

CY 2026 PBP Data Entry System Screens

VBID, MA Uniformity, SSCBI Package Selection – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - Completed

VBID, MA Uniformity, SSCBI - In Progress

VBID Hospice - Completed

Reduction in Cost Sharing Packages (RSCS) - In Progress

Additional Benefits Packages (ABP) - In Progress

Rx - Completed

Plan Characteristics

VBID, MA Uniformity, SSCBI

This section documents the benefits offered under authority of the Medicare-Advantage Value-Based Insurance Design (VBID) Model, MA Uniformity Flexibility (UF), and/or Special Supplemental Benefits for the Chronically Ill (SSBCI).

The VBID Model allows CMS to test health plan innovation through providing targeted plan flexibilities to provide improved care and choice for their Medicare enrollees. Specifically, the VBID Model tests additional flexibilities for targeted supplemental benefits, and prescription drugs. The Model is testing whether the additional flexibilities provided allow and incentivize plans to develop and offer interventions that improve health outcomes and lower expenditures for Medicare enrollees. The VBID Model is conducted by the CMS Innovation Center. The questions below only apply to plans authorized to participate in the VBID Model by written notice from the CMS Innovation Center.

Does this plan offer value-based design flexibilities by condition, socioeconomic state, or area deprivation index under the VBID model? *

Yes

No

☒ I attest that: *

1) The benefits entered comply with CMS requirements for benefits offered in the VBID Model;

2) the benefits entered are consistent with the benefit proposals and the actuarial or financial information provided to CMS when applying to participate in the VBID Model, unless otherwise approved by CMS in writing; and

3) the benefit package, formulary or other features of this plan are not structured to discriminate against any Medicare beneficiary.

4) including any proposed benefits offered through the VBID Model in this PBP, this PBP offers a minimum of two supplemental benefits to address priority HRSNs from among the categories of food and nutrition, transportation, and housing and living environment. NOTE: This does not apply to PBPs participating only in the Hospice Benefit Component.

Under MA Uniformity Flexibility plans may provide access to services (or specific cost sharing for services or items) that is tied to health status or disease state in a manner that ensures that similarly situated individuals are treated uniformly, consistent with the uniformity requirement in the MA regulations at §422.100(d).

Does this plan include MA Uniformity Flexibility with reductions in cost or additional benefits? *

Yes

No

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VBID, MA Uniformity, SSCBI Package Selection – Page 2

Plan Characteristics - Completed	Does this plan offer VBID hospice benefits? *
Standard Bid - Completed	<input type="button" value="Yes"/> <input type="button" value="No"/>
Benefit Offerings - Completed	Does this plan offer value-based design flexibilities by condition, socioeconomic state, or area deprivation index under the VBID model? *
Plan Level Cost Sharing - Completed	<input type="button" value="Yes"/> <input type="button" value="No"/>
Prior Authorization & Referral - Completed	<input checked="" type="checkbox"/> I attest that: ⓘ *
Visitor Travel - Completed	1) The benefits entered comply with CMS requirements for benefits offered in the VBID Model;
Cost Share Groups - Completed	2) the benefits entered are consistent with the benefit proposals and the actuarial or financial information provided to CMS when applying to participate in the VBID Model, unless otherwise approved by CMS in writing; and
VBID, MA Uniformity, SSCBI - In Progress	3) the benefit package, formulary or other features of this plan are not structured to discriminate against any Medicare beneficiary.
VBID Hospice - Completed	4) including any proposed benefits offered through the VBID Model in this PBP, this PBP offers a minimum of two supplemental benefits to address priority HRSNs from among the categories of food and nutrition, transportation, and housing and living environment. NOTE: This does not apply to PBPs participating only in the Hospice Benefit Component.
Reduction in Cost Sharing Packages (19a) - In Progress	Under MA Uniformity Flexibility plans may provide access to services (or specific cost sharing for services or items) that is tied to health status or disease state in a manner that ensures that similarly situated individuals are treated uniformly, consistent with the uniformity requirement in the MA regulations at §422.100(d).
Additional Benefits Packages (19b) - In Progress	Does this plan include MA Uniformity Flexibility with reductions in cost or additional benefits? ⓘ *
Rx - Completed	<input type="button" value="Yes"/> <input type="button" value="No"/>
	<div>The below text will be updated with a new text.</div>
	The Bipartisan Budget Act of 2018 (Public Law No. 115-123) amended section 1852(a) of the Act to expand the supplemental benefits that may be offered by Medicare Advantage organizations. MA plans may offer "Special Supplemental Benefits for the Chronically Ill (SSBCI)," such as reduced cost sharing and additional benefits (including non-primarily health related benefits), to chronically ill enrollees if the item or service has a reasonable expectation of improving the chronic disease or maintaining the health or overall function of the enrollee as it relates to the chronic disease. MA plans may vary, or target supplemental benefits offered to the chronically ill by using objective criteria as it relates to the individual enrollee's specific medical condition and needs. When entering SSBCI benefits, plans should include all reduced cost sharing benefits for the chronically ill in a single SSBCI package in VBID/MA UF/SSBCI Reduction in Cost Sharing Packages Section. Plans should similarly include all additional benefits (including non-primarily health related benefits) in a single SSBCI package in VBID/MA UF/SSBCI Additional Benefits Packages Section.
	Does this plan offer Special Supplemental Benefits for Chronically Ill? ⓘ *
	<input type="button" value="Yes"/> <input type="button" value="No"/>
	<div>Close Save and Close Save and Next</div>

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID/MA UF/SSBCI) – 19a

VBID/MA UF/SSBCI Reduction in Cost Sharing Packages (19a)







Plan Characteristics

(Maximum of 15 across both RIC and Additional Benefits packages)

+ Add New Package

When entering the VBID/MA Uniformity Flexibility/SSBCI maximum and minimum cost sharing for a service category, list only the cost sharing that would apply to enrollees qualifying for the benefit package. Cost sharing ranges should reflect only the services within the service category or specialty selected that are eligible for reduced cost sharing. If the reduced cost sharing is being offered through reimbursement, the cost sharing range should represent what the enrollee pays after reimbursement, and the note should describe the benefit and any limitations. If there is a maximum aggregate amount of reduced cost sharing, the cost sharing entered should reflect only the costs paid by the enrollee prior to reaching the maximum aggregate amount of reduced cost sharing.

When entering VBID/MA Uniformity Flexibility benefit packages, create a separate package for each unique benefit offering, or combination of benefit offerings. VBID/MA Uniformity Flexibility packages may be targeted to single or multiple clinical condition groups. When entering an SSBCI benefit package, include all reduced cost sharing in VBID/MA UF/SSBCI Reduction in Cost Sharing Packages Section and all additional SSBCI benefits in a single package in VBID/MA UF/SSBCI Additional Benefits Packages Section.

Package ID	Package Name	Type of Package	Status	Actions
1	Package 1	SSBCI	In Progress	 
2	test	VBID	Completed	 
3	Package 3 test	MA Uniformity Flexibility	Completed	 

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID) – Add Package – Page 1

Add New Reduction in Cost Sharing Package

X

Add Package - In Progress

Package Name *
test
4/50 characters

Type of Package *
VBID

Type of Benefit
Reduction in cost sharing

Value-Based Design Flexibilities by Condition or Socioeconomic Status

Select Target Methodology *

☒ Chronic Conditions

☒ Socioeconomic Status

☒ Area Deprivation Index

Disease state - Please choose one or more *

Available

Search by terms

Diabetes

Chronic Obstructive Pulmonary Disease (COPD)

Congestive Heart Failure (CHF)

Patient with Best Practice

Selected

Search by terms

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Close

Save and Close

Save and Next

The below Disease State picklist will be updated

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID) – Add Package – Page 2

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Mood Disorders

Rheumatoid Arthritis

Dementia

Other CMS-Approved Disease State

<<

Does the enrollee need to have all diseases selected to qualify? ⓘ *

YesNo

Does the enrollee need to have a combination of diseases selected to qualify? ⓘ *

YesNo

Describe ⓘ *

0/1000 characters

Select LIS reduction level: *

☐ LIS Level 1 ⓘ

☐ LIS Level 2 ⓘ

☐ LIS Level 3 ⓘ

☐ LIS Level 4 ⓘ

Close

Save and Close

Save and Next

The Disease State picklist will be updated

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID) – Add Package – Page 3

Add New Reduction in Cost Sharing Package

×

Add Package - In Progress

☐ LIS Level 4 ⓘ

This field is required

-or-

☐ Dual-Eligible Status ⓘ

Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits

Expected Number of Enrollees to be Targeted ⓘ

Expected Number of Enrollees to be engaged and receive Model benefits ⓘ

Prerequisite for reduction of cost sharing for this package? ⓘ *

Yes

No

Select which prerequisites are required for this package *

☒ High value provider

☒ Participation in a Care Management Program

☒ Other, Describe ⓘ

Other, Describe ⓘ *

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID) – Add Package – Page 4

Add New Reduction in Cost Sharing Package

Add Package - In Progress

☒ Other, Describe

Other, Describe *

0/200 characters

Does the plan reduce cost sharing to \$0 for all covered benefits, up to a maximum aggregate amount? *

Yes

No

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

Select the Medicare benefits that apply to reduced cost sharing *

Available

Search by terms

>

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Selected

Search by terms

Inpatient Hospital-Acute (1a)

Inpatient Hospital Psychiatric (1b)

Skilled Nursing Facility (SNF) (2)

Cardiac Rehabilitation Services (3-1)

Close

Save and Close

Save and Next

Softrams

CY2026 PBP – VBID-UF-SSBCI Packages
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CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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Reduction in Cost Sharing Packages (VBID) – Add Package – Page 5

Add Package - In Progress

Emergency Services (4a)

Select the Non-Medicare benefits that apply to reduced cost sharing ⓘ *

Available

Selected

Additional Days for Inpatient Hospital-Acute (1a1)

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

Upgrades for Inpatient Hospital-Acute (1a3)

Additional Days for Inpatient Hospital Psychiatric (1b1)

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

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

Additional Cardiac Rehabilitation Services (3-1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

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Do the benefits in this package apply to OON/POS? ⓘ *

Yes

No

Is there a maximum aggregated amount of reduced cost sharing? *

Yes

No

Specify the maximum aggregated amount of reduced cost sharing: *

\$

Close

Save and Close

Save and Next

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CY2026 PBP – VBID-UF-SSBCI Packages
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CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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Reduction in Cost Sharing Packages (VBID) – Add Package – Page 6

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Is there a maximum aggregated amount of reduced cost sharing? *

Yes

No

Specify the maximum aggregated amount of reduced cost sharing: *

\$

Indicate mode of delivery for maximum coverage amount *

☐ Catalogue Purchase

☐ Claims Processing

☐ Debit Card

☐ Reimbursement

☒ Other

Other, Describe *

0/200 characters

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID) – Add Package – Page 7

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - Not Started

☐ Debit Card

☐ Reimbursement

☒ Other

Other, describe

0/200 characters

Reduced Coinsurance? *

Yes

No

Reduced Copayment? *

Yes

No

Reduced Deductible? *

Yes

No

Does your VBID/MA Uniformity Flexibility/SSBCI cost reduction cover all or some Specialists under 7d: Physician Specialist Services?

Type of Specialist

Some specialists

Notes (optional)

\$0 cost share for metered-dose inhaler spacer device only.

58/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 1

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Package Name *
Package 3 test
14/50 characters

Type of Package *
MA Uniformity Flexibility

Type of Benefit
Reduction in cost sharing

Disease state - Please choose one or more *

Available

Search by terms

Diabetes
Chronic Obstructive Pulmonary Disease (COPD)
Congestive Heart Failure (CHF)
Patient with Past Stroke
Hypertension
Coronary Artery Disease
Mood Disorders
Rheumatoid Arthritis

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Selected

Search by terms

The Selected pick list cannot be left blank. Please select one or more items and move them to the Selected pick list.

Prerequisite for reduction of cost sharing for this package? *

Close

Save and Close

Save and Next

Softrams

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Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 2

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Coronary Artery Disease
Mood Disorders
Rheumatoid Arthritis
Dementia
Other 2
Other 3
Other 4
Other 5

Other 1

Other Diseases Description

Other Diseases	Description
Other 1 *	<input type="text"/> 0/100 characters

Prerequisite for reduction of cost sharing for this package? *

☒ Yes ☐ No

Select which prerequisites are required for this package *

☒ High value provider
☒ Participation in a Care Management Program
☒ Other, Describe

Other, Describe *

0/250 characters

Does the plan reduce cost sharing to \$0 for all covered benefits, up to a maximum aggregate amount? *

☐ Yes ☒ No

The below questions will be added in this screen

1. Does the enrollee need to have all diseases selected to qualify?
2. Does the enrollee need to have a combination of diseases selected to qualify?

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 3

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

Select the Medicare benefits that apply to reduced cost sharing ⓘ *

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)

SET for PAD Services (3-4)

Emergency Services (4a)

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Selected

Search by terms

The Selected pick list cannot be left blank. Please select one or more items and move them to the Selected pick list.

Select the Non-Medicare benefits that apply to reduced cost sharing ⓘ *

Available

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Selected

Close

Save and Close

Save and Next

Softtrams

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Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 4

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Additional SET for PAD Services (3-4)

Worldwide Emergency Coverage (4c1)

Do the benefits in this package apply to OON/POS? ⓘ *

YesNo

Are any benefits exempt from the plan-level deductible? ⓘ *

YesNo

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

Select the Medicare benefits that are exempt from the plan level deductible ⓘ *

Available

Inpatient Hospital Psychiatric (1b)

Cardiac Rehabilitation Services (3-1)

Intensive Cardiac Rehabilitation Services (3-2)

Selected

Skilled Nursing Facility (SNF) (2)

Select the Non-Medicare benefits that are exempt from the plan level deductible ⓘ *

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 5

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Select the Non-Medicare benefits that are exempt from the plan level deductible ⓘ *

Available

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

Additional Cardiac Rehabilitation Services (3-1)

Selected

Additional Days for Inpatient Hospital Psychiatric (1b1)

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Is there a maximum aggregated amount of reduced cost sharing? *

Yes

No

Specify the maximum aggregated amount of reduced cost sharing: *

\$

Indicate mode of delivery for maximum coverage amount *

☐ Catalogue Purchase

☐ Claims Processing

☐ Debit Card

☐ Reimbursement

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 6

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - Not Started

☐ Debit Card

☐ Reimbursement

☒ Other

Other, Describe

0/200 characters

Reduced Coinsurance? *

Yes

No

Reduced Copayment? *

Yes

No

Reduced Deductible? *

Yes

No

Does your VBID/MA Uniformity Flexibility/SSBCI cost reduction cover all or some Specialists under 7d: Physician Specialist Services?

Type of Specialist

Some specialists

Notes (optional)

\$0 cost share for metered-dose inhaler spacer device only.

58/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 1

Add New Reduction in Cost Sharing Package [X]

Add Package - In Progress

Package Name * 3/50 characters

Type of Package *

Type of Benefit
Reduction in cost sharing

Chronic Conditions - Please choose one or more *

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
<ul style="list-style-type: none">Chronic alcohol use disorder and other substance use disorders (SUDs)Autoimmune disordersCancerCardiovascular disordersChronic heart failureDementia	<div>> >> < <<</div>	<div>Other1</div>

Other

Other 1 *

Other Disease State

0/100 characters

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 2

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Prerequisite for reduction of cost sharing for this package? *

YesNo

Select which prerequisites are required for this package *

☐ High value provider

☐ Participation in a Care Management Program

☒ Other, Describe

Other, Describe *

0/200 characters

Does the plan reduce cost sharing to \$0 for all covered benefits, up to a maximum aggregate amount? *

YesNo

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

Select the Medicare benefits that apply to reduced cost sharing *

Available

Search by terms

Selected

Search by terms

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 3

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

Select the Medicare benefits that apply to reduced cost sharing ⓘ *

Available

Search by terms

Selected

Search by terms

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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)

SET for PAD Services (3-4)

Emergency Services (4a)

Select the Non-Medicare benefits that apply to reduced cost sharing ⓘ *

Available

Selected

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Additional Days for Inpatient Hospital-Acute (1a1)

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

Upgrades for Inpatient Hospital-Acute (1a3)

Close

Save and Close

Save and Next

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Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 4

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Select the Non-Medicare benefits that apply to reduced cost sharing *

Available

Selected

Additional Days for Inpatient Hospital-Acute (1a1)

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

Upgrades for Inpatient Hospital-Acute (1a3)

Additional Days for Inpatient Hospital Psychiatric (1b1)

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

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

Additional Cardiac Rehabilitation Services (3-1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

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Do the benefits in this package apply to OON/POS? *

Yes

No

Is there a maximum aggregated amount of reduced cost sharing? *

Yes

No

Specify the maximum aggregated amount of reduced cost sharing: *

\$

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 5

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Is there a maximum aggregated amount of reduced cost sharing? *

Yes

No

Specify the maximum aggregated amount of reduced cost sharing: *

\$

Indicate mode of delivery for maximum coverage amount *

☐ Catalogue Purchase

☐ Claims Processing

☐ Debit Card

☐ Reimbursement

☒ Other

Other, Describe ⓘ *

Softrams

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Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 6

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - Not Started

☐ Debit Card

☐ Reimbursement

☒ Other

Other, describe ⓘ

0/2000 characters

Reduced Coinsurance? ⓘ *

Yes

No

Reduced Copayment? ⓘ *

Yes

No

Reduced Deductible? ⓘ *

Yes

No

Does your VBI/MA Uniformity Flexibility/SSBCI cost reduction cover all or some Specialists under 7d: Physician Specialist Services?

Type of Specialist ⓘ

Some specialists

Notes (actions)

\$0 cost share for metered-dose inhaler spacer device only.

58/2000 characters

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Coinsurance Screen – Page 1

Add New Reduction in Cost Sharing Package

← Add Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - Not Started

Reduced Deductible - Not Started

Additional Days for Inpatient Hospital Psychiatric (6b) - In Progress


Non-Medicare covered Stay for Inpatient Hospital Psychiatric (6b2) - Not Started

Reduced Coinsurance

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

Select the Medicare benefits that will receive reduced coinsurance  *

Available

Search by terms

Cardiac Rehabilitation Services (3-1)

Selected

Search by terms

Intensive Cardiac Rehabilitation Services (3-2)

Urgently Needed Services (4b)

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Coinsurance Values

Medicare service categories

Services	Minimum percentage	Maximum percentage
Intensive Cardiac Rehabilitation Services (3-2)	<div>Minimum Percentage </div> <div>This field is required.</div>	<div>Maximum Percentage </div> <div>This field is required.</div>
Urgently Needed Services (4b)	<div>Minimum Percentage </div> <div>This field is required.</div>	<div>Maximum Percentage </div> <div>This field is required.</div>

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Coinsurance Screen – Page 2

Add New Reduction in Cost Sharing Package

^ Add Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - Not Started

Reduced Deductible - Not Started

Additional Days for Inpatient Hospital Psychiatric (BD) - In Progress

Non-Medicare covered stay for Inpatient Hospital Psychiatric (BD) - Not Started

Intensive Cardiac Rehabilitation Services (3-2)

This field is required.

Urgently Needed Services (4b)

Minimum Percentage

This field is required.

This field is required.

Select the Non-Medicare benefits that will receive reduced coinsurance *

Available

Search by terms

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Selected

Search by terms

Additional Cardiac Rehabilitation Services (3-1)

Coinsurance Values

Non-Medicare service categories

Services	Minimum percentage	Maximum percentage
Additional Cardiac Rehabilitation Services (3-1)	Minimum Percentage <input type="text"/>	Maximum Percentage <input type="text"/>

Add Notes

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Reduction in Cost Sharing Packages – Reduced Copayment Screen – Page 1

Edit Reduction in Cost Sharing Package

~ Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - Not Started

Additional Days for Inpatient Hospital Psychiatric (B2) - In Progress

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (B2) - Not Started

Reduced Copayment

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

Select the Medicare benefits that will receive reduced copayment *

Available

Search by terms

Cardiac Rehabilitation Services (3-9)

Urgently Needed Services (4b)

Selected

Search by terms

Intensive Cardiac Rehabilitation Services (3-2)

Copayment Values

Medicare service categories

Services	Minimum amount	Maximum amount
Intensive Cardiac Rehabilitation Services (3-2)	<input type="text" value="\$"/>	<input type="text" value="\$"/>

Select the Non-Medicare benefits that will receive reduced copayment *

Available

Selected

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Copayment Screen – Page 2

Edit Reduction in Cost Sharing Package

~ Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - Not Started

Additional Days for Inpatient Hospital Psychiatric (B2) - In Progress

Non-Medicare covered Stay for Inpatient Hospital Psychiatric (B2) - Not Started

Reduced Copayment

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

Select the Medicare benefits that will receive reduced copayment *

Available

Search by terms

Cardiac Rehabilitation Services (3-1)

Urgently Needed Services (4b)

>

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Selected

Search by terms

Intensive Cardiac Rehabilitation Services (3-2)

Copayment Values

Medicare service categories

Services	Minimum amount	Maximum amount
Intensive Cardiac Rehabilitation Services (3-2)	<div>\$ <input type="text"/></div>	<div>\$ <input type="text"/></div>

Select the Non-Medicare benefits that will receive reduced copayment *

Available

Selected

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Deductible Screen

Edit Reduction in Cost Sharing Package

← Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - In Progress

Additional Days for Inpatient Hospital Psychiatric (B0) - In Progress

Non-Medicare covered Stay for Inpatient Hospital Psychiatric (B0) - Not Started

Reduced Deductible

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

Select the Medicare benefits that will receive reduced deductible *

Available

Search by term

Intensive Cardiac Rehabilitation Services (3-2)

Urgently Needed Services (4b)

Selected

Search by term

Cardiac Rehabilitation Services (3-1)

Deductible Values

Medicare service categories

Services	Amount
Cardiac Rehabilitation Services (3-1)	Amount <input type="text"/>

Select the Non-Medicare benefits that will receive reduced deductible *

Available

Selected

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Physician Specialist Services Screen – Page 1

Edit Reduction in Cost Sharing Package

~ Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - In Progress

Physician Specialist Services

Reduced Coinsurance?

Yes

No

** Please list the provider's actual specialty in the Notes

Select all specialists with the reduced coinsurance

Available

Search by terms

Gynecology, OB/GYN

Infectious Diseases

Nephrology

Neurosurgery

Oncology - Medical, Surgical

Oncology - Radiation/ Radiation Oncology

Ophthalmology

Otolaryngologic Surgery

Selected

Search by terms

Allergy and Immunology

Gastroenterology

Neurology

Specialist Coinsurance Values

Specialists	Minimum percentage	Maximum percentage
Allergy and Immunology	<div>Minimum Percentage </div>	<div>Maximum Percentage </div>
Gastroenterology	<div>Minimum Percentage </div>	<div>Maximum Percentage </div>
Neurology	<div>Minimum Percentage </div>	<div>Maximum Percentage </div>

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Reduction in Cost Sharing Packages – Physician Specialist Services Screen – Page 2

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - In Progress

Reduced Copayment? ⓘ *

Yes

No

** Please list the provider's actual specialty in the Notes
Select all specialists with the reduced copayment ⓘ *

Available

Search by terms

Endocrinology

ENT/Otolaryngology

Gastroenterology

Gynecology, OB/GYN

Nephrology

Neurology

Neurosurgery

Oncology - Medical, Surgical

>

<

<<

>>

Selected

Search by terms

General Surgery

Infectious Diseases

Specialist Copayment Values

Specialists	Minimum amount	Maximum amount
General Surgery	<div>\$ <div>Minimum Amount ⓘ</div></div>	<div>\$ <div>Maximum Amount ⓘ</div></div>
Infectious Diseases	<div>\$ <div>Minimum Amount ⓘ</div></div>	<div>\$ <div>Maximum Amount ⓘ</div></div>

Reduced Deductible? ⓘ *

Yes

No

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Physician Specialist Services Screen – Page 3

← Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - In Progress

Reduced Deductible? ⓘ *

Yes No

** Please list the provider's actual specialty in the Notes
Select all specialists with the reduced deductible ⓘ *

Available

Search by terms

Neurology

Neurosurgery

Oncology - Medical, Surgical

Oncology - Radiation/ Radiation Oncology

Ophthalmology

Physiatry, Rehabilitative Medicine

Plastic Surgery

Pulmonology

>

to

<

OK

Selected

Search by terms

Geriatrics

Orthopedic Surgery

Specialist Deductible Values

Specialists	Amount
Geriatrics	<div>Amount ⓘ</div> <div>\$</div>
Orthopedic Surgery	<div>Amount ⓘ</div> <div>\$</div>

→ Add Notes

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Sample with Service 1b1 – Page 1

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - In Progress

Additional Days for Inpatient Hospital Psychiatric (1b1) - In Progress

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

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

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

Is there a copayment? *

Yes

No

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Sample with Service 1b1 – Page 2

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - In Progress

Additional Days for Inpatient Hospital Psychiatric (1b1) - In Progress

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

Is there a copayment? *

Yes

No

Tier 1

Number of day intervals for additional days *

3

Copayment *

\$

Begin Day *

91

End Day *

Copayment *

\$

Begin Day *

End Day *

Copayment *

\$

Begin Day *

End Day *

999

Authorization required for this benefit? ⓘ *

Yes

No

Referral required for this benefit? ⓘ *

Yes

No

Notes *

©2000 characters

CY 2026 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Sample with Service 1b2 – Page 1

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - In Progress

Additional Days for Inpatient Hospital Psychiatric (1b1) - Completed

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

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

[Plan Characteristics](#)

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

Yes

No

Coinsurance 0

Number of day intervals for Non Medicare-covered stay 3

Coinsurance 0

Begin Day 1

End Day 0

Coinsurance 0

Begin Day 0

End Day 0

Coinsurance 0

Begin Day 0

End Day 0

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

Yes

No

Copayment 0

Number of day intervals for Non Medicare-covered stay 3

Copayment 0

Begin Day 1

End Day 0

Copayment 0

Begin Day 0

End Day 0

Copayment 0

Begin Day 0

End Day 0

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Reduction in Cost Sharing Packages – Sample with Service 1b2 – Page 2

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - In Progress

Additional Days for Inpatient Hospital Psychiatric (1b1) - Completed

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

Coinsurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

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

Yes

No

Copayment ⓘ *

\$

Number of day intervals for Non Medicare-covered stay *

3

Copayment ⓘ *

\$

Begin Day ⓘ *

1

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

Authorization required for this benefit? ⓘ *

Yes

No

Referral required for this benefit? ⓘ *

Yes

No

+ Add Notes

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Additional Benefits Packages (VBID/MA UF/SSBCI) – 19b

VBID/MA UF/SSBCI Additional Benefits Packages ⓘ (19b)
Updated by STE TESTER on 9/7/2023 2:47:59 PM EDT
(Maximum of 15 across both RIC and Additional Benefits packages)

[Plan Characteristics](#)
[+ Add New Package](#)

When entering the VBID/MA Uniformity Flexibility/SSBCI maximum and minimum cost sharing for a service category, list only the cost sharing that would apply to enrollees qualifying for the benefit package. Cost sharing ranges should reflect only the services within the service category or specialty selected that are eligible for reduced cost sharing. If the reduced cost sharing is being offered through reimbursement, the cost sharing range should represent what the enrollee pays after reimbursement, and the note should describe the benefit and any limitations. If there is a maximum aggregate amount of reduced cost sharing, the cost sharing entered should reflect only the costs paid by the enrollee prior to reaching the maximum aggregate amount of reduced cost sharing.

When entering VBID/MA Uniformity Flexibility benefit packages, create a separate package for each unique benefit offering, or combination of benefit offerings. VBID/MA Uniformity Flexibility packages may be targeted to single or multiple clinical condition groups. When entering an SSBCI benefit package, include all reduced cost sharing in VBID/MA UF/SSBCI Reduction in Cost Sharing Packages Section and all additional SSBCI benefits in a single package in VBID/MA UF/SSBCI Additional Benefits Packages Section.

Package ID	Package Name	Type of Package	Status	Actions
1	Package 1	VBID	Completed	✎ ✖
2	Package 2	SSBCI	Completed	✎ ✖
3	Package 3 name	MA Uniformity Flexibility	Completed	✎ ✖


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


CY 2026 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBID – Page 1

Add New Additional Benefits Package

Add Package - In Progress

Package Name  *
Package 1


Type of Package  * 9/50 characters
VBID

Type of Benefit
Additional Benefits


Value -Based Design Flexibilities by Condition or Socioeconomic Status

Select Target Methodology (Required) *

- ☒ Chronic Conditions
- ☒ Socioeconomic Status
- ☒ Area Deprivation Index

Disease state - Please choose one or more  *

Available

Search by terms 

Diabetes


Chronic Obstructive Pulmonary Disease (COPD)

Congestive Heart Failure (CHF)

>

>>

Selected

Search by terms 

The below Disease State picklist will be updated

CY 2026 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBIID – Page 2

Add New Additional Benefits Package

Add Package - In Progress

Disease state - Please choose one or more ⓘ *

Available		Selected
<div>Search by terms ⓘ</div> <div>Diabetes</div> <div>Chronic Obstructive Pulmonary Disease (COPD)</div> <div>Congestive Heart Failure (CHF)</div> <div>Patient with Past Stroke</div> <div>Coronary Artery Disease</div> <div>Rheumatoid Arthritis</div> <div>Dementia</div> <div>Other CMS-Approved Disease State</div>	<div>></div> <div>>></div> <div><</div> <div><<</div>	<div>Search by terms ⓘ</div> <div>Mood Disorders</div> <div>Hypertension</div> <div>The Disease State picklist will be updated</div>

Other, Describe ⓘ *

Does the enrollee need to have all diseases selected to qualify? ⓘ *

☐ Yes ☒ No

Does the enrollee need to have a combination of diseases selected to qualify? ⓘ *

0/1000 characters

CY 2026 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBID – Page 3

Add New Additional Benefits Package

Add Package - In Progress

Does the enrollee need to have all diseases selected to qualify? ⓘ *

Yes

No

Does the enrollee need to have a combination of diseases selected to qualify? ⓘ *

Yes

No

Describe ⓘ

0/1000 characters

Select LIS reduction level: *

☐ LIS Level 1 ⓘ

☐ LIS Level 2 ⓘ

☐ LIS Level 3 ⓘ

☐ LIS Level 4 ⓘ

-Or-

☐ Dual-Eligible Status ⓘ

Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits

Expected Number of Enrollees to be Targeted ⓘ

CY 2026 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBID – Page 4

Add New Additional Benefits Package

Add Package - In Progress

Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits

Expected Number of Enrollees to be Targeted ⓘ

Expected Number of Enrollees to be engaged and receive Model benefits ⓘ *

Prerequisite for any additional benefits for this package? ⓘ *

Yes

No

Select which prerequisites are required for this package *

☐ High value provider

☐ Participation in a Care Management Program

☒ Other, Describe

Other, Describe ⓘ *

0/200 characters

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

Available

Additional Days for Inpatient Hospital-Acute (1a1)

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

Selected

CY 2026 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBID – Page 5

Add New Additional Benefits Package

Add Package - In Progress

Additional Cardiac Rehabilitation Services (3-1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

Additional Pulmonary Rehabilitation Services (3-3)

Do the benefits in this package apply to OON/POS? ⓘ *

Yes

No

Are any benefits exempt from the plan-level deductible? ⓘ *

Yes

No

Select all the Non-Medicare-covered benefits that are exempt from the plan level deductible ⓘ *

Available

Selected

Additional Days for Inpatient Hospital Psychiatric (1b1)

>

>>

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<<

Is there a package level maximum coverage amount? ⓘ *

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Additional Benefits Packages – Sample with VBID – Page 6

Add New Additional Benefits Package

Add Package - In Progress

Is there a package level maximum coverage amount? ⓘ *

Yes

No

Specify the maximum benefit amount ⓘ

\$

Periodicity ⓘ

Indicate mode of delivery for maximum coverage amount *

☐ Catalogue Purchase

☐ Claims Processing

☐ Debit Card

☐ Reimbursement

☒ Other

Other, describe ⓘ

0/200 characters

Select all the Non-Medicare-covered benefits that apply to the package level maximum coverage ⓘ *

Available

Search by terms

Additional Days for Inpatient Hospital-Acute (1a1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

>

Selected

Search by terms

Additional Days for Inpatient Hospital Psychiatric (1b1)

Additional Cardiac Rehabilitation Services (3-1)

Close

Save and Close

Save and Next

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Additional Benefits Packages – Sample with VBIID – Add Package – Page 7

Add New Additional Benefits Package

Add Package - In Progress

☐ Reimbursement

☒ Other

Other, Describe ⓘ

0/2000 characters

Select all the Non-Medicare-covered benefits that apply to the package level maximum coverage ⓘ *

Available

Search by terms

Additional Days for Inpatient Hospital-Acute (1a1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

Additional Pulmonary Rehabilitation Services (3-3)

>

>>

<

<<

Selected

Search by terms

Additional Days for Inpatient Hospital Psychiatric (1b1)

Additional Cardiac Rehabilitation Services (3-1)

Notes (section) *

0/2000 characters

CY 2026 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 1b1 – Page 1

Add New Additional Benefits Package

^ Add Package - In Progress

Additional Days for Inpatient Hospital Psychiatric (0b1) - 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: 10

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

Yes No

Is there a coinsurance? *

Yes No

Tier 1

Number of day intervals for additional days 3

Coinsurance *

Begin Day *

End Day *

Coinsurance *

Begin Day *

End Day *

Coinsurance *

Begin Day *

End Day 100

Is there a copayment? *

Yes No

CY 2026 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 1b1 – Page 2

Add New Additional Benefits Package

^ Add Package - In Progress

Additional Days for Inpatient Hospital Psychiatric (IB) - In Progress

100

Is there a copayment? *

Yes

No

Tier 1

Number of day intervals for additional days *

3

Copayment ⓘ

\$

Begin Day ⓘ

91

End Day ⓘ *

Copayment ⓘ

\$

Begin Day ⓘ *

End Day ⓘ *

Copayment ⓘ

\$

Begin Day ⓘ *

End Day ⓘ

100

Authorization required for this benefit? ⓘ *

Yes

No

Referral required for this benefit? ⓘ *

Yes

No

Notes *

09/06/2024 09:00:00 AM

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Additional Benefits Packages – Sample with Service 7b1 – Page 1

Additional Benefits - Package 1 - In Progress

Chiropractic Services(7b) - In Progress

Routine Chiropractic Care(7b1) - In Progress

Transportation Services(10b) - Not Started

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

Routine Chiropractic Care(7b1)

Is this benefit unlimited?

Visits

Periodicity

Is there a coinsurance?

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Minimum copayment Maximum copayment

Is there a deductible?

CY 2026 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 7b1 – Page 2

Additional Benefits - Package 1 - In Progress	Periodicity 6 Months	
	Chiropractic Services(7b) - In Progress	
	Routine Chiropractic Care(7b1) - In Progress	
	Transportation Services(10b) - Not Started	
	Transportation Services - Plan Approved Health-related Location(10b1) - Not Started	
Is there a coinsurance?		
<input type="button" value="Yes"/> <input checked="" type="button" value="Yes with a min & max"/> <input type="button" value="No"/>		
Minimum coinsurance 4%		Maximum coinsurance 8%
Is there a copayment?		
<input type="button" value="Yes"/> <input checked="" type="button" value="Yes with a min & max"/> <input type="button" value="No"/>		
Minimum copayment \$400		Maximum copayment \$400
Is there a deductible?		
<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>		
Deductible amount \$400		
<input type="button" value="+ Add Notes"/>		
<div><input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/></div>		

CY 2026 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 10b1 – Page 1

Package 1 - **In Progress**

^ Chiropractic Services(7b) - **Completed**

Routine Chiropractic Care(7b1) - **Completed**

^ Transportation Services(10b) - **In Progress**

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

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

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

Additional Benefits Packages – Sample with Service 10b1 – Page 2

Package 1 - **In Progress**

Chiropractic Services(7b) - **Completed**

Routine Chiropractic Care(7b1) - **Completed**

Transportation Services(10b) - **In Progress**

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

Describe Other
Other description

Is there a 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?

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 10b1 – Page 3

Package 1 - In Progress	Periodicity 6 Months		
	Is there a coinsurance?		
	<input type="button" value="Yes"/> <input checked="" type="button" value="Yes with a min & max"/> <input type="button" value="No"/>		
	Minimum coinsurance 4%	Maximum coinsurance 8%	
	Is there a copayment?		
Chiropractic Services(7b) - Completed	<input type="button" value="Yes"/> <input checked="" type="button" value="Yes with a min & max"/> <input type="button" value="No"/>		
	Minimum copayment \$400		Maximum copayment \$400
	Is there a deductible?		
	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>		
	Deductible amount \$400		
Transportation Services(10b) - In Progress	<input type="button" value="+ Add Notes"/>		
Transportation Services - Plan Approved Health-related Location(10b1) - In Progress			
<input type="button" value="Close"/>		<input type="button" value="Save and Close"/>	<input type="button" value="Save and Next"/>

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Additional Benefits Packages – Sample with Service 13d – Page 1

Add New Additional Benefits Package

^ Add Package - In Progress

Test Service (13d) - In Progress

Other Service (13d) - Non-Medicare Plan Characteristics

User will be able to rename the service using this text box

Do not put Medicare-covered benefits in this service category (e.g., do not include home health, nutritional support, transportation, medical devices etc.). Over-the-Counter (e.g., adult diapers, band-aids, etc.) benefits should only be entered in B-13B.

Is there a maximum plan benefit coverage? ⓘ *

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

Is there a coinsurance? ⓘ *

Is there a copayment? ⓘ *

Close Save and Close Save and

CY 2026 PBP Data Entry System Screens

Additional Benefits Packages (VBID and SSBCI) – Sample with Service General Supports for Living (13i10) – Page 1

Edit Additional Benefits Package

^ Edit Package - In Progress

Additional Days for Inpatient Hospital-Acute (all) - In Progress

General Supports for Living (13i10) - In Progress

General Supports for Living (13i10) - Non-Medicare

Plan Characteristics

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum amount *

\$

Periodicity *

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

Yes

No

MOOP amount *

\$

Periodicity *

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

The 2 mandatory questions below will be added in the 13i10 screens

1. Are you offering housing support such as rent or mortgage assistance as a covered benefit under General Supports for Living? Y/N

2. Are you offering utilities assistance as a covered benefit under General Supports for Living? Y/N

Close

Save and Close

Save and Next

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Additional Benefits Packages (SSBCI) – Sample with Service General Supports for Living (13i10) – Page 2

Edit Additional Benefits Package

^ Edit Package - In Progress

Additional Days for Inpatient Hospital - Acute (14i) - In Progress

General Supports for Living (13i10) - In Progress

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ

Maximum copayment ⓘ

Is there a deductible? ⓘ *

Yes

No

Authorization required for this benefit? ⓘ *

Yes

No

Referral required for this benefit? ⓘ *

Yes

No

Notes *

Test

4/2000 characters

Close

Save and Close

Save and Next

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