

CY 2027 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 type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

CY 2027 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 2

Tier 1	Tier 2	Tier 3
Do you charge the Medicare-defined cost share for tier 1?		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
Coinsurance for Medicare-covered stay		
2%		
Number of day intervals for Medicare-covered stay		
3		
Coinsurance	Begin day	End day
0%	1	6
Coinsurance	Begin day	End day
8%	7	10
Coinsurance	Begin day	End day
20%	11	19
Day intervals for Medicare-covered lifetime reserve days		
3		
Coinsurance	Begin day	End day
0%	1	6
Coinsurance	Begin day	End day
8%	7	10
Coinsurance	Begin day	End day
Do you charge the Medicare-defined cost share for tier 2?		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
Coinsurance for Medicare-covered stay		
4%		
Number of day intervals for Medicare-covered stay		
3		
Coinsurance	Begin day	End day
4%	1	10
Coinsurance	Begin day	End day
4%	1	10
Coinsurance	Begin day	End day
4%	1	10
Day intervals for Medicare-covered lifetime reserve days		
3		
Coinsurance	Begin day	End day
4%	1	10
Coinsurance	Begin day	End day
4%	1	10
Coinsurance	Begin day	End day
4%	1	10
Coinsurance	Begin day	End day
Do you charge the Medicare-defined cost share for tier 3?		
<input type="radio"/> Yes <input checked="" type="radio"/> No		
Coinsurance for Medicare-covered stay		
4%		
Number of day intervals for Medicare-covered stay		
3		
Coinsurance	Begin day	End day
4%	1	
Coinsurance	Begin day	End day
4%	1	
Coinsurance	Begin day	End day
4%	1	
Day intervals for Medicare-covered lifetime reserve days		
3		
Coinsurance	Begin day	End day
4%	1	
Coinsurance	Begin day	End day
4%	1	
Coinsurance	Begin day	End day
4%	1	
Coinsurance	Begin day	End day
<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>		

CY 2027 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 3

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="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"/>
Is there a copayment? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Tier 1 Do you charge the Medicare-defined cost share for tier 1? <input checked="" type="radio"/> Yes <input type="radio"/> No Copayment for Medicare-covered stay: <input type="text" value="\$0"/> Number of day intervals for Medicare-covered stay: <input type="text" value="3"/>	Tier 2 Do you charge the Medicare-defined cost share for tier 2? <input type="radio"/> Yes <input checked="" type="radio"/> No Copayment for Medicare-covered stay: <input type="text" value="\$113"/> Number of day intervals for Medicare-covered stay: <input type="text" value="3"/>	Tier 3 Do you charge the Medicare-defined cost share for tier 3? <input type="radio"/> Yes <input checked="" type="radio"/> No Copayment for Medicare-covered stay: <input type="text" value="\$0"/> Number of day intervals for Medicare-covered stay: <input type="text" value="3"/>
Copayment: <input type="text" value="\$250"/> Begin Day: <input type="text" value="1"/> End Day: <input type="text" value="8"/>	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"/>
Copayment: <input type="text" value="\$0"/> Begin Day: <input type="text" value="9"/> End Day: <input type="text" value="9"/>	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"/>
Copayment: <input type="text" value="\$0"/> Begin Day: <input type="text" value="10"/> End Day: <input type="text" value="90"/>	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"/>
<input type="button" value="Close"/> <input checked="" type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>		

CY 2027 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 4

Day intervals for Medicare-covered lifetime reserve days 3			Day intervals for Medicare-covered lifetime reserve days 3			Day intervals for Medicare-covered lifetime reserve days 3		
Copayment \$250	Begin Day 1	End Day 8	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10
Copayment \$0	Begin Day 9	End Day 9	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10
Copayment \$0	Begin Day 10	End Day 90	Copayment \$40	Begin Day 1	End Day 10	Copayment \$40	Begin Day 1	End Day 10

Is there a deductible?

Yes No

Tier 1 Deductible amount \$40	Tier 2 Deductible amount \$40	Tier 3 Deductible amount \$40
-------------------------------------	-------------------------------------	-------------------------------------

What is your inpatient hospital-acute benefit period?

Annual

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1a - Inpatient Hospital-Acute - Page 5

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 2027 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 6

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
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

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1a - Inpatient Hospital-Acute - Page 7

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?

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1a - Inpatient Hospital-Acute - Page 8

Is there a coinsurance?
 Yes No

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

Coinsurance for Medicare-covered stay

Number of day intervals for Medicare-covered stay

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

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

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1a - Inpatient Hospital-Acute - Page 9

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	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?

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1a - Inpatient Hospital-Acute - Page 10

Do you charge the Medicare-defined cost share? ⓘ

Copayment ⓘ *

\$

Number of day intervals for Medicare-covered stay ^

Is there a deductible? ⓘ *

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

Deductible amount ⓘ *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

test

4/2000 characters

CY 2027 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 2027 PBP Data Entry System Screens

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

Tier 1	Tier 2	Tier 3
Number of day intervals 3	Number of day intervals 3	Number of day intervals 3
Coinsurance 4%	Coinsurance 4%	Coinsurance 4%
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10
Coinsurance 4%	Coinsurance 4%	Coinsurance 4%
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10
Coinsurance 4%	Coinsurance 4%	Coinsurance 4%
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10
Is there a copayment?		
<input checked="" type="radio"/> Yes <input type="radio"/> No		
Tier 1	Tier 2	Tier 3
Number of day intervals 3	Number of day intervals 3	Number of day intervals 3
Copayment \$40	Copayment \$40	Copayment \$40
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10
Copayment \$40	Copayment \$40	Copayment \$40
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10
<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>		

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1a1 - Additional Days for Inpatient Hospital-Acute - Page 3

Number of day intervals for additional days 3	
Copayment * \$ 40.00	Begin Day 91
End Day * 100	
Copayment * \$ 40.00	Begin Day 101
End Day * 125	
Copayment * \$ 40.00	Begin Day 126
End Day 999	

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Notes *
test notes

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CY 2027 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 2027 PBP Data Entry System Screens

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

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"/>

CY 2027 PBP Data Entry System Screens

1a3 – Upgrades for Inpatient Hospital-Acute

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

Coinsurance 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

CY 2027 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 2027 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 2

<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><tr><td>Coinsurance</td><td>Begin Day</td><td>End Day</td></tr><tr><td>4%</td><td>1</td><td>10</td></tr></table> <table><tr><td>Coinsurance</td><td>Begin Day</td><td>End Day</td></tr><tr><td>4%</td><td>1</td><td>10</td></tr></table> <table><tr><td>Coinsurance</td><td>Begin Day</td><td>End Day</td></tr><tr><td>4%</td><td>1</td><td>10</td></tr></table>	Coinsurance	Begin Day	End Day	4%	1	10	Coinsurance	Begin Day	End Day	4%	1	10	Coinsurance	Begin Day	End Day	4%	1	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><tr><td>Coinsurance</td><td>Begin Day</td><td>End Day</td></tr><tr><td>4%</td><td>1</td><td>10</td></tr></table> <table><tr><td>Coinsurance</td><td>Begin Day</td><td>End Day</td></tr><tr><td>4%</td><td>1</td><td>10</td></tr></table> <table><tr><td>Coinsurance</td><td>Begin Day</td><td>End Day</td></tr><tr><td>4%</td><td>1</td><td>10</td></tr></table>	Coinsurance	Begin Day	End Day	4%	1	10	Coinsurance	Begin Day	End Day	4%	1	10	Coinsurance	Begin Day	End Day	4%	1	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><tr><td>Coinsurance</td><td>Begin Day</td></tr><tr><td>4%</td><td>1</td></tr></table> <table><tr><td>Coinsurance</td><td>Begin Day</td></tr><tr><td>4%</td><td>1</td></tr></table> <table><tr><td>Coinsurance</td><td>Begin Day</td></tr><tr><td>4%</td><td>1</td></tr></table>	Coinsurance	Begin Day	4%	1	Coinsurance	Begin Day	4%	1	Coinsurance	Begin Day	4%	1
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<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>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 2027 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 3

<p>Tier 1 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 \$40</p> <p>Number of day intervals for Medicare-covered stay 3</p> <table><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr></table> <p>Is there a deductible?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Tier 1 Deductible amount \$40</p>	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>Tier 2 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 \$40</p> <p>Number of day intervals for Medicare-covered stay 3</p> <table><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr></table> <p>Tier 2 Deductible amount \$40</p>	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>Tier 3 Do you charge the medicare-defin for tier 3?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Copayment for Medicare-covered stay \$40</p> <p>Number of day intervals for Medicare-cove 3</p> <table><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr></table> <p>Tier 3 Deductible amount \$40</p>	Copayment	Begin Day	End Day	\$40	1	10	Copayment	Begin Day	End Day	\$40	1	10	Copayment	Begin Day	End Day	\$40	1	10
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1b - Inpatient Hospital-Psychiatric - Page 4

Tier 1 Deductible amount \$40	Tier 2 Deductible amount \$40	Tier 3 Deductible amount \$40
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What is your Inpatient Hospital Psychiatric benefit period?
Psychiatric benefit period
Per Admission

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

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 5

Do you charge the Medicare-defined cost share?

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

Do you charge the Medicare-defined cost share?

Yes No

Copayment

Number of day intervals

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1b - Inpatient Hospital-Psychiatric - Page 6

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 ⓘ * 1	End Day ⓘ *
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

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1b - Inpatient Hospital-Psychiatric - Page 7

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

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *
t

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CY 2027 PBP Data Entry System Screens

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

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

[Plan Characteristics](#)

Is this benefit unlimited? *

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? *

Number of tiers *

3

Lowest cost tier *

1

Is there a coinsurance? *

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 *
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 2027 PBP Data Entry System Screens

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

Coinsurance (I) *	91	Begin Day (I) *	End Day (I) *	Coinsurance (I) *	91	Begin Day (I) *	End Day (I) *	Coinsurance (I) *	91	Begin Day (I) *	End Day (I) *
Coinsurance (I) *		Begin Day (I) *	End Day (I) *	Coinsurance (I) *		Begin Day (I) *	End Day (I) *	Coinsurance (I) *		Begin Day (I) *	End Day (I) *
Coinsurance (I) *		Begin Day (I) *	End Day (I) *	Coinsurance (I) *		Begin Day (I) *	End Day (I) *	Coinsurance (I) *		Begin Day (I) *	End Day (I) *

Is there a copayment? *

Tier 1 Number of day intervals for additional days *	Tier 2 Number of day intervals for additional days *	Tier 3 Number of day intervals for additional days *
3	3	3

Copayment (I) *	Begin Day (I) *	End Day (I) *	Copayment (I) *	Begin Day (I) *	End Day (I) *	Copayment (I) *	Begin Day (I) *	End Day (I) *
\$	91		\$	91		\$	91	
Copayment (I) *	Begin Day (I) *	End Day (I) *	Copayment (I) *	Begin Day (I) *	End Day (I) *	Copayment (I) *	Begin Day (I) *	End Day (I) *
\$			\$			\$		
Copayment (I) *	Begin Day (I) *	End Day (I) *	Copayment (I) *	Begin Day (I) *	End Day (I) *	Copayment (I) *	Begin Day (I) *	End Day (I) *
\$		999	\$		999	\$		999

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

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

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	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<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 2027 PBP Data Entry System Screens

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

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

Authorization required for this benefit?
No

Referral required for this benefit?
No

[+ Add Notes](#)

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

CY 2027 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 ⓘ *

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

CY 2027 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 2

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 ⓘ *

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
Number of day intervals for Medicare-covered stay * <input type="text" value="3"/>	Number of day intervals for Medicare-covered stay * <input type="text" value="3"/>	Number of day intervals for Medicare-covered stay * <input type="text" value="3"/>
Coinsurance ⓘ * <input type="text"/>	Coinsurance ⓘ * <input type="text"/>	Coinsurance ⓘ * <input type="text"/>
Begin Day ⓘ <input type="text" value="1"/>	Begin Day ⓘ <input type="text" value="1"/>	Begin Day ⓘ <input type="text" value="1"/>
End Day ⓘ * <input type="text"/>	End Day ⓘ * <input type="text"/>	End Day ⓘ * <input type="text"/>
Coinsurance ⓘ * <input type="text"/>	Coinsurance ⓘ * <input type="text"/>	Coinsurance ⓘ * <input type="text"/>
Begin Day ⓘ * <input type="text"/>	Begin Day ⓘ * <input type="text"/>	Begin Day ⓘ * <input type="text"/>
End Day ⓘ * <input type="text"/>	End Day ⓘ * <input type="text"/>	End Day ⓘ * <input type="text"/>
Coinsurance ⓘ * <input type="text"/>	Coinsurance ⓘ * <input type="text"/>	Coinsurance ⓘ * <input type="text"/>
Begin Day ⓘ * <input type="text"/>	Begin Day ⓘ * <input type="text"/>	Begin Day ⓘ * <input type="text"/>
End Day ⓘ <input type="text" value="100"/>	End Day ⓘ <input type="text" value="100"/>	End Day ⓘ <input type="text" value="100"/>

CY 2027 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 3

Is there a copayment? ⓘ *

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="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>
Number of day intervals for Medicare-covered stay * 3	Number of day intervals for Medicare-covered stay * 3	Number of day intervals for Medicare-covered stay * 3
Copayment ⓘ * \$	Copayment ⓘ * \$	Copayment ⓘ * \$
Begin Day ⓘ 1	Begin Day ⓘ 1	Begin Day ⓘ 1
End Day ⓘ *	End Day ⓘ *	End Day ⓘ *
Copayment ⓘ * \$	Copayment ⓘ * \$	Copayment ⓘ * \$
Begin Day ⓘ *	Begin Day ⓘ *	Begin Day ⓘ *
End Day ⓘ *	End Day ⓘ *	End Day ⓘ *
Copayment ⓘ * \$	Copayment ⓘ * \$	Copayment ⓘ * \$
Begin Day ⓘ *	Begin Day ⓘ *	Begin Day ⓘ *
End Day ⓘ 100	End Day ⓘ 100	End Day ⓘ 100

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

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

Authorization required for this benefit?

CY 2027 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 4

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 for Medicare-covered stay *

Is there a copayment? *

Yes No

Do you charge the Medicare-defined cost share? *

Yes No

CY 2027 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 5

- ▼ Inpatient 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/Intensive Outpatient Program Services(5) - Completed
- Home Health Services(6) - Completed
- ▼ Health Care Professional Services(7) - Completed
- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ▼ Outpatient Services(9) - Completed
- ▼ Ambulance/Transportation Services(10) - In Progress
- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Completed
- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - Completed
- ▼ Preventive and Other Defined Supplemental Services(14) - Completed
- ▼ Medicare Part B Rx Drugs(15) -

Out-of-Network (OON) Benefits

Is there a coinsurance? *

Yes No

Do you charge the Medicare-defined cost share? *

Yes No

Coinurance *

Number of day intervals for Medicare-covered stay *

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

Notes

CY 2027 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 6

- ^ Inpatient Hospital-Acute(a) - Not Started
- Additional Days for Inpatient Hospital-Acute(a1) - Not Started
- Non-Medicare-covered Stay for Inpatient Hospital-Acute(a2) - Not Started
- Upgrades for Inpatient Hospital-Acute(a3) - Not Started
- ^ Inpatient Hospital Psychiatric(b) - Not Started
- ^ Skilled Nursing Facility (SNF)(2) - Not Started
- Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1) - Not Started
- ^ Cardiac and Pulmonary Rehabilitation Services(3) - Not Started
- ^ Emergency/Urgently Needed Services(4) - Not Started
- ^ Partial Hospitalization/Intensive Outpatient Program Services(5) - Not Started
- Partial Hospitalization Program(5a) - Not Started
- Intensive Outpatient Program Services(5b) - 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
- ^ Outpatient Services(9) - Not Started

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 *

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

Notes

0/2000 characters

Close
Save and Close
Save and Next

CY 2027 PBP Data Entry System Screens

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

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

Periodicity

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

Lowest Cost Tier

Is there a coinsurance?

Yes No

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

CY 2027 PBP Data Entry System Screens

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

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?

Yes No

Tier 1	Tier 2	Tier 3
Number of day intervals for Medicare covered stay 3	Number of day intervals for Medicare covered stay 3	Number of day intervals for Medicare covered stay 3
Copayment \$40	Copayment \$40	Copayment \$40
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10
Copayment \$40	Copayment \$40	Copayment \$40
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10
Copayment \$40	Copayment \$40	Copayment \$40
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10

CY 2027 PBP Data Entry System Screens

2-1 - Additional Days for Skilled Nursing Facility - Page-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
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 2027 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](#)

CY 2027 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation Services -Page 1

Cardiac Rehabilitation Services(3-1)

[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

CY 2027 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation Services -Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation Services -Page 4

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 2027 PBP Data Entry System Screens

3-2 - Intensive Cardiac Rehabilitation Services - Page 1

Intensive Cardiac Rehabilitation Services(3-2)

[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

CY 2027 PBP Data Entry System Screens

3-2 – Intensive Cardiac Rehabilitation Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

3-2 – Intensive Cardiac Rehabilitation Services -Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

3-2 – Intensive Cardiac Rehabilitation Services -Page 4

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 2027 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation Services - Page 1

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

CY 2027 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation Services -Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation Services -Page 4

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 2027 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 1

SET for PAD Services(3-4)

[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

CY 2027 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 4

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2027 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation Services - Page 1

Additional Cardiac Rehabilitation Services (3-1) - Non-Medicare Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes No

Maximum plan benefit coverage amount *

Periodicity *

Is this benefit unlimited? *

Yes No

Indicate number of visits *

Periodicity *

Is there a coinsurance? *

Yes Yes with a min & max No

Is there a copayment? *

Yes Yes with a min & max No

Minimum copayment * Maximum copayment *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes No

Maximum plan benefit coverage amount *
\$ 13.00

Periodicity *
Other, Describe

Description *
test

4/300 characters

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation Services -Page 3

4/300 characters

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 *

Out-of-Network Notes *

test

4/2000 characters

CY 2027 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation Services -Page 4

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 2027 PBP Data Entry System Screens

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

Cardiac and Pulmonary Rehabilitation Services(3) - Not Started

Cardiac Rehabilitation Services(3-1) - Not Started

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

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

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

Pulmonary Rehabilitation Services(3-3) - Not Started

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization/Intensive Outpatient Program Services(5) - Not Started

Home Health Services(6) - Not Started

Additional Intensive Cardiac Rehabilitation Services (3-2) - Non-Medicare

[Plan Characteristics](#)

Is there a maximum plan benefit coverage amount? ⓘ *

Yes No

Maximum plan benefit coverage amount * _____
\$

Periodicity * _____

Is this benefit unlimited? *

Yes No

Indicate number of visits * _____

Periodicity * _____

Is there a coinsurance? *

Yes Yes with a min & max No

Is there a copayment? *

Yes Yes with a min & max No

Minimum copayment * _____
\$

Maximum copayment * _____
\$

CY 2027 PBP Data Entry System Screens

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

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes No

Maximum plan benefit coverage amount *
\$ 13.00

Periodicity *
Other, Describe

Description *
test

4/300 characters

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

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

4/300 characters

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 *

Out-of-Network Notes *

test

4/2000 characters

CY 2027 PBP Data Entry System Screens

3-2 - Additional Intensive Cardiac Rehabilitation Services -Page 4

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 2027 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation Services -Page 1

Additional Pulmonary Rehabilitation Services (3-3) - Non-Medicare Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes No

Maximum plan benefit coverage amount * _____
\$ _____

Periodicity * _____

Is this benefit unlimited? *

Yes No

Indicate number of visits * _____

Periodicity * _____

Is there a coinsurance? *

Yes Yes with a min & max No

Is there a copayment? *

Yes Yes with a min & max No

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

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes No

Maximum plan benefit coverage amount *
\$ 13.00

Periodicity *
Other, Describe

Description *
test

4/300 characters

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation Services -Page 3

4/300 characters

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 *

Out-of-Network Notes *

test

4/2000 characters

CY 2027 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation Services -Page 4

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 2027 PBP Data Entry System Screens

3-4 - Additional SET for PAD Services -Page 1

Additional SET for PAD Services (3-4) - Non-Medicare Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes No

Maximum plan benefit coverage amount *
\$

Periodicity *
▼

Is this benefit unlimited? *

Yes No

Indicate number of visits *

Periodicity *
▼

Is there a coinsurance? *

Yes Yes with a min & max No

Is there a copayment? *

Yes Yes with a min & max No

Minimum copayment *
\$

Maximum copayment *
\$

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

3-4 Additional SET for PAD Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes No

Maximum plan benefit coverage amount *
\$ 13.00

Periodicity *
Other, Describe

Description *
test

4/300 characters

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

3-4 Additional SET for PAD Services -Page 3

4/300 characters

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 *

Out-of-Network Notes *

test

4/2000 characters

CY 2027 PBP Data Entry System Screens

3-4 Additional SET for PAD Services - Page 4

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 2027 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 ⓘ *

CY 2027 PBP Data Entry System Screens

4a Emergency Services -Page 2

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

CY 2027 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

CY 2027 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 2

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

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?

CY 2027 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 3

Enter number of days

Is there a copayment?

Minimum copayment Maximum copayment

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

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

Enter number of days

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

CY 2027 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

CY 2027 PBP Data Entry System Screens

4c - Worldwide Emergency /Urgent Coverage -Page 2

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

CY 2027 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 2027 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 2027 PBP Data Entry System Screens

4c3 - Worldwide Emergency Transportation

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 2027 PBP Data Entry System Screens

5a - Partial Hospitalization Program - Page 1

Partial Hospitalization Program (5a) - Medicare ⓘ 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? ⓘ *

CY 2027 PBP Data Entry System Screens

5a - Partial Hospitalization Program - Page 2

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

5a - Partial Hospitalization Program - Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

5a - Partial Hospitalization Program - Page 4

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 2027 PBP Data Entry System Screens

5b - Intensive Outpatient Program Services - Page 1

Intensive Outpatient Program Services (5b) - Medicare 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 2027 PBP Data Entry System Screens

5b - Intensive Outpatient Program Services - Page 2

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

5b - Intensive Outpatient Program Services - Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ * Maximum copayment ⓘ *

Is there a deductible? ⓘ *

Deductible amount ⓘ *

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

5b - Intensive Outpatient Program Services - Page 4

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 2027 PBP Data Entry System Screens

6 - Home Health Services - Page 1

Home Health Services(6) - Completed

- Health Care Professional Services(7) - Completed
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- Outpatient Services(9) - Completed
 - Outpatient Hospital Services(9a) - Completed
 - Outpatient Hospital Services(9a1) - Completed
 - Observation Services(9a2) - Completed
 - Ambulatory Surgical Center (ASC) Services(9b) - Completed
 - Outpatient Substance Abuse(9c) - Completed
 - Outpatient Blood Services(9d) - Completed

Home Health Services (6) - 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 *

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 2027 PBP Data Entry System Screens

6 -Home Health Services - Page 2

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 2027 PBP Data Entry System Screens

6 -Home Health Services - Page 3

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

6 -Home Health Services - Page 4

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

6 -Home Health Services - Page 5

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2027 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 ⓘ * Maximum copayment ⓘ *

Is there a deductible? ⓘ *

Yes No

CY 2027 PBP Data Entry System Screens

7a - Primary Care Physician Services -Page 2

Is there a deductible? ⓘ *

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Minimum coinsurance * Maximum coinsurance *

Is there a copayment? ⓘ *

Minimum copayment * Maximum copayment *

Is there a deductible? *

Out-of-Network Notes *

TEST

4/2000 characters

CY 2027 PBP Data Entry System Screens

7a - Primary Care Physician Services -Page 3

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 2027 PBP Data Entry System Screens

7b – Chiropractic Services -Page 1

Chiropractic Services (7b) - Medicare Plan Characteristics

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

Yes No

MOOP amount *
\$ 1000.00

Periodicity *
Every 3 Years

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

Authorization required for this benefit?

Yes

CY 2027 PBP Data Entry System Screens

7b – Chiropractic Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *
2%

Maximum coinsurance ⓘ *
3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

7b – Chiropractic Services -Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7b – Chiropractic Services -Page 4

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2027 PBP Data Entry System Screens

7b – Chiropractic Services – Non-Medicare

Home Health Services(6) - Completed

Health Care Professional Services(7) - Completed

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Chiropractic Services(7b) - Completed

Routine Chiropractic Care(7b1) - Completed

Non-routine Chiropractic Services(7b2) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

Chiropractic Services (7b) - Non-Medicare ⓘ

Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes No

Maximum amount *
\$ 1000.00

Periodicity *
Every 3 Years

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes No

Maximum plan benefit coverage amount *
\$ 1500.00

Periodicity *
Every 3 Years

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care - Page 1

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 2027 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care - Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care - Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care - Page 4

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2027 PBP Data Entry System Screens

7b2 – Other Chiropractic Care - Page 1

Chiropractic Services (7b2) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? *

Yes No

Visits *
25

Periodicity *
Other, Describe

Description *
sample description
18/300 characters

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

CY 2027 PBP Data Entry System Screens

7b2 – Other Chiropractic Care -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

7b2 – Other Chiropractic Care -Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7b2 – Other Chiropractic Care - Page 4

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 2027 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 1

Occupational Therapy Services (7c) - Medicare ⓘ

Plan Characteristics

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

CY 2027 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 4

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2027 PBP Data Entry System Screens

7d - Physician Specialist Services – Page 1

Physician Specialist Services (7d) - 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

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

CY 2027 PBP Data Entry System Screens

7d - Physician Specialist Services – Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

7d - Physician Specialist Services – Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7d - Physician Specialist Services – Page 4

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 2027 PBP Data Entry System Screens

7e - Mental Health Specialty Services

Mental Health Specialty Services (7e) - 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 *
\$ 40.00

Periodicity *
Other, Describe ▾

Description *
sample description

18/300 characters

Is there a deductible? ⓘ *

Yes No

[+ Add Notes](#)

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

CY 2027 PBP Data Entry System Screens

7e1 - Individual Sessions for Mental Health Specialty Services - Page 1

Individual Sessions for Mental Health Specialty Services(7e1)

Plan Characteristics

Is there a coinsurance?

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Minimum copayment Maximum copayment

CY 2027 PBP Data Entry System Screens

7e1 - Individual Sessions for Mental Health Specialty Services - Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

7e1 - Individual Sessions for Mental Health Specialty Services - Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7e1 - Individual Sessions for Mental Health Specialty Services - Page 4

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2027 PBP Data Entry System Screens

7e2 - Group Sessions for Mental Health Specialty Services - Page 1

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

CY 2027 PBP Data Entry System Screens

7e2 - Group Sessions for Mental Health Specialty Services – Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

7e2 - Group Sessions for Mental Health Specialty Services – Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7e2 - Group Sessions for Mental Health Specialty Services – Page 4

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2027 PBP Data Entry System Screens

7f - Podiatry Services -Page 1

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 2027 PBP Data Entry System Screens

7f - Podiatry Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

7f - Podiatry Services -Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7f - Podiatry Services -Page 4

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 2027 PBP Data Entry System Screens

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

Podiatry Services: Routine Foot Care (7f) - Non-Medicare

Is this benefit unlimited? *

Yes No

Is there a maximum plan benefit coverage amount? *

Yes No

Maximum amount *
\$ 1000.00

Periodicity *
Other, Describe

Description *
Describe other

14/300 characters

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 *
\$

Authorization required for this benefit?

CY 2027 PBP Data Entry System Screens

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

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes No

Maximum plan benefit coverage amount *
\$ 13.00

Periodicity *
Other, Describe

Description *
test

4/300 characters

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

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

4/300 characters

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 *

Out-of-Network Notes *

test

4/2000 characters

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

7f - Podiatry Services -Routine Foot Care -Page 4

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 2027 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 1

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 2027 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 4

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2027 PBP Data Entry System Screens

7h - Psychiatric Services

Psychiatric Services(7h)

[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

CY 2027 PBP Data Entry System Screens

7h1 - Individual Sessions for Psychiatric Services - Page 1

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

CY 2027 PBP Data Entry System Screens

7h1 - Individual Sessions for Psychiatric Services - Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

7h1 - Individual Sessions for Psychiatric Services - Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7h1 - Individual Sessions for Psychiatric Services - Page 4

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

CY 2027 PBP Data Entry System Screens

7h2 - Group Sessions for Psychiatric Services – Page 1

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

CY 2027 PBP Data Entry System Screens

7h2 - Group Sessions for Psychiatric Services - Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

7h2 - Group Sessions for Psychiatric Services - Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ * Maximum copayment ⓘ *

Is there a deductible? ⓘ *

Deductible amount ⓘ *

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7h2 - Group Sessions for Psychiatric Services - Page 4

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 2027 PBP Data Entry System Screens

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

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

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

MOOP amount *

Periodicity *

You must include total cost sharing to the beneficiary, including any facility cost sharing.

Is there a coinsurance? *

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Minimum copayment *

Maximum copayment *

Is there a deductible? ⓘ *

Authorization required for this benefit?

CY 2027 PBP Data Entry System Screens

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

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

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

Is there a copayment? ⓘ *

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7i - Physical Therapy and Speech-Language Pathology Services - Page 4

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 2027 PBP Data Entry System Screens

7j - Additional Telehealth Benefits - Page 1

- ✓ Mental Health Specialty Services(7a) - Completed
- Podiatry Services(7i) - Completed
- Other Health Care Professional(7g) - Completed
- ✓ Psychiatric Services(7n) - Completed
- Physical Therapy and Speech-Language Pathology Services(7j) - Completed
- Additional Telehealth Benefits(7j) - Not Started
- Opioid Treatment Program Services(7k) - Completed
- ✓ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ✓ Outpatient Services(9) - Completed
- ✓ Ambulance/Transportation Services(10) - Completed
- ✓ DME, Prosthetics and Medical and Diabetic Supplies(11) - Completed
- Dialysis Services(12) - Completed
- ✓ Preventive and Other Defined Supplemental Services(14) - Completed
- ✓ Medicare Part B Rx Drugs(15) - Completed
- ✓ Dental(16) - Completed

[Plan Characteristics](#)

Additional Telehealth Benefits (7j) - Medicare ○

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

Available

- Inpatient Hospital-Acute(1a)
- Inpatient Hospital Psychiatric(1b)
- Cardiac Rehabilitation Services(3-1)
- Emergency Services(4a)
- Urgently Needed Services(4b)
- Partial Hospitalization Program(5a)
- Intensive Outpatient Program Services(5b)
- Home Health Services(6)

>
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<<

Selected

- Skilled Nursing Facility (SNF)(2)
- SET for PAD Services(3-4)
- Pulmonary Rehabilitation Services(3-3)
- Intensive Cardiac Rehabilitation Services(3-2)

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

MOOP amount *

Periodicity *

Is there a coinsurance? *

Is there a co-payment? *

CY 2027 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 2027 PBP Data Entry System Screens

7j - Additional Telehealth Benefits - Page 3

<p>^ Psychiatric Services(7h) - Completed</p> <p>Individual Sessions for Psychiatric Services (7h1) - Completed</p> <p>Group Sessions for Psychiatric Services (7h2) - Completed</p> <p>Physical Therapy and Speech-Language Pathology Services(7i) - Completed</p> <p>^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started</p> <p>Other 1 for PT and SP Services (MMP) (7i1) - Not Started</p> <p>Other 2 for PT and SP Services (MMP) (7i2) - Not Started</p> <p>Additional Telehealth Benefits (7j) In Process</p> <p>Opioid Treatment Program Services(7k) - Not Started</p> <p>^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started</p> <p>^ Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started</p> <p>Diagnostic Procedures/Tests(8a1)- Not Started</p>	<p>Minimum coinsurance <input type="text" value="4%"/> <input type="text" value="8%"/></p> <p>Maximum coinsurance</p> <hr/> <p>Is there a copayment? <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"/> <input type="text" value="\$400"/></p> <p>Maximum copayment</p> <hr/> <p>Is there a deductible? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Deductible amount <input type="text" value="\$400"/></p> <hr/> <p>Authorization required for this benefit? Yes</p> <p>Referral required for this benefit? No</p> <p><input type="button" value="+ Add Notes"/></p>
<p><input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/></p>	

CY 2027 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

CY 2027 PBP Data Entry System Screens

7k - Opioid Treatment Program Services - Page 2

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

7k - Opioid Treatment Program Services - Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

7k - Opioid Treatment Program Services - Page 4

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 2027 PBP Data Entry System Screens

8a - Diagnostic Procedures /Tests/Lab Services

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

You must include total cost sharing for 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. Ensure the cost sharing range does not include cost sharing for Medicare-covered preventive services that are included in 14a and 14e

Is there a copayment? ⓘ *

Yes No

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

[+ Add Notes](#)

CY 2027 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests -Page 1

Diagnostic Procedures/Tests(8a1)

[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

CY 2027 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests - Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests - Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ * Maximum copayment ⓘ *

Is there a deductible? ⓘ *

Deductible amount ⓘ *

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests - Page 4

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 2027 PBP Data Entry System Screens

8a2 - Lab Services - Page 1

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

CY 2027 PBP Data Entry System Screens

8a2 - Lab Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

8a2 - Lab Services -Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

8a2 - Lab Services -Page 4

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 2027 PBP Data Entry System Screens

8b - Outpatient Diagnostic /Therapeutic Radiological Services

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

Lab Services(8a2) - In Progress

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

Diagnostic Radiological Services(8b1) - In Progress

Therapeutic Radiological Services(8b2) - In Progress

Outpatient X-Ray Services(8b3) - In Progress

Outpatient Services(9) - In Progress

Ambulance/Transportation Services(10) - In Progress

DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress

Outpatient Diagnostic/Therapeutic Radiological Services (8b) - Medicare ⓘ

Updated by STE TESTER on 11/30/2024 2:03:30 PM EST

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 copayment? ⓘ

Yes No

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

Yes No

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. Ensure the cost sharing range does not include cost sharing for Medicare-covered preventive services that are included in 14a and 14e.

Is there a deductible? ⓘ *

Yes No

[+ Add Notes](#)

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

CY 2027 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services - Page 1

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

CY 2027 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services -Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services -Page 4

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 2027 PBP Data Entry System Screens

8b2 - Therapeutic Radiological Services -Page 1

Plan ID / Segment ID ✕

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

CY 2027 PBP Data Entry System Screens

8b2 - Therapeutic Radiological Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

8b2 - Therapeutic Radiological Services - Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

8b2 - Therapeutic Radiological Services - Page 4

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 2027 PBP Data Entry System Screens

8b3 - Outpatient X-Ray Services - Page 1

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

CY 2027 PBP Data Entry System Screens

8b3 - Outpatient X-Ray Services -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

8b3 - Outpatient X-Ray Services -Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

8b3 - Outpatient X-Ray Services -Page 4

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 2027 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 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

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

CY 2027 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 2

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services - Page 4

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 2027 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 2027 PBP Data Entry System Screens

9a2 - Observation Services - Page 2

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

9a2 - Observation Services - Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

9a2 - Observation Services - Page 4

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 2027 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 2027 PBP Data Entry System Screens

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

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

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

Is there a copayment? ⓘ *

Minimum copayment ⓘ * Maximum copayment ⓘ *

Is there a deductible? ⓘ *

Deductible amount ⓘ *

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

9b - Ambulatory Surgical Center (ASC) Services – Page 4

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 2027 PBP Data Entry System Screens

9c - Outpatient Substance Abuse

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

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

CY 2027 PBP Data Entry System Screens

9c1 - Individual Sessions for Outpatient Substance Abuse -Page 1

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

CY 2027 PBP Data Entry System Screens

9c1 - Individual Sessions for Outpatient Substance Abuse -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ * 2%

Maximum coinsurance ⓘ * 3%

Is there a copayment? ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

9c1 - Individual Sessions for Outpatient Substance Abuse -Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

9c1 - Individual Sessions for Outpatient Substance Abuse - Page 4

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 2027 PBP Data Entry System Screens

9c2 - Group Sessions for Outpatient Substance Abuse – Page 1

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

CY 2027 PBP Data Entry System Screens

9c2 – Group Sessions for Outpatient Substance Abuse -Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

9c2 – Group Sessions for Outpatient Substance Abuse -Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

9c2 – Group Sessions for Outpatient Substance Abuse - Page 4

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 2027 PBP Data Entry System Screens

9d - Outpatient Blood Services – Page 1

Outpatient Blood Services (9d) - Medicare ⓘ

Plan Characteristics

If blood is given as a part of an inpatient hospital stay, the cost sharing for the blood should be included in the inpatient hospital cost sharing.

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 *
\$

Do you waive the deductible for the first three pints of blood? *

Yes No

CY 2027 PBP Data Entry System Screens

9d - Outpatient Blood Services – Page 2

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

CY 2027 PBP Data Entry System Screens

9d - Outpatient Blood Services – Page 3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

9d - Outpatient Blood Services – Page 4

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 2027 PBP Data Entry System Screens

10a - Ambulance Services

Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization/Intensive Outpatient Program Services(5) - Not Started

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

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - In Progress

Ground Ambulance Services(10a1) - In Progress

Air Ambulance Services(10a2) - In Progress

Ambulance Services (10a) - Medicare ⓘ

[Plan Characteristics](#)

Enhanced Benefits are not applicable for this Service Category.

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

Notes

0/2000 characters

CY 2027 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 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

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 2027 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page-2

- Outpatient Services(9) - In Progress
- Ambulance/Transportation Services(10) - In Progress
 - Ambulance Services(10a) - In Progress
 - Ground Ambulance Services(10a1) - In Progress**
 - Air Ambulance Services(10a2) - In Progress
 - Transportation Services(10b) - Not Started
 - DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
 - Dialysis Services(12) - Not Started
 - Other Supplemental Services(13) - In Progress
 - Preventive and Other Defined Supplemental Services(14) - In Progress

Authorization required for non-emergency Medicare services?

Yes

Notes *

Test notes

10/2000 characters

Out-of-Network (OON) Benefits

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 2027 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page-3

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page-4

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 2027 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 2027 PBP Data Entry System Screens

10a2 - Air Ambulance Services -Page 2

Authorization required for non-emergency Medicare services?

Yes

Notes *

Test notes

10/2000 characters

Out-of-Network (OON) Benefits

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 2027 PBP Data Entry System Screens

10a2 - Air Ambulance Services -Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Is there a deductible? ⓘ *

Deductible amount ⓘ * \$

Out-of-Network Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

10a2 - Air Ambulance Services -Page 4

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 2027 PBP Data Entry System Screens

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

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 2027 PBP Data Entry System Screens

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

Other, Describe

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

Yes No

MOOP amount *
\$

Periodicity *

Is there a service specific maximum plan benefit coverage amount? *

Yes No

Maximum plan benefit coverage 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 2027 PBP Data Entry System Screens

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

Is there a deductible?  *

Yes No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe ▼

Description *

test

4/300 characters

CY 2027 PBP Data Entry System Screens

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

4/300 characters

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 *

Out-of-Network Notes *

test

4/2000 characters

CY 2027 PBP Data Entry System Screens

10b1 - Transportation Services -Plan Approved Health-related Location -Page 5

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 2027 PBP Data Entry System Screens

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

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

Is this benefit unlimited? *

Yes No

Indicate number of trips *
10

Periodicity *
Other, Describe

Description *
Describe frequency
18/300 characters

Type of transportation *
Other, Describe

Description *
Describe transportation
23/300 characters

Select Mode of Transportation *

Taxi

Ride/Share services

Bus/Subway

Van

Medical Transport

Other, Describe

Description *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

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

- Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- Outpatient Services(9) - In Progress
- Ambulance/Transportation Services(10) - In Progress
 - Ambulance Services(10a) - In Progress
 - Ground Ambulance Services(10a1) - In Progress
 - Air Ambulance Services(10a2) - In Progress
 - Transportation Services(10b) - Not Started
 - Transportation Services - Any Health-related Location(10b2) - Not Started**
- DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Dialysis Services(12) - Not Started
- Other Supplemental Services(13) - In Progress
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Medicare Part B Rx Drugs(15) - Not Started
- Dental(16) - Not Started
- Eye Exams/Eyewear(17) - Not Started

Other, Describe

Description *

0/300 characters

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

Yes No

MOOP amount *

\$

Periodicity *

Is there a service specific maximum plan benefit coverage amount? *

Yes No

Maximum plan benefit coverage 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 *

\$

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

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

Is there a deductible?  *

Yes No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes No

Maximum plan benefit coverage amount *
\$ 13.00

Periodicity *
Other, Describe ▼

Description *
test

4/300 characters

CY 2027 PBP Data Entry System Screens

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

4/300 characters

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 *

Out-of-Network Notes *

test

4/2000 characters

CY 2027 PBP Data Entry System Screens

10b2 - Transportation Services -Any Health-Related Location -Page 5

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No
