# 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

Organization Marketing Name

Organization Type

TRIPLE S ADVANTAGE, INC.

Triple S Advantage

Local CCP

Plan Name

Plan Geographic Name

Royal D (HMO-POS)

Puerto Rico

**Plan Details** 

Plan Type

Is this a network plan?

Is this an Employer-Only Plan?

**HMOPOS** 

Not Available

Yes

Does this plan offer Prescription

drugs (Rx)?

Does this plan offer Point of

Service (POS)?

Does this plan offer Out-of-Network Services (OON)?

1/55

Yes

Yes

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

ADMINISTRACION DE SEGUROS DE SALUD

Point of Service (POS)

Select the POS benefit type:

Mandatory

24-00049

Contrato Número

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-ofpocket 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(1	b)	Required	Yes
Skilled Nursing Facility (SNF)(2)		Required	Yes
Cardiac and Pulmonary Rehabilita	tion Services(3)		
Cardiac Rehabilitation Services	6(3-1)	Required	Yes
Intensive Cardiac Rehabilitation	Services(3-2)	Required	Yes
Pulmonary Rehabilitation Servi	ces(3-3)	Required	Yes
SET for PAD Services(3-4)		Required	Yes
Emergency/Urgently Needed Serv	rices(4)		
Emergency Services(4a)	ADMINISTRACION DE	Required	
Urgently Needed Services(4b)	SEGUROS DE SALUD	Required	
Partial Hospitalization(5)	24 - 00049	Required	Yes O
Home Health Services(6)		Required	Yes Y
Health Care Professional Services	Contrato Número		
Primary Care Physician Service	es(7a)	Required	Yes
Chiropractic Services(7b)		Required	Yes
Occupational Therapy Services	s(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
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)  ADMINISTRACIO	N DE Required	Yes
Outpatient Services(9)		
Outpatient Hospital Services(9a) 2 4 - 0 0 0 4	9	
Outpatient Hospital Services(9a1)  Contrato Número	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 V
Group Sessions for Outpatient Substance Abuse(9c2)	Required	Yes
Outpatient Blood Services(9d)	Required	Yes

Ambulance/Transportation Services(10)

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)  ADMINISTRACION DE SEGUROS DE SALUD,	Required	Yes
Eye Exams/Eyewear(17) 2 4 - 0 0 0 4 9		
Eye Exams(17a)	Required	Yes
Eyewear(17b) Contrato Número	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?

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?

ADMINISTRACION DE SEGUROS DE SALUD

Yes

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

24 - 00049

Yes

Contrato Número

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?

MEC.

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?

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

#### **Medicare Services**

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

Sen	vices	In- Network	Combined In- Network	Combined Out-of- Network	Out-of- Network
Inpa	tient Hospital Services(1)		ADA	MINISTRACION	J DE
Inpa	tient Hospital-Acute(1a)			GUROS DE SAL	
Inpa	tient Hospital Psychiatric(1b)		2 4	- 0004	9
Skill	ed Nursing Facility (SNF)(2)			1 0007	3
	diac and Pulmonary abilitation Services(3)		C	Contrato Númer	
Card	diac Rehabilitation Services(3-1)	Yes	Yes	Yes	Yes
	nsive Cardiac Rehabilitation vices(3-2)	Yes	Yes	Yes	Yes
Puln 3)	nonary Rehabilitation Services(3-	Yes	Yes	Yes	Yes
SET	for PAD Services(3-4)	Yes	Yes	Yes	Yes
Part	ial Hospitalization(5)	Yes	Yes	Yes	Yes
.Hom	ne Health Services(6)				
Hea	Ith Care Professional Services(7)				
Prim	nary Care Physician Services(7a)	Yes	Yes	Yes	Yes
Chir	opractic Services(7b)	Yes	Yes	Yes	Yes
Occ	upational Therapy Services(7c)	Yes	Yes	Yes	Yes
Phys	sician Specialist Services(7d)	Yes	Yes	Yes	Yes
Men	tal 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 A	Yes DMINISTRAC	Yes ION DE
Outpatient Procedures, Tests, Labs and Radiology Services(8)			SEGUROS DE S	
Diagnostic Procedures/Tests/Lab Services(8a)		2	24 - 000	
Diagnostic Procedures/Tests(8a1)	Yes	Yes	Contrato Nún	erpes
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

The state of the s

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		IS YEACION DE OS DE SALUD
Other Medicare-covered Preventive Services(14e)			24-	00049
Glaucoma Screening(14e1)	Yes	Yes	Yes	Yes
Diabetes Self-Management Training(14e2)	Yes	Yes	Yes	trato Número 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)				M
Comprehensive Dental(16b)	Yes	Yes	Yes	Yes

DR

Services	ln- 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 Medicarecovered plan services?

Yes

ADMINISTRACION DE SEGUROS DE SALUD

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

No

No

2 / 2 A

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

#### **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)	

APL.

Services		In-Netwo	ork
Cardiac Rehabilitation Se	ervices(3-1)	Yes	
Intensive Cardiac Rehabi	litation Services(3-2)	Yes	
Pulmonary Rehabilitation	Services(3-3)	Yes	
SET for PAD Services(3-4	4)	Yes	
Emergency/Urgently Nee	ded Services(4)		
Emergency Services(4a)		Yes	
Urgently Needed Services	s(4b)	Yes	
Partial Hospitalization(5)		Yes	
Home Health Services(6)		Yes	
Health Care Professional	Services(7)		
Primary Care Physician S	Services(7a)	Yes	
Chiropractic Services(7b)		Yes	
Occupational Therapy Se	rvices(7c)	Yes	
Physician Specialist Serv	ices(7d)	Yes	
Mental Health Specialty S	Services(7e)		
Individual Sessions for Mo Services(7e1)	ental Health Specialty	Yes	
Group Sessions for Menta Services(7e2)	al Health Specialty	Yes	
Podiatry Services(7f)		Yes	
Other Health Care Profes	sional(7g)	Yes	
Psychiatric Services(7h)			
Individual Sessions for Ps	sychiatric Services(7h1)	Yes	
Group Sessions for Psych	niatric Services(7h2)	Yes	
Physical Therapy and Spe Services(7i)	eech-Language Pathology	Yes	ADMINISTRACION DE
Opioid Treatment Program	m Services(7k)	Yes	SEGUROS DE SALUD
Outpatient Procedures, To Services(8)	ests, Labs and Radiology		24-00049
Diagnostic Procedures/Te	ests/Lab Services(8a)		Contrato Número
Diagnostic Procedures/Te	ests(8a1)	Yes	
Lab Services(8a2)		Yes	
Outpatient Diagnostic/The Services(8b)	erapeutic Radiological		
Diagnostic Radiological S	Services(8b1)	Yes	
Therapeutic Radiological	Services(8b2)	Yes	

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 ADMINISTRACION DE
Preventive and Other Defined Supplemental Services(14)	2 4 - 0 0 0 4
Medicare-covered Zero Dollar Preventive Services(14a)	Yes 24-00049
Kidney Disease Education Services(14d)	Yes Contrato Número
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



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)

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número



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.

ADMINISTRACION DE SEGUROS DE SALUD

#### **Optional Supplemental Packages**

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

24-00049

Contrato Número

#### **VBID**

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



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?

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número



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

#### 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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número



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)?

Νo

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?

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

ART.

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

ADMINISTRACION DE SEGUROS DE SALUD

Is there a coinsurance?

24-00049

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Is there a copayment?

No

Contrato Número

WY.

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

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?

Νo

Referral required for this benefit?

No

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

WY.

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%

Contrato Número

24-00049

ADMINISTRACION DE

SEGUROS DE SALUD

Is there a copayment?

No

Authorization required for this benefit?

Yes

AP.

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

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

Davs

Enter number of days

3

ADMINISTRACION DE SEGUROS DE SALUD

Is there a copayment? 2 4 - 0 0 0 4 9

No

Contrato Número

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

No

Notes

CMS defined standard bid data

AP.

#### **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

Maximum coinsurance

Minimum coinsurance

20%

Waxiifiuffi Comsura

Is there a copayment?

No

20%

Is there a deductible?

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

APP

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

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

Point-of-Service (POS) Benefits

Group

Group 1

APL.

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

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

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

#### 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

APP.

23/55

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?

Contrato Número

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

PR.

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

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for this benefit?

Referral required for this benefit?

SEGUROS DE SALUD

24-00049

ADMINISTRACION DE

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

## 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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

ARC

26/55

# 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?

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número



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

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

ARC

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

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

Group Sessions for Psychiatric Services (7h2) - Medicare

AP.



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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

PAG



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

Ma

Referral required for this benefit?

No

Notes

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

APP

#### 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

#### 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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

Lab Services (8a2) - Medicare

2/36

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** 

CMS defined standard bid data

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

## Diagnostic Radiological Services (8b1) - Medicare

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023041918.html

33/55

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

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

AR

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

ADMINISTRACION DE SEGUROS DE SALUD

Minimum coinsurance

Maximum coinsurance

20%

20%

24 - 00049

Is there a copayment?

Contrato Número

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

# 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

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

APP.

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

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

Referral required for this benefit?

No

Authorization required for this benefit?

No

Notes

CMS defined standard bid data

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

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

AP.



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

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

No

Referral required for this benefit?

Notes

CMS defined standard bid data

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

# 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

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número





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

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for non-emergency Medicare services?

Yes

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Point-of-Service (POS) Benefits

Group

Group 2

Contrato Número

Authorization required for this benefit?

APP.

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?

ADMINISTRACION DE SEGUROS DE SALUD

Yes with a min & max

24-00049

Minimum coinsurance

Maximum coinsurance

20%

20%

Contrato Número

Is there a copayment?

AAD-

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

Maximum coinsurance

ADMINISTRACION DE SEGUROS DE SALUD

20%

20%

24 - 00049

Is there a copayment?

No

Contrato Número

Authorization required for this benefit?

Yes

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023041918.html

42/55

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

# Diabetic Supplies (11c1) - Medicare

Is there a coinsurance?

Yes with a min & max

ARC

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

ADMINISTRACION DE SEGUROS DE SALUD

Is there a coinsurance?

Yes with a min & max

24 - 00049

Minimum coinsurance

Maximum coinsurance

Contrato Número

20%

20%

Is there a copayment?

W.

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

APP.

#### 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

ADMINISTRACION DE SEGUROS DE SALUD

Notes

CMS defined standard bid data

24-0004

Contrato Número

# 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

AG.

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

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

o inoro a acaa

24-00049

ADMINISTRACION DE

SEGUROS DE SALUD

No

Contrato Número

Authorization required for this benefit?

No

Referral required for this benefit?

PM.

# 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

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

24 - 00049

Point-of-Service (POS) Benefits

Group

Group 2

Contrato Número

Authorization required for this benefit?

No

Referral required for this benefit?

AP.

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

ADMINISTRACION DE SEGUROS DE SALUD

Referral required for this benefit?

No

Notes

24 - 00049

CMS defined standard bid data

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?

49/65

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

#### 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

24 - 00049

ADMINISTRACION DE SEGUROS DE SALUD

Contrato Número

Group

Group 2

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023041918.html

Point-of-Service (POS) Benefits

50/55

**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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Authorization required for this benefit?

No

Contrato Número

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

# 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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

Point-of-Service (POS) Benefits

Group

Group 2

Authorization required for this benefit?

PP.

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

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?

ADMINISTRACION DE SEGUROS DE SALUD

No

Referral required for this benefit?

No

Contrato Número

24 - 00049

Notes

CMS defined standard bid data

Eyewear (17b) - Medicare

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

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?

ADMINISTRACION DE SEGUROS DE SALUD

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Contrato Número

Is there a copayment?

No

Is there a deductible?

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023041918.html

PBP Data Report

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

#### Rx

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

AR

# 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

Organization Marketing Name

Organization Type

TRIPLE S ADVANTAGE, INC.

Triple S Advantage

Local CCP

Plan Name

Plan Geographic Name

Employer BD 3 (HMO-POS)

Puerto Rico

#### **Plan Details**

Plan Type

Is this a network plan?

Is this an Employer-Only Plan?

**HMOPOS** 

Not Available

Yes

No

Does this plan offer Prescription

Does this plan offer Value

Based Insurance Design

drugs (Rx)?

Does this plan offer Point of

Service (POS)?

Does this plan offer Out-of-Network Services (OON)?

Yes

Yes

ADMINISTRACION DE

SEGUROS DE SALUD,

(VBID)?

Not Available

24-00049

Contrato Número

#### 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

# And-

#### Point of Service (POS)

Select the POS benefit type:

Mandatory

9/5/23, 11:32 AM PBP Data Report

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

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?

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

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

No

ADMINISTRACION DE SEGUROS DE SALUD

# **Benefit Offerings**

#### **Medicare Services**

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)
Dhysiaian Specialist Santions/7d)		Yes
Physician Specialist Services(7d)	Required	165
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
Outpatient Procedures, Tests, Labs and Radiology Services(8)	_	SEGUROS DE SALUD
Diagnostic Procedures/Tests/Lab Services(8a)		24 - 00049
Diagnostic Procedures/Tests(8a1)	Required	Yes
Lab Services(8a2)	Required	Contrato Número 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)	)	

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	2 <sup>es</sup> - 0 0 0 4 9
Other Medicare-covered Preventive Services(14e)		24 00043
Glaucoma Screening(14e1)	Required	Yeeontrato 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
		1/1/1/

# **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

ADMINISTRACION DE SEGUROS DE SALUD

#### **Annual Plan Deductible**

Does this plan have an In-Network plan deductible?

No

Contrato Número

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

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113034.html



9/5/23, 11:32 AM PBP Data Report

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 D	
Skilled Nursing Facility (SNF)(2)	Yes SEGUROS DE SALUE	)
Cardiac and Pulmonary Rehabilitation Services(3)	24-00049	)
Cardiac Rehabilitation Services(3-1)	Yes	
Intensive Cardiac Rehabilitation Services(3-2)	Yes Contrato Número	
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	1



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)	ADMINISTRACION DE SEGUROS DE SALUD
Diagnostic Radiological Services(8b1)	Yes 24-00049
Therapeutic Radiological Services(8b2)	Yes
Outpatient X-Ray Services(8b3)	Yes Contrato Número
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)	

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 ADMINISTRACION DE
Barium Enemas(14e3)	Yes SEGUROS DE SALUD
Digital Rectal Exams(14e4)	Yes 2 / - 0 0 0 / -
EKG following Welcome Visit(14e5)	Yes 24 - 0004 9
Medicare Part B Rx Drugs(15)	Contrato Número
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)

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

# 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.

ADMINISTRACION DE SEGUROS DE SALUD

# **Optional Supplemental Packages**

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

24-00049

Contrato Número

#### **VBID**

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

Does this plan offer Special Supplemental Benefits for Chronically III?

# **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

ARC



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

# 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?

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

1,152

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

Skilled Nursing Facility (SNF) (2) - Medicare

Do you allow less than 3 day inpatient hospital stay prior to SNF admission? file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113034.html



9/5/23, 11:32 AM PBP Data Report

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?

Nο

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

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

Is there a copayment?

Maximum coinsurance

20%

20%

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

Intensive Cardiac Rehabilitation Services (3-2) - Med

Is there a coinsurance?

Yes with a min & max

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113034.html

ADMINISTRACION DE SEGUROS DE SALUD

Contrato Número



9/5/23, 11:32 AM PBP Data Report

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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

# 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

MPL.

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?

Authorization required for this benefit?

Contrato Número

# Point-of-Service (POS) Benefits

Referral required for this benefit?

Group

Group 2

Authorization required for this benefit?

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

ADMINISTRACION DE SEGUROS DE SALUD

9/5/23, 11:32 AM PBP Data Report

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

ADMINISTRACION DE SEGUROS DE SALUD

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

24-00049

No

Notes

Contrato Número

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

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?

APL.

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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Is there a deductible?

No

Contrato Número

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)?

9/5/23, 11:32 AM PBP Data Report

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?

Nο

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?

Νo

Referral required for this benefit?

No

Notes

CMS defined standard bid data

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

#### 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?

na/s/s

## Point-of-Service (POS) Benefits

Group

Group 2

Authorization required for this benefit?

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

Maximum coinsurance

20%

20%

Is there a medicare covered copayment?

No

Is there a medicare covered deductible?

No

Authorization required for this benefit?

Referral required for this benefit?

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

Group

Group 2

Authorization required for this benefit?

file:///C:/Users/GINAORTI/Downloads/PBP Report 09052023113034.html

No

ADMINISTRACION DE

SEGUROS DE SALUD

24 - 00049

Nο

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

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?

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049



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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

#### 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

PR.

9/5/23, 11:32 AM PBP Data Report

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?

Nο

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

CMS defined standard bid data

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

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

APL.

23/52

#### 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

24 - 00049

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

24/52

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

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

ARC



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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

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

APP.

## 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

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?

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113034.html

ADMINISTRACION DE SEGUROS DE SALUD

24-00049



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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

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

Maximum coinsurance

20%

20%

Is there a copayment?

APP.

28/5

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

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?

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

PAR

Nο

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

ADMINISTRACION DE SEGUROS DE SALUD

Authorization required for this benefit?

Yes

24-00049

Referral required for this benefit?

No

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



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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

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

PPL.

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

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049



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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

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

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

AR

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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

## 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

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113034.html



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

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?

Nο

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

RPL.

35.52

ADMINISTRACION DE

SEGUROS DE SALUD

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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

## 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

PPC.



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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

#### 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

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

APP.

PBP Data Report

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?

No

Is there a deductible?

No

Authorization required for this benefit?

Yes

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

#### 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

PP.

#### 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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

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

APL.

#### 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

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

## 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?

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113034.html

APP.

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?

Nο

Authorization required for this benefit?

No

Referral required for this benefit?

No

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

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

Contrato Número

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

9/5/23, 11:32 AM PBP Data Report

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

Maximum coinsurance

20% 20%

Is there a copayment?

Is there a deductible?

No

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

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

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

#### 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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

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

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?

ADMINISTRACION DB SEGUROS DE SALUD

24-00049

## 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

Maximum coinsurance

20%

20%

Is there a copayment?

Nο

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?

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

APS.

**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

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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049



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

SEGUROS DE SALUD

ADMINISTRACION DE

Authorization required for this benefit?

No

Contrato Número

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?

4052

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?

Νo

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

Maximum coinsurance

20% 20%

Is there a copayment?

No

Is there a deductible?

No

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

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

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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

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%

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049





9/5/23, 11:32 AM PBP Data Report

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049



# 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

Organization Marketing Name

Organization Type

TRIPLE S ADVANTAGE, INC.

Triple-S Advantage

Local CCP

Plan Name

Plan Geographic Name

Óptimo Plus A (PPO)

Puerto Rico

#### Plan Details

Plan Type

Is this a network plan?

Is this an Employer-Only Plan?

Local PPO

Not Available

Yes

Does this plan offer Prescription

drugs (Rx)?

Does this plan offer Point of

Service (POS)?

Does this plan offer Out-of-Network Services (OON)?

Yes

No

Yes

Does this plan offer Value Based Insurance Design

(VBID)?

Not Available

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

#### **Plan Attributes**

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?

oalogo...oo.

# **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) ADMINISTRACION DB SEGUROS DE SALUD	Required		
Partial Hospitalization(5)	Required	Yes	
Home Health Services(6) 2 4 - 0 0 0 4 9	Required	Yes	
Health Care Professional Services(7)Contrato Número			
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	



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) ADMINISTRACION	•	Yes	
Outpatient Services(9)  SEGUROS DE SAL	UD		
Outpatient Hospital Services(9a) 2 4 - 0 0 0 4	9		
Outpatient Hospital Services(9a1)	Required	Yes	
Observation Services(9a2) Contrato Número	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	

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

## **Combined Supplemental Benefits**

Do you offer Combined Supplemental Benefits?



9/5/23, 11:38 AM PBP Data Report

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

The special section of the section o

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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049



**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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

### **Medicare Services**

Select the Medicare service categories that are subject to each MOOP Synatrato 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

Services	ln- 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)	AYes	Yes RACION DE	Yes	
Outpatient Procedures, Tests, Labs and Radiology Services(8)	SEGUROS DE SALUD			
Diagnostic Procedures/Tests/Lab Services(8a)	24 - 0	0049		
Diagnostic Procedures/Tests(8a1)	Yes	Yes Número	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)	WA.			
	PPL.			

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) ADMINISTRACION DB			
Comprehensive Dental(16b) EGUROS DE SALUD	Yes	Yes	Yes
Eye Exams/Eyewear(17) 2 4 - 0 0 0 4 9			
Eye Exams(17a)	Yes	Yes	Yes
Eyewear(17b) Contrato Número	Yes	Yes	Yes
Hearing Exams/Hearing Aids(18)	YDO		

**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)

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

No

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

#### Referral

Is referral required for any In-Network service categories?

No

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

APL.



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	e:				MINISTRACIO: GUROS DE SAI	

Home Health Services(6)

Medicare-covered Zero Dollar Preventive Services(14a)

Contrato Número

Notes:

Group 1 - CMS defined standard bid default values

Group 2

No

20% - 20%

No

No

N/A

ln **Progress** 

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)

9/5/23, 11:38 AM PBP Data Report

Group Coinsurance Copayment **Deductible** Name 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:

ADMINISTRACION DE SEGUROS DE SALUD

**Periodicity** 

**Status** 

Maximum Plan

Benefit

Coverage amount

24-00049

Contrato Número

ARC

Group 2 - CMS defined standard bid default values

9/5/23, 11:38 AM PBP Data Report

### **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.

#### VRID

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

Does this plan offer Special Supplemental Benefits for Chronically III?

#### **VBID - RIC**

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

ADMINISTRACION DE SEGUROS DE SALUD

**VBID - ABP** 

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

24-00049

Contrato Número

### **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?

APL.

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

ADMINISTRACION DE SEGUROS DE SALUD

Is there a coinsurance?

Yes

24-00049

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

Contrato Número

Yes

Is there a copayment?

No

Is there a deductible?

No

9/5/23, 11:38 AM PBP Data Report

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?

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

### Cardiac Rehabilitation Services (3-1) - 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

## 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

Out-of-Network (OON) Benefits

Group

Group 2

Notes

CMS defined standard bid data

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

### 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

### 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

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 2

Group

**Notes** 

CMS defined standard bid data

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

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113818.html

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049



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?

SEGUROS DE SALUD

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

Contrato Número

ADMINISTRACION DB

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?

APL.

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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

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

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

Maximum coinsurance

20%

ADMINISTRACION DB SEGUROS DE SALUD

24-00049

Contrato Número 20%

Is there a copayment?

No

Is there a deductible?

No

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

Group

Group 2

**Notes** 

CMS defined standard bid data

9/5/23, 11:38 AM PBP Data Report

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

ADMINISTRACION DE SEGUROS DE SALUD

**Notes** 

CMS defined standard bid data

24 - 00049

Contrato Número

### 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

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113818.html

21/4

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

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

# 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?

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

22/4

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%

Is there a copayment?

Authorization required for this benefit?

No

No

Referral required for this benefit?

No

Notes

SEGUROS DE SALUD

ADMINISTRACION DE

24 - 00049

#### 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

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

ADMINISTRACION DE SEGUROS DE SALUD

Group

Group 2

24 - 00049

Notes

Contrato Número

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?

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

Maximum coinsurance

20%

20%

Is there a copayment?

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Notes

CMS defined standard bid data

## 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

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%

Is there a copayment?

20%

Contrato Número

24 - 00049

ADMINISTRACION DE SEGUROS DE SALUD

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

# Out-of-Network (OON) Benefits

SEGUROS DE SALUD

2 4 - 0 0 0 4 9

ADMINISTRACION DE

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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

Therapeutic Radiological Services (8b2) - Medicare

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

Maximum coinsurance

20%

20%

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113818.html

29/47

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

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

# 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

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

Maximum coinsurance

20%

20%

Is there a copayment?

No

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Is there a deductible?

No

Contrato Número

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

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

Group

Group 2

PB\_

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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

### **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

APS.

### 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?

Nο

Authorization required for this benefit?

No

nonzation required for this benefit:

No

Referral required for this benefit?

Notes

MOTES

CMS defined standard bid data

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

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?

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113818.html

33/4

9/5/23, 11:38 AM PBP Data Report

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

## **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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

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

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113818.html

34/4

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

Maximum coinsurance

20%

20%

Is there a copayment?

No

Is there a deductible?

No

Authorization required for non-emergency Medicare services?

Yes

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

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

Group

Group 2

**Notes** 

CMS defined standard bid data

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

WY.



9/5/23, 11:38 AM PBP Data Report

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

## **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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

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**

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Group

Group 2

Notes

CMS defined standard bid data

Contrato Número

### Diabetic Supplies (11c1) - Medicare

Is there a coinsurance?

Yes with a min & max

AP.



9/5/23, 11:38 AM PBP Data Report

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?

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113818.html

SEGUROS DE SALUD 24 - 00049

ADMINISTRACION DE

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)?

Maximum coinsurance

No

Is there a coinsurance?

Yes with a min & max

Minimum coinsurance

20%

Is there a copayment?

No

20%

Is there a deductible?

ADMINISTRACION DE SEGUROS DE SALUD

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

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

Out-of-Network (OON) Benefits

Group

Group 2

Contrato Número

ADMINISTRACION DE

SEGUROS DE SALUD

24-00049

**Notes** 

CMS defined standard bid data

Diabetes Self-Management Training (14e2) - Medicare

HA.

9/5/23, 11:38 AM PBP Data Report

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?

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

Maximum coinsurance

20%

20%

Is there a copayment?

24-00049

ADMINISTRACION DE

SEGUROS DE SALUD

No

Contrato Número

Is there a deductible?

No

Authorization required for this benefit?

No

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113818.html

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

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

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

Group

Group 2

Notes

CMS defined standard bid data

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

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?

file:///C:/Users/GINAORTI/Downloads/PBP\_Report\_09052023113818.html

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

### **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

ADMINISTRACION DE SEGUROS DE SALUD

24-00049

Contrato Número

Out-of-Network (OON) 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

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?

ADMINISTRACION DE SEGUROS DE SALUD

24-0004

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)?

ADMINISTRACION DE SEGUROS DE SALUD

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

## **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

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

Out-of-Network (OON) Benefits

Group

Group 2

Notes

CMS defined standard bid data

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

AP.

9/5/23, 11:38 AM PBP Data Report

## 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%

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

### Rx

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

ADMINISTRACION DE SEGUROS DE SALUD

24 - 00049

Contrato Número

W.