

CY 2027 PBP Data Entry System Screens

Point of Service (POS) Groups Setup

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

Point-of-Service (POS) Groups Setup

(Maximum of 25 groups)

Plan Characteristics

+ Add New POS Group

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

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

Add New Point of Service Group

Group Name
Sample Group Name

Is there a maximum plan benefit coverage amount?
 Yes No

Maximum plan benefit coverage amount
4

Periodicity
Every 6 Months

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

Minimum percentage
4%

Maximum percentage
8%

Is there copayment?

Amount	Periodicity
	Every 1 year
	Every 6 months
	N/A
	N/A

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

Add New Point of Service Group

Is there copayment?

Yes Yes with a minimum & maximum No

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

Is there a deductible?

Yes No

Deductible Amount: 4

[+ Add Notes](#)

[Cancel](#) [Save](#)

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Combined Supplemental Benefits Group Setup

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

Combined Supplemental Benefits Plan Characteristics

(Maximum of 5 groups) + Add New Combined Supplemental Benefits Group

Group ID	Group Name	Mode of Delivery	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Combined Supplemental Benefits 1	Other	\$1000	Every Year	In Progress	
2	Combined Supplemental Benefits Group 2	Debit Card	\$600.00	Every Year	In Progress	

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Combined Supplemental Benefits – Add New Group – Page 1

Add New Combined Benefits Group ?

Group Name * 0/40 characters

What is your combined supplemental benefits mode of delivery? *

Catalogue Purchase

Claims Processing

Debit Card

Reimbursement

Other

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

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Additional Days for Inpatient Hospital-Acute (1a1)	>	Additional Benefits for SSBCI
Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)	>>	Additional Benefits for MA UF
Upgrades for Inpatient Hospital-Acute (1a3)	<	Therapeutic Massage (14c18)
Additional Days for Inpatient Hospital Psychiatric (1b1)	<<	
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)		
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)		
Additional Cardiac Rehabilitation Services (3-1)		

Cancel Save Save and Close Save and Next

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Combined Supplemental Benefits – Add New Group – Page 2

Add New Combined Benefits Group

Additional Benefits for MA Uniformity Flexibility Collapse All

Select one or more packages and the corresponding service categories that apply to the combined supplemental benefits group.

MAUF Package 1

- Upgrades for Inpatient Hospital-Acute (1a3)
- Routine Chiropractic Care (7b1)
- Podiatry Services: Routine Foot Care (7f)
- Over-the-Counter (OTC) Items (13b)
- Meal Benefit (13c)

At least one service category must be selected.

Additional Benefits for Special Supplemental Benefits for Chronically Ill Collapse All

Select one or more packages and the corresponding service categories that apply to the combined supplemental benefits group.

SSBCI Package 1

- Additional Days for Inpatient Hospital-Acute (1a1)
- Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)
- Upgrades for Inpatient Hospital-Acute (1a3)
- Additional Days for Inpatient Hospital Psychiatric (1b1)
- Additional Intensive Cardiac Rehabilitation Services (3-2)
- Routine Chiropractic Care (7b1)
- Transportation Services - Plan Approved Health-related Location (10b1)

At least one service category must be selected.

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

Yes No

Cancel Save Save and Close

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Combined Supplemental Benefits – Add New Group – Page 3

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

Yes No

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

Yes No

Maximum plan benefit coverage amount *

\$

Periodicity *

Are the benefits combined such that a single benefit maximum available to all enrollees in the benefit details section is extended to an SSBCI or MA UF benefit for eligible enrollees? *

Yes No

Do you offer Combined Supplemental Benefits with a shared visit/trip limit? ⓘ *

Yes No

Indicate number of shared visits/trips ⓘ *

Periodicity *

Are the benefits combined such that a single visit or trip limit available to all enrollees in the benefit details section is extended to an SSBCI or MA UF benefit for eligible enrollees? *

Yes No

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Reduction in Cost Sharing (RICS) Groups Setup

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - Completed
- Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- Cost Share Groups - Completed
- Combined Supplemental Benefits - Completed
- Reduction in Cost Sharing - Completed

Reduction in Cost Sharing Groups Setup ⓘ

Updated on 5/31/2024 2:20:06 PM EDT
(Maximum of 5 groups)

[Plan Characteristics](#)

+Add New RICS Group

Group ID	Group Name	Mode of Delivery	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Flex Spend Card - OTC/Copays/Fitness/HSD	DEC	\$250.00	Every Year	Completed	✎ 🗑
2	Flexible Spending Card - DVH	DEC	\$250.00	Every Year	Completed	✎ 🗑

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

Add New Reduction in Cost Sharing Group ?

Group Name *
Sample Group Name 17/40 characters

Select the type of benefit: *

Medicare
 Non-Medicare

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

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute (1a)	>	Skilled Nursing Facility (SNF) (2)
Inpatient Hospital Psychiatric (1b)	>>	Cardiac Rehabilitation Services (3-1)
Pulmonary Rehabilitation Services (3-3)	<	SET for PAD Services (3-4)
Emergency Services (4a)	<<	Intensive Cardiac Rehabilitation Services (3-2)
Urgently Needed Services (4b)		Home Health Services (6)
Intensive Outpatient Program Services (5b)		Partial Hospitalization Program (5a)
Primary Care Physician Services (7a)		
Chiropractic Services (7b)		

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

Available	Selected

Cancel Save Save and Close

CY 2027 PBP Data Entry System Screens

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

Add New Reduction in Cost Sharing Group ?

Chiropractic Services (7b)

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

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

Maximum plan benefit coverage amount *
\$ 1500.00

Periodicity *
Other, Describe

Description *
Enter description

This field is required.

Cancel Save

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

Add New Reduction in Cost Sharing Group

Description *

Description

11/300 characters

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

2 Yes No

Select Combined Supplemental Benefits Packages *

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
	Combined Benefits 1

> >> < <<

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

Yes No

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

Debit Card

Reimbursement

Other

+ Add Notes

Cancel Save Close Save and Close Save and

CY 2027 PBP Data Entry System Screens

Optional Supplemental Packages Setup

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

Plan Characteristics

+ Add New Package

Optional Supplemental Packages Setup

(Maximum of 5 packages)

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

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Optional Supplemental Packages – Add New Package – Page 1

Add New Optional Supplemental Package

Add Package - In Progress

Package Name *
Op Supp Package 1 17/50 characters

Package Description *
Sample Description 18/1000 characters

Important: The following examples cannot be an optional supplemental benefit:

- (1) Cost-Share buy-down of original Medicare benefits and (2) State Medicaid wraparound benefits.
- Please refer to Chapter 4 of the Medicare Managed Care Manual and the MA Regulation (CFR § 422.102) for additional information.

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

Available	Selected
<input type="checkbox"/> Point of Service (POS)	<input type="checkbox"/> Additional Days for Inpatient Hospital-Acute (1a1)
<input type="checkbox"/> Visitor Travel (V/T)	<input type="checkbox"/> Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)
<input type="checkbox"/> Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)	<input type="checkbox"/> Upgrades for Inpatient Hospital-Acute (1a3)
<input type="checkbox"/> Worldwide Emergency Coverage (4c1)	<input type="checkbox"/> Telemonitoring Services (14c6)
<input type="checkbox"/> Worldwide Urgent Coverage (4c2)	<input type="checkbox"/> Medical Nutrition Therapy (MNT) (14c12)
<input type="checkbox"/> Fitness Benefit (14c4)	<input type="checkbox"/> Alternative Therapies (14c17)
<input checked="" type="checkbox"/> Counseling Services (14c9)	<input type="checkbox"/> In-Home Support Services (14c21)
<input type="checkbox"/> Therapeutic Massage (14c18)	<input type="checkbox"/> Wigs for Hair Loss Related to Chemotherapy (14c15)

Is there a Maximum Plan Benefit Coverage amount for this package? *

Yes No

Maximum Plan Benefit Coverage amount *
\$ 1000.00

Portability *
Other

Close Save and Close Save and Next

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Optional Supplemental Packages – Add New Package – Page 2

Add New Optional Supplemental Package

Add Package - In Progress

Is there a Maximum Plan Benefit Coverage amount for this package? *

Yes No

Maximum Plan Benefit Coverage amount *

\$ 1000.00

Priority *

Other

Describe *

Sample Description

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

Yes No

Is there an enrollee Deductible for this package? *

Yes No

Indicate deductible amount *

\$

Select the benefits to which the deductible applies *

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Additional Days for Inpatient Hospital-Acute (1a1)		Upgrades for Inpatient Hospital-Acute (1a3)
Telemonitoring Services (14c6)	>	In-Home Support Services (14c21)
Medical Nutrition Therapy (MNT) (14c12)	>>	Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)
Alternative Therapies (14c17)	<	Wigs for Hair Loss Related to Chemotherapy (14c15)
	<<	

+ Add Notes

Close Save and Close Save and Next

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

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

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

Worldwide Urgent Coverage (4c2) - Not Started

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

Plan Characteristics

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

Yes No

Is there a maximum plan benefit coverage? ⓘ *

Yes No

Is the maximum plan benefit coverage amount unlimited? ⓘ *

Yes No

Maximum amount ⓘ *
\$

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

Yes No

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

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

Add New Optional Supplemental Package

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

Is the maximum plan benefit coverage amount unlimited? ⓘ *

Yes No

Maximum amount ⓘ *
\$

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

Yes No

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *
\$

+ Add Notes

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

Add New Optional Supplemental Package

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

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

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

Yes No

Is there a coinsurance? ⓘ*

Yes Yes with a min & max No

Minimum coinsurance ⓘ* Maximum coinsurance ⓘ*

Is this Coinsurance waived if admitted to hospital? ⓘ*

Yes No

Is there a copayment? ⓘ*

Yes Yes with a min & max No

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

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

Add New Optional Supplemental Package

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

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Is this Copayment waived if admitted to hospital? ⓘ *

Yes No

Additional OON cost share information

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

Yes No

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

Yes No

Is there an OON coinsurance? ⓘ *

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

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there an OON copayment? ⓘ *

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

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

Add New Optional Supplemental Package

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

Additional OON cost share information

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

Yes No

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

Yes No

Is there an OON coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there an OON copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$

Maximum copayment ⓘ * \$

Notes *