

CY 2025 PBP Data Entry System Screens

Out-of-Network (OON) Groups Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - Not Started

Visitor Travel - Not Started

Cost Share Groups - In Progress

Out of Network Groups - In Progress

Combined Supplemental Benefits - Not Started

Reduction in Cost Sharing - Not Started

Optional Supplemental Packages - Not Started

VBID, MA Uniformity, SSBCI - Not Started

Out-of-Network (OON) Groups Setup

(Maximum of 25 groups)

Plan Characteristics

+ Add New OON Group

Group ID	Group Name	Copayment	Coinsurance	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Any sample name	\$10.00 - \$50.00	5% - 25%	\$20.00	No	N/A	In Progress	 

CloseSave and CloseSave and Next

CY 2025 PBP Data Entry System Screens

Out of Network Groups – Add New OON Group – Page 1

Add New Out of Network Group

Group Name
Sample Group Name

Is there a maximum plan benefit coverage amount?

☒ Yes ☐ No

Maximum plan benefit coverage amount
4

Periodicity
Every 6 Months

Is there coinsurance?

☐ Yes ☒ Yes with a minimum & maximum ☐ No

Minimum percentage
4%

Maximum percentage
8%

Is there copayment?

CY 2025 PBP Data Entry System Screens

Out of Network Groups – Add New OON Group – Page 2

Add New Out of Network Group

Is there copayment?

☐ Yes ☒ Yes with a minimum & maximum ☐ No

Minimum amount: \$400 Maximum amount: \$800

Is there a deductible?

☒ Yes ☐ No

Deductible amount: 4

[+ Add Notes](#)

[Cancel](#) [Save](#)

HPMS > PBP CY 2025

1 Plan Level 2 Groups 3 Do you have Out of Network Groups? 4 Out of Network Groups 5 Review 6 Submit

[+ Add New Group](#)

Amount	Periodicity
	Every 1 year
	Every 6 months
	N/A
	N/A

Web Policies | File Formats and Plug-ins | Rules of Behavior | System Requirements

CMS

CY 2025 PBP Data Entry System Screens

Point of Service (POS) Groups Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

Point of Service Groups - In Progress

Combined Supplemental Benefits - In Progress

Reduction in Cost Sharing - In Progress

Optional Supplemental Packages - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Point-of-Service (POS) Groups Setup

(Maximum of 25 groups)

Plan Characteristics

+ Add New POS Group

Group ID	Group Name	Copayment	Coinsurance	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Group Name 1 - POS	No	No	No	No	N/A	In Progress	 
2	Dental, Vision, Hearing Wrap	\$20.00	10%	\$25.00	No	N/A	In Progress	 

CY 2025 PBP Data Entry System Screens

Point of Service Groups – Add New POS Group – Page 1

Management System

HPMS > PBP CY 2025

PBP CY 2025

Plan Level 1

Groups Summary

Do you have Out of Network?

Yes No

Out of Network

COON Group 1

Group 1

Group 2

Group 3

Group 4

Do you have Point of Service?

Yes No

ssibility | Web Policies | File Formats and Plug-ins | Rules of Behavior | System Requirements

CMS

Add New Point of Service Group

Group Name
Sample Group Name

Is there a maximum plan benefit coverage amount?

Yes No

Maximum plan benefit coverage amount
4

Periodicity
Every 6 Months

Is there coinsurance?

Yes Yes with a minimum & maximum No

Minimum percentage
4%

Maximum percentage
8%

Is there copayment?

Cancel Save

5 Review 6 Submit

+ Add New Group

Amount	Periodicity
	Every 1 year
	Every 6 months
	N/A
	N/A

CY 2025 PBP Data Entry System Screens

Point of Service Groups – Add New POS Group – Page 2

Management System

HPMS > PBP CY 2025

PBP CY 2025

1 Plan Level 1

Groups S

Do you have Out of Network

Yes No

Out of Network

OOON Group 1

Group 1

Group 2

Group 3

Group 4

Do you have Point of Service

Yes No

5 Review 6 Submit

+ Add New Group

Amount Periodicity

Every 1 year

Every 6 months

N/A

N/A

Add New Point of Service Group

Is there copayment?

Yes Yes with a minimum & maximum No

Minimum amount \$400 Maximum amount \$800

Is there a deductible?

Yes No

Deductible Amount 4

+ Add Notes

Cancel Save

Accessibility Web Policies File Formats and Plug-ins Rules of Behavior System Requirements

CMS

CY 2025 PBP Data Entry System Screens

Combined Supplemental Benefits Group Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

Point of Service Groups - In Progress

Combined Supplemental Benefits - In Progress

Reduction in Cost Sharing - In Progress

Optional Supplemental Packages - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Combined Supplemental Benefits ⓘ

Plan Characteristics

(Maximum of 5 groups)

+ Add New Combined Supplemental Benefits Group

Group ID	Group Name	Mode of Delivery	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Combined Supplemental Benefits 1	Other	\$1000	Every Year	In Progress	 
2	Combined Supplemental Benefits Group 2	Debit Card	\$600.00	Every Year	In Progress	 

CY 2025 PBP Data Entry System Screens

Combined Supplemental Benefits – Add New Group – Page 1

Add New Combined Benefits Group ⓘ

Group Name *

0/40 characters

What is your combined supplemental benefits mode of delivery? *

☐ Catalogue Purchase

☐ Claims Processing

☐ Debit Card

☐ Reimbursement

☐ Other

Select which Non-Medicare covered benefits are included in your Combined Supplemental Benefit group: *

Available

Additional Days for Inpatient Hospital-Acute(1a1)

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

Selected

Cancel

Save

Close

Save and Next

CY 2025 PBP Data Entry System Screens

Combined Supplemental Benefits – Add New Group – Page 2

Add New Combined Benefits Group ⓘ

Additional Intensive Cardiac Rehabilitation Services(3-2)

Is the enrollee limited to one or more of the Combined Supplemental Benefits from the group which they must select in advance? ⓘ *

Yes

No

Do you offer Combined Supplemental Benefits with a shared maximum plan benefit amount? ⓘ *

Yes

No

Maximum plan benefit coverage amount ⓘ *

\$

Periodicity ⓘ *

Do you offer Combined Supplemental Benefits with a shared visit/trips limits? ⓘ *

Yes

No

Indicate number of shared visits/trips ⓘ *

Periodicity ⓘ *

+ Add Notes

Cancel

Save

Close

Save and Next

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing (RICS) Groups Setup

Plan Characteristics - Completed

Standard Bid - Completed

▼ Benefit Offerings - Completed

▼ Plan Level Cost Sharing - Completed

▼ Prior Authorization & Referral - Completed

Visitor Travel - Completed

^ Cost Share Groups - In Progress

Point of Service Groups - In Progress

Combined Supplemental Benefits - In Progress

Reduction in Cost Sharing - In Progress

Reduction in Cost Sharing Groups Setup ⓘ

Plan Characteristics

(Maximum of 5 groups)

+ Add New RIC Group

Group ID	Group Name	Mode of Delivery	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Reduction Group 1	DEC, REM, Other	\$500.00	Every 3 Years	Completed	 

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing – Add New RICS Group – Page 2

Add New Reduction in Cost Sharing Group X

Select the Non-Medicare service categories that have Reduction in Cost Sharing:

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

Is there a maximum plan benefit coverage amount?

☒ Yes ☐ No

Maximum plan benefit coverage amount:

Periodicity:

6 Submit

Add New Group

Periodicity

Every 1 year

Every 6 months

A

A

issibility | Web Policies | File Formats and Plug-ins | Rules of Behavior | System Requirements

CMS

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing – Add New RICS Group – Page 3

Add New Reduction in Cost Sharing Group ⓘ

Periodicity ⓘ *
Every 6 Months ▼

Is your Reductions in Cost Sharing Max Plan Benefit amount shared with a Combined Benefits package? ⓘ *

Yes No

Select Combined Supplemental Benefits Packages: *

Available		Selected
Search by terms 🔍 NCBG 1 Oncology Benefits Group 1 Dental Benefits Group 2 Eye Care Group 1	> >> < <<	Search by terms 🔍

Cancel Save

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing – Add New RICS Group – Page 4

Add New Reduction in Cost Sharing Group ⓘ

Eye Care Group 1

<<

Can the reduction in cost sharing be applied to a deductible? *

Yes

No

What is your Reductions in Cost Sharing mode of delivery? * ⓘ

☐ Debit Card

☒ Reimbursement

☐ Other

+ Add Notes

Cancel

Save

CY 2025 PBP Data Entry System Screens

Optional Supplemental Packages Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Visitor Travel - Completed

Cost Share Groups - In Progress

Point of Service Groups - In Progress

Combined Supplemental Benefits - In Progress

Reduction in Cost Sharing - In Progress

Optional Supplemental Packages - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Optional Supplemental Packages Setup

Plan Characteristics

+ Add New Package

(Maximum of 5 packages)

Package Name	Package ID	Package Description	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
Op Sup 1	1	special benefits	\$100.00	\$1000.00	Every 3 Years	Completed	 

CY 2025 PBP Data Entry System Screens

Optional Supplemental Packages – Add New Package – Page 1

Optional Supplemental Package - Package 1 - In Progress

Health Care Professional Services(7) - In Progress

Step-up Chiropractic Services(7b) - In Progress

Step-up Routine Foot Care(7f) - In Progress

Package ID
001

Package Name
Package 1

Package Description
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.
555/1000 characters

Select the service categories included in this package that have optional/both supplemental benefits declared in Benefit offerings- Non-medicare section

Available

Search by terms

Inpatient Hospital-Acute(1a)

Inpatient Hospital Psychiatric(1b)

Skilled Nursing Facility (SNF)(2)

Cardiac Rehabilitation Services(3-1)

Intensive Cardiac Rehabilitation Services(3-2)

Pulmonary Rehabilitation Services(3-3)

>

>>

<

<<

Selected

Search by terms

Partial Hospitalization(5)

Chiropractic Services(7b)

Routine Foot Care(7f)

Transportation Services(10b)

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

Optional Supplemental Packages – Add New Package – Page 2

Optional Supplemental Package -Package 1-In Progress

Health Care Professional Services(7) -In Progress

Step-up Chiropractic Services(7b)-In Progress

Step-up Routine Foot Care(7f)-In Progress

Is there a Maximum Plan Benefit Coverage Amount for this package?

Yes No

Maximum plan benefit coverage amount

\$2800

Periodicity

6 Months

Do the Optional Supplemental benefits in this package apply to the MOOP for this plan?

Yes No

Is there an enrollee Deductible for this package?

Yes No

Indicate deductible amount:

\$400

Select the benefits to which the deductible applies:

Available		Selected
Search by terms		Search by terms
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Chiropractic Services(7b)

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Optional Supplemental Packages – Add New Package – Page 3

Optional Supplemental Package-Package 1 - In Progress

Health Care Professional Services(7) - In Progress

Step-up Chiropractic Services(7b) - In Progress

Step-up Routine Foot Care(7f) - In Progress

Do the Optional Supplemental benefits in this package apply to the MOOP for this plan?

Yes No

Is there an enrollee Deductible for this package?

Yes No

Indicate deductible amount:

\$400

Select the benefits to which the deductible applies:

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

Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

Optional Supplemental Packages – Add Package with Service 4c (sample) - Page 1

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

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

Worldwide Urgent Coverage (4c2) - Not Started

Worldwide Emergency/Urgent Coverage (4c) - Non-Medicare

Plan Characteristics

Is your optional supplemental cost-sharing the same as your in-network mandatory supplemental cost-sharing? ⓘ *

Yes

No

Is there a maximum plan benefit coverage? ⓘ *

Yes

No

Is the maximum plan benefit coverage amount unlimited? ⓘ *

Yes

No

Maximum amount ⓘ *

\$

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 Screens

Optional Supplemental Packages – Add Package with Service 4c (sample) – Page 2

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

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

Worldwide Urgent Coverage (4c2) - Not Started

Is the maximum plan benefit coverage amount unlimited? ⓘ *

Yes

No

Maximum amount ⓘ *

\$

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

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

▼

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

+ Add Notes

CY 2025 PBP Data Entry System Screens

Optional Supplemental Packages – Add Package with Service 4c2 (sample) - Page 1

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

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

Worldwide Urgent Coverage (4c2) - In Progress

Worldwide Urgent Coverage (4c2) - Non-Medicare

Plan Characteristics

Is your optional supplemental cost-sharing the same as your in-network mandatory supplemental cost-sharing? ⓘ *

Yes

No

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is this Coinsurance waived if admitted to hospital? ⓘ *

Yes

No

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

CY 2025 PBP Data Entry System Screens

Optional Supplemental Packages – Add Package with Service 4c2 (sample) - Page 2

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

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

Worldwide Urgent Coverage (4c2) - In Progress

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is this Copayment waived if admitted to hospital? ⓘ *

Yes

No

Additional OON cost share information

Does this category include Out-of-Network benefits? ⓘ *

Yes

No

Are the OON cost shares the same as the In-Network cost shares? ⓘ *

Yes

No

Is there an OON coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there an OON copayment? ⓘ *

Yes

Yes with a min & max

No

CY 2025 PBP Data Entry System Screens

Optional Supplemental Packages – Add Package with Service 4c2 (sample) - Page 3

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

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

Worldwide Urgent Coverage (4c2) - In Progress

Additional OON cost share information

Does this category include Out-of-Network benefits? ⓘ *

Yes

No

Are the OON cost shares the same as the In-Network cost shares? ⓘ *

Yes

No

Is there an OON coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there an OON copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Notes *