

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 1

Inpatient Hospital-Acute (1a) Plan Char

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

Yes No

MOOP amount

Periodicity

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

Yes No

Number of tiers

Lowest cost tier

Is there a coinsurance?

Yes No

Tier 1	Tier 2	Tier 3
Do you charge the Medicare-defined cost share for tier 1?	Do you charge the Medicare-defined cost share for tier 2?	Do you charge the Medicare-defined cost share for tier 3?
<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 2

<ul style="list-style-type: none"> <input type="checkbox"/> In Patient Hospital Services(1) - Completed <li style="background-color: #0056b3; color: white; padding: 2px;"><input checked="" type="checkbox"/> Inpatient Hospital-Acute(1a) - In Progress <input type="checkbox"/> Additional Days(1a1) - In Progress <input type="checkbox"/> Non-Medicare Covered Days(1a2)- Not started <input type="checkbox"/> Upgrades(1a3)-Not started <input type="checkbox"/> In Patient Hospital Psychiatric(1b) - Not started <input checked="" type="checkbox"/> Skilled Nursing Facility (SNF)(2) - Not started <input checked="" type="checkbox"/> Cardiac and Pulmonary Rehabilitation Services(3) - Not started <input checked="" type="checkbox"/> Emergency/Urgently Needed Services(4) - Not started <input checked="" type="checkbox"/> Partial Hospitalization(5) - Not started <input checked="" type="checkbox"/> Home Health Services(6) - Not started <input checked="" type="checkbox"/> Health Care Professional Services(7) - Not started <input checked="" type="checkbox"/> Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started 	<p>Tier 1</p> <p>Do you charge the Medicare-defined cost share for tier 1? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Coinsurance for Medicare-covered stay <input type="text" value="2%"/></p> <p>Number of day intervals for Medicare-covered stay <input type="text" value="3"/></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinsurance <input type="text" value="0%"/></td> <td style="width: 33%;">Begin day <input type="text" value="1"/></td> <td style="width: 33%;">End day <input type="text" value="6"/></td> </tr> <tr> <td>Coinsurance <input type="text" value="8%"/></td> <td>Begin day <input type="text" value="7"/></td> <td>End day <input type="text" value="10"/></td> </tr> <tr> <td>Coinsurance <input type="text" value="20%"/></td> <td>Begin day <input type="text" value="11"/></td> <td>End day <input type="text" value="19"/></td> </tr> </table> <p>Day intervals for Medicare-covered lifetime reserve days <input type="text" value="3"/></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinsurance <input type="text" value="0%"/></td> <td style="width: 33%;">Begin day <input type="text" value="1"/></td> <td style="width: 33%;">End day <input type="text" value="6"/></td> </tr> <tr> <td>Coinsurance <input type="text" value="8%"/></td> <td>Begin day <input type="text" value="7"/></td> <td>End day <input type="text" value="10"/></td> </tr> <tr> <td>Coinsurance <input type="text" value=""/></td> <td>Begin day <input type="text" value=""/></td> <td>End day <input type="text" value=""/></td> </tr> </table>	Coinsurance <input type="text" value="0%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="6"/>	Coinsurance <input type="text" value="8%"/>	Begin day <input type="text" value="7"/>	End day <input type="text" value="10"/>	Coinsurance <input type="text" value="20%"/>	Begin day <input type="text" value="11"/>	End day <input type="text" value="19"/>	Coinsurance <input type="text" value="0%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="6"/>	Coinsurance <input type="text" value="8%"/>	Begin day <input type="text" value="7"/>	End day <input type="text" value="10"/>	Coinsurance <input type="text" value=""/>	Begin day <input type="text" value=""/>	End day <input type="text" value=""/>	<p>Tier 2</p> <p>Do you charge the Medicare-defined cost share for tier 2? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Coinsurance for Medicare-covered stay <input type="text" value="4%"/></p> <p>Number of day intervals for Medicare-covered stay <input type="text" value="3"/></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinsurance <input type="text" value="4%"/></td> <td style="width: 33%;">Begin day <input type="text" value="1"/></td> <td style="width: 33%;">End day <input type="text" value="10"/></td> </tr> <tr> <td>Coinsurance <input type="text" value="4%"/></td> <td>Begin day <input type="text" value="1"/></td> <td>End day <input type="text" value="10"/></td> </tr> <tr> <td>Coinsurance <input type="text" value="4%"/></td> <td>Begin day <input type="text" value="1"/></td> <td>End day <input type="text" value="10"/></td> </tr> </table> <p>Day intervals for Medicare-covered lifetime reserve days <input type="text" value="3"/></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinsurance <input type="text" value="4%"/></td> <td style="width: 33%;">Begin day <input type="text" value="1"/></td> <td style="width: 33%;">End day <input type="text" value="10"/></td> </tr> <tr> <td>Coinsurance <input type="text" value="4%"/></td> <td>Begin day <input type="text" value="1"/></td> <td>End day <input type="text" value="10"/></td> </tr> <tr> <td>Coinsurance <input type="text" value=""/></td> <td>Begin day <input type="text" value=""/></td> <td>End day <input type="text" value=""/></td> </tr> </table>	Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>	Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>	Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>	Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>	Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>	Coinsurance <input type="text" value=""/>	Begin day <input type="text" value=""/>	End day <input type="text" value=""/>	<p>Tier 3</p> <p>Do you charge the Medicare-defined cost share for tier 3? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Coinsurance for Medicare-covered stay <input type="text" value="4%"/></p> <p>Number of day intervals for Medicare-covered stay <input type="text" value="3"/></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinsurance <input type="text" value="4%"/></td> <td style="width: 33%;">Begin day <input type="text" value="1"/></td> <td style="width: 33%;">End day <input type="text" value=""/></td> </tr> <tr> <td>Coinsurance <input type="text" value="4%"/></td> <td>Begin day <input type="text" value="1"/></td> <td>End day <input type="text" value=""/></td> </tr> <tr> <td>Coinsurance <input type="text" value="4%"/></td> <td>Begin day <input type="text" value="1"/></td> <td>End day <input type="text" value=""/></td> </tr> </table> <p>Day intervals for Medicare-covered lifetime reserve days <input type="text" value="3"/></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinsurance <input type="text" value="4%"/></td> <td style="width: 33%;">Begin day <input type="text" value="1"/></td> <td style="width: 33%;">End day <input type="text" value=""/></td> </tr> <tr> <td>Coinsurance <input type="text" value="4%"/></td> <td>Begin day <input type="text" value="1"/></td> <td>End day <input type="text" value=""/></td> </tr> <tr> <td>Coinsurance <input type="text" value=""/></td> <td>Begin day <input type="text" value=""/></td> <td>End day <input type="text" value=""/></td> </tr> </table>	Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value=""/>	Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value=""/>	Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value=""/>	Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value=""/>	Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value=""/>	Coinsurance <input type="text" value=""/>	Begin day <input type="text" value=""/>	End day <input type="text" value=""/>
Coinsurance <input type="text" value="0%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="6"/>																																																							
Coinsurance <input type="text" value="8%"/>	Begin day <input type="text" value="7"/>	End day <input type="text" value="10"/>																																																							
Coinsurance <input type="text" value="20%"/>	Begin day <input type="text" value="11"/>	End day <input type="text" value="19"/>																																																							
Coinsurance <input type="text" value="0%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="6"/>																																																							
Coinsurance <input type="text" value="8%"/>	Begin day <input type="text" value="7"/>	End day <input type="text" value="10"/>																																																							
Coinsurance <input type="text" value=""/>	Begin day <input type="text" value=""/>	End day <input type="text" value=""/>																																																							
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>																																																							
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>																																																							
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>																																																							
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>																																																							
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>																																																							
Coinsurance <input type="text" value=""/>	Begin day <input type="text" value=""/>	End day <input type="text" value=""/>																																																							
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value=""/>																																																							
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value=""/>																																																							
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value=""/>																																																							
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value=""/>																																																							
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value=""/>																																																							
Coinsurance <input type="text" value=""/>	Begin day <input type="text" value=""/>	End day <input type="text" value=""/>																																																							
<div style="display: flex; justify-content: flex-end; gap: 10px;"> Close Save and Close Save and Next </div>																																																									

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 3

<ul style="list-style-type: none"> ▼ In Patient Hospital Services(1) - Completed ▼ Inpatient Hospital-Acute(1a) - In Progress Additional Days(1a1) - In Progress Non-Medicare Covered Days(1a2)- Not started Upgrades(1a3)- Not started ▼ In Patient Hospital Psychiatric(1b) - Not started ▼ Skilled Nursing Facility (SNF)(2) - Not started ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started ▼ Emergency/Urgently Needed Services(4) - Not started ▼ Partial Hospitalization(5) - Not started ▼ Home Health Services(6) - Not started ▼ Health Care Professional Services(7) - Not started ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started 	<p>Coinsurance <input type="text" value="20%"/> Begin day <input type="text" value="11"/> End day <input type="text" value="19"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin day <input type="text" value="1"/> End day <input type="text" value="10"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin day <input type="text" value="1"/></p>	<p>Coinsurance <input type="text" value="4%"/> Begin day <input type="text" value="1"/></p>	
	<p>Is there a copayment?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>		
	<p>Tier 1</p> <p>Do you charge the Medicare-defined cost share for tier 1?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Copayment for Medicare-covered stay <input type="text" value="\$0"/></p> <p>Number of day intervals for Medicare-covered stay <input type="text" value="3"/></p> <p>Copayment <input type="text" value="\$250"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="8"/></p> <p>Copayment <input type="text" value="\$0"/> Begin Day <input type="text" value="9"/> End Day <input type="text" value="9"/></p> <p>Copayment <input type="text" value="\$0"/> Begin Day <input type="text" value="10"/> End Day <input type="text" value="90"/></p>	<p>Tier 2</p> <p>Do you charge the Medicare-defined cost share for tier 2?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Copayment for Medicare-covered stay <input type="text" value="\$113"/></p> <p>Number of day intervals for Medicare-covered stay <input type="text" value="3"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p>	<p>Tier 3</p> <p>Do you charge the Medicare-defined cost share for tier 3?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Copayment for Medicare-covered stay <input type="text" value="\$0"/></p> <p>Number of day intervals for Medicare-covered stay <input type="text" value="3"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/></p>
	<p><input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/></p>		

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 4

<ul style="list-style-type: none"> In Patient Hospital Services(1) - Completed <li style="background-color: #0056b3; color: white; padding: 2px;">Inpatient Hospital-Acute(1a) - In Progress <li style="background-color: #f0e68c; padding: 2px;">Additional Days(1a1) - In Progress <li style="padding: 2px;">Non-Medicare Covered Days(1a2) - Not started <li style="padding: 2px;">Upgrades(1a3) - Not started <li style="padding: 2px;">In Patient Hospital Psychiatric(1b) - Not started <li style="padding: 2px;">Skilled Nursing Facility (SNF)(2) - Not started <li style="padding: 2px;">Cardiac and Pulmonary Rehabilitation Services(3) - Not started <li style="padding: 2px;">Emergency/Urgently Needed Services(4) - Not started <li style="padding: 2px;">Partial Hospitalization(5) - Not started <li style="padding: 2px;">Home Health Services(6) - Not started <li style="padding: 2px;">Health Care Professional Services(7) - Not started <li style="padding: 2px;">Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started 	<p>Day intervals for Medicare-covered lifetime reserve days</p> <p style="text-align: center;">3</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment</td> <td style="width: 33%;">Begin Day</td> <td style="width: 33%;">End Day</td> </tr> <tr> <td style="text-align: center;">\$250</td> <td style="text-align: center;">1</td> <td style="text-align: center;">8</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment</td> <td style="width: 33%;">Begin Day</td> <td style="width: 33%;">End Day</td> </tr> <tr> <td style="text-align: center;">\$0</td> <td style="text-align: center;">9</td> <td style="text-align: center;">9</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment</td> <td style="width: 33%;">Begin Day</td> <td style="width: 33%;">End Day</td> </tr> <tr> <td style="text-align: center;">\$0</td> <td style="text-align: center;">10</td> <td style="text-align: center;">90</td> </tr> </table>	Copayment	Begin Day	End Day	\$250	1	8	Copayment	Begin Day	End Day	\$0	9	9	Copayment	Begin Day	End Day	\$0	10	90	<p>Day intervals for Medicare-covered lifetime reserve days</p> <p style="text-align: center;">3</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment</td> <td style="width: 33%;">Begin Day</td> <td style="width: 33%;">End Day</td> </tr> <tr> <td style="text-align: center;">\$40</td> <td style="text-align: center;">1</td> <td style="text-align: center;">10</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment</td> <td style="width: 33%;">Begin Day</td> <td style="width: 33%;">End Day</td> </tr> <tr> <td style="text-align: center;">\$40</td> <td style="text-align: center;">1</td> <td style="text-align: center;">10</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment</td> <td style="width: 33%;">Begin Day</td> <td style="width: 33%;">End Day</td> </tr> <tr> <td style="text-align: center;">\$40</td> <td style="text-align: center;">1</td> <td style="text-align: center;">10</td> </tr> </table>	Copayment	Begin Day	End Day	\$40	1	10	Copayment	Begin Day	End Day	\$40	1	10	Copayment	Begin Day	End Day	\$40	1	10	<p>Day intervals for Medicare-covered lifetime reserve days</p> <p style="text-align: center;">3</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment</td> <td style="width: 33%;">Begin Day</td> <td style="width: 33%;">End Day</td> </tr> <tr> <td style="text-align: center;">\$40</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment</td> <td style="width: 33%;">Begin Day</td> <td style="width: 33%;">End Day</td> </tr> <tr> <td style="text-align: center;">\$40</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment</td> <td style="width: 33%;">Begin Day</td> <td style="width: 33%;">End Day</td> </tr> <tr> <td style="text-align: center;">\$40</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> </table>	Copayment	Begin Day	End Day	\$40	1	1	Copayment	Begin Day	End Day	\$40	1	1	Copayment	Begin Day	End Day	\$40	1	1
Copayment	Begin Day	End Day																																																							
\$250	1	8																																																							
Copayment	Begin Day	End Day																																																							
\$0	9	9																																																							
Copayment	Begin Day	End Day																																																							
\$0	10	90																																																							
Copayment	Begin Day	End Day																																																							
\$40	1	10																																																							
Copayment	Begin Day	End Day																																																							
\$40	1	10																																																							
Copayment	Begin Day	End Day																																																							
\$40	1	10																																																							
Copayment	Begin Day	End Day																																																							
\$40	1	1																																																							
Copayment	Begin Day	End Day																																																							
\$40	1	1																																																							
Copayment	Begin Day	End Day																																																							
\$40	1	1																																																							
	<p>Is there a deductible?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>Tier 1</p> <p>Deductible amount</p> <p style="text-align: center;">\$40</p> </td> <td style="width: 33%; vertical-align: top;"> <p>Tier 2</p> <p>Deductible amount</p> <p style="text-align: center;">\$40</p> </td> <td style="width: 33%; vertical-align: top;"> <p>Tier 3</p> <p>Deductible amount</p> <p style="text-align: center;">\$40</p> </td> </tr> </table> <p>What is your inpatient hospital-acute benefit period?</p> <p style="text-align: center;">Annual</p>			<p>Tier 1</p> <p>Deductible amount</p> <p style="text-align: center;">\$40</p>	<p>Tier 2</p> <p>Deductible amount</p> <p style="text-align: center;">\$40</p>	<p>Tier 3</p> <p>Deductible amount</p> <p style="text-align: center;">\$40</p>																																																			
<p>Tier 1</p> <p>Deductible amount</p> <p style="text-align: center;">\$40</p>	<p>Tier 2</p> <p>Deductible amount</p> <p style="text-align: center;">\$40</p>	<p>Tier 3</p> <p>Deductible amount</p> <p style="text-align: center;">\$40</p>																																																							
	<div style="display: flex; justify-content: flex-end; gap: 10px;"> Close Save and Close Save and Next </div>																																																								

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 5

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - In Progress**
- Additional Days(1a1) - In Progress
- Non-Medicare Covered Days(1a2)- Not started
- Upgrades(1a3)- Not started
- In Patient Hospital Psychiatric(1b) - Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Do you charge cost sharing on the day of discharge?
 Yes No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Is there a coinsurance?
 Yes No

Do you charge the Medicare-defined cost share?
 Yes No

Coinsurance

Number of day intervals

Coinsurance Begin day End day

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 6

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

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 7

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - In Progress**
- Additional Days(1a1) - In Progress
- Non-Medicare Covered Days(1a2)- Not started
- Upgrades(1a3)- Not started
- In Patient Hospital Psychiatric(1b) - Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a deductible?

Yes No

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

Yes No

Deductible amount

Point-of-Service (POS) benefits

Is there a POS maximum plan benefit coverage?

Yes No

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

Yes No

Maximum plan benefit coverage amount

Periodicity

Is there a coinsurance?

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 8

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - In Progress**
- Additional Days(1a1) - In Progress
- Non-Medicare Covered Days(1a2) - Not started
- Upgrades(1a3) - Not started
- In Patient Hospital Psychiatric(1b) - Not started
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a coinsurance?
 Yes No

Do you charge the Medicare-defined cost share?
 Yes No

Coinsurance for Medicare-covered stay
4%

Number of day intervals for Medicare-covered stay
3

Coinsurance 4%	Begin day 1	End day 10
Coinsurance 4%	Begin day 1	End day 10
Coinsurance 4%	Begin day 1	End day 10

Is there a copayment?
 Yes No

Do you charge the Medicare-defined cost share?
 Yes No

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 9

▼ Inpatient Hospital-Acute(1a) - In Progress	
Additional Days(1a1) - In Progress	
Non-Medicare Covered Days(1a2) - Not started	
Upgrades(1a3) - Not started	
▼ In Patient Hospital Psychiatric(1b) - Not started	
▼ Skilled Nursing Facility (SNF)(2) - Not started	
▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started	
▼ Emergency/Urgently Needed Services(4) - Not started	
▼ Partial Hospitalization(5) - Not started	
▼ Home Health Services(6) - Not started	
▼ Health Care Professional Services(7) - Not started	
▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	

Is there a copayment?
 Yes No

Do you charge the Medicare-defined cost share?
 Yes No

Copayment for Medicare-covered stay
\$40

Number of day intervals for Medicare-covered stay
3

Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10

Is there a deductible?

CY 2025 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 10

- ^ Inpatient Hospital Services(1) - In Progress
- ^ Inpatient Hospital-Acute(1a) - In Progress**
- Additional Days for Inpatient Hospital-Acute(1a1) - In Progress
- Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2) - Not Started
- Upgrades for Inpatient Hospital-Acute(1a3) - Not Started
- ^ Inpatient Hospital Psychiatric(1b) - In Progress
- ^ Skilled Nursing Facility (SNF)(2) - In Progress
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- ^ Emergency/Urgently Needed Services(4) - In Progress
- Partial Hospitalization(5) - In Progress
- Home Health Services(6) - Completed
- ^ Health Care Professional Services(7) - In Progress

Do you charge the Medicare-defined cost share? ⓘ

Yes No

Co-payment ⓘ
\$

Number of day intervals for Medicare-covered stay ⓘ

Is there a deductible? ⓘ *

Yes No

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

Yes No

Deductible amount ⓘ
\$

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *
test

4/2000 characters

CY 2025 PBP Data Entry System Screens

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

Additional Days for Inpatient Hospital-Acute (1a1) Plan Char

Is this benefit unlimited?
 Yes No

Indicate number of Additional Days per benefit period:

Does this plan's Additional Days cost sharing vary by hospital(s) in which an enrollee obtains care?
 Yes No

Number of tiers

Lowest cost tier

Is there a coinsurance?
 Yes No

Tier 1	Tier 2	Tier 3
Number of day intervals <input type="text" value="3"/>	Number of day intervals <input type="text" value="3"/>	Number of day intervals <input type="text" value="3"/>
Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/>	Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/>	Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/>

CY 2025 PBP Data Entry System Screens

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

<ul style="list-style-type: none"> ^ In Patient Hospital Services(1) - In Progress ^ Inpatient Hospital-Acute(1a) - In Progress <li style="background-color: #0056b3; color: white; padding: 2px;">Additional Days(1a1) - In Progress Non-Medicare Covered Days(1a2) Upgrades(1a3) ^ In Patient Hospital Psychiatric(1b) - Not started ^ Skilled Nursing Facility (SNF)(2) - Not started ^ Cardiac and Pulmonary Rehabilitation Services(3) - Not started ^ Emergency/Urgently Needed Services(4) - Not started ^ Partial Hospitalization(5) - Not started ^ Home Health Services(6) - Not started ^ Health Care Professional Services(7) - Not started ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started 	<p>Tier 1</p> <p>Number of day intervals <input type="text" value="3"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Is there a copayment? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Tier 1</p> <p>Number of day intervals <input type="text" value="3"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p>	<p>Tier 2</p> <p>Number of day intervals <input type="text" value="3"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Tier 2</p> <p>Number of day intervals <input type="text" value="3"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/> End Day <input type="text" value="10"/></p>	<p>Tier 3</p> <p>Number of day intervals <input type="text" value="3"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/></p> <p>Coinsurance <input type="text" value="4%"/> Begin Day <input type="text" value="1"/></p> <p>Tier 3</p> <p>Number of day intervals <input type="text" value="3"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/></p> <p>Copayment <input type="text" value="\$40"/> Begin Day <input type="text" value="1"/></p>
<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>			

CY 2025 PBP Data Entry System Screens

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

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

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

Yes No

Coinsurance percentage

Number of day intervals

Coinsurance <input type="text" value="4%"/>	Begin Day <input type="text" value="1"/>	End Day <input type="text" value="10"/>
Coinsurance <input type="text" value="4%"/>	Begin Day <input type="text" value="1"/>	End Day <input type="text" value="10"/>
Coinsurance <input type="text" value="4%"/>	Begin Day <input type="text" value="1"/>	End Day <input type="text" value="10"/>

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

Yes No

Copayment

Number of day intervals

CY 2025 PBP Data Entry System Screens

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

- ^ In Patient Hospital Services(1) - In Progress
- ∨ Inpatient Hospital-Acute(1a) - Completed
- Additional Days(1a1) - Completed
- Non-Medicare Covered Days(1a2) - In Progress**
- Upgrades(1a3)
- ∨ In Patient Hospital Psychiatric(1b) - Not started
- ∨ Skilled Nursing Facility (SNF)(2) - Not started
- ∨ Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- ∨ Emergency/Urgently Needed Services(4) - Not started
- ∨ Partial Hospitalization(5) - Not started
- ∨ Home Health Services(6) - Not started
- ∨ Health Care Professional Services(7) - Not started
- ∨ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Copayment

Number of day intervals

Copayment <input type="text" value="\$40"/>	Begin Day <input type="text" value="1"/>	End Day <input type="text" value="10"/>
Copayment <input type="text" value="\$40"/>	Begin Day <input type="text" value="1"/>	End Day <input type="text" value="10"/>
Copayment <input type="text" value="\$40"/>	Begin Day <input type="text" value="1"/>	End Day <input type="text" value="10"/>

[+ Add Notes](#)

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

CY 2025 PBP Data Entry System Screens

1a3 – Upgrades for Inpatient Hospital-Acute

In Patient Hospital Services(1) - In Progress

▼ Inpatient Hospital-Acute(1a) - Completed

Additional Days(1a1) - Completed

Non-Medicare Covered Days (1a2) - Completed

Upgrades(1a3) - In Progress

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

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

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

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

▼ Partial Hospitalization(5) - Not started

▼ Home Health Services(6) - Not started

▼ Health Care Professional Services(7) - Not started

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

Upgrades for Inpatient Hospital-Acute (1a3)

[Plan Characteristics](#)

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

Yes No

Coinurance percentage

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

Yes No

Copayment amount per stay

Copayment amount per day

[+ Add Notes](#)

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 1

Inpatient Hospital Psychiatric (1b) - Medicare ⓘ

[Plan Characteristics](#)

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

Yes No

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

Covered under Inpatient hospital services category (1a)

Plan-specified amount per period

MOOP amount ⓘ*
\$

Periodicity ⓘ*

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

Yes No

Number of tiers ⓘ*

Lowest cost tier ⓘ*

Is there a coinsurance? ⓘ*

Yes No

Tier 1 | Tier 2 | Tier 3

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 2

<ul style="list-style-type: none"> ▼ In Patient Hospital Services(1) - Completed ▼ Inpatient Hospital-Acute(1a) - Completed <li style="background-color: #0056b3; color: white; padding: 2px;">▼ In Patient Hospital Psychiatric(1b) - In Progress Skilled Nursing Facility (SNF)(2) - Not started ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started ▼ Emergency/Urgently Needed Services(4) - Not started ▼ Partial Hospitalization(5) - Not started ▼ Home Health Services(6) - Not started ▼ Health Care Professional Services(7) - Not started ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started 	<p>Tier 1</p> <p>Do you charge the Medicare-defined cost share for tier 1?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Coinsurance for Medicare-covered stay 4%</p> <p>Number of day intervals for Medicare-covered stay 3</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table> <p>Is there a copayment?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	<p>Tier 2</p> <p>Do you charge the Medicare-defined cost share for tier 2?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Coinsurance for Medicare-covered stay 4%</p> <p>Number of day intervals for Medicare-covered stay 3</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	<p>Tier 3</p> <p>Do you charge the medicare-defin for tier 3?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Coinsurance for Medicare-covered stay – 4%</p> <p>Number of day intervals for Medicare-cov 3</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;"></td> </tr> </table>	Coinsurance 4%	Begin Day 1		Coinsurance 4%	Begin Day 1		Coinsurance 4%	Begin Day 1	
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1																													
Coinsurance 4%	Begin Day 1																													
Coinsurance 4%	Begin Day 1																													
	<p>Tier 1</p> <p>Do you charge the Medicare-defined cost share for tier 1?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Tier 2</p> <p>Do you charge the Medicare-defined cost share for tier 2?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Tier 3</p> <p>Do you charge the medicare-defin for tier 3?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>																											
<p><input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/></p>																														

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 3

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - Completed
- In Patient Hospital Psychiatric(1b) - In Progress
- Skilled Nursing Facility (SNF)(2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

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

Copayment for Medicare-covered stay
\$40

Number of day intervals for Medicare-covered stay
3

Copayment	Begin Day	End Day
\$40	1	10

Copayment	Begin Day	End Day
\$40	1	10

Copayment	Begin Day	End Day
\$40	1	10

Is there a deductible?

Tier 1
Deductible amount
\$40

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

Copayment for Medicare-covered stay
\$40

Number of day intervals for Medicare-covered stay
3

Copayment	Begin Day	End Day
\$40	1	10

Copayment	Begin Day	End Day
\$40	1	10

Copayment	Begin Day	End Day
\$40	1	10

Tier 2
Deductible amount
\$40

Tier 3
Do you charge the medicare-defin for tier 3?

Copayment for Medicare-covered stay
\$40

Number of day intervals for Medicare-cove
3

Copayment	Begin Day	End Day
\$40	1	

Copayment	Begin Day	End Day
\$40	1	

Copayment	Begin Day	End Day
\$40	1	

Tier 3
Deductible amount
\$40

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 4

<ul style="list-style-type: none">In Patient Hospital Services(1) - CompletedInpatient Hospital-Acute(1a) - CompletedIn Patient Hospital Psychiatric(1b) - In ProgressSkilled Nursing Facility (SNF)(2) - Not startedCardiac and Pulmonary Rehabilitation Services(3) - Not startedEmergency/Urgently Needed Services(4) - Not startedPartial Hospitalization(5) - Not startedHome Health Services(6) - Not startedHealth Care Professional Services(7) - Not startedOutpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Tier 1 Deductible amount <input type="text" value="\$40"/>	Tier 2 Deductible amount <input type="text" value="\$40"/>	Tier 3 Deductible amount <input type="text" value="\$40"/>
	What is your Inpatient Hospital Psychiatric benefit period? Psychiatric benefit period <input type="text" value="Per Admission"/>		
	Do you charge cost sharing on the day of discharge? <input checked="" type="button" value="Yes"/> <input type="button" value="No"/>		
	Authorization required for this benefit? Yes		
	Referral required for this benefit? No		
	Out-of-Network (OON) Benefits		
	Is there a coinsurance? <input checked="" type="button" value="Yes"/> <input type="button" value="No"/>		
	Do you charge the Medicare-defined cost share? <input type="button" value="Yes"/> <input checked="" type="button" value="No"/>		
	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>		

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 5

- ✓ In Patient Hospital Services(1) - Completed
- ✓ Inpatient Hospital-Acute(1a) - Completed
- ✓ In Patient Hospital Psychiatric(1b) - In Progress
- Skilled Nursing Facility (SNF)(2) - Not started
- ✓ Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- ✓ Emergency/Urgently Needed Services(4) - Not started
- ✓ Partial Hospitalization(5) - Not started
- ✓ Home Health Services(6) - Not started
- ✓ Health Care Professional Services(7) - Not started
- ✓ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Do you charge the Medicare-defined cost share?

Yes No

Coinsurance 4%

Number of day intervals 3

Coinsurance 4%	Begin day 1	End day 10
Coinsurance 4%	Begin day 1	End day 10
Coinsurance 4%	Begin day 1	End day 10

Is there a copayment?

Yes No

Do you charge the Medicare-defined cost share?

Yes No

Copayment \$40

Number of day intervals

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 6

- ^ Inpatient Hospital Services(1) - In Progress
- ^ Inpatient Hospital-Acute(1a) - In Progress
- Additional Days for Inpatient Hospital-Acute(1a1) - In Progress
- Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2) - Not Started
- Upgrades for Inpatient Hospital-Acute(1a3) - Not Started
- ^ Inpatient Hospital Psychiatric(1b) - In Progress**
- Additional Days for Inpatient Hospital Psychiatric(1b1) - Not Started
- Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2) - Not Started
- Skilled Nursing Facility (SNF)(2) - In Progress
- Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Emergency/Urgently Needed Services(4) - In Progress

Point-of-Service (POS) Benefits

Is there a coinsurance? ⓘ *

Yes No

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

Yes No

Coinsurance ⓘ * 4%

Number of day intervals for Medicare-covered stay * 3

Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ *
	1	
Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ *
Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ *

Is there a copayment? ⓘ *

Yes No

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

Yes No

Copayment ⓘ * \$ 40.00

Number of day intervals for Medicare-covered stay * 3

CY 2025 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 7

Inpatient Hospital Psychiatric(1b) - In Progress

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

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

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

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - Completed

Health Care Professional Services(7) - In Progress

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

Outpatient Services(9) - In Progress

Ambulance/Transportation

Is there a copayment? ⓘ *

Yes No

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

Yes No

Copayment ⓘ *
\$ 40.00

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

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

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *
t

1/2000 characters

CY 2025 PBP Data Entry System Screens

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

- ^ Inpatient Hospital Services(1) - In Progress
- ^ Inpatient Hospital-Acute(1a) - In Progress
- ^ Inpatient Hospital Psychiatric(1b) - In Progress
- Additional Days for Inpatient Hospital Psychiatric(1b1) - Not Started
- Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2) - Not Started
- ^ Skilled Nursing Facility (SNF)(2) - In Progress
- Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- ^ Emergency/Urgently Needed Services(4) - In Progress
- Partial Hospitalization(5) - In Progress
- Home Health Services(6) - In Progress
- ^ Health Care Professional Services(7) - In Progress
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress

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

[Plan Characteristics](#)

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of Additional Days per benefit period. ⓘ *

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

Yes No

Number of tiers ⓘ *

3

Lowest cost tier ⓘ *

1

Is there a coinsurance? *

Yes No

Tier 1	Tier 2	Tier 3
Number of day intervals for additional days *	Number of day intervals for additional days *	Number of day intervals for additional days *
3	3	3
Coinsurance ⓘ *	Coinsurance ⓘ *	Coinsurance ⓘ *
Begin Day ⓘ	Begin Day ⓘ	Begin Day ⓘ
91	91	91
End Day ⓘ *	End Day ⓘ *	End Day ⓘ *
Coinsurance ⓘ *	Coinsurance ⓘ *	Coinsurance ⓘ *
Begin Day ⓘ *	Begin Day ⓘ *	Begin Day ⓘ *
End Day ⓘ *	End Day ⓘ *	End Day ⓘ *
Coinsurance ⓘ *	Coinsurance ⓘ *	Coinsurance ⓘ *
Begin Day ⓘ *	Begin Day ⓘ *	Begin Day ⓘ *
End Day ⓘ	End Day ⓘ	End Day ⓘ
999	999	999

Is there a copayment? *

CY 2025 PBP Data Entry System Screens

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

The screenshot displays a data entry interface for 'Additional Days for Inpatient Hospital-Psychiatric'. On the left is a vertical navigation menu with categories such as 'Inpatient Hospital Services(1) - In Progress', 'Inpatient Hospital Acute(1a) - In Progress', 'Inpatient Hospital Psychiatric(1b) - In Progress', 'Additional Days for Inpatient Hospital Psychiatric(1b1) - Not Started' (highlighted), 'Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2) - Not Started', 'Skilled Nursing Facility (SNF)(2) - In Progress', 'Cardiac and Pulmonary Rehabilitation Services(3) - In Progress', 'Emergency/Urgently Needed Services(4) - In Progress', 'Partial Hospitalization(5) - In Progress', 'Home Health Services(6) - In Progress', 'Health Care Professional Services(7) - In Progress', and 'Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress'.

The main content area is divided into three columns representing different tiers. Each tier has a dropdown menu for 'Number of day intervals for additional days' (all set to 3) and a table of input fields for 'Copayment', 'Begin Day', and 'End Day'.
- Tier 1: Copayment is '\$', Begin Day is '91', End Day is blank.
- Tier 2: Copayment is '\$', Begin Day is '91', End Day is '999'.
- Tier 3: Copayment is '\$', Begin Day is '91', End Day is '999'.
Each table also includes 'Coinsurance' and 'End Day' fields at the top, with values '91' and '999' respectively.

Below the tier tables, there are checkboxes for 'Is there a copayment?' (Yes/No), 'Authorization required for this benefit?' (No), and 'Referral required for this benefit?' (No). A 'Notes' text area is located at the bottom, with a character count of 0/2000. At the bottom right, there are three buttons: 'Close', 'Save and Close', and 'Save and Next'.

CY 2025 PBP Data Entry System Screens

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

<ul style="list-style-type: none"> <input type="checkbox"/> In Patient Hospital Services(1) - Completed <input type="checkbox"/> Inpatient Hospital-Acute(1a) - Completed <input type="checkbox"/> In Patient Hospital Psychiatric(1b) - In Progress <li style="background-color: #0056b3; color: white; padding: 2px;">Additional Days(1b1) - In Progress <input type="checkbox"/> Non-Medicare Covered Days(1b2)- Not started <input type="checkbox"/> Skilled Nursing Facility (SNF)(2) - Not started <input type="checkbox"/> Cardiac and Pulmonary Rehabilitation Services(3) - Not started <input type="checkbox"/> Emergency/Urgently Needed Services(4) - Not started <input type="checkbox"/> Partial Hospitalization(5) - Not started <input type="checkbox"/> Home Health Services(6) - Not started <input type="checkbox"/> Health Care Professional Services(7) - Not started <input type="checkbox"/> Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Coinsurance 4%</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10	Coinsurance 4%	Begin Day 1	End Day 10
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Coinsurance 4%	Begin Day 1	End Day 10																												
Is there a copayment? <input checked="" type="radio"/> Yes <input type="radio"/> No																														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top; border-right: 1px solid #ccc; padding: 5px;"> Tier 1 Copayment <input type="text" value="\$40"/> Number of day intervals <input type="text" value="3"/> </td> <td style="width: 33%; vertical-align: top; border-right: 1px solid #ccc; padding: 5px;"> Tier 2 Copayment <input type="text" value="\$40"/> Number of day intervals <input type="text" value="3"/> </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> Tier 3 Copayment <input type="text" value="\$40"/> Number of day intervals <input type="text" value="3"/> </td> </tr> </table>				Tier 1 Copayment <input type="text" value="\$40"/> Number of day intervals <input type="text" value="3"/>	Tier 2 Copayment <input type="text" value="\$40"/> Number of day intervals <input type="text" value="3"/>	Tier 3 Copayment <input type="text" value="\$40"/> Number of day intervals <input type="text" value="3"/>																								
Tier 1 Copayment <input type="text" value="\$40"/> Number of day intervals <input type="text" value="3"/>	Tier 2 Copayment <input type="text" value="\$40"/> Number of day intervals <input type="text" value="3"/>	Tier 3 Copayment <input type="text" value="\$40"/> Number of day intervals <input type="text" value="3"/>																												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top; border-right: 1px solid #ccc; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table> </td> <td style="width: 33%; vertical-align: top; border-right: 1px solid #ccc; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table> </td> <td style="width: 33%; vertical-align: top; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table> </td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Copayment \$40	Begin Day 1	End Day 10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Copayment \$40	Begin Day 1	End Day 10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Copayment \$40	Begin Day 1	End Day 10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Copayment \$40	Begin Day 1	End Day 10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Copayment \$40	Begin Day 1	End Day 10																			
Copayment \$40	Begin Day 1	End Day 10																												
Copayment \$40	Begin Day 1	End Day 10																												
Copayment \$40	Begin Day 1	End Day 10																												
Copayment \$40	Begin Day 1	End Day 10																												
Copayment \$40	Begin Day 1	End Day 10																												
<input type="button" value="Close"/> <input style="background-color: #0056b3; color: white;" type="button" value="Save and Close"/> <input style="background-color: #0056b3; color: white;" type="button" value="Save and Next"/>																														

CY 2025 PBP Data Entry System Screens

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

- In Patient Hospital Services(1) - Completed
- Inpatient Hospital-Acute(1a) - Completed
- In Patient Hospital Psychiatric(1b) - In Progress
- Additional Days(1b1) - In Progress
- Non-Medicare Covered Days(1b2)- Not started
- Skilled Nursing Facility (SNF)(2)- Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Copayment 4%	Begin Day 1	End Day 10
Copayment 4%	Begin Day 1	End Day 10
Copayment 4%	Begin Day 1	End Day 10

Is there a copayment?
 Yes No

Tier 1 Copayment \$40 Number of day intervals 3	Tier 2 Copayment \$40 Number of day intervals 3	Tier 3 Copayment \$40 Number of day intervals 3
---	---	---

Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10

Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10

[+ Add Notes](#)

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

Inpatient Hospital-Acute(1a) - Completed

In Patient Hospital Psychiatric(1b) - In Progress

Additional Days(1b1) - In Progress

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

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

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

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

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

[Plan Characteristics](#)

Is there a coinsurance?
 Yes No

Is the coinsurance structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered stay
 Yes No

Coinsurance

Number of day intervals

Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>

Is there a copayment?
 Yes No

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

CY 2025 PBP Data Entry System Screens

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

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

- Skilled Nursing Facility (SNF)(2) - In Progress
- Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Emergency/Urgently Needed Services(4) - In Progress
- Partial Hospitalization(5) - In Progress
- Home Health Services(6) - Completed
- Health Care Professional Services(7) - In Progress
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- Outpatient Services(9) - In Progress

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

Yes No

Copayment ⓘ *
\$ 40.00

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

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

Authorization required for this benefit?
No

Referral required for this benefit?
No

[+ Add Notes](#)

CY 2025 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 1

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

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

Yes No

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

Days ⓘ *

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

Yes No

MOOP amount ⓘ *

Periodicity ⓘ *

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

Yes No

Number of tiers ⓘ *

Lowest cost tier ⓘ *

CY 2025 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 2

- ^ Inpatient Hospital Services(1) - In Progress
- ^ Inpatient Hospital-Acute(1a) - In Progress
- ^ Inpatient Hospital Psychiatric(1b) - In Progress
- ^ Skilled Nursing Facility (SNF)(2) - In Progress
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- ^ Emergency/Urgently Needed Services(4) - In Progress
- Partial Hospitalization(5) - In Progress
- Home Health Services(6) - In Progress
- ^ Health Care Professional Services(7) - In Progress
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- ^ Outpatient Services(9) - In Progress

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

Number of tiers ⓘ *

Lowest cost tier ⓘ *

Is there a coinsurance? ⓘ *

<p>Tier 1 Do you charge the Medicare-defined cost share for tier 1? *</p> <p><input checked="" type="button" value="Yes"/> <input type="button" value="No"/></p> <p>Number of day intervals for Medicare-covered stay * <input type="text" value="3"/></p> <table border="0" style="width: 100%;"> <tr> <td>Coinsurance ⓘ *</td> <td>Begin Day ⓘ</td> <td>End Day ⓘ *</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> </tr> <tr> <td>Coinsurance ⓘ *</td> <td>Begin Day ⓘ *</td> <td>End Day ⓘ *</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Coinsurance ⓘ *</td> <td>Begin Day ⓘ *</td> <td>End Day ⓘ</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text" value="100"/></td> </tr> </table>	Coinsurance ⓘ *	Begin Day ⓘ	End Day ⓘ *	<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>	Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ	<input type="text"/>	<input type="text"/>	<input type="text" value="100"/>	<p>Tier 2 Do you charge the Medicare-defined cost share for tier 2? ⓘ *</p> <p><input type="button" value="Yes"/> <input checked="" type="button" value="No"/></p> <p>Number of day intervals for Medicare-covered stay * <input type="text" value="3"/></p> <table border="0" style="width: 100%;"> <tr> <td>Coinsurance ⓘ *</td> <td>Begin Day ⓘ</td> <td>End Day ⓘ *</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> </tr> <tr> <td>Coinsurance ⓘ *</td> <td>Begin Day ⓘ *</td> <td>End Day ⓘ *</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Coinsurance ⓘ *</td> <td>Begin Day ⓘ *</td> <td>End Day ⓘ</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text" value="100"/></td> </tr> </table>	Coinsurance ⓘ *	Begin Day ⓘ	End Day ⓘ *	<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>	Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ	<input type="text"/>	<input type="text"/>	<input type="text" value="100"/>	<p>Tier 3 Do you charge the Medicare-defined cost share for tier 3? ⓘ *</p> <p><input type="button" value="Yes"/> <input checked="" type="button" value="No"/></p> <p>Number of day intervals for Medicare-covered stay * <input type="text" value="3"/></p> <table border="0" style="width: 100%;"> <tr> <td>Coinsurance ⓘ *</td> <td>Begin Day ⓘ</td> <td>End Day ⓘ *</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text" value="1"/></td> <td><input type="text"/></td> </tr> <tr> <td>Coinsurance ⓘ *</td> <td>Begin Day ⓘ *</td> <td>End Day ⓘ *</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Coinsurance ⓘ *</td> <td>Begin Day ⓘ *</td> <td>End Day ⓘ</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text" value="100"/></td> </tr> </table>	Coinsurance ⓘ *	Begin Day ⓘ	End Day ⓘ *	<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>	Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ *	<input type="text"/>	<input type="text"/>	<input type="text"/>	Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ	<input type="text"/>	<input type="text"/>	<input type="text" value="100"/>
Coinsurance ⓘ *	Begin Day ⓘ	End Day ⓘ *																																																						
<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>																																																						
Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ *																																																						
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																						
Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ																																																						
<input type="text"/>	<input type="text"/>	<input type="text" value="100"/>																																																						
Coinsurance ⓘ *	Begin Day ⓘ	End Day ⓘ *																																																						
<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>																																																						
Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ *																																																						
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																						
Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ																																																						
<input type="text"/>	<input type="text"/>	<input type="text" value="100"/>																																																						
Coinsurance ⓘ *	Begin Day ⓘ	End Day ⓘ *																																																						
<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>																																																						
Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ *																																																						
<input type="text"/>	<input type="text"/>	<input type="text"/>																																																						
Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ																																																						
<input type="text"/>	<input type="text"/>	<input type="text" value="100"/>																																																						

CY 2025 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 3

- ^ Inpatient Hospital Services(1) - In Progress
- ^ Inpatient Hospital-Acute(1a) - In Progress
- ^ Inpatient Hospital Psychiatric(1b) - In Progress
- ^ Skilled Nursing Facility (SNF)(2) - In Progress
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- ^ Emergency/Urgently Needed Services(4) - In Progress
- Partial Hospitalization(5) - In Progress
- Home Health Services(6) - In Progress
- ^ Health Care Professional Services(7) - In Progress
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- ^ Outpatient Services(9) - In Progress

Is there a copayment? ⓘ *

Tier 1

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

Number of day intervals for Medicare-covered stay *

Copayment ⓘ * Begin Day ⓘ End Day ⓘ

Copayment ⓘ * Begin Day ⓘ End Day ⓘ

Copayment ⓘ * Begin Day ⓘ End Day ⓘ

Tier 2

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

Number of day intervals for Medicare-covered stay *

Copayment ⓘ * Begin Day ⓘ End Day ⓘ

Copayment ⓘ * Begin Day ⓘ End Day ⓘ

Copayment ⓘ * Begin Day ⓘ End Day ⓘ

Tier 3

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

Number of day intervals for Medicare-covered stay *

Copayment ⓘ * Begin Day ⓘ End Day ⓘ

Copayment ⓘ * Begin Day ⓘ End Day ⓘ

Copayment ⓘ * Begin Day ⓘ End Day ⓘ

What is your SNF period?

Periodicity ⓘ *

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

Authorization required for this benefit?

CY 2025 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 4

- ^ Inpatient Hospital Services(1) - In Progress
- ^ Inpatient Hospital-Acute(1a) - In Progress
- ^ Inpatient Hospital Psychiatric(1b) - In Progress
- ^ Skilled Nursing Facility (SNF)(2) - In Progress**
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- ^ Emergency/Urgently Needed Services(4) - In Progress
- Partial Hospitalization(5) - In Progress
- Home Health Services(6) - In Progress
- ^ Health Care Professional Services(7) - In Progress
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- ^ Outpatient Services(9) - In Progress

What is your SNF period?
Periodicity ⓘ *
Per Admission or Per Stay

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

Yes No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

Is there a coinsurance? ⓘ *

Yes No

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

Yes No

Coinsurance ⓘ *

Number of day intervals for Medicare-covered stay *

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 5

- ^ Inpatient Hospital Services(1) - In Progress
- ^ Inpatient Hospital-Acute(1a) - In Progress
- ^ Inpatient Hospital Psychiatric(1b) - In Progress
- ^ Skilled Nursing Facility (SNF)(2) - In Progress**
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- ^ Emergency/Urgently Needed Services(4) - In Progress
- Partial Hospitalization(5) - In Progress
- Home Health Services(6) - In Progress
- ^ Health Care Professional Services(7) - In Progress
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- ^ Outpatient Services(9) - In Progress

Is there a copayment? ⓘ *

Yes No

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

Yes No

Copayment ⓘ *

\$

Number of day intervals for Medicare-covered stay *

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

CY 2025 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 6

- ^ Inpatient Hospital Services(1) - In Progress
- ^ Inpatient Hospital-Acute(1a) - In Progress
- ^ Inpatient Hospital Psychiatric(1b) - In Progress
- ^ Skilled Nursing Facility (SNF)(2) - In Progress**
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- ^ Emergency/Urgently Needed Services(4) - In Progress
- Partial Hospitalization(5) - In Progress
- Home Health Services(6) - In Progress
- ^ Health Care Professional Services(7) - In Progress
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- ^ Outpatient Services(9) - In Progress

Yes No

Copayment ⓘ *

\$

Number of day intervals for Medicare-covered stay *

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

0/2000 characters

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

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

Additional Days(2-1) - In Progress

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

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

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

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

Plan Cha

Is this benefit unlimited?

Yes No

Indicate number of Additional Days per benefit period

10

Periodicity

6 Months

Does this plan's Additional Days cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?

Yes No

Number of Tiers

3

Lowest Cost Tier

1

Is there a coinsurance?

Yes No

Tier 1	Tier 2	Tier 3
Number of day intervals	Number of day intervals	Number of day intervals
3	3	3
Coinsurance	Coinsurance	Coinsurance
Begin Day	Begin Day	Begin Day
End Day	End Day	End Day

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

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

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - In Progress
- Additional Days(2-1) - In Progress
- Non-Medicare Covered Stay(2-2) - Not started
- Cardiac and Pulmonary Rehabilitation Services(3) - Not started
- Emergency/Urgently Needed Services(4) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Coinsurance 4%	Begin Day 1	End Day 10
Coinsurance 4%	Begin Day 1	End Day 10
Coinsurance 4%	Begin Day 1	End Day 10

Is there a copayment?

Yes
 No

Tier 1 Number of day intervals for Medicare covered stay 3	Tier 2 Number of day intervals for Medicare covered stay 3	Tier 3 Number of day intervals for Medicare covered stay 3
--	--	--

Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

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

<ul style="list-style-type: none"> > In Patient Hospital Services(1) - Completed ^ Skilled Nursing Facility (SNF)(2) - In Progress <li style="background-color: #0070C0; color: white; padding: 2px;">Additional Days(2-1) - In Progress Non-Medicare Covered Stay(2-2) - Not started v Cardiac and Pulmonary Rehabilitation Services(3) - Not started v Emergency/Urgently Needed Services(4) - Not started v Partial Hospitalization(5) - Not started v Home Health Services(6) - Not started v Health Care Professional Services(7) - Not started v Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> <tr> <td style="border: 1px solid #ccc; padding: 2px;">Copayment \$40</td> <td style="border: 1px solid #ccc; padding: 2px;">Begin Day 1</td> <td style="border: 1px solid #ccc; padding: 2px;">End Day 10</td> </tr> </table>	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10																												
Copayment \$40	Begin Day 1	End Day 10																												
Copayment \$40	Begin Day 1	End Day 10																												
Copayment \$40	Begin Day 1	End Day 10																												
Copayment \$40	Begin Day 1	End Day 10																												
Copayment \$40	Begin Day 1	End Day 10																												
Copayment \$40	Begin Day 1	End Day 10																												
Copayment \$40	Begin Day 1	End Day 10																												
Copayment \$40	Begin Day 1	End Day 10																												
	<div style="background-color: #0070C0; color: white; padding: 5px 15px; display: inline-block; border-radius: 3px;">+ Add Notes</div>																													
	<div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 10px; background-color: #0070C0; color: white;">Close</div> <div style="border: 1px solid #ccc; padding: 2px 10px; background-color: #0070C0; color: white;">Save and Close</div> <div style="border: 1px solid #ccc; padding: 2px 10px; background-color: #0070C0; color: white;">Save and Next</div> </div>																													

CY 2025 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

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

Additional Days(2-1) - Completed

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

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

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

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

Plan Cha

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

Yes No

Tier 1	Tier 2	Tier 3																								
Coinsurance for non Medicare covered stay 20%	Coinsurance for non Medicare covered stay 20%	Coinsurance for Non Medicare Covered 20%																								
Number of day intervals 3	Number of day intervals 3	Number of day intervals 3																								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinsurance 20%</td> <td style="width: 33%;">Begin Day 1</td> <td style="width: 33%;">End Day 10</td> </tr> <tr> <td>Coinsurance 20%</td> <td>Begin Day 1</td> <td>End Day 10</td> </tr> <tr> <td>Coinsurance 20%</td> <td>Begin Day 1</td> <td>End Day 10</td> </tr> </table>	Coinsurance 20%	Begin Day 1	End Day 10	Coinsurance 20%	Begin Day 1	End Day 10	Coinsurance 20%	Begin Day 1	End Day 10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinsurance 20%</td> <td style="width: 33%;">Begin Day 1</td> <td style="width: 33%;">End Day 10</td> </tr> <tr> <td>Coinsurance 20%</td> <td>Begin Day 1</td> <td>End Day 10</td> </tr> <tr> <td>Coinsurance 20%</td> <td>Begin Day 1</td> <td>End Day 10</td> </tr> </table>	Coinsurance 20%	Begin Day 1	End Day 10	Coinsurance 20%	Begin Day 1	End Day 10	Coinsurance 20%	Begin Day 1	End Day 10	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinsurance 20%</td> <td style="width: 33%;">Begin Day 1</td> </tr> <tr> <td>Coinsurance 20%</td> <td>Begin Day 1</td> </tr> <tr> <td>Coinsurance 20%</td> <td>Begin Day 1</td> </tr> </table>	Coinsurance 20%	Begin Day 1	Coinsurance 20%	Begin Day 1	Coinsurance 20%	Begin Day 1
Coinsurance 20%	Begin Day 1	End Day 10																								
Coinsurance 20%	Begin Day 1	End Day 10																								
Coinsurance 20%	Begin Day 1	End Day 10																								
Coinsurance 20%	Begin Day 1	End Day 10																								
Coinsurance 20%	Begin Day 1	End Day 10																								
Coinsurance 20%	Begin Day 1	End Day 10																								
Coinsurance 20%	Begin Day 1																									
Coinsurance 20%	Begin Day 1																									
Coinsurance 20%	Begin Day 1																									

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

Yes No

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

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

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

<ul style="list-style-type: none"> ▼ In Patient Hospital Services(1) - Completed ▲ Skilled Nursing Facility (SNF)(2) - In Progress <li style="background-color: #0070C0; color: white; padding: 2px;">Non-Medicare Covered Stay(2-2) - In Progress ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started ▼ Emergency/Urgently Needed Services(4) - Not started ▼ Partial Hospitalization(5) - Not started ▼ Home Health Services(6) - Not started ▼ Health Care Professional Services(7) - Not started ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started 	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">20% Coinsurance</div> <div style="text-align: center;">1 Begin Day</div> <div style="text-align: center;">10 End Day</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">20% Coinsurance</div> <div style="text-align: center;">1 Begin Day</div> <div style="text-align: center;">10 End Day</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">20% Coinsurance</div> <div style="text-align: center;">1 Begin Day</div> </div>						
<p>Is the copayment structure for the non-Medicare-covered stay the same as the coinsurance structure for the Medicare-covered stay?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>									
<p>Tier 1</p>									
<p>Copayment for non-Medicare covered stay</p> <p style="font-size: 1.2em; font-weight: bold;">\$100</p>									
<p>Number of day intervals</p> <p style="font-size: 1.2em; font-weight: bold;">3</p>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Copayment</td> <td style="text-align: center;">Begin Day</td> <td style="text-align: center;">End Day</td> </tr> <tr> <td style="text-align: center; font-weight: bold;">\$100</td> <td style="text-align: center; font-weight: bold;">1</td> <td style="text-align: center; font-weight: bold;">10</td> </tr> </table>				Copayment	Begin Day	End Day	\$100	1	10
Copayment	Begin Day	End Day							
\$100	1	10							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Copayment</td> <td style="text-align: center;">Begin Day</td> <td style="text-align: center;">End Day</td> </tr> <tr> <td style="text-align: center; font-weight: bold;">\$100</td> <td style="text-align: center; font-weight: bold;">1</td> <td style="text-align: center; font-weight: bold;">10</td> </tr> </table>				Copayment	Begin Day	End Day	\$100	1	10
Copayment	Begin Day	End Day							
\$100	1	10							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Copayment</td> <td style="text-align: center;">Begin Day</td> <td style="text-align: center;">End Day</td> </tr> <tr> <td style="text-align: center; font-weight: bold;">\$100</td> <td style="text-align: center; font-weight: bold;">1</td> <td style="text-align: center; font-weight: bold;">10</td> </tr> </table>				Copayment	Begin Day	End Day	\$100	1	10
Copayment	Begin Day	End Day							
\$100	1	10							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Copayment</td> <td style="text-align: center;">Begin Day</td> <td style="text-align: center;">End Day</td> </tr> <tr> <td style="text-align: center; font-weight: bold;">\$100</td> <td style="text-align: center; font-weight: bold;">1</td> <td style="text-align: center; font-weight: bold;">10</td> </tr> </table>				Copayment	Begin Day	End Day	\$100	1	10
Copayment	Begin Day	End Day							
\$100	1	10							
<p>+ Add Notes</p>									
<div style="display: flex; justify-content: flex-end; gap: 10px;"> Close Save and Close Save and Next </div>									

CY 2025 PBP Data Entry System Screens

3 - Cardiac and Pulmonary Rehabilitation Services

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

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

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - In Progress

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

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

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

Pulmonary Rehabilitation Services(3-3) - In Progress

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

Cardiac and Pulmonary Rehabilitation Services (3) - Medicare ⓘ

[Plan Characteristics](#)

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

Yes No

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

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

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *
\$

[+ Add Notes](#)

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

CY 2025 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - In Progress

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

Pulmonary Rehabilitation Services(3-3) - Not Started

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

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Cardiac Rehabilitation Services(3-1)

Plan Characteristics

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation Services -Page 2

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - In Progress
- Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- Pulmonary Rehabilitation Services(3-3) - Not Started
- SET for PAD Services(3-4) - Not Started
- Additional Cardiac Rehabilitation Services(3-1) - Not Started
- Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- Additional SET for PAD Services(3-4) - Not Started
- Emergency/Urgently Needed Services(4) - Not Started
- Partial Hospitalization(5) - Not Started

Add to OON Group

OON Group
 + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
 + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

3-2 - Intensive Cardiac Rehabilitation Services - Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

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

Pulmonary Rehabilitation Services(3-3) - Not Started

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

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Intensive Cardiac Rehabilitation Services(3-2)

Plan Characteristics

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

3-2 - Intensive Cardiac Rehabilitation Services - Page 2

<p>In Patient Hospital Services(1) - Completed</p> <p>Skilled Nursing Facility (SNF)(2) - Completed</p> <p>Cardiac and Pulmonary Rehabilitation Services(3) - In Progress</p> <p>Cardiac Rehabilitation Services(3-1) - Completed</p> <p>Intensive Cardiac Rehabilitation Services(3-2) - In Progress</p> <p>Pulmonary Rehabilitation Services(3-3) - Not Started</p> <p>SET for PAD Services(3-4) - Not Started</p> <p>Additional Cardiac Rehabilitation Services(3-1) - Not Started</p> <p>Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started</p> <p>Additional Pulmonary Rehabilitation Services(3-3) - Not Started</p> <p>Additional SET for PAD Services(3-4) - Not Started</p> <p>Emergency/Urgently Needed Services(4) - Not Started</p> <p>Partial Hospitalization(5) - Not Started</p>	<h3>Out-of-Network (OON) Benefits</h3> <p>Add to OON Group</p> <p>OON Group <input type="text" value="Group Name 1 - OON"/> + Add New OON Group</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Coinsurance</th> <th style="text-align: left;">Copayment</th> <th style="text-align: left;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <h3>Point-of-Service (POS) benefits</h3> <p>Add to POS Group</p> <p>POS Group <input type="text" value="Group Name 1 - POS"/> + Add New POS Group</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Coinsurance</th> <th style="text-align: left;">Copayment</th> <th style="text-align: left;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p> <p style="text-align: center;">+ Add Notes</p>	Coinsurance	Copayment	Deductible	20%	\$20	\$200	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation Services - Page 1

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

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

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

Cardiac Rehabilitation Services(3-1) - **Completed**

Intensive Cardiac Rehabilitation Services(3-2) - **Completed**

Pulmonary Rehabilitation Services(3-3) - In Progress

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

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Pulmonary Rehabilitation Services(3-3)

Plan Characteristics

Is there a coinsurance?

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

Minimum coinsurance Maximum coinsurance

Is there a copayment?

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

Minimum copayment Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation Services -Page 2

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - In Progress

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

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

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

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

SET for PAD Services(3-4) Plan Characteristics

Is there a coinsurance?

Yes
 Yes with a min & max
 No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 2

- In Patient Hospital Services(1) - Completed
- v Skilled Nursing Facility (SNF)(2) - Completed
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- v Cardiac Rehabilitation Services(3-1) - Completed
- v Intensive Cardiac Rehabilitation Services(3-2) - Completed
- v Pulmonary Rehabilitation Services(3-3) - Completed
- v SET for PAD Services(3-4) - In Progress
- v Additional Cardiac Rehabilitation Services(3-1) - Not Started
- v Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started
- v Additional Pulmonary Rehabilitation Services(3-3) - Not Started
- v Additional SET for PAD Services(3-4) - Not Started
- v Emergency/Urgently Needed Services(4) - Not Started
- v Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation Services - Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Additional Cardiac Rehabilitation Services(3-1)

[Plan Characteristics](#)

Is this benefit unlimited?

Yes No

Indicate number of visits

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

Out-of-Network (OON) Benefits

Add OON Group

CY 2025 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation Services -Page 2

<ul style="list-style-type: none"> In Patient Hospital Services(1) - Completed ▼ Skilled Nursing Facility (SNF)(2) - Completed ▲ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress <ul style="list-style-type: none"> Cardiac Rehabilitation Services(3-1) - Completed Intensive Cardiac Rehabilitation Services(3-2) - Completed Pulmonary Rehabilitation Services(3-3) - Completed SET for PAD Services(3-4) - Completed <li style="background-color: #0056b3; color: white;">Additional Cardiac Rehabilitation Services(3-1) - In Progress Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started Additional Pulmonary Rehabilitation Services(3-3) - Not Started Additional SET for PAD Services(3-4) - Not Started ▼ Emergency/Urgently Needed Services(4) - Not Started ▼ Partial Hospitalization(5) - Not Started 	<h3 style="margin: 0;">Out-of-Network (OON) Benefits</h3> <p>Add to OON Group</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid #ccc; padding: 2px; margin-right: 5px;"> <small>OON Group</small> Group Name 1 - OON </div> <div style="background-color: #0056b3; color: white; padding: 5px 10px; margin-left: 5px;">+ Add New OON Group</div> </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Coinsurance</th> <th style="text-align: left; font-weight: normal;">Copayment</th> <th style="text-align: left; font-weight: normal;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <h3 style="margin: 0;">Point-of-Service (POS) benefits</h3> <p>Add to POS Group</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid #ccc; padding: 2px; margin-right: 5px;"> <small>POS Group</small> Group Name 1 - POS </div> <div style="background-color: #0056b3; color: white; padding: 5px 10px; margin-left: 5px;">+ Add New POS Group</div> </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Coinsurance</th> <th style="text-align: left; font-weight: normal;">Copayment</th> <th style="text-align: left; font-weight: normal;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p> <div style="text-align: center; margin-top: 10px;"> <div style="background-color: #0056b3; color: white; padding: 5px 15px; display: inline-block;">+ Add Notes</div> </div>	Coinsurance	Copayment	Deductible	20%	\$20	\$200	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
<div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 10px;">Close</div> <div style="background-color: #0056b3; color: white; padding: 5px 15px;">Save and Close</div> <div style="background-color: #0056b3; color: white; padding: 5px 15px;">Save and Next</div> </div>													

CY 2025 PBP Data Entry System Screens

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

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

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

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

Cardiac Rehabilitation Services(3-1) - **Completed**

Intensive Cardiac Rehabilitation Services(3-2) - **Completed**

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

SET for PAD Services(3-4) - **Completed**

Additional Cardiac Rehabilitation Services(3-1) - **Complete**

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

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

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

Emergency/Urgently Needed Services(4) - **Not Started**

Partial Hospitalization(5) - **Not Started**

Additional Intensive Cardiac Rehabilitation Services(3-2)

Is this benefit unlimited?

Yes **No**

Indicate number of visits

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

Out-of-Network (OON) Benefits

CY 2025 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

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

Additional Pulmonary Rehabilitation Services(3-3) - In Progress

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Additional Pulmonary Rehabilitation Services(3-3)

[Plan Characteristics](#)

Is this benefit unlimited?

Yes No

Indicate number of visits

10

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

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

CY 2025 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation Services -Page 2

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - Completed
- Intensive Cardiac Rehabilitation Services(3-2) - Completed
- Pulmonary Rehabilitation Services(3-3) - Completed
- SET for PAD Services(3-4) - Completed
- Additional Cardiac Rehabilitation Services(3-1) - Complete
- Additional Intensive Cardiac Rehabilitation Services(3-2) - Complete
- Additional Pulmonary Rehabilitation Services(3-3) - In Progress
- Additional SET for PAD Services(3-4) - Not Started
- Emergency/Urgently Needed Services(4) - Not Started
- Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

3-4 Additional SET for PAD Services -Page 1

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

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

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

Cardiac Rehabilitation Services(3-1) - **Completed**

Intensive Cardiac Rehabilitation Services(3-2) - **Completed**

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

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - **Complete**

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

Additional Pulmonary Rehabilitation Services(3-3) - **Complete**

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

Emergency/Urgently Needed Services(4) - **Not Started**

Partial Hospitalization(5) - **Not Started**

Additional SET for PAD Services(3-4)

[Plan Characteristics](#)

Is this benefit unlimited?

Yes **No**

Indicate number of visits

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

Out-of-Network (OON) Benefits

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

CY 2025 PBP Data Entry System Screens

3-4 Additional SET for PAD Services -Page 2

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - In Progress
- Cardiac Rehabilitation Services(3-1) - Completed
- Intensive Cardiac Rehabilitation Services(3-2) - Completed
- Pulmonary Rehabilitation Services(3-3) - Completed
- SET for PAD Services(3-4) - Completed
- Additional Cardiac Rehabilitation Services(3-1) - Complete
- Additional Intensive Cardiac Rehabilitation Services(3-2) - Complete
- Additional Pulmonary Rehabilitation Services(3-3) - Complete
- Additional SET for PAD Services(3-4) - In Progress
- Emergency/Urgently Needed Services(4) - Not Started
- Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

4a Emergency Services -Page 1

Emergency Services (4a) - Medicare

Enhanced Benefits are not applicable for this Service Category.

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

Yes No

MOOP amount \$

Periodicity

Is there a coinsurance? *

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Maximum per visit amount \$

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

Yes No

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

Days Hours

Enter number of days

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

CY 2025 PBP Data Entry System Screens

4a Emergency Services -Page 2

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - In Progress
 - Emergency Services(4a) - In Progress**
 - Urgently Needed Services(4b) - Not started
- Worldwide Emergency/Urgent Coverage(4c) - Not started
- Partial Hospitalization(5) - Not started
- Home Health Services(6) - Not started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Days Hours

Number of days

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

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

Yes No

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

Days Hours

Enter number of days

Does the cost sharing count towards any plan-level deductible?

Yes No

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 1

Urgently Needed Services (4b) Plan Characteristics

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

Yes No

Select the maximum enrollee out-of-pocket cost type

Covered under emergency/post stabilization services

Plan-specified amount per period

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Maximum per visit amount

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

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 2

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

CY 2025 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 3

- ▼ In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- ▲ Emergency/Urgently Needed Services(4) - In Progress
 - Emergency Services(4a) - Completed
 - Urgently Needed Services(4b) - In Progress**
 - ▼ Worldwide Emergency/Urgent Coverage(4c) - Not started
 - Partial Hospitalization(5) - Not started
 - ▼ Home Health Services(6) - Not started
 - ▼ Health Care Professional Services(7) - Not started
 - ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Enter number of days

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

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

Yes No

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

Days Hours

Enter number of days

Does the cost sharing count towards any plan-level deductible?

Yes No

CY 2025 PBP Data Entry System Screens

4c - Worldwide Emergency /Urgent Coverage -Page 1

Worldwide Emergency/Urgent Coverage (4c) Plan Characteristics

Is there a maximum plan benefit coverage?
 Yes No

Is the maximum plan benefit coverage amount unlimited?
 Yes No

Maximum amount

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

MOOP amount

Periodicity

Is there a deductible?
 Yes No

Deductible amount

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

4c - Worldwide Emergency /Urgent Coverage -Page 2

<ul style="list-style-type: none">In Patient Hospital Services(1) - CompletedSkilled Nursing Facility (SNF)(2) - CompletedCardiac and Pulmonary Rehabilitation Services(3) - CompletedEmergency/Urgently Needed Services(4) - In Progress<ul style="list-style-type: none">Emergency Services(4a) - CompletedUrgently Needed Services(4b) - CompletedWorldwide Emergency/Urgent Coverage(4c) - In ProgressPartial Hospitalization(5) - Not startedHome Health Services(6) - Not startedHealth Care Professional Services(7) - Not startedOutpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	<p>Is there a maximum plan benefit coverage?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Is the maximum plan benefit coverage amount unlimited?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Maximum amount <input type="text" value="\$1000"/></p> <p>Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>MOOP amount <input type="text" value="\$500"/></p> <p>Periodicity <input type="text" value="6 Months"/></p> <p>Is there a deductible?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Deductible amount <input type="text" value="\$500"/></p> <p><input type="button" value="+ Add Notes"/></p>
---	---

CY 2025 PBP Data Entry System Screens

4c1 - Worldwide Emergency Coverage

Worldwide Emergency Coverage (4c1) Plan Characteristics

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

Minimum coinsurance Maximum coinsurance

Is this Coinsurance waived if admitted to hospital?
 Yes No

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

Minimum copayment Maximum copayment

Is the Copayment waived if admitted to hospital?
 Yes No

[+ Add Notes](#)

CY 2025 PBP Data Entry System Screens

4c2 - Worldwide Urgent Coverage

Worldwide Urgent Coverage (4c2) Plan Characteristics

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

Minimum coinsurance: Maximum coinsurance:

Is this Coinsurance waived if admitted to hospital?
 Yes No

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

Minimum copayment: Maximum copayment:

Is the Copayment waived if admitted to hospital?
 Yes No

[+ Add Notes](#)

CY 2025 PBP Data Entry System Screens

4c3 - Worldwide Emergency Transportation

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - Completed

Urgently Needed Services(4b) - Completed

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

Worldwide Emergency Coverage(4c1) - Completed

Worldwide Urgent Coverage(4c2) - Completed

Worldwide Emergency Transportation(4c3) - In Progress

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Worldwide Emergency Transportation (4c3)

[Plan Characteristics](#)

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is this Coinsurance waived if admitted to hospital?

Yes No

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is the Copayment waived if admitted to hospital?

Yes No

[+ Add Notes](#)

CY 2025 PBP Data Entry System Screens

5 - Partial Hospitalization -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - In Progress

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

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

Partial Hospitalization (5)

[Plan Characteristics](#)

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

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

CY 2025 PBP Data Entry System Screens

5 - Partial Hospitalization -Page 2

- ∨ In Patient Hospital Services(1) - Completed
- ∨ Skilled Nursing Facility (SNF)(2) - Completed
- ∨ Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- ∨ Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - In Progress**
- ∨ Home Health Services(6) - Not started
- ∨ Health Care Professional Services(7) - Not started
- ∨ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Deductible amount
\$400

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

5 - Partial Hospitalization -Page 3

- ▼ In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- ▼ Emergency/Urgently Needed Services(4) - Completed
- ▼ Partial Hospitalization(5) - In Progress
- ▼ Home Health Services(6) - Not started
- ▼ Health Care Professional Services(7) - Not started
- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

6 -Home Health Services-Page 1

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

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

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

Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

Health Care Professional Services(7) - In Progress

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

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

Diagnostic Procedures/Tests(8a1) - In Progress

Home Health Services (6) - Medicare ⓘ

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

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

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

Yes No

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *
Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *
Maximum copayment ⓘ *

Plan Characteristics

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

6 -Home Health Services-Page 2

- ▼ In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- ▼ Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) - In Progress**
- ▼ Health Care Professional Services(7) - Not started
- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance Copayment Deductible

CY 2025 PBP Data Entry System Screens

6 -Home Health Services-Page 3

\$400

▼ In Patient Hospital Services(1) - Completed

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

▼ Cardiac and Pulmonary Rehabilitation Services(3) - Completed

▼ Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

▼ Home Health Services(6) - In Progress

▼ Health Care Professional Services(7) - Not started

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

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2025 PBP Data Entry System Screens

6-1 Additional Hours of Care -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

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

Personal Care Services (6-2) - Not Started

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

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

Health Care Professional Services(7) - Not started

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

Additional Hours of Care (6-1)

Plan Characteristics

Is there a limit on the services provided?

Yes No

Indicate units _____
Sessions

Indicate numerical limit _____
50

Periodicity _____
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

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

Is there a copayment?

Yes Yes with a min & max No

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

CY 2025 PBP Data Entry System Screens

6-1 Additional Hours of Care -Page 2

- In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- ▼ Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- ^ Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - In Progress
- Personal Care Services (6-2) - Not Started
- Other 1 for Home Health Services (6-3) - Not Started
- Other 2 for Home Health Services (6-4) - Not Started
- ▼ Health Care Professional Services(7) - Not started
- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Minimum copayment

Maximum copayment

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

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

CY 2025 PBP Data Entry System Screens

6-1 Additional Hours of Care -Page 3

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - In Progress
- Personal Care Services (6-2) - Not Started
- Other 1 for Home Health Services (6-3) - Not Started
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Yes
No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

6-2 Personal Care Services -Page 1

Personal Care Services (6-2) Plan Characteristics

Is there a limit on the services provided?

Yes No

Indicate units

Indicate numerical limit

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Close Save and Close Save and Next

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - Completed
- Personal Care Services (6-2) - In Progress**
- Other 1 for Home Health Services (6-3) - Not Started
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

CY 2025 PBP Data Entry System Screens

6-2 Personal Care Services -Page 2

<ul style="list-style-type: none"> <li style="border-bottom: 1px solid #ccc; padding: 5px;">In Patient Hospital Services(1) - Completed <li style="border-bottom: 1px solid #ccc; padding: 5px;">Skilled Nursing Facility (SNF)(2) - Completed <li style="border-bottom: 1px solid #ccc; padding: 5px;">Cardiac and Pulmonary Rehabilitation Services(3) - Completed <li style="border-bottom: 1px solid #ccc; padding: 5px;">Emergency/Urgently Needed Services(4) - Completed <li style="border-bottom: 1px solid #ccc; padding: 5px;">Partial Hospitalization(5) - Completed <li style="border-bottom: 1px solid #ccc; padding: 5px;">Home Health Services(6) - In Progress <li style="border-bottom: 1px solid #ccc; padding: 5px;">Additional Hours of Care (6-1) - Completed <li style="background-color: #0056b3; color: white; padding: 5px;">Personal Care Services (6-2) - In Progress <li style="border-bottom: 1px solid #ccc; padding: 5px;">Other 1 for Home Health Services (6-3) - Not Started <li style="border-bottom: 1px solid #ccc; padding: 5px;">Other 2 for Home Health Services (6-4) - Not Started <li style="border-bottom: 1px solid #ccc; padding: 5px;">Health Care Professional Services(7) - Not started <li style="padding: 5px;">Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started 	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Minimum copayment</p> <input style="width: 90%; border: 1px solid #ccc;" type="text" value="\$400"/> </div> <div style="width: 45%;"> <p>Maximum copayment</p> <input style="width: 90%; border: 1px solid #ccc;" type="text" value="\$400"/> </div> </div> <hr/> <p>Does any service require qualification for and enrollment in a state-operated waiver program?</p> <div style="display: flex; gap: 10px;"> <input checked="" type="button" value="Yes"/> <input type="button" value="No"/> </div> <hr/> <p>Authorization required for this benefit?</p> <p>Yes</p> <p>Referral required for this benefit?</p> <p>No</p> <hr/> <p>Point-of-Service (POS) benefits</p> <p>Add to POS Group</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;"> <small>POS Group</small> Group Name 1 - POS </div> <div style="background-color: #0056b3; color: white; padding: 5px 10px; border-radius: 3px;"> + Add New POS Group </div> </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Coinsurance</th> <th style="text-align: left; font-weight: normal;">Copayment</th> <th style="text-align: left; font-weight: normal;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <p>Authorization required for this benefit?</p> <p>Yes</p> <p>Referral required for this benefit?</p>	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible					
20%	\$20	\$200					

CY 2025 PBP Data Entry System Screens

6-2 Personal Care Services -Page 3

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - Completed
- Personal Care Services (6-2) - In Progress
- Other 1 for Home Health Services (6-3) - Not Started
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

View
IND

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

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

Other 1 for Home Health Services (6-3) Plan Characteristics

Name of Other Service
Other Service Name

Is there a limit on the services provided?
 Yes No

Indicate units

Indicate numerical limit

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

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

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

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - Completed
- Personal Care Services (6-2) - Completed
- Other 1 for Home Health Services (6-3) - In Progress
- Other 2 for Home Health Services (6-4) - Not Started
- Health Care Professional Services(7) - Not started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Is there a copayment?

Minimum copayment
 Maximum copayment

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

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Screens

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

- ▼ In Patient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- ▼ Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- ▲ Home Health Services(6) - In Progress
- Additional Hours of Care (6-1) - Completed
- Personal Care Services (6-2) - Completed
- Other 1 for Home Health Services (6-3) - In Progress
- Other 2 for Home Health Services (6-4) - Not Started
- ▼ Health Care Professional Services(7) - Not started
- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started

Yes
 No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) -Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Additional Hours of Care (6-1) -Completed

Personal Care Services (6-2) -Completed

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

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

Health Care Professional Services(7) - Not started

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

Other 2 for Home Health Services (6-4)

Plan Characteristics

Name of Other Service
Other Service Name

Is there a limit on the services provided?
 Yes No

Indicate units
Sessions

Indicate numerical limit
50

Periodicity
6 Months

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

Minimum coinsurance
4%

Maximum coinsurance
8%

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

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

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

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) -Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) -In Progress
 - Additional Hours of Care (6-1) -Completed
 - Personal Care Services (6-2) -Completed
 - Other 1 for Home Health Services (6-3) - Completed
 - Other 2 for Home Health Services (6-4) -In Progress
 - Health Care Professional Services(7) -Not started
 - Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not started

Is there a copayment?

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

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

CY 2025 PBP Data Entry System Screens

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

- In Patient Hospital Services(1) - Completed
- Skilled Nursing Facility (SNF)(2) - Completed
- Cardiac and Pulmonary Rehabilitation Services(3) -Completed
- Emergency/Urgently Needed Services(4) - Completed
- Partial Hospitalization(5) - Completed
- Home Health Services(6) -In Progress
 - Additional Hours of Care (6-1) -Completed
 - Personal Care Services (6-2) -Completed
 - Other 1 for Home Health Services (6-3) - Completed
 - Other 2 for Home Health Services (6-4) - In Progress
 - Health Care Professional Services(7) - Not started
 - Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not started

Yes
No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7a - Primary Care Physician Services -Page 1

Primary Care Physician Services (7a) - Medicare ⓘ

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Yes No

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$ 0.00

Maximum copayment ⓘ * \$ 0.00

Is there a deductible? ⓘ *

Yes No

Point-of-Service (POS) Benefits

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

7a - Primary Care Physician Services -Page 2

- Partial Hospitalization(5) - Completed
- Home Health Services(6) - Completed
- ^ Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a)- In Progress
- ∨ Chiropractic Services(7b)- Not Started
- Occupational Therapy Services(7c)- Not Started
- Physician Specialist Services(7d)- Not Started
- Mental Health Specialty Services(7e)- Not Started
- Individual Sessions for Mental Health Specialty Services(7e1)- Not Started
- Group Sessions for Mental Health Specialty Services(7e2)- Not Started
- Podiatry Services(7f)- Not Started
- Other Health Care Professional(7g)- Not Started

Yes No

Deductible amount

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7b – Chiropractic Services -Page 1

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1) - Not Started

Other Chiropractic Services(7b2) - Not Started

Occupational Therapy Services(7c) - Not Started

Physician Specialist Services(7d) - Not Started

Mental Health Specialty Services(7e)- Not Started

Chiropractic Services(7b)

Plan Characteristics

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

Yes No

MOOP amount

Periodicity

Is there a maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Is there a medicare covered coinsurance?

Yes Yes with a min & max No

CY 2025 PBP Data Entry System Screens

7b – Chiropractic Services -Page 2

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

CY 2025 PBP Data Entry System Screens

7b – Chiropractic Services -Page 3

Very long Plan Name

Partial Hospitalization(5) - Completed	Deductible amount <input style="width: 100%;" type="text" value="\$400"/>						
Home Health Services(6) -Completed	Authorization required for this benefit? Yes						
Health Care Professional Services(7)- In Progress	Referral required for this benefit? No						
Primary Care Physician Services(7a) - Completed	Out-of-Network (OON) Benefits						
Chiropractic Services(7b) - In Progress	Add to OON Group <input style="width: 100%;" type="text" value="Group Name 1 - OON"/> <input style="background-color: #0056b3; color: white; padding: 2px 10px;" type="button" value="+ Add New OON Group"/>						
Routine Chiropractic Care(7b1) - Not Started	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Coinsurance</th> <th style="text-align: left; font-weight: normal;">Copayment</th> <th style="text-align: left; font-weight: normal;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table>	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible					
20%	\$20	\$200					
Other Chiropractic Services(7b2) - Not Started	Point-of-Service (POS) benefits						
Occupational Therapy Services(7c) - Not Started	Add to POS Group						
Physician Specialist Services(7d) - Not Started							
Mental Health Specialty Services(7e) - Not Started							

CY 2025 PBP Data Entry System Screens

7b – Chiropractic Services -Page 4

Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a)-
Completed

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1) -
Not Started

Other Chiropractic Services(7b2)-
Not Started

Occupational Therapy Services(7c)-
Not Started

Physician Specialist Services(7d) -
Not Started

Mental Health Specialty Services(7e)-
Not Started

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

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

Benefits Details

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care -Page 1

Partial Hospitalization(5) - **Completed**

Home Health Services(6) - **Completed**

Health Care Professional Services(7)- **In Progress**

Primary Care Physician Services(7a) - **Completed**

Chiropractic Services(7b) - **In Progress**

Routine Chiropractic Care(7b1) - In Progress

Other Chiropractic Services(7b2) - **Not Started**

Occupational Therapy Services(7c) - **Not Started**

Physician Specialist Services(7d) - **Not Started**

Mental Health Specialty Services(7e)- **Not Started**

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

CY 2025 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care -Page 2

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

Minimum coinsurance	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

CY 2025 PBP Data Entry System Screens

7b2 – Other Chiropractic Care -Page 1

Very long Plan Name

- Partial Hospitalization(5) - Completed
- Home Health Services(6) -Completed
- Health Care Professional Services(7)- In Progress
 - Primary Care Physician Services(7a) - Completed
 - Chiropractic Services(7b) - In Progress
 - Routine Chiropractic Care(7b1) - Completed
 - Other Chiropractic Services(7b2) - In Progress**
 - Occupational Therapy Services(7c) - Not Started
 - Physician Specialist Services(7d) - Not Started
 - Mental Health Specialty Services(7e)- Not Started

Other Chiropractic Services(7b2)

Name of Other Service
Other Service Name

Is this benefit unlimited?
 Yes No

Visits

Periodicity

Service specific maximum plan benefit coverage amount?
 Yes No

Maximum Amount

Periodicity

CY 2025 PBP Data Entry System Screens

7b2 – Other Chiropractic Care -Page 2

Primary Care Physician Services(7a) - Completed	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No	
	Minimum coinsurance <input type="text" value="4%"/>	Maximum coinsurance <input type="text" value="8%"/>
	Is there a copayment?	
	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No	
	Minimum copayment <input type="text" value="\$400"/>	Maximum copayment <input type="text" value="\$400"/>
	Is there a deductible?	
	<input checked="" type="radio"/> Yes <input type="radio"/> No	
	Deductible amount <input type="text" value="\$400"/>	
<input type="button" value="+ Add Notes"/>		
<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>		

CY 2025 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 1

Occupational Therapy Services (7c) - Medicare

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

Yes No

MOOP amount \$

Periodicity

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

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment? *

Yes Yes with a min & max No

Minimum copayment \$ 35.00 Maximum copayment \$ 35.00

Is there a deductible? *

Yes No

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

CY 2025 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 2

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) -Completed
- ▲ Health Care Professional Services(7)-
In Progress
- Primary Care Physician Services(7a) -
Completed
- ▲ Chiropractic Services(7b) -Completed
- Occupational Therapy Services(7c) -
In Progress
- Physician Specialist Services(7d) -
Not Started
- Mental Health Specialty Services(7e)-
Not Started
- Individual Sessions for Mental Health
Specialty Services(7e1) - Not Started
- Group Sessions for Mental Health
Specialty Services(7e2)- Not Started
- Podiatry Services(7f) - Not Started
- Other Health Care Professional(7g)-
Not Started

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 3

- Partial Hospitalization(5) - Completed
- Home Health Services(6) - Completed
- Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a)- Completed
- Chiropractic Services(7b)- Completed
- Occupational Therapy Services(7c)- In Progress
- Physician Specialist Services(7d)- Not Started
- Mental Health Specialty Services(7e)- Not Started
- Individual Sessions for Mental Health Specialty Services(7e1)- Not Started
- Group Sessions for Mental Health Specialty Services(7e2)- Not Started
- Podiatry Services(7f)- Not Started
- Other Health Care Professional(7g)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7d - Physician Specialist Services – Page 1

Home Health Services(6) - In Progress

Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - In Progress

Chiropractic Services(7b) - In Progress

Chiropractic Services(7b) - Not Started

Routine Chiropractic Care(7b1) - Not Started

Occupational Therapy Services(7c) - In Progress

Physician Specialist Services(7d) - In Progress

Mental Health Specialty Services(7e) - In Progress

Podiatry Services(7f) - In Progress

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

Other Health Care Professional(7g) - In Progress

Psychiatric Services(7h) - In Progress

Physician Specialist Services (7d) - Medicare ⓘ

Enhanced Benefits are not applicable for this Service Category.

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

Yes No

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *
Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *
\$ 35.00

Maximum copayment ⓘ *
\$ 35.00

Is there a deductible? ⓘ *

Yes No

Plan Characteristics

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

7d - Physician Specialist Services -Page 2

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) -Completed
- ▲ Health Care Professional Services(7) - In Progress
- Primary Care Physician Services(7a) - Completed
- ▼ Chiropractic Services(7b) -Completed
- Occupational Therapy Services(7c) - Completed
- Physician Specialist Services(7d) - In Progress
- Mental Health Specialty Services(7e) - Not Started
- Individual Sessions for Mental Health Specialty Services(7e1) - Not Started
- Group Sessions for Mental Health Specialty Services(7e2)- Not Started
- Podiatry Services(7f) - Not Started
- Other Health Care Professional(7g) - Not Started

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

7d - Physician Specialist Services -Page 3

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a) -
Completed

Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c)-
Completed

Physician Specialist Services(7d)-
In Progress

Mental Health Specialty Services(7e)-
Not Started

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

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

Podiatry Services(7f)- Not Started

Other Health Care Professional(7g)-
Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

7e - Mental Health Specialty Services -Page 1

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a)- Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e)- In Progress

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

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

Podiatry Services(7f) -Not Started

Other Health Care Professional(7g)- Not Started

Mental Health Specialty Services(7e)

Plan Characteristics

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

Yes No

MOOP amount

Periodicity

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

CY 2025 PBP Data Entry System Screens

7e - Mental Health Specialty Services -Page 2

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) -Completed
- ▲ Health Care Professional Services(7)-
In Progress
- Primary Care Physician Services(7a) -
Completed
- ▼ Chiropractic Services(7b) -Completed
- Occupational Therapy Services(7c) -
Completed
- Physician Specialist Services(7d) -
Completed
- ▲ Mental Health Specialty Services(7e)-
In Progress
- Individual Sessions for Mental Health
Specialty Services(7e1) - Not Started
- Group Sessions for Mental Health
Specialty Services(7e2)- Not Started
- Podiatry Services(7f) -Not Started
- Other Health Care Professional(7g)-
Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

7e - Individual Sessions for Mental Health Specialty Services

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Complete

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

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

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g) - Not Started

Individual Sessions for Mental Health Specialty Services(7e1)

Plan Characteristics

Is there a coinsurance?

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

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

Is there a copayment?

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

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

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

7e - Group Sessions for Mental Health Specialty Services

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7) - **In Progress**

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - **Complete**

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

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

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g) - Not Started

Group Sessions for Mental Health Specialty Services(7e2)

Plan Characteristics

Is there a coinsurance?

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

Minimum coinsurance Maximum coinsurance

Is there a copayment?

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

Minimum copayment

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

7f - Podiatry Services -Page 1

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

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

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

Podiatry Services(7f) - In Progress

Other Health Care Professional(7g) - Not Started

Podiatry Services(7f)

[Plan Characteristics](#)

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

Yes No

MOOP amount

Periodicity

Is there a medicare covered coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a medicare covered copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a medicare covered deductible?

Yes No

CY 2025 PBP Data Entry System Screens

7f - Podiatry Services -Page 2

<ul style="list-style-type: none"> Partial Hospitalization(5) - Completed ▼ Home Health Services(6) -Completed ^ Health Care Professional Services(7)- In Progress Primary Care Physician Services(7a) - Completed ▼ Chiropractic Services(7b) -Completed Occupational Therapy Services(7c) - Completed Physician Specialist Services(7d) - Completed Mental Health Specialty Services(7e) - Completed Individual Sessions for Mental Health Specialty Services(7e1) - Completed Group Sessions for Mental Health Specialty Services(7e2) - Completed <li style="background-color: #0056b3; color: white; padding: 2px;">▼ Podiatry Services(7f) - In Progress Other Health Care Professional(7g) - Not Started 	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> Deductible amount <input style="width: 100%;" type="text" value="\$400"/> </div> <hr/> <p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p> <hr/> <p>Out-of-Network (OON) Benefits</p> <p>Add to OON Group</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> OON Group <input style="width: 80%;" type="text" value="Group Name 1 - OON"/> + Add New OON Group </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Coinsurance</th> <th style="text-align: left; font-weight: normal;">Copayment</th> <th style="text-align: left; font-weight: normal;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table> <hr/> <p>Point-of-Service (POS) benefits</p> <p>Add to POS Group</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> POS Group <input style="width: 80%;" type="text" value="Group Name 1 - POS"/> + Add New POS Group </div> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; font-weight: normal;">Coinsurance</th> <th style="text-align: left; font-weight: normal;">Copayment</th> <th style="text-align: left; font-weight: normal;">Deductible</th> </tr> </thead> <tbody> <tr> <td>20%</td> <td>\$20</td> <td>\$200</td> </tr> </tbody> </table>	Coinsurance	Copayment	Deductible	20%	\$20	\$200	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
Close Save and Close Save and Next													

CY 2025 PBP Data Entry System Screens

7f - Podiatry Services -Page 3

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) -Completed
- ▲ Health Care Professional Services(7)-
In Progress
- Primary Care Physician Services(7a) -
Completed
- ▼ Chiropractic Services(7b)-Completed
- Occupational Therapy Services(7c)-
Completed
- Physician Specialist Services(7d)-
Completed
- Mental Health Specialty Services(7e)-
Completed
- Individual Sessions for Mental Health
Specialty Services(7e1) - Completed
- Group Sessions for Mental Health
Specialty Services(7e2)- Completed
- ▼ Podiatry Services(7f) - In Progress
- Other Health Care Professional(7g)-
Not Started

OUT-OF-NETWORK (OON) Benefits

Add to OON Group

OON Group

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

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

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

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

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

Podiatry Services(7f) - In Progress

Routine Foot Care(7f) - In Progress

Podiatry Services-Routine Foot Care (7f)

[Plan Characteristics](#)

Is this benefit unlimited?

Yes No

Visits

Periodicity

Service specific maximum plan benefit coverage amount?

Yes No

Maximum Amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

CY 2025 PBP Data Entry System Screens

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

- Partial Hospitalization(5) - Completed
- ▼ Home Health Services(6) -Completed
- ▲ Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a)- Completed
- ▼ Chiropractic Services(7b)-Completed
- Occupational Therapy Services(7c)- Completed
- Physician Specialist Services(7d)- Completed
- Mental Health Specialty Services(7e)- Completed
- Individual Sessions for Mental Health Specialty Services(7e1)- Completed
- Group Sessions for Mental Health Specialty Services(7e2)- Completed
- ▲ Podiatry Services(7f)- In Progress
- Routine Foot Care(7f) - In Progress

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment
 Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Screens

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

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a)- Completed

Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c)- Completed

Physician Specialist Services(7d)- Completed

Mental Health Specialty Services(7e)- Completed

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

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

Podiatry Services(7f) - In Progress

Routine Foot Care(7f) - In Progress

Point-of-Service (POS) benefits

Add to POS Group

POS Group: [+ Add New POS Group](#)

Coinsurance	Copayment	Deductible
20%	\$20	\$200

[+ Add Notes](#)

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

CY 2025 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 1

Partial Hospitalization(5) - **Completed**

Home Health Services(6) - **Completed**

Health Care Professional Services(7)- **In Progress**

Primary Care Physician Services(7a)- **Completed**

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

Occupational Therapy Services(7c)- **Completed**

Physician Specialist Services(7d)- **Completed**

Mental Health Specialty Services(7e)- **Completed**

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

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

Podiatry Services(7f)- **Completed**

Other Health Care Professional(7g)- In Progress

Other Health Care Professional(7g)

[Plan Characteristics](#)

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

CY 2025 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 2

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

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

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

Podiatry Services(7f) - Completed

Other Health Care Professional(7g) - In Progress

Deductible amount

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 3

- Partial Hospitalization(5) - Completed
- Home Health Services(6) - Completed
- Health Care Professional Services(7)- In Progress
- Primary Care Physician Services(7a)- Completed
- Chiropractic Services(7b)- Completed
- Occupational Therapy Services(7c)- Completed
- Physician Specialist Services(7d)- Completed
- Mental Health Specialty Services(7e)- Completed
- Individual Sessions for Mental Health Specialty Services(7e1)- Completed
- Group Sessions for Mental Health Specialty Services(7e2)- Completed
- Podiatry Services(7f)- Completed
- Other Health Care Professional(7g)- In Progress

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7h - Psychiatric Services -Page 1

Psychiatric Services(7h) - In Progress

- Individual Sessions for Psychiatric Services (7h1) - Not Started
- Group Sessions for Psychiatric Services (7h2) - Not Started
- Physical Therapy and Speech-Language Pathology Services(7i) - Not Started
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i)- Not Started
- Other 1 for PT and SP Services (MMP) (7i1) - Not Started
- Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Services(7j) - Not Started
- Opioid Treatment Program Services(7k) - Not Started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started
- Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started
- Diagnostic Procedures/Tests(8a1)- Not Started

Psychiatric Services(7h)

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

Yes No

MOOP amount:

Periodicity:

Is there a deductible?

Yes No

Deductible amount:

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

[Plan Characteristics](#)

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

CY 2025 PBP Data Entry System Screens

7h - Psychiatric Services -Page 2

^ Psychiatric Services(7h) - In Progress

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

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

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

7hi - Individual Sessions for Psychiatric Services

Psychiatric Services(7h) - Completed

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

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

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1) - Not Started

Individual Sessions for Psychiatric Services(7h1)

[Plan Characteristics](#)

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

[+ Add Notes](#)

CY 2025 PBP Data Entry System Screens

7h2 - Group Sessions for Psychiatric Services

Psychiatric Services(7h) - Completed

Individual Sessions for Psychiatric Services (7h1) - Completed

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

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1) - Not Started

Group Sessions for Psychiatric Services(7h2)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

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

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) - Completed

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1)- Not Started

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

Plan Characteristics

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

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

- ^ Psychiatric Services(7h) - **Completed**
- Individual Sessions for Psychiatric Services (7h1) - **Completed**
- Group Sessions for Psychiatric Services (7h2) - **Completed**
- ^ Physical Therapy and Speech-Language Pathology Services(7i) - **in Progress**
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i)- **Not Started**
- Other 1 for PT and SP Services (MMP) (7i1) - **Not Started**
- Other 2 for PT and SP Services (MMP) (7i2) - **Not Started**
- Additional Telehealth Services(7j) - **Not Started**
- Opioid Treatment Program Services(7k) - **Not Started**
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Not Started**
- ^ Diagnostic Procedures/Tests/ Lab Services(8a) - **Not Started**
- Diagnostic Procedures/Tests(8a1)- **Not Started**

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

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

- ^ Psychiatric Services(7h) - Completed
- Individual Sessions for Psychiatric Services (7h1) - Completed
- Group Sessions for Psychiatric Services (7h2) - Completed
- ^ Physical Therapy and Speech-Language Pathology Services(7i) - in Progress
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started
- Other 1 for PT and SP Services (MMP) (7i1) - Not Started
- Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Services(7j) - Not Started
- Opioid Treatment Program Services(7k) - Not Started
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started
- ^ Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started
- Diagnostic Procedures/Tests(8a1) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

7j - Additional Telehealth Benefits -Page 1

Additional Telehealth Benefits (7j)

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

Yes No

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

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

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

Yes No

MOOP amount

Periodicity

CY 2025 PBP Data Entry System Screens

7j - Additional Telehealth Benefits -Page 2

- Psychiatric Services(7h) - Completed
 - Individual Sessions for Psychiatric Services (7h1) - Completed
 - Group Sessions for Psychiatric Services (7h2) - Completed
 - Physical Therapy and Speech-Language Pathology Services(7i) - Completed
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started
 - Other 1 for PT and SP Services (MMP) (7i1) - Not Started
 - Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Benefits (7j)
In Process**
- Opioid Treatment Program Services(7k) - Not Started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started
 - Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started
 - Diagnostic Procedures/Tests(8a1)- Not Started

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

CY 2025 PBP Data Entry System Screens

7j - Additional Telehealth Benefits -Page 3

- Psychiatric Services(7h) -Completed
 - Individual Sessions for Psychiatric Services (7h1) -Completed
 - Group Sessions for Psychiatric Services (7h2) -Completed
 - Physical Therapy and Speech-Language Pathology Services(7i) - Completed
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i) -Not Started
 - Other 1 for PT and SP Services (MMP) (7i1) - Not Started
 - Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Benefits (7j)
In Process**
- Opioid Treatment Program Services(7k) - Not Started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not Started
 - Diagnostic Procedures/Tests/ Lab Services(8a) -Not Started
 - Diagnostic Procedures/Tests(8a1)- Not Started

Minimum coinsurance Maximum coinsurance

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

Minimum copayment Maximum copayment

Is there a deductible?
 Yes No

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2025 PBP Data Entry System Screens

7k - Opioid Treatment Program Services -Page 1

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

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

Group Sessions for Psychiatric Services (7h2) - **Completed**

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

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

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

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

Additional Telehealth Services(7j) - **Not Started**

Opioid Treatment Program Services(7k) - In Process

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

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

Diagnostic Procedures/Tests(8a1) - **Not Started**

Opioid Treatment Program Services(7k)

[Plan Characteristics](#)

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

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

CY 2025 PBP Data Entry System Screens

7k - Opioid Treatment Program Services -Page 2

- ^ Psychiatric Services(7h) - **Completed**
- Individual Sessions for Psychiatric Services (7h1) - **Completed**
- Group Sessions for Psychiatric Services (7h2) - **Completed**
- Physical Therapy and Speech-Language Pathology Services(7i) - **Completed**
- ^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started
- Other 1 for PT and SP Services (MMP) (7i1) - Not Started
- Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Services(7j) - Not Started
- Opioid Treatment Program Services(7k) - **In Process**
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started
- ^ Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started
- Diagnostic Procedures/Tests(8a1)- Not Started

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

7k - Opioid Treatment Program Services -Page 3

- ^ Psychiatric Services(7h) - **Completed**
- Individual Sessions for Psychiatric Services (7h1) - **Completed**
- Group Sessions for Psychiatric Services (7h2) - **Completed**
- Physical Therapy and Speech-Language Pathology Services(7i) - **Completed**
- ^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - **Not Started**
- Other 1 for PT and SP Services (MMP) (7i1) - **Not Started**
- Other 2 for PT and SP Services (MMP) (7i2) - **Not Started**
- Additional Telehealth Services(7j) - **Not Started**
- Opioid Treatment Program Services(7k) - **In Process**
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Not Started**
- ^ Diagnostic Procedures/Tests/ Lab Services(8a) - **Not Started**
- Diagnostic Procedures/Tests(8a1)- **Not Started**

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

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

Health Care Professional Services(7)-
Completed

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

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

Diagnostic Procedures/Tests(8a1) -
Not Started

Lab Services(8a2) - Not Started

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

Diagnostic Radiological
Services(8b1) - Not Started

Therapeutic Radiological
Services(8b2) - Not Started

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

Outpatient Services(9) - Not Started

Ambulance/Transportation
Services(10) - Not Started

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

Diagnostic Procedures/Tests/Lab Services(8a)

Plan Characteristics

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

Yes No

MOOP amount
\$500

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

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

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

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

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

CY 2025 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests -Page 1

- Health Care Professional Services(7)-Completed
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed
- Diagnostic Procedures/Tests(8a1) - In Process
- Lab Services(8a2) -Not Started
- Outpatient Diagnostic/Therapeutic Radiological Services(8b) -Not Started
- Diagnostic Radiological Services(8b1) -Not Started
- Therapeutic Radiological Services(8b2) -Not Started
- Outpatient X-Ray Services(8b3) -Not Started
- Outpatient Services(9) -Not Started
- Ambulance/Transportation Services(10) -Not Started
- DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started

Diagnostic Procedures/Tests(8a1) Plan Characteristics

Is there a coinsurance?

Yes
 Yes with a min & max
 No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

CY 2025 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests -Page 2

- Health Care Professional Services(7)-Completed
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed
- Diagnostic Procedures/Tests(8a1) - In Process
- Lab Services(8a2) -Not Started
- Outpatient Diagnostic/Therapeutic Radiological Services(8b) -Not Started
- Diagnostic Radiological Services(8b1) -Not Started
- Therapeutic Radiological Services(8b2) -Not Started
- Outpatient X-Ray Services(8b3) -Not Started
- Outpatient Services(9) -Not Started
- Ambulance/Transportation Services(10) -Not Started
- DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started

Yes
Yes with a min & max
No

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

8a2 - Lab Services -Page 1

- Health Care Professional Services(7)-
Completed
- Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- Outpatient Procedures, Tests, Labs and
Radiology Services(8) - Completed
- Diagnostic Procedures/Tests(8a1)-
Completed
- Lab Services(8a2) - In Progress
- Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Not Started
- Diagnostic Radiological
Services(8b1) - Not Started
- Therapeutic Radiological
Services(8b2) - Not Started
- Outpatient X-Ray Services(8b3)
-Not Started
- Outpatient Services(9) - Not Started
- Ambulance/Transportation
Services(10) - Not Started
- DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

Lab Services(8a2) Plan Characteristics

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

8a2 - Lab Services -Page 2

- v Health Care Professional Services(7)-Completed
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- ^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ^ Lab Services(8a2) - In Progress
- ^ Outpatient Diagnostic/Therapeutic Radiological Services(8b) - Not Started
- ^ Diagnostic Radiological Services(8b1) - Not Started
- ^ Therapeutic Radiological Services(8b2) - Not Started
- ^ Outpatient X-Ray Services(8b3) - Not Started
- v Outpatient Services(9) - Not Started
- v Ambulance/Transportation Services(10) - Not Started
- v DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

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

Health Care Professional Services(7)-Completed

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

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

Diagnostic Procedures/Tests(8a1)-Completed

Lab Services(8a2)-Completed

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

Diagnostic Radiological Services(8b1) - Not Started

Therapeutic Radiological Services(8b2) - Not Started

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

Outpatient Services(9) - Not Started

Ambulance/Transportation Services(10) - Not Started

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

Outpatient Diagnostic/Therapeutic Radiological Services(8b)

Plan Characteristics

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Maximum per visit amount

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

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

CY 2025 PBP Data Entry System Screens

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

- Health Care Professional Services(7)- Completed
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - **In Progress**
 - Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
 - Diagnostic Procedures/Tests(8a1)- Completed
 - Lab Services(8a2) - Completed
 - Outpatient Diagnostic/Therapeutic Radiological Services(8b) - In Progress**
 - Diagnostic Radiological Services(8b1) - Not Started
 - Therapeutic Radiological Services(8b2) - Not Started
 - Outpatient X-Ray Services(8b3) - Not Started
 - Outpatient Services(9) - Not Started
 - Ambulance/Transportation Services(10) - Not Started
 - DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started

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

Minimum copayment Maximum copayment

If a member receives multiple services at the same location on the same day, does only the maximum copay apply?
Yes **No**

Is there a deductible?
Yes **No**

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close **Save and Close** **Save and Next**

CY 2025 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services -Page 1

- Health Care Professional Services(7)-
Completed
- Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- Outpatient Procedures, Tests, Labs and
Radiology Services(8)-Completed
- Diagnostic Procedures/Tests(8a1)-
Completed
- Lab Services(8a2)- Completed
- Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed
- Diagnostic Radiological
Services(8b1) - In Process
- Therapeutic Radiological
Services(8b2) - Not Started
- Outpatient X-Ray Services(8b3)
-Not Started
- Outpatient Services(9) - Not Started
- Ambulance/Transportation
Services(10) - Not Started
- DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

Diagnostic Radiological Services(8b1) Plan Characteristics

Is there a coinsurance?

Yes
Yes with a min & max
No

Minimum coinsurance

Maximum coinsurance

Maximum per visit amount

Is there a copayment?

Yes
Yes with a min & max
No

Minimum copayment

Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services -Page 2

- Health Care Professional Services(7) - **Completed**
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - **In Progress**
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**
- Diagnostic Procedures/Tests(8a1) - **Completed**
- Lab Services(8a2) - **Completed**
- Outpatient Diagnostic/Therapeutic Radiological Services(8b) - **Completed**
- Diagnostic Radiological Services(8b1) - **In Progress**
- Therapeutic Radiological Services(8b2) - **Not Started**
- Outpatient X-Ray Services(8b3) - **Not Started**
- Outpatient Services(9) - **Not Started**
- Ambulance/Transportation Services(10) - **Not Started**
- DME, Prosthetics and Medical and Diabetic Supplies(11) - **Not Started**

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Screens

8b2 - Therapeutic Radiological Services -Page 1

- Health Care Professional Services(7)-
Completed
- Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- Outpatient Procedures, Tests, Labs and
Radiology Services(8) -Completed
- Diagnostic Procedures/Tests(8a1)-
Completed
- Lab Services(8a2) -Completed
- Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed
- Diagnostic Radiological
Services(8b1) - Completed
- Therapeutic Radiological
Services(8b2) - In Process
- Outpatient X-Ray Services(8b3)
-Not Started
- Outpatient Services(9) -Not Started
- Ambulance/Transportation
Services(10) -Not Started
- DME, Prosthetics and Medical and
Diabetic Supplies(11) -Not Started

Therapeutic Radiological Services(8b2)

Plan Characteristics

Is there a coinsurance?

Yes
 Yes with a min & max
 No

Minimum coinsurance
 Maximum coinsurance

Is there a copayment?

Yes
 Yes with a min & max
 No

Minimum copayment
 Maximum copayment

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

Yes
 No

Out-of-Network (OON) Benefits

Add to OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Screens

8b2 - Therapeutic Radiological Services -Page 2

- Health Care Professional Services(7)-
Completed
- Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- Outpatient Procedures, Tests, Labs and
Radiology Services(8) - Completed
- Diagnostic Procedures/Tests(8a1)-
Completed
- Lab Services(8a2) - Completed
- Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed
- Therapeutic Radiological
Services(8b2) - In Progress
- Outpatient X-Ray Services(8b3)
-Not Started
- Outpatient Services(9) - Not Started
- Ambulance/Transportation
Services(10) - Not Started
- DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

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

Yes No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Screens

8b3 - Outpatient X-Ray Services -Page 1

- Health Care Professional Services(7)-
Completed
- Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- Outpatient Procedures, Tests, Labs and
Radiology Services(8) - Completed
- Diagnostic Procedures/Tests(8a1)-
Completed
- Lab Services(8a2)-Completed
- Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed
- Diagnostic Radiological
Services(8b1) - Completed
- Therapeutic Radiological
Services(8b2) - Completed
- Outpatient X-Ray Services(8b3) -
In Progress
- Outpatient Services(9) - Not Started
- Ambulance/Transportation
Services(10) - Not Started
- DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

Outpatient X-Ray Services(8b3) Plan Characteristics

Is there a coinsurance?

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

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

Yes
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

8b3 - Outpatient X-Ray Services -Page 2

- v Health Care Professional Services(7)-
Completed
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - In Progress
- ^ Outpatient Procedures, Tests, Labs and
Radiology Services(8) - Completed
- ^ Diagnostic Procedures/Tests(8a1)-
Completed
- ^ Lab Services(8a2)- Completed
- ^ Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed
- ^ Diagnostic Radiological
Services(8b1) - Completed
- ^ Therapeutic Radiological
Services(8b2) - Completed
- ^ Outpatient X-Ray Services(8b3) -
In Progress
- v Outpatient Services(9) - Not Started
- v Ambulance/Transportation
Services(10) - Not Started
- v DME, Prosthetics and Medical and
Diabetic Supplies(11) - Not Started

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

Yes
 No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 1

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

^ Outpatient Services(9) - In Progress

^ Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)- In Progress

Observation Services(9a2) - Not Started

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

^ Outpatient Substance Abuse(9c)- Not Started

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

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

Outpatient Blood Services(9d) - Not Started

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

^ Ambulance/Transportation Services(10) -Not Started

Outpatient Hospital Services(9a1)

Plan Characteristics

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 2

- Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed
- Outpatient Services(9) - In Progress
 - Outpatient Hospital Services(9a) - In Progress
 - Observation Services(9a2) - Not Started
 - Ambulatory Surgical Center (ASC) Services(9b) -Not Started
 - Outpatient Substance Abuse(9c)- Not Started
 - Individual Sessions for Outpatient Substance Abuse(9c1)-Not Started
 - Group Sessions for Outpatient Substance Abuse(9c2) -Not Started
 - Outpatient Blood Services(9d) - Not Started
 - Three(3) pint Deductible Waived(9d) - Not started
- Ambulance/Transportation Services(10) -Not Started

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

CY 2025 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 3

- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**
- ▲ Outpatient Services(9) - **In Progress**
- ▲ Outpatient Hospital Services(9a) - **In Progress**
- ▲ Outpatient Hospital Services(9a1) - **In Progress**
- ▲ Observation Services(9a2) - **Not Started**
- ▲ Ambulatory Surgical Center (ASC) Services(9b) - **Not Started**
- ▲ Outpatient Substance Abuse(9c) - **Not Started**
- ▲ Individual Sessions for Outpatient Substance Abuse(9c1) - **Not Started**
- ▲ Group Sessions for Outpatient Substance Abuse(9c2) - **Not Started**
- ▲ Outpatient Blood Services(9d) - **Not Started**
- ▲ Three(3) pint Deductible Waived(9d) - **Not started**
- ▼ Ambulance/Transportation Services(10) - **Not Started**

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

9a2 - Observation Services -Page 1

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - In Progress

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

Outpatient Substance Abuse(9c) - Not Started

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) - Not Started

Observation Services(9a2)

Plan Characteristics

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

Yes No

MOOP amount

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

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

Periodicity

CY 2025 PBP Data Entry System Screens

9a2 - Observation Services - Page 2

- v Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ^ Outpatient Services(9) - In Progress
- ^ Outpatient Hospital Services(9a) - In Process
- ^ Outpatient Hospital Services(9a1) - Completed
- ^ Observation Services(9a2) - In Progress
- ^ Ambulatory Surgical Center (ASC) Services(9b) - Not Started
- ^ Outpatient Substance Abuse(9c) - Not Started
- ^ Individual Sessions for Outpatient Substance Abuse(9c1) - Not Started
- ^ Group Sessions for Outpatient Substance Abuse(9c2) - Not Started
- ^ Outpatient Blood Services(9d) - Not Started
- ^ Three(3) pint Deductible Waived(9d) - Not started
- v Ambulance/Transportation Services(10) - Not Started

Periodicity _____

Per day
v

Is there a deductible?

Yes

No

Deductible amount _____

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

v

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

9a2 - Observation Services -Page 3

- v Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ^ Outpatient Services(9) - In Progress
- ^ Outpatient Hospital Services(9a) - In Process
- ^ Outpatient Hospital Services(9a1) - Completed
- ^ Observation Services(9a2) - In Progress
- ^ Ambulatory Surgical Center (ASC) Services(9b) - Not Started
- ^ Outpatient Substance Abuse(9c) - Not Started
- ^ Individual Sessions for Outpatient Substance Abuse(9c1) - Not Started
- ^ Group Sessions for Outpatient Substance Abuse(9c2) - Not Started
- ^ Outpatient Blood Services(9d) - Not Started
- ^ Three(3) pint Deductible Waived(9d) - Not started
- v Ambulance/Transportation Services(10) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

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

progress

- ^ Outpatient Services(9) - In Progress
- ^ Outpatient Hospital Services(9a) - In Progress
 - Outpatient Hospital Services(9a1) - In Progress
 - Observation Services(9a2) - In Progress
 - Ambulatory Surgical Center (ASC) Services(9b) - In Progress**
 - ^ Outpatient Substance Abuse(9c) - In Progress
 - Outpatient Blood Services(9d) - In Progress
 - ^ Ambulance/Transportation Services(10) - In Progress
 - ^ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
 - Dialysis Services(12) - In Progress

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

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

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

Yes No

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

Covered under outpatient hospital services category (9a)

Plan-specified amount per period

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

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * Maximum copayment ⓘ *

Plan Characteristics

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

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

- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**
- ^ Outpatient Services(9) - **In Progress**
- ^ Outpatient Hospital Services(9a) - **In Process**
- ^ Outpatient Hospital Services(9a1)- **Completed**
- ^ Observation Services(9a2) - **Completed**
- ^ Ambulatory Surgical Center (ASC) Services(9b) - **In Progress**
- ^ Outpatient Substance Abuse(9c)- **Not Started**
- ^ Individual Sessions for Outpatient Substance Abuse(9c1)-**Not Started**
- ^ Group Sessions for Outpatient Substance Abuse(9c2)-**Not Started**
- ^ Outpatient Blood Services(9d) - **Not Started**
- ^ Three(3) pint Deductible Waived(9d) - **Not started**
- ▼ Ambulance/Transportation Services(10) - **Not Started**

Minimum copayment Maximum copayment

Is there a deductible?

Yes
 No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Print of Service /POS) benefits

CY 2025 PBP Data Entry System Screens

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

- v Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**
- ^ Outpatient Services(9) - **In Progress**
- ^ Outpatient Hospital Services(9a) - **In Process**
- ^ Outpatient Hospital Services(9a1) - **Completed**
- ^ Observation Services(9a2) - **Completed**
- ^ Ambulatory Surgical Center (ASC) Services(9b) - **In Progress**
- ^ Outpatient Substance Abuse(9c) - **Not Started**
- ^ Individual Sessions for Outpatient Substance Abuse(9c1) - **Not Started**
- ^ Group Sessions for Outpatient Substance Abuse(9c2) - **Not Started**
- ^ Outpatient Blood Services(9d) - **Not Started**
- ^ Three(3) pint Deductible Waived(9d) - **Not started**
- v Ambulance/Transportation Services(10) - **Not Started**

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

9c - Outpatient Substance Abuse -Page 1

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

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

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

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

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

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

Outpatient Substance Abuse(9c) - In Progress

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) - Not Started

Outpatient Substance Abuse(9c) Plan Characteristics

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

Yes No

Select the maximum enrollee out-of-pocket cost type

Covered under outpatient hospital services category(9a)

Plan-specified amount per period

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

CY 2025 PBP Data Entry System Screens

9c - Outpatient Substance Abuse -Page 2

- Outpatient Procedures, Tests, Labs and Radiology Services(8) -Completed
- Outpatient Services(9) - In Progress
 - Outpatient Hospital Services(9a) - In Process
 - Outpatient Hospital Services(9a1)-Completed
 - Observation Services(9a2) -Completed
 - Ambulatory Surgical Center (ASC) Services(9b) -Completed
 - Outpatient Substance Abuse(9c) - In Progress**
 - Individual Sessions for Outpatient Substance Abuse(9c1) -Not Started
 - Group Sessions for Outpatient Substance Abuse(9c2) -Not Started
 - Outpatient Blood Services(9d) - Not Started
 - Three(3) pint Deductible Waived(9d) - Not started
 - Ambulance/Transportation Services(10) -Not Started

Minimum copayment Maximum copayment

Is there a deductible?
 Yes No

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

CY 2025 PBP Data Entry System Screens

9c - Outpatient Substance Abuse -Page 3

- v Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**
- ^ Outpatient Services(9) - **In Progress**
- ^ Outpatient Hospital Services(9a) - **In Progress**
 - Outpatient Hospital Services(9a1) - **Completed**
 - Observation Services(9a2) - **Completed**
 - Ambulatory Surgical Center (ASC) Services(9b) - **Completed**
 - Outpatient Substance Abuse(9c) - **In Progress**
 - Individual Sessions for Outpatient Substance Abuse(9c1) - Not Started
 - Group Sessions for Outpatient Substance Abuse(9c2) - Not Started
 - Outpatient Blood Services(9d) - Not Started
 - Three(3) pint Deductible Waived(9d) - Not started
- v Ambulance/Transportation Services(10) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2025 PBP Data Entry System Screens

9c1 - Individual Sessions for Outpatient Substance Abuse

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

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

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

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

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

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

Outpatient Substance Abuse(9c) - **Completed**

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

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

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

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

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

Individual Sessions for Outpatient Substance Abuse(9c1)

[Plan Characteristics](#)

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

[+ Add Notes](#)

CY 2025 PBP Data Entry System Screens

9c2 - Group Sessions for Outpatient Substance Abuse

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

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

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

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

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

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

Outpatient Substance Abuse(9c) - **Completed**

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

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

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

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

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

Group Sessions for Outpatient Substance Abuse(9c2)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

+ Add Notes

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

9d - Outpatient Blood Services

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - Completed

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

Outpatient Substance Abuse(9c) - Completed

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

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

Outpatient Blood Services(9d) - In Progress

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

Ambulance/Transportation Services(10) - Not Started

Outpatient Blood Services(9d)

Plan Characteristics

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a minimum & maximum No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a minimum & maximum No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

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

- Outpatient Procedures, Tests, Labs and Radiology Services(8) - **Completed**
- Outpatient Services(9) - **In Progress**
- Outpatient Hospital Services(9a) - **In Process**
- Outpatient Hospital Services(9a1)- **Completed**
- Observation Services(9a2) - **Completed**
- Ambulatory Surgical Center (ASC) Services(9b) - **Completed**
- Outpatient Substance Abuse(9c)- **Completed**
- Individual Sessions for Outpatient Substance Abuse(9c1)- **Completed**
- Group Sessions for Outpatient Substance Abuse(9c2) - **Completed**
- Outpatient Blood Services(9d) - **Completed**
- Three(3) pint Deductible Waived(9d)- **In Progress**
- Ambulance/Transportation Services(10) - **Not Started**

Three(3) pint Deductible Waived(9d)

Is there a limit on the services provided?

Yes No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

CY 2025 PBP Data Entry System Screens

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

- v Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ^ Outpatient Services(9) - In Progress
- ^ Outpatient Hospital Services(9a) - In Process
- ^ Outpatient Hospital Services(9a1) - Completed
- ^ Observation Services(9a2) - Completed
- ^ Ambulatory Surgical Center (ASC) Services(9b) - Completed
- ^ Outpatient Substance Abuse(9c) - Completed
- ^ Individual Sessions for Outpatient Substance Abuse(9c1) - Completed
- ^ Group Sessions for Outpatient Substance Abuse(9c2) - Completed
- ^ Outpatient Blood Services(9d) - Completed
- ^ Three(3) pint Deductible Waived(9d) - In Progress
- v Ambulance/Transportation Services(10) - Not Started

Add to OON Group

OON Group
Group Name 1 - OON

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

10a - Ambulance Services

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - In Progress

Ground Ambulance Services(10a1) - Not Started

Air Ambulance Services(10a2) - Not Started

Transportation Services(10b) - In Progress

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

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

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

Dialysis Services(12) - Not Started

Ambulance Services(10a)

[Plan Characteristics](#)

Is there a coinsurance?
 Yes No

Is this Coinsurance waived if admitted to hospital?
 Yes No

Is there a copayment?
 Yes No

Is this Copayment waived if admitted to hospital?
 Yes No

Authorization required for this benefit?
Yes

[+ Add Notes](#)

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

CY 2025 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page 1

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

- Ambulance Services(10a) - Completed
- Ground Ambulance Services(10a1) - In Process**
- Air Ambulance Services(10a2) - Not Started

Transportation Services(10b) - In Progress

- Transportation Services - Plan Approved Health-related Location(10b1) - Not Started
- Transportation Services - Any Health-related Location(10b2) - Not Started

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

Dialysis Services(12) - Not Started

Ground Ambulance Services(10a1)

Plan Characteristics

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page-2

- ▼ Outpatient Services(9) -Completed
- ▲ Ambulance/Transportation Services(10) -
In Progress
- ▲ Ambulance Services(10a)-
Completed
- Ground Ambulance Services(10a1) -
In Progress
- Air Ambulance Services(10a2) -
Not Started
- ▲ Transportation Services(10b) -
In Progress
- Transportation Services - Plan
Approved Health-related
Location(10b1) -Not Started
- Transportation Services - Any
Health-related Location(10b2) -Not
Started
- ▼ DME, Prosthetics and Medical and
Diabetic Supplies(11) -Not Started
- ▼ Dialysis Services(12) -Not Started

Is there a deductible?

Yes No

Deductible amount

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Screens

10a2 - Air Ambulance Services -Page 1

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - Completed

Ground Ambulance Services(10a1) - Completed

Air Ambulance Services(10a2) - In Process

Transportation Services(10b) - In Progress

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

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

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

Dialysis Services(12) - Not Started

Air Ambulance Services(10a2)

[Plan Characteristics](#)

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

Yes No

MOOP amount

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

Yes No

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

CY 2025 PBP Data Entry System Screens

10a2 - Air Ambulance Services -Page 2

- ▼ Outpatient Services(9) -Completed
- ▲ Ambulance/Transportation Services(10) -
In Progress
 - ▲ Ambulance Services(10a) -
Completed
 - Ground Ambulance Services(10a1) -
Completed
 - Air Ambulance Services(10a2) -In
Process
 - ▲ Transportation Services(10b) -
In Process
 - Transportation Services - Plan
Approved Health-related
Location(10b1) -Not Started
 - Transportation Services - Any
Health-related Location(10b2) -Not
Started
- ▼ DME, Prosthetics and Medical and
Diabetic Supplies(11) -Not Started
- ▼ Dialysis Services(12) -Not Started

Is there a deductible?

Yes No

Deductible amount

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2025 PBP Data Entry System Screens

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

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

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

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

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

- Outpatient Services(9) - Completed
- Ambulance/Transportation Services(10) - In Progress
 - Ambulance Services(10a) - Completed
 - Ground Ambulance Services(10a1) - Completed
 - Air Ambulance Services(10a2) - Completed
 - Transportation Services(10b) - In Progress
 - Transportation Services - Plan Approved Health-related Location(10b1) - In Progress**
 - Transportation Services - Any Health-related Location(10b2) - Not Started
- DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
- Dialysis Services(12) - Not Started

Describe Other

Other description

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

Yes No

MOOP amount

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?

CY 2025 PBP Data Entry System Screens

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

- ▼ Outpatient Services(9) - Completed
- ▲ Ambulance/Transportation Services(10) - In Progress
 - ▲ Ambulance Services(10a) - Completed
 - Ground Ambulance Services(10a1) - Completed
 - Air Ambulance Services(10a2) - Completed
 - ▲ Transportation Services(10b) - In Progress
 - Transportation Services - Plan Approved Health-related Location(10b1) - In Progress
 - Transportation Services - Any Health-related Location(10b2) - Not Started
- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
- ▼ Dialysis Services(12) - Not Started

Is there a deductible?

Yes No

Deductible amount

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

CY 2025 PBP Data Entry System Screens

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

- ▼ Outpatient Services(9) - Completed
- ^ Ambulance/Transportation Services(10) - In Progress
 - ▲ Ambulance Services(10a) - Completed
 - Ground Ambulance Services(10a1) - Completed
 - Air Ambulance Services(10a2) - Completed
 - ^ Transportation Services(10b) - In Progress
 - Transportation Services - Plan Approved Health-related Location(10b1) - In Progress
 - Transportation Services - Any Health-related Location(10b2) - Not Started
 - ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
 - ▼ Dialysis Services(12) - Not Started

Add to OON Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

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

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

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
Mode of transportation

Indicate number of trips

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

Close Save and Close Save and Next

CY 2025 PBP Data Entry System Screens

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

<ul style="list-style-type: none">Outpatient Services(9) -CompletedAmbulance/Transportation Services(10) - In Progress<ul style="list-style-type: none">Ambulance Services(10a) - CompletedGround Ambulance Services(10a1) - CompletedAir Ambulance Services(10a2) - CompletedTransportation Services(10b) - In Progress<ul style="list-style-type: none">Transportation Services - Plan Approved Health-related Location(10b1) -CompletedTransportation Services - Any Health-related Location(10b2) - In ProgressDME, Prosthetics and Medical and Diabetic Supplies(11) -Not StartedDialysis Services(12) -Not Started	<p>Is there a maximum enrollee out-of-pocket cost (MOOP)?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>MOOP amount <input type="text" value="\$500"/></p> <p>Periodicity <input type="text" value="6 Months"/></p> <hr/> <p>Is there a coinsurance?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No</p> <p>Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/></p> <hr/> <p>Is there a copayment?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No</p> <p>Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/></p> <hr/> <p>Is there a deductible?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Deductible amount <input type="text" value="\$400"/></p>
	<p><input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/></p>

CY 2025 PBP Data Entry System Screens

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

- ▼ Outpatient Services(9) - Completed
- ▲ Ambulance/Transportation Services(10) - In Progress
 - ▲ Ambulance Services(10a) - Completed
 - Ground Ambulance Services(10a1) - Completed
 - Air Ambulance Services(10a2) - Completed
 - ▲ Transportation Services(10b) - In Progress
 - Transportation Services - Plan Approved Health-related Location(10b1) - Completed
 - Transportation Services - Any Health-related Location(10b2) - In Progress
- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
- ▼ Dialysis Services(12) - Not Started

Deductible amount

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close
Save and Close
Save and Next

CY 2025 PBP Data Entry System Screens

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

- ▼ Outpatient Services(9) - Completed
- ▲ Ambulance/Transportation Services(10) - In Progress
 - ▲ Ambulance Services(10a) - Completed
 - Ground Ambulance Services(10a1) - Completed
 - Air Ambulance Services(10a2) - Completed
 - ▲ Transportation Services(10b) - In Progress
 - Transportation Services - Plan Approved Health-related Location(10b1) - Completed
 - Transportation Services - Any Health-related Location(10b2) - In Progress
 - ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started
 - ▼ Dialysis Services(12) - Not Started

Add to OON Group

OON Group + Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close
Save and Close
Save and Next