

# CY 2025 PBP Data Entry System Screens

## Out-of-Network (OON) Groups Setup

- Plan Characteristics - Completed
- Standard Bid - Completed
- ∨ Benefit Offerings - Completed
- ∨ Plan Level Cost Sharing - In Progress
- ∨ Prior Authorization & Referral - Not Started
- Visitor Travel - Not Started
- ∧ Cost Share Groups - In Progress
  - Out of Network Groups - In Progress
- Combined Supplemental Benefits - Not Started
- Reduction in Cost Sharing - Not Started
- Optional Supplemental Packages - Not Started
- ∨ VBID, MA Uniformity, SSBCI - Not Started

### Out-of-Network (OON) Groups Setup

(Maximum of 25 groups)

[Plan Characteristics](#)

[+ Add New OON Group](#)

Group ID	Group Name	Copayment	Coinsurance	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Any sample name	\$10.00 - \$50.00	5% - 25%	\$20.00	No	N/A	In Progress	<a href="#" style="color: #0056b3; font-size: 1.2em;">✎</a> <a href="#" style="color: red; font-size: 1.2em;">✖</a>

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

# CY 2025 PBP Data Entry System Screens

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

**Add New Out of Network Group** [X]

Group Name  
Sample Group Name

Is there a maximum plan benefit coverage amount?  
 Yes  No

Maximum plan benefit coverage amount  
4

Periodicity  
Every 6 Months

Is there coinsurance?  
 Yes  Yes with a minimum & maximum  No

Minimum percentage  
4%

Maximum percentage  
8%

Is there copayment?

[Cancel] [Save]

# CY 2025 PBP Data Entry System Screens

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

**Add New Out of Network Group**

Is there copayment?

Yes  Yes with a minimum & maximum  No

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

Is there a deductible?

Yes  No

Deductible amount: 4

[+ Add Notes](#)

# CY 2025 PBP Data Entry System Screens

## Point of Service (POS) Groups Setup

- Plan Characteristics - Completed
- Standard Bid - Completed
- ▼ Benefit Offerings - Completed
- ▼ Plan Level Cost Sharing - Completed
- ▼ Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- ^ Cost Share Groups - In Progress
- Point of Service Groups - In Progress
- Combined Supplemental Benefits - In Progress
- Reduction in Cost Sharing - In Progress
- Optional Supplemental Packages - In Progress
- ▼ VBID, MA Uniformity, SSBCI - In Progress

Plan Characteristics
+ Add New POS Group

### Point-of-Service (POS) Groups Setup

(Maximum of 25 groups)

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

# CY 2025 PBP Data Entry System Screens

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

**Add New Point of Service Group**

Group Name  
Sample Group Name

Is there a maximum plan benefit coverage amount?  
 Yes  No

Maximum plan benefit coverage amount  
4

Periodicity  
Every 6 Months

Is there coinsurance?  
 Yes  Yes with a minimum & maximum  No

Minimum percentage  
4%

Maximum percentage  
8%

Is there copayment?

# CY 2025 PBP Data Entry System Screens

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

The screenshot shows a modal window titled "Add New Point of Service Group" with a close button (X) in the top right corner. The form contains the following elements:

- Two dropdown menus at the top.
- A question "Is there copayment?" with three radio button options: "Yes", "Yes with a minimum & maximum" (which is selected), and "No".
- Two input fields for "Minimum amount" (containing "\$400") and "Maximum amount" (containing "\$800").
- A question "Is there a deductible?" with two radio button options: "Yes" (which is selected) and "No".
- An input field for "Deductible Amount" containing the number "4".
- A blue button labeled "+ Add Notes".
- At the bottom, there are "Cancel" and "Save" buttons.

The background shows a sidebar with navigation options like "HPMS > PBP CY 2025", "Plan Level 1", "Groups S", "Do you have Out of Network", "Out of Network", "OON Group 1", "Group 1", "Group 2", "Group 3", "Group 4", "Do you have Point of Service", "Yes", "No", and a main content area with a "5 Review" step, a "6 Submit" step, and a table with columns "Amount" and "Periodicity".

# CY 2025 PBP Data Entry System Screens

## Combined Supplemental Benefits Group Setup

- Plan Characteristics - Completed
- Standard Bid - Completed
- ▼ Benefit Offerings - Completed
- ▼ Plan Level Cost Sharing - Completed
- ▼ Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- ^ Cost Share Groups - In Progress
- Point of Service Groups - In Progress
- Combined Supplemental Benefits - In Progress
- Reduction in Cost Sharing - In Progress
- Optional Supplemental Packages - In Progress
- ▼ VBID, MA Uniformity, SSBCI - In Progress

### Combined Supplemental Benefits ⓘ

Plan Characteristics

(Maximum of 5 groups)

+ Add New Combined Supplemental Benefits Group

Group ID	Group Name	Mode of Delivery	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Combined Supplemental Benefits 1	Other	\$1000	Every Year	In Progress	<span style="color: #0056b3; font-size: 0.7em;">✎</span> <span style="color: red; font-size: 0.7em;">✖</span>
2	Combined Supplemental Benefits Group 2	Debit Card	\$600.00	Every Year	In Progress	<span style="color: #0056b3; font-size: 0.7em;">✎</span> <span style="color: red; font-size: 0.7em;">✖</span>

# CY 2025 PBP Data Entry System Screens

## Combined Supplemental Benefits – Add New Group – Page 1

### Add New Combined Benefits Group ⓘ

Group Name \*  0/40 characters

What is your combined supplemental benefits mode of delivery? \*

Catalogue Purchase

Claims Processing

Debit Card

Reimbursement

Other

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

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

Cancel Save Close Save and Next



# CY 2025 PBP Data Entry System Screens

## Combined Supplemental Benefits – Add New Group – Page 2

**Add New Combined Benefits Group** ⓘ

Additional Intensive Cardiac Rehabilitation Services(3-2)

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

Yes  No

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

Yes  No

Maximum plan benefit coverage amount ⓘ \*

\$

Periodicity ⓘ \*

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

Yes  No

Indicate number of shared visits/trips ⓘ \*

Periodicity ⓘ \*

+ Add Notes

Cancel Save Close Save and Next

# CY 2025 PBP Data Entry System Screens

## Reduction in Cost Sharing (RICS) Groups Setup

- Plan Characteristics - Completed
- Standard Bid - Completed
- ▼ Benefit Offerings - Completed
- ▼ Plan Level Cost Sharing - Completed
- ▼ Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- ^ Cost Share Groups - In Progress
- Point of Service Groups - In Progress
- Combined Supplemental Benefits - In Progress
- Reduction in Cost Sharing - In Progress

### Reduction in Cost Sharing Groups Setup ⓘ

(Maximum of 5 groups)

Plan Characteristics

+ Add New RIC Group

Group ID	Group Name	Mode of Delivery	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Reduction Group 1	DEC, REM, Other	\$500.00	Every 3 Years	Completed	<span style="color: blue; font-size: 1.2em;">✎</span> <span style="color: red; font-size: 1.2em; margin-left: 10px;">🗑</span>

# CY 2025 PBP Data Entry System Screens

## Reduction in Cost Sharing – Add New RICS Group – Page 1

### Add New Reduction in Cost Sharing Group

Group Name  
**Sample Group Name**

Select the type of benefit:

Medicare services  
 Non-Medicare services

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

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)
<b>Skilled Nursing Facility (SNF)(2)</b>	<	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)		

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

Yes No

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

# CY 2025 PBP Data Entry System Screens

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

### Add New Reduction in Cost Sharing Group

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

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)
<b>Skilled Nursing Facility (SNF)(2)</b>	<	Individual Sessions for Outpatient Substance Abuse(9c1)
Cardiac Rehabilitation Services(3-1)	<<	Nursing Home Services(13h6)
Intensive Cardiac Rehabilitation Services(3-2)		Glaucoma Screening(14e1)
Pulmonary Rehabilitation Services(3-3)		

Is there a maximum plan benefit coverage amount?

Yes  No

Maximum plan benefit coverage amount:

Periodicity:

# CY 2025 PBP Data Entry System Screens

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

### Add New Reduction in Cost Sharing Group ⓘ

Periodicity ⓘ \*  
Every 6 Months

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

**Yes** No

Select Combined Supplemental Benefits Packages: \*

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
<b>NCBG 1</b>	>	
<b>Oncology Benefits Group 1</b>	>>	
<b>Dental Benefits Group 2</b>	<	
<b>Eye Care Group 1</b>	<<	

Cancel Save

# CY 2025 PBP Data Entry System Screens

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

### Add New Reduction in Cost Sharing Group ⓘ

Eye Care Group 1

<<

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

Yes  No

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

Debit Card

Reimbursement

Other

+ Add Notes

Cancel Save

# CY 2025 PBP Data Entry System Screens

## Optional Supplemental Packages Setup

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - In Progress
- Prior Authorization & Referral - In Progress
- Visitor Travel - Completed
- ^ Cost Share Groups - In Progress
- Point of Service Groups - In Progress
- Combined Supplemental Benefits - In Progress
- Reduction in Cost Sharing - In Progress
- Optional Supplemental Packages - In Progress
- VBID, MA Uniformity, SSBCI - In Progress
- Rx - In Progress

Plan Characteristics
+ Add New Package

**Optional Supplemental Packages Setup**

(Maximum of 5 packages)

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

# CY 2025 PBP Data Entry System Screens

## Optional Supplemental Packages – Add New Package – Page 1

Optional Supplemental Package - Package 1 - In Progress

- Health Care Professional Services(7) - In Progress
- Step-up Chiropractic Services(7b) - In Progress
- Step-up Routine Foot Care(7f) - In Progress

Package ID: 001

Package Name:

Package Description:

555/1000 characters

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

Available		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)
<b>Skilled Nursing Facility (SNF)(2)</b>	<	Routine Foot Care(7f)
Cardiac Rehabilitation Services(3-1)	<<	Transportation Services(10b)
Intensive Cardiac Rehabilitation Services(3-2)		
Pulmonary Rehabilitation Services(3-3)		

Close Save and Close Save and Next



# CY 2025 PBP Data Entry System Screens

## Optional Supplemental Packages – Add New Package – Page 2

Optional Supplemental Package - Package 1 - In Progress

- Health Care Professional Services(7) - In Progress
- Step-up Chiropractic Services(7b) - In Progress
- Step-up Routine Foot Care(7f) - In Progress

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

Yes No

Maximum plan benefit coverage amount  
\$2800

Periodicity  
6 Months

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

Yes No

Is there an enrollee Deductible for this package?

Yes No

Indicate deductible amount:  
\$400

Select the benefits to which the deductible applies:

Available		Selected
<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)

Close Save and Close Save and Next

# CY 2025 PBP Data Entry System Screens

## Optional Supplemental Packages – Add New Package – Page 3

Optional Supplemental Package - Package 1 - In Progress

- Health Care Professional Services(7) - In Progress
- Step-up Chiropractic Services(7b) - In Progress
- Step-up Routine Foot Care(7f) - In Progress

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

Yes No

Is there an enrollee Deductible for this package?

Yes No

Indicate deductible amount: \$400

Select the benefits to which the deductible applies:

Available		Selected
<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)
<b>Skilled Nursing Facility (SNF)(2)</b>	<	Individual Sessions for Outpatient Substance Abuse(9c1)
Cardiac Rehabilitation Services(3-1)	<<	Nursing Home Services(13h6)
Intensive Cardiac Rehabilitation Services(3-2)		Glaucoma Screening(14e1)
Pulmonary Rehabilitation Services(3-3)		

Add Notes

Close Save and Close Save and Next

# CY 2025 PBP Data Entry System Screens

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

### Add New Optional Supplemental Package

- ^ Add Package - Op Sup 1 - In Progress
- ^ Worldwide Emergency/Urgent Coverage (4c) - In Progress
- Worldwide Urgent Coverage (4c2) - Not Started

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

Plan Characteristics

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

Yes  No

Is there a maximum plan benefit coverage? ⓘ \*

Yes  No

Is the maximum plan benefit coverage amount unlimited? ⓘ \*

Yes  No

Maximum amount ⓘ \*  
\$

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

Yes  No

MOOP amount ⓘ \*  
\$

Periodicity ⓘ \*  
▼

# CY 2025 PBP Data Entry System Screens

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

### Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

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

Worldwide Urgent Coverage (4c2) - Not Started

Is the maximum plan benefit coverage amount unlimited? ⓘ \*

Yes  No

Maximum amount ⓘ \*  
\$

---

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

Yes  No

MOOP amount ⓘ \*  
\$

Periodicity ⓘ \*  
▼

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \*  
\$

[+ Add Notes](#)

# CY 2025 PBP Data Entry System Screens

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

### Add New Optional Supplemental Package

- ^ Add Package - Op Sup 1 - In Progress
- ^ Worldwide Emergency/Urgent Coverage (4c) - In Progress
- Worldwide Urgent Coverage (4c2) - In Progress**

#### Worldwide Urgent Coverage (4c2) - Non-Medicare Plan Characteristics

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

Yes  No

---

Is there a coinsurance? ⓘ\*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ\*  Maximum coinsurance ⓘ\*

Is this Coinsurance waived if admitted to hospital? ⓘ\*

Yes  No

---

Is there a copayment? ⓘ\*

Yes  Yes with a min & max  No

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

# CY 2025 PBP Data Entry System Screens

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

### Add New Optional Supplemental Package

- ^ Add Package - Op Sup 1 - In Progress
- ^ Worldwide Emergency/Urgent Coverage (4c) - In Progress
- Worldwide Urgent Coverage (4c2) - In Progress**

Minimum copayment ⓘ \*

\$

Maximum copayment ⓘ \*

\$

Is this Copayment waived if admitted to hospital? ⓘ \*

Yes No

#### Additional OON cost share information

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

Yes No

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

Yes No

Is there an OON coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \*

Maximum coinsurance ⓘ \*

Is there an OON copayment? ⓘ \*

Yes Yes with a min & max No

# CY 2025 PBP Data Entry System Screens

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

### Add New Optional Supplemental Package

- ^ Add Package - Op Sup 1 - In Progress
- ^ Worldwide Emergency/Urgent Coverage (4c) - In Progress
- Worldwide Urgent Coverage (4c2) - In Progress**

#### Additional OON cost share information

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

Yes  No

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

Yes  No

Is there an OON coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*

Maximum coinsurance ⓘ \*

Is there an OON copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \*  \$

Maximum copayment ⓘ \*  \$

Notes \*