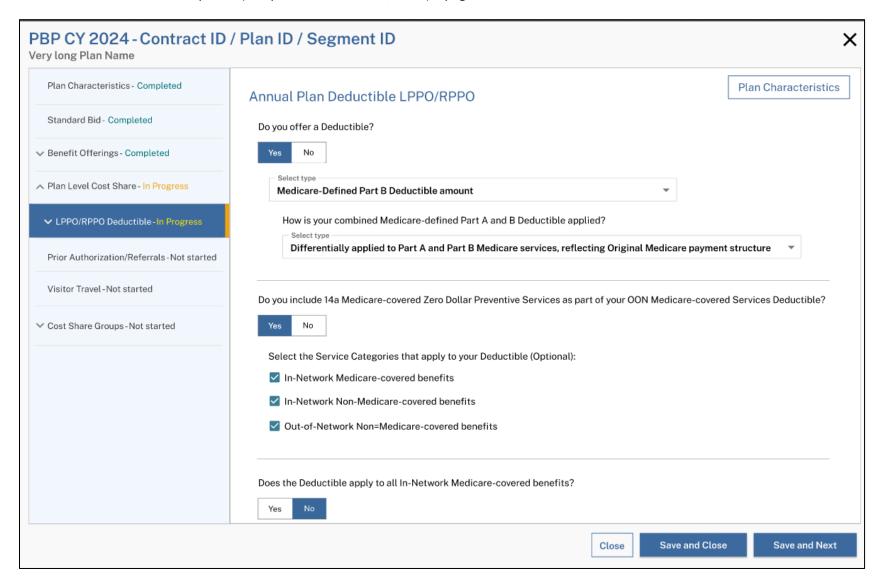




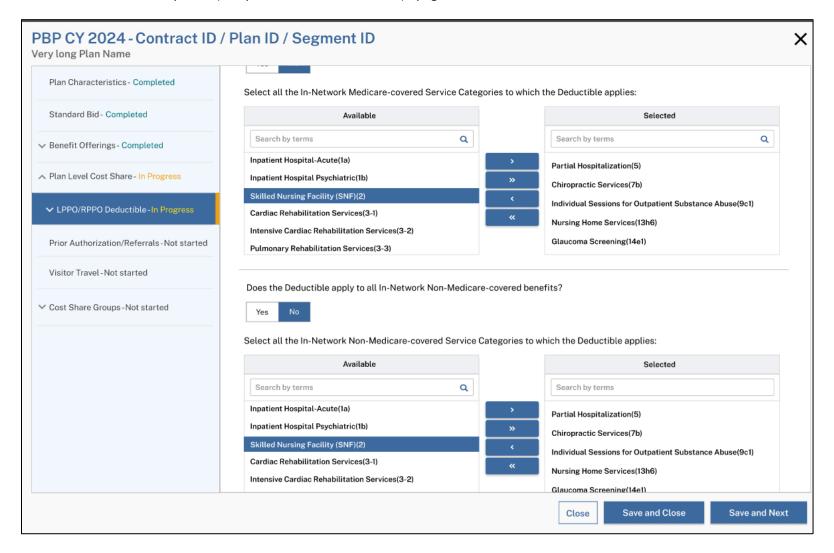




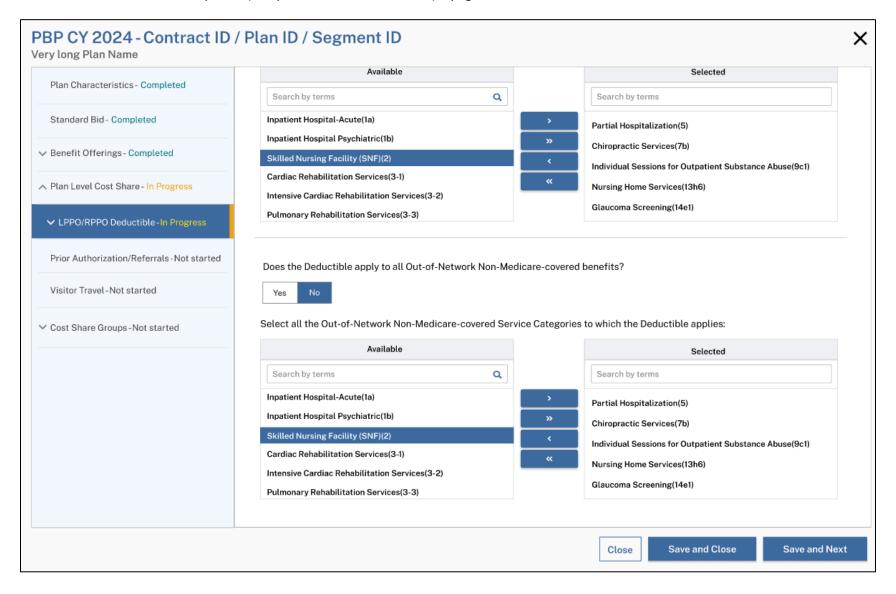
Annual Plan Deductible - Plan Specific (Sample Screen for LPPO/RPPO) - page 1



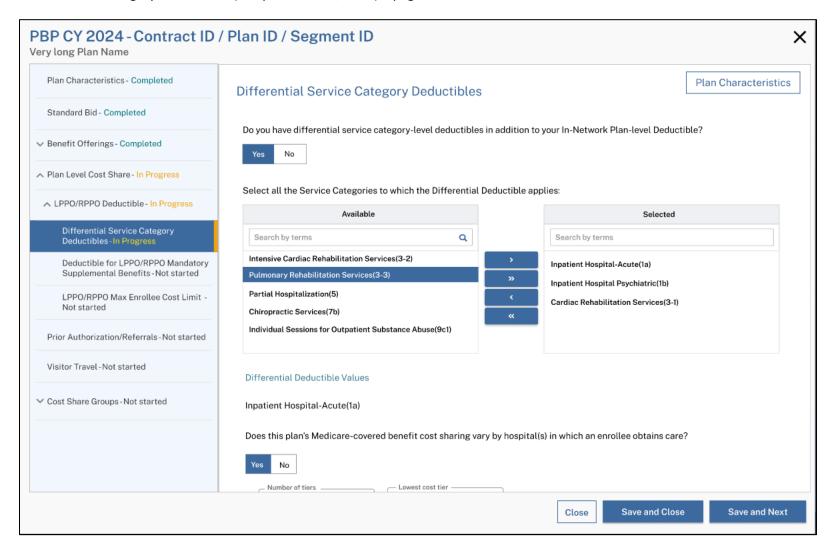
Annual Plan Deductible - Plan Specific (Sample Screen for LPPO/RPPO) - page 2



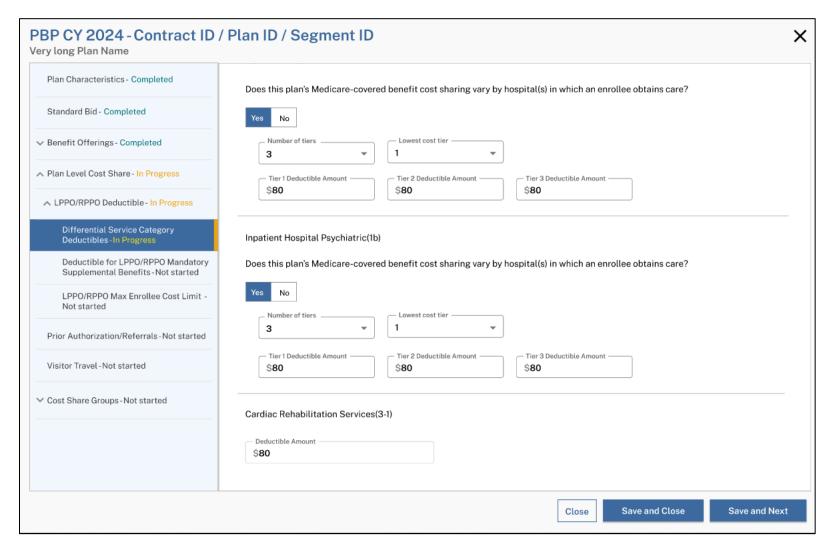
Annual Plan Deductible - Plan Specific (Sample Screen for LPPO/RPPO) - page 3



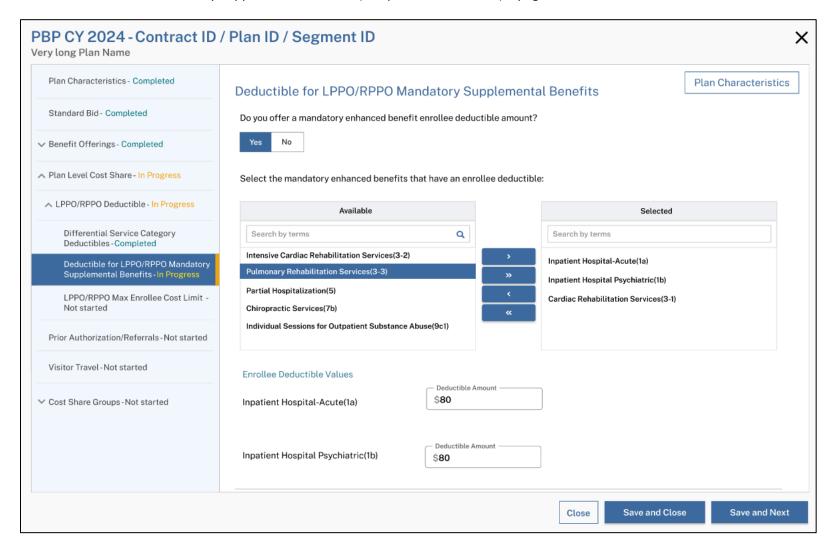
Differential Service Category Deductibles (Unique for LPPO/RPPO) - page 1



Differential Service Category Deductibles (Unique for LPPO/RPPO) - page 2

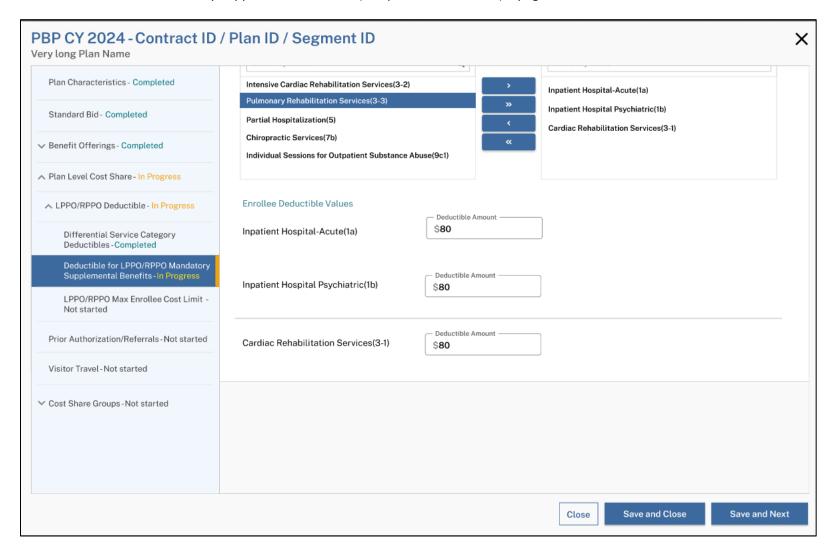


Differential for LPPO/RPPO Mandatory Supplemental Benefits (Unique for LPPO/RPPO) - page 1

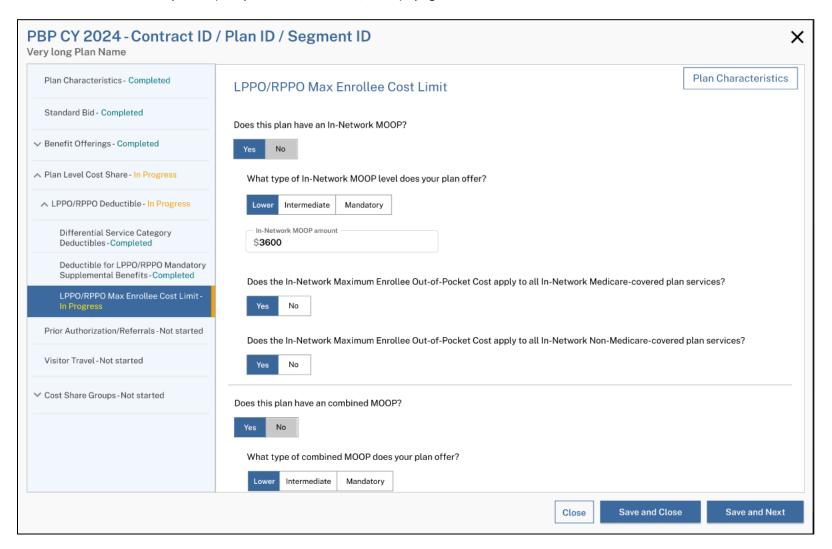


CY 2024 PBP Data Entry System Screens

Differential for LPPO/RPPO Mandatory Supplemental Benefits (Unique for LPPO/RPPO) - page 1

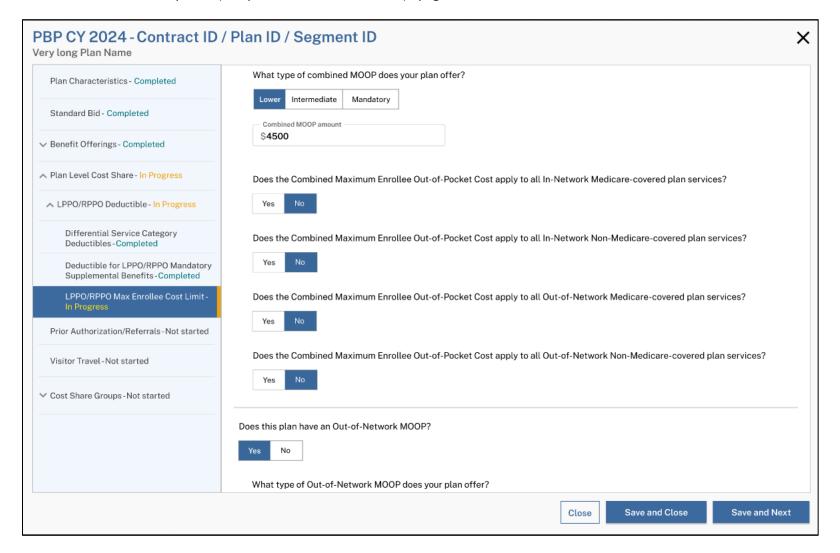


Max Enrollee Cost Limit - Plan Specific (Sample Screen for LPPO/RPPO) - page 1

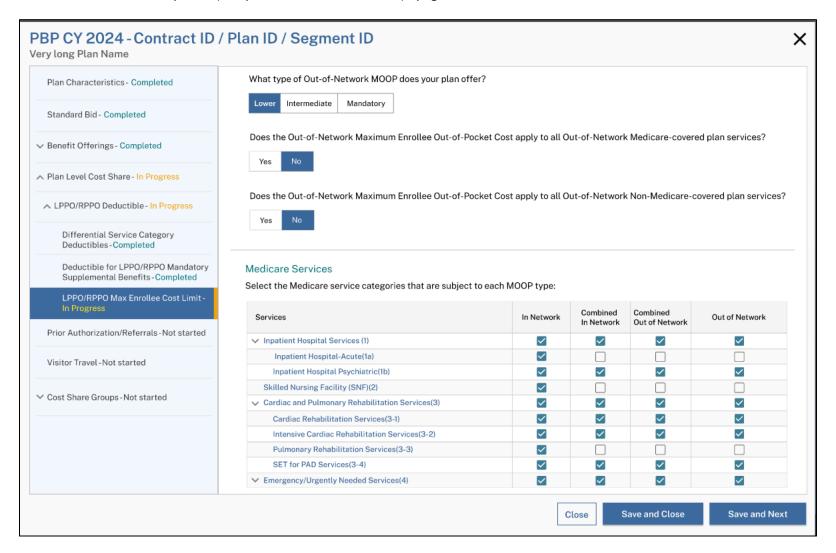


CY 2024 PBP Data Entry System Screens

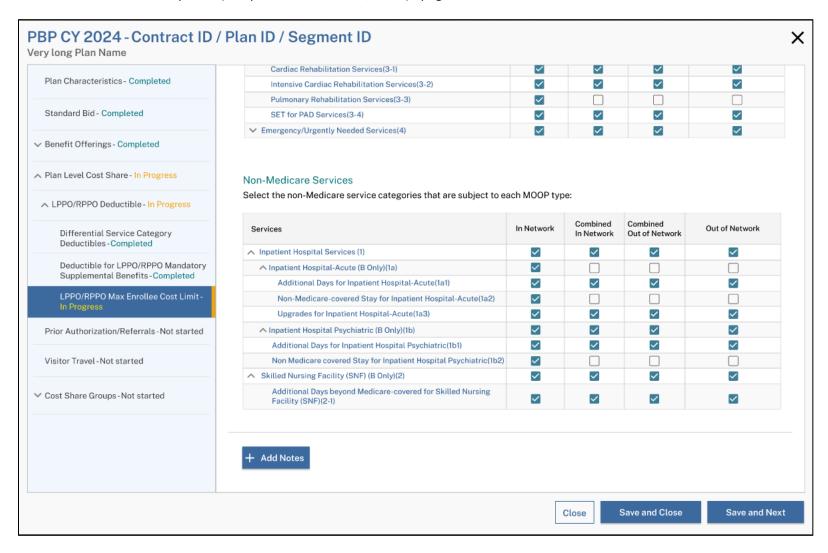
Max Enrollee Cost Limit - Plan Specific (Sample Screen for LPPO/RPPO) - page 2



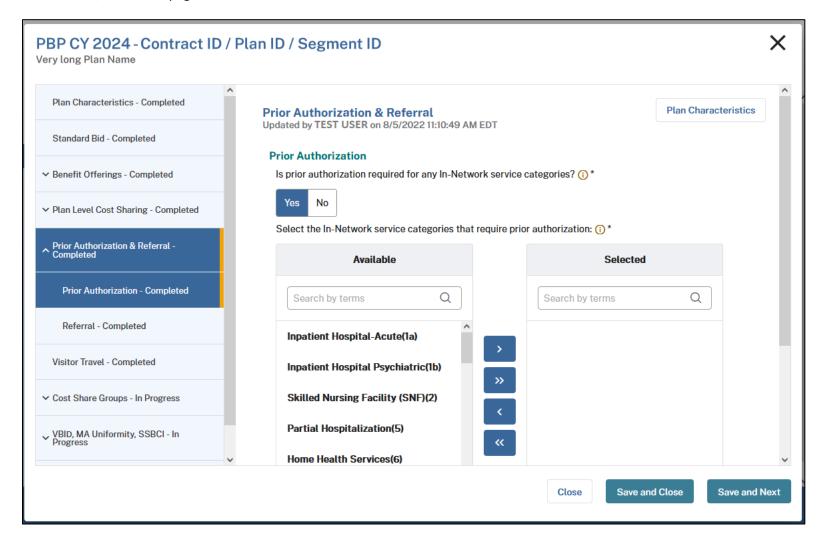
Max Enrollee Cost Limit - Plan Specific (Sample Screen for LPPO/RPPO) - page 3



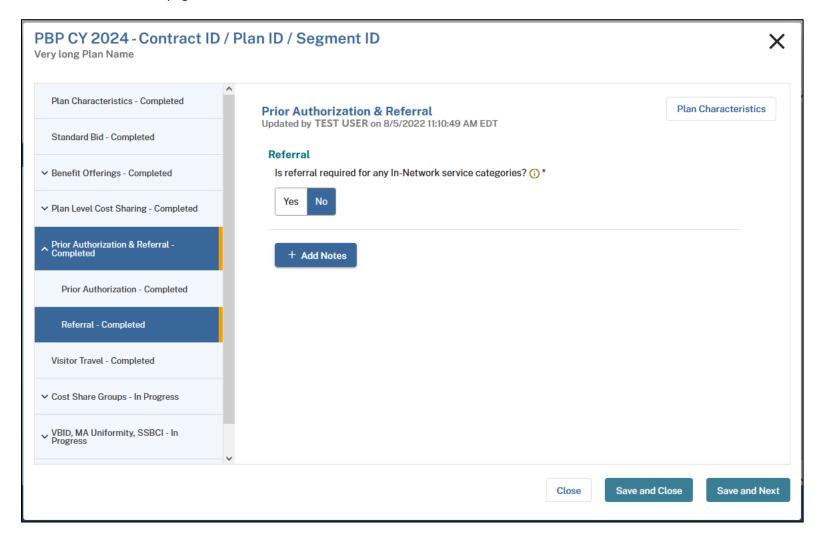
Max Enrollee Cost Limit - Plan Specific (Sample Screen for LPPO/RPPO)- page 4



Prior Authorization/Referrals - page 1



Prior Authorization/Referrals - page 2



Visitor Travel – page 1

