



CodySoft® Templates Reference and User Guide

Your CodySoft®'s Collateral Management Module® (CM) license includes access to the annually provided Cody ANOC and EOC pre-programmed templates. Use this guide as a reference when working with these templates. For guidance on working in CM, please see the *CodySoft®'s Collateral Management Module® User Guide* in the CodySoft® Help Portal's Knowledge Base. If you have questions, please contact your CodySoft® administrator.

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1 Evergreen Templates

Created using the CMS ANOC and EOC models, the CodySoft® templates are Collateral Management Module® (CM) tools designed and programmed for PBP-specific versioning.

The templates contain variable content and CMS instructions that are maintained within rules syntax. Keeping the CMS model content within the templates allows for yearly use. Because of this, we refer to the Cody templates as **evergreen**, which means they can be reused each year.

Note: This section discusses the role of rules within the templates. For more information about rule types and rules grids, see the [Rules](#) section.

1.1 Updating templates for CMS model changes

Each year following CMS release of the next plan year's ANOC and EOC model documents, Cody releases the evergreen templates with the year-to-year model changes. To maintain **your** templates as evergreen, Cody will also provide comparison documents showing where the model documents have changed since the previous year's release. In addition, the data sources used with the Cody templates are also updated, as needed.

After CMS release of its ANOC and EOC model corrections memo, Cody will provide guidance, as needed, on how the corrections impact template programming, such as new rules.

1.2 Year references

With a few exceptions, all **years** appear as variable using the *Benefits Data Grid's* **Plan_Year** field with the **TY** (this year) and **NY** (next year) variants. This means the templates include only a few instances where you *may* need to update the year (e.g., in the EOC chapter 4 Medical Benefits chart if a PBP uses the current year Medicare-defined cost share amounts for Inpatient and/or SNF cost sharing).

		PlanName	001(H1234)	001(H1234)
	Year	Variant	TY	NY
PBP Section	Field Description	Attribute		
Section A	contractYear	Plan_Year	2024	2025

Cost	[[RuleId={DG}(Plan_Year <TY>)]](this-year)	[[RuleId={DG}(Plan_Year <NY>)]](next-year)
------	--	--

This document gives you the details about your Medicare health care and prescription drug coverage from January 1 – December 31, [[RuleId={DG}(Plan_Year <NY>)]]. This is an important legal document. Please keep it in a safe place.

1.3 CMS model instructions

The **CMS model instructions** are maintained within the templates' **instruction** rules. To keep the templates evergreen, **do NOT remove the instructions**. Because the instructions are placed within rules, they will not appear within versions, unless you want them to. To make instructions visible within versions, insert an **x** for the rule within the **CustomRG** rules grid. In the example below, the instruction will not appear within the PBP 001 version because the CustomRG rules grid does not have an **x** for the plan in the instruction rule's cell.

```
[[IF:RuleId={CustomRGinstruction}]]Plans that meet the 5% alternative language threshold insert: [[ENDIF:RuleId={CustomRGinstruction}]]
```

		PlanName	001(H1234)
		Variant	CODY
		Attribute	
		Plan_Name	
rule description	location	Rule	
Add x to have CMS instructions and CCG notes appear in the version	ANOC/EOC	instruction	
Do not add x for this rule; rule used for content to be omitted from the version but retained within the template	ANOC/EOC	omit	

1.4 Omitting content

The **omit rule** allows you to exclude specific content from all versions without having to create a new rule for it. Use of this rule helps keep the templates evergreen; that is, the content enclosed within the omit rule's IF/ENDIF statements will remain in the template for potential future use.

For example, CMS permits the editing and/or removal of some model language (e.g., per the CMS ANOC-EOC model instructions for HMO-POS plans). The omit rule is found on the **CustomRG** rules grid. See [CustomRG](#) rules section for more information.

' Changing your PCP

You may change your PCP for any reason, at any time. [[IF:RuleId={CustomRGomit}]]It's possible that your PCP might leave our plan's network of providers and you would have to find a new PCP. [[ENDIF:RuleId={CustomRGomit}]][[IF:RuleId={AERGinstruction}]]*Explain if the member chooses their PCP this member's choice is limited to specific providers available at*

1.5 Variable content

Variable content is maintained within rules. Variable content may appear embedded within rules that point to a **rules grid**, or they may be in the form of a data attribute (aka field) that pulls in content from a data asset such as the *Benefits Data Grid*.

To keep the templates evergreen, Cody strongly recommends that users **do NOT remove the variable content**.

In the example below, the ANOC template contains the **providerschg** and **noproviderschg** rules for the variability between plans that either do have or do not have changes in its provider network. Per the AERG excerpt below, the H1234-001 version will include the **providerschg** content and the H1234-002 version will include the **noproviderschg** content.

```

[[IF:RuleId={CustomRGInstruction}]][Insert applicable section: -For a plan that does not have changes in its provider network]-
[[ENDIF:RuleId={CustomRGInstruction}]][[IF:RuleId={AERGNoproviderschg}]]There are no changes to our network of providers for next year. [[ENDIF:RuleId={AERGNoproviderschg}]]

[[IF:RuleId={CustomRGInstruction}]][Insert applicable section: -For a plan that has changes in its provider network]-
[[ENDIF:RuleId={CustomRGInstruction}]][[IF:RuleId={AERGproviderschg}]]There are changes to our network of providers for next year. Please review the [[RuleId={DG}]{Plan_Year<NY>}] Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. [[ENDIF:RuleId={AERGproviderschg}]]
    
```

AERG:

		PlanName	001(H1234)	002(H1234)
		Variant	AERG	AERG
		Attribute		
		Plan_Name		
Question	Location	Rule		
All plan types except PDP and PFFS with no provider network: Which PBPs have provider network changes for next year? If PBP is crosswalking to an applicable PBP next year, select the crosswalking PBP.	ANOC	providerschg	x	
All plan types except PDP and PFFS with no provider network: Which PBPs do NOT have provider network changes for next year? If PBP is crosswalking to an applicable PBP next year, select the crosswalking PBP.	ANOC	noproviderschg		x

2 Rules

2.1 Overview

The Cody templates are pre-programmed with rules strings (also known as *tags* or *rules syntax*) that are mapped to data assets (such as the *Benefits Data Grid* and *MBCRG Rules Grid*). These assets are Excel spreadsheets that are uploaded to the CodySoft® Collateral Management Module® (CM) Assets Library.

Rules strings inform CM when to have variable content appear in a version (i.e., the rule has an **x** for a specific Plan Benefit Package (PBP) within the rules grid) or where to pull content from (e.g., the *Benefits Data Grid*; the *Companion File*).

Note: Rules syntax within the Cody templates do not contain spaces. Please reference the Collateral Management® User Guide for instructions on how to add and create rules.

2.2 Data Grid (DG) rule

The **Data Grid (DG)** rule is a *template* rule that points to fields (aka attributes) within the *Benefits Data Grid*. The rules syntax for data grid fields appears as red within the templates; content pulled from the data grid also appears as red within the versions.

Example of a **Benefits Data Grid** rules string: `[[RuleId={DG}{SNF_IN<NY>}]]`

Elements within the double square brackets ([[and]]) of the rules string:

RuleId={DG} identifies the data asset (DG) for the *Benefits Data Grid*.

SNF_IN is the field (aka attribute) for in-network cost sharing for Skilled Nursing Facility stays. This field appears within Column C of the *Benefits Data Grid*.

<NY> is the variant that tells CM to pull content from the grid's next year (NY) column when parsing the version. **TY** is *this* year (for ANOCs only) and **NY** is *next* year.

A	B	C	D	E
	Year	PlanName	001(H1234)	001(H1234)
		Variant	TY	NY
2 Skilled Nursing Facility (SNF) - MC	SNF - IN MC (cost/day intervals) [stay/day]	SNF_IN	\$0 copay per day for days 1-20 \$194.50 copay per day for days 21-100	\$0 copay per day for days 1-20 \$204 copay per day for days 21-100

2.3 Rules Grid rules

Rules Grid rules are *data asset* rules that point to cells within one of several rules grids. For these rules, CM checks whether the rule is applicable to the PBP. That is, if the rule has an **x** on the rules grid, the rule is applicable and the variable content (green; or red if a data grid attribute) will appear within the version. Think of these rules as light switches to turn on (**x**) or off (no **x**).

The rules string structure for all rules grid rules includes an **IF** statement (before the variable content) and an **ENDIF** statement (after the variable content).

The Cody templates include rules strings for **three standard rules grids**:

2.3.1 AERG rules

Variable content within the CMS models that *cannot* be identified via the plan bids' PBP Reports appear within the template's AERG rules IF/ENDIF statements. These rules start with the prefix "AERG" and point to the **ANOC/EOC Rules Grid (AERG)** which is *auto-generated* from within the AERG Wizard interface. In the example below, the **altlanguage** rule is applicable for H1234-001 as its column includes the lower case **x**. This plan's version will include the sentence within the **altlanguage** rule's IF/ENDIF statement.

Example: Which PBPs will include content for the availability of the ANOC and EOC in other languages (5% threshold and/or business decision)?

```
[[IF:RuleId={AERGaltlanguage}]]This document is available for free in
[[RuleId={DG}(altlanguages<NY>)]. [[ENDIF:RuleId={AERGaltlanguage}]]
```

AERG:

		PlanName	001(H1234)
		Variant	AERG
		Attribute	
		Plan_Name	
Question	Location	Rule	
All plan types: Which PBPs will include content for the availability of the ANOC and EOC in other languages (5% threshold and/or business decision)?	ANOC/EOC	altlanguage	x

2.3.2 MBCRG rules

Variable content within the CMS models that *can* be identified via the plan bids' PBP Reports appear within the template's MBCRG rules IF/ENDIF statements. These rules start with the prefix "MBCRG" and point to the **Medical Benefits Rules Grid (MBCRG)**. The CodySoft® Plan Benefit Package (PBP) Module® auto-generates this Rules Grid Export by systematically checking the PBP Reports and the *Benefits Data Grid*.

The *MBCRG* includes different rule types. Rules with the **chg** prefix are programmed using cell output from the *Benefits Data Grid* fields to identify year-to-year benefits changes. These **chg** rules appear in the ANOC template's *Medical Benefits Changes* chart. Rules with the **json** prefix are programmed using the uploaded plan bids' PBP Reports to primarily identify covered benefits. These rules appear predominantly on the EOC template's *Medical Benefits* chart. In the example below, the system searched the H1234-001 plan's PBP Report to identify that service category Additional Cardiac Rehabilitation Services (3-1) is covered as a mandatory supplemental benefit. The system populates the PBP's cell for the **jsonCardiacSupcardiac** rule with a lower case **x**.

Example: All plan types except PDP: Which PBPs cover additional cardiac rehabilitation services (3-1) as a mandatory supplemental benefit for next year?

```
[[IF:RuleId={MBCRGjsonCardiacSupcardiac}]] [[RuleId={DG}(Cardiac_addl_IN<NY>)]]
for additional cardiac rehabilitation services
visits. [[ENDIF:RuleId={MBCRGjsonCardiacSupcardiac}]]
```

MBCRG:

		PlanName	001(H1234)
		Variant	CODY
		Attribute	
		Plan_Name	
rule description	header	Rule	
All plan types except PDP: Which PBP's cover additional cardiac rehabilitation services (3-1) as a mandatory supplemental benefit for next year?	jsonCardiac	jsonCardiacSupcardiac	x

MBCRGjson out-of-network rules for EOC templates with POS medical benefits charts:

Within the DSNP and HMO EOC templates, there are two Medical Benefits charts: one with a one column format for in-network only cost sharing (nonPOS) and one with a two-column format for in- and out-of-network (POS) cost sharing. The two-column POS chart includes MBCRGjson rules that address out-of-network coverage and cost sharing.

CMS PBP software:

For this HMO-POS plan example, the *Home and Bathroom Safety Devices and Modifications (14c8)* benefit is covered as a *mandatory* supplemental benefit both in- and out-of-network.

Benefit Offerings Plan Characteristics

Updated by ██████████ on 1/26/2024 11:18:15 AM EST

Non-Medicare Services
Select all the service categories that are being offered under this plan Collapse All

Services	In-Network (INN)		Point-Of-Service (POS)
	<input type="checkbox"/>	Mandatory / Both	<input checked="" type="checkbox"/>
Home and Bathroom Safety Devices and Modifications (14c8)	<input checked="" type="checkbox"/>	Mandatory	<input checked="" type="checkbox"/>

PBP Report (Excel format):

Home and Bathroom Safety Devices and Modifications(14c8)	
In Network (INN)	Required
Optional/Mandatory / Both	Mandatory
Point-Of-Service (POS)	Yes

MBCRG grid:

The Cody MBCRG rules grid is auto-generated within the PBP Module®. For **json** rules, the programming looks to the uploaded PBP Reports to determine if a benefit is covered by a particular plan and whether it is covered out-of-network. If covered, an **x** is inserted into the cell of the applicable PBP's column for the rule(s).

For the *Home and Bathroom Safety Devices and Modifications (14c8)* benefit example above, the benefit is covered as a mandatory supplemental benefit both in- and out-of-network. Within the *MBCRG*, **x**'s have been inserted for the covered benefit rule (**jsonBathroomSD**) and the covered benefit OON rule (**jsonBathroomSDOON**). If the benefit was covered in-network only, the **x** would have been inserted for the **jsonBathroomSDOONnc** rule (**nc** = not covered).

rule description	header	Rule	
All plan types except PDP: Which PBPs cover home and bathroom safety devices and modifications services (14c8) as a mandatory supplemental benefit for next year?	jsonBathroomSD	jsonBathroomSD	x
All plan types except PDP: For PBPs that cover home and bathroom safety devices and modifications services (14c8) as a mandatory supplemental benefit in-network for next year, which PBPs ALSO cover it as a mandatory supplemental benefit out-of-network for next year?	jsonBathroomSD	jsonBathroomSDOON	x
All plan types except PDP: For PBPs that cover home and bathroom safety devices and modifications services (14c8) as a mandatory supplemental benefit in-network for next year, which PBPs do NOT cover it as a mandatory supplemental benefit out-of-network for next year?	jsonBathroomSD	jsonBathroomSDOONnc	

Cody EOC template POS Medical Benefits chart excerpt:

Because the MBCRG has an x for jsonBathroomSD, the benefit’s row will appear in the PBP’s version. Because the rules grid also has an x for jsonBathroomSDOON, the OON cost-sharing content will also appear. If the PBP covered the benefit in-network only, the jsonBathroomSDOONnc content will appear.

Services that are covered for you	What you must pay when you get these services	
	In-Network	Point-of-Service (POS)
		[[IF:RuleId={MBCRGjsonBathroomSD}]]
Home and bathroom safety devices and modifications [Describe benefit]	[[RuleId={DG}(Bathroom_sd_IN<NY>)]] for home and bathroom safety devices and modifications.	[[IF:RuleId={MBCRGjsonBathroomSDOON}]] [[RuleId={DG}(Bathroom_sd_OON<NY>)]] for home and bathroom safety devices and modifications. [[ENDIF:RuleId={MBCRGjsonBathroomSDOON}]] [[IF:RuleId={MBCRGjsonBathroomSDOONnc}]] Not covered. [[ENDIF:RuleId={MBCRGjsonBathroomSDOONnc}]] [[ENDIF:RuleId={MBCRGjsonBathroomSD}]]

Note: If the plan bid’s PBP Report indicates the benefit is covered out-of-network, the MBCRG will include the x for the OON rule. If you want the benefit to show as covered in-network only, an edit to the MBCRG field within the PBP Module® Rules Grid Fields will be required.

2.3.3 CustomRG rules

The following rules point to the *Custom Rules Grid* (CustomRG):

1. The **instruction** rule contains CMS instructional language as well as CCG notes.
2. The **omit** rule contains select content to be omitted from versions (e.g., non-applicable model content).
3. The **user-created** rules contain variable content not addressed in other IF/ENDIF statements.

CustomRG:

		PlanName	001(H1234)
		Variant	CODY
		Attribute	
		Plan_Name	
rule description	location	Rule	
Add x to have CMS instructions and CCG notes appear in the version	ANOC/EOC	instruction	
Do not add x for this rule; rule used for content to be omitted from the version but retained within the template	ANOC/EOC	omit	

Example: **instruction** rule for CMS model instruction. To display CMS instructions within the version, insert a lower-case **x** in the plan’s instruction rule cell of the *CustomRG*.

[[IF:RuleId={CustomRG**instruction**}]][Plans that meet the 5% alternative language threshold insert:] [[ENDIF:RuleId={CustomRG**instruction**}]]

Example: **omit** rule for non-applicable model content. This bullet will not appear within any version generated from this template because it appears within the omit rule's IF/ENDIF statements and the *CustomRG* does NOT have an **x** for the omit rule. See *CustomRG* screenshot above.

Chapter 3 Using the plan for your medical services¶

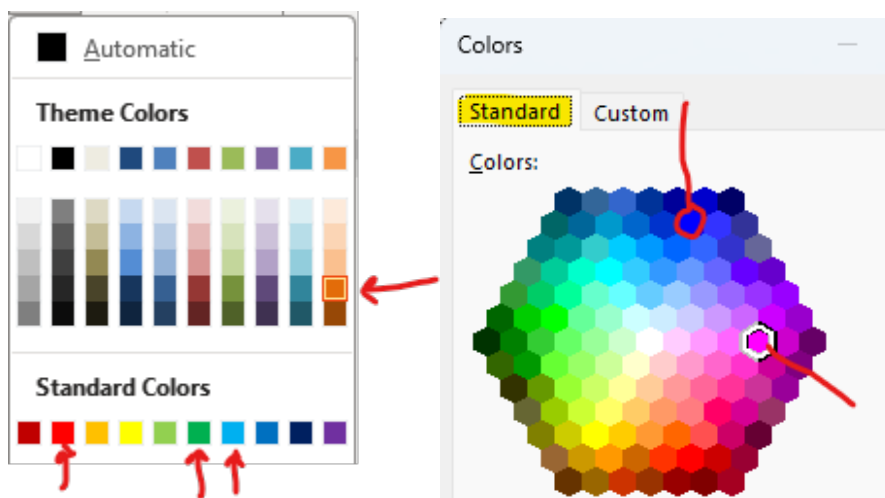
¶

- `[[IF:RuleId={CustomRGomit}]]¶`
- • → `[[IF:RuleId={CustomRGinstruction}]]`*Plans may omit or edit the PCP-related bullets as necessary.*`[[CCG:If not applicable, place CustomRGomit rule above and below the bullet and sub-bullets.]]``[[ENDIF:RuleId={CustomRGinstruction}]]`**You have a network primary care provider (a PCP) who is providing and overseeing your care.**`[[IF:RuleId={CustomRGinstruction}]]``[[CCG:AERGPCPs rule inserted for next sentence.]]``[[ENDIF:RuleId={CustomRGinstruction}]]``[[IF:RuleId={AERGPCPs}]]`*As a member of our plan, you must choose a network PCP (for more information about this, see Section 2.1 in this chapter).*`[[ENDIF:RuleId={AERGPCPs}]]¶`
 - → In most situations, `[[IF:RuleId={CustomRGinstruction}]]`*insert as applicable:*`[[ENDIF:RuleId={CustomRGinstruction}]]``[[IF:RuleId={AERGPCPreferral}]]`*your network PCP*`[[ENDIF:RuleId={AERGPCPreferral}]]``[[IF:RuleId={AERGplanreferral}]]`*our plan*`[[ENDIF:RuleId={AERGplanreferral}]]` must give you approval in advance before you can use other providers in the plan's network, such as specialists, hospitals, skilled nursing facilities, or home health care agencies. This is called giving you a referral. For more information about this, see Section 2.`[[IF:RuleId={AERGnoch321no322}]]`1`[[ENDIF:RuleId={AERGnoch321no322}]]``[[IF:RuleId={AERGch321no322}]]`2`[[ENDIF:RuleId={AERGch321no322}]]``[[IF:RuleId={AERGch322no321}]]`2`[[ENDIF:RuleId={AERGch322no321}]]``[[IF:RuleId={AERGch321and322}]]`3`[[ENDIF:RuleId={AERGch321and322}]]` of this chapter.¶
 - → Referrals from your PCP are not required for emergency care or urgently needed services.`[[IF:RuleId={AERGch322}]]` There are also some other kinds of care you can get without having approval in advance from your PCP (for more information about this, see Section 2.`[[IF:RuleId={AERGPCPs}]]`2`[[ENDIF:RuleId={AERGPCPs}]]``[[IF:RuleId={AERGnoPCPs}]]`1`[[ENDIF:RuleId={AERGnoPCPs}]]` of this chapter).`[[ENDIF:RuleId={AERGch322}]]¶`
- `[[ENDIF:RuleId={CustomRGomit}]]¶`

3 Color Key

Key:

- Red** – content merged from data source (Benefits data grid; Companion grid)
- Green** – variable content within AERG and MBCRG rules (and CustomRG rules, if applicable)
- Orange** – CMS-compliant language that is not part of the CMS model and is not within an IF/ENDIF statement. This content will appear in every version.
- Light blue** – Cody edits to model
- Black** – model content
- Yellow** – attention required; CCG notes, instructions for required content, and sample content
- Aqua** – attention required; CMS instructions for highly customizable language (e.g., *Plans may modify...*)
- Magenta** – IF/ENDIF statements for AERG and MBCRG rules grids
- Blue** – model instructions and IF/ENDIF statements for instruction and omit rules



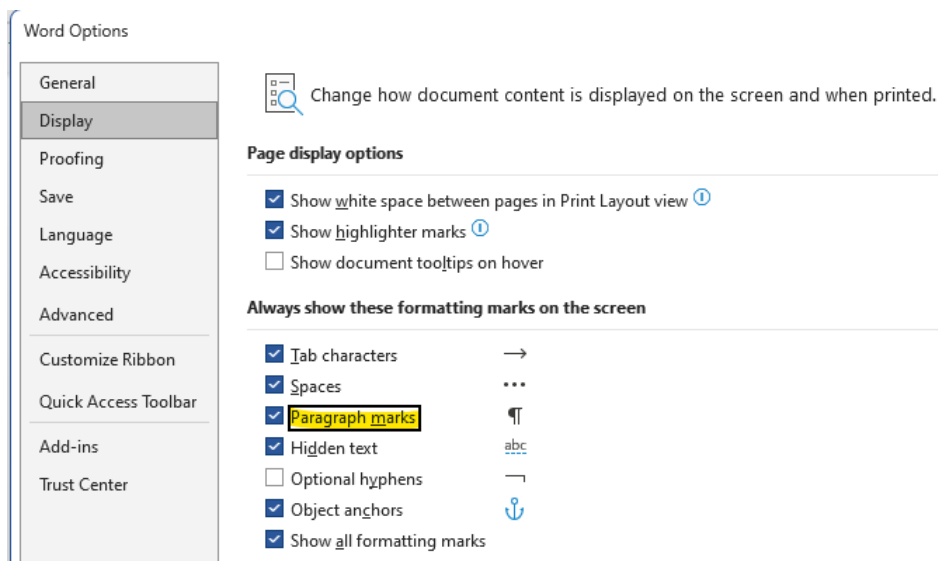
Services that are covered for you	What you must pay when you get these services
<p>Cardiac rehabilitation services Comprehensive programs of cardiac rehabilitation services that include exercise, education, and counseling are covered for members who meet certain conditions with a doctor's <code>[[[RuleId={CustomRGInstruction}]]/insert as appropriate: referral OR order]</code> CCG: Replace inserted and highlighted sample content "order" with "referral" as applicable following this instruction. Add rules if variable by plan. <code>[[ENDIF:RuleId={CustomRGInstruction}]]order</code>. The plan also covers intensive cardiac rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs.</p> <p><code>[[[RuleId={CustomRGInstruction}]]/Also list any additional benefits offered.]</code> <code>[[ENDIF:RuleId={CustomRGInstruction}]]</code> <code>[[IF:RuleId={MBCRGjsonCardiacSup}]]</code> After reaching the Medicare-covered benefit limit, this plan offers additional cardiac rehabilitation services visits: <code>[[IF:RuleId={MBCRGjsonCardiacSupcardiac}]]</code></p> <ul style="list-style-type: none"> • Additional cardiac rehabilitation services: <code>[[RuleId={DG}(Cardiac_addl_visits<NY>)]]</code> <code>[[ENDIF:RuleId={MBCRGjsonCardiacSupcardiac}]]</code> • Additional intensive cardiac rehabilitation services: <code>[[RuleId={DG}(Int_cardiac_addl_visits<NY>)]]</code> <code>[[ENDIF:RuleId={MBCRGjsonCardiacSupintcardiac}]]</code> <code>[[ENDIF:RuleId={MBCRGjsonCardiacSup}]]</code> 	<p><code>[[[RuleId={CustomRGInstruction}]]/List copays / coinsurance / deductible]</code> <code>[[ENDIF:RuleId={CustomRGInstruction}]]</code></p> <p><code>[[RuleId={DG}(Cardiac_IN<NY>)]]</code> for each Medicare-covered cardiac rehabilitation services visit.</p> <p><code>[[RuleId={DG}(Int_cardiac_IN<NY>)]]</code> for each Medicare-covered intensive cardiac rehabilitation services visit.</p> <p><code>[[[RuleId={MBCRGjsonCardiacSupcardiac}]]</code> <code>[[RuleId={DG}(Cardiac_addl_IN<NY>)]]</code> for additional cardiac rehabilitation services visits. <code>[[ENDIF:RuleId={MBCRGjsonCardiacSupcardiac}]]</code></p> <p><code>[[[RuleId={MBCRGjsonCardiacSupintcardiac}]]</code> <code>[[RuleId={DG}(Int_cardiac_addl_IN<NY>)]]</code> for additional intensive-cardiac rehabilitation services visits. <code>[[ENDIF:RuleId={MBCRGjsonCardiacSupintcardiac}]]</code></p>

4 Computer Settings (Cody-recommended)

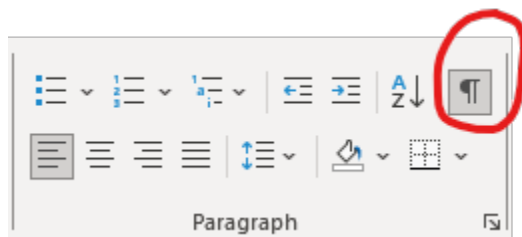
The following settings are recommended to help increase efficiencies while working with the Cody templates.

4.1 Microsoft Word settings

☐ File > Options > **Display** > Paragraph marks

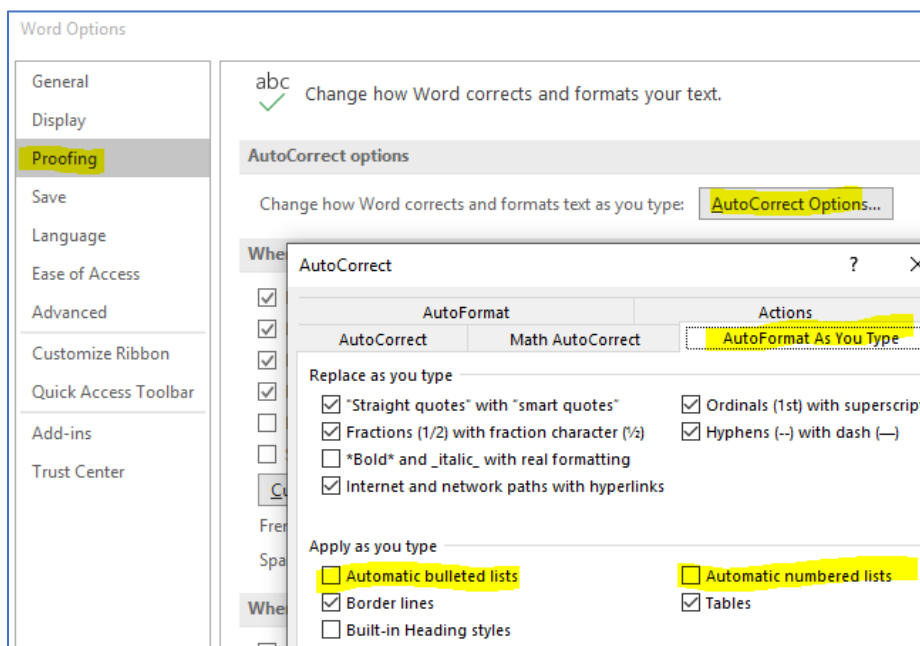


In the Home ribbon, the **Show Paragraph** icon is highlighted in gray. This setting allows you to view formatting symbols to help control how text is laid out within the document. You can identify extra spaces between words, where paragraphs end, page and section breaks, and more.



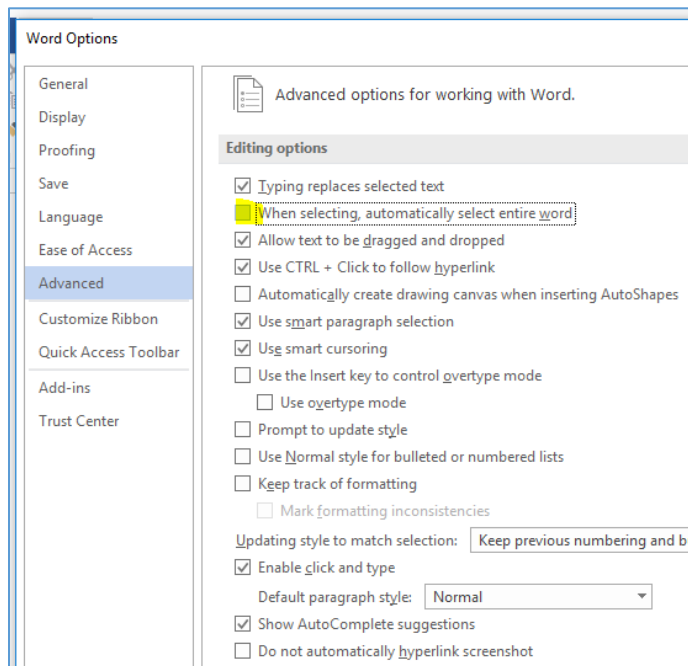
File > Options > **Proofing** > **AutoCorrect Options** > **AutoFormat As You Type**

Remove checkmarks from **Automatic bulleted lists** and **Automatic numbered lists** to prevent Word from automatically formatting a list.

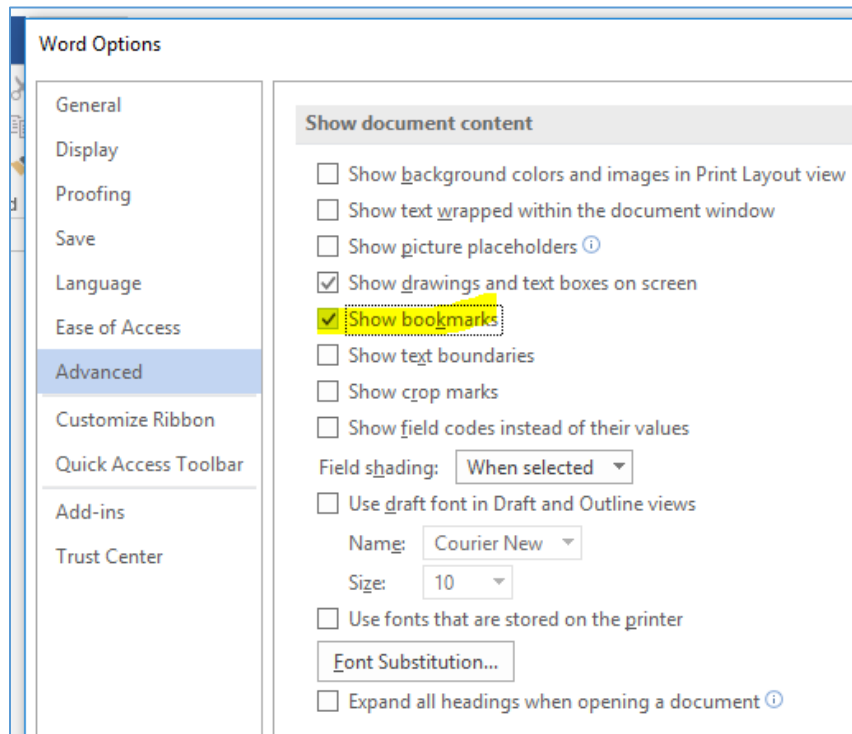


File > Options > **Advanced** > **When selecting, automatically select entire word**

Remove checkmark for easier selection of content.



File > Options > **Advanced** > **Show Bookmarks**



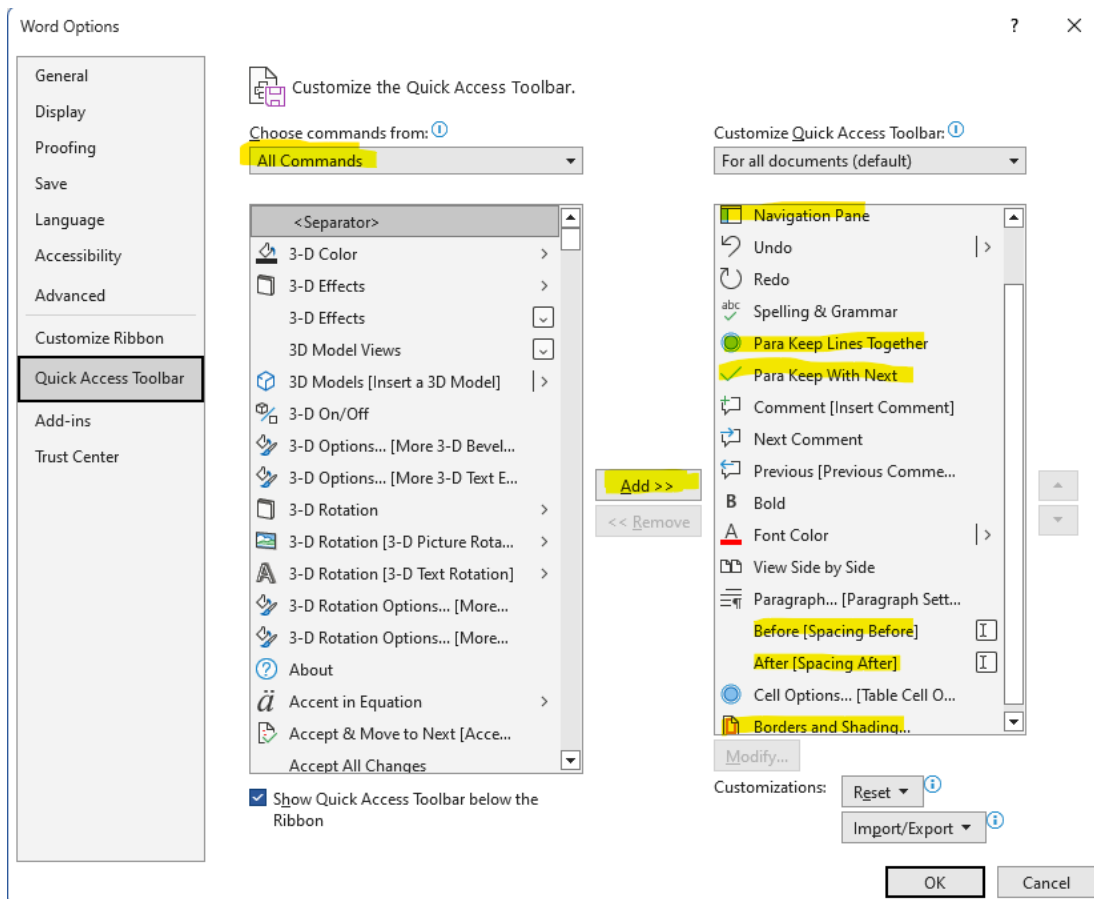
4.2 Quick Access Toolbar

The Quick Access Toolbar provides easy access to frequently used commands.

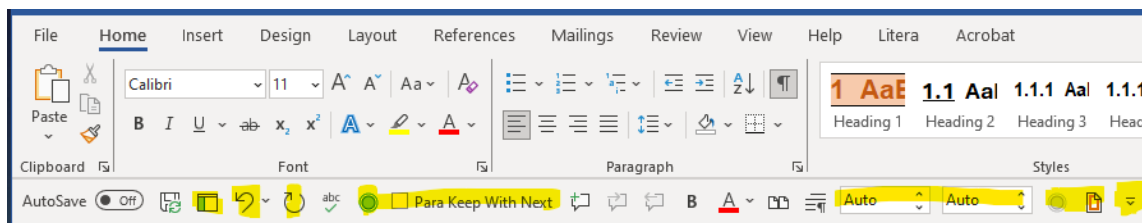
Click on this link for instructions from Microsoft: [Microsoft link](#).

File > Options > Quick Access Toolbar

Recommended commands for your Quick Access Toolbar:



Ribbon view of the highlighted commands:



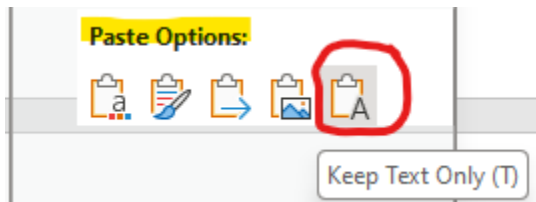
5 Word Styles

The Cody ANOC and EOC templates are formatted with standardized Word styles. Instead of using *direct* formatting (e.g., using the Word ribbon to apply bolding), the use of styles help you maintain consistent formatting throughout the documents. They are also used for creating the Table of Contents and for displaying chapter and section names within the navigation pane.

5.1 Copy-and-pasting

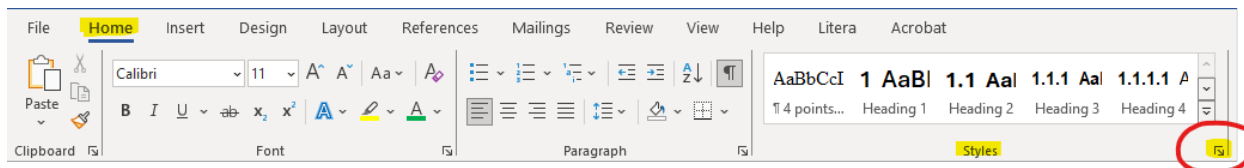
IMPORTANT: When copying content from a source document, paste text ONLY. This will prevent overriding of existing styles within the template.

1. Copy content from source document.
2. Right-click on template location for insertion of content.
3. In **Paste Options**, click **Keep Text Only (T)**.

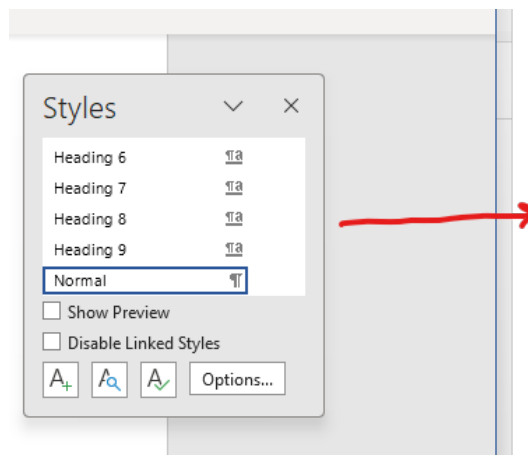


5.2 Displaying styles pane

In the Home ribbon, display the **Styles** pane by clicking the highlighted arrow.



To dock the Styles pane, drag it to the right beyond the edge of the window.

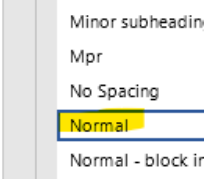


5.3 Applying a Word style

Place cursor anywhere in the paragraph and select the desired style from the Styles pane. In the example below, the sentence was changed from the Normal style (+ orange) to the List Bullet style (+ orange). **Orange**-colored text is CMS-compliant language that is not part of the CMS model and is not within an IF/ENDIF statement. This content will appear in every version.

`[[IF:RuleId={CustomRGInstruction}]]Plans must insert instructions for how to access urgently needed services (e.g., using urgent care centers, a provider hotline, etc.).`
`[[ENDIF:RuleId={CustomRGInstruction}]]These are the instructions for how to access urgently needed services (e.g., using urgent care centers, a provider hotline, etc.).`

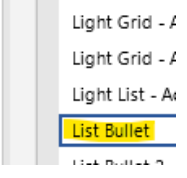
→ This sentence needs to be a bullet.



Minor subheadin
Mpr
No Spacing
Normal
Normal - block ir

`[[IF:RuleId={CustomRGInstruction}]]Plans must insert instructions for how to access urgently needed services (e.g., using urgent care centers, a provider hotline, etc.).`
`[[ENDIF:RuleId={CustomRGInstruction}]]These are the instructions for how to access urgently needed services (e.g., using urgent care centers, a provider hotline, etc.).`

→ •→ This sentence needs to be a bullet.



Light Grid - /
Light Grid - /
Light List - A/
List Bullet
List Bullet - /

5.4 Frequently used Word styles

EOC styles:

Header [[RuleId={DG}(Plan_Year<NY>)] Evidence of Coverage for [[RuleId={DG}(Plan_Name<NY>)] 317
Chapter 5 Using the plan's coverage for Part D prescription drugs Header Chapter Name

We will not tell you about these types of changes directly during the current plan year. You will need to check the “Drug List” for the next plan year (when the list is available during the open enrollment period) to see if there are any changes to the drugs you are taking that will impact you during the next plan year.

Heading 3 **SECTION 7 What types of drugs are *not* covered by the plan?**

Heading 4 **Section 7.1 Types of drugs we do not cover**

Normal This section tells you what kinds of prescription drugs are excluded. This means Medicare does not pay for these drugs.

If you get drugs that are excluded, you must pay for them yourself[[IF:RuleId={CustomRGInstruction}]] *insert if applicable:*[[ENDIF:RuleId={CustomRGInstruction}]] [[IF:RuleId={AERGexclRxcov}]] (except for certain excluded drugs covered under our enhanced drug coverage)[[ENDIF:RuleId={AERGexclRxcov}]]. If you appeal and the requested drug is found not to be excluded under Part D, we will pay for or cover it. (For information about appealing a decision, go to Chapter 9.)

Here are three general rules about drugs that Medicare drug plans will not cover under Part D: **Normal + Keep with next**

- List Bullet**
- Our plan's Part D drug coverage cannot cover a drug that would be covered under Medicare Part A or Part B.
 - Our plan cannot cover a drug purchased outside the United States or its territories.
 - Our plan usually cannot cover off-label use. **Off-label** use is any use of the drug other than those indicated on a drug's label as approved by the Food and Drug Administration.
- List Bullet 2**
- Coverage for off-label use is allowed only when the use is supported by certain references, such as the American Hospital Formulary Service Drug Information and the DRUGDEX Information System.

EOC styles:

Services that are covered for you	What you must pay when you get these services
<p>Cardiac rehabilitation services 4 points after bold</p> <p>Comprehensive programs of cardiac rehabilitation services that include exercise, education, and counseling are covered for members who meet certain conditions with a doctor’s</p> <p>[[IF:RuleId={CustomRGInstruction}]]<i>insert as appropriate: referral OR order</i> CCG: Replace inserted and highlighted sample content “order” with “referral” as applicable following this instruction. Add rules if variable by plan. CCGnote [[ENDIF:RuleId={CustomRGInstruction}]]order. The plan also covers intensive cardiac rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs.</p> <p>[[IF:RuleId={CustomRGInstruction}]]<i>Also list any additional benefits offered.</i> CMS instruction [[ENDIF:RuleId={CustomRGInstruction}]]order After reaching the Medicare-covered benefit limit, this plan offers additional cardiac rehabilitation services visits:</p> <p>[[IF:RuleId={MBCRGjsonCardiacSupcardiac}]]</p> <ul style="list-style-type: none"> • Additional cardiac rehabilitation services: [[RuleId={DG}(Cardiac_addl_visits<NY>)]] <p>[[ENDIF:RuleId={MBCRGjsonCardiacSupcardiac}]]</p> <p>[[IF:RuleId={MBCRGjsonCardiacSupintcardiac}]]</p> <ul style="list-style-type: none"> • Additional intensive cardiac rehabilitation services: [[RuleId={DG}(Int_cardiac_addl_visits<NY>)]] <p>[[ENDIF:RuleId={MBCRGjsonCardiacSupintcardiac}]]</p> <p>[[ENDIF:RuleId={MBCRGjsonCardiacSup}]] CODYrule</p>	<p>[[IF:RuleId={CustomRGInstruction}]]<i>List copays/coinsurance/deductible</i> [[ENDIF:RuleId={CustomRGInstruction}]]</p> <p>[[RuleId={DG}(Cardiac_IN<NY>)]] for each Medicare-covered cardiac rehabilitation services visit.</p> <p>[[RuleId={DG}(Int_cardiac_IN<NY>)]] for each Medicare-covered intensive cardiac rehabilitation services visit.</p> <p>[[IF:RuleId={MBCRGjsonCardiacSupcardiac}]]order [[RuleId={DG}(Cardiac_addl_IN<NY>)]] for additional cardiac rehabilitation services visits. [[ENDIF:RuleId={MBCRGjsonCardiacSupcardiac}]]</p> <p>[[IF:RuleId={MBCRGjsonCardiacSupintcardiac}]]order [[RuleId={DG}(Int_cardiac_addl_IN<NY>)]] for additional intensive-cardiac rehabilitation services visits. [[ENDIF:RuleId={MBCRGjsonCardiacSupintcardiac}]]</p>

4 points after

List Bullet no indent

CODYrule with blue text

4 points before and after

ANOC styles:**Heading 2
ANOC****SECTION**

[[IF:RuleId={AERGANOCsec1and3}]]4[[ENDIF:RuleId={AERGANOCsec1and3}]]3[[IF:RuleId={AERGANOCnoSec1ORnoSec3}]]3[[ENDIF:RuleId={AERGANOCnoSec1ORnoSec3}]]2[[ENDIF:RuleId={AERGANOCnoSec1noSec3}]]2[[ENDIF:RuleId={AERGANOCnoSec1noSec3}]]**Deciding Which Plan to Choose**

Heading 3 Section

[[IF:RuleId={AERGANOCsec1and3}]]4[[ENDIF:RuleId={AERGANOCsec1and3}]]3[[IF:RuleId={AERGANOCnoSec1ORnoSec3}]]3[[ENDIF:RuleId={AERGANOCnoSec1ORnoSec3}]]2[[ENDIF:RuleId={AERGANOCnoSec1noSec3}]]1 – **If you want to stay in**
[[RuleId={DG}]{Plan_Name<NY>}]

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our [[RuleId={DG}]{Plan_Name<NY>}].

Section

[[IF:RuleId={AERGANOCsec1and3}]]4[[ENDIF:RuleId={AERGANOCsec1and3}]]3[[IF:RuleId={AERGANOCnoSec1ORnoSec3}]]3[[ENDIF:RuleId={AERGANOCnoSec1ORnoSec3}]]2[[ENDIF:RuleId={AERGANOCnoSec1noSec3}]]2 – **If you want to change plans**

Normal We hope to keep you as a member next year but if you want to change plans for [[RuleId={DG}]{Plan_Year<NY>}] follow these steps:

Step 1: Learn about and compare your choices **subheading**

- List Bullet**
- You can join a different Medicare health plan,
 - OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section [[IF:RuleId={AERGANOCsec1}]]2[[ENDIF:RuleId={AERGANOCsec1}]]1[[IF:RuleId={AERGANOCnoSec1}]]1[[ENDIF:RuleId={AERGANOCnoSec1}]]1 regarding a potential Part D late enrollment penalty.

ANOC styles:

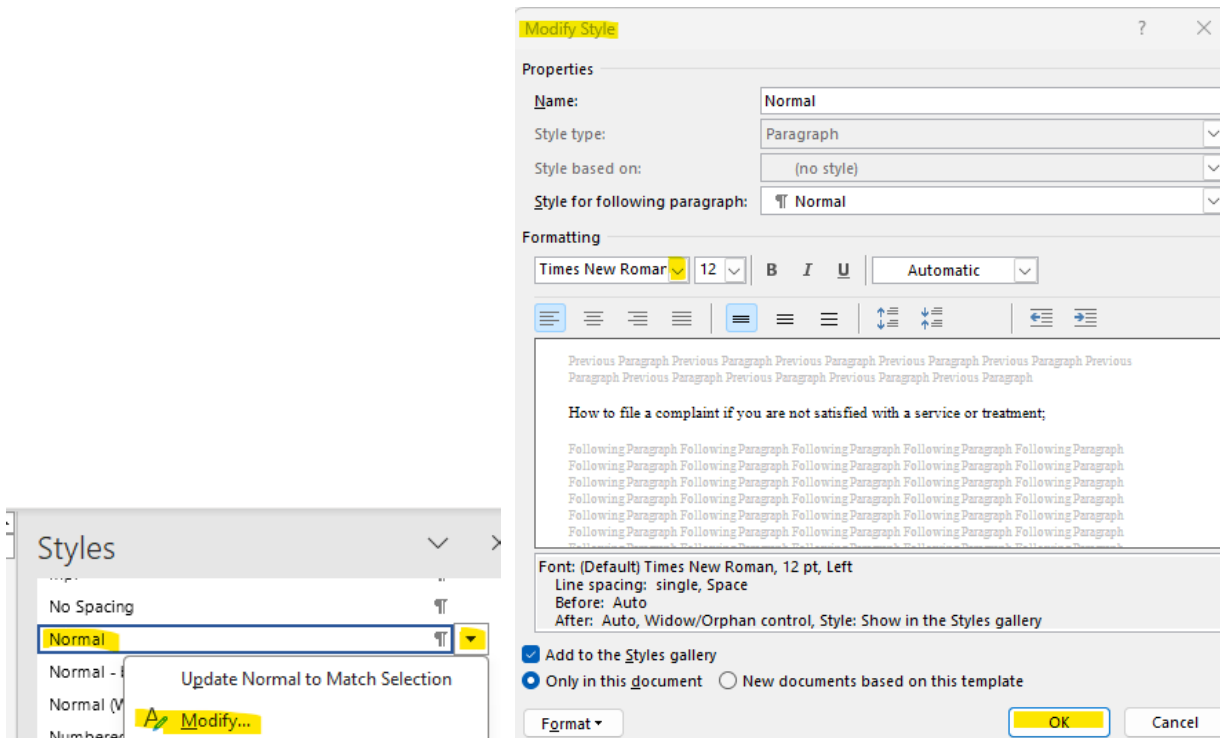
Header `[[RuleId={DG}(Plan_Name<NY>)] Annual Notice of Changes for`
`[[RuleId={DG}(Plan_Year<NY>)]` 43

Table Header 1	Cost	<code>[[RuleId={DG}(Plan_Year <TY>)] (this year)</code>	<code>[[RuleId={DG}(Plan_Year <NY>)] (next year)</code>
	Alternative Therapies	MBC Benefit Name	
			<code>[[IF:RuleId={MBCRGchgAltTherIN}]</code>
	IN & OON	<u>In-Network</u>	<u>In-Network</u>
		<code>[[IF:RuleId={MBCRGchgAltTherINcovthisyr}] You pay</code>	<code>[[IF:RuleId={MBCRGchgAltTherINcovnextyr}] You pay</code>
Normal + colors	<code>[[RuleId={DG}(Alternative_ther_IN<TY>)] for each alternative therapy session</code>	<code>[[RuleId={DG}(Alternative_ther_IN<NY>)] for each alternative therapy session</code>	
	<code>(([[RuleId={DG}(Alternative_ther_visits<TY>)]].[[ENDIF:RuleId={MBCRGchgAltTherINcovthisyr}]] [[IF:RuleId={MBCRGchgAltTherINncthisyr}]] Alternative therapies benefit is <u>not</u> covered. [[ENDIF:RuleId={MBCRGchgAltTherINncthisyr}]]</code>	<code>(([[RuleId={DG}(Alternative_ther_visits<NY>)]].[[ENDIF:RuleId={MBCRGchgAltTherINcovnextyr}]] [[IF:RuleId={MBCRGchgAltTherINnnextyr}]] Alternative therapies benefit is <u>not</u> covered. [[ENDIF:RuleId={MBCRGchgAltTherINnnextyr}]] [[ENDIF:RuleId={MBCRGchgAltTherIN}]]</code>	

5.5 Changing the font

Most Word Styles in the Cody ANOC and EOC templates are based on the **Normal** style which is 12 pt Times New Roman. Changing the font for this style will also change the font for other styles based on the Normal style.

1. On the **Styles** pane, click the arrow to the right of the **Normal** style. (left image)
2. On the pulldown menu, click **Modify**. (right image)
3. **Modify Style > Formatting > Select font** from pulldown menu. (right image)



6 Word Tables

The Cody templates include specific table formatting.

6.1 Selecting a table

- Click + to select entire table.

-Costs	[[RuleId={DG}(Plan_Year <TY>)]](this-year)	[[RuleId={DG}(Plan_Year <NY>)]](next-year)
		[[IF:RuleId={MBCRGchgAcupuncture}]]
Acupuncture		

6.2 Viewing gridlines

- Click **Borders > View Gridlines**. This setting allows you to see the edges of each cell within columns and rows.

The screenshot shows the 'Borders and Shading' task pane with the 'View Gridlines' option selected. The table below shows the gridlines clearly.

-Costs	[[RuleId={DG}(Plan_Year <TY>)]](this-year)
Acupuncture	
	In-Network
	You pay

6.3 Table properties for inserting a new table

Right-click on a table to select **Table Properties**.

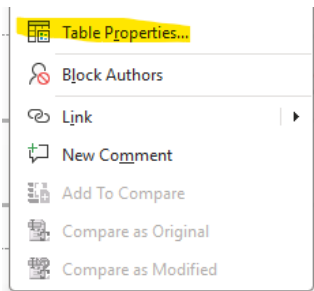
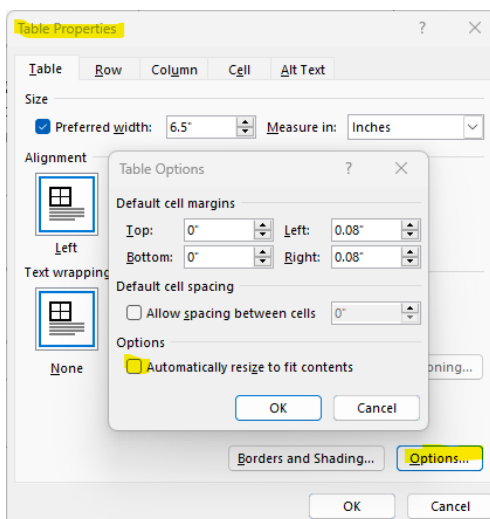


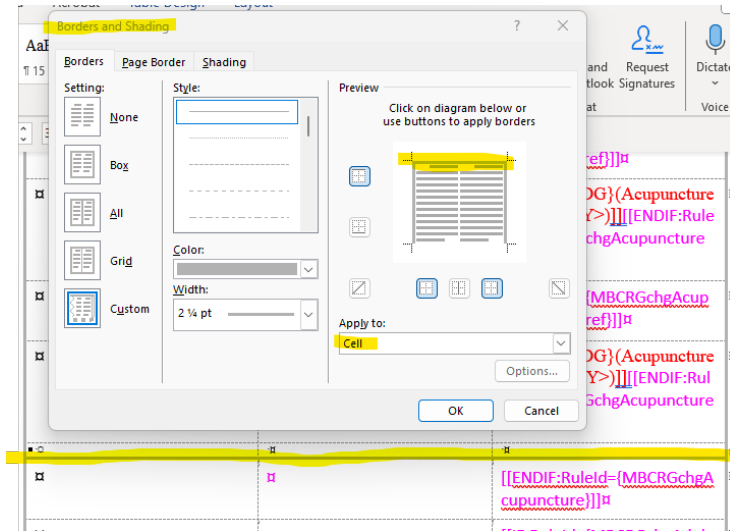
Table Properties > **Table Options** > **Options** > **Automatically resize to fit contents** is *deselected* to ensure a table’s width remains intact.



6.4 “Invisible” rows

The **ANOC** template’s *Medical Benefit Changes* chart includes an **“invisible” row** for each benefit. Because changes to a benefit may vary from PBP to PBP, the addition of this row ensures the last row for the benefit will have a visible bottom border. This row appears above the benefit’s final ENDIF statement. The row is formatted with the **MBC no space** style and each cell includes a space; do NOT remove these spaces. The ENDIF row below this row is formatted with a top border.

<p>☐</p>	<p>[[RuleId={DG}(Acupuncture _rou_ref<TY>)]]</p>	<p>[[RuleId={DG}(Acupuncture _rou_ref<NY>)]][[ENDIF:RuleId={MBCRGchgAcupuncture Supref}]]</p>	<ul style="list-style-type: none"> List Bullet 4 List Number List Paragraph MBC Benefit Name MBC no space Medium Grid 1 - Accent 21 Medium Grid 22 Medium List 2 - Accent 41 Medium Shading 1 - Accent
<p>☐</p>	<p>☐</p>	<p>[[ENDIF:RuleId={MBCRGchgAcupuncture}]]</p>	



Example in version:

Cost	2024 (this year)	2025 (next year)
	No referral required for Medicare-covered acupuncture services.	Referral is required for Medicare-covered acupuncture services.
Alternative Therapies		
In-Network	In-Network	In-Network
	You pay \$50 copay for each alternative therapy session (unlimited visits every year).	You pay \$50 copay for each alternative therapy session (up to 5 visits every year).
Out-of-Network	Out-of-Network	Out-of-Network
	You pay \$50 copay for each alternative therapy session (unlimited visits every year).	You pay \$50 copay for each alternative therapy session (up to 5 visits every year).

The EOC template’s Chapter 4 *Medical Benefits* chart also includes “invisible” rows for some benefits. Because coverage for mandatory supplemental benefits may vary from PBP to PBP, the addition of this row ensures the last row for the benefit will have a visible bottom border. This “invisible” row appears after the benefit’s last variable row. The row is formatted with the **Chart row no spacing** style and each cell includes a space; do NOT remove these spaces.

Services that are covered for you	What you must pay when you get these services
	uleId={MBCRGjsonHearingAidsOTCMax}} [[IF:RuleId={MBCRGjsonHearingAidsOTC}]] [[RuleId={DG}(Hearing_aids_OTC_I N<NY>)]] for OTC hearing aids. [[ENDIF:RuleId={MBCRGjsonHearingAidsOTC}]] [[ENDIF:RuleId={MBCRGjsonHearingAidsOTC}]]

A2	a
alt text hidden	a
Appeal Box	¶
Balloon Text	¶
Body Text	¶
Body Text 2	¶
Body Text 3	¶
Body Text Indent	¶
Body Text Indent 2	¶
CCGnote	a
Chapter Description	¶
Chapter Heading	¶
Chart row no spacing	¶
CMS instruction	a
CODYrule	a
Colorful List - Accent 11	¶

Example in version:

Services that are covered for you	What you must pay when you get these services
Hearing services Diagnostic hearing and balance evaluations performed by your provider to determine if you need medical treatment are covered as outpatient care when furnished by a physician, audiologist, or other qualified provider.	\$0 copay for each Medicare-covered exam to diagnose and treat hearing and balance issues.
Additional benefits include: <ul style="list-style-type: none"> → Routine hearing exams: 1 exam every year → Fitting and evaluation for hearing aids: 1 visit every year 	\$50 maximum plan coverage amount every year for routine hearing exams. \$5 copay for each routine hearing exam. \$0 copay for each hearing aid fitting/evaluation visit.
<ul style="list-style-type: none"> → Prescription hearing aids – all types: unlimited hearing aids → OTC hearing aids: 1 hearing aid every year 	\$4,000 maximum plan coverage amount every two years (per ear) for prescription hearing aids. \$0 copay for prescription hearing aids – all types. \$100 maximum plan coverage amount every year (both ears combined) for OTC hearing aids. 30% of the total cost for OTC hearing aids.

6.5 Inserting a variable row

Variable rows require a separate row for placement of the rule’s **IF** statement. The IF statement is positioned in the rightmost column. All other cells within this row must be blank.

The row(s) with the variable content have the **ENDIF** statement positioned in the rightmost column after or below any content in the cell.

If the rule used for the variable row is new (i.e., does not exist in any of the standard Cody rules grids), add the new rule to the **CustomRG** rules grid. Remember to run the Rules Wizard after adding new rules.

Example in template:

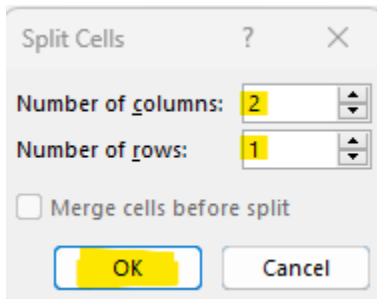
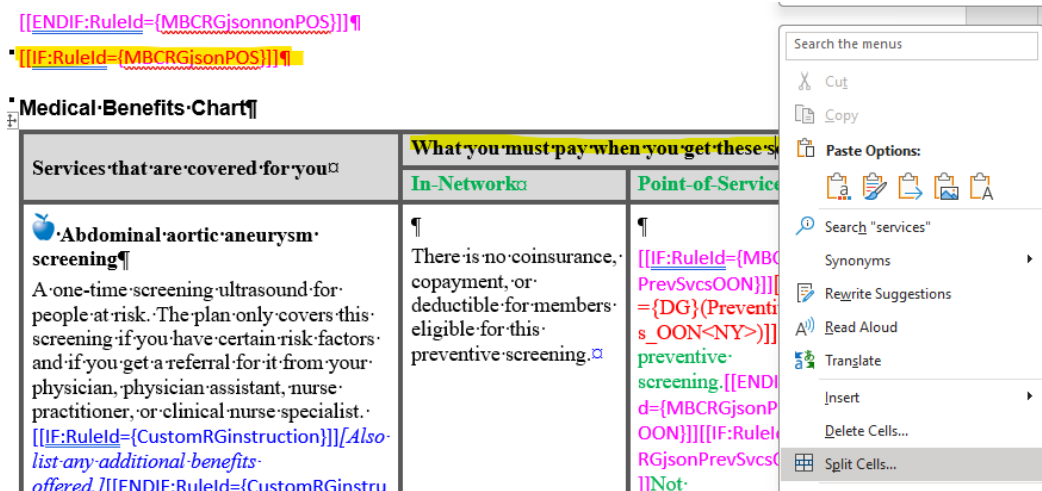
Note placement of IF and ENDIF statements for the row. This row will appear within the version if the MBCRG has a lower-case x within the cell for the given plan.

<p>☒</p>	<p>☒</p>	<p>[[IF:RuleId={MBCRGjsonAdultDay}]]#</p>
<p>Adult day health services¶ [Describe benefit.]☒</p>	<p>[[RuleId={DG}(Adult day svcs_IN<NY>)]] for adult day health services.☒</p>	<p>[[IF:RuleId={MBCRGjsonAdultDayOON}]] [[RuleId={DG}(Adult day svcs_OON<NY>)]] for adult day health services. [[ENDIF:RuleId={MBCRGjsonAdultDayOON}]] [[IF:RuleId={MBCRGjsonAdultDayOONnc}]] Not covered. [[ENDIF:RuleId={MBCRGjsonAdultDayOONnc}]]¶ [[ENDIF:RuleId={MBCRGjsonAdultDay}]]#</p>

6.6 Removing a column

Cody’s DSNP, HMO MAPD, and HMO MA EOC templates include a separate Chapter 4 Medical Benefits chart for plans with a POS option. The POS chart has out-of-network cost-sharing content in a separate column. To convert a three-column chart to a two-column chart (with both in-network and out-of-network cost-sharing content within the same column), follow these steps.

- At the top of the POS Medical Benefits Chart, right-click on **What you must pay when you get these services** and select **Split Cells**.



After splitting this merged cell, its contents now appear in the middle column:

Medical Benefits Chart

Services that are covered for you	What you must pay when you get these services	
	In-Network	Point-of-Service (POS)
<p>Abdominal aortic aneurysm</p>		

- Split cells for **Emergency care**, **Urgently needed care**, and **Worldwide emergency and urgently needed care services** rows.
- Review, cut and paste content from the rightmost column cell into the **middle** column cell for each benefit. Adjust, as needed.

Examples:

OPTION A: Insert In-Network and Out-of-Network headers:

Services that are covered for you	What you must pay when you get these services	
	In-Network	Point-of-Service (POS)
<p>Abdominal aortic aneurysm screening</p> <p>A one-time screening ultrasound for people at risk. The plan only covers this screening if you have certain risk factors and if you get a referral for it from your physician, physician assistant, nurse practitioner, or clinical nurse specialist.</p> <p>[[IF:RuleId={CustomRGInstruction}]]<i>Also list any additional benefits offered.</i>[[ENDIF:RuleId={CustomRGInstruction}]]</p>	<p>In-Network</p> <p>There is no coinsurance, copayment, or deductible for members eligible for this preventive screening.</p> <p>Out-of-Network</p> <p>[[IF:RuleId={MBCRGjsonPrevSvcOON}]]<i>[[RuleId={DG}(Preventive_Svc s_OON<NY>)]]</i> for this preventive screening. [[ENDIF:RuleId={MBCRGjsonPrevSvcOON}]]<i>[[IF:RuleId={MBCRGjsonPrevSvcOONnc}]]</i>Not covered. [[ENDIF:RuleId={MBCRGjsonPrevSvcOONnc}]]</p>	

OPTION B: Insert In-Network and Out-of-Network language:

Services that are covered for you	What you must pay when you get these services	
	In-Network	Point-of-Service (POS)
<p>Abdominal aortic aneurysm screening</p> <p>A one-time screening ultrasound for people at risk. The plan only covers this screening if you have certain risk factors and if you get a referral for it from your physician, physician assistant, nurse practitioner, or clinical nurse specialist.</p> <p>[[IF:RuleId={CustomRGInstruction}]]<i>Also list any additional benefits offered.</i>[[ENDIF:RuleId={CustomRGInstruction}]]</p>	<p>There is no in-network coinsurance, copayment, or deductible for members eligible for this preventive screening.</p> <p>[[IF:RuleId={MBCRGjsonPrevSvcOON}]]<i>[[RuleId={DG}(Preventive_Svc s_OON<NY>)]]</i> for this preventive screening out-of-network. [[ENDIF:RuleId={MBCRGjsonPrevSvcOON}]]<i>[[IF:RuleId={MBCRGjsonPrevSvcOONnc}]]</i>Not covered out-of-network. [[ENDIF:RuleId={MBCRGjsonPrevSvcOONnc}]]</p>	

- For **mandatory supplemental benefits**, the **IF** statement must also be moved to the **middle** column.

Services that are covered for you	What you must pay when you get these services	
	In-Network	Point-of-Service (POS)
	[[IF:RuleId={MBCRGjsonAcupunctureSup}]]	
Acupuncture (routine benefit) Benefit includes: • → [[RuleId={DG}(Acupuncture_rou_visits<NY>)]]	[[RuleId={DG}(Acupuncture_rou_IN<NY>)]] for each routine visit in-network [[IF:RuleId={MBCRGjsonAcupunctureSupOON}]] [[RuleId={DG}(Acupuncture_rou_OON<NY>)]] for each routine visit out-of-network [[ENDIF:RuleId={MBCRGjsonAcupunctureSupOON}]] [[IF:RuleId={MBCRGjsonAcupunctureSupOONnc}]] Not covered out-of-network [[ENDIF:RuleId={MBCRGjsonAcupunctureSupOONnc}]] [[ENDIF:RuleId={MBCRGjsonAcupunctureSup}]]	

- After all content has been removed from the rightmost column, delete the column. At the top of the POS Medical Benefits Chart, right-click in the rightmost cell and select **Delete Cells > Delete entire column**.

Medical Benefits Chart

Services that are covered for you	What you must pay when you get these services	
	In-Network	Point-
Abdominal aortic aneurysm screening A one-time screening ultrasound for people at risk. The plan only covers this screening if you have certain risk factors.	There is no in-network coinsurance, copayment, or deductible for members eligible for this.	

Delete Cells ? X

Shift cells left

Shift cells up

Delete entire row

Delete entire column

OK Cancel

- Right-click on the table and select **Table Properties > Size > Preferred width** change to 6.5 inches and click **OK**.

Medical-Benefits-Chart


Services that are covered for you	What you must pay when you get these services
 Abdominal aortic aneurysm screening A one-time screening ultrasound for people at risk. The plan only covers screening if you have certain risk factors and if you get a referral for it from a physician, physician assistant, nurse practitioner, or clinical nurse specialist. [[IF:RuleId={CustomRGInstruction}list-any-additional-benefits-offered.][[ENDIF:RuleId={CustomRGInstruction}]]	In-Network There is no in-network coinsurance, copayment, or

Table Properties

Table Row Column Cell Alt Text

Size

Preferred width: Measure in:

Alignment


Left
 Center
 Right
 Indent from left:

Text wrapping

None
 Around

- Select **Services that are covered for you**, then right-click to select **Split Cells**.

Medical-Benefits-Chart

Services that are covered for you	
 Abdominal aortic aneurysm screening A one-time screening ultrasound for people at risk. The plan only covers this screening if you have certain risk factors and if you get a referral for it from a physician, physician assistant, nurse practitioner, or clinical nurse specialist. [[IF:RuleId={CustomRGInstruction}list-any-additional-benefits-offered.][[ENDIF:RuleId={CustomRGInstruction}]]	

Split Cells




Number of columns:

Number of rows:

Merge cells before split



After splitting this merged cell, its contents now appear in two rows:

▪ **Medical-Benefits-Chart**

Services that are covered for you	What you must pay when you get these services
	In-Network
 Abdominal aortic aneurysm screening A one-time screening ultrasound for people at risk. The	 There is no in-network

- Place cursor in the blank cell, then right-click and select **Delete Cells > Delete entire row**.

▪ **Medical-Benefits-Chart**

Services that are covered for you	What you must pay when you get these services
 Abdominal aortic aneurysm screening A one-time screening ultrasound for people at risk. The plan only covers this screening if you have certain risk factors and if you get a referral for it from your physician.	 There is no in-network coinsurance, copayment, or deductible for members eligible.