

CY 2024 PBP Data Entry System Pages

11a - Durable Medical Equipment (DME) -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Ambulance/Transportation Services(10) -Completed
- DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
 - Durable Medical Equipment (DME) (11a) - In Progress**
 - Durable Medical Equipment Non Medicare (11a) -Not Started
 - Durable Medical Equipment for use outside the home(11a1) -Not Started
 - Other 1 for Durable Medical Equipment(11a2) -Not Started
 - Other 2 for Durable Medical Equipment(11a3) -Not Started
- Prosthetics/Medical Supplies(11b) -Not Started
- Diabetic Supplies and Services(11c) -Not Started
- Dialysis Services(12) -Not Started
- Other Supplemental Services(13) -Not Started

Durable Medical Equipment (DME) (11a)

Plan Characteristics

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

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?

Yes No

CY 2024 PBP Data Entry System Pages

11a - Durable Medical Equipment (DME) -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Ambulance/Transportation Services(10) -Completed
- ▲ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- ▲ Durable Medical Equipment (DME) (11a) - In Progress
- ▲ Durable Medical Equipment Non Medicare (11a) -Not Started
- ▲ Durable Medical Equipment for use outside the home(11a1) -Not Started
- ▲ Other 1 for Durable Medical Equipment(11a2) -Not Started
- ▲ Other 2 for Durable Medical Equipment(11a3) -Not Started
- ▼ Prosthetics/Medical Supplies(11b) -Not Started
- ▼ Diabetic Supplies and Services(11c) -Not Started
- ▲ Dialysis Services(12) -Not Started
- ▲ Other Supplemental Services(13) -Not Started

Is there a deductible?

Deductible amount

Are there preferred vendors/manufacturers for Durable Medical Equipment (DME)?

Authorization required for this benefit?

Yes

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

11a - Durable Medical Equipment (DME) -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Ambulance/Transportation Services(10) - Completed
- ▲ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- ▲ **Durable Medical Equipment (DME) (11a) - In Progress**
- ▲ Durable Medical Equipment Non Medicare (11a) - Not Started
- ▲ Durable Medical Equipment for use outside the home(11a1) - Not Started
- ▲ Other 1 for Durable Medical Equipment(11a2) - Not Started
- ▲ Other 2 for Durable Medical Equipment(11a3) - Not Started
- ▼ Prosthetics/Medical Supplies(11b) - Not Started
- ▼ Diabetic Supplies and Services(11c) - Not Started
- ▲ Dialysis Services(12) - Not Started
- ▲ Other Supplemental Services(13) - Not Started

\$400

Are there preferred vendors/manufacturers for Durable Medical Equipment (DME)?

Yes

No

Authorization required for this benefit?

Yes

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

11a - Durable Medical Equipment (DME) Non Medicare -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- ▼ Ambulance/Transportation Services(10) -Completed
- ▲ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Durable Medical Equipment (DME) (11a) -Completed
- Durable Medical Equipment Non Medicare (11a) -In Progress
- Durable Medical Equipment for use outside the home(11a1) -Not Started
- Other 1 for Durable Medical Equipment(11a2) -Not Started
- Other 2 for Durable Medical Equipment(11a3) -Not Started
- ▼ Prosthetics/Medical Supplies(11b) -Not Started
- ▼ Diabetic Supplies and Services(11c) -Not Started
- ▼ Dialysis Services(12) -Not Started
- ▼ Other Supplemental Services(13) -Not Started

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

Plan Characteristics

Is there a service specific maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Authorization required for this benefit?

Yes

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

11a - Durable Medical Equipment (DME) Non Medicare -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Ambulance/Transportation Services(10) -Completed
- ▲ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- ▲ Durable Medical Equipment (DME) (11a) -Completed
- ▲ Durable Medical Equipment Non Medicare (11a) -In Progress
- ▲ Durable Medical Equipment for use outside the home(11a1) -Not Started
- ▲ Other 1 for Durable Medical Equipment(11a2) -Not Started
- ▲ Other 2 for Durable Medical Equipment(11a3) -Not Started
- ▼ Prosthetics/Medical Supplies(11b) -Not Started
- ▼ Diabetic Supplies and Services(11c) -Not Started
- ▼ Dialysis Services(12) -Not Started
- ▼ Other Supplemental Services(13) -Not Started

Yes
No

Maximum Amount

Periodicity

Authorization required for this benefit?

Yes

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

11a1 - Durable Medical Equipment for use outside the home

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Ambulance/Transportation Services(10) - Completed
- DME, Prosthetics and Medical and Diabetic Supplies(11) - **In Progress**
 - Durable Medical Equipment (DME) (11a) - Completed
 - Durable Medical Equipment Non Medicare (11a) - Completed
 - Durable Medical Equipment for use outside the home(11a1) - In Progress**
 - Other 1 for Durable Medical Equipment(11a2) - Not Started
 - Other 2 for Durable Medical Equipment(11a3) - Not Started
- Prosthetics/Medical Supplies(11b) - Not Started
- Diabetic Supplies and Services(11c) - Not Started
- Dialysis Services(12) - Not Started
- Other Supplemental Services(13) - Not Started

Durable Medical Equipment for use outside the home (11a1)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

[+ Add Notes](#)

CY 2024 PBP Data Entry System Pages

11a2 - Other 1 for Durable Medical Equipment

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Ambulance/Transportation Services(10) -Completed
- ▲ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
 - Durable Medical Equipment (DME) (11a) -Completed
 - Durable Medical Equipment Non Medicare (11a) -Completed
 - Durable Medical Equipment for use outside the home(11a1) -Completed
 - Other 1 for Durable Medical Equipment(11a2) -In Progress
 - Other 2 for Durable Medical Equipment(11a3) -Not Started
- ▼ Prosthetics/Medical Supplies(11b) -Not Started
- ▼ Diabetic Supplies and Services(11c) -Not Started
- ▼ Dialysis Services(12) -Not Started
- ▼ Other Supplemental Services(13) -Not Started

Other 1 for Durable Medical Equipment (11a2)

Plan Characteristics

Name of Other Service

Other Service Name

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

CloseSave and CloseSave and Next

CY 2024 PBP Data Entry System Pages

11a3 - Other 2 for Durable Medical Equipment

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Ambulance/Transportation Services(10) -Completed
- DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
 - Durable Medical Equipment (DME) (11a) -Completed
 - Durable Medical Equipment Non Medicare (11a) -Completed
 - Durable Medical Equipment for use outside the home(11a1) -Completed
 - Other 1 for Durable Medical Equipment(11a2) -Completed
 - Other 2 for Durable Medical Equipment(11a3) -In Progress**
 - Prosthetics/Medical Supplies(11b) -Not Started
 - Diabetic Supplies and Services(11c) -Not Started
- Dialysis Services(12) -Not Started
- Other Supplemental Services(13) -Not Started

Other 2 for Durable Medical Equipment(11a3)

Name of Other Service

Other Service Name

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4% Maximum coinsurance 8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

11b - Prosthetics /Medical Supplies-Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- ✓ Ambulance/Transportation Services(10) - Completed
- ^ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- ✓ Durable Medical Equipment (DME) (11a) - Completed
- ^ Prosthetics/Medical Supplies(11b) - In Progress**
- Non-Medicare Prosthetics/Medical Supplies (11b) - Not Started
- Prosthetic Devices(11b1) - Not Started
- Medical Supplies(11b2) - Not Started
- ✓ Diabetic Supplies and Services(11c) - Not Started
- ✓ Dialysis Services(12) - Not Started
- ✓ Other Supplemental Services(13) - Not Started

Prosthetics/Medical Supplies (11b)

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

Yes No

MOOP amount:

Periodicity:

Is there a deductible?

Yes No

Deductible amount:

Authorization required for this benefit?
Yes

Out-of-Network (OON) Benefits

Add to OON Group

OON Group:

CY 2024 PBP Data Entry System Pages

11b - Prosthetics /Medical Supplies-Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Ambulance/Transportation Services(10) - Completed
- ▲ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- ▼ Durable Medical Equipment (DME) (11a) - Completed
- ▲ Prosthetics/Medical Supplies(11b) - In Progress
- Non-Medicare Prosthetics/Medical Supplies (11b) - Not Started
- Prosthetic Devices(11b1) - Not Started
- Medical Supplies(11b2) - Not Started
- ▼ Diabetic Supplies and Services(11c) - Not Started
- ▼ Dialysis Services(12) - Not Started
- ▼ Other Supplemental Services(13) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

11b – Non-Medicare Prosthetics Medical Supplies -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Ambulance/Transportation Services(10) - Completed
- DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Durable Medical Equipment (DME) (11a) - Completed
- Prosthetics/Medical Supplies(11b) - In Progress
- Non-Medicare Prosthetics/Medical Supplies (11b) - In Progress**
- Prosthetic Devices(11b1) - Not Started
- Medical Supplies(11b2) - Not Started
- Diabetic Supplies and Services(11c) - Not Started
- Dialysis Services(12) - Not Started
- Other Supplemental Services(13) - Not Started

Non-Medicare Prosthetics Medical Supplies (11b)

[Plan Characteristics](#)

Is there a maximum plan benefit coverage amount?

Yes No

Maximum Amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Authorization required for this benefit?

Yes

CY 2024 PBP Data Entry System Pages

11b – Non-Medicare Prosthetics Medical Supplies -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Ambulance/Transportation Services(10) -Completed
- ^ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- ▼ Durable Medical Equipment (DME) (11a) -Completed
- ^ Prosthetics/Medical Supplies(11b)-In Progress
- Non-Medicare Prosthetics/Medical Supplies (11b) -In Progress
- Prosthetic Devices(11b1) -Not Started
- Medical Supplies(11b2) -Not Started
- ▼ Diabetic Supplies and Services(11c) -Not Started
- ▼ Dialysis Services(12) -Not Started
- ▼ Other Supplemental Services(13) -Not Started

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2024 PBP Data Entry System Pages

11b1 - Prosthetic Devices

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ∨ Ambulance/Transportation Services(10) -Completed
- ∧ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- ∨ Durable Medical Equipment (DME) (11a) -Completed
- ∧ Prosthetics/Medical Supplies(11b) -In Progress
- Non-Medicare Prosthetics/Medical Supplies (11b) -Completed
- Prosthetic Devices(11b1) - In Progress
- Medical Supplies(11b2) - Not Started
- ∨ Diabetic Supplies and Services(11c) -Not Started
- ∨ Dialysis Services(12) - Not Started
- ∨ Other Supplemental Services(13) -Not Started

Prosthetic Devices (11b1) Plan Characteristics

Is there a coinsurance?

Yes Yes with a minimum & maximum No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a minimum & maximum No

Minimum copayment Maximum copayment

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

11b2 - Medical Supplies

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Ambulance/Transportation Services(10) -Completed
- DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Durable Medical Equipment (DME) (11a) -Completed
- Prosthetics/Medical Supplies(11b) -In Progress
- Non-Medicare Prosthetics/Medical Supplies (11b) -Completed
- Prosthetic Devices(11b1) -Completed
- Medical Supplies(11b2) - In Progress**
- Diabetic Supplies and Services(11c) -Not Started
- Dialysis Services(12) -Not Started
- Other Supplemental Services(13) -Not Started

Medical supplies (11b2)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a minimum & maximum No

Minimum coinsurance 4% Maximum coinsurance 8%

Is there a copayment?

Yes Yes with a minimum & maximum No

Minimum copayment \$400 Maximum copayment \$400

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

11c - Diabetic Supplies and Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Ambulance/Transportation Services(10) -Completed
- DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
 - Durable Medical Equipment (DME) (11a) -Completed
 - Prosthetics/Medical Supplies(11b) -Completed
 - Diabetic Supplies and Services(11c) - In Progress**
 - Diabetic Supplies(11c1) -Not Started
 - Diabetic Therapeutic Shoes/ Inserts(11c2) -Not Started
- Dialysis Services(12) -Not Started
- Other Supplemental Services(13) -Not Started

Diabetic Supplies and Services(11c)

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

Yes No

Select the maximum enrollee out-of-pocket cost type

Covered under DME category(11a)

Plan-specified amount per period

MOOP amount

Periodicity

Is there a deductible?

Yes No

Deductible amount

Do you limit Diabetic Supplies and Services to those from specified manufacturers?

Yes No

Plan Characteristics

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

11c - Diabetic Supplies and Services-Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- ▼ Ambulance/Transportation Services(10) - Completed
- ▲ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- ▼ Durable Medical Equipment (DME) (11a) - Completed
- ▼ Prosthetics/Medical Supplies(11b) - Completed
- ▲ Diabetic Supplies and Services(11c) - In Progress
- Diabetic Supplies(11c1) - Not Started
- Diabetic Therapeutic Shoes/ Inserts(11c2) - Not Started
- ▼ Dialysis Services(12) - Not Started
- ▼ Other Supplemental Services(13) - Not Started

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

11c - Diabetic Supplies and Services-Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Ambulance/Transportation Services(10) -Completed
- ▲ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- ▼ Durable Medical Equipment (DME) (11a)-Completed
- ▼ Prosthetics/Medical Supplies(11b)-Completed
- ▲ Diabetic Supplies and Services(11c) - In Progress
- ▼ Diabetic Supplies(11c1) - Not Started
- ▼ Diabetic Therapeutic Shoes/ Inserts(11c2) - Not Started
- ▼ Dialysis Services(12) -Not Started
- ▼ Other Supplemental Services(13) -Not Started

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

11c1 - Diabetic Supplies

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- ∨ Ambulance/Transportation Services(10) - Completed
- ∧ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
 - ∨ Durable Medical Equipment (DME) (11a) - Completed
 - ∨ Prosthetics/Medical Supplies(11b) - Completed
 - ∧ Diabetic Supplies and Services(11c) - In Progress
 - Diabetic Supplies(11c1) - In Progress**
 - Diabetic Therapeutic Shoes/ Inserts(11c2) - Not Started
 - ∨ Dialysis Services(12) - Not Started
 - ∨ Other Supplemental Services(13) - Not Started

Diabetic Supplies (11c1)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a minimum & maximum No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a minimum & maximum No

Minimum copayment: Maximum copayment:

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

11c2 - Diabetic Therapeutic Shoes /Inserts

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Ambulance/Transportation Services(10) - Completed
- DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
 - Durable Medical Equipment (DME) (11a) - Completed
 - Prosthetics/Medical Supplies(11b) - Completed
 - Diabetic Supplies and Services(11c) - In Progress
 - Diabetic Supplies(11c1) - Completed
 - Diabetic Therapeutic Shoes/ Inserts(11c2) - In Progress**
 - Dialysis Services(12) - Not Started
 - Other Supplemental Services(13) - Not Started

Diabetic Therapeutic Shoes/Inserts(11c2)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a minimum & maximum No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a minimum & maximum No

Minimum copayment: Maximum copayment:

[+ Add Notes](#)

CY 2024 PBP Data Entry System Pages

12 - Dialysis Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Home Health Services(6) - Completed
- Health Care Professional Services(7) - Completed
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- Outpatient Services(9) - Completed
- Ambulance/Transportation Services(10) - Completed
- DME, Prosthetics and Medical and Diabetic Supplies(11) - Completed
- Dialysis Services(12) - In Progress**
- Other Supplemental Services(13) - Not Started

Dialysis Services(12)

Plan Characteristics

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

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?

Yes No

CY 2024 PBP Data Entry System Pages

12 - Dialysis Services - Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- v Home Health Services(6) - Completed
- v Health Care Professional Services(7) - Completed
- v Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- v Outpatient Services(9) - Completed
- v Ambulance/Transportation Services(10) - Completed
- v DME, Prosthetics and Medical and Diabetic Supplies(11) - Completed
- v Dialysis Services(12) - In Progress
- v Other Supplemental Services(13) - Not Started

Deductible amount

\$

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

12 - Dialysis Services-Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Home Health Services(6) - Completed
- ▼ Health Care Professional Services(7) - Completed
- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ▼ Outpatient Services(9) - Completed
- ▼ Ambulance/Transportation Services(10) - Completed
- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Completed
- ▼ Dialysis Services(12) - In Progress
- ▼ Other Supplemental Services(13) - Not Started

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

13a - Acupuncture -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - In Progress

Over-the-Counter (OTC) Items(13b) - Not Started

Meal Benefit(13c) - Not Started

Other 1(13d) - Not Started

Other 2(13e) - Not Started

Other 3(13f) - Not Started

Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) - Not Started

Acupuncture(13a) Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

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

Yes No

MOOP amount

Number of Treatments

Is this benefit unlimited for Number of Treatments?

Yes No

Indicate limit for Number of Treatments

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13a - Acupuncture -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - In Progress

Over-the-Counter (OTC) Items(13b) - Not Started

Meal Benefit(13c) - Not Started

Other 1(13d) - Not Started

Other 2(13e) - Not Started

Other 3(13f) - Not Started

Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) - Not Started

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

CY 2024 PBP Data Entry System Pages

13a - Acupuncture -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - In Progress
- Over-the-Counter (OTC) Items(13b) - Not Started
- Meal Benefit(13c) - Not Started
- Other 1(13d) - Not Started
- Other 2(13e) - Not Started
- Other 3(13f) - Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

CY 2024 PBP Data Entry System Pages

13b - Over-the-Counter (OTC) items -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - In Progress
- Meal Benefit(13c) - Not Started
- Other 1(13d) - Not Started
- Other 2(13e) - Not Started
- Other 3(13f) - Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Over-the-Counter (OTC) Items(13b)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

Does your Maximum Plan Benefit Coverage amount carry forward to the next period if it is unused?

Yes No

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

Yes No

MOOP amount

Periodicity

Nicotine Replacement Therapy (NRT) Attestation

Are you offering Nicotine Replacement Therapy (NRT) as a Part C OTC benefit?

Yes No

CY 2024 PBP Data Entry System Pages

13b - Over-the-Counter (OTC) items -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - In Progress
- Meal Benefit(13c) - Not Started
- Other 1(13d) - Not Started
- Other 2(13e) - Not Started
- Other 3(13f) - Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Is there a deductible?

Yes
No

Deductible amount

Does this cover all of the drugs on the CMS OTC list which may be found in Chapter 4 of the Medicare Managed Care Manual?

Yes
No

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

13b - Over-the-Counter (OTC) items -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - In Progress
- Meal Benefit(13c) - Not Started
- Other 1(13d) - Not Started
- Other 2(13e) - Not Started
- Other 3(13f) - Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- ^ Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
..

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

13b - Over-the-Counter (OTC) items -Page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - In Progress
- Meal Benefit(13c) - Not Started
- Other 1(13d) - Not Started
- Other 2(13e) - Not Started
- Other 3(13f) - Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

OUT-OF-NETWORK (OON) BENEFITS

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2024 PBP Data Entry System Pages

13c - Meal Benefits -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - Completed
- Meal Benefit(13c) - In Progress
- Other 1(13d) - Not Started
- Other 2(13e) - Not Started
- Other 3(13f) - Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Meal Benefit(13c) Plan Characteristics

Select the type of primarily health related meals benefit offered (Check all that apply):

Immediately following surgery or inpatient hospitalization

For a chronic illness

For a medical condition or potential medical condition that requires the enrollees to remain at home for a period of time

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13c - Meal Benefits -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - Completed
- Meal Benefit(13c) - In Progress
- Other 1(13d) - Not Started
- Other 2(13e) - Not Started
- Other 3(13f) - Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- ^ Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

CY 2024 PBP Data Entry System Pages

13c - Meal Benefits -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - Completed
- Meal Benefit(13c) - In Progress
- Other 1(13d) - Not Started
- Other 2(13e) - Not Started
- Other 3(13f) - Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- ^ Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

13d - Other 1 -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - In Progress
- Other 2(13e) -Not Started
- Other 3(13f) -Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) -Not Started

Other 1 (13d) Plan Characteristics

Name of Other Service

Other 1 Service Name

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13d - Other 1 -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - In Progress
- Other 2(13e) - Not Started
- Other 3(13f) - Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

Minimum copayment

Maximum copayment

Is there a deductible?

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

CY 2024 PBP Data Entry System Pages

13d - Other 1 -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▾ Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - In Progress
- Other 2(13e) - Not Started
- Other 3(13f) - Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- ▴ Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

13e - Other 2 -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ✓ Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e) - In Progress
- Other 3(13f) - Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- ^ Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Other 2(13e) Plan Characteristics

Name of Other Service
Other Service Name

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13e - Other 2 -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a)- Completed

Over-the-Counter (OTC) Items(13b)- Completed

Meal Benefit(13c) - Completed

Other 1(13d)- Completed

Other 2(13e) - In Progress

Other 3(13f)-Not Started

Dual Eligible SNPs with Highly Integrated Services(13g)- Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) -Not Started

Freestanding Birth Center Services(13h3) -Not Started

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes **Yes with a min & max** No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13e - Other 2 -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

✕

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b)- Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e) - In Progress
- Other 3(13f)- Not Started
- Dual Eligible SNPs with Highly Integrated Services(13g)- Not Started
- ^ Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

13f - Other 3 -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a)- Completed

Over-the-Counter (OTC) Items(13b)- Completed

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) -Completed

Other 3(13f) - In Progress

Dual Eligible SNPs with Highly Integrated Services(13g)- Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) -Not Started

Other 3(13f)

Plan Characteristics

Name of Other Service
Other Service Name

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13f - Other 3 -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e) - Completed
- Other 3(13f) - In Progress
- Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started
- Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

CY 2024 PBP Data Entry System Pages

13f - Other 3 -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - **In Progress**
- Acupuncture(13a)- Completed
- Over-the-Counter (OTC) Items(13b)- Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e)-Completed
- Other 3(13f) - **In Progress**
- Dual Eligible SNPs with Highly Integrated Services(13g)- Not Started
- ^ Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group: + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group: + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13g - Dual Eligible SNPs with Highly Integrated Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a)- Completed

Over-the-Counter (OTC) Items(13b)- Completed

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - Completed

Other 3(13f) - Completed

Dual Eligible SNPs with Highly Integrated Services(13g) - In Progress

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) -Not Started

Freestanding Birth Center Services(13h3) -Not Started

Dual Eligible SNPs with Highly Integrated Services(13g) Plan Characteristics

I attest that I have received written notification from CMS that this individual SNP plan qualifies for the new supplemental benefit flexibility for certain Dual Eligible SNPs with Highly Integrated Services for CY 2022. I further attest that the additional supplemental benefit(s) that the SNP describes in this section of the PBP do not inappropriately duplicate an existing service(s) that enrollees are eligible to receive under a waiver, the State Medicaid plan, Medicare Part A or B, or through the local jurisdiction in which they reside.

Name of Other Service
Other1 Service Name

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13g - Dual Eligible SNPs with Highly Integrated Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e) - Completed
- Other 3(13f) - Completed
- Dual Eligible SNPs with Highly Integrated Services(13g) - In Progress**
- Additional Services (MMP)(13h) - Not Started
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?

Yes No

Deductible amount:

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2024 PBP Data Entry System Pages

13g - Dual Eligible SNPs with Highly Integrated Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - In Progress
- Acupuncture(13a)- Completed
- Over-the-Counter (OTC) Items(13b)- Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e) - Completed
- Other 3(13f) - Completed
- Dual Eligible SNPs with Highly Integrated Services(13g) - In Progress
- ^ Additional Services (MMP)(13h) - Not Started
 - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
 - Tobacco Cessation Counseling for Pregnant Women(13h2) -Not Started
 - Freestanding Birth Center Services(13h3) -Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

13h - Additional Services (MMP) -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

✕

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - In Progress
- Acupuncture(13a) - Completed
- Over-the-Counter (OTC) Items(13b) - Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e) - Completed
- Other 3(13f) - Completed
- Dual Eligible SNPs with Highly Integrated Services(13g) - Completed
- ▲ Additional Services (MMP)(13h) - In Progress
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Plan Characteristics

Additional Services (MMP)(13h)

Does this service require qualification for and enrollment in a state-operated waiver program?

Yes No

In-Network benefits

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group Add New POS Group

POS Group
Group Name 1 - POS

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13h - Additional Services (MMP) -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very Long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - In Progress
- Acupuncture(13a)- Completed
- Over-the-Counter (OTC) Items(13b)- Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e) - Completed
- Other 3(13f) - Completed
- Dual Eligible SNPs with Highly Integrated Services(13g) - Completed
- ^ Additional Services (MMP)(13h) - In Progress
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started
- Tobacco Cessation Counseling for Pregnant Women(13h2) -Not Started
- Freestanding Birth Center Services(13h3) -Not Started

In-Network benefits

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group Add New POS Group

POS Group Group Name 1 - POS

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13h1 - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services -Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - In Progress
 - Acupuncture(13a) - Completed
 - Over-the-Counter (OTC) Items(13b) - Completed
 - Meal Benefit(13c) - Completed
 - Other 1(13d) - Completed
 - Other 2(13e) - Completed
 - Other 3(13f) - Completed
- Dual Eligible SNPs with Highly Integrated Services(13g) - Completed
- Additional Services (MMP)(13h) - In Progress
 - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - In Progress**
 - Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
 - Freestanding Birth Center Services(13h3) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1)

Does this service require qualification for and enrollment in a state-operated waiver program?

Yes No

Is there a limit on the Additional Services provided?

Yes No

Indicate limit

Indicate numerical limit

Periodicity

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

[Plan Characteristics](#)

CY 2024 PBP Data Entry System Pages

13h1 - Early and Peroidic Screening ,Diagnostic , and Treatment (EPSDT) Services -Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - In Progress
- Acupuncture(13a)- Completed
- Over-the-Counter (OTC) Items(13b)- Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e) - Completed
- Other 3(13f) - Completed
- Dual Eligible SNPs with Highly Integrated Services(13g) - Completed
- ▲ Additional Services (MMP)(13h) - In Progress
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - In Progress
- Tobacco Cessation Counseling for Pregnant Women(13h2) -Not Started
- Freestanding Birth Center Services(13h3) -Not Started

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum Maximum

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

CY 2024 PBP Data Entry System Pages

13h1 - Early and Peroidic Screening, Diagnostic, and Treatment (EPSDT) Services -Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - In Progress
- Acupuncture(13a)- Completed
- Over-the-Counter (OTC) Items(13b)- Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e) - Completed
- Other 3(13f) - Completed
- Dual Eligible SNPs with Highly Integrated Services(13g) - Completed
- ▲ Additional Services (MMP)(13h) - In Progress
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - In Progress
- Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started
- Freestanding Birth Center Services(13h3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

13h2 - Tobacco Cessation Counseling for Pregnant Women - Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - In Progress
- Acupuncture(13a)- Completed
- Over-the-Counter (OTC) Items(13b)- Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e) - Completed
- Other 3(13f) - Completed
- Dual Eligible SNPs with Highly Integrated Services(13g) - Completed
- ^ Additional Services (MMP)(13h) - In Progress
- Tobacco Cessation Counseling for Pregnant Women(13h2) - In Progress
- Freestanding Birth Center Services(13h3) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) Plan Characteristics

Does this service require qualification for and enrollment in a state-operated waiver program?

Yes No

Is there a limit on the Additional Services provided?

Yes No

Indicate limit

Indicate numerical limit

Periodicity

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13h2 - Tobacco Cessation Counseling for Pregnant Women – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - In Progress
- Acupuncture(13a)- Completed
- Over-the-Counter (OTC) Items(13b)- Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e) - Completed
- Other 3(13f) - Completed
- Dual Eligible SNPs with Highly Integrated Services(13g)- Completed
- ^ Additional Services (MMP)(13h) - In Progress
- Tobacco Cessation Counseling for Pregnant Women(13h2) - In Progress
- Freestanding Birth Center Services(13h3) - Not Started

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum Maximum

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2024 PBP Data Entry System Pages

13h2 - Tobacco Cessation Counseling for Pregnant Women – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - In Progress
- Acupuncture(13a)- Completed
- Over-the-Counter (OTC) Items(13b)- Completed
- Meal Benefit(13c) - Completed
- Other 1(13d) - Completed
- Other 2(13e) - Completed
- Other 3(13f) - Completed
- Dual Eligible SNPs with Highly Integrated Services(13g) - Completed
- ▲ Additional Services (MMP)(13h) - In Progress
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Completed
- Tobacco Cessation Counseling for Pregnant Women(13h2) - In Progress
- Freestanding Birth Center Services(13h3) -Not Started

Out-of-Network (OON) Benefits

Add to OON Group

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13h3 - Freestanding Birth Center Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Supplemental Services(13) - In Progress
- Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - In Progress
- Respiratory Care Services(13h4) - Not Started
- Family Planning Services(13h5) - Not Started
- Nursing Home Services(13h6) - Not Started
- Home and Community Based Services(13h7) - Not Started
- Personal Care Services(13h8) - Not Started
- Self-Directed Personal Assistance Services(13h9) - Not Started
- Private Duty Nursing Services(13h10)
- Case Management (Long Term Care) (13h11) - Not Started
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Freestanding Birth Center Services(13h3)

Plan Characteristics

Indicate units a limit:

Units

Indicate numerical limit:

Number

Periodicity

Service specific maximum plan benefit coverage:

Yes No

Amount

Periodicity

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum

CY 2024 PBP Data Entry System Pages

13h3 - Freestanding Birth Center Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Supplemental Services(13) - In Progress	Minimum <input type="text" value="\$40"/>
Additional Services (MMP)(13h) - In Progress	Maximum <input type="text" value="\$50"/>
Freestanding Birth Center Services(13h3) - In Progress	
Respiratory Care Services(13h4) - Not Started	Coinsurance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Minimum % <input type="text" value="10%"/> Maximum % <input type="text" value="15%"/>
Family Planning Services(13h5) - Not Started	
Nursing Home Services(13h6) - Not Started	Copayment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Minimum <input type="text" value="\$20"/> Maximum <input type="text" value="\$50"/>
Home and Community Based Services(13h7) - Not Started	
Personal Care Services(13h8) - Not Started	Add to OON Grouping OON Group <input type="text" value="Group Name 1 - OON"/>
Self-Directed Personal Assistance Services(13h9) - Not Started	
Private Duty Nursing Services(13h10)	
Case Management (Long Term Care) (13h11) - Not Started	
Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started	

CY 2024 PBP Data Entry System Pages

13h3 - Freestanding Birth Center Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ✓ Other Supplemental Services(13) - In Progress
- ^ Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - In Progress
- Respiratory Care Services(13h4) - Not Started
- Family Planning Services(13h5) - Not Started
- Nursing Home Services(13h6) - Not Started
- Home and Community Based Services(13h7) - Not Started
- Personal Care Services(13h8) - Not Started
- Self-Directed Personal Assistance Services(13h9) - Not Started
- Private Duty Nursing Services(13h10)
- Case Management (Long Term Care) (13h11) - Not Started
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

Add to POS Grouping

POS Group

CY 2024 PBP Data Entry System Pages

13h4 - Respiratory Care Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - In Progress

Family Planning Services(13h5) - Not Started

Nursing Home Services(13h6)) - Not Started

Home and Community Based Services(13h7) - Not Started

Personal Care Services(13h8) - Not Started

Self-Directed Personal Assistance Services(13h9) - Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care) (13h11) - Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started

Respiratory Care Services(13h4) Plan Characteristics

Indicate units a limit:

Units

Indicate numerical limit:

Number

Periodicity

Service specific maximum plan benefit coverage:

Yes No

Amount

Periodicity

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum

CY 2024 PBP Data Entry System Pages

13h4 - Respiratory Care Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - Completed
- Respiratory Care Services(13h4) - In Progress
- Family Planning Services(13h5) - Not Started
- Nursing Home Services(13h6) - Not Started
- Home and Community Based Services(13h7) - Not Started
- Personal Care Services(13h8) - Not Started
- Self-Directed Personal Assistance Services(13h9) - Not Started
- Private Duty Nursing Services(13h10)
- Case Management (Long Term Care) (13h11) - Not Started
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Minimum

Maximum

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

13h4 - Respiratory Care Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - Completed
- Respiratory Care Services(13h4) - In Progress
- Family Planning Services(13h5) - Not Started
- Nursing Home Services(13h6) - Not Started
- Home and Community Based Services(13h7) - Not Started
- Personal Care Services(13h8) - Not Started
- Self-Directed Personal Assistance Services(13h9) - Not Started
- Private Duty Nursing Services(13h10)
- Case Management (Long Term Care) (13h11) - Not Started
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

Add to POS Grouping

POS Group

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

13h5 - Family Planning Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - In Progress

Nursing Home Services(13h6)) - Not Started

Home and Community Based Services(13h7) - Not Started

Personal Care Services(13h8) - Not Started

Self-Directed Personal Assistance Services(13h9) - Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care) (13h11) - Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Family Planning Services(13h5) Plan Characteristics

Indicate units a limit:

Units

Indicate numerical limit:

Number

Periodicity

Service specific maximum plan benefit coverage:

Yes No

Amount

Periodicity

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

CloseSave and CloseSave and Next

CY 2024 PBP Data Entry System Pages

13h5 - Family Planning Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - In Progress	Minimum: <input type="text" value="\$40"/>
Freestanding Birth Center Services(13h3) - Completed	Maximum: <input type="text" value="\$50"/>
Respiratory Care Services(13h4) - Completed	
Family Planning Services(13h5) - In Progress	Coinsurance
Nursing Home Services(13h6) - Not Started	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Home and Community Based Services(13h7) - Not Started	Minimum %: <input type="text" value="10%"/>
Personal Care Services(13h8) - Not Started	Maximum %: <input type="text" value="15%"/>
Self-Directed Personal Assistance Services(13h9) - Not Started	Copayment
Private Duty Nursing Services(13h10)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Case Management (Long Term Care) (13h11) - Not Started	Minimum: <input type="text" value="\$20"/>
Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started	Maximum: <input type="text" value="\$50"/>
Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started	Add to OON Grouping
	OON Group: <input type="text" value="Group Name 1 - OON"/>

CY 2024 PBP Data Entry System Pages

13h5 - Family Planning Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - Completed
- Respiratory Care Services(13h4) - Completed
- Family Planning Services(13h5) - In Progress**
- Nursing Home Services(13h6)) - Not Started
- Home and Community Based Services(13h7) - Not Started
- Personal Care Services(13h8) - Not Started
- Self-Directed Personal Assistance Services(13h9)- Not Started
- Private Duty Nursing Services(13h10)
- Case Management (Long Term Care) (13h11) - Not Started
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

Add to POS Grouping

POS Group

CY 2024 PBP Data Entry System Pages

13h6 - Nursing Home Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very Long Plan Name

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - In Progress

Home and Community Based Services(13h7) - Not Started

Personal Care Services(13h8) - Not Started

Self-Directed Personal Assistance Services(13h9) - Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care) (13h11) - Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Nursing Home Services(13h6) Plan Characteristics

Indicate units a limit:

Units

Indicate numerical limit:

Number

Periodicity

Service specific maximum plan benefit coverage:

Yes No

Amount

Periodicity

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum

CloseSave and CloseSave and Next

CY 2024 PBP Data Entry System Pages

13h6 - Nursing Home Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - In Progress	Minimum: \$40
Freestanding Birth Center Services(13h3) - Completed	Maximum: \$50
Respiratory Care Services(13h4) - Completed	
Family Planning Services(13h5) - Completed	
Nursing Home Services(13h6) - In Progress	
Home and Community Based Services(13h7) - Not Started	
Personal Care Services(13h8) - Not Started	
Self-Directed Personal Assistance Services(13h9) - Not Started	
Private Duty Nursing Services(13h10)	
Case Management (Long Term Care) (13h11) - Not Started	
Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started	
Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started	

Coinsurance

Yes No

Minimum %: 10%

Maximum %: 15%

Copayment

Yes No

Minimum: \$20

Maximum: \$50

Add to OON Grouping

OON Group: Group Name 1 - OON

CY 2024 PBP Data Entry System Pages

13h6 - Nursing Home Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - Completed
- Respiratory Care Services(13h4) - Completed
- Family Planning Services(13h5) - Completed
- Nursing Home Services(13h6) - In Progress
- Home and Community Based Services(13h7) - Not Started
- Personal Care Services(13h8) - Not Started
- Self-Directed Personal Assistance Services(13h9) - Not Started
- Private Duty Nursing Services(13h10)
- Case Management (Long Term Care) (13h11) - Not Started
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

Add to POS Grouping

POS Group

CY 2024 PBP Data Entry System Pages

13h7 - Home and Community Based Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - Completed
- Respiratory Care Services(13h4) - Completed
- Family Planning Services(13h5) - Completed
- Nursing Home Services(13h6) - Completed
- Home and Community Based Services(13h7) - In Progress**
- Personal Care Services(13h8) - Not Started
- Self-Directed Personal Assistance Services(13h9) - Not Started
- Private Duty Nursing Services(13h10)
- Case Management (Long Term Care) (13h11) - Not Started
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Home and Community Based Services(13h7)

Plan Characteristics

Indicate units a limit:

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum:

CY 2024 PBP Data Entry System Pages

13h7 - Home and Community Based Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - Completed
- Respiratory Care Services(13h4) - Completed
- Family Planning Services(13h5) - Completed
- Nursing Home Services(13h6) - Completed
- Home and Community Based Services(13h7) - In Progress
- Personal Care Services(13h8) - Not Started
- Self-Directed Personal Assistance Services(13h9) - Not Started
- Private Duty Nursing Services(13h10)
- Case Management (Long Term Care) (13h11) - Not Started
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Minimum

Maximum

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OOO Group

CY 2024 PBP Data Entry System Pages

13h7 - Home and Community Based Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

<p>Additional Services (MMP)(13h) - In Progress</p> <p>Freestanding Birth Center Services(13h3) - Completed</p> <p>Respiratory Care Services(13h4) - Completed</p> <p>Family Planning Services(13h5) - Completed</p> <p>Nursing Home Services(13h6) - Completed</p> <p>Home and Community Based Services(13h7) - In Progress</p> <p>Personal Care Services(13h8) - Not Started</p> <p>Self-Directed Personal Assistance Services(13h9)- Not Started</p> <p>Private Duty Nursing Services(13h10)</p> <p>Case Management (Long Term Care) (13h11) - Not Started</p> <p>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</p> <p>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started</p>	<p>Maximum % <input type="text" value="15%"/></p> <hr/> <p>Copayment</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Minimum <input type="text" value="\$20"/></p> <p>Maximum <input type="text" value="\$50"/></p> <hr/> <p>Add to OON Grouping</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/></p> <hr/> <p>Add to POS Grouping</p> <p>POS Group <input type="text" value="Group Name 1 - POS"/></p> <hr/> <p><input type="button" value="+ Add Notes"/></p>
--	--

CY 2024 PBP Data Entry System Pages

13h8 – Personal Care Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - Completed
- Respiratory Care Services(13h4) - Completed
- Family Planning Services(13h5) - Completed
- Nursing Home Services(13h6) - Completed
- Home and Community Based Services(13h7) - Completed
- Personal Care Services(13h8) - In Progress**
- Self-Directed Personal Assistance Services(13h9) - Not Started
- Private Duty Nursing Services(13h10)
- Case Management (Long Term Care) (13h11) - Not Started
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Personal Care Services(13h8)

Indicate units a limit:

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum:

CY 2024 PBP Data Entry System Pages

13h8 – Personal Care Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - Completed

Home and Community Based Services(13h7) - Completed

Personal Care Services(13h8) - In Progress

Self-Directed Personal Assistance Services(13h9) - Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care) (13h11) - Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Minimum

Maximum

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

CY 2024 PBP Data Entry System Pages

13h8 – Personal Care Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

<ul style="list-style-type: none"> Additional Services (MMP)(13h) - In Progress Freestanding Birth Center Services(13h3) - Completed Respiratory Care Services(13h4) - Completed Family Planning Services(13h5) - Completed Nursing Home Services(13h6) - Completed Home and Community Based Services(13h7) - Completed <li style="background-color: #0056b3; color: white; padding: 2px;">Personal Care Services(13h8) - In Progress Self-Directed Personal Assistance Services(13h9) - Not Started Private Duty Nursing Services(13h10) Case Management (Long Term Care) (13h11) - Not Started Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started 	<p>10%</p> <p>Maximum %</p> <p>15%</p> <hr/> <p>Copayment</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Minimum</p> <p>\$20</p> <p>Maximum</p> <p>\$50</p> <hr/> <p>Add to OON Grouping</p> <p>OON Group</p> <p>Group Name 1 - OON</p> <hr/> <p>Add to POS Grouping</p> <p>POS Group</p> <p>Group Name 1 - POS</p> <hr/> <p>+ Add Notes</p>
--	---

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

13h9 - Self-Directed Personal Assistance Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

✕

- Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - Completed
- Respiratory Care Services(13h4) - Completed
- Family Planning Services(13h5) - Completed
- Nursing Home Services(13h6) - Completed
- Home and Community Based Services(13h7) - Completed
- Personal Care Services(13h8) - Completed
- Self-Directed Personal Assistance Services(13h9) - In Progress
- Private Duty Nursing Services(13h10)
- Case Management (Long Term Care) (13h11) - Not Started
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Self-Directed Personal Assistance Services(13h9)

Plan Characteristics

Indicate units a limit:

Units

Indicate numerical limit:

Number

Periodicity

Service specific maximum plan benefit coverage:

Yes No

Amount

Periodicity

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

13h9 - Self-Directed Personal Assistance Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - Completed

Home and Community Based Services(13h7) - Completed

Personal Care Services(13h8) - Completed

Self-Directed Personal Assistance Services(13h9) - In Progress

Private Duty Nursing Services(13h10)

Case Management (Long Term Care) (13h11) - Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Minimum

Maximum

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

CY 2024 PBP Data Entry System Pages

13h9 - Self-Directed Personal Assistance Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - Completed
- Respiratory Care Services(13h4) - Completed
- Family Planning Services(13h5) - Completed
- Nursing Home Services(13h6) - Completed
- Home and Community Based Services(13h7) - Completed
- Personal Care Services(13h8) - Completed
- Self-Directed Personal Assistance Services(13h9) - In Progress**
- Private Duty Nursing Services(13h10)
- Case Management (Long Term Care) (13h11) - Not Started
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

10%

Maximum %

15%

Copayment

Yes No

Minimum

\$20

Maximum

\$50

Add to OON Grouping

OON Group

Group Name 1 - OON

Add to POS Grouping

POS Group

Group Name 1 - POS

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

13h10 - Private Duty Nursing Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - **In Progress**

Freestanding Birth Center Services(13h3) - **Completed**

Respiratory Care Services(13h4) - **Completed**

Family Planning Services(13h5) - **Completed**

Nursing Home Services(13h6) - **Completed**

Home and Community Based Services(13h7) - **Completed**

Personal Care Services(13h8) - **Completed**

Self-Directed Personal Assistance Services(13h9) - **Completed**

Private Duty Nursing Services(13h10) - In Progress

Case Management (Long Term Care) (13h11) - **Not Started**

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - **Not Started**

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - **Not Started**

Private Duty Nursing Services(13h10) Plan Characteristics

Indicate units a limit:

Units

Indicate numerical limit:

Number

Periodicity

Service specific maximum plan benefit coverage:

Yes No

Amount

Periodicity

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

13h10 - Private Duty Nursing Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - Completed
- Respiratory Care Services(13h4) - Completed
- Family Planning Services(13h5) - Completed
- Nursing Home Services(13h6) - Completed
- Home and Community Based Services(13h7) - Completed
- Personal Care Services(13h8) - Completed
- Self-Directed Personal Assistance Services(13h9) - Completed
- Private Duty Nursing Services(13h10) - In Progress
- Case Management (Long Term Care) (13h11) - Not Started
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Minimum

Maximum

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

CY 2024 PBP Data Entry System Pages

13h10 - Private Duty Nursing Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very Long Plan Name

Additional Services (MMP)(13h) - In Progress	10%
Freestanding Birth Center Services(13h3) - Completed	Maximum % 15%
Respiratory Care Services(13h4) - Completed	
Family Planning Services(13h5) - Completed	
Nursing Home Services(13h6) - Completed	
Home and Community Based Services(13h7) - Completed	
Personal Care Services(13h8) - Completed	
Self-Directed Personal Assistance Services(13h9) - Completed	
Private Duty Nursing Services(13h10) - In Progress	
Case Management (Long Term Care) (13h11) - Not Started	
Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started	
Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started	

Copayment

Yes No

Minimum \$20

Maximum \$50

Add to OON Grouping

OON Group
Group Name 1 - OON

Add to POS Grouping

POS Group
Group Name 1 - POS

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

13h11 - Case Management (Long Term Care) – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - Completed

Home and Community Based Services(13h7) - Completed

Personal Care Services(13h8) - Completed

Self-Directed Personal Assistance Services(13h9) - Completed

Private Duty Nursing Services(13h10) - Completed

Case Management (Long Term Care) (13h11) - In Progress

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Case Management (Long Term Care)(13h11)

Plan Characteristics

Indicate units a limit will be provided in for Case management (long term care):

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum:

CY 2024 PBP Data Entry System Pages

13h11 - Case Management (Long Term Care) – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

<p>Additional Services (MMP)(13h) - In Progress</p> <p>Freestanding Birth Center Services(13h3) - Completed</p> <p>Respiratory Care Services(13h4) - Completed</p> <p>Family Planning Services(13h5) - Completed</p> <p>Nursing Home Services(13h6) - Completed</p> <p>Home and Community Based Services(13h7) - Completed</p> <p>Personal Care Services(13h8) - Completed</p> <p>Self-Directed Personal Assistance Services(13h9) - Completed</p> <p>Private Duty Nursing Services(13h10) - Completed</p> <p>Case Management (Long Term Care) (13h11) - In Progress</p> <p>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</p> <p>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started</p>	<p>Minimum <input type="text" value="\$40"/></p> <p>Maximum <input type="text" value="\$50"/></p> <hr/> <p>Coinsurance</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Minimum % <input type="text" value="10%"/></p> <p>Maximum % <input type="text" value="15%"/></p> <hr/> <p>Copayment</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Minimum <input type="text" value="\$20"/></p> <p>Maximum <input type="text" value="\$50"/></p> <hr/> <p>Add to OON Grouping</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/></p>
---	--

CY 2024 PBP Data Entry System Pages

13h11 - Case Management (Long Term Care) – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - In Progress	Minimum % <input type="text" value="10%"/>
Freestanding Birth Center Services(13h3) - Completed	Maximum % <input type="text" value="15%"/>
Respiratory Care Services(13h4) - Completed	
Family Planning Services(13h5) - Completed	
Nursing Home Services(13h6) - Completed	
Home and Community Based Services(13h7) - Completed	
Personal Care Services(13h8) - Completed	
Self-Directed Personal Assistance Services(13h9) - Completed	
Private Duty Nursing Services(13h10) - Completed	
Case Management (Long Term Care) (13h11) - In Progress	
Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started	
Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started	

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

Add to POS Grouping

POS Group

CY 2024 PBP Data Entry System Pages

13h12 - Institution for Mental Disease Services for Individuals 65 or older – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - Completed

Home and Community Based Services(13h7) - Completed

Personal Care Services(13h8) - Completed

Self-Directed Personal Assistance Services(13h9) - Completed

Private Duty Nursing Services(13h10) - Completed

Case Management (Long Term Care) (13h11) - Completed

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - In Progress

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12)

Plan Characteristics

Indicate units a limit:

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum:

CY 2024 PBP Data Entry System Pages

13h12 - Institution for Mental Disease Services for Individuals 65 or older – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

^ Additional Services (MMP)(13h) - In Progress	Minimum <input style="width: 100%;" type="text" value="\$40"/>
Freestanding Birth Center Services(13h3) - Completed	Maximum <input style="width: 100%;" type="text" value="\$50"/>
Respiratory Care Services(13h4) - Completed	
Family Planning Services(13h5) - Completed	Coinsurance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Nursing Home Services(13h6) - Completed	Minimum % <input style="width: 100%;" type="text" value="10%"/>
Home and Community Based Services(13h7) - Completed	Maximum % <input style="width: 100%;" type="text" value="15%"/>
Personal Care Services(13h8) - Completed	Copayment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Self-Directed Personal Assistance Services(13h9) - Completed	Minimum <input style="width: 100%;" type="text" value="\$20"/>
Private Duty Nursing Services(13h10) - Completed	Maximum <input style="width: 100%;" type="text" value="\$50"/>
Case Management (Long Term Care) (13h11) - Completed	Add to OON Grouping OON Group <input style="width: 100%;" type="text" value="Group Name 1 - OON"/>
Institution for Mental Disease Services for Individuals 65 or Older(13h12) - In Progress	
Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started	

CY 2024 PBP Data Entry System Pages

13h12 - Institution for Mental Disease Services for Individuals 65 or older – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Additional Services (MMP)(13h) - In Progress
- Freestanding Birth Center Services(13h3) - Completed
- Respiratory Care Services(13h4) - Completed
- Family Planning Services(13h5) - Completed
- Nursing Home Services(13h6) - Completed
- Home and Community Based Services(13h7) - Completed
- Personal Care Services(13h8) - Completed
- Self-Directed Personal Assistance Services(13h9) - Completed
- Private Duty Nursing Services(13h10) - Completed
- Case Management (Long Term Care) (13h11) - Completed
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - In Progress
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Copayment

Yes No

Add to OON Grouping

Add to POS Grouping

Softtrans

CY2024 PBP – Benefit Service Categories 11-20
01/13/2023
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

Page 82 of 250

CY 2024 PBP Data Entry System Pages

13h13 - Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Additional Services (MMP)(13h) - **In Progress**

Freestanding Birth Center Services(13h3) - **Completed**

Respiratory Care Services(13h4) - **Completed**

Family Planning Services(13h5) - **Completed**

Nursing Home Services(13h6) - **Completed**

Home and Community Based Services(13h7) - **Completed**

Personal Care Services(13h8) - **Completed**

Self-Directed Personal Assistance Services(13h9) - **Completed**

Private Duty Nursing Services(13h10) - **Completed**

Case Management (Long Term Care) (13h11) - **Completed**

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - **Completed**

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - In Progress

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)

[Plan Characteristics](#)

Indicate units a limit:

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum:

CY 2024 PBP Data Entry System Pages

13h13 - Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Additional Services (MMP)(13h) - **In Progress**
- Freestanding Birth Center Services(13h3) - **Completed**
- Respiratory Care Services(13h4) - **Completed**
- Family Planning Services(13h5) - **Completed**
- Nursing Home Services(13h6) - **Completed**
- Home and Community Based Services(13h7) - **Completed**
- Personal Care Services(13h8) - **Completed**
- Self-Directed Personal Assistance Services(13h9) - **Completed**
- Private Duty Nursing Services(13h10) - **Completed**
- Case Management (Long Term Care) (13h11) - **Completed**
- Institution for Mental Disease Services for Individuals 65 or Older(13h12) - **Completed**
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - In Progress**

Minimum

Maximum

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

CY 2024 PBP Data Entry System Pages

13h13 - Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Additional Services (MMP)(13h) - In Progress
- ▾ Freestanding Birth Center Services(13h3) - Completed
- ▾ Respiratory Care Services(13h4) - Completed
- ▾ Family Planning Services(13h5) - Completed
- ▾ Nursing Home Services(13h6) - Completed
- ▾ Home and Community Based Services(13h7) - Completed
- ▾ Personal Care Services(13h8) - Completed
- ▾ Self-Directed Personal Assistance Services(13h9) - Completed
- ▾ Private Duty Nursing Services(13h10) - Completed
- ▾ Case Management (Long Term Care) (13h11) - Completed
- ▾ Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Completed
- ▾ Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - In Progress

Minimum %

10%

Maximum %

15%

Copayment

Yes No

Minimum

\$20

Maximum

\$50

Add to OON Grouping

OON Group

Group Name 1 - OON

Add to POS Grouping

POS Group

Group Name 1 - POS

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

13h14 - Case Management – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - In Progress

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)-Completed

Case Management(13h14)-In Progress

Other 1(13h15)- Not Started

Other 2(13h16)- Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Case Management(13h14)

Indicate units a limit:

Units

Indicate numerical limit:

Number

Periodicity

Service specific maximum plan benefit coverage:

Yes No

Amount

Periodicity

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum

CY 2024 PBP Data Entry System Pages

13h14 - Case Management – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Additional Services (MMP)(13h) - In Progress
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)-Completed
- Case Management(13h14)-In Progress**
- Other 1(13h15)- Not Started
- Other 2(13h16)- Not Started
- Other 3(13h17) - Not Started
- Other 4(13h18) - Not Started
- Other 5(13h19) - Not Started
- Other 6(13h20) - Not Started
- Other 4(13h18) - Not Started
- Other 5(13h19) - Not Started
- Other 6(13h20) - Not Started

Minimum

Maximum

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

13h14 - Case Management – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - In Progress	Maximum % 15%
Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)-Completed	
Case Management(13h14)-In Progress	Copayment
Other 1(13h15)- Not Started	Yes No
Other 2(13h16)- Not Started	Minimum \$20
Other 3(13h17) - Not Started	Maximum \$50
Other 4(13h18) - Not Started	Add to OON Grouping
Other 5(13h19) - Not Started	OON Group Group Name 1 - OON
Other 6(13h20) - Not Started	Add to POS Grouping
Other 4(13h18) - Not Started	POS Group Group Name 1 - POS
Other 5(13h19) - Not Started	+ Add Notes
Other 6(13h20) - Not Started	

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

13h15 - Other 1 – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - In Progress

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)-Completed

Case Management(13h14) - Completed

Other 1(13h15) - In Progress

Other 2(13h16)- Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 1 (13h15)

Name of Other Service
Other Service Name

Indicate units a limit

Units

Indicate numerical limit:

Number

Periodicity

Service specific maximum plan benefit coverage

Yes No

Maximum amount

Periodicity

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a "patient pay amount")?

CY 2024 PBP Data Entry System Pages

13h15 - Other 1 – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - In Progress

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)-Completed

Case Management(13h14) - Completed

Other 1(13h15) - In Progress

Other 2(13h16) - Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a "patient pay amount")?

Yes No

Minimum

Maximum

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

CY 2024 PBP Data Entry System Pages

13h15 - Other 1 – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Additional Services (MMP)(13h) - In Progress

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)-Completed

Case Management(13h14)- Completed

Other 1(13h15) - In Progress

Other 2(13h16)- Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

Add to POS Grouping

POS Group

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

14a – Medicare-covered Zero Dollar Preventive Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - Completed
- ▲ Preventive and Other Defined Supplemental Services(14) - In Progress
- Medicare-covered Zero Dollar Preventive Services(14a) - In Progress
- Annual Physical Exam(14b) - Not Started
- ▼ Other Defined Supplemental Benefits(14c) - Not Started
- Health Education(14c1) - Not Started
- Nutritional/Dietary Benefit(14c2) - Not Started
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started
- Fitness Benefit(14c4) - Not Started
- Enhanced Disease Management(14c5) - Not Started
- Telemonitoring Services(14c6) - Not Started

Medicare-covered Zero Dollar Preventive Services (14a)

Plan Characteristics

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

In-Network Benefits

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14a – Medicare-covered Zero Dollar Preventive Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - Completed
- ▲ Preventive and Other Defined Supplemental Services(14) - In Progress
- Medicare-covered Zero Dollar Preventive Services(14a) - In Progress
- Annual Physical Exam(14b) - Not Started
- ▼ Other Defined Supplemental Benefits(14c) - Not Started
- Health Education(14c1) - Not Started
- Nutritional/Dietary Benefit(14c2) - Not Started
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started
- Fitness Benefit(14c4) - Not Started
- Enhanced Disease Management(14c5) - Not Started
- Telemonitoring Services(14c6) - Not Started

In-Network Benefits

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14b – Annual Physical Exam – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Medicare-covered Zero Dollar Preventive Services(14a) - Completed
- Annual Physical Exam(14b) - In Progress
- Other Defined Supplemental Benefits(14c) - Not Started
- Health Education(14c1) - Not Started
- Nutritional/Dietary Benefit(14c2) - Not Started
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started
- Fitness Benefit(14c4) - Not Started
- Enhanced Disease Management(14c5) - Not Started
- Telemonitoring Services(14c6) - Not Started

Annual Physical Exam (14b) Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

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

Yes No

MOOP amount

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

14b – Annual Physical Exam – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

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

Annual Physical Exam(14b) - In Progress

Other Defined Supplemental Benefits(14c) - Not Started

Health Education(14c1) - Not Started

Nutritional/Dietary Benefit(14c2) - Not Started

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

CY 2024 PBP Data Entry System Pages

14b – Annual Physical Exam – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Medicare-covered Zero Dollar Preventive Services(14a) - Completed
- Annual Physical Exam(14b) - In Progress
- Other Defined Supplemental Benefits(14c) -Not Started
- Health Education(14c1) -Not Started
- Nutritional/Dietary Benefit(14c2) -Not Started
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started
- Fitness Benefit(14c4) -Not Started
- Enhanced Disease Management(14c5) - Not Started
- Telemonitoring Services(14c6) - Not Started

Out-of-network (OOO) benefits

Add to OON Group

OOO Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c – Other Defined Supplemental Benefits

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) - Not Started
- Nutritional/Dietary Benefit(14c2) - Not Started
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started
- Fitness Benefit(14c4) - Not Started
- Enhanced Disease Management(14c5) - Not Started
- Telemonitoring Services(14c6) - Not Started
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
- Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Other Defined Supplemental Benefits(14c)

Plan Characteristics

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

14c1 – Health Education – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) - In Progress
- Nutritional/Dietary Benefit(14c2) - Not Started
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started
- Fitness Benefit(14c4) - Not Started
- Enhanced Disease Management(14c5) - Not Started
- Telemonitoring Services(14c6) - Not Started
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
- Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Health Education(14c1)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

14c1 – Health Education – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- v Other Supplemental Services(13) - Completed
- ^ Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- v Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) - In Progress
- Nutritional/Dietary Benefit(14c2) - Not Started
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started
- Fitness Benefit(14c4) - Not Started
- Enhanced Disease Management(14c5) - Not Started
- Telemonitoring Services(14c6) - Not Started
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
- Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c1 – Health Education – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- v Other Supplemental Services(13) - Completed
- ^ Preventive and Other Defined Supplemental Services(14) - In Progress
- v Annual Physical Exam(14b) - Completed
- v Other Defined Supplemental Benefits(14c) - In Progress
- v Health Education(14c1) - In Progress
- v Nutritional/Dietary Benefit(14c2) - Not Started
- v Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started
- v Fitness Benefit(14c4) - Not Started
- v Enhanced Disease Management(14c5) - Not Started
- v Telemonitoring Services(14c6) - Not Started
- v Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
- v Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2024 PBP Data Entry System Pages

14c2 – Nutritional/Dietary Benefit – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) -Completed
- Nutritional/Dietary Benefit(14c2) -In Progress
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started
- Fitness Benefit(14c4) -Not Started
- Enhanced Disease Management(14c5) - Not Started
- Telemonitoring Services(14c6) - Not Started
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) -Not Started
- Home and Bathroom Safety Devices and Modifications(14c8)- Not Started

Nutritional/Dietary Benefit(14c2) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Indicate setting for Nutritional/Dietary Benefit:

Setting

Is there a maximum plan benefit coverage?

Yes No

Amount

Periodicity

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

Yes No

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c2 – Nutritional/Dietary Benefit – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
 - Annual Physical Exam(14b) - Completed
- Other Defined Supplemental Benefits(14c) - In Progress
 - Health Education(14c1) - Completed
 - Nutritional/Dietary Benefit(14c2) - In Progress
 - Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started
 - Fitness Benefit(14c4) - Not Started
 - Enhanced Disease Management(14c5) - Not Started
 - Telemonitoring Services(14c6) - Not Started
 - Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
 - Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

MOOP amount

Periodicity

Is there a coinsurance?

Yes
 Yes with a min & max
 No

Minimum coinsurance
 Maximum coinsurance

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment
 Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c2 – Nutritional/Dietary Benefit – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- v Other Supplemental Services(13) - Completed
- ^ Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- v Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) -Completed
- Nutritional/Dietary Benefit(14c2) -In Progress
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started
- Fitness Benefit(14c4) -Not Started
- Enhanced Disease Management(14c5) - Not Started
- Telemonitoring Services(14c6) - Not Started
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) -Not Started
- Home and Bathroom Safety Devices and Modifications(14c8)-Not Started

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c3 – Additional Sessions of Smoking and Tobacco Cessation Counseling – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) - Completed
- Nutritional/Dietary Benefit(14c2) - Completed
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - In Progress
- Fitness Benefit(14c4) - Not Started
- Enhanced Disease Management(14c5) - Not Started
- Telemonitoring Services(14c6) - Not Started
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
- Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) Plan Characteristics

Indicate number of visits offered in addition to Medicare

Number of visits

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c3 – Additional Sessions of Smoking and Tobacco Cessation Counseling – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- v Other Supplemental Services(13) - Completed
- ^ Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- v Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) -Completed
- Nutritional/Dietary Benefit(14c2) - Completed
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - In Progress
- Fitness Benefit(14c4) -Not Started
- Enhanced Disease Management(14c5) - Not Started
- Telemonitoring Services(14c6) - Not Started
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) -Not Started
- Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON
v

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS
v

Coinsurance	Copayment	Deductible

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c3 – Additional Sessions of Smoking and Tobacco Cessation Counseling – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) - Completed
- Nutritional/Dietary Benefit(14c2) - Completed
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - In Progress
- Fitness Benefit(14c4) - Not Started
- Enhanced Disease Management(14c5) - Not Started
- Telemonitoring Services(14c6) - Not Started
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
- Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Yes Yes with a limit & max No

Minimum copayment \$400	Maximum copayment \$400
----------------------------	----------------------------

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2024 PBP Data Entry System Pages

14c4 – Fitness Benefit – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
 - Annual Physical Exam(14b) - Completed
 - Other Defined Supplemental Benefits(14c) - In Progress
 - Health Education(14c1) - Completed
 - Nutritional/Dietary Benefit(14c2) - Completed
 - Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
 - Fitness Benefit(14c4) - In Progress**
 - Enhanced Disease Management(14c5) - Not Started
 - Telemonitoring Services(14c6) - Not Started
 - Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
 - Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Fitness Benefit(14c4) Plan Characteristics

Indicate the type(s) of fitness benefits offered (check all that apply):

Physical Fitness

Memory Fitness

Activity Tracker

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c4 – Fitness Benefit – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Other Supplemental Services(13) - Completed
- ▲ Preventive and Other Defined Supplemental Services(14) - In Progress
 - Annual Physical Exam(14b) - Completed
 - ▼ Other Defined Supplemental Benefits(14c) - In Progress
 - Health Education(14c1) - Completed
 - Nutritional/Dietary Benefit(14c2) - Completed
 - Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
 - Fitness Benefit(14c4) - In Progress
 - Enhanced Disease Management(14c5) - Not Started
 - Telemonitoring Services(14c6) - Not Started
 - Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
 - Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c4 – Fitness Benefit – Page 3

BPB CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

Softrams

CY2024 PBP – Benefit Service Categories 11-20
 01/13/2023
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

Page 109 of 250

CY 2024 PBP Data Entry System Pages

14c5 – Enhanced Disease Management – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
 - Annual Physical Exam(14b) - Completed
 - Other Defined Supplemental Benefits(14c) - In Progress
 - Health Education(14c1) - Completed
 - Nutritional/Dietary Benefit(14c2) - Completed
 - Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
 - Fitness Benefit(14c4) - Completed
 - Enhanced Disease Management(14c5) - In Progress**
 - Telemonitoring Services(14c6) - Not Started
 - Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
 - Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Enhanced Disease Management(14c5)

Is there a maximum plan benefit coverage?

Yes No

Maximum amount:

Periodicity:

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

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Plan Characteristics

CY 2024 PBP Data Entry System Pages

14c5 – Enhanced Disease Management – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
 - Annual Physical Exam(14b) - Completed
- Other Defined Supplemental Benefits(14c) - In Progress
 - Health Education(14c1) - Completed
 - Nutritional/Dietary Benefit(14c2) - Completed
 - Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
 - Fitness Benefit(14c4) - Completed
 - Enhanced Disease Management(14c5) - In Progress
 - Telemonitoring Services(14c6) - Not Started
 - Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
 - Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group: Group Name 1 - OON + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group: Group Name 1 - POS + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c5 – Enhanced Disease Management – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) - Completed
- Nutritional/Dietary Benefit(14c2) - Completed
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
- Fitness Benefit(14c4) - Completed
- Enhanced Disease Management(14c5) - In Progress
- Telemonitoring Services(14c6) - Not Started
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
- Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Yes Yes with a min & max No

Minimum copayment	Maximum copayment
\$400	\$400

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2024 PBP Data Entry System Pages

14c6 – Telmonitoring Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) - Completed
- Nutritional/Dietary Benefit(14c2) - Completed
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
- Fitness Benefit(14c4) - Completed
- Enhanced Disease Management(14c5) - Completed
- Telemonitoring Services(14c6) - In Progress**
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
- Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Telemonitoring Services(14c6) Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

CY 2024 PBP Data Entry System Pages

14c6 – Telmonitoring Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- v Other Supplemental Services(13) - Completed
- ^ Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- v Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) - Completed
- Nutritional/Dietary Benefit(14c2) - Completed
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
- Fitness Benefit(14c4) - Completed
- Enhanced Disease Management(14c5) - Completed
- Telemonitoring Services(14c6) - In Progress
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7)-Not Started
- Home and Bathroom Safety Devices and Modifications(14c8)-Not Started

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c6 – Telmonitoring Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
 - Annual Physical Exam(14b) - Completed
 - Other Defined Supplemental Benefits(14c) - In Progress
 - Health Education(14c1) - Completed
 - Nutritional/Dietary Benefit(14c2) - Completed
 - Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
 - Fitness Benefit(14c4) - Completed
 - Enhanced Disease Management(14c5) - Completed
 - Telemonitoring Services(14c6) - In Progress
 - Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started
 - Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Yes Yes with a limit or max No

Minimum copayment \$400	Maximum copayment \$400
-----------------------------------	-----------------------------------

Out-of-Network (OON) Benefits

Add to OON Group

OON Group Group Name 1 - OON + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group Group Name 1 - POS + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c7 – Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline) – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
 - Annual Physical Exam(14b) - Completed
 - Other Defined Supplemental Benefits(14c) - In Progress
 - Health Education(14c1) - Completed
 - Nutritional/Dietary Benefit(14c2) - Completed
 - Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
 - Fitness Benefit(14c4) - Completed
 - Enhanced Disease Management(14c5) - Completed
 - Telemonitoring Services(14c6) - Completed
 - Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - In Progress**
 - Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7)

Plan Characteristics

Select the type of Remote Access Technologies offered

- Web/Phone-based technologies
- Nursing Hotline

Is there a maximum plan benefit coverage?

Yes No

Maximum amount:

Periodicity:

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

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance Web/Phone-based technologies?

CY 2024 PBP Data Entry System Pages

14c7 – Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline) – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
 - Annual Physical Exam(14b) - Completed
 - Other Defined Supplemental Benefits(14c) - In Progress
 - Health Education(14c1) - Completed
 - Nutritional/Dietary Benefit(14c2) - Completed
 - Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
 - Fitness Benefit(14c4) - Completed
 - Enhanced Disease Management(14c5) - Completed
 - Telemonitoring Services(14c6) - Completed
 - Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - In Progress**
 - Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Is there a coinsurance Web/Phone-based technologies?

Yes Yes with a min & max No

Minimum coinsurance: 4% Maximum coinsurance: 8%

Is there a copayment Web/Phone-based technologies?

Yes Yes with a min & max No

Minimum copayment: \$400 Maximum copayment: \$400

Is there a coinsurance Nursing Hotline?

Yes Yes with a min & max No

Minimum coinsurance: 4% Maximum coinsurance: 8%

Is there a copayment Nursing Hotlines?

Yes Yes with a min & max No

Minimum copayment: \$400 Maximum copayment: \$400

Out-of-Network (OON) Benefits

CY 2024 PBP Data Entry System Pages

14c7 – Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline) – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) - Completed
- Nutritional/Dietary Benefit(14c2) - Completed
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
- Fitness Benefit(14c4) - Completed
- Enhanced Disease Management(14c5) - Completed
- Telemonitoring Services(14c6) - Completed
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c8 – Home and Bathroom Safety Devices and Modifications – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Supplemental Services(13) - Completed
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- Other Defined Supplemental Benefits(14c) - In Progress
 - Health Education(14c1) - Completed
 - Nutritional/Dietary Benefit(14c2) - Completed
 - Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
 - Fitness Benefit(14c4) - Completed
 - Enhanced Disease Management(14c5) - Completed
 - Telemonitoring Services(14c6) - Completed
 - Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Completed
 - Home and Bathroom Safety Devices and Modifications(14c8) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

CY 2024 PBP Data Entry System Pages

14c8 – Home and Bathroom Safety Devices and Modifications – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Other Supplemental Services(13) - Completed
- ▲ Preventive and Other Defined Supplemental Services(14) - In Progress
- Annual Physical Exam(14b) - Completed
- ▼ Other Defined Supplemental Benefits(14c) - In Progress
- Health Education(14c1) - Completed
- Nutritional/Dietary Benefit(14c2) - Completed
- Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed
- Fitness Benefit(14c4) - Completed
- Enhanced Disease Management(14c5) - Completed
- Telemonitoring Services(14c6) - Completed
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Completed
- Home and Bathroom Safety Devices and Modifications(14c8) - In Progress

Is there a copayment?

Minimum copayment
 Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2024 PBP Data Entry System Pages

14c8 – Home and Bathroom Safety Devices and Modifications – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

<ul style="list-style-type: none"> ▼ Other Supplemental Services(13) - Completed ▲ Preventive and Other Defined Supplemental Services(14) - In Progress <ul style="list-style-type: none"> Annual Physical Exam(14b) - Completed ▼ Other Defined Supplemental Benefits(14c) - In Progress <ul style="list-style-type: none"> Health Education(14c1) - Completed Nutritional/Dietary Benefit(14c2) - Completed Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed Fitness Benefit(14c4) - Completed Enhanced Disease Management(14c5) - Completed Telemonitoring Services(14c6) - Completed Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Completed <li style="background-color: #0056b3; color: white; padding: 5px;"> Home and Bathroom Safety Devices and Modifications(14c8) - In Progress 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid #ccc; padding: 5px;"> Minimum copayment <input style="width: 90%;" type="text" value="\$400"/> </td> <td style="width: 50%; border-bottom: 1px solid #ccc; padding: 5px;"> Maximum copayment <input style="width: 90%;" type="text" value="\$400"/> </td> </tr> </table> <hr/> <h4 style="margin: 0;">Out-of-Network (OON) Benefits</h4> <p style="margin: 0;">Add to OON Group</p> <p style="margin: 0;"> OON Group <input style="width: 80%;" type="text" value="Group Name 1 - OON"/> + Add New OON Group </p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; font-size: 0.8em;">Coinsurance</th> <th style="text-align: left; font-size: 0.8em;">Copayment</th> <th style="text-align: left; font-size: 0.8em;">Deductible</th> </tr> </thead> <tbody> <tr> <td style="font-weight: bold;">20%</td> <td style="font-weight: bold;">\$20</td> <td style="font-weight: bold;">\$200</td> </tr> </tbody> </table> <hr/> <h4 style="margin: 0;">Point-of-Service (POS) benefits</h4> <p style="margin: 0;">Add to POS Group</p> <p style="margin: 0;"> POS Group <input style="width: 80%;" type="text" value="Group Name 1 - POS"/> + Add New POS Group </p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; font-size: 0.8em;">Coinsurance</th> <th style="text-align: left; font-size: 0.8em;">Copayment</th> <th style="text-align: left; font-size: 0.8em;">Deductible</th> </tr> </thead> <tbody> <tr> <td style="font-weight: bold;">20%</td> <td style="font-weight: bold;">\$20</td> <td style="font-weight: bold;">\$200</td> </tr> </tbody> </table> <div style="margin-top: 10px; text-align: center;"> + Add Notes </div>	Minimum copayment <input style="width: 90%;" type="text" value="\$400"/>	Maximum copayment <input style="width: 90%;" type="text" value="\$400"/>	Coinsurance	Copayment	Deductible	20%	\$20	\$200	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Minimum copayment <input style="width: 90%;" type="text" value="\$400"/>	Maximum copayment <input style="width: 90%;" type="text" value="\$400"/>														
Coinsurance	Copayment	Deductible													
20%	\$20	\$200													
Coinsurance	Copayment	Deductible													
20%	\$20	\$200													

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c9 – Counseling Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕
 Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Completed
- Counseling Services(14c9) - In Progress
- In-Home Safety Assessment(14c10) - Not Started
- Personal Emergency Response System (PERS)(14c11) - Not Started
- Medical Nutrition Therapy (MNT)(14c12) - Not Started
- Post discharge In-Home Medication Reconciliation(14c13) - Not Started
- Re-admission Prevention(14c14) - Not Started
- Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started
- Weight Management Programs(14c16) - Not Started
- Alternative Therapies(14c17) - Not Started
- Therapeutic Massage(14c18) - Not Started

Counseling Services(14c9) Plan Characteristics

Is this benefit unlimited:
 Yes No

Indicate number of visits offered in addition to Medicare
 Number of Visits

Indicate setting for Counseling Services:
 Number of Visits

Indicate duration of sessions (in minutes):
 Session Duration in minutes

Is there a maximum plan benefit coverage?
 Yes No

Maximum amount
 Periodicity

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c9 – Counseling Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - In Progress

In-Home Safety Assessment(14c10) - Not Started

Personal Emergency Response System (PERS)(14c11) - Not Started

Medical Nutrition Therapy (MNT)(14c12) - Not Started

Post discharge In-Home Medication Reconciliation(14c13) - Not Started

Re-admission Prevention(14c14) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

CY 2024 PBP Data Entry System Pages

14c9 – Counseling Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) -Completed
- Counseling Services(14c9) -In Progress
- In-Home Safety Assessment(14c10) - Not Started
- Personal Emergency Response System (PERS)(14c11) -Not Started
- Medical Nutrition Therapy (MNT)(14c12)- Not Started
- Post discharge In-Home Medication Reconciliation(14c13) -Not Started
- Re-admission Prevention(14c14)- Not Started
- Wigs for Hair Loss Related to Chemotherapy(14c15) -Not Started
- Weight Management Programs(14c16)- Not Started
- Alternative Therapies(14c17) - Not Started
- Therapeutic Massage(14c18) - Not Started

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c10 – In-Home Safety Assessment – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Completed
- Counseling Services(14c9) - Completed
- In-Home Safety Assessment(14c10) - In Progress**
- Personal Emergency Response System (PERS)(14c11) - Not Started
- Medical Nutrition Therapy (MNT)(14c12) - Not Started
- Post discharge In-Home Medication Reconciliation(14c13) - Not Started
- Re-admission Prevention(14c14) - Not Started
- Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started
- Weight Management Programs(14c16) - Not Started
- Alternative Therapies(14c17) - Not Started
- Therapeutic Massage(14c18) - Not Started

In-Home Safety Assessment(14c10)

Is this benefit unlimited: Yes No

Indicate number of visits offered in addition to Medicare

Number of Visits:

Indicate setting for Counseling Services:

Number of Visits:

Indicate duration of sessions (in minutes):

Session Duration in minutes:

Is there a maximum plan benefit coverage?

Yes No

Maximum amount:

Periodicity:

Plan Characteristics

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

14c10 – In-Home Safety Assessment – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9) -Completed

In-Home Safety Assessment(14c10) - In Progress

Personal Emergency Response System (PERS)(14c11) -Not Started

Medical Nutrition Therapy (MNT)(14c12)- Not Started

Post discharge In-Home Medication Reconciliation(14c13) - Not Started

Re-admission Prevention(14c14)-Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) -Not Started

Weight Management Programs(14c16)- Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18)- Not Started

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

CY 2024 PBP Data Entry System Pages

14c10 – In-Home Safety Assessment – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Completed
- Counseling Services(14c9) - Completed
- In-Home Safety Assessment(14c10) - In Progress
- Personal Emergency Response System (PERS)(14c11) - Not Started
- Medical Nutrition Therapy (MNT)(14c12)- Not Started
- Post discharge In-Home Medication Reconciliation(14c13) - Not Started
- Re-admission Prevention(14c14)- Not Started
- Wigs for Hair Loss Related to Chemotherapy(14c15)- Not Started
- Weight Management Programs(14c16)- Not Started
- Alternative Therapies(14c17) - Not Started
- Therapeutic Massage(14c18) - Not Started

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c11 – Personal Emergency Response System (PERS) – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Completed
- Counseling Services(14c9) - Completed
- In-Home Safety Assessment(14c10) - Completed
- Personal Emergency Response System (PERS)(14c11) - In Progress**
- Medical Nutrition Therapy (MNT)(14c12)- Not Started
- Post discharge In-Home Medication Reconciliation(14c13)-Not Started
- Re-admission Prevention(14c14)-Not Started
- Wigs for Hair Loss Related to Chemotherapy(14c15) -Not Started
- Weight Management Programs(14c16)- Not Started
- Alternative Therapies(14c17) - Not Started
- Therapeutic Massage(14c18) - Not Started

Personal Emergency Response System (PERS)(14c11)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount:

Periodicity:

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

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

CY 2024 PBP Data Entry System Pages

14c11 – Personal Emergency Response System (PERS) – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) -Completed
- Counseling Services(14c9) -Completed
- In-Home Safety Assessment(14c10) - Completed
- Personal Emergency Response System (PERS)(14c11) - in Progress
- Medical Nutrition Therapy (MNT)(14c12)- Not Started
- Post discharge In-Home Medication Reconciliation(14c13) -Not Started
- Re-admission Prevention(14c14)- Not Started
- Wigs for Hair Loss Related to Chemotherapy(14c15) -Not Started
- Weight Management Programs(14c16)- Not Started
- Alternative Therapies(14c17)- Not Started
- Therapeutic Massage(14c18) - Not Started

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c11 – Personal Emergency Response System (PERS) – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

^ Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - In Progress

Medical Nutrition Therapy (MNT)(14c12)- Not Started

Post discharge In-Home Medication Reconciliation(14c13) - Not Started

Re-admission Prevention(14c14)- Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16)- Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c12 – Medical Nutrition Therapy (MNT) – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - In Progress

Post discharge In-Home Medication Reconciliation(14c13) - Not Started

Re-admission Prevention(14c14) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Medical Nutrition Therapy (MNT)(14c12) Plan Characteristics

Do you offer Additional Sessions for Medicare-covered diseases?

Yes No

Indicate the limit for additional sessions _____

Numerical Limit _____

Do you offer Coverage for Non-Medicare-covered diseases?

Yes No

Indicate the limit for additional sessions _____

Numerical Limit _____

Is there a maximum plan benefit coverage?

Yes No

Maximum amount _____

CY 2024 PBP Data Entry System Pages

14c12 – Medical Nutrition Therapy (MNT) – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - In Progress

Post discharge In-Home Medication Reconciliation(14c13) - Not Started

Re-admission Prevention(14c14) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Out-of-Network (OON) Benefits

CY 2024 PBP Data Entry System Pages

14c12 – Medical Nutrition Therapy (MNT) – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Completed
- Counseling Services(14c9) - Completed
- In-Home Safety Assessment(14c10) - Completed
- Personal Emergency Response System (PERS)(14c11) - Completed
- Medical Nutrition Therapy (MNT)(14c12) - In Progress
- Post discharge In-Home Medication Reconciliation(14c13) - Not Started
- Re-admission Prevention(14c14) - Not Started
- Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started
- Weight Management Programs(14c16) - Not Started
- Alternative Therapies(14c17) - Not Started
- Therapeutic Massage(14c18) - Not Started

Yes
Yes with a min & max
No

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c13 – Post discharge In-Home Medication Reconciliation – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Completed
- Counseling Services(14c9) - Completed
- In-Home Safety Assessment(14c10) - Completed
- Personal Emergency Response System (PERS)(14c11) - Completed
- Medical Nutrition Therapy (MNT)(14c12) - Completed
- Post discharge In-Home Medication Reconciliation(14c13) - In Progress
- Re-admission Prevention(14c14) - Not Started
- Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started
- Weight Management Programs(14c16) - Not Started
- Alternative Therapies(14c17) - Not Started
- Therapeutic Massage(14c18) - Not Started

Post discharge In-Home Medication Reconciliation(14c13) Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

CY 2024 PBP Data Entry System Pages

14c13 – Post discharge In-Home Medication Reconciliation – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

^ Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - In Progress

Re-admission Prevention(14c14) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c13 – Post discharge In-Home Medication Reconciliation – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very Long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Completed
- Counseling Services(14c9) - Completed
- In-Home Safety Assessment(14c10) - Completed
- Personal Emergency Response System (PERS)(14c11) - Completed
- Medical Nutrition Therapy (MNT)(14c12) - Completed
- Post discharge In-Home Medication Reconciliation(14c13) - In Progress
- Re-admission Prevention(14c14) - Not Started
- Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started
- Weight Management Programs(14c16) - Not Started
- Alternative Therapies(14c17) - Not Started
- Therapeutic Massage(14c18) - Not Started

Yes Yes with a min & max No

Minimum copayment \$400	Maximum copayment \$400
-----------------------------------	-----------------------------------

Out-of-Network (OON) Benefits

Add to OON Group

OON Group Group Name 1 - OON + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group Group Name 1 - POS + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - In Progress

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Re-admission Prevention(14c14) Plan Characteristics

What does your Re-admission Prevention benefit include (check all that apply):

- Meals
- Medication Reconciliation
- In-Home Safety Assessment
- Other

Name of the service

Describe, (Add Name of Service)

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

CloseSave and CloseSave and Next

CY 2024 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - **In Progress**

Home and Bathroom Safety Devices and Modifications(14c8) - **Completed**

Counseling Services(14c9) - **Completed**

In-Home Safety Assessment(14c10) - **Completed**

Personal Emergency Response System (PERS)(14c11) - **Completed**

Medical Nutrition Therapy (MNT)(14c12) - **Completed**

Post discharge In-Home Medication Reconciliation(14c13) - **Completed**

Re-admission Prevention(14c14) - In Progress

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

CY 2024 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Completed
- Counseling Services(14c9) - Completed
- In-Home Safety Assessment(14c10) - Completed
- Personal Emergency Response System (PERS)(14c11) - Completed
- Medical Nutrition Therapy (MNT)(14c12) - Completed
- Post discharge In-Home Medication Reconciliation(14c13) - Completed
- Re-admission Prevention(14c14) - In Progress
- Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started
- Weight Management Programs(14c16) - Not Started
- Alternative Therapies(14c17) - Not Started
- Therapeutic Massage(14c18) - Not Started

res Yes with a min & max No

Minimum copayment \$400	Maximum copayment \$400
-----------------------------------	-----------------------------------

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c15 – Wigs for Hair Loss Related to Chemotherapy – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - In Progress

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount:

Periodicity:

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

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

CY 2024 PBP Data Entry System Pages

14c15 – Wigs for Hair Loss Related to Chemotherapy – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - In Progress

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Yes
Yes with a min & max
No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group Group Name 1 - OON + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group Group Name 1 - POS + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c16 – Weight Management Programs – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed

Weight Management Programs(14c16) - In Progress

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Weight Management Programs(14c16) Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

CY 2024 PBP Data Entry System Pages

14c16 – Weight Management Programs – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Completed
- Counseling Services(14c9) - Completed
- In-Home Safety Assessment(14c10) - Completed
- Personal Emergency Response System (PERS)(14c11) - Completed
- Medical Nutrition Therapy (MNT)(14c12) - Completed
- Post discharge In-Home Medication Reconciliation(14c13) - Completed
- Re-admission Prevention(14c14) - Completed
- Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed
- Weight Management Programs(14c16) - In Progress
- Alternative Therapies(14c17) - Not Started
- Therapeutic Massage(14c18) - Not Started

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

▾

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

▾

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c17 – Alternative Therapies – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Completed
- Counseling Services(14c9) - Completed
- In-Home Safety Assessment(14c10) - Completed
- Personal Emergency Response System (PERS)(14c11) - Completed
- Medical Nutrition Therapy (MNT)(14c12) - Completed
- Post discharge In-Home Medication Reconciliation(14c13) - Completed
- Re-admission Prevention(14c14) - Completed
- Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed
- Weight Management Programs(14c16) - Completed
- Alternative Therapies(14c17) - In Progress
- Therapeutic Massage(14c18) - Not Started

Alternative Therapies(14c17) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Is there a maximum plan benefit coverage?

Yes No

Amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c17 – Alternative Therapies – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

✕

Other Defined Supplemental Benefits(14c) - **In Progress**

Home and Bathroom Safety Devices and Modifications(14c8) - **Completed**

Counseling Services(14c9) - **Completed**

In-Home Safety Assessment(14c10) - **Completed**

Personal Emergency Response System (PERS)(14c11) - **Completed**

Medical Nutrition Therapy (MNT)(14c12) - **Completed**

Post discharge In-Home Medication Reconciliation(14c13) - **Completed**

Re-admission Prevention(14c14) - **Completed**

Wigs for Hair Loss Related to Chemotherapy(14c15) - **Completed**

Weight Management Programs(14c16) - **Completed**

Alternative Therapies(14c17) - In Progress

Therapeutic Massage(14c18) - **Not Started**

Is there a coinsurance?

Yes
 Yes with a min & max
 No

Minimum coinsurance
 Maximum coinsurance

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment
 Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

CY 2024 PBP Data Entry System Pages

14c17 – Alternative Therapies – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Completed
- Counseling Services(14c9) - Completed
- In-Home Safety Assessment(14c10) - Completed
- Personal Emergency Response System (PERS)(14c11) - Completed
- Medical Nutrition Therapy (MNT)(14c12) - Completed
- Post discharge In-Home Medication Reconciliation(14c13) - Completed
- Re-admission Prevention(14c14) - Completed
- Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed
- Weight Management Programs(14c16) - Completed
- Alternative Therapies(14c17) - In Progress
- Therapeutic Massage(14c18) - Not Started

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c18 – Therapeutic Massage – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed

Weight Management Programs(14c16) - Completed

Alternative Therapies(14c17) - Completed

Therapeutic Massage(14c18) - In Progress

Therapeutic Massage(14c18) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of sessions

Periodicity

Is there a maximum plan benefit coverage?

Yes No

Amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c18 – Therapeutic Massage – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Home and Bathroom Safety Devices and Modifications(14c8) - Completed
- Counseling Services(14c9) - Completed
- In-Home Safety Assessment(14c10) - Completed
- Personal Emergency Response System (PERS)(14c11) - Completed
- Medical Nutrition Therapy (MNT)(14c12) - Completed
- Post discharge In-Home Medication Reconciliation(14c13) - Completed
- Re-admission Prevention(14c14) - Completed
- Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed
- Weight Management Programs(14c16) - Completed
- Alternative Therapies(14c17) - Completed
- Therapeutic Massage(14c18) - In Progress

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2024 PBP Data Entry System Pages

14c18 – Therapeutic Massage – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed

Weight Management Programs(14c16) - Completed

Alternative Therapies(14c17) - Completed

Therapeutic Massage(14c18) - In Progress

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c19 – Adult Day Health Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

^ Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - In Progress

Home-Based Palliative Care(14c20) - Not Started

In-Home Support Services(14c21) - Not Started

Support for Caregivers of Enrollees(14c22) - Not Started

Kidney Disease Education Services(14d) - Not Started

^ Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

Diabetes Self-Management Training(14e2) - Not Started

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Adult Day Health Services(14c19) Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

CY 2024 PBP Data Entry System Pages

14c19 – Adult Day Health Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

^ Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - In Progress

Home-Based Palliative Care(14c20) - Not Started

In-Home Support Services(14c21) - Not Started

Support for Caregivers of Enrollees(14c22) - Not Started

Kidney Disease Education Services(14d) - Not Started

^ Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

Diabetes Self-Management Training(14e2) - Not Started

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c19 – Adult Day Health Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name ✕

- Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19) - In Progress
- Home-Based Palliative Care(14c20) - Not Started
- In-Home Support Services(14c21) - Not Started
- Support for Caregivers of Enrollees(14c22) - Not Started
- Kidney Disease Education Services(14d) - Not Started
- Other Medicare-covered Preventive Services(14e)
- Glaucoma Screening(14e1) - Not Started
- Diabetes Self-Management Training(14e2) - Not Started
- Barium Enemas(14e3) - Not Started
- Digital Rectal Exams(14e4) - Not Started

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c20 – Home-Based Palliative Care – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19) - Completed
- Home-Based Palliative Care(14c20) In Progress
- In-Home Support Services(14c21) - Not Started
- Support for Caregivers of Enrollees(14c22)-Not Started
- Kidney Disease Education Services(14d)-Not Started
- Other Medicare-covered Preventive Services(14e)
- Glaucoma Screening(14e1) - Not Started
- Diabetes Self-Management Training(14e2)-Not Started
- Barium Enemas(14e3) - Not Started
- Digital Rectal Exams(14e4) - Not Started

Home-Based Palliative Care(14c20) Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Amount:

Periodicity:

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

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

14c20 – Home-Based Palliative Care – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

^ Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - In Progress

In-Home Support Services(14c21) - Not Started

Support for Caregivers of Enrollees(14c22)-Not Started

Kidney Disease Education Services(14d)-Not Started

^ Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

Diabetes Self-Management Training(14e2)-Not Started

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c20 – Home-Based Palliative Care – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19) - Completed
- Home-Based Palliative Care(14c20) - In Progress
- In-Home Support Services(14c21) - Not Started
- Support for Caregivers of Enrollees(14c22)- Not Started
- Kidney Disease Education Services(14d)- Not Started
- ^ Other Medicare-covered Preventive Services(14e)
 - Glaucoma Screening(14e1) - Not Started
 - Diabetes Self-Management Training(14e2) - Not Started
 - Barium Enemas(14e3) - Not Started
 - Digital Rectal Exams(14e4) - Not Started

Minimum copayment

Maximum copayment

\$400

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OOB Group
 Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c21 – In-Home Support Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Not Started - In Progress

Support for Caregivers of Enrollees(14c22) - Not Started

Kidney Disease Education Services(14d) - Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

Diabetes Self-Management Training(14e2) - Not Started

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

In-Home Support Services(14c21) Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes **Yes with a min & max** No

Minimum coinsurance Maximum coinsurance

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c21 – In-Home Support Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

^ Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Not Started - In Progress

Support for Caregivers of Enrollees(14c22) - Not Started

Kidney Disease Education Services(14d) - Not Started

^ Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

Diabetes Self-Management Training(14e2) - Not Started

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14c21 – In-Home Support Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ^ Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19) - Completed
- Home-Based Palliative Care(14c20) - Completed
- In-Home Support Services(14c21) - Not Started - In Progress
- Support for Caregivers of Enrollees(14c22)-Not Started
- Kidney Disease Education Services(14d)-Not Started
- ^ Other Medicare-covered Preventive Services(14e)
- Glaucoma Screening(14e1) - Not Started
- Diabetes Self-Management Training(14e2) -Not Started
- Barium Enemas(14e3) - Not Started
- Digital Rectal Exams(14e4) - Not Started

Minimum copayment Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c22 – Support for Caregivers of Enrollees – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

^ Other Defined Supplemental Benefits(14c) - *In Progress*

Therapeutic Massage(14c18) - *Completed*

Adult Day Health Services(14c19) - *Completed*

Home-Based Palliative Care(14c20) - *Completed*

In-Home Support Services(14c21) - *Completed*

Support for Caregivers of Enrollees(14c22) - *In Progress*

Kidney Disease Education Services(14d) - *Not Started*

^ Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - *Not Started*

Diabetes Self-Management Training(14e2) - *Not Started*

Barium Enemas(14e3) - *Not Started*

Digital Rectal Exams(14e4) - *Not Started*

Support for Caregivers of Enrollees(14c22) Plan Characteristics

Select the type(s) of benefit offered (check all that apply):

Respite Care

Caregiver Training

Other

Name of the service

Is there a maximum plan benefit coverage?

Yes No

Amount

Periodicity

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

Yes No

MOOP amount

Periodicity

CY 2024 PBP Data Entry System Pages

14c22 – Support for Caregivers of Enrollees – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ^ Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19) - Completed
- Home-Based Palliative Care(14c20) - Completed
- In-Home Support Services(14c21) - Completed
- Support for Caregivers of Enrollees(14c22) - In Progress
- Kidney Disease Education Services(14d) - Not Started
- ^ Other Medicare-covered Preventive Services(14e)
- Glaucoma Screening(14e1) - Not Started
- Diabetes Self-Management Training(14e2) - Not Started
- Barium Enemas(14e3) - Not Started
- Digital Rectal Exams(14e4) - Not Started

Periodicity ▼

6 Months

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance ▬

4%

Maximum coinsurance ▬

8%

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment ▬

\$400

Maximum copayment ▬

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group ▼

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14c22 – Support for Caregivers of Enrollees – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19) - Completed
- Home-Based Palliative Care(14c20) - Completed
- In-Home Support Services(14c21) - Completed
- Support for Caregivers of Enrollees(14c22) - In Progress
- Kidney Disease Education Services(14d) - Not Started
- Other Medicare-covered Preventive Services(14e)
- Glaucoma Screening(14e1) - Not Started
- Diabetes Self-Management Training(14e2) - Not Started
- Barium Enemas(14e3) - Not Started
- Digital Rectal Exams(14e4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group: Group Name 1 - OON + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group: Group Name 1 - POS + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14d – Kidney Disease Education Services – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very Long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19)- Completed
- Home-Based Palliative Care(14c20) - Completed
- In-Home Support Services(14c21)- Completed
- Support for Caregivers of Enrollees(14c22) - Completed
- Kidney Disease Education Services(14d)- In Progress
- Other Medicare-covered Preventive Services(14e)
- Glaucoma Screening(14e1)- Not Started
- Diabetes Self-Management Training(14e2)- Not Started
- Barium Enemas(14e3)- Not Started
- Digital Rectal Exams(14e4)- Not Started

Kidney Disease Education Services(14d) Plan Characteristics

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

Yes No

MOOP amount

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

CY 2024 PBP Data Entry System Pages

14d – Kidney Disease Education Services – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19) - Completed
- Home-Based Palliative Care(14c20) - Completed
- In-Home Support Services(14c21) - Completed
- Support for Caregivers of Enrollees(14c22) - Completed
- Kidney Disease Education Services(14d) - In Progress
- Other Medicare-covered Preventive Services(14e)
- Glaucoma Screening(14e1) - Not Started
- Diabetes Self-Management Training(14e2) - Not Started
- Barium Enemas(14e3) - Not Started
- Digital Rectal Exams(14e4) - Not Started

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14d – Kidney Disease Education Services – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

^ Other Defined Supplemental Benefits(14c) - In Progress

^ Therapeutic Massage(14c18) - Completed

^ Adult Day Health Services(14c19)- Completed

^ Home-Based Palliative Care(14c20)- Completed

^ In-Home Support Services(14c21)- Completed

^ Support for Caregivers of Enrollees(14c22) - Completed

^ Kidney Disease Education Services(14d)- In Progress

^ Other Medicare-covered Preventive Services(14e)

^ Glaucoma Screening(14e1)- Not Started

^ Diabetes Self-Management Training(14e2) - Not Started

^ Barium Enemas(14e3) - Not Started

^ Digital Rectal Exams(14e4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14e1 – Glaucoma Screening – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - **In Progress**

Therapeutic Massage(14c18) - **Completed**

Adult Day Health Services(14c19) - **Completed**

Home-Based Palliative Care(14c20) - **Completed**

In-Home Support Services(14c21) - **Completed**

Support for Caregivers of Enrollees(14c22) - **Completed**

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

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - In Progress

Diabetes Self-Management Training(14e2) - **Not Started**

Barium Enemas(14e3) - **Not Started**

Digital Rectal Exams(14e4) - **Not Started**

Glaucoma Screening(14e1) Plan Characteristics

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

Yes No

MOOP amount

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14e1 – Glaucoma Screening – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name ✕

- Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19) - Completed
- Home-Based Palliative Care(14c20) - Completed
- In-Home Support Services(14c21) - Completed
- Support for Caregivers of Enrollees(14c22) - Completed
- Kidney Disease Education Services(14d) - Completed
- Other Medicare-covered Preventive Services(14e)
- Glaucoma Screening(14e1) - In Progress
- Diabetes Self-Management Training(14e2) - Not Started
- Barium Enemas(14e3) - Not Started
- Digital Rectal Exams(14e4) - Not Started

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2024 PBP Data Entry System Pages

14e1 – Glaucoma Screening – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

<p>Other Defined Supplemental Benefits(14c) - In Progress</p> <p>Therapeutic Massage(14c18) - Completed</p> <p>Adult Day Health Services(14c19) - Completed</p> <p>Home-Based Palliative Care(14c20) - Completed</p> <p>In-Home Support Services(14c21) - Completed</p> <p>Support for Caregivers of Enrollees(14c22) - Completed</p> <p>Kidney Disease Education Services(14d) - Completed</p> <p>Other Medicare-covered Preventive Services(14e)</p> <p style="background-color: #0056b3; color: white; text-align: center;">Glaucoma Screening(14e1) - In Progress</p> <p>Diabetes Self-Management Training(14e2) - Not Started</p> <p>Barium Enemas(14e3) - Not Started</p> <p>Digital Rectal Exams(14e4) - Not Started</p>	<p>Out-of-Network (OON) Benefits</p> <p>Add to OON Group</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/> + Add New OON Group</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left; font-size: small;">Coinsurance</td> <td style="text-align: left; font-size: small;">Copayment</td> <td style="text-align: left; font-size: small;">Deductible</td> </tr> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </table> <hr/> <p>Point-of-Service (POS) benefits</p> <p>Add to POS Group</p> <p>POS Group <input type="text" value="Group Name 1 - POS"/> + Add New POS Group</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: left; font-size: small;">Coinsurance</td> <td style="text-align: left; font-size: small;">Copayment</td> <td style="text-align: left; font-size: small;">Deductible</td> </tr> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </table> <hr/> <p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p> <p style="text-align: center; background-color: #0056b3; color: white; padding: 5px; width: fit-content; margin: 0 auto;">+ Add Notes</p>	Coinsurance	Copayment	Deductible	20%	\$20	\$200	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14e2 – Diabetes Self-Management Training – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

Other Medicare-covered Preventive Services(14e) - In Progress

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - In Progress

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Diabetes Self-Management Training(14e2) - Plan Characteristics

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

Yes No

MOOP amount

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14e2 – Diabetes Self-Management Training – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very Long Plan Name

- ^ Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19) - Completed
- Home-Based Palliative Care(14c20) - Completed
- In-Home Support Services(14c21) - Completed
- Support for Caregivers of Enrollees(14c22) - Completed
- Kidney Disease Education Services(14d) - Completed
- ^ Other Medicare-covered Preventive Services(14e) - In Progress
- Glaucoma Screening(14e1) - Completed
- Diabetes Self-Management Training(14e2) - In Progress
- Barium Enemas(14e3) - Not Started
- Digital Rectal Exams(14e4) - Not Started

Deductible amount

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14e2 – Diabetes Self-Management Training – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ^ Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19) - Completed
- Home-Based Palliative Care(14c20) - Completed
- In-Home Support Services(14c21) - Completed
- Support for Caregivers of Enrollees(14c22) - Completed
- Kidney Disease Education Services(14d) - Completed
- ^ Other Medicare-covered Preventive Services(14e) - In Progress
- Diabetes Self-Management Training(14e2) - In Progress
- Barium Enemas(14e3) - Not Started
- Digital Rectal Exams(14e4) - Not Started

OUT-OF-NETWORK (OON) BENEFITS

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2024 PBP Data Entry System Pages

14e3 – Barium Enemas – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

Other Medicare-covered Preventive Services(14e) - In Progress

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - Completed

Barium Enemas(14e3) - In Progress

Digital Rectal Exams(14e4) - Not Started

Barium Enemas(14e3) Plan Characteristics

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

Yes No

MOOP amount

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14e3 – Barium Enemas – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19) - Completed
- Home-Based Palliative Care(14c20) - Completed
- In-Home Support Services(14c21) - Completed
- Support for Caregivers of Enrollees(14c22) - Completed
- Kidney Disease Education Services(14d) - Completed
- Other Medicare-covered Preventive Services(14e) - In Progress
- Glaucoma Screening(14e1) - Completed
- Diabetes Self-Management Training(14e2) - Completed
- Barium Enemas(14e3) - In Progress**
- Digital Rectal Exams(14e4) - Not Started

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14e3 – Barium Enemas – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

Other Medicare-covered Preventive Services(14e) - In Progress

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - Completed

Barium Enemas(14e3) - In Progress

Digital Rectal Exams(14e4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14e4 – Digital Rectal Exams – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Therapeutic Massage(14c18) - Completed
- Adult Day Health Services(14c19) - Completed
- Home-Based Palliative Care(14c20) - Completed
- In-Home Support Services(14c21) - Completed
- Support for Caregivers of Enrollees(14c22) - Completed
- Kidney Disease Education Services(14d) - Completed
- Other Medicare-covered Preventive Services(14e) - In Progress
- Glaucoma Screening(14e1) - Completed
- Diabetes Self-Management Training(14e2) - Completed
- Barium Enemas(14e3) - Completed
- Digital Rectal Exams(14e4) - In Progress**

Digital Rectal Exams(14e4) Plan Characteristics

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

Yes No

MOOP amount

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

CloseSave and CloseSave and Next

CY 2024 PBP Data Entry System Pages

14e4 – Digital Rectal Exams – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

<p>Other Defined Supplemental Benefits(14c) - In Progress</p> <p>Therapeutic Massage(14c18) - Completed</p> <p>Adult Day Health Services(14c19) - Completed</p> <p>Home-Based Palliative Care(14c20) - Completed</p> <p>In-Home Support Services(14c21) - Completed</p> <p>Support for Caregivers of Enrollees(14c22) - Completed</p> <p>Kidney Disease Education Services(14d) - Completed</p> <p>Other Medicare-covered Preventive Services(14e) - In Progress</p> <p>Glaucoma Screening(14e1) - Completed</p> <p>Diabetes Self-Management Training(14e2) - Completed</p> <p>Barium Enemas(14e3) - Completed</p> <p style="background-color: #0056b3; color: white; padding: 2px;">Digital Rectal Exams(14e4) - In Progress</p>	<p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p> <hr/> <p>Out-of-Network (OON) Benefits</p> <p>Add to OON Group</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/> + Add New OON Group</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Coinsurance</td> <td style="text-align: right;">Copayment</td> <td style="text-align: right;">Deductible</td> </tr> <tr> <td style="text-align: right;">20%</td> <td style="text-align: right;">\$20</td> <td style="text-align: right;">\$200</td> </tr> </table> <hr/> <p>Point-of-Service (POS) benefits</p> <p>Add to POS Group</p> <p>POS Group <input type="text" value="Group Name 1 - POS"/> + Add New POS Group</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Coinsurance</td> <td style="text-align: right;">Copayment</td> <td style="text-align: right;">Deductible</td> </tr> <tr> <td style="text-align: right;">20%</td> <td style="text-align: right;">\$20</td> <td style="text-align: right;">\$200</td> </tr> </table> <hr/> <p>Authorization required for this benefit?</p>	Coinsurance	Copayment	Deductible	20%	\$20	\$200	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

14e4 – Digital Rectal Exams – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very Long Plan Name

✕

^ Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

^ Other Medicare-covered Preventive Services(14e) - In Progress

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - Completed

Barium Enemas(14e3) - Completed

Digital Rectal Exams(14e4) - In Progress

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Other Defined Supplemental Benefits(14c) - In Progress
- Kidney Disease Education Services(14d) -Completed
- Other Medicare-covered Preventive Services(14e) - In Progress
 - Glaucoma Screening(14e1) -Completed
 - Diabetes Self-Management Training(14e2) -Completed
 - Barium Enemas(14e3) -Completed
 - Digital Rectal Exams(14e4) -Completed
 - EKG following Welcome Visit(14e5) - In Progress**
 - Medicare Part B Rx Drugs(15) - Not Started
 - Dental(16)-Not Started
 - Eye Exams/Eyewear(17) -Not Started
 - Hearing Exams/Hearing Aids(18)

EKG following Welcome Visit(14e5)

Plan Characteristics

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

Yes No

MOOP amount:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?

Yes No

Deductible amount:

CY 2024 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very Long Plan Name

- ∨ Other Defined Supplemental Benefits(14c) - In Progress
- Kidney Disease Education Services(14d) - Completed
- ∧ Other Medicare-covered Preventive Services(14e) - In Progress
- Glaucoma Screening(14e1) - Completed
- Diabetes Self-Management Training(14e2) - Completed
- Barium Enemas(14e3) - Completed
- Digital Rectal Exams(14e4) - Completed
- EKG following Welcome Visit(14e5) - In Progress
- Medicare Part B Rx Drugs(15) - Not Started
- Dental(16) - Not Started
- Eye Exams/Eyewear(17) - Not Started
- Hearing Exams/Hearing Aids(18)

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

▼ Other Defined Supplemental Benefits(14c) - In Progress

Kidney Disease Education Services(14d) - Completed

▲ Other Medicare-covered Preventive Services(14e) - In Progress

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - Completed

Barium Enemas(14e3) - Completed

Digital Rectal Exams(14e4) - Completed

EKG following Welcome Visit(14e5) - In Progress

Medicare Part B Rx Drugs(15) - Not Started

Dental(16) - Not Started

Eye Exams/Eyewear(17) - Not Started

Hearing Exams/Hearing Aids(18)

Out-of-Network (OON) benefits

Add to OON Group

OON Group
 Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Started

- ^ Medicare Part B Rx Drugs(15) - In Progress
- Medicare Part B Insulin Drugs(15-1) - Not Started
- Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started
- Other Medicare Part B Drugs(15-3) - Not Started
- Home infusion bundled services(15) - Not Started
- v Dental(16) - Not Started
- v Eye Exams/Eyewear(17) - Not Started
- v Hearing Exams/Hearing Aids(18) - Not Started

Medicare Part B Rx Drugs (15) - Medicare Plan Characteristics

Updated by STE TESTER on 1/9/2023 11:00:08 AM EST

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. *

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

Yes No

MOOP amount ⓘ *
\$ 500.00

Periodicity ⓘ *
Every 6 Months

Service category level deductible CANNOT apply to the 15-1 Medicare Part B Insulin Drugs

Is there a deductible? ⓘ *

Yes No

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Started

^ Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Not Started

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started

Other Medicare Part B Drugs(15-3) - Not Started

Home infusion bundled services(15) - Not Started

∨ Dental(16) - Not Started

∨ Eye Exams/Eyewear(17) - Not Started

∨ Hearing Exams/Hearing Aids(18) - Not Started

Yes No

Deductible amount ⓘ*
\$ 400.00

Authorization required for this benefit?
No

Referral is not applicable for this Service Category.

Does the plan offer step therapy? ⓘ*
 Yes No

Does the benefit step from (select all that apply):*

Part B to Part B ⓘ

Part B to Part D ⓘ

Part D to Part B ⓘ

[+ Add Notes](#)

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

15-1 – Medicare Part B Insulin Drugs

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Started

^ Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Not Started

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started

Other Medicare Part B Drugs(15-3) - Not Started

Home infusion bundled services(15) - Not Started

∨ Dental(16) - Not Started

∨ Eye Exams/Eyewear(17) - Not Started

∨ Hearing Exams/Hearing Aids(18) - Not Started

Medicare Part B Insulin Drugs (15-1) - Medicare Plan Characteristics

Is there a coinsurance? ⓘ *

Yes **Yes with a min & max** No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Maximum copay amount per mon...

Is there a copayment? ⓘ *

Yes **Yes with a min & max** No

Minimum copayment ⓘ * Maximum copayment ⓘ *

Notes *

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

15-2 – Medicare Part B Chemotherapy/Radiation Drugs

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very Long Plan Name

Started

^ Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Not Started

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started

Other Medicare Part B Drugs(15-3) - Not Started

Home infusion bundled services(15) - Not Started

∨ Dental(16) - Not Started

∨ Eye Exams/Eyewear(17) - Not Started

∨ Hearing Exams/Hearing Aids(18) - Not Started

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

Is there a coinsurance? ⓘ *

Yes **Yes with a min & max** No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes **Yes with a min & max** No

Minimum copayment ⓘ * Maximum copayment ⓘ *

Notes *

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

15-3 – Other Medicare Part B Drugs

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Started
- ^ Medicare Part B Rx Drugs(15) - In Progress
- Medicare Part B Insulin Drugs(15-1) - Not Started
- Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started
- Other Medicare Part B Drugs(15-3) - Not Started
- Home infusion bundled services(15) - Not Started
- ^ Dental(16) - Not Started
- ^ Eye Exams/Eyewear(17) - Not Started
- ^ Hearing Exams/Hearing Aids(18) - Not Started

Other Medicare Part B Drugs (15-3) - Medicare Plan Characteristics

Is there a coinsurance? ⓘ *

Yes **Yes with a min & max** No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes **Yes with a min & max** No

Minimum copayment ⓘ * Maximum copayment ⓘ *

Notes *

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

15 – Home Infusion Bundled Services

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very Long Plan Name

- Started
- ^ Medicare Part B Rx Drugs(15) - In Progress
- Medicare Part B Insulin Drugs(15-1) - Not Started
- Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started
- Other Medicare Part B Drugs(15-3) - Not Started
- Home infusion bundled services(15) - Not Started**
- ^ Dental(16) - Not Started
- ^ Eye Exams/Eyewear(17) - Not Started
- ^ Hearing Exams/Hearing Aids(18) - Not Started

Home infusion bundled services (15) - Non-Medicare

Plan Characteristics

Does the plan pay for Part D home infusion services and supplies as a Medicaid benefit? ⓘ *

Yes No

Authorization required for this benefit?

No

Referral is not applicable for this Service Category.

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

16a – Preventive Dental – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Preventive and Other Defined Supplemental Services(14) - Completed
- ▼ Medicare Part B Rx Drugs(15) - Completed
- ▲ Dental(16) - In Progress
- ▼ Preventive Dental(16a) - In Progress
- Oral Exams(16a1) - Not Started
- Prophylaxis (Cleaning)(16a2) - Not Started
- Fluoride Treatment(16a3) - Not Started
- Dental X-Rays(16a4) - Not Started
- ▲ Comprehensive Dental(16b) - Not Started
- Non-routine Services(16b1)- Not Started
- Diagnostic Services(16b2)- Not Started
- Restorative Services(16b3)- Not Started

Preventive Dental(16a) Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Does the maximum plan benefit coverage amount apply to in-network services only or does it apply to both In-network and out-of-network services?

In-network services only

Both in-network and out-of-network services

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

16a – Preventive Dental – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Preventive and Other Defined Supplemental Services(14) - Completed
- ▼ Medicare Part B Rx Drugs(15) - Completed
- ^ Dental(16) - In Progress
- ▼ Preventive Dental(16a) - In Progress
- Oral Exams(16a1) - Not Started
- Prophylaxis (Cleaning)(16a2) - Not Started
- Fluoride Treatment(16a3) - Not Started
- Dental X-Rays(16a4) - Not Started
- ^ Comprehensive Dental(16b) - Not Started
- Non-routine Services(16b1) - Not Started
- Diagnostic Services(16b2) - Not Started
- Restorative Services(16b3) - Not Started

Is there a coinsurance?

Yes **Yes with a min & max** No

Is there a combination of services included in a single cost per office visit?

Yes No

Select all that apply:

Oral Exams

Prophylaxis (cleaning)

Fluoride Treatment

Dental X-Rays

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes **Yes with a min & max** No

Is there a combination of services included in a single cost per office visit?

Yes No

Select all that apply:

Oral Exams

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

16a – Preventive Dental – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ✓ Preventive and Other Defined Supplemental Services(14) - Completed
- ✓ Medicare Part B Rx Drugs(15) - Completed
- ^ Dental(16) - In Progress
 - ▼ Preventive Dental(16a) - In Progress
 - Oral Exams(16a1) - Not Started
 - Prophylaxis (Cleaning)(16a2) - Not Started
 - Fluoride Treatment(16a3) - Not Started
 - Dental X-Rays(16a4) - Not Started
 - ^ Comprehensive Dental(16b) - Not Started
 - Non-routine Services(16b1)- Not Started
 - Diagnostic Services(16b2)- Not Started
 - Restorative Services(16b3)- Not Started

- Oral Exams
- Prophylaxis (cleaning)
- Fluoride Treatment
- Dental X-Rays

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

CY 2024 PBP Data Entry System Pages

16a – Preventive Dental – Page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Preventive and Other Defined Supplemental Services(14) - Completed
- ▼ Medicare Part B Rx Drugs(15) - Completed
- ^ Dental(16) - In Progress
- ▼ Preventive Dental(16a) - In Progress
- ^ Oral Exams(16a1) - Not Started
- ^ Prophylaxis (Cleaning)(16a2) - Not Started
- ^ Fluoride Treatment(16a3) - Not Started
- ^ Dental X-Rays(16a4) - Not Started
- ^ Comprehensive Dental(16b) - Not Started
- ^ Non-routine Services(16b1) - Not Started
- ^ Diagnostic Services(16b2) - Not Started
- ^ Restorative Services(16b3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

16a1 – Oral Exams

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ✓ Preventive and Other Defined Supplemental Services(14) - Completed
- ✓ Medicare Part B Rx Drugs(15) - Completed
- ^ Dental(16) - In Progress
- ^ Preventive Dental(16a) - Completed
- Oral Exams(16a1) - In Progress
- Prophylaxis (Cleaning)(16a2) - Not Started
- Fluoride Treatment(16a3) - Not Started
- Dental X-Rays(16a4) - Not Started
- ^ Comprehensive Dental(16b) - Not Started
- Non-routine Services(16b1)- Not Started
- Diagnostic Services(16b2)- Not Started
- Restorative Services(16b3)- Not Started

Oral Exams(16a1) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

16a2 – Prophylaxis (Cleaning)

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ✓ Preventive and Other Defined Supplemental Services(14) -Completed
- ✓ Medicare Part B Rx Drugs(15) -Completed
- ^ Dental(16) - In Progress
 - ^ Preventive Dental(16a)-In Progress
 - Oral Exams(16a1)-Completed
 - Prophylaxis (Cleaning)(16a2)-In Progress
 - Fluoride Treatment(16a3) - Not Started
 - Dental X-Rays(16a4) - Not Started
 - ^ Comprehensive Dental(16b) - Not Started
 - Non-routine Services(16b1)- Not Started
 - Diagnostic Services(16b2)- Not Started
 - Restorative Services(16b3)- Not Started

Prophylaxis (Cleaning)(16a2) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

16a3 – Fluoride Treatmet

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Preventive and Other Defined Supplemental Services(14) - Completed
- ▼ Medicare Part B Rx Drugs(15) - Completed
- ^ Dental(16) - In Progress
 - ^ Preventive Dental(16a) - In Progress
- Oral Exams(16a1) - Completed
- Prophylaxis (Cleaning)(16a2) - Completed
- Fluoride Treatment(16a3) - In Progress
- Dental X-Rays(16a4) - Not Started
- ^ Comprehensive Dental(16b) - Not Started
 - Non-routine Services(16b1) - Not Started
 - Diagnostic Services(16b2) - Not Started
 - Restorative Services(16b3) - Not Started

Fluoride Treatment(16a3) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

CY 2024 PBP Data Entry System Pages

16a4 – Dental X-Rays

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Preventive and Other Defined Supplemental Services(14) - Completed
- ▼ Medicare Part B Rx Drugs(15) - Completed
- ▲ Dental(16) - In Progress
 - ▲ Preventive Dental(16a) - In Progress
 - Oral Exams(16a1) - Completed
 - Prophylaxis (Cleaning)(16a2) - Completed
 - Fluoride Treatment(16a3) - Completed
 - Dental X-Rays(16a4) - In Progress
 - ▲ Comprehensive Dental(16b) - Not Started
 - Non-routine Services(16b1) - Not Started
 - Diagnostic Services(16b2) - Not Started
 - Restorative Services(16b3) - Not Started

Dental X-Rays(16a4)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

16b – Comprehensive Dental – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Preventive and Other Defined Supplemental Services(14) - Completed
- Medicare Part B Rx Drugs(15) - Completed
- Dental(16) - In Progress
 - Preventive Dental(16a) - Completed
 - Oral Exams(16a1) - Completed
 - Prophylaxis (Cleaning)(16a2) - Completed
 - Fluoride Treatment(16a3) - Completed
 - Dental X-Rays(16a4) - Completed
 - Comprehensive Dental(16b) - In Progress**
 - Non-routine Services(16b1) - Not Started
 - Diagnostic Services(16b2) - Not Started
 - Restorative Services(16b3) - Not Started

Comprehensive Dental(16b)

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

Yes No

Select the maximum enrollee out-of-pocket cost type

Covered under Preventive Dental Category (16a)

Plan-specified amount per period

MOOP amount:

Periodicity:

Is there a maximum plan benefit coverage?

Yes No

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?

In-network services only

Both in-network and out-of-network services

Maximum amount:

Periodicity:

CY 2024 PBP Data Entry System Pages

16b – Comprehensive Dental– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ✓ Preventive and Other Defined Supplemental Services(14) - Completed
- ✓ Medicare Part B Rx Drugs(15) - Completed
- ∧ Dental(16) - In Progress
 - ∧ Preventive Dental(16a) - Completed
 - Oral Exams(16a1) - Completed
 - Prophylaxis (Cleaning)(16a2) - Completed
 - Fluoride Treatment(16a3) - Completed
 - Dental X-Rays(16a4) - Completed
 - ∧ Comprehensive Dental(16b) - In Progress
 - Non-routine Services(16b1) - Not Started
 - Diagnostic Services(16b2) - Not Started
 - Restorative Services(16b3) - Not Started

Periodicity ▼
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

16b – Comprehensive Dental– Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

<ul style="list-style-type: none"> ▼ Preventive and Other Defined Supplemental Services(14) - Completed ▼ Medicare Part B Rx Drugs(15) - Completed ▲ Dental(16) - In Progress ▲ Preventive Dental(16a) - Completed <li style="padding: 5px 0 5px 20px;">Oral Exams(16a1) - Completed <li style="padding: 5px 0 5px 20px;">Prophylaxis (Cleaning)(16a2) - Completed <li style="padding: 5px 0 5px 20px;">Fluoride Treatment(16a3) - Completed <li style="padding: 5px 0 5px 20px;">Dental X-Rays(16a4) - Completed <li style="background-color: #0056b3; color: white; padding: 5px 0 5px 20px;">▲ Comprehensive Dental(16b) - In Progress <li style="padding: 5px 0 5px 20px;">Non-routine Services(16b1)- Not Started <li style="padding: 5px 0 5px 20px;">Diagnostic Services(16b2)- Not Started <li style="padding: 5px 0 5px 20px;">Restorative Services(16b3)- Not Started 	<p>Referral required for this benefit? No</p> <hr/> <p>Out-of-Network (OON) Benefits</p> <p>Add to OON Group</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/> + Add New OON Group</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Coinsurance</th> <th style="text-align: left; font-weight: normal;">Copayment</th> <th style="text-align: left; font-weight: normal;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <p>Point-of-Service (POS) benefits</p> <p>Add to POS Group</p> <p>POS Group <input type="text" value="Group Name 1 - POS"/> + Add New POS Group</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Coinsurance</th> <th style="text-align: left; font-weight: normal;">Copayment</th> <th style="text-align: left; font-weight: normal;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p>	Coinsurance	Copayment	Deductible	20%	\$20	\$200	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

16b – Comprehensive Dental– Page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

<ul style="list-style-type: none"> <li style="margin-bottom: 5px;"> v Preventive and Other Defined Supplemental Services(14) - Completed <li style="margin-bottom: 5px;"> v Medicare Part B Rx Drugs(15) - Completed <li style="margin-bottom: 5px;"> ^ Dental(16) - In Progress <li style="margin-bottom: 5px;"> ^ Preventive Dental(16a) - Completed <li style="margin-bottom: 5px; padding: 5px 0 5px 20px;">Oral Exams(16a1) - Completed <li style="margin-bottom: 5px; padding: 5px 0 5px 20px;">Prophylaxis (Cleaning)(16a2) - Completed <li style="margin-bottom: 5px; padding: 5px 0 5px 20px;">Fluoride Treatment(16a3) - Completed <li style="margin-bottom: 5px; padding: 5px 0 5px 20px;">Dental X-Rays(16a4) - Completed <li style="margin-bottom: 5px; padding: 5px 0 5px 20px; background-color: #0056b3; color: white;"> ^ Comprehensive Dental(16b) - In Progress <li style="margin-bottom: 5px; padding: 5px 0 5px 20px;">Non-routine Services(16b1) - Not Started <li style="margin-bottom: 5px; padding: 5px 0 5px 20px;">Diagnostic Services(16b2) - Not Started <li style="margin-bottom: 5px; padding: 5px 0 5px 20px;">Restorative Services(16b3) - Not Started 	<div style="margin-bottom: 10px;"> <p style="margin: 0;">Add to OON group</p> <p style="margin: 0;">OON Group Group Name 1 - OON + Add New OON Group</p> <table border="0" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%; font-size: 0.8em;">Coinsurance</td> <td style="width: 33%; font-size: 0.8em;">Copayment</td> <td style="width: 33%; font-size: 0.8em;">Deductible</td> </tr> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </table> </div> <hr/> <p style="margin: 0;">Point-of-Service (POS) benefits</p> <p style="margin: 0;">Add to POS Group</p> <p style="margin: 0;">POS Group Group Name 1 - POS + Add New POS Group</p> <table border="0" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%; font-size: 0.8em;">Coinsurance</td> <td style="width: 33%; font-size: 0.8em;">Copayment</td> <td style="width: 33%; font-size: 0.8em;">Deductible</td> </tr> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </table> <hr/> <p style="margin: 0; font-size: 0.8em;">Authorization required for this benefit?</p> <p style="margin: 0;">Yes</p> <p style="margin: 0; font-size: 0.8em;">Referral required for this benefit?</p> <p style="margin: 0;">No</p> <p style="margin: 10px 0 0 0;">+ Add Notes</p>	Coinsurance	Copayment	Deductible	20%	\$20	\$200	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

16b1 – Non-routine Services

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Preventive and Other Defined Supplemental Services(14) - Completed
- Medicare Part B Rx Drugs(15) - Completed
- Dental(16) - In Progress
 - Preventive Dental(16a) - Completed
 - Oral Exams(16a1) - Completed
 - Prophylaxis (Cleaning)(16a2) - Completed
 - Fluoride Treatment(16a3) - Completed
 - Dental X-Rays(16a4) - Completed
 - Comprehensive Dental(16b) - In Progress
 - Non-routine Services(16b1) - In Progress**
 - Diagnostic Services(16b2)- Not Started
 - Restorative Services(16b3)- Not Started

Non-routine Services(16b1)

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

16b2 – Diagnostic Services

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ✓ Preventive and Other Defined Supplemental Services(14) - Completed
- ✓ Medicare Part B Rx Drugs(15) - Completed
- ^ Dental(16) - In Progress
 - ^ Preventive Dental(16a) - Completed
 - Oral Exams(16a1) - Completed
 - Prophylaxis (Cleaning)(16a2) - Completed
 - Fluoride Treatment(16a3) - Completed
 - Dental X-Rays(16a4) - Completed
- ✓ Comprehensive Dental(16b) - In Progress
 - Non-routine Services(16b1) - Completed
 - Diagnostic Services(16b2) - In Progress
 - Restorative Services(16b3) - Not Started

Diagnostic Services(16b2) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

16b3 – Restorative Services

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Preventive and Other Defined Supplemental Services(14) - Completed
- Medicare Part B Rx Drugs(15) - Completed
- Dental(16) - In Progress
 - Preventive Dental(16a) - Completed
 - Oral Exams(16a1) - Completed
 - Prophylaxis (Cleaning)(16a2) - Completed
 - Fluoride Treatment(16a3) - Completed
 - Dental X-Rays(16a4) - Completed
 - Comprehensive Dental(16b) - In Progress
 - Non-routine Services(16b1) - Completed
 - Diagnostic Services(16b2) - Completed
 - Restorative Services(16b3) - In Progress**
 - Endodontics(16b4) - Not Started

Restorative Services(16b3)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

16b4 – Endodontics

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Preventive and Other Defined Supplemental Services(14) - Completed
- ▼ Medicare Part B Rx Drugs(15) - Completed
- ^ Dental(16) - In Progress
- ▼ Preventive Dental(16a) - Completed
- ^ Comprehensive Dental(16b) - In Progress
- Non-routine Services(16b1) - Completed
- Diagnostic Services(16b2) - Completed
- Restorative Services(16b3) - Completed
- Endodontics(16b4) - Not Started - In Progress
- Periodontics(16b5) - Not Started
- Extractions(16b6) - Not Started
- Prostodontics, Other Oral/Maxillofacial Surgery, Other Services(16b7) - Not Started

Endodontics(16b4) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

16b5 – Periodontics

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Preventive and Other Defined Supplemental Services(14) - Completed
- Medicare Part B Rx Drugs(15) - Completed
- Dental(16) - In Progress
 - Preventive Dental(16a) - Completed
 - Comprehensive Dental(16b) - In Progress
- Non-routine Services(16b1) - Completed
- Diagnostic Services(16b2) - Completed
- Restorative Services(16b3) - Completed
- Endodontics(16b4) - Completed
- Periodontics(16b5) - In Progress**
- Extractions(16b6) - Not Started
- Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services(16b7) - Not Started

Periodontics(16b5)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

16b6

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Preventive and Other Defined Supplemental Services(14) - Completed
- ▼ Medicare Part B Rx Drugs(15) - Completed
- ▲ Dental(16) - In Progress
- ▼ Preventive Dental(16a) - Completed
- ▲ Comprehensive Dental(16b) - In Progress
- Non-routine Services(16b1) - Completed
- Diagnostic Services(16b2) - Completed
- Restorative Services(16b3) - Completed
- Endodontics(16b4) - Completed
- Periodontics(16b5) - Completed
- Extractions(16b6) - In Progress
- Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services(16b7) - Not Started

Plan Characteristics

Extractions(16b6)

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

16b7

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15) -Completed
- ▲ Dental(16) - In Progress
- ▼ Preventive Dental(16a) - Completed
- ▲ Comprehensive Dental(16b) - In Progress
- Non-routine Services(16b1) - Completed
- Diagnostic Services(16b2) - Completed
- Restorative Services(16b3) - Completed
- Endodontics(16b4) -Completed
- Periodontics(16b5) -Completed
- Extractions(16b6) -Completed
- Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services(16b7) -In Progress
- ▼ Eye Exams(17a) -Not Started

Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services(16b7) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

17a – Eye Exams– Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15)-Completed
- ▼ Dental(16) -Completed
- ▲ Eye Exams(17a) - In Progress
- ▼ Routine Eye Exams(17a1)- Not Started
- ▼ Other Eye Exam Services(17a2)- Not Started
- ▲ Eyewear(17b)- Not Started
 - ▼ Eyewear(17b) Non Medicare - Not Started
 - ▼ Contact Lenses(17b1)- Not Started
 - ▼ Eyeglasses (lenses and frames)(17b2)- Not Started
 - ▼ Eyeglass lenses(17b3)- Not Started
 - ▼ Eyeglass frames(17b4)- Not Started
 - ▼ Upgrades(17b5)- Not Started
- ▼ Hearing Exams/Hearing Aids(18)- Not Started

Eye Exams(17a) Plan Characteristics

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

Yes No

MOOP amount

Periodicity

Is there a maximum plan benefit coverage?

Yes No

Does the maximum plan benefit coverage amount apply to in-network services only or does it apply to both In-network and out-of-network services?

In-network services only

Both in-network and out-of-network services

Maximum amount

Periodicity

Is there a coinsurance?

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

17a – Eye Exams– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15)-Completed
- ▼ Dental(16) -Completed
- ^ Eye Exams(17a) - In Progress
- Routine Eye Exams(17a1)- Not Started
- Other Eye Exam Services(17a2)- Not Started
- ^ Eyewear(17b)- Not Started
 - Eyewear(17b) Non Medicare - Not Started
 - Contact Lenses(17b1)- Not Started
 - Eyeglasses (lenses and frames)(17b2)- Not Started
 - Eyeglass lenses(17b3)- Not Started
 - Eyeglass frames(17b4))- Not Started
 - Upgrades(17b5)- Not Started
- ▼ Hearing Exams/Hearing Aids(18)- Not Started

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

CY 2024 PBP Data Entry System Pages

17a – Eye Exams– Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15)- Completed
- ▼ Dental(16) - Completed
- ▲ Eye Exams(17a) - In Progress
- Routine Eye Exams(17a1)- Not Started
- Other Eye Exam Services(17a2)- Not Started
- ▲ Eyewear(17b)- Not Started
 - Eyewear(17b) Non Medicare - Not Started
 - Contact Lenses(17b1)- Not Started
 - Eyeglasses (lenses and frames)(17b2)- Not Started
 - Eyeglass lenses(17b3)- Not Started
 - Eyeglass frames(17b4)) - Not Started
 - Upgrades(17b5)- Not Started
- ▼ Hearing Exams/Hearing Aids(18)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

17a1 – Routine Eye Exams

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Medicare Part B Rx Drugs(15)-Completed
- Dental(16) -Completed
- Eye Exams(17a)- In Progress
- Routine Eye Exams(17a1)- In Progress**
- Other Eye Exam Services(17a2)- Not Started
- Eyewear(17b)- Not Started
 - Eyewear(17b) Non Medicare - Not Started
 - Contact Lenses(17b1)- Not Started
 - Eyeglasses (lenses and frames)(17b2)- Not Started
 - Eyeglass lenses(17b3)- Not Started
 - Eyeglass frames(17b4)- Not Started
 - Upgrades(17b5)- Not Started
- Hearing Exams/Hearing Aids(18)- Not Started

Routine Eye Exams(17a1)

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

[+ Add Notes](#)

[Close](#) [Save and Close](#) [Save and Next](#)

[Plan Characteristics](#)

CY 2024 PBP Data Entry System Pages

17a2 – Other Eye Exam Services

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15)-Completed
- ▼ Dental(16) -Completed
- ▲ Eye Exams(17a) - In Progress
- Routine Eye Exams(17a1)-Completed
- Other Eye Exam Services(17a2) - In Progress
- ▲ Eyewear(17b)- Not Started
- Eyewear(17b) Non Medicare - Not Started
- Contact Lenses(17b1) - Not Started
- Eyeglasses (lenses and frames)(17b2)- Not Started
- Eyeglass lenses(17b3)- Not Started
- Eyeglass frames(17b4) - Not Started
- Upgrades(17b5) - Not Started
- ▼ Hearing Exams/Hearing Aids(18)- Not Started

Other Eye Exam Services(17a2) Plan Characteristics

Name of Other Service
Other Service Name

Is this benefit unlimited?
 Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?
 Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?
 Yes Yes with a min & max No

Minimum copayment Maximum copayment

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

17b – Eyewear– Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15)-Completed
- ▼ Dental(16) -Completed
- ▲ Eye Exams(17a) -Completed
- Routine Eye Exams(17a1)-Completed
- Other Eye Exam Services(17a2)-Completed
- ▼ Eyewear(17b)- In Progress
- Eyewear(17b) Non Medicare - Not Started
- Contact Lenses(17b1)- Not Started
- Eyeglasses (lenses and frames)(17b2)- Not Started
- Eyeglass lenses(17b3)- Not Started
- Eyeglass frames(17b4))- Not Started
- Upgrades(17b5)- Not Started
- ▼ Hearing Exams/Hearing Aids(18)- Not Started

Eyewear(17b) Plan Characteristics

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

Yes No

Select the maximum enrollee out-of-pocket cost type

Covered under Eye exams Category(17a)

Plan-specified amount per period

MOOP amount

Periodicity

Is there a maximum plan benefit coverage?

Yes No

Select the maximum plan benefit coverage type

Covered under Eye exams Category (17a)

Plan-specified amount per period

Maximum amount

Periodicity

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

17b – Eyewear– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15) - Completed
- ▼ Dental(16) - Completed
- ▲ Eye Exams(17a) - Completed
 - Routine Eye Exams(17a1) - Completed
 - Other Eye Exam Services(17a2) - Completed
- ▼ **Eyewear(17b) - In Progress**
 - Eyewear(17b) Non Medicare - Not Started
 - Contact Lenses(17b1) - Not Started
 - Eyeglasses (lenses and frames)(17b2) - Not Started
 - Eyeglass lenses(17b3) - Not Started
 - Eyeglass frames(17b4) - Not Started
 - Upgrades(17b5) - Not Started
- ▼ Hearing Exams/Hearing Aids(18) - Not Started

Periodicity:

Do you offer a Combined Max Plan Benefit Coverage Amount for all Eyewear?
 Yes No

Combined Maximum amount:

Is there a coinsurance?
 Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?
 Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?
 Yes No

Deductible amount:

CY 2024 PBP Data Entry System Pages

17b – Eyewear– Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15) - Completed
- ▼ Dental(16) - Completed
- ▲ Eye Exams(17a) - Completed
- Routine Eye Exams(17a1) - Completed
- Other Eye Exam Services(17a2) - Completed
- ▼ Eyewear(17b) - In Progress
- Eyewear(17b) Non Medicare - Not Started
- Contact Lenses(17b1) - Not Started
- Eyeglasses (lenses and frames)(17b2) - Not Started
- Eyeglass lenses(17b3) - Not Started
- Eyeglass frames(17b4) - Not Started
- Upgrades(17b5) - Not Started
- ▼ Hearing Exams/Hearing Aids(18) - Not Started

Deductible amount

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

17b – Eyewear– Page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15)-Completed
- ▼ Dental(16) -Completed
- ▲ Eye Exams(17a)-Completed
- Routine Eye Exams(17a1)-Completed
- Other Eye Exam Services(17a2)-Completed
- ▼ Eyewear(17b)- In Progress
- Eyewear(17b) Non Medicare - Not Started
- Contact Lenses(17b1) - Not Started
- Eyeglasses (lenses and frames)(17b2)- Not Started
- Eyeglass lenses(17b3) - Not Started
- Eyeglass frames(17b4))- Not Started
- Upgrades(17b5)- Not Started
- ▼ Hearing Exams/Hearing Aids(18)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

17b – Eyewear Non-Medicare– Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Medicare Part B Rx Drugs(15)-Completed
- Dental(16)-Completed
- Eye Exams(17a)-Completed
 - Routine Eye Exams(17a1)-Completed
 - Other Eye Exam Services(17a2)-Completed
- Eyewear(17b)-In Progress
 - Eyewear(17b) Non Medicare - In Progress**
 - Contact Lenses(17b1)- Not Started
 - Eyeglasses (lenses and frames)(17b2)- Not Started
 - Eyeglass lenses(17b3)- Not Started
 - Eyeglass frames(17b4)- Not Started
 - Upgrades(17b5)- Not Started
- Hearing Exams/Hearing Aids(18)-Not Started

Eyewear(17b) Non Medicare

Is there a maximum plan benefit coverage?

Yes No

Select the maximum plan benefit coverage type

Covered under Eye exams Category (17a)

Plan-specified amount per period

Maximum amount:

Periodicity:

Do you offer a Combined Max Plan Benefit Coverage Amount for all Eyewear?

Yes No

Maximum amount:

Out-of-Network (OON) Benefits

Add OON Service

[Plan Characteristics](#)

CY 2024 PBP Data Entry System Pages

17b – Eyewear Non-Medicare– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15)-Completed
- ▼ Dental(16)-Completed
- ▲ Eye Exams(17a)-Completed
- Routine Eye Exams(17a1)-Completed
- Other Eye Exam Services(17a2)-Completed
- ▲ Eyewear(17b)-In Progress
- Eyewear(17b) Non Medicare - In Progress
- Contact Lenses(17b1)- Not Started
- Eyeglasses (lenses and frames)(17b2)- Not Started
- Eyeglass lenses(17b3)- Not Started
- Eyeglass frames(17b4)- Not Started
- Upgrades(17b5)- Not Started
- ▼ Hearing Exams/Hearing Aids(18)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

17b1 – Contact Lenses– Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15) - Completed
- ▼ Dental(16) - Completed
- ▲ Eye Exams(17a) - In Progress
- Routine Eye Exams(17a1) - Completed
- Other Eye Exam Services(17a2) - Completed
- ▲ Eyewear(17b) - In Progress
- Eyewear(17b) Non Medicare - Completed
- Contact Lenses(17b1) - In Progress
- Eyeglasses (lenses and frames)(17b2) - Not Started
- Eyeglass lenses(17b3) - Not Started
- Eyeglass frames(17b4) - Not Started
- Upgrades(17b5) - Not Started
- ▼ Hearing Exams/Hearing Aids(18) - Not Started

Contact Lenses(17b1) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of pairs

Periodicity

Is there a maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

CY 2024 PBP Data Entry System Pages

17b1 – Contact Lenses– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15) - Completed
- ▼ Dental(16) - Completed
- ▲ Eye Exams(17a) - In Progress
 - Routine Eye Exams(17a1) - Completed
 - Other Eye Exam Services(17a2) - Completed
- ▲ Eyewear(17b) - In Progress
 - Eyewear(17b) Non Medicare - Completed
 - Contact Lenses(17b1) - In Progress**
 - Eyeglasses (lenses and frames)(17b2) - Not Started
 - Eyeglass lenses(17b3) - Not Started
 - Eyeglass frames(17b4) - Not Started
 - Upgrades(17b5) - Not Started
- ▼ Hearing Exams/Hearing Aids(18) - Not Started

Is there a maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

CY 2024 PBP Data Entry System Pages

17b2 – Eyeglasses (lenses and frames)– Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15) - Completed
- ▼ Dental(16) - Completed
- ▲ Eye Exams(17a) - In Progress
- Routine Eye Exams(17a1) - Completed
- Other Eye Exam Services(17a2) - Completed
- ▲ Eyewear(17b) - In Progress
- Eyewear(17b) Non Medicare - Completed
- Contact Lenses(17b1) - Completed
- Eyeglasses (lenses and frames)(17b2) - In Progress
- Eyeglass lenses(17b3) - Not Started
- Eyeglass frames(17b4)) - Not Started
- Upgrades(17b5) - Not Started
- ▼ Hearing Exams/Hearing Aids(18) - Not Started

Eyeglasses (lenses and frames)(17b2) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of eyeglasses

Periodicity

Is there a maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

CY 2024 PBP Data Entry System Pages

17b2 – Eyeglasses (lenses and frames)– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Medicare Part B Rx Drugs(15)-Completed
- Dental(16)-Completed
- Eye Exams(17a)- In Progress
 - Routine Eye Exams(17a1)-Completed
 - Other Eye Exam Services(17a2)-Completed
- Eyewear(17b)- In Progress
 - Eyewear(17b) Non Medicare-Completed
 - Contact Lenses(17b1)-Completed
 - Eyeglasses (lenses and frames)(17b2)- In Progress**
 - Eyeglass lenses(17b3)- Not Started
 - Eyeglass frames(17b4)- Not Started
 - Upgrades(17b5)- Not Started
- Hearing Exams/Hearing Aids(18)-Not Started

Is there a maximum plan benefit coverage amount?

Yes No

Maximum Amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

CY 2024 PBP Data Entry System Pages

17b3 – Eyeglass lenses– Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15)-Completed
- ▼ Dental(16) -Completed
- ▲ Eye Exams(17a) - In Progress
- Routine Eye Exams(17a1)-Completed
- Other Eye Exam Services(17a2)-Completed
- ▲ Eyewear(17b) - In Progress
 - Eyewear(17b) Non Medicare-Completed
 - Contact Lenses(17b1)-Completed
 - Eyeglasses (lenses and frames)(17b2)-Completed
 - Eyeglass lenses(17b3)- In Progress
 - Eyeglass frames(17b4)) - Not Started
 - Upgrades(17b5) - Not Started
- ▼ Hearing Exams/Hearing Aids(18)- Not Started

Eyeglass lenses(17b3) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of eyeglasses

Periodicity

Is there a maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

17b3 – Eyeglass lenses– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15)-Completed
- ▼ Dental(16)-Completed
- ▲ Eye Exams(17a)- In Progress
 - Routine Eye Exams(17a1)-Completed
 - Other Eye Exam Services(17a2)-Completed
- ▲ Eyewear(17b)- In Progress
 - Eyewear(17b) Non Medicare-Completed
 - Contact Lenses(17b1)-Completed
 - Eyeglass lenses(17b3)- In Progress**
 - Eyeglass frames(17b4)-Not Started
 - Upgrades(17b5)- Not Started
- ▼ Hearing Exams/Hearing Aids(18)-Not Started

Is there a maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

CY 2024 PBP Data Entry System Pages

17b4 – Eyeglass frames– Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15)- Completed
- ▼ Dental(16) - Completed
- ▲ Eye Exams(17a) - In Progress
- Routine Eye Exams(17a1)- Completed
- Other Eye Exam Services(17a2)- Completed
- ▲ Eyewear(17b) - In Progress
- Eyewear(17b) Non Medicare- Completed
- Contact Lenses(17b1)- Completed
- Eyeglasses (lenses and frames)(17b2)- Completed
- Eyeglass lenses(17b3)- Completed
- Eyeglass frames(17b4)- In Progress**
- Upgrades(17b5)- Not Started
- ▼ Hearing Exams/Hearing Aids(18)- Not Started

Eyeglass frames(17b4) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of pairs of lenses

Periodicity

Is there a maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

17b4 – Eyeglass frames– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Medicare Part B Rx Drugs(15) - Completed
- ▼ Dental(16) - Completed
- ▲ Eye Exams(17a) - In Progress
 - Routine Eye Exams(17a1) - Completed
 - Other Eye Exam Services(17a2) - Completed
- ▲ Eyewear(17b) - In Progress
 - Eyewear(17b) Non Medicare - Completed
 - Contact Lenses(17b1) - Completed
 - Eyeglasses (lenses and frames)(17b2) - Completed
 - Eyeglass lenses(17b3) - Completed**
 - Eyeglass frames(17b4) - In Progress**
 - Upgrades(17b5) - Not Started
- ▼ Hearing Exams/Hearing Aids(18) - Not Started

Is there a maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

[+ Add Notes](#)

CY 2024 PBP Data Entry System Pages

17b5 – Upgrades

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Medicare Part B Rx Drugs(15)-Completed
- ▼ Dental(16) -Completed
- ▲ Eye Exams(17a) - In Progress
 - Routine Eye Exams(17a1)-Completed
 - Other Eye Exam Services(17a2)-Completed
- ▲ Eyewear(17b) - In Progress
 - Eyewear(17b) Non Medicare-Completed
 - Contact Lenses(17b1) -Completed
 - Eyeglasses (lenses and frames)(17b2)-Completed
 - Eyeglass lenses(17b3)-Completed
 - Eyeglass frames(17b4)- Completed
 - Upgrades(17b5) - In Progress**
- ▼ Hearing Exams/Hearing Aids(18)-Not Started

Upgrades(17b5)

Is there a maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

[+ Add Notes](#)

[Plan Characteristics](#)

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2024 PBP Data Entry System Pages

18a – Hearing Exams – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - In Progress
- Hearing Exams(18a) - In Progress
- Routine Hearing Exams(18a1) - Not Started
- Fitting/Evaluation for Hearing Aid(18a2) - Not Started
- Hearing Aids(18b) - Not Started
 - Hearing Aids (all types)(18b1) - Not Started
 - Hearing Aids - Inner Ear(18b2) - Not Started
 - Hearing Aids - Outer Ear(18b3) - Not Started
 - Hearing Aids - Over the Ear(18b4) - Not Started

Hearing Exams(18a)

Plan Characteristics

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

Yes No

MOOP amount

Periodicity

Is there a maximum plan benefit coverage?

Yes No

Does the maximum plan benefit coverage amount apply to in-network services only or does it apply to both In-network and out-of-network services?

In-network services only

Both in-network and out-of-network services

Maximum amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

CY 2024 PBP Data Entry System Pages

18a – Hearing Exams– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Eye Exams(17a) - Completed
- ▲ Hearing Exams/Hearing Aids(18) - In Progress
- ▲ Hearing Exams(18a) - In Progress
- Routine Hearing Exams(18a1) - Not Started
- Fitting/Evaluation for Hearing Aid(18a2) - Not Started
- ▲ Hearing Aids(18b) - Not Started
- Hearing Aids (all types)(18b1) - Not Started
- Hearing Aids - Inner Ear(18b2) - Not Started
- Hearing Aids - Outer Ear(18b3) - Not Started
- Hearing Aids - Over the Ear(18b4) - Not Started

Is there a coinsurance?

Yes **Yes with a min & max** No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes **Yes with a min & max** No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

[Out-of-Network \(OON\) Benefits](#)

CY 2024 PBP Data Entry System Pages

18a – Hearing Exams– Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - In Progress
- Hearing Exams(18a) - In Progress**
- Routine Hearing Exams(18a1) - Not Started
- Fitting/Evaluation for Hearing Aid(18a2) - Not Started
- Hearing Aids(18b) - Not Started
 - Hearing Aids (all types)(18b1) - Not Started
 - Hearing Aids - Inner Ear(18b2) - Not Started
 - Hearing Aids - Outer Ear(18b3) - Not Started
 - Hearing Aids - Over the Ear(18b4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group:

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group:

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2024 PBP Data Entry System Pages

18a1 – Routine Hearing Exams

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Eye Exams(17a) -Completed
- ▲ Hearing Exams/Hearing Aids(18) - In Progress
 - Hearing Exams(18a) -Completed
 - Routine Hearing Exams(18a1) - In Progress**
 - Fitting/Evaluation for Hearing Aid(18a2) -Not Started
- ▲ Hearing Aids(18b) -Not Started
 - Hearing Aids (all types)(18b1) -Not Started
 - Hearing Aids -Inner Ear(18b2) -Not Started
 - Hearing Aids -Outer Ear(18b3) -Not Started
 - Hearing Aids -Over the Ear(18b4) -Not Started

Routine Hearing Exams(18a1) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

[+ Add Notes](#)

CY 2024 PBP Data Entry System Pages

18a2 – Fitting/Evaluation for Hearing Aid– Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - In Progress
 - Hearing Exams(18a) - Completed
 - Fitting/Evaluation for Hearing Aid (18a2) - In Progress**
 - Hearing Aids(18b) - Not Started
 - Hearing Aids (all types)(18b1) - Not Started
 - Hearing Aids -Inner Ear(18b2) - Not Started
 - Hearing Aids -Outer Ear(18b3) - Not Started
 - Hearing Aids -Over the Ear(18b4) - Not Started

Fitting/Evaluation for Hearing Aid(18a2)

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

Yes No

MOOP amount:

Periodicity:

Is there a maximum plan benefit coverage?

Yes No

Does the maximum plan benefit coverage amount apply to in-network services only or does it apply to both In-network and out-of-network services?

In-network services only
 Both in-network and out-of-network services

Maximum amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Plan Characteristics

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

18a2 – Fitting/Evaluation for Hearing Aid– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Eye Exams(17a) - **Completed**
- ▲ Hearing Exams/Hearing Aids(18) - **In Progress**
- Hearing Exams(18a) - **Completed**
- Routine Hearing Exams(18a1) - **Completed**
- Fitting/Evaluation for Hearing Aid (18a2) - **In Progress**
- ▲ Hearing Aids(18b) - **Not Started**
- Hearing Aids (all types)(18b1) - **Not Started**
- Hearing Aids - Inner Ear(18b2) - **Not Started**
- Hearing Aids - Outer Ear(18b3) - **Not Started**
- Hearing Aids - Over the Ear(18b4) - **Not Started**

Is there a coinsurance?

Yes **Yes with a min & max** No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes **Yes with a min & max** No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

[Out-of-Network \(OON\) Benefits](#)

CY 2024 PBP Data Entry System Pages

18a2 – Fitting/Evaluation for Hearing Aid– Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Eye Exams(17a) -Completed
- ^ Hearing Exams/Hearing Aids(18) -
In Progress
- Hearing Exams(18a) -Completed
- Routine Hearing Exams(18a1) -
Completed
- Fitting/Evaluation for Hearing Aid
(18a2)-In Progress
- ^ Hearing Aids(18b) -Not Started
- Hearing Aids (all types)(18b1) -
Not Started
- Hearing Aids -Inner Ear(18b2)-
Not Started
- Hearing Aids -Outer Ear(18b3)-
Not Started
- Hearing Aids -Over the Ear(18b4) -
Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

18b – Hearing Aids– Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Eye Exams(17a) - Completed
- ^ Hearing Exams/Hearing Aids(18) - Completed
 - Hearing Exams(18a) - Completed
 - Routine Hearing Exams(18a1) - Completed
 - Fitting/Evaluation for Hearing Aid (18a2) - Completed
 - ^ Hearing Aids(18b) - In Progress
 - Hearing Aids (all types)(18b1) - Not Started
 - Hearing Aids - Inner Ear(18b2) - Not Started
 - Hearing Aids - Outer Ear(18b3) - Not Started
 - Hearing Aids - Over the Ear(18b4) - Not Started

Hearing Aids(18b) Plan Characteristics

Service maximum plan benefit coverage:

Yes No

Does the Maximum Plan Benefit Coverage Amount apply per ear or for both ears combined?

Select Coverage

Select the Maximum Plan Benefit Coverage type

Covered under Hearing Exams Category(18a)

Plan-specified amount per period

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?

In-network services only

Both in-network and out-of-network services

Maximum amount

Periodicity

Service maximum enrollee out of pocket cost:

CY 2024 PBP Data Entry System Pages

18b – Hearing Aids– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Preventive and Other Defined Supplemental Services(14) - Not Started
- Medicare Part B Rx Drugs(15) - Not Started
- Medicare Part B Insulin Drugs(15-1) - Not Started
- Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started
- Other Medicare Part B Drugs(15-3) - Not Started
- Home infusion bundled services(15) - Not Started
- Dental(16) - Not Started
- Eye Exams/Eyewear(17) - Not Started
- Hearing Exams/Hearing Aids(18) - Not Started**
- Hearing Exams(18a) - Not Started
- Hearing Exams(18a) - Not Started
- Hearing Aids(18b) - Not Started**
- Hearing Aids (all types)(18b1) - Not Started

Service maximum enrollee out-of-pocket cost (MOOP): ⓘ *

Select the maximum enrollee out-of-pocket cost type ⓘ *

Covered under Hearing exams Category (18a)

Plan-specified amount per period

MOOP amount ⓘ *
\$ 500.00

Periodicity ⓘ *
Every 6 Months

Is there a deductible? ⓘ *

Deductible amount ⓘ *
\$ 400.00

Does your plan cover OTC hearing aids as part of your hearing aid benefit? ⓘ *

Authorization required for this benefit?
No

Referral required for this benefit?
No

CY 2024 PBP Data Entry System Pages

18b – Hearing Aids– Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Eye Exams(17a) - Completed
- ▲ Hearing Exams/Hearing Aids(18) - Completed
- Hearing Exams(18a) - Completed
- Routine Hearing Exams(18a1) - Completed
- Fitting/Evaluation for Hearing Aid (18a2) - Completed
- ▲ Hearing Aids(18b) - In Progress
- Hearing Aids (all types)(18b1) - Not Started
- Hearing Aids -Inner Ear(18b2) - Not Started
- Hearing Aids -Outer Ear(18b3) - Not Started
- Hearing Aids -Over the Ear(18b4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

18b1 – Hearing Aids (all types)

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Eye Exams(17a) - Completed
- ▲ Hearing Exams/Hearing Aids(18) - Completed
 - Hearing Exams(18a) - Completed
 - Routine Hearing Exams(18a1) - Completed
 - Fitting/Evaluation for Hearing Aid (18a2) - Completed
- ▲ Hearing Aids(18b) - In Progress
 - Hearing Aids (all types)(18b1) - In Progress
 - Hearing Aids -Inner Ear(18b2) - Not Started
 - Hearing Aids -Outer Ear(18b3) - Not Started
 - Hearing Aids -Over the Ear(18b4) - Not Started

Hearing Aids (all types)(18b1) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

18b2 – Hearing Aids – Inner Ear

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - Completed
- Hearing Exams(18a) - Completed
- Routine Hearing Exams(18a1) - Completed
- Fitting/Evaluation for Hearing Aid (18a2) - Completed
- Hearing Aids(18b) - In Progress
- Hearing Aids (all types)(18b1) - Completed
- Hearing Aids - Inner Ear(18b2) - In Progress
- Hearing Aids - Outer Ear(18b3) - Not Started
- Hearing Aids - Over the Ear(18b4) - Not Started

Hearing Aids - Inner Ear(18b2)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

[+ Add Notes](#)

CY 2024 PBP Data Entry System Pages

18b3 – Hearing Aids – Outer Ear

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Eye Exams(17a) - Completed

Hearing Exams/Hearing Aids(18) - Completed

Hearing Exams(18a) - Completed

Routine Hearing Exams(18a1) - Completed

Fitting/Evaluation for Hearing Aid (18a2) - Completed

Hearing Aids(18b) - In Progress

Hearing Aids (all types)(18b1) - Completed

Hearing Aids - Inner Ear(18b2) - Completed

Hearing Aids - Outer Ear(18b3) - In Progress

Hearing Aids - Over the Ear(18b4) - Not Started

Hearing Aids - Outer Ear(18b3)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

18b4 – Hearing Aids – Over the Ear

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Eye Exams(17a) - Completed
- ^ Hearing Exams/Hearing Aids(18) - Completed
 - Hearing Exams(18a) - Completed
 - Routine Hearing Exams(18a1) - Completed
 - Fitting/Evaluation for Hearing Aid (18a2) - Completed
- ^ Hearing Aids(18b) - In Progress
 - Hearing Aids (all types)(18b1) - Completed
 - Hearing Aids -Inner Ear(18b2) - Completed
 - Hearing Aids -Outer Ear(18b3) - Completed
 - Hearing Aids -Over the Ear(18b4) - In Progress
 - Prescription Drugs (Cost Plans Only) (20) - Not Started

Hearing Aids -Over the Ear(18b4) Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

[+ Add Notes](#)

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

20 – Prescription Drugs– Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - Completed
- Prescription Drugs(20) - In Progress**
- Prescription Drugs Non medicare (20) - Not Started
- Outpatient Drugs Groups(20) - Not Started

Prescription Drugs(20)

Indicate the number of drug groupings that are offered

4

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

Yes No

Select what combination of drug groups applies for Maximum Enrollee Out-of-Pocket Cost(Select all that apply):

- Group 1
- Group 2
- Group 3
- Group 4
- Group 5
- Medicare Covered Benefits

MOOP amount

\$500

Periodicity

Every Year

Is there a coinsurance?

Yes No

Plan Characteristics

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

20 – Prescription Drugs– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Eye Exams(17a) - Completed
- ▼ Hearing Exams/Hearing Aids(18) - Completed
- ▲ Prescription Drugs(20) - In Progress
- Prescription Drugs Non medicare (20) - Not Started
- Outpatient Drugs Groups(20)-Not Started

Is there a coinsurance?

Yes No

Select which Medicare-covered Outpatient Drugs have a Coinsurance:

Medicare Part B Chemotherapy/Radiation Drugs

Minimum coinsurance Maximum coinsurance

Other Medicare Part B Drugs

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes No

Select which Medicare-covered Outpatient Drugs have a Copayment:

Medicare Part B Chemotherapy/Radiation Drugs

Minimum copayment Maximum copayment

Other Medicare Part B Drugs

Minimum copayment Maximum copayment

CY 2024 PBP Data Entry System Pages

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

▼ Eye Exams(17a) - Completed

▼ Hearing Exams/Hearing Aids(18) - Completed

▲ Prescription Drugs(20) - In Progress

Prescription Drugs Non medicare (20) - Not Started

Outpatient Drugs Groups(20) - Not Started

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Select what combination of drug groups applies for Deductible (Select all that apply):

- Group 1
- Group 2
- Group 3
- Group 4
- Group 5
- Medicare Covered Benefits

Deductible amount

Authorization required for this benefit?

Yes

Out-of-Network (OON) Benefits

ALL DONE

CY 2024 PBP Data Entry System Pages

20 – Prescription Drugs– Page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- ▼ Eye Exams(17a) - Completed
- ▼ Hearing Exams/Hearing Aids(18) - Completed
- ▲ Prescription Drugs(20) - In Progress
- ▶ Prescription Drugs Non medicare (20) - Not Started
- ▶ Outpatient Drugs Groups(20) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

+ Add Notes

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Pages

20 – Prescription Drugs Non-Medicare– Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Eye Exams(17a) - Completed
- ▼ Hearing Exams/Hearing Aids(18) - Completed
- ▲ Prescription Drugs(20) - In Progress
- Prescription Drugs Non medicare (20) - In Progress
- Outpatient Drugs Groups(20) - Not Started

Prescription Drugs Non medicare (20) Plan Characteristics

Is there a maximum plan benefit coverage for drugs?

Yes No

Indicate type of maximum plan benefit coverage

All drug groups covered by plan

Combination of drug groups

Individual drug groups

Is the maximum plan benefit coverage net of the enrollee copay?

Yes No

Indicate maximum plan benefit coverage periodicity for drugs

Annually

Maximum amount

Semi-annually

Maximum amount

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- ▼ Eye Exams(17a) - Completed
- ▼ Hearing Exams/Hearing Aids(18) - Completed
- ▲ Prescription Drugs(20) - In Progress
- Prescription Drugs Non medicare (20) - In Progress
- Outpatient Drugs Groups(20) - Not Started

Quarterly

Maximum amount

Monthly

Maximum amount

Other

Describe

Maximum amount

Can any unused amounts be carried forward to the next period within the contract period?

Yes No

Select what combination of drug groups are included in the maximum plan benefit (Select all that apply):

Group 1

Group 2

Group 3

Group 4

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Eye Exams(17a) - Completed

Hearing Exams/Hearing Aids(18) - Completed

Prescription Drugs(20) - In Progress

Prescription Drugs Non medicare (20) - In Progress

Outpatient Drugs Groups(20) - Not Started

Group 4

Group 5

Indicate maximum plan benefit coverage periodicity for combination of drug groups (Select all that apply):

Annually

Maximum amount

Semi-annually

Maximum amount

Quarterly

Maximum amount

Monthly

Maximum amount

Other

Describe

CY 2024 PBP Data Entry System Pages

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - Completed
- Prescription Drugs(20) - In Progress
- Prescription Drugs Non medicare (20) - In Progress**
- Outpatient Drugs Groups(20) - Not Started

Describe

Maximum amount

Is a selected group unlimited after the combination maximum plan benefit coverage amount has been reached?
 Yes No

Indicate the selected group(s) for which the maximum plan benefit coverage is waived (Select all that apply):

- Group 1
- Group 2
- Group 3
- Group 4
- Group 5

Does the enrollee incur a cost in addition to the coinsurance or copay for selecting a higher priced drug when a less expensive drug is available?
 Yes No

CY 2024 PBP Data Entry System Pages

20 – Outpatient Drug Groups

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- ▼ Eye Exams(17a) - Completed
- ▼ Hearing Exams/Hearing Aids(18) - Completed
- ^ Prescription Drugs(20) - In Progress
- Prescription Drugs Non medicare (20) - Completed
- Outpatient Drugs Groups(20) - In Progress

Outpatient Drugs Groups(20)
Plan Characteristics

+ Add New Outpatient Drugs Group

Group Name	Copayment	Coinsurance	Max Coverage Amount	Aquisition Method	Actions
Group 1	\$20	5%-10%	\$200	HMO-Owned pharmacy, Mail Order	✎
Group 2	\$23	10%	\$230	Mail Order	✎ ✖
Group 3	\$25	5%-10%	\$250	Designated retail pharmacy	✎ ✖
Group 4	\$20	10%	\$200	Designated retail pharmacy	✎ ✖

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Pages

20 – Add New Outpatient Drug Group– Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID
Very long Plan Name

Add New Outpatient Drugs Group

Group Name
Sample Group Name

Select the drug type(s) covered for Group

- Generic
- Preferred Brand
- Brand

Is there a maximum plan benefit coverage amount for the group?

Yes No

Maximum plan benefit coverage amount
4

Periodicity
Every 6 Months

Select from where the Group Drugs can be acquired (Select all that apply):

- Designated retail pharmacy
- HMO-Owned pharmacy
- Mail Order

Buttons: Cancel, Save

CY 2024 PBP Data Entry System Pages

20 – Add New Outpatient Drug Group– Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID
Very long Plan Name

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - Completed
- Prescription Drugs(20) - In Progress
- Prescription Drugs Non medicare (20) - Completed
- Outpatient Drugs Groups(20) - In Progress**

Add New Outpatient Drugs Group

Non-Owned pharmacy

Mail Order

Other, describe

Is there coinsurance?

Yes Yes with a min & max No

Designated retail pharmacy

Minimum percentage 4% Maximum percentage 8%

Is there copayment?

Yes Yes with a min & max No

Designated retail pharmacy

Minimum amount \$400 Maximum amount \$800

Enter the maximum day supply for Group 1 Designated Retail Pharmacy

Indicate day supply 100

Cancel Save

Plan Characteristics

Add New Outpatient Drugs Group	
	Actions
Mail Order	

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Pages

20 – Add New Outpatient Drug Group– Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID
Very long Plan Name

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - Completed
- Prescription Drugs(20) - In Progress
- Prescription Drugs Non medicare (20) - Completed
- Outpatient Drugs Groups(20) - In Progress**

Add New Outpatient Drugs Group

Is there coinsurance?

Yes Yes with a min & max No

Designated retail pharmacy

Minimum percentage: Maximum percentage:

Is there copayment?

Yes Yes with a min & max No

Designated retail pharmacy

Minimum amount: Maximum amount:

Enter the maximum day supply for Group 1 Designated Retail Pharmacy

Indicate day supply:

[+ Add Notes](#)

Plan Characteristics	
Add New Outpatient Drugs Group	
Actions	
Mail Order	<input type="checkbox"/>
armacy	<input type="checkbox"/>
armacy	<input type="checkbox"/>