

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 1

In Patient Hospital Services(1) - Completed

Inpatient Hospital-Acute(1a) - In Progress

Additional Days(1a1) - In Progress

Non-Medicare Covered Days(1a2) - Not started

Upgrades(1a3) - Not started

In Patient Hospital Psychiatric(1b) - Not started

Skilled Nursing Facility (SNF)(2) - Not started

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Inpatient Hospital-Acute (1a)

Plan Char

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

Yes No

MOOP amount \$2800

Periodicity 6 Months

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

Yes No

Number of tiers 3

Lowest cost tier 1

Is there a coinsurance?

Yes No

Tier 1	Tier 2	Tier 3
Do you charge the Medicare-defined cost share for tier 1?	Do you charge the Medicare-defined cost share for tier 2?	Do you charge the Medicare-defined cost share for tier 3?
Yes No	Yes No	Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 2

- In Patient Hospital Services(1) - Completed Inpatient Hospital-Acute(1a) - In Progress - Additional Days(1a1) - In Progress - Non-Medicare Covered Days(1a2)- Not started - Upgrades(1a3)- Not started - In Patient Hospital Psychiatric(1b) - Not started - Skilled Nursing Facility (SNF)(2) - Not started - Cardiac and Pulmonary Rehabilitation Services(3) - Not started - Emergency/Urgently Needed Services(4) - Not started - Partial Hospitalization(5) - Not started - Home Health Services(6) - Not started - Health Care Professional Services(7) - Not started - Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Tier 1 Do you charge the Medicare-defined cost share for tier 1? <input checked="" type="button" value="Yes"/> No	Tier 2 Do you charge the Medicare-defined cost share for tier 2? <input checked="" type="button" value="Yes"/> No	Tier 3 Do you charge the Medicare-defined cost share for tier 3? <input checked="" type="button" value="Yes"/> No
	Coinsurance for Medicare-covered stay 2%	Coinsurance for Medicare-covered stay 4%	Coinsurance for Medicare-covered stay 4%
	Number of day intervals for Medicare-covered stay 3	Number of day intervals for Medicare-covered stay 3	Number of day intervals for Medicare-covered stay 3
	Coinsurance 0% Begin day 1 End day 6	Coinsurance 4% Begin day 1 End day 10	Coinsurance 4% Begin day 1 End day 10
	Coinsurance 8% Begin day 7 End day 10	Coinsurance 4% Begin day 1 End day 10	Coinsurance 4% Begin day 1 End day 10
	Coinsurance 20% Begin day 11 End day 19	Coinsurance 4% Begin day 1 End day 10	Coinsurance 4% Begin day 1 End day 10
	Day intervals for Medicare-covered lifetime reserve days 3	Day intervals for Medicare-covered lifetime reserve days 3	Day intervals for Medicare-covered lifetime reserve days 3
	Coinsurance 0% Begin day 1 End day 6	Coinsurance 4% Begin day 1 End day 10	Coinsurance 4% Begin day 1 End day 10
	Coinsurance 8% Begin day 7 End day 10	Coinsurance 4% Begin day 1 End day 10	Coinsurance 4% Begin day 1 End day 10
	Coinsurance Begin day End day	Coinsurance Begin day End day	Coinsurance Begin day End day
Close Save and Close Save and Next			

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 3

In Patient Hospital Services(1) - Completed Inpatient Hospital-Acute(1a) - In Progress Additional Days(1a1) - In Progress Non-Medicare Covered Days(1a2) - Not started Upgrades(1a3) - Not started In Patient Hospital Psychiatric(1b) - Not started Skilled Nursing Facility (SNF)(2) - Not started Cardiac and Pulmonary Rehabilitation Services(3) - Not started Emergency/Urgently Needed Services(4) - Not started Partial Hospitalization(5) - Not started Home Health Services(6) - Not started Health Care Professional Services(7) - Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Coinurance Begin day End day 20% 11 19 Is there a copayment? Yes No Tier 1 Do you charge the Medicare-defined cost share for tier 1? Yes No Copayment for Medicare-covered stay \$0 Number of day intervals for Medicare-covered stay 3 Copayment Begin Day End Day \$250 1 8 Copayment Begin Day End Day \$0 9 9 Copayment Begin Day End Day \$0 10 90	Coinurance Begin day End day 4% 1 10 Do you charge the Medicare-defined cost share for tier 2? Yes No Copayment for Medicare-covered stay \$113 Number of day intervals for Medicare-covered stay 3 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10	Coinurance Begin day 4% 1 Do you charge the Medicare-defined cost share for tier 3? Yes No Copayment for Medicare-covered stay \$0 Number of day intervals for Medicare-covered stay 3 Copayment Begin Day \$40 1 Copayment Begin Day \$40 1 Copayment Begin Day \$40 1
Close Save and Close Save and Next			

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 4

In Patient Hospital Services(1) - Completed Inpatient Hospital-Acute(1a) - In Progress Additional Days(1a1) - In Progress Non-Medicare Covered Days(1a2)- Not started Upgrades(1a3)- Not started In Patient Hospital Psychiatric(1b) - Not started Skilled Nursing Facility (SNF)(2) - Not started Cardiac and Pulmonary Rehabilitation Services(3) - Not started Emergency/Urgently Needed Services(4) - Not started Partial Hospitalization(5) - Not started Home Health Services(6) - Not started Health Care Professional Services(7) - Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Day intervals for Medicare-covered lifetime reserve days 3 Copayment \$250 Begin Day 1 End Day 8 Copayment \$0 Begin Day 9 End Day 9 Copayment \$0 Begin Day 10 End Day 90	Day intervals for Medicare-covered lifetime reserve days 3 Copayment \$40 Begin Day 1 End Day 10 Copayment \$40 Begin Day 1 End Day 10 Copayment \$40 Begin Day 1 End Day 10	Day intervals for Medicare-covered lifetime reserve days 3 Copayment \$40 Begin Day 1 End Day 10 Copayment \$40 Begin Day 1 End Day 10 Copayment \$40 Begin Day 1 End Day 10
Is there a deductible? Yes No			
Tier 1 Deductible amount \$40 Tier 2 Deductible amount \$40 Tier 3 Deductible amount \$40			
What is your inpatient hospital-acute benefit period? Annual			
Close Save and Close Save and Next			

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 5

In Patient Hospital Services(1) - Completed Inpatient Hospital-Acute(1a) - In Progress Additional Days(1a1) - In Progress Non-Medicare Covered Days(1a2)- Not started Upgrades(1a3)- Not started In Patient Hospital Psychiatric(1b) - Not started Skilled Nursing Facility (SNF)(2) - Not started Cardiac and Pulmonary Rehabilitation Services(3) - Not started Emergency/Urgently Needed Services(4) - Not started Partial Hospitalization(5) - Not started Home Health Services(6) - Not started Health Care Professional Services(7) - Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Do you charge cost sharing on the day of discharge? Yes No Authorization required for this benefit? Yes Referral required for this benefit? No Out-of-Network (OON) Benefits Is there a coinsurance? Yes No Do you charge the Medicare-defined cost share? Yes No Coinsurance 4% Number of day intervals 3 Coinsurance 4% Begin day 1 End day 10
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Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 6

In Patient Hospital Services(1) - Completed Inpatient Hospital-Acute(1a) - In Progress Additional Days(1a1) - In Progress Non-Medicare Covered Days(1a2)- Not started Upgrades(1a3)- Not started In Patient Hospital Psychiatric(1b) - Not started Skilled Nursing Facility (SNF)(2) - Not started Cardiac and Pulmonary Rehabilitation Services(3) - Not started Emergency/Urgently Needed Services(4) - Not started Partial Hospitalization(5) - Not started Home Health Services(6) - Not started Health Care Professional Services(7) - Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	<table><tr><td>Coinurance</td><td>Begin day</td><td>End day</td></tr><tr><td>4%</td><td>1</td><td>10</td></tr></table> <table><tr><td>Coinurance</td><td>Begin day</td><td>End day</td></tr><tr><td>4%</td><td>1</td><td>10</td></tr></table> Is there a copayment? Yes No Do you charge the Medicare-defined cost share? Yes No Copayment \$40 Number of day intervals 3 <table><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr></table> <table><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr></table> <table><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr></table>	Coinurance	Begin day	End day	4%	1	10	Coinurance	Begin day	End day	4%	1	10	Copayment	Begin Day	End Day	\$40	1	10	Copayment	Begin Day	End Day	\$40	1	10	Copayment	Begin Day	End Day	\$40	1	10
Coinurance	Begin day	End day																													
4%	1	10																													
Coinurance	Begin day	End day																													
4%	1	10																													
Copayment	Begin Day	End Day																													
\$40	1	10																													
Copayment	Begin Day	End Day																													
\$40	1	10																													
Copayment	Begin Day	End Day																													
\$40	1	10																													

Close

Save and Close

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CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 7

In Patient Hospital Services(1) - Completed

Inpatient Hospital-Acute(1a) - In Progress

Additional Days(1a1) - In Progress

Non-Medicare Covered Days(1a2) - Not started

Upgrades(1a3) - Not started

In Patient Hospital Psychiatric(1b) - Not started

Skilled Nursing Facility (SNF)(2) - Not started

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a deductible?

Yes

No

Is there a deductible for both Inpatient Hospital-Acute and Inpatient Psychiatric Hospital?

Yes

No

Deductible amount

\$400

Point-of-Service (POS) benefits

Is there a POS maximum plan benefit coverage?

Yes

No

Is there a POS maximum plan benefit coverage for both Inpatient Hospital-Acute and Inpatient Psychiatric Hospital?

Yes

No

Maximum plan benefit coverage amount

\$40

Periodicity

Every 6 months

Is there a coinsurance?

Close

Save and Close

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CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 8

In Patient Hospital Services(1) - Completed Inpatient Hospital-Acute(1a) - In Progress Additional Days(1a1) - In Progress Non-Medicare Covered Days(1a2) - Not started Upgrades(1a3) - Not started In Patient Hospital Psychiatric(1b) - Not started Skilled Nursing Facility (SNF)(2) - Not started Cardiac and Pulmonary Rehabilitation Services(3) - Not started Emergency/Urgently Needed Services(4) - Not started Partial Hospitalization(5) - Not started Home Health Services(6) - Not started Health Care Professional Services(7) - Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Is there a coinsurance? <input checked="" type="button" value="Yes"/> No Do you charge the Medicare-defined cost share? <input checked="" type="button" value="Yes"/> No Coinurance for Medicare-covered stay 4% Number of day intervals for Medicare-covered stay 3 <table><tr><td>Coinurance 4% </td><td>Begin day 1 </td><td>End day 10 </td></tr><tr><td>Coinurance 4% </td><td>Begin day 1 </td><td>End day 10 </td></tr><tr><td>Coinurance 4% </td><td>Begin day 1 </td><td>End day 10 </td></tr></table> Is there a copayment? <input checked="" type="button" value="Yes"/> No Do you charge the Medicare-defined cost share? <input checked="" type="button" value="Yes"/> No	Coinurance 4%	Begin day 1	End day 10	Coinurance 4%	Begin day 1	End day 10	Coinurance 4%	Begin day 1	End day 10
Coinurance 4%	Begin day 1	End day 10								
Coinurance 4%	Begin day 1	End day 10								
Coinurance 4%	Begin day 1	End day 10								

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 9

▼ Inpatient Hospital-Acute(1a) - In Progress			
Additional Days(1a1) - In Progress			
Non-Medicare Covered Days(1a2) - Not started			
Upgrades(1a3) - Not started			
▼ In Patient Hospital Psychiatric(1b) - Not started	Is there a copayment?		
▼ Skilled Nursing Facility (SNF)(2) - Not started	<input checked="" type="button" value="Yes"/> No		
▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started	Do you charge the Medicare-defined cost share?		
▼ Emergency/Urgently Needed Services(4) - Not started	Yes <input checked="" type="button" value="No"/>		
▼ Partial Hospitalization(5) - Not started	Copayment for Medicare-covered stay		
▼ Home Health Services(6) - Not started	\$40		
▼ Health Care Professional Services(7) - Not started	Number of day intervals for Medicare-covered stay		
▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	3		
	Copayment	Begin Day	End Day
	\$40	1	10
	Copayment	Begin Day	End Day
	\$40	1	10
	Copayment	Begin Day	End Day
	\$40	1	10
	Is there a deductible?		

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 10

^ Inpatient Hospital Services(1) - In Progress

^ Inpatient Hospital-Acute(1a) - In Progress

Additional Days for Inpatient Hospital-Acute(1a1) - In Progress

Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2) - Not Started

Upgrades for Inpatient Hospital-Acute(1a3) - Not Started

^ Inpatient Hospital Psychiatric(1b) - In Progress

^ Skilled Nursing Facility (SNF)(2) - In Progress

^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

^ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - Completed

^ Health Care Professional Services(7) - In Progress

Do you charge the Medicare-defined cost share? ⓘ

Yes

No

Copayment ⓘ
\$

Number of day intervals for Medicare-covered stay *

Is there a deductible? ⓘ *

Yes

No

Is there a deductible for both Inpatient Hospital-Acute and Inpatient Psychiatric Hospital? ⓘ *

Yes

No

Deductible amount ⓘ
\$

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *
test

4/2000 characters

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

1a1 – Additional Days for Inpatient Hospital-Acute - Page 1

^ In Patient Hospital Services(1) - In Progress

^ Inpatient Hospital-Acute(1a) - In Progress

Additional Days(1a1) - In Progress

Non-Medicare Covered Days(1a2)

Upgrades(1a3)

^ In Patient Hospital Psychiatric(1b) - Not started

^ Skilled Nursing Facility (SNF)(2) - Not started

^ Cardiac and Pulmonary Rehabilitation Services(3) - Not started

^ Emergency/Urgently Needed Services(4) - Not started

^ Partial Hospitalization(5) - Not started

^ Home Health Services(6) - Not started

^ Health Care Professional Services(7) - Not started

^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Additional Days for Inpatient Hospital-Acute (1a1)

Plan Char

Is this benefit unlimited?

Yes No

Indicate number of Additional Days per benefit period:

30

Does this plan's Additional Days cost sharing vary by hospital(s) in which an enrollee obtains care?

Yes No

Number of tiers

3

Lowest cost tier

1

Is there a coinsurance?

Yes No

Tier 1

Number of day intervals

3

Coinsurance

4%

Begin Day

1

End Day

10

Tier 2

Number of day intervals

3

Coinsurance

4%

Begin Day

1

End Day

10

Tier 3

Number of day intervals

3

Coinsurance

4%

Begin Day

1

End Day

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

1a1 - Additional Days for Inpatient Hospital-Acute - Page 2

^ In Patient Hospital Services(1) - In Progress ^ Inpatient Hospital-Acute(1a) - In Progress Additional Days(1a1) - In Progress Non-Medicare Covered Days(1a2) Upgrades(1a3) ^ In Patient Hospital Psychiatric(1b) - Not started ^ Skilled Nursing Facility (SNF)(2) - Not started ^ Cardiac and Pulmonary Rehabilitation Services(3) - Not started ^ Emergency/Urgently Needed Services(4) - Not started ^ Partial Hospitalization(5) - Not started ^ Home Health Services(6) - Not started ^ Health Care Professional Services(7) - Not started ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Tier 1 Number of day intervals 3 Coinsurance 4% Begin Day 1 End Day 10 Coinsurance 4% Begin Day 1 End Day 10 Coinsurance 4% Begin Day 1 End Day 10	Tier 2 Number of day intervals 3 Coinsurance 4% Begin Day 1 End Day 10 Coinsurance 4% Begin Day 1 End Day 10 Coinsurance 4% Begin Day 1 End Day 10	Tier 3 Number of day intervals 3 Coinsurance 4% Begin Day 1 End Day 10 Coinsurance 4% Begin Day 1 End Day 10 Coinsurance 4% Begin Day 1 End Day 10
	Is there a copayment? Yes No		
	Tier 1 Number of day intervals 3 Copayment \$40 Begin Day 1 End Day 10 Copayment \$40 Begin Day 1 End Day 10	Tier 2 Number of day intervals 3 Copayment \$40 Begin Day 1 End Day 10 Copayment \$40 Begin Day 1 End Day 10	Tier 3 Number of day intervals 3 Copayment \$40 Begin Day 1 End Day 10 Copayment \$40 Begin Day 1 End Day 10
	Close Save and Close Save and Next		

CY 2025 PBP Data Entry System Screens

1a2 - Non-Medicare Covered Stay for Inpatient Hospital-Acute - Page 1

^ In Patient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - Completed

Additional Days(1a1) - Completed

Non-Medicare Covered Days(1a2) - In Progress

Upgrades(1a3)

✓ In Patient Hospital Psychiatric(1b) - Not started

✓ Skilled Nursing Facility (SNF)(2) - Not started

✓ Cardiac and Pulmonary Rehabilitation Services(3) - Not started

✓ Emergency/Urgently Needed Services(4) - Not started

✓ Partial Hospitalization(5) - Not started

✓ Home Health Services(6) - Not started

✓ Health Care Professional Services(7) - Not started

✓ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)

Plan Characteristics

Is the coinsurance structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered stay

Yes No

Coinsurance percentage
50%

Number of day intervals
1

Coinsurance
4%

Begin Day
1

End Day
10

Coinsurance
4%

Begin Day
1

End Day
10

Coinsurance
4%

Begin Day
1

End Day
10

Is the copayment structure for the non-Medicare-covered stay the same as the copayment structure for the Medicare-covered stay

Yes No

Copayment
\$40

Number of day intervals
1

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

1a2 - Non-Medicare Covered Stay for Inpatient Hospital-Acute – Page 2

^ In Patient Hospital Services(1) - In Progress

▼ Inpatient Hospital-Acute(1a) - Completed

Additional Days(1a1) - Completed

Non-Medicare Covered Days(1a2) - In Progress

Upgrades(1a3)

▼ In Patient Hospital Psychiatric(1b) - Not started

▼ Skilled Nursing Facility (SNF)(2) - Not started

▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started

▼ Emergency/Urgently Needed Services(4) - Not started

▼ Partial Hospitalization(5) - Not started

▼ Home Health Services(6) - Not started

▼ Health Care Professional Services(7) - Not started

▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Copayment
\$40

Number of day intervals
1

Copayment
\$40

Begin Day
1

End Day
10

Copayment
\$40

Begin Day
1

End Day
10

Copayment
\$40

Begin Day
1

End Day
10

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

1a3 – Upgrades for Inpatient Hospital-Acute

^ In Patient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - Completed

Additional Days(1a1) - Completed

Non-Medicare Covered Days (1a2) - Completed

Upgrades(1a3) - In Progress

✓ In Patient Hospital Psychiatric(1b) - Not started

✓ Skilled Nursing Facility (SNF)(2) - Not started

✓ Cardiac and Pulmonary Rehabilitation Services(3) - Not started

✓ Emergency/Urgently Needed Services(4) - Not started

✓ Partial Hospitalization(5) - Not started

✓ Home Health Services(6) - Not started

✓ Health Care Professional Services(7) - Not started

✓ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Upgrades for Inpatient Hospital-Acute (1a3)

Plan Characteristics

Is the coinsurance structure for upgrades the same as the coinsurance structure for the Medicare-covered stay?

Yes No

Coinurance percentage 10%

Is the copayment structure for upgrades the same as the copayment structure for the Medicare-covered stay?

Yes No

Copayment amount per stay \$100

Copayment amount per day \$40

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 1

Inpatient Hospital Services(1) - In Progress

Inpatient Hospital-Acute(1a) - In Progress

Additional Days for Inpatient Hospital-Acute(1a1) - In Progress

Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2) - Not Started

Upgrades for Inpatient Hospital-Acute(1a3) - Not Started

Inpatient Hospital Psychiatric(1b) - In Progress

Additional Days for Inpatient Hospital Psychiatric(1b1) - Not Started

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2) - Not Started

Skilled Nursing Facility (SNF)(2) - In Progress

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Inpatient Hospital Psychiatric (1b) - Medicare ⓘ

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 Inpatient hospital services category (1a)

☒ Plan-specified amount per period

MOOP amount ⓘ *

\$

Periodicity ⓘ *

▼

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

Yes No

Number of tiers ⓘ *

3

Lowest cost tier ⓘ *

1

Is there a coinsurance? ⓘ *

Yes No

Tier 1 | Tier 2 | Tier 3

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 2

- In Patient Hospital Services(1) - Completed - Inpatient Hospital-Acute(1a) - Completed In Patient Hospital Psychiatric(1b) - In Progress - Skilled Nursing Facility (SNF)(2) - Not started - Cardiac and Pulmonary Rehabilitation Services(3) - Not started - Emergency/Urgently Needed Services(4) - Not started - Partial Hospitalization(5) - Not started - Home Health Services(6) - Not started - Health Care Professional Services(7) - Not started - Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Tier 1 Do you charge the Medicare-defined cost share for tier 1? <input checked="" type="button" value="Yes"/> No Coinsurance for Medicare-covered stay 4% Number of day intervals for Medicare-covered stay 3 Coinsurance 4% Begin Day 1 End Day 10 Coinsurance 4% Begin Day 1 End Day 10 Coinsurance 4% Begin Day 1 End Day 10	Tier 2 Do you charge the Medicare-defined cost share for tier 2? <input checked="" type="button" value="Yes"/> No Coinsurance for Medicare-covered stay 4% Number of day intervals for Medicare-covered stay 3 Coinsurance 4% Begin Day 1 End Day 10 Coinsurance 4% Begin Day 1 End Day 10 Coinsurance 4% Begin Day 1 End Day 10	Tier 3 Do you charge the medicare-defin for tier 3? <input checked="" type="button" value="Yes"/> No Coinsurance for Medicare-covered stay 4% Number of day intervals for Medicare-cov 3 Coinsurance 4% Begin Day 1 Coinsurance 4% Begin Day 1 Coinsurance 4% Begin Day 1	
	Is there a copayment? <input checked="" type="button" value="Yes"/> No			
	Tier 1 Do you charge the Medicare-defined cost share for tier 1? <input checked="" type="button" value="Yes"/> No	Tier 2 Do you charge the Medicare-defined cost share for tier 2? <input checked="" type="button" value="Yes"/> No	Tier 3 Do you charge the medicare-defin for tier 3? <input checked="" type="button" value="Yes"/> No	
	Close Save and Close Save and Next			

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 3

In Patient Hospital Services(1) - Completed Inpatient Hospital-Acute(1a) - Completed In Patient Hospital Psychiatric(1b) - In Progress Skilled Nursing Facility (SNF)(2) - Not started Cardiac and Pulmonary Rehabilitation Services(3) - Not started Emergency/Urgently Needed Services(4) - Not started Partial Hospitalization(5) - Not started Home Health Services(6) - Not started Health Care Professional Services(7) - Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Tier 1 Do you charge the Medicare-defined cost share for tier 1? Yes No Copayment for Medicare-covered stay \$40 Number of day intervals for Medicare-covered stay 3 <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Copayment \$40</td> <td style="width: 33%;">Begin Day 1</td> <td style="width: 33%;">End Day 10</td> </tr> <tr> <td>Copayment \$40</td> <td>Begin Day 1</td> <td>End Day 10</td> </tr> <tr> <td>Copayment \$40</td> <td>Begin Day 1</td> <td>End Day 10</td> </tr> </table> Is there a deductible? Yes No Tier 1 Deductible amount \$40 Tier 2 Do you charge the Medicare-defined cost share for tier 2? Yes No Copayment for Medicare-covered stay \$40 Number of day intervals for Medicare-covered stay 3 <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Copayment \$40</td> <td style="width: 33%;">Begin Day 1</td> <td style="width: 33%;">End Day 10</td> </tr> <tr> <td>Copayment \$40</td> <td>Begin Day 1</td> <td>End Day 10</td> </tr> <tr> <td>Copayment \$40</td> <td>Begin Day 1</td> <td>End Day 10</td> </tr> </table> Tier 2 Deductible amount \$40 Tier 3 Do you charge the Medicare-defined cost share for tier 3? Yes No Copayment for Medicare-covered stay \$40 Number of day intervals for Medicare-covered stay 3 <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Copayment \$40</td> <td style="width: 33%;">Begin Day 1</td> <td style="width: 33%;">End Day 10</td> </tr> <tr> <td>Copayment \$40</td> <td>Begin Day 1</td> <td>End Day 10</td> </tr> <tr> <td>Copayment \$40</td> <td>Begin Day 1</td> <td>End Day 10</td> </tr> </table> Tier 3 Deductible amount \$40	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10																										
Copayment \$40	Begin Day 1	End Day 10																										
Copayment \$40	Begin Day 1	End Day 10																										
Copayment \$40	Begin Day 1	End Day 10																										
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Copayment \$40	Begin Day 1	End Day 10																										
Copayment \$40	Begin Day 1	End Day 10																										

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 4

In Patient Hospital Services(1) - Completed Inpatient Hospital-Acute(1a) - Completed In Patient Hospital Psychiatric(1b) - In Progress Skilled Nursing Facility (SNF)(2) - Not started Cardiac and Pulmonary Rehabilitation Services(3) - Not started Emergency/Urgently Needed Services(4) - Not started Partial Hospitalization(5) - Not started Home Health Services(6) - Not started Health Care Professional Services(7) - Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Tier 1 Deductible amount \$40 Tier 2 Deductible amount \$40 Tier 3 Deductible amount \$40 What is your Inpatient Hospital Psychiatric benefit period? Psychiatric benefit period Per Admission Do you charge cost sharing on the day of discharge? Yes No Authorization required for this benefit? Yes Referral required for this benefit? No Out-of-Network (OON) Benefits Is there a coinsurance? Yes No Do you charge the Medicare-defined cost share? Yes No
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Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 5

In Patient Hospital Services(1) - Completed

▼ Inpatient Hospital-Acute(1a) - Completed

▼ In Patient Hospital Psychiatric(1b) - In Progress

Skilled Nursing Facility (SNF)(2) - Not started

▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started

▼ Emergency/Urgently Needed Services(4) - Not started

▼ Partial Hospitalization(5) - Not started

▼ Home Health Services(6) - Not started

▼ Health Care Professional Services(7) - Not started

▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Do you charge the Medicare-defined cost share?

Yes No

Coinsurance
4%

Number of day intervals
3

Coinsurance
4%

Begin day
1

End day
10

Coinsurance
4%

Begin day
1

End day
10

Coinsurance
4%

Begin day
1

End day
10

Is there a copayment?

Yes No

Do you charge the Medicare-defined cost share?

Yes No

Copayment
\$40

Number of day intervals

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 6

^ Inpatient Hospital Services(1) - In Progress

^ Inpatient Hospital-Acute(1a) - In Progress

Additional Days for Inpatient Hospital-Acute(1a1) - In Progress

Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2) - Not Started

Upgrades for Inpatient Hospital-Acute(1a3) - Not Started

^ Inpatient Hospital Psychiatric(1b) - In Progress

Additional Days for Inpatient Hospital Psychiatric(1b1) - Not Started

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2) - Not Started

✓ Skilled Nursing Facility (SNF)(2) - In Progress

✓ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

✓ Emergency/Urgently Needed Services(4) - In Progress

Point-of-Service (POS) Benefits

Is there a coinsurance? ⓘ *

Yes

No

Do you charge the Medicare-defined cost share? ⓘ *

Yes

No

Coinsurance ⓘ *
4%

Number of day intervals for Medicare-covered stay ⓘ *
3

Coinsurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinsurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinsurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Is there a copayment? ⓘ *

Yes

No

Do you charge the Medicare-defined cost share? ⓘ *

Yes

No

Copayment ⓘ *
\$ 40.00

Number of day intervals for Medicare-covered stay ⓘ *
3

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 7

Inpatient Hospital Psychiatric(1b) - In Progress Additional Days for Inpatient Hospital Psychiatric(1b1) - Not Started Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2) - Not Started Skilled Nursing Facility (SNF)(2) - In Progress Cardiac and Pulmonary Rehabilitation Services(3) - In Progress Emergency/Urgently Needed Services(4) - In Progress Partial Hospitalization(5) - In Progress Home Health Services(6) - Completed Health Care Professional Services(7) - In Progress Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress Outpatient Services(9) - In Progress Ambulance/Transportation	Is there a copayment? ⓘ * Yes No Do you charge the Medicare-defined cost share? ⓘ * Yes No Copayment ⓘ * \$ 40.00 Number of day intervals for Medicare-covered stay ⓘ * 3 Copayment ⓘ * \$ Begin Day ⓘ * 1 End Day ⓘ * Copayment ⓘ * \$ Begin Day ⓘ * End Day ⓘ * Copayment ⓘ * \$ Begin Day ⓘ * End Day ⓘ * Authorization required for this benefit? No Referral required for this benefit? No Notes ⓘ * t 1/2000 characters
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CY 2025 PBP Data Entry System Screens

1b1 - Additional Days for Inpatient Hospital-Psychiatric -Page 1

^ Inpatient Hospital Services(1) - In Progress

v Inpatient Hospital-Acute(1a) - In Progress

^ Inpatient Hospital Psychiatric(1b) - In Progress

Additional Days for Inpatient Hospital Psychiatric(1b1) - Not Started

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2) - Not Started

v Skilled Nursing Facility (SNF)(2) - In Progress

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

v Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

v Health Care Professional Services(7) - In Progress

v Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

Additional Days for Inpatient Hospital Psychiatric (1b1) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? *

Yes
No

Indicate number of Additional Days per benefit period. *

Does this plans Additional Days cost sharing vary by hospital(s) in which an enrollee obtains care? *

Yes
No

Number of tiers *

3

Lowest cost tier *

1

Is there a coinsurance? *

Yes
No

Tier 1

Number of day intervals for additional days *

3

Coinsurance *
Begin Day *
End Day *

91

Coinsurance *
Begin Day *
End Day *

Coinsurance *
Begin Day *
End Day *

999

Tier 2

Number of day intervals for additional days *

3

Coinsurance *
Begin Day *
End Day *

91

Coinsurance *
Begin Day *
End Day *

Coinsurance *
Begin Day *
End Day *

999

Tier 3

Number of day intervals for additional days *

3

Coinsurance *
Begin Day *
End Day *

91

Coinsurance *
Begin Day *
End Day *

Coinsurance *
Begin Day *
End Day *

999

Is there a copayment? *

1b1 - Additional Days for Inpatient Hospital-Psychiatric -Page 2

	Inpatient Hospital Services(1) - In Progress	Inpatient Hospital Acute(1a) - In Progress	Inpatient Hospital Psychiatric(1b) - In Progress	Additional Days for Inpatient Hospital Psychiatric(1b) - Not Started	Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2) - Not Started	Skilled Nursing Facility (SNF)(2) - In Progress	Cardiac and Pulmonary Rehabilitation Services(3) - In Progress	Emergency/Urgently Needed Services(4) - In Progress	Partial Hospitalization(5) - In Progress	Home Health Services(6) - In Progress	Health Care Professional Services(7) - In Progress	Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
Coinurance												
Begin Day												
End Day												
Coinurance												
Begin Day												
End Day												
Coinurance												
Begin Day												
End Day												
Coinurance												
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CY 2025 PBP Data Entry System Screens

1b1 - Additional Days for Inpatient Hospital-Psychiatric -Page 3

In Patient Hospital Services(1) - Completed Inpatient Hospital-Acute(1a) - Completed In Patient Hospital Psychiatric(1b) - In Progress Additional Days(1b1) -In Progress Non-Medicare Covered Days(1b2)- Not started Skilled Nursing Facility (SNF)(2) -Not started Cardiac and Pulmonary Rehabilitation Services(3) -Not started Emergency/Urgently Needed Services(4) - Not started Partial Hospitalization(5) -Not started Home Health Services(6) -Not started Health Care Professional Services(7) -Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not started	Coinurance Begin Day End Day 4% 1 10 Coinurance Begin Day End Day 4% 1 10 Coinurance Begin Day End Day 4% 1 10	Coinurance Begin Day End Day 4% 1 10 Coinurance Begin Day End Day 4% 1 10 Coinurance Begin Day End Day 4% 1 10	Coinurance Begin Day End Day 4% 1 10 Coinurance Begin Day End Day 4% 1 10 Coinurance Begin Day End Day 4% 1 10	Is there a copayment? Yes No Tier 1 Copayment \$40 Number of day intervals 3 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Tier 2 Copayment \$40 Number of day intervals 3 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10
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Tier 3

Copayment

\$40

Number of day intervals

3

Copayment
Begin Day
End Day

\$40
1
10

Copayment
Begin Day
End Day

\$40
1
10

Copayment
Begin Day
End Day

\$40
1
10

CY 2025 PBP Data Entry System Screens

1b1 - Additional Days for Inpatient Hospital-Psychiatric - Page 4

☒ In Patient Hospital Services(1) - Completed ☒ Inpatient Hospital-Acute(1a) - Completed ☒ In Patient Hospital Psychiatric(1b) - In Progress Additional Days(1b1) - In Progress ☐ Non-Medicare Covered Days(1b2)- Not started ☒ Skilled Nursing Facility (SNF)(2) - Not started ☒ Cardiac and Pulmonary Rehabilitation Services(3) - Not started ☒ Emergency/Urgently Needed Services(4) - Not started ☒ Partial Hospitalization(5) - Not started ☒ Home Health Services(6) - Not started ☒ Health Care Professional Services(7) - Not started ☒ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	<table style="width: 100%;"> <tr> <td style="width: 33%;"> Coinurance Begin Day End Day 4% 1 10 </td> <td style="width: 33%;"> Coinurance Begin Day End Day 4% 1 10 </td> <td style="width: 33%;"> Coinurance Begin Day End Day 4% 1 10 </td> </tr> </table> Is there a copayment? <input checked="" type="button" value="Yes"/> No <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%; vertical-align: top;"> Tier 1 Copayment \$40 Number of day intervals 3 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 </td> <td style="width: 33%; vertical-align: top;"> Tier 2 Copayment \$40 Number of day intervals 3 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 </td> <td style="width: 33%; vertical-align: top;"> Tier 3 Copayment \$40 Number of day intervals 3 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 </td> </tr> </table> + Add Notes	Coinurance Begin Day End Day 4% 1 10	Coinurance Begin Day End Day 4% 1 10	Coinurance Begin Day End Day 4% 1 10	Tier 1 Copayment \$40 Number of day intervals 3 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10	Tier 2 Copayment \$40 Number of day intervals 3 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10	Tier 3 Copayment \$40 Number of day intervals 3 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10
Coinurance Begin Day End Day 4% 1 10	Coinurance Begin Day End Day 4% 1 10	Coinurance Begin Day End Day 4% 1 10					
Tier 1 Copayment \$40 Number of day intervals 3 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10	Tier 2 Copayment \$40 Number of day intervals 3 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10	Tier 3 Copayment \$40 Number of day intervals 3 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10 Copayment Begin Day End Day \$40 1 10					

CY 2025 PBP Data Entry System Screens

1b2 - Non-Medicare-Covered Stay for Inpatient Hospital Psychiatric - Page 1

In Patient Hospital Services(1) - Completed

Inpatient Hospital-Acute(1a) - Completed

In Patient Hospital Psychiatric(1b) - In Progress

Additional Days(1b1) - In Progress

Non-Medicare Covered Days(1b2) - In Progress

Skilled Nursing Facility (SNF)(2) - Not started

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)

Plan Characteristics

Is there a coinsurance?

Is the coinsurance structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered stay

Coinurance
50%

Number of day intervals
1

Coinurance
4%

Begin day
1

End day
10

Coinurance
4%

Begin day
1

End day
10

Coinurance
4%

Begin day
1

End day
10

Is there a copayment?

Is the copayment structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered

CloseSave and CloseSave and Next

CY 2025 PBP Data Entry System Screens

1b2 - Non-Medicare-Covered Stay for Inpatient Hospital Psychiatric - Page 2

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2) - Not Started

Skilled Nursing Facility (SNF)(2) - In Progress

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - Completed

Health Care Professional Services(7) - In Progress

Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

Outpatient Services(9) - In Progress

Is the copayment structured for the non Medicare-covered stay the same as the copayment structure for the Medicare covered stay? *

Yes

No

Copayment ⓘ *

\$ 40.00

Number of day intervals for Non Medicare-covered stay ⓘ

3

Copayment ⓘ *	Begin Day ⓘ	End Day ⓘ *
\$	1	
Copayment ⓘ *	Begin Day ⓘ	End Day ⓘ *
\$		
Copayment ⓘ *	Begin Day ⓘ	End Day ⓘ *
\$		

Authorization required for this benefit?

No

Referral required for this benefit?

No

+ Add Notes

CY 2025 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 1

^ Inpatient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - In Progress

✓ Inpatient Hospital Psychiatric(1b) - In Progress

✓ Skilled Nursing Facility (SNF)(2) - In Progress

✓ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

✓ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

✓ Health Care Professional Services(7) - In Progress

✓ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

^ Outpatient Services(9) - In Progress

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

Plan Characteristics

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

Yes No

Indicate the number of hospital days required prior to SNF admission:

Days ⓘ *
2

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

Yes No

MOOP amount ⓘ *
\$

Periodicity ⓘ *

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

Yes No

Number of tiers ⓘ *
3

Lowest cost tier ⓘ *
1

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 2

^ Inpatient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - In Progress

✓ Inpatient Hospital Psychiatric(1b) - In Progress

✓ Skilled Nursing Facility (SNF)(2) - In Progress

✓ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

✓ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

✓ Health Care Professional Services(7) - In Progress

✓ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

^ Outpatient Services(9) - In Progress

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

Yes

No

Number of tiers ⓘ *
3

Lowest cost tier ⓘ *
1

Is there a coinsurance? ⓘ *

Yes

No

Tier 1

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

Yes

No

Number of day intervals for Medicare-covered stay *
3

Coinurance ⓘ *

Begin Day ⓘ

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ

1

100

Tier 2

Do you charge the Medicare-defined cost share for tier 2? ⓘ *

Yes

No

Number of day intervals for Medicare-covered stay *
3

Coinurance ⓘ *

Begin Day ⓘ

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ

1

100

Tier 3

Do you charge the Medicare-defined cost share for tier 3? ⓘ *

Yes

No

Number of day intervals for Medicare-covered stay *
3

Coinurance ⓘ *

Begin Day ⓘ

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ

1

100

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 3

^ Inpatient Hospital Services(1) - In Progress

^ Inpatient Hospital-Acute(1a) - In Progress

^ Inpatient Hospital Psychiatric(1b) - In Progress

^ Skilled Nursing Facility (SNF)(2) - In Progress

^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

^ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

^ Health Care Professional Services(7) - In Progress

^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

^ Outpatient Services(9) - In Progress

Is there a copayment? ⓘ *

Yes
No

Tier 1

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

Yes
No

Number of day intervals for Medicare-covered stay *

3

Copayment ⓘ *

\$

Begin Day ⓘ *

1

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

100

Tier 2

Do you charge the Medicare-defined cost share for tier 2? ⓘ *

Yes
No

Number of day intervals for Medicare-covered stay *

3

Copayment ⓘ *

\$

Begin Day ⓘ *

1

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

100

Tier 3

Do you charge the Medicare-defined cost share for tier 3? ⓘ *

Yes
No

Number of day intervals for Medicare-covered stay *

3

Copayment ⓘ *

\$

Begin Day ⓘ *

1

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

100

What is your SNF period?

Periodicity ⓘ *

Per Admission or Per Stay

Do you charge cost sharing on the day of discharge? ⓘ *

Yes
No

Authorization required for this benefit?

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 4

^ Inpatient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - In Progress

✓ Inpatient Hospital Psychiatric(1b) - In Progress

✓ Skilled Nursing Facility (SNF)(2) - In Progress

✓ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

✓ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

✓ Health Care Professional Services(7) - In Progress

✓ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

^ Outpatient Services(9) - In Progress

What is your SNF period?

Periodicity ⓘ *
Per Admission or Per Stay

Do you charge cost sharing on the day of discharge? ⓘ *

Yes No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

Is there a coinsurance? ⓘ *

Yes No

Do you charge the Medicare-defined cost share? ⓘ *

Yes No

Coinurance ⓘ *

Number of day intervals for Medicare-covered stay *

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 5

^ Inpatient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - In Progress

✓ Inpatient Hospital Psychiatric(1b) - In Progress

✓ Skilled Nursing Facility (SNF)(2) - In Progress

✓ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

✓ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

✓ Health Care Professional Services(7) - In Progress

Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

^ Outpatient Services(9) - In Progress

Is there a copayment? ⓘ *

Yes No

Do you charge the Medicare-defined cost share? ⓘ *

Yes No

Copayment ⓘ *

\$

Number of day intervals for Medicare-covered stay *

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 6

^ Inpatient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - In Progress

✓ Inpatient Hospital Psychiatric(1b) - In Progress

✓ Skilled Nursing Facility (SNF)(2) - In Progress

✓ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

✓ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

✓ Health Care Professional Services(7) - In Progress

✓ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

^ Outpatient Services(9) - In Progress

Yes No

Copayment ⓘ *
\$

Number of day intervals for Medicare-covered stay *

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *
\$

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

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Save and Next

CY 2025 PBP Data Entry System Screens

2-1 - Additional Days for Skilled Nursing Facility -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - In Progress

Additional Days(2-1) - In Progress

Non-Medicare Covered Stay(2-2) - Not started

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1)

Plan Change

Is this benefit unlimited?
☒ Yes ☐ No

Indicate number of Additional Days per benefit period
10

Periodicity
6 Months

Does this plan's Additional Days cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?
☒ Yes ☐ No

Number of Tiers
3

Lowest Cost Tier
1

Is there a coinsurance?
☒ Yes ☐ No

Tier 1
Number of day intervals
3

Tier 2
Number of day intervals
3

Tier 3
Number of day intervals
3

Coinurance

Begin Day

End Day

Coinurance

Begin Day

End Day

Coinurance

Begin Day

End Day

Close

Save and Close

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CY 2025 PBP Data Entry System Screens

2-1 - Additional Days for Skilled Nursing Facility -Page -2

▼ In Patient Hospital Services(1) - Completed ▲ Skilled Nursing Facility (SNF)(2) - In Progress Additional Days(2-1) - In Progress Non-Medicare Covered Stay(2-2) - Not started ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started ▼ Emergency/Urgently Needed Services(4) - Not started ▼ Partial Hospitalization(5) - Not started ▼ Home Health Services(6) - Not started ▼ Health Care Professional Services(7) - Not started ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Coinsurance 4%</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Coinsurance 4%</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Coinsurance 4%</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> </table>	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Coinsurance 4%</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Coinsurance 4%</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Coinsurance 4%</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> </table>	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Coinsurance 4%</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Coinsurance 4%</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Coinsurance 4%</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> </table>	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10				
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Is there a copayment? <input checked="" type="button" value="Yes"/> No																																		
<table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> Tier 1 Number of day intervals for Medicare covered stay 3 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> </table> </td> <td style="width: 33%; vertical-align: top;"> Tier 2 Number of day intervals for Medicare covered stay 3 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> </table> </td> <td style="width: 33%; vertical-align: top;"> Tier 3 Number of day intervals for Medicare covered stay 3 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> </table> </td> </tr> </table>					Tier 1 Number of day intervals for Medicare covered stay 3 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> </table>	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Tier 2 Number of day intervals for Medicare covered stay 3 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> </table>	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Tier 3 Number of day intervals for Medicare covered stay 3 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> <tr> <td style="text-align: center;">Copayment \$40</td> <td style="text-align: center;">Begin Day 1</td> <td style="text-align: center;">End Day 10</td> </tr> </table>	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10
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Close Save and Close Save and Next																																		

CY 2025 PBP Data Entry System Screens

2-1 - Additional Days for Skilled Nursing Facility - Page-3

In Patient Hospital Services(1) - Completed Skilled Nursing Facility (SNF)(2) - In Progress Additional Days(2-1) - In Progress Non-Medicare Covered Stay(2-2) - Not started Cardiac and Pulmonary Rehabilitation Services(3) - Not started Emergency/Urgently Needed Services(4) - Not started Partial Hospitalization(5) - Not started Home Health Services(6) - Not started Health Care Professional Services(7) - Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	+ Add Notes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Copayment</td> <td style="width: 20%;">Begin Day</td> <td style="width: 20%;">End Day</td> <td style="width: 20%;">Copayment</td> <td style="width: 20%;">Begin Day</td> <td style="width: 20%;">End Day</td> <td style="width: 20%;">Copayment</td> <td style="width: 20%;">Begin Day</td> <td style="width: 20%;">End Day</td> </tr> <tr> <td>\$40</td> <td>1</td> <td>10</td> <td>\$40</td> <td>1</td> <td>10</td> <td>\$40</td> <td>1</td> <td>10</td> </tr> <tr> <td>Copayment</td> <td>Begin Day</td> <td>End Day</td> <td>Copayment</td> <td>Begin Day</td> <td>End Day</td> <td>Copayment</td> <td>Begin Day</td> <td>End Day</td> </tr> <tr> <td>\$40</td> <td>1</td> <td>10</td> <td>\$40</td> <td>1</td> <td>10</td> <td>\$40</td> <td>1</td> <td>10</td> </tr> <tr> <td>Copayment</td> <td>Begin Day</td> <td>End Day</td> <td>Copayment</td> <td>Begin Day</td> <td>End Day</td> <td>Copayment</td> <td>Begin Day</td> <td>End Day</td> </tr> <tr> <td>\$40</td> <td>1</td> <td>10</td> <td>\$40</td> <td>1</td> <td>10</td> <td>\$40</td> <td>1</td> <td>10</td> </tr> </table>	Copayment	Begin Day	End Day	Copayment	Begin Day	End Day	Copayment	Begin Day	End Day	\$40	1	10	\$40	1	10	\$40	1	10	Copayment	Begin Day	End Day	Copayment	Begin Day	End Day	Copayment	Begin Day	End Day	\$40	1	10	\$40	1	10	\$40	1	10	Copayment	Begin Day	End Day	Copayment	Begin Day	End Day	Copayment	Begin Day	End Day	\$40	1	10	\$40	1	10	\$40	1	10
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Close
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CY 2025 PBP Data Entry System Screens

2-2 - Non-Medicare-Covered Stay for Skilled Nursing Facility -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - In Progress

Additional Days(2-1) - Completed

Non-Medicare Covered Stay(2-2) - In Progress

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Non Medicare-Covered Stay (SNF) (2-2)

Plan Change

Is the coinsurance structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered stay?

Tier 1	Tier 2	Tier 3
Coinurance for non Medicare covered stay 20%	Coinurance for non Medicare covered stay 20%	Coinurance for Non Medicare Covered 20%
Number of day intervals 3	Number of day intervals 3	Number of day intervals 3
Coinurance 20% Begin Day 1 End Day 10	Coinurance 20% Begin Day 1 End Day 10	Coinurance 20% Begin Day 1
Coinurance 20% Begin Day 1 End Day 10	Coinurance 20% Begin Day 1 End Day 10	Coinurance 20% Begin Day 1
Coinurance 20% Begin Day 1 End Day 10	Coinurance 20% Begin Day 1 End Day 10	Coinurance 20% Begin Day 1

Is the copayment structure for the non-Medicare-covered stay the same as the copayment structure for the Medicare-covered stay?

Tier 1	Tier 2	Tier 3
Copayment for non-Medicare covered stay \$100	Copayment for non-Medicare covered stay \$100	Copayment for non-Medicare covered stay \$100

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

2-2 - Non-Medicare-Covered Stay for Skilled Nursing Facility -Page 2

In Patient Hospital Services(1) - Completed Skilled Nursing Facility (SNF)(2) - In Progress Additional Days(2-1) - Completed Non-Medicare Covered Stay(2-2) - In Progress Cardiac and Pulmonary Rehabilitation Services(3) - Not started Emergency/Urgently Needed Services(4) - Not started Partial Hospitalization(5) - Not started Home Health Services(6) - Not started Health Care Professional Services(7) - Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	20% 1 10 Coinsurance 20% 1 10	20% 1 10 Coinsurance 20% 1 10	20% 1 10 Coinsurance 20% 1 10	Is the copayment structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered stay? Yes No Tier 1 Copayment for non-Medicare covered stay \$100 Number of day intervals 3 Copayment Begin Day End Day \$100 1 10 Tier 2 Copayment for non-Medicare covered stay \$100 Number of day intervals 3 Copayment Begin Day End Day \$100 1 10 Tier 3 Copayment for non-Medicare covered stay \$100 Number of day intervals 3 Copayment Begin Day End Day \$100 1 10 + Add Notes
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Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

3 - Cardiac and Pulmonary Rehabilitation Services

Skilled Nursing Facility (SNF)(2) - In Progress

Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1) - Not Started

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - In Progress

Additional Cardiac Rehabilitation Services(3-1) - Not Started

Intensive Cardiac Rehabilitation Services(3-2) - In Progress

Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Pulmonary Rehabilitation Services(3-3) - In Progress

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

Cardiac and Pulmonary Rehabilitation Services (3) - Medicare

Plan Characteristics

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

Yes

No

MOOP amount ⓘ *
\$

Periodicity ⓘ *

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *
\$

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - In Progress

Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Pulmonary Rehabilitation Services(3-3) - Not Started

SET for PAD Services(3-4) - Not Started

Additional Cardiac Rehabilitation Services(3-1) - Not Started

Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Cardiac Rehabilitation Services(3-1)

Plan Characteristics

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

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation Services -Page 2

In Patient Hospital Services(1) - **Completed**

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

Cardiac and Pulmonary Rehabilitation Services(3) - **In Progress**

Cardiac Rehabilitation Services(3-1) - **In Progress**

Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Pulmonary Rehabilitation Services(3-3) - Not Started

SET for PAD Services(3-4) - Not Started

Additional Cardiac Rehabilitation Services(3-1) - Not Started

Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

SET for PAD Services(3-4) - Not Started

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

3-2 - Intensive Cardiac Rehabilitation Services - Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Intensive Cardiac Rehabilitation Services(3-2) - In Progress

Pulmonary Rehabilitation Services(3-3) - Not Started

SET for PAD Services(3-4) - Not Started

Additional Cardiac Rehabilitation Services(3-1) - Not Started

Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Intensive Cardiac Rehabilitation Services(3-2)

Plan Characteristics

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

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

3-2 - Intensive Cardiac Rehabilitation Services - Page 2

In Patient Hospital Services(1) - Completed	Out-of-Network (OON) Benefits
Skilled Nursing Facility (SNF)(2) - Completed	Add to OON Group
Cardiac and Pulmonary Rehabilitation Services(3) - In Progress	OON Group Group Name 1 - OON + Add New OON Group
Cardiac Rehabilitation Services(3-1) - Completed	Coinurance Copayment Deductible 20% \$20 \$200
Intensive Cardiac Rehabilitation Services(3-2) - In Progress	Point-of-Service (POS) benefits
Pulmonary Rehabilitation Services(3-3) - Not Started	Add to POS Group
SET for PAD Services(3-4) - Not Started	POS Group Group Name 1 - POS + Add New POS Group
Additional Cardiac Rehabilitation Services(3-1) - Not Started	Coinurance Copayment Deductible 20% \$20 \$200
Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started	Authorization required for this benefit? Yes
Additional Pulmonary Rehabilitation Services(3-3) - Not Started	Referral required for this benefit? No
Additional SET for PAD Services(3-4) - Not Started	+ Add Notes
Emergency/Urgently Needed Services(4) - Not Started	
Partial Hospitalization(5) - Not Started	
	Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation Services - Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - In Progress

SET for PAD Services(3-4) - Not Started

Additional Cardiac Rehabilitation Services(3-1) - Not Started

Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Pulmonary Rehabilitation Services(3-3)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON GroupGroup Name 1 - OON+ Add New OON Group

Coinsurance20%Copayment\$20Deductible\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation Services -Page 2

In Patient Hospital Services(1) - Completed	Out-of-Network (OON) Benefits
Skilled Nursing Facility (SNF)(2) - Completed	Add to OON Group
Cardiac and Pulmonary Rehabilitation Services(3) - In Progress	OON Group Group Name 1 - OON + Add New OON Group
Cardiac Rehabilitation Services(3-1) - Completed	Coinurance Copayment Deductible 20% \$20 \$200
Intensive Cardiac Rehabilitation Services(3-2) - Completed	
Pulmonary Rehabilitation Services(3-3) - In Progress	Point-of-Service (POS) benefits
SET for PAD Services(3-4) - Not Started	Add to POS Group
Additional Cardiac Rehabilitation Services(3-1) - Not Started	POS Group Group Name 1 - POS + Add New POS Group
Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started	Coinurance Copayment Deductible 20% \$20 \$200
Additional Pulmonary Rehabilitation Services(3-3) - Not Started	
Additional SET for PAD Services(3-4) - Not Started	Authorization required for this benefit? Yes
Emergency/Urgently Needed Services(4) - Not Started	Referral required for this benefit? No
Partial Hospitalization(5) - Not Started	+ Add Notes
	Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - In Progress

Additional Cardiac Rehabilitation Services(3-1) - Not Started

Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

SET for PAD Services(3-4)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON GroupGroup Name 1 - OON+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

CloseSave and CloseSave and Next

CY 2025 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 2

In Patient Hospital Services(1) - Completed Skilled Nursing Facility (SNF)(2) - Completed Cardiac and Pulmonary Rehabilitation Services(3) - In Progress Cardiac Rehabilitation Services(3-1) - Completed Intensive Cardiac Rehabilitation Services(3-2) - Completed Pulmonary Rehabilitation Services(3-3) - Completed SET for PAD Services(3-4) - In Progress Additional Cardiac Rehabilitation Services(3-1) - Not Started Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started Additional Pulmonary Rehabilitation Services(3-3) - Not Started Additional SET for PAD Services(3-4) - Not Started Emergency/Urgently Needed Services(4) - Not Started Partial Hospitalization(5) - Not Started	Out-of-Network (OON) Benefits Add to OON Group OON Group Group Name 1 - OON + Add New OON Group <table><tr><td>Coinurance</td><td>Copayment</td><td>Deductible</td></tr><tr><td>20%</td><td>\$20</td><td>\$200</td></tr></table> Point-of-Service (POS) benefits Add to POS Group POS Group Group Name 1 - POS + Add New POS Group <table><tr><td>Coinurance</td><td>Copayment</td><td>Deductible</td></tr><tr><td>20%</td><td>\$20</td><td>\$200</td></tr></table> Authorization required for this benefit? Yes Referral required for this benefit? No + Add Notes	Coinurance	Copayment	Deductible	20%	\$20	\$200	Coinurance	Copayment	Deductible	20%	\$20	\$200
Coinurance	Copayment	Deductible											
20%	\$20	\$200											
Coinurance	Copayment	Deductible											
20%	\$20	\$200											

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation Services - Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - In Progress

Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Additional Cardiac Rehabilitation Services(3-1)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

10

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 OON Group

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation Services -Page 2

In Patient Hospital Services(1) - Completed	Out-of-Network (OON) Benefits		
Skilled Nursing Facility (SNF)(2) - Completed	Add to OON Group		
Cardiac and Pulmonary Rehabilitation Services(3) - In Progress	OON Group Group Name 1 - OON + Add New OON Group		
Cardiac Rehabilitation Services(3-1) - Completed	Coinurance	Copayment	Deductible
Intensive Cardiac Rehabilitation Services(3-2) - Completed	20%	\$20	\$200
Pulmonary Rehabilitation Services(3-3) - Completed	Point-of-Service (POS) benefits		
SET for PAD Services(3-4) - Completed	Add to POS Group		
Additional Cardiac Rehabilitation Services(3-1) - In Progress	POS Group Group Name 1 - POS + Add New POS Group		
Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started	Coinurance	Copayment	Deductible
Additional Pulmonary Rehabilitation Services(3-3) - Not Started	20%	\$20	\$200
Additional SET for PAD Services(3-4) - Not Started	Authorization required for this benefit? Yes		
Emergency/Urgently Needed Services(4) - Not Started	Referral required for this benefit? No		
Partial Hospitalization(5) - Not Started	+ Add Notes		
Close Save and Close Save and Next			

CY 2025 PBP Data Entry System Screens

3-2 - Additional Intensive Cardiac Rehabilitation Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

Additional Intensive Cardiac Rehabilitation Services(3-2) - In Progress

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Additional Intensive Cardiac Rehabilitation Services(3-2)

Is this benefit unlimited?

Yes No

Indicate number of visits

10

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

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

3-2 - Additional Intensive Cardiac Rehabilitation Services -Page 2

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

Additional Intensive Cardiac Rehabilitation Services(3-2) - In Progress

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance

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 2025 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation Services -Page 1

In Patient Hospital Services(1) - Completed	Additional Pulmonary Rehabilitation Services(3-3)	Plan Characteristics
Skilled Nursing Facility (SNF)(2) - Completed	Is this benefit unlimited? ☐ Yes ☒ No	
Cardiac and Pulmonary Rehabilitation Services(3) - In Progress	Indicate number of visits 10	
Cardiac Rehabilitation Services(3-1) - Completed	Periodicity 6 Months	
Intensive Cardiac Rehabilitation Services(3-2) - Completed	Is there a coinsurance? ☐ Yes ☒ Yes with a min & max ☐ No	
Pulmonary Rehabilitation Services(3-3) - Completed	Minimum coinsurance 4% Maximum coinsurance 8%	
SET for PAD Services(3-4) - Completed	Is there a copayment? ☐ Yes ☒ Yes with a min & max ☐ No	
Additional Cardiac Rehabilitation Services(3-1) - Complete	Minimum copayment \$400 Maximum copayment \$400	
Additional Intensive Cardiac Rehabilitation Services(3-2) - Complete		
Additional Pulmonary Rehabilitation Services(3-3) - In Progress		
Additional SET for PAD Services(3-4) - Not Started		
Emergency/Urgently Needed Services(4) - Not Started		
Partial Hospitalization(5) - Not Started		
	Out-of-Network (OON) Benefits Add to OON Group	
	Close Save and Close Save and Next	

CY 2025 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation Services -Page 2

In Patient Hospital Services(1) - Completed	Out-of-Network (OON) Benefits		
Skilled Nursing Facility (SNF)(2) - Completed	Add to OON Group		
Cardiac and Pulmonary Rehabilitation Services(3) - In Progress	OON Group Group Name 1 - OON + Add New OON Group		
Cardiac Rehabilitation Services(3-1) - Completed	Coinurance	Copayment	Deductible
Intensive Cardiac Rehabilitation Services(3-2) - Completed	20%	\$20	\$200
Pulmonary Rehabilitation Services(3-3) - Completed	Point-of-Service (POS) benefits		
SET for PAD Services(3-4) - Completed	Add to POS Group		
Additional Cardiac Rehabilitation Services(3-1) - Complete	POS Group Group Name 1 - POS + Add New POS Group		
Additional Intensive Cardiac Rehabilitation Services(3-2) - Complete	Coinurance	Copayment	Deductible
Additional Pulmonary Rehabilitation Services(3-3) - In Progress	20%	\$20	\$200
Additional SET for PAD Services(3-4) - Not Started	Authorization required for this benefit?		
Emergency/Urgently Needed Services(4) - Not Started	Yes		
Partial Hospitalization(5) - Not Started	Referral required for this benefit?		
	No		
	+ Add Notes		
	Close	Save and Close	Save and Next

CY 2025 PBP Data Entry System Screens

3-4 Additional SET for PAD Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

Additional Intensive Cardiac Rehabilitation Services(3-2) - Complete

Additional Pulmonary Rehabilitation Services(3-3) - Complete

Additional SET for PAD Services(3-4) - In Progress

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Additional SET for PAD Services(3-4)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

10

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

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

3-4 Additional SET for PAD Services -Page 2

In Patient Hospital Services(1) - Completed ▼ Skilled Nursing Facility (SNF)(2) - Completed ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress Cardiac Rehabilitation Services(3-1) - Completed Intensive Cardiac Rehabilitation Services(3-2) - Completed Pulmonary Rehabilitation Services(3-3) - Completed SET for PAD Services(3-4) - Completed Additional Cardiac Rehabilitation Services(3-1) - Complete Additional Intensive Cardiac Rehabilitation Services(3-2) - Complete Additional Pulmonary Rehabilitation Services(3-3) - Complete Additional SET for PAD Services(3-4) - In Progress ▼ Emergency/Urgently Needed Services(4) - Not Started ▼ Partial Hospitalization(5) - Not Started	Out-of-Network (OON) Benefits Add to OON Group OON Group Group Name 1 - OON + Add New OON Group <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinurance</td> <td style="width: 33%;">Copayment</td> <td style="width: 33%;">Deductible</td> </tr> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </table> Point-of-Service (POS) benefits Add to POS Group POS Group Group Name 1 - POS + Add New POS Group <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinurance</td> <td style="width: 33%;">Copayment</td> <td style="width: 33%;">Deductible</td> </tr> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </table> Authorization required for this benefit? Yes Referral required for this benefit? No + Add Notes	Coinurance	Copayment	Deductible	20%	\$20	\$200	Coinurance	Copayment	Deductible	20%	\$20	\$200
Coinurance	Copayment	Deductible											
20%	\$20	\$200											
Coinurance	Copayment	Deductible											
20%	\$20	\$200											

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

4a Emergency Services -Page 1

Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started

Pulmonary Rehabilitation Services(3-3) - In Progress

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

SET for PAD Services(3-4) - In Progress

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - In Progress

Urgently Needed Services(4b) - In Progress

Worldwide Emergency/Urgent Coverage(4c) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

Health Care Professional Services(7) - In Progress

Emergency Services (4a) - Medicare ⓘ

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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 ⓘ *

Maximum per visit amount ⓘ *

\$

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

Yes

No

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

Days

Hours

Enter number of days ⓘ *

1

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

4a Emergency Services -Page 2

In Patient Hospital Services(1) - Completed Skilled Nursing Facility (SNF)(2) - Completed Cardiac and Pulmonary Rehabilitation Services(3) - Completed Emergency/Urgently Needed Services(4) - In Progress Emergency Services(4a) - In Progress Urgently Needed Services(4b) - Not started Worldwide Emergency/Urgent Coverage(4c) - Not started Partial Hospitalization(5) - Not started Home Health Services(6) - Not started Health Care Professional Services(7) - Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Days Hours Number of days 5
	Is there a copayment? Yes Yes with a min & max No Minimum copayment \$400 Maximum copayment \$400
	Is the copayment for Medicare-covered benefits waived if admitted to hospital? Yes No
	Select either days or hours within which admission must occur for waiver Days Hours Enter number of days 5
	Does the cost sharing count towards any plan-level deductible? Yes No
	+ Add Notes
	Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - Completed

Urgently Needed Services(4b) - In Progress

Worldwide Emergency/Urgent Coverage(4c) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Urgently Needed Services (4b)

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 emergency/post stabilization services

☐ Plan-specified amount per period

MOOP amount

\$500

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

Maximum per visit amount

\$50

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

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 2

In Patient Hospital Services(1) - Completed Skilled Nursing Facility (SNF)(2) - Completed Cardiac and Pulmonary Rehabilitation Services(3) - Completed Emergency/Urgently Needed Services(4) - In Progress Emergency Services(4a) - Completed Urgently Needed Services(4b)-In Progress Worldwide Emergency/Urgent Coverage(4c)- Not started Partial Hospitalization(5) -Not started Home Health Services(6) -Not started Health Care Professional Services(7) -Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not started	Is the coinsurance for Medicare-covered benefits waived if admitted to hospital? Yes No Select either days or hours within which admission must occur for waiver Days Hours Enter number of days 5 Is there a copayment? Yes Yes with a min & max No Minimum copayment \$400 Maximum copayment \$400 Is the copayment for Medicare-covered benefits waived if admitted to hospital? Yes No Select either days or hours within which admission must occur for waiver Days Hours Enter number of days 5 Does the cost sharing count towards any plan-level deductible?
Close Save and Close Save and Next	

CY 2025 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 3

In Patient Hospital Services(1) - Completed Skilled Nursing Facility (SNF)(2) - Completed Cardiac and Pulmonary Rehabilitation Services(3) - Completed Emergency/Urgently Needed Services(4) - In Progress Emergency Services(4a) - Completed Urgently Needed Services(4b) - In Progress Worldwide Emergency/Urgent Coverage(4c) - Not started Partial Hospitalization(5) - Not started Home Health Services(6) - Not started Health Care Professional Services(7) - Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Enter number of days 5 Is there a copayment? Yes Yes with a min & max No Minimum copayment \$400 Maximum copayment \$400 Is the copayment for Medicare-covered benefits waived if admitted to hospital? Yes No Select either days or hours within which admission must occur for waiver Days Hours Enter number of days 5 Does the cost sharing count towards any plan-level deductible? Yes No + Add Notes Close Save and Close Save and Next
---	---

CY 2025 PBP Data Entry System Screens

4c - Worldwide Emergency /Urgent Coverage -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) -Completed

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - Completed

Urgently Needed Services(4b)- Completed

Worldwide Emergency/Urgent Coverage(4c)-In Progress

Partial Hospitalization(5) -Not started

Home Health Services(6) -Not started

Health Care Professional Services(7) -Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not started

Worldwide Emergency/Urgent Coverage (4c)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Is the maximum plan benefit coverage amount unlimited?

Yes No

Maximum amount

\$1000

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

Yes No

MOOP amount

\$500

Periodicity

6 Months

Is there a deductible?

Yes No

Deductible amount

\$500

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

4c - Worldwide Emergency /Urgent Coverage -Page 2

In Patient Hospital Services(1) - Completed Skilled Nursing Facility (SNF)(2) - Completed Cardiac and Pulmonary Rehabilitation Services(3) - Completed Emergency/Urgently Needed Services(4) - In Progress Emergency Services(4a) - Completed Urgently Needed Services(4b) - Completed Worldwide Emergency/Urgent Coverage(4c) - In Progress Partial Hospitalization(5) - Not started Home Health Services(6) - Not started Health Care Professional Services(7) - Not started Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Is there a maximum plan benefit coverage? Yes No Is the maximum plan benefit coverage amount unlimited? Yes No Maximum amount \$1000 Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)? Yes No MOOP amount \$500 Periodicity 6 Months Is there a deductible? Yes No Deductible amount \$500 + Add Notes Close Save and Close Save and Next
---	---

CY 2025 PBP Data Entry System Screens

4c1 - Worldwide Emergency Coverage

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - Completed

Urgently Needed Services(4b) - Completed

Worldwide Emergency/Urgent Coverage(4c) - In Progress

Worldwide Emergency Coverage(4c1) - In Progress

Worldwide Urgent Coverage(4c2) - Not started

Worldwide Emergency Transportation(4c3) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Worldwide Emergency Coverage (4c1)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is this Coinsurance waived if admitted to hospital?

Yes

No

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Is the Copayment waived if admitted to hospital?

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

4c2 - Worldwide Urgent Coverage

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - Completed

Urgently Needed Services(4b) - Completed

Worldwide Emergency/Urgent Coverage(4c) - In Progress

Worldwide Emergency Coverage(4c1) - Completed

Worldwide Urgent Coverage(4c2) - In Progress

Worldwide Emergency Transportation(4c3) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Worldwide Urgent Coverage (4c2)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is this Coinsurance waived if admitted to hospital?

YesNo

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

Is the Copayment waived if admitted to hospital?

YesNo

+ Add Notes

CloseSave and CloseSave and Next

CY 2025 PBP Data Entry System Screens

4c3 - Worldwide Emergency Transportation

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - Completed

Urgently Needed Services(4b) - Completed

Worldwide Emergency/Urgent Coverage(4c) - In Progress

Worldwide Emergency Coverage(4c1) - Completed

Worldwide Urgent Coverage(4c2) - Completed

Worldwide Emergency Transportation(4c3) - In Progress

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Worldwide Emergency Transportation (4c3)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is this Coinsurance waived if admitted to hospital?

YesNo

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

Is the Copayment waived if admitted to hospital?

YesNo

+ Add Notes

CloseSave and CloseSave and Next

CY 2025 PBP Data Entry System Screens

5 - Partial Hospitalization -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - In Progress

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Partial Hospitalization (5)

Plan Characteristics

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

Yes No

MOOP amount
\$500

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

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

5 - Partial Hospitalization -Page 2

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - In Progress

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - 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

Coinurance
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance
20%

Copayment
\$20

Deductible
\$200

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

5 - Partial Hospitalization -Page 3

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - In Progress

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - 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 2025 PBP Data Entry System Screens

6 -Home Health Services-Page 1

Additional Pulmonary Rehabilitation Services(3-3) - Not Started

SET for PAD Services(3-4) - In Progress

Additional SET for PAD Services(3-4) - Not Started

Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

Health Care Professional Services(7) - In Progress

Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

Diagnostic Procedures/Tests/Lab Services(8a) - In Progress

Diagnostic Procedures/Tests(8a1) - In Progress

Home Health Services (6) - Medicare ⓘ

Updated by STE TESTER on 12/1/2023 12:37:18 PM EST

Enhanced Benefits are not applicable for this Service Category, except for MMPs.

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 ⓘ *

Plan Characteristics

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

6 -Home Health Services-Page 2

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Is there a deductible?

Yes

No

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

Coinurance

Copayment

Deductible

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

6 -Home Health Services-Page 3

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

\$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

Coinurance	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 2025 PBP Data Entry System Screens

6-1 Additional Hours of Care -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Additional Hours of Care (6-1) - In Progress

Personal Care Services (6-2) - Not Started

Other 1 for Home Health Services (6-3) - Not Started

Other 2 for Home Health Services (6-4) - Not Started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Additional Hours of Care (6-1)

Plan Characteristics

Is there a limit on the services provided?

Yes No

Indicate units
Sessions

Indicate numerical limit
50

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

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

6-1 Additional Hours of Care -Page 2

In Patient Hospital Services(1) - **Completed**

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

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

Emergency/Urgently Needed Services(4) - **Completed**

Partial Hospitalization(5) - **Completed**

Home Health Services(6) - **In Progress**

Additional Hours of Care (6-1) - In Progress

Personal Care Services (6-2) - Not Started

Other 1 for Home Health Services (6-3) - Not Started

Other 2 for Home Health Services (6-4) - Not Started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Minimum copayment

Maximum copayment

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

Yes No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

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?

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

6-1 Additional Hours of Care -Page 3

In Patient Hospital Services(1) - Completed	☒ Yes ☐ No
Skilled Nursing Facility (SNF)(2) - Completed	Authorization required for this benefit? Yes
Cardiac and Pulmonary Rehabilitation Services(3) - Completed	Referral required for this benefit? No
Emergency/Urgently Needed Services(4) - Completed	
Partial Hospitalization(5) - Completed	Point-of-Service (POS) benefits
Home Health Services(6) - In Progress	Add to POS Group
Additional Hours of Care (6-1) - In Progress	POS Group: Group Name 1 - POS + Add New POS Group
Personal Care Services (6-2) - Not Started	Coinurance: 20% Copayment: \$20 Deductible: \$200
Other 1 for Home Health Services (6-3) - Not Started	
Other 2 for Home Health Services (6-4) - Not Started	Authorization required for this benefit? Yes
Health Care Professional Services(7) - Not started	Referral required for this benefit? No
Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	+ Add Notes
Close Save and Close Save and Next	

CY 2025 PBP Data Entry System Screens

6-2 Personal Care Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Additional Hours of Care (6-1) - Completed

Personal Care Services (6-2) - In Progress

Other 1 for Home Health Services (6-3) - Not Started

Other 2 for Home Health Services (6-4) - Not Started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Personal Care Services (6-2)

Plan Characteristics

Is there a limit on the services provided?

Yes

No

Indicate units
Sessions

Indicate numerical limit
50

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

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

6-2 Personal Care Services -Page 2

In Patient Hospital Services(1) - Completed	Minimum copayment \$400	Maximum copayment \$400
Skilled Nursing Facility (SNF)(2) - Completed		
Cardiac and Pulmonary Rehabilitation Services(3) - Completed	Does any service require qualification for and enrollment in a state-operated waiver program? <input checked="" type="button" value="Yes"/> No	
Emergency/Urgently Needed Services(4) - Completed		
Partial Hospitalization(5) - Completed	Authorization required for this benefit? Yes	
Home Health Services(6) - In Progress	Referral required for this benefit? No	
Additional Hours of Care (6-1) - Completed		
Personal Care Services (6-2) - In Progress	Point-of-Service (POS) benefits	
Other 1 for Home Health Services (6-3) - Not Started	Add to POS Group	
Other 2 for Home Health Services (6-4) - Not Started	POS Group Group Name 1 - POS + Add New POS Group	
Health Care Professional Services(7) - Not started	Coinurance 20%	Copayment \$20
Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Deductible \$200	
	Authorization required for this benefit? Yes	
	Referral required for this benefit?	
	Close	Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

6-2 Personal Care Services -Page 3

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Additional Hours of Care (6-1) - Completed

Personal Care Services (6-2) - In Progress

Other 1 for Home Health Services (6-3) - Not Started

Other 2 for Home Health Services (6-4) - Not Started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

YesNo

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

Coinurance	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 2025 PBP Data Entry System Screens

6-3 Other 1 for Home Health Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Additional Hours of Care (6-1) - Completed

Personal Care Services (6-2) - Completed

Other 1 for Home Health Services (6-3) - In Progress

Other 2 for Home Health Services (6-4) - Not Started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Other 1 for Home Health Services (6-3)

Plan Characteristics

Name of Other Service
Other Service Name

Is there a limit on the services provided?

Yes No

Indicate units
Sessions

Indicate numerical limit
50

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

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

6-3 Other 1 for Home Health Services -Page 2

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Additional Hours of Care (6-1) - Completed

Personal Care Services (6-2) - Completed

Other 1 for Home Health Services (6-3) - In Progress

Other 2 for Home Health Services (6-4) - Not Started

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

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

Yes

No

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

Coinurance

Copayment

Deductible

20%

\$20

\$200

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

6-3 Other 1 for Home Health Services -Page 3

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) -Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) -In Progress

Additional Hours of Care (6-1) -Completed

Personal Care Services (6-2) -Completed

Other 1 for Home Health Services (6-3) - In Progress

Other 2 for Home Health Services (6-4) -Not Started

Health Care Professional Services(7) -Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not started

Yes

No

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

Coinurance	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 2025 PBP Data Entry System Screens

6-4 Other 2 for Home Health Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) -Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) -In Progress

Additional Hours of Care (6-1) -Completed

Personal Care Services (6-2) -Completed

Other 1 for Home Health Services (6-3) - Completed

Other 2 for Home Health Services (6-4) -In Progress

Health Care Professional Services(7) -Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not started

Other 2 for Home Health Services (6-4)

Plan Characteristics

Name of Other Service
Other Service Name

Is there a limit on the services provided?
☒ Yes ☐ No

Indicate units
Sessions

Indicate numerical limit
50

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

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

6-4 Other 2 for Home Health Services -Page 2

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) -Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) -In Progress

Additional Hours of Care (6-1) -Completed

Personal Care Services (6-2) -Completed

Other 1 for Home Health Services (6-3) - Completed

Other 2 for Home Health Services (6-4) -In Progress

Health Care Professional Services(7) - Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not started

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

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

Yes

No

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

Coinurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

6-4 Other 2 for Home Health Services -Page 3

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) -Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) -In Progress

Additional Hours of Care (6-1) -Completed

Personal Care Services (6-2) -Completed

Other 1 for Home Health Services (6-3) - Completed

Other 2 for Home Health Services (6-4) - In Progress

Health Care Professional Services(7) -Not started

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not started

Yes

No

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

Coinurance

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 2025 PBP Data Entry System Screens

7a - Primary Care Physician Services -Page 1

^ Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - In Progress

Chiropractic Services(7b) - In Progress

✓ Chiropractic Services(7b) - Not Started

Occupational Therapy Services(7c) - In Progress

Physician Specialist Services(7d) - In Progress

✓ Mental Health Specialty Services(7e) - In Progress

Podiatry Services(7f) - In Progress

Podiatry Services: Routine Foot Care(7f) - In Progress

Other Health Care Professional(7g) - In Progress

✓ Psychiatric Services(7h) - In Progress

Primary Care Physician Services (7a) - Medicare ⓘ

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Yes No

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$ 0.00

Maximum copayment ⓘ * \$ 0.00

Is there a deductible? ⓘ *

Yes No

Point-of-Service (POS) Benefits

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

7a - Primary Care Physician Services -Page 2

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

^ Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - In Progress

▼ Chiropractic Services(7b) - Not Started

Occupational Therapy Services(7c) - Not Started

Physician Specialist Services(7d) - Not Started

Mental Health Specialty Services(7e) - Not Started

Individual Sessions for Mental Health Specialty Services(7e1) - Not Started

Group Sessions for Mental Health Specialty Services(7e2) - Not Started

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g) - Not Started

Yes No

Deductible amount
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7b – Chiropractic Services -Page 1

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a) -
Completed

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1)-
Not Started

Other Chiropractic Services(7b2)-
Not Started

Occupational Therapy Services(7c) -
Not Started

Physician Specialist Services(7d) -
Not Started

Mental Health Specialty Services(7e)-
Not Started

Chiropractic Services(7b)

Plan Characteristics

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

Yes

No

MOOP amount
\$500

Periodicity
6 Months

Is there a maximum plan benefit coverage amount?

Yes

No

Maximum Amount
\$1000

Periodicity
6 Months

Is there a medicare covered coinsurance?

Yes

Yes with a min & max

No

CY 2025 PBP Data Entry System Screens

7b – Chiropractic Services -Page 2

Partial Hospitalization(5) - Completed	Periodicity 6 Months
Home Health Services(6) - Completed	Is there a medicare covered coinsurance?
Health Care Professional Services(7)- In Progress	Yes <input checked="" type="button" value="Yes with a min & max"/> No
Primary Care Physician Services(7a) - Completed	Minimum coinsurance 4% Maximum coinsurance 8%
Chiropractic Services(7b) - In Progress	Is there a medicare covered copayment?
Routine Chiropractic Care(7b1) - Not Started	Yes <input checked="" type="button" value="Yes with a min & max"/> No
Other Chiropractic Services(7b2) - Not Started	Minimum copayment \$400 Maximum copayment \$400
Occupational Therapy Services(7c) - Not Started	Is there a medicare covered deductible?
Physician Specialist Services(7d) - Not Started	<input checked="" type="button" value="Yes"/> No
Mental Health Specialty Services(7e)- Not Started	Deductible amount \$400

CY 2025 PBP Data Entry System Screens

7b – Chiropractic Services -Page 3

Very long Plan Name

Partial Hospitalization(5) - Completed

✓ Home Health Services(6) -Completed

^ Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

^ Chiropractic Services(7b) - In Progress

✓ Routine Chiropractic Care(7b1) - Not Started

Other Chiropractic Services(7b2) - Not Started

Occupational Therapy Services(7c) - Not Started

Physician Specialist Services(7d) - Not Started

Mental Health Specialty Services(7e)- 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
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

CY 2025 PBP Data Entry System Screens

7b – Chiropractic Services -Page 4

Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a) -
Completed

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1) -
Not Started

Other Chiropractic Services(7b2) -
Not Started

Occupational Therapy Services(7c) -
Not Started

Physician Specialist Services(7d) -
Not Started

Mental Health Specialty Services(7e)-
Not Started

Individual Sessions for Mental Health
Specialty Services(7e1)- Not Started

Group Sessions for Mental Health
Specialty Services(7e2)- Not Started

Group Name: POS

Benefits Details

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 2025 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care -Page 1

Partial Hospitalization(5) - Completed	Routine Chiropractic Care(7b1)
Home Health Services(6) - Completed	Is this benefit unlimited?
Health Care Professional Services(7)- In Progress	Yes <input checked="" type="button" value="No"/>
Primary Care Physician Services(7a) - Completed	Visits 5
Chiropractic Services(7b) - In Progress	Periodicity 6 Months
Routine Chiropractic Care(7b1) - In Progress	Is there a coinsurance?
Other Chiropractic Services(7b2) - Not Started	Yes <input checked="" type="button" value="Yes with a min & max"/> No
Occupational Therapy Services(7c) - Not Started	Minimum coinsurance 4% Maximum coinsurance 8%
Physician Specialist Services(7d) - Not Started	Is there a copayment?
Mental Health Specialty Services(7e) - Not Started	Yes <input checked="" type="button" value="Yes with a min & max"/> No
	Minimum copayment \$100 Maximum copayment \$100

CY 2025 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care -Page 2

Primary Care Physician Services(7a) - Completed	
▼ Chiropractic Services(7b) - In Progress	
Routine Chiropractic Care(7b1) - In Progress	
Other Chiropractic Services(7b2) - Not Started	
Occupational Therapy Services(7c) - Not Started	
Physician Specialist Services(7d) - Not Started	
Mental Health Specialty Services(7e)- Not Started	
Individual Sessions for Mental Health Specialty Services(7e1)- Not Started	
Group Sessions for Mental Health Specialty Services(7e2)- 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

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7b2 – Other Chiropractic Care -Page 1

Very long Plan Name

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1) - Completed

Other Chiropractic Services(7b2) - In Progress

Occupational Therapy Services(7c) - Not Started

Physician Specialist Services(7d) - Not Started

Mental Health Specialty Services(7e)- Not Started

Other Chiropractic Services(7b2)

Name of Other Service

Other Service Name

Is this benefit unlimited?

Yes No

Visits

5

Periodicity

6 Months

Service specific maximum plan benefit coverage amount?

Yes No

Maximum Amount

\$1000

Periodicity

6 Months

CY 2025 PBP Data Entry System Screens

7b2 – Other Chiropractic Care -Page 2

Primary Care Physician Services(7a) - Completed	☐ Yes ☒ Yes with a min & max ☐ No
Chiropractic Services(7b) - In Progress	Minimum coinsurance 4% Maximum coinsurance 8%
Routine Chiropractic Care(7b1) - Completed	Is there a copayment?
Other Chiropractic Services(7b2) - In Progress	☐ Yes ☒ Yes with a min & max ☐ No
Occupational Therapy Services(7c) - Not Started	Minimum copayment \$400 Maximum copayment \$400
Physician Specialist Services(7d) - Not Started	Is there a deductible?
Mental Health Specialty Services(7e) - Not Started	☒ Yes ☐ No
Individual Sessions for Mental Health Specialty Services(7e1) - Not Started	Deductible amount \$400
Group Sessions for Mental Health Specialty Services(7e2) - Not Started	+ Add Notes
Close Save and Close Save and Next	

CY 2025 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 1

Home Health Services(6) - In Progress

Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - In Progress

Chiropractic Services(7b) - In Progress

Chiropractic Services(7b) - Not Started

Routine Chiropractic Care(7b1) - Not Started

Occupational Therapy Services(7c) - In Progress

Physician Specialist Services(7d) - In Progress

Mental Health Specialty Services(7e) - In Progress

Podiatry Services(7f) - In Progress

Podiatry Services: Routine Foot Care(7f1) - In Progress

Other Health Care Professional(7g) - In Progress

Psychiatric Services(7h) - In Progress

Occupational Therapy Services (7c) - Medicare ⓘ

Enhanced Benefits are not applicable for this Service Category, except for MMPs.
Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)? ⓘ *

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

You must include total cost sharing to the beneficiary, including any facility cost sharing.
Is there a coinsurance? ⓘ *

Minimum coinsurance ⓘ *
Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Minimum copayment ⓘ *
\$ 35.00

Maximum copayment ⓘ *
\$ 35.00

Is there a deductible? ⓘ *

Plan Characteristics

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 2

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c) - In Progress

Physician Specialist Services(7d) - Not Started

Mental Health Specialty Services(7e)- Not Started

Individual Sessions for Mental Health Specialty Services(7e1) - Not Started

Group Sessions for Mental Health Specialty Services(7e2)- Not Started

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g)- 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

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 3

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a)- Completed

Chiropractic Services(7b)-Completed

Occupational Therapy Services(7c)- In Progress

Physician Specialist Services(7d)- Not Started

Mental Health Specialty Services(7e)- Not Started

Individual Sessions for Mental Health Specialty Services(7e1)- Not Started

Group Sessions for Mental Health Specialty Services(7e2)- Not Started

Podiatry Services(7f)-Not Started

Other Health Care Professional(7g)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group Group Name 1 - OON

+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group Group Name 1 - POS

+ Add New POS Group

Coinurance	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 2025 PBP Data Entry System Screens

7d - Physician Specialist Services – Page 1

Home Health Services(6) - In Progress

^ Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - In Progress

Chiropractic Services(7b) - In Progress

^ Chiropractic Services(7b) - Not Started

Routine Chiropractic Care(7b)i - Not Started

Occupational Therapy Services(7c) - In Progress

Physician Specialist Services(7d) - In Progress

✓ Mental Health Specialty Services(7e) - In Progress

Podiatry Services(7f) - In Progress

Podiatry Services: Routine Foot Care(7f) - In Progress

Other Health Care Professional(7g) - In Progress

✓ Psychiatric Services(7h) - In Progress

Physician Specialist Services (7d) - Medicare ⓘ

[Plan Characteristics](#)

Enhanced Benefits are not applicable for this Service Category.

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 ⓘ *

\$ 35.00

Maximum copayment ⓘ *

\$ 35.00

Is there a deductible? ⓘ *

Yes

No

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7d - Physician Specialist Services -Page 2

Partial Hospitalization(5) - Completed	Deductible amount \$400		
Home Health Services(6) -Completed	Authorization required for this benefit? Yes		
Health Care Professional Services(7)- In Progress	Referral required for this benefit? No		
Primary Care Physician Services(7a)- Completed	Out-of-Network (OON) Benefits		
Chiropractic Services(7b)-Completed	Add to OON Group		
Occupational Therapy Services(7c)- Completed	OON Group Group Name 1 - OON	+ Add New OON Group	
Physician Specialist Services(7d) - In Progress	Coinurance 20%	Copayment \$20	Deductible \$200
Mental Health Specialty Services(7e)- Not Started	Point-of-Service (POS) benefits		
Individual Sessions for Mental Health Specialty Services(7e1) - Not Started	Add to POS Group		
Group Sessions for Mental Health Specialty Services(7e2)- Not Started	POS Group Group Name 1 - POS	+ Add New POS Group	
Podiatry Services(7f)-Not Started	Coinurance 20%	Copayment \$20	Deductible \$200
Other Health Care Professional(7g)- Not Started			
Close			Save and Close
			Save and Next

CY 2025 PBP Data Entry System Screens

7d - Physician Specialist Services -Page 3

Partial Hospitalization(5) - Completed

▼ Home Health Services(6) -Completed

▲ Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a) -
Completed

▼ Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c) -
Completed

Physician Specialist Services(7d) -
In Progress

Mental Health Specialty Services(7e)-
Not Started

Individual Sessions for Mental Health
Specialty Services(7e1) - Not Started

Group Sessions for Mental Health
Specialty Services(7e2)- Not Started

Podiatry Services(7f) -Not Started

Other Health Care Professional(7g)-
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 2025 PBP Data Entry System Screens

7e - Mental Health Specialty Services -Page 1

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e)- In Progress

Individual Sessions for Mental Health Specialty Services(7e1) - Not Started

Group Sessions for Mental Health Specialty Services(7e2) - Not Started

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g) - Not Started

Mental Health Specialty Services(7e)

Plan Characteristics

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

Yes No

MOOP amount \$500

Periodicity 6 Months

Is there a deductible?

Yes No

Deductible amount \$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

7e - Mental Health Specialty Services -Page 2

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a) -
Completed

Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c) -
Completed

Physician Specialist Services(7d) -
Completed

**Mental Health Specialty Services(7e)-
In Progress**

Individual Sessions for Mental Health
Specialty Services(7e1) - Not Started

Group Sessions for Mental Health
Specialty Services(7e2)- Not Started

Podiatry Services(7f) -Not Started

Other Health Care Professional(7g)-
Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance	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 2025 PBP Data Entry System Screens

7e - Individual Sessions for Mental Health Specialty Services

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e)- Complete

Individual Sessions for Mental Health Specialty Services(7e1) - In Progress

Group Sessions for Mental Health Specialty Services(7e2)- Not Started

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g)- Not Started

Individual Sessions for Mental Health Specialty Services(7e1)

Plan Characteristics

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

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CY 2025 PBP Data Entry System Screens

7e - Group Sessions for Mental Health Specialty Services

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Complete

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

Group Sessions for Mental Health Specialty Services(7e2) - In Progress

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g) - Not Started

Group Sessions for Mental Health Specialty Services(7e2)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%

Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400

+ Add Notes

CloseSave and CloseSave and Next

CY 2025 PBP Data Entry System Screens

7f - Podiatry Services -Page 1

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

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

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

Podiatry Services(7f) - In Progress

Other Health Care Professional(7g)- Not Started

Podiatry Services(7f)

Plan Characteristics

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

☒ Yes ☐ No

MOOP amount

Periodicity

Is there a medicare covered coinsurance?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance Maximum coinsurance

Is there a medicare covered copayment?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum copayment Maximum copayment

Is there a medicare covered deductible?

☒ Yes ☐ No

Close

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CY 2025 PBP Data Entry System Screens

7f - Podiatry Services -Page 2

Partial Hospitalization(5) - Completed	Deductible amount \$400
Home Health Services(6) -Completed	
Health Care Professional Services(7)- In Progress	Authorization required for this benefit? Yes
Primary Care Physician Services(7a) - Completed	Referral required for this benefit? No
Chiropractic Services(7b) -Completed	
Occupational Therapy Services(7c) - Completed	Out-of-Network (OON) Benefits
Physician Specialist Services(7d) - Completed	Add to OON Group
Mental Health Specialty Services(7e)- Completed	OON Group Group Name 1 - OON + Add New OON Group
Individual Sessions for Mental Health Specialty Services(7e1) - Completed	Coinurance Copayment Deductible 20% \$20 \$200
Group Sessions for Mental Health Specialty Services(7e2) - Completed	
Podiatry Services(7f) - In Progress	Point-of-Service (POS) benefits
Other Health Care Professional(7g)- Not Started	Add to POS Group
	POS Group Group Name 1 - POS + Add New POS Group
	Coinurance Copayment Deductible 20% \$20 \$200

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

7f - Podiatry Services -Page 3

Partial Hospitalization(5) - Completed

▼ Home Health Services(6) -Completed

▲ Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

▼ Chiropractic Services(7b)-Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e)- Completed

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

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

▼ Podiatry Services(7f) - In Progress

Other Health Care Professional(7g)- 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

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CY 2025 PBP Data Entry System Screens

7f - Podiatry Services -Routine Foot Care -Page 1

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

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

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

Podiatry Services(7f) - In Progress

Routine Foot Care(7f) - In Progress

Podiatry Services-Routine Foot Care (7f)

Plan Characteristics

Is this benefit unlimited?

Yes No

Visits

5

Periodicity

6 Months

Service specific maximum plan benefit coverage amount?

Yes No

Maximum Amount

\$1000

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

7f - Podiatry Services -Routine Foot Care -Page 2

Partial Hospitalization(5) - Completed

▼ Home Health Services(6) -Completed

▲ Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a)-
Completed

▼ Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c)-
Completed

Physician Specialist Services(7d)-
Completed

Mental Health Specialty Services(7e)-
Completed

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

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

▲ Podiatry Services(7f) - In Progress

Routine Foot Care(7f) - In Progress

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

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CY 2025 PBP Data Entry System Screens

7f - Podiatry Services -Routine Foot Care -Page 3

Partial Hospitalization(5) - Completed

▼ Home Health Services(6) -Completed

▲ Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a)-
Completed

▼ Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c) -
Completed

Physician Specialist Services(7d) -
Completed

Mental Health Specialty Services(7e)-
Completed

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

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

▲ Podiatry Services(7f) - In Progress

Routine Foot Care(7f) - In Progress

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 1

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

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

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

Podiatry Services(7f) - Completed

Other Health Care Professional(7g)- In Progress

Other Health Care Professional(7g)

Plan Characteristics

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

Yes No

MOOP amount \$500

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

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 2

Partial Hospitalization(5) - Completed	Deductible amount \$400		
Home Health Services(6) -Completed	Authorization required for this benefit? Yes		
Health Care Professional Services(7)- In Progress	Referral required for this benefit? No		
Primary Care Physician Services(7a)- Completed	Out-of-Network (OON) Benefits		
Chiropractic Services(7b)-Completed	Add to OON Group		
Occupational Therapy Services(7c)- Completed	OON Group	+ Add New OON Group	
Physician Specialist Services(7d)- Completed	Group Name 1 - OON		
Mental Health Specialty Services(7e)- Completed	Coinurance	Copayment	Deductible
Individual Sessions for Mental Health Specialty Services(7e1) - Completed	20%	\$20	\$200
Group Sessions for Mental Health Specialty Services(7e2) - Completed	Point-of-Service (POS) benefits		
Podiatry Services(7f)- Completed	Add to POS Group		
Other Health Care Professional(7g)- In Progress	POS Group	+ Add New POS Group	
	Group Name 1 - POS		
	Coinurance	Copayment	Deductible
	20%	\$20	\$200
Close Save and Close Save and Next			

CY 2025 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 3

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a)- Completed

Chiropractic Services(7b)- Completed

Occupational Therapy Services(7c)- Completed

Physician Specialist Services(7d)- Completed

Mental Health Specialty Services(7e)- Completed

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

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

Podiatry Services(7f)- Completed

Other Health Care Professional(7g)- 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

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CY 2025 PBP Data Entry System Screens

7h - Psychiatric Services -Page 1

Psychiatric Services(7h) -
In Progress

Individual Sessions for Psychiatric Services (7h1) - Not Started

Group Sessions for Psychiatric Services (7h2) - Not Started

Physical Therapy and Speech-Language Pathology Services(7i) - Not Started

Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started

Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started

Diagnostic Procedures/Tests(8a1) - Not Started

Psychiatric Services(7h)

Plan Characteristics

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

Yes

No

MOOP amount
\$500

Periodicity
6 Months

Is there a deductible?

Yes

No

Deductible amount
\$400

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7h - Psychiatric Services -Page 2

Psychiatric Services(7h) -
In Progress

Individual Sessions for Psychiatric Services (7h1) - Not Started

Group Sessions for Psychiatric Services (7h2) - Not Started

Physical Therapy and Speech-Language Pathology Services(7i) - Not Started

Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started

Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started

Diagnostic Procedures/Tests(8a1)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance

20%

Copayment

\$20

Deductible

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance

20%

Copayment

\$20

Deductible

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7hi - Individual Sessions for Psychiatric Services

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -In Progress

Group Sessions for Psychiatric Services (7h2) -Not Started

Physical Therapy and Speech-Language Pathology Services(7i) - Not Started

^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) -Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

^ Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not Started

^ Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started

Diagnostic Procedures/Tests(8a1)- Not Started

Individual Sessions for Psychiatric Services(7h1)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

+ Add Notes

CloseSave and CloseSave and Next

CY 2025 PBP Data Entry System Screens

7h2 - Group Sessions for Psychiatric Services

^ Psychiatric Services(7h) - **Completed**

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

Group Sessions for Psychiatric Services (7h2) - In Progress

Physical Therapy and Speech-Language Pathology Services(7i) - Not Started

^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started

^ Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started

Diagnostic Procedures/Tests(8a1) - Not Started

Group Sessions for Psychiatric Services(7h2)

Plan Characteristics

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 2025 PBP Data Entry System Screens

7i - Physical Therapy and Speech -Language Pathology Services -Page 1

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) - Completed

^ Physical Therapy and Speech-Language Pathology Services(7i)) -In Progress

Physical Therapy and Speech-Language Pathology Services (MMP)(7i)-Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

^ Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not Started

^ Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started

Diagnostic Procedures/Tests(8a1)- Not Started

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

Plan Characteristics

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

Yes No

MOOP amount \$500

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

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

7i - Physical Therapy and Speech -Language Pathology Services -Page 2

^ Psychiatric Services(7h) -Completed Individual Sessions for Psychiatric Services (7h1) -Completed Group Sessions for Psychiatric Services (7h2) - Completed ^ Physical Therapy and Speech-Language Pathology Services(7i) - In Progress Physical Therapy and Speech-Language Pathology Services (MMP)(7i) -Not Started Other 1 for PT and SP Services (MMP) (7i1) - Not Started Other 2 for PT and SP Services (MMP) (7i2) - Not Started Additional Telehealth Services(7j) - Not Started Opioid Treatment Program Services(7k) - Not Started ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not Started ^ Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started Diagnostic Procedures/Tests(8a1)- 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 <table><tr><td>Coinurance</td><td>Copayment</td><td>Deductible</td></tr><tr><td>20%</td><td>\$20</td><td>\$200</td></tr></table> Point-of-Service (POS) benefits Add to POS Group POS Group Group Name 1 - POS + Add New POS Group <table><tr><td>Coinurance</td><td>Copayment</td><td>Deductible</td></tr><tr><td>20%</td><td>\$20</td><td>\$200</td></tr></table>	Coinurance	Copayment	Deductible	20%	\$20	\$200	Coinurance	Copayment	Deductible	20%	\$20	\$200
Coinurance	Copayment	Deductible											
20%	\$20	\$200											
Coinurance	Copayment	Deductible											
20%	\$20	\$200											

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7i - Physical Therapy and Speech -Language Pathology Services -Page 3

^ Psychiatric Services(7h) - Completed

Individual Sessions for Psychiatric Services (7h1) - Completed

Group Sessions for Psychiatric Services (7h2) - Completed

Physical Therapy and Speech-Language Pathology Services(7i) - In Progress

Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started

^ Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started

Diagnostic Procedures/Tests(8a1) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

CloseSave and CloseSave and Next

CY 2025 PBP Data Entry System Screens

7j - Additional Telehealth Benefits -Page 1

Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

Physical Therapy and Speech-Language Pathology Services (MMP)(7i) -Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

**Additional Telehealth Benefits (7j)
In Process**

Opioid Treatment Program Services(7k) - Not Started

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not Started

Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started

Diagnostic Procedures/Tests(8a1)- Not Started

Additional Telehealth Benefits (7j)

Plan Characteristics

Do you offer an Additional Telehealth benefit for Part B services?

YesNo

Select the Medicare-covered benefits that may have Additional Telehealth Benefits available:

Available		Selected
Search by terms		Search by terms
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Chiropractic Services(7b)
Skilled Nursing Facility (SNF)(2)	<	Individual Sessions for Outpatient Substance Abuse(9c1)
Cardiac Rehabilitation Services(3-1)	<<	Nursing Home Services(13h6)
Intensive Cardiac Rehabilitation Services(3-2)		Glaucoma Screening(14e1)
Pulmonary Rehabilitation Services(3-3)		

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

YesNo

MOOP amount

\$500

Periodicity

6 Months

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7j - Additional Telehealth Benefits -Page 2

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) -Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

**Additional Telehealth Benefits (7j)
In Process**

Opioid Treatment Program Services(7k) - Not Started

^ Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not Started

^ Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started

Diagnostic Procedures/Tests(8a1)- Not Started

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

Is there a deductible?

Yes No

Deductible amount \$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7j - Additional Telehealth Benefits -Page 3

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Benefits (7j)
In Process

Opioid Treatment Program Services(7k) - Not Started

^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started

^ Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started

Diagnostic Procedures/Tests(8a1)- 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

CY 2025 PBP Data Entry System Screens

7k - Opioid Treatment Program Services -Page 1

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - In Process

^ Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not Started

^ Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started

Diagnostic Procedures/Tests(8a1)- Not Started

Opioid Treatment Program Services(7k)

Plan Characteristics

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

Yes No

MOOP amount \$500

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

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

7k - Opioid Treatment Program Services -Page 2

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) -Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - In Process

^ Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not Started

^ Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started

Diagnostic Procedures/Tests(8a1)- 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 2025 PBP Data Entry System Screens

7k - Opioid Treatment Program Services -Page 3

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started

Other 1 for PT and SP Services (MMP) (7i1) - Not Started

Other 2 for PT and SP Services (MMP) (7i2) - Not Started

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - In Process

^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started

^ Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started

Diagnostic Procedures/Tests(8a1)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance	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 2025 PBP Data Entry System Screens

8a - Diagnostic Procedures /Tests/Lab Services -Page 1

Health Care Professional Services(7)-
Completed

Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress

**Diagnostic Procedures/Tests/
Lab Services(8a) - Not Started**

Diagnostic Procedures/Tests(8a1) -
Not Started

Lab Services(8a2) - Not Started

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Not Started

Diagnostic Radiological
Services(8b1) - Not Started

Therapeutic Radiological
Services(8b2) - Not Started

Outpatient X-Ray Services(8b3)
- Not Started

Outpatient Services(9) - Not Started

Ambulance/Transportation
Services(10) - Not Started

DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

Diagnostic Procedures/Tests/Lab Services(8a)

Plan Characteristics

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

Yes No

MOOP amount
\$500

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

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

8a - Diagnostic Procedures /Tests/Lab Services -Page 2

Health Care Professional Services(7) - Completed Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress Diagnostic Procedures/Tests/Lab Services(8a) - Not Started Diagnostic Procedures/Tests(8a1) - Not Started Lab Services(8a2) - Not Started Outpatient Diagnostic/Therapeutic Radiological Services(8b) - Not Started Diagnostic Radiological Services(8b1) - Not Started Therapeutic Radiological Services(8b2) - Not Started Outpatient X-Ray Services(8b3) - Not Started Outpatient Services(9) - Not Started Ambulance/Transportation Services(10) - Not Started DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started	Yes Yes with a min & max No Minimum copayment \$400 Maximum copayment \$400 If a member receives multiple services at the same location on the same day, does only the maximum copay apply? Yes No Is there a deductible? Yes No Deductible amount \$400 Authorization required for this benefit? Yes Referral required for this benefit? No + Add Notes
--	--

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests -Page 1

Health Care Professional Services(7)-Completed

Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Diagnostic Procedures/Tests(8a1) - In Process

Lab Services(8a2) -Not Started

Outpatient Diagnostic/Therapeutic Radiological Services(8b) -Not Started

Diagnostic Radiological Services(8b1) -Not Started

Therapeutic Radiological Services(8b2) -Not Started

Outpatient X-Ray Services(8b3) -Not Started

Outpatient Services(9) -Not Started

Ambulance/Transportation Services(10) -Not Started

DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started

Diagnostic Procedures/Tests(8a1)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON GroupGroup Name 1 - OON+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests -Page 2

Health Care Professional Services(7)-
Completed

Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress

Outpatient Procedures, Tests, Labs and
Radiology Services(8) -Completed

**Diagnostic Procedures/Tests(8a1) -
In Process**

Lab Services(8a2) -Not Started

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) -Not Started

Diagnostic Radiological
Services(8b1) -Not Started

Therapeutic Radiological
Services(8b2) -Not Started

Outpatient X-Ray Services(8b3)
-Not Started

Outpatient Services(9) -Not Started

Ambulance/Transportation
Services(10) -Not Started

DME, Prosthetics and Medical and
Diabetic Supplies(11) -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 2025 PBP Data Entry System Screens

8a2 - Lab Services -Page 1

Health Care Professional Services(7)-Completed

Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

Outpatient Procedures, Tests, Labs and Radiology Services(8)-Completed

Diagnostic Procedures/Tests(8a1)-Completed

Lab Services(8a2) - In Progress

Outpatient Diagnostic/Therapeutic Radiological Services(8b) - Not Started

Diagnostic Radiological Services(8b1) - Not Started

Therapeutic Radiological Services(8b2) - Not Started

Outpatient X-Ray Services(8b3) - Not Started

Outpatient Services(9) - Not Started

Ambulance/Transportation Services(10) - Not Started

DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started

Lab Services(8a2)

Plan Characteristics

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

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

8a2 - Lab Services -Page 2

Health Care Professional Services(7)-Completed

Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Diagnostic Procedures/Tests(8a1)-Completed

Lab Services(8a2)-In Process

Outpatient Diagnostic/Therapeutic Radiological Services(8b) -Not Started

Diagnostic Radiological Services(8b1) -Not Started

Therapeutic Radiological Services(8b2) -Not Started

Outpatient X-Ray Services(8b3) -Not Started

Outpatient Services(9) -Not Started

Ambulance/Transportation Services(10) -Not Started

DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

8b - Outpatient Diagnostic /Therapeutic Radiological Services -Page 1

Health Care Professional Services(7)-Completed

Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

Outpatient Procedures, Tests, Labs and Radiology Services(8)-Completed

Diagnostic Procedures/Tests(8a1)-Completed

Lab Services(8a2)-Completed

Outpatient Diagnostic/Therapeutic Radiological Services(8b) - In Process

Diagnostic Radiological Services(8b1)-Not Started

Therapeutic Radiological Services(8b2)-Not Started

Outpatient X-Ray Services(8b3)-Not Started

Outpatient Services(9)-Not Started

Ambulance/Transportation Services(10)-Not Started

DME, Prosthetics and Medical and Diabetic Supplies(11)-Not Started

Outpatient Diagnostic/Therapeutic Radiological Services(8b)

Plan Characteristics

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

YesNo

MOOP amount
\$500

Periodicity
6 Months

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance
4%

Maximum coinsurance
8%

Maximum per visit amount
\$50

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment
\$400

Maximum copayment
\$400

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

CloseSave and CloseSave and Next

CY 2025 PBP Data Entry System Screens

8b - Outpatient Diagnostic /Therapeutic Radiological Services -Page 2

Health Care Professional Services(7)- Completed Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed Diagnostic Procedures/Tests(8a1)- Completed Lab Services(8a2) -Completed Outpatient Diagnostic/Therapeutic Radiological Services(8b) - In Process Diagnostic Radiological Services(8b1) -Not Started Therapeutic Radiological Services(8b2) -Not Started Outpatient X-Ray Services(8b3) -Not Started Outpatient Services(9) -Not Started Ambulance/Transportation Services(10) -Not Started DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started	YesYes with a min & maxNo Minimum copayment\$400Maximum copayment\$400 If a member receives multiple services at the same location on the same day, does only the maximum copay apply? YesNo Is there a deductible? YesNo Deductible amount\$400 Authorization required for this benefit? Yes Referral required for this benefit? No + Add Notes
--	--

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services -Page 1

Health Care Professional Services(7)-
Completed

Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress

Outpatient Procedures, Tests, Labs and
Radiology Services(8)-Completed

Diagnostic Procedures/Tests(8a1)-
Completed

Lab Services(8a2)-Completed

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed

Diagnostic Radiological
Services(8b1) - In Process

Therapeutic Radiological
Services(8b2) - Not Started

Outpatient X-Ray Services(8b3)
-Not Started

Outpatient Services(9) - Not Started

Ambulance/Transportation
Services(10) - Not Started

DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

Diagnostic Radiological Services(8b1)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Maximum per visit amount\$50

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON GroupGroup Name 1 - OON+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services -Page 2

Health Care Professional Services(7)-
Completed

Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress

Outpatient Procedures, Tests, Labs and
Radiology Services(8)-Completed

Diagnostic Procedures/Tests(8a1)-
Completed

Lab Services(8a2)-Completed

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed

**Diagnostic Radiological
Services(8b1) - In Progress**

Therapeutic Radiological
Services(8b2) -Not Started

Outpatient X-Ray Services(8b3)
-Not Started

Outpatient Services(9) -Not Started

Ambulance/Transportation
Services(10) -Not Started

DME, Prosthetics and Medical and
Diabetic Supplies(11) -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 20% Copayment \$20 Deductible \$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group Group Name 1 - POS

+ Add New POS Group

Coinsurance 20% Copayment \$20 Deductible \$200

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

8b2 - Therapeutic Radiological Services -Page 1

Health Care Professional Services(7)-
Completed

Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress

Outpatient Procedures, Tests, Labs and
Radiology Services(8) -Completed

Diagnostic Procedures/Tests(8a1)-
Completed

Lab Services(8a2)-Completed

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed

Diagnostic Radiological
Services(8b1) - Completed

Therapeutic Radiological
Services(8b2) - In Process

Outpatient X-Ray Services(8b3)
-Not Started

Outpatient Services(9) - Not Started

Ambulance/Transportation
Services(10) - Not Started

DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

Therapeutic Radiological Services(8b2)

Plan Characteristics

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

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

Yes

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

8b2 - Therapeutic Radiological Services -Page 2

Health Care Professional Services(7)-
Completed

Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress

Outpatient Procedures, Tests, Labs and
Radiology Services(8) -Completed

Diagnostic Procedures/Tests(8a1)-
Completed

Lab Services(8a2) -Completed

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed

Diagnostic Radiological
Services(8b1) - Completed

Therapeutic Radiological
Services(8b2) - In Process

Outpatient X-Ray Services(8b3)
-Not Started

Outpatient Services(9) - Not Started

Ambulance/Transportation
Services(10) - Not Started

DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Screens

8b3 - Outpatient X-Ray Services -Page 1

Health Care Professional Services(7)-
Completed

Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress

Outpatient Procedures, Tests, Labs and
Radiology Services(8) - Completed

Diagnostic Procedures/Tests(8a1)-
Completed

Lab Services(8a2)-Completed

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed

Diagnostic Radiological
Services(8b1)- Completed

Therapeutic Radiological
Services(8b2)- Completed

Outpatient X-Ray Services(8b3) -
In Progress

Outpatient Services(9)- Not Started

Ambulance/Transportation
Services(10)- Not Started

DME, Prosthetics and Medical and
Diabetic Supplies(11)- Not Started

Outpatient X-Ray Services(8b3)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

YesNo

Out-of-Network (OON) Benefits

Add to OON Group

OON GroupGroup Name 1 - OON+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

CloseSave and CloseSave and Next

CY 2025 PBP Data Entry System Screens

8b3 - Outpatient X-Ray Services -Page 2

Health Care Professional Services(7)-
Completed

Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress

Outpatient Procedures, Tests, Labs and
Radiology Services(8) - Completed

Diagnostic Procedures/Tests(8a1)-
Completed

Lab Services(8a2) - Completed

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed

Diagnostic Radiological
Services(8b1) - Completed

Therapeutic Radiological
Services(8b2) - Completed

Outpatient X-Ray Services(8b3) -
In Progress

Outpatient Services(9) - Not Started

Ambulance/Transportation
Services(10) - Not Started

DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?

☒ Yes ☐ No

Out-of-Network (OON) Benefits

Add to OON Group

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

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

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

Coinurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 1

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)- In Progress

Observation Services(9a2) - Not Started

Ambulatory Surgical Center (ASC) Services(9b) -Not Started

Outpatient Substance Abuse(9c)- Not Started

Individual Sessions for Outpatient Substance Abuse(9c1)-Not Started

Group Sessions for Outpatient Substance Abuse(9c2)-Not Started

Outpatient Blood Services(9d)- Not Started

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) -Not Started

Outpatient Hospital Services(9a1)

Plan Characteristics

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

Yes No

MOOP amount \$500

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

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 2

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)- In Progress

Observation Services(9a2) - Not Started

Ambulatory Surgical Center (ASC) Services(9b) -Not Started

Outpatient Substance Abuse(9c)- Not Started

Individual Sessions for Outpatient Substance Abuse(9c1)-Not Started

Group Sessions for Outpatient Substance Abuse(9c2)-Not Started

Outpatient Blood Services(9d) - Not Started

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) -Not Started

Is there a deductible?

Yes

No

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

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 3

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Progress

Outpatient Hospital Services(9a1)- In Progress

Observation Services(9a2) - Not Started

Ambulatory Surgical Center (ASC) Services(9b) - Not Started

Outpatient Substance Abuse(9c)- Not Started

Individual Sessions for Outpatient Substance Abuse(9c1)-Not Started

Group Sessions for Outpatient Substance Abuse(9c2)-Not Started

Outpatient Blood Services(9d) - Not Started

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) -Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance	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 2025 PBP Data Entry System Screens

9a2 - Observation Services -Page 1

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - In Progress

Ambulatory Surgical Center (ASC) Services(9b) - Not Started

Outpatient Substance Abuse(9c) - Not Started

Individual Sessions for Outpatient Substance Abuse(9c1) - Not Started

Group Sessions for Outpatient Substance Abuse(9c2) - Not Started

Outpatient Blood Services(9d) - Not Started

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) - Not Started

Observation Services(9a2)

Plan Characteristics

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

Yes No

MOOP amount \$500

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

Select the periodicity of the copayment amount for Medicare-covered Observation Services

Periodicity Per day

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

9a2 - Observation Services - Page 2

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - In Progress

Ambulatory Surgical Center (ASC) Services(9b) - Not Started

Outpatient Substance Abuse(9c) - Not Started

Individual Sessions for Outpatient Substance Abuse(9c1) - Not Started

Group Sessions for Outpatient Substance Abuse(9c2) - Not Started

Outpatient Blood Services(9d) - Not Started

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) - Not Started

Periodicity
Per day

Is there a deductible?

Yes No

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

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

9a2 - Observation Services -Page 3

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)-Completed

Observation Services(9a2) - In Progress

Ambulatory Surgical Center (ASC) Services(9b) -Not Started

Outpatient Substance Abuse(9c)-Not Started

Individual Sessions for Outpatient Substance Abuse(9c1)-Not Started

Group Sessions for Outpatient Substance Abuse(9c2) -Not Started

Outpatient Blood Services(9d) -Not Started

Three(3) pint Deductible Waived(9d) -Not started

Ambulance/Transportation Services(10) -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 2025 PBP Data Entry System Screens

9b - Ambulatory Surgical Center (ASC) Services -Page 1

progress

^ Outpatient Services(9) - In Progress

^ Outpatient Hospital Services(9a) - In Progress

Outpatient Hospital Services(9a1) - In Progress

Observation Services(9a2) - In Progress

Ambulatory Surgical Center (ASC) Services(9b) - In Progress

^ Outpatient Substance Abuse(9c) - In Progress

Outpatient Blood Services(9d) - In Progress

^ Ambulance/Transportation Services(10) - In Progress

^ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress

Dialysis Services(12) - In Progress

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

Updated by STE TESTER on 12/1/2023 12:37:18 PM EST

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 outpatient hospital services category (9a)

☐ Plan-specified amount per period

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.

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 ⓘ *

Plan Characteristics

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

9b - Ambulatory Surgical Center (ASC) Services – Page 2

Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**

Outpatient Services(9) - **In Progress**

Outpatient Hospital Services(9a) - **In Process**

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

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

Ambulatory Surgical Center (ASC) Services(9b) - **In Progress**

Outpatient Substance Abuse(9c)- **Not Started**

Individual Sessions for Outpatient Substance Abuse(9c1)-**Not Started**

Group Sessions for Outpatient Substance Abuse(9c2) -**Not Started**

Outpatient Blood Services(9d) - **Not Started**

Three(3) pint Deductible Waived(9d) - **Not started**

Ambulance/Transportation Services(10) - **Not Started**

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?
Yes **No**

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

Coinurance	Copayment	Deductible
20%	\$20	\$200

Print of Service (POS) benefits

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

9b - Ambulatory Surgical Center (ASC) Services -Page 3

Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**

Outpatient Services(9) - **In Progress**

Outpatient Hospital Services(9a) - **In Process**

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

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

Ambulatory Surgical Center (ASC) Services(9b) - In Progress

Outpatient Substance Abuse(9c) - **Not Started**

Individual Sessions for Outpatient Substance Abuse(9c1) - **Not Started**

Group Sessions for Outpatient Substance Abuse(9c2) - **Not Started**

Outpatient Blood Services(9d) - **Not Started**

Three(3) pint Deductible Waived(9d) - **Not started**

Ambulance/Transportation Services(10) - **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 2025 PBP Data Entry System Screens

9c - Outpatient Substance Abuse -Page 1

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)-Completed

Observation Services(9a2) -Completed

Ambulatory Surgical Center (ASC) Services(9b) -Completed

Outpatient Substance Abuse(9c)- In Progress

Individual Sessions for Outpatient Substance Abuse(9c1) -Not Started

Group Sessions for Outpatient Substance Abuse(9c2) -Not Started

Outpatient Blood Services(9d) - Not Started

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) -Not Started

Outpatient Substance Abuse(9c)

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 outpatient hospital services category(9a)

☐ Plan-specified amount per period

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

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

9c - Outpatient Substance Abuse -Page 2

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)-Completed

Observation Services(9a2) -Completed

Ambulatory Surgical Center (ASC) Services(9b) -Completed

Outpatient Substance Abuse(9c)- In Progress

Individual Sessions for Outpatient Substance Abuse(9c1) -Not Started

Group Sessions for Outpatient Substance Abuse(9c2) -Not Started

Outpatient Blood Services(9d) - Not Started

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) -Not Started

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes No

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

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

9c - Outpatient Substance Abuse -Page 3

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - Completed

Ambulatory Surgical Center (ASC) Services(9b) -Completed

Outpatient Substance Abuse(9c)- In Progress

Individual Sessions for Outpatient Substance Abuse(9c1) -Not Started

Group Sessions for Outpatient Substance Abuse(9c2) -Not Started

Outpatient Blood Services(9d) - Not Started

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) -Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance	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 2025 PBP Data Entry System Screens

9c1 - Individual Sessions for Outpatient Substance Abuse

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - Completed

Ambulatory Surgical Center (ASC) Services(9b) -Completed

Outpatient Substance Abuse(9c) - Completed

Individual Sessions for Outpatient Substance Abuse(9c1) - In Progress

Group Sessions for Outpatient Substance Abuse(9c2) - Not Started

Outpatient Blood Services(9d) - Not Started

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) - Not Started

Individual Sessions for Outpatient Substance Abuse(9c1)

Plan Characteristics

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 2025 PBP Data Entry System Screens

9c2 - Group Sessions for Outpatient Substance Abuse

Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - Completed

Ambulatory Surgical Center (ASC) Services(9b) - Completed

Outpatient Substance Abuse(9c) - Completed

Individual Sessions for Outpatient Substance Abuse(9c1) - Completed

Group Sessions for Outpatient Substance Abuse(9c2) - In Progress

Outpatient Blood Services(9d) - Not Started

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) - Not Started

Group Sessions for Outpatient Substance Abuse(9c2)

Plan Characteristics

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 2025 PBP Data Entry System Screens

9d - Outpatient Blood Services

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)-Completed

Observation Services(9a2) -Completed

Ambulatory Surgical Center (ASC) Services(9b) -Completed

Outpatient Substance Abuse(9c)-Completed

Individual Sessions for Outpatient Substance Abuse(9c1)-Completed

Group Sessions for Outpatient Substance Abuse(9c2) -Completed

Outpatient Blood Services(9d) - In Progress

Three(3) pint Deductible Waived(9d) - Not started

Ambulance/Transportation Services(10) -Not Started

Outpatient Blood Services(9d)

Plan Characteristics

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

Yes No

MOOP amount \$500

Periodicity 6 Months

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

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

9d - Three (3) pint Deductible Waived -Page 1

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)-Completed

Observation Services(9a2) -Completed

Ambulatory Surgical Center (ASC) Services(9b) -Completed

Outpatient Substance Abuse(9c)-Completed

Individual Sessions for Outpatient Substance Abuse(9c1)-Completed

Group Sessions for Outpatient Substance Abuse(9c2)-Completed

Outpatient Blood Services(9d) -Completed

Three(3) pint Deductible Waived(9d)- In Progress

Ambulance/Transportation Services(10) -Not Started

Three(3) pint Deductible Waived(9d)

Is there a limit on the services provided?

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

CY 2025 PBP Data Entry System Screens

9d - Three (3) pint Deductible Waived -Page 2

Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)-Completed

Observation Services(9a2) -Completed

Ambulatory Surgical Center (ASC) Services(9b) -Completed

Outpatient Substance Abuse(9c)-Completed

Individual Sessions for Outpatient Substance Abuse(9c1)-Completed

Group Sessions for Outpatient Substance Abuse(9c2) -Completed

Outpatient Blood Services(9d) -Completed

Three(3) pint Deductible Waived(9d)- In Progress

Ambulance/Transportation Services(10) -Not Started

Add to OON Group

OON Group
Group Name 1 - OON

Coinurance

20%

Copayment

\$20

Deductible

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

Coinurance

20%

Copayment

\$20

Deductible

\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

10a - Ambulance Services

▼ Outpatient Services(9) -Completed

^ Ambulance/Transportation Services(10) -
In Progress

^ Ambulance Services(10a) -
In Progress

Ground Ambulance Services(10a1) -
Not Started

Air Ambulance Services(10a2) -
Not Started

^ Transportation Services(10b) -
In Progress

Transportation Services - Plan
Approved Health-related
Location(10b1) -Not Started

Transportation Services - Any
Health-related Location(10b2) -Not
Started

▼ DME, Prosthetics and Medical and
Diabetic Supplies(11) -Not Started

▼ Dialysis Services(12) -Not Started

Ambulance Services(10a)

Plan Characteristics

Is there a coinsurance?

Yes No

Is this Coinsurance waived if admitted to hospital?

Yes No

Is there a copayment?

Yes No

Is this Copayment waived if admitted to hospital?

Yes No

Authorization required for this benefit?
Yes

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page 1

Outpatient Services(9) -Completed

Ambulance/Transportation Services(10) -In Progress

Ambulance Services(10a) -Completed

Ground Ambulance Services(10a1) -In Process

Air Ambulance Services(10a2) -Not Started

Transportation Services(10b) -In Progress

Transportation Services - Plan Approved Health-related Location(10b1) -Not Started

Transportation Services - Any Health-related Location(10b2) -Not Started

DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started

Dialysis Services(12) -Not Started

Ground Ambulance Services(10a1)

Plan Characteristics

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

Yes No

MOOP amount \$500

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

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page-2

▼ Outpatient Services(9) -Completed

▲ Ambulance/Transportation Services(10) -
In Progress

▲ Ambulance Services(10a) -
Completed

**Ground Ambulance Services(10a1) -
In Progress**

Air Ambulance Services(10a2) -
Not Started

▲ Transportation Services(10b) -
In Progress

Transportation Services - Plan
Approved Health-related
Location(10b1) - Not Started

Transportation Services - Any
Health-related Location(10b2) - Not
Started

▼ DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

▼ Dialysis Services(12) - Not Started

Is there a deductible?

Yes No

Deductible amount
\$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 2025 PBP Data Entry System Screens

10a2 - Air Ambulance Services -Page 1

Outpatient Services(9) -Completed

Ambulance/Transportation Services(10) -In Progress

Ambulance Services(10a) -Completed

Ground Ambulance Services(10a1) -Completed

Air Ambulance Services(10a2) -In Process

Transportation Services(10b) -In Progress

Transportation Services - Plan Approved Health-related Location(10b1) -Not Started

Transportation Services - Any Health-related Location(10b2) -Not Started

DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started

Dialysis Services(12) -Not Started

Air Ambulance Services(10a2)

Plan Characteristics

Does this plan have an air ambulance services 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

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

10a2 - Air Ambulance Services -Page 2

▼ Outpatient Services(9) -Completed

^ Ambulance/Transportation Services(10) -
In Progress

^ Ambulance Services(10a) -
Completed

Ground Ambulance Services(10a1) -
Completed

Air Ambulance Services(10a2) -In
Process

^ Transportation Services(10b) -
In Progress

Transportation Services- Plan
Approved Health-related
Location(10b1) -Not Started

Transportation Services- Any
Health-related Location(10b2) -Not
Started

▼ DME, Prosthetics and Medical and
Diabetic Supplies(11) -Not Started

▼ Dialysis Services(12) -Not Started

Is there a deductible?

Yes No

Deductible amount
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

10b1 - Transportation Services -Plan Approved Health-related Location -Page 1

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - Completed

Ground Ambulance Services(10a1) - Completed

Air Ambulance Services(10a2) - Completed

Transportation Services(10b) - In Progress

Transportation Services - Plan Approved Health-related Location(10b1) - In Progress

Transportation Services - Any Health-related Location(10b2) - Not Started

DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started

Dialysis Services(12) - Not Started

Transportation Services - Plan Approved Health-related Location (10b1)

Plan Characteristics

Is this benefit unlimited?
☒ Yes ☐ No

Indicate number of trips
10

Periodicity
6 Months

Select type of transportation:
Type of transportation
Type 1

Indicate number of days
2

Select Mode of Transportation
☒ Taxi
☒ Rideshare services
☐ Bus/Subway
☒ Van
☒ Medical Transport
☐ Other

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

10b1 - Transportation Services -Plan Approved Health-related Location -Page 2

▼ Outpatient Services(9) -Completed ▲ Ambulance/Transportation Services(10) -In Progress ▲ Ambulance Services(10a) -Completed Ground Ambulance Services(10a1) -Completed Air Ambulance Services(10a2) -Completed ▲ Transportation Services(10b) -In Progress Transportation Services - Plan Approved Health-related Location(10b1) -In Progress Transportation Services - Any Health-related Location(10b2) -Not Started ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started ▼ Dialysis Services(12) -Not Started	Describe Other Other description Is there a maximum enrollee out-of-pocket cost (MOOP)? Yes No MOOP amount \$500 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 Is there a deductible?
Close Save and Close Save and Next	

CY 2025 PBP Data Entry System Screens

10b1 - Transportation Services -Plan Approved Health-related Location -Page 3

▼ Outpatient Services(9) -Completed

▲ Ambulance/Transportation Services(10) -
In Progress

▲ Ambulance Services(10a) -
Completed

Ground Ambulance Services(10a1) -
Completed

Air Ambulance Services(10a2) -
Completed

▲ Transportation Services(10b) -
In Progress

**Transportation Services - Plan
Approved Health-related
Location(10b1) - In Progress**

Transportation Services - Any
Health-related Location(10b2) -Not
Started

▼ DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

▼ Dialysis Services(12) -Not Started

Is there a deductible?

Yes

No

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

Coinurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

10b1 - Transportation Services -Plan Approved Health-related Location -Page 4

▼ Outpatient Services(9) -Completed

▲ Ambulance/Transportation Services(10) -
In Progress

▲ Ambulance Services(10a) -
Completed

Ground Ambulance Services(10a1) -
Completed

Air Ambulance Services(10a2) -
Completed

▲ Transportation Services(10b) -
In Progress

**Transportation Services - Plan
Approved Health-related
Location(10b1) -In Progress**

Transportation Services - Any
Health-related Location(10b2) -Not
Started

▼ DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

▼ Dialysis Services(12) - Not Started

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance	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 2025 PBP Data Entry System Screens

10b2 - Transportation Services -Any Health-Related Locations -Page 1

Outpatient Services(9) -Completed

Ambulance/Transportation Services(10) -
In Progress

Ambulance Services(10a)-
Completed

Ground Ambulance Services(10a1) -
Completed

Air Ambulance Services(10a2) -
Completed

Transportation Services(10b) -
In Progress

Transportation Services - Plan
Approved Health-related
Location(10b1) -Completed

Transportation Services - Any
Health-related Location(10b2) -
In Progress

DME, Prosthetics and Medical and
Diabetic Supplies(11) -Not Started

Dialysis Services(12) -Not Started

Transportation Services - Any Health-related Location(10b2)

Plan Characteristics

Is this benefit unlimited?
☒ Yes ☐ No

Indicate number of trips
10

Periodicity
6 Months

Select type of transportation:
Type of transportation
Type 1

Indicate number of days
2

Select Mode of Transportation
Mode of transportation
Mode 1

Indicate number of trips
2

Is there a maximum enrollee out-of-pocket cost (MOOP)?
☒ Yes ☐ No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

10b2 - Transportation Services -Any Health-Related Locations -Page 2

▼ Outpatient Services(9) -Completed ▲ Ambulance/Transportation Services(10) - In Progress ▲ Ambulance Services(10a) - Completed Ground Ambulance Services(10a1) - Completed Air Ambulance Services(10a2) - Completed ▲ Transportation Services(10b) - In Progress Transportation Services - Plan Approved Health-related Location(10b1) -Completed Transportation Services - Any Health-related Location(10b2) - In Progress ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started ▼ Dialysis Services(12) -Not Started	Is there a maximum enrollee out-of-pocket cost (MOOP)? <input checked="" type="button" value="Yes"/> No MOOP amount \$500 Periodicity 6 Months Is there a coinsurance? Yes <input checked="" type="button" value="Yes with a min & max"/> No Minimum coinsurance 4% Maximum coinsurance 8% Is there a copayment? Yes <input checked="" type="button" value="Yes with a min & max"/> No Minimum copayment \$400 Maximum copayment \$400 Is there a deductible? <input checked="" type="button" value="Yes"/> No Deductible amount \$400
	Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

10b2 - Transportation Services -Any Health-Related Locations -Page 3

▼ Outpatient Services(9) -Completed

▲ Ambulance/Transportation Services(10) -
In Progress

▲ Ambulance Services(10a) -
Completed

Ground Ambulance Services(10a1) -
Completed

Air Ambulance Services(10a2) -
Completed

▲ Transportation Services(10b) -
In Progress

Transportation Services - Plan
Approved Health-related
Location(10b1) -Completed

Transportation Services - Any
Health-related Location(10b2) -
In Progress

▼ DME, Prosthetics and Medical and
Diabetic Supplies(11) -Not Started

▼ Dialysis Services(12) -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

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

10b2 - Transportation Services -Any Health-Related Locations -Page 4

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - Completed

Ground Ambulance Services(10a1) - Completed

Air Ambulance Services(10a2) - Completed

Transportation Services(10b) - In Progress

Transportation Services - Plan Approved Health-related Location(10b1) - Completed

Transportation Services - Any Health-related Location(10b2) - In Progress

DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started

Dialysis Services(12) - Not Started

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next