

# PLAN BENEFIT PACKAGE (PBP) DATA ENTRY SYSTEM REPORT

Contract Year: 2024

Requested By: Gina Ortiz

**H5774**

## 809 TRIPLE S ADVANTAGE, INC. - Data Report

### Plan Characteristics

#### General Information

Organization Legal Name TRIPLE S ADVANTAGE, INC.	Organization Marketing Name Triple S Advantage	Organization Type Local CCP
Plan Name Royal D (HMO-POS)	Plan Geographic Name Puerto Rico	

#### Plan Details

Plan Type HMOPOS	Is this a network plan? Not Available	Is this an Employer-Only Plan? Yes
Does this plan offer Prescription drugs (Rx)? Yes	Does this plan offer Point of Service (POS)? Yes	Does this plan offer Out-of-Network Services (OON)? No
Does this plan offer Value Based Insurance Design (VBID)? Not Available		

#### Plan Attributes

Select Enrollee type:  
Part A & Part B

Indicate the total projected member months for this plan:  
59904

Does this Plan have a CMS-approved Continuation Area?  
No

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#### Point of Service (POS)

Select the POS benefit type:  
Mandatory

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Does this POS benefit service the United States and its territories? If no, please briefly describe geographic limitations in the following area.

Yes

Does this POS benefit include all practitioners who are state-licensed or state-certified and eligible to be paid by Medicare to furnish the services?

Yes

### Standard Bid

Does this plan offer a standard bid for In-Network service categories?

Yes

Does this plan offer a standard bid for POS service categories?

Yes

Does this plan offer a standard bid for plan-level deductible and maximum enrollee out-of-pocket cost (MOOP)?

Yes

### Benefit Offerings

#### Medicare Services

Showing all the service categories that are being offered under the plan

Services	In Network (INN)	Point-Of-Service (POS)
Inpatient Hospital Services(1)		
Inpatient Hospital-Acute(1a)	Required	Yes
Inpatient Hospital Psychiatric(1b)	Required	Yes
Skilled Nursing Facility (SNF)(2)	Required	Yes
Cardiac and Pulmonary Rehabilitation Services(3)		
Cardiac Rehabilitation Services(3-1)	Required	Yes
Intensive Cardiac Rehabilitation Services(3-2)	Required	Yes
Pulmonary Rehabilitation Services(3-3)	Required	Yes
SET for PAD Services(3-4)	Required	Yes
Emergency/Urgently Needed Services(4)		
Emergency Services(4a)	Required	Yes
Urgently Needed Services(4b)	Required	Yes
Partial Hospitalization(5)	Required	Yes
Home Health Services(6)	Required	Yes
Health Care Professional Services(7)	Required	Yes
Primary Care Physician Services(7a)	Required	Yes
Chiropractic Services(7b)	Required	Yes
Occupational Therapy Services(7c)	Required	Yes

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Services	In Network (INN)	Point-Of-Service (POS)
Physician Specialist Services(7d)	Required	Yes
Mental Health Specialty Services(7e)		
Individual Sessions for Mental Health Specialty Services(7e1)	Required	Yes
Group Sessions for Mental Health Specialty Services(7e2)	Required	Yes
Podiatry Services(7f)	Required	Yes
Other Health Care Professional(7g)	Required	Yes
Psychiatric Services(7h)		
Individual Sessions for Psychiatric Services(7h1)	Required	Yes
Group Sessions for Psychiatric Services(7h2)	Required	Yes
Physical Therapy and Speech-Language Pathology Services(7i)	Required	Yes
Additional Telehealth Benefits(7j)		
Opioid Treatment Program Services(7k)	Required	Yes
Outpatient Procedures, Tests, Labs and Radiology Services(8)		
Diagnostic Procedures/Tests/Lab Services(8a)		
Diagnostic Procedures/Tests(8a1)	Required	Yes
Lab Services(8a2)	Required	Yes
Outpatient Diagnostic/Therapeutic Radiological Services(8b)		
Diagnostic Radiological Services(8b1)	Required	Yes
Therapeutic Radiological Services(8b2)	Required	Yes
Outpatient X-Ray Services(8b3)	Required	Yes
Outpatient Services(9)		
Outpatient Hospital Services(9a)		
Outpatient Hospital Services(9a1)	Required	Yes
Observation Services(9a2)	Required	Yes
Ambulatory Surgical Center (ASC) Services(9b)	Required	Yes
Outpatient Substance Abuse(9c)		
Individual Sessions for Outpatient Substance Abuse(9c1)	Required	Yes
Group Sessions for Outpatient Substance Abuse(9c2)	Required	Yes
Outpatient Blood Services(9d)	Required	Yes
Ambulance/Transportation Services(10)		

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Services	In Network (INN)	Point-Of-Service (POS)
Ambulance Services(10a)		
Ground Ambulance Services(10a1)	Required	Yes
Air Ambulance Services(10a2)	Required	Yes
DME, Prosthetics and Medical and Diabetic Supplies(11)		
Durable Medical Equipment (DME)(11a)	Required	Yes
Prosthetics/Medical Supplies(11b)		
Prosthetic Devices(11b1)	Required	Yes
Medical Supplies(11b2)	Required	Yes
Diabetic Supplies and Services(11c)		
Diabetic Supplies(11c1)	Required	Yes
Diabetic Therapeutic Shoes/Inserts(11c2)	Required	Yes
Dialysis Services(12)	Required	Yes
Preventive and Other Defined Supplemental Services(14)		
Medicare-covered Zero Dollar Preventive Services(14a)	Required	Yes
Kidney Disease Education Services(14d)	Required	Yes
Other Medicare-covered Preventive Services(14e)		
Glaucoma Screening(14e1)	Required	Yes
Diabetes Self-Management Training(14e2)	Required	Yes
Barium Enemas(14e3)	Required	Yes
Digital Rectal Exams(14e4)	Required	Yes
EKG following Welcome Visit(14e5)	Required	Yes
Medicare Part B Rx Drugs(15)		
Medicare Part B Insulin Drugs(15-1)	Required	Yes
Medicare Part B Chemotherapy/Radiation Drugs(15-2)	Required	Yes
Other Medicare Part B Drugs(15-3)	Required	Yes
Dental(16)		
Comprehensive Dental(16b)	Required	Yes
Eye Exams/Eyewear(17)		
Eye Exams(17a)	Required	Yes
Eyewear(17b)	Required	Yes
Hearing Exams/Hearing Aids(18)		
Hearing Exams(18a)	Required	Yes

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**Plan Level Cost Sharing**

**Plan Level Cost Sharing**

**Reductions in Cost Sharing**

Does your plan offer Reductions in Cost Sharing?

No

**Combined Supplemental Benefits**

Do you offer Combined Supplemental Benefits?

No

Are you using any of your plan's MA rebates to reduce the Part B Premium?

No

**Annual Plan Deductible**

Does this plan have an In-Network plan deductible?

Yes

Does this plan charge the Medicare-defined Part B deductible amount?

Yes

Select the Service Categories that apply to the In-Network Deductible:

In-Network Medicare-covered benefits

Does the In-Network Deductible apply to all In-Network Medicare-covered plan services?

No

Does this plan have an Out-of-Network Network plan deductible?

Yes

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Does this plan charge the Medicare-defined Part B deductible amount?

Yes

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Select the Service Categories that apply to the Out-Of-Network Deductible:

Out-of-Network Medicare-covered benefits

Does the Out-of-Network Deductible apply to all Out-of-Network Medicare-covered plan services?

No

Does this plan have a combined (In-Network and Out-of-Network) deductible?

Yes

Does this plan charge the Medicare-defined Part B deductible amount?

Yes

Select the Service Categories that apply to the Combined Deductible:

In-Network Medicare-covered benefits

Out-of-Network Medicare-covered benefits

Does the Combined Deductible apply to all In-Network Medicare-covered plan services?

No

Does the Combined Deductible apply to all Out-of-Network Medicare-covered plan services?

No

**Medicare Services**

Select the Medicare service categories that are subject to each plan-level deductible type:

Services	In-Network	Combined In-Network	Combined Out-of-Network	Out-of-Network
Inpatient Hospital Services(1)			ADMINISTRACION DE SEGUROS DE SALUD	
Inpatient Hospital-Acute(1a)			24 - 00049	
Inpatient Hospital Psychiatric(1b)				
Skilled Nursing Facility (SNF)(2)			Contrato Número	
Cardiac and Pulmonary Rehabilitation Services(3)				
Cardiac Rehabilitation Services(3-1)	Yes	Yes	Yes	Yes
Intensive Cardiac Rehabilitation Services(3-2)	Yes	Yes	Yes	Yes
Pulmonary Rehabilitation Services(3-3)	Yes	Yes	Yes	Yes
SET for PAD Services(3-4)	Yes	Yes	Yes	Yes
Partial Hospitalization(5)	Yes	Yes	Yes	Yes
Home Health Services(6)				
Health Care Professional Services(7)				
Primary Care Physician Services(7a)	Yes	Yes	Yes	Yes
Chiropractic Services(7b)	Yes	Yes	Yes	Yes
Occupational Therapy Services(7c)	Yes	Yes	Yes	Yes
Physician Specialist Services(7d)	Yes	Yes	Yes	Yes
Mental Health Specialty Services(7e)				

Services	In-Network	Combined In-Network	Combined Out-of-Network	Out-of-Network
Individual Sessions for Mental Health Specialty Services(7e1)	Yes	Yes	Yes	Yes
Group Sessions for Mental Health Specialty Services(7e2)	Yes	Yes	Yes	Yes
Podiatry Services(7f)	Yes	Yes	Yes	Yes
Other Health Care Professional(7g)	Yes	Yes	Yes	Yes
Psychiatric Services(7h)				
Individual Sessions for Psychiatric Services(7h1)	Yes	Yes	Yes	Yes
Group Sessions for Psychiatric Services(7h2)	Yes	Yes	Yes	Yes
Physical Therapy and Speech-Language Pathology Services(7i)	Yes	Yes	Yes	Yes
Opioid Treatment Program Services(7k)	Yes	Yes	Yes	Yes
Outpatient Procedures, Tests, Labs and Radiology Services(8)				
Diagnostic Procedures/Tests/Lab Services(8a)				
Diagnostic Procedures/Tests(8a1)	Yes	Yes	Yes	Yes
Lab Services(8a2)	Yes	Yes	Yes	Yes
Outpatient Diagnostic/Therapeutic Radiological Services(8b)				
Diagnostic Radiological Services(8b1)	Yes	Yes	Yes	Yes
Therapeutic Radiological Services(8b2)	Yes	Yes	Yes	Yes
Outpatient X-Ray Services(8b3)	Yes	Yes	Yes	Yes
Outpatient Services(9)				
Outpatient Hospital Services(9a)				
Outpatient Hospital Services(9a1)	Yes	Yes	Yes	Yes
Observation Services(9a2)	Yes	Yes	Yes	Yes
Ambulatory Surgical Center (ASC) Services(9b)	Yes	Yes	Yes	Yes
Outpatient Substance Abuse(9c)				
Individual Sessions for Outpatient Substance Abuse(9c1)	Yes	Yes	Yes	Yes
Group Sessions for Outpatient	Yes	Yes	Yes	Yes

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Services	In-Network	Combined In-Network	Combined Out-of-Network	Out-of-Network
Substance Abuse(9c2)				
Outpatient Blood Services(9d)	Yes	Yes	Yes	Yes
Ambulance/Transportation Services(10)				
Ambulance Services(10a)				
Ground Ambulance Services(10a1)	Yes	Yes	Yes	Yes
Air Ambulance Services(10a2)	Yes	Yes	Yes	Yes
DME, Prosthetics and Medical and Diabetic Supplies(11)				
Durable Medical Equipment (DME) (11a)	Yes	Yes	Yes	Yes
Prosthetics/Medical Supplies(11b)				
Prosthetic Devices(11b1)	Yes	Yes	Yes	Yes
Medical Supplies(11b2)	Yes	Yes	Yes	Yes
Diabetic Supplies and Services(11c)				
Diabetic Supplies(11c1)	Yes	Yes	Yes	Yes
Diabetic Therapeutic Shoes/Inserts(11c2)	Yes	Yes	Yes	Yes
Dialysis Services(12)	Yes	Yes	Yes	Yes
Preventive and Other Defined Supplemental Services(14)				
Kidney Disease Education Services(14d)	Yes	Yes	Yes	Yes
Other Medicare-covered Preventive Services(14e)				
Glaucoma Screening(14e1)	Yes	Yes	Yes	Yes
Diabetes Self-Management Training(14e2)	Yes	Yes	Yes	Yes
Barium Enemas(14e3)	Yes	Yes	Yes	Yes
Digital Rectal Exams(14e4)	Yes	Yes	Yes	Yes
EKG following Welcome Visit(14e5)	Yes	Yes	Yes	Yes
Medicare Part B Rx Drugs(15)				
Medicare Part B Chemotherapy/Radiation Drugs(15-2)	Yes	Yes	Yes	Yes
Other Medicare Part B Drugs(15-3)	Yes	Yes	Yes	Yes
Dental(16)				
Comprehensive Dental(16b)	Yes	Yes	Yes	Yes

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Services	In-Network	Combined In-Network	Combined Out-of-Network	Out-of-Network
Eye Exams/Eyewear(17)				
Eye Exams(17a)	Yes	Yes	Yes	Yes
Eyewear(17b)	Yes	Yes	Yes	Yes
Hearing Exams/Hearing Aids(18)				
Hearing Exams(18a)	Yes	Yes	Yes	Yes

**Max Enrollee Cost Limit**

Does this plan have an In-Network MOOP?

Yes

What type of In-Network MOOP does your plan offer?

Mandatory

In Network MOOP Amount

\$8850.00

Select the Service Categories that apply to the In-Network Maximum Enrollee Out-of-Pocket cost:

In-Network Medicare-covered benefits

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services?

Yes

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Does this plan have an Out-of-Network MOOP?

No

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Does this plan have an Combined (In-Network and Out-of-Network) MOOP? Contrato Número

No

**Medicare Services**

Select the Medicare service categories that are subject to each MOOP type:

Services	In-Network
Inpatient Hospital Services(1)	
Inpatient Hospital-Acute(1a)	Yes
Inpatient Hospital Psychiatric(1b)	Yes
Skilled Nursing Facility (SNF)(2)	Yes
Cardiac and Pulmonary Rehabilitation Services(3)	

Services	In-Network
Cardiac Rehabilitation Services(3-1)	Yes
Intensive Cardiac Rehabilitation Services(3-2)	Yes
Pulmonary Rehabilitation Services(3-3)	Yes
SET for PAD Services(3-4)	Yes
Emergency/Urgently Needed Services(4)	
Emergency Services(4a)	Yes
Urgently Needed Services(4b)	Yes
Partial Hospitalization(5)	Yes
Home Health Services(6)	Yes
Health Care Professional Services(7)	
Primary Care Physician Services(7a)	Yes
Chiropractic Services(7b)	Yes
Occupational Therapy Services(7c)	Yes
Physician Specialist Services(7d)	Yes
Mental Health Specialty Services(7e)	
Individual Sessions for Mental Health Specialty Services(7e1)	Yes
Group Sessions for Mental Health Specialty Services(7e2)	Yes
Podiatry Services(7f)	Yes
Other Health Care Professional(7g)	Yes
Psychiatric Services(7h)	
Individual Sessions for Psychiatric Services(7h1)	Yes
Group Sessions for Psychiatric Services(7h2)	Yes
Physical Therapy and Speech-Language Pathology Services(7i)	Yes
Opioid Treatment Program Services(7k)	Yes
Outpatient Procedures, Tests, Labs and Radiology Services(8)	
Diagnostic Procedures/Tests/Lab Services(8a)	
Diagnostic Procedures/Tests(8a1)	Yes
Lab Services(8a2)	Yes
Outpatient Diagnostic/Therapeutic Radiological Services(8b)	
Diagnostic Radiological Services(8b1)	Yes
Therapeutic Radiological Services(8b2)	Yes

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**Services**

**In-Network**

Outpatient X-Ray Services(8b3)	Yes
Outpatient Services(9)	
Outpatient Hospital Services(9a)	
Outpatient Hospital Services(9a1)	Yes
Observation Services(9a2)	Yes
Ambulatory Surgical Center (ASC) Services(9b)	Yes
Outpatient Substance Abuse(9c)	
Individual Sessions for Outpatient Substance Abuse(9c1)	Yes
Group Sessions for Outpatient Substance Abuse(9c2)	Yes
Outpatient Blood Services(9d)	Yes
Ambulance/Transportation Services(10)	
Ambulance Services(10a)	
Ground Ambulance Services(10a1)	Yes
Air Ambulance Services(10a2)	Yes
DME, Prosthetics and Medical and Diabetic Supplies(11)	
Durable Medical Equipment (DME)(11a)	Yes
Prosthetics/Medical Supplies(11b)	
Prosthetic Devices(11b1)	Yes
Medical Supplies(11b2)	Yes
Diabetic Supplies and Services(11c)	
Diabetic Supplies(11c1)	Yes
Diabetic Therapeutic Shoes/Inserts(11c2)	Yes
Dialysis Services(12)	Yes
Preventive and Other Defined Supplemental Services(14)	
Medicare-covered Zero Dollar Preventive Services(14a)	Yes
Kidney Disease Education Services(14d)	Yes
Other Medicare-covered Preventive Services(14e)	
Glaucoma Screening(14e1)	Yes
Diabetes Self-Management Training(14e2)	Yes
Barium Enemas(14e3)	Yes
Digital Rectal Exams(14e4)	Yes
EKG following Welcome Visit(14e5)	Yes

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Services	In-Network
Medicare Part B Rx Drugs(15)	
Medicare Part B Insulin Drugs(15-1)	Yes
Medicare Part B Chemotherapy/Radiation Drugs(15-2)	Yes
Other Medicare Part B Drugs(15-3)	Yes
Dental(16)	
Comprehensive Dental(16b)	Yes
Eye Exams/Eyewear(17)	
Eye Exams(17a)	Yes
Eyewear(17b)	Yes
Hearing Exams/Hearing Aids(18)	
Hearing Exams(18a)	Yes

## Prior Authorization & Referral

### Prior Authorization

Is prior authorization required for any In-Network service categories?

Yes

Select the In-Network service categories that require prior authorization:

- Skilled Nursing Facility (SNF)(2)
- Cardiac Rehabilitation Services(3-1)
- Intensive Cardiac Rehabilitation Services(3-2)
- Pulmonary Rehabilitation Services(3-3)
- SET for PAD Services(3-4)
- Partial Hospitalization(5)
- Home Health Services(6)
- Occupational Therapy Services(7c)
- Physician Specialist Services(7d)
- Physical Therapy and Speech-Language Pathology Services(7i)
- Diagnostic Procedures/Tests(8a1)
- Lab Services(8a2)
- Diagnostic Radiological Services(8b1)
- Therapeutic Radiological Services(8b2)
- Outpatient Hospital Services(9a1)
- Ambulatory Surgical Center (ASC) Services(9b)
- Ground Ambulance Services(10a1)
- Air Ambulance Services(10a2)
- Durable Medical Equipment (DME)(11a)
- Prosthetic Devices(11b1)
- Medical Supplies(11b2)
- Medicare Part B Insulin Drugs(15-1)
- Medicare Part B Chemotherapy/Radiation Drugs(15-2)
- Other Medicare Part B Drugs(15-3)
- Comprehensive Dental(16b)

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Is prior authorization required for any Out-of-Network service categories?

No

**Referral**

Is referral required for any In-Network service categories?

No

Is referral required for any Out-of-Network service categories?

No

**Visitor Travel**

No Data Saved for Selected Section, Incomplete or Not Started.

**Cost Share Groups**

**Point of Service (POS) Groups**

Group Name	Copayment	Coinsurance	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status
Group 1	No	0% - 0%	No	No	N/A	In Progress
Group 2	No	20% - 20%	No	No	N/A	In Progress

**Combined Benefits Groups**

No Data Saved for Selected Section, Incomplete or Not Started.

**Reduction in Cost Sharing Groups**

No Data Saved for Selected Section, Incomplete or Not Started.

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**Optional Supplemental Packages**

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No Data Saved for Selected Section, Incomplete or Not Started.

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**VBID**

Does this plan include MA Uniformity Flexibility with reductions in cost or additional benefits?

No

Does this plan offer Special Supplemental Benefits for Chronically III?  
No

**VBID - RIC**

No Data Saved for Selected Section, Incomplete or Not Started.

**VBID - ABP**

No Data Saved for Selected Section, Incomplete or Not Started.

**Benefit Details**

**Inpatient Hospital-Acute (1a) - Medicare**

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

Does this plan's Medicare-covered benefit cost sharing vary by hospital(s) in which an enrollee obtains care?  
No

Is there a coinsurance?  
Yes

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

Is there a copayment?  
No

Is there a deductible?  
No

What is your Inpatient Hospital- Acute benefit period?

Periodicity  
Original Medicare

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Is there a POS maximum plan benefit coverage?  
No

Is there a coinsurance?

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No

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

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**Inpatient Hospital Psychiatric (1b) - Medicare**

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

No

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

No

Is there a coinsurance?

Yes

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

Yes

Is there a copayment?

No

Is there a deductible?

No

What is your Inpatient Hospital- Acute benefit period?

Periodicity

Original Medicare

Authorization required for this benefit?

No

Referral required for this benefit?

No

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Is there a POS maximum plan benefit coverage?

No

Is there a coinsurance?

No

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Skilled Nursing Facility (SNF) (2) - Medicare**

Do you allow less than 3 day inpatient hospital stay prior to SNF admission?

No

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

No

Does this plan's Medicare-covered benefit cost sharing vary by Skilled Nursing Facility in which an enrollee obtains care?

No

Is there a coinsurance?

Yes

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

Yes

Is there a copayment?

No

What is your SNF period?

Periodicity

Original Medicare

Authorization required for this benefit?

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Yes

Referral required for this benefit?

No

Is there a coinsurance?

Yes

Do you charge the Medicare-defined cost share?

Yes

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Cardiac and Pulmonary Rehabilitation Services (3) - Medicare**

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

No

Is there a deductible?

No

Notes

CMS defined standard bid data

**Cardiac Rehabilitation Services (3-1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

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Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Intensive Cardiac Rehabilitation Services (3-2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

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Notes

CMS defined standard bid data

**Pulmonary Rehabilitation Services (3-3) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**SET for PAD Services (3-4) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

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Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Emergency Services (4a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Maximum per visit amount

\$100

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

Yes

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

Days

Enter number of days

3

Is there a copayment?

No

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

No

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CMS defined standard bid data

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**Urgently Needed Services (4b) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Maximum per visit amount

\$55

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

Yes

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

Days

Enter number of days

3

Is there a copayment?

No

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

No

Notes

CMS defined standard bid data

**Partial Hospitalization (5) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

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Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Home Health Services (6) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

0%

Maximum coinsurance

0%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 1

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Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Primary Care Physician Services (7a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**Chiropractic Services (7b) - Medicare**

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

No

Is there a medicare covered coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a medicare covered copayment?  
No

Is there a medicare covered deductible?  
No

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

**Point-of-Service (POS) Benefits**

Group  
Group 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

CMS defined standard bid data

**Occupational Therapy Services (7c) - Medicare**

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

Is there a coinsurance?  
Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?  
No

Is there a deductible?  
No

Authorization required for this benefit?

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Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Physician Specialist Services (7d) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

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Referral required for this benefit?

No

Notes

CMS defined standard bid data

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

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

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Podiatry Services (7f) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

No

Is there a medicare covered deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

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No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Other Health Care Professional (7g) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

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Notes

CMS defined standard bid data

**Psychiatric Services (7h) - Medicare**

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

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Individual Sessions for Psychiatric Services (7h1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**Group Sessions for Psychiatric Services (7h2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

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Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Opioid Treatment Program Services (7k) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

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**Diagnostic Procedures/Tests/Lab Services (8a) - Medicare**

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

No

Is there a copayment?

No

Is there a deductible?

No

Notes

CMS defined standard bid data

**Diagnostic Procedures/Tests (8a1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**Lab Services (8a2) - Medicare**



Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

0%

0%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Outpatient Diagnostic/Therapeutic Radiological Services (8b) - Medicare**

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

No

Is there a deductible?

No

Notes

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**Diagnostic Radiological Services (8b1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Therapeutic Radiological Services (8b2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

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Notes

CMS defined standard bid data

**Outpatient X-Ray Services (8b3) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Outpatient Hospital Services (9a1) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

No

Is there a deductible?

No

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Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Observation Services (9a2) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

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Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Ambulatory Surgical Center (ASC) Services (9b) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Referral required for this benefit?

No

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

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**Outpatient Substance Abuse (9c) - Medicare**

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

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Individual Sessions for Outpatient Substance Abuse (9c1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**Group Sessions for Outpatient Substance Abuse (9c2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Outpatient Blood Services (9d) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

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Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Ambulance Services (10a) - Medicare**

Is there a coinsurance?

Yes

Is this Coinsurance waived if admitted to hospital?

No

Is there a copayment?

No

Notes

CMS defined standard bid data

**Ground Ambulance Services (10a1) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for non-emergency Medicare services?

Yes

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

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No

Notes

CMS defined standard bid data

**Air Ambulance Services (10a2) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for non-emergency Medicare services?

Yes

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

**Durable Medical Equipment (DME) (11a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

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No

Is there a deductible?

No

Authorization required for this benefit?

Yes

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

**Prosthetics/Medical Supplies (11b) - Medicare**

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

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Prosthetic Devices (11b1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

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Is there a copayment?

No

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Authorization required for this benefit?

Yes

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

**Medical Supplies (11b2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

**Diabetic Supplies and Services (11c) - Medicare**

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

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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**Diabetic Supplies (11c1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?  
No

Authorization required for this benefit?  
No

Authorization required for this benefit?  
No

Notes  
CMS defined standard bid data

**Diabetic Therapeutic Shoes/Inserts (11c2) - Medicare**

Is there a coinsurance?  
Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?  
No

Authorization required for this benefit?  
No

Authorization required for this benefit?  
No

Notes  
CMS defined standard bid data

**Dialysis Services (12) - Medicare**

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

Is there a coinsurance?  
Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

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No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Medicare-covered Zero Dollar Preventive Services (14a) - Medicare**

I attest that there is no coinsurance ,copayment or deductible for all Original Medicare preventive services that are offered at zero dollar cost sharing

true

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 1

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

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CMS defined standard bid data

**Kidney Disease Education Services (14d) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**Glaucoma Screening (14e1) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20% 20%

Is there a copayment?

No

Is there a deductible?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Diabetes Self-Management Training (14e2) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

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No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Barium Enemas (14e3) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

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No

Notes

CMS defined standard bid data

**Digital Rectal Exams (14e4) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**EKG following Welcome Visit (14e5) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Medicare Part B Rx Drugs (15) - Medicare**

I attest that the MA enrollee cost sharing for a Part B rebatable drug will not exceed the coinsurance amount of the original Medicare adjusted beneficiary coinsurance for that Part B rebatable drug. In applying this effective coinsurance percentage, MA plans may continue to base enrollee cost sharing off of the total MA plan financial liability for that Part B drug.

true

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

No

Is there a deductible?

No

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**Point-of-Service (POS) Benefits**

Group

Group 2

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Notes

CMS defined standard bid data

**Medicare Part B Insulin Drugs (15-1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
---------------------	---------------------

0%	20%
----	-----

Maximum copay amount per month

\$35.00

Is there a copayment?

No

Authorization required for this benefit?

Yes

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

**Medicare Part B Chemotherapy/Radiation Drugs (15-2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
---------------------	---------------------

0%	20%
----	-----

Is there a copayment?

No

Authorization required for this benefit?

Yes

Authorization required for this benefit?

No

Notes

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**Other Medicare Part B Drugs (15-3) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
0%	20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

**Comprehensive Dental (16b) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

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**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Eye Exams (17a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**Eyewear (17b) - Medicare**

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



No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Hearing Exams (18a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

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Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

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**Rx**

No Data Saved for Selected Section, Incomplete or Not Started.

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# PLAN BENEFIT PACKAGE (PBP) DATA ENTRY SYSTEM REPORT

Contract Year: 2024

Requested By: Gina Ortiz

**H5774**

## 814 TRIPLE S ADVANTAGE, INC. - Data Report

### Plan Characteristics

#### General Information

Organization Legal Name TRIPLE S ADVANTAGE, INC.	Organization Marketing Name Triple S Advantage	Organization Type Local CCP
Plan Name Employer BD 3 (HMO-POS)	Plan Geographic Name Puerto Rico	

#### Plan Details

Plan Type HMOPOS	Is this a network plan? Not Available	Is this an Employer-Only Plan? Yes
Does this plan offer Prescription drugs (Rx)? Yes	Does this plan offer Point of Service (POS)? Yes	Does this plan offer Out-of-Network Services (OON)? No

Does this plan offer Value Based Insurance Design (VBID)?  
Not Available

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#### Plan Attributes

Select Enrollee type:

Part A & Part B

Indicate the total projected member months for this plan:

150000

Does this Plan have a CMS-approved Continuation Area?

No

#### Point of Service (POS)

Select the POS benefit type:

Mandatory



Does this POS benefit service the United States and its territories? If no, please briefly describe geographic limitations in the following area.

Yes

Does this POS benefit include all practitioners who are state-licensed or state-certified and eligible to be paid by Medicare to furnish the services?

Yes

**Standard Bid**

Does this plan offer a standard bid for In-Network service categories?

Yes

Does this plan offer a standard bid for POS service categories?

Yes

Does this plan offer a standard bid for plan-level deductible and maximum enrollee out-of-pocket cost (MOOP)?

No

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**Benefit Offerings**

**Medicare Services**

Showing all the service categories that are being offered under the plan **Contrato Número**

Services	In Network (INN)	Point-Of-Service (POS)
Inpatient Hospital Services(1)		
Inpatient Hospital-Acute(1a)	Required	Yes
Inpatient Hospital Psychiatric(1b)	Required	Yes
Skilled Nursing Facility (SNF)(2)	Required	Yes
Cardiac and Pulmonary Rehabilitation Services(3)		
Cardiac Rehabilitation Services(3-1)	Required	Yes
Intensive Cardiac Rehabilitation Services(3-2)	Required	Yes
Pulmonary Rehabilitation Services(3-3)	Required	Yes
SET for PAD Services(3-4)	Required	Yes
Emergency/Urgently Needed Services(4)		
Emergency Services(4a)	Required	
Urgently Needed Services(4b)	Required	
Partial Hospitalization(5)	Required	Yes
Home Health Services(6)	Required	Yes
Health Care Professional Services(7)		
Primary Care Physician Services(7a)	Required	Yes
Chiropractic Services(7b)	Required	Yes
Occupational Therapy Services(7c)	Required	Yes

Services	In Network (INN)	Point-Of-Service (POS)
Physician Specialist Services(7d)	Required	Yes
Mental Health Specialty Services(7e)		
Individual Sessions for Mental Health Specialty Services(7e1)	Required	Yes
Group Sessions for Mental Health Specialty Services(7e2)	Required	Yes
Podiatry Services(7f)	Required	Yes
Other Health Care Professional(7g)	Required	Yes
Psychiatric Services(7h)		
Individual Sessions for Psychiatric Services(7h1)	Required	Yes
Group Sessions for Psychiatric Services(7h2)	Required	Yes
Physical Therapy and Speech-Language Pathology Services(7i)	Required	Yes
Additional Telehealth Benefits(7j)		
Opioid Treatment Program Services(7k)	Required	Yes ADMINISTRACION DE SEGUROS DE SALUD
Outpatient Procedures, Tests, Labs and Radiology Services(8)		24 - 00049
Diagnostic Procedures/Tests/Lab Services(8a)		
Diagnostic Procedures/Tests(8a1)	Required	Yes Contrato Número
Lab Services(8a2)	Required	Yes
Outpatient Diagnostic/Therapeutic Radiological Services(8b)		
Diagnostic Radiological Services(8b1)	Required	Yes
Therapeutic Radiological Services(8b2)	Required	Yes
Outpatient X-Ray Services(8b3)	Required	Yes
Outpatient Services(9)		
Outpatient Hospital Services(9a)		
Outpatient Hospital Services(9a1)	Required	Yes
Observation Services(9a2)	Required	Yes
Ambulatory Surgical Center (ASC) Services(9b)	Required	Yes
Outpatient Substance Abuse(9c)		
Individual Sessions for Outpatient Substance Abuse(9c1)	Required	Yes
Group Sessions for Outpatient Substance Abuse(9c2)	Required	Yes
Outpatient Blood Services(9d)	Required	Yes
Ambulance/Transportation Services(10)		

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Services	In Network (INN)	Point-Of-Service (POS)
Ambulance Services(10a)		
Ground Ambulance Services(10a1)	Required	Yes
Air Ambulance Services(10a2)	Required	Yes
DME, Prosthetics and Medical and Diabetic Supplies(11)		
Durable Medical Equipment (DME)(11a)	Required	Yes
Prosthetics/Medical Supplies(11b)		
Prosthetic Devices(11b1)	Required	Yes
Medical Supplies(11b2)	Required	Yes
Diabetic Supplies and Services(11c)		
Diabetic Supplies(11c1)	Required	Yes
Diabetic Therapeutic Shoes/Inserts(11c2)	Required	Yes
Dialysis Services(12)	Required	Yes
Preventive and Other Defined Supplemental Services(14)		
Medicare-covered Zero Dollar Preventive Services(14a)	Required	ADMINISTRACION DE SEGUROS DE SALUD
Kidney Disease Education Services(14d)	Required	Yes 24 - 00049
Other Medicare-covered Preventive Services(14e)		
Glaucoma Screening(14e1)	Required	Yes Contrato Número
Diabetes Self-Management Training(14e2)	Required	Yes
Barium Enemas(14e3)	Required	Yes
Digital Rectal Exams(14e4)	Required	Yes
EKG following Welcome Visit(14e5)	Required	Yes
Medicare Part B Rx Drugs(15)		
Medicare Part B Insulin Drugs(15-1)	Required	Yes
Medicare Part B Chemotherapy/Radiation Drugs(15-2)	Required	Yes
Other Medicare Part B Drugs(15-3)	Required	Yes
Dental(16)		
Comprehensive Dental(16b)	Required	Yes
Eye Exams/Eyewear(17)		
Eye Exams(17a)	Required	Yes
Eyewear(17b)	Required	Yes
Hearing Exams/Hearing Aids(18)		
Hearing Exams(18a)	Required	Yes

**Plan Level Cost Sharing**

**Plan Level Cost Sharing**

**Reductions in Cost Sharing**

Does your plan offer Reductions in Cost Sharing?

No

**Combined Supplemental Benefits**

Do you offer Combined Supplemental Benefits?

No

Are you using any of your plan's MA rebates to reduce the Part B Premium?

Yes

Indicate the Part B Premium reduction amount

\$50.00

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**Annual Plan Deductible**

Does this plan have an In-Network plan deductible?

No

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Does this plan have an Out-of-Network Network plan deductible?

No

Does this plan have a combined (In-Network and Out-of-Network) deductible?

No

**Max Enrollee Cost Limit**

Does this plan have an In-Network MOOP?

Yes

What type of In-Network MOOP does your plan offer?

Mandatory

In Network MOOP Amount

\$6700.00

Select the Service Categories that apply to the In-Network Maximum Enrollee Out-of-Pocket cost:

In-Network Medicare-covered benefits

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services?

Yes

Does this plan have an Out-of-Network MOOP?

No

Does this plan have an Combined (In-Network and Out-of-Network) MOOP?

No

**Medicare Services**

Select the Medicare service categories that are subject to each MOOP type:

Services	In-Network	
Inpatient Hospital Services(1)		
Inpatient Hospital-Acute(1a)	Yes	
Inpatient Hospital Psychiatric(1b)	Yes	ADMINISTRACION DE SEGUROS DE SALUD
Skilled Nursing Facility (SNF)(2)	Yes	24 - 00049
Cardiac and Pulmonary Rehabilitation Services(3)		Contrato Número
Cardiac Rehabilitation Services(3-1)	Yes	
Intensive Cardiac Rehabilitation Services(3-2)	Yes	
Pulmonary Rehabilitation Services(3-3)	Yes	
SET for PAD Services(3-4)	Yes	
Emergency/Urgently Needed Services(4)		
Emergency Services(4a)	Yes	
Urgently Needed Services(4b)	Yes	
Partial Hospitalization(5)	Yes	
Home Health Services(6)	Yes	
Health Care Professional Services(7)		
Primary Care Physician Services(7a)	Yes	
Chiropractic Services(7b)	Yes	
Occupational Therapy Services(7c)	Yes	
Physician Specialist Services(7d)	Yes	
Mental Health Specialty Services(7e)		
Individual Sessions for Mental Health Specialty Services(7e1)	Yes	
Group Sessions for Mental Health Specialty Services(7e2)	Yes	

**Services**

**In-Network**

Podiatry Services(7f)	Yes
Other Health Care Professional(7g)	Yes
Psychiatric Services(7h)	
Individual Sessions for Psychiatric Services(7h1)	Yes
Group Sessions for Psychiatric Services(7h2)	Yes
Physical Therapy and Speech-Language Pathology Services(7i)	Yes
Opioid Treatment Program Services(7k)	Yes
Outpatient Procedures, Tests, Labs and Radiology Services(8)	
Diagnostic Procedures/Tests/Lab Services(8a)	
Diagnostic Procedures/Tests(8a1)	Yes
Lab Services(8a2)	Yes
Outpatient Diagnostic/Therapeutic Radiological Services(8b)	
Diagnostic Radiological Services(8b1)	Yes
Therapeutic Radiological Services(8b2)	Yes
Outpatient X-Ray Services(8b3)	Yes
Outpatient Services(9)	
Outpatient Hospital Services(9a)	
Outpatient Hospital Services(9a1)	Yes
Observation Services(9a2)	Yes
Ambulatory Surgical Center (ASC) Services(9b)	Yes
Outpatient Substance Abuse(9c)	
Individual Sessions for Outpatient Substance Abuse(9c1)	Yes
Group Sessions for Outpatient Substance Abuse(9c2)	Yes
Outpatient Blood Services(9d)	Yes
Ambulance/Transportation Services(10)	
Ambulance Services(10a)	
Ground Ambulance Services(10a1)	Yes
Air Ambulance Services(10a2)	Yes
DME, Prosthetics and Medical and Diabetic Supplies(11)	
Durable Medical Equipment (DME)(11a)	Yes
Prosthetics/Medical Supplies(11b)	

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**Services**

**In-Network**

Prosthetic Devices(11b1)	Yes
Medical Supplies(11b2)	Yes
Diabetic Supplies and Services(11c)	
Diabetic Supplies(11c1)	Yes
Diabetic Therapeutic Shoes/Inserts(11c2)	Yes
Dialysis Services(12)	Yes
Preventive and Other Defined Supplemental Services(14)	
Medicare-covered Zero Dollar Preventive Services(14a)	Yes
Kidney Disease Education Services(14d)	Yes
Other Medicare-covered Preventive Services(14e)	
Glaucoma Screening(14e1)	Yes
Diabetes Self-Management Training(14e2)	Yes
Barium Enemas(14e3)	Yes
Digital Rectal Exams(14e4)	Yes
EKG following Welcome Visit(14e5)	Yes
Medicare Part B Rx Drugs(15)	
Medicare Part B Insulin Drugs(15-1)	Yes
Medicare Part B Chemotherapy/Radiation Drugs(15-2)	Yes
Other Medicare Part B Drugs(15-3)	Yes
Dental(16)	
Comprehensive Dental(16b)	Yes
Eye Exams/Eyewear(17)	
Eye Exams(17a)	Yes
Eyewear(17b)	Yes
Hearing Exams/Hearing Aids(18)	
Hearing Exams(18a)	Yes

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**Prior Authorization & Referral**

**Prior Authorization**

Is prior authorization required for any In-Network service categories?

Yes

Select the In-Network service categories that require prior authorization:

- Skilled Nursing Facility (SNF)(2)
- Cardiac Rehabilitation Services(3-1)
- Intensive Cardiac Rehabilitation Services(3-2)
- Pulmonary Rehabilitation Services(3-3)
- SET for PAD Services(3-4)
- Partial Hospitalization(5)
- Occupational Therapy Services(7c)
- Physician Specialist Services(7d)
- Other Health Care Professional(7g)
- Diagnostic Procedures/Tests(8a1)
- Lab Services(8a2)
- Diagnostic Radiological Services(8b1)
- Therapeutic Radiological Services(8b2)
- Outpatient Hospital Services(9a1)
- Ambulatory Surgical Center (ASC) Services(9b)
- Ground Ambulance Services(10a1)
- Air Ambulance Services(10a2)
- Durable Medical Equipment (DME)(11a)
- Prosthetic Devices(11b1)
- Medical Supplies(11b2)
- Medicare Part B Insulin Drugs(15-1)
- Medicare Part B Chemotherapy/Radiation Drugs(15-2)
- Other Medicare Part B Drugs(15-3)
- Comprehensive Dental(16b)

Is prior authorization required for any Out-of-Network service categories?

No

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**Referral**

Is referral required for any In-Network service categories?

No

Is referral required for any Out-of-Network service categories?

No

**Visitor Travel**

No Data Saved for Selected Section, Incomplete or Not Started.

**Cost Share Groups**

**Point of Service (POS) Groups**

Group Name	Copayment	Coinsurance	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status
Group 1	No	0% - 0%	No	No	N/A	In Progress



Group Name	Copayment	Coinsurance	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status
Group 2	No	20% - 20%	No	No	N/A	In Progress

**Combined Benefits Groups**

No Data Saved for Selected Section, Incomplete or Not Started.

**Reduction in Cost Sharing Groups**

No Data Saved for Selected Section, Incomplete or Not Started.

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**Optional Supplemental Packages**

No Data Saved for Selected Section, Incomplete or Not Started.

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**VBID**

Does this plan include MA Uniformity Flexibility with reductions in cost or additional benefits?

No

Does this plan offer Special Supplemental Benefits for Chronically III?

No

**VBID - RIC**

No Data Saved for Selected Section, Incomplete or Not Started.

**VBID - ABP**

No Data Saved for Selected Section, Incomplete or Not Started.

**Benefit Details**

**Inpatient Hospital-Acute (1a) - Medicare**

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

No

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

No

Is there a coinsurance?

Yes

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

Yes

Is there a copayment?

No

Is there a deductible?

No

What is your Inpatient Hospital- Acute benefit period?

Periodicity

Original Medicare

Authorization required for this benefit?

No

Referral required for this benefit?

No

Is there a POS maximum plan benefit coverage?

No

Is there a coinsurance?

No

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**Inpatient Hospital Psychiatric (1b) - Medicare**

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

No

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

No

Is there a coinsurance?

Yes

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

Yes

Is there a copayment?

No

Is there a deductible?

No

What is your Inpatient Hospital- Acute benefit period?

Periodicity

Original Medicare

Authorization required for this benefit?

No

Referral required for this benefit?

No

Is there a POS maximum plan benefit coverage?

No

Is there a coinsurance?

No

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**Skilled Nursing Facility (SNF) (2) - Medicare**

Do you allow less than 3 day inpatient hospital stay prior to SNF admission?

No

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

No

Does this plan's Medicare-covered benefit cost sharing vary by Skilled Nursing Facility in which an enrollee obtains care?

No

Is there a coinsurance?

Yes

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

Yes

Is there a copayment?

No

What is your SNF period?

Periodicity

Original Medicare

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Is there a coinsurance?

Yes

Do you charge the Medicare-defined cost share?

Yes

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

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**Cardiac and Pulmonary Rehabilitation Services (3) - Medicare**

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

No

Is there a deductible?

No

Notes

CMS defined standard bid data

**Cardiac Rehabilitation Services (3-1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

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Is there a copayment?

No

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Authorization required for this benefit?

Yes

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Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Intensive Cardiac Rehabilitation Services (3-2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?  
No

Authorization required for this benefit?  
Yes

Referral required for this benefit?  
No

**Point-of-Service (POS) Benefits**

Group  
Group 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

CMS defined standard bid data

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**Pulmonary Rehabilitation Services (3-3) - Medicare**

Is there a coinsurance?  
Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?  
No

Authorization required for this benefit?  
Yes

Referral required for this benefit?  
No

**Point-of-Service (POS) Benefits**

Group  
Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**SET for PAD Services (3-4) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**Emergency Services (4a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Maximum per visit amount  
\$100

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

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

Enter number of days  
3

Is there a copayment?  
No

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

Notes

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**Urgently Needed Services (4b) - Medicare**

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

Is there a coinsurance?  
Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Maximum per visit amount  
\$55

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

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

Enter number of days  
3

Is there a copayment?



No

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

No

Notes

CMS defined standard bid data

**Partial Hospitalization (5) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Home Health Services (6) - Medicare**

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

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No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

0%

0%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 1

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**Primary Care Physician Services (7a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Chiropractic Services (7b) - Medicare**

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

No

Is there a medicare covered coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

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Is there a medicare covered copayment?

No

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Is there a medicare covered deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Occupational Therapy Services (7c) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

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**Point-of-Service (POS) Benefits**

Contrato Número

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Physician Specialist Services (7d) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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

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

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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Contrato Número

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

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Podiatry Services (7f) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a medicare covered deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Other Health Care Professional (7g) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20% 20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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Contrato Número

**Psychiatric Services (7h) - Medicare**

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

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Individual Sessions for Psychiatric Services (7h1) - Medicare**

Is there a coinsurance?

Yes with a min & max



Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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Contrato Número

**Group Sessions for Psychiatric Services (7h2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Opioid Treatment Program Services (7k) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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Contrato Número

**Diagnostic Procedures/Tests/Lab Services (8a) - Medicare**

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

No

Is there a copayment?

No

Is there a deductible?

No

Notes

CMS defined standard bid data

**Diagnostic Procedures/Tests (8a1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Lab Services (8a2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

0%

Maximum coinsurance

0%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

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Contrato Número

No

Notes

CMS defined standard bid data

**Outpatient Diagnostic/Therapeutic Radiological Services (8b) - Medicare**

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

No

Is there a deductible?

No

Notes

CMS defined standard bid data

**Diagnostic Radiological Services (8b1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

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Contrato Número

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Therapeutic Radiological Services (8b2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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Contrato Número

**Outpatient X-Ray Services (8b3) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Outpatient Hospital Services (9a1) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

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**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Observation Services (9a2) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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Contrato Número

**Ambulatory Surgical Center (ASC) Services (9b) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No



Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Referral required for this benefit?

No

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

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**Outpatient Substance Abuse (9c) - Medicare**

Contrato Número

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

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Individual Sessions for Outpatient Substance Abuse (9c1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Group Sessions for Outpatient Substance Abuse (9c2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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Contrato Número

**Outpatient Blood Services (9d) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?  
No

Is there a deductible?  
No

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

**Point-of-Service (POS) Benefits**

Group  
Group 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

CMS defined standard bid data

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**Ambulance Services (10a) - Medicare**

Is there a coinsurance?  
Yes

Is this Coinsurance waived if admitted to hospital?  
No

Is there a copayment?  
No

Notes

CMS defined standard bid data

**Ground Ambulance Services (10a1) - Medicare**

Does this plan have a ground ambulance services maximum enrollee out of pocket cost (MOOP)?  
No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for non-emergency Medicare services?

Yes

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

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**Air Ambulance Services (10a2) - Medicare**

Contrato Número

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for non-emergency Medicare services?

Yes

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

**Durable Medical Equipment (DME) (11a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

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**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

**Prosthetics/Medical Supplies (11b) - Medicare**

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

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Prosthetic Devices (11b1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

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Contrato Número

**Medical Supplies (11b2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

**Diabetic Supplies and Services (11c) - Medicare**

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

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Diabetic Supplies (11c1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

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Contrato Número

**Diabetic Therapeutic Shoes/Inserts (11c2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

**Dialysis Services (12) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

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**Point-of-Service (POS) Benefits**

Contrato Número

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data



**Medicare-covered Zero Dollar Preventive Services (14a) - Medicare**





I attest that there is no coinsurance ,copayment or deductible for all Original Medicare preventive services that are offered at zero dollar cost sharing

true

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 1

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Kidney Disease Education Services (14d) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

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Contrato Número

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Glaucoma Screening (14e1) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

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**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Diabetes Self-Management Training (14e2) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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Contrato Número

**Barium Enemas (14e3) - Medicare**

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

No

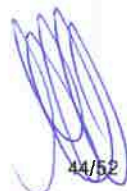
Is there a coinsurance?



Yes with a min & max

Minimum coinsurance

Maximum coinsurance



20% 20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Digital Rectal Exams (14e4) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

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Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**EKG following Welcome Visit (14e5) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

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Contrato Número

No

Notes

CMS defined standard bid data

**Medicare Part B Rx Drugs (15) - Medicare**

I attest that the MA enrollee cost sharing for a Part B rebatable drug will not exceed the coinsurance amount of the original Medicare adjusted beneficiary coinsurance for that Part B rebatable drug. In applying this effective coinsurance percentage, MA plans may continue to base enrollee cost sharing off of the total MA plan financial liability for that Part B drug.

true

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

No

Is there a deductible?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Medicare Part B Insulin Drugs (15-1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

0%

Maximum coinsurance

20%

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Maximum copay amount per month

\$35.00

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Is there a copayment?

No

Authorization required for this benefit?

Yes

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

**Medicare Part B Chemotherapy/Radiation Drugs (15-2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance                      Maximum coinsurance

0%    20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

**Other Medicare Part B Drugs (15-3) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance                      Maximum coinsurance

0%    20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

ADMINISTRACION DE  
SEGUROS DE SALUD

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Contrato Número



**Comprehensive Dental (16b) - Medicare**

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

No

Is there a coinsurance?



Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Eye Exams (17a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

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Is there a copayment?

No

Is there a deductible?

No



Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Eyewear (17b) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

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Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Hearing Exams (18a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Point-of-Service (POS) Benefits**

Group

Group 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**Rx**

No Data Saved for Selected Section, Incomplete or Not Started.

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Contrato Número



# PLAN BENEFIT PACKAGE (PBP) DATA ENTRY SYSTEM REPORT

Contract Year: 2024

Requested By: Gina Ortiz

## H4005

### 802 TRIPLE S ADVANTAGE, INC. - Data Report

#### Plan Characteristics

##### General Information

Organization Legal Name TRIPLE S ADVANTAGE, INC.	Organization Marketing Name Triple-S Advantage	Organization Type Local CCP
Plan Name Óptimo Plus A (PPO)	Plan Geographic Name Puerto Rico	

#### Plan Details

Plan Type Local PPO	Is this a network plan? Not Available	Is this an Employer-Only Plan? Yes
Does this plan offer Prescription drugs (Rx)? Yes	Does this plan offer Point of Service (POS)? No	Does this plan offer Out-of-Network Services (OON)? Yes

Does this plan offer Value Based Insurance Design (VBID)?  
Not Available

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#### Plan Attributes

Contrato Número

Select Enrollee type:  
Part A & Part B

Indicate the total projected member months for this plan:  
41760

Does this Plan have a CMS-approved Continuation Area?  
No

#### Standard Bid

Does this plan offer a standard bid for In-Network service categories?

Does this plan offer a standard bid for Out-of-Network service categories?

Yes

Yes

## Benefit Offerings

### Medicare Services

Showing all the service categories that are being offered under the plan

Services	In Network (INN)	Out-Of-Network (OON)
Inpatient Hospital Services(1)		
Inpatient Hospital-Acute(1a)	Required	Yes
Inpatient Hospital Psychiatric(1b)	Required	Yes
Skilled Nursing Facility (SNF)(2)	Required	Yes
Cardiac and Pulmonary Rehabilitation Services(3)		
Cardiac Rehabilitation Services(3-1)	Required	Yes
Intensive Cardiac Rehabilitation Services(3-2)	Required	Yes
Pulmonary Rehabilitation Services(3-3)	Required	Yes
SET for PAD Services(3-4)	Required	Yes
Emergency/Urgently Needed Services(4)		
Emergency Services(4a)	Required	
Urgently Needed Services(4b)	Required	
Partial Hospitalization(5)	Required	Yes
Home Health Services(6)	Required	Yes
Health Care Professional Services(7)		
Primary Care Physician Services(7a)	Required	Yes
Chiropractic Services(7b)	Required	Yes
Occupational Therapy Services(7c)	Required	Yes
Physician Specialist Services(7d)	Required	Yes
Mental Health Specialty Services(7e)		
Individual Sessions for Mental Health Specialty Services(7e1)	Required	Yes
Group Sessions for Mental Health Specialty Services(7e2)	Required	Yes
Podiatry Services(7f)	Required	Yes
Other Health Care Professional(7g)	Required	Yes
Psychiatric Services(7h)		
Individual Sessions for Psychiatric Services(7h1)	Required	Yes
Group Sessions for Psychiatric Services(7h2)	Required	Yes

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Services	In Network (INN)	Out-Of-Network (OON)
Physical Therapy and Speech-Language Pathology Services(7i)	Required	Yes
Additional Telehealth Benefits(7j)		
Opioid Treatment Program Services(7k)	Required	Yes
Outpatient Procedures, Tests, Labs and Radiology Services(8)		
Diagnostic Procedures/Tests/Lab Services(8a)		
Diagnostic Procedures/Tests(8a1)	Required	Yes
Lab Services(8a2)	Required	Yes
Outpatient Diagnostic/Therapeutic Radiological Services(8b)		
Diagnostic Radiological Services(8b1)	Required	Yes
Therapeutic Radiological Services(8b2)	Required	Yes
Outpatient X-Ray Services(8b3)	Required	Yes
Outpatient Services(9)		
Outpatient Hospital Services(9a)		
Outpatient Hospital Services(9a1)	Required	Yes
Observation Services(9a2)	Required	Yes
Ambulatory Surgical Center (ASC) Services(9b)	Required	Yes
Outpatient Substance Abuse(9c)		
Individual Sessions for Outpatient Substance Abuse(9c1)	Required	Yes
Group Sessions for Outpatient Substance Abuse(9c2)	Required	Yes
Outpatient Blood Services(9d)	Required	Yes
Ambulance/Transportation Services(10)		
Ambulance Services(10a)		
Ground Ambulance Services(10a1)	Required	Yes
Air Ambulance Services(10a2)	Required	Yes
DME, Prosthetics and Medical and Diabetic Supplies(11)		
Durable Medical Equipment (DME)(11a)	Required	Yes
Prosthetics/Medical Supplies(11b)		
Prosthetic Devices(11b1)	Required	Yes
Medical Supplies(11b2)	Required	Yes
Diabetic Supplies and Services(11c)		
Diabetic Supplies(11c1)	Required	Yes

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Services	In Network (INN)	Out-Of-Network (OON)
Diabetic Therapeutic Shoes/Inserts(11c2)	Required	Yes
Dialysis Services(12)	Required	Yes
Preventive and Other Defined Supplemental Services(14)		
Medicare-covered Zero Dollar Preventive Services(14a)	Required	Yes
Kidney Disease Education Services(14d)	Required	Yes
Other Medicare-covered Preventive Services(14e)		
Glaucoma Screening(14e1)	Required	Yes
Diabetes Self-Management Training(14e2)	Required	Yes
Barium Enemas(14e3)	Required	Yes
Digital Rectal Exams(14e4)	Required	Yes
EKG following Welcome Visit(14e5)	Required	Yes
Medicare Part B Rx Drugs(15)		
Medicare Part B Insulin Drugs(15-1)	Required	Yes
Medicare Part B Chemotherapy/Radiation Drugs(15-2)	Required	Yes
Other Medicare Part B Drugs(15-3)	Required	Yes
Dental(16)		
Comprehensive Dental(16b)	Required	Yes
Eye Exams/Eyewear(17)		
Eye Exams(17a)	Required	Yes
Eyewear(17b)	Required	Yes
Hearing Exams/Hearing Aids(18)		
Hearing Exams(18a)	Required	Yes

**Plan Level Cost Sharing**

**Plan Level Cost Sharing**

**Reductions in Cost Sharing**

Does your plan offer Reductions in Cost Sharing?

No

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**Combined Supplemental Benefits**

Do you offer Combined Supplemental Benefits?

No

Are you using any of your plan's MA rebates to reduce the Part B Premium?

No

**Annual Plan Deductible LPPO/RPPO**

Do you offer a Deductible?

Yes

Annual Plan Deductible Type

Medicare-Defined Part A and B Deductible amount combined as a single deductible

How is your combined Medicare-defined Part A and B Deductible applied?

Differentially applied to Part A and Part B Medicare services, reflecting Original Medicare payment structure

**Deductible for LPPO/RPPO Mandatory Supplemental Benefits**

Do you offer a mandatory enhanced benefit enrollee deductible amount?

No

**LPPO/RPPO Max Enrollee Cost Limit**

Does this plan have an In-Network MOOP?

Yes

What type of In-Network MOOP does your plan offer?

Mandatory

In-Network MOOP Amount

\$6700.00

Select the Service Categories that apply to the In-Network Maximum Enrollee Out-of-Pocket cost:

In-Network Medicare-covered benefits

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services?

Yes

Does this plan have an Out-of-Network MOOP?

No

Does this plan have a Combined(In-Network and Out-of-Network) MOOP?

Yes

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Combined MOOP Amount  
\$10000.00

Select the Service Categories that apply to the Combined Maximum Enrollee Out-of-Pocket cost:

- In-Network Medicare-covered benefits
- Out-of-Network Medicare-covered benefits

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services?

Yes

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services?

Yes

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**Medicare Services**

Select the Medicare service categories that are subject to each MOOP **Contrato Número**

Services	In-Network	Combined In-Network	Combined Out-of-Network
Inpatient Hospital Services(1)			
Inpatient Hospital-Acute(1a)	Yes	Yes	Yes
Inpatient Hospital Psychiatric(1b)	Yes	Yes	Yes
Skilled Nursing Facility (SNF)(2)	Yes	Yes	Yes
Cardiac and Pulmonary Rehabilitation Services(3)			
Cardiac Rehabilitation Services(3-1)	Yes	Yes	Yes
Intensive Cardiac Rehabilitation Services(3-2)	Yes	Yes	Yes
Pulmonary Rehabilitation Services(3-3)	Yes	Yes	Yes
SET for PAD Services(3-4)	Yes	Yes	Yes
Emergency/Urgently Needed Services(4)			
Emergency Services(4a)	Yes	Yes	
Urgently Needed Services(4b)	Yes	Yes	
Partial Hospitalization(5)	Yes	Yes	Yes
Home Health Services(6)	Yes	Yes	Yes
Health Care Professional Services(7)			
Primary Care Physician Services(7a)	Yes	Yes	Yes
Chiropractic Services(7b)	Yes	Yes	Yes
Occupational Therapy Services(7c)	Yes	Yes	Yes
Physician Specialist Services(7d)	Yes	Yes	Yes

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Services	In-Network	Combined In-Network	Combined Out-of-Network
Mental Health Specialty Services(7e)			
Individual Sessions for Mental Health Specialty Services(7e1)	Yes	Yes	Yes
Group Sessions for Mental Health Specialty Services(7e2)	Yes	Yes	Yes
Podiatry Services(7f)	Yes	Yes	Yes
Other Health Care Professional(7g)	Yes	Yes	Yes
Psychiatric Services(7h)			
Individual Sessions for Psychiatric Services(7h1)	Yes	Yes	Yes
Group Sessions for Psychiatric Services(7h2)	Yes	Yes	Yes
Physical Therapy and Speech-Language Pathology Services(7i)	Yes	Yes	Yes
Opioid Treatment Program Services(7k)	Yes	Yes	Yes
Outpatient Procedures, Tests, Labs and Radiology Services(8)	ADMINISTRACION DE SEGUROS DE SALUD 24 - 00049		
Diagnostic Procedures/Tests/Lab Services(8a)	Contrato Número		
Diagnostic Procedures/Tests(8a1)	Yes	Yes	Yes
Lab Services(8a2)	Yes	Yes	Yes
Outpatient Diagnostic/Therapeutic Radiological Services(8b)			
Diagnostic Radiological Services(8b1)	Yes	Yes	Yes
Therapeutic Radiological Services(8b2)	Yes	Yes	Yes
Outpatient X-Ray Services(8b3)	Yes	Yes	Yes
Outpatient Services(9)			
Outpatient Hospital Services(9a)			
Outpatient Hospital Services(9a1)	Yes	Yes	Yes
Observation Services(9a2)	Yes	Yes	Yes
Ambulatory Surgical Center (ASC) Services(9b)	Yes	Yes	Yes
Outpatient Substance Abuse(9c)			
Individual Sessions for Outpatient Substance Abuse(9c1)	Yes	Yes	Yes
Group Sessions for Outpatient Substance Abuse(9c2)	Yes	Yes	Yes
Outpatient Blood Services(9d)	Yes	Yes	Yes
Ambulance/Transportation Services(10)			
Ambulance Services(10a)			

Services	In-Network	Combined In-Network	Combined Out-of-Network
Ground Ambulance Services(10a1)	Yes	Yes	Yes
Air Ambulance Services(10a2)	Yes	Yes	Yes
DME, Prosthetics and Medical and Diabetic Supplies(11)			
Durable Medical Equipment (DME)(11a)	Yes	Yes	Yes
Prosthetics/Medical Supplies(11b)			
Prosthetic Devices(11b1)	Yes	Yes	Yes
Medical Supplies(11b2)	Yes	Yes	Yes
Diabetic Supplies and Services(11c)			
Diabetic Supplies(11c1)	Yes	Yes	Yes
Diabetic Therapeutic Shoes/Inserts(11c2)	Yes	Yes	Yes
Dialysis Services(12)	Yes	Yes	Yes
Preventive and Other Defined Supplemental Services(14)			
Medicare-covered Zero Dollar Preventive Services(14a)	Yes	Yes	Yes
Kidney Disease Education Services(14d)	Yes	Yes	Yes
Other Medicare-covered Preventive Services(14e)			
Glaucoma Screening(14e1)	Yes	Yes	Yes
Diabetes Self-Management Training(14e2)	Yes	Yes	Yes
Barium Enemas(14e3)	Yes	Yes	Yes
Digital Rectal Exams(14e4)	Yes	Yes	Yes
EKG following Welcome Visit(14e5)	Yes	Yes	Yes
Medicare Part B Rx Drugs(15)			
Medicare Part B Insulin Drugs(15-1)	Yes	Yes	Yes
Medicare Part B Chemotherapy/Radiation Drugs(15-2)	Yes	Yes	Yes
Other Medicare Part B Drugs(15-3)	Yes	Yes	Yes
Dental(16)			
Comprehensive Dental(16b)	Yes	Yes	Yes
Eye Exams/Eyewear(17)			
Eye Exams(17a)	Yes	Yes	Yes
Eyewear(17b)	Yes	Yes	Yes
Hearing Exams/Hearing Aids(18)			

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Services	In-Network	Combined In-Network	Combined Out-of-Network
Hearing Exams(18a)	Yes	Yes	Yes

### Prior Authorization & Referral

#### Prior Authorization

Is prior authorization required for any In-Network service categories?

Yes

Select the In-Network service categories that require prior authorization:

- Skilled Nursing Facility (SNF)(2)
- Cardiac Rehabilitation Services(3-1)
- Intensive Cardiac Rehabilitation Services(3-2)
- Pulmonary Rehabilitation Services(3-3)
- SET for PAD Services(3-4)
- Partial Hospitalization(5)
- Home Health Services(6)
- Occupational Therapy Services(7c)
- Physician Specialist Services(7d)
- Physical Therapy and Speech-Language Pathology Services(7i)
- Diagnostic Procedures/Tests(8a1)
- Lab Services(8a2)
- Diagnostic Radiological Services(8b1)
- Therapeutic Radiological Services(8b2)
- Outpatient X-Ray Services(8b3)
- Outpatient Hospital Services(9a1)
- Observation Services(9a2)
- Ambulatory Surgical Center (ASC) Services(9b)
- Ground Ambulance Services(10a1)
- Air Ambulance Services(10a2)
- Durable Medical Equipment (DME)(11a)
- Prosthetic Devices(11b1)
- Medical Supplies(11b2)
- Medicare Part B Insulin Drugs(15-1)
- Medicare Part B Chemotherapy/Radiation Drugs(15-2)
- Other Medicare Part B Drugs(15-3)
- Comprehensive Dental(16b)

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Is prior authorization required for any Out-of-Network service categories?

No

#### Referral

Is referral required for any In-Network service categories?

No

Is referral required for any Out-of-Network service categories?

No

**Visitor Travel**

No Data Saved for Selected Section, Incomplete or Not Started.

**Cost Share Groups**

**Out of Network (OON) Groups**

Group Name	Copayment	Coinsurance	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status
Group 1	No	0% - 0%	No	No	N/A	In Progress

Service categories that are mapped to this group:

Medicare:

Home Health Services(6)

Medicare-covered Zero Dollar Preventive Services(14a)

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Notes:

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Group 1 - CMS defined standard bid default values

Group 2	No	20% - 20%	No	No	N/A	In Progress
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Service categories that are mapped to this group:

Medicare:

Cardiac Rehabilitation Services(3-1)

Intensive Cardiac Rehabilitation Services(3-2)

Pulmonary Rehabilitation Services(3-3)

SET for PAD Services(3-4)

Partial Hospitalization(5)

Primary Care Physician Services(7a)

Chiropractic Services(7b)

Occupational Therapy Services(7c)

Physician Specialist Services(7d)

Mental Health Specialty Services(7e)

Podiatry Services(7f)

Other Health Care Professional(7g)

Psychiatric Services(7h)

Group Name	Copayment	Coinsurance	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status
Physical Therapy and Speech-Language Pathology Services(7i)						
Opioid Treatment Program Services(7k)						
Diagnostic Procedures/Tests(8a1)						
Lab Services(8a2)						
Diagnostic Radiological Services(8b1)						
Therapeutic Radiological Services(8b2)						
Outpatient X-Ray Services(8b3)						
Outpatient Hospital Services(9a1)						
Observation Services(9a2)						
Ambulatory Surgical Center (ASC) Services(9b)						
Outpatient Substance Abuse(9c)						
Outpatient Blood Services(9d)						
Ground Ambulance Services(10a1)						
Air Ambulance Services(10a2)						
Durable Medical Equipment (DME)(11a)						
Prosthetics/Medical Supplies(11b)						
Diabetic Supplies and Services(11c)						
Dialysis Services(12)						
Kidney Disease Education Services(14d)						
Glaucoma Screening(14e1)						
Diabetes Self-Management Training(14e2)						
Barium Enemas(14e3)						
Digital Rectal Exams(14e4)						
EKG following Welcome Visit(14e5)						
Medicare Part B Rx Drugs(15)						
Comprehensive Dental(16b)						
Eye Exams(17a)						
Eyewear(17b)						
Hearing Exams(18a)						
Notes:						
Group 2 - CMS defined standard bid default values						

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**Combined Benefits Groups**

No Data Saved for Selected Section, Incomplete or Not Started.

**Reduction in Cost Sharing Groups**

No Data Saved for Selected Section, Incomplete or Not Started.

**Optional Supplemental Packages**

No Data Saved for Selected Section, Incomplete or Not Started.

**VBID**

Does this plan include MA Uniformity Flexibility with reductions in cost or additional benefits?

No

Does this plan offer Special Supplemental Benefits for Chronically III?

No

**VBID - RIC**

No Data Saved for Selected Section, Incomplete or Not Started.

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**VBID - ABP**

No Data Saved for Selected Section, Incomplete or Not Started.

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**Benefit Details**

**Inpatient Hospital-Acute (1a) - Medicare**

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

No

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

No

Is there a coinsurance?

Yes

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

Yes

Is there a copayment?

No

Is there a deductible?

No

What is your Inpatient Hospital- Acute benefit period?

Periodicity

Original Medicare

Authorization required for this benefit?

No

Referral required for this benefit?

No

Is there a coinsurance?

Yes

Do you charge the Medicare-defined cost share?

Yes

Is there a copayment?

No

Is there a deductible?

No

Notes

CMS defined standard bid data

**Inpatient Hospital Psychiatric (1b) - Medicare**

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

No

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

No

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Is there a coinsurance?

Yes

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

Yes

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Is there a copayment?

No

Is there a deductible?

No



What is your Inpatient Hospital- Acute benefit period?

Periodicity

Original Medicare

Authorization required for this benefit?

No

Referral required for this benefit?

No

Is there a coinsurance?

Yes

Do you charge the Medicare-defined cost share?

Yes

Is there a copayment?

No

Is there a deductible?

No

Notes

CMS defined standard bid data

**Skilled Nursing Facility (SNF) (2) - Medicare**

Do you allow less than 3 day inpatient hospital stay prior to SNF admission?

No

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

No

Does this plan's Medicare-covered benefit cost sharing vary by Skilled Nursing Facility in which an enrollee obtains care?

No

Is there a coinsurance?

Yes

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

Yes

Is there a copayment?

No

What is your SNF period?

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Periodicity

Original Medicare

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Is there a coinsurance?

Yes

Do you charge the Medicare-defined cost share?

Yes

Is there a copayment?

No

Is there a deductible?

No

Notes

CMS defined standard bid data

**Cardiac and Pulmonary Rehabilitation Services (3) - Medicare**

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

No

Is there a deductible?

No

Notes

CMS defined standard bid data

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**Cardiac Rehabilitation Services (3-1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Intensive Cardiac Rehabilitation Services (3-2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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**Pulmonary Rehabilitation Services (3-3) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**SET for PAD Services (3-4) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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**Emergency Services (4a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20% 20%

Maximum per visit amount

\$100

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

Yes

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

Days

Enter number of days

3

Is there a copayment?

No

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

No

Notes

CMS defined standard bid data

**Urgently Needed Services (4b) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

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Maximum per visit amount

\$55

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

Yes

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

Days

Enter number of days

3

Is there a copayment?

No

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

No

Notes

CMS defined standard bid data

**Partial Hospitalization (5) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

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**Out-of-Network (OON) Benefits**

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Group

Group 2

Notes

CMS defined standard bid data

**Home Health Services (6) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

0% 0%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 1

Notes

CMS defined standard bid data

**Primary Care Physician Services (7a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

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Is there a copayment?

No

Is there a deductible?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Chiropractic Services (7b) - Medicare**

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

No

Is there a medicare covered coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a medicare covered copayment?

No

Is there a medicare covered deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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**Occupational Therapy Services (7c) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes



Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Physician Specialist Services (7d) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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

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

No

Is there a deductible?



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Contrato Número



No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

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Is there a copayment?

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No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Podiatry Services (7f) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a medicare covered deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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**Other Health Care Professional (7g) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Psychiatric Services (7h) - Medicare**

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

No

Is there a deductible?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Individual Sessions for Psychiatric Services (7h1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número

Notes

CMS defined standard bid data

**Group Sessions for Psychiatric Services (7h2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

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Is there a copayment?

No

Contrato Número

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Opioid Treatment Program Services (7k) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

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Group

Group 2

Contrato Número

Notes

CMS defined standard bid data

**Diagnostic Procedures/Tests/Lab Services (8a) - Medicare**

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

No

Is there a copayment?

No

Is there a deductible?

No

Notes

CMS defined standard bid data

**Diagnostic Procedures/Tests (8a1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Lab Services (8a2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
0%	0%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

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Group 2

Notes

CMS defined standard bid data

**Outpatient Diagnostic/Therapeutic Radiological Services (8b) - Medicare**

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

No

Is there a deductible?

No

Notes

CMS defined standard bid data

**Diagnostic Radiological Services (8b1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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**Therapeutic Radiological Services (8b2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%



Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Outpatient X-Ray Services (8b3) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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**Outpatient Hospital Services (9a1) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Observation Services (9a2) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

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Notes

CMS defined standard bid data

**Ambulatory Surgical Center (ASC) Services (9b) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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**Outpatient Substance Abuse (9c) - Medicare**

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

No

Is there a deductible?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Individual Sessions for Outpatient Substance Abuse (9c1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

**Group Sessions for Outpatient Substance Abuse (9c2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

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**Outpatient Blood Services (9d) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Ambulance Services (10a) - Medicare**

Is there a coinsurance?

Yes

Is this Coinsurance waived if admitted to hospital?

No

Is there a copayment?

No

Notes

CMS defined standard bid data

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Contrato Número

**Ground Ambulance Services (10a1) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20% 20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for non-emergency Medicare services?

Yes

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Air Ambulance Services (10a2) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for non-emergency Medicare services?

Yes

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**Out-of-Network (OON) Benefits**

Contrato Número

Group

Group 2

Notes

CMS defined standard bid data

**Durable Medical Equipment (DME) (11a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Prosthetics/Medical Supplies (11b) - Medicare**

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

No

Is there a deductible?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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Contrato Número

**Prosthetic Devices (11b1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20% 20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Notes

CMS defined standard bid data

**Medical Supplies (11b2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance Maximum coinsurance

20% 20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Notes

CMS defined standard bid data

**Diabetic Supplies and Services (11c) - Medicare**

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

No

Is there a deductible?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

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**Diabetic Supplies (11c1) - Medicare**

Is there a coinsurance?

Yes with a min & max



Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?  
No

Authorization required for this benefit?  
No

Notes  
CMS defined standard bid data

**Diabetic Therapeutic Shoes/Inserts (11c2) - Medicare**

Is there a coinsurance?  
Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?  
No

Authorization required for this benefit?  
No

Notes  
CMS defined standard bid data

**Dialysis Services (12) - Medicare**

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

Is there a coinsurance?  
Yes with a min & max

Minimum coinsurance	Maximum coinsurance
20%	20%

Is there a copayment?  
No

Is there a deductible?  
No

Authorization required for this benefit?

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No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Medicare-covered Zero Dollar Preventive Services (14a) - Medicare**

I attest that there is no coinsurance ,copayment or deductible for all Original Medicare preventive services that are offered at zero dollar cost sharing

true

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 1

Notes

CMS defined standard bid data

**Kidney Disease Education Services (14d) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

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Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Glaucoma Screening (14e1) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Referral required for this benefit?

No

Authorization required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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Contrato Número

**Diabetes Self-Management Training (14e2) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Barium Enemas (14e3) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

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Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Digital Rectal Exams (14e4) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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Contrato Número

**EKG following Welcome Visit (14e5) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Medicare Part B Rx Drugs (15) - Medicare**

I attest that the MA enrollee cost sharing for a Part B rebatable drug will not exceed the coinsurance amount of the original Medicare adjusted beneficiary coinsurance for that Part B rebatable drug. In applying this effective coinsurance percentage, MA plans may continue to base enrollee cost sharing off of the total MA plan financial liability for that Part B drug.

true

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

No

Is there a deductible?

No

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**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

Contrato Número

**Medicare Part B Insulin Drugs (15-1) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

0%

20%

Maximum copay amount per month

\$35.00

Is there a copayment?

No

Authorization required for this benefit?

Yes

Notes

CMS defined standard bid data

**Medicare Part B Chemotherapy/Radiation Drugs (15-2) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

0%

20%

Is there a copayment?

No

Authorization required for this benefit?

Yes

Notes

CMS defined standard bid data

**Other Medicare Part B Drugs (15-3) - Medicare**

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

0%

20%

Is there a copayment?

No

Authorization required for this benefit?

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Contrato Número

Yes

Notes

CMS defined standard bid data

**Comprehensive Dental (16b) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Eye Exams (17a) - Medicare**

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

No

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Is there a coinsurance?

Yes with a min & max

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Minimum coinsurance

Maximum coinsurance

20%

20%

Contrato Número

Is there a copayment?



No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

**Eyewear (17b) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

CMS defined standard bid data

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Contrato Número

**Hearing Exams (18a) - Medicare**

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

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Maximum coinsurance

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

**Out-of-Network (OON) Benefits**

Group

Group 2

Notes

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**Rx**

No Data Saved for Selected Section, Incomplete or Not Started.

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