

CY 2026 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 1

In Patient Hospital Services(1) - Completed

Inpatient Hospital-Acute(1a) - In Progress

Additional Days(1a1) - In Progress

Non-Medicare Covered Days(1a2) - Not started

Upgrades(1a3) - Not started

In Patient Hospital Psychiatric(1b) - Not started

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

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

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

Inpatient Hospital-Acute (1a)

Plan Char

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

Yes

No

MOOP amount

\$2800

Periodicity

6 Months

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

Yes

No

Number of tiers

3

Lowest cost tier

1

Is there a coinsurance?

Yes

No

Tier 1

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

Yes

No

Tier 2

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

Yes

No

Tier 3

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

Yes

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 2

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

CY 2026 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 3

	Coinsurance	Begin day	End day	Coinsurance	Begin day	End day	Coinsurance	Begin day	End day
In Patient Hospital Services(1) - Completed	20%	11	19	4%	1	10	4%	1	
Inpatient Hospital-Acute(1a) - In Progress									
Additional Days(1a1) - In Progress									
Non-Medicare Covered Days(1a2) - Not started									
Upgrades(1a3) - Not started									
In Patient Hospital Psychiatric(1b) - Not started									
Skilled Nursing Facility (SNF)(2) - Not started									
Cardiac and Pulmonary Rehabilitation Services(3) - Not started									
Emergency/Urgently Needed Services(4) - Not started									
Partial Hospitalization(5) - Not started									
Home Health Services(6) - Not started									
Health Care Professional Services(7) - Not started									
Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started									
Is there a copayment?									
<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>									
Tier 1									
Do you charge the Medicare-defined cost share for tier 1?									
<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>									
Copayment for Medicare-covered stay									
\$0									
Number of day intervals for Medicare-covered stay									
3									
Copayment	Begin Day	End Day							
\$250	1	8							
Copayment	Begin Day	End Day							
\$0	9	9							
Copayment	Begin Day	End Day							
\$0	10	90							
Tier 2									
Do you charge the Medicare-defined cost share for tier 2?									
<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>									
Copayment for Medicare-covered stay									
\$113									
Number of day intervals for Medicare-covered stay									
3									
Copayment	Begin Day	End Day							
\$40	1	10							
Copayment	Begin Day	End Day							
\$40	1	10							
Copayment	Begin Day	End Day							
\$40	1	10							
Tier 3									
Do you charge the Medicare-defined cost share for tier 3?									
<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>									
Copayment for Medicare-covered stay									
\$0									
Number of day intervals for Medicare-covered stay									
3									
Copayment	Begin Day	End Day							
\$40	1								
Copayment	Begin Day	End Day							
\$40	1								
Copayment	Begin Day	End Day							
\$40	1								
<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 Screens

1a - Inpatient Hospital-Acute - Page 4

<div>In Patient Hospital Services(1) - Completed</div> <div>Inpatient Hospital-Acute(1a) - In Progress</div> <div>Additional Days(1a1) - In Progress</div> <div>Non-Medicare Covered Days(1a2)- Not started</div> <div>Upgrades(1a3)- Not started</div> <div>In Patient Hospital Psychiatric(1b) - Not started</div> <div>Skilled Nursing Facility (SNF)(2) - Not started</div> <div>Cardiac and Pulmonary Rehabilitation Services(3) - Not started</div> <div>Emergency/Urgently Needed Services(4) - Not started</div> <div>Partial Hospitalization(5) - Not started</div> <div>Home Health Services(6) - Not started</div> <div>Health Care Professional Services(7) - Not started</div> <div>Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started</div>	<div>Day intervals for Medicare-covered lifetime reserve days</div> <div>3</div> <div>Copayment</div> <div>\$250</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>8</div> <div>Copayment</div> <div>\$0</div> <div>Begin Day</div> <div>9</div> <div>End Day</div> <div>9</div> <div>Copayment</div> <div>\$0</div> <div>Begin Day</div> <div>10</div> <div>End Day</div> <div>90</div>	<div>Day intervals for Medicare-covered lifetime reserve days</div> <div>3</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>10</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>10</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>10</div>	<div>Day intervals for Medicare-covered lifetime reserve days</div> <div>3</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>1</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>1</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>1</div>
<div>Is there a deductible?</div> <div>Yes No</div>			
<div>Tier 1</div> <div>Deductible amount</div> <div>\$40</div>		<div>Tier 2</div> <div>Deductible amount</div> <div>\$40</div>	<div>Tier 3</div> <div>Deductible amount</div> <div>\$40</div>
<div>What is your inpatient hospital-acute benefit period?</div> <div>Annual</div>			
<div>Close Save and Close Save and Next</div>			

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1a - Inpatient Hospital-Acute - Page 5

<div>In Patient Hospital Services(1) - Completed</div> <div>Inpatient Hospital-Acute(1a) - In Progress</div> <div>Additional Days(1a1) - In Progress</div> <div>Non-Medicare Covered Days(1a2)- Not started</div> <div>Upgrades(1a3)- Not started</div> <div>In Patient Hospital Psychiatric(1b) - Not started</div> <div>Skilled Nursing Facility (SNF)(2) - Not started</div> <div>Cardiac and Pulmonary Rehabilitation Services(3) - Not started</div> <div>Emergency/Urgently Needed Services(4) - Not started</div> <div>Partial Hospitalization(5) - Not started</div> <div>Home Health Services(6) - Not started</div> <div>Health Care Professional Services(7) - Not started</div> <div>Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started</div>	<div>Do you charge cost sharing on the day of discharge?</div> <div>Yes No</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>Is there a coinsurance?</div> <div>Yes No</div> <div>Do you charge the Medicare-defined cost share?</div> <div>Yes No</div> <div>Coinsurance</div> <div>4%</div> <div>Number of day intervals</div> <div>3</div> <div>Coinsurance</div> <div>4%</div> <div>Begin day</div> <div>1</div> <div>End day</div> <div>10</div>
<div>Close</div> <div>Save and Close</div> <div>Save and Next</div>	

CY 2026 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 6

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

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 7

In Patient Hospital Services(1) - Completed

Inpatient Hospital-Acute(1a) - In Progress

Additional Days(1a1) - In Progress

Non-Medicare Covered Days(1a2)- Not started

Upgrades(1a3)- Not started

In Patient Hospital Psychiatric(1b) - Not started

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

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

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

Is there a deductible?

Yes

No

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

Yes

No

Deductible amount

\$400

Point-of-Service (POS) benefits

Is there a POS maximum plan benefit coverage?

Yes

No

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

Yes

No

Maximum plan benefit coverage amount

\$40

Periodicity

Every 6 months

Is there a coinsurance?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 8

<div>In Patient Hospital Services(1) - Completed</div> <div>Inpatient Hospital-Acute(1a) - In Progress</div> <div>Additional Days(1a1) - In Progress</div> <div>Non-Medicare Covered Days(1a2) - Not started</div> <div>Upgrades(1a3) - Not started</div> <div>In Patient Hospital Psychiatric(1b) - Not started</div> <div>Skilled Nursing Facility (SNF)(2) - Not started</div> <div>Cardiac and Pulmonary Rehabilitation Services(3) - Not started</div> <div>Emergency/Urgently Needed Services(4) - Not started</div> <div>Partial Hospitalization(5) - Not started</div> <div>Home Health Services(6) - Not started</div> <div>Health Care Professional Services(7) - Not started</div> <div>Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started</div>	<div>Is there a coinsurance?</div> <div>Yes No</div> <div>Do you charge the Medicare-defined cost share?</div> <div>Yes No</div> <div>Coinsurance for Medicare-covered stay</div> <div>4%</div> <div>Number of day intervals for Medicare-covered stay</div> <div>3</div> <div>Coinsurance</div> <div>4%</div> <div>Begin day</div> <div>1</div> <div>End day</div> <div>10</div> <div>Coinsurance</div> <div>4%</div> <div>Begin day</div> <div>1</div> <div>End day</div> <div>10</div> <div>Coinsurance</div> <div>4%</div> <div>Begin day</div> <div>1</div> <div>End day</div> <div>10</div> <div>Is there a copayment?</div> <div>Yes No</div> <div>Do you charge the Medicare-defined cost share?</div> <div>Yes No</div>
<div>Close</div> <div>Save and Close</div> <div>Save and Next</div>	

CY 2026 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 9

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

Is there a copayment?

Do you charge the Medicare-defined cost share?

Copayment for Medicare-covered stay

\$40

Number of day intervals for Medicare-covered stay

3

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

Is there a deductible?

CY 2026 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 10

^ Inpatient Hospital Services(1) - In Progress

^ Inpatient Hospital-Acute(1a) - In Progress

Additional Days for Inpatient Hospital-Acute(1a1) - In Progress

Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2) - Not Started

Upgrades for Inpatient Hospital-Acute(1a3) - Not Started

^ Inpatient Hospital Psychiatric(1b) - In Progress

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

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

^ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - Completed

^ Health Care Professional Services(7) - In Progress

Do you charge the Medicare-defined cost share? ⓘ

Yes

No

Copayment ⓘ
\$

Number of day intervals for Medicare-covered stay *

Is there a deductible? ⓘ *

Yes

No

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

Yes

No

Deductible amount ⓘ
\$

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *
test

4/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

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

^ In Patient Hospital Services(1) - In Progress

^ Inpatient Hospital-Acute(1a) - In Progress

Additional Days(1a1) - In Progress

Non-Medicare Covered Days(1a2)

Upgrades(1a3)

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

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

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

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

^ Partial Hospitalization(5) - Not started

^ Home Health Services(6) - Not started

^ Health Care Professional Services(7) - Not started

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

Additional Days for Inpatient Hospital-Acute (1a1)

Plan Char

Is this benefit unlimited?

Yes No

Indicate number of Additional Days per benefit period:

30

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

Yes No

Number of tiers

3

Lowest cost tier

1

Is there a coinsurance?

Yes No

Tier 1

Number of day intervals

3

Coinsurance

4%

Begin Day

1

End Day

10

Tier 2

Number of day intervals

3

Coinsurance

4%

Begin Day

1

End Day

10

Tier 3

Number of day intervals

3

Coinsurance

4%

Begin Day

1

End Day

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

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

<div>^ In Patient Hospital Services(1) - In Progress</div> <div>^ Inpatient Hospital-Acute(1a) - In Progress</div> <div>Additional Days(1a1) - In Progress</div> <div>Non-Medicare Covered Days(1a2)</div> <div>Upgrades(1a3)</div> <div>^ In Patient Hospital Psychiatric(1b) - Not started</div> <div>^ Skilled Nursing Facility (SNF)(2) - Not started</div> <div>^ Cardiac and Pulmonary Rehabilitation Services(3) - Not started</div> <div>^ Emergency/Urgently Needed Services(4) - Not started</div> <div>^ Partial Hospitalization(5) - Not started</div> <div>^ Home Health Services(6) - Not started</div> <div>^ Health Care Professional Services(7) - Not started</div> <div>^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started</div>	<div>Tier 1</div> <div>Number of day intervals <div>3</div></div> <div>Coinsurance <div>4%</div> Begin Day <div>1</div> End Day <div>10</div></div> <div>Coinsurance <div>4%</div> Begin Day <div>1</div> End Day <div>10</div></div> <div>Coinsurance <div>4%</div> Begin Day <div>1</div> End Day <div>10</div></div>	<div>Tier 2</div> <div>Number of day intervals <div>3</div></div> <div>Coinsurance <div>4%</div> Begin Day <div>1</div> End Day <div>10</div></div> <div>Coinsurance <div>4%</div> Begin Day <div>1</div> End Day <div>10</div></div> <div>Coinsurance <div>4%</div> Begin Day <div>1</div> End Day <div>10</div></div>	<div>Tier 3</div> <div>Number of day intervals <div>3</div></div> <div>Coinsurance <div>4%</div> Begin Day <div>1</div> End Day <div>10</div></div> <div>Coinsurance <div>4%</div> Begin Day <div>1</div> End Day <div>10</div></div> <div>Coinsurance <div>4%</div> Begin Day <div>1</div> End Day <div>10</div></div>
	<div>Is there a copayment?</div> <div><div>Yes</div><div>No</div></div>		
	<div>Tier 1</div> <div>Number of day intervals <div>3</div></div> <div>Copayment <div>\$40</div> Begin Day <div>1</div> End Day <div>10</div></div> <div>Copayment <div>\$40</div> Begin Day <div>1</div> End Day <div>10</div></div>	<div>Tier 2</div> <div>Number of day intervals <div>3</div></div> <div>Copayment <div>\$40</div> Begin Day <div>1</div> End Day <div>10</div></div> <div>Copayment <div>\$40</div> Begin Day <div>1</div> End Day <div>10</div></div>	<div>Tier 3</div> <div>Number of day intervals <div>3</div></div> <div>Copayment <div>\$40</div> Begin Day <div>1</div> End Day <div>10</div></div> <div>Copayment <div>\$40</div> Begin Day <div>1</div> End Day <div>10</div></div>
	<div>Close</div> <div>Save and Close</div> <div>Save and Next</div>		

CY 2026 PBP Data Entry System Screens

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

^ In Patient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - Completed

Additional Days(1a1) - Completed

Non-Medicare Covered Days(1a2) - In Progress

Upgrades(1a3)

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

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

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

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

✓ Partial Hospitalization(5) - Not started

✓ Home Health Services(6) - Not started

✓ Health Care Professional Services(7) - Not started

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

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

Plan Characteristics

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

Yes No

Coinsurance percentage
50%

Number of day intervals
1

Coinsurance
4%

Begin Day
1

End Day
10

Coinsurance
4%

Begin Day
1

End Day
10

Coinsurance
4%

Begin Day
1

End Day
10

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

Yes No

Copayment
\$40

Number of day intervals
1

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

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

^ In Patient Hospital Services(1) - In Progress

▼ Inpatient Hospital-Acute(1a) - Completed

Additional Days(1a1) - Completed

Non-Medicare Covered Days(1a2) - In Progress

Upgrades(1a3)

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

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

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

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

▼ Partial Hospitalization(5) - Not started

▼ Home Health Services(6) - Not started

▼ Health Care Professional Services(7) - Not started

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

Copayment
\$40

Number of day intervals
1

Copayment
\$40

Begin Day
1

End Day
10

Copayment
\$40

Begin Day
1

End Day
10

Copayment
\$40

Begin Day
1

End Day
10

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

1a3 – Upgrades for Inpatient Hospital-Acute

^ In Patient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - Completed

Additional Days(1a1) - Completed

Non-Medicare Covered Days (1a2) - Completed

Upgrades(1a3) - In Progress

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

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

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

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

✓ Partial Hospitalization(5) - Not started

✓ Home Health Services(6) - Not started

✓ Health Care Professional Services(7) - Not started

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

Upgrades for Inpatient Hospital-Acute (1a3)

Plan Characteristics

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

Yes No

Coinurance percentage 10%

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

Yes No

Copayment amount per stay \$100

Copayment amount per day \$40

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 1

Inpatient Hospital Services(1) - In Progress

Inpatient Hospital-Acute(1a) - In Progress

Additional Days for Inpatient Hospital-Acute(1a1) - In Progress

Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2) - Not Started

Upgrades for Inpatient Hospital-Acute(1a3) - Not Started

Inpatient Hospital Psychiatric(1b) - In Progress

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

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

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

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Inpatient Hospital Psychiatric (1b) - Medicare ⓘ

Plan Characteristics

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

Yes No

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

☐ Covered under Inpatient hospital services category (1a)

☒ Plan-specified amount per period

MOOP amount ⓘ *

\$

Periodicity ⓘ *

▼

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

Yes No

Number of tiers ⓘ *

3

Lowest cost tier ⓘ *

1

Is there a coinsurance? ⓘ *

Yes No

Tier 1 | Tier 2 | Tier 3

CY 2026 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 2

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

CY 2026 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 3

<div>In Patient Hospital Services(1) - Completed</div> <div>Inpatient Hospital-Acute(1a) - Completed</div> <div>In Patient Hospital Psychiatric(1b) - In Progress</div> <div>Skilled Nursing Facility (SNF)(2) - Not started</div> <div>Cardiac and Pulmonary Rehabilitation Services(3) - Not started</div> <div>Emergency/Urgently Needed Services(4) - Not started</div> <div>Partial Hospitalization(5) - Not started</div> <div>Home Health Services(6) - Not started</div> <div>Health Care Professional Services(7) - Not started</div> <div>Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started</div>	<div>Tier 1</div> <div>Do you charge the Medicare-defined cost share for tier 1?</div> <div>Yes No</div> <div>Copayment for Medicare-covered stay</div> <div>\$40</div> <div>Number of day intervals for Medicare-covered stay</div> <div>3</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>10</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>10</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>10</div> <div>Is there a deductible?</div> <div>Yes No</div> <div>Tier 1</div> <div>Deductible amount</div> <div>\$40</div>	<div>Tier 2</div> <div>Do you charge the Medicare-defined cost share for tier 2?</div> <div>Yes No</div> <div>Copayment for Medicare-covered stay</div> <div>\$40</div> <div>Number of day intervals for Medicare-covered stay</div> <div>3</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>10</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>10</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>End Day</div> <div>10</div> <div>Tier 2</div> <div>Deductible amount</div> <div>\$40</div>	<div>Tier 3</div> <div>Do you charge the Medicare-defined cost share for tier 3?</div> <div>Yes No</div> <div>Copayment for Medicare-covered stay</div> <div>\$40</div> <div>Number of day intervals for Medicare-covered stay</div> <div>3</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>Copayment</div> <div>\$40</div> <div>Begin Day</div> <div>1</div> <div>Tier 3</div> <div>Deductible amount</div> <div>\$40</div>
	<div>Close</div> <div>Save and Close</div> <div>Save and Next</div>		

CY 2026 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 4

<div><div>In Patient Hospital Services(1) - Completed</div><div>Inpatient Hospital-Acute(1a) - Completed</div><div>In Patient Hospital Psychiatric(1b) - In Progress</div><div>Skilled Nursing Facility (SNF)(2) - Not started</div><div>Cardiac and Pulmonary Rehabilitation Services(3) - Not started</div><div>Emergency/Urgently Needed Services(4) - Not started</div><div>Partial Hospitalization(5) - Not started</div><div>Home Health Services(6) - Not started</div><div>Health Care Professional Services(7) - Not started</div><div>Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started</div></div>	<div><div>Tier 1</div><div>Deductible amount \$40</div><div>Tier 2</div><div>Deductible amount \$40</div><div>Tier 3</div><div>Deductible amount \$40</div></div> <div><div>What is your Inpatient Hospital Psychiatric benefit period?</div><div>Psychiatric benefit period</div><div>Per Admission</div><div>Do you charge cost sharing on the day of discharge?</div><div>Yes No</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>Is there a coinsurance?</div><div>Yes No</div><div>Do you charge the Medicare-defined cost share?</div><div>Yes No</div></div> <div><div>Close</div><div>Save and Close</div><div>Save and Next</div></div>
---	---

CY 2026 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 5

In Patient Hospital Services(1) - Completed

▼ Inpatient Hospital-Acute(1a) - Completed

▼ In Patient Hospital Psychiatric(1b) - In Progress

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

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

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

▼ Partial Hospitalization(5) - Not started

▼ Home Health Services(6) - Not started

▼ Health Care Professional Services(7) - Not started

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

Do you charge the Medicare-defined cost share?

Yes No

Coinurance
4%

Number of day intervals
3

Coinurance
4%

Begin day
1

End day
10

Coinurance
4%

Begin day
1

End day
10

Coinurance
4%

Begin day
1

End day
10

Is there a copayment?

Yes No

Do you charge the Medicare-defined cost share?

Yes No

Copayment
\$40

Number of day intervals

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 6

^ Inpatient Hospital Services(1) - In Progress

^ Inpatient Hospital-Acute(1a) - In Progress

Additional Days for Inpatient Hospital-Acute(1a1) - In Progress

Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2) - Not Started

Upgrades for Inpatient Hospital-Acute(1a3) - Not Started

^ Inpatient Hospital Psychiatric(1b) - In Progress

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

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

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

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

✓ Emergency/Urgently Needed Services(4) - In Progress

Point-of-Service (POS) Benefits

Is there a coinsurance? ⓘ *

Yes

No

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

Yes

No

Coinsurance ⓘ *
4%

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

Coinsurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinsurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinsurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Is there a copayment? ⓘ *

Yes

No

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

Yes

No

Copayment ⓘ *
\$ 40.00

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

CY 2026 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 7

Inpatient Hospital Psychiatric(1b) - In Progress	Is there a copayment? ⓘ *
Additional Days for Inpatient Hospital Psychiatric(1b1) - Not Started	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2) - Not Started	Do you charge the Medicare-defined cost share? ⓘ *
✓ Skilled Nursing Facility (SNF)(2) - In Progress	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>
✓ Cardiac and Pulmonary Rehabilitation Services(3) - In Progress	Copayment ⓘ * \$ 40.00
✓ Emergency/Urgently Needed Services(4) - In Progress	Number of day intervals for Medicare-covered stay ⓘ * 3
Partial Hospitalization(5) - In Progress	Copayment ⓘ * \$
Home Health Services(6) - Completed	Begin Day ⓘ * 1
✓ Health Care Professional Services(7) - In Progress	End Day ⓘ *
Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress	Copayment ⓘ * \$
✓ Outpatient Services(9) - In Progress	Begin Day ⓘ *
✓ Ambulance/Transportation	End Day ⓘ *
	Authorization required for this benefit? No
	Referral required for this benefit? No
	Notes ⓘ * t
	1/2000 characters

CY 2026 PBP Data Entry System Screens

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

^ Inpatient Hospital Services(1) - In Progress

v Inpatient Hospital-Acute(1a) - In Progress

^ Inpatient Hospital Psychiatric(1b) - In Progress

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

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

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

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

v Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

v Health Care Professional Services(7) - In Progress

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

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

Plan Characteristics

Is this benefit unlimited? *

Yes
No

Indicate number of Additional Days per benefit period. *

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

Yes
No

Number of tiers *

3

Lowest cost tier *

1

Is there a coinsurance? *

Yes
No

Tier 1

Number of day intervals for additional days *

3

Coinsurance *
Begin Day *
End Day *

91

Coinsurance *
Begin Day *
End Day *

Coinsurance *
Begin Day *
End Day *

999

Tier 2

Number of day intervals for additional days *

3

Coinsurance *
Begin Day *
End Day *

91

Coinsurance *
Begin Day *
End Day *

Coinsurance *
Begin Day *
End Day *

999

Tier 3

Number of day intervals for additional days *

3

Coinsurance *
Begin Day *
End Day *

91

Coinsurance *
Begin Day *
End Day *

Coinsurance *
Begin Day *
End Day *

999

Is there a copayment? *

CY 2026 PBP Data Entry System Screens

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

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

Coinurance (1) *	Begin Day (1) *	End Day (1) *
	91	
Coinurance (1) *	Begin Day (1) *	End Day (1) *
		999

Coinurance (1) *	Begin Day (1) *	End Day (1) *
	91	
Coinurance (1) *	Begin Day (1) *	End Day (1) *
		999

Coinurance (1) *	Begin Day (1) *	End Day (1) *
	91	
Coinurance (1) *	Begin Day (1) *	End Day (1) *
		999

Is there a copayment? *

Yes No

Tier 1
Number of day intervals for additional days *
3

Tier 2
Number of day intervals for additional days *
3

Tier 3
Number of day intervals for additional days *
3

Copayment (1) *	Begin Day (1) *	End Day (1) *
\$	91	
Copayment (1) *	Begin Day (1) *	End Day (1) *
\$		
Copayment (1) *	Begin Day (1) *	End Day (1) *
\$		999

Copayment (1) *	Begin Day (1) *	End Day (1) *
\$	91	
Copayment (1) *	Begin Day (1) *	End Day (1) *
\$		
Copayment (1) *	Begin Day (1) *	End Day (1) *
\$		999

Copayment (1) *	Begin Day (1) *	End Day (1) *
\$	91	
Copayment (1) *	Begin Day (1) *	End Day (1) *
\$		
Copayment (1) *	Begin Day (1) *	End Day (1) *
\$		999

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 1-10
09/06/2024
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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CY 2026 PBP Data Entry System Screens

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

<div style="background-color: #e0f0ff; padding: 5px; margin-bottom: 5px;"> In Patient Hospital Services(1) - Completed </div> <div style="background-color: #e0f0ff; padding: 5px; margin-bottom: 5px;"> Inpatient Hospital-Acute(1a) - Completed </div> <div style="background-color: #e0f0ff; padding: 5px; margin-bottom: 5px;"> In Patient Hospital Psychiatric(1b) - In Progress </div> <div style="background-color: #0056b3; color: white; padding: 5px; margin-bottom: 5px;"> Additional Days(1b1) - In Progress </div> <div style="background-color: #e0f0ff; padding: 5px; margin-bottom: 5px;"> Non-Medicare Covered Days(1b2)- Not started </div> <div style="background-color: #e0f0ff; padding: 5px; margin-bottom: 5px;"> Skilled Nursing Facility (SNF)(2) -Not started </div> <div style="background-color: #e0f0ff; padding: 5px; margin-bottom: 5px;"> Cardiac and Pulmonary Rehabilitation Services(3) -Not started </div> <div style="background-color: #e0f0ff; padding: 5px; margin-bottom: 5px;"> Emergency/Urgently Needed Services(4) - Not started </div> <div style="background-color: #e0f0ff; padding: 5px; margin-bottom: 5px;"> Partial Hospitalization(5) -Not started </div> <div style="background-color: #e0f0ff; padding: 5px; margin-bottom: 5px;"> Home Health Services(6) -Not started </div> <div style="background-color: #e0f0ff; padding: 5px; margin-bottom: 5px;"> Health Care Professional Services(7) -Not started </div> <div style="background-color: #e0f0ff; padding: 5px;"> Outpatient Procedures, Tests, Labs and Radiology Services(8) -Not started </div>	<div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> Coinurance Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="4%"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> <div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> Coinurance Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="4%"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> <div> <div style="display: flex; justify-content: space-between;"> Coinurance Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="4%"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div>	<div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> Coinurance Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="4%"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> <div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> Coinurance Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="4%"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> <div> <div style="display: flex; justify-content: space-between;"> Coinurance Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="4%"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div>	<div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> Coinurance Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="4%"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> <div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> Coinurance Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="4%"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> <div> <div style="display: flex; justify-content: space-between;"> Coinurance Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="4%"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div>	<div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> Coinurance Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="4%"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> <div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> Coinurance Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="4%"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> <div> <div style="display: flex; justify-content: space-between;"> Coinurance Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="4%"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div>
<div style="margin-bottom: 10px;"> Is there a copayment? <div style="display: inline-block; border: 1px solid black; padding: 2px 5px; margin: 0 5px;">Yes</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px; margin: 0 5px;">No</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="margin-bottom: 10px;"> Tier 1 <div style="margin-top: 5px;"> Copayment <input type="text" value="\$40"/> </div> <div style="margin-top: 5px;"> Number of day intervals <input type="text" value="3"/> </div> </div> <div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> Copayment Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="\$40"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> <div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> Copayment Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="\$40"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> <div> <div style="display: flex; justify-content: space-between;"> Copayment Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="\$40"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> </div> </div> <div style="width: 30%;"> <div style="margin-bottom: 10px;"> Tier 2 <div style="margin-top: 5px;"> Copayment <input type="text" value="\$40"/> </div> <div style="margin-top: 5px;"> Number of day intervals <input type="text" value="3"/> </div> </div> <div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> Copayment Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="\$40"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> <div style="margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> Copayment Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="\$40"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> <div> <div style="display: flex; justify-content: space-between;"> Copayment Begin Day End Day </div> <div style="display: flex; justify-content: space-between;"> <input type="text" value="\$40"/> <input type="text" value="1"/> <input type="text" value="10"/> </div> </div> </div>				

Tier 3

Copayment

Number of day intervals

Copayment
Begin Day
End Day

Copayment
Begin Day
End Day

Copayment
Begin Day
End Day

CY 2026 PBP Data Entry System Screens

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

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

CY 2026 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

Inpatient Hospital-Acute(1a) - Completed

In Patient Hospital Psychiatric(1b) - In Progress

Additional Days(1b1) - In Progress

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

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

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

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

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

Plan Characteristics

Is there a coinsurance?

Yes No

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

Yes No

Coinurance
50%

Number of day intervals
1

Coinurance
4%

Begin day
1

End day
10

Coinurance
4%

Begin day
1

End day
10

Coinurance
4%

Begin day
1

End day
10

Is there a copayment?

Yes No

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

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

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

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

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

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - Completed

Health Care Professional Services(7) - In Progress

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

Outpatient Services(9) - In Progress

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

Yes

No

Copayment ⓘ *

\$ 40.00

Number of day intervals for Non Medicare-covered stay ⓘ

3

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

Authorization required for this benefit?

No

Referral required for this benefit?

No

+ Add Notes

CY 2026 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 1

^ Inpatient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - In Progress

✓ Inpatient Hospital Psychiatric(1b) - In Progress

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

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

✓ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

✓ Health Care Professional Services(7) - In Progress

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

^ Outpatient Services(9) - In Progress

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

Plan Characteristics

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

Yes No

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

Days ⓘ *
2

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

Yes No

MOOP amount ⓘ *
\$

Periodicity ⓘ *

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

Yes No

Number of tiers ⓘ *
3

Lowest cost tier ⓘ *
1

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 2

^ Inpatient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - In Progress

✓ Inpatient Hospital Psychiatric(1b) - In Progress

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

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

✓ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

✓ Health Care Professional Services(7) - In Progress

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

^ Outpatient Services(9) - In Progress

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

Yes

No

Number of tiers ⓘ *
3

Lowest cost tier ⓘ *
1

Is there a coinsurance? ⓘ *

Yes

No

Tier 1

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

Yes

No

Number of day intervals for Medicare-covered stay *
3

Coinurance ⓘ *

Begin Day ⓘ

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ

1

100

Tier 2

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

Yes

No

Number of day intervals for Medicare-covered stay *
3

Coinurance ⓘ *

Begin Day ⓘ

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ

1

100

Tier 3

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

Yes

No

Number of day intervals for Medicare-covered stay *
3

Coinurance ⓘ *

Begin Day ⓘ

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ

1

100

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 3

^ Inpatient Hospital Services(1) - In Progress

^ Inpatient Hospital-Acute(1a) - In Progress

^ Inpatient Hospital Psychiatric(1b) - In Progress

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

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

^ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

^ Health Care Professional Services(7) - In Progress

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

^ Outpatient Services(9) - In Progress

Is there a copayment? ⓘ *

Yes
No

Tier 1

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

Yes
No

Number of day intervals for Medicare-covered stay *

3

Copayment ⓘ *

\$

Begin Day ⓘ *

1

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

100

Tier 2

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

Yes
No

Number of day intervals for Medicare-covered stay *

3

Copayment ⓘ *

\$

Begin Day ⓘ *

1

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

100

Tier 3

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

Yes
No

Number of day intervals for Medicare-covered stay *

3

Copayment ⓘ *

\$

Begin Day ⓘ *

1

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

100

What is your SNF period?

Periodicity ⓘ *

Per Admission or Per Stay

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

Yes
No

Authorization required for this benefit?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 4

^ Inpatient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - In Progress

✓ Inpatient Hospital Psychiatric(1b) - In Progress

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

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

✓ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

✓ Health Care Professional Services(7) - In Progress

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

^ Outpatient Services(9) - In Progress

What is your SNF period?

Periodicity ⓘ *
Per Admission or Per Stay

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

Yes No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) Benefits

Is there a coinsurance? ⓘ *

Yes No

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

Yes No

Coinurance ⓘ *

Number of day intervals for Medicare-covered stay *

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 5

^ Inpatient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - In Progress

✓ Inpatient Hospital Psychiatric(1b) - In Progress

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

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

✓ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

✓ Health Care Professional Services(7) - In Progress

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

^ Outpatient Services(9) - In Progress

Is there a copayment? ⓘ *

Yes No

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

Yes No

Copayment ⓘ *

\$

Number of day intervals for Medicare-covered stay *

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 6

^ Inpatient Hospital Services(1) - In Progress

✓ Inpatient Hospital-Acute(1a) - In Progress

✓ Inpatient Hospital Psychiatric(1b) - In Progress

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

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

✓ Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

✓ Health Care Professional Services(7) - In Progress

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

^ Outpatient Services(9) - In Progress

Yes No

Copayment ⓘ *
\$

Number of day intervals for Medicare-covered stay *
▼

Is there a deductible? ⓘ *

Yes No

Deductible amount ⓘ *
\$

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

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

Additional Days(2-1) - In Progress

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

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

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

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

Plan Change

Is this benefit unlimited?

Indicate number of Additional Days per benefit period
10

Periodicity
6 Months

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

Number of Tiers
3

Lowest Cost Tier
1

Is there a coinsurance?

Tier 1
Number of day intervals
3

Tier 2
Number of day intervals
3

Tier 3
Number of day intervals
3

Coinurance

Begin Day

End Day

Coinurance

Begin Day

End Day

Coinurance

Begin Day

End Day

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

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

<p>▼ In Patient Hospital Services(1) - Completed</p> <p>^ Skilled Nursing Facility (SNF)(2) - In Progress</p> <p style="background-color: #0056b3; color: white; text-align: center;">Additional Days(2-1) - In Progress</p> <p>Non-Medicare Covered Stay(2-2) - Not started</p> <p>▼ Cardiac and Pulmonary Rehabilitation Services(3) - Not started</p> <p>▼ Emergency/Urgently Needed Services(4) - Not started</p> <p>▼ Partial Hospitalization(5) - Not started</p> <p>▼ Home Health Services(6) - Not started</p> <p>▼ Health Care Professional Services(7) - Not started</p> <p>▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started</p>	<p>Coinurance 4% Begin Day 1 End Day 10</p> <p>Coinurance 4% Begin Day 1 End Day 10</p> <p>Coinurance 4% Begin Day 1 End Day 10</p>	<p>Coinurance 4% Begin Day 1 End Day 10</p> <p>Coinurance 4% Begin Day 1 End Day 10</p> <p>Coinurance 4% Begin Day 1 End Day 10</p>	<p>Coinurance 4% Begin Day 1 End Day 10</p> <p>Coinurance 4% Begin Day 1 End Day 10</p> <p>Coinurance 4% Begin Day 1 End Day 10</p>				
<p>Is there a copayment?</p> <p>Yes No</p>							
<table style="width: 100%;"> <tr> <td style="width: 33%;"> <p>Tier 1</p> <p>Number of day intervals for Medicare covered stay 3</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> </td> <td style="width: 33%;"> <p>Tier 2</p> <p>Number of day intervals for Medicare covered stay 3</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> </td> <td style="width: 33%;"> <p>Tier 3</p> <p>Number of day intervals for Medicare covered stay 3</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> </td> </tr> </table>					<p>Tier 1</p> <p>Number of day intervals for Medicare covered stay 3</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> <p>Copayment \$40 Begin Day 1 End Day 10</p>	<p>Tier 2</p> <p>Number of day intervals for Medicare covered stay 3</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> <p>Copayment \$40 Begin Day 1 End Day 10</p>	<p>Tier 3</p> <p>Number of day intervals for Medicare covered stay 3</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> <p>Copayment \$40 Begin Day 1 End Day 10</p> <p>Copayment \$40 Begin Day 1 End Day 10</p>
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<p>Close Save and Close Save and Next</p>							

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

Service Category	Copayment	Begin Day	End Day
<div> <div> In Patient Hospital Services(1) - Completed </div> </div>	\$40	1	10
<div> <div> Skilled Nursing Facility (SNF)(2) - In Progress </div> </div>	\$40	1	10
<div> <div> Additional Days(2-1) - In Progress </div> </div>	\$40	1	10
<div> <div> Non-Medicare Covered Stay(2-2)-Not started </div> </div>	\$40	1	10
<div> <div> Cardiac and Pulmonary Rehabilitation Services(3) - Not started </div> </div>	\$40	1	10
<div> <div> Emergency/Urgently Needed Services(4) - Not started </div> </div>	\$40	1	10
<div> <div> Partial Hospitalization(5) - Not started </div> </div>	\$40	1	10
<div> <div> Home Health Services(6) - Not started </div> </div>	\$40	1	10
<div> <div> Health Care Professional Services(7) - Not started </div> </div>	\$40	1	10
<div> <div> Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started </div> </div>	\$40	1	10

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

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

Additional Days(2-1) - Completed

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

Cardiac and Pulmonary Rehabilitation Services(3) - Not started

Emergency/Urgently Needed Services(4) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

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

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

Plan Change

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

Tier 1	Tier 2	Tier 3
<div>Coinsurance for non Medicare covered stay 20%</div>	<div>Coinsurance for non Medicare covered stay 20%</div>	<div>Coinsurance for Non Medicare Covered 20%</div>
<div>Number of day intervals 3</div>	<div>Number of day intervals 3</div>	<div>Number of day intervals 3</div>
<div>Coinsurance 20%</div> <div>Begin Day 1</div> <div>End Day 10</div>	<div>Coinsurance 20%</div> <div>Begin Day 1</div> <div>End Day 10</div>	<div>Coinsurance 20%</div> <div>Begin Day 1</div>
<div>Coinsurance 20%</div> <div>Begin Day 1</div> <div>End Day 10</div>	<div>Coinsurance 20%</div> <div>Begin Day 1</div> <div>End Day 10</div>	<div>Coinsurance 20%</div> <div>Begin Day 1</div>
<div>Coinsurance 20%</div> <div>Begin Day 1</div> <div>End Day 10</div>	<div>Coinsurance 20%</div> <div>Begin Day 1</div> <div>End Day 10</div>	<div>Coinsurance 20%</div> <div>Begin Day 1</div>

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

Tier 1	Tier 2	Tier 3
<div>Copayment for non-Medicare covered stay \$100</div>	<div>Copayment for non-Medicare covered stay \$100</div>	<div>Copayment for non-Medicare covered stay \$100</div>

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

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

<div style="margin-bottom: 5px;"> In Patient Hospital Services(1) - Completed </div> <div style="margin-bottom: 5px;"> Skilled Nursing Facility (SNF)(2) - In Progress </div> <div style="margin-bottom: 5px;"> Additional Days(2-1) - Completed </div> <div style="background-color: #0070C0; color: white; padding: 2px; text-align: center;"> Non-Medicare Covered Stay(2-2) - In Progress </div> <div style="margin-bottom: 5px;"> Cardiac and Pulmonary Rehabilitation Services(3) - Not started </div> <div style="margin-bottom: 5px;"> Emergency/Urgently Needed Services(4) - Not started </div> <div style="margin-bottom: 5px;"> Partial Hospitalization(5) - Not started </div> <div style="margin-bottom: 5px;"> Home Health Services(6) - Not started </div> <div style="margin-bottom: 5px;"> Health Care Professional Services(7) - Not started </div> <div style="margin-bottom: 5px;"> Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started </div>	<div style="margin-bottom: 5px;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">20%</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">1</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">10</div> </div> <div style="margin-bottom: 5px;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Coinsurance</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">20%</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">1</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">10</div> </div>	<div style="margin-bottom: 5px;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">20%</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">1</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">10</div> </div> <div style="margin-bottom: 5px;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Coinsurance</div> <div style="border: 1px solid #ccc; 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gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Yes</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">No</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Tier 1</p> <div style="margin-bottom: 5px;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Copayment for non-Medicare covered stay</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">\$100</div> </div> <div style="margin-bottom: 5px;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Number of day intervals</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">3</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Copayment</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">\$100</div> </div> <div style="width: 30%;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Begin Day</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">1</div> </div> <div style="width: 30%;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">End Day</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">10</div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Copayment</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">\$100</div> </div> <div style="width: 30%;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Begin Day</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">1</div> </div> <div style="width: 30%;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">End Day</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">10</div> </div> </div> <div style="display: flex; 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padding: 2px; text-align: center;">10</div> </div> </div> </div> <div style="width: 30%;"> <p>Tier 3</p> <div style="margin-bottom: 5px;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Copayment for non-Medicare covered stay</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">\$100</div> </div> <div style="margin-bottom: 5px;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Number of day intervals</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">3</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Copayment</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">\$100</div> </div> <div style="width: 30%;"> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">Begin Day</div> <div style="border: 1px solid #ccc; padding: 2px; text-align: center;">1</div> </div> <div style="width: 30%;"> <div style="border: 1px solid #ccc; 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+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

3 - Cardiac and Pulmonary Rehabilitation Services

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

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

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - In Progress

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

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

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

Pulmonary Rehabilitation Services(3-3) - In Progress

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

Cardiac and Pulmonary Rehabilitation Services (3) - Medicare

Plan Characteristics

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

Yes

No

MOOP amount ⓘ *
\$

Periodicity ⓘ *

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

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *
\$

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation 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.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - In Progress

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

Pulmonary Rehabilitation Services(3-3) - Not Started

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

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Cardiac Rehabilitation Services(3-1)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON GroupGroup Name 1 - OON+ Add New OON Group

Coinsurance20%Copayment\$20Deductible\$200

Point-of-Service (POS) benefits

CloseSave and CloseSave and Next

CY 2026 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation 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.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - In Progress

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

Pulmonary Rehabilitation Services(3-3) - Not Started

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

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Add to OON Group

OON Group
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 Screens

3-2 - Intensive Cardiac Rehabilitation 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.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

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

Pulmonary Rehabilitation Services(3-3) - Not Started

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

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Intensive Cardiac Rehabilitation Services(3-2)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON GroupGroup Name 1 - OON+ Add New OON Group

Coinsurance20%Copayment\$20Deductible\$200

Point-of-Service (POS) benefits

CloseSave and CloseSave and Next

CY 2026 PBP Data Entry System Screens

3-2 - Intensive Cardiac Rehabilitation 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>In Patient Hospital Services(1) - Completed</div> <div>Skilled Nursing Facility (SNF)(2) - Completed</div> <div>Cardiac and Pulmonary Rehabilitation Services(3) - In Progress</div> <div>Cardiac Rehabilitation Services(3-1) - Completed</div> <div>Intensive Cardiac Rehabilitation Services(3-2) - In Progress</div> <div>Pulmonary Rehabilitation Services(3-3) - Not Started</div> <div>SET for PAD Services(3-4) - Not Started</div> <div>Additional Cardiac Rehabilitation Services(3-1) - Not Started</div> <div>Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started</div> <div>Additional Pulmonary Rehabilitation Services(3-3) - Not Started</div> <div>Additional SET for PAD Services(3-4) - Not Started</div> <div>Emergency/Urgently Needed Services(4) - Not Started</div> <div>Partial Hospitalization(5) - Not Started</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>Coinsurance</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>Coinsurance</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? Yes</div> <div>Referral required for this benefit? No</div> <div>+ Add Notes</div>	Coinsurance	Copayment	Deductible	20%	\$20	\$200	Coinsurance	Copayment	Deductible	20%	\$20	\$200
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											
Coinsurance	Copayment	Deductible											
20%	\$20	\$200											

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation 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.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - In Progress

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

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Pulmonary Rehabilitation Services(3-3)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON GroupGroup Name 1 - OON+ Add New OON Group

Coinsurance20%Copayment\$20Deductible\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation 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.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - In Progress

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

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
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 Screens

3-4 - SET for PAD 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.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

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

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

SET for PAD Services(3-4)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON GroupGroup Name 1 - OON+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

CloseSave and CloseSave and Next

CY 2026 PBP Data Entry System Screens

3-4 - SET for PAD 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.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

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

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

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 Screens

3-1 - Additional Cardiac Rehabilitation Services - Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

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

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Additional Cardiac Rehabilitation Services(3-1)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

10

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add OON Group

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation 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>In Patient Hospital Services(1) - Completed</div> <div>Skilled Nursing Facility (SNF)(2) - Completed</div> <div>Cardiac and Pulmonary Rehabilitation Services(3) - In Progress</div> <div>Cardiac Rehabilitation Services(3-1) - Completed</div> <div>Intensive Cardiac Rehabilitation Services(3-2) - Completed</div> <div>Pulmonary Rehabilitation Services(3-3) - Completed</div> <div>SET for PAD Services(3-4) - Completed</div> <div>Additional Cardiac Rehabilitation Services(3-1) - In Progress</div> <div>Additional Intensive Cardiac Rehabilitation Services(3-2) - Not Started</div> <div>Additional Pulmonary Rehabilitation Services(3-3) - Not Started</div> <div>Additional SET for PAD Services(3-4) - Not Started</div> <div>Emergency/Urgently Needed Services(4) - Not Started</div> <div>Partial Hospitalization(5) - Not Started</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? Yes</div> <div>Referral required for this benefit? No</div> <div>+ Add Notes</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 Screens

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

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Additional Intensive Cardiac Rehabilitation Services(3-2)

Is this benefit unlimited?

Yes No

Indicate number of visits

10

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

3-2 - Additional Intensive Cardiac Rehabilitation 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.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

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 Screens

3-3 - Additional Pulmonary Rehabilitation 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.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Additional Pulmonary Rehabilitation Services(3-3)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

10

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment

\$400

Maximum copayment

\$400

Out-of-Network (OON) Benefits

Add to OON Group

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation 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.

In Patient Hospital Services(1) - Completed	Out-of-Network (OON) Benefits		
Skilled Nursing Facility (SNF)(2) - Completed	Add to OON Group		
Cardiac and Pulmonary Rehabilitation Services(3) - In Progress	OON Group Group Name 1 - OON	+ Add New OON Group	
Cardiac Rehabilitation Services(3-1) - Completed	Coinurance	Copayment	Deductible
Intensive Cardiac Rehabilitation Services(3-2) - Completed	20%	\$20	\$200
Pulmonary Rehabilitation Services(3-3) - Completed	Point-of-Service (POS) benefits		
SET for PAD Services(3-4) - Completed	Add to POS Group		
Additional Cardiac Rehabilitation Services(3-1) - Complete	POS Group Group Name 1 - POS	+ Add New POS Group	
Additional Intensive Cardiac Rehabilitation Services(3-2) - Complete	Coinurance	Copayment	Deductible
Additional Pulmonary Rehabilitation Services(3-3) - In Progress	20%	\$20	\$200
Additional SET for PAD Services(3-4) - Not Started	Authorization required for this benefit?		
Emergency/Urgently Needed Services(4) - Not Started	Yes		
Partial Hospitalization(5) - Not Started	Referral required for this benefit?		
	No		
	+ Add Notes		
	Close	Save and Close	Save and Next

CY 2026 PBP Data Entry System Screens

3-4 Additional SET for PAD Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

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

Additional Pulmonary Rehabilitation Services(3-3) - Complete

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Additional SET for PAD Services(3-4)

Plan Characteristics

Is this benefit unlimited?
☐ Yes ☒ No

Indicate number of visits
10

Periodicity
6 Months

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

Minimum coinsurance
4%

Maximum coinsurance
8%

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

Minimum copayment
\$400

Maximum copayment
\$400

Out-of-Network (OON) Benefits

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

3-4 Additional SET for PAD 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.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

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

Additional Pulmonary Rehabilitation Services(3-3) - Complete

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

Emergency/Urgently Needed Services(4) - Not Started

Partial Hospitalization(5) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

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 Screens

4a Emergency Services -Page 1

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

Pulmonary Rehabilitation Services(3-3) - In Progress

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

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

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

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - In Progress

Urgently Needed Services(4b) - In Progress

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

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

Health Care Professional Services(7) - In Progress

Emergency Services (4a) - Medicare ⓘ

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Maximum per visit amount ⓘ *

\$

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

Yes

No

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

Days

Hours

Enter number of days ⓘ *

1

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

4a Emergency Services -Page 2

<div>In Patient Hospital Services(1) - Completed</div> <div>Skilled Nursing Facility (SNF)(2) - Completed</div> <div>Cardiac and Pulmonary Rehabilitation Services(3) - Completed</div> <div>Emergency/Urgently Needed Services(4) - In Progress</div> <div>Emergency Services(4a) - In Progress</div> <div>Urgently Needed Services(4b) - Not started</div> <div>Worldwide Emergency/Urgent Coverage(4c) - Not started</div> <div>Partial Hospitalization(5) - Not started</div> <div>Home Health Services(6) - Not started</div> <div>Health Care Professional Services(7) - Not started</div> <div>Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started</div>	<div>Days Hours</div> <div>Number of days 5</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>Is the copayment for Medicare-covered benefits waived if admitted to hospital?</div> <div>Yes No</div>
	<div>Select either days or hours within which admission must occur for waiver</div> <div>Days Hours</div> <div>Enter number of days 5</div>
	<div>Does the cost sharing count towards any plan-level deductible?</div> <div>Yes No</div>
	<div>+ Add Notes</div>
	<div>Close Save and Close Save and Next</div>

CY 2026 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - Completed

Urgently Needed Services(4b) - In Progress

Worldwide Emergency/Urgent Coverage(4c) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

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

Urgently Needed Services (4b)

Plan Characteristics

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

☒ Yes ☐ No

Select the maximum enrollee out-of-pocket cost type

☒ Covered under emergency/post stabilization services

☐ Plan-specified amount per period

MOOP amount

Periodicity

Is there a coinsurance?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance Maximum coinsurance

Maximum per visit amount

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

☒ Yes ☐ No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 2

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

CY 2026 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 3

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

4c - Worldwide Emergency /Urgent Coverage -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) -Completed

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - Completed

Urgently Needed Services(4b)- Completed

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

Partial Hospitalization(5)-Not started

Home Health Services(6) -Not started

Health Care Professional Services(7) -Not started

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

Worldwide Emergency/Urgent Coverage (4c)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Is the maximum plan benefit coverage amount unlimited?

Yes No

Maximum amount

\$1000

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 deductible?

Yes No

Deductible amount

\$500

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

4c - Worldwide Emergency /Urgent Coverage -Page 2

<div><div>In Patient Hospital Services(1) - Completed</div><div>Skilled Nursing Facility (SNF)(2) - Completed</div><div>Cardiac and Pulmonary Rehabilitation Services(3) - Completed</div><div>Emergency/Urgently Needed Services(4) - In Progress</div><div>Emergency Services(4a) - Completed</div><div>Urgently Needed Services(4b) - Completed</div><div>Worldwide Emergency/Urgent Coverage(4c) - In Progress</div><div>Partial Hospitalization(5) - Not started</div><div>Home Health Services(6) - Not started</div><div>Health Care Professional Services(7) - Not started</div><div>Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started</div></div>	<div>Is there a maximum plan benefit coverage?</div> <div><div>Yes</div><div>No</div></div> <div>Is the maximum plan benefit coverage amount unlimited?</div> <div><div>Yes</div><div>No</div></div> <div>Maximum amount</div> <div>\$1000</div> <div>Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?</div> <div><div>Yes</div><div>No</div></div> <div>MOOP amount</div> <div>\$500</div> <div>Periodicity</div> <div>6 Months</div> <div>Is there a deductible?</div> <div><div>Yes</div><div>No</div></div> <div>Deductible amount</div> <div>\$500</div> <div>+ Add Notes</div>
<div><div>Close</div><div>Save and Close</div><div>Save and Next</div></div>	

CY 2026 PBP Data Entry System Screens

4c1 - Worldwide Emergency Coverage

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - Completed

Urgently Needed Services(4b) - Completed

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

Worldwide Emergency Coverage(4c1) - In Progress

Worldwide Urgent Coverage(4c2) - Not started

Worldwide Emergency Transportation(4c3) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Worldwide Emergency Coverage (4c1)

Plan Characteristics

Is there a coinsurance?

Minimum coinsurance Maximum coinsurance

Is this Coinsurance waived if admitted to hospital?

Is there a copayment?

Minimum copayment Maximum copayment

Is the Copayment waived if admitted to hospital?

CY 2026 PBP Data Entry System Screens

4c2 - Worldwide Urgent Coverage

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - Completed

Urgently Needed Services(4b) - Completed

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

Worldwide Emergency Coverage(4c1) - Completed

Worldwide Urgent Coverage(4c2) - In Progress

Worldwide Emergency Transportation(4c3) - Not started

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Worldwide Urgent Coverage (4c2)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4% Maximum coinsurance 8%

Is this Coinsurance waived if admitted to hospital?

Yes No

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

Is the Copayment waived if admitted to hospital?

Yes No

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

4c3 - Worldwide Emergency Transportation

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - In Progress

Emergency Services(4a) - Completed

Urgently Needed Services(4b) - Completed

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

Worldwide Emergency Coverage(4c1) - Completed

Worldwide Urgent Coverage(4c2) - Completed

Worldwide Emergency Transportation(4c3) - In Progress

Partial Hospitalization(5) - Not started

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

Worldwide Emergency Transportation (4c3)

Plan Characteristics

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4% Maximum coinsurance 8%

Is this Coinsurance waived if admitted to hospital?

Yes No

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

Is the Copayment waived if admitted to hospital?

Yes No

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

5 - Partial Hospitalization/Intensive Outpatient Services -Page 1

Service Category 5 will be renamed “Partial Hospitalization/Intensive Outpatient Services” and will be divided into Partial Hospitalization (5a) and Intensive Outpatient Services (5b). New screens will be added for 5a and 5b to include separate cost sharing data entry fields.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - In Progress

Home Health Services(6) - Not started

Health Care Professional Services(7) - Not started

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

Partial Hospitalization (5)

Plan Characteristics

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

☒ Yes ☐ No

MOOP amount

Periodicity

Is there a coinsurance?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum copayment Maximum copayment

Is there a deductible?

☒ Yes ☐ No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

5 - Partial Hospitalization -Page 2

Service Category 5 will be renamed “Partial Hospitalization/Intensive Outpatient Services” and will be divided into Partial Hospitalization (5a) and Intensive Outpatient Services (5b). New screens will be added for 5a and 5b to include separate cost sharing data entry fields.

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 'Partial Hospitalization(5) - In Progress' screen. On the left, a sidebar lists service categories: 'In Patient Hospital Services(1) - Completed', 'Skilled Nursing Facility (SNF)(2) - Completed', 'Cardiac and Pulmonary Rehabilitation Services(3) - Completed', 'Emergency/Urgently Needed Services(4) - Completed', 'Partial Hospitalization(5) - In Progress' (highlighted), 'Home Health Services(6) - Not started', 'Health Care Professional Services(7) - Not started', and 'Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started'. The main content area shows a 'Deductible amount' of \$400. Below this, it asks 'Authorization required for this benefit?' with a 'Yes' response, and 'Referral required for this benefit?' with a 'No' response. The 'Out-of-Network (OON) Benefits' section includes an 'Add to OON Group' dropdown set to 'Group Name 1 - OON' and a '+ Add New OON Group' button. Below this is a table for OON costs: Coinsurance (20%), Copayment (\$20), and Deductible (\$200). The 'Point-of-Service (POS) benefits' section has an 'Add to POS Group' dropdown set to 'Group Name 1 - POS' and a '+ Add New POS Group' button. Below this is a table for POS costs: Coinsurance (20%), Copayment (\$20), and Deductible (\$200). At the bottom right are buttons for 'Close', 'Save and Close', and 'Save and Next'.

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CY 2026 PBP Data Entry System Screens

5 - Partial Hospitalization -Page 3

Service Category 5 will be renamed “Partial Hospitalization/Intensive Outpatient Services” and will be divided into Partial Hospitalization (5a) and Intensive Outpatient Services (5b). New screens will be added for 5a and 5b to include separate cost sharing data entry fields.

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 'Partial Hospitalization(5) - In Progress' screen. On the left sidebar, the following categories are listed:

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

The main content area is titled 'Out-of-Network (OON) Benefits' and includes the following sections:

- Add to OON Group:** A dropdown menu showing 'Group Name 1 - OON' and a '+ Add New OON Group' button.
- Cost Sharing:** A table with columns for Coinsurance, Copayment, and Deductible.

Coinsurance	Copayment	Deductible
20%	\$20	\$200
- Point-of-Service (POS) benefits:** A section with a similar 'Add to POS Group' dropdown and '+ Add New POS Group' button.
- Cost Sharing:** A table with columns for Coinsurance, Copayment, and Deductible.

Coinsurance	Copayment	Deductible
20%	\$20	\$200
- Authorization required for this benefit?** Yes
- Referral required for this benefit?** No
- + Add Notes** button

The bottom navigation bar contains three buttons: 'Close', 'Save and Close', and 'Save and Next'.

CY 2026 PBP Data Entry System Screens

6 -Home Health Services-Page 1

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

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

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

Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization(5) - In Progress

Home Health Services(6) - In Progress

Health Care Professional Services(7) - In Progress

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

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

Diagnostic Procedures/Tests(8a1) - In Progress

Home Health Services (6) - Medicare ⓘ

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

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

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

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Plan Characteristics

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

6 -Home 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.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Health Care Professional Services(7) - Not started

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

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$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

Add to OON Group

OON Group

Group Name 1 - OON

+ Add New OON Group

Coinurance

Copayment

Deductible

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

6 -Home 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.

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Health Care Professional Services(7) - Not started

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

\$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

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 Screens

6-1 Additional Hours of Care -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) -Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) -In Progress

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

Personal Care Services (6-2) - Not Started

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

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

Health Care Professional Services(7) - Not started

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

Additional Hours of Care (6-1)

Plan Characteristics

Is there a limit on the services provided?

Yes No

Indicate units
Sessions

Indicate numerical limit
50

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

6-1 Additional Hours of Care -Page 2

<div>In Patient Hospital Services(1) - Completed</div> <div>Skilled Nursing Facility (SNF)(2) - Completed</div> <div>Cardiac and Pulmonary Rehabilitation Services(3) - Completed</div> <div>Emergency/Urgently Needed Services(4) - Completed</div> <div>Partial Hospitalization(5) - Completed</div> <div>Home Health Services(6) - In Progress</div> <div>Additional Hours of Care (6-1) - In Progress</div> <div>Personal Care Services (6-2) - Not Started</div> <div>Other 1 for Home Health Services (6-3) - Not Started</div> <div>Other 2 for Home Health Services (6-4) - Not Started</div> <div>Health Care Professional Services(7) - Not started</div> <div>Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started</div>	Minimum copayment <input type="text" value="\$400"/>	Maximum copayment <input type="text" value="\$400"/>
	Does any service require qualification for and enrollment in a state-operated waiver program?	
	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>	
	Authorization required for this benefit?	
	Yes	
	Referral required for this benefit?	
	No	
	Point-of-Service (POS) benefits	
	Add to POS Group	
	POS Group <input type="text" value="Group Name 1 - POS"/> <input checked="" type="button" value="+ Add New POS Group"/>	
Coinsurance	Copayment	Deductible
20%	\$20	\$200
Authorization required for this benefit?		
Yes		
Referral required for this benefit?		

CY 2026 PBP Data Entry System Screens

6-1 Additional Hours of Care -Page 3

In Patient Hospital Services(1) - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No
Skilled Nursing Facility (SNF)(2) - Completed	Authorization required for this benefit? Yes
Cardiac and Pulmonary Rehabilitation Services(3) - Completed	Referral required for this benefit? No
Emergency/Urgently Needed Services(4) - Completed	
Partial Hospitalization(5) - Completed	Point-of-Service (POS) benefits
Home Health Services(6) - In Progress	Add to POS Group
Additional Hours of Care (6-1) - In Progress	POS Group: Group Name 1 - POS <input type="button" value="+ Add New POS Group"/>
Personal Care Services (6-2) - Not Started	Coinurance: 20% Copayment: \$20 Deductible: \$200
Other 1 for Home Health Services (6-3) - Not Started	
Other 2 for Home Health Services (6-4) - Not Started	Authorization required for this benefit? Yes
Health Care Professional Services(7) - Not started	Referral required for this benefit? No
Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	<input type="button" value="+ Add Notes"/>
<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>	

CY 2026 PBP Data Entry System Screens

6-2 Personal Care Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Additional Hours of Care (6-1) - Completed

Personal Care Services (6-2) - In Progress

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

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

Health Care Professional Services(7) - Not started

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

Personal Care Services (6-2)

Plan Characteristics

Is there a limit on the services provided?

Yes No

Indicate units
Sessions

Indicate numerical limit
50

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

6-2 Personal Care Services -Page 2

In Patient Hospital Services(1) - Completed	Minimum copayment \$400	Maximum copayment \$400
Skilled Nursing Facility (SNF)(2) - Completed		
Cardiac and Pulmonary Rehabilitation Services(3) - Completed	Does any service require qualification for and enrollment in a state-operated waiver program? <input checked="" type="button" value="Yes"/> <input type="button" value="No"/>	
Emergency/Urgently Needed Services(4) - Completed		
Partial Hospitalization(5) - Completed	Authorization required for this benefit? Yes	
Home Health Services(6) - In Progress	Referral required for this benefit? No	
Additional Hours of Care (6-1) - Completed		
Personal Care Services (6-2) - In Progress	Point-of-Service (POS) benefits	
Other 1 for Home Health Services (6-3) - Not Started	Add to POS Group	
Other 2 for Home Health Services (6-4) - Not Started	POS Group Group Name 1 - POS <input type="button" value="+ Add New POS Group"/>	
Health Care Professional Services(7) - Not started	Coinurance 20%	Copayment \$20
Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not started	Deductible \$200	
	Authorization required for this benefit? Yes	
	Referral required for this benefit?	
	<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 Screens

6-2 Personal Care Services -Page 3

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Additional Hours of Care (6-1) - Completed

Personal Care Services (6-2) - In Progress

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

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

Health Care Professional Services(7) - Not started

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

YesNo

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 Screens

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

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Additional Hours of Care (6-1) - Completed

Personal Care Services (6-2) - Completed

Other 1 for Home Health Services (6-3) - In Progress

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

Health Care Professional Services(7) - Not started

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

Other 1 for Home Health Services (6-3)

Plan Characteristics

Name of Other Service
Other Service Name

Is there a limit on the services provided?

Yes No

Indicate units
Sessions

Indicate numerical limit
50

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - In Progress

Additional Hours of Care (6-1) - Completed

Personal Care Services (6-2) - Completed

Other 1 for Home Health Services (6-3) - In Progress

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

Health Care Professional Services(7) - Not started

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

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

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

Yes

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) -Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) -In Progress

Additional Hours of Care (6-1) -Completed

Personal Care Services (6-2) -Completed

Other 1 for Home Health Services (6-3) - In Progress

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

Health Care Professional Services(7) -Not started

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

Yes No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group
Group Name 1 -POS

+ Add New POS Group

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 Screens

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

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) -Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) -In Progress

Additional Hours of Care (6-1) -Completed

Personal Care Services (6-2) -Completed

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

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

Health Care Professional Services(7) -Not started

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

Other 2 for Home Health Services (6-4)

Plan Characteristics

Name of Other Service
Other Service Name

Is there a limit on the services provided?

Yes No

Indicate units
Sessions

Indicate numerical limit
50

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) -Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) -In Progress

Additional Hours of Care (6-1) -Completed

Personal Care Services (6-2) -Completed

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

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

Health Care Professional Services(7) - Not started

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

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

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

Yes

No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) -Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) -In Progress

Additional Hours of Care (6-1) -Completed

Personal Care Services (6-2) -Completed

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

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

Health Care Professional Services(7) -Not started

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

Yes

No

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

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 Screens

7a - Primary Care Physician Services -Page 1

^ Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - In Progress

Chiropractic Services(7b) - In Progress

✓ Chiropractic Services(7b) - Not Started

Occupational Therapy Services(7c) - In Progress

Physician Specialist Services(7d) - In Progress

✓ Mental Health Specialty Services(7e) - In Progress

Podiatry Services(7f) - In Progress

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

Other Health Care Professional(7g) - In Progress

✓ Psychiatric Services(7h) - In Progress

Primary Care Physician Services (7a) - Medicare ⓘ

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Yes No

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ * \$ 0.00

Maximum copayment ⓘ * \$ 0.00

Is there a deductible? ⓘ *

Yes No

Point-of-Service (POS) Benefits

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

7a - Primary Care Physician 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.

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

^ Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - In Progress

Chiropractic Services(7b) - Not Started

Occupational Therapy Services(7c) - Not Started

Physician Specialist Services(7d) - Not Started

Mental Health Specialty Services(7e)- Not Started

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

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

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g)- Not Started

Yes No

Deductible amount
\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

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 Screens

7b – Chiropractic Services -Page 1

<div>Partial Hospitalization(5) - Completed</div> <div>Home Health Services(6) -Completed</div> <div>Health Care Professional Services(7)- In Progress</div> <div>Primary Care Physician Services(7a) - Completed</div> <div>Chiropractic Services(7b) - In Progress</div> <div>Routine Chiropractic Care(7b1)- Not Started</div> <div>Other Chiropractic Services(7b2)- Not Started</div> <div>Occupational Therapy Services(7c)- Not Started</div> <div>Physician Specialist Services(7d)- Not Started</div> <div>Mental Health Specialty Services(7e)- Not Started</div>	<div>Chiropractic Services(7b)</div> <div>Plan Characteristics</div> <div>Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)?</div> <div>Yes No</div> <div>MOOP amount \$500</div> <div>Periodicity 6 Months</div> <div>Is there a maximum plan benefit coverage amount?</div> <div>Yes No</div> <div>Maximum Amount \$1000</div> <div>Periodicity 6 Months</div> <div>Is there a medicare covered coinsurance?</div> <div>Yes Yes with a min & max No</div>
--	---

CY 2026 PBP Data Entry System Screens

7b – Chiropractic Services -Page 2

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

CY 2026 PBP Data Entry System Screens

7b – Chiropractic 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.

Very long Plan Name

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1) - Not Started

Other Chiropractic Services(7b2) - Not Started

Occupational Therapy Services(7c) - Not Started

Physician Specialist Services(7d) - Not Started

Mental Health Specialty Services(7e)- Not Started

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

CY 2026 PBP Data Entry System Screens

7b – Chiropractic Services -Page 4

Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a) -
Completed

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1) -
Not Started

Other Chiropractic Services(7b2)-
Not Started

Occupational Therapy Services(7c) -
Not Started

Physician Specialist Services(7d) -
Not Started

Mental Health Specialty Services(7e)-
Not Started

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

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

Group Name: POS

Benefits Details

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care -Page 1

Partial Hospitalization(5) - Completed	Routine Chiropractic Care(7b1)
Home Health Services(6) - Completed	Is this benefit unlimited?
Health Care Professional Services(7)- In Progress	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>
Primary Care Physician Services(7a) - Completed	Visits <input type="text" value="5"/>
Chiropractic Services(7b) - In Progress	Periodicity <input type="text" value="6 Months"/>
Routine Chiropractic Care(7b1) - In Progress	Is there a coinsurance?
Other Chiropractic Services(7b2) - Not Started	<input type="button" value="Yes"/> <input checked="" type="button" value="Yes with a min & max"/> <input type="button" value="No"/>
Occupational Therapy Services(7c) - Not Started	Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/>
Physician Specialist Services(7d) - Not Started	Is there a copayment?
Mental Health Specialty Services(7e) - Not Started	<input type="button" value="Yes"/> <input checked="" type="button" value="Yes with a min & max"/> <input type="button" value="No"/>
	Minimum copayment <input type="text" value="\$100"/> Maximum copayment <input type="text" value="\$100"/>

CY 2026 PBP Data Entry System Screens

7b1 – Routine Chiropractic 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.

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

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes

No

Deductible amount
\$400

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

7b2 – Other Chiropractic Care -Page 1

Very long Plan Name

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1) - Completed

Other Chiropractic Services(7b2) - In Progress

Occupational Therapy Services(7c) - Not Started

Physician Specialist Services(7d) - Not Started

Mental Health Specialty Services(7e)- Not Started

Other Chiropractic Services(7b2)

Name of Other Service

Other Service Name

Is this benefit unlimited?

Yes

No

Visits

5

Periodicity

6 Months

Service specific maximum plan benefit coverage amount?

Yes

No

Maximum Amount

\$1000

Periodicity

6 Months

Softrams

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7b2 – Other Chiropractic 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.

Primary Care Physician Services(7a) - Completed	<input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No
Chiropractic Services(7b) - In Progress	<div>Minimum coinsurance <input type="text" value="4%"/></div> <div>Maximum coinsurance <input type="text" value="8%"/></div>
Routine Chiropractic Care(7b1) - Completed	
Other Chiropractic Services(7b2) - In Progress	<div>Is there a copayment?</div> <div><input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No</div> <div>Minimum copayment <input type="text" value="\$400"/></div> <div>Maximum copayment <input type="text" value="\$400"/></div>
Occupational Therapy Services(7c) - Not Started	
Physician Specialist Services(7d) - Not Started	
Mental Health Specialty Services(7e) - Not Started	<div>Is there a deductible?</div> <div><input checked="" type="radio"/> Yes <input type="radio"/> No</div> <div>Deductible amount <input type="text" value="\$400"/></div>
Individual Sessions for Mental Health Specialty Services(7e1) - Not Started	
Group Sessions for Mental Health Specialty Services(7e2) - Not Started	<div>+ Add Notes</div>
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 1

Home Health Services(6) - In Progress

Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - In Progress

Chiropractic Services(7b) - In Progress

Chiropractic Services(7b) - Not Started

Routine Chiropractic Care(7b1) - Not Started

Occupational Therapy Services(7c) - In Progress

Physician Specialist Services(7d) - In Progress

Mental Health Specialty Services(7e) - In Progress

Podiatry Services(7f) - In Progress

Podiatry Services: Routine Foot Care(7f1) - In Progress

Other Health Care Professional(7g) - In Progress

Psychiatric Services(7h) - In Progress

Occupational Therapy Services (7c) - Medicare ⓘ

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

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

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

Minimum coinsurance ⓘ *
Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Minimum copayment ⓘ *
\$ 35.00

Maximum copayment ⓘ *
\$ 35.00

Is there a deductible? ⓘ *

Plan Characteristics

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

7c - Occupational Therapy 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.

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a) -
Completed

Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c)-
In Progress

Physician Specialist Services(7d) -
Not Started

Mental Health Specialty Services(7e)-
Not Started

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

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

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g)-
Not Started

Deductible amount
\$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

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 Screens

7c - Occupational Therapy 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.

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - In Progress

Physician Specialist Services(7d) - Not Started

Mental Health Specialty Services(7e)- Not Started

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

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

Podiatry Services(7f) -Not Started

Other Health Care Professional(7g)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

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 Screens

7d - Physician Specialist Services – Page 1

Home Health Services(6) - In Progress

^ Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - In Progress

Chiropractic Services(7b) - In Progress

^ Chiropractic Services(7b) - Not Started

Routine Chiropractic Care(7b)i - Not Started

Occupational Therapy Services(7c) - In Progress

Physician Specialist Services(7d) - In Progress

✓ Mental Health Specialty Services(7e) - In Progress

Podiatry Services(7f) - In Progress

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

Other Health Care Professional(7g) - In Progress

✓ Psychiatric Services(7h) - In Progress

Physician Specialist Services (7d) - Medicare ⓘ

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$ 35.00

Maximum copayment ⓘ *

\$ 35.00

Is there a deductible? ⓘ *

Yes

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

7d - Physician Specialist 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.

Partial Hospitalization(5) - Completed	Deductible amount \$400		
▼ Home Health Services(6) -Completed	Authorization required for this benefit? Yes		
▲ Health Care Professional Services(7)- In Progress	Referral required for this benefit? No		
Primary Care Physician Services(7a) - Completed			
▼ Chiropractic Services(7b) -Completed	Out-of-Network (OON) Benefits		
Occupational Therapy Services(7c) - Completed	Add to OON Group		
Physician Specialist Services(7d) - In Progress	OON Group Group Name 1 - OON	+ Add New OON Group	
Mental Health Specialty Services(7e)- Not Started	Coinurance 20%	Copayment \$20	Deductible \$200
Individual Sessions for Mental Health Specialty Services(7e1) - Not Started	Point-of-Service (POS) benefits		
Group Sessions for Mental Health Specialty Services(7e2)- Not Started	Add to POS Group		
Podiatry Services(7f) -Not Started	POS Group Group Name 1 - POS	+ Add New POS Group	
Other Health Care Professional(7g)- Not Started	Coinurance 20%	Copayment \$20	Deductible \$200
Close Save and Close Save and Next			

CY 2026 PBP Data Entry System Screens

7d - Physician Specialist 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>Partial Hospitalization(5) - Completed</div> <div>Home Health Services(6) -Completed</div> <div>Health Care Professional Services(7)- In Progress</div> <div>Primary Care Physician Services(7a) - Completed</div> <div>Chiropractic Services(7b) -Completed</div> <div>Occupational Therapy Services(7c) - Completed</div> <div>Physician Specialist Services(7d) - In Progress</div> <div>Mental Health Specialty Services(7e)- Not Started</div> <div>Individual Sessions for Mental Health Specialty Services(7e1) - Not Started</div> <div>Group Sessions for Mental Health Specialty Services(7e2)- Not Started</div> <div>Podiatry Services(7f) - Not Started</div> <div>Other Health Care Professional(7g)- Not Started</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 Copayment Deductible</div> <div>20% \$20 \$200</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>Coinsurance Copayment Deductible</div> <div>20% \$20 \$200</div> <div>Authorization required for this benefit?</div> <div>Yes</div> <div>Referral required for this benefit?</div> <div>No</div> <div>+ Add Notes</div>
<div>Close</div> <div>Save and Close</div> <div>Save and Next</div>	

CY 2026 PBP Data Entry System Screens

7e - Mental Health Specialty 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.

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e)- In Progress

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

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

Podiatry Services(7f) -Not Started

Other Health Care Professional(7g)- Not Started

Mental Health Specialty Services(7e)

Plan Characteristics

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

Yes No

MOOP amount \$500

Periodicity 6 Months

Is there a deductible?

Yes No

Deductible amount \$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Add to OON Group

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

7e - Mental Health Specialty 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.

Partial Hospitalization(5) - Completed	Out-of-Network (OON) Benefits		
▼ Home Health Services(6) -Completed	Add to OON Group		
▲ Health Care Professional Services(7)- In Progress	OON Group <input type="text" value="Group Name 1 - OON"/> <input type="button" value="+ Add New OON Group"/>		
Primary Care Physician Services(7a) - Completed	Coinsurance	Copayment	Deductible
▼ Chiropractic Services(7b) -Completed	20%	\$20	\$200
Occupational Therapy Services(7c) - Completed	Point-of-Service (POS) benefits		
Physician Specialist Services(7d) - Completed	Add to POS Group		
▲ Mental Health Specialty Services(7e)- In Progress	POS Group <input type="text" value="Group Name 1 - POS"/> <input type="button" value="+ Add New POS Group"/>		
Individual Sessions for Mental Health Specialty Services(7e1) - Not Started	Coinsurance	Copayment	Deductible
Group Sessions for Mental Health Specialty Services(7e2)- Not Started	20%	\$20	\$200
Podiatry Services(7f) -Not Started	Authorization required for this benefit?		
Other Health Care Professional(7g)- Not Started	Yes		
	Referral required for this benefit?		
	No		
	<input type="button" value="+ Add Notes"/>		
	<input type="button" value="Close"/>	<input type="button" value="Save and Close"/>	<input type="button" value="Save and Next"/>

CY 2026 PBP Data Entry System Screens

7e - Individual Sessions for Mental Health Specialty 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.

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a)-
Completed

Chiropractic Services(7b)-Completed

Occupational Therapy Services(7c)-
Completed

Physician Specialist Services(7d)-
Completed

Mental Health Specialty Services(7e)-
Complete

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

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

Podiatry Services(7f)-Not Started

Other Health Care Professional(7g)-
Not Started

Individual Sessions for Mental Health Specialty Services(7e1)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

7e - Group Sessions for Mental Health Specialty 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.

Partial Hospitalization(5) - Completed

▼ Home Health Services(6) - Completed

▲ Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

▼ Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

▲ Mental Health Specialty Services(7e)- Complete

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

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

Podiatry Services(7f) - Not Started

Other Health Care Professional(7g)- Not Started

Group Sessions for Mental Health Specialty Services(7e2)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

7f - Podiatry Services -Page 1

Partial Hospitalization(5) - Completed

▼ Home Health Services(6) -Completed

▲ Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a) -
Completed

▼ Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c) -
Completed

Physician Specialist Services(7d) -
Completed

Mental Health Specialty Services(7e)-
Completed

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

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

▼ Podiatry Services(7f) - In Progress

Other Health Care Professional(7g)-
Not Started

Podiatry Services(7f)

Plan Characteristics

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

Yes

No

MOOP amount

Periodicity

Is there a medicare covered coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

Maximum coinsurance

Is there a medicare covered copayment?

Yes

Yes with a min & max

No

Minimum copayment

Maximum copayment

Is there a medicare covered deductible?

Yes

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

7f - Podiatry 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.

Partial Hospitalization(5) - Completed

▼ Home Health Services(6) -Completed

▲ Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

▼ Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

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

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

▼ Podiatry Services(7f) - In Progress

Other Health Care Professional(7g) - Not Started

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

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 Screens

7f - Podiatry 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.

Partial Hospitalization(5) - Completed

▼ Home Health Services(6) -Completed

▲ Health Care Professional Services(7) - In Progress

Primary Care Physician Services(7a) - Completed

▼ Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

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

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

▼ Podiatry Services(7f) - In Progress

Other Health Care Professional(7g) - Not Started

OUT-OF-NETWORK (OON) Benefits

Add to OON Group

OON Group
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 Screens

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

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

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

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

Podiatry Services(7f) - In Progress

Routine Foot Care(7f) - In Progress

Podiatry Services-Routine Foot Care (7f)

Plan Characteristics

Is this benefit unlimited?

Yes No

Visits

5

Periodicity

6 Months

Service specific maximum plan benefit coverage amount?

Yes No

Maximum 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 Screens

7f - Podiatry Services -Routine Foot 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.

Partial Hospitalization(5) - Completed

▼ Home Health Services(6) -Completed

▲ Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a)- Completed

▼ Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c)- Completed

Physician Specialist Services(7d)- Completed

Mental Health Specialty Services(7e)- Completed

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

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

▲ Podiatry Services(7f) - In Progress

Routine Foot Care(7f) - In Progress

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$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 Screens

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

Partial Hospitalization(5) - Completed

▼ Home Health Services(6) -Completed

▲ Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a)-
Completed

▼ Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c) -
Completed

Physician Specialist Services(7d) -
Completed

Mental Health Specialty Services(7e)-
Completed

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

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

▲ Podiatry Services(7f) - In Progress

Routine Foot Care(7f) - In Progress

Point-of-Service (POS) benefits

Add to POS Group

POS Group
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 Screens

7g - Other Health Care Professional -Page 1

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a)- Completed

Chiropractic Services(7b)- Completed

Occupational Therapy Services(7c)- Completed

Physician Specialist Services(7d)- Completed

Mental Health Specialty Services(7e)- Completed

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

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

Podiatry Services(7f)- Completed

Other Health Care Professional(7g)- In Progress

Other Health Care Professional(7g)

Plan Characteristics

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

Yes No

MOOP amount \$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

CY 2026 PBP Data Entry System Screens

7g - Other Health Care Professional -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.

Partial Hospitalization(5) - Completed

Home Health Services(6) -Completed

Health Care Professional Services(7)-
In Progress

Primary Care Physician Services(7a) -
Completed

Chiropractic Services(7b) -Completed

Occupational Therapy Services(7c) -
Completed

Physician Specialist Services(7d) -
Completed

Mental Health Specialty Services(7e)-
Completed

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

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

Podiatry Services(7f) - Completed

Other Health Care Professional(7g)-
In Progress

Deductible amount
\$400

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

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 Screens

7g - Other Health Care Professional -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.

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7)- In Progress

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

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

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

Podiatry Services(7f) - Completed

Other Health Care Professional(7g) - In Progress

Out-of-Network (OON) Benefits

Add to OON Group

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

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 Screens

7h - Psychiatric 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.

Psychiatric Services(7h) -
In Progress

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

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

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1) - Not Started

Psychiatric Services(7h)

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 deductible?

Yes

No

Deductible amount
\$400

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

7h - Psychiatric 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.

Psychiatric Services(7h) - In Progress

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

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

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance

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 Screens

7hi - Individual Sessions for Psychiatric 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.

Psychiatric Services(7h) - Completed

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

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

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1)- Not Started

Individual Sessions for Psychiatric Services(7h1)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

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 Screens

7h2 - Group Sessions for Psychiatric 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.

Psychiatric Services(7h) - Completed

Individual Sessions for Psychiatric Services (7h1) - Completed

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

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1)- Not Started

Group Sessions for Psychiatric Services(7h2)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

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 Screens

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

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1)- Not Started

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

Plan Characteristics

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

Yes No

MOOP amount \$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

CY 2026 PBP Data Entry System Screens

7i - Physical Therapy and Speech -Language Pathology 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.

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) - Completed

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1) - Not Started

Deductible amount
\$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 Screens

7i - Physical Therapy and Speech -Language Pathology 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.

Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) - Completed

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
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 Screens

7j - Additional Telehealth Benefits -Page 1

Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

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

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

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

**Additional Telehealth Benefits (7j)
In Process**

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1)- Not Started

Additional Telehealth Benefits (7j)

Plan Characteristics

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

YesNo

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

Available

Search by terms

Inpatient Hospital-Acute(1a)

Inpatient Hospital Psychiatric(1b)

Skilled Nursing Facility (SNF)(2)

Cardiac Rehabilitation Services(3-1)

Intensive Cardiac Rehabilitation Services(3-2)

Pulmonary Rehabilitation Services(3-3)

Selected

Search by terms

Partial Hospitalization(5)

Chiropractic Services(7b)

Individual Sessions for Outpatient Substance Abuse(9c1)

Nursing Home Services(13h6)

Glaucoma Screening(14e1)

>><<

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

YesNo

MOOP amount

\$500

Periodicity

6 Months

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

7j - Additional Telehealth Benefits -Page 2

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

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

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

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

**Additional Telehealth Benefits (7j)
In Process**

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1)- Not Started

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 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 Screens

7j - Additional Telehealth Benefits -Page 3

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

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

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

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

Additional Telehealth Benefits (7j)
In Process

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1)- Not Started

Minimum coinsurance _____
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

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

7k - Opioid Treatment Program Services -Page 1

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - In Process

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

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

Diagnostic Procedures/Tests(8a1)- Not Started

Opioid Treatment Program Services(7k)

Plan Characteristics

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

Yes

No

MOOP amount
\$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

CY 2026 PBP Data Entry System Screens

7k - Opioid Treatment Program 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.

^ Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - In Process

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

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

Diagnostic Procedures/Tests(8a1)- Not Started

Deductible amount
\$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 Screens

7k - Opioid Treatment Program 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.

Psychiatric Services(7h) -Completed

Individual Sessions for Psychiatric Services (7h1) -Completed

Group Sessions for Psychiatric Services (7h2) -Completed

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - In Process

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

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

Diagnostic Procedures/Tests(8a1)- Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

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 Screens

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

Inpatient Hospital Psychiatric(1b) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7) - Completed

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

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

Outpatient Diagnostic/Therapeutic Radiological Services(8b) - Completed

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - Completed

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

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

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Yes No

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

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

Is there a copayment? ⓘ *

Yes No

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

Yes No

Is there a deductible? ⓘ *

Yes No

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

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

<div>Health Care Professional Services(7) - Completed</div> <div>Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress</div> <div>Diagnostic Procedures/Tests/Lab Services(8a) - Not Started</div> <div>Diagnostic Procedures/Tests(8a1) - Not Started</div> <div>Lab Services(8a2) - Not Started</div> <div>Outpatient Diagnostic/Therapeutic Radiological Services(8b) - Not Started</div> <div>Diagnostic Radiological Services(8b1) - Not Started</div> <div>Therapeutic Radiological Services(8b2) - Not Started</div> <div>Outpatient X-Ray Services(8b3) - Not Started</div> <div>Outpatient Services(9) - Not Started</div> <div>Ambulance/Transportation Services(10) - Not Started</div> <div>DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started</div>	<div>Yes Yes with a min & max No</div> <div>Minimum copayment \$400 Maximum copayment \$400</div> <div>If a member receives multiple services at the same location on the same day, does only the maximum copay apply? Yes No</div> <div>Is there a deductible? Yes No</div> <div>Deductible amount \$400</div> <div>Authorization required for this benefit? Yes</div> <div>Referral required for this benefit? No</div> <div>+ Add Notes</div> <div>Close Save and Close Save and Next</div>
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CY 2026 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests -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.

Health Care Professional Services(7)-
Completed

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

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

Diagnostic Procedures/Tests(8a1) -
In Process

Lab Services(8a2) -Not Started

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

Diagnostic Radiological
Services(8b1) -Not Started

Therapeutic Radiological
Services(8b2) -Not Started

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

Outpatient Services(9) -Not Started

Ambulance/Transportation
Services(10) -Not Started

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

Diagnostic Procedures/Tests(8a1)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON GroupGroup Name 1 - OON+ Add New OON Group

Coinsurance20%Copayment\$20Deductible\$200

Point-of-Service (POS) benefits

CloseSave and CloseSave and Next

CY 2026 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests -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.

Health Care Professional Services(7)-
Completed

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

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

Diagnostic Procedures/Tests(8a1) -
In Process

Lab Services(8a2) -Not Started

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

Diagnostic Radiological
Services(8b1) -Not Started

Therapeutic Radiological
Services(8b2) -Not Started

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

Outpatient Services(9) -Not Started

Ambulance/Transportation
Services(10) -Not Started

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

Yes Yes with a min & max No

Minimum copayment \$400 Maximum copayment \$400

Out-of-Network (OON) Benefits

Add to OON Group

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

Coinsurance Copayment Deductible
20% \$20 \$200

Point-of-Service (POS) benefits

Add to POS Group

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

Coinsurance Copayment Deductible
20% \$20 \$200

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

8a2 - Lab 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.

Health Care Professional Services(7)-Completed

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

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

Diagnostic Procedures/Tests(8a1)-Completed

Lab Services(8a2) - In Process

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

Diagnostic Radiological Services(8b1) - Not Started

Therapeutic Radiological Services(8b2) - Not Started

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

Outpatient Services(9) - Not Started

Ambulance/Transportation Services(10) - Not Started

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

Lab Services(8a2)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

Out-of-Network (OON) Benefits

Add to OON Group

OON GroupGroup Name 1 - OON+ Add New OON Group

Coinsurance20%Copayment\$20Deductible\$200

Point-of-Service (POS) benefits

CloseSave and CloseSave and Next

CY 2026 PBP Data Entry System Screens

8a2 - Lab 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.

Health Care Professional Services(7)-Completed

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

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

Diagnostic Procedures/Tests(8a1)-Completed

Lab Services(8a2) - In Process

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

Diagnostic Radiological Services(8b1) -Not Started

Therapeutic Radiological Services(8b2) -Not Started

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

Outpatient Services(9) -Not Started

Ambulance/Transportation Services(10) -Not Started

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

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 Screens

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

Completed

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

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

Outpatient Diagnostic/Therapeutic Radiological Services(8b) - 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) - Completed

Preventive and Other Defined Supplemental Services(14) - Completed

Medicare Part B Rx Drugs(15) - In Progress

Dental(16) - In Progress

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

Updated by STE TESTER on 8/19/2024 9:35:11 AM EDT

Enhanced Benefits are not applicable for this Service Category.

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

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

The below questions will added to the (8b)- Medicare screen:

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

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

Is there a copayment? ⓘ

Yes

No

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

Yes

No

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

Is there a deductible? ⓘ *

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

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

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

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

8b1 - Diagnostic Radiological 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.

Health Care Professional Services(7)-
Completed

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

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

Diagnostic Procedures/Tests(8a1)-
Completed

Lab Services(8a2) -Completed

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed

Diagnostic Radiological
Services(8b1) - In Process

Therapeutic Radiological
Services(8b2) -Not Started

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

Outpatient Services(9) -Not Started

Ambulance/Transportation
Services(10) -Not Started

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

Diagnostic Radiological Services(8b1)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance
4%

Maximum coinsurance
8%

Maximum per visit amount
\$50

Is there a copayment?

YesYes with a min & maxNo

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

CloseSave and CloseSave and Next

CY 2026 PBP Data Entry System Screens

8b1 - Diagnostic Radiological 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.

Health Care Professional Services(7)-
Completed

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

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

Diagnostic Procedures/Tests(8a1)-
Completed

Lab Services(8a2) -Completed

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed

Diagnostic Radiological
Services(8b1) - In Progress

Therapeutic Radiological
Services(8b2) -Not Started

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

Outpatient Services(9) -Not Started

Ambulance/Transportation
Services(10) -Not Started

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

Yes Yes with a min & max No

Minimum copayment \$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 Screens

8b2 - Therapeutic Radiological 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.

Health Care Professional Services(7)-
Completed

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

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

Diagnostic Procedures/Tests(8a1)-
Completed

Lab Services(8a2) - Completed

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed

Diagnostic Radiological
Services(8b1) - Completed

Therapeutic Radiological
Services(8b2) - In Process

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

Outpatient Services(9) -Not Started

Ambulance/Transportation
Services(10) -Not Started

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

Therapeutic Radiological Services(8b2)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

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

Yes

No

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 Screens

8b2 - Therapeutic Radiological 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.

Health Care Professional Services(7)-
Completed

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

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

Diagnostic Procedures/Tests(8a1)-
Completed

Lab Services(8a2) -Completed

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed

Diagnostic Radiological
Services(8b1) - Completed

Therapeutic Radiological
Services(8b2) - In Process

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

Outpatient Services(9) - Not Started

Ambulance/Transportation
Services(10) - Not Started

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

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

Yes

No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

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 Screens

8b3 - Outpatient X-Ray 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.

Health Care Professional Services(7)-
Completed

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

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

Diagnostic Procedures/Tests(8a1)-
Completed

Lab Services(8a2) - Completed

Outpatient Diagnostic/Therapeutic
Radiological Services(8b) - Completed

Diagnostic Radiological
Services(8b1) - Completed

Therapeutic Radiological
Services(8b2) - Completed

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

Outpatient Services(9) - Not Started

Ambulance/Transportation
Services(10) - Not Started

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

Outpatient X-Ray Services(8b3)

Plan Characteristics

Is there a coinsurance?

YesYes with a min & maxNo

Minimum coinsurance4%Maximum coinsurance8%

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment\$400Maximum copayment\$400

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

YesNo

Out-of-Network (OON) Benefits

Add to OON Group

OON GroupGroup Name 1 - OON+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

CloseSave and CloseSave and Next

CY 2026 PBP Data Entry System Screens

8b3 - Outpatient X-Ray 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.

Health Care Professional Services(7) - Completed

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

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

Diagnostic Procedures/Tests(8a1) - Completed

Lab Services(8a2) - Completed

Outpatient Diagnostic/Therapeutic Radiological Services(8b) - Completed

Diagnostic Radiological Services(8b1) - Completed

Therapeutic Radiological Services(8b2) - Completed

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

Outpatient Services(9) - Not Started

Ambulance/Transportation Services(10) - Not Started

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

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

Yes No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group

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 Screens

9a1 - Outpatient Hospital Services -Page 1

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

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

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

Outpatient Hospital Services(9a1)- **In Progress**

Observation Services(9a2) - Not Started

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

Outpatient Substance Abuse(9c)- Not Started

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) - Not Started

Outpatient Hospital Services(9a1)

Plan Characteristics

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

Yes

No

MOOP amount

Periodicity

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

Maximum copayment

Is there a deductible?

Yes

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

9a1 - Outpatient Hospital 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.

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)- In Progress

Observation Services(9a2) - Not Started

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

Outpatient Substance Abuse(9c)- Not Started

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) -Not Started

Is there a deductible?

Yes

No

Deductible amount
\$400

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ 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

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

9a1 - Outpatient Hospital 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.

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

▲ Outpatient Services(9) - In Progress

▲ Outpatient Hospital Services(9a) - In Progress

Outpatient Hospital Services(9a1)- In Progress

Observation Services(9a2) - Not Started

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

▲ Outpatient Substance Abuse(9c)- Not Started

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

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

Outpatient Blood Services(9d) - Not Started

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

▼ Ambulance/Transportation Services(10) - Not Started

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

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 Screens

9a2 - Observation Services -Page 1

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - In Progress

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

Outpatient Substance Abuse(9c) - Not Started

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) - Not Started

Observation Services(9a2)

Plan Characteristics

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

Yes

No

MOOP amount
\$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

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

Periodicity
Per day

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

9a2 - Observation 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.

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)- Completed

Observation Services(9a2) - In Progress

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

Outpatient Substance Abuse(9c)- Not Started

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) - Not Started

Periodicity
Per day

Is there a deductible?

Yes No

Deductible amount
\$400

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

Out-of-Network (OON) Benefits

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinurance	Copayment	Deductible
20%	\$20	\$200

Point-of-Service (POS) benefits

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

9a2 - Observation 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.

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)-Completed

Observation Services(9a2) - In Progress

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

Outpatient Substance Abuse(9c)-Not Started

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

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

Outpatient Blood Services(9d) -Not Started

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

Ambulance/Transportation Services(10) -Not Started

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 Screens

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

Progress

^ Outpatient Services(9) - In Progress

^ Outpatient Hospital Services(9a) - In Progress

Outpatient Hospital Services(9a1) - In Progress

Observation Services(9a2) - In Progress

Ambulatory Surgical Center (ASC) Services(9b) - In Progress

^ Outpatient Substance Abuse(9c) - In Progress

Outpatient Blood Services(9d) - In Progress

^ Ambulance/Transportation Services(10) - In Progress

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

Dialysis Services(12) - In Progress

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

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

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

Yes No

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

☐ Covered under outpatient hospital services category (9a)

☐ Plan-specified amount per period

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

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

9b - Ambulatory Surgical Center (ASC) 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.

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

^ Outpatient Services(9) - In Progress

^ Outpatient Hospital Services(9a) - In Progress

Outpatient Hospital Services(9a1)- Completed

Observation Services(9a2) - Completed

Ambulatory Surgical Center (ASC) Services(9b) - In Progress

^ Outpatient Substance Abuse(9c)- Not Started

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

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

Outpatient Blood Services(9d) - Not Started

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

✓ Ambulance/Transportation Services(10) -Not Started

Minimum copayment
\$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

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Print of Service (POS) benefits

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

9b - Ambulatory Surgical Center (ASC) 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.

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Progress

Outpatient Hospital Services(9a1)- Completed

Observation Services(9a2) - Completed

Ambulatory Surgical Center (ASC) Services(9b) - In Progress

Outpatient Substance Abuse(9c)- Not Started

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) -Not Started

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 Screens

9c - Outpatient Substance Abuse -Page 1

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)-Completed

Observation Services(9a2) -Completed

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

Outpatient Substance Abuse(9c)- In Progress

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) -Not Started

Outpatient Substance Abuse(9c)

Plan Characteristics

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

☒ Yes ☐ No

Select the maximum enrollee out-of-pocket cost type

☒ Covered under outpatient hospital services category(9a)

☐ Plan-specified amount per period

MOOP amount

Periodicity

Is there a coinsurance?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum copayment Maximum copayment

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

9c - Outpatient Substance Abuse -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.

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1)-Completed

Observation Services(9a2) -Completed

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

Outpatient Substance Abuse(9c)- In Progress

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

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

Outpatient Blood Services(9d) -Not Started

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

Ambulance/Transportation Services(10) -Not Started

Minimum copayment
\$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

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

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

9c - Outpatient Substance Abuse -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.

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - Completed

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

Outpatient Substance Abuse(9c)- In Progress

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) -Not Started

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 Screens

9c1 - Individual Sessions for Outpatient Substance Abuse

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.

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - Completed

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

Outpatient Substance Abuse(9c) - Completed

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) - Not Started

Individual Sessions for Outpatient Substance Abuse(9c1)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

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 Screens

9c2 - Group Sessions for Outpatient Substance Abuse

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.

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Progress

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - Completed

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

Outpatient Substance Abuse(9c) - Completed

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) - Not Started

Group Sessions for Outpatient Substance Abuse(9c2)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

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 Screens

9d - Outpatient Blood 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.

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - Completed

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

Outpatient Substance Abuse(9c) - Completed

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

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

Outpatient Blood Services(9d) - In Progress

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

Ambulance/Transportation Services(10) - Not Started

Outpatient Blood Services(9d)

Plan Characteristics

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

Yes

No

MOOP amount
\$500

Periodicity
6 Months

3-pint deductible is waived question will be added on the 9d page
Do you waive the deductible for the first 3 pints?

Is there a coinsurance?

Yes

Yes with a minimum & maximum

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes

Yes with a minimum & maximum

No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes

No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

10a - Ambulance Services

▼ Outpatient Services(9) -Completed

^ Ambulance/Transportation Services(10) -
In Progress

^ Ambulance Services(10a) -
In Progress

Ground Ambulance Services(10a1) -
Not Started

Air Ambulance Services(10a2) -
Not Started

^ Transportation Services(10b) -
In Progress

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

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

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

▼ Dialysis Services(12) -Not Started

Ambulance Services(10a)

Plan Characteristics

Is there a coinsurance?

Yes No

Is this Coinsurance waived if admitted to hospital?

Yes No

Is there a copayment?

Yes No

Is this Copayment waived if admitted to hospital?

Yes No

Authorization required for this benefit?
Yes

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page 1

Outpatient Services(9) -Completed

Ambulance/Transportation Services(10) -In Progress

Ambulance Services(10a) -Completed

Ground Ambulance Services(10a1) -In Process

Air Ambulance Services(10a2) -Not Started

Transportation Services(10b) -In Progress

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

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

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

Dialysis Services(12) -Not Started

Ground Ambulance Services(10a1)

Plan Characteristics

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

Yes No

MOOP amount \$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

CY 2026 PBP Data Entry System Screens

10a1 - Ground Ambulance 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.

▼ Outpatient Services(9) -Completed

^ Ambulance/Transportation Services(10) -
In Progress

^ Ambulance Services(10a)-
Completed

Ground Ambulance Services(10a1) -
In Progress

Air Ambulance Services(10a2) -
Not Started

^ Transportation Services(10b) -
In Progress

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

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

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

▼ Dialysis Services(12) -Not Started

Is there a deductible?

Yes

No

Deductible amount
\$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 Screens

10a2 - Air Ambulance Services -Page 1

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - Completed

Ground Ambulance Services(10a1) - Completed

Air Ambulance Services(10a2) - In Progress

Transportation Services(10b) - In Progress

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

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

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

Dialysis Services(12) - Not Started

Air Ambulance Services(10a2)

Plan Characteristics

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

☒ Yes ☐ No

MOOP amount

Periodicity

Is there a coinsurance?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum copayment Maximum copayment

Is there a deductible?

☐ Yes ☒ No

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

10a2 - Air Ambulance 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.

▼ Outpatient Services(9) -Completed

▲ Ambulance/Transportation Services(10) -
In Progress

▲ Ambulance Services(10a) -
Completed

Ground Ambulance Services(10a1) -
Completed

Air Ambulance Services(10a2) -In
Process

▲ Transportation Services(10b) -
In Process

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

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

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

▼ Dialysis Services(12) -Not Started

Is there a deductible?

Yes

No

Deductible amount
\$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 Screens

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

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - Completed

Ground Ambulance Services(10a1) - Completed

Air Ambulance Services(10a2) - Completed

Transportation Services(10b) - In Progress

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

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

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

Dialysis Services(12) - Not Started

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

Plan Characteristics

Is this benefit unlimited?

Yes

No

Indicate number of trips

10

Periodicity

6 Months

Select type of transportation:

Type of transportation

Type 1

Indicate number of days

2

Select Mode of Transportation

☒ Taxi

☒ Rideshare services

☐ Bus/Subway

☒ Van

☒ Medical Transport

☐ Other

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

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

<div>▼ Outpatient Services(9) - Completed</div> <div>▲ Ambulance/Transportation Services(10) - In Progress</div> <div> ▲ Ambulance Services(10a) - Completed</div> <div> Ground Ambulance Services(10a1) - Completed</div> <div> Air Ambulance Services(10a2) - Completed</div> <div> ▲ Transportation Services(10b) - In Progress</div> <div> Transportation Services - Plan Approved Health-related Location(10b1) - In Progress</div> <div> Transportation Services - Any Health-related Location(10b2) - Not Started</div> <div>▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Not Started</div> <div>▼ Dialysis Services(12) - Not Started</div>	<div>Describe Other</div> <div>Other description</div>
	<div>Is there a maximum enrollee out-of-pocket cost (MOOP)?</div> <div>Yes No</div>
	<div>MOOP amount</div> <div>\$500</div>
	<div>Periodicity</div> <div>6 Months</div>
	<div>Is there a coinsurance?</div> <div>Yes Yes with a min & max No</div>
	<div>Minimum coinsurance</div> <div>4%</div> <div>Maximum coinsurance</div> <div>8%</div>
<div>Is there a copayment?</div> <div>Yes Yes with a min & max No</div>	
<div>Minimum copayment</div> <div>\$400</div> <div>Maximum copayment</div> <div>\$400</div>	
<div>Is there a deductible?</div>	
<div>Close Save and Close Save and Next</div>	

CY 2026 PBP Data Entry System Screens

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

▼ Outpatient Services(9) -Completed

▲ Ambulance/Transportation Services(10) -
In Progress

▲ Ambulance Services(10a) -
Completed

Ground Ambulance Services(10a1) -
Completed

Air Ambulance Services(10a2) -
Completed

▲ Transportation Services(10b) -
In Progress

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

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

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

▼ Dialysis Services(12) -Not Started

Is there a deductible?

Yes

No

Deductible amount
\$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

Coinurance

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 Screens

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

▼ Outpatient Services(9) -Completed

▲ Ambulance/Transportation Services(10) -
In Progress

▲ Ambulance Services(10a) -
Completed

Ground Ambulance Services(10a1) -
Completed

Air Ambulance Services(10a2) -
Completed

▲ Transportation Services(10b) -
In Progress

**Transportation Services - Plan
Approved Health-related
Location(10b1) -In Progress**

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

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

▼ Dialysis Services(12) -Not Started

Add to OON Group

OON Group
Group Name 1 - OON

+ Add New OON Group

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 Screens

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

Outpatient Services(9) -Completed

Ambulance/Transportation Services(10) -
In Progress

Ambulance Services(10a) -
Completed

Ground Ambulance Services(10a1) -
Completed

Air Ambulance Services(10a2) -
Completed

Transportation Services(10b) -
In Progress

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

Transportation Services - Any
Health-related Location(10b2) -
In Progress

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

Dialysis Services(12) -Not Started

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

Plan Characteristics

Is this benefit unlimited?
☒ Yes ☐ No

Indicate number of trips
10

Periodicity
6 Months

Select type of transportation:
Type of transportation
Type 1

Indicate number of days
2

Select Mode of Transportation
Mode of transportation
Mode 1

Indicate number of trips
2

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

CloseSave and CloseSave and Next

CY 2026 PBP Data Entry System Screens

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

<div><div>▼ Outpatient Services(9) -Completed</div><div>^ Ambulance/Transportation Services(10) - In Progress</div><div>▶ Ambulance Services(10a) - Completed</div><div>Ground Ambulance Services(10a1) - Completed</div><div>Air Ambulance Services(10a2) - Completed</div><div>^ Transportation Services(10b) - In Progress</div><div>Transportation Services - Plan Approved Health-related Location(10b1) -Completed</div><div>Transportation Services - Any Health-related Location(10b2) - In Progress</div><div>▼ DME, Prosthetics and Medical and Diabetic Supplies(11) -Not Started</div><div>▼ Dialysis Services(12) -Not Started</div></div>	<div>Is there a maximum enrollee out-of-pocket cost (MOOP)?</div> <div><div>Yes</div><div>No</div></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><div>Yes</div><div>Yes with a min & max</div><div>No</div></div> <div>Minimum coinsurance <input type="text" value="4%"/></div> <div>Maximum coinsurance <input type="text" value="8%"/></div> <div>Is there a copayment?</div> <div><div>Yes</div><div>Yes with a min & max</div><div>No</div></div> <div>Minimum copayment <input type="text" value="\$400"/></div> <div>Maximum copayment <input type="text" value="\$400"/></div> <div>Is there a deductible?</div> <div><div>Yes</div><div>No</div></div> <div>Deductible amount <input type="text" value="\$400"/></div>
<div><div>Close</div><div>Save and Close</div><div>Save and Next</div></div>	

CY 2026 PBP Data Entry System Screens

10b2 - Transportation Services -Any Health-Related Locations -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.

▼ Outpatient Services(9) -Completed

▲ Ambulance/Transportation Services(10) -
In Progress

▲ Ambulance Services(10a) -
Completed

Ground Ambulance Services(10a1) -
Completed

Air Ambulance Services(10a2) -
Completed

▲ Transportation Services(10b) -
In Progress

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

Transportation Services - Any
Health-related Location(10b2) -
In Progress

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

▼ Dialysis Services(12) -Not Started

Deductible amount
\$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

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 Screens

10b2 - Transportation Services -Any Health-Related Locations -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.

▼ Outpatient Services(9) - Completed

▲ Ambulance/Transportation Services(10) - In Progress

▲ Ambulance Services(10a) - Completed

Ground Ambulance Services(10a1) - Completed

Air Ambulance Services(10a2) - Completed

▲ Transportation Services(10b) - In Progress

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

Transportation Services - Any Health-related Location(10b2) - In Progress

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

▼ Dialysis Services(12) - Not Started

Add to OON Group

OON Group
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