

CY 2026 PBP Data Entry System Pages

11a - Durable Medical Equipment (DME) -Page 1

✓ Ambulance/Transportation Services(10) -Completed

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

^ Durable Medical Equipment (DME) (11a) -In Progress

Durable Medical Equipment Non Medicare (11a) -Not Started

Durable Medical Equipment for use outside the home(11a1) -Not Started

Other 1 for Durable Medical Equipment(11a2) -Not Started

Other 2 for Durable Medical Equipment(11a3) -Not Started

✓ Prosthetics/Medical Supplies(11b) -Not Started

✓ Diabetic Supplies and Services(11c) -Not Started

Dialysis Services(12) -Not Started

Other Supplemental Services(13) -Not Started

Durable Medical Equipment (DME) (11a)

Plan Characteristics

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

Yes

No

MOOP amount
\$500

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes

No

Close

Save and Close

Save and Next

Softrams

CY2026 PBP – Benefit Service Categories 11-20
09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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CY 2026 PBP Data Entry System Pages

11a - Durable Medical Equipment (DME) -Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

✓ Ambulance/Transportation Services(10) -Completed

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

^ Durable Medical Equipment (DME) (11a) - In Progress

Durable Medical Equipment Non Medicare (11a) -Not Started

Durable Medical Equipment for use outside the home(11a1) -Not Started

Other 1 for Durable Medical Equipment(11a2) -Not Started

Other 2 for Durable Medical Equipment(11a3) -Not Started

✓ Prosthetics/Medical Supplies(11b) -Not Started

✓ Diabetic Supplies and Services(11c) -Not Started

Dialysis Services(12) -Not Started

Other Supplemental Services(13) -Not Started

\$400

Are there preferred vendors/manufacturers for Durable Medical Equipment (DME)?

Yes No

Authorization required for this benefit?
Yes

Point-of-Service (POS) benefits

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

Coinsurance

20%

Copayment

\$20

Deductible

\$200

Authorization required for this benefit?
Yes

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

11a - Durable Medical Equipment (DME) Non Medicare -Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

✓ Ambulance/Transportation Services(10) -Completed

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

Durable Medical Equipment (DME) (11a) -Completed

Durable Medical Equipment Non Medicare (11a) -In Progress

Durable Medical Equipment for use outside the home(11a1) -Not Started

Other 1 for Durable Medical Equipment(11a2) -Not Started

Other 2 for Durable Medical Equipment(11a3) -Not Started

✓ Prosthetics/Medical Supplies(11b) -Not Started

✓ Diabetic Supplies and Services(11c) -Not Started

✓ Dialysis Services(12) -Not Started

✓ Other Supplemental Services(13) -Not Started

Yes No

Maximum Amount
\$1000

Periodicity
6 Months

Authorization required for this benefit?
Yes

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Authorization required for this benefit?
Yes

+ Add Notes

Close

Save and Close

Save and Next

11a1 - Durable Medical Equipment for use outside the home

Softrams

11a2 - Other 1 for Durable Medical Equipment

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ambulance/Transportation Services(10) -Completed <input checked="" type="checkbox"/> DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress Durable Medical Equipment (DME)(11a) -Completed Durable Medical Equipment Non Medicare (11a) -Completed Durable Medical Equipment for use outside the home(11a1) -Completed Other 1 for Durable Medical Equipment(11a2) -In Progress Other 2 for Durable Medical Equipment(11a3)-Not Started <input checked="" type="checkbox"/> Prosthetics/Medical Supplies(11b) -Not Started <input checked="" type="checkbox"/> Diabetic Supplies and Services(11c) -Not Started <input checked="" type="checkbox"/> Dialysis Services(12) - Not Started <input checked="" type="checkbox"/> Other Supplemental Services(13) -Not Started 	<h2 style="margin-top: 0;">Other 1 for Durable Medical Equipment (11a2)</h2> <p>Name of Other Service _____</p> <p>Other Service Name _____</p> <hr/> <p>Is there a coinsurance?</p> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> Yes Yes with a min & max No </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Minimum coinsurance _____</p> <p>4%</p> </div> <div style="width: 48%;"> <p>Maximum coinsurance _____</p> <p>8%</p> </div> </div> <hr/> <p>Is there a copayment?</p> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> Yes Yes with a min & max No </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Minimum copayment _____</p> <p>\$400</p> </div> <div style="width: 48%;"> <p>Maximum copayment _____</p> <p>\$400</p> </div> </div> <hr/> <div style="text-align: left; margin-top: 10px;"> + Add Notes </div>
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Close
Save and Close
Save and Next

11a3 - Other 2 for Durable Medical Equipment

<ul style="list-style-type: none"> Ambulance/Transportation Services(10) -Completed DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress Durable Medical Equipment (DME)(11a) -Completed Durable Medical Equipment Non Medicare (11a) -Completed Durable Medical Equipment for use outside the home(11a1) -Completed Other 1 for Durable Medical Equipment(11a2)-Completed Other 2 for Durable Medical Equipment(11a3)-In Progress Prosthetics/Medical Supplies(11b)-Not Started Diabetic Supplies and Services(11c)-Not Started Dialysis Services(12)-Not Started Other Supplemental Services(13)-Not Started 	<h2>Other 2 for Durable Medical Equipment(11a3)</h2> <p>Name of Other Service</p> <p>Other Service Name</p> <hr/> <p>Is there a coinsurance?</p> <div> Yes Yes with a min & max No </div> <div> Minimum coinsurance 4% Maximum coinsurance 8% </div> <hr/> <p>Is there a copayment?</p> <div> Yes Yes with a min & max No </div> <div> Minimum copayment \$400 Maximum copayment \$400 </div> <hr/> <p>+ Add Notes</p>
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Close
Save and Close
Save and Next

CY 2026 PBP Data Entry System Pages

11b - Prosthetics /Medical Supplies-Page 1

Diabetic Supplies(11) - In Progress

Durable Medical Equipment (DME) (11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Prosthetics/Medical Supplies (11b) - 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

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

☐ Covered under Durable Medical Equipment (11a)

☒ Plan-specified amount per period

MOOP amount ⓘ *
\$ 500.00

Periodicity ⓘ *
Every 2 Years

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *
\$ 20.00

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

11b – Non-Medicare Prosthetics Medical Supplies -Page 1

✓ Ambulance/Transportation Services(10) -Completed

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

✓ Durable Medical Equipment (DME) (11a) -Completed

^ Prosthetics/Medical Supplies(11b) -In Progress

Non-Medicare Prosthetics/Medical Supplies (11b) -In Progress

Prosthetic Devices(11b1) -Not Started

Medical Supplies(11b2) -Not Started

✓ Diabetic Supplies and Services(11c) -Not Started

✓ Dialysis Services(12) -Not Started

✓ Other Supplemental Services(13) -Not Started

Non-Medicare Prosthetics Medical Supplies (11b)

Plan Characteristics

Is there a maximum plan benefit coverage amount?

☒ Yes ☐ No

Maximum Amount

Periodicity

Is there a coinsurance?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum copayment Maximum copayment

Authorization required for this benefit?

☒ Yes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

11b1 - Prosthetic Devices – Page 1

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Diabetic Supplies(11) - In Progress

Durable Medical Equipment (DME)
(11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Prosthetic Devices (11b1) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

20%

Maximum coinsurance ⓘ *

20%

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Prosthetic Devices (11b1) Medicare Service

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

11b1 - Prosthetic Devices – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Diabetic Supplies(11) - In Progress

Durable Medical Equipment (DME) (11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Prosthetic Devices (11b1) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance

Copayment

Deductible

No

No

No

Authorization required for this benefit?

No

Notes
N/A

3/2000 characters

Close

Save and Close

Save and Next

11b2 - Medical Supplies – Page 1

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Diabetic Supplies(11) - In Progress

Durable Medical Equipment (DME) (11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Medical Supplies (11b2) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

20%

Maximum coinsurance ⓘ *

20%

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

11b2 - Medical Supplies – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Diabetic Supplies(11) - In Progress

Durable Medical Equipment (DME) (11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Medical Supplies (11b2) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance

Copayment

Deductible

No

No

No

Authorization required for this benefit?

No

Notes *

N/A

3/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

11c - Diabetic Supplies and Services -Page 1

(11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

Diabetic Therapeutic Shoes/Inserts(11c2) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Diabetic Supplies and Services (11c) - 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 DME category (11a)

☒ Plan-specified amount per period

MOOP amount ⓘ *

\$

Periodicity ⓘ *

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$

Enhanced Benefits are not applicable for this Service Category.

Do you limit Diabetic supplies and services to those from specified manufacturers? ⓘ *

Yes No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

11c - Diabetic Supplies and Services-Page 2

(11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

Diabetic Therapeutic Shoes/Inserts(11c2) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

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 DME category (11a)

☒ Plan-specified amount per period

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *
\$

Enhanced Benefits are not applicable for this Service Category.

Do you limit Diabetic supplies and services to those from specified manufacturers? ⓘ *

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

11c1 - Diabetic Supplies – Page 1

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

(11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

Diabetic Therapeutic Shoes/Inserts(11c2) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Diabetic Supplies (11c1) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

10%

Maximum coinsurance ⓘ *

10%

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$ 0.00

Maximum copayment ⓘ *

\$ 0.00

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Diabetic Supplies (11c1) Medicare Service

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

11c1 - Diabetic Supplies – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

(11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

Diabetic Therapeutic Shoes/Inserts(11c2) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Diabetic Supplies (11c1) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?

No

Notes

0/2000 characters

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

11c2 - Diabetic Therapeutic Shoes /Inserts – Page 1

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

(11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

Diabetic Therapeutic Shoes/Inserts(11c2) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Diabetic Therapeutic Shoes/Inserts (11c2) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

YesYes with a min & maxNo

Minimum coinsurance ⓘ *Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

YesYes with a min & maxNo

Minimum copayment ⓘ *Maximum copayment ⓘ *

\$ 0.00\$ 0.00

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Diabetic Therapeutic Shoes/Inserts (11c2) Medicare Service

CloseSave and CloseSave and Next

CY 2026 PBP Data Entry System Pages

11c2 - Diabetic Therapeutic Shoes /Inserts – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

(11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

Diabetic Therapeutic Shoes/Inserts(11c2) - In Progress

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Diabetic Therapeutic Shoes/Inserts (11c2) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance

No

Copayment

No

Deductible

No

Authorization required for this benefit?

No

Notes *

1/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

12 - Dialysis 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

▼ Ambulance/Transportation Services(10) - Completed

▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Completed

Dialysis Services(12) - In Progress

▼ Other Supplemental Services(13) - Not Started

Dialysis Services(12)

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 2026 PBP Data Entry System Pages

12 - Dialysis Services - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

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) - Completed

DME, Prosthetics and Medical and Diabetic Supplies(11) - Completed

Dialysis Services(12) - In Progress

Other Supplemental Services(13) - Not Started

Deductible amount

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

12 - Dialysis Services-Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

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) - Completed

DME, Prosthetics and Medical and Diabetic Supplies(11) - Completed

Dialysis Services(12) - In Progress

Other Supplemental Services(13) - Not Started

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinurance

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 2026 PBP Data Entry System Pages

13a - Acupuncture -Page 1

<div>Dialysis Services(12) - Completed</div> <div>Other Supplemental Services(13) - In Progress</div> <div>Acupuncture(13a) - In Progress</div> <div>Over-the-Counter (OTC) Items(13b) - Not Started</div> <div>Meal Benefit(13c) - Not Started</div> <div>Other 1(13d) - Not Started</div> <div>Other 2(13e) - Not Started</div> <div>Other 3(13f) - Not Started</div> <div>Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started</div> <div>Additional Services (MMP)(13h) - Not Started</div> <div>Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started</div> <div>Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started</div> <div>Freestanding Birth Center Services(13h3) - Not Started</div>	<h3>Acupuncture(13a)</h3> <div>Plan Characteristics</div> <p>Is there a maximum plan benefit coverage?</p> <p>Yes No</p> <p>Maximum amount <input type="text" value="\$500"/></p> <hr/> <p>Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?</p> <p>Yes No</p> <p>MOOP amount <input type="text" value="\$1000"/></p> <hr/> <p><input checked="" type="checkbox"/> Number of Treatments</p> <p>Is this benefit unlimited for Number of Treatments?</p> <p>Yes No</p> <p>Indicate limit for Number of Treatments <input type="text" value="10"/></p> <p>Periodicity <input type="text" value="6 Months"/></p> <hr/> <p>Is there a coinsurance?</p> <p>Yes Yes with a min & max No</p> <div>Close Save and Close Save and Next</div>
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CY 2026 PBP Data Entry System Pages

13a - Acupuncture -Page 2

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a)- In Progress

Over-the-Counter (OTC) Items(13b) - Not Started

Meal Benefit(13c) - Not Started

Other 1(13d)- Not Started

Other 2(13e) -Not Started

Other 3(13f)-Not Started

Dual Eligible SNPs with Highly Integrated Services(13g)- Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) -Not Started

Freestanding Birth Center Services(13h3) -Not Started

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Is there a deductible?

Yes

No

Deductible amount

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13a - Acupuncture -Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - In Progress

Over-the-Counter (OTC) Items(13b) - Not Started

Meal Benefit(13c) - Not Started

Other 1(13d) - Not Started

Other 2(13e) - Not Started

Other 3(13f) - Not Started

Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13b - Over-the-Counter (OTC) items - Page 1

Ambulance/Transportation Services(10) - In Progress

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

Dialysis Services(12) - In Progress

Other Supplemental Services(13) - In Progress

Acupuncture - Number of Treatments(13a) - In Progress

Over-the-Counter (OTC) Items(13b) - In Progress

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Over-the-Counter (OTC) Items (13b) - Non-Medicare ⓘ

Plan Characteristics

Medicare-Medicaid plans may not use this section to provide benefit information about any OTC items that are submitted under the integrated formulary. Information about those benefits will be entered in the Rx section of the PBP. This section should only be used to provide benefit information about OTC items that are covered as a supplemental benefit.

Is there a maximum plan benefit coverage amount? ⓘ *

Yes

No

Maximum plan benefit coverage amount ⓘ *

\$

Periodicity ⓘ *

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

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

Are you offering Nicotine Replacement Therapy (NRT) as a Part C OTC benefit? *

Yes

No

☐ The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs. ⓘ

Are you offering Naloxone coverage as a Part C OTC benefit? ⓘ *

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13b - Over-the-Counter (OTC) items - Page 2

Health Care Professional Services(7) - 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

Other Supplemental Services(13) - In Progress

Acupuncture - Number of Treatments(13a) - Completed

Over-the-Counter (OTC) Items(13b) - Not Started

Meal Benefit(13c) - Completed

Preventive and Other Defined Supplemental Services(14) - Completed

Medicare Part B Rx Drugs(15) - Completed

Dental(16) - In Progress

Are you offering Naloxone coverage as a Part C OTC benefit? ⓘ *

Is there a coinsurance? ⓘ *

Minimum coinsurance ⓘ

Maximum coinsurance ⓘ

Is there a copayment? ⓘ *

Minimum copayment ⓘ \$

Maximum copayment ⓘ \$

Is there a deductible? ⓘ *

Deductible amount ⓘ \$

Does this cover all of the drugs on the CMS OTC list which may be found in Chapter 4 of the Medicare Managed Care Manual? ⓘ *

Authorization is not applicable for this Service Category.

A mode of delivery question is being added to this screen for OTC items with the following response options:

- ☐ Catalogue Purchase
- ☐ Claims Processing
- ☒ Debit Card
- ☐ Reimbursement
- ☐ Other

CY 2026 PBP Data Entry System Pages

13b - Over-the-Counter (OTC) items - Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture - Number of Treatments(13a) - Completed

Over-the-Counter (OTC) Items(13b) - Not Started

Meal Benefit(13c) - Completed

Preventive and Other Defined Supplemental Services(14) - Completed

Medicare Part B Rx Drugs(15) - Completed

Dental(16) - In Progress

Eye Exams/Eyewear(17) - Completed

Hearing Exams/Hearing Aids(18) - Completed

Does this cover all of the drugs on the CMS OTC list which may be found in Chapter 4 of the Medicare Managed Care Manual? ⓘ *

Yes

No

Authorization is not applicable for this Service Category.

Referral is not applicable for this Service Category.

Point-of-Service (POS) Benefits

+ Add New POS Group

Over-the-Counter (OTC) Items (13b) Non Medicare Service

Add to POS Group

POS Group ⓘ

Select a Group

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13c - Meal Benefits -Page 1

Dialysis Services(12) - Completed	<h3>Meal Benefit(13c)</h3> <p>Select the type of primarily health related meals benefit offered (Check all that apply):</p> <p><input checked="" type="checkbox"/> Immediately following surgery or inpatient hospitalization</p> <p><input checked="" type="checkbox"/> For a chronic illness</p> <p><input type="checkbox"/> For a medical condition or potential medical condition that requires the enrollees to remain at home for a period of time</p> <hr/> <p>Is there a maximum plan benefit coverage?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Maximum amount <input type="text" value="\$200"/></p> <p>Periodicity <input type="text" value="6 Months"/></p> <hr/> <p>Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>MOOP amount <input type="text" value="\$400"/></p> <p>Periodicity <input type="text" value="6 Months"/></p> <hr/> <p>Close Save and Close Save and Next</p>	Plan Characteristics
Other Supplemental Services(13) - In Progress		
Acupuncture(13a) - Completed		
Over-the-Counter (OTC) Items(13b) - Completed		
Meal Benefit(13c) - In Progress		
Other 1(13d) - Not Started		
Other 2(13e) - Not Started		
Other 3(13f) - Not Started		
Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started		
Additional Services (MMP)(13h) - Not Started		
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started		
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started		
Freestanding Birth Center Services(13h3) - Not Started		

CY 2026 PBP Data Entry System Pages

13c - Meal Benefits -Page 2

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

Over-the-Counter (OTC) Items(13b) - Completed

Meal Benefit(13c) - In Progress

Other 1(13d) - Not Started

Other 2(13e) - Not Started

Other 3(13f) - Not Started

Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) - Not Started

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Is there a deductible?

Yes

No

Deductible amount

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13c - Meal Benefits -Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed	Out-of-Network (OON) Benefits
Other Supplemental Services(13) - In Progress	Add to OON Group
Acupuncture(13a) - Completed	OON Group Group Name 1 - OON
Over-the-Counter (OTC) Items(13b) - Completed	+ Add New OON Group
Meal Benefit(13c) - In Progress	Coinsurance Copayment Deductible 20% \$20 \$200
Other 1(13d) - Not Started	Point-of-Service (POS) benefits
Other 2(13e) - Not Started	Add to POS Group
Other 3(13f) - Not Started	POS Group Group Name 1 - POS
Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started	+ Add New POS Group
Additional Services (MMP)(13h) - Not Started	Coinsurance Copayment Deductible 20% \$20 \$200
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	Authorization required for this benefit? Yes
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	Referral required for this benefit? No
Freestanding Birth Center Services(13h3) - Not Started	+ Add Notes
	Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13d - Other 1 -Page 1

Dialysis Services(12)- Completed

Other Supplemental Services(13)- In Progress

Acupuncture(13a)- Completed

Over-the-Counter (OTC) Items(13b)- Completed

Meal Benefit(13c) - Completed

Other 1(13d)- In Progress

Other 2(13e) -Not Started

Other 3(13f)-Not Started

Dual Eligible SNPs with Highly Integrated Services(13g)- Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2)- Not Started

Freestanding Birth Center Services(13h3) -Not Started

Other 1 (13d)

Plan Characteristics

Name of Other Service

Other 1 Service Name

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount

\$200

Periodicity

6 Months

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

Yes

No

MOOP amount

\$400

Periodicity

6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13d - Other 1 -Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed	Minimum coinsurance 4%	Maximum coinsurance 8%
Other Supplemental Services(13) - In Progress	Is there a copayment?	
Acupuncture(13a) - Completed	<input type="button" value="Yes"/> <input checked="" type="button" value="Yes with a min & max"/> <input type="button" value="No"/>	
Over-the-Counter (OTC) Items(13b) - Completed	Minimum copayment \$400	Maximum copayment \$400
Meal Benefit(13c) - Completed	Is there a deductible?	
Other 1(13d) - In Progress	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>	
Other 2(13e) - Not Started	Deductible amount \$400	
Other 3(13f) - Not Started	Authorization required for this benefit? Yes	
Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started	Referral required for this benefit? No	
Additional Services (MMP)(13h) - Not Started	Out-of-Network (OON) Benefits	
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	Add to OON Group	
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	OON Group Group Name 1 - OON	
Freestanding Birth Center Services(13h3) - Not Started	<input type="button" value="+ Add New OON Group"/>	
<input type="button" value="Close"/>		<input type="button" value="Save and Close"/>
		<input type="button" value="Save and Next"/>

CY 2026 PBP Data Entry System Pages

13d - Other 1 -Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

Over-the-Counter (OTC) Items(13b) - Completed

Meal Benefit(13c) - Completed

Other 1(13d) - In Progress

Other 2(13e) - Not Started

Other 3(13f) - Not Started

Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13e - Other 2 -Page 1

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a)- Completed

Over-the-Counter (OTC) Items(13b)- Completed

Meal Benefit(13c) - Completed

Other 1(13d)- Completed

Other 2(13e) - In Progress

Other 3(13f)-Not Started

Dual Eligible SNPs with Highly Integrated Services(13g)- Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) -Not Started

Other 2(13e)

Plan Characteristics

Name of Other Service
Other Service Name

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount
\$200

Periodicity
6 Months

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

Yes

No

MOOP amount
\$400

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13e - Other 2 -Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed	Minimum coinsurance 4%	Maximum coinsurance 8%
Other Supplemental Services(13) - In Progress	Is there a copayment?	
Acupuncture(13a)- Completed	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No	
Over-the-Counter (OTC) Items(13b)- Completed	Minimum copayment \$400	Maximum copayment \$400
Meal Benefit(13c) - Completed	Is there a deductible?	
Other 1(13d)- Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Other 2(13e) - In Progress	Deductible amount \$400	
Other 3(13f)-Not Started	Authorization required for this benefit?	
Dual Eligible SNPs with Highly Integrated Services(13g)- Not Started	Yes	
Additional Services (MMP)(13h) - Not Started	Referral required for this benefit?	
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	No	
Tobacco Cessation Counseling for Pregnant Women(13h2)-Not Started	Out-of-Network (OON) Benefits	
Freestanding Birth Center Services(13h3) -Not Started	Add to OON Group	
	OON Group Group Name 1 - OON	+ Add New OON Group
	Close	Save and Close
		Save and Next

CY 2026 PBP Data Entry System Pages

13e - Other 2 -Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

Over-the-Counter (OTC) Items(13b) - Completed

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - In Progress

Other 3(13f) - Not Started

Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13f - Other 3 -Page 1

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

Over-the-Counter (OTC) Items(13b) - Completed

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - Completed

Other 3(13f) - In Progress

Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) - Not Started

Other 3(13f)

Plan Characteristics

Name of Other Service
Other Service Name

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount
\$200

Periodicity
6 Months

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

Yes

No

MOOP amount
\$400

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13f - Other 3 -Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed	Minimum coinsurance 4%	Maximum coinsurance 8%
Other Supplemental Services(13) - In Progress	Is there a copayment?	
Acupuncture(13a) - Completed	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No	
Over-the-Counter (OTC) Items(13b) - Completed	Minimum copayment \$400	Maximum copayment \$400
Meal Benefit(13c) - Completed	Is there a deductible?	
Other 1(13d) - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Other 2(13e) - Completed	Deductible amount \$400	
Other 3(13f) - In Progress	Authorization required for this benefit?	
Dual Eligible SNPs with Highly Integrated Services(13g) - Not Started	<input checked="" type="radio"/> Yes	
Additional Services (MMP)(13h) - Not Started	Referral required for this benefit?	
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	<input checked="" type="radio"/> No	
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	Out-of-Network (OON) Benefits	
Freestanding Birth Center Services(13h3) - Not Started	Add to OON Group	
	OON Group Group Name 1 - OON	+ Add New OON Group
	Close	Save and Close
		Save and Next

CY 2026 PBP Data Entry System Pages

13f - Other 3 -Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a)- Completed

Over-the-Counter (OTC) Items(13b)- Completed

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) -Completed

Other 3(13f) - In Progress

Dual Eligible SNPs with Highly Integrated Services(13g)- Not Started

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) -Not Started

Freestanding Birth Center Services(13h3) -Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance	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 2026 PBP Data Entry System Pages

13g - Dual Eligible SNPs with Highly Integrated Services -Page 1

Dialysis Services(12) - Completed	<h3>Dual Eligible SNPs with Highly Integrated Services(13g)</h3> <div>Plan Characteristics</div> <p><input checked="" type="checkbox"/> I attest that I have received written notification from CMS that this individual SNP plan qualifies for the new supplemental benefit flexibility for certain Dual Eligible SNPs with Highly Integrated Services for CY 2022. I further attest that the additional supplemental benefit(s) that the SNP describes in this section of the PBP do not inappropriately duplicate an existing service(s) that enrollees are eligible to receive under a waiver, the State Medicaid plan, Medicare Part A or B, or through the local jurisdiction in which they reside.</p> <hr/> <p>Name of Other Service Other1 Service Name</p> <hr/> <p>Is there a maximum plan benefit coverage?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Maximum amount \$200</p> <p>Periodicity 6 Months</p> <hr/> <p>Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>MOOP amount \$400</p> <p>Periodicity 6 Months</p> <div>Close Save and Close Save and Next</div>
Other Supplemental Services(13) - In Progress	
Acupuncture(13a) - Completed	
Over-the-Counter (OTC) Items(13b) - Completed	
Meal Benefit(13c) - Completed	
Other 1(13d) - Completed	
Other 2(13e) - Completed	
Other 3(13f) - Completed	
Dual Eligible SNPs with Highly Integrated Services(13g) - In Progress	
Additional Services (MMP)(13h) - Not Started	
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	
Freestanding Birth Center Services(13h3) - Not Started	

CY 2026 PBP Data Entry System Pages

13g - Dual Eligible SNPs with Highly Integrated Services -Page 2

Dialysis Services(12) - Completed	Is there a coinsurance?
Other Supplemental Services(13) - In Progress	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No
Acupuncture(13a) - Completed	Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/>
Over-the-Counter (OTC) Items(13b) - Completed	Is there a copayment?
Meal Benefit(13c) - Completed	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No
Other 1(13d) - Completed	Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/>
Other 2(13e) - Completed	Is there a deductible?
Other 3(13f) - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No
Dual Eligible SNPs with Highly Integrated Services(13g) - In Progress	Deductible amount <input type="text" value="\$400"/>
Additional Services (MMP)(13h) - Not Started	Authorization required for this benefit?
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started	Yes
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	Referral required for this benefit?
Freestanding Birth Center Services(13h3) - Not Started	No
<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>	

CY 2026 PBP Data Entry System Pages

13g - Dual Eligible SNPs with Highly Integrated Services -Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

Over-the-Counter (OTC) Items(13b) - Completed

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - Completed

Other 3(13f) - Completed

Dual Eligible SNPs with Highly Integrated Services(13g) - In Progress

Additional Services (MMP)(13h) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13h - Additional Services (MMP) -Page 1

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a)- Completed

Over-the-Counter (OTC) Items(13b)- Completed

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - Completed

Other 3(13f) - Completed

Dual Eligible SNPs with Highly Integrated Services(13g) - Completed

Additional Services (MMP)(13h) - In Progress

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) -Not Started

Additional Services (MMP)(13h)

Plan Characteristics

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

Yes No

In-Network benefits

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) benefits

Add to POS Group

Add New POS Group

POS Group

Group Name 1 - POS

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13h - Additional Services (MMP) -Page 2

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

Over-the-Counter (OTC) Items(13b) - Completed

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - Completed

Other 3(13f) - Completed

Dual Eligible SNPs with Highly Integrated Services(13g) - Completed

Additional Services (MMP)(13h) - In Progress

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) - Not Started

In-Network benefits

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

Add New POS Group

POS Group
Group Name 1 - POS

Coinurance

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 2026 PBP Data Entry System Pages

13h1 - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services -Page 1

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

Over-the-Counter (OTC) Items(13b) - Completed

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - Completed

Other 3(13f) - Completed

Dual Eligible SNPs with Highly Integrated Services(13g) - Completed

Additional Services (MMP)(13h) - In Progress

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - In Progress

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) - Not Started

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1)

Plan Characteristics

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

Yes No

Is there a limit on the Additional Services provided?

Yes No

Indicate limit

Hours

Indicate numerical limit

2

Periodicity

6 Months

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

\$200

Periodicity

6 Months

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13h1 - Early and Periodic Screening ,Diagnostic , and Treatment (EPSDT) Services -Page 2

Dialysis Services(12) - Completed	Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?
Other Supplemental Services(13) - In Progress	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>
Acupuncture(13a) - Completed	Minimum <input type="text" value="\$40"/> Maximum <input type="text" value="\$50"/>
Over-the-Counter (OTC) Items(13b) - Completed	
Meal Benefit(13c) - Completed	Is there a coinsurance?
Other 1(13d) - Completed	<input type="button" value="Yes"/> <input checked="" type="button" value="Yes with a min & max"/> <input type="button" value="No"/>
Other 2(13e) - Completed	Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/>
Other 3(13f) - Completed	
Dual Eligible SNPs with Highly Integrated Services(13g) - Completed	Is there a copayment?
Additional Services (MMP)(13h) - In Progress	<input type="button" value="Yes"/> <input checked="" type="button" value="Yes with a min & max"/> <input type="button" value="No"/>
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - In Progress	Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/>
Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started	Authorization required for this benefit?
Freestanding Birth Center Services(13h3) - Not Started	<input checked="" type="button" value="Yes"/>
	Referral required for this benefit?
	<input checked="" type="button" value="No"/>
	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>

CY 2026 PBP Data Entry System Pages

13h1 - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services -Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

Over-the-Counter (OTC) Items(13b) - Completed

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - Completed

Other 3(13f) - Completed

Dual Eligible SNPs with Highly Integrated Services(13g) - Completed

Additional Services (MMP)(13h) - In Progress

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - In Progress

Tobacco Cessation Counseling for Pregnant Women(13h2) - Not Started

Freestanding Birth Center Services(13h3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group Group Name 1 - OON

+ Add New OON Group

Coinsurance 20% Copayment \$20 Deductible \$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group Group Name 1 - POS

+ Add New POS Group

Coinsurance 20% Copayment \$20 Deductible \$200

Authorization required for this benefit? Yes

Referral required for this benefit? No

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h2 - Tobacco Cessation Counseling for Pregnant Women - Page 1

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

Over-the-Counter (OTC) Items(13b) - Completed

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - Completed

Other 3(13f) - Completed

Dual Eligible SNPs with Highly Integrated Services(13g) - Completed

Additional Services (MMP)(13h) - In Progress

Tobacco Cessation Counseling for Pregnant Women(13h2) - In Progress

Freestanding Birth Center Services(13h3) - Not Started

Tobacco Cessation Counseling for Pregnant Women(13h2)

Plan Characteristics

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

Yes No

Is there a limit on the Additional Services provided?

Yes No

Indicate limit

Hours

Indicate numerical limit

2

Periodicity

6 Months

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

\$200

Periodicity

6 Months

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13h2 - Tobacco Cessation Counseling for Pregnant Women – Page 2

Dialysis Services(12) - Completed	Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?
Other Supplemental Services(13) - In Progress	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>
Acupuncture(13a) - Completed	Minimum <input type="text" value="\$40"/> Maximum <input type="text" value="\$50"/>
Over-the-Counter (OTC) Items(13b) - Completed	
Meal Benefit(13c) - Completed	Is there a coinsurance?
Other 1(13d) - Completed	<input type="button" value="Yes"/> <input checked="" type="button" value="Yes with a min & max"/> <input type="button" value="No"/>
Other 2(13e) - Completed	Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/>
Other 3(13f) - Completed	Is there a copayment?
Dual Eligible SNPs with Highly Integrated Services(13g) - Completed	<input type="button" value="Yes"/> <input checked="" type="button" value="Yes with a min & max"/> <input type="button" value="No"/>
Additional Services (MMP)(13h) - In Progress	Minimum copayment <input type="text" value="\$400"/> Maximum copayment <input type="text" value="\$400"/>
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Completed	Authorization required for this benefit?
Tobacco Cessation Counseling for Pregnant Women(13h2) - In Progress	<input checked="" type="button" value="Yes"/>
Freestanding Birth Center Services(13h3) - Not Started	Referral required for this benefit?
	<input checked="" type="button" value="No"/>
	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>

CY 2026 PBP Data Entry System Pages

13h2 - Tobacco Cessation Counseling for Pregnant Women – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a) - Completed

Over-the-Counter (OTC) Items(13b) - Completed

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) - Completed

Other 3(13f) - Completed

Dual Eligible SNPs with Highly Integrated Services(13g) - Completed

Additional Services (MMP)(13h) - In Progress

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services(13h1) - Completed

Tobacco Cessation Counseling for Pregnant Women(13h2) - In Progress

Freestanding Birth Center Services(13h3) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13h3 - Freestanding Birth Center Services – Page 1

Other Supplemental Services(13) - In Progress

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - In Progress

Respiratory Care Services(13h4) - Not Started

Family Planning Services(13h5) - Not Started

Nursing Home Services(13h6) - Not Started

Home and Community Based Services(13h7) - Not Started

Personal Care Services(13h8) - Not Started

Self-Directed Personal Assistance Services(13h9) - Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care) (13h11) - Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Freestanding Birth Center Services(13h3)

Plan Characteristics

Indicate units a limit:
Units
Hours

Indicate numerical limit:
Number
2
Periodicity
6 Months

Service specific maximum plan benefit coverage:
Yes No
Amount
\$400
Periodicity
6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?
Yes No
Minimum

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h3 - Freestanding Birth Center Services – Page 2

Other Supplemental Services(13) - In Progress

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - In Progress

Respiratory Care Services(13h4) - Not Started

Family Planning Services(13h5) - Not Started

Nursing Home Services(13h6)) - Not Started

Home and Community Based Services(13h7) - Not Started

Personal Care Services(13h8) - Not Started

Self-Directed Personal Assistance Services(13h9)- Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care) (13h11)- Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Minimum
\$40

Maximum
\$50

Coinsurance

Yes

No

Minimum %
10%

Maximum %
15%

Copayment

Yes

No

Minimum
\$20

Maximum
\$50

Add to OON Grouping

OON Group
Group Name 1 - OON

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13h3 - Freestanding Birth Center Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Other Supplemental Services(13)- In Progress</div> <div>Additional Services (MMP)(13h)- In Progress</div> <div>Freestanding Birth Center Services(13h3)- In Progress</div> <div>Respiratory Care Services(13h4)- Not Started</div> <div>Family Planning Services(13h5)- Not Started</div> <div>Nursing Home Services(13h6))- Not Started</div> <div>Home and Community Based Services(13h7)- Not Started</div> <div>Personal Care Services(13h8) - Not Started</div> <div>Self-Directed Personal Assistance Services(13h9)- Not Started</div> <div>Private Duty Nursing Services(13h10)</div> <div>Case Management (Long Term Care) (13h11) - Not Started</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div>	<div>Maximum % 15%</div> <div>Copayment <div>Yes No</div><div>Minimum \$20</div><div>Maximum \$50</div><div>Add to OON Grouping OON Group Group Name 1 - OON</div><div>Add to POS Grouping POS Group Group Name 1 - POS</div><div>+ Add Notes</div></div>
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Pages

13h4 - Respiratory Care Services – Page 1

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - In Progress

Family Planning Services(13h5) - Not Started

Nursing Home Services(13h6) - Not Started

Home and Community Based Services(13h7) - Not Started

Personal Care Services(13h8) - Not Started

Self-Directed Personal Assistance Services(13h9) - Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care) (13h11) - Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Respiratory Care Services(13h4)

Plan Characteristics

Indicate units a limit:

Units
Hours

Indicate numerical limit:

Number
2

Periodicity
6 Months

Service specific maximum plan benefit coverage:

Yes No

Amount
\$400

Periodicity
6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h4 - Respiratory Care Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) -Completed</div> <div>Respiratory Care Services(13h4) - In Progress</div> <div>Family Planning Services(13h5) - Not Started</div> <div>Nursing Home Services(13h6)) - Not Started</div> <div>Home and Community Based Services(13h7) - Not Started</div> <div>Personal Care Services(13h8) - Not Started</div> <div>Self-Directed Personal Assistance Services(13h9)- Not Started</div> <div>Private Duty Nursing Services(13h10)</div> <div>Case Management (Long Term Care) (13h11) - Not Started</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started</div>	<div>Minimum \$40</div> <div>Maximum \$50</div> <div>Coinsurance</div> <div>Yes No</div> <div>Minimum % 10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div> <div>Close Save and Close Save and Next</div>
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CY 2026 PBP Data Entry System Pages

13h4 - Respiratory Care Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - In Progress</div> <div>Family Planning Services(13h5) - Not Started</div> <div>Nursing Home Services(13h6) - Not Started</div> <div>Home and Community Based Services(13h7) - Not Started</div> <div>Personal Care Services(13h8) - Not Started</div> <div>Self-Directed Personal Assistance Services(13h9) - Not Started</div> <div>Private Duty Nursing Services(13h10)</div> <div>Case Management (Long Term Care) (13h11) - Not Started</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started</div>	<div>Maximum % 15%</div> <div>Copayment <div>Yes No</div><div>Minimum \$20</div><div>Maximum \$50</div><div>Add to OON Grouping OON Group Group Name 1 - OON</div><div>Add to POS Grouping POS Group Group Name 1 - POS</div><div>+ Add Notes</div></div>
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Pages

13h5 - Family Planning Services – Page 1

Additional Services (MMP)(13h) -
In Progress

Freestanding Birth Center
Services(13h3) - Completed

Respiratory Care Services(13h4) -
Completed

Family Planning Services(13h5) -
In Progress

Nursing Home Services(13h6) - Not
Started

Home and Community Based
Services(13h7) - Not Started

Personal Care Services(13h8) - Not
Started

Self-Directed Personal Assistance
Services(13h9) - Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care)
(13h11) - Not Started

Institution for Mental Disease Services
for Individuals 65 or Older(13h12) -
Not Started

Services in an Intermediate Care
Facility for Individuals with
Intellectual Disabilities(13h13) -
Not Started

Family Planning Services(13h5)

Plan Characteristics

Indicate units a limit:

Units
Hours

Indicate numerical limit:

Number
2

Periodicity
6 Months

Service specific maximum plan benefit coverage:

Yes No

Amount
\$400

Periodicity
6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h5 - Family Planning Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - In Progress

Nursing Home Services(13h6)) - Not Started

Home and Community Based Services(13h7) - Not Started

Personal Care Services(13h8) - Not Started

Self-Directed Personal Assistance Services(13h9)- Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care) (13h11) - Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started

Minimum

\$40

Maximum

\$50

Coinsurance

Yes

No

Minimum %

10%

Maximum %

15%

Copayment

Yes

No

Minimum

\$20

Maximum

\$50

Add to OON Grouping

OON Group

Group Name 1 - OON

Close

Save and Close

Save and Next

Softtrams

CY2026 PBP – Benefit Service Categories 11-20
09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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CY 2026 PBP Data Entry System Pages

13h5 - Family Planning Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Additional Services (MMP)(13h) -
In Progress

Freestanding Birth Center
Services(13h3) - Completed

Respiratory Care Services(13h4) -
Completed

Family Planning Services(13h5) -
In Progress

Nursing Home Services(13h6) - Not
Started

Home and Community Based
Services(13h7) - Not Started

Personal Care Services(13h8) - Not
Started

Self-Directed Personal Assistance
Services(13h9) - Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care)
(13h11) - Not Started

Institution for Mental Disease Services
for Individuals 65 or Older(13h12) -
Not Started

Services in an Intermediate Care
Facility for Individuals with
Intellectual Disabilities(13h13) -
Not Started

Maximum %
15%

Copayment

Yes No

Minimum
\$20

Maximum
\$50

Add to OON Grouping
OON Group
Group Name 1 - OON

Add to POS Grouping
POS Group
Group Name 1 - POS

+ Add Notes

Close Save and Close Save and Next

Softtrans

CY2026 PBP – Benefit Service Categories 11-20
09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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CY 2026 PBP Data Entry System Pages

13h6 - Nursing Home Services – Page 1

Additional Services (MMP)(13h) -
In Progress

Freestanding Birth Center
Services(13h3) -Completed

Respiratory Care Services(13h4) -
Completed

Family Planning Services(13h5) -
Completed

**Nursing Home Services(13h6) -
In Progress**

Home and Community Based
Services(13h7) - Not Started

Personal Care Services(13h8) - Not
Started

Self-Directed Personal Assistance
Services(13h9)- Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care)
(13h11) - Not Started

Institution for Mental Disease Services
for Individuals 65 or Older(13h12)-
Not Started

Services in an Intermediate Care
Facility for Individuals with
Intellectual Disabilities(13h13)-
Not Started

Nursing Home Services(13h6)

Plan Characteristics

Indicate units a limit:

Units
Hours

Indicate numerical limit:

Number
2

Periodicity
6 Months

Service specific maximum plan benefit coverage:

Yes No

Amount
\$400

Periodicity
6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h6 - Nursing Home Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - In Progress</div> <div>Home and Community Based Services(13h7) - Not Started</div> <div>Personal Care Services(13h8) - Not Started</div> <div>Self-Directed Personal Assistance Services(13h9) - Not Started</div> <div>Private Duty Nursing Services(13h10)</div> <div>Case Management (Long Term Care) (13h11) - Not Started</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started</div>	<div>Minimum \$40</div> <div>Maximum \$50</div> <div>Coinsurance</div> <div>Yes No</div> <div>Minimum % 10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div> <div>Close Save and Close Save and Next</div>
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CY 2026 PBP Data Entry System Pages

13h6 - Nursing Home Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - In Progress</div> <div>Home and Community Based Services(13h7) - Not Started</div> <div>Personal Care Services(13h8) - Not Started</div> <div>Self-Directed Personal Assistance Services(13h9) - Not Started</div> <div>Private Duty Nursing Services(13h10)</div> <div>Case Management (Long Term Care) (13h11) - Not Started</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started</div>	<div>Maximum % 15%</div> <div>Copayment <div>Yes No</div><div>Minimum \$20</div><div>Maximum \$50</div><div>Add to OON Grouping OON Group Group Name 1 - OON</div><div>Add to POS Grouping POS Group Group Name 1 - POS</div><div>+ Add Notes</div><div><div>Close</div><div>Save and Close</div><div>Save and Next</div></div></div>
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CY 2026 PBP Data Entry System Pages

13h7 - Home and Community Based Services – Page 1

Additional Services (MMP)(13h) -
In Progress

Freestanding Birth Center
Services(13h3) - Completed

Respiratory Care Services(13h4) -
Completed

Family Planning Services(13h5) -
Completed

Nursing Home Services(13h6) -
Completed

Home and Community Based
Services(13h7) - In Progress

Personal Care Services(13h8) - Not
Started

Self-Directed Personal Assistance
Services(13h9)- Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care)
(13h11) - Not Started

Institution for Mental Disease Services
for Individuals 65 or Older(13h12) -
Not Started

Services in an Intermediate Care
Facility for Individuals with
Intellectual Disabilities(13h13)-
Not Started

Home and Community Based Services(13h7)

Plan Characteristics

Indicate units a limit:

Units
Hours

Indicate numerical limit:

Number
2

Periodicity
6 Months

Service specific maximum plan benefit coverage:

Yes No

Amount
\$400

Periodicity
6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h7 - Home and Community Based Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Additional Services (MMP)(13h) - In Progress	Minimum \$40
Freestanding Birth Center Services(13h3) - Completed	Maximum \$50
Respiratory Care Services(13h4) - Completed	
Family Planning Services(13h5) - Completed	Coinsurance
Nursing Home Services(13h6) - Completed	Yes No
Home and Community Based Services(13h7) - In Progress	Minimum % 10%
Personal Care Services(13h8) - Not Started	Maximum % 15%
Self-Directed Personal Assistance Services(13h9) - Not Started	Copayment
Private Duty Nursing Services(13h10)	Yes No
Case Management (Long Term Care) (13h11) - Not Started	Minimum \$20
Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started	Maximum \$50
Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started	Add to OON Grouping
	OON Group Group Name 1 - OON
	Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h7 - Home and Community Based Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - Completed</div> <div>Home and Community Based Services(13h7) - In Progress</div> <div>Personal Care Services(13h8) - Not Started</div> <div>Self-Directed Personal Assistance Services(13h9)- Not Started</div> <div>Private Duty Nursing Services(13h10)</div> <div>Case Management (Long Term Care) (13h11) - Not Started</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started</div>	<div>Maximum % 15%</div> <div>Copayment <div>Yes No</div><div>Minimum \$20</div><div>Maximum \$50</div><div>Add to OON Grouping OON Group Group Name 1 - OON</div><div>Add to POS Grouping POS Group Group Name 1 - POS</div><div>+ Add Notes</div></div>
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Pages

13h8 – Personal Care Services – Page 1

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - Completed

Home and Community Based Services(13h7) - Completed

Personal Care Services(13h8) - In Progress

Self-Directed Personal Assistance Services(13h9) - Not Started

Private Duty Nursing Services(13h10)

Case Management (Long Term Care) (13h11) - Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Personal Care Services(13h8)

Plan Characteristics

Indicate units a limit:

Units
Hours

Indicate numerical limit:

Number
2

Periodicity
6 Months

Service specific maximum plan benefit coverage:

Yes No

Amount
\$400

Periodicity
6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum
\$40

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h8 – Personal Care Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - Completed</div> <div>Home and Community Based Services(13h7) - Completed</div> <div>Personal Care Services(13h8) - In Progress</div> <div>Self-Directed Personal Assistance Services(13h9)- Not Started</div> <div>Private Duty Nursing Services(13h10)</div> <div>Case Management (Long Term Care) (13h11) - Not Started</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started</div>	<div>Minimum \$40</div> <div>Maximum \$50</div> <div>Coinsurance</div> <div>Yes No</div> <div>Minimum % 10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div>
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Pages

13h8 – Personal Care Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Additional Services (MMP)(13h) - In Progress	10%
Freestanding Birth Center Services(13h3) - Completed	Maximum % 15%
Respiratory Care Services(13h4) - Completed	
Family Planning Services(13h5) - Completed	Copayment
Nursing Home Services(13h6) - Completed	Yes No
Home and Community Based Services(13h7) - Completed	Minimum \$20
Personal Care Services(13h8) - In Progress	Maximum \$50
Self-Directed Personal Assistance Services(13h9) - Not Started	Add to OON Grouping
Private Duty Nursing Services(13h10)	OON Group Group Name 1 - OON
Case Management (Long Term Care) (13h11) - Not Started	Add to POS Grouping
Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started	POS Group Group Name 1 - POS
Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started	+ Add Notes
	Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h9 - Self-Directed Personal Assistance Services – Page 1

Additional Services (MMP)(13h) -
In Progress

Freestanding Birth Center
Services(13h3) - Completed

Respiratory Care Services(13h4) -
Completed

Family Planning Services(13h5) -
Completed

Nursing Home Services(13h6) -
Completed

Home and Community Based
Services(13h7) - Completed

Personal Care Services(13h8) -
Completed

Self-Directed Personal Assistance
Services(13h9) - In Progress

Private Duty Nursing Services(13h10)

Case Management (Long Term Care)
(13h11) - Not Started

Institution for Mental Disease Services
for Individuals 65 or Older(13h12)-
Not Started

Services in an Intermediate Care
Facility for Individuals with
Intellectual Disabilities(13h13)-
Not Started

Self-Directed Personal Assistance Services(13h9)

Plan Characteristics

Indicate units a limit:

Units
Hours

Indicate numerical limit:

Number
2

Periodicity
6 Months

Service specific maximum plan benefit coverage:

Yes No

Amount
\$400

Periodicity
6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum
\$40

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h9 - Self-Directed Personal Assistance Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - Completed</div> <div>Home and Community Based Services(13h7) - Completed</div> <div>Personal Care Services(13h8) - Completed</div> <div>Self-Directed Personal Assistance Services(13h9) - In Progress</div> <div>Private Duty Nursing Services(13h10)</div> <div>Case Management (Long Term Care) (13h11) - Not Started</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started</div>	<div>Minimum \$40</div> <div>Maximum \$50</div> <div>Coinsurance</div> <div>Yes No</div> <div>Minimum % 10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div>
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Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h9 - Self-Directed Personal Assistance Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - Completed</div> <div>Home and Community Based Services(13h7) - Completed</div> <div>Personal Care Services(13h8) - Completed</div> <div>Self-Directed Personal Assistance Services(13h9) - In Progress</div> <div>Private Duty Nursing Services(13h10)</div> <div>Case Management (Long Term Care) (13h11) - Not Started</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started</div>	<div>10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div> <div>Add to POS Grouping</div> <div>POS Group Group Name 1 - POS</div> <div>+ Add Notes</div>
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Pages

13h10 - Private Duty Nursing Services – Page 1

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - Completed

Home and Community Based Services(13h7) - Completed

Personal Care Services(13h8) - Completed

Self-Directed Personal Assistance Services(13h9) - Completed

Private Duty Nursing Services(13h10) - In Progress

Case Management (Long Term Care) (13h11) - Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started

Private Duty Nursing Services(13h10)

Plan Characteristics

Indicate units a limit:

Units
Hours

Indicate numerical limit:

Number
2

Periodicity
6 Months

Service specific maximum plan benefit coverage:

Yes No

Amount
\$400

Periodicity
6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h10 - Private Duty Nursing Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - Completed</div> <div>Home and Community Based Services(13h7) - Completed</div> <div>Personal Care Services(13h8) - Completed</div> <div>Self-Directed Personal Assistance Services(13h9) - Completed</div> <div>Private Duty Nursing Services(13h10) - In Progress</div> <div>Case Management (Long Term Care) (13h11) - Not Started</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started</div>	<div>Minimum \$40</div> <div>Maximum \$50</div> <div>Coinsurance</div> <div>Yes No</div> <div>Minimum % 10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div>
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Pages

13h10 - Private Duty Nursing Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - Completed</div> <div>Home and Community Based Services(13h7) - Completed</div> <div>Personal Care Services(13h8) - Completed</div> <div>Self-Directed Personal Assistance Services(13h9) - Completed</div> <div>Private Duty Nursing Services(13h10) - In Progress</div> <div>Case Management (Long Term Care) (13h11) - Not Started</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started</div>	<div>10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div> <div>Add to POS Grouping</div> <div>POS Group Group Name 1 - POS</div> <div>+ Add Notes</div>
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Pages

13h11 - Case Management (Long Term Care) – Page 1

Additional Services (MMP)(13h) -
In Progress

Freestanding Birth Center
Services(13h3) - Completed

Respiratory Care Services(13h4) -
Completed

Family Planning Services(13h5) -
Completed

Nursing Home Services(13h6) -
Completed

Home and Community Based
Services(13h7) - Completed

Personal Care Services(13h8) -
Completed

Self-Directed Personal Assistance
Services(13h9) - Completed

Private Duty Nursing Services(13h10) -
Completed

**Case Management (Long Term Care)
(13h11) - In Progress**

Institution for Mental Disease Services
for Individuals 65 or Older(13h12) -
Not Started

Services in an Intermediate Care
Facility for Individuals with
Intellectual Disabilities(13h13) -
Not Started

Case Management (Long Term Care)(13h11)

Plan Characteristics

Indicate units a limit will be provided in for Case management (long term care):

Units
Hours

Indicate numerical limit:

Number
2

Periodicity
6 Months

Service specific maximum plan benefit coverage:

Yes No

Amount
\$400

Periodicity
6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources
(for example: a patient pay amount)?

Yes No

Minimum

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h11 - Case Management (Long Term Care) – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - Completed</div> <div>Home and Community Based Services(13h7) - Completed</div> <div>Personal Care Services(13h8) - Completed</div> <div>Self-Directed Personal Assistance Services(13h9) - Completed</div> <div>Private Duty Nursing Services(13h10) - Completed</div> <div>Case Management (Long Term Care) (13h11) - In Progress</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started</div>	<div>Minimum \$40</div> <div>Maximum \$50</div> <div>Coinurance</div> <div>Yes No</div> <div>Minimum % 10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div>
<div>Close</div> <div>Save and Close</div> <div>Save and Next</div>	

CY 2026 PBP Data Entry System Pages

13h11 - Case Management (Long Term Care) – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - Completed</div> <div>Home and Community Based Services(13h7) - Completed</div> <div>Personal Care Services(13h8) - Completed</div> <div>Self-Directed Personal Assistance Services(13h9) - Completed</div> <div>Private Duty Nursing Services(13h10) - Completed</div> <div>Case Management (Long Term Care) (13h11) - In Progress</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Not Started</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started</div>	<div>Minimum % 10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div> <div>Add to POS Grouping</div> <div>POS Group Group Name 1 - POS</div> <div>+ Add Notes</div> <div>Close Save and Close Save and Next</div>
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CY 2026 PBP Data Entry System Pages

13h12 - Institution for Mental Disease Services for Individuals 65 or older – Page 1

Additional Services (MMP)(13h) -
In Progress

Freestanding Birth Center
Services(13h3) - Completed

Respiratory Care Services(13h4) -
Completed

Family Planning Services(13h5) -
Completed

Nursing Home Services(13h6) -
Completed

Home and Community Based
Services(13h7) - Completed

Personal Care Services(13h8) -
Completed

Self-Directed Personal Assistance
Services(13h9) - Completed

Private Duty Nursing Services(13h10) -
Completed

Case Management (Long Term Care)
(13h11) - Completed

Institution for Mental Disease Services
for Individuals 65 or Older(13h12) -
In Progress

Services in an Intermediate Care
Facility for Individuals with
Intellectual Disabilities(13h13)-
Not Started

Institution for Mental Disease Services for Individuals 65 or Older(13h12)

Plan Characteristics

Indicate units a limit:
Units
Hours

Indicate numerical limit:
Number
2
Periodicity
6 Months

Service specific maximum plan benefit coverage:
Yes No
Amount
\$400
Periodicity
6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?
Yes No

Minimum

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h12 - Institution for Mental Disease Services for Individuals 65 or older – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - Completed</div> <div>Home and Community Based Services(13h7) - Completed</div> <div>Personal Care Services(13h8) - Completed</div> <div>Self-Directed Personal Assistance Services(13h9) - Completed</div> <div>Private Duty Nursing Services(13h10) - Completed</div> <div>Case Management (Long Term Care) (13h11) - Completed</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - In Progress</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)- Not Started</div>	<div>Minimum \$40</div> <div>Maximum \$50</div> <div>Coinsurance</div> <div>Yes No</div> <div>Minimum % 10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div>
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Pages

13h12 - Institution for Mental Disease Services for Individuals 65 or older – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - Completed</div> <div>Home and Community Based Services(13h7) - Completed</div> <div>Personal Care Services(13h8) - Completed</div> <div>Self-Directed Personal Assistance Services(13h9) - Completed</div> <div>Private Duty Nursing Services(13h10) - Completed</div> <div>Case Management (Long Term Care) (13h11) - Completed</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - In Progress</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Not Started</div>	<div>10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div> <div>Add to POS Grouping</div> <div>POS Group Group Name 1 - POS</div> <div>+ Add Notes</div>
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Pages

13h13 - Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Additional Services (MMP)(13h) - In Progress

Freestanding Birth Center Services(13h3) - Completed

Respiratory Care Services(13h4) - Completed

Family Planning Services(13h5) - Completed

Nursing Home Services(13h6) - Completed

Home and Community Based Services(13h7) - Completed

Personal Care Services(13h8) - Completed

Self-Directed Personal Assistance Services(13h9) - Completed

Private Duty Nursing Services(13h10) - Completed

Case Management (Long Term Care) (13h11) - Completed

Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Completed

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - In Progress

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)

Plan Characteristics

Indicate units a limit:

Units
Hours

Indicate numerical limit:

Number
2

Periodicity
6 Months

Service specific maximum plan benefit coverage:

Yes No

Amount
\$400

Periodicity
6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h13 - Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - Completed</div> <div>Home and Community Based Services(13h7) - Completed</div> <div>Personal Care Services(13h8) - Completed</div> <div>Self-Directed Personal Assistance Services(13h9) - Completed</div> <div>Private Duty Nursing Services(13h10) - Completed</div> <div>Case Management (Long Term Care) (13h11) - Completed</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Completed</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - In Progress</div>	<div>Minimum \$40</div> <div>Maximum \$50</div> <div>Coinsurance</div> <div>Yes No</div> <div>Minimum % 10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div>
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Close Save and Close Save and Next

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13h13 - Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Additional Services (MMP)(13h) - In Progress</div> <div>Freestanding Birth Center Services(13h3) - Completed</div> <div>Respiratory Care Services(13h4) - Completed</div> <div>Family Planning Services(13h5) - Completed</div> <div>Nursing Home Services(13h6) - Completed</div> <div>Home and Community Based Services(13h7) - Completed</div> <div>Personal Care Services(13h8) - Completed</div> <div>Self-Directed Personal Assistance Services(13h9) - Completed</div> <div>Private Duty Nursing Services(13h10) - Completed</div> <div>Case Management (Long Term Care) (13h11) - Completed</div> <div>Institution for Mental Disease Services for Individuals 65 or Older(13h12) - Completed</div> <div>Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - In Progress</div>	<div>Minimum % 10%</div> <div>Maximum % 15%</div> <div>Copayment</div> <div>Yes No</div> <div>Minimum \$20</div> <div>Maximum \$50</div> <div>Add to OON Grouping</div> <div>OON Group Group Name 1 - OON</div> <div>Add to POS Grouping</div> <div>POS Group Group Name 1 - POS</div> <div>+ Add Notes</div>
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Close

Save and Close

Save and Next

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13h14 - Case Management – Page 1

Additional Services (MMP)(13h) - In Progress

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)-Completed

Case Management(13h14)-In Progress

Other 1(13h15)- Not Started

Other 2(13h16)- Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Case Management(13h14)

Indicate units a limit:

Units
Hours

Indicate numerical limit:

Number
2

Periodicity
6 Months

Service specific maximum plan benefit coverage:

Yes No

Amount
\$400

Periodicity
6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a patient pay amount)?

Yes No

Minimum

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

13h14 - Case Management – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Additional Services (MMP)(13h)-
In Progress

Services in an Intermediate Care Facility
for Individuals with Intellectual
Disabilities(13h13)-Completed

Case Management(13h14)-In Progress

Other 1(13h15)- Not Started

Other 2(13h16)- Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Minimum

\$40

Maximum

\$50

Coinsurance

Yes

No

Minimum %

10%

Maximum %

15%

Copayment

Yes

No

Minimum

\$20

Maximum

\$50

Add to OON Grouping

OON Group

Group Name 1 - OON

Close

Save and Close

Save and Next

Softrams

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13h14 - Case Management – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Additional Services (MMP)(13h) - In Progress

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)-Completed

Case Management(13h14)-In Progress

Other 1(13h15)- Not Started

Other 2(13h16)- Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Maximum %
15%

Copayment

YesNo

Minimum
\$20

Maximum
\$50

Add to OON Grouping

OOON Group
Group Name 1 - OON

Add to POS Grouping

POS Group
Group Name 1 - POS

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

13h15 - Other 1 – Page 1

Additional Services (MMP)(13h) - In Progress

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13)-Completed

Case Management(13h14) - Completed

Other 1(13h15) - In Progress

Other 2(13h16)- Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 1 (13h15)

Name of Other Service

Other Service Name

Indicate units a limit

Units

Meals

Indicate numerical limit:

Number

2

Periodicity

6 Months

Service specific maximum plan benefit coverage

Yes

No

Maximum amount

\$400

Periodicity

6 Months

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a "patient pay amount")?

Close

Save and Close

Save and Next

Softtrams

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13h15 - Other 1 – Page 2

Additional Services (MMP)(13h) - In Progress

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Completed

Case Management(13h14) - Completed

Other 1(13h15) - In Progress

Other 2(13h16) - Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a "patient pay amount")?

Yes

No

Minimum

\$40

Maximum

\$50

Coinsurance

Yes

No

Minimum %

10%

Maximum %

15%

Copayment

Yes

No

Minimum

\$20

Maximum

\$50

Close

Save and Close

Save and Next

Softtrams

CY2026 PBP – Benefit Service Categories 11-20
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13h15 - Other 1 – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Additional Services (MMP)(13h) - In Progress

Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities(13h13) - Completed

Case Management(13h14) - Completed

Other 1(13h15) - In Progress

Other 2(13h16) - Not Started

Other 3(13h17) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Other 4(13h18) - Not Started

Other 5(13h19) - Not Started

Other 6(13h20) - Not Started

Minimum %
10%

Maximum %
15%

Copayment

Yes No

Minimum
\$20

Maximum
\$50

Add to OON Grouping

OON Group
Group Name 1 - OON

Add to POS Grouping

POS Group
Group Name 1 - POS

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14a – Medicare-covered Zero Dollar Preventive Services – Page 1

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare-covered Zero Dollar Preventive Services(14a) - In Progress

Annual Physical Exam(14b) - Not Started

Other Defined Supplemental Benefits(14c) - Not Started

Health Education(14c1) - Not Started

Nutritional/Dietary Benefit(14c2) - Not Started

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Medicare-covered Zero Dollar Preventive Services (14a)

Plan Characteristics

☒ I attest that there is no coinsurance, copayment or deductible for all Original Medicare preventive services that are offered at zero dollar cost sharing

In-Network Benefits

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14a – Medicare-covered Zero Dollar Preventive Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare-covered Zero Dollar Preventive Services(14a) - In Progress

Annual Physical Exam(14b) - Not Started

Other Defined Supplemental Benefits(14c) - Not Started

Health Education(14c1) - Not Started

Nutritional/Dietary Benefit(14c2) - Not Started

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

In-Network Benefits

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance	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 2026 PBP Data Entry System Pages

14b – Annual Physical Exam – Page 1

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare-covered Zero Dollar Preventive Services(14a)- Completed

Annual Physical Exam(14b) - In Progress

Other Defined Supplemental Benefits(14c) -Not Started

Health Education(14c1) -Not Started

Nutritional/Dietary Benefit(14c2) -Not Started

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) -Not Started

Fitness Benefit(14c4) -Not Started

Enhanced Disease Management(14c5) -Not Started

Telemonitoring Services(14c6) -Not Started

Annual Physical Exam (14b)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount
\$500

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

Yes No

MOOP amount
\$1000

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14b – Annual Physical Exam – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed	Is there a deductible?		
Other Supplemental Services(13) - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Preventive and Other Defined Supplemental Services(14) - In Progress	Deductible amount <input type="text" value="\$400"/>		
Medicare-covered Zero Dollar Preventive Services(14a) - Completed			
Annual Physical Exam(14b) - In Progress	Authorization required for this benefit?		
Other Defined Supplemental Benefits(14c) - Not Started	<input checked="" type="radio"/> Yes		
Health Education(14c1) - Not Started	Referral required for this benefit?		
Nutritional/Dietary Benefit(14c2) - Not Started	<input checked="" type="radio"/> No		
Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started	Out-of-Network (OON) Benefits		
Fitness Benefit(14c4) - Not Started	Add to OON Group		
Enhanced Disease Management(14c5) - Not Started	OON Group <input type="text" value="Group Name 1 - OON"/> <input type="button" value="+ Add New OON Group"/>		
Telemonitoring Services(14c6) - Not Started	Coinsurance Copayment Deductible		
	20% \$20 \$200		
	Point-of-Service (POS) benefits		
	Add to POS Group		
	POS Group <input type="text"/>		
	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>		

CY 2026 PBP Data Entry System Pages

14b – Annual Physical Exam – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare-covered Zero Dollar Preventive Services(14a) - Completed

Annual Physical Exam(14b) - In Progress

Other Defined Supplemental Benefits(14c) - Not Started

Health Education(14c1) - Not Started

Nutritional/Dietary Benefit(14c2) - Not Started

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group Group Name 1 - OON

+ Add New OON Group

Coinsurance 20% Copayment \$20 Deductible \$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group Group Name 1 - POS

+ Add New POS Group

Coinsurance 20% Copayment \$20 Deductible \$200

Authorization required for this benefit? Yes

Referral required for this benefit? No

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c – Other Defined Supplemental Benefits

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) -Not Started

Nutritional/Dietary Benefit(14c2) - Not Started

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started

Fitness Benefit(14c4) -Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) -Not Started

Home and Bathroom Safety Devices and Modifications(14c8) -Not Started

Other Defined Supplemental Benefits(14c)

Plan Characteristics

Is there a deductible?

Yes No

Deductible amount \$30

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c1 – Health Education – Page 1

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - In Progress

Nutritional/Dietary Benefit(14c2) - Not Started

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Health Education(14c1)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount
\$500

Periodicity
6 Months

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

Yes

No

MOOP amount
\$1000

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a costshare?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c1 – Health Education – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - In Progress

Nutritional/Dietary Benefit(14c2) - Not Started

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

Softrams

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14c1 – Health Education – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - In Progress

Nutritional/Dietary Benefit(14c2) - Not Started

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c2 – Nutritional/Dietary Benefit – Page 1

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - In Progress

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Nutritional/Dietary Benefit(14c2)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits
15

Indicate setting for Nutritional/Dietary Benefit:

Setting
Both Session (Individual and Group)

Is there a maximum plan benefit coverage?

Yes No

Amount
\$500

Periodicity
6 Months

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

Yes No

MOOP amount

Close Save and Close Save and Next

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14c2 – Nutritional/Dietary Benefit – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Other Supplemental Services(13) - Completed</div> <div>Preventive and Other Defined Supplemental Services(14) - In Progress</div> <div>Annual Physical Exam(14b) - Completed</div> <div>Other Defined Supplemental Benefits(14c) - In Progress</div> <div>Health Education(14c1) - Completed</div> <div>Nutritional/Dietary Benefit(14c2) - In Progress</div> <div>Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started</div> <div>Fitness Benefit(14c4) - Not Started</div> <div>Enhanced Disease Management(14c5) - Not Started</div> <div>Telemonitoring Services(14c6) - Not Started</div> <div>Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started</div> <div>Home and Bathroom Safety Devices and Modifications(14c8) - Not Started</div>	<div>MOOP amount \$1000</div> <div>Periodicity 6 Months</div> <div>Is there a coinsurance?</div> <div>Yes Yes with a min & max No</div> <div>Minimum coinsurance 4%</div> <div>Maximum coinsurance 8%</div> <div>Is there a copayment?</div> <div>Yes Yes with a min & max No</div> <div>Minimum copayment \$400</div> <div>Maximum copayment \$400</div> <div>Out-of-Network (OON) Benefits</div> <div>Add to OON Group</div> <div>OON Group Group Name 1 - OON</div> <div>+ Add New OON Group</div> <div>Coinsurance 20%</div> <div>Copayment \$20</div> <div>Deductible \$200</div>
<div>Close Save and Close Save and Next</div>	

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14c2 – Nutritional/Dietary Benefit – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - In Progress

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

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14c3 – Additional Sessions of Smoking and Tobacco Cessation Counseling – Page 1

<div>Other Supplemental Services(13) - Completed</div> <div>Preventive and Other Defined Supplemental Services(14) - In Progress</div> <div>Annual Physical Exam(14b) - Completed</div> <div>Other Defined Supplemental Benefits(14c) - In Progress</div> <div>Health Education(14c1) - Completed</div> <div>Nutritional/Dietary Benefit(14c2) - Completed</div> <div>Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - In Progress</div> <div>Fitness Benefit(14c4) - Not Started</div> <div>Enhanced Disease Management(14c5) - Not Started</div> <div>Telemonitoring Services(14c6) - Not Started</div> <div>Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started</div> <div>Home and Bathroom Safety Devices and Modifications(14c8) - Not Started</div>	<div>Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) Plan Characteristics</div> <div>Indicate number of visits offered in addition to Medicare</div> <div>Number of visits <input type="text" value="5"/></div> <div>Is there a maximum plan benefit coverage?</div> <div>Yes No</div> <div>Maximum amount <input type="text" value="\$500"/></div> <div>Periodicity <input type="text" value="6 Months"/></div> <div>Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?</div> <div>Yes No</div> <div>MOOP amount <input type="text" value="\$500"/></div> <div>Periodicity <input type="text" value="6 Months"/></div> <div>Is there a coinsurance?</div> <div>Yes Yes with a min & max No</div>
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Pages

14c3 – Additional Sessions of Smoking and Tobacco Cessation Counseling – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

✓ Other Supplemental Services(13) - Completed

^ Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

✓ Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - In Progress

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Minimum coinsurance 4%

Maximum coinsurance 8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment \$400

Maximum copayment \$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance	Copayment	Deductible
-------------	-----------	------------

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c3 – Additional Sessions of Smoking and Tobacco Cessation Counseling – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - In Progress

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group Group Name 1 - OON

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c4 – Fitness Benefit – Page 1

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - In Progress

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Fitness Benefit(14c4)

Plan Characteristics

Indicate the type(s) of fitness benefits offered (check all that apply):

☒ Physical Fitness

☒ Memory Fitness

☐ Activity Tracker

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount

\$500

Periodicity

6 Months

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

Yes

No

MOOP amount

\$1000

Periodicity

6 Months

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c4 – Fitness Benefit – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - In Progress

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c4 – Fitness Benefit – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Other Supplemental Services(13) - Completed</div> <div>Preventive and Other Defined Supplemental Services(14) - In Progress</div> <div>Annual Physical Exam(14b) - Completed</div> <div>Other Defined Supplemental Benefits(14c) - In Progress</div> <div>Health Education(14c1) - Completed</div> <div>Nutritional/Dietary Benefit(14c2) - Completed</div> <div>Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed</div> <div>Fitness Benefit(14c4) - In Progress</div> <div>Enhanced Disease Management(14c5) - Not Started</div> <div>Telemonitoring Services(14c6) - Not Started</div> <div>Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started</div> <div>Home and Bathroom Safety Devices and Modifications(14c8) - Not Started</div>	<div>Minimum copayment \$400</div> <div>Maximum copayment \$400</div>						
<div>Out-of-Network (OON) Benefits</div> <div>Add to OON Group</div> <div>OON Group Group Name 1 - OON</div> <div>+ Add New OON Group</div> <table><tr><td>Coinsurance</td><td>Copayment</td><td>Deductible</td></tr><tr><td>20%</td><td>\$20</td><td>\$200</td></tr></table>		Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible					
20%	\$20	\$200					
<div>Point-of-Service (POS) benefits</div> <div>Add to POS Group</div> <div>POS Group Group Name 1 - POS</div> <div>+ Add New POS Group</div> <table><tr><td>Coinsurance</td><td>Copayment</td><td>Deductible</td></tr><tr><td>20%</td><td>\$20</td><td>\$200</td></tr></table> <div>+ Add Notes</div>		Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible					
20%	\$20	\$200					
<div>Close</div> <div>Save and Close</div> <div>Save and Next</div>							

CY 2026 PBP Data Entry System Pages

14c5 – Enhanced Disease Management – Page 1

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - In Progress

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Enhanced Disease Management(14c5)

Plan Characteristics

Is there a maximum plan benefit coverage?

☒ Yes ☐ No

Maximum amount

Periodicity

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?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c5 – Enhanced Disease Management – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - In Progress

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Close

Save and Close

Save and Next

Softrams

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09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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14c5 – Enhanced Disease Management – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - In Progress

Telemonitoring Services(14c6) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

+ Add Notes

Close

Save and Close

Save and Next

Softrams

CY2026 PBP – Benefit Service Categories 11-20
09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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CY 2026 PBP Data Entry System Pages

14c6 – Telmonitoring Services – Page 1

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - Completed

Telemonitoring Services(14c6) - In Progress

Remote Access Technologies (Including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Telemonitoring Services(14c6)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount

Periodicity

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?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c6 – Telmonitoring Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - Completed

Telemonitoring Services(14c6) - In Progress

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c6 – Telmonitoring Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - Completed

Telemonitoring Services(14c6) - In Progress

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Not Started

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

+ Add Notes

Close

Save and Close

Save and Next

Softrams

CY2026 PBP – Benefit Service Categories 11-20
09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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14c7 – Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline) – Page 1

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - Completed

Telemonitoring Services(14c6) - Completed

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7)

Plan Characteristics

Select the type of Remote Access Technologies offered

☒ Web/Phone-based technologies

☒ Nursing Hotline

Two separate notes section will be added one for Web/Phone-based technologies and other for nursing hotline

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount

\$500

Periodicity

6 Months

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

Yes

No

MOOP amount

\$1000

Periodicity

6 Months

Is there a coinsurance Web/Phone-based technologies?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c7 – Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline) – Page 2

<div><div>Other Supplemental Services(13) - Completed</div><div>Preventive and Other Defined Supplemental Services(14) - In Progress</div><div>Annual Physical Exam(14b) - Completed</div><div>Other Defined Supplemental Benefits(14c) - In Progress</div><div>Health Education(14c1) - Completed</div><div>Nutritional/Dietary Benefit(14c2) - Completed</div><div>Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed</div><div>Fitness Benefit(14c4) - Completed</div><div>Enhanced Disease Management(14c5) - Completed</div><div>Telemonitoring Services(14c6) - Completed</div><div>Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - In Progress</div><div>Home and Bathroom Safety Devices and Modifications(14c8) - Not Started</div></div>	<div>Is there a coinsurance Web/Phone-based technologies?</div> <div><div>Yes</div><div>Yes with a min & max</div><div>No</div></div> <div><div>Minimum coinsurance</div><div>4%</div><div>Maximum coinsurance</div><div>8%</div></div> <div>Is there a copayment Web/Phone-based technologies?</div> <div><div>Yes</div><div>Yes with a min & max</div><div>No</div></div> <div><div>Minimum copayment</div><div>\$400</div><div>Maximum copayment</div><div>\$400</div></div> <div>Is there a coinsurance Nursing Hotline?</div> <div><div>Yes</div><div>Yes with a min & max</div><div>No</div></div> <div><div>Minimum coinsurance</div><div>4%</div><div>Maximum coinsurance</div><div>8%</div></div> <div>Is there a copayment Nursing Hotlines?</div> <div><div>Yes</div><div>Yes with a min & max</div><div>No</div></div> <div><div>Minimum copayment</div><div>\$400</div><div>Maximum copayment</div><div>\$400</div></div> <div>Out-of-Network (OON) Benefits</div>
	<div><div>Close</div><div>Save and Close</div><div>Save and Next</div></div>

CY 2026 PBP Data Entry System Pages

14c7 – Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline) – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - Completed

Telemonitoring Services(14c6) - Completed

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

+ Add Notes

Close

Save and Close

Save and Next

Softrams

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09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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14c8 – Home and Bathroom Safety Devices and Modifications – Page 1

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - Completed

Telemonitoring Services(14c6) - Completed

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Completed

Home and Bathroom Safety Devices and Modifications(14c8) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount \$500

Periodicity 6 Months

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

Yes No

MOOP amount \$1000

Periodicity 6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4% Maximum coinsurance 8%

Is there a copayment?

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c8 – Home and Bathroom Safety Devices and Modifications – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - Completed

Telemonitoring Services(14c6) - Completed

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Completed

Home and Bathroom Safety Devices and Modifications(14c8) - In Progress

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Close

Save and Close

Save and Next

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14c8 – Home and Bathroom Safety Devices and Modifications – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - In Progress

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Completed

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - Completed

Telemonitoring Services(14c6) - Completed

Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)(14c7) - Completed

Home and Bathroom Safety Devices and Modifications(14c8) - In Progress

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c9 – Counseling Services – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9) -In Progress

In-Home Safety Assessment(14c10)-
Not Started

Personal Emergency Response System (PERS)(14c11)-Not Started

Medical Nutrition Therapy (MNT)(14c12)-
Not Started

Post discharge In-Home Medication Reconciliation(14c13)-Not Started

Re-admission Prevention(14c14)-Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15)-Not Started

Weight Management Programs(14c16)-
Not Started

Alternative Therapies(14c17)-
Not Started

Therapeutic Massage(14c18)-
Not Started

Counseling Services(14c9)

Plan Characteristics

Is this benefit unlimited:

Yes No

Indicate number of visits offered in addition to Medicare
Number of Visits
5

Indicate setting for Counseling Services:
Number of Visits
Both Session (Individual and Group)

Indicate duration of sessions (in minutes):
Session Duration in minutes
100

Is there a maximum plan benefit coverage?

Yes No

Maximum amount
\$500

Periodicity
6 Months

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c9 – Counseling Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9)-In Progress

In-Home Safety Assessment(14c10)-Not Started

Personal Emergency Response System (PERS)(14c11)-Not Started

Medical Nutrition Therapy (MNT)(14c12)-Not Started

Post discharge In-Home Medication Reconciliation(14c13)-Not Started

Re-admission Prevention(14c14)-Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15)-Not Started

Weight Management Programs(14c16)-Not Started

Alternative Therapies(14c17)-Not Started

Therapeutic Massage(14c18)-Not Started

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

Yes

No

MOOP amount
\$1000

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c9 – Counseling Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9) -In Progress

In-Home Safety Assessment(14c10) - Not Started

Personal Emergency Response System (PERS)(14c11) - Not Started

Medical Nutrition Therapy (MNT)(14c12) - Not Started

Post discharge In-Home Medication Reconciliation(14c13) - Not Started

Re-admission Prevention(14c14) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c10 – In-Home Safety Assessment – Page 1

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Counseling Services(14c9) - Not Started

In-Home Safety Assessment(14c10) - Not Started

Personal Emergency Response System (PERS)(14c11) - Not Started

Medical Nutrition Therapy (MNT) (14c12) - Not Started

Post discharge In-Home Medication Reconciliation(14c13) - Not Started

Re-admission Prevention(14c14) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

In-Home Safety Assessment (14c10) - Non-Medicare

Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes

No

Maximum amount ⓘ *
\$

Periodicity ⓘ *
▼

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 ⓘ *

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c10 – In-Home Safety Assessment – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Counseling Services(14c9) - Not Started

In-Home Safety Assessment(14c10) - Not Started

Personal Emergency Response System (PERS)(14c11) - Not Started

Medical Nutrition Therapy (MNT) (14c12) - Not Started

Post discharge In-Home Medication Reconciliation(14c13) - Not Started

Re-admission Prevention(14c14) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

In-Home Safety Assessment (14c10) Non Medicare Service

Add to POS Group

POS Group ⓘ

Group Name 1 - POS

Coinsurance

No

Copayment

No

Deductible

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c10 – In-Home Safety Assessment – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Home and Bathroom Safety Devices and Modifications(14c8) - Not Started

Counseling Services(14c9) - Not Started

In-Home Safety Assessment(14c10) - Not Started

Personal Emergency Response System (PERS)(14c11) - Not Started

Medical Nutrition Therapy (MNT) (14c12) - Not Started

Post discharge In-Home Medication Reconciliation(14c13) - Not Started

Re-admission Prevention(14c14) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

No

Point-of-Service (POS) Benefits

+ Add New POS Group

In-Home Safety Assessment (14c10) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance No Copayment No Deductible No

Authorization required for this benefit? No

Referral required for this benefit? No

Notes *

0/2000 characters

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c11 – Personal Emergency Response System (PERS) – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9) -Completed

In-Home Safety Assessment(14c10) -Completed

Personal Emergency Response System (PERS)(14c11) - In Progress

Medical Nutrition Therapy (MNT)(14c12)-Not Started

Post discharge In-Home Medication Reconciliation(14c13) -Not Started

Re-admission Prevention(14c14)-Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) -Not Started

Weight Management Programs(14c16)-Not Started

Alternative Therapies(14c17)-Not Started

Therapeutic Massage(14c18) -Not Started

Personal Emergency Response System (PERS)(14c11)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount
\$500

Periodicity
6 Months

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

Yes

No

MOOP amount
\$1000

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Close

Save and Close

Save and Next

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14c11 – Personal Emergency Response System (PERS) – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9) -Completed

In-Home Safety Assessment(14c10) -Completed

Personal Emergency Response System (PERS)(14c11) - In Progress

Medical Nutrition Therapy (MNT)(14c12)-Not Started

Post discharge In-Home Medication Reconciliation(14c13) -Not Started

Re-admission Prevention(14c14)-Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) -Not Started

Weight Management Programs(14c16)-Not Started

Alternative Therapies(14c17) -Not Started

Therapeutic Massage(14c18) -Not Started

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Close

Save and Close

Save and Next

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14c11 – Personal Emergency Response System (PERS) – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9) -Completed

In-Home Safety Assessment(14c10) -Completed

Personal Emergency Response System (PERS)(14c11) - In Progress

Medical Nutrition Therapy (MNT)(14c12)-Not Started

Post discharge In-Home Medication Reconciliation(14c13) -Not Started

Re-admission Prevention(14c14)-Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) -Not Started

Weight Management Programs(14c16)-Not Started

Alternative Therapies(14c17) -Not Started

Therapeutic Massage(14c18) -Not Started

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance
20%

Copayment
\$20

Deductible
\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c12 – Medical Nutrition Therapy (MNT) – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9) -Completed

In-Home Safety Assessment(14c10) -Completed

Personal Emergency Response System (PERS)(14c11) -Completed

Medical Nutrition Therapy (MNT)(14c12) - In Progress

Post discharge In-Home Medication Reconciliation(14c13) -Not Started

Re-admission Prevention(14c14) -Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) -Not Started

Weight Management Programs(14c16) -Not Started

Alternative Therapies(14c17) -Not Started

Therapeutic Massage(14c18) -Not Started

Medical Nutrition Therapy (MNT)(14c12)

Plan Characteristics

Do you offer Additional Sessions for Medicare-covered diseases?

Yes No

Indicate the limit for additional sessions

Visits

Numerical Limit

5

Do you offer Coverage for Non-Medicare-covered diseases?

Yes No

Indicate the limit for additional sessions

Visits

Numerical Limit

5

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

\$500

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c12 – Medical Nutrition Therapy (MNT) – Page 2

<div>Other Defined Supplemental Benefits(14c) - In Progress</div> <div>Home and Bathroom Safety Devices and Modifications(14c8) -Completed</div> <div>Counseling Services(14c9)-Completed</div> <div>In-Home Safety Assessment(14c10) -Completed</div> <div>Personal Emergency Response System (PERS)(14c11)-Completed</div> <div>Medical Nutrition Therapy (MNT)(14c12) - In Progress</div> <div>Post discharge In-Home Medication Reconciliation(14c13) -Not Started</div> <div>Re-admission Prevention(14c14)- Not Started</div> <div>Wigs for Hair Loss Related to Chemotherapy(14c15) -Not Started</div> <div>Weight Management Programs(14c16)- Not Started</div> <div>Alternative Therapies(14c17) - Not Started</div> <div>Therapeutic Massage(14c18) - Not Started</div>	Periodicity 6 Months
	Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)? Yes No
	MOOP amount \$1000
	Periodicity 6 Months
	Is there a coinsurance? Yes Yes with a min & max No
	Minimum coinsurance 4%
	Maximum coinsurance 8%
	Is there a copayment? Yes Yes with a min & max No
	Minimum copayment \$400
	Maximum copayment \$400
Out-of-Network (OON) Benefits	
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Pages

14c12 – Medical Nutrition Therapy (MNT) – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9) -Completed

In-Home Safety Assessment(14c10) -Completed

Personal Emergency Response System (PERS)(14c11) -Completed

Medical Nutrition Therapy (MNT)(14c12) - In Progress

Post discharge In-Home Medication Reconciliation(14c13) -Not Started

Re-admission Prevention(14c14)-Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) -Not Started

Weight Management Programs(14c16)-Not Started

Alternative Therapies(14c17) -Not Started

Therapeutic Massage(14c18) -Not Started

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

Out-of-Network (OON) Benefits

Add to OON Group

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

Coinsurance 20% Copayment \$20 Deductible \$200

Point-of-Service (POS) benefits

Add to POS Group

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

Coinsurance 20% Copayment \$20 Deductible \$200

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c13 – Post discharge In-Home Medication Reconciliation – Page 1

Other Defined Supplemental Benefits(14c) - In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - In Progress

Re-admission Prevention(14c14) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Post discharge In-Home Medication Reconciliation(14c13)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount
\$500

Periodicity
6 Months

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

Yes No

MOOP amount
\$1000

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c13 – Post discharge In-Home Medication Reconciliation – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9)-Completed

In-Home Safety Assessment(14c10) -Completed

Personal Emergency Response System (PERS)(14c11)-Completed

Medical Nutrition Therapy (MNT)(14c12)-Completed

Post discharge In-Home Medication Reconciliation(14c13) - In Progress

Re-admission Prevention(14c14)-Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15)-Not Started

Weight Management Programs(14c16)-Not Started

Alternative Therapies(14c17)-Not Started

Therapeutic Massage(14c18)-Not Started

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Close

Save and Close

Save and Next

Softrams

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14c13 – Post discharge In-Home Medication Reconciliation – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9)-Completed

In-Home Safety Assessment(14c10) -Completed

Personal Emergency Response System (PERS)(14c11)-Completed

Medical Nutrition Therapy (MNT)(14c12)-Completed

Post discharge In-Home Medication Reconciliation(14c13) - In Progress

Re-admission Prevention(14c14)-Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15)-Not Started

Weight Management Programs(14c16)-Not Started

Alternative Therapies(14c17)-Not Started

Therapeutic Massage(14c18)-Not Started

Yes Yes with a min & max No

Minimum copayment \$400

Maximum copayment \$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group Group Name 1 - OON

+ Add New OON Group

Coinsurance Copayment Deductible

20% \$20 \$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group Group Name 1 - POS

+ Add New POS Group

Coinsurance Copayment Deductible

20% \$20 \$200

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9)-Completed

In-Home Safety Assessment(14c10) -Completed

Personal Emergency Response System (PERS)(14c11)-Completed

Medical Nutrition Therapy (MNT)(14c12)-Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - In Progress

Wigs for Hair Loss Related to Chemotherapy(14c15) -Not Started

Weight Management Programs(14c16)-Not Started

Alternative Therapies(14c17) -Not Started

Therapeutic Massage(14c18) -Not Started

Re-admission Prevention(14c14)

Plan Characteristics

What does your Re-admission Prevention benefit include (check all that apply):

☒ Meals

☒ Medication Reconciliation

☒ In-Home Safety Assessment

☒ Other

Name of the service

Describe, (Add Name of Service)

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount

\$500

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 2

Other Defined Supplemental Benefits(14c) - In Progress	Maximum amount \$500
Home and Bathroom Safety Devices and Modifications(14c8) - Completed	Periodicity 6 Months
Counseling Services(14c9) - Completed	
In-Home Safety Assessment(14c10) - Completed	Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?
Personal Emergency Response System (PERS)(14c11) - Completed	Yes No
Medical Nutrition Therapy (MNT)(14c12) - Completed	MOOP amount \$1000
Post discharge In-Home Medication Reconciliation(14c13) - Completed	Periodicity 6 Months
Re-admission Prevention(14c14) - In Progress	Is there a coinsurance?
Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started	Yes Yes with a min & max No
Weight Management Programs(14c16) - Not Started	Minimum coinsurance 4%
Alternative Therapies(14c17) - Not Started	Maximum coinsurance 8%
Therapeutic Massage(14c18) - Not Started	Is there a copayment?
	Yes Yes with a min & max No
	Minimum copayment \$400
	Maximum copayment \$400
	Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - In Progress

Wigs for Hair Loss Related to Chemotherapy(14c15) - Not Started

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

res

res with a min & max

no

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c15 – Wigs for Hair Loss Related to Chemotherapy – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - In Progress

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount
\$500

Periodicity
6 Months

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

Yes

No

MOOP amount
\$1000

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Close

Save and Close

Save and Next

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14c15 – Wigs for Hair Loss Related to Chemotherapy – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - In Progress

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

+ Add Notes

Close

Save and Close

Save and Next

Softrams

CY2026 PBP – Benefit Service Categories 11-20
09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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CY 2026 PBP Data Entry System Pages

14c16 – Weight Management Programs – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed

Weight Management Programs(14c16) - In Progress

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Weight Management Programs(14c16)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount
\$500

Periodicity
6 Months

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

Yes

No

MOOP amount
\$1000

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c16 – Weight Management Programs – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Other Defined Supplemental Benefits(14c) - In Progress</div> <div>Home and Bathroom Safety Devices and Modifications(14c8) - Completed</div> <div>Counseling Services(14c9) - Completed</div> <div>In-Home Safety Assessment(14c10) - Completed</div> <div>Personal Emergency Response System (PERS)(14c11) - Completed</div> <div>Medical Nutrition Therapy (MNT)(14c12) - Completed</div> <div>Post discharge In-Home Medication Reconciliation(14c13) - Completed</div> <div>Re-admission Prevention(14c14) - Completed</div> <div>Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed</div> <div>Weight Management Programs(14c16) - In Progress</div> <div>Alternative Therapies(14c17) - Not Started</div> <div>Therapeutic Massage(14c18) - Not Started</div>	<div><div>Yes</div><div>Yes with a min & max</div><div>No</div></div> <div><div>Minimum copayment</div><div>\$400</div><div>Maximum copayment</div><div>\$400</div></div> <div>Out-of-Network (OON) Benefits</div> <div>Add to OON Group</div> <div><div>OON Group</div><div>Group Name 1 - OON</div><div>+ Add New OON Group</div></div> <div><div>Coinsurance</div><div>Copayment</div><div>Deductible</div><div>20%</div><div>\$20</div><div>\$200</div></div> <div>Point-of-Service (POS) benefits</div> <div>Add to POS Group</div> <div><div>POS Group</div><div>Group Name 1 - POS</div><div>+ Add New POS Group</div></div> <div><div>Coinsurance</div><div>Copayment</div><div>Deductible</div><div>20%</div><div>\$20</div><div>\$200</div></div> <div>+ Add Notes</div>
---	--

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c17 – Alternative Therapies – Page 1

^ Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9) -Completed

In-Home Safety Assessment(14c10) -Completed

Personal Emergency Response System (PERS)(14c11) -Completed

Medical Nutrition Therapy (MNT)(14c12) -Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) -Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed

Weight Management Programs(14c16) - Completed

Alternative Therapies(14c17) - In Progress

Therapeutic Massage(14c18) - Not Started

Alternative Therapies(14c17)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

15

Is there a maximum plan benefit coverage?

Yes No

Amount

\$500

Periodicity

6 Months

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

Yes No

MOOP amount

\$1000

Periodicity

6 Months

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c17 – Alternative Therapies – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) -Completed

Counseling Services(14c9)-Completed

In-Home Safety Assessment(14c10) -Completed

Personal Emergency Response System (PERS)(14c11) -Completed

Medical Nutrition Therapy (MNT)(14c12)-Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14)-Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed

Weight Management Programs(14c16) -Completed

Alternative Therapies(14c17)-In Progress

Therapeutic Massage(14c18) -Not Started

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c17 – Alternative Therapies – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Other Defined Supplemental Benefits(14c) - In Progress</div> <div>Home and Bathroom Safety Devices and Modifications(14c8) - Completed</div> <div>Counseling Services(14c9) - Completed</div> <div>In-Home Safety Assessment(14c10) - Completed</div> <div>Personal Emergency Response System (PERS)(14c11) - Completed</div> <div>Medical Nutrition Therapy (MNT)(14c12) - Completed</div> <div>Post discharge In-Home Medication Reconciliation(14c13) - Completed</div> <div>Re-admission Prevention(14c14) - Completed</div> <div>Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed</div> <div>Weight Management Programs(14c16) - Completed</div> <div>Alternative Therapies(14c17) - In Progress</div> <div>Therapeutic Massage(14c18) - Not Started</div>	Minimum copayment \$400	Maximum copayment \$400
	Out-of-Network (OON) Benefits	
	Add to OON Group	
	OON Group Group Name 1 - OON	
	+ Add New OON Group	
	Coinsurance 20%	Copayment \$20
	Deductible \$200	
	Point-of-Service (POS) benefits	
	Add to POS Group	
	POS Group Group Name 1 - POS	
+ Add New POS Group		
Coinsurance 20%	Copayment \$20	
Deductible \$200		
+ Add Notes		
Close Save and Close Save and Next		

CY 2026 PBP Data Entry System Pages

14c18 – Therapeutic Massage – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed

Weight Management Programs(14c16) - Completed

Alternative Therapies(14c17) - Completed

Therapeutic Massage(14c18) - In Progress

Therapeutic Massage(14c18)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of sessions
4

Periodicity
6 Months

Is there a maximum plan benefit coverage?

Yes No

Amount
\$500

Periodicity
6 Months

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

Yes No

MOOP amount
\$1000

Periodicity
6 Months

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c18 – Therapeutic Massage – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed

Weight Management Programs(14c16) - Completed

Alternative Therapies(14c17) - Completed

Therapeutic Massage(14c18) - In Progress

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4% Maximum coinsurance 8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

Out-of-Network (OON) Benefits
Add to OON Group

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

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c18 – Therapeutic Massage – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Home and Bathroom Safety Devices and Modifications(14c8) - Completed

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

Personal Emergency Response System (PERS)(14c11) - Completed

Medical Nutrition Therapy (MNT)(14c12) - Completed

Post discharge In-Home Medication Reconciliation(14c13) - Completed

Re-admission Prevention(14c14) - Completed

Wigs for Hair Loss Related to Chemotherapy(14c15) - Completed

Weight Management Programs(14c16) - Completed

Alternative Therapies(14c17) - Completed

Therapeutic Massage(14c18) - In Progress

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c19 – Adult Day Health Services – Page 1

^ Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

**Adult Day Health Services(14c19) -
In Progress**

Home-Based Palliative Care(14c20) -
Not Started

In-Home Support Services(14c21) -
Not Started

Support for Caregivers of
Enrollees(14c22)-Not Started

Kidney Disease Education Services(14d)-
Not Started

^ Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

Diabetes Self-Management
Training(14e2)-Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Adult Day Health Services(14c19)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes

No

Amount
\$500

Periodicity
6 Months

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

Yes

No

MOOP amount
\$1000

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c19 – Adult Day Health Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - In Progress

Home-Based Palliative Care(14c20) - Not Started

In-Home Support Services(14c21) - Not Started

Support for Caregivers of Enrollees(14c22)-Not Started

Kidney Disease Education Services(14d)-Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

Diabetes Self-Management Training(14e2)-Not Started

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c19 – Adult Day Health Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
In Progress

Home-Based Palliative Care(14c20) -
Not Started

In-Home Support Services(14c21) -
Not Started

Support for Caregivers of
Enrollees(14c22)-Not Started

Kidney Disease Education Services(14d)-
Not Started

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

Diabetes Self-Management
Training(14e2) -Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Yes No Yes with a limit or max No

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance Copayment Deductible
20% \$20 \$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance Copayment Deductible
20% \$20 \$200

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c20 – Home-Based Palliative Care – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

**Home-Based Palliative Care(14c20)
In Progress**

In-Home Support Services(14c21) -
Not Started

Support for Caregivers of
Enrollees(14c22)-Not Started

Kidney Disease Education Services(14d)-
Not Started

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

Diabetes Self-Management
Training(14e2) -Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Home-Based Palliative Care(14c20)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes

No

Amount
\$500

Periodicity
6 Months

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

Yes

No

MOOP amount
\$1000

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c20 – Home-Based Palliative Care – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20)
In Progress

In-Home Support Services(14c21) - Not Started

Support for Caregivers of Enrollees(14c22)-Not Started

Kidney Disease Education Services(14d)- Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

Diabetes Self-Management Training(14e2) -Not Started

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c20 – Home-Based Palliative Care – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20)
In Progress

In-Home Support Services(14c21) -
Not Started

Support for Caregivers of
Enrollees(14c22)-Not Started

Kidney Disease Education Services(14d)-
Not Started

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

Diabetes Self-Management
Training(14e2) -Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Page 1 of 1

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c21 – In-Home Support Services – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Not Started - In Progress

Support for Caregivers of
Enrollees(14c22) - Not Started

Kidney Disease Education Services(14d)-
Not Started

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

Diabetes Self-Management
Training(14e2) - Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

In-Home Support Services(14c21)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes

No

Amount
\$500

Periodicity
6 Months

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

Yes

No

MOOP amount
\$1000

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c21 – In-Home Support Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Not Started - In Progress

Support for Caregivers of
Enrollees(14c22)- Not Started

Kidney Disease Education Services(14d)-
Not Started

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

Diabetes Self-Management
Training(14e2) -Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c21 – In-Home Support Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Not Started - In Progress

Support for Caregivers of
Enrollees(14c22)-Not Started

Kidney Disease Education Services(14d)-
Not Started

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

Diabetes Self-Management
Training(14e2)-Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c22 – Support for Caregivers of Enrollees – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19)-
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

**Support for Caregivers of
Enrollees(14c22) - In Progress**

Kidney Disease Education Services(14d)-
Not Started

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

Diabetes Self-Management
Training(14e2) - Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Support for Caregivers of Enrollees(14c22)

Plan Characteristics

Select the type(s) of benefit offered (check all that apply):

☒ Respite Care

☒ Caregiver Training

☒ Other

Name of the service
Describe, (Add Name of Service)

Is there a maximum plan benefit coverage?

Yes No

Amount
\$500

Periodicity
6 Months

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

Yes No

MOOP amount
\$1000

Periodicity

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14c22 – Support for Caregivers of Enrollees – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

Support for Caregivers of
Enrollees(14c22) - In Progress

Kidney Disease Education Services(14d) -
Not Started

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

Diabetes Self-Management
Training(14e2) - Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4% Maximum coinsurance 8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

Out-of-Network (OON) Benefits
Add to OON Group

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

Coinsurance Copayment Deductible
20% \$20 \$200

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14c22 – Support for Caregivers of Enrollees – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - In Progress

Kidney Disease Education Services(14d) - Not Started

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

Diabetes Self-Management Training(14e2) - Not Started

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14d – Kidney Disease Education Services – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

Support for Caregivers of
Enrollees(14c22) -Completed

**Kidney Disease Education Services(14d)-
In Progress**

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

Diabetes Self-Management
Training(14e2) -Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Kidney Disease Education Services(14d)

[Plan Characteristics](#)

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

Yes

No

MOOP amount
\$1000

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes

No

Deductible amount
\$400

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14d – Kidney Disease Education Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

Support for Caregivers of
Enrollees(14c22) -Completed

**Kidney Disease Education Services(14d)-
In Progress**

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

Diabetes Self-Management
Training(14e2) -Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Deductible amount
\$400

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14d – Kidney Disease Education Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

Support for Caregivers of
Enrollees(14c22) -Completed

Kidney Disease Education Services(14d)-
In Progress

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

Diabetes Self-Management
Training(14e2) -Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14e1 – Glaucoma Screening – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

Support for Caregivers of
Enrollees(14c22) -Completed

Kidney Disease Education
Services(14d) -Completed

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) - In Progress

Diabetes Self-Management
Training(14e2) -Not Started

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Glaucoma Screening(14e1)

Plan Characteristics

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

Yes

No

MOOP amount
\$1000

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes

No

Deductible amount
\$400

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14e1 – Glaucoma Screening – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Other Defined Supplemental Benefits(14c) - In Progress</div> <div>Therapeutic Massage(14c18) - Completed</div> <div>Adult Day Health Services(14c19) - Completed</div> <div>Home-Based Palliative Care(14c20) - Completed</div> <div>In-Home Support Services(14c21) - Completed</div> <div>Support for Caregivers of Enrollees(14c22) - Completed</div> <div>Kidney Disease Education Services(14d) - Completed</div> <div>Other Medicare-covered Preventive Services(14e)</div> <div>Glaucoma Screening(14e1) - In Progress</div> <div>Diabetes Self-Management Training(14e2) - Not Started</div> <div>Barium Enemas(14e3) - Not Started</div> <div>Digital Rectal Exams(14e4) - Not Started</div>	<div>Deductible amount \$400</div> <div>Authorization required for this benefit? Yes</div> <div>Referral required for this benefit? No</div> <div>Out-of-Network (OON) Benefits</div> <div>Add to OON Group</div> <div>OON Group Group Name 1 - OON</div> <div>+ Add New OON Group</div> <table><tr><td>Coinurance</td><td>Copayment</td><td>Deductible</td></tr><tr><td>20%</td><td>\$20</td><td>\$200</td></tr></table> <div>Point-of-Service (POS) benefits</div> <div>Add to POS Group</div> <div>POS Group Group Name 1 - POS</div> <div>+ Add New POS Group</div> <table><tr><td>Coinurance</td><td>Copayment</td><td>Deductible</td></tr><tr><td>20%</td><td>\$20</td><td>\$200</td></tr></table>	Coinurance	Copayment	Deductible	20%	\$20	\$200	Coinurance	Copayment	Deductible	20%	\$20	\$200
Coinurance	Copayment	Deductible											
20%	\$20	\$200											
Coinurance	Copayment	Deductible											
20%	\$20	\$200											

CloseSave and CloseSave and Next

CY 2026 PBP Data Entry System Pages

14e1 – Glaucoma Screening – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - In Progress

Diabetes Self-Management Training(14e2) - Not Started

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14e2 – Diabetes Self-Management Training – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19)-
Completed

Home-Based Palliative Care(14c20)-
Completed

In-Home Support Services(14c21)-
Completed

Support for Caregivers of
Enrollees(14c22) -Completed

Kidney Disease Education
Services(14d) -Completed

Other Medicare-covered Preventive
Services(14e) - In Progress

Glaucoma Screening(14e1) -
Completed

Diabetes Self-Management
Training(14e2) - In Progress

Barium Enemas(14e3)-
Not Started

Digital Rectal Exams(14e4) -
Not Started

Diabetes Self-Management Training(14e2) -

Plan Characteristics

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

Yes No

MOOP amount
\$1000

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
0%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes No

Deductible amount
\$400

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14e2 – Diabetes Self-Management Training – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

Other Medicare-covered Preventive Services(14e) - In Progress

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - In Progress

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Deductible amount
\$400

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14e2 – Diabetes Self-Management Training – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

Other Medicare-covered Preventive Services(14e) - In Progress

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - In Progress

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance

20%

Copayment

\$20

Deductible

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinurance

20%

Copayment

\$20

Deductible

\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14e3 – Barium Enemas – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

Other Medicare-covered Preventive Services(14e) - In Progress

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - Completed

Barium Enemas(14e3) - In Progress

Digital Rectal Exams(14e4) - Not Started

Barium Enemas(14e3)

Plan Characteristics

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

Yes No

MOOP amount
\$1000

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes No

Deductible amount
\$400

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14e3 – Barium Enemas – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

Support for Caregivers of
Enrollees(14c22) -Completed

Kidney Disease Education
Services(14d) -Completed

Other Medicare-covered Preventive
Services(14e) - In Progress

Glaucoma Screening(14e1) -
Completed

Diabetes Self-Management
Training(14e2) -Completed

Barium Enemas(14e3) - In Progress

Digital Rectal Exams(14e4) -
Not Started

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Authorization required for this benefit?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14e3 – Barium Enemas – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

Support for Caregivers of
Enrollees(14c22) -Completed

Kidney Disease Education
Services(14d) -Completed

Other Medicare-covered Preventive
Services(14e) - In Progress

Glaucoma Screening(14e1) -
Completed

Diabetes Self-Management
Training(14e2) -Completed

Barium Enemas(14e3) - In Progress

Digital Rectal Exams(14e4) -
Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14e4 – Digital Rectal Exams – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

Other Medicare-covered Preventive Services(14e) - In Progress

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - Completed

Barium Enemas(14e3) - Completed

Digital Rectal Exams(14e4) - In Progress

Digital Rectal Exams(14e4)

Plan Characteristics

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

Yes No

MOOP amount
\$1000

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes No

Deductible amount
\$400

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

14e4 – Digital Rectal Exams – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) - Completed

Adult Day Health Services(14c19) - Completed

Home-Based Palliative Care(14c20) - Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) - Completed

Kidney Disease Education Services(14d) - Completed

Other Medicare-covered Preventive Services(14e) - In Progress

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - Completed

Barium Enemas(14e3) - Completed

Digital Rectal Exams(14e4) - In Progress

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14e4 – Digital Rectal Exams – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19)-
Completed

Home-Based Palliative Care(14c20)-
Completed

In-Home Support Services(14c21)-
Completed

Support for Caregivers of
Enrollees(14c22) -Completed

Kidney Disease Education
Services(14d) -Completed

Other Medicare-covered Preventive
Services(14e) - In Progress

Glaucoma Screening(14e1)-
Completed

Diabetes Self-Management
Training(14e2) -Completed

Barium Enemas(14e3) -Completed

Digital Rectal Exams(14e4) -
In Progress

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Kidney Disease Education Services(14d) -Completed

Other Medicare-covered Preventive Services(14e) - In Progress

Glaucoma Screening(14e1) -Completed

Diabetes Self-Management Training(14e2) -Completed

Barium Enemas(14e3) -Completed

Digital Rectal Exams(14e4) -Completed

EKG following Welcome Visit(14e5) - In Progress

Medicare Part B Rx Drugs(15) - Not Started

Dental(16)-Not Started

Eye Exams/Eyewear(17) -Not Started

Hearing Exams/Hearing Aids(18)

EKG following Welcome Visit(14e5)

Plan Characteristics

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

☒ Yes ☐ No

MOOP amount
\$1000

Is there a coinsurance?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

☒ Yes ☐ No

Deductible amount
\$400

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div>Other Defined Supplemental Benefits(14c) - In Progress</div> <div>Kidney Disease Education Services(14d) -Completed</div> <div>Other Medicare-covered Preventive Services(14e) - In Progress</div> <div>Glaucoma Screening(14e1) -Completed</div> <div>Diabetes Self-Management Training(14e2) -Completed</div> <div>Barium Enemas(14e3) -Completed</div> <div>Digital Rectal Exams(14e4) -Completed</div> <div>EKG following Welcome Visit(14e5) - In Progress</div> <div>Medicare Part B Rx Drugs(15) - Not Started</div> <div>Dental(16) -Not Started</div> <div>Eye Exams/Eyewear(17) -Not Started</div> <div>Hearing Exams/Hearing Aids(18)</div>	<div>Authorization required for this benefit? Yes</div> <div>Referral required for this benefit? No</div> <div>Out-of-Network (OON) Benefits</div> <div>Add to OON Group</div> <div>OON Group Group Name 1 - OON</div> <div>+ Add New OON Group</div> <div><table><tr><td>Coinurance</td><td>Copayment</td><td>Deductible</td></tr><tr><td>20%</td><td>\$20</td><td>\$200</td></tr></table></div> <div>Point-of-Service (POS) benefits</div> <div>Add to POS Group</div> <div>POS Group Group Name 1 - POS</div> <div>+ Add New POS Group</div> <div><table><tr><td>Coinurance</td><td>Copayment</td><td>Deductible</td></tr><tr><td>20%</td><td>\$20</td><td>\$200</td></tr></table></div> <div>Authorization required for this benefit?</div>	Coinurance	Copayment	Deductible	20%	\$20	\$200	Coinurance	Copayment	Deductible	20%	\$20	\$200
Coinurance	Copayment	Deductible											
20%	\$20	\$200											
Coinurance	Copayment	Deductible											
20%	\$20	\$200											

CloseSave and CloseSave and Next

CY 2026 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Other Defined Supplemental Benefits(14c)
- In Progress

Kidney Disease Education Services(14d) -Completed

Other Medicare-covered Preventive Services(14e) - In Progress

Glaucoma Screening(14e1) -Completed

Diabetes Self-Management Training(14e2) -Completed

Barium Enemas(14e3) -Completed

Digital Rectal Exams(14e4) -Completed

EKG following Welcome Visit(14e5) - In Progress

Medicare Part B Rx Drugs(15) - Not Started

Dental(16)-Not Started

Eye Exams/Eyewear(17) -Not Started

Hearing Exams/Hearing Aids(18)

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance
20%

Copayment
\$20

Deductible
\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

15 – Medicare Part B Rx Drugs – Page 1

Started

^ Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Not Started

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started

Other Medicare Part B Drugs(15-3) - Not Started

Home infusion bundled services(15) - Not Started

▼ Dental(16) - Not Started

▼ Eye Exams/Eyewear(17) - Not Started

▼ Hearing Exams/Hearing Aids(18) - Not Started

Medicare Part B Rx Drugs (15) - Medicare ⓘ

Updated by STE TESTER on 1/9/2023 11:00:08 AM EST

Plan Characteristics

☒ I attest that the MA enrollee cost sharing for a Part B rebatable drug will not exceed the coinsurance amount of the original Medicare adjusted beneficiary coinsurance for that Part B rebatable drug. In applying this effective coinsurance percentage, MA plans may continue to base enrollee cost sharing off of the total MA plan financial liability for that Part B drug. *

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

Yes No

MOOP amount ⓘ *
\$ 500.00

Periodicity ⓘ *
Every 6 Months ▼

Service category level deductible CANNOT apply to the 15-1 Medicare Part B Insulin Drugs

Is there a deductible? ⓘ *

Yes No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

15 – Medicare Part B Rx Drugs – Page 2

Started

^ Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Not Started

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started

Other Medicare Part B Drugs(15-3) - Not Started

Home infusion bundled services(15) - Not Started

^ Dental(16) - Not Started

^ Eye Exams/Eyewear(17) - Not Started

^ Hearing Exams/Hearing Aids(18) - Not Started

YES NO

Deductible amount ⓘ *

\$ 400.00

Authorization required for this benefit?
No

Referral is not applicable for this Service Category.

Does the plan offer step therapy? ⓘ *

Yes No

Does the benefit step from (select all that apply): *

☒ Part B to Part B ⓘ

☒ Part B to Part D ⓘ

☐ Part D to Part B ⓘ

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

15-1 – Medicare Part B Insulin Drugs – Page 1

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Dialysis Services(12) - In Progress

Other Supplemental Services(13) - In Progress

Acupuncture - Number of Treatments(13a) - In Progress

Over-the-Counter (OTC) Items(13b) - In Progress

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - In Progress

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress

Other Medicare Part B Drugs(15-3) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Medicare Part B Insulin Drugs (15-1) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *0%

Maximum coinsurance ⓘ *

Maximum effective cost-sharing amount per month ⓘ *\$

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *\$

Maximum copayment ⓘ *\$

Does the Part B drugs – Insulin cost sharing count towards any plan-level deductible? ⓘ

Yes

No

Authorization required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

15-1 – Medicare Part B Insulin Drugs – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

The screenshot displays the 'Medicare Part B Insulin Drugs (15-1) - In Progress' screen. On the left is a sidebar with a list of service categories: Dialysis Services(12) - In Progress, Other Supplemental Services(13) - In Progress, Acupuncture - Number of Treatments(13a) - In Progress, Over-the-Counter (OTC) Items(13b) - In Progress, Preventive and Other Defined Supplemental Services(14) - In Progress, Medicare Part B Rx Drugs(15) - In Progress (highlighted), Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress, Other Medicare Part B Drugs(15-3) - In Progress, Dental(16) - In Progress, Medicare Dental Services(16a) - Not Started, Diagnostic and Preventive Dental(16b) - Not Started, and Oral Exams(16b1) - Not Started.

The main content area contains the following sections:

- Does the Part B drugs – Insulin cost sharing count towards any plan-level deductible?** with 'Yes' and 'No' buttons.
- Authorization required for this benefit?** with a 'No' button.
- Point-of-Service (POS) Benefits** section with a '+ Add New POS Group' button.
- Medicare Part B Insulin Drugs (15-1) Medicare Service** section with an 'Add to POS Group' label and a dropdown menu showing 'Group Name 1 - POS'.
- Cost Sharing** section with three columns: 'Coinsurance' (No), 'Copayment' (No), and 'Deductible' (No).
- Authorization required for this benefit?** with a 'No' button.
- Notes *** text area with a 311/2000 character limit.

At the bottom right, there are three buttons: 'Close', 'Save and Close', and 'Save and Next'.

CY 2026 PBP Data Entry System Pages

15-2 – Medicare Part B Chemotherapy/Radiation Drugs – Page 1

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

In-Home Support Services(14c21) - Not Started

Support for Caregivers of Enrollees(14c22) - Not Started

Kidney Disease Education Services(14d) - In Progress

Other Medicare-covered Preventive Services(14e) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress

Other Medicare Part B Drugs(15-3) - In Progress

Dental(16) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Medicare Part B Chemotherapy/Radiation Drugs (15-2) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

0%

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Medicare Part B Chemotherapy/Radiation Drugs (15-2) Medicare Service

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

15-2 – Medicare Part B Chemotherapy/Radiation Drugs – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

In-Home Support Services(14c21) - Not Started

Support for Caregivers of Enrollees(14c22) - Not Started

Kidney Disease Education Services(14d) - In Progress

Other Medicare-covered Preventive Services(14e) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Completed

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress

Other Medicare Part B Drugs(15-3) - In Progress

Dental(16) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Medicare Part B Chemotherapy/Radiation Drugs (15-2) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?

No

Notes *

268/2000 characters

CloseSave and CloseSave and Next

CY 2026 PBP Data Entry System Pages

15-3 – Other Medicare Part B Drugs – Page 1

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

In-Home Support Services(14c21) - Not Started

Support for Caregivers of Enrollees(14c22) - Not Started

Kidney Disease Education Services(14d) - In Progress

Other Medicare-covered Preventive Services(14e) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Completed

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress

Other Medicare Part B Drugs(15-3) - In Progress

Dental(16) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Other Medicare Part B Drugs (15-3) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

0%

Maximum coinsurance ⓘ *

20%

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Authorization required for this benefit?

Yes

Point-of-Service (POS) Benefits

+ Add New POS Group

Other Medicare Part B Drugs (15-3) Medicare Service

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

15-3 – Other Medicare Part B Drugs – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

The screenshot displays the 'Other Medicare Part B Drugs (15-3) - In Progress' screen. On the left is a sidebar with a list of benefit categories, including 'In-Home Support Services(14c21) - Not Started', 'Support for Caregivers of Enrollees(14c22) - Not Started', 'Kidney Disease Education Services(14d) - In Progress', 'Other Medicare-covered Preventive Services(14e) - In Progress', 'Medicare Part B Rx Drugs(15) - In Progress', 'Medicare Part B Insulin Drugs(15-1) - Completed', 'Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress', 'Other Medicare Part B Drugs(15-3) - In Progress' (highlighted), 'Dental(16) - In Progress', 'Eye Exams/Eyewear(17) - In Progress', and 'Hearing Exams/Hearing Aids(18) - In Progress'.

The main content area is titled 'Other Medicare Part B Drugs (15-3) Medicare Service'. It includes a section for 'Point-of-Service (POS) Benefits' with a '+ Add New POS Group' button. Below this, there is a dropdown menu for 'POS Group' with the selected option 'Group Name 1 - POS'. A table displays cost-sharing information: 'Coinsurance' (No), 'Copayment' (No), and 'Deductible' (No). Another section asks 'Authorization required for this benefit?' with a 'No' response. A 'Notes' field is present at the bottom, with a character count of '279/2000 characters'. At the bottom right, there are three buttons: 'Close', 'Save and Close', and 'Save and Next'.

CY 2026 PBP Data Entry System Pages

15 – Home Infusion Bundled Services

Started

^ Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Not Started

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started

Other Medicare Part B Drugs(15-3) - Not Started

Home infusion bundled services(15) - Not Started

^ Dental(16) - Not Started

^ Eye Exams/Eyewear(17) - Not Started

^ Hearing Exams/Hearing Aids(18) - Not Started

Home infusion bundled services (15) - Non-Medicare

Plan Characteristics

Does the plan pay for Part D home infusion services and supplies as a Medicaid benefit? ⓘ *

Yes No

Authorization required for this benefit?

No

Referral is not applicable for this Service Category.

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16a – Medicare Dental Services – Page 1

Dialysis Services(12) - In Progress

Other Supplemental Services(13) - In Progress

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Medicare Dental Services (16a) - 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

Coinsurance percentage ⓘ *

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *
\$

Maximum copayment ⓘ *
\$

Close

Save and Close

Save and Next

Softrams

CY2026 PBP – Benefit Service Categories 11-20
09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

Page 190 of 275

CY 2026 PBP Data Entry System Pages

16a – Medicare Dental Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Ambulance/Transportation Services(10) - In Progress

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

Dialysis Services(12) - In Progress

Other Supplemental Services(13) - In Progress

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Medicare Dental Services (16a) Medicare Service

Add to POS Group

POS Group

Group Name 1 - POS

Coinsurance

No

Copayment

No

Deductible

No

Close

Save and Close

Save and Next

Softtrans

CY2026 PBP – Benefit Service Categories 11-20
09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

Page 191 of 275

CY 2026 PBP Data Entry System Pages

16a – Medicare Dental Services – Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Ambulance/Transportation Services(10) - In Progress

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

Dialysis Services(12) - In Progress

Other Supplemental Services(13) - In Progress

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Medicare Dental Services (16a) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance

No

Copayment

No

Deductible

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16b – Diagnostic and Preventive Dental – Page 1

✓ Ambulance/Transportation Services(10) - Completed

✓ 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) - Completed

^ Dental(16) - Completed

Medicare Dental Services(16a) - Completed

^ Diagnostic and Preventive Dental(16b) - Completed

Oral Exams(16b1) - Completed

Dental X-Rays(16b2) - Completed

Diagnostic and Preventive Dental (16b) - Non-Medicare ⓘ

Updated by Terri Terraferma on 6/25/2024 10:17:27 PM EDT

Is there a maximum plan benefit coverage? ⓘ *

Yes

No

Maximum amount ⓘ *

\$ 3000.00

Periodicity ⓘ *

Other, Describe ▾

Description ⓘ *

Enter description

0/300 characters

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

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

▾

Plan Characteristics

CY 2026 PBP Data Entry System Pages

16b – Diagnostic and Preventive Dental – Page 2

✓ Ambulance/Transportation Services(10) - Completed

✓ 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) - Completed

^ Dental(16) - Completed

Medicare Dental Services(16a) - Completed

^ Diagnostic and Preventive Dental(16b) - Completed

Oral Exams(16b1) - Completed

Dental X-Rays(16b2) - Completed

Other Diagnostic Dental Services(16b3) - Completed

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

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

Other, Describe

Description ⓘ *

Enter description

0/300 characters

Is there a Coinsurance for combination of services included in a single cost per office visit? ⓘ *

Yes

Yes with a min & max

No

Select all that apply: *

☐ Oral Exams ⓘ

☐ Dental X-Rays ⓘ

☐ Other Diagnostic Dental Services ⓘ

☐ Prophylaxis (cleaning) ⓘ

☐ Fluoride Treatment ⓘ

☐ Other Preventive Dental Services ⓘ

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16b – Diagnostic and Preventive Dental – Page 3

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Is there a Copayment for combination of services included in a single cost per office visit? ⓘ *

Yes

Yes with a min & max

No

Select all that apply: *

☐ Oral Exams ⓘ

☐ Dental X-Rays ⓘ

☐ Other Diagnostic Dental Services ⓘ

☐ Prophylaxis (cleaning) ⓘ

☐ Fluoride Treatment ⓘ

☐ Other Preventive Dental Services ⓘ

Copayment amount ⓘ *

\$

Is there a deductible? ⓘ *

Yes

No

Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16b1 – Oral Exams – Page 1

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Oral Exams (16b1) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Minimum coinsurance ⓘ * Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Minimum copayment ⓘ * Maximum copayment ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16b1 – Oral Exams – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Oral Exams (16b1) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16b2 – Dental X-Rays – Page 1

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Dental X-Rays (16b2) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate the number of X-Rays *

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 ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16b2 – Dental X-Rays – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Dental X-Rays (16b2) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16b3 – Other Diagnostic Dental Services – Page 1

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Other Diagnostic Dental Services (16b3) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *
\$

Maximum copayment ⓘ *
\$

Authorization required for this benefit?
No

Referral required for this benefit?
No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16b3 – Other Diagnostic Dental Services – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

The screenshot displays the 'Other Diagnostic Dental Services (16b3) - Not Started' screen in the CY 2026 PBP Data Entry System. On the left is a sidebar with a list of service categories, including 'Medicare Part B Rx Drugs(15) - In Progress', 'Dental(16) - In Progress', 'Medicare Dental Services(16a) - Not Started', 'Diagnostic and Preventive Dental(16b) - Not Started', 'Oral Exams(16b1) - Not Started', 'Dental X-Rays(16b2) - Not Started', 'Other Diagnostic Dental Services(16b3) - Not Started' (highlighted), 'Prophylaxis (cleaning)(16b4) - Not Started', 'Fluoride Treatment(16b5) - Not Started', 'Other Preventive Dental Services(16b6) - Not Started', 'Comprehensive Dental(16c) - In Progress', 'Eye Exams/Eyewear(17) - In Progress', and 'Hearing Exams/Hearing Aids(18) - In Progress'.

The main content area for 'Other Diagnostic Dental Services (16b3) Non Medicare Service' includes the following sections:

- Authorization required for this benefit?** No
- Referral required for this benefit?** No
- Point-of-Service (POS) Benefits**
 - + Add New POS Group
 - Add to POS Group
 - POS Group Group Name 1 - POS
- Cost Sharing:**

Coinsurance	Copayment	Deductible
No	No	No
- Authorization required for this benefit?** No
- Referral required for this benefit?** No
- Notes *** (A large text area for notes, currently empty, with a character count of 0/2000 characters at the bottom right.)

At the bottom right of the screen are three buttons: 'Close', 'Save and Close', and 'Save and Next'.

CY 2026 PBP Data Entry System Pages

16b4 - Prophylaxis (cleaning) - Page 1

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Prophylaxis (cleaning) (16b4) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16b4 - Prophylaxis (cleaning) - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Prophylaxis (cleaning) (16b4) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16b5 - Fluoride Treatment - Page 1

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Fluoride Treatment (16b5) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16b5 - Fluoride Treatment - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Fluoride Treatment (16b5) Non Medicare Service

Add to POS Group

POS Group ⓘ
Group Name 1 - POS

Coinsurance

No

Copayment

No

Deductible

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16b6 - Other Preventive Dental Services - Page 1

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Other Preventive Dental Services (16b6) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16b6 - Other Preventive Dental Services - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Other Preventive Dental Services (16b6) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance No Copayment No Deductible No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16c - Comprehensive Dental - Page 1

Other Preventive Dental Services(16b6) - Completed

Comprehensive Dental(16c) - Completed

Restorative Services(16c1) - Completed

Endodontics(16c2) - Completed

Periodontics(16c3) - Completed

Prosthodontics, removable(16c4) - Completed

Implant Services(16c6) - Completed

Prosthodontics, fixed(16c7) - Completed

Oral and Maxillofacial Surgery(16c8) - Completed

Adjunctive General Services(16c10) - Completed

Eye Exams/Eyewear(17) - Completed

Hearing Exams/Hearing Aids(18) - Completed

Comprehensive Dental (16c) - Non-Medicare ⓘ

Updated by Terri Terraferma on 6/26/2024 10:53:53 AM EDT

Service maximum plan benefit coverage: ⓘ *

Yes

No

Select the maximum plan benefit coverage type ⓘ

☐ Covered under Diagnostic and Preventive Dental (16b)

☒ Plan-specified amount per period

Maximum amount ⓘ *

\$

Periodicity ⓘ *

Other, Describe

Description ⓘ *

Enter description

0/300 characters

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 Diagnostic and Preventive Dental (16b)

☒ Plan-specified amount per period

Plan Characteristics

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16c - Comprehensive Dental - Page 2

Other Preventive Dental Services(16b6) - Completed

Comprehensive Dental(16c) - Completed

Restorative Services(16c1) - Completed

Endodontics(16c2) - Completed

Periodontics(16c3) - Completed

Prosthodontics, removable(16c4) - Completed

Implant Services(16c6) - Completed

Prosthodontics, fixed(16c7) - Completed

Oral and Maxillofacial Surgery(16c8) - Completed

Adjunctive General Services(16c10) - Completed

Eye Exams/Eyewear(17) - Completed

Hearing Exams/Hearing Aids(18) - Completed

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 Diagnostic and Preventive Dental (16b)

☒ Plan-specified amount per period

MOOP amount ⓘ *

\$

Periodicity ⓘ *

Other, Describe

Description ⓘ *

Enter description

0/300 characters

Is there a deductible? ⓘ *

☒ Yes ☐ No

Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16c1 - Restorative Services - Page 1

^ Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

^ Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Dental X-Rays(16b2) - Not Started

Other Diagnostic Dental Services(16b3) - Not Started

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

^ Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Restorative Services (16c1) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16c1 - Restorative Services - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

^ Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Authorization required for this benefit?
No


Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Restorative Services (16c1) Non Medicare Service

Add to POS Group

POS Group 
Group Name 1 - POS

Coinurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16c2 - Endodontics - Page 1

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Endodontics (16c2) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes

No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16c2 - Endodontics - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Endodontics (16c2) Non Medicare Service

Add to POS Group

POS Group Select a Group

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

0/2000 characters

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16c3 - Periodontics - Page 1

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

^ Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Periodontics (16c3) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *
\$

Maximum copayment ⓘ *
\$

Authorization required for this benefit?
No

Referral required for this benefit?
No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16c3 - Periodontics - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

^ Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Authorization required for this benefit?
No


Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Periodontics (16c3) Non Medicare Service

Add to POS Group

POS Group  Group Name 1 - POS

Coinurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16c4 - Prosthodontics, removable - Page 1

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Prosthodontics, removable (16c4) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16c4 - Prosthodontics, removable - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

^ Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Prosthodontics, removable (16c4) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close

Save and Close

Save and Next

Softrams

CY2026 PBP – Benefit Service Categories 11-20
09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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CY 2026 PBP Data Entry System Pages

16c5 - Maxillofacial Prosthetics - Page 1

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

^ Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Maxillofacial Prosthetics (16c5) - Non-Medicare

[Plan Characteristics](#)

Is this benefit unlimited? ⓘ *

Yes

No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16c5 - Maxillofacial Prosthetics - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

^ Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Maxillofacial Prosthetics (16c5) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance No Copayment No Deductible No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16c6 - Implant Services - Page 1

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

^ Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Implant Services (16c6) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16c6 - Implant Services - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

^ Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Implant Services (16c6) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

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Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16c7 - Prosthodontics, fixed - Page 1

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Prosthodontics, fixed (16c7) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes

No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16c7 - Prosthodontics, fixed - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Prosthodontics, fixed (16c7) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance **No** Copayment **No** Deductible **No**

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

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Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16c8 - Oral and Maxillofacial Surgery - Page 1

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

^ Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Oral and Maxillofacial Surgery (16c8) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *
\$

Maximum copayment ⓘ *
\$

Authorization required for this benefit?
No

Referral required for this benefit?
No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16c8 - Oral and Maxillofacial Surgery - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

^ Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Authorization required for this benefit?
No


Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Oral and Maxillofacial Surgery (16c8) Non Medicare Service

Add to POS Group

POS Group 
Group Name 1 - POS

Coinurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

16c9 - Orthodontics - Page 1

Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Orthodontics (16c9) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of visits *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *
\$

Maximum copayment ⓘ *
\$

Authorization required for this benefit?
No

Referral required for this benefit?
No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

16c9 - Orthodontics - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Comprehensive Dental(16c) - In Progress

Restorative Services(16c1) - Not Started

Endodontics(16c2) - Not Started

Periodontics(16c3) - Not Started

Prosthodontics, removable(16c4) - Not Started

Maxillofacial Prosthetics(16c5) - Not Started

Implant Services(16c6) - Not Started

Prosthodontics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Not Started

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Orthodontics (16c9) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

0/2000 characters

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

17a – Eye Exams– Page 1

Medicare Part B Rx Drugs(15)-Completed

Dental(16)-Completed

Eye Exams(17a)- In Progress

Routine Eye Exams(17a1)- Not Started

Other Eye Exam Services(17a2)- Not Started

Eyewear(17b)- Not Started

Eyewear(17b) Non Medicare - Not Started

Contact Lenses(17b1)- Not Started

Eyeglasses (lenses and frames)(17b2)- Not Started

Eyeglass lenses(17b3)- Not Started

Eyeglass frames(17b4))- Not Started

Upgrades(17b5)- Not Started

Hearing Exams/Hearing Aids(18)- Not Started

Eye Exams(17a)

Plan Characteristics

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

Yes

No

MOOP amount

\$500

Periodicity

6 Months

Is there a maximum plan benefit coverage?

Yes

No

Does the maximum plan benefit coverage amount apply to in-network services only or does it apply to both In-network and out-of-network services?

☒ In-network services only

☐ Both in-network and out-of-network services

Maximum amount

\$500

Periodicity

6 Months

Is there a coinsurance?

Yes

No

Close

Save and Close

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CY 2026 PBP Data Entry System Pages

17a – Eye Exams– Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

<div><div>Medicare Part B Rx Drugs(15)-Completed</div><div>Dental(16) -Completed</div><div>Eye Exams(17a) - In Progress</div><div>Routine Eye Exams(17a1)- Not Started</div><div>Other Eye Exam Services(17a2)- Not Started</div><div>Eyewear(17b)- Not Started</div><div>Eyewear(17b) Non Medicare - Not Started</div><div>Contact Lenses(17b1)- Not Started</div><div>Eyeglasses (lenses and frames)(17b2)- Not Started</div><div>Eyeglass lenses(17b3)- Not Started</div><div>Eyeglass frames(17b4))- Not Started</div><div>Upgrades(17b5)- Not Started</div><div>Hearing Exams/Hearing Aids(18)- Not Started</div></div>	<div>Is there a coinsurance?</div> <div><div>Yes</div><div>Yes with a min & max</div><div>No</div></div> <div><div>Minimum coinsurance</div><div>4%</div><div>Maximum coinsurance</div><div>8%</div></div> <div>Is there a copayment?</div> <div><div>Yes</div><div>Yes with a min & max</div><div>No</div></div> <div><div>Minimum copayment</div><div>\$400</div><div>Maximum copayment</div><div>\$400</div></div> <div>Is there a deductible?</div> <div><div>Yes</div><div>No</div></div> <div><div>Deductible amount</div><div>\$400</div></div> <div>Authorization required for this benefit?</div> <div>Yes</div> <div>Referral required for this benefit?</div> <div>No</div> <div>Out-of-Network (OON) Benefits</div> <div><div>Close</div><div>Save and Close</div><div>Save and Next</div></div>
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CY 2026 PBP Data Entry System Pages

17a – Eye Exams– Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Medicare Part B Rx Drugs(15)-Completed

Dental(16)-Completed

Eye Exams(17a)- In Progress

Routine Eye Exams(17a1)- Not Started

Other Eye Exam Services(17a2)- Not Started

Eyewear(17b)- Not Started

Eyewear(17b) Non Medicare - Not Started

Contact Lenses(17b1)- Not Started

Eyeglasses (lenses and frames)(17b2)- Not Started

Eyeglass lenses(17b3)- Not Started

Eyeglass frames(17b4))- Not Started

Upgrades(17b5)- Not Started

Hearing Exams/Hearing Aids(18)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance

20%

Copayment

\$20

Deductible

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance

20%

Copayment

\$20

Deductible

\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

17a1 – Routine Eye Exams

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Medicare Part B Rx Drugs(15)-Completed

Dental(16)-Completed

Eye Exams(17a)- In Progress

Routine Eye Exams(17a1)- In Progress

Other Eye Exam Services(17a2)- Not Started

Eyewear(17b)- Not Started

Eyewear(17b) Non Medicare - Not Started

Contact Lenses(17b1)- Not Started

Eyeglasses (lenses and frames)(17b2)- Not Started

Eyeglass lenses(17b3)- Not Started

Eyeglass frames(17b4))- Not Started

Upgrades(17b5)- Not Started

Hearing Exams/Hearing Aids(18)- Not Started

Routine Eye Exams(17a1)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

10

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment

\$400

Maximum copayment

\$400

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

17a2 – Other Eye Exam Services

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Medicare Part B Rx Drugs(15)-Completed

Dental(16)-Completed

Eye Exams(17a)- In Progress

Routine Eye Exams(17a1)-Completed

Other Eye Exam Services(17a2)- In Progress

Eyewear(17b)- Not Started

Eyewear(17b) Non Medicare - Not Started

Contact Lenses(17b1)- Not Started

Eyeglasses (lenses and frames)(17b2)- Not Started

Eyeglass lenses(17b3)- Not Started

Eyeglass frames(17b4))- Not Started

Upgrades(17b5)- Not Started

Hearing Exams/Hearing Aids(18)- Not Started

Other Eye Exam Services(17a2)

Plan Characteristics

Name of Other Service

Other Service Name

Is this benefit unlimited?

Yes No

Indicate number of visits

10

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment

\$400

Maximum copayment

\$400

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

17b – Eyewear– Page 1

✓ Medicare Part B Rx Drugs(15)-Completed

✓ Dental(16)-Completed

^ Eye Exams(17a)-Completed

Routine Eye Exams(17a1)-Completed

Other Eye Exam Services(17a2)-Completed

✓ Eyewear(17b)- In Progress

Eyewear(17b) Non Medicare - Not Started

Contact Lenses(17b1)- Not Started

Eyeglasses (lenses and frames)(17b2)- Not Started

Eyeglass lenses(17b3)- Not Started

Eyeglass frames(17b4))- Not Started

Upgrades(17b5)- Not Started

✓ Hearing Exams/Hearing Aids(18)- Not Started

Eyewear(17b)

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 Eye exams Category(17a)

☐ Plan-specified amount per period

MOOP amount \$500

Periodicity 6 Months

Is there a maximum plan benefit coverage?

Yes No

Select the maximum plan benefit coverage type

☒ Covered under Eye exams Category (17a)

☐ Plan-specified amount per period

Maximum amount \$500

Periodicity

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

17b – Eyewear– Page 2

▼ Medicare Part B Rx Drugs(15)-Completed	Periodicity 6 Months
▼ Dental(16)-Completed	
^ Eye Exams(17a)-Completed	Do you offer a Combined Max Plan Benefit Coverage Amount for all Eyewear?
	Yes No
Routine Eye Exams(17a1)-Completed	Combined Maximum amount \$500
Other Eye Exam Services(17a2)-Completed	
▼ Eyewear(17b)- In Progress	Is there a coinsurance?
Eyewear(17b) Non Medicare - Not Started	Yes Yes with a min & max No
Contact Lenses(17b1) - Not Started	Minimum coinsurance 4%
	Maximum coinsurance 8%
Eyeglasses (lenses and frames)(17b2)- Not Started	Is there a copayment?
Eyeglass lenses(17b3) - Not Started	Yes Yes with a min & max No
Eyeglass frames(17b4)) - Not Started	Minimum copayment \$400
Upgrades(17b5) - Not Started	Maximum copayment \$400
▼ Hearing Exams/Hearing Aids(18)- Not Started	Is there a deductible?
	Yes No
	Deductible amount
	Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

17b – Eyewear– Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Medicare Part B Rx Drugs(15)-Completed

Dental(16)-Completed

Eye Exams(17a)-Completed

Routine Eye Exams(17a1)-Completed

Other Eye Exam Services(17a2)-Completed

Eyewear(17b)- In Progress

Eyewear(17b) Non Medicare - Not Started

Contact Lenses(17b1) - Not Started

Eyeglasses (lenses and frames)(17b2)- Not Started

Eyeglass lenses(17b3) - Not Started

Eyeglass frames(17b4)) - Not Started

Upgrades(17b5) - Not Started

Hearing Exams/Hearing Aids(18)- Not Started

Deductible amount
\$400

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

17b – Eyewear– Page 4

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

✓ Medicare Part B Rx Drugs(15)-Completed

✓ Dental(16) -Completed

^ Eye Exams(17a) -Completed

Routine Eye Exams(17a1)-Completed

Other Eye Exam Services(17a2)-Completed

✓ Eyewear(17b)- In Progress

Eyewear(17b) Non Medicare - Not Started

Contact Lenses(17b1) - Not Started

Eyeglasses (lenses and frames)(17b2)- Not Started

Eyeglass lenses(17b3) - Not Started

Eyeglass frames(17b4))- Not Started

Upgrades(17b5) - Not Started

✓ Hearing Exams/Hearing Aids(18)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

17b – Eyewear Non-Medicare– Page 1

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Medicare Part B Rx Drugs(15)-Completed

Dental(16)-Completed

Eye Exams(17a)-Completed

Routine Eye Exams(17a1)-Completed

Other Eye Exam Services(17a2)-Completed

Eyewear(17b)-In Progress

Eyewear(17b) Non Medicare - In Progress

Contact Lenses(17b1)- Not Started

Eyeglasses (lenses and frames)(17b2)- Not Started

Eyeglass lenses(17b3)- Not Started

Eyeglass frames(17b4))- Not Started

Upgrades(17b5)- Not Started

Hearing Exams/Hearing Aids(18)- Not Started

Eyewear(17b) Non Medicare

Plan Characteristics

Is there a maximum plan benefit coverage?

☒ Yes ☐ No

Select the maximum plan benefit coverage type

☒ Covered under Eye exams Category (17a)

☐ Plan-specified amount per period

Maximum amount

Periodicity

Do you offer a Combined Max Plan Benefit Coverage Amount for all Eyewear?

☒ Yes ☐ No

Maximum amount

Out-of-Network (OON) Benefits

Add to OON Group

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

17b – Eyewear Non-Medicare– Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Medicare Part B Rx Drugs(15)-Completed

Dental(16)-Completed

Eye Exams(17a)-Completed

Routine Eye Exams(17a1)-Completed

Other Eye Exam Services(17a2)-Completed

Eyewear(17b)-In Progress

Eyewear(17b) Non Medicare - In Progress

Contact Lenses(17b1)- Not Started

Eyeglasses (lenses and frames)(17b2)- Not Started

Eyeglass lenses(17b3)- Not Started

Eyeglass frames(17b4))- Not Started

Upgrades(17b5)- Not Started

Hearing Exams/Hearing Aids(18)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

17b1 – Contact Lenses– Page 1

▼ Dental(16) - In Progress

^ Eye Exams/Eyewear(17) - In Progress

Eye Exams(17a) - Completed

^ Eye Exams(17a) - In Progress

Routine Eye Exams(17a1) - In Progress

Eye Exam Services Specify(17a2) - Not Started

Eyewear(17b) - In Progress

^ Eyewear(17b) - In Progress

Contact Lenses(17b1) - In Progress

Eyeglasses (lenses and frames) (17b2) - In Progress

Eyeglass lenses(17b3) - Not Started

Eyeglass frames(17b4) - Not Started

Contact Lenses (17b1) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of pairs *
1

Periodicity ⓘ *
Every Year

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 ⓘ *
\$ 0.00

Maximum copayment ⓘ *
\$ 0.00

Authorization required for this benefit?

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

17b1 – Contact Lenses– Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

▼ Dental(16) - In Progress

▲ Eye Exams/Eyewear(17) - In Progress

Eye Exams(17a) - Completed

▲ Eye Exams(17a) - In Progress

Routine Eye Exams(17a1) - In Progress

Eye Exam Services Specify(17a2) - Not Started

Eyewear(17b) - In Progress

▲ Eyewear(17b) - In Progress

Contact Lenses(17b1) - In Progress

Eyeglasses (lenses and frames) (17b2) - In Progress

Eyeglass lenses(17b3) - Not Started

Eyeglass frames(17b4) - Not Started

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Contact Lenses (17b1) Non Medicare Service

Add to POS Group

POS Group ⓘ
Group Name 1 - POS

Coinsurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *
N/A

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

17b2 – Eyeglasses (lenses and frames)– Page 1

Dental(16) - In Progress

^ Eye Exams/Eyewear(17) - In Progress

Eye Exams(17a) - Completed

^ Eye Exams(17a) - In Progress

Routine Eye Exams(17a1) - In Progress

Eye Exam Services Specify(17a2) - Not Started

Eyewear(17b) - In Progress

^ Eyewear(17b) - In Progress

Contact Lenses(17b1) - In Progress

Eyeglasses (lenses and frames) (17b2) - In Progress

Eyeglass lenses(17b3) - Not Started

Eyeglass frames(17b4) - Not Started

Eyeglasses (lenses and frames) (17b2) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of eyeglasses *
1

Periodicity ⓘ *
Every Year

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 ⓘ *
\$ 0.00

Maximum copayment ⓘ *
\$ 0.00

Authorization required for this benefit?

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

17b2 – Eyeglasses (lenses and frames)– Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

The screenshot displays the 'Eyeglasses (lenses and frames) (17b2) - In Progress' screen. On the left, a sidebar lists various benefit categories, with 'Eyeglasses (lenses and frames) (17b2) - In Progress' highlighted. The main content area shows a form for 'Eyeglasses (lenses and frames) (17b2) Non Medicare Service'. It includes sections for 'Authorization required for this benefit?' (Yes/No), 'Referral required for this benefit?' (No), and 'Point-of-Service (POS) Benefits'. A '+ Add New POS Group' button is present. Below, the 'Add to POS Group' section features a dropdown menu for 'POS Group' with 'Group Name 1 - POS' selected. The 'Coinsurance', 'Copayment', and 'Deductible' fields are all set to 'No'. The 'Authorization required for this benefit?' and 'Referral required for this benefit?' fields are also set to 'No'. A 'Notes' field at the bottom contains 'N/A'. At the bottom right, there are three buttons: 'Close', 'Save and Close', and 'Save and Next'.

Category	Status
Dental(16)	In Progress
Eye Exams/Eyewear(17)	In Progress
Eye Exams(17a)	Completed
Eye Exams(17a)	In Progress
Routine Eye Exams(17a1)	In Progress
Eye Exam Services Specify(17a2)	Not Started
Eyewear(17b)	In Progress
Eyewear(17b)	In Progress
Contact Lenses(17b1)	In Progress
Eyeglasses (lenses and frames) (17b2)	In Progress
Eyeglass lenses(17b3)	Not Started
Eyeglass frames(17b4)	Not Started

Authorization required for this benefit?
Yes
Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Eyeglasses (lenses and frames) (17b2) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance: No Copayment: No Deductible: No

Authorization required for this benefit?
No
Referral required for this benefit?
No

Notes *
N/A

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

17b3 – Eyeglass lenses– Page 1

Routine Eye Exams(17a1) - In Progress

Eye Exam Services Specify(17a2) - Not Started

Eyewear(17b) - In Progress

^ Eyewear(17b) - In Progress

Contact Lenses(17b1) - In Progress

Eyeglasses (lenses and frames) (17b2) - In Progress

Eyeglass lenses(17b3) - Not Started

Eyeglass frames(17b4) - Not Started

Upgrades(17b5) - Not Started

^ Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

^ Hearing Exams(18a) - In Progress

Eyeglass lenses (17b3) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate number of pairs of lenses *

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 ⓘ *

Authorization required for this benefit?

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

17b3 – Eyeglass lenses– Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Routine Eye Exams(17a1) - In Progress

Eye Exam Services Specify(17a2) - Not Started

Eyewear(17b) - In Progress

^ Eyewear(17b) - In Progress

Contact Lenses(17b1) - In Progress

Eyeglasses (lenses and frames) (17b2) - In Progress

Eyeglass lenses(17b3) - Not Started

Eyeglass frames(17b4) - Not Started

Upgrades(17b5) - Not Started

^ Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

^ Hearing Exams(18a) - In Progress

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Eyeglass lenses (17b3) Non Medicare Service

Add to POS Group

POS Group ⓘ
Group Name 1 - POS

Coinurance Copayment Deductible

No No No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

Close Save and Close Save and Next

17b4 – Eyeglass frames– Page 1

Routine Eye Exams(17a1) - In Progress

Eye Exam Services Specify(17a2) - Not Started

Eyewear(17b) - In Progress

^ Eyewear(17b) - In Progress

Contact Lenses(17b1) - In Progress

Eyeglasses (lenses and frames) (17b2) - In Progress

Eyeglass lenses(17b3) - Not Started

Eyeglass frames(17b4) - Not Started

Upgrades(17b5) - Not Started

^ Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

^ Hearing Exams(18a) - In Progress

Eyeglass frames (17b4) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes

No

Indicate number of eyeglass frames *

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 ⓘ *

Authorization required for this benefit?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

17b4 – Eyeglass frames– Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Routine Eye Exams(17a1) - In Progress

Eye Exam Services Specify(17a2) - Not Started

Eyewear(17b) - In Progress

^ Eyewear(17b) - In Progress

Contact Lenses(17b1) - In Progress

Eyeglasses (lenses and frames) (17b2) - In Progress

Eyeglass lenses(17b3) - Not Started

Eyeglass frames(17b4) - Not Started

Upgrades(17b5) - Not Started

^ Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

^ Hearing Exams(18a) - In Progress

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Eyeglass frames (17b4) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance	Copayment	Deductible
No	No	No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

17b5 – Upgrades – Page 1

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Routine Eye Exams(17a1) - In Progress

Eye Exam Services Specify(17a2) - Not Started

Eyewear(17b) - In Progress

^ Eyewear(17b) - In Progress

Contact Lenses(17b1) - In Progress

Eyeglasses (lenses and frames) (17b2) - In Progress

Eyeglass lenses(17b3) - Not Started

Eyeglass frames(17b4) - Not Started

Upgrades(17b5) - Not Started

^ Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

^ Hearing Exams(18a) - In Progress

Upgrades (17b5) - Non-Medicare

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 ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

17b5 – Upgrades – Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Routine Eye Exams(17a1) - In Progress

Eye Exam Services Specify(17a2) - Not Started

Eyewear(17b) - In Progress

^ Eyewear(17b) - In Progress

Contact Lenses(17b1) - In Progress

Eyeglasses (lenses and frames) (17b2) - In Progress

Eyeglass lenses(17b3) - Not Started

Eyeglass frames(17b4) - Not Started

Upgrades(17b5) - Not Started

^ Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

^ Hearing Exams(18a) - In Progress

Authorization required for this benefit?

No

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Upgrades (17b5) Non Medicare Service

Add to POS Group

POS Group ⓘ
Group Name 1 - POS

Coinsurance

No

Copayment

No

Deductible

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

Close

Save and Close

Save and Next

18a – Hearing Exams – Page 1

- ☒ UME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- ☐ Dialysis Services(12) - Completed
- ☒ Other Supplemental Services(13) - Not Started
- ☒ Preventive and Other Defined Supplemental Services(14) - In Progress
- ☒ Medicare Part B Rx Drugs(15) - In Progress
- ☒ Dental(16) - In Progress
- ☒ Eye Exams/Eyewear(17) - In Progress
- ☒ Hearing Exams/Hearing Aids(18) - In Progress
- Hearing Exams(18a) - In Progress**
- ☒ Hearing Exams(18a) - In Progress
- ☒ Prescription Hearing Aids(18b) - In Progress
- ☐ OTC Hearing Aids(18c) - Not Started

Hearing Exams (18a) - Medicare ⓘ

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

Yes

No

MOOP Amount ⓘ *

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

[Plan Characteristics](#)

Close
Save and Close
Save and Next

CY 2026 PBP Data Entry System Pages

18a – Hearing Exams– Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

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

Dialysis Services(12) - Completed

▼ Other Supplemental Services(13) - Not Started

▼ Preventive and Other Defined Supplemental Services(14) - In Progress

▼ Medicare Part B Rx Drugs(15) - In Progress

▼ Dental(16) - In Progress

▼ Eye Exams/Eyewear(17) - In Progress

▲ Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

▼ Hearing Exams(18a) - In Progress

▼ Prescription Hearing Aids(18b) - In Progress

OTC Hearing Aids(18c) - Not Started

Is there a deductible?

Yes No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Hearing Exams (18a) Medicare Service

Add to POS Group

POS Group

Group Name 1 - POS

Coinsurance: No Copayment: No Deductible: No

Authorization required for this benefit?

No

Referral required for this benefit?

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

18a – Hearing Exams– Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

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

Dialysis Services(12) - Completed

▼ Other Supplemental Services(13) - Not Started

Preventive and Other Defined Supplemental Services(14) - In Progress

▼ Medicare Part B Rx Drugs(15) - In Progress

▼ Dental(16) - In Progress

▼ Eye Exams/Eyewear(17) - In Progress

▲ Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

▼ Hearing Exams(18a) - In Progress

▼ Prescription Hearing Aids(18b) - In Progress

OTC Hearing Aids(18c) - Not Started

No

Point-of-Service (POS) Benefits

+ Add New POS Group

Hearing Exams (18a) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close Save and Close Save and Next

18a - Hearing Exams - Non-Medicare

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

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

Preventive and Other Defined Supplemental Services(14) - In Progress

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

Hearing Exams(18a) - In Progress

Routine Hearing Exams(18a1) - In Progress

Fitting/Evaluation for Hearing Aid(18a2) - In Progress

Hearing Exams (18a) - Non-Medicare ⓘ

Plan Characteristics

Is there a maximum plan benefit coverage? ⓘ *

Yes

No

Maximum amount ⓘ *

\$

Periodicity ⓘ *

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

18a1 – Routine Hearing Exams

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Eye Exams(17a) -Completed

Hearing Exams/Hearing Aids(18) -
In Progress

Hearing Exams(18a) -Completed

**Routine Hearing Exams(18a1)-
In Progress**

Fitting/Evaluation for Hearing Aid(18a2)
-Not Started

Hearing Aids(18b) -Not Started

Hearing Aids (all types)(18b1) -
Not Started

Hearing Aids -Inner Ear(18b2) -
Not Started

Hearing Aids -Outer Ear(18b3) -
Not Started

Hearing Aids -Over the Ear(18b4) -
Not Started

Routine Hearing Exams(18a1)

Is this benefit unlimited?

Yes No

Indicate number of visits

10

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment

\$400

Maximum copayment

\$400

+ Add Notes

Plan Characteristics

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

18a2 – Fitting/Evaluation for Hearing Aid– Page 1

Eye Exams(17a) -Completed

Hearing Exams/Hearing Aids(18) -
In Progress

Hearing Exams(18a) -Completed

Routine Hearing Exams(18a1) -
Completed

Fitting/Evaluation for Hearing Aid
(18a2)- In Progress

Hearing Aids(18b) -Not Started

Hearing Aids (all types)(18b1) -
Not Started

Hearing Aids -Inner Ear(18b2) -
Not Started

Hearing Aids -Outer Ear(18b3) -
Not Started

Hearing Aids -Over the Ear(18b4) -
Not Started

Fitting/Evaluation for Hearing Aid(18a2)

Plan Characteristics

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

Yes

No

MOOP amount

\$500

Periodicity

6 Months

Is there a maximum plan benefit coverage?

Yes

No

Does the maximum plan benefit coverage amount apply to in-network services only or does it apply to both In-network and out-of-network services?

In-network services only

Both in-network and out-of-network services

Maximum amount

\$500

Periodicity

6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

18a2 – Fitting/Evaluation for Hearing Aid– Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

✓ Eye Exams(17a) -Completed

^ Hearing Exams/Hearing Aids(18) -
In Progress

Hearing Exams(18a) -Completed

Routine Hearing Exams(18a1) -
Completed

Fitting/Evaluation for Hearing Aid
(18a2)- In Progress

^ Hearing Aids(18b) -Not Started

Hearing Aids (all types)(18b1) -
Not Started

Hearing Aids -Inner Ear(18b2) -
Not Started

Hearing Aids -Outer Ear(18b3) -
Not Started

Hearing Aids -Over the Ear(18b4) -
Not Started

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Is there a deductible?

Yes

No

Deductible amount

\$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

18a2 – Fitting/Evaluation for Hearing Aid– Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Eye Exams(17a) -Completed

Hearing Exams/Hearing Aids(18) -
In Progress

Hearing Exams(18a) -Completed

Routine Hearing Exams(18a1) -
Completed

Fitting/Evaluation for Hearing Aid
(18a2)-In Progress

Hearing Aids(18b) -Not Started

Hearing Aids (all types)(18b1) -
Not Started

Hearing Aids -Inner Ear(18b2) -
Not Started

Hearing Aids -Outer Ear(18b3) -
Not Started

Hearing Aids -Over the Ear(18b4) -
Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

18b – Prescription Hearing Aids– Page 1

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

Hearing Exams(18a) - In Progress

Routine Hearing Exams(18a1) - In Progress

Fitting/Evaluation for Hearing Aid(18a2) - In Progress

Prescription Hearing Aids(18b) - In Progress

Prescription Hearing Aids (all types)(18b1) - In Progress

OTC Hearing Aids(18c) - Not Started

Prescription Hearing Aids (18b) - Non-Medicare ⓘ

Plan Characteristics

Service maximum plan benefit coverage: ⓘ *

Yes No

Does the Maximum Plan Benefit Coverage Amount apply per ear or for both ears combined?

Select Coverage ⓘ *

Select the maximum plan benefit coverage type ⓘ *

☐ Covered under Hearing Exams Category (18a)

☐ Plan-specified amount per period

Service maximum enrollee out-of-pocket cost (MOOP): ⓘ *

Yes No

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

☐ Covered under Hearing exams Category (18a)

☐ Plan-specified amount per period

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

18b – Prescription Hearing Aids– Page 2

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

✓ Comprehensive Dental(16c) - In Progress

✓ Eye Exams/Eyewear(17) - In Progress

^ Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

^ Hearing Exams(18a) - In Progress

Routine Hearing Exams(18a1) - In Progress

Fitting/Evaluation for Hearing Aid(18a2) - In Progress

^ Prescription Hearing Aids(18b) - In Progress

Prescription Hearing Aids (all types)(18b1) - In Progress

OTC Hearing Aids(18c) - Not Started

Select the maximum plan benefit coverage type ⓘ *

☐ Covered under Hearing Exams Category (18a)

☐ Plan-specified amount per period

Service maximum enrollee out-of-pocket cost (MOOP): ⓘ *

Yes

No

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

☐ Covered under Hearing exams Category (18a)

☐ Plan-specified amount per period

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Notes

0/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

18b1 - Prescription Hearing Aids (all types) - Page 1

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

Hearing Exams(18a) - In Progress

Routine Hearing Exams(18a1) - In Progress

Fitting/Evaluation for Hearing Aid(18a2) - In Progress

Prescription Hearing Aids(18b1) - In Progress

OTC Hearing Aids(18c) - Not Started

Prescription Hearing Aids (all types) (18b1) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? ⓘ *

Yes No

Indicate quantity for Hearing Aids *

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 ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Pages

18b1 - Prescription Hearing Aids (all types) - Page 2

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

Hearing Exams(18a) - In Progress

Routine Hearing Exams(18a1) - In Progress

Fitting/Evaluation for Hearing Aid(18a2) - In Progress

Prescription Hearing Aids(18b) - In Progress

Prescription Hearing Aids (all types)(18b1) - In Progress

OTC Hearing Aids(18c) - Not Started

Authorization required for this benefit?
No

Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

Prescription Hearing Aids (all types) (18b1) Non Medicare Service

Add to POS Group

POS Group Group Name 1 - POS

Coinsurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

1/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

18c - OTC Hearing Aids - Page 1

Prosthetics, fixed(16c7) - Not Started

Oral and Maxillofacial Surgery(16c8) - Not Started

Orthodontics(16c9) - Not Started

Adjunctive General Services(16c10) - Completed

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

Hearing Exams(18a) - In Progress

Prescription Hearing Aids(18b) - In Progress

Prescription Hearing Aids (all types)(18b1) - In Progress

OTC Hearing Aids(18c) - Not Started

OTC Hearing Aids (18c) - Non-Medicare

Plan Characteristics

Service maximum plan benefit coverage: ⓘ *

Yes

No

Does the Maximum Plan Benefit Coverage Amount apply per ear or for both ears combined?

Select Coverage ⓘ *

Maximum amount ⓘ *

\$

Periodicity ⓘ *

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

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

Is there a deductible? ⓘ *

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

18c - OTC Hearing Aids - Page 2

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

Hearing Exams(18a) - In Progress

Routine Hearing Exams(18a1) - In Progress

Fitting/Evaluation for Hearing Aid(18a2) - In Progress

Prescription Hearing Aids(18b) - In Progress

Prescription Hearing Aids (all types)(18b1) - In Progress

OTC Hearing Aids(18c) - Not Started

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Is this benefit unlimited? ⓘ *

Yes

No

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?

No

Referral required for this benefit?

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

18c - OTC Hearing Aids - Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Prophylaxis (cleaning)(16b4) - Not Started

Fluoride Treatment(16b5) - Not Started

Other Preventive Dental Services(16b6) - Not Started

Comprehensive Dental(16c) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Hearing Exams(18a) - In Progress

Hearing Exams(18a) - In Progress

Routine Hearing Exams(18a1) - In Progress

Fitting/Evaluation for Hearing Aid(18a2) - In Progress

Prescription Hearing Aids(18b) - In Progress

Prescription Hearing Aids (all types)(18b1) - In Progress

OTC Hearing Aids(18c) - Not Started

Authorization required for this benefit?
No


Referral required for this benefit?
No

Point-of-Service (POS) Benefits

+ Add New POS Group

OTC Hearing Aids (18c) Non Medicare Service

Add to POS Group

POS Group 
Group Name 1 - POS

Coinsurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

20 – Prescription Drugs– Page 1

Eye Exams(17a) -Completed

Hearing Exams/Hearing Aids(18) -Completed

Prescription Drugs(20) -In Progress

Prescription Drugs Non medicare (20) -Not Started

Outpatient Drugs Groups(20) -Not Started

Prescription Drugs(20)

Plan Characteristics

Indicate the number of drug groupings that are offered
4

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

Select what combination of drug groups applies for Maximum Enrollee Out-of-Pocket Cost(Select all that apply):

Group 1

Group 2

Group 3

Group 4

Group 5

Medicare Covered Benefits

MOOP amount
\$500

Periodicity
Every Year

Is there a coinsurance?
Yes No

Close

Save and Close

Save and Next

Softrams

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CY 2026 PBP Data Entry System Pages

20 – Prescription Drugs– Page 2

▼ Eye Exams(17a) -Completed

▼ Hearing Exams/Hearing Aids(18) -Completed

▲ Prescription Drugs(20) -In Progress

Prescription Drugs Non medicare (20) -Not Started

Outpatient Drugs Groups(20) -Not Started

Is there a coinsurance?

☒ Yes ☐ No

Select which Medicare-covered Outpatient Drugs have a Coinsurance:

☒ Medicare Part B Chemotherapy/Radiation Drugs

Minimum coinsurance Maximum coinsurance

☒ Other Medicare Part B Drugs

Minimum coinsurance Maximum coinsurance

Is there a copayment?

☒ Yes ☐ No

Select which Medicare-covered Outpatient Drugs have a Copayment:

☒ Medicare Part B Chemotherapy/Radiation Drugs

Minimum copayment Maximum copayment

☒ Other Medicare Part B Drugs

Minimum copayment Maximum copayment

CY 2026 PBP Data Entry System Pages

20 – Prescription Drugs– Page 3

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Eye Exams(17a) -Completed

Hearing Exams/Hearing Aids(18) -Completed

Prescription Drugs(20) -In Progress

Prescription Drugs Non medicare (20) -Not Started

Outpatient Drugs Groups(20) -Not Started

Minimum copayment\$400

Maximum copayment\$400

Is there a deductible?

YesNo

Select what combination of drug groups applies for Deductible (Select all that apply):

Group 1

Group 2

Group 3

Group 4

Group 5

Medicare Covered Benefits

Deductible amount\$400

Authorization required for this benefit?

Yes

Out-of-Network (OON) Benefits

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

20 – Prescription Drugs– Page 4

Note: Add to OON Group functionality is being removed from Benefit Details screens. OON groups will no longer exist and OON cost sharing questions will be moved to these screens.

Eye Exams(17a) -Completed

Hearing Exams/Hearing Aids(18) -Completed

Prescription Drugs(20) -In Progress

Prescription Drugs Non medicare (20) -Not Started

Outpatient Drugs Groups(20) -Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

20 – Prescription Drugs Non-Medicare– Page 1

Eye Exams(17a) - Completed

Hearing Exams/Hearing Aids(18) - Completed

Prescription Drugs(20) - In Progress

Prescription Drugs Non medicare (20) - In Progress

Outpatient Drugs Groups(20) - Not Started

Prescription Drugs Non medicare (20)

Plan Characteristics

Is there a maximum plan benefit coverage for drugs?

Yes No

Indicate type of maximum plan benefit coverage

☒ All drug groups covered by plan

☐ Combination of drug groups

☐ Individual drug groups

Is the maximum plan benefit coverage net of the enrollee copay?

Yes No

Indicate maximum plan benefit coverage periodicity for drugs

☒ Annually

Maximum amount

☒ Semi-annually

Maximum amount

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

20 – Prescription Drugs Non-Medicare– Page 2

Eye Exams(17a) -Completed

Hearing Exams/Hearing Aids(18) -Completed

Prescription Drugs(20) -In Progress

Prescription Drugs Non medicare (20) -In Progress

Outpatient Drugs Groups(20) -Not Started

☒ Quarterly

Maximum amount
\$400

☒ Monthly

Maximum amount
\$400

☒ Other

Describe
Describing Other stuff

Maximum amount
\$400

Can any unused amounts be carried forward to the next period within the contract period?

Yes

No

Select what combination of drug groups are included in the maximum plan benefit (Select all that apply):

☒ Group 1

☒ Group 2

☐ Group 3

☒ Group 4

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

20 – Prescription Drugs Non-Medicare – Page 3

Eye Exams(17a) -Completed

Hearing Exams/Hearing Aids(18) -Completed

Prescription Drugs(20) -In Progress

Prescription Drugs Non medicare (20) -In Progress

Outpatient Drugs Groups(20) -Not Started

☒ Group 4

☒ Group 5

Indicate maximum plan benefit coverage periodicity for combination of drug groups (Select all that apply):

☒ Annually

Maximum amount
\$400

☒ Semi-annually

Maximum amount
\$400

☒ Quarterly

Maximum amount
\$400

☒ Monthly

Maximum amount
\$400

☒ Other

Describe
Describing Other stuff

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

20 – Prescription Drugs Non-Medicare– Page 4

Eye Exams(17a) -Completed

Hearing Exams/Hearing Aids(18) -Completed

Prescription Drugs(20) -In Progress

Prescription Drugs Non medicare (20) -In Progress

Outpatient Drugs Groups(20) -Not Started

Describe
Describing Other stuff

Maximum amount
\$400

Is a selected group unlimited after the combination maximum plan benefit coverage amount has been reached?

YesNo

Indicate the selected group(s) for which the maximum plan benefit coverage is waived (Select all that apply):

☒ Group 1

☒ Group 2

☐ Group 3

☒ Group 4

☒ Group 5

Does the enrollee incur a cost in addition to the coinsurance or copay for selecting a higher priced drug when a less expensive drug is available?

YesNo

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

20 – Outpatient Drug Groups

Eye Exams(17a) -Completed

Hearing Exams/Hearing Aids(18) -Completed

Prescription Drugs(20) -In Progress

Prescription Drugs Non medicare (20) -Completed

Outpatient Drugs Groups(20) -In Progress

Outpatient Drugs Groups(20)

Plan Characteristics

+ Add New Outpatient Drugs Group

Group Name	Copayment	Coinsurance	Max Coverage Amount	Aquisition Method	Actions
Group 1	\$20	5%-10%	\$200	HMO-Owned pharmacy, Mail Order	
Group 2	\$23	10%	\$230	Mail Order	
Group 3	\$25	5%-10%	\$250	Designated retail pharmacy	
Group 4	\$20	10%	\$200	Designated retail pharmacy	

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

20 – Add New Outpatient Drug Group– Page 1

Very long Plan Name

Eye Exams(17a) -Completed

Hearing Exams/Hearing Aids(18) -Completed

Prescription Drugs(20) -In Progress

Prescription Drugs Non medicare (20) -Completed

Outpatient Drugs Groups(20) -In Progress

Add New Outpatient Drugs Group

Group Name

Sample Group Name

Select the drug type(s) covered for Group

☒ Generic

☐ Preferred Brand

☐ Brand

Is there a maximum plan benefit coverage amount for the group?

Yes

No

Maximum plan benefit coverage amount

4

Periodicity

Every 6 Months

Select from where the Group Drugs can be acquired (Select all that apply):

☒ Designated retail pharmacy

☐ HMO-Owned pharmacy

☐ Mail Order

Cancel

Save

Plan Characteristics

Add New Outpatient Drugs Group

	Actions
Mail Order	
acy	
acy	

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

20 – Add New Outpatient Drug Group– Page 2

Very long Plan Name

✓ Eye Exams(17a) -Completed

✓ Hearing Exams/Hearing Aids(18) -Completed

^ Prescription Drugs(20) -In Progress

Prescription Drugs Non medicare (20) -Completed

Outpatient Drugs Groups(20) -In Progress

Add New Outpatient Drugs Group

☐ Mail Order Owned pharmacy

☐ Mail Order

☐ Other, describe

Is there coinsurance?

Yes

Yes with a min & max

No

Designated retail pharmacy

Minimum percentage

4%

Maximum percentage

8%

Is there copayment?

Yes

Yes with a min & max

No

Designated retail pharmacy

Minimum amount

\$400

Maximum amount

\$800

Enter the maximum day supply for Group 1 Designated Retail Pharmacy

Indicate day supply

100

Cancel

Save

Plan Characteristics

Add New Outpatient Drugs Group

	Actions
Mail Order	
Pharmacy	
Pharmacy	

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Pages

20 – Add New Outpatient Drug Group– Page 3

Very long Plan Name

Eye Exams(17a) -Completed

Hearing Exams/Hearing Aids(18) -Completed

Prescription Drugs(20) -In Progress

Prescription Drugs Non medicare (20) -Completed

Outpatient Drugs Groups(20) -In Progress

Add New Outpatient Drugs Group

Is there coinsurance?

Yes

Yes with a min & max

No

Designated retail pharmacy

Minimum percentage

4%

Maximum percentage

8%

Is there copayment?

Yes

Yes with a min & max

No

Designated retail pharmacy

Minimum amount

\$400

Maximum amount

\$800

Enter the maximum day supply for Group 1 Designated Retail Pharmacy

Indicate day supply

100

+ Add Notes

Cancel

Save

Plan Characteristics

Add New Outpatient Drugs Group

	Actions
Mail Order	
cy	
cy	

Close

Save and Close

Save and Next

Softrams

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