

CY 2025 PBP Data Entry System Pages

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

Durable Medical Equipment (DME) (11a) Plan Characteristics

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

CY 2025 PBP Data Entry System Pages

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

<ul style="list-style-type: none"> ▼ Ambulance/Transportation Services(10) -Completed ▲ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress <li style="background-color: #0056b3; color: white; padding: 2px;">▲ Durable Medical Equipment (DME) (11a) - In Progress Durable Medical Equipment Non Medicare (11a) -Not Started Durable Medical Equipment for use outside the home(11a1) -Not Started Other 1 for Durable Medical Equipment(11a2) -Not Started Other 2 for Durable Medical Equipment(11a3) -Not Started ▼ Prosthetics/Medical Supplies(11b) -Not Started ▼ Diabetic Supplies and Services(11c) -Not Started Dialysis Services(12) -Not Started Other Supplemental Services(13) -Not Started 	<p>Is there a deductible?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Deductible amount <input style="width: 150px;" type="text" value="\$400"/></p> <hr/> <p>Are there preferred vendors/manufacturers for Durable Medical Equipment (DME)?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <hr/> <p>Authorization required for this benefit?</p> <p>Yes</p> <hr/> <p>Point-of-Service (POS) benefits</p> <p>Add to POS Group</p> <p>POS Group <input style="width: 150px;" type="text" value="Group Name 1 - POS"/> <input type="button" value="+ Add New POS Group"/></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Coinsurance</th> <th style="text-align: left;">Copayment</th> <th style="text-align: left;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <p>Authorization required for this benefit?</p> <p>Yes</p>	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible					
20%	\$20	\$200					

CY 2025 PBP Data Entry System Pages

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

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

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

Yes
 No

Authorization required for this benefit?

Yes

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Pages

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

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

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

[Plan Characteristics](#)

Is there a service specific maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Authorization required for this benefit?
Yes

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

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

<ul style="list-style-type: none"> <input type="checkbox"/> Ambulance/Transportation Services(10) -Completed <input checked="" type="checkbox"/> DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress <input type="checkbox"/> Durable Medical Equipment (DME) (11a) -Completed <li style="background-color: #0056b3; color: white; padding: 2px;"> <input checked="" type="checkbox"/> Durable Medical Equipment Non Medicare (11a) -In Progress <input type="checkbox"/> Durable Medical Equipment for use outside the home(11a1) -Not Started <input type="checkbox"/> Other 1 for Durable Medical Equipment(11a2) -Not Started <input type="checkbox"/> Other 2 for Durable Medical Equipment(11a3) -Not Started <input checked="" type="checkbox"/> Prosthetics/Medical Supplies(11b) -Not Started <input checked="" type="checkbox"/> Diabetic Supplies and Services(11c) -Not Started <input checked="" type="checkbox"/> Dialysis Services(12) -Not Started <input checked="" type="checkbox"/> Other Supplemental Services(13) -Not Started 	<div style="display: flex; justify-content: space-between;"> Yes No </div> <div style="margin-top: 10px;"> <p>Maximum Amount <input style="width: 150px;" type="text" value="\$1000"/></p> <p>Periodicity <input style="width: 150px;" type="text" value="6 Months"/></p> </div> <hr/> <p>Authorization required for this benefit?</p> <p>Yes</p> <p>Point-of-Service (POS) benefits</p> <p>Add to POS Group</p> <div style="display: flex; align-items: center;"> <input style="width: 150px;" type="text" value="Group Name 1 - POS"/> <input style="margin-left: 10px;" type="button" value="+ Add New POS Group"/> </div> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Coinsurance</th> <th style="text-align: left; font-weight: normal;">Copayment</th> <th style="text-align: left; font-weight: normal;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <p>Authorization required for this benefit?</p> <p>Yes</p> <div style="margin-top: 10px;"> <input style="width: 60px;" type="button" value="+ Add Notes"/> </div>	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible					
20%	\$20	\$200					
<div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="button" value="Close"/> <input style="background-color: #0056b3; color: white;" type="button" value="Save and Close"/> <input style="background-color: #0056b3; color: white;" type="button" value="Save and Next"/> </div>							

CY 2025 PBP Data Entry System Pages

11a1 - Durable Medical Equipment for use outside the home

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

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

[+ Add Notes](#)

CY 2025 PBP Data Entry System Pages

11a2 - Other 1 for Durable Medical Equipment

Other 1 for Durable Medical Equipment (11a2) Plan Characteristics

Name of Other Service

Other Service Name

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

[+ Add Notes](#)

CY 2025 PBP Data Entry System Pages

11a3 - Other 2 for Durable Medical Equipment

Other 2 for Durable Medical Equipment(11a3) Plan Characteristics

Name of Other Service

Other Service Name

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

[+ Add Notes](#)

CY 2025 PBP Data Entry System Pages

11b - Prosthetics /Medical Supplies-Page 1

Diabetic Supplies(11) - In Progress

Durable Medical Equipment (DME) (11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

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

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

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

Yes No

Select the maximum enrollee out-of-pocket cost type *

Covered under Durable Medical Equipment (11a)

Plan-specified amount per period

MOOP amount *
\$ 500.00

Periodicity *
Every 2 Years

Is there a deductible? *

Yes No

Deductible amount *
\$ 20.00

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

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

Non-Medicare Prosthetics Medical Supplies (11b) Plan Characteristics

Is there a maximum plan benefit coverage amount?
 Yes No

Maximum Amount
Periodicity

Is there a coinsurance?
 Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?
 Yes Yes with a min & max No

Minimum copayment Maximum copayment

Authorization required for this benefit?
Yes

CY 2025 PBP Data Entry System Pages

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

<ul style="list-style-type: none"> ∨ Ambulance/Transportation Services(10) -Completed ∧ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress ∨ Durable Medical Equipment (DME) (11a) -Completed ∧ Prosthetics/Medical Supplies(11b) -In Progress <li style="background-color: #0056b3; color: white; padding: 2px;">Non-Medicare Prosthetics/Medical Supplies (11b) - In Progress Prosthetic Devices(11b1) -Not Started Medical Supplies(11b2) -Not Started ∨ Diabetic Supplies and Services(11c) -Not Started ∨ Dialysis Services(12) -Not Started ∨ Other Supplemental Services(13) -Not Started 	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input style="width: 150px;" type="text" value="\$400"/> <input style="width: 150px;" type="text" value="\$400"/> </div> <hr/> <p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p> <hr/> <p>Point-of-Service (POS) benefits</p> <p>Add to POS Group</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid #ccc; padding: 2px; margin-right: 5px;"> <small>POS Group</small> Group Name 1 - POS </div> <div style="background-color: #0056b3; color: white; padding: 2px 10px; margin-left: 5px;">+ Add New POS Group</div> </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Coinsurance</th> <th style="text-align: left; font-weight: normal;">Copayment</th> <th style="text-align: left; font-weight: normal;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p> <div style="text-align: center; margin-top: 10px;"> <div style="background-color: #0056b3; color: white; padding: 5px 15px; display: inline-block;">+ Add Notes</div> </div>	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible					
20%	\$20	\$200					
<div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 10px;">Close</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px;">Save and Close</div> <div style="background-color: #0056b3; color: white; padding: 2px 10px;">Save and Next</div> </div>							

Diabetic Supplies(11) - In Progress

Durable Medical Equipment (DME) (11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

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

Medicare Part B Rx Drugs(15) - In Progress

Prosthetic Devices (11b1) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ 20%

Maximum coinsurance ⓘ 20%

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Prosthetic Devices (11b1) Medicare Service

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

11b1 - Prosthetic Devices – Page 2

Diabetic Supplies(11) - In Progress

Durable Medical Equipment (DME) (11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

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

Medicare Part B Rx Drugs(15) - In Progress

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Prosthetic Devices (11b1) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?

No

Notes
N/A

3/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

11b2 - Medical Supplies – Page 1

Diabetic Supplies(11) - In Progress

Durable Medical Equipment (DME) (11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

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

Medicare Part B Rx Drugs(15) - In Progress

Medical Supplies (11b2) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 20%

Maximum coinsurance ⓘ * 20%

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

11b2 - Medical Supplies – Page 2

Diabetic Supplies(11) - In Progress

Durable Medical Equipment (DME) (11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

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

Medicare Part B Rx Drugs(15) - In Progress

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Medical Supplies (11b2) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?

No

Notes *

N/A

3/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

11c - Diabetic Supplies and Services -Page 1

- (11a) - In Progress
- ^ Prosthetics/Medical Supplies(11b) - In Progress
- Prosthetic Devices(11b1) - In Progress
- Medical Supplies(11b2) - In Progress
- ^ Diabetic Supplies and Services(11c) - In Progress
- Diabetic Supplies(11c1) - In Progress
- Diabetic Therapeutic Shoes/Inserts(11c2) - In Progress
- Dialysis Services(12) - Completed
- ^ Other Supplemental Services(13) - Not Started
- ^ Preventive and Other Defined Supplemental Services(14) - In Progress
- ^ Medicare Part B Rx Drugs(15) - In Progress

Diabetic Supplies and Services (11c) - Medicare ⓘ

Plan Characteristics

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

Select the maximum enrollee out-of-pocket cost type ⓘ *

Covered under DME category (11a)

Plan-specified amount per period

MOOP amount ⓘ *
\$

Periodicity ⓘ *

Is there a deductible? ⓘ *

Deductible amount ⓘ *
\$

Enhanced Benefits are not applicable for this Service Category.

Do you limit Diabetic supplies and services to those from specified manufacturers? ⓘ *

CY 2025 PBP Data Entry System Pages

11c - Diabetic Supplies and Services-Page 2

- (11a) - In Progress
- Prosthetics/Medical Supplies(11b) - In Progress
 - Prosthetic Devices(11b1) - In Progress
 - Medical Supplies(11b2) - In Progress
 - Diabetic Supplies and Services(11c) - In Progress**
 - Diabetic Supplies(11c1) - In Progress
 - Diabetic Therapeutic Shoes/Inserts(11c2) - In Progress
- Dialysis Services(12) - Completed
- Other Supplemental Services(13) - Not Started
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Medicare Part B Rx Drugs(15) - In Progress

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

Yes No

Select the maximum enrollee out-of-pocket cost type ⓘ *

Covered under DME category (11a)

Plan-specified amount per period

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *
\$

Enhanced Benefits are not applicable for this Service Category.

Do you limit Diabetic supplies and services to those from specified manufacturers? ⓘ *

Yes No

+ Add Notes

Close Save and Close Save and Next

11c1 - Diabetic Supplies – Page 1

(11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

Diabetic Therapeutic Shoes/Inserts(11c2) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

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

Medicare Part B Rx Drugs(15) - In Progress

Diabetic Supplies (11c1) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

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

Minimum coinsurance ⓘ * 10%

Maximum coinsurance ⓘ * 10%

Is there a copayment? ⓘ *

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

Minimum copayment ⓘ * \$ 0.00

Maximum copayment ⓘ * \$ 0.00

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Diabetic Supplies (11c1) Medicare Service

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

11c1 - Diabetic Supplies – Page 2

- (11a) - In Progress
- ^ Prosthetics/Medical Supplies(11b) - In Progress
 - Prosthetic Devices(11b1) - In Progress
 - Medical Supplies(11b2) - In Progress
- ^ Diabetic Supplies and Services(11c) - In Progress
 - Diabetic Supplies(11c1) - In Progress**
 - Diabetic Therapeutic Shoes/Inserts(11c2) - In Progress
- Dialysis Services(12) - Completed
- ^ Other Supplemental Services(13) - Not Started
- ^ Preventive and Other Defined Supplemental Services(14) - In Progress
- ^ Medicare Part B Rx Drugs(15) - In Progress

Authorization required for this benefit?
Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Diabetic Supplies (11c1) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Notes

0/2000 characters

Close Save and Close Save and Next

11c2 - Diabetic Therapeutic Shoes /Inserts – Page 1

(11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

Diabetic Therapeutic Shoes/Inserts(11c2) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

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

Medicare Part B Rx Drugs(15) - In Progress

Diabetic Therapeutic Shoes/Inserts (11c2) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

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

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

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

Minimum copayment ⓘ * Maximum copayment ⓘ *

\$ 0.00 \$ 0.00

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Diabetic Therapeutic Shoes/Inserts (11c2) Medicare Service

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

11c2 - Diabetic Therapeutic Shoes /Inserts – Page 2

- (11a) - In Progress
- Prosthetics/Medical Supplies(11b) - In Progress
 - Prosthetic Devices(11b1) - In Progress
 - Medical Supplies(11b2) - In Progress
- Diabetic Supplies and Services(11c) - In Progress
 - Diabetic Supplies(11c1) - In Progress
 - Diabetic Therapeutic Shoes/Inserts(11c2) - In Progress**
 - Dialysis Services(12) - Completed
 - Other Supplemental Services(13) - Not Started
 - Preventive and Other Defined Supplemental Services(14) - In Progress
 - Medicare Part B Rx Drugs(15) - In Progress

Authorization required for this benefit?
Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Diabetic Therapeutic Shoes/Inserts (11c2) Medicare Service

Add to POS Group

POS Group: Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Notes *

1/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

12 - Dialysis Services -Page 1

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

Dialysis Services(12)

Plan Characteristics

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

CY 2025 PBP Data Entry System Pages

12 - Dialysis Services - Page 2

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

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

12 - Dialysis Services-Page 3

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

Add to OON Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

13a - Acupuncture -Page 1

Dialysis Services(12) - Completed	Acupuncture(13a)	Plan Characteristics
Other Supplemental Services(13) - In Progress	Is there a maximum plan benefit coverage?	
Acupuncture(13a) - In Progress	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Over-the-Counter (OTC) Items(13b) - Not Started	Maximum amount <input type="text" value="\$500"/>	
Meal Benefit(13c) - Not Started	Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?	
Other 1(13d) - Not Started	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Other 2(13e) - Not Started	MOOP amount <input type="text" value="\$1000"/>	
Other 3(13f) - Not Started	<input checked="" type="checkbox"/> Number of Treatments	
Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started	Is this benefit unlimited for Number of Treatments?	
Additional Services (MMP)(13h) - Not Started	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	Indicate limit for Number of Treatments <input type="text" value="10"/>	
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	Periodicity <input type="text" value="6 Months"/>	
Freestanding Birth Center Services(13h3) - Not Started	Is there a coinsurance?	
	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min. \$ amount <input type="radio"/> No	
	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>	

CY 2025 PBP Data Entry System Pages

13a - Acupuncture -Page 2

Dialysis Services(12) - Completed	Is there a coinsurance?
Other Supplemental Services(13) - In Progress	<input checked="" type="radio"/> Yes <input type="radio"/> Yes with a min & max <input type="radio"/> No
Acupuncture(13a) - In Progress	Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/>
Over-the-Counter (OTC) Items(13b) - Not Started	Is there a copayment?
Meal Benefit(13c) - Not Started	<input checked="" type="radio"/> Yes <input type="radio"/> Yes with a min & max <input type="radio"/> No
Other 1(13d) - Not Started	Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/>
Other 2(13e) - Not Started	Is there a deductible?
Other 3(13f) - Not Started	<input checked="" type="radio"/> Yes <input type="radio"/> No
Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started	Deductible amount <input type="text" value="\$400"/>
Additional Services (MMP)(13h) - Not Started	Authorization required for this benefit?
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	Yes
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	Referral required for this benefit?
Freestanding Birth Center Services(13h3) - Not Started	No
	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>

CY 2025 PBP Data Entry System Pages

13a - Acupuncture -Page 3

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

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2025 PBP Data Entry System Pages

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

- ∨ Ambulance/Transportation Services(10) - In Progress
- ∨ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Dialysis Services(12) - In Progress
- ∧ Other Supplemental Services(13) - In Progress
- Over-the-Counter (OTC) Items(13b) - In Progress
- ∨ Preventive and Other Defined Supplemental Services(14) - In Progress
- ∨ Medicare Part B Rx Drugs(15) - In Progress
- ∧ Dental(16) - In Progress
- Medicare Dental Services(16a) - Not Started
- ∧ Diagnostic and Preventive Dental(16b) - Not Started
- Oral Exams(16b1) - Not Started
- Dental X-Rays(16b2) - Not Started

Plan Characteristics

Over-the-Counter (OTC) Items (13b) - Non-Medicare ⓘ

Medicare-Medicaid plans may not use this section to provide benefit information about any OTC Items that are submitted under the integrated formulary. Information about those benefits will be entered in the Rx section of the PBP. This section should only be used to provide benefit information about OTC items that are covered as a supplemental benefit.

Is there a maximum plan benefit coverage amount? ⓘ *

Maximum plan benefit coverage amount ⓘ *
 \$

Periodicity ⓘ *

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

MOOP amount ⓘ *
 \$

Periodicity ⓘ *

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

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

Are you offering Naloxone coverage as a Part C OTC benefit? ⓘ *

CY 2025 PBP Data Entry System Pages

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

- Ambulance/Transportation Services(10) - In Progress
- DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Dialysis Services(12) - In Progress
- Other Supplemental Services(13) - In Progress
 - Acupuncture - Number of Treatments(13a) - In Progress
 - Over-the-Counter (OTC) Items(13b) - In Progress**
 - Preventive and Other Defined Supplemental Services(14) - In Progress
- Medicare Part B Rx Drugs(15) - In Progress
- Dental(16) - In Progress
 - Medicare Dental Services(16a) - Not Started
 - Diagnostic and Preventive Dental(16b) - Not Started
 - Oral Exams(16b1) - Not Started
 - Dental X-Rays(16b2) - Not Started

Are you offering Naloxone coverage as a Part C OTC benefit? ⓘ *

Yes No

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$ Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Authorization is not applicable for this Service Category.

Referral is not applicable for this Service Category.

Point-of-Service (POS) Benefits

CY 2025 PBP Data Entry System Pages

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

- Ambulance/Transportation Services(10) - In Progress
- DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Dialysis Services(12) - In Progress
- Other Supplemental Services(13) - In Progress
- Acupuncture - Number of Treatments(13a) - In Progress
- Over-the-Counter (OTC) Items(13b) - In Progress**
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Medicare Part B Rx Drugs(15) - In Progress
- Dental(16) - In Progress
- Medicare Dental Services(16a) - Not Started
- Diagnostic and Preventive Dental(16b) - Not Started
- Oral Exams(16b1) - Not Started
- Dental X-Rays(16b2) - Not Started

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$

Authorization is not applicable for this Service Category.

Referral is not applicable for this Service Category.

Point-of-Service (POS) Benefits

[+ Add New POS Group](#)

Over-the-Counter (OTC) Items (13b) Non Medicare Service

Add to POS Group

POS Group ⓘ
Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Notes *

0/2000 characters

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2025 PBP Data Entry System Pages

13c - Meal Benefits -Page 1

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a)- Completed

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

Meal Benefit(13c)- In Progress

Other 1(13d)- Not Started

Other 2(13e) - Not Started

Other 3(13f)-Not Started

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

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

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

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

Freestanding Birth Center Services(13h3) -Not Started

Meal Benefit(13c)

[Plan Characteristics](#)

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

- Immediately following surgery or inpatient hospitalization
- For a chronic illness
- For a medical condition or potential medical condition that requires the enrollees to remain at home for a period of time

Is there a maximum plan benefit coverage?

Yes No

Maximum amount:

Periodicity:

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

Yes No

MOOP amount:

Periodicity:

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2025 PBP Data Entry System Pages

13c - Meal Benefits -Page 2

Dialysis Services(12) - Completed	Is there a coinsurance?
Other Supplemental Services(13) - In Progress	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No
Acupuncture(13a) - Completed	Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/>
Over-the-Counter (OTC) Items(13b) - Completed	Is there a copayment?
Meal Benefit(13c) - In Progress	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No
Other 1(13d) - Not Started	Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/>
Other 2(13e) - Not Started	Is there a deductible?
Other 3(13f) - Not Started	<input checked="" type="radio"/> Yes <input type="radio"/> No
Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started	Deductible amount <input type="text" value="\$400"/>
Additional Services (MMP)(13h) - Not Started	Authorization required for this benefit?
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	Yes
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	Referral required for this benefit?
Freestanding Birth Center Services(13h3) - Not Started	No
	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>

CY 2025 PBP Data Entry System Pages

13c - Meal Benefits -Page 3

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

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

13d - Other 1 -Page 1

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a)- Completed

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

Meal Benefit(13c) - Completed

Other 1(13d)- In Progress

Other 2(13e) -Not Started

Other 3(13f)-Not Started

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

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

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

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

Freestanding Birth Center Services(13h3) -Not Started

Other 1 (13d)

Plan Characteristics

Name of Other Service

Other 1 Service Name

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

CY 2025 PBP Data Entry System Pages

13d - Other 1 -Page 2

Dialysis Services(12) - Completed	Minimum coinsurance 4%	Maximum coinsurance 8%
Other Supplemental Services(13) - In Progress	Is there a copayment?	
Acupuncture(13a) - Completed	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No	
Over-the-Counter (OTC) Items(13b) - Completed	Minimum copayment \$400	Maximum copayment \$400
Meal Benefit(13c) - Completed	Is there a deductible?	
Other 1(13d) - In Progress	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Other 2(13e) - Not Started	Deductible amount \$400	
Other 3(13f) - Not Started	Authorization required for this benefit? Yes	
Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started	Referral required for this benefit? No	
Additional Services (MMP)(13h) - Not Started	Out-of-Network (OON) Benefits	
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	Add to OON Group	
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	OON Group Group Name 1 - OON	
Freestanding Birth Center Services(13h3) - Not Started	<input type="button" value="+ Add New OON Group"/>	
	<input type="button" value="Close"/>	<input type="button" value="Save and Close"/>
		<input type="button" value="Save and Next"/>

CY 2025 PBP Data Entry System Pages

13d - Other 1 -Page 3

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

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

13e - Other 2 -Page 1

Dialysis Services(12)- Completed

Other Supplemental Services(13)- In Progress

Acupuncture(13a)- Completed

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

Meal Benefit(13c) - Completed

Other 1(13d)- Completed

Other 2(13e) - In Progress

Other 3(13f)-Not Started

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

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

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

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

Freestanding Birth Center Services(13h3) -Not Started

Other 2(13e)

Plan Characteristics

Name of Other Service
Other Service Name

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

CY 2025 PBP Data Entry System Pages

13e - Other 2 -Page 2

Dialysis Services(12) - Completed	Minimum coinsurance 4%	Maximum coinsurance 8%
Other Supplemental Services(13) - In Progress	Is there a copayment?	
Acupuncture(13a) - Completed	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No	
Over-the-Counter (OTC) Items(13b) - Completed	Minimum copayment \$400	Maximum copayment \$400
Meal Benefit(13c) - Completed	Is there a deductible?	
Other 1(13d) - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Other 2(13e) - In Progress	Deductible amount \$400	
Other 3(13f) - Not Started	Authorization required for this benefit? Yes	
Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started	Referral required for this benefit? No	
Additional Services (MMP)(13h) - Not Started	Out-of-Network (OON) Benefits	
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	Add to OON Group	
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	OON Group Group Name 1 - OON	
Freestanding Birth Center Services(13h3) - Not Started	<input type="button" value="+ Add New OON Group"/>	
<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>		

CY 2025 PBP Data Entry System Pages

13e - Other 2 -Page 3

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

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Pages

13f - Other 3 -Page 1

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

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

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) -Completed

Other 3(13f) - In Progress

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

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

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

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

Freestanding Birth Center Services(13h3) -Not Started

Other 3(13f)

Name of Other Service
Other Service Name

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Plan Characteristics

CY 2025 PBP Data Entry System Pages

13f - Other 3 -Page 2

Dialysis Services(12) - Completed	Minimum coinsurance 4%	Maximum coinsurance 8%
Other Supplemental Services(13) - In Progress	Is there a copayment?	
Acupuncture(13a) - Completed	Yes Yes with a min & max No	
Over-the-Counter (OTC) Items(13b) - Completed	Minimum copayment \$400	Maximum copayment \$400
Meal Benefit(13c) - Completed	Is there a deductible?	
Other 1(13d) - Completed	Yes No	
Other 2(13e) - Completed	Deductible amount \$400	
Other 3(13f) - In Progress	Authorization required for this benefit? Yes	
Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started	Referral required for this benefit? No	
Additional Services (MMP)(13h) - Not Started	Out-of-Network (OON) Benefits	
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	Add to OON Group	
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	OON Group Group Name 1 - OON	+ Add New OON Group
Freestanding Birth Center Services(13h3) - Not Started	Close Save and Close Save and Next	

CY 2025 PBP Data Entry System Pages

13f - Other 3 -Page 3

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

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
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 Pages

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

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

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

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - Completed

Other 3(13f) - Completed

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

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

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

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

Freestanding Birth Center Services(13h3) - Not Started

Dual Eligible SNPs with Highly Integrated Services(13g)

[Plan Characteristics](#)

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

Name of Other Service
Other1 Service Name

Is there a maximum plan benefit coverage?
 Yes No

Maximum amount
\$200

Periodicity
6 Months

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

MOOP amount
\$400

Periodicity
6 Months

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2025 PBP Data Entry System Pages

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

Dialysis Services(12) - Completed	Is there a coinsurance?
Other Supplemental Services(13) - In Progress	<input checked="" type="radio"/> Yes <input type="radio"/> Yes with a min & max <input type="radio"/> No
Acupuncture(13a)- Completed	Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/>
Over-the-Counter (OTC) Items(13b)- Completed	Is there a copayment?
Meal Benefit(13c) - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> Yes with a min & max <input type="radio"/> No
Other 1(13d) - Completed	Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/>
Other 2(13e) - Completed	Is there a deductible?
Other 3(13f) - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No
Dual Eligible SNPs with Highly Integrated Services(13g) - In Progress	Deductible amount <input type="text" value="\$400"/>
Additional Services (MMP)(13h) - Not Started	Authorization required for this benefit?
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	Yes
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	Referral required for this benefit?
Freestanding Birth Center Services(13h3) - Not Started	No
	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>

CY 2025 PBP Data Entry System Pages

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

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

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

13h - Additional Services (MMP) -Page 1

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

Additional Services (MMP)(13h)

Plan Characteristics

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

In-Network benefits

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group
Add New POS Group

POS Group

Group Name 1 - POS

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

13h - Additional Services (MMP) -Page 2

<ul style="list-style-type: none"> Dialysis Services(12) - Completed Other Supplemental Services(13) - In Progress Acupuncture(13a) - Completed Over-the-Counter (OTC) Items(13b) - Completed Meal Benefit(13c) - Completed Other 1(13d) - Completed Other 2(13e) - Completed Other 3(13f) - Completed Dual Eligible SNPs with Highly Integrated Services(13g) - Completed <li style="background-color: #0056b3; color: white; padding: 2px;">Additional Services (MMP)(13h) - In Progress Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started Freestanding Birth Center Services(13h3) - Not Started 	<h3 style="margin: 0;">In-Network benefits</h3> <p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p> <hr/> <h3 style="margin: 0;">Point-of-Service (POS) benefits</h3> <p>Add to POS Group Add New POS Group</p> <p>POS Group Group Name 1 - POS</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Coinsurance</th> <th style="text-align: left; font-weight: normal;">Copayment</th> <th style="text-align: left; font-weight: normal;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p> <p style="text-align: center; margin-top: 10px;">+ Add Notes</p>	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible					
20%	\$20	\$200					

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

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

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a)- Completed

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

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - Completed

Other 3(13f) - Completed

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

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

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

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

Freestanding Birth Center Services(13h3) - Not Started

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

Plan Characteristics

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

Yes No

Is there a limit on the Additional Services provided?

Yes No

Indicate limit _____
Hours

Indicate numerical limit _____
2

Periodicity _____
6 Months

Is there a maximum plan benefit coverage?

Yes No

Maximum amount _____
\$200

Periodicity _____
6 Months

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

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

<ul style="list-style-type: none"> Dialysis Services(12) - Completed Other Supplemental Services(13) - In Progress Acupuncture(13a) - Completed Over-the-Counter (OTC) Items(13b) - Completed Meal Benefit(13c) - Completed Other 1(13d) - Completed Other 2(13e) - Completed Other 3(13f) - Completed Dual Eligible SNPs with Highly Integrated Services(13g) - Completed Additional Services (MMP)(13h) - In Progress <li style="background-color: #0056b3; color: white;">Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - In Progress Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started Freestanding Birth Center Services(13h3) - Not Started 	<p>Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Minimum <input type="text" value="\$40"/> Maximum <input type="text" value="\$50"/></p> <hr/> <p>Is there a coinsurance?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No</p> <p>Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/></p> <hr/> <p>Is there a copayment?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No</p> <p>Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/></p> <hr/> <p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p>
<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>	

CY 2025 PBP Data Entry System Pages

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

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

Out-of-Network (OON) Benefits

Add to OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to 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 Pages

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

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

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

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - Completed

Other 3(13f) - Completed

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

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

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

Tobacco Cessation Counseling for Pregnant Women(13h2) - In Progress

Freestanding Birth Center Services(13h3) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2)

Plan Characteristics

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

Yes No

Is there a limit on the Additional Services provided?

Yes No

Indicate limit

Indicate numerical limit

Periodicity

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

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

<ul style="list-style-type: none"> Dialysis Services(12) - Completed Other Supplemental Services(13) - In Progress Acupuncture(13a) - Completed Over-the-Counter (OTC) Items(13b) - Completed Meal Benefit(13c) - Completed Other 1(13d) - Completed Other 2(13e) - Completed Other 3(13f) - Completed Dual Eligible SNPs with Highly Integrated Services(13g) - Completed Additional Services (MMP)(13h) - In Progress <li style="background-color: #e0e0e0;">Tobacco Cessation Counseling for Pregnant Women(13h2) - In Progress Freestanding Birth Center Services(13h3) - Not Started 	<p>Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Minimum <input type="text" value="\$40"/> Maximum <input type="text" value="\$50"/></p> <hr/> <p>Is there a coinsurance?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No</p> <p>Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/></p> <hr/> <p>Is there a copayment?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No</p> <p>Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/></p> <hr/> <p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p>
<input type="button" value="Close"/> <input checked="" type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>	

CY 2025 PBP Data Entry System Pages

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

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

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 Pages

13h3 - Freestanding Birth Center Services – Page 1

Other Supplemental Services(13) - In Progress

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

Freestanding Birth Center Services(13h3) - In Progress

Respiratory Care Services(13h4) - Not Started

Family Planning Services(13h5) - Not Started

Nursing Home Services(13h6) - Not Started

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

Personal Care Services(13h8) - Not Started

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

Private Duty Nursing Services(13h10)

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

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

Freestanding Birth Center Services(13h3)

[Plan Characteristics](#)

Indicate units a limit:

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

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

Yes No

Minimum:

CY 2025 PBP Data Entry System Pages

13h3 - Freestanding Birth Center Services – Page 2

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Other Supplemental Services(13) - In Progress <input checked="" type="checkbox"/> Additional Services (MMP)(13h) - In Progress <li style="background-color: #0056b3; color: white; padding: 2px;"> <input checked="" type="checkbox"/> Freestanding Birth Center Services(13h3) - In Progress <input type="checkbox"/> Respiratory Care Services(13h4) - Not Started <input type="checkbox"/> Family Planning Services(13h5) - Not Started <input type="checkbox"/> Nursing Home Services(13h6)) - Not Started <input type="checkbox"/> Home and Community Based Services(13h7) - Not Started <input type="checkbox"/> Personal Care Services(13h8) - Not Started <input type="checkbox"/> Self-Directed Personal Assistance Services(13h9)- Not Started <input type="checkbox"/> Private Duty Nursing Services(13h10) <input type="checkbox"/> Case Management (Long Term Care) (13h11) - Not Started <input type="checkbox"/> Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started 	<p>Minimum <input type="text" value="\$40"/></p> <p>Maximum <input type="text" value="\$50"/></p> <hr/> <p>Coinsurance</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Minimum % <input type="text" value="10%"/></p> <p>Maximum % <input type="text" value="15%"/></p> <hr/> <p>Copayment</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Minimum <input type="text" value="\$20"/></p> <p>Maximum <input type="text" value="\$50"/></p> <hr/> <p>Add to OON Grouping</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/></p>
--	--

CY 2025 PBP Data Entry System Pages

13h3 - Freestanding Birth Center Services – Page 3

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

CY 2025 PBP Data Entry System Pages

13h4 - Respiratory Care Services – Page 1

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

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - In Progress

Family Planning Services(13h5) - Not Started

Nursing Home Services(13h6)) - Not Started

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

Personal Care Services(13h8) - Not Started

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

Private Duty Nursing Services(13h10)

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

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

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

Respiratory Care Services(13h4)

[Plan Characteristics](#)

Indicate units a limit:

Units

Indicate numerical limit:

Number

Periodicity

Service specific maximum plan benefit coverage:

Yes No

Amount

Periodicity

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

Yes No

Minimum

CY 2025 PBP Data Entry System Pages

13h4 - Respiratory Care Services – Page 2

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

CY 2025 PBP Data Entry System Pages

13h4 - Respiratory Care Services – Page 3

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

CY 2025 PBP Data Entry System Pages

13h5 - Family Planning Services – Page 1

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

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - In Progress

Nursing Home Services(13h6) - Not Started

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

Personal Care Services(13h8) - Not Started

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

Private Duty Nursing Services(13h10)

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

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

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

Family Planning Services(13h5)

Plan Characteristics

Indicate units a limit:

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

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

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

13h5 - Family Planning Services – Page 2

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

CY 2025 PBP Data Entry System Pages

13h5 - Family Planning Services – Page 3

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

CY 2025 PBP Data Entry System Pages

13h6 - Nursing Home Services – Page 1

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

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - In Progress

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

Personal Care Services(13h8) - Not Started

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

Private Duty Nursing Services(13h10)

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

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

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

Nursing Home Services(13h6)

[Plan Characteristics](#)

Indicate units a limit:

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

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

Yes No

Minimum:

CY 2025 PBP Data Entry System Pages

13h6 - Nursing Home Services – Page 2

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

CY 2025 PBP Data Entry System Pages

13h6 - Nursing Home Services – Page 3

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

CY 2025 PBP Data Entry System Pages

13h7 - Home and Community Based Services – Page 1

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

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - Completed

Home and Community Based Services(13h7) - In Progress

Personal Care Services(13h8) - Not Started

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

Private Duty Nursing Services(13h10)

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

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

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

Home and Community Based Services(13h7)

Plan Characteristics

Indicate units a limit:

Units

Indicate numerical limit:

Number

Periodicity

Service specific maximum plan benefit coverage:

Yes No

Amount

Periodicity

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

Yes No

Minimum

CY 2025 PBP Data Entry System Pages

13h7 - Home and Community Based Services – Page 2

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

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

CY 2025 PBP Data Entry System Pages

13h7 - Home and Community Based Services – Page 3

<ul style="list-style-type: none">Additional Services (MMP)(13h) - In ProgressFreestanding Birth Center Services(13h3) - CompletedRespiratory Care Services(13h4) - CompletedFamily Planning Services(13h5) - CompletedNursing Home Services(13h6) - CompletedHome and Community Based Services(13h7) - In ProgressPersonal Care Services(13h8) - Not StartedSelf-Directed Personal Assistance Services(13h9)- Not StartedPrivate Duty Nursing Services(13h10)Case Management (Long Term Care) (13h11) - Not StartedInstitution for Mental Disease Services for Individuals 65 or Older(13h12) - Not StartedServices in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started	<p>Maximum % <input type="text" value="15%"/></p>
	<p>Copayment</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Minimum <input type="text" value="\$20"/></p>
	<p>Maximum <input type="text" value="\$50"/></p>
	<p>Add to OON Grouping</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/></p>
	<p>Add to POS Grouping</p> <p>POS Group <input type="text" value="Group Name 1 - POS"/></p>
	<p><input type="button" value="+ Add Notes"/></p>
	<p><input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/></p>

CY 2025 PBP Data Entry System Pages

13h8 – Personal Care Services – Page 1

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

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - Completed

Home and Community Based Services(13h7) - Completed

Personal Care Services(13h8) - In Progress

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

Private Duty Nursing Services(13h10)

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

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

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

Personal Care Services(13h8)

Plan Characteristics

Indicate units a limit:

Units

Indicate numerical limit:

Number

Periodicity

Service specific maximum plan benefit coverage:

Yes No

Amount

Periodicity

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

Yes No

Minimum

CY 2025 PBP Data Entry System Pages

13h8 – Personal Care Services – Page 2

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

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

CY 2025 PBP Data Entry System Pages

13h8 – Personal Care Services – Page 3

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

CY 2025 PBP Data Entry System Pages

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

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

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - Completed

Home and Community Based Services(13h7) - Completed

Personal Care Services(13h8) - Completed

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

Private Duty Nursing Services(13h10)

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

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

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

Self-Directed Personal Assistance Services(13h9)

Plan Characteristics

Indicate units a limit:

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

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

Yes No

Minimum:

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

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

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

CY 2025 PBP Data Entry System Pages

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

<ul style="list-style-type: none"> Additional Services (MMP)(13h) - In Progress Freestanding Birth Center Services(13h3) - Completed Respiratory Care Services(13h4) - Completed Family Planning Services(13h5) - Completed Nursing Home Services(13h6) - Completed Home and Community Based Services(13h7) - Completed Personal Care Services(13h8) - Completed <li style="background-color: #0056b3; color: white; padding: 2px;">Self-Directed Personal Assistance Services(13h9) - In Progress Private Duty Nursing Services(13h10) Case Management (Long Term Care) (13h11) - Not Started Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started 	<div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text" value="10%"/> </div> <div style="margin-bottom: 10px;"> <small>Maximum %</small> <input style="width: 100%;" type="text" value="15%"/> </div> <hr/> <p>Copayment</p> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="margin-bottom: 10px;"> <small>Minimum</small> <input style="width: 100%;" type="text" value="\$20"/> </div> <div style="margin-bottom: 10px;"> <small>Maximum</small> <input style="width: 100%;" type="text" value="\$50"/> </div> <hr/> <p>Add to OON Grouping</p> <div style="margin-bottom: 10px;"> <small>OON Group</small> <input style="width: 100%;" type="text" value="Group Name 1 - OON"/> </div> <hr/> <p>Add to POS Grouping</p> <div style="margin-bottom: 10px;"> <small>POS Group</small> <input style="width: 100%;" type="text" value="Group Name 1 - POS"/> </div> <hr/> <div style="margin-bottom: 10px;"> <input type="button" value="+ Add Notes"/> </div>
<div style="display: flex; justify-content: flex-end; gap: 10px;"> <input type="button" value="Close"/> <input style="background-color: #0056b3; color: white;" type="button" value="Save and Close"/> <input style="background-color: #0056b3; color: white;" type="button" value="Save and Next"/> </div>	

CY 2025 PBP Data Entry System Pages

13h10 - Private Duty Nursing Services – Page 1

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

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

Private Duty Nursing Services(13h10)

Plan Characteristics

Indicate units a limit:

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

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

Yes No

Minimum:

CY 2025 PBP Data Entry System Pages

13h10 - Private Duty Nursing Services – Page 2

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

CY 2025 PBP Data Entry System Pages

13h10 - Private Duty Nursing Services – Page 3

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

CY 2025 PBP Data Entry System Pages

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

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

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

Case Management (Long Term Care)(13h11)

[Plan Characteristics](#)

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

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

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

Yes No

Minimum:

CY 2025 PBP Data Entry System Pages

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

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

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

CY 2025 PBP Data Entry System Pages

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

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

CY 2025 PBP Data Entry System Pages

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

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

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - Completed

Home and Community Based Services(13h7) - Completed

Personal Care Services(13h8) - Completed

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

Private Duty Nursing Services(13h10) - Completed

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

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

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

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

Plan Characteristics

Indicate units a limit:

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

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

Yes No

Minimum:

CY 2025 PBP Data Entry System Pages

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

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

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

Add to OON Grouping

OON Group

CY 2025 PBP Data Entry System Pages

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

<ul style="list-style-type: none"> Additional Services (MMP)(13h) - In Progress Freestanding Birth Center Services(13h3) - Completed Respiratory Care Services(13h4) - Completed Family Planning Services(13h5) - Completed Nursing Home Services(13h6) - Completed Home and Community Based Services(13h7) - Completed Personal Care Services(13h8) - Completed Self-Directed Personal Assistance Services(13h9) - Completed Private Duty Nursing Services(13h10) - Completed Case Management (Long Term Care) (13h11) - Completed <li style="background-color: #0056b3; color: white; padding: 2px;">Institution for Mental Disease Services for Individuals 65 or Older(13h12) - In Progress Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started 	<div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text" value="10%"/> </div> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text" value="Maximum %"/> </div> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text" value="15%"/> </div> <hr/> <p>Copayment</p> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text" value="Minimum"/> </div> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text" value="\$20"/> </div> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text" value="Maximum"/> </div> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text" value="\$50"/> </div> <hr/> <p>Add to OON Grouping</p> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text" value="OON Group"/> </div> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text" value="Group Name 1 - OON"/> </div> <hr/> <p>Add to POS Grouping</p> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text" value="POS Group"/> </div> <div style="margin-bottom: 10px;"> <input style="width: 100%;" type="text" value="Group Name 1 - POS"/> </div> <hr/> <div style="margin-bottom: 10px;"> <input type="button" value="+ Add Notes"/> </div>
<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>	

CY 2025 PBP Data Entry System Pages

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

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

Very long Plan Name

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

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

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

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

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

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

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

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

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

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

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

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

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

[Plan Characteristics](#)

Indicate units a limit:

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

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

Yes No

Minimum:

CY 2025 PBP Data Entry System Pages

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

<p>Additional Services (MMP)(13h) - In Progress</p>	<p>Minimum <input type="text" value="\$40"/></p>
<p>Freestanding Birth Center Services(13h3) - Completed</p>	<p>Maximum <input type="text" value="\$50"/></p>
<p>Respiratory Care Services(13h4) - Completed</p>	
<p>Family Planning Services(13h5) - Completed</p>	Coinsurance
<p>Nursing Home Services(13h6) - Completed</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>Home and Community Based Services(13h7) - Completed</p>	<p>Minimum % <input type="text" value="10%"/></p>
<p>Personal Care Services(13h8) - Completed</p>	<p>Maximum % <input type="text" value="15%"/></p>
<p>Self-Directed Personal Assistance Services(13h9) - Completed</p>	Copayment
<p>Private Duty Nursing Services(13h10) - Completed</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>Case Management (Long Term Care) (13h11) - Completed</p>	<p>Minimum <input type="text" value="\$20"/></p>
<p>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Completed</p>	<p>Maximum <input type="text" value="\$50"/></p>
<p>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - In Progress</p>	Add to OON Grouping
	<p>OON Group <input type="text" value="Group Name 1 - OON"/></p>

CY 2025 PBP Data Entry System Pages

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

<p>Additional Services (MMP)(13h) - In Progress</p> <p>Freestanding Birth Center Services(13h3) - Completed</p> <p>Respiratory Care Services(13h4) - Completed</p> <p>Family Planning Services(13h5) - Completed</p> <p>Nursing Home Services(13h6) - Completed</p> <p>Home and Community Based Services(13h7) - Completed</p> <p>Personal Care Services(13h8) - Completed</p> <p>Self-Directed Personal Assistance Services(13h9) - Completed</p> <p>Private Duty Nursing Services(13h10) - Completed</p> <p>Case Management (Long Term Care) (13h11) - Completed</p> <p>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Completed</p> <p>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - In Progress</p>	<p>Minimum % <input type="text" value="10%"/></p> <p>Maximum % <input type="text" value="15%"/></p> <hr/> <p>Copayment</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Minimum <input type="text" value="\$20"/></p> <p>Maximum <input type="text" value="\$50"/></p> <hr/> <p>Add to OON Grouping</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/></p> <hr/> <p>Add to POS Grouping</p> <p>POS Group <input type="text" value="Group Name 1 - POS"/></p> <hr/> <p><input type="button" value="+ Add Notes"/></p>
	<p><input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/></p>

CY 2025 PBP Data Entry System Pages

13h14 - Case Management – Page 1

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

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

Case Management(13h14)-In Progress

Other 1(13h15)- Not Started

Other 2(13h16)- Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Case Management(13h14)

Indicate units a limit:

Units:

Indicate numerical limit:

Number:

Periodicity:

Service specific maximum plan benefit coverage:

Yes No

Amount:

Periodicity:

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

Yes No

Minimum:

CY 2025 PBP Data Entry System Pages

13h14 - Case Management – Page 2

<p>Additional Services (MMP)(13h) - In Progress</p> <p>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)-Completed</p> <p>Case Management(13h14)-In Progress</p> <p>Other 1(13h15)- Not Started</p> <p>Other 2(13h16)- Not Started</p> <p>Other 3(13h17) - Not Started</p> <p>Other 4(13h18) - Not Started</p> <p>Other 5(13h19) - Not Started</p> <p>Other 6(13h20) - Not Started</p> <p>Other 4(13h18) - Not Started</p> <p>Other 5(13h19) - Not Started</p> <p>Other 6(13h20) - Not Started</p>	<p>Minimum <input type="text" value="\$40"/></p> <p>Maximum <input type="text" value="\$50"/></p> <hr/> <p>Coinsurance</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Minimum % <input type="text" value="10%"/></p> <p>Maximum % <input type="text" value="15%"/></p> <hr/> <p>Copayment</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Minimum <input type="text" value="\$20"/></p> <p>Maximum <input type="text" value="\$50"/></p> <hr/> <p>Add to OON Grouping</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/></p>
---	--

CY 2025 PBP Data Entry System Pages

13h14 - Case Management – Page 3

<p>Additional Services (MMP)(13h) - In Progress</p> <p>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)-Completed</p> <p>Case Management(13h14)-In Progress</p> <p>Other 1(13h15)- Not Started</p> <p>Other 2(13h16)- Not Started</p> <p>Other 3(13h17) - Not Started</p> <p>Other 4(13h18) - Not Started</p> <p>Other 5(13h19) - Not Started</p> <p>Other 6(13h20) - Not Started</p> <p>Other 4(13h18) - Not Started</p> <p>Other 5(13h19) - Not Started</p> <p>Other 6(13h20) - Not Started</p>	<p>Maximum % <input type="text" value="15%"/></p> <hr/> <p>Copayment</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Minimum <input type="text" value="\$20"/></p> <p>Maximum <input type="text" value="\$50"/></p> <hr/> <p>Add to OON Grouping</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/></p> <hr/> <p>Add to POS Grouping</p> <p>POS Group <input type="text" value="Group Name 1 - POS"/></p> <hr/> <p><input type="button" value="+ Add Notes"/></p>
<p><input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/></p>	

CY 2025 PBP Data Entry System Pages

13h15 - Other 1 – Page 1

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

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

Case Management(13h14)- Completed

Other 1(13h15) - In Progress

Other 2(13h16)- Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 1 (13h15)

Name of Other Service
Other Service Name

Indicate units a limit

Units
Meals

Indicate numerical limit:

Number
2

Periodicity
6 Months

Service specific maximum plan benefit coverage

Yes No

Maximum amount
\$400

Periodicity
6 Months

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

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

13h15 - Other 1 – Page 2

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

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

Case Management(13h14) - Completed

Other 1(13h15) - In Progress

Other 2(13h16) - Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

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

Yes No

Minimum

Maximum

Coinsurance

Yes No

Minimum %

Maximum %

Copayment

Yes No

Minimum

Maximum

CY 2025 PBP Data Entry System Pages

13h15 - Other 1 – Page 3

<p>Additional Services (MMP)(13h) - In Progress</p> <p>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)-Completed</p> <p>Case Management(13h14) - Completed</p> <p>Other 1(13h15) - In Progress</p> <p>Other 2(13h16) - Not Started</p> <p>Other 3(13h17) - Not Started</p> <p>Other 4(13h18) - Not Started</p> <p>Other 5(13h19) - Not Started</p> <p>Other 6(13h20) - Not Started</p> <p>Other 4(13h18) - Not Started</p> <p>Other 5(13h19) - Not Started</p> <p>Other 6(13h20) - Not Started</p>	<p>Minimum % <input type="text" value="10%"/></p> <p>Maximum % <input type="text" value="15%"/></p> <hr/> <p>Copayment</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Minimum <input type="text" value="\$20"/></p> <p>Maximum <input type="text" value="\$50"/></p> <hr/> <p>Add to OON Grouping</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/></p> <hr/> <p>Add to POS Grouping</p> <p>POS Group <input type="text" value="Group Name 1 - POS"/></p> <hr/> <p><input type="button" value="+ Add Notes"/></p>
---	--

CY 2025 PBP Data Entry System Pages

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

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Completed

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

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

Annual Physical Exam(14b) - Not Started

Other Defined Supplemental Benefits(14c) - Not Started

Health Education(14c1) - Not Started

Nutritional/Dietary Benefit(14c2) - Not Started

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

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Medicare-covered Zero Dollar Preventive Services (14a)

Plan Characteristics

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

In-Network Benefits

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Pages

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

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

In-Network Benefits

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Pages

14b – Annual Physical Exam – Page 1

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Completed

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

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

Annual Physical Exam(14b) - In Progress

Other Defined Supplemental Benefits(14c) -Not Started

Health Education(14c1) -Not Started

Nutritional/Dietary Benefit(14c2) - Not Started

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

Fitness Benefit(14c4) -Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Annual Physical Exam (14b)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

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

Yes No

MOOP amount

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

CY 2025 PBP Data Entry System Pages

14b – Annual Physical Exam – Page 2

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Completed

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

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

Annual Physical Exam(14b) - In Progress

Other Defined Supplemental Benefits(14c) - Not Started

Health Education(14c1) - Not Started

Nutritional/Dietary Benefit(14c2) - Not Started

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

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

CY 2025 PBP Data Entry System Pages

14b – Annual Physical Exam – Page 3

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

Out-of-Network (OON) Benefits

Add to OON Group

OON Group: + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group: + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14c – Other Defined Supplemental Benefits

Other Supplemental Services(13) - Completed

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

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) -Not Started

Nutritional/Dietary Benefit(14c2) -Not Started

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

Fitness Benefit(14c4) -Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) -Not Started

Home and Bathroom Safety Devices and Modifications(14c8) -Not Started

Other Defined Supplemental Benefits(14c)

Plan Characteristics

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

[+ Add Notes](#)

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2025 PBP Data Entry System Pages

14c1 – Health Education – Page 1

Other Supplemental Services(13) - Completed

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

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - In Progress

Nutritional/Dietary Benefit(14c2) - Not Started

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

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (Including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Health Education(14c1)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount \$500

Periodicity 6 Months

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

Yes No

MOOP amount \$1000

Periodicity 6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4%

Maximum coinsurance 8%

Is there a copayment?

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

14c1 – Health Education – Page 2

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

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14c1 – Health Education – Page 3

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

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Pages

14c2 – Nutritional/Dietary Benefit – Page 1

Other Supplemental Services(13) - Completed

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

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - In Progress

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

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Nutritional/Dietary Benefit(14c2)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

15

Indicate setting for Nutritional/Dietary Benefit:

Setting

Both Session (Individual and Group)

Is there a maximum plan benefit coverage?

Yes No

Amount

\$500

Periodicity

6 Months

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

Yes No

MOOP amount

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

14c2 – Nutritional/Dietary Benefit – Page 2

<ul style="list-style-type: none"> Other Supplemental Services(13) - Completed Preventive and Other Defined Supplemental Services(14) - In Progress Annual Physical Exam(14b) - Completed Other Defined Supplemental Benefits(14c) - In Progress Health Education(14c1) - Completed <li style="background-color: #0056b3; color: white; padding: 2px;">Nutritional/Dietary Benefit(14c2) - In Progress Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started Fitness Benefit(14c4) - Not Started Enhanced Disease Management(14c5) - Not Started Telemonitoring Services(14c6) - Not Started Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started Home and Bathroom Safety Devices and Modifications(14c8) - Not Started 	<p>MOOP amount <input type="text" value="\$1000"/></p> <p>Periodicity <input type="text" value="6 Months"/></p> <hr/> <p>Is there a coinsurance?</p> <p>Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No <input type="radio"/></p> <p>Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/></p> <hr/> <p>Is there a copayment?</p> <p>Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No <input type="radio"/></p> <p>Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/></p> <hr/> <p>Out-of-Network (OON) Benefits</p> <p>Add to OON Group</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/> <input type="button" value="+ Add New OON Group"/></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Coinsurance</th> <th style="text-align: left; font-weight: normal;">Copayment</th> <th style="text-align: left; font-weight: normal;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table>	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible					
20%	\$20	\$200					
<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>							

CY 2025 PBP Data Entry System Pages

14c2 – Nutritional/Dietary Benefit – Page 3

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

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 Pages

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

Other Supplemental Services(13) - Completed

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

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) -Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - In Progress

Fitness Benefit(14c4) -Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7)-Not Started

Home and Bathroom Safety Devices and Modifications(14c8)-Not Started

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

Plan Characteristics

Indicate number of visits offered in addition to Medicare

Number of visits:

Is there a maximum plan benefit coverage?

Yes No

Maximum amount:

Periodicity:

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

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

CY 2025 PBP Data Entry System Pages

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

<ul style="list-style-type: none"> ✓ Other Supplemental Services(13) - Completed ^ Preventive and Other Defined Supplemental Services(14) - In Progress Annual Physical Exam(14b) - Completed ✓ Other Defined Supplemental Benefits(14c) - In Progress Health Education(14c1) - Completed Nutritional/Dietary Benefit(14c2) - Completed <li style="background-color: #0056b3; color: white; padding: 2px;">Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - In Progress Fitness Benefit(14c4) - Not Started Enhanced Disease Management(14c5) - Not Started Telemonitoring Services(14c6) - Not Started Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started Home and Bathroom Safety Devices and Modifications(14c8) - Not Started 	<div style="display: flex; justify-content: space-between;"> <div>Minimum coinsurance 4%</div> <div>Maximum coinsurance 8%</div> </div> <hr/> <p>Is there a copayment?</p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No </p> <div style="display: flex; justify-content: space-between;"> <div>Minimum copayment \$400</div> <div>Maximum copayment \$400</div> </div> <hr/> <p>Out-of-Network (OON) Benefits</p> <p>Add to OON Group</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/> </p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Coinsurance</th> <th style="text-align: left;">Copayment</th> <th style="text-align: left;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <p>Point-of-Service (POS) benefits</p> <p>Add to POS Group</p> <p>POS Group <input type="text" value="Group Name 1 - POS"/> </p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Coinsurance</th> <th style="text-align: left;">Copayment</th> <th style="text-align: left;">Deductible</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Coinsurance	Copayment	Deductible	20%	\$20	\$200	Coinsurance	Copayment	Deductible			
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
Coinsurance	Copayment	Deductible											

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

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

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

Yes
Yes with a min or max
No

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14c4 – Fitness Benefit – Page 1

Other Supplemental Services(13) - Completed

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

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - In Progress

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Fitness Benefit(14c4)

Plan Characteristics

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

Physical Fitness

Memory Fitness

Activity Tracker

Is there a maximum plan benefit coverage?

Yes No

Maximum amount: \$500

Periodicity: 6 Months

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

Yes No

MOOP amount: \$1000

Periodicity: 6 Months

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

14c4 – Fitness Benefit – Page 2

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

Is there a coinsurance?

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

Minimum coinsurance Maximum coinsurance

Is there a copayment?

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

Minimum copayment Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	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 Pages

14c4 – Fitness Benefit – Page 3

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

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Pages

14c5 – Enhanced Disease Management – Page 1

Other Supplemental Services(13) - Completed

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

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - In Progress

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Enhanced Disease Management(14c5)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount \$500

Periodicity 6 Months

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

Yes No

MOOP amount \$1000

Periodicity 6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4%

Maximum coinsurance 8%

Is there a copayment?

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

14c5 – Enhanced Disease Management – Page 2

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

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment
 Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14c5 – Enhanced Disease Management – Page 3

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

YES YES with a limit & max NO

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

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14c6 – Telmonitoring Services – Page 1

Other Supplemental Services(13) - Completed

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

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - Completed

Telemonitoring Services(14c6) - In Progress

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Telemonitoring Services(14c6)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a covayment?

CY 2025 PBP Data Entry System Pages

14c6 – Telmonitoring Services – Page 2

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

Is there a copayment?

Minimum copayment
 Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Pages

14c6 – Telmonitoring Services – Page 3

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

100
res with a min & max
100

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 Pages

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

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

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

Plan Characteristics

Select the type of Remote Access Technologies offered

Web/Phone-based technologies

Nursing Hotline

Is there a maximum plan benefit coverage?

Maximum amount

Periodicity

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

MOOP amount

Periodicity

Is there a coinsurance Web/Phone-based technologies?

CY 2025 PBP Data Entry System Pages

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

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

Is there a coinsurance Web/Phone-based technologies?

Yes Yes with a min & max No

Minimum coinsurance 4% Maximum coinsurance 8%

Is there a copayment Web/Phone-based technologies?

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

Is there a coinsurance Nursing Hotline?

Yes Yes with a min & max No

Minimum coinsurance 4% Maximum coinsurance 8%

Is there a copayment Nursing Hotlines?

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

Out-of-Network (OON) Benefits

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

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

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

Yes
Yes with a min & max
No

Minimum copayment
\$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 Pages

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

Other Supplemental Services(13) - Completed

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

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - Completed

Telemonitoring Services(14c6) - Completed

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

Home and Bathroom Safety Devices and Modifications(14c8) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8)

[Plan Characteristics](#)

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

CY 2025 PBP Data Entry System Pages

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

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

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment
 Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

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

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

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Pages

14c9 – Counseling Services – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

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

Counseling Services(14c9) - In Progress

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

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

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

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

Re-admission Prevention(14c14) - Not Started

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

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Counseling Services(14c9)

[Plan Characteristics](#)

Is this benefit unlimited:

Yes No

Indicate number of visits offered in addition to Medicare

Number of Visits

Indicate setting for Counseling Services:

Number of Visits

Indicate duration of sessions (in minutes):

Session Duration in minutes

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

CY 2025 PBP Data Entry System Pages

14c9 – Counseling Services – Page 2

Other Defined Supplemental Benefits(14c) - In Progress

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

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

Yes No

MOOP amount \$1000

Periodicity 6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4% Maximum coinsurance 8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

14c9 – Counseling Services – Page 3

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

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

Counseling Services(14c9) - **In Progress**

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

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

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

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

Re-admission Prevention(14c14) - **Not Started**

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

Weight Management Programs(14c16) - **Not Started**

Alternative Therapies(14c17) - **Not Started**

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

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14c10 – In-Home Safety Assessment – Page 1

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Counseling Services(14c9) - Not Started

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

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

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

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

Re-admission Prevention(14c14) - Not Started

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

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

In-Home Safety Assessment (14c10) - Non-Medicare

Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes No

Maximum amount ⓘ *
\$

Periodicity ⓘ *
▼

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

Yes No

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

14c10 – In-Home Safety Assessment – Page 2

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

Is there a copayment? ⓘ *

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

Minimum copayment ⓘ * \$ Maximum copayment ⓘ * \$

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

In-Home Safety Assessment (14c10) Non Medicare Service

Add to POS Group

POS Group ⓘ

Coinsurance	Copayment	Deductible
No	No	No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

14c10 – In-Home Safety Assessment – Page 3

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

No

Point-of-Service (POS) Benefits

+ Add New POS Group

In-Home Safety Assessment (14c10) Non Medicare Service

Add to POS Group

POS Group ⊕
Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

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

Other Defined Supplemental Benefits(14c) - In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14)- Not Started

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

Weight Management Programs(14c16)- Not Started

Alternative Therapies(14c17)- Not Started

Therapeutic Massage(14c18)- Not Started

Personal Emergency Response System (PERS)(14c11)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

CY 2025 PBP Data Entry System Pages

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

Other Defined Supplemental Benefits(14c) - In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14)- Not Started

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

Weight Management Programs(14c16)- Not Started

Alternative Therapies(14c17)- Not Started

Therapeutic Massage(14c18) - Not Started

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

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

Other Defined Supplemental Benefits(14c) - In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14)- Not Started

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

Weight Management Programs(14c16)- Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Pages

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

Other Defined Supplemental Benefits(14c) - In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14) - Not Started

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

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Medical Nutrition Therapy (MNT)(14c12)

Plan Characteristics

Do you offer Additional Sessions for Medicare-covered diseases?

Yes No

Indicate the limit for additional sessions

Visits

Numerical Limit

5

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

Yes No

Indicate the limit for additional sessions

Visits

Numerical Limit

5

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

\$500

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

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

<p>Other Defined Supplemental Benefits(14c) - In Progress</p> <p>Home and Bathroom Safety Devices and Modifications(14c8) - Completed</p> <p>Counseling Services(14c9) - Completed</p> <p>In-Home Safety Assessment(14c10) - Completed</p> <p>Personal Emergency Response System (PERS)(14c11) - Completed</p> <p>Medical Nutrition Therapy (MNT)(14c12) - In Progress</p> <p>Post discharge In-Home Medication Reconciliation(14c13) - Not Started</p> <p>Re-admission Prevention(14c14) - Not Started</p> <p>Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started</p> <p>Weight Management Programs(14c16) - Not Started</p> <p>Alternative Therapies(14c17) - Not Started</p> <p>Therapeutic Massage(14c18) - Not Started</p>	<p>Periodicity <input type="text" value="6 Months"/></p>
	<p>Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
	<p>MOOP amount <input type="text" value="\$1000"/></p>
	<p>Periodicity <input type="text" value="6 Months"/></p>
	<p>Is there a coinsurance?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No</p>
	<p>Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/></p>
	<p>Is there a copayment?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No</p>
	<p>Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/></p>
	<p>Out-of-Network (OON) Benefits</p>
	<p><input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/></p>

CY 2025 PBP Data Entry System Pages

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

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

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

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

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

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

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

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

Re-admission Prevention(14c14)- **Not Started**

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

Weight Management Programs(14c16)- **Not Started**

Alternative Therapies(14c17)- **Not Started**

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

Yes
Yes with a min & max
No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Pages

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

Other Defined Supplemental Benefits(14c) - In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14)- Not Started

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

Weight Management Programs(14c16)- Not Started

Alternative Therapies(14c17)- Not Started

Therapeutic Massage(14c18)- Not Started

Post discharge In-Home Medication Reconciliation(14c13)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount:

Periodicity:

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

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

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

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

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

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

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

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

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

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

Re-admission Prevention(14c14) - **Not Started**

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

Weight Management Programs(14c16) - **Not Started**

Alternative Therapies(14c17) - **Not Started**

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

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

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

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

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

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

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

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

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

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

Re-admission Prevention(14c14) - **Not Started**

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

Weight Management Programs(14c16) - **Not Started**

Alternative Therapies(14c17) - **Not Started**

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

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

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

Counseling Services(14c9)-Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14) - In Progress

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

Weight Management Programs(14c16)- Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Re-admission Prevention(14c14)

Plan Characteristics

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

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

Name of the service _____
Describe, (Add Name of Service)

Is there a maximum plan benefit coverage?

Yes No

Maximum amount _____
\$500

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 2

Other Defined Supplemental Benefits(14c) - In Progress	Maximum amount \$500
Home and Bathroom Safety Devices and Modifications(14c8) - Completed	Periodicity 6 Months
Counseling Services(14c9) - Completed	
In-Home Safety Assessment(14c10) - Completed	Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)? Yes No
Personal Emergency Response System (PERS)(14c11) - Completed	MOOP amount \$1000
Medical Nutrition Therapy (MNT)(14c12) - Completed	Periodicity 6 Months
Post discharge In-Home Medication Reconciliation(14c13) - Completed	Is there a coinsurance? Yes Yes with a min & max No
Re-admission Prevention(14c14) - In Progress	Minimum coinsurance 4%
Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started	Maximum coinsurance 8%
Weight Management Programs(14c16) - Not Started	Is there a copayment? Yes Yes with a min & max No
Alternative Therapies(14c17) - Not Started	Minimum copayment \$400
Therapeutic Massage(14c18) - Not Started	Maximum copayment \$400
	Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 3

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

Yes Yes with a limit & max No

Minimum copayment	Maximum copayment
\$400	\$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 Pages

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

Other Defined Supplemental Benefits(14c) - In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14) - Completed

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

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

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

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

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

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

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

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

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

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

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

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

Weight Management Programs(14c16) - **Not Started**

Alternative Therapies(14c17) - **Not Started**

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

Yes
Yes with a min & max
No

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Pages

14c16 – Weight Management Programs – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14) - Completed

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

Weight Management Programs(14c16) - In Progress

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Weight Management Programs(14c16)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

Periodicity

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

14c16 – Weight Management Programs – Page 2

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

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

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

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

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

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

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

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

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

Weight Management Programs(14c16) - **In Progress**

Alternative Therapies(14c17) - **Not Started**

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

Yes
Yes with a min & max
No

Minimum copayment
\$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 Pages

14c17 – Alternative Therapies – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14) - Completed

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

Weight Management Programs(14c16) - Completed

Alternative Therapies(14c17) - In Progress

Therapeutic Massage(14c18) - Not Started

Alternative Therapies(14c17)

[Plan Characteristics](#)

Is this benefit unlimited?

Yes No

Indicate number of visits

Is there a maximum plan benefit coverage?

Yes No

Amount

Periodicity

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

Yes No

MOOP amount

Periodicity

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2025 PBP Data Entry System Pages

14c17 – Alternative Therapies – Page 2

Other Defined Supplemental Benefits(14c) - In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14) - Completed

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

Weight Management Programs(14c16) - Completed

Alternative Therapies(14c17) - In Progress

Therapeutic Massage(14c18) - Not Started

Is there a coinsurance?

Yes
 Yes with a min & max
 No

Minimum coinsurance
 Maximum coinsurance

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment
 Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

CY 2025 PBP Data Entry System Pages

14c17 – Alternative Therapies – Page 3

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

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Pages

14c18 – Therapeutic Massage – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

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

Therapeutic Massage(14c18)

[Plan Characteristics](#)

Is this benefit unlimited?

Yes No

Indicate number of sessions

Periodicity

Is there a maximum plan benefit coverage?

Yes No

Amount

Periodicity

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

Yes No

MOOP amount

Periodicity

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2025 PBP Data Entry System Pages

14c18 – Therapeutic Massage – Page 2

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

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

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

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

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

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

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

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

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

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

Alternative Therapies(14c17) - **Completed**

Therapeutic Massage(14c18) - **In Progress**

Periodicity ▼
6 Months

Is there a coinsurance?

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

Minimum coinsurance Maximum coinsurance

Is there a copayment?

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

Minimum copayment Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14c18 – Therapeutic Massage – Page 3

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

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

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

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

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

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

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

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

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

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

Alternative Therapies(14c17) - **Completed**

Therapeutic Massage(14c18) - **In Progress**

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14c19 – Adult Day Health Services – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - In Progress

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

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

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

Kidney Disease Education Services(14d)-Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Adult Day Health Services(14c19)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Amount: \$500

Periodicity: 6 Months

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

Yes No

MOOP 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 Pages

14c19 – Adult Day Health Services – Page 2

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - In Progress

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

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

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

Kidney Disease Education Services(14d)-Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment
 Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Pages

14c19 – Adult Day Health Services – Page 3

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - In Progress

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

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

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

Kidney Disease Education Services(14d)-Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Minimum copayment

\$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 Pages

14c20 – Home-Based Palliative Care – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

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

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

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

Kidney Disease Education Services(14d)-Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Home-Based Palliative Care(14c20)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Amount
\$500

Periodicity
6 Months

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

Yes No

MOOP 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 Pages

14c20 – Home-Based Palliative Care – Page 2

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19)- Completed

Home-Based Palliative Care(14c20)
In Progress

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

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

Kidney Disease Education Services(14d)- Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment
 Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14c20 – Home-Based Palliative Care – Page 3

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20)
In Progress

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

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

Kidney Disease Education Services(14d)- Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Fee: Fee with a limit & max Fee

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 Pages

14c21 – In-Home Support Services – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

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

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

Kidney Disease Education Services(14d) - Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

In-Home Support Services(14c21)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Amount:

Periodicity:

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

Yes No

MOOP amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

CY 2025 PBP Data Entry System Pages

14c21 – In-Home Support Services – Page 2

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

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

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

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

Kidney Disease Education Services(14d) - Not Started

^ Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment
 Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Pages

14c21 – In-Home Support Services – Page 3

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

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

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

Kidney Disease Education Services(14d) - Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Minimum copayment
\$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 Pages

14c22 – Support for Caregivers of Enrollees – Page 1

Support for Caregivers of Enrollees(14c22) Plan Characteristics

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

- Respite Care
- Caregiver Training
- Other

Name of the service

Is there a maximum plan benefit coverage?

Yes No

Amount

Periodicity

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

Yes No

MOOP amount

Periodicity

CY 2025 PBP Data Entry System Pages

14c22 – Support for Caregivers of Enrollees – Page 2

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

Periodicity 6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4% Maximum coinsurance 8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

Out-of-Network (OON) Benefits

Add to OON Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14c22 – Support for Caregivers of Enrollees – Page 3

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

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

Kidney Disease Education Services(14d) - Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14d – Kidney Disease Education Services – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - In Progress

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Kidney Disease Education Services(14d)

Plan Characteristics

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

Yes No

MOOP amount:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?

Yes No

Deductible amount:

CY 2025 PBP Data Entry System Pages

14d – Kidney Disease Education Services – Page 2

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

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14d – Kidney Disease Education Services – Page 3

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - In Progress

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14e1 – Glaucoma Screening – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - In Progress

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Glaucoma Screening(14e1)

Plan Characteristics

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

Yes No

MOOP amount:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?

Yes No

Deductible amount:

CY 2025 PBP Data Entry System Pages

14e1 – Glaucoma Screening – Page 2

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

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14e1 – Glaucoma Screening – Page 3

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

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

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

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

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

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

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

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - In Progress

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

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

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

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
 + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14e2 – Diabetes Self-Management Training – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

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

Glaucoma Screening(14e1) - Completed

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Diabetes Self-Management Training(14e2) -

Plan Characteristics

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

Yes No

MOOP amount:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?

Yes No

Deductible amount:

CY 2025 PBP Data Entry System Pages

14e2 – Diabetes Self-Management Training – Page 2

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

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

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14e2 – Diabetes Self-Management Training – Page 3

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

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

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

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 Pages

14e3 – Barium Enemas – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

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

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - Completed

Barium Enemas(14e3) - In Progress

Digital Rectal Exams(14e4) - Not Started

Barium Enemas(14e3)

Plan Characteristics

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

Yes No

MOOP amount:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?

Yes No

Deductible amount:

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

14e3 – Barium Enemas – Page 2

<ul style="list-style-type: none"> Other Defined Supplemental Benefits(14c) - In Progress Therapeutic Massage(14c18) - Completed Adult Day Health Services(14c19) - Completed Home-Based Palliative Care(14c20) - Completed In-Home Support Services(14c21) - Completed Support for Caregivers of Enrollees(14c22) - Completed Kidney Disease Education Services(14d) - Completed Other Medicare-covered Preventive Services(14e) - In Progress Glaucoma Screening(14e1) - Completed Diabetes Self-Management Training(14e2) - Completed Barium Enemas(14e3) - In Progress Digital Rectal Exams(14e4) - Not Started 	<p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p> <hr/> <p>Out-of-Network (OON) Benefits</p> <p>Add to OON Group</p> <p>OON Group Group Name 1 - OON + Add New OON Group</p> <table border="0"> <tr> <td>Coinsurance</td> <td>Copayment</td> <td>Deductible</td> </tr> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </table> <hr/> <p>Point-of-Service (POS) benefits</p> <p>Add to POS Group</p> <p>POS Group Group Name 1 - POS + Add New POS Group</p> <table border="0"> <tr> <td>Coinsurance</td> <td>Copayment</td> <td>Deductible</td> </tr> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </table> <hr/> <p>Authorization required for this benefit?</p>	Coinsurance	Copayment	Deductible	20%	\$20	\$200	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

14e3 – Barium Enemas – Page 3

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

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

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - Completed

Barium Enemas(14e3) - In Progress

Digital Rectal Exams(14e4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14e4 – Digital Rectal Exams – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

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

Digital Rectal Exams(14e4)

Plan Characteristics

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

Yes No

MOOP amount:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?

Yes No

Deductible amount:

CY 2025 PBP Data Entry System Pages

14e4 – Digital Rectal Exams – Page 2

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

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

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - Completed

Barium Enemas(14e3) - Completed

Digital Rectal Exams(14e4) - In Progress

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14e4 – Digital Rectal Exams – Page 3

Other Defined Supplemental Benefits(14c) - In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

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

Digital Rectal Exams(14e4) - In Progress

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

Kidney Disease Education Services(14d) -Completed

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

Glaucoma Screening(14e1) -Completed

Diabetes Self-Management Training(14e2) -Completed

Barium Enemas(14e3) -Completed

Digital Rectal Exams(14e4) -Completed

EKG following Welcome Visit(14e5) - In Progress

Medicare Part B Rx Drugs(15) - Not Started

Dental(16)-Not Started

Eye Exams/Eyewear(17) -Not Started

Hearing Exams/Hearing Aids(18)

EKG following Welcome Visit(14e5)

Plan Characteristics

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

Yes No

MOOP amount: \$1000

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

CY 2025 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 2

<ul style="list-style-type: none"> Other Defined Supplemental Benefits(14c) - In Progress Kidney Disease Education Services(14d) - Completed Other Medicare-covered Preventive Services(14e) - In Progress Glaucoma Screening(14e1) - Completed Diabetes Self-Management Training(14e2) - Completed Barium Enemas(14e3) - Completed Digital Rectal Exams(14e4) - Completed <li style="background-color: #0056b3; color: white;">EKG following Welcome Visit(14e5) - In Progress Medicare Part B Rx Drugs(15) - Not Started Dental(16) - Not Started Eye Exams/Eyewear(17) - Not Started Hearing Exams/Hearing Aids(18) 	<p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p> <hr/> <p>Out-of-Network (OON) Benefits</p> <p>Add to OON Group</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="width: 80%;" type="text" value="Group Name 1 - OON"/> + Add New OON Group </div> <table style="width: 100%; border-top: 1px solid #ccc; border-bottom: 1px solid #ccc;"> <thead> <tr> <th style="text-align: left;">Coinsurance</th> <th style="text-align: left;">Copayment</th> <th style="text-align: left;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <p>Point-of-Service (POS) benefits</p> <p>Add to POS Group</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <input style="width: 80%;" type="text" value="Group Name 1 - POS"/> + Add New POS Group </div> <table style="width: 100%; border-top: 1px solid #ccc; border-bottom: 1px solid #ccc;"> <thead> <tr> <th style="text-align: left;">Coinsurance</th> <th style="text-align: left;">Copayment</th> <th style="text-align: left;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <p>Authorization required for this benefit?</p>	Coinsurance	Copayment	Deductible	20%	\$20	\$200	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 3

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

Out-of-Network (OON) Benefits

Add to OON Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

15 – Medicare Part B Rx Drugs – Page 1

Started

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

Medicare Part B Rx Drugs (15) - Medicare ⓘ

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

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

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

Yes No

MOOP amount ⓘ *
\$ 500.00

Periodicity ⓘ *
Every 6 Months ▼

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

Is there a deductible? ⓘ *

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

15 – Medicare Part B Rx Drugs – Page 2

Started

YES NO

Deductible amount ⓘ *

\$ 400.00

Authorization required for this benefit?

No

Referral is not applicable for this Service Category.

Does the plan offer step therapy? ⓘ *

Yes No

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

Part B to Part B ⓘ

Part B to Part D ⓘ

Part D to Part B ⓘ

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

15-1 – Medicare Part B Insulin Drugs – Page 1

Dialysis Services(12) - In Progress

^ Other Supplemental Services(13) - In Progress

Acupuncture - Number of Treatments(13a) - In Progress

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

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

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

Medicare Part B Insulin Drugs(15-1) - In Progress

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

Other Medicare Part B Drugs(15-3) - In Progress

^ Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

^ Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

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

[Plan Characteristics](#)

Is there a coinsurance? ⓘ *

Yes
 Yes with a min & max
 No

Minimum coinsurance ⓘ *
 Maximum coinsurance ⓘ *

Maximum effective cost-sharing amount per month ⓘ *

Is there a copayment? ⓘ *

Yes
 Yes with a min & max
 No

Minimum copayment ⓘ *
 Maximum copayment ⓘ *

Does the Part B drugs - Insulin cost sharing count towards any plan-level deductible? ⓘ

Yes
 No

Authorization required for this benefit?

No

Point-of-Service (POS) Benefits

[+ Add New POS Group](#)

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

15-1 – Medicare Part B Insulin Drugs – Page 2

- Dialysis Services(12) - In Progress
- Other Supplemental Services(13) - In Progress
 - Acupuncture - Number of Treatments(13a) - In Progress
 - Over-the-Counter (OTC) Items(13b) - In Progress
 - Preventive and Other Defined Supplemental Services(14) - In Progress
 - Medicare Part B Rx Drugs(15) - In Progress
 - Medicare Part B Insulin Drugs(15-1) - In Progress**
 - Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress
 - Other Medicare Part B Drugs(15-3) - In Progress
 - Dental(16) - In Progress
 - Medicare Dental Services(16a) - Not Started
 - Diagnostic and Preventive Dental(16b) - Not Started
 - Oral Exams(16b1) - Not Started

Does the Part B drugs – Insulin cost sharing count towards any plan-level deductible?

Authorization required for this benefit?
No

Point-of-Service (POS) Benefits

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

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Notes *

311/2000 characters

CY 2025 PBP Data Entry System Pages

15-2 – Medicare Part B Chemotherapy/Radiation Drugs – Page 1

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

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * Maximum copayment ⓘ *

Authorization required for this benefit?
Yes

Point-of-Service (POS) Benefits

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

CY 2025 PBP Data Entry System Pages

15-2 – Medicare Part B Chemotherapy/Radiation Drugs – Page 2

- In-Home Support Services(14c21) - Not Started
- Support for Caregivers of Enrollees(14c22) - Not Started
- Kidney Disease Education Services(14d) - In Progress
- Other Medicare-covered Preventive Services(14a) - In Progress
- Medicare Part B Rx Drugs(15) - In Progress
- Medicare Part B Insulin Drugs(15-1) - Completed
- Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress**
- Other Medicare Part B Drugs(15-3) - In Progress
- Dental(16) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?
Yes

Point-of-Service (POS) Benefits

[+ Add New POS Group](#)

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

Add to POS Group

POS Group: Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Notes *

268/2000 characters

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

15-3 – Other Medicare Part B Drugs – Page 1

- In-Home Support Services(14c21) - Not Started
- Support for Caregivers of Enrollees(14c22) - Not Started
- Kidney Disease Education Services(14d) - In Progress
- Other Medicare-covered Preventive Services(14e) - In Progress
- Medicare Part B Rx Drugs(15) - In Progress
- Medicare Part B Insulin Drugs(15-1) - Completed
- Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress
- Other Medicare Part B Drugs(15-3) - In Progress
- Dental(16) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

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

[Plan Characteristics](#)

Is there a coinsurance? ⓘ *

Yes
Yes with a min & max
No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes
Yes with a min & max
No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

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

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

15-3 – Other Medicare Part B Drugs – Page 2

- In-Home Support Services(14c21) - Not Started
- Support for Caregivers of Enrollees(14c22) - Not Started
- Kidney Disease Education Services(14d) - In Progress
- Other Medicare-covered Preventive Services(14e) - In Progress
- Medicare Part B Rx Drugs(15) - In Progress
- Medicare Part B Insulin Drugs(15-1) - Completed
- Other Medicare Part B Drugs(15-3) - In Progress
- Dental(16) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?
Yes

Point-of-Service (POS) Benefits

[+ Add New POS Group](#)

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

Add to POS Group

POS Group: Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Notes *

279/2000 characters

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

15 – Home Infusion Bundled Services

Started

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

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

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

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

Home infusion bundled services(15) - Not Started

^ Dental(16) - Not Started

^ Eye Exams/Eyewear(17) - Not Started

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

Home infusion bundled services (15) - Non-Medicare

[Plan Characteristics](#)

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

Yes No

Authorization required for this benefit?

No

Referral is not applicable for this Service Category.

[+ Add Notes](#)

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2025 PBP Data Entry System Pages

16a – Medicare Dental Services – Page 1

Medicare Dental Services (16a) - Medicare

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

Coinsurance percentage

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 Pages

16a – Medicare Dental Services – Page 2

- ✓ Ambulance/Transportation Services(10) - In Progress
- ✓ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Dialysis Services(12) - In Progress
- ✓ Other Supplemental Services(13) - In Progress
- ✓ Preventive and Other Defined Supplemental Services(14) - In Progress
- ✓ Medicare Part B Rx Drugs(15) - In Progress
- ^ Dental(16) - In Progress
 - Medicare Dental Services(16a) - Not Started
 - ✓ Diagnostic and Preventive Dental(16b) - Not Started
 - ✓ Comprehensive Dental(16c) - In Progress
 - ✓ Eye Exams/Eyewear(17) - In Progress

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Medicare Dental Services (16a) Medicare Service

Add to POS Group

POS Group

Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

16a – Medicare Dental Services – Page 3

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Medicare Dental Services (16a) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

16b – Diagnostic and Preventive Dental – Page 1

^ Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

^ Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Diagnostic and Preventive Dental (16b) - Non-Medicare ⓘ

Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes No

Maximum plan benefit coverage amount ⓘ *
\$

Periodicity ⓘ *
▼

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

Yes No

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

16b – Diagnostic and Preventive Dental – Page 2

- Medicare Part B Rx Drugs(15) - In Progress
- Dental(16) - In Progress
 - Medicare Dental Services(16a) - Not Started
 - Diagnostic and Preventive Dental(16b) - Not Started**
 - Oral Exams(16b1) - Not Started
 - Dental X-Rays(16b2) - Not Started
 - Other Diagnostic Dental Services(16b3) - Not Started
 - Prophylaxis (cleaning)(16b4) - Not Started
 - Fluoride Treatment(16b5) - Not Started
 - Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress

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

Yes No

MOOP amount ⓘ *
\$

Periodicity ⓘ *

Is there a Coinsurance for combination of services included in a single cost per office visit? ⓘ *

Yes Yes with a min & max No

Select all that apply: *

- Oral Exams ⓘ
- Dental X-Rays ⓘ
- Other Diagnostic Dental Services ⓘ
- Prophylaxis (cleaning) ⓘ
- Fluoride Treatment ⓘ
- Other Preventive Dental Services ⓘ

Coinsurance percentage ⓘ *

CY 2025 PBP Data Entry System Pages

16b – Diagnostic and Preventive Dental – Page 3

- Medicare Part B Rx Drugs(15) - In Progress
- Dental(16) - In Progress
- Medicare Dental Services(16a) - Not Started
- Diagnostic and Preventive Dental(16b) - Not Started
- Oral Exams(16b1) - Not Started
- Dental X-Rays(16b2) - Not Started
- Other Diagnostic Dental Services(16b3) - Not Started
- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Is there a Copayment for combination of services included in a single cost per office visit? ⓘ *

Yes
 Yes with a min & max
 No

Select all that apply: *

Oral Exams ⓘ
 Dental X-Rays ⓘ
 Other Diagnostic Dental Services ⓘ
 Prophylaxis (cleaning) ⓘ
 Fluoride Treatment ⓘ
 Other Preventive Dental Services ⓘ

Copayment amount ⓘ *

\$

Is there a deductible? ⓘ *

Yes
 No

Notes *

0/2000 characters

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

16b1 – Oral Exams – Page 1

Oral Exams (16b1) - Non-Medicare Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$ Maximum copayment ⓘ * \$

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 Pages

16b1 – Oral Exams – Page 2

- Medicare Part B Rx Drugs(15) - In Progress
- Dental(16) - In Progress
- Medicare Dental Services(16a) - Not Started
- Diagnostic and Preventive Dental(16b) - Not Started
- Oral Exams(16b1) - Not Started**
- Dental X-Rays(16b2) - Not Started
- Other Diagnostic Dental Services(16b3) - Not Started
- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Oral Exams (16b1) Non Medicare Service

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

16b2 – Dental X-Rays – Page 1

- Medicare Part B Rx Drugs(15) - In Progress
- Dental(16) - In Progress
- Medicare Dental Services(16a) - Not Started
- Diagnostic and Preventive Dental(16b) - Not Started
- Oral Exams(16b1) - Not Started
- Dental X-Rays(16b2) - Not Started
- Other Diagnostic Dental Services(16b3) - Not Started
- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Dental X-Rays (16b2) - Non-Medicare

[Plan Characteristics](#)

Is this benefit unlimited? ⓘ *

Yes **No**

Indicate the number of X-Rays *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

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

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

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

Minimum copayment ⓘ * Maximum copayment ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

CY 2025 PBP Data Entry System Pages

16b2 – Dental X-Rays – Page 2

- Medicare Part B Rx Drugs(15) - In Progress
- Dental(16) - In Progress
- Medicare Dental Services(16a) - Not Started
- Diagnostic and Preventive Dental(16b) - Not Started
- Oral Exams(16b1) - Not Started
- Dental X-Rays(16b2) - Not Started**
- Other Diagnostic Dental Services(16b3) - Not Started
- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Dental X-Rays (16b2) Non Medicare Service

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

16b3 – Other Diagnostic Dental Services – Page 1

Plan Characteristics

Other Diagnostic Dental Services (16b3) - Non-Medicare

Is this benefit unlimited? ⓘ *

Yes **No**

Indicate number of visits * _____

Periodicity ⓘ * _____

Is there a coinsurance? ⓘ *

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

Minimum coinsurance ⓘ * _____ Maximum coinsurance ⓘ * _____

Is there a copayment? ⓘ *

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

Minimum copayment ⓘ * \$ _____ Maximum copayment ⓘ * \$ _____

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 Pages

16b3 – Other Diagnostic Dental Services – Page 2

- Medicare Part B Rx Drugs(15) - In Progress
- Dental(16) - In Progress
- Medicare Dental Services(16a) - Not Started
- Diagnostic and Preventive Dental(16b) - Not Started
- Oral Exams(16b1) - Not Started
- Dental X-Rays(16b2) - Not Started
- Other Diagnostic Dental Services(16b3) - Not Started**
- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

[+ Add New POS Group](#)

Other Diagnostic Dental Services (16b3) Non Medicare Service

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2025 PBP Data Entry System Pages

16b4 - Prophylaxis (cleaning) - Page 1

Prophylaxis (cleaning) (16b4) - Non-Medicare Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * Maximum copayment ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

CY 2025 PBP Data Entry System Pages

16b4 - Prophylaxis (cleaning) - Page 2

- Medicare Part B Rx Drugs(15) - In Progress
- Dental(16) - In Progress
- Medicare Dental Services(16a) - Not Started
- Diagnostic and Preventive Dental(16b) - Not Started
- Oral Exams(16b1) - Not Started
- Dental X-Rays(16b2) - Not Started
- Other Diagnostic Dental Services(16b3) - Not Started
- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

[+ Add New POS Group](#)

Prophylaxis (cleaning) (16b4) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

16b5 - Fluoride Treatment - Page 1

- Medicare Part B Rx Drugs(15) - In Progress
- Dental(16) - In Progress
- Medicare Dental Services(16a) - Not Started
- Diagnostic and Preventive Dental(16b) - Not Started
- Oral Exams(16b1) - Not Started
- Dental X-Rays(16b2) - Not Started
- Other Diagnostic Dental Services(16b3) - Not Started
- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Fluoride Treatment (16b5) - Non-Medicare

[Plan Characteristics](#)

Is this benefit unlimited? ⓘ *

Yes **No**

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

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

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

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

Minimum copayment ⓘ * \$ Maximum copayment ⓘ * \$

Authorization required for this benefit?
No

Referral required for this benefit?
No

CY 2025 PBP Data Entry System Pages

16b5 - Fluoride Treatment - Page 2

- Medicare Part B Rx Drugs(15) - In Progress
- Dental(16) - In Progress
- Medicare Dental Services(16a) - Not Started
- Diagnostic and Preventive Dental(16b) - Not Started
- Oral Exams(16b1) - Not Started
- Dental X-Rays(16b2) - Not Started
- Other Diagnostic Dental Services(16b3) - Not Started
- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Fluoride Treatment (16b5) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

16b6 - Other Preventive Dental Services - Page 1

Plan Characteristics

Other Preventive Dental Services (16b6) - Non-Medicare

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$ Maximum copayment ⓘ * \$

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 Pages

16b6 - Other Preventive Dental Services - Page 2

- Medicare Part B Rx Drugs(15) - In Progress
- Dental(16) - In Progress
- Medicare Dental Services(16a) - Not Started
- Diagnostic and Preventive Dental(16b) - Not Started
- Oral Exams(16b1) - Not Started
- Dental X-Rays(16b2) - Not Started
- Other Diagnostic Dental Services(16b3) - Not Started
- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started**
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Other Preventive Dental Services (16b6) Non Medicare Service

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

16c - Comprehensive Dental - Page 1

Comprehensive Dental (16c) - Non-Medicare

Service maximum plan benefit coverage: Yes No

Select the maximum plan benefit coverage type

Covered under Diagnostic and Preventive Dental (16b)

Plan-specified amount per period

Maximum amount \$

Periodicity

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 Diagnostic and Preventive Dental (16b)

Plan-specified amount per period

MOOP amount \$

Periodicity

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

16c - Comprehensive Dental - Page 2

- Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress**
- Restorative Services(16c1) - Not Started
- Endodontics(16c2) - Not Started
- Periodontics(16c3) - Not Started
- Prostodontics, removable(16c4) - Not Started
- Maxillofacial Prosthetics(16c5) - Not Started
- Implant Services(16c6) - Not Started
- Prostodontics, fixed(16c7) - Not Started
- Oral and Maxillofacial Surgery(16c8) - Not Started
- Orthodontics(16c9) - Not Started

Periodicity [?] *

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

Select the maximum enrollee out-of-pocket cost type [?] *

Covered under Diagnostic and Preventive Dental (16b)

Plan-specified amount per period

MOOP amount [?] *

\$

Periodicity [?] *

Is there a deductible? [?] *

Deductible amount [?] *

\$

CY 2025 PBP Data Entry System Pages

16c1 - Restorative Services - Page 1

- ^ Dental(16) - In Progress
- Medicare Dental Services(16a) - Not Started
- ^ Diagnostic and Preventive Dental(16b) - Not Started
- Oral Exams(16b1) - Not Started
- Dental X-Rays(16b2) - Not Started
- Other Diagnostic Dental Services(16b3) - Not Started
- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- ^ Comprehensive Dental(16c) - In Progress
- Restorative Services(16c1) - Not Started
- Endodontics(16c2) - Not Started
- Periodontics(16c3) - Not Started

Restorative Services (16c1) - Non-Medicare

[Plan Characteristics](#)

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * Maximum copayment ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

CY 2025 PBP Data Entry System Pages

16c1 - Restorative Services - Page 2

- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Restorative Services(16c1) - Not Started**
- Endodontics(16c2) - Not Started
- Periodontics(16c3) - Not Started
- Prosthodontics, removable(16c4) - Not Started
- Maxillofacial Prosthetics(16c5) - Not Started
- Implant Services(16c6) - Not Started
- Prosthodontics, fixed(16c7) - Not Started
- Oral and Maxillofacial Surgery(16c8) - Not Started
- Orthodontics(16c9) - Not Started
- Adjunctive General Services(16c10) - Not Started

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Restorative Services (16c1) Non Medicare Service

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

16c2 - Endodontics - Page 1

- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Restorative Services(16c1) - Not Started
- Endodontics(16c2) - Not Started
- Periodontics(16c3) - Not Started
- Prosthodontics, removable(16c4) - Not Started
- Maxillofacial Prosthetics(16c5) - Not Started
- Implant Services(16c6) - Not Started
- Prosthodontics, fixed(16c7) - Not Started
- Oral and Maxillofacial Surgery(16c8) - Not Started
- Orthodontics(16c9) - Not Started
- Adjunctive General Services(16c10) - Not Started

Endodontics (16c2) - Non-Medicare

[Plan Characteristics](#)

Is this benefit unlimited? ⓘ *

Yes
 No

Indicate number of visits *

Periodicity ⓘ *

Plan Characteristics

Is there a coinsurance? ⓘ *

Yes
 Yes with a min & max
 No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes
 Yes with a min & max
 No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

CY 2025 PBP Data Entry System Pages

16c2 - Endodontics - Page 2

Fluoride Treatment(16b5) - Not Started	Authorization required for this benefit? No
Other Preventive Dental Services(16b6) - Not Started	Referral required for this benefit? No
Comprehensive Dental(16c) - In Progress	
Restorative Services(16c1) - Not Started	Point-of-Service (POS) Benefits
Endodontics(16c2) - Not Started	+ Add New POS Group
Periodontics(16c3) - Not Started	Endodontics (16c2) Non Medicare Service
Prosthodontics, removable(16c4) - Not Started	Add to POS Group
Maxillofacial Prosthetics(16c5) - Not Started	POS Group <input type="text" value="Select a Group"/>
Implant Services(16c6) - Not Started	Authorization required for this benefit? No
Prosthodontics, fixed(16c7) - Not Started	Referral required for this benefit? No
Oral and Maxillofacial Surgery(16c8) - Not Started	Notes * <input type="text"/>
Orthodontics(16c9) - Not Started	<small>0/2000 characters</small>
Adjunctive General Services(16c10) - Not Started	

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Periodontics (16c3) - Non-Medicare

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits * _____

Periodicity ⓘ * _____

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * _____ Maximum coinsurance ⓘ * _____

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$ _____ Maximum copayment ⓘ * \$ _____

Authorization required for this benefit?
No

Referral required for this benefit?
No

Plan Characteristics

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

16c3 - Periodontics - Page 2

Fluoride Treatment(16b5) - Not Started	Authorization required for this benefit? No
Other Preventive Dental Services(16b6) - Not Started	Referral required for this benefit? No
Comprehensive Dental(16c) - In Progress	Point-of-Service (POS) Benefits
Restorative Services(16c1) - Not Started	+ Add New POS Group
Endodontics(16c2) - Not Started	Periodontics (16c3) Non Medicare Service
Periodontics(16c3) - Not Started	Add to POS Group
Prostodontics, removable(16c4) - Not Started	POS Group <input type="text" value="Group Name 1 - POS"/>
Maxillofacial Prosthetics(16c5) - Not Started	Coinsurance No Copayment No Deductible No
Implant Services(16c6) - Not Started	Authorization required for this benefit? No
Prostodontics, fixed(16c7) - Not Started	Referral required for this benefit? No
Oral and Maxillofacial Surgery(16c8) - Not Started	Notes * <input type="text"/>
Orthodontics(16c9) - Not Started	0/2000 characters
Adjunctive General Services(16c10) - Not Started	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>

CY 2025 PBP Data Entry System Pages

16c4 - Prosthodontics, removable - Page 1

- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Restorative Services(16c1) - Not Started
- Endodontics(16c2) - Not Started
- Periodontics(16c3) - Not Started
- Prosthodontics, removable(16c4) - Not Started
- Maxillofacial Prosthetics(16c5) - Not Started
- Implant Services(16c6) - Not Started
- Prosthodontics, fixed(16c7) - Not Started
- Oral and Maxillofacial Surgery(16c8) - Not Started
- Orthodontics(16c9) - Not Started
- Adjunctive General Services(16c10) - Not Started

Prosthodontics, removable (16c4) - Non-Medicare

[Plan Characteristics](#)

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * Maximum copayment ⓘ *

Authorization required for this benefit?
No

Referral required for this benefit?
No

CY 2025 PBP Data Entry System Pages

16c4 - Prosthodontics, removable - Page 2

Fluoride Treatment(16b5) - Not Started	Authorization required for this benefit? No
Other Preventive Dental Services(16b6) - Not Started	Referral required for this benefit? No
Comprehensive Dental(16c) - In Progress	Point-of-Service (POS) Benefits
Restorative Services(16c1) - Not Started	+ Add New POS Group
Endodontics(16c2) - Not Started	Prosthodontics, removable (16c4) Non Medicare Service
Periodontics(16c3) - Not Started	Add to POS Group
Prosthodontics, removable(16c4) - Not Started	POS Group <input type="text" value="Group Name 1 - POS"/>
Maxillofacial Prosthetics(16c5) - Not Started	Coinsurance No Copayment No Deductible No
Implant Services(16c6) - Not Started	Authorization required for this benefit? No
Prosthodontics, fixed(16c7) - Not Started	Referral required for this benefit? No
Oral and Maxillofacial Surgery(16c8) - Not Started	Notes * <input type="text"/>
Orthodontics(16c9) - Not Started	0/2000 characters
Adjunctive General Services(16c10) - Not Started	

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2025 PBP Data Entry System Pages

16c5 - Maxillofacial Prosthetics - Page 1

Maxillofacial Prosthetics (16c5) - Non-Medicare Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits * _____

Periodicity ⓘ * _____

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * _____ Maximum coinsurance ⓘ * _____

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$ _____ Maximum copayment ⓘ * \$ _____

Authorization required for this benefit?
No

Referral required for this benefit?
No

CY 2025 PBP Data Entry System Pages

16c5 - Maxillofacial Prosthetics - Page 2

- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Restorative Services(16c1) - Not Started
- Endodontics(16c2) - Not Started
- Periodontics(16c3) - Not Started
- Prosthodontics, removable(16c4) - Not Started
- Maxillofacial Prosthetics(16c5) - Not Started**
- Implant Services(16c6) - Not Started
- Prosthodontics, fixed(16c7) - Not Started
- Oral and Maxillofacial Surgery(16c8) - Not Started
- Orthodontics(16c9) - Not Started
- Adjunctive General Services(16c10) - Not Started

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Maxillofacial Prosthetics (16c5) Non Medicare Service

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

16c6 - Implant Services - Page 1

- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Restorative Services(16c1) - Not Started
- Endodontics(16c2) - Not Started
- Periodontics(16c3) - Not Started
- Prosthodontics, removable(16c4) - Not Started
- Maxillofacial Prosthetics(16c5) - Not Started
- Implant Services(16c6) - Not Started
- Prosthodontics, fixed(16c7) - Not Started
- Oral and Maxillofacial Surgery(16c8) - Not Started
- Orthodontics(16c9) - Not Started
- Adjunctive General Services(16c10) - Not Started

Implant Services (16c6) - Non-Medicare

[Plan Characteristics](#)

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * Maximum copayment ⓘ *

Authorization required for this benefit?
No

Referral required for this benefit?
No

CY 2025 PBP Data Entry System Pages

16c6 - Implant Services - Page 2

Fluoride Treatment(16b5) - Not Started	Authorization required for this benefit? No
Other Preventive Dental Services(16b6) - Not Started	Referral required for this benefit? No
Comprehensive Dental(16c) - In Progress	Point-of-Service (POS) Benefits
Restorative Services(16c1) - Not Started	+ Add New POS Group
Endodontics(16c2) - Not Started	Implant Services (16c6) Non Medicare Service
Periodontics(16c3) - Not Started	Add to POS Group
Prosthodontics, removable(16c4) - Not Started	POS Group <input type="text" value="Group Name 1 - POS"/>
Maxillofacial Prosthetics(16c5) - Not Started	Coinsurance No Copayment No Deductible No
Implant Services(16c6) - Not Started	Authorization required for this benefit? No
Prosthodontics, fixed(16c7) - Not Started	Referral required for this benefit? No
Oral and Maxillofacial Surgery(16c8) - Not Started	Notes * <input type="text"/>
Orthodontics(16c9) - Not Started	<small>0/2000 characters</small>
Adjunctive General Services(16c10) - Not Started	

CY 2025 PBP Data Entry System Pages

16c7 - Prosthodontics, fixed - Page 1

- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Restorative Services(16c1) - Not Started
- Endodontics(16c2) - Not Started
- Periodontics(16c3) - Not Started
- Prosthodontics, removable(16c4) - Not Started
- Maxillofacial Prosthetics(16c5) - Not Started
- Implant Services(16c6) - Not Started
- Prosthodontics, fixed(16c7) - Not Started
- Oral and Maxillofacial Surgery(16c8) - Not Started
- Orthodontics(16c9) - Not Started
- Adjunctive General Services(16c10) - Not Started

Prosthodontics, fixed (16c7) - Non-Medicare

[Plan Characteristics](#)

Is this benefit unlimited? ⓘ *

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Minimum copayment ⓘ * Maximum copayment ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

CY 2025 PBP Data Entry System Pages

16c7 - Prosthodontics, fixed - Page 2

- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Restorative Services(16c1) - Not Started
- Endodontics(16c2) - Not Started
- Periodontics(16c3) - Not Started
- Prosthodontics, removable(16c4) - Not Started
- Maxillofacial Prosthetics(16c5) - Not Started
- Implant Services(16c6) - Not Started
- Prosthodontics, fixed(16c7) - Not Started**
- Oral and Maxillofacial Surgery(16c8) - Not Started
- Orthodontics(16c9) - Not Started
- Adjunctive General Services(16c10) - Not Started

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Prosthodontics, fixed (16c7) Non Medicare Service

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

16c8 - Oral and Maxillofacial Surgery - Page 1

Oral and Maxillofacial Surgery (16c8) - Non-Medicare Plan Characteristics

Is this benefit unlimited? Yes No

Indicate number of visits *

Periodicity *

Is there a coinsurance? Yes Yes with a min & max No

Minimum coinsurance * Maximum coinsurance *

Is there a copayment? Yes Yes with a min & max No

Minimum copayment * Maximum copayment *

Authorization required for this benefit?
No

Referral required for this benefit?
No

CY 2025 PBP Data Entry System Pages

16c8 - Oral and Maxillofacial Surgery - Page 2

- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Restorative Services(16c1) - Not Started
- Endodontics(16c2) - Not Started
- Periodontics(16c3) - Not Started
- Prosthetics, removable(16c4) - Not Started
- Maxillofacial Prosthetics(16c5) - Not Started
- Implant Services(16c6) - Not Started
- Prosthetics, fixed(16c7) - Not Started
- Oral and Maxillofacial Surgery(16c8) - Not Started**
- Orthodontics(16c9) - Not Started
- Adjunctive General Services(16c10) - Not Started

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

[+ Add New POS Group](#)

Oral and Maxillofacial Surgery (16c8) Non Medicare Service

Add to POS Group

POS Group

Coinurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2025 PBP Data Entry System Pages

16c9 - Orthodontics - Page 1

- Comprehensive Dental(16c) - In Progress
- Restorative Services(16c1) - Not Started
- Endodontics(16c2) - Not Started
- Periodontics(16c3) - Not Started
- Prostodontics, removable(16c4) - Not Started
- Maxillofacial Prosthetics(16c5) - Not Started
- Implant Services(16c6) - Not Started
- Prostodontics, fixed(16c7) - Not Started
- Oral and Maxillofacial Surgery(16c8) - Not Started
- Orthodontics(16c9) - Not Started
- Adjunctive General Services(16c10) - Not Started
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Orthodontics (16c9) - Non-Medicare Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$ Maximum copayment ⓘ * \$

Authorization required for this benefit?

No

Referral required for this benefit?

No

CY 2025 PBP Data Entry System Pages

16c9 - Orthodontics - Page 2

- Comprehensive Dental(16c) - In Progress
- Restorative Services(16c1) - Not Started
- Endodontics(16c2) - Not Started
- Periodontics(16c3) - Not Started
- Prosthodontics, removable(16c4) - Not Started
- Maxillofacial Prosthetics(16c5) - Not Started
- Implant Services(16c6) - Not Started
- Prosthodontics, fixed(16c7) - Not Started
- Oral and Maxillofacial Surgery(16c8) - Not Started
- Orthodontics(16c9) - Not Started**
- Adjunctive General Services(16c10) - Not Started
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Orthodontics (16c9) Non Medicare Service

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

17a – Eye Exams– Page 1

Plan Characteristics

Eye Exams(17a)

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

Yes No

MOOP amount

Periodicity

Is there a maximum plan benefit coverage?

Yes No

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

In-network services only

Both in-network and out-of-network services

Maximum amount

Periodicity

Is there a coinsurance?

CY 2025 PBP Data Entry System Pages

17a – Eye Exams– Page 2

<ul style="list-style-type: none">Medicare Part B Rx Drugs(15)-CompletedDental(16)-CompletedEye Exams(17a)- In ProgressRoutine Eye Exams(17a1)- Not StartedOther Eye Exam Services(17a2)- Not StartedEyewear(17b)- Not Started<ul style="list-style-type: none">Eyewear(17b) Non Medicare - Not StartedContact Lenses(17b1)- Not StartedEyeglasses (lenses and frames)(17b2)- Not StartedEyeglass lenses(17b3)- Not StartedEyeglass frames(17b4)) - Not StartedUpgrades(17b5)- Not StartedHearing Exams/Hearing Aids(18)- Not Started	Is there a coinsurance? <input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No Minimum coinsurance: <input type="text" value="4%"/> Maximum coinsurance: <input type="text" value="8%"/>
	Is there a copayment? <input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No Minimum copayment: <input type="text" value="\$400"/> Maximum copayment: <input type="text" value="\$400"/>
	Is there a deductible? <input checked="" type="radio"/> Yes <input type="radio"/> No Deductible amount: <input type="text" value="\$400"/>
	Authorization required for this benefit? Yes
	Referral required for this benefit? No
	Out-of-Network (OON) Benefits
	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>

CY 2025 PBP Data Entry System Pages

17a – Eye Exams– Page 3

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

Out-of-Network (OON) Benefits

Add to OON Group

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 Pages

17a1 – Routine Eye Exams

Plan Characteristics

Routine Eye Exams(17a1)

Is this benefit unlimited?
 Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?
 Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?
 Yes Yes with a min & max No

Minimum copayment Maximum copayment

CY 2025 PBP Data Entry System Pages

17a2 – Other Eye Exam Services

Plan Characteristics

Other Eye Exam Services(17a2)

Name of Other Service
Other Service Name

Is this benefit unlimited?
 Yes No

Indicate number of visits
Periodicity

Is there a coinsurance?
 Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?
 Yes Yes with a min & max No

Minimum copayment Maximum copayment

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

17b – Eyewear– Page 1

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

Eyewear(17b) Plan Characteristics

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

Yes No

Select the maximum enrollee out-of-pocket cost type

Covered under Eye exams Category(17a)

Plan-specified amount per period

MOOP amount

Periodicity

Is there a maximum plan benefit coverage?

Yes No

Select the maximum plan benefit coverage type

Covered under Eye exams Category (17a)

Plan-specified amount per period

Maximum amount

Periodicity

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

17b – Eyewear– Page 2

Periodicity
6 Months

Do you offer a Combined Max Plan Benefit Coverage Amount for all Eyewear?
 Yes No

Combined Maximum amount
\$500

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

CY 2025 PBP Data Entry System Pages

17b – Eyewear– Page 3

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

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

17b – Eyewear– Page 4

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

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

17b – Eyewear Non-Medicare– Page 1

Medicare Part B Rx Drugs(15)-Completed

Dental(16)-Completed

Eye Exams(17a)-Completed

Routine Eye Exams(17a1)-Completed

Other Eye Exam Services(17a2)-Completed

Eyewear(17b)-In Progress

Eyewear(17b) Non Medicare - In Progress

Contact Lenses(17b1)- Not Started

Eyeglasses (lenses and frames)(17b2)- Not Started

Eyeglass lenses(17b3)- Not Started

Eyeglass frames(17b4)) - Not Started

Upgrades(17b5)- Not Started

Hearing Exams/Hearing Aids(18)- Not Started

Eyewear(17b) Non Medicare

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Select the maximum plan benefit coverage type

Covered under Eye exams Category (17a)

Plan-specified amount per period

Maximum amount:

Periodicity:

Do you offer a Combined Max Plan Benefit Coverage Amount for all Eyewear?

Yes No

Maximum amount:

Out-of-Network (OON) Benefits

Add OON Service

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

17b – Eyewear Non-Medicare– Page 2

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

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Pages

17b1 – Contact Lenses– Page 1

Contact Lenses (17b1) - Non-Medicare Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of pairs *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * Maximum copayment ⓘ *

Authorization required for this benefit?

CY 2025 PBP Data Entry System Pages

17b1 – Contact Lenses– Page 2

- ▼ Dental(16) - In Progress
- ^ Eye Exams/Eyewear(17) - In Progress
 - Eye Exams(17a) - Completed
 - ^ Eye Exams(17a) - In Progress
 - Routine Eye Exams(17a1) - In Progress
 - Eye Exam Services Specify(17a2) - Not Started
 - Eyewear(17b) - In Progress
 - ^ Eyewear(17b) - In Progress
 - Contact Lenses(17b1) - In Progress**
 - Eyeglasses (lenses and frames) (17b2) - In Progress
 - Eyeglass lenses(17b3) - Not Started
 - Eyeglass frames(17b4) - Not Started

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Contact Lenses (17b1) Non Medicare Service

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *
N/A

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

17b2 – Eyeglasses (lenses and frames)– Page 1

Eyeglasses (lenses and frames) (17b2) - Non-Medicare Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of eyeglasses *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * Maximum copayment ⓘ *

Authorization required for this benefit?

CY 2025 PBP Data Entry System Pages

17b2 – Eyeglasses (lenses and frames)– Page 2

- ▼ Dental(16) - In Progress
- ^ Eye Exams/Eyewear(17) - In Progress
 - Eye Exams(17a) - Completed
 - ^ Eye Exams(17a) - In Progress
 - Routine Eye Exams(17a1) - In Progress
 - Eye Exam Services Specify(17a2) - Not Started
 - Eyewear(17b) - In Progress
 - ^ Eyewear(17b) - In Progress
 - Contact Lenses(17b1) - In Progress
 - Eyeglasses (lenses and frames) (17b2) - In Progress**
 - Eyeglass lenses(17b3) - Not Started
 - Eyeglass frames(17b4) - Not Started

Authorization required for this benefit?
Yes


Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Eyeglasses (lenses and frames) (17b2) Non Medicare Service

Add to POS Group

POS Group  Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *
N/A

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

17b3 – Eyeglass lenses– Page 1

Eyeglass lenses (17b3) - Non-Medicare Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of pairs of lenses *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$ Maximum copayment ⓘ * \$

Authorization required for this benefit?

CY 2025 PBP Data Entry System Pages

17b3 – Eyeglass lenses– Page 2

- Routine Eye Exams(17a1) - In Progress
- Eye Exam Services Specify(17a2) - Not Started
- Eyewear(17b) - In Progress
- ^ Eyewear(17b) - In Progress
- Contact Lenses(17b1) - In Progress
- Eyeglasses (lenses and frames) (17b2) - In Progress
- Eyeglass lenses(17b3) - Not Started
- Eyeglass frames(17b4) - Not Started
- Upgrades(17b5) - Not Started
- ^ Hearing Exams/Hearing Aids(18) - In Progress
- Hearing Exams(18a) - In Progress
- ^ Hearing Exams(18a) - In Progress

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Eyeglass lenses (17b3) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

Close
Save and Close
Save and Next

Routine Eye Exams(17a1) - In Progress

Eye Exam Services Specify(17a2) - Not Started

Eyewear(17b) - In Progress

^ Eyewear(17b) - In Progress

Contact Lenses(17b1) - In Progress

Eyeglasses (lenses and frames) (17b2) - In Progress

Eyeglass lenses(17b3) - Not Started

Eyeglass frames(17b4) - Not Started

Upgrades(17b5) - Not Started

^ Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

^ Hearing Exams(18a) - In Progress

Eyeglass frames (17b4) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of eyeglass frames *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * Maximum copayment ⓘ *

Authorization required for this benefit?

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

17b4 – Eyeglass frames– Page 2

- Routine Eye Exams(17a1) - In Progress
- Eye Exam Services Specify(17a2) - Not Started
- Eyewear(17b) - In Progress
 - ^ Eyewear(17b) - In Progress
 - Contact Lenses(17b1) - In Progress
 - Eyeglasses (lenses and frames) (17b2) - In Progress
 - Eyeglass lenses(17b3) - Not Started
 - Eyeglass frames(17b4) - Not Started**
 - Upgrades(17b5) - Not Started
 - ^ Hearing Exams/Hearing Aids(18) - In Progress
 - Hearing Exams(18a) - In Progress
 - ^ Hearing Exams(18a) - In Progress

Authorization required for this benefit?
No


Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Eyeglass frames (17b4) Non Medicare Service

Add to POS Group

POS Group  Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

Close Save and Close Save and Next

Upgrades (17b5) - Non-Medicare Plan Characteristics

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$ Maximum copayment ⓘ * \$

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

CY 2025 PBP Data Entry System Pages

17b5 – Upgrades – Page 2

Routine Eye Exams(17a1) - In Progress	Authorization required for this benefit? No
Eye Exam Services Specify(17a2) - Not Started	Referral required for this benefit? No
Eyewear(17b) - In Progress	
^ Eyewear(17b) - In Progress	
Contact Lenses(17b1) - In Progress	
Eyeglasses (lenses and frames) (17b2) - In Progress	
Eyeglass lenses(17b3) - Not Started	
Eyeglass frames(17b4) - Not Started	
Upgrades(17b5) - Not Started	
^ Hearing Exams/Hearing Aids(18) - In Progress	
Hearing Exams(18a) - In Progress	
^ Hearing Exams(18a) - In Progress	

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Upgrades (17b5) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

18a – Hearing Exams – Page 1

Hearing Exams (18a) - Medicare

Plan Characteristics

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

Yes No

MOOP amount \$

Periodicity

Is there a coinsurance? *

Yes Yes with a min & max No

Minimum coinsurance \$ Maximum coinsurance \$

Is there a copayment? *

Yes Yes with a min & max No


Minimum copayment \$ Maximum copayment \$

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

18a – Hearing Exams– Page 2

- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - Not Started
- ▼ Preventive and Other Defined Supplemental Services(14) - In Progress
- ▼ Medicare Part B Rx Drugs(15) - In Progress
- ▼ Dental(16) - In Progress
- ▼ Eye Exams/Eyewear(17) - In Progress
- ▲ Hearing Exams/Hearing Aids(18) - In Progress
 - Hearing Exams(18a) - In Progress**
 - ▼ Hearing Exams(18a) - In Progress
 - ▼ Prescription Hearing Aids(18b) - In Progress
 - OTC Hearing Aids(18c) - Not Started

Is there a deductible?  *

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

Hearing Exams (18a) Medicare Service

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?

No

Referral required for this benefit?

CY 2025 PBP Data Entry System Pages

18a – Hearing Exams– Page 3

- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - Not Started
- ▼ Preventive and Other Defined Supplemental Services(14) - In Progress
- ▼ Medicare Part B Rx Drugs(15) - In Progress
- ▼ Dental(16) - In Progress
- ▼ Eye Exams/Eyewear(17) - In Progress
- ▲ Hearing Exams/Hearing Aids(18) - In Progress
 - Hearing Exams(18a) - In Progress
 - ▼ Hearing Exams(18a) - In Progress
 - ▼ Prescription Hearing Aids(18b) - In Progress
 - OTC Hearing Aids(18c) - Not Started

No

Point-of-Service (POS) Benefits

[+ Add New POS Group](#)

Hearing Exams (18a) Medicare Service

Add to POS Group

POS Group: Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

18a - Hearing Exams - Non-Medicare

- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - Not Started
- ▼ Preventive and Other Defined Supplemental Services(14) - In Progress
- ▼ Medicare Part B Rx Drugs(15) - In Progress
- ▼ Dental(16) - In Progress
- ▼ Eye Exams/Eyewear(17) - In Progress
- ^ Hearing Exams/Hearing Aids(18) - In Progress
 - Hearing Exams(18a) - In Progress
 - ^ Hearing Exams(18a) - In Progress**
 - Routine Hearing Exams(18a1) - In Progress
 - Fitting/Evaluation for Hearing Aid(18a2) - In Progress

Hearing Exams (18a) - Non-Medicare ⓘ

Plan Characteristics

Is there a maximum plan benefit coverage? ⓘ *

Yes No

Maximum amount ⓘ *
\$

Periodicity ⓘ *
▼

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *
\$

[+ Add Notes](#)

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2025 PBP Data Entry System Pages

18a1 – Routine Hearing Exams

Plan Characteristics

Routine Hearing Exams(18a1)

Is this benefit unlimited?
 Yes No

Indicate number of visits

Periodicity

Is there a coinsurance?
 Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?
 Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

18a2 – Fitting/Evaluation for Hearing Aid– Page 1

Plan Characteristics

Fitting/Evaluation for Hearing Aid(18a2)

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

Yes No

MOOP amount:

Periodicity:

Is there a maximum plan benefit coverage?

Yes No

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

In-network services only

Both in-network and out-of-network services

Maximum amount:

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

18a2 – Fitting/Evaluation for Hearing Aid– Page 2

<p>Eye Exams(17a) -Completed</p> <p>Hearing Exams/Hearing Aids(18) - In Progress</p> <p>Hearing Exams(18a) -Completed</p> <p>Routine Hearing Exams(18a1) - Completed</p> <p>Fitting/Evaluation for Hearing Aid (18a2)-In Progress</p> <p>Hearing Aids(18b) -Not Started</p> <p>Hearing Aids (all types)(18b1) - Not Started</p> <p>Hearing Aids -Inner Ear(18b2) - Not Started</p> <p>Hearing Aids -Outer Ear(18b3) - Not Started</p> <p>Hearing Aids -Over the Ear(18b4) - Not Started</p>	<p>Is there a coinsurance?</p> <p>Yes Yes with a min & max No</p> <p>Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/></p>
	<p>Is there a copayment?</p> <p>Yes Yes with a min & max No</p> <p>Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/></p>
	<p>Is there a deductible?</p> <p>Yes No</p> <p>Deductible amount <input type="text" value="\$400"/></p>
	<p>Authorization required for this benefit?</p> <p>Yes</p>
	<p>Referral required for this benefit?</p> <p>No</p>
	<p>Out-of-Network (OON) Benefits</p>

CY 2025 PBP Data Entry System Pages

18a2 – Fitting/Evaluation for Hearing Aid– Page 3

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - In Progress
- Hearing Exams(18a) - Completed
- Routine Hearing Exams(18a1) - Completed
- Fitting/Evaluation for Hearing Aid (18a2) - In Progress
- Hearing Aids(18b) - Not Started
- Hearing Aids (all types)(18b1) - Not Started
- Hearing Aids - Inner Ear(18b2) - Not Started
- Hearing Aids - Outer Ear(18b3) - Not Started
- Hearing Aids - Over the Ear(18b4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Pages

18b – Prescription Hearing Aids – Page 1

- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress
- Hearing Exams(18a) - In Progress
- Hearing Exams(18a) - In Progress
- Routine Hearing Exams(18a1) - In Progress
- Fitting/Evaluation for Hearing Aid(18a2) - In Progress
- Prescription Hearing Aids(18b) - In Progress**
- Prescription Hearing Aids (all types)(18b1) - In Progress
- OTC Hearing Aids(18c) - Not Started

Prescription Hearing Aids (18b) - Non-Medicare ⓘ

[Plan Characteristics](#)

Service maximum plan benefit coverage: ⓘ *

Yes No

Does the Maximum Plan Benefit Coverage Amount apply per ear or for both ears combined?

Select Coverage ⓘ *

Select the maximum plan benefit coverage type ⓘ *

Covered under Hearing Exams Category (18a)

Plan-specified amount per period

Service maximum enrollee out-of-pocket cost (MOOP): ⓘ *

Yes No

Select the maximum enrollee out-of-pocket cost type ⓘ *

Covered under Hearing exams Category (18a)

Plan-specified amount per period

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

18b – Prescription Hearing Aids– Page 2

- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress
 - Hearing Exams(18a) - In Progress
 - Hearing Exams(18a) - In Progress
 - Routine Hearing Exams(18a1) - In Progress
 - Fitting/Evaluation for Hearing Aid(18a2) - In Progress
 - Prescription Hearing Aids(18b) - In Progress**
 - Prescription Hearing Aids (all types)(18b1) - In Progress
 - OTC Hearing Aids(18c) - Not Started

Select the maximum plan benefit coverage type ⓘ *

Covered under Hearing Exams Category (18a)

Plan-specified amount per period

Service maximum enrollee out-of-pocket cost (MOOP): ⓘ *

Select the maximum enrollee out-of-pocket cost type ⓘ *

Covered under Hearing exams Category (18a)

Plan-specified amount per period

Is there a deductible? ⓘ *

Deductible amount ⓘ *

\$

Notes

0/2000 characters

CY 2025 PBP Data Entry System Pages

18b1 - Prescription Hearing Aids (all types) - Page 1

Prescription Hearing Aids (all types) (18b1) - Non-Medicare Plan Characteristics

Is this benefit unlimited? Yes No

Indicate quantity for Hearing Aids *

Periodicity *

Is there a coinsurance? Yes Yes with a min & max No

Minimum coinsurance * Maximum coinsurance *

Is there a copayment? Yes Yes with a min & max No

Minimum copayment * Maximum copayment *

Authorization required for this benefit?
No

Referral required for this benefit?
No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

18b1 - Prescription Hearing Aids (all types) - Page 2

- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress
 - Hearing Exams(18a) - In Progress
 - Hearing Exams(18a) - In Progress
 - Routine Hearing Exams(18a1) - In Progress
 - Fitting/Evaluation for Hearing Aid(18a2) - In Progress
 - Prescription Hearing Aids(18b) - In Progress
 - Prescription Hearing Aids (all types)(18b1) - In Progress**
 - OTC Hearing Aids(18c) - Not Started

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Prescription Hearing Aids (all types) (18b1) Non Medicare Service

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

1/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

18c - OTC Hearing Aids - Page 1

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Completed

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

Hearing Exams(18a) - In Progress

Prescription Hearing Aids(18b) - In Progress

Prescription Hearing Aids (all types)(18b1) - In Progress

OTC Hearing Aids(18c) - Not Started

OTC Hearing Aids (18c) - Non-Medicare

Plan Characteristics

Service maximum plan benefit coverage: ⓘ *

Yes No

Does the Maximum Plan Benefit Coverage Amount apply per ear or for both ears combined?

Select Coverage ⓘ *

Maximum amount ⓘ *

Periodicity ⓘ *

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

Yes No

MOOP amount ⓘ *

Periodicity ⓘ *

Is there a deductible? ⓘ *

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

18c - OTC Hearing Aids - Page 2

Prophylaxis (cleaning)(16b4) - Not Started	Is there a deductible? ⓘ *	
Fluoride Treatment(16b5) - Not Started	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Other Preventive Dental Services(16b6) - Not Started	Deductible amount ⓘ *	
Comprehensive Dental(16c) - In Progress	\$	
Eye Exams/Eyewear(17) - In Progress	Is this benefit unlimited? ⓘ *	
Hearing Exams/Hearing Aids(18) - In Progress	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Hearing Exams(18a) - In Progress	Is there a coinsurance? ⓘ *	
Hearing Exams(18a) - In Progress	<input checked="" type="radio"/> Yes <input type="radio"/> Yes with a min & max <input type="radio"/> No	
Routine Hearing Exams(18a1) - In Progress	Minimum coinsurance ⓘ *	Maximum coinsurance ⓘ *
Fitting/Evaluation for Hearing Aid(18a2) - In Progress		
Prescription Hearing Aids(18b) - In Progress	Minimum copayment ⓘ *	Maximum copayment ⓘ *
Prescription Hearing Aids (all types)(18b1) - In Progress	\$	\$
OTC Hearing Aids(18c) - Not Started	Authorization required for this benefit?	
	<input checked="" type="radio"/> No	
	Referral required for this benefit?	
	<input checked="" type="radio"/> No	

CY 2025 PBP Data Entry System Pages

18c - OTC Hearing Aids - Page 3

- Prophylaxis (cleaning)(16b4) - Not Started
- Fluoride Treatment(16b5) - Not Started
- Other Preventive Dental Services(16b6) - Not Started
- Comprehensive Dental(16c) - In Progress
- Eye Exams/Eyewear(17) - In Progress
- Hearing Exams/Hearing Aids(18) - In Progress
- Hearing Exams(18a) - In Progress
- Hearing Exams(18a) - In Progress
- Routine Hearing Exams(18a1) - In Progress
- Fitting/Evaluation for Hearing Aid(18a2) - In Progress
- Prescription Hearing Aids(18b) - In Progress
- Prescription Hearing Aids (all types)(18b1) - In Progress
- OTC Hearing Aids(18c) - Not Started

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

[+ Add New POS Group](#)

OTC Hearing Aids (18c) Non Medicare Service

Add to POS Group

POS Group Group Name1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Notes *

0/2000 characters

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

20 – Prescription Drugs– Page 1

Prescription Drugs(20) Plan Characteristics

Indicate the number of drug groupings that are offered
4

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

Select what combination of drug groups applies for Maximum Enrollee Out-of-Pocket Cost(Select all that apply):

- Group 1
- Group 2
- Group 3
- Group 4
- Group 5
- Medicare Covered Benefits

MOOP amount
\$500

Periodicity
Every Year

Is there a coinsurance?
 Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

20 – Prescription Drugs– Page 2

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - Completed
- Prescription Drugs(20) - In Progress**
- Prescription Drugs Non medicare (20) - Not Started
- Outpatient Drugs Groups(20) -Not Started

Is there a coinsurance?
 Yes No

Select which Medicare-covered Outpatient Drugs have a Coinsurance:

- Medicare Part B Chemotherapy/Radiation Drugs
 - Minimum coinsurance
 - Maximum coinsurance
- Other Medicare Part B Drugs
 - Minimum coinsurance
 - Maximum coinsurance

Is there a copayment?
 Yes No

Select which Medicare-covered Outpatient Drugs have a Copayment:

- Medicare Part B Chemotherapy/Radiation Drugs
 - Minimum copayment
 - Maximum copayment
- Other Medicare Part B Drugs
 - Minimum copayment
 - Maximum copayment

CY 2025 PBP Data Entry System Pages

20 – Prescription Drugs– Page 3

Eye Exams(17a) - Completed

Hearing Exams/Hearing Aids(18) - Completed

Prescription Drugs(20) - In Progress

Prescription Drugs Non medicare (20) - Not Started

Outpatient Drugs Groups(20) - Not Started

Minimum copayment

Maximum copayment

Is there a deductible?

Yes No

Select what combination of drug groups applies for Deductible (Select all that apply):

- Group 1
- Group 2
- Group 3
- Group 4
- Group 5
- Medicare Covered Benefits

Deductible amount

Authorization required for this benefit?

Yes

Out-of-Network (OON) Benefits

CY 2025 PBP Data Entry System Pages

20 – Prescription Drugs– Page 4

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - Completed
- Prescription Drugs(20) - In Progress**
- Prescription Drugs Non medicare (20) - Not Started
- Outpatient Drugs Groups(20)-Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group: [+ Add New OON Group](#)

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group: [+ Add New POS Group](#)

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

[+ Add Notes](#)

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2025 PBP Data Entry System Pages

20 – Prescription Drugs Non-Medicare– Page 1

Eye Exams(17a) - Completed

Hearing Exams/Hearing Aids(18) - Completed

Prescription Drugs(20) - In Progress

Prescription Drugs Non medicare (20) - In Progress

Outpatient Drugs Groups(20) - Not Started

Prescription Drugs Non medicare (20)

[Plan Characteristics](#)

Is there a maximum plan benefit coverage for drugs?

Yes No

Indicate type of maximum plan benefit coverage

All drug groups covered by plan

Combination of drug groups

Individual drug groups

Is the maximum plan benefit coverage net of the enrollee copay?

Yes No

Indicate maximum plan benefit coverage periodicity for drugs

Annually

Maximum amount

Semi-annually

Maximum amount

CY 2025 PBP Data Entry System Pages

20 – Prescription Drugs Non-Medicare– Page 2

- Eye Exams(17a) -Completed
- Hearing Exams/Hearing Aids(18) -Completed
- Prescription Drugs(20) -In Progress
- Prescription Drugs Non medicare (20) -In Progress**
- Outpatient Drugs Groups(20) - Not Started

Quarterly

Maximum amount

Monthly

Maximum amount

Other

Describe

Maximum amount

Can any unused amounts be carried forward to the next period within the contract period?

Yes No

Select what combination of drug groups are included in the maximum plan benefit (Select all that apply):

Group 1

Group 2

Group 3

Group 4

CY 2025 PBP Data Entry System Pages

20 – Prescription Drugs Non-Medicare – Page 3

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - Completed
- Prescription Drugs(20) - In Progress
 - Prescription Drugs Non medicare (20) - In Progress**
 - Outpatient Drugs Groups(20) - Not Started

Group 4

Group 5

Indicate maximum plan benefit coverage periodicity for combination of drug groups (Select all that apply):

Annually

Maximum amount

Semi-annually

Maximum amount

Quarterly

Maximum amount

Monthly

Maximum amount

Other

Describe

CY 2025 PBP Data Entry System Pages

20 – Prescription Drugs Non-Medicare– Page 4

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - Completed
- Prescription Drugs(20) - In Progress
- Prescription Drugs Non medicare (20) - In Progress**
- Outpatient Drugs Groups(20) - Not Started

Describe

Maximum amount

Is a selected group unlimited after the combination maximum plan benefit coverage amount has been reached?

Yes No

Indicate the selected group(s) for which the maximum plan benefit coverage is waived (Select all that apply):

- Group 1
- Group 2
- Group 3
- Group 4
- Group 5

Does the enrollee incur a cost in addition to the coinsurance or copay for selecting a higher priced drug when a less expensive drug is available?

Yes No

CY 2025 PBP Data Entry System Pages

20 – Outpatient Drug Groups

- ▼ Eye Exams(17a) - Completed
- ▼ Hearing Exams/Hearing Aids(18) - Completed
- ▲ Prescription Drugs(20) - In Progress
- Prescription Drugs Non medicare (20) - Completed
- Outpatient Drugs Groups(20) - In Progress

Outpatient Drugs Groups(20)

[Plan Characteristics](#)

+ Add New Outpatient Drugs Group

Group Name	Copayment	Coinsurance	Max Coverage Amount	Aquisition Method	Actions
Group 1	\$20	5%-10%	\$200	HMO-Owned pharmacy, Mail Order	✎
Group 2	\$23	10%	\$230	Mail Order	✎ ✖
Group 3	\$25	5%-10%	\$250	Designated retail pharmacy	✎ ✖
Group 4	\$20	10%	\$200	Designated retail pharmacy	✎ ✖

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Pages

20 – Add New Outpatient Drug Group– Page 1

Very long Plan Name

- Eye Exams(17a) -Completed
- Hearing Exams/Hearing Aids(18) -Completed
- Prescription Drugs(20) -In Progress
- Prescription Drugs Non medicare (20) -Completed
- Outpatient Drugs Groups(20) -In Progress**

Add New Outpatient Drugs Group

Group Name
Sample Group Name

Select the drug type(s) covered for Group

- Generic
- Preferred Brand
- Brand

Is there a maximum plan benefit coverage amount for the group?

Yes No

Maximum plan benefit coverage amount
4

Periodicity
Every 6 Months

Select from where the Group Drugs can be acquired (Select all that apply):

- Designated retail pharmacy
- HMO-Owned pharmacy
- Mail Order

Cancel Save

CY 2025 PBP Data Entry System Pages

20 – Add New Outpatient Drug Group– Page 2

Very long Plan Name

Eye Exams(17a) - Completed

Hearing Exams/Hearing Aids(18) - Completed

Prescription Drugs(20) - In Progress

Prescription Drugs Non medicare (20) - Completed

Outpatient Drugs Groups(20) - In Progress

Add New Outpatient Drugs Group

Non-Owned pharmacy

Mail Order

Other, describe

Is there coinsurance?

Yes Yes with a min & max No

Designated retail pharmacy

Minimum percentage 4% Maximum percentage 8%

Is there copayment?

Yes Yes with a min & max No

Designated retail pharmacy

Minimum amount \$400 Maximum amount \$800

Enter the maximum day supply for Group 1 Designated Retail Pharmacy

Indicate day supply 100

Cancel Save

Plan Characteristics

Add New Outpatient Drugs Group

	Actions
Mail Order	
Pharmacy	
Pharmacy	

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Pages

20 – Add New Outpatient Drug Group– Page 3

Very long Plan Name

- Eye Exams(17a) - Completed
- Hearing Exams/Hearing Aids(18) - Completed
- Prescription Drugs(20) - In Progress
- Prescription Drugs Non medicare (20) - Completed
- Outpatient Drugs Groups(20) - In Progress**

Add New Outpatient Drugs Group

Is there coinsurance?

Yes Yes with a min & max No

Designated retail pharmacy

Minimum percentage: Maximum percentage:

Is there copayment?

Yes Yes with a min & max No

Designated retail pharmacy

Minimum amount: Maximum amount:

Enter the maximum day supply for Group 1 Designated Retail Pharmacy

Indicate day supply:

+ Add Notes

Cancel Save

Plan Characteristics

Add New Outpatient Drugs Group

	Actions
Mail Order	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>

Close Save and Close Save and Next