

CY 2025 PBP Data Entry System Screens

Plan Benefit Package Landing Page

Plan Benefit Package

Dashboard

Plan Benefit Packages

PBP CY 2025

PBP CY 2024

Copy Packages

Reports

Documentation

HPMS > Plan Bids > Plan Benefit Package > PBP CY 2025

Plan Benefit Package

Contract ID *

Z000 - Sample Contract

X

Plan ID *

Z000 - Sample Plan

X

Section	Status	Last Updated At	Last Updated By
PBP	In Progress	12/18/2023 5:34:36 PM EST	STE TESTER
Plan Characteristics	Completed	11/21/2023 5:18:34 PM EST	STE TESTER
Standard Bid	Completed	11/22/2023 3:00:14 PM EST	STE TESTER
Benefit Offerings	Completed	12/17/2023 4:26:51 AM EST	STE TESTER
Plan Level Cost Sharing	In Progress	12/17/2023 3:41:25 AM EST	STE TESTER
Prior Authorization & Referral	In Progress	12/18/2023 5:34:36 PM EST	STE TESTER
Visitor Travel	Completed	12/1/2023 12:40:18 PM EST	STE TESTER
Cost Share Groups	In Progress	12/17/2023 4:33:38 AM EST	STE TESTER
VBID, MA Uniformity, SSBCI	In Progress	12/17/2023 4:26:51 AM EST	STE TESTER
Benefit Details	In Progress	12/17/2023 4:26:51 AM EST	STE TESTER
Rx	In Progress	12/17/2023 5:31:33 AM EST	STE TESTER

Plan Characteristics – Page 1

Plan Characteristics - In Progress

Standard Bid - Not Started

Benefit Offerings - Not started

Plan Level Cost Share - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Plan Characteristics

View Service Areas

General Information

Organization Legal Name

Example legal name of the Organization

Segment Name

West Dallas

Organization Marketing Name

Example marketing name of the Organization

Plan Geographic Name

North Texas

Organization Type

Sample Organization Type

Plan Details

Plan Type

Sample Plan Type

Does this plan offer Prescription drugs (Rx)?

Yes

Does this plan offer Value based Insurance Design (VBid)?

Yes

Is this a network plan?

Full Network Plan

Does this plan offer Point of Service (POS)?

Yes

Is this an Employer-Only plan?

No

Does this plan offer Out of Network services (OON)?

No

Special Needs Plan (SNP)

Is this a SNP?

Yes

Chronic or Disabling Conditions

Diabetes, Dialysis services, Recurring dialysis

SNP Type

D-SNP

SNP Institutional Type

N/A

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

Plan Characteristics – Page 2

Plan Characteristics - **In Progress**

Standard Bid - Not Started

▼ Benefit Offerings - Not started

Plan Level Cost Share - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

▼ Cost Share Groups - Not started

Does this D-SNP offer Medicare zero-dollar cost sharing (not applicable to Part D)?

Yes

Under this D-SNP, has the state agreed to cover all Medicare premiums and cost sharing for enrollees in your D-SNP?

Yes

No

Plan Attributes

Select the enrollee type:

Part A & Part B

Part B Only

Does this plan cover hospice care?

Yes

No

Indicate the total projected member months for this plan:

11234

Does this plan have a CMS-approved continuation area?

Yes

No

Does this plan have the same cost sharing in the continuation area for the services included?

Yes

No

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

Plan Characteristics – Page 3

Plan Characteristics - In Progress

Standard Bid - Not Started

Benefit Offerings - Not started

Plan Level Cost Share - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Does this plan have the same cost sharing in the continuation area for the services included?

Yes

No

Describe the cost sharing differences for the continuation area

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

Does this plan intend to participate in the Platino program?

Yes

No

Point of Service (POS)

Select the POS benefit type:

Mandatory

Optional

Does this POS benefit service the United States and its territories? If no, please briefly describe geographic limitations in the following area.

Yes

No

Notes (POS)

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

Close

Save and Close

Save and Next

Softtrams

CY2025 PBP – General Setup
12/29/2023
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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Plan Characteristics – Page 4

Plan Characteristics - **In Progress**

Standard Bid - Not Started

▼ Benefit Offerings - Not started

Plan Level Cost Share - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

▼ Cost Share Groups - Not started

Point of Service (POS)

Select the POS benefit type:

Mandatory

Optional

Does this POS benefit service the United States and its territories? If no, please briefly describe geographic limitations in the following area.

Yes

No

Notes (POS)

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

Does this POS benefit include all practitioners who are state-licensed or state-certified and eligible to be paid by Medicare to furnish the services?

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

Standard Bid

Plan Characteristics - Completed

Standard Bid - In Progress

Benefit Offerings - Not started

Plan Level Cost Share - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Standard Bid

Does this plan offer a standard bid for In-Network service categories? ⓘ

Yes No

Does this plan offer a standard bid for Out-of-Network service categories?

Yes No

Does this plan offer a standard bid for plan-level deductible and maximum enrollee out-of-pocket cost (MOOP)?

Yes No

Plan Characteristics

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

Benefit Offerings – Medicare Services

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Medicare Services - Completed

Non Medicare Services - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Visitor Travel - In Progress

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - Completed

Benefit Offerings

Updated by STE TESTER on 8/31/2023 1:28:26 PM EDT

Medicare Services

Select all the service categories that are being offered under the plan

Plan Characteristics

Collapse All

Services	In-Network (INN)	Point-Of-Service (POS)
	Select All	☒
^ Inpatient Hospital Services (1)		
Inpatient Hospital-Acute (1a)	Required	☒
Inpatient Hospital Psychiatric (1b)	Required	☒
Skilled Nursing Facility (SNF) (2)	Required	☒
^ Cardiac and Pulmonary Rehabilitation Services (3)		
Cardiac Rehabilitation Services (3-1)	Required	☒
Intensive Cardiac Rehabilitation Services (3-2)	Required	☒
Pulmonary Rehabilitation Services (3-3)	Required	☒
SET for PAD Services (3-4)	Required	☒
^ Emergency/Urgently Needed Services (4)		
Emergency Services (4a)	Required	
Urgently Needed Services (4b)	Required	
Partial Hospitalization (5)	Required	☒
Home Health Services (6)	Required	☒
^ Health Care Professional Services (7)		
Primary Care Physician Services (7a)	Required	☐
Chiropractic Services (7b)	Required	☐
Occupational Therapy Services (7c)	Required	☐
Physician Specialist Services (7d)	Required	☐

CY 2025 PBP Data Entry System Screens

Benefit Offerings – Non-Medicare Services

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Medicare Services - Completed

Non Medicare Services - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBI, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Benefit Offerings

Non-Medicare Services

Select all the service categories that are being offered under this plan

Collapse All

Services	In-Network (INN)		Point-Of-Service (POS)
	☐	Optional/ Mandatory / Both	☒
^ Inpatient Hospital Services (1)			
^ Inpatient Hospital-Acute (1a)			
Additional Days for Inpatient Hospital-Acute (1a1)	☒	Mandatory	
Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)	☒	Mandatory	
Upgrades for Inpatient Hospital-Acute (1a3)	☒	Mandatory	
^ Inpatient Hospital Psychiatric (1b)			
Additional Days for Inpatient Hospital Psychiatric (1b1)	☒	Mandatory	
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)	☒	Mandatory	
^ Skilled Nursing Facility (SNF) (2)			
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)	☒	Mandatory	
^ Cardiac and Pulmonary Rehabilitation Services (3)			
Additional Cardiac Rehabilitation Services (3-1)	☒	Mandatory	☒
Additional Intensive Cardiac Rehabilitation Services (3-2)	☒	Mandatory	☒

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

^ Benefit Offerings - Completed

Medicare Services - Completed

Non Medicare Services - Completed

^ Plan Level Cost Sharing - Completed

Plan Deductible - Completed

Max Enrollee Cost Limit - Completed

^ Prior Authorization & Referral - Completed

Visitor Travel - Completed

^ Cost Share Groups - In Progress

^ VBID, MA Uniformity, SSBCI - In Progress

^ Rx - In Progress

Plan Level Cost Sharing

Plan Characteristics

Tiered Cost Sharing

MA plans may choose to tier the cost sharing for contracted providers as an incentive to encourage enrollees to seek care from providers the plan identifies based on efficiency and quality data. The tiered cost sharing must satisfy the following standards

- Enrollees may not be limited to obtaining services from providers/suppliers assigned to a particular tier; and
- All enrollees are charged the same amount for the same service provided by the same provider.

The following are not considered to be tiering of medical benefits when enrollee cost sharing varies based on:

- The facility or place of service in which the service is furnished.
- Which manufacturer (e.g., preferred vendor) the enrollee uses for supplies.
- In-network versus out-of-network services.

Does this plan have tiered cost sharing for Medicare covered services? *

Yes

No

Select the Medicare-covered benefits that have tiered cost sharing: *

Available

Selected

Search by terms

Cardiac Rehabilitation Services(3-1)

Intensive Cardiac Rehabilitation Services(3-2)

Pulmonary Rehabilitation Services(3-3)

SET for PAD Services(3-4)

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Search by terms

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Page 2

Plan Characteristics - Completed	Select the Medicare-covered benefits that have tiered cost sharing: *	
Standard Bid - Completed		
^ Benefit Offerings - Completed		
Medicare Services - Completed		
Non Medicare Services - Completed		
^ Plan Level Cost Sharing - Completed		
Plan Deductible - Completed		
Max Enrollee Cost Limit - Completed		
^ Prior Authorization & Referral - Completed		
Visitor Travel - Completed		
^ Cost Share Groups - In Progress		
^ VBID, MA Uniformity, SSBCI - In Progress		
^ Rx - In Progress		

Available

Cardiac Rehabilitation Services(3-1)

Intensive Cardiac Rehabilitation Services(3-2)

Pulmonary Rehabilitation Services(3-3)

SET for PAD Services(3-4)

Partial Hospitalization(5)

Home Health Services(6)

Primary Care Physician Services(7a)

Chiropractic Services(7b)

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Selected

Does this plan have tiered cost sharing for Non-Medicare covered services? *

Yes

No

Select the Non-Medicare-covered benefits that have tiered cost sharing: *

Available

Additional Cardiac Rehabilitation Services(3-1)

Additional Intensive Cardiac Rehabilitation Services(3-2)

>

Selected

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Page 3

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Medicare Services - Completed

Non Medicare Services - Completed

Plan Level Cost Sharing - Completed

Plan Deductible - Completed

Max Enrollee Cost Limit - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Does this plan have tiered cost sharing for Non-Medicare covered services? *

Yes

No

Select the Non-Medicare-covered benefits that have tiered cost sharing: *

Available

Search by terms

Additional Cardiac Rehabilitation Services(3-1)

Additional Intensive Cardiac Rehabilitation Services(3-2)

Additional Pulmonary Rehabilitation Services(3-3)

Additional SET for PAD Services(3-4)

Routine Chiropractic Care(7b1)

Podiatry Services: Routine Foot Care(7f)

Three(3) pint Deductible Waived(9d)

Transportation Services - Plan Annual Health-related Limit(10b1)

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Selected

Search by terms

Reductions in Cost Sharing

Does your plan offer Reductions in Cost Sharing? *

Yes

No

Combined Supplemental Benefits

Do you offer Combined Supplemental Benefits? ⓘ *

Yes

No

Point of Service (POS)

Is there a POS maximum plan benefit coverage? ⓘ *

Softrams

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12/29/2023
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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Plan Level Cost Sharing – Page 4

Plan Characteristics - Completed

Standard Bid - Completed

^ Benefit Offerings - Completed

Medicare Services - Completed

Non Medicare Services - Completed

^ Plan Level Cost Sharing - Completed

Plan Deductible - Completed

Max Enrollee Cost Limit - Completed

^ Prior Authorization & Referral - Completed

Visitor Travel - Completed

^ Cost Share Groups - In Progress

^ VBI, MA Uniformity, SSBCI - In Progress

^ Rx - In Progress

Point of Service (POS)

Is there a POS maximum plan benefit coverage? ⓘ *

Yes

No

POS Maximum amount ⓘ

\$

Periodicity *

Is there Medicare-covered benefits that apply to the Maximum Plan Benefit Coverage Amount? *

Yes

No

Select the Medicare-covered benefits that have POS maximum plan benefit coverage: *

Available

Search by terms

Q

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)

SET for PAD Services(3-4)

Partial Hospitalization(5)

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Selected

Search by terms

Q

Is there Non-Medicare-covered benefits that apply to the Maximum Plan Benefit Coverage Amount? *

Yes

No

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Page 5

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Medicare Services - Completed

Non Medicare Services - Completed

Plan Level Cost Sharing - Completed

Plan Deductible - Completed

Max Enrollee Cost Limit - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

SET FOR PAD SERVICES(3-4)

Partial Hospitalization(6)

Is there Non-Medicare-covered benefits that apply to the Maximum Plan Benefit Coverage Amount? *

Yes No

Select the Non-Medicare-covered benefits that have POS maximum plan benefit coverage: *

Available

Search by terms

Additional Cardiac Rehabilitation Services(3-1)

Additional Intensive Cardiac Rehabilitation Services(3-2)

Additional Pulmonary Rehabilitation Services(3-3)

Additional SET for PAD Services(3-4)

Routine Chiropractic Care(7b1)

Podiatry Services: Routine Foot Care(7f)

Three(3) pint Deductible Waived(9d)

Transportation Services - Plan Approved Health-related Location(10h1)

Selected

Search by terms

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Does this plan have a POS deductible? *

Yes No

POS Deductible Amount *

\$

+ Add Notes

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Plan Deductible – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Plan Deductible - Completed

Max Enrollee Cost Limit - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Plan Characteristics

Annual Plan Deductible

Does this plan have an In-Network plan deductible? ⓘ *

Yes

No

Does this plan charge the Medicare-defined Part B deductible amount? *

Yes

No

In-Network Deductible Amount *

\$

Select the Service Categories that apply to the In-Network Deductible:

☒ In-Network Medicare-covered benefits

Does the In-Network Deductible apply to all In-Network Medicare-covered plan services? *

Yes

No

☒ In-Network Non-Medicare-covered benefits

Does the In-Network Deductible apply to all In-Network Non-Medicare-covered plan services? *

Yes

No

Does this plan have an Out-of-Network Network plan deductible? *

Yes

No

Does this plan charge the Medicare-defined Part B deductible amount? *

Yes

No

Out-of-Network Deductible Amount *

\$

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Plan Deductible – Page 2

Plan Characteristics - Completed	Does this plan have an Out-of-Network Network plan deductible? *
Standard Bld - Completed	<input checked="" type="button" value="Yes"/> No
Benefit Offerings - Completed	Does this plan charge the Medicare-defined Part B deductible amount? *
Plan Level Cost Sharing - Completed	Yes <input checked="" type="button" value="No"/>
Plan Deductible - Completed	Out-of-Network Deductible Amount *
Max Enrollee Cost Limit - Completed	\$
Prior Authorization & Referral - Completed	Select the Service Categories that apply to the Out-Of-Network Deductible:
Visitor Travel - Completed	☒ Out-of-Network Medicare-covered benefits
Cost Share Groups - In Progress	Does the Out-of-Network Deductible apply to all Out-of-Network Medicare-covered plan services? *
VBID, MA Uniformity, SSBCI - In Progress	Yes <input checked="" type="button" value="No"/>
Rx - In Progress	☒ Out-of-Network Non-Medicare-covered benefits
	Does the Out-of-Network Deductible apply to all Out-of-Network Non-Medicare-covered plan services? *
	Yes <input checked="" type="button" value="No"/>
	Does this plan have a combined (In-Network and Out-of-Network) deductible? *
	<input checked="" type="button" value="Yes"/> No
	Does this plan charge the Medicare-defined Part B deductible amount? *
	Yes <input checked="" type="button" value="No"/>
	Combined Deductible Amount *
	\$
	Select the Service Categories that apply to the Combined Deductible:
	☒ In-Network Medicare-covered benefits
	Does the Combined Deductible apply to all In-Network Medicare-covered plan services? *

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Plan Level Cost Sharing – Plan Deductible – Page 3

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Plan Deductible - Completed

Max Enrollee Cost Limit - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBIQ, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Select the Service Categories that apply to the Combined Deductible:

☒ In-Network Medicare-covered benefits

Does the Combined Deductible apply to all In-Network Medicare-covered plan services? *

☐ Yes ☒ No

☒ In-Network Non-Medicare-covered benefits

Does the Combined Deductible apply to all In-Network Non-Medicare-covered plan services? *

☐ Yes ☒ No

☒ Out-of-Network Medicare-covered benefits

Does the Combined Deductible apply to all Out-of-Network Medicare-covered plan services? *

☐ Yes ☒ No

☒ Out-of-Network Non-Medicare-covered benefits

Does the Combined Deductible apply to all Out-of-Network Non-Medicare-covered plan services? *

☐ Yes ☒ No

Medicare Services

Select the Medicare service categories that are subject to each plan-level deductible type:

Services	In-Network	Combined In-Network	Combined Out-Of-Network	Out-of-Network
Inpatient Hospital Services (1)				
Inpatient Hospital-Acute (1a)	☐	☐	☐	☐
Inpatient Hospital Psychiatric (1b)	☐	☐	☐	☐
Skilled Nursing Facility (SNF) (2)	☐	☐	☐	☐
Cardiac and Pulmonary Rehabilitation Services (3)				

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Plan Deductible – Page 4

Plan Characteristics - Completed	Medicare Services				
Standard Bld - Completed	Select the Medicare service categories that are subject to each plan-level deductible type:				
Benefit Offerings - Completed	Services	In-Network	Combined In-Network	Combined Out-Of-Network	Out-of-Network
Plan Level Cost Sharing - Completed	Inpatient Hospital Services (1)				
Plan Deductible - Completed	Inpatient Hospital-Acute (1a)	☐	☐	☐	☐
Max Enrollee Cost Limit - Completed	Inpatient Hospital Psychiatric (1b)	☐	☐	☐	☐
Prior Authorization & Referral - Completed	Skilled Nursing Facility (SNF) (2)	☐	☐	☐	☐
Visitor Travel - Completed	Cardiac and Pulmonary Rehabilitation Services (3)				
Cost Share Groups - In Progress	Cardiac Rehabilitation Services (3-1)	☐	☐	☐	☐
VBI, MA Uniformity, SSBCI - In Progress	Intensive Cardiac Rehabilitation Services (3-2)	☐	☐	☐	☐
Rx - In Progress	Pulmonary Rehabilitation Services (3-3)	☐	☐	☐	☐
	SET for PAD Services (3-4)	☐	☐	☐	☐
	Partial Hospitalization (5)	☐	☐	☐	☐
	Home Health Services (6)	☐	☐	☐	☐
	Health Care Professional Services (7)				
	Primary Care Physician Services (7a)	☐	☐	☐	☐
	At least one service category must be selected for In-Network Deductible.				
	Non-Medicare Services				
	Select the Non-Medicare service categories that are subject to each plan-level deductible type:				
	Services	In-Network	Combined In-Network	Combined Out-Of-Network	Out-of-Network
	Inpatient Hospital Services (1)				
	Inpatient Hospital-Acute (1a)				
	Additional Days for Inpatient Hospital-Acute (1a1)	☐	☐		

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Plan Deductible – Page 5

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Plan Deductible - Completed

Max Enrollee Cost Limit - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Non-Medicare Services

Select the Non-Medicare service categories that are subject to each plan-level deductible type:

Services	In-Network	Combined In-Network	Combined Out-Of-Network	Out-of-Network
Inpatient Hospital Services (1)				
Inpatient Hospital-Acute (1a)				
Additional Days for Inpatient Hospital-Acute (1a1)	☐	☐		
Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)	☐	☐		
Upgrades for Inpatient Hospital-Acute (1a3)	☐	☐		
Inpatient Hospital Psychiatric (1b)				
Additional Days for Inpatient Hospital Psychiatric (1b1)	☐	☐		
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)	☐	☐		
Skilled Nursing Facility (SNF) (2)				
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)	☐	☐		
Cardiac and Pulmonary Rehabilitation Services (3)				
Additional Cardiac Rehabilitation Services (3-1)	☐	☐	☐	☐
Additional Intensive Cardiac Rehabilitation Services (3-2)	☐	☐	☐	☐
Additional Pulmonary Rehabilitation Services (3-3)	☐	☐	☐	☐

At least one service category must be selected for In-Network Deductible.

+ Add Notes

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 1

Plan Characteristics - Completed	Plan Characteristics Max Enrollee Cost Limit Updated by STE TESTER on 12/1/2023 12:38:45 PM EST Maximum Enrollee Out-of-Pocket (MOOP) All MA plans must have a maximum out-of-pocket (MOOP) that covers all A/B services. For a list of the Lower, Intermediate and Mandatory Limits, please click on the "Plan Characteristics" button to view the MOOP Threshold limits. Note for D-SNPs: For purposes of submitting bids to CMS, D-SNPs must include Parts A, B, and Part D Medicare services in the PBP, along with approved optional and mandatory supplemental benefits. No Medicaid benefits may be included in the PBP. D-SNPs have the flexibility to establish \$0 as the MOOP amount, thereby guaranteeing there is no cost sharing for plan enrollees, including those who are liable for Medicare cost sharing. Otherwise, if the D-SNP does charge cost sharing for Medicare-covered services (or non-covered), it must track enrollees' out-of-pocket spending and it is up to the plan to develop the process and vehicle for doing so. Note: For Regional PPOs, all Medicare Part A/B services must be included in the Maximum Enrollee Out-of-Pocket Cost. Does this plan have an In-Network MOOP? * Yes No What type of In-Network MOOP does your plan offer? * Lower Intermediate Mandatory In Network MOOP Amount * \$ Select the Service Categories that apply to the In-Network Maximum Enrollee Out-of-Pocket cost: ☒ In-Network Medicare-covered benefits Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? * Yes No
Standard Bid - Completed	
Benefit Offerings - Completed	
Plan Level Cost Sharing - Completed	
Plan Deductible - Completed	
Max Enrollee Cost Limit - Completed	
Prior Authorization & Referral - Completed	
Visitor Travel - Completed	
Cost Share Groups - In Progress	
VBID, MA Uniformity, SSBCI - In Progress	
Rx - In Progress	

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 2

Plan Characteristics - Completed	Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? *
Standard Bid - Completed	☒ Yes ☐ No
Benefit Offerings - Completed	☒ In-Network Non-Medicare-covered benefits
Plan Level Cost Sharing - Completed	Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services? *
Plan Deductible - Completed	☒ Yes ☐ No
Max Enrollee Cost Limit - Completed	
Prior Authorization & Referral - Completed	Does this plan have an Out-of-Network MOOP? *
Visitor Travel - Completed	☒ Yes ☐ No
Cost Share Groups - In Progress	Out-of-Network MOOP Amount * \$
VBID, MA Uniformity, SSBCI - In Progress	Select the Service Categories that apply to the Out-of-Network Maximum Enrollee Out-of-Pocket cost:
Rx - In Progress	☒ Out-of-Network Medicare-covered benefits
	Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost Amount apply to all the Out-of-Network Medicare-covered plan services? *
	☒ Yes ☐ No
	☒ Out-of-Network Non-Medicare-covered benefits
	Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost Amount apply to all the Out-of-Network Non-Medicare-covered plan services? *
	☒ Yes ☐ No

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 3

Plan Characteristics - Completed	Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost Amount apply to all the Out-of-Network Non-Medicare-covered plan services? *
Standard Bid - Completed	Yes No
Benefit Offerings - Completed	
Plan Level Cost Sharing - Completed	Does this plan have an Combined (In-Network and Out-of-Network) MOOP? *
Plan Deductible - Completed	Yes No
Max Enrollee Cost Limit - Completed	What type of Combined (In-Network and Out-of-Network) MOOP does your plan offer? *
Prior Authorization & Referral - Completed	Lower Intermediate Mandatory
Visitor Travel - Completed	Combined (In-Network and Out-of-Network) MOOP Amount *
Cost Share Groups - In Progress	\$
VBID, MA Uniformity, SSBCI - In Progress	Select the Service Categories that apply to the Combined Maximum Enrollee Out-of-Pocket cost:
Rx - In Progress	☒ In-Network Medicare-covered benefits
	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? *
	Yes No
	☒ In-Network Non-Medicare-covered benefits
	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services? *
	Yes No
	☒ Out-of-Network Medicare-covered benefits
	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services? *

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 4

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Plan Deductible - Completed

Max Enrollee Cost Limit - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services? *

☒ Yes ☐ No

☒ Out-of-Network Non-Medicare-covered benefits

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services? *

☒ Yes ☐ No

Medicare Services

Select the Medicare service categories that are subject to each MOOP type:

Services	In Network	Combined In-Network	Combined Out-Of-Network	Out of Network
Inpatient Hospital Services (1)				
Inpatient Hospital-Acute (1a)	☒	☒	☒	☒
Inpatient Hospital Psychiatric (1b)	☒	☒	☒	☒
Skilled Nursing Facility (SNF) (2)	☒	☒	☒	☒
Cardiac and Pulmonary Rehabilitation Services (3)				
Cardiac Rehabilitation Services (3-1)	☒	☒	☒	☒
Intensive Cardiac Rehabilitation Services (3-2)	☒	☒	☒	☒
Pulmonary Rehabilitation Services (3-3)	☒	☒	☒	☒
SET for PAD Services (3-4)	☒	☒	☒	☒
Emergency/Urgently Needed Services (4)				

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 5

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Plan Deductible - Completed

Max Enrollee Cost Limit - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Inpatient Hospital Services (4h)

Select the benefits that apply to the Out-of-Network Maximum Enrollee Out-of-Pocket cost.

Non-Medicare Services

Select the Non-Medicare service categories that are subject to each MOOP type:

Services	In Network	Combined In-Network	Combined Out-Of-Network	Out of Network
Inpatient Hospital Services (1)				
Inpatient Hospital-Acute (1a)				
Additional Days for Inpatient Hospital-Acute (1a1)	☒	☒		
Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)	☒	☒		
Upgrades for Inpatient Hospital-Acute (1a3)	☒	☒		
Inpatient Hospital Psychiatric (1b)				
Additional Days for Inpatient Hospital Psychiatric (1b1)	☒	☒		
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)	☒	☒		
Skilled Nursing Facility (SNF) (2)				
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)	☒	☒		
Cardiac and Pulmonary Rehabilitation Services (3)				
Additional Cardiac Rehabilitation Services (3-1)	☒	☒	☒	☒

Select the benefits that apply to the Out-of-Network Maximum Enrollee Out-of-Pocket cost.

+ Add Notes

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 6

Plan Characteristics - Completed	MSA Annual Deductible/Deposit
Standard Bid - Completed	Are you using any of your plan's MA rebates to reduce the Part B Premium?
Benefit Offerings - Completed	☒ Yes ☐ No
Plan Level Cost Share - In Progress	Indicate the Part B Premium reduction amount
Prior Authorization/Referrals - Not started	\$500
Visitor Travel - Not started	Indicate Annual MSA Deductible amount
Cost Share Groups - Not started	\$500
	Indicate the Annual amount CMS will deposit into the Enrollee MSA
	\$500
	Point-of-Service (POS)
	Is there a POS maximum enrollee out-of-pocket cost (MOOP)?
	☒ Yes ☐ No
	POS MOOP amount
	\$500
	Periodicity
	6 Months
	Is there a POS maximum plan benefit coverage?
	☐ Yes ☐ No
	Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – LPPO/RPPO Deductible– Page 1

Plan Characteristics - Completed	Annual Plan Deductible LPPO/RPPO Plan Characteristics LPPO and RPPO plans must include ALL OON Medicare-covered Services in the Deductible; 14a preventive services and 15-1 Medicare Part B Drugs - Insulin may not be included in the In-Network deductible. If the plan chooses to use the Original Medicare amounts, please verify that any differential deductibles that are selected will not exceed the Original Medicare amounts that will be released by CMS in the fall. Do you offer a Deductible? * ☒ Yes ☐ No Select Type * Medicare-Defined Part A and B Deductible amount combined as a single deductible How is your combined Medicare-defined Part A and B Deductible applied? ⓘ Select Type * Do you include 14a Medicare-covered Zero Dollar Preventive Services as part of your OON Medicare-covered Services Deductible? * ☒ Yes ☐ No Select the Service Categories that apply to your Deductible: ☒ In-Network Medicare-covered benefits ☒ In-Network Non-Medicare-covered benefits ☒ Out-of-Network Non-Medicare-covered benefits Does the Deductible apply to all In-Network Medicare-covered benefits? * ☐ No ☒ Yes
Standard Bid - Completed	
Benefit Offerings - Completed	
Plan Level Cost Sharing - In Progress	
LPPO/RPPO Deductible - In Progress	
Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not Started	
LPPO/RPPO Max Enrollee Cost Limit - Not Started	
Prior Authorization & Referral - Not Started	
Visitor Travel - Not Started	
Cost Share Groups - Not Started	
VBID, MA Uniformity, SSBCI - Not Started	

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – LPPO/RPPO Deductible– Page 2

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

LPPO/RPPO Deductible - In Progress

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not Started

LPPO/RPPO Max Enrollee Cost Limit - Not Started

Prior Authorization & Referral - Not Started

Visitor Travel - Not Started

Cost Share Groups - Not Started

VBID, MA Uniformity, SSBCI - Not Started

Does the Deductible apply to all In-Network Medicare-covered benefits? *

Yes

No

Select all the In-Network Medicare-covered Service Categories to which the Deductible applies *

Available

Search by terms

Partial Hospitalization (5)

Home Health Services (6)

Primary Care Physician Services (7a)

Chiropractic Services (7b)

Occupational Therapy Services (7c)

Physician Specialist Services (7d)

Individual Sessions for Mental Health Specialty Services (7e1)

Selected

Search by terms

The Selected pick list cannot be left blank. Please select one or more items and move them to the Selected pick list.

Does the Deductible apply to all In-Network Non-Medicare-covered benefits? *

Yes

No

Select all the In-Network Non-Medicare-covered Service Categories to which the Deductible applies *

Available

Search by terms

Additional Days for Inpatient Hospital-Acute (1a1)

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

Selected

Search by terms

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – LPPO/RPPO Deductible – Page 3

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

LPPO/RPPO Deductible - In Progress

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not Started

LPPO/RPPO Max Enrollee Cost Limit - Not Started

Prior Authorization & Referral - Not Started

Visitor Travel - Not Started

Cost Share Groups - Not Started

VBID, MA Uniformity, SSBCI - Not Started

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

Additional Cardiac Rehabilitation Services (3-1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

Additional Pulmonary Rehabilitation Services (3-3)

Does the Deductible apply to all Out-of-Network Non-Medicare-covered benefits? *

Yes No

Select all the Out-Of-Network Non-Medicare-covered Service Categories to which the Deductible applies *

Available

Search by terms

Additional Cardiac Rehabilitation Services (3-1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

Additional Pulmonary Rehabilitation Services (3-3)

Additional SET for PAD Services (3-4)

Routine Chiropractic Care (7b1)

Podiatry Services: Routine Foot Care (7f)

Three(3) pint Deductible Waived (9d)

Transportation Services - Plan Approved Healthplan Location (10b1)

Selected

Search by terms

The Selected pick list cannot be left blank. Please select one or more items and move them to the Selected pick list.

+ Add Notes

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Differential Service Category Deductibles (LPPO/RPPO) – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Share - In Progress

LPPO/RPPO Deductible - In Progress

Differential Service Category Deductibles - In Progress

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not started

LPPO/RPPO Max Enrollee Cost Limit - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Plan Characteristics

Differential Service Category Deductibles

Do you have differential service category-level deductibles in addition to your In-Network Plan-level Deductible?

☒ Yes ☐ No

Select all the Service Categories to which the Differential Deductible applies:

Available		Selected
Search by terms		Search by terms
Intensive Cardiac Rehabilitation Services(3-2)	>	Inpatient Hospital-Acute(1a)
Pulmonary Rehabilitation Services(3-3)	>>	Inpatient Hospital Psychiatric(1b)
Partial Hospitalization(5)	<	Cardiac Rehabilitation Services(3-1)
Chiropractic Services(7b)	<<	
Individual Sessions for Outpatient Substance Abuse(9c1)		

Differential Deductible Values

Inpatient Hospital-Acute(1a)

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

☒ Yes ☐ No

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Differential Service Category Deductibles (LPPO/RPPO) – Page 2

Plan Characteristics - Completed	Does this plan's Medicare-covered benefit cost sharing vary by hospital(s) in which an enrollee obtains care? Yes No
Standard Bid - Completed	Number of tiers 3 Lowest cost tier 1
Benefit Offerings - Completed	Tier 1 Deductible Amount \$80 Tier 2 Deductible Amount \$80 Tier 3 Deductible Amount \$80
Plan Level Cost Share - In Progress	
LPPO/RPPO Deductible - In Progress	
Differential Service Category Deductibles - In Progress	Inpatient Hospital Psychiatric(1b) Does this plan's Medicare-covered benefit cost sharing vary by hospital(s) in which an enrollee obtains care? Yes No
Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not started	Number of tiers 3 Lowest cost tier 1
LPPO/RPPO Max Enrollee Cost Limit - Not started	Tier 1 Deductible Amount \$80 Tier 2 Deductible Amount \$80 Tier 3 Deductible Amount \$80
Prior Authorization/Referrals - Not started	
Visitor Travel - Not started	
Cost Share Groups - Not started	Cardiac Rehabilitation Services(3-1) Deductible Amount \$80
	Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Deductible for LPPO/RPPO Mandatory Supplemental Benefits – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Share - In Progress

LPPO/RPPO Deductible - In Progress

Differential Service Category Deductibles - Completed

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - In Progress

LPPO/RPPO Max Enrollee Cost Limit - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Plan Characteristics

Deductible for LPPO/RPPO Mandatory Supplemental Benefits

Do you offer a mandatory enhanced benefit enrollee deductible amount?

Select the mandatory enhanced benefits that have an enrollee deductible:

Available		Selected
Search by terms		Search by terms
Intensive Cardiac Rehabilitation Services(3-2)	>	Inpatient Hospital-Acute(1a)
Pulmonary Rehabilitation Services(3-3)	>>	Inpatient Hospital Psychiatric(1b)
Partial Hospitalization(5)	<	Cardiac Rehabilitation Services(3-1)
Chiropractic Services(7b)	<<	
Individual Sessions for Outpatient Substance Abuse(9c1)		

Enrollee Deductible Values

Inpatient Hospital-Acute(1a)	Deductible Amount \$80
Inpatient Hospital Psychiatric(1b)	Deductible Amount \$80

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – Deductible for LPPO/RPPO Mandatory Supplemental Benefits – Page 2

Plan Characteristics - Completed Standard Bid - Completed Benefit Offerings - Completed Plan Level Cost Share - In Progress LPPO/RPPO Deductible - In Progress Differential Service Category Deductibles - Completed Deductible for LPPO/RPPO Mandatory Supplemental Benefits - In Progress LPPO/RPPO Max Enrollee Cost Limit - Not started Prior Authorization/Referrals - Not started Visitor Travel - Not started Cost Share Groups - Not started	Intensive Cardiac Rehabilitation Services(3-2) Pulmonary Rehabilitation Services(3-3) Partial Hospitalization(5) Chiropractic Services(7b) Individual Sessions for Outpatient Substance Abuse(9c1) Inpatient Hospital-Acute(1a) Inpatient Hospital Psychiatric(1b) Cardiac Rehabilitation Services(3-1) Enrollee Deductible Values Inpatient Hospital-Acute(1a) Deductible Amount\$80 Inpatient Hospital Psychiatric(1b) Deductible Amount\$80 Cardiac Rehabilitation Services(3-1) Deductible Amount\$80
Close Save and Close Save and Next	

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

LPPO/RPPO Deductible - Completed

Differential Service Category Deductibles - Not Started

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed

LPPO/RPPO Max Enrollee Cost Limit - In Progress

Prior Authorization & Referral - Not Started

Visitor Travel - Not Started

Cost Share Groups - Not Started

VBID, MA Uniformity, SSBCI - Not Started

LPPO/RPPO Max Enrollee Cost Limit

Does this plan have an In-Network MOOP? *

Yes No

What type of In-Network MOOP does your plan offer? *

Lower Intermediate Mandatory

In Network MOOP Amount *
\$

Select the Service Categories that apply to the In-Network Maximum Enrollee Out-of-Pocket cost: *

☒ In-Network Medicare-covered benefits

☒ In-Network Non-Medicare-covered benefits

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? *

Yes No

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services? *

Yes No

Does this plan have an Out-of-Network MOOP? *

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 2

Plan Characteristics - Completed	Does this plan have an Out-of-Network MOOP? *
Standard Bid - Completed	Yes No
Benefit Offerings - Completed	Out-of-Network MOOP Amount *
Plan Level Cost Sharing - In Progress	\$
LPPO/RPPO Deductible - Completed	Select the Service Categories that apply to the Out-of-Network Maximum Enrollee Out-of-Pocket cost: *
Differential Service Category Deductibles - Not Started	☒ Out-of-Network Medicare-covered benefits
Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed	☒ Out-of-Network Non-Medicare-covered benefits
LPPO/RPPO Max Enrollee Cost Limit - In Progress	Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services? *
Prior Authorization & Referral - Not Started	Yes No
Visitor Travel - Not Started	Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services? *
Cost Share Groups - Not Started	Yes No
VBID, MA Uniformity, SSBCI - Not Started	Does this plan have a Combined(In-Network and Out-of-Network) MOOP? *
	Yes No
	Combined MOOP Amount
	\$
	Select the Service Categories that apply to the Combined Maximum Enrollee Out-of-Pocket cost: *
	☒ In-Network Medicare-covered benefits
	Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 3

Plan Characteristics - Completed	Does this plan have a Combined(In-Network and Out-of-Network) MOOP? *
Standard Bid - Completed	Yes No
Benefit Offerings - Completed	Combined MOOP Amount
Plan Level Cost Sharing - In Progress	\$
LPPO/RPPO Deductible - Completed	Select the Service Categories that apply to the Combined Maximum Enrollee Out-of-Pocket cost: *
Differential Service Category Deductibles - Not Started	☒ In-Network Medicare-covered benefits
Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed	☒ In-Network Non-Medicare-covered benefits
LPPO/RPPO Max Enrollee Cost Limit - In Progress	☒ Out-of-Network Medicare-covered benefits
Prior Authorization & Referral - Not Started	☒ Out-of-Network Non-Medicare-covered benefits
Visitor Travel - Not Started	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? *
Cost Share Groups - Not Started	Yes No
VBID, MA Uniformity, SSBCI - Not Started	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services? *
	Yes No
	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services? *
	Yes No
	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services? *
	Yes No
	Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 4

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

LPPO/RPPO Deductible - Completed

Differential Service Category Deductibles - Not Started

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed

LPPO/RPPO Max Enrollee Cost Limit - In Progress

Prior Authorization & Referral - Not Started

Visitor Travel - Not Started

Cost Share Groups - Not Started

VBID, MA Uniformity, SSBCI - Not Started

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services? *

Yes

No

Medicare Services

Select the Medicare service categories that are subject to each MOOP type:

Collapse All

Services	In-Network	Combined In-Network	Combined Out-of-Network	Out-of-Network
Inpatient Hospital Services (1)				
Inpatient Hospital-Acute (1a)	☒	☒	☒	☐
Inpatient Hospital Psychiatric (1b)	☒	☒	☒	☐
Skilled Nursing Facility (SNF) (2)	☒	☒	☒	☐
Cardiac and Pulmonary Rehabilitation Services (3)				
Cardiac Rehabilitation Services (3-1)	☒	☒	☒	☐
Intensive Cardiac Rehabilitation Services (3-2)	☒	☒	☒	☐
Pulmonary Rehabilitation Services (3-3)	☒	☒	☒	☐
SET for PAD Services (3-4)	☒	☒	☒	☐
Emergency/Urgently Needed Services (4)				
Emergency Services (4a)	☒	☒		
Urgently Needed Services (4b)	☒	☒		
Partial Hospitalization (5)	☒	☒	☒	☐

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 5

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

LPPO/RPPO Deductible - Completed

Differential Service Category Deductibles - Not Started

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed

LPPO/RPPO Max Enrollee Cost Limit - In Progress

Prior Authorization & Referral - Not Started

Visitor Travel - Not Started

Cost Share Groups - Not Started

VBID, MA Uniformity, SSBCI - Not Started

Non Medicare Services

Select the Non-Medicare service categories that are subject to each MOOP type:

Collapse All

Services	In-Network	Combined In-Network	Combined Out-of-Network	Out-of-Network
Inpatient Hospital Services (1)				
Inpatient Hospital-Acute (1a)				
Additional Days for Inpatient Hospital-Acute (1a1)	☐	☐		
Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)	☐	☐		
Upgrades for Inpatient Hospital-Acute (1a3)	☐	☐		
Inpatient Hospital Psychiatric (1b)				
Additional Days for Inpatient Hospital Psychiatric (1b1)	☐	☐		
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)	☐	☐		
Skilled Nursing Facility (SNF) (2)				
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)	☐	☐		
Cardiac and Pulmonary Rehabilitation Services (3)				
Additional Cardiac Rehabilitation Services (3-1)	☐	☐	☐	☒
Additional Intensive Cardiac Rehabilitation Services (3-2)	☐	☐	☐	☒
Additional Pulmonary Rehabilitation Services (3-3)	☐	☐	☐	☒
Additional SET for PAD Services (3-4)	☐	☐	☐	☒
Emergency/Urgently Needed Services (4)				

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 6

Plan Characteristics - Completed	Eye Exams/Eyewear (17) Eye Exams (17a) Routine Eye Exams (17a1) ☐ ☐ ☐ ☒ Eyewear (17b) Contact Lenses (17b1) ☐ ☐ ☐ ☒ Eyeglasses (lenses and frames) (17b2) ☐ ☐ ☐ ☒ Eyeglass lenses (17b3) ☐ ☐ ☐ ☒ Eyeglass frames (17b4) ☐ ☐ ☐ ☒ Upgrades (17b5) ☐ ☐ ☐ ☒
----------------------------------	---

Hearing Exams/Hearing Aids (18)

Hearing Exams (18a)

Routine Hearing Exams (18a1)

☐

☐

☐

☒

Prescription Hearing Aids (18b)

Prescription Hearing Aids (all types) (18b1)

☐

☐

☐

☒

OTC Hearing Aids (18c)

☐

☐

☐

☒

CY 2025 PBP Data Entry System Screens

Prior Authorization and Referral – Prior Authorization – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Prior Authorization - Completed

Referral - In Progress

Visitor Travel - Completed

Cost Share Groups - In Progress

VBld, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Plan Characteristics

Prior Authorization & Referral

Prior Authorization

Is prior authorization required for any In-Network service categories? *

Yes

No

Select the In-Network service categories that require prior authorization: *

Available

Search by terms

Q

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

Upgrades for Inpatient Hospital-Acute(1a3)

Additional Days for Inpatient Hospital Psychiatric(1b1)

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

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

Additional Cardiac Rehabilitation Services(3-1)

Additional Intensive Cardiac Rehabilitation Services(3-2)

Additional Pulmonary Rehabilitation Services(3-3)

>

>>

<

<<

Selected

Search by terms

Q

Inpatient Hospital-Acute(1a)

Additional Days for Inpatient Hospital-Acute(1a1)

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)

SET for D&D Services(3-4)

Is prior authorization required for any POS service categories? *

Yes

No

Select the POS service categories that require prior authorization: *

Available

Search by terms

Q

Selected

Search by terms

Q

Close

Save and Close

Save and Next

Softrams

CY2025 PBP – General Setup
12/29/2023
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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Prior Authorization and Referral – Prior Authorization – Page 2

Plan Characteristics - Completed Standard Bid - Completed Benefit Offerings - Completed Plan Level Cost Sharing - In Progress Prior Authorization & Referral - In Progress Prior Authorization - Completed Referral - In Progress Visitor Travel - Completed Cost Share Groups - In Progress VBld, MA Uniformity, SSBCI - In Progress Rx - In Progress	Additional Days for Inpatient Hospital Psychiatric(1b1) Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2) Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1) Additional Cardiac Rehabilitation Services(3-1) Additional Intensive Cardiac Rehabilitation Services(3-2) Additional Pulmonary Rehabilitation Services(3-3)	< <<	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) SET for PAD Services(3-4)
	Is prior authorization required for any POS service categories? * Yes No		
	Select the POS service categories that require prior authorization: *		
	Available Search by terms Inpatient Hospital-Acute(1a) Inpatient Hospital Psychiatric(1b) Skilled Nursing Facility (SNF)(2) Cardiac Rehabilitation Services(3-1) Additional Cardiac Rehabilitation Services(3-1) Intensive Cardiac Rehabilitation Services(3-2) Additional Intensive Cardiac Rehabilitation Services(3-2) Pulmonary Rehabilitation Services(3-3)	> >> < <<	Selected Search by terms
	Close Save and Close Save and Next		

CY 2025 PBP Data Entry System Screens

Prior Authorization and Referral – Referral

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Prior Authorization - Completed

Referral - In Progress

Visitor Travel - Completed

Cost Share Groups - In Progress

VSD, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Prior Authorization & Referral
Updated by STE TESTER on 12/17/2023 3:41:26 AM EST

Referral
Is referral required for any In-Network service categories? *

Select the In-Network service categories that requires a referral: *

Available

Inpatient Hospital-Acute(1a)

Additional Days for Inpatient Hospital-Acute(1a1)

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

Upgrades for Inpatient Hospital-Acute(1a3)

Inpatient Hospital Psychiatric(1b)

Additional Days for Inpatient Hospital Psychiatric(1b1)

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

Skilled Nursing Facility (SNF)(2)

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Selected

Routine Hearing Exams(18a1)

Is referral required for any POS service categories? ⓘ *

Select the POS service categories that requires a referral: *

Available

Inpatient Hospital-Acute(1a)

Inpatient Hospital Psychiatric(1b)

Skilled Nursing Facility (SNF)(2)

Cardiac Rehabilitation Services(3-1)

Additional Cardiac Rehabilitation Services(3-1)

Intensive Cardiac Rehabilitation Services(3-2)

Additional Intensive Cardiac Rehabilitation Services(3-2)

Balanced Rehabilitation Exercises(9-3)

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Selected

Routine Hearing Exams(18a1)

Close

Save and Close

Save and Next

Softrams

CY2025 PBP – General Setup
12/29/2023
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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CY 2025 PBP Data Entry System Screens

Visitor Travel

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Prior Authorization - Completed

Referral - In Progress

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Visitor Travel

Updated by STE TESTER on 12/1/2023 12:40:18 PM EST

Plan Characteristics

The V/T benefit must furnish all plan-covered services in its designated V/T service area(s), including all Medicare Parts A and B services and all mandatory and optional supplemental benefits, at in-network cost-sharing levels, consistent with Medicare access and availability requirements at 42 CFR §422.112.

Does this plan offer the US Visitor/Travel Program (V/T)? *

Yes

No

Select the type of benefit: *

Mandatory

Optional

Select the geographic area: *

In the United States and its territories

Other-please define in the marketing materials

Close

Save and Close

Save and Next