

CY 2025 PBP Data Entry System Screens

VBID, MA Uniformity, SSCBI Package Selection – Page 1

VBID, MA Uniformity, SSCBI Plan Characteristics

Updated by STE TESTER on 9/7/2023 2:58:42 PM EDT

This section documents the benefits offered under authority of the Medicare-Advantage Value-Based Insurance Design (VBID) Model, MA Uniformity Flexibility (UF), and/or Special Supplemental Benefits for the Chronically Ill (SSBCI).

The VBID Model allows CMS to test health plan innovation through providing targeted plan flexibilities to provide improved care and choice for their Medicare enrollees. Specifically, the VBID Model tests additional flexibilities for health care planning, targeted supplemental benefits, plan networks, and prescription drugs. The Model is testing whether the additional flexibilities provided allow and incentivize plans to develop and offer interventions that improve health outcomes and lower expenditures for Medicare enrollees. The VBID Model is conducted by the CMS Innovation Center. The questions below only apply to plans authorized to participate in the VBID Model by written notice from the CMS Innovation Center.

Does this plan offer VBID hospice benefits? *

Yes No

Does this plan offer value-based design flexibilities by condition, socioeconomic state, or area deprivation index under the VBID model?

Yes No

I attest that: ⓘ *

- 1) the benefits entered comply with CMS required for benefits offered in the VBID model;
- 2) the benefits entered are consistent with the benefit proposals and the actuarial or financial information provided to CMS when applying to participate in the VBID Model, unless otherwise approved by CMS in writing, and
- 3) the benefit package, formulary or other features of this plan are not structured to discriminate against any Medicare beneficiary.

Under MA Uniformity Flexibility plans may provide access to services (or specific cost sharing for services or items) that is tied to health status or disease state in a manner that ensures that similarly situated individuals are treated uniformly, consistent with the uniformity requirement in the MA regulations at §422.100(d).

Does this plan include MA Uniformity Flexibility with reductions in cost or additional benefits? ⓘ *

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

VBID, MA Uniformity, SSCBI Package Selection – Page 2

Does this plan offer VBID hospice benefits? *

Yes No

Does this plan offer value-based design flexibilities by condition, socioeconomic state, or area deprivation index under the VBID model?

Yes No

I attest that: ⓘ *

- 1) the benefits entered comply with CMS required for benefits offered in the VBID model;
- 2) the benefits entered are consistent with the benefit proposals and the actuarial or financial information provided to CMS when applying to participate in the VBID Model, unless otherwise approved by CMS in writing, and
- 3) the benefit package, formulary or other features of this plan are not structured to discriminate against any Medicare beneficiary.

Under MA Uniformity Flexibility plans may provide access to services (or specific cost sharing for services or items) that is tied to health status or disease state in a manner that ensures that similarly situated individuals are treated uniformly, consistent with the uniformity requirement in the MA regulations at §422.100(d).

Does this plan include MA Uniformity Flexibility with reductions in cost or additional benefits? ⓘ *

Yes No

The Bipartisan Budget Act of 2018 (Public Law No. 115-123) amended section 1852(a) of the Act to expand the supplemental benefits that may be offered by Medicare Advantage organizations. MA plans may offer "Special Supplemental Benefits for the Chronically Ill (SSBCI)," such as reduced cost sharing and additional benefits (including non-primarily health related benefits), to chronically ill enrollees if the item or service has a reasonable expectation of improving the chronic disease or maintaining the health or overall function of the enrollee as it relates to the chronic disease. MA plans may vary, or target supplemental benefits offered to the chronically ill by using objective criteria as it relates to the individual enrollee's specific medical condition and needs. When entering SSBCI benefits, plans should include all reduced cost sharing benefits for the chronically ill in a single SSBCI package in VBID/MA UF/SSBCI Reduction in Cost Sharing Packages Section. Plans should similarly include all additional benefits (including non-primarily health related benefits) in a single SSBCI package in VBID/MA UF/SSBCI Additional Benefits Packages Section.

Does this plan offer Special Supplemental Benefits for Chronically Ill? ⓘ *

Yes No

CY 2025 PBP Data Entry System Screens

VBID Hospice – Page 1

VBID Hospice Plan Characteristics

Participating MAOs that volunteer to be part of the Hospice Benefit Component of the VBID Model will incorporate the current Medicare hospice benefit into MA covered benefits while offering palliative care services outside the hospice benefit for enrollees with serious illness. In addition, MAOs will be able to provide individualized concurrent care services and hospice-specific supplemental benefits. Reference: Calendar Year 2023 Request for Applications for the VBID Model's Hospice Benefit Component, on the VBID Model website, <https://innovation.cms.gov/innovation-models/vbid>.

Beneficiary liability for coinsurance for hospice care - Under original Medicare, the beneficiary is responsible for coinsurance for drugs and biologicals when the beneficiary is not an inpatient and when the beneficiary chooses respite care. Current coinsurance is as follows: (1) Drugs and biologicals furnished by the hospice when the beneficiary is not an inpatient is equal to approximately 5 percent of the cost of the drug or biological to the hospice, not to exceed \$5.00 per prescription; and (2) Coinsurance for each respite care day is equal to 5% of the payment made by CMS for a respite care day. The amount of the beneficiary's coinsurance liability for respite care during a hospice coinsurance period may not exceed the inpatient hospital deductible applicable for the year in which the hospice coinsurance period began. MAOs may set their coinsurance levels up to the original Medicare levels.

In-Network Hospice Benefit ⓘ

Cost sharing for prescription drug and biologicals in hospice:

Does this plan have enrollee coinsurance? *

Yes No

Minimum percentage * Maximum Percentage *

Maximum cost per drug *

Does this plan have enrollee copayments? *

Yes No

Minimum amount * Maximum amount *

CY 2025 PBP Data Entry System Screens

VBID Hospice – Page 2

Cost sharing for a respite care day:
Does this plan have enrollee coinsurance? *

Yes No

Minimum percentage * Maximum Percentage *

Out-of-Network Hospice Benefits
Cost sharing for prescription drug and biologicals in hospice:
Does this plan have enrollee coinsurance? *

Yes No

Minimum percentage * Maximum Percentage *

Maximum cost per drug *

\$

Does this plan have enrollee copayments? *

Yes No

Minimum amount * Maximum amount *

\$ \$

Cost sharing for a respite care day:

CY 2025 PBP Data Entry System Screens

VBID Hospice – Page 3

Cost sharing for a respite care day:
Does this plan have enrollee coinsurance? *

Yes No

Minimum percentage * Maximum Percentage *

Hospice Supplemental Benefits

Does this plan offer Hospice Supplemental Benefits? *

Yes No

Is there a maximum plan benefit amount? ⓘ *

Yes No

Maximum plan benefit amount ⓘ * \$

Are hospice supplemental benefits contingent upon receiving services from an In-Network provider? ⓘ *

Yes No

Does this plan include coverage of primarily and non-primarily health related items to ameliorate the functional/psychological impact of hospice enrollees' health conditions and reduce avoidable emergency and healthcare utilization? ⓘ *

Yes No

CY 2025 PBP Data Entry System Screens

VBID Hospice – Page 4

Is there a maximum plan benefit amount?

Yes No

Maximum plan benefit amount:

Are hospice supplemental benefits contingent upon receiving services from an In-Network provider?

Yes No

Does this plan include coverage of primarily and non-primarily health related items to ameliorate the functional/psychological impact of hospice enrollees' health conditions and reduce avoidable emergency and healthcare utilization?

Yes No

Select the type(s) of hospice supplemental benefits offered:

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Transportation	<input type="button" value=">"/>	Home and bathroom safety devices/modifications
Support for caregivers of enrollees	<input type="button" value=">>"/>	Over-the-counter(OTC) benefits
	<input type="button" value="<"/>	Meals
	<input type="button" value="<<"/>	

CY 2025 PBP Data Entry System Screens

VBID Hospice – Page 5

Over-the-counter (OTC) benefits

Meals

<

<<

+ Add Other

Does this plan include temporary coverage of room and board in a residential facility as determined by a beneficiary's need for custodial and activities of daily living care without a caregiver or other residence to discharge?

Yes No

Does this plan include reduced cost sharing for unrelated medical care services received during hospice election?

Yes No

Does this plan offer other mandatory supplemental benefits?

Yes No

Describe

4

Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID/MA UF/SSBCI) – 19a

VBID/MA UF/SSBCI Reduction in Cost Sharing Packages (19a)

(Maximum of 15 across both RIC and Additional Benefits packages)

When entering the VBID/MA Uniformity Flexibility/SSBCI maximum and minimum cost sharing for a service category, list only the cost sharing that would apply to enrollees qualifying for the benefit package. Cost sharing ranges should reflect only the services within the service category or specialty selected that are eligible for reduced cost sharing. If the reduced cost sharing is being offered through reimbursement, the cost sharing range should represent what the enrollee pays after reimbursement, and the note should describe the benefit and any limitations. If there is a maximum aggregate amount of reduced cost sharing, the cost sharing entered should reflect only the costs paid by the enrollee prior to reaching the maximum aggregate amount of reduced cost sharing.

When entering VBID/MA Uniformity Flexibility benefit packages, create a separate package for each unique benefit offering, or combination of benefit offerings. VBID/MA Uniformity Flexibility packages may be targeted to single or multiple clinical condition groups. When entering an SSBCI benefit package, include all reduced cost sharing in VBID/MA UF/SSBCI Reduction in Cost Sharing Packages Section and all additional SSBCI benefits in a single package in VBID/MA UF/SSBCI Additional Benefits Packages Section.

Plan Characteristics

+ Add New Package

Package ID	Package Name	Type of Package	Status	Actions
1	Package 1	SSBCI	In Progress	
2	test	VBID	Completed	
3	Package 3 test	MA Uniformity Flexibility	Completed	

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID) – Add Package – Page 1

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Package Name 4/50 characters

Type of Package

Type of Benefit
Reduction in cost sharing

Value -Based Design Flexibilities by Condition or Socioeconomic Status

Select Target Methodology *

- Chronic Conditions
- Socioeconomic Status
- Area Deprivation Index

Disease state - Please choose one or more *

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
Diabetes	
Chronic Obstructive Pulmonary Disease (COPD)	
Congestive Heart Failure (CHF)	
Patient with Post-Stroke	

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID) – Add Package – Page 2

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Mood Disorders

Rheumatoid Arthritis

Dementia

Other CMS-Approved Disease State

Does the enrollee need to have all diseases selected to qualify? *

Yes No

Does the enrollee need to have a combination of diseases selected to qualify? *

Yes No

Describe

0/1000 characters

Select LIS reduction level: *

LIS Level 1

LIS Level 2

LIS Level 3

LIS Level 4

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID) – Add Package – Page 3

Add New Reduction in Cost Sharing Package

Add Package - In Progress

LIS Level 4 ⓘ

This field is required

-or-

Dual-Eligible Status ⓘ

Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits

Expected Number of Enrollees to be Targeted ⓘ

Expected Number of Enrollees to be engaged and receive Model benefits ⓘ

Prerequisite for reduction of cost sharing for this package? ⓘ *

Yes No

Select which prerequisites are required for this package *

High value provider

Participation in a Care Management Program

Other, Describe

Other, Describe ⓘ

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID) – Add Package – Page 4

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Other, Describe

Other, Describe

0/200 characters

Does the plan reduce cost sharing to \$0 for all covered benefits, up to a maximum aggregate amount? *

Yes No

Select the type of benefit: *

Medicare

Non-Medicare

Select the Medicare benefits that apply to reduced cost sharing *

Available		Selected
<input type="text"/>	>	<input type="text"/>
	>>	Inpatient Hospital-Acute (1a)
	<	Inpatient Hospital Psychiatric (1b)
	<<	Skilled Nursing Facility (SNF) (2)
		Cardiac Rehabilitation Services (3-1)

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID) – Add Package – Page 5

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Select the Non-Medicare benefits that apply to reduced cost sharing ⓘ*

Available	Selected
<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Additional Days for Inpatient Hospital-Acute (1a1)
	<input type="checkbox"/> Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)
	<input type="checkbox"/> Upgrades for Inpatient Hospital-Acute (1a3)
	<input type="checkbox"/> Additional Days for Inpatient Hospital Psychiatric (1b1)
	<input type="checkbox"/> Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)
	<input type="checkbox"/> Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)
	<input type="checkbox"/> Additional Cardiac Rehabilitation Services (3-1)
	<input type="checkbox"/> Additional Intensive Cardiac Rehabilitation Services (3-2)

Do the benefits in this package apply to OON/POS? ⓘ*

Yes No

Is there a maximum aggregated amount of reduced cost sharing?*

Yes No

Specify the maximum aggregated amount of reduced cost sharing: *

\$

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID) – Add Package – Page 6

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Is there a maximum aggregated amount of reduced cost sharing? *

Yes No

Specify the maximum aggregated amount of reduced cost sharing: *

\$

Indicate mode of delivery for maximum coverage amount *

Catalogue Purchase

Claims Processing

Debit Card

Reimbursement

Other

Other, Describe

0/200 characters

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID) – Add Package – Page 7

Edit Reduction in Cost Sharing Package

← Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - Not Started

Debit Card

Reimbursement

Other

Other, describe

0/200 characters

Reduced Coinsurance? Yes No

Reduced Copayment? Yes No

Reduced Deductible? Yes No

Does your VBID/MA Uniformity Flexibility/SSBCI cost reduction cover all or some Specialists under 7d: Physician Specialist Services?

Type of Specialist

Notes (optional)

\$0 cost share for metered-dose inhaler spacer device only.

58/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 1

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Package Name 14/50 characters

Type of Package

Type of Benefit
Reduction in cost sharing

Disease state - Please choose one or more

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
Diabetes	
Chronic Obstructive Pulmonary Disease (COPD)	
Congestive Heart Failure (CHF)	
Patient with Past Stroke	
Hypertension	
Coronary Artery Disease	
Mood Disorders	
Rheumatoid Arthritis	

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

Prerequisite for reduction of cost sharing for this package?

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 2

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Coronary Artery Disease

Mood Disorders

Rheumatoid Arthritis

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

Prerequisite for reduction of cost sharing for this package? *

Select which prerequisites are required for this package *

High value provider

Participation in a Care Management Program

Other, Describe

Other, Describe *

0/200 characters

Does the plan reduce cost sharing to \$0 for all covered benefits, up to a maximum aggregate amount? *

Select the type of benefit: *

Medicare

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 3

Add New Reduction in Cost Sharing Package [Close]

Add Package - In Progress

Select the type of benefit: *

- Medicare
- Non-Medicare

Select the Medicare benefits that apply to reduced cost sharing ⓘ *

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
<ul style="list-style-type: none">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)Emergency Services (4a)	
<p>The Selected pick list cannot be left blank. Please select one or more items and move them to the Selected pick list.</p>	

Select the Non-Medicare benefits that apply to reduced cost sharing ⓘ *

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
<ul style="list-style-type: none">Additional Days for Inpatient Hospital-Acute (1a1)Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)Upgrades for Inpatient Hospital-Acute (1a3)	

[Close] [Save and Close] [Save and Next]

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 4

Add New Reduction in Cost Sharing Package

Additional SET for PAD Services (3-4)
Worldwide Emergency Coverage (4c1)

Do the benefits in this package apply to OON/POS? ⓘ*

Are any benefits exempt from the plan-level deductible? ⓘ*

Select the type of benefit: *

Medicare

Non-Medicare

Select the Medicare benefits that are exempt from the plan level deductible ⓘ*

Available	Selected
<input type="text"/> Inpatient Hospital Psychiatric (1b) Cardiac Rehabilitation Services (3-1) Intensive Cardiac Rehabilitation Services (3-2)	<input type="text"/> Skilled Nursing Facility (SNF) (2)

Select the Non-Medicare benefits that are exempt from the plan level deductible ⓘ*

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 5

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Select the Non-Medicare benefits that are exempt from the plan level deductible *

Available	Selected
<input type="text"/>	<input type="text"/>
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (tb2)	Additional Days for Inpatient Hospital Psychiatric (tb1)
Additional Cardiac Rehabilitation Services (3-1)	

Navigation: > >> < <<

Is there a maximum aggregated amount of reduced cost sharing? *

Yes No

Specify the maximum aggregated amount of reduced cost sharing: *

\$

Indicate mode of delivery for maximum coverage amount *

- Catalogue Purchase
- Claims Processing
- Debit Card
- Reimbursement

Buttons: Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 6

Edit Reduction in Cost Sharing Package [Close]

^ Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - Not Started

Debit Card

Reimbursement

Other

Other, describe [0]

0/200 characters

Reduced Coinsurance? [0]

Yes No

Reduced Copayment? [0]

Yes No

Reduced Deductible? [0]

Yes No

Does your VBID/MA Uniformity Flexibility/SSBCI cost reduction cover all or some Specialists under 7d: Physician Specialist Services?

Type of Specialist [0]

Some specialists

Notes (optional)

\$0 cost share for metered-dose inhaler spacer device only.

58/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 1

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Package Name 9/50 characters

Type of Package

Type of Benefit
Reduction in cost sharing

Chronic Conditions - Please choose one or more

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Chronic alcohol and other drug dependence	>	Autoimmune disorders
Cancer	>>	Diabetes
Cardiovascular disorders	<	
Dementia	<<	
End-stage liver disease		
End-stage renal disease (ESRD)		
Severe hematologic disorders		
HIV/AIDS		

Prerequisite for reduction of cost sharing for this package? Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 2

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Prerequisite for reduction of cost sharing for this package? ⓘ *

Yes No

Select which prerequisites are required for this package *

High value provider

Participation in a Care Management Program

Other, Describe

Other, Describe ⓘ *

0/200 characters

Does the plan reduce cost sharing to \$0 for all covered benefits, up to a maximum aggregate amount? *

Yes No

Select the type of benefit: *

Medicare

Non-Medicare

Select the Medicare benefits that apply to reduced cost sharing ⓘ *

Available	Selected
<input type="text" value="Search by terms"/> 🔍	<input type="text" value="Search by terms"/> 🔍

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 3

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Select the type of benefit: *

- Medicare
- Non-Medicare

Select the Medicare benefits that apply to reduced cost sharing ⓘ *

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
	<input type="button" value=">"/>
	<input type="button" value=">>"/>
	<input type="button" value="<"/>
	<input type="button" value="<<"/>
	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)
	Emergency Services (4a)

Select the Non-Medicare benefits that apply to reduced cost sharing ⓘ *

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
	<input type="button" value=">"/>
	<input type="button" value=">>"/>
	<input type="button" value="<"/>
	Additional Days for Inpatient Hospital-Acute (1a1)
	Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)
	Upgrades for Inpatient Hospital-Acute (1a3)

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 4

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Select the Non-Medicare benefits that apply to reduced cost sharing *

Available	Selected
<input type="text"/>	<input type="text"/>
	<input type="button" value=">"/>
	<input type="button" value=">>"/>
	<input type="button" value="<"/>
	<input type="button" value="<<"/>
	Additional Days for Inpatient Hospital-Acute (1a1)
	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 Inpatient Cardiac Rehabilitation Services (3-2)

Do the benefits in this package apply to OON/POS? *

Is there a maximum aggregated amount of reduced cost sharing? *

Specify the maximum aggregated amount of reduced cost sharing: *

\$

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 5

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Is there a maximum aggregated amount of reduced cost sharing? *

Yes No

Specify the maximum aggregated amount of reduced cost sharing: *

\$

Indicate mode of delivery for maximum coverage amount *

Catalogue Purchase

Claims Processing

Debit Card

Reimbursement

Other

Other, Describe

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 6

Edit Reduction in Cost Sharing Package [Close]

← Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - Not Started

Debit Card

Reimbursement

Other

Other, describe [0]

0/200 characters

Reduced Coinsurance? [0] *

Yes No

Reduced Copayment? [0] *

Yes No

Reduced Deductible? [0] *

Yes No

Does your VBID/MA Uniformity Flexibility/SSBCI cost reduction cover all or some Specialists under 7d: Physician Specialist Services?

Type of specialist [0]

Some specialists

Notes (optional)

\$0 cost share for metered-dose inhaler spacer device only.

58/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Coinsurance Screen – Page 1

Add New Reduction in Cost Sharing Package

^ Add Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - Not Started

Reduced Deductible - Not Started

Additional Days for Inpatient Hospital Psychiatric (6B) - In Progress

Non-Medicare covered Stay for Inpatient Hospital Psychiatric (6B) - Not Started

Reduced Coinsurance

Select the type of benefit.*

Medicare

Non-Medicare

Select the Medicare benefits that will receive reduced coinsurance Ⓞ*

Available

Search by terms 🔍

Cardiac Rehabilitation Services (3-1)

>

>>

<

<<

Selected

Search by terms 🔍

Intensive Cardiac Rehabilitation Services (3-2)

Urgently Needed Services (4b)

Coinsurance Values

Medicare service categories

Services	Minimum percentage	Maximum percentage
Intensive Cardiac Rehabilitation Services (3-2)	<input style="width: 90%;" type="text"/> <p style="font-size: 8px; color: red; margin-top: 2px;">This field is required.</p>	<input style="width: 90%;" type="text"/> <p style="font-size: 8px; color: red; margin-top: 2px;">This field is required.</p>
Urgently Needed Services (4b)	<input style="width: 90%;" type="text"/> <p style="font-size: 8px; color: red; margin-top: 2px;">This field is required.</p>	<input style="width: 90%;" type="text"/> <p style="font-size: 8px; color: red; margin-top: 2px;">This field is required.</p>

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Coinsurance Screen – Page 2

Add New Reduction in Cost Sharing Package

- ^ Add Package - In Progress
- Reduced Coinsurance - In Progress**
- Reduced Copayment - Not Started
- Reduced Deductible - Not Started
- Additional Days for Inpatient Hospital Psychiatric (B0) - In Progress
- Non-Medicare covered Stay for Inpatient Hospital Psychiatric (B0) - Not Started

Intensive Cardiac Rehabilitation Services (3-2)	<input type="text"/>	<input type="text"/>
Urgently Needed Services (4b)	<input type="text"/>	<input type="text"/>

Select the Non-Medicare benefits that will receive reduced coinsurance

Available

Search by terms

>

>>

<

<<

Selected

Search by terms

Additional Cardiac Rehabilitation Services (3-1)

Coinsurance Values

Non-Medicare service categories

Services	Minimum percentage	Maximum percentage
Additional Cardiac Rehabilitation Services (3-1)	<input type="text"/>	<input type="text"/>

[+ Add Notes](#)

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Copayment Screen – Page 1

Edit Reduction in Cost Sharing Package

~ Edit Package - In Progress

- Reduced Coinsurance - In Progress
- Reduced Copayment - In Progress**
- Reduced Deductible - Not Started
- Additional Days for Inpatient Hospital Psychiatric (B2) - In Progress
- Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (B2) - Not Started

Reduced Copayment

Select the type of benefit: *

- Medicare
- Non-Medicare

Select the Medicare benefits that will receive reduced copayment *

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
Cardiac Rehabilitation Services (3-1)	Intensive Cardiac Rehabilitation Services (3-2)
Urgently Needed Services (4b)	

Copayment Values

Medicare service categories

Services	Minimum amount	Maximum amount
Intensive Cardiac Rehabilitation Services (3-2)	Minimum Amount <input type="text" value="\$"/>	Maximum Amount <input type="text" value="\$"/>

Select the Non-Medicare benefits that will receive reduced copayment *

Available	Selected

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Copayment Screen – Page 2

Edit Reduction in Cost Sharing Package

~ Edit Package - In Progress

- Reduced Coinsurance - In Progress
- Reduced Copayment - In Progress**
- Reduced Deductible - Not Started
- Additional Days for Inpatient Hospital Psychiatric (B2) - In Progress
- Non-Medicare covered Stay for Inpatient Hospital Psychiatric (B2) - Not Started

Reduced Copayment

Select the type of benefit: *

- Medicare
- Non-Medicare

Select the Medicare benefits that will receive reduced copayment *

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Cardiac Rehabilitation Services (3-1)	>	Intensive Cardiac Rehabilitation Services (3-2)
Urgently Needed Services (4b)	>>	
	<	
	<<	

Copayment Values

Medicare service categories

Services	Minimum amount	Maximum amount
Intensive Cardiac Rehabilitation Services (3-2)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

Select the Non-Medicare benefits that will receive reduced copayment *

Available	Selected

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Deductible Screen

Edit Reduction in Cost Sharing Package

← Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - In Progress

Additional Days for Inpatient Hospital Psychiatric (B0) - In Progress

Non-Medicare covered Stay for Inpatient Hospital Psychiatric (B0) - Not Started

Reduced Deductible

Select the type of benefit: *

Medicare

Non-Medicare

Select the Medicare benefits that will receive reduced deductible *

Available

Search by terms

Intensive Cardiac Rehabilitation Services (3-2)

Urgently Needed Services (4b)

Selected

Search by terms

Cardiac Rehabilitation Services (3-1)

>

>>

<

<<

Deductible Values

Medicare service categories

Services	Amount
Cardiac Rehabilitation Services (3-1)	Amount <input type="text"/>

Select the Non-Medicare benefits that will receive reduced deductible *

Available

Selected

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Physician Specialist Services Screen – Page 1

Edit Reduction in Cost Sharing Package

~ Edit Package - In Progress

Reduced Copayment - Completed
Physician Specialist Services - In Progress

Physician Specialist Services

Reduced Coinsurance? Yes No

** Please list the provider's actual specialty in the Notes
Select all specialists with the reduced coinsurance *

Available

Search by terms Q

- Gynecology, OB/GYN
- Infectious Diseases
- Nephrology
- Neurosurgery
- Oncology - Medical, Surgical
- Oncology - Radiation/ Radiation Oncology
- Ophthalmology
- Orthopaedic Surgery

>

>>

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Selected

Search by terms Q

- Allergy and Immunology
- Gastroenterology
- Neurology

Specialist Coinsurance Values

Specialists	Minimum percentage	Maximum percentage
Allergy and Immunology	<input type="text" value="Minimum Percentage"/>	<input type="text" value="Maximum Percentage"/>
Gastroenterology	<input type="text" value="Minimum Percentage"/>	<input type="text" value="Maximum Percentage"/>
Neurology	<input type="text" value="Minimum Percentage"/>	<input type="text" value="Maximum Percentage"/>

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Physician Specialist Services Screen – Page 2

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress
Reduced Copayment - Completed
Physician Specialist Services - In Progress

Reduced Copayment? Yes No

** Please list the provider's actual specialty in the Notes
 Select all specialists with the reduced copayment

Available

Search by terms

- Endocrinology
- ENT/Otolaryngology
- Gastroenterology
- Gynecology, OB/GYN
- Nephrology
- Neurology
- Neurosurgery
- Oncology - Medical, Surgical

Selected

Search by terms

- General Surgery
- Infectious Diseases

Specialist Copayment Values

Specialists	Minimum amount	Maximum amount
General Surgery	\$ <input type="text"/>	\$ <input type="text"/>
Infectious Diseases	\$ <input type="text"/>	\$ <input type="text"/>

Reduced Deductible? Yes No

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Physician Specialist Services Screen – Page 3

Edit Reduction in Cost Sharing Package

Reduced Deductible? Yes No

Physician Specialist Services - In Progress

Reduced Copayment - Completed

Physician Specialist Services - In Progress

Available

Search by terms

- Neurology
- Neurosurgery
- Oncology - Medical, Surgical
- Oncology - Radiation/ Radiation Oncology
- Ophthalmology
- Physiatry, Rehabilitative Medicine
- Plastic Surgery
- Pulmonology

Selected

Search by terms

- Geriatrics
- Orthopedic Surgery

Specialist Deductible Values

Specialist	Amount
Geriatrics	<input type="text" value="\$"/>
Orthopedic Surgery	<input type="text" value="\$"/>

+ Add Notes

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Sample with Service 1b1 – Page 1

Edit Reduction in Cost Sharing Package

- ^ Edit Package - In Progress
- Reduced Coinsurance - In Progress
- Reduced Copayment - In Progress
- Reduced Deductible - In Progress
- Additional Days for Inpatient Hospital Psychiatric (1b1) - In Progress**
- Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2) - Not Started

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

Is this benefit unlimited? *

Yes No

Indicate number of Additional Days per benefit period. *

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

Yes No

Is there a coinsurance? *

Yes No

Tier 1

Number of day intervals for additional days *

Coinurance *	Begin Day *	End Day *
<input type="text"/>	<input type="text" value="91"/>	<input type="text"/>
Coinurance *	Begin Day *	End Day *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinurance *	Begin Day *	End Day *
<input type="text"/>	<input type="text"/>	<input type="text" value="999"/>

Is there a copayment? *

Yes No

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Sample with Service 1b1 – Page 2

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

- Reduced Coinsurance - In Progress
- Reduced Copayment - In Progress
- Reduced Deductible - In Progress
- Additional Days for Inpatient Hospital Psychiatric (1b1) - In Progress**
- Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2) - Not Started

Is there a copayment? *

Yes No

Tier 1

Number of day intervals for additional days *

3

Copayment \$	Begin Day 91	End Day
Copayment \$	Begin Day	End Day
Copayment \$	Begin Day	End Day 999

Authorization required for this benefit? *

Yes No

Referral required for this benefit? *

Yes No

Notes *

©2000 characters

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Sample with Service 1b2 – Page 1

Edit Reduction in Cost Sharing Package

← Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - In Progress

Additional Days for Inpatient Hospital Psychiatric (1b1) - Completed

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

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

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

Yes No

Coinsurance

Number of day intervals for Non Medicare-covered stay

Coinsurance <input type="text"/>	Begin Day <input type="text" value="1"/>	End Day <input type="text"/>
Coinsurance <input type="text"/>	Begin Day <input type="text"/>	End Day <input type="text"/>
Coinsurance <input type="text"/>	Begin Day <input type="text"/>	End Day <input type="text"/>

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

Yes No

Copayment

Number of day intervals for Non Medicare-covered stay

Copayment <input type="text" value="\$"/>	Begin Day <input type="text" value="1"/>	End Day <input type="text"/>
Copayment <input type="text" value="\$"/>	Begin Day <input type="text"/>	End Day <input type="text"/>
Copayment <input type="text" value="\$"/>	Begin Day <input type="text"/>	End Day <input type="text"/>

CY 2025 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Sample with Service 1b2 – Page 2

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - In Progress

Additional Days for Inpatient Hospital Psychiatric (1b1) - Completed

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

Coinsurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

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

Yes No

Copayment ⓘ *

Number of day intervals for Non Medicare-covered stay *

3

Copayment ⓘ * Begin Day ⓘ * End Day ⓘ *

Copayment ⓘ * Begin Day ⓘ * End Day ⓘ *

Copayment ⓘ * Begin Day ⓘ * End Day ⓘ *

Authorization required for this benefit? ⓘ *

Yes No

Referral required for this benefit? ⓘ *

Yes No

+ Add Notes

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages (VBID/MA UF/SSBCI) – 19b

VBID/MA UF/SSBCI Additional Benefits Packages ⓘ (19b)

Updated by STE TESTER on 9/7/2023 2:47:59 PM EDT

(Maximum of 15 across both RIC and Additional Benefits packages)

When entering the VBID/MA Uniformity Flexibility/SSBCI maximum and minimum cost sharing for a service category, list only the cost sharing that would apply to enrollees qualifying for the benefit package. Cost sharing ranges should reflect only the services within the service category or specialty selected that are eligible for reduced cost sharing. If the reduced cost sharing is being offered through reimbursement, the cost sharing range should represent what the enrollee pays after reimbursement, and the note should describe the benefit and any limitations. If there is a maximum aggregate amount of reduced cost sharing, the cost sharing entered should reflect only the costs paid by the enrollee prior to reaching the maximum aggregate amount of reduced cost sharing.

When entering VBID/MA Uniformity Flexibility benefit packages, create a separate package for each unique benefit offering, or combination of benefit offerings. VBID/MA Uniformity Flexibility packages may be targeted to single or multiple clinical condition groups. When entering an SSBCI benefit package, include all reduced cost sharing in VBID/MA UF/SSBCI Reduction in Cost Sharing Packages Section and all additional SSBCI benefits in a single package in VBID/MA UF/SSBCI Additional Benefits Packages Section.

Package ID	Package Name	Type of Package	Status	Actions
1	Package 1	VBID	Completed	
2	Package 2	SSBCI	Completed	
3	Package 3 name	MA Uniformity Flexibility	Completed	

Plan Characteristics

+ Add New Package

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBID – Page 1

Add New Additional Benefits Package

Add Package - In Progress

Package Name 9/50 characters

Type of Package

Type of Benefit
Additional Benefits

Value-Based Design Flexibilities by Condition or Socioeconomic Status

Select Target Methodology (Required) *

- Chronic Conditions
- Socioeconomic Status
- Area Deprivation Index

Disease state - Please choose one or more *

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
Diabetes	
Chronic Obstructive Pulmonary Disease (COPD)	
Congestive Heart Failure (CHF)	

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBID – Page 2

Add New Additional Benefits Package

Add Package - In Progress

Disease state - Please choose one or more *

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Diabetes	>	Mood Disorders
Chronic Obstructive Pulmonary Disease (COPD)	>>	Hypertension
Congestive Heart Failure (CHF)	<	
Patient with Past Stroke	<<	
Coronary Artery Disease		
Rheumatoid Arthritis		
Dementia		
Other CMS-Approved Disease State		

Other, Describe *

Does the enrollee need to have all diseases selected to qualify? *

Does the enrollee need to have a combination of diseases selected to qualify? *

0/1000 characters

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBID – Page 3

Add New Additional Benefits Package

Add Package - In Progress

Does the enrollee need to have all diseases selected to qualify? ⓘ *

Yes No

Does the enrollee need to have a combination of diseases selected to qualify? ⓘ *

Yes No

Describe ⓘ

0/1000 characters

Select LIS reduction level: *

LIS Level 1 ⓘ

LIS Level 2 ⓘ

LIS Level 3 ⓘ

LIS Level 4 ⓘ

-or-

Dual-Eligible Status ⓘ

Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits

Expected Number of Enrollees to be Targeted ⓘ

0/1000 characters

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBID – Page 4

Add New Additional Benefits Package

Add Package - In Progress

Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits

Expected Number of Enrollees to be Targeted ⓘ

Expected Number of Enrollees to be engaged and receive Model benefits ⓘ *

Prerequisite for any additional benefits for this package? ⓘ *

Yes **No**

Select which prerequisites are required for this package *

High value provider

Participation in a Care Management Program

Other, Describe

Other, Describe ⓘ *

0/200 characters

Select all the Non-Medicare-covered additional benefits offered in this package ⓘ *

Available	Selected
<input type="text"/>	<input type="text"/>
Additional Days for Inpatient Hospital-Acute (1a1)	
Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)	

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBID – Page 5

Add New Additional Benefits Package

Add Package - In Progress

Additional Cardiac Rehabilitation Services (3-1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

Additional Pulmonary Rehabilitation Services (3-3)

Do the benefits in this package apply to OON/POS? ⓘ *

Are any benefits exempt from the plan-level deductible? ⓘ *

Select all the Non-Medicare-covered benefits that are exempt from the plan level deductible ⓘ *

Available	Selected
<input type="text"/>	<input type="text"/>
	Additional Days for Inpatient Hospital Psychiatric (1b1)

Is there a package level maximum coverage amount? ⓘ *

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBID – Page 6

Add New Additional Benefits Package

Add Package - In Progress

Is there a package level maximum coverage amount? *

Yes No

Specify the maximum benefit amount *

\$

Periodicity

Indicate mode of delivery for maximum coverage amount *

Catalogue Purchase

Claims Processing

Debit Card

Reimbursement

Other

Other, describe *

0/200 characters

Select all the Non-Medicare-covered benefits that apply to the package level maximum coverage *

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
Additional Days for Inpatient Hospital-Acute (1a1)	Additional Days for Inpatient Hospital Psychiatric (1b1)
Additional Intensive Cardiac Rehabilitation Services (3-2)	Additional Cardiac Rehabilitation Services (3-1)

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBID – Add Package – Page 7

Add New Additional Benefits Package

Add Package - In Progress

Reimbursement

Other

Other, Describe ⓘ

0/2000 characters

Select all the Non-Medicare-covered benefits that apply to the package level maximum coverage ⓘ *

Available	Selected
<input type="text" value="Search by terms"/> Q	<input type="text" value="Search by terms"/> Q
Additional Days for Inpatient Hospital-Acute (1a1)	Additional Days for Inpatient Hospital Psychiatric (1b1)
Additional Intensive Cardiac Rehabilitation Services (3-2)	Additional Cardiac Rehabilitation Services (3-1)
Additional Pulmonary Rehabilitation Services (3-3)	

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Notes (section) *

0/2000 characters

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 1b1 – Page 1

Add New Additional Benefits Package

^ Add Package - In Progress

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

Additional Days for Inpatient Hospital Psychiatric (1b1) - In Progress

Is this benefit unlimited? *

Yes No

Indicate number of Additional Days per benefit period:

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

Yes No

Is there a coinsurance? *

Yes No

Tier 1

Number of day intervals for additional days

Coinsurance <input type="text"/>	Begin Day <input type="text" value="91"/>	End Day <input type="text"/>
Coinsurance <input type="text"/>	Begin Day <input type="text"/>	End Day <input type="text"/>
Coinsurance <input type="text"/>	Begin Day <input type="text"/>	End Day <input type="text" value="100"/>

Is there a copayment? *

Yes No

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 1b1 – Page 2

Add New Additional Benefits Package

~ Add Package - In Progress

Additional Days for Inpatient Hospital Psychiatric (IB) - In Progress

100

Is there a copayment? *

Yes No

Tier 1

Number of day intervals for additional days *

3

Copayment \$	Begin Day 91	End Day
Copayment \$	Begin Day	End Day
Copayment \$	Begin Day	End Day 100

Authorization required for this benefit? ⓘ *

Yes No

Referral required for this benefit? ⓘ *

Yes No

Notes *

0/2000 characters

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 7b1 – Page 1

Additional Benefits - Package 1 - In Progress

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1) - In Progress

Transportation Services(10b) - Not Started

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

Routine Chiropractic Care(7b1)

Is this benefit unlimited?

Yes No

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

Is there a deductible?

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 7b1 – Page 2

Additional Benefits - Package 1 - In Progress

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1) - In Progress

Transportation Services(10b) - Not Started

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

Is there a deductible?

Yes No

Deductible amount **\$400**

+ Add Notes

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 10b1 – Page 1

Package 1 - **In Progress**

^ Chiropractic Services(7b) - Completed

Routine Chiropractic Care(7b) - Completed

^ Transportation Services(10b) - **In Progress**

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

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

Is this benefit unlimited?

Yes No

Indicate number of trips

Periodicity

Select type of transportation:

Type of transportation

Indicate number of days

Select Mode of Transportation

Taxi

Rideshare services

Bus/Subway

Van

Medical Transport

Other

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 10b1 – Page 2

Package 1 - **In Progress**

^ Chiropractic Services(7b) - **Completed**

Routine Chiropractic Care(7b1) - **Completed**

^ Transportation Services(10b) - **In Progress**

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

Describe Other

Other description

Is there a maximum enrollee out-of-pocket cost (MOOP)?

Yes No

MOOP amount

\$500

Periodicity

6 Months

Is there a coinsurance?

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

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

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

Minimum copayment

\$400

Maximum copayment

\$400

Is there a deductible?

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 10b1 – Page 3

Package 1 - **In Progress**

- Chiropractic Services(7b) - **Completed**
- Routine Chiropractic Care(7b1) - **Completed**
- Transportation Services(10b) - **In Progress**
- Transportation Services - Plan Approved Health-related Location(10b1) - In Progress**

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance **4%** Maximum coinsurance **8%**

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment **\$400** Maximum copayment **\$400**

Is there a deductible?

Yes No

Deductible amount **\$400**

[+ Add Notes](#)

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