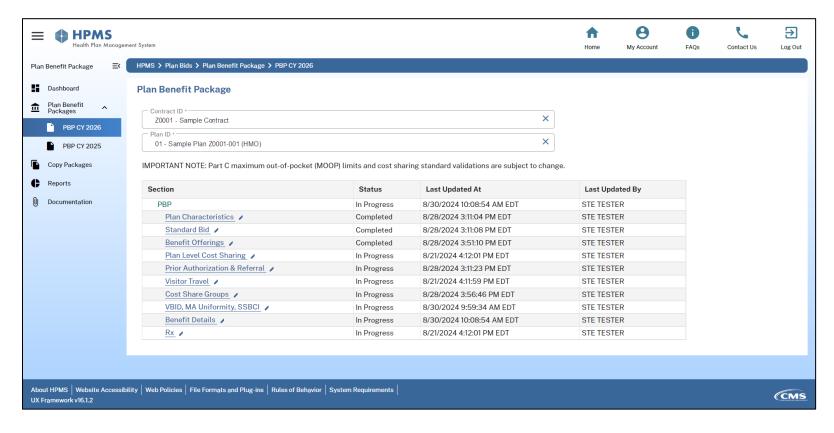
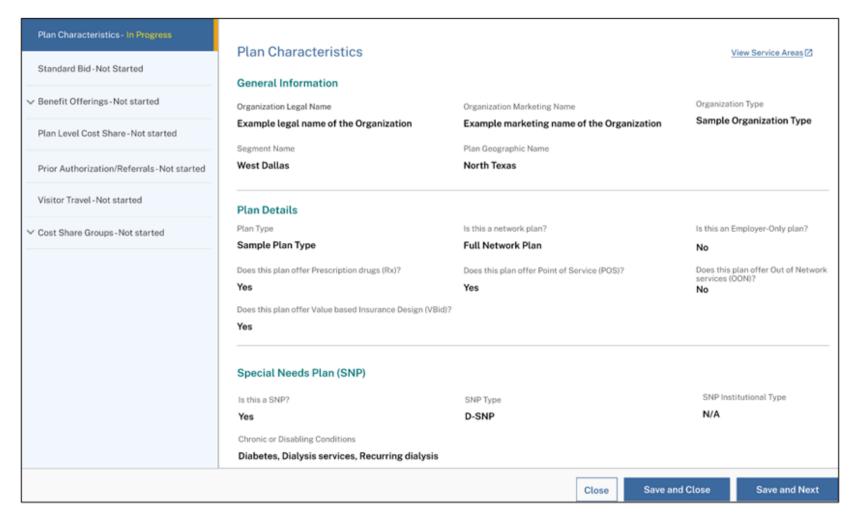
Plan Benefit Package Landing Page

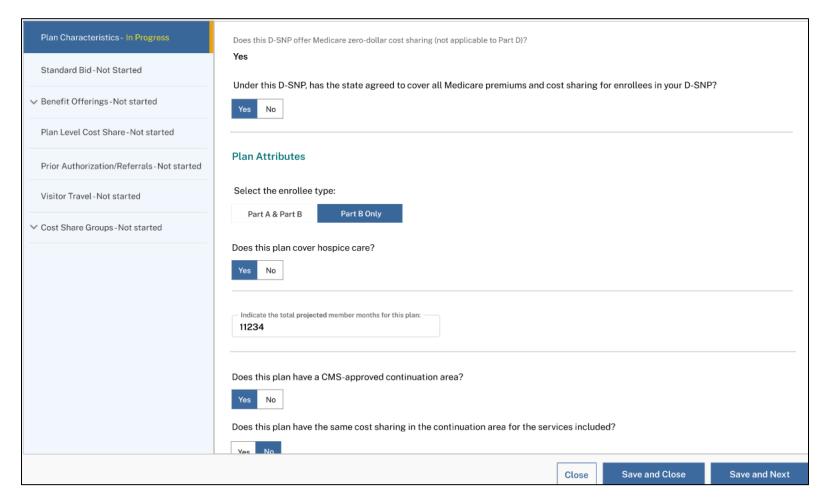


Plan Characteristics - Page 1

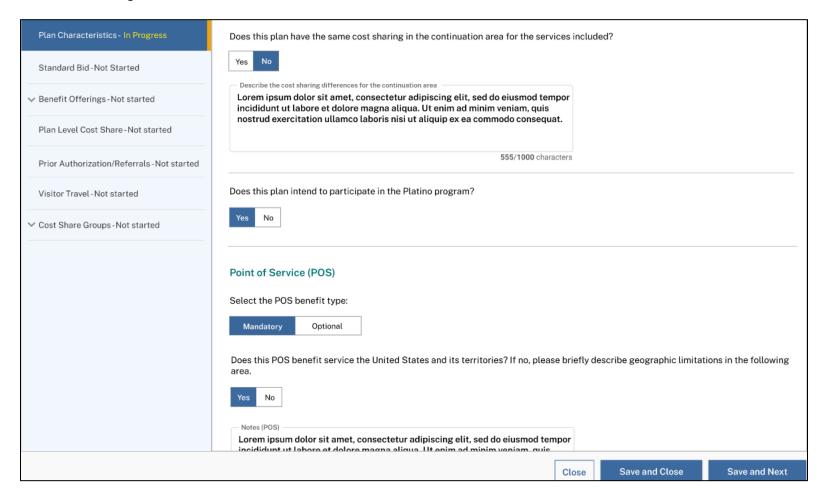


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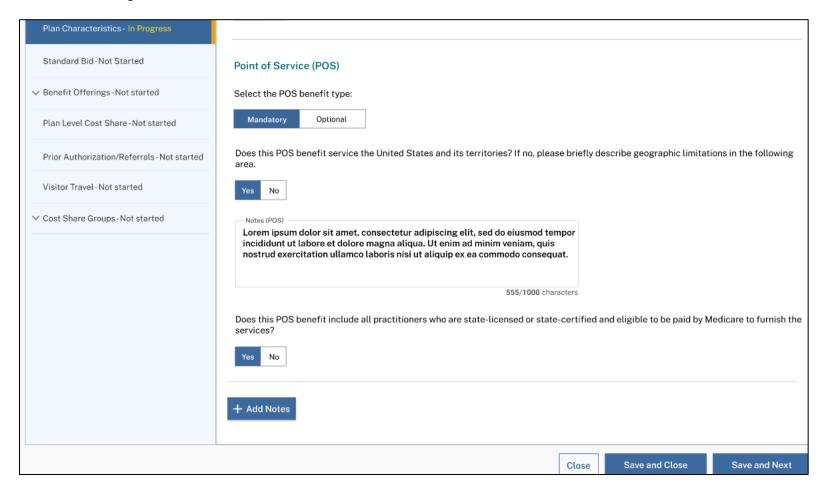
Plan Characteristics - Page 2



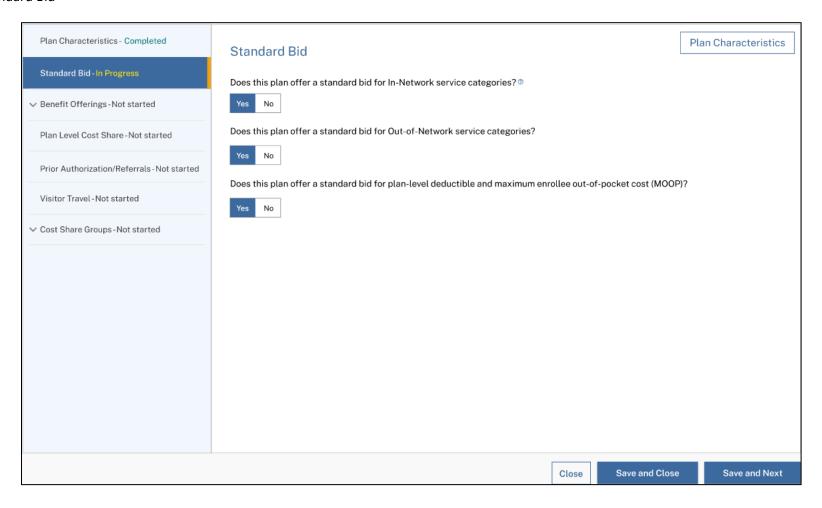
Plan Characteristics - Page 3



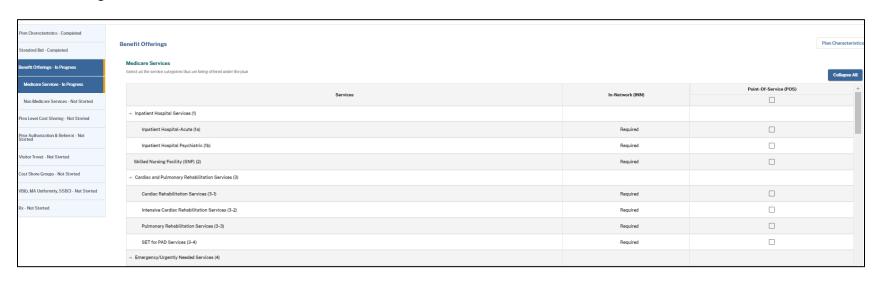
Plan Characteristics - Page 4



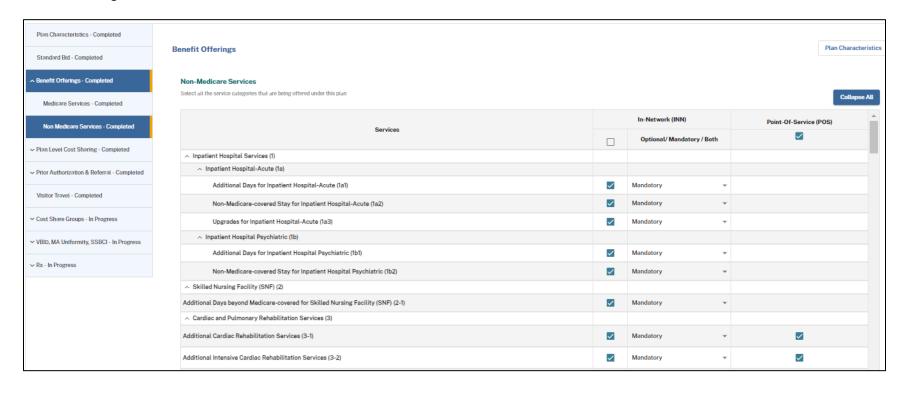
Standard Bid



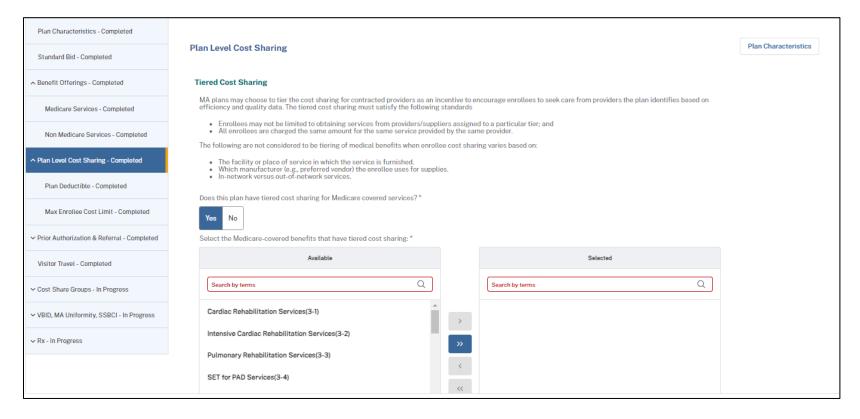
Benefit Offerings – Medicare Services



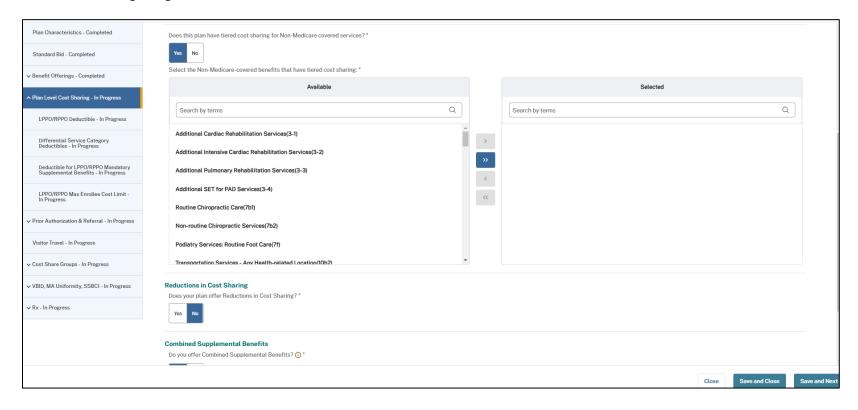
Benefit Offerings – Non-Medicare Services



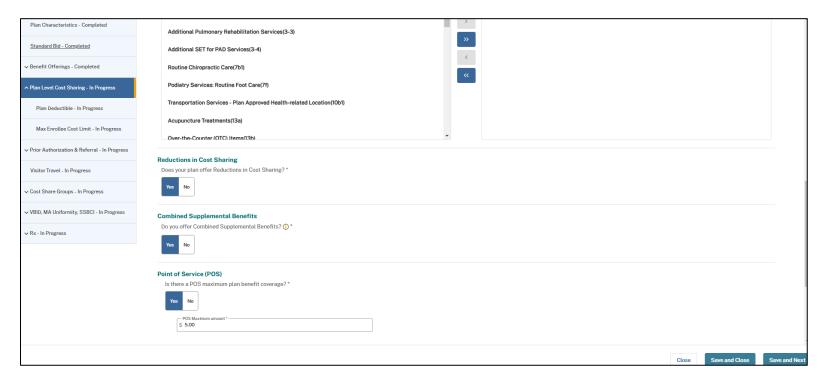
Plan Level Cost Sharing - Page 1



Plan Level Cost Sharing - Page 2



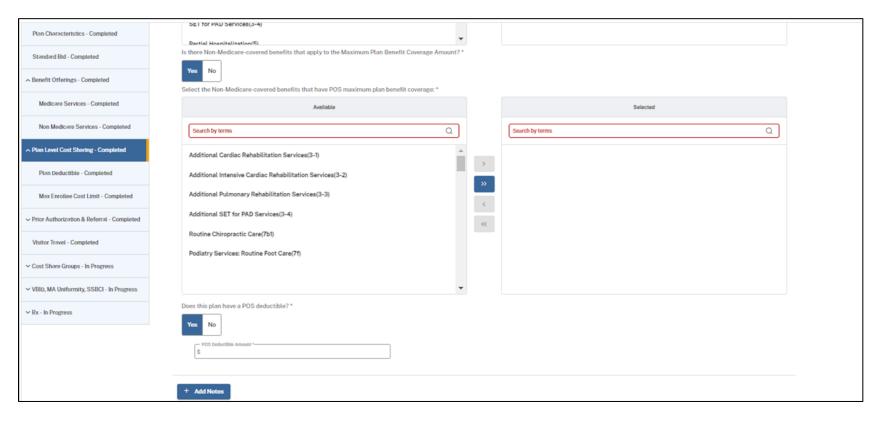
Plan Level Cost Sharing – Page 3

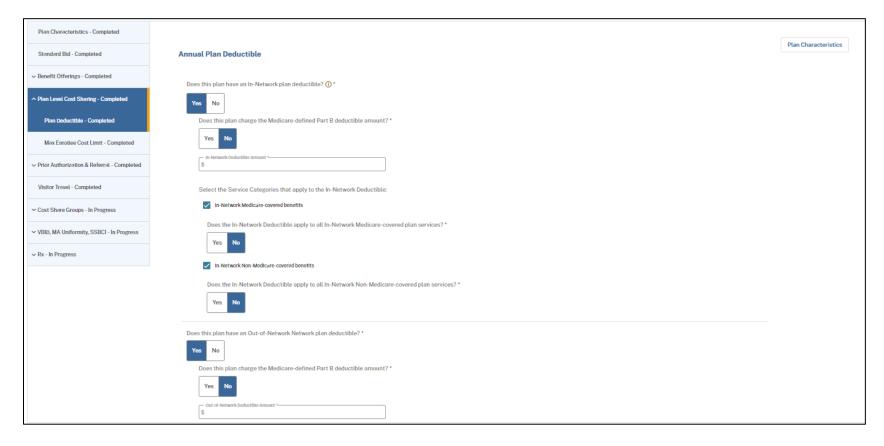


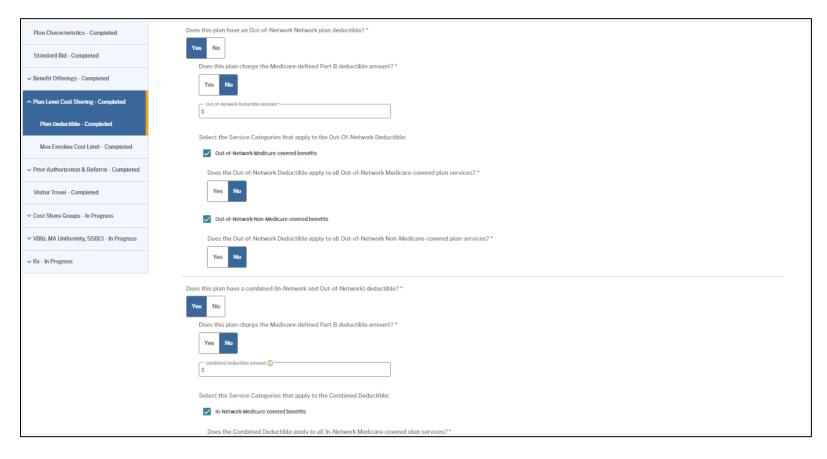
Plan Level Cost Sharing - Page 4

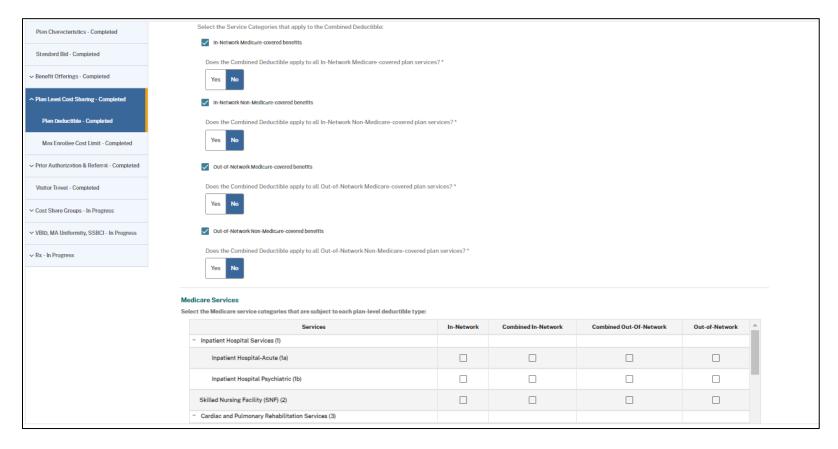


Plan Level Cost Sharing – Page 5





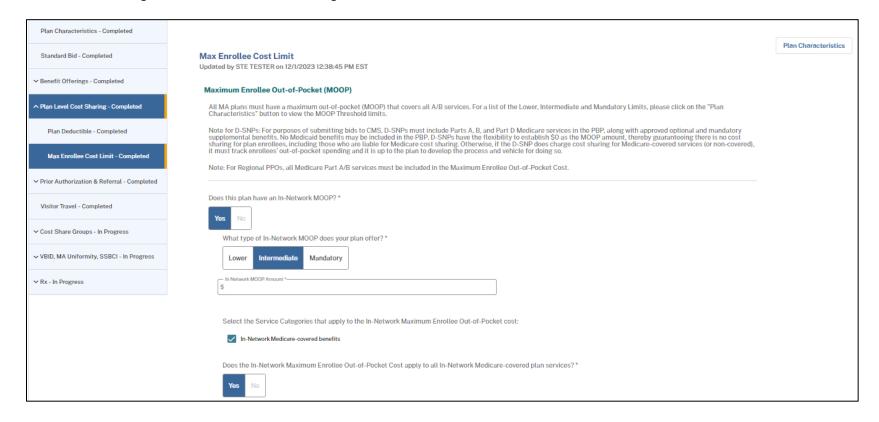




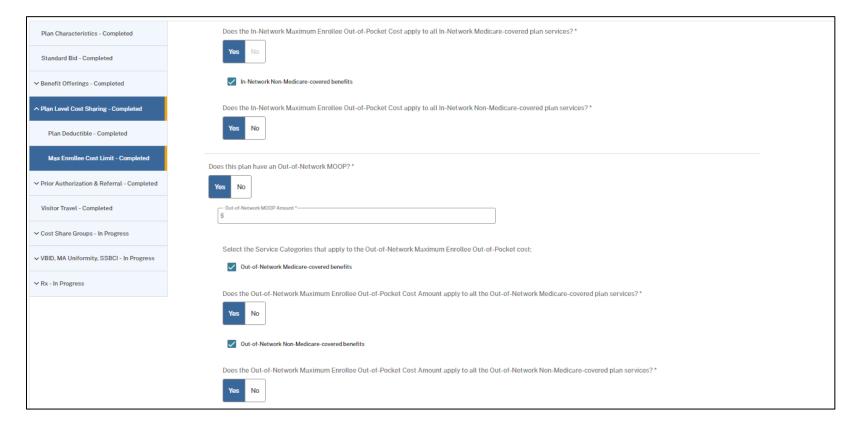
Services Inpatient Hospital Services (1) Inpatient Hospital-Acute (Ia) Inpatient Hospital Psychiatric (Ib) Skilled Nursing Facility (SNF) (2) Cardiac and Pulmonary Rehabilitation Services (3) Cardiac Rehabilitation Services (3-1)	In-Network	Combined In-Network	Combined Out-Of-Network	Out-of-Network
Inpatient Hospital-Acute (Ia) Inpatient Hospital Psychiatric (Ib) Skilled Nursing Facility (SNF) (2) Cardiac and Pulmonary Rehabilitation Services (3) Cardiac Rehabilitation Services (3-1)	0	0	0	0
Inpatient Hospital Psychiatric (1b) Skilled Nursing Facility (SNF) (2) Cardiac and Pulmonary Rehabilitation Services (3) Cardiac Rehabilitation Services (3-1)	0	0	0	0
Skilled Nursing Facility (SNF) (2) Cardiac and Pulmonary Rehabilitation Services (3) Cardiac Rehabilitation Services (3-1)		0		
Cardiac and Pulmonary Rehabilitation Services (3) Cardiac Rehabilitation Services (3-1)				
Cardiac Rehabilitation Services (3-1)				
Intensive Cardiac Rehabilitation Services (3-2)				
Pulmonary Rehabilitation Services (3-3)				
SET for PAD Services (3-4)				
Home Health Services (6)				
Health Care Professional Services (7)				
Primary Care Physician Services (7a)				
It least one service category must be selected for In-Network Deductible. -Medicare Services ct the Non-Medicare service categories that are subject to each plan-level.	deductible type:			
Services		In-Network Combined I	n-Network Combined Out-Of-Netw	ork Out-of-Network
Inpatient Hospital Services (1)				
→ Inpatient Hospital-Acute (la)				
,	Health Care Professional Services (7) Primary Care Physician Services (7a) I least one service category must be selected for In-Network Deductible. -Medicare Services It the Non-Medicare service categories that are subject to each plan-level. Services Inpatient Hospital Services (1)	Health Care Professional Services (7) Primary Care Physician Services (7a) Lleast one service category must be selected for In-Network Deductible. -Medicare Services t the Non-Medicare service categories that are subject to each plan-level deductible type: Services Inpatient Hospital Services (1) Inpatient Hospital-Acute (1a)	Health Care Professional Services (7) Primary Care Physician Services (7a) Lleast one service category must be selected for In-Network Deductible. -Modicare Services Et the Non-Medicare service categories that are subject to each plan-level deductible type: Services In-Network Combined I Inpatient Hospital Services (1) Inpatient Hospital-Acute (1a)	Primary Care Physician Services (7) Primary Care Physician Services (7a) Lleast one service category must be selected for In-Network Deductible. Modicare Services Et the Non-Medicare service categories that are subject to each plan-level deductible type: Services In-Network Combined In-Network Combined Out-Of-Network Inpatient Hospital Services (1) Inpatient Hospital-Acute (1a)

Plan Characteristics - Completed	Non-Medicare Services Select the Non-Medicare service categories that are subject to each plan-level deductible type:				
Standard Bid - Completed	Services	In-Network	Combined In-Network	Combined Out-Of-Network	Out-of-Network
	∨ Inpatient Hospital Services (1)				
∨ Benefit Offerings - Completed	✓ Inpatient Hospital-Acute (1a)				
^ Plan Level Cost Sharing - Completed	Additional Days for Inpatient Hospital-Acute (1a1)				
Plan Deductible - Completed	Non-Medicare-covered Stay for Inpatient Hospital-Acute (Ia2)				
Max Enrollee Cost Limit - Completed	Upgrades for Inpatient Hospital-Acute (1a3)				
✓ Prior Authorization & Referral - Completed	∨ Inpatient Hospital Psychiatric (1b)				
→ Prior Authorization & Referral - Completed	Additional Days for Inpatient Hospital Psychiatric (1b1)				
Visitor Travel - Completed	Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)				
	Skilled Nursing Facility (SNF) (2)				
✓ VBID, MA Uniformity, SSBCI - In Progress	Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)				
	 Cardiac and Pulmonary Rehabilitation Services (3) 				
∨ Rx - In Progress	Additional Cardiac Rehabilitation Services (3-1)				
	Additional Intensive Cardiac Rehabilitation Services (3-2)				
	Additional Pulmonary Rehabilitation Services (3-3)		П	П	П
	At least one service category must be selected for In-Network Deductible.				

Plan Level Cost Sharing - Max Enrollee Cost Limit - Page 1



Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 2

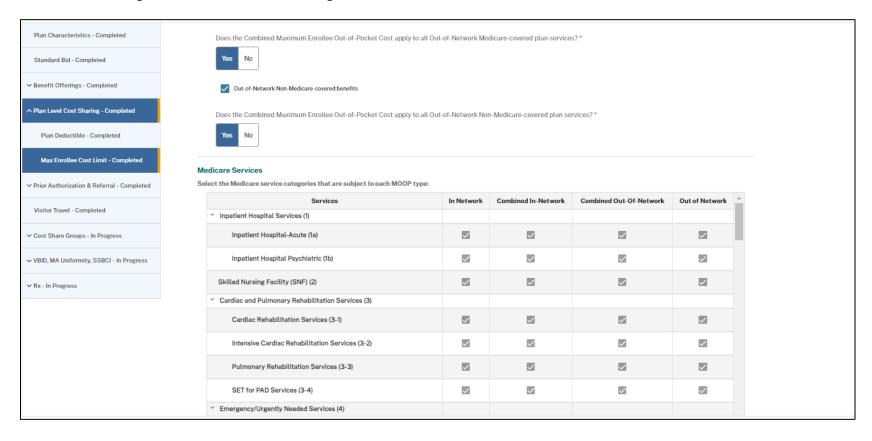


Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 3

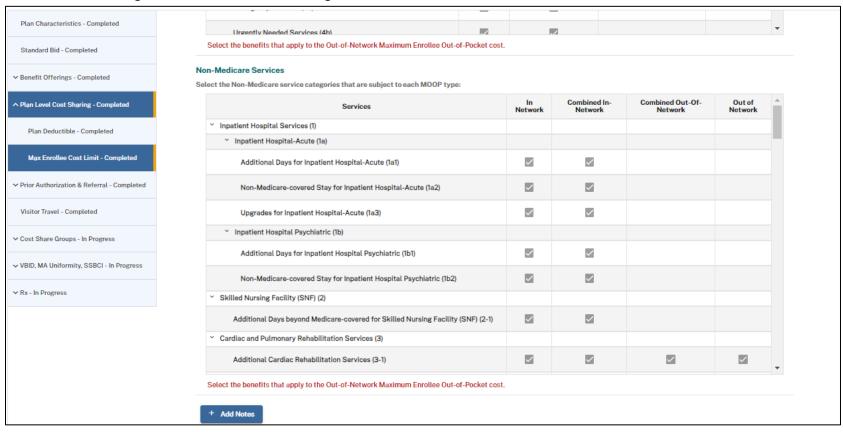
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Plan Characteristics - Completed	Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost Amount apply to all the Out-of-Network Non-Medicare-covered plan services?*
Standard Bid - Completed	Yes No
➤ Benefit Offerings - Completed	Does this plan have an Combined (In-Network and Out-of-Network) MOOP?*
^ Plan Level Cost Sharing - Completed	Yes No
Plan Deductible - Completed	What type of Combined (In-Network and Out-of-Network) MOOP does your plan offer? * Lower Intermediate Mandatory
Max Enrollee Cost Limit - Completed	Combined (In-Network and Out-of-Network) MOOP Amount \$
→ Prior Authorization & Referral - Completed	
Visitor Travel - Completed	Select the Service Categories that apply to the Combined Maximum Enrollee Out-of-Pocket cost:
✓ Cost Share Groups - In Progress	In-Network Medicare-covered benefits
➤ VBID, MA Uniformity, SSBCI - In Progress	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services?* Yes No
✓ Rx - In Progress	
	✓ In-Network Non-Medicare-covered benefits
	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services?*
	Yes No
	✓ Out-of-Network Medicare-covered benefits
	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services?*

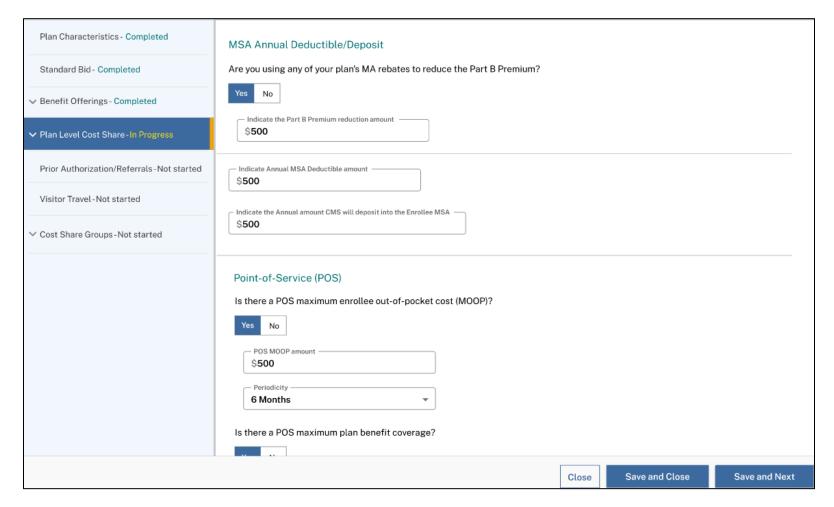
Plan Level Cost Sharing - Max Enrollee Cost Limit - Page 4



Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 5

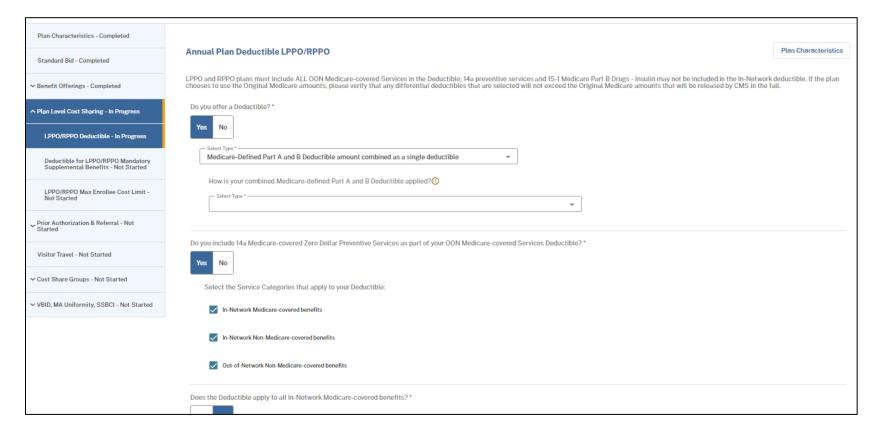


Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 6

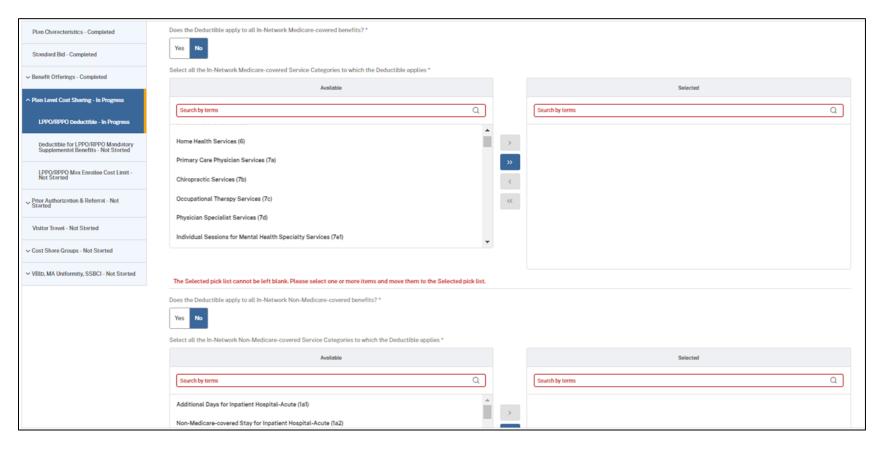


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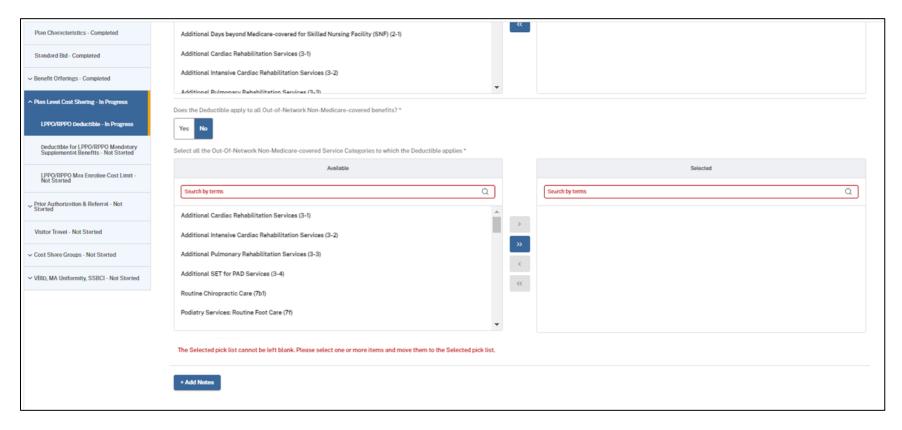
Plan Level Cost Sharing – LPPO/RPPO Deductible – Page 1



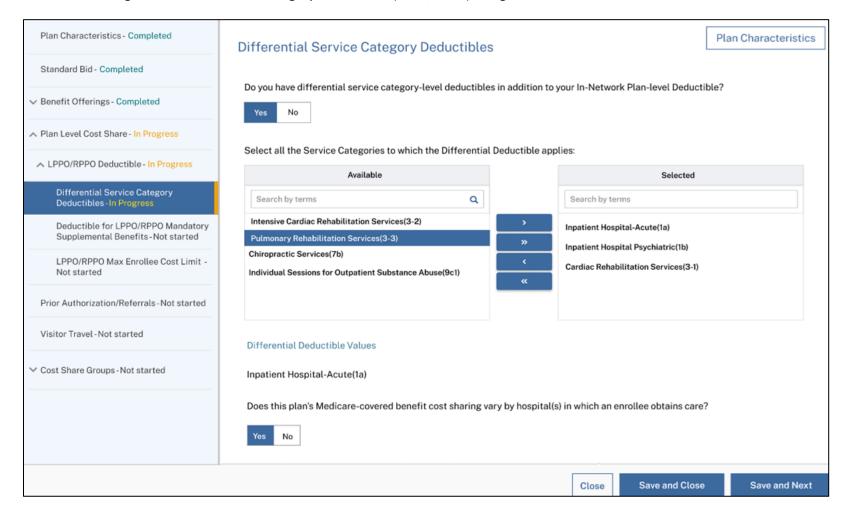
Plan Level Cost Sharing – LPPO/RPPO Deductible – Page 2



Plan Level Cost Sharing - LPPO/RPPO Deductible - Page 3



Plan Level Cost Sharing - Differential Service Category Deductibles (LPPO/RPPO) - Page 1



Plan Level Cost Sharing – Differential Service Category Deductibles (LPPO/RPPO) – Page 2

Standard Bid - Completed Wes No Number of tiers Number of tiers Plan Level Cost Share - In Progress Leppo/RPPO Deductible - In Progress Differential Service Category Deductibles - In Progress Inpatient Hospital Psychiatric(1b)
A Plan Level Cost Share - In Progress A LPPO/RPPO Deductible - In Progress Differential Service Category Deductibles - In Progress Inpatient Hospital Psychiatric(1b)
LPPO/RPPO Deductible - In Progress Differential Service Category Deductibles - In Progress Inpatient Hospital Psychiatric(1b)
Differential Service Category Deductibles - In Progress Inpatient Hospital Psychiatric(1b)
Deductibles-In Progress Inpatient Hospital Psychiatric(1b)
Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not started Does this plan's Medicare-covered benefit cost sharing vary by hospital(s) in which an enrollee obtains care?
LPPO/RPPO Max Enrollee Cost Limit - Not started Yes No No Lowest cost tier — Lowest cos
Prior Authorization/Referrals - Not started 3 T
Visitor Travel - Not started Tier 1 Deductible Amount \$80 Tier 2 Deductible Amount \$80
✓ Cost Share Groups - Not started Cardiac Rehabilitation Services(3-1)
\$80
Close Save and Close Save and Next

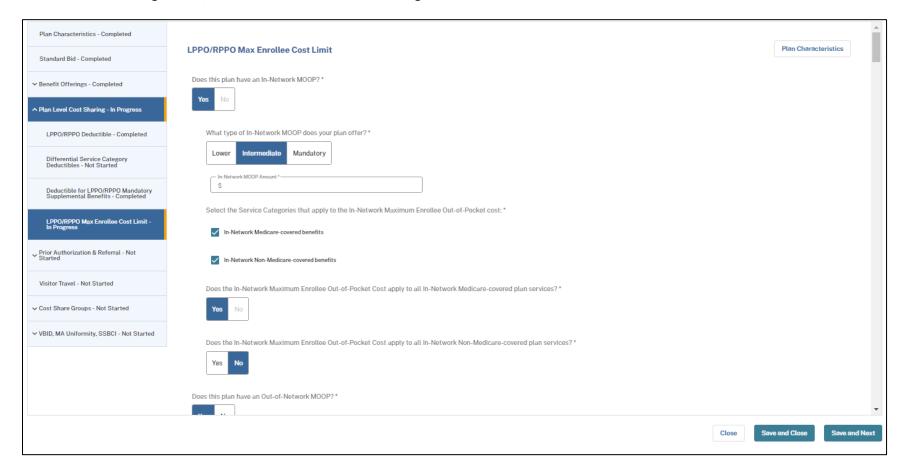
Plan Level Cost Sharing – Deductible for LPPO/RPPO Mandatory Supplemental Benefits – Page 1

Plan Characteristics - Completed	Deductible for LPPO/RPPO Man	datory Supplementa	al Benefits	Plan Characteristics
Standard Bid - Completed	Do you offer a mandatory enhanced benefit of	enrollee deductible amount?		
→ Benefit Offerings - Completed	Yes No			
∧ Plan Level Cost Share - In Progress	Select the mandatory enhanced benefits that	at have an enrollee deductible	e:	
△ LPPO/RPPO Deductible - In Progress	Available		Selected	
Differential Service Category Deductibles - Completed	Search by terms	۹	Search by terms	
Deductible for LPPO/RPPO Mandatory Supplemental Benefits-In <mark>Progress</mark>	Intensive Cardiac Rehabilitation Services(3-2) Pulmonary Rehabilitation Services(3-3)	, ,	Inpatient Hospital-Acute(1a) Inpatient Hospital Psychiatric(1b)	
LPPO/RPPO Max Enrollee Cost Limit - Not started	Chiropractic Services(7b) Individual Sessions for Outpatient Substance Abu	(9c1) «	Cardiac Rehabilitation Services(3-1)	
Prior Authorization/Referrals - Not started				
Visitor Travel - Not started	Enrollee Deductible Values			
➤ Cost Share Groups - Not started	Inpatient Hospital-Acute(1a)	\$80		
	Inpatient Hospital Psychiatric(1b)	Deductible Amount		
			Close Save and Clos	e Save and Next

Plan Level Cost Sharing – Deductible for LPPO/RPPO Mandatory Supplemental Benefits – Page 2

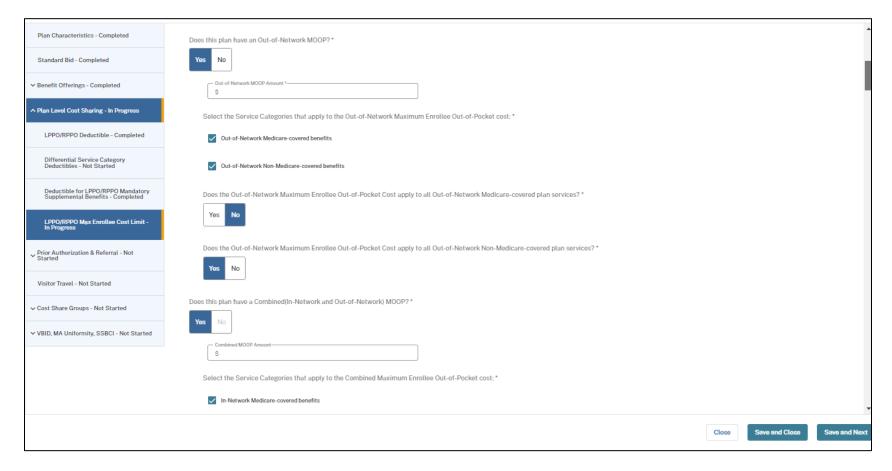
Plan Characteristics - Completed Standard Bid - Completed Benefit Offerings - Completed	Intensive Cardiac Rehabilitation Services(3-2) Pulmonary Rehabilitation Services(3-3) Chiropractic Services(7b) Individual Sessions for Outpatient Substance Al	>	Inpatient Hospital-Acute(1a) Inpatient Hospital Psychiatric(1b) Cardiac Rehabilitation Services(3-1)	
↑ Plan Level Cost Share - In Progress				
△ LPPO/RPPO Deductible - In Progress	Enrollee Deductible Values	Deductible Amount		
Differential Service Category Deductibles - Completed	Inpatient Hospital-Acute(1a)	\$80		
Deductible for LPPO/RPPO Mandatory Supplemental Benefits-In Progress	Inpatient Hospital Psychiatric(1b)	Deductible Amount		
LPPO/RPPO Max Enrollee Cost Limit - Not started		300	J	
Prior Authorization/Referrals - Not started	Cardiac Rehabilitation Services(3-1)	Deductible Amount ————————————————————————————————————		
Visitor Travel - Not started				
➤ Cost Share Groups - Not started				
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Plan Level Cost Sharing - LPPO/RPPO Max Enrollee Cost Limit - Page 1

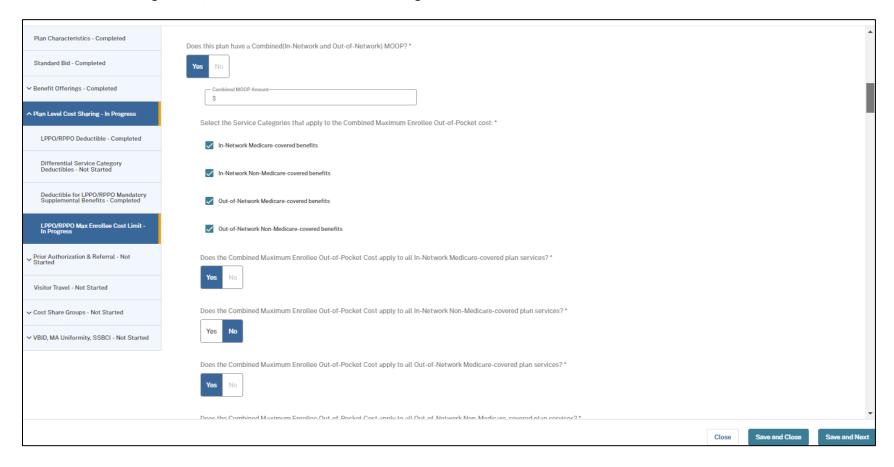


Plan Level Cost Sharing - LPPO/RPPO Max Enrollee Cost Limit - Page 2

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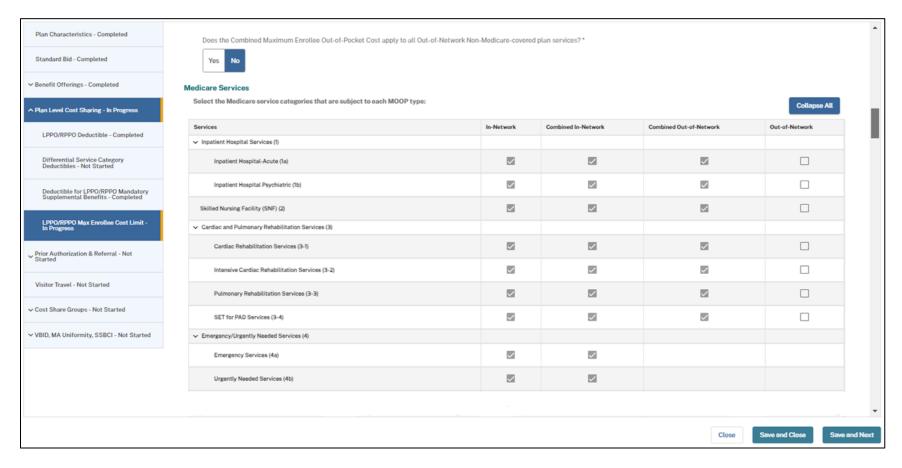


Plan Level Cost Sharing - LPPO/RPPO Max Enrollee Cost Limit - Page 3



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Plan Level Cost Sharing - LPPO/RPPO Max Enrollee Cost Limit - Page 4



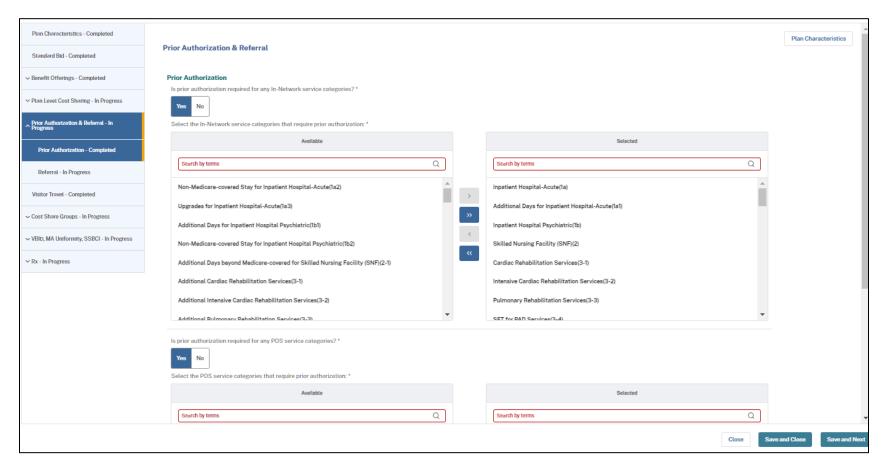
Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 5

Plan Characteristics - Completed		_			-	_	
	Non Medicare Services						
Standard Bid - Completed	Select the Non-Medicare service categories that are subject to each MOOP type:					Collapse All	
➤ Benefit Offerings - Completed	Services		In-Network	Combined In-Network	Combined Out-of-Network	Out-of-Network	
↑ Plan Level Cost Sharing - In Progress	✓ Inpatient Hospital Services (1)						
	✓ Inpatient Hospital-Acute (1a)						
LPPO/RPPO Deductible - Completed	Additional Days for Inpatient Hospital-Acute (Ia1)						
Differential Service Category Deductibles - Not Started	Non-Medicare-covered Stay for Inpatient Hospital-Acute (Ia2)						
Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed	Upgrades for Inpatient Hospital-Acute (1a3)						
Supplemental benefits - Completed	✓ Inpatient Hospital Psychiatric (1b)						
LPPO/RPPO Max Enrollee Cost Limit - In Progress	Additional Days for Inpatient Hospital Psychiatric (Ib1)						
✓ Prior Authorization & Referral - Not Started	Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (fb2)						
Started	→ Skilled Nursing Facility (SNF) (2)						
Visitor Travel - Not Started	Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)						
✓ Cost Share Groups - Not Started	→ Cardiac and Pulmonary Rehabilitation Services (3)						
✓ VBID, MA Uniformity, SSBCI - Not Started	Additional Cardiac Rehabilitation Services (3-1)						
V V V V V V V V V V V V V V V V V V V	Additional Intensive Cardiac Rehabilitation Services (3-2)					\checkmark	
	Additional Pulmonary Rehabilitation Services (3-3)					\checkmark	
	Additional SET for PAD Services (3-4)					\checkmark	
	→ Emergency/Urgently Needed Services (4)						
					Close	Save and Close Sav	ve and Next

Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 6

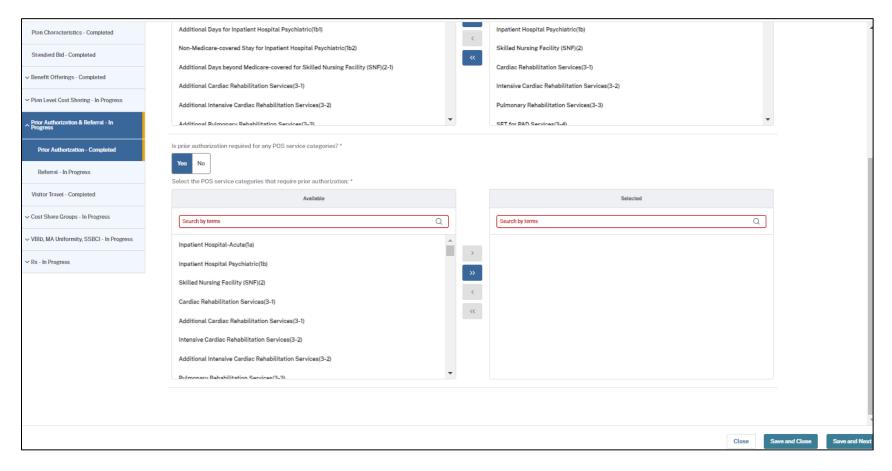
Plan Characteristics - Completed	✓ Eye Exams/Eyewear (17)						
	→ Eye Exams (17a)						
Standard Bid - Completed	Routine Eye Exams (17a1)				~		
➤ Benefit Offerings - Completed	✓ Eyewear (17b)						
△ Plan Level Cost Sharing - In Progress	Contact Lenses (17b1)						
LPPO/RPPO Deductible - Completed	Eyeglasses (lenses and frames) (17b2)				$\overline{\mathbf{z}}$		
	Eyegiass lenses (17b3)				~		
Differential Service Category Deductibles - Not Started	Eyeglass frames (17b4)				~		
Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed	Upgrades (17b5)				~		
I DDO/DDDO May Enrolles Cost Limit -	→ Hearing Exams/Hearing Aids (18)						
LPPO/RPPO Max Enrollee Cost Limit - In Progress	→ Hearing Exams (18a)						
Prior Authorization & Referral - Not	Routine Hearing Exams (18a1)				~		
	→ Prescription Hearing Aids (18b)						
Visitor Travel - Not Started	Prescription Hearing Aids (all types) (18b1)				~		
→ Cost Share Groups - Not Started	OTC Hearing Aids (I8c)				\checkmark		
VBID, MA Uniformity, SSBCI - Not Started Select the benefits that apply to the In-Network Maximum Enrollee Out-of-Pocket cost							
	+ Add Notes						
				Close	e and Close Save	e and Nex	

Prior Authorization and Referral – Prior Authorization – Page 1



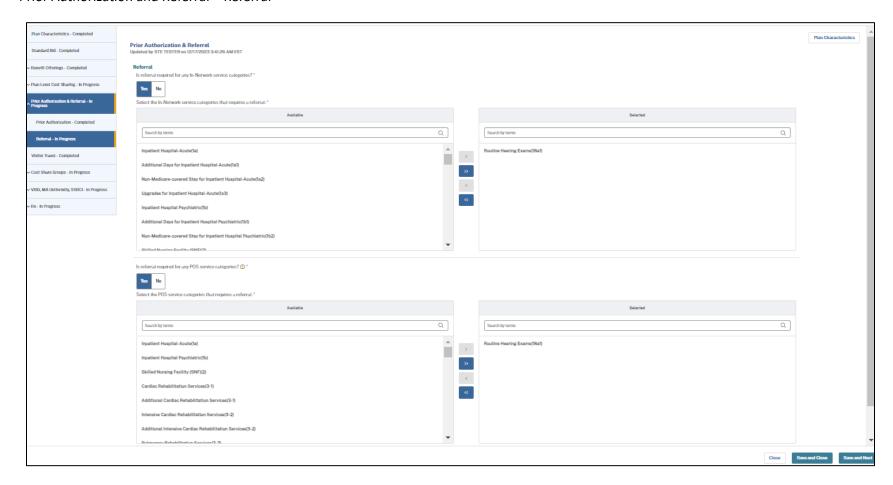
Prior Authorization and Referral – Prior Authorization – Page 2

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Prior Authorization and Referral – Referral

Softrams



Visitor Travel

