

CY 2027 PBP Data Entry System Pages

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

Durable Medical Equipment (DME) (11a)

Plan Characteristics

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

☒ Yes ☐ No

MOOP amount

Periodicity

Is there a coinsurance?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum copayment Maximum copayment

Is there a deductible?

☒ Yes ☐ No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

Is there a deductible?

Yes

No

Deductible amount

\$400

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

Yes

No

Authorization required for this benefit?

Yes

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

Authorization required for this benefit?

Yes

Referral is not applicable for this Service Category.

Notes *

test notes

10/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$

Maximum copayment *

\$

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

11a - Durable Medical Equipment (DME) -Page 4

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

11a - Durable Medical Equipment (DME) -Page 5

Point-of-Service (POS) Benefits

+ Add New POS Group

Durable Medical Equipment (DME) (11a) Medicare Service

Add to POS Group

POS Group

Select a Group

Authorization required for this benefit?

No

Notes

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

11b - Prosthetics /Medical Supplies

^ Diabetic Supplies(11) - In Progress

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

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

✓ Diabetic Supplies and Services(11c) - In Progress

Dialysis Services(12) - Completed

✓ Other Supplemental Services(13) - In Progress

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

✓ Medicare Part B Rx Drugs(15) - In Progress

✓ Dental(16) - In Progress

✓ Eye Exams/Eyewear(17) - In Progress

✓ Hearing Exams/Hearing Aids(18) - In Progress

Prosthetics/Medical Supplies (11b) - Medicare ⓘ

Plan Characteristics

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

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

Yes

No

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

☐ Covered under Durable Medical Equipment (11a)

☒ Plan-specified amount per period

MOOP amount ⓘ *

\$ 500.00

Periodicity ⓘ *

Every 2 Years

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$ 20.00

+ Add Notes

Close

Save and Close

Save and Next

11b1 - Prosthetic Devices – Page 1

Prosthetic Devices (11b1) - Medicare

Plan Characteristics

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

Maximum copayment *

Authorization required for this benefit?

Yes

Notes *

sample notes

Close

Save and Close

Save and Next

11b1 - Prosthetic Devices – Page 2

Authorization required for this benefit?

Yes

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

Maximum copayment *

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

11b1 - Prosthetic Devices – Page 3

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

Maximum copayment *

Is there a deductible? *

Yes

No

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

11b2 - Medical Supplies – Page 1

^ Ambulance/Transportation Services(10) - In Progress

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

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

^ Prosthetics/Medical Supplies(11b) - Completed

Prosthetic Devices(11b1) - Completed

Medical Supplies(11b2) - Completed

^ Diabetic Supplies and Services(11c) - Completed

Diabetic Supplies(11c1) - Completed

Diabetic Therapeutic Shoes/Inserts(11c2) - Completed

Dialysis Services(12) - Completed

^ Other Supplemental Services(13) - Completed

Medical Supplies (11b2) - Medicare

Plan Characteristics

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

Maximum copayment *

Authorization required for this benefit?

Yes

Notes *

test

Close

Save and Close

Save and Next

Softtrans

CY2027 PBP – Benefit Service Categories 11-15
09/05/2025
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

Page 11 of 208

11b2 - Medical Supplies – Page 2

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

Maximum copayment *

Is there a deductible? *

Yes

No

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

11c - Diabetic Supplies and Services -Page 1

(11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

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

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

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

Medicare Part B Rx Drugs(15) - In Progress

Diabetic Supplies and Services (11c) - Medicare ⓘ

Plan Characteristics

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

Yes

No

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

☐ Covered under DME category (11a)

☒ Plan-specified amount per period

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *
\$

Enhanced Benefits are not applicable for this Service Category.

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

Yes

No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

11c - Diabetic Supplies and Services-Page 2

(11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

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

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

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

Medicare Part B Rx Drugs(15) - In Progress

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

Yes

No

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

☐ Covered under DME category (11a)

☒ Plan-specified amount per period

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *
\$

Enhanced Benefits are not applicable for this Service Category.

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

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

11c1 - Diabetic Supplies – Page 1

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

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

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

Diabetic Supplies (11c1) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

10%

Maximum coinsurance ⓘ *

10%

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$ 0.00

Maximum copayment ⓘ *

\$ 0.00

Authorization required for this benefit?

Yes

11c1 - Diabetic Supplies – Page 2

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 50.00

Maximum copayment *

\$ 60.00

Is there a deductible? *

Yes

No

Out-of-Network Notes *

TEST

4/2000 characters

Close

Save and Close

Save and Next

11c1 - Diabetic Supplies – Page 3

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

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

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

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

Medicare Part B Rx Drugs(15) - In Progress

Point-of-Service (POS) Benefits

+ Add New POS Group

Diabetic Supplies (11c1) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?
No

Notes

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

11c2 - Diabetic Therapeutic Shoes /Inserts – Page 1

(11a) - In Progress

Prosthetics/Medical Supplies(11b) - In Progress

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

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

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

Diabetic Therapeutic Shoes/Inserts (11c2) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Authorization required for this benefit?

Yes

11c2 - Diabetic Therapeutic Shoes /Inserts – Page 2

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 50.00

Maximum copayment *

\$ 60.00

Is there a deductible? *

Yes

No

Out-of-Network Notes *

TEST

4/2000 characters

Close

Save and Close

Save and Next

11c2 - Diabetic Therapeutic Shoes /Inserts – Page 3

Prosthetic Devices(11b1) - In Progress

Medical Supplies(11b2) - In Progress

Diabetic Supplies and Services(11c) - In Progress

Diabetic Supplies(11c1) - In Progress

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

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Not Started

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

Medicare Part B Rx Drugs(15) - In Progress

Point-of-Service (POS) Benefits

+ Add New POS Group

Diabetic Therapeutic Shoes/Inserts (11c2) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinurance
No

Copayment
No

Deductible
No

Authorization required for this benefit?
No

Notes *

1/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

11c3 - Diabetic Monitors

New screens will be added for the new service category 11c3 – Diabetic Monitors. The new screens will be similar to screens for 11c1 and 11c2.

CY 2027 PBP Data Entry System Pages

12 - Dialysis Services -Page 1

✓ Home Health Services(6) - Completed

✓ Health Care Professional Services(7) - Completed

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

✓ Outpatient Services(9) - Completed

✓ Ambulance/Transportation Services(10) - Completed

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

Dialysis Services(12) - In Progress

✓ Other Supplemental Services(13) - Not Started

Dialysis Services(12)

Plan Characteristics

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

Yes

No

MOOP amount

\$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

12 - Dialysis Services - Page 2

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

Close

Save and Close

Save and Next

12 - Dialysis Services - Page 3

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

12 - Dialysis Services - Page 4

Ambulance/Transportation Services(10) - Completed

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

Dialysis Services(12) - In Progress

Other Supplemental Services(13) - Not Started

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 2027 PBP Data Entry System Pages

13a - Acupuncture Treatments -Page 1

Acupuncture Treatments (13a) - Non-Medicare

Plan Characteristics

Is there a maximum plan benefit coverage? *

Yes

No

Maximum amount *

\$ 1000.00

Periodicity *

Other, Describe

Description *

Enter description

0/300 characters

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

Yes

No

MOOP amount *

\$ 1000.00

Periodicity *

Other, Describe

Description *

Enter description

0/300 characters

Is this benefit unlimited for Number of Treatments? *

Yes

No

Indicate limit for Number of Treatments *

0/255

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

13a - Acupuncture Treatments -Page 2

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

Yes

No

MOOP amount *

\$ 1000.00

Periodicity *

Other, Describe

Description *

Enter description

0/300 characters

Is this benefit unlimited for Number of Treatments? *

Yes

No

Indicate limit for Number of Treatments *

100

Periodicity *

Other, Describe

Description *

Enter description

0/300 characters

Is there a coinsurance? *

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

13a - Acupuncture Treatments -Page 3

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 2027 PBP Data Entry System Pages

13a - Acupuncture Treatments -Page 4

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

13a - Acupuncture Treatments -Page 5

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

13a - Acupuncture Treatments -Page 6

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

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

Plan Characteristics

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

Is there a maximum plan benefit coverage amount? ⓘ *

Yes

No

Maximum plan benefit coverage amount ⓘ *
\$

Periodicity ⓘ *
▼

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

Yes

No

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

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

Yes

No

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

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

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

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

Yes

No

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

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

Yes

No

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

Maximum copayment *

Is there a deductible? ⓘ *

Yes

No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

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

Yes

No

Authorization is not applicable for this Service Category.

Referral is not applicable for this Service Category.

Indicate mode of delivery for the OTC Items *

☒ Reimbursement

☐ Debit Card

☐ Claims Processing

☐ Catalogue Purchase

☒ Other

Description *

0/200 characters

Notes *

sample note

Close

Save and Close

Save and Next

13b - Over-the-Counter (OTC) Items - Page 4

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

13b - Over-the-Counter (OTC) Items - Page 5

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

13b - Over-the-Counter (OTC) Items – Page 6

Point-of-Service (POS) Benefits

+ Add New POS Group

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

Add to POS Group

POS Group

Select a Group

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

13c - Meal Benefits -Page 1

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

CY 2027 PBP Data Entry System Pages

13c - Meal Benefits -Page 2

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

13c - Meal Benefits -Page 3

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

13c - Meal Benefits -Page 4

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

13d - Other 1 -Page 1

Name of Service - 13d (13d) - Non-Medicare[Plan Characteristics](#)

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? *

☒ Yes ☐ No

Maximum amount *

\$ 1000.00

Periodicity *

Other, Describe

Description *

Enter description

0/300 characters

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

☒ Yes ☐ No

MOOP amount *

\$ 4000.00

Periodicity *

Other, Describe

Description *

Enter description

0/300 characters

Is there a coinsurance? *

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance *

Maximum coinsurance *

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

CY 2027 PBP Data Entry System Pages

13d - Other 1 -Page 2

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

13d - Other 1 -Page 3

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

13d - Other 1 -Page 4

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

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

13e - Other 2 -Page 1

Name of Service - 13e (13e) - Non-Medicare

Plan Characteristics

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? ⓘ *

Yes

No

Maximum amount *

\$ 1000.00

Periodicity *

Other, Describe

Description *

Enter description

0/300 characters

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

Yes

No

MOOP amount *

\$

Periodicity *

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Close

Save and Close

Save and Next

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

13e - Other 2 -Page 3

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

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 2027 PBP Data Entry System Pages

13f - Other 3 -Page 1

Dialysis Services(12) - Completed

Other Supplemental Services(13) - In Progress

Acupuncture(13a)- Completed

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

Meal Benefit(13c) - Completed

Other 1(13d) - Completed

Other 2(13e) -Completed

Other 3(13f) - In Progress

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

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

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

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

Freestanding Birth Center Services(13h3) -Not Started

Other 3(13f)

Plan Characteristics

Name of Other Service

Other Service Name

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

\$200

Periodicity

6 Months

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

Yes No

MOOP amount

\$400

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Close

Save and Close

Save and Next

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

13f - Other 3 -Page 3

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out of Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

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

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

Dual Eligible SNPs with Highly Integrated Services (13g) - Non-Medicare
Plan Characteristics

☒ I attest that I received written notification from CMS that this individual SNP plan qualifies for the new supplemental benefit flexibility for certain Dual Eligible SNPs with Highly Integrated Services for CY2026. I further attest that the additional supplemental benefits that the SNP describes in this section of the PBP do not inappropriately duplicate an existing service(s) that enrollees are eligible to receive under a waiver ,the State Medicaid plan, Medicare Part A or B, or through the local jurisdiction in which they reside. *

Is there a maximum plan benefit coverage amount? ⓘ *

Yes

No

Maximum plan benefit coverage amount *
\$ 13.00

Periodicity *
Other, Describe ▼

Description *
rewws

5/300 characters

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

Yes

No

MOOP amount *
\$

Periodicity *
▼

Is there a coinsurance? *

Close
Save and Close
Save and Next

CY 2027 PBP Data Entry System Pages

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

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 2027 PBP Data Entry System Pages

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

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

13g - Dual Eligible SNPs with Highly Integrated Services -Page 4

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

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

Plan Characteristics

Note: Plan may not require an authorization or referral for certain \$0 cost sharing preventive services, for example, screening mammograms.

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

In Network Benefits

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Close

Save and Close

Save and Next

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

Out-of-Network (OON) Benefits

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

Maximum copayment *

Is there a deductible? *

Yes

No

Deductible amount *

Out-of-Network Notes *

sample notes

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14b – Annual Physical Exam – Page 1

Dialysis Services(12) - Completed

Other Supplemental Services(13) - Completed

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

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

Annual Physical Exam(14b) - In Progress

Other Defined Supplemental Benefits(14c) - Not Started

Health Education(14c1) - Not Started

Nutritional/Dietary Benefit(14c2) - Not Started

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

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

Annual Physical Exam (14b)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount \$500

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

Yes No

MOOP amount \$1000

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4%

Maximum coinsurance 8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment \$400

Maximum copayment \$400

Close Save and Close Save and Next

14b – Annual Physical Exam – Page 2

Dialysis Services(12) - Completed	Is there a deductible?
Other Supplemental Services(13) - Completed	<div>YesNo</div>
Preventive and Other Defined Supplemental Services(14) - In Progress	Deductible amount <div>\$400</div>
Medicare-covered Zero Dollar Preventive Services(14a)- Completed	Authorization required for this benefit?
Annual Physical Exam(14b) - In Progress	Yes
Other Defined Supplemental Benefits(14c) -Not Started	Referral required for this benefit?
	No

14b – Annual Physical Exam – Page 3

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

14b – Annual Physical Exam – Page 4

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

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

14c – Other Defined Supplemental Benefits

Annual Physical Exam(14b) - Not Started

Other Defined Supplemental Benefits(14c) - Not Started

Health Education(14c1) - Not Started

Nutritional/Dietary Benefit(14c2) - Not Started

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

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

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

Other Defined Supplemental Benefits (14c) - Non-Medicare ⓘ

Plan Characteristics

Is there a deductible? ⓘ *

Yes

No

Deductible amount *
\$

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c1 – Health Education – Page 1

Health Education (14c1) - Non-Medicare

[Plan Characteristics](#)

Is there a maximum plan benefit coverage amount? ⓘ *

☒ Yes ☐ No

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

Authorization required for this benefit?

14c1 – Health Education – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

14c1 – Health Education – Page 3

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c2 – Nutritional/Dietary Benefit – Page 1

Other Supplemental Services(13) - Completed

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

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - In Progress

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

Fitness Benefit(14c4) - Not Started

Enhanced Disease Management(14c5) - Not Started

Telemonitoring Services(14c6) - Not Started

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

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

Nutritional/Dietary Benefit(14c2)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

15

Indicate setting for Nutritional/Dietary Benefit:

Setting

Both Session (Individual and Group)

Is there a maximum plan benefit coverage?

Yes No

Amount

\$500

Periodicity

6 Months

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

Yes No

MOOP amount

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Pages

14c2 – Nutritional/Dietary Benefit – Page 2

Other Supplemental Services(13) - Completed	MOOP amount \$1000
Preventive and Other Defined Supplemental Services(14) - In Progress	Periodicity 6 Months
Annual Physical Exam(14b) - Completed	
Other Defined Supplemental Benefits(14c) - In Progress	Is there a coinsurance? <input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No
Health Education(14c1) - Completed	Minimum coinsurance 4% Maximum coinsurance 8%
Nutritional/Dietary Benefit(14c2) - In Progress	
Additional Sessions of Smoking and Tobacco Cessation Counseling(14c3) - Not Started	Is there a copayment? <input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min & max <input type="radio"/> No
Fitness Benefit(14c4) - Not Started	Minimum copayment \$400 Maximum copayment \$400
Enhanced Disease Management(14c5) - Not Started	

CY 2027 PBP Data Entry System Pages

14c2 – Nutritional/Dietary Benefit – Page 3

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c2 – Nutritional/Dietary Benefit – Page 4

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

Additional Sessions of Smoking and Tobacco Cessation Counseling (14c3) - Non-MedicarePlan Characteristics

Indicate number of visits offered in addition to Medicare
Number of visits *

Is there a maximum plan benefit coverage amount? ⓘ *

YesNo

Max plan benefit amount *
\$

Periodicity *
▼

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

YesNo

MOOP amount *
\$

Periodicity *
▼

Is there a coinsurance? *

YesYes with a min & maxNo

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

YesYes with a min & maxNo

Minimum copayment *
\$

Maximum copayment *
\$

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

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 2027 PBP Data Entry System Pages

14c4 – Fitness Benefit – Page 1

Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - Completed

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

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - Completed

Fitness Benefit(14c4) - Completed

Kidney Disease Education Services(14d) - Completed

Other Medicare-covered Preventive Services(14e) - Completed

Medicare Part B Rx Drugs(15) -

Fitness Benefit (14c4) - Non-Medicare

Updated on 5/25/2025 10:22:44 AM EDT

Plan Characteristics

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

☒ Physical Fitness

☐ Memory Fitness

☐ Activity Tracker

☐ Fitness Equipment or Kit

Is there a maximum plan benefit coverage amount? ⓘ *

Yes

No

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

Yes

No

Is there a co-insurance? *

Close

Save and Close

Save and Next

14c4 – Fitness Benefit – Page 2

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

14c4 – Fitness Benefit – Page 3

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

14c4 – Fitness Benefit – Page 4

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c5 – Enhanced Disease Management – Page 1

Enhanced Disease Management (14c5) - 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 *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *
\$

Maximum copayment *
\$

Close

Save and Close

Save and Next

14c5 – Enhanced Disease Management – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c5 – Enhanced Disease Management – Page 3

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c6 – Telemonitoring Services – Page 1

Telemonitoring Services (14c6) - 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

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

14c6 – Telemonitoring Services – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c6 – Telemonitoring Services – Page 3

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

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 2027 PBP Data Entry System Pages

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

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

Select the type of Remote Access Technologies offered *

☒ Web/Phone-based technologies

☒ Nursing Hotline

Web/Phone-based technologies Notes *

Nursing Hotline Notes

0/2000 characters

0/2000 characters

Is there a maximum plan benefit coverage? ⓘ *

☒ Yes ☐ No

Max plan benefit amount *

\$

Periodicity *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Pages

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

Is there a maximum plan benefit coverage? ⓘ *

Yes

No

Max plan benefit 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 Web/Phone-based technologies? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment Web/Phone-based technologies? *

Yes

Yes with a min & max

No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

Is there a copayment Web/Phone-based technologies? *

Yes

Yes with a min & max

No

Minimum copayment *

\$

Maximum copayment *

\$

Is there a coinsurance Nursing Hotline? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment Nursing Hotline? *

Yes

Yes with a min & max

No

Minimum copayment *

\$

Maximum copayment *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c7 – Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline) – Page 4

Out-of-Network (OON) Benefits

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$

Maximum copayment *

\$

Is there a deductible? *

Yes

No

Deductible amount *

\$ 400.00

Out-of-Network Notes *

sample notes

Close

Save and Close

Save and Next

14c7 – Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline) – Page 5

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

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

Counseling Services(14c9) - Not
Started

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

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

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

Point-of-Service (POS) Benefits

+ Add New POS Group

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

Add to POS Group

POS Group

Select a Group

Authorization required for this benefit?

No

Referral required for this benefit?

No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

Other Supplemental Services(13) - Completed

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

Annual Physical Exam(14b) - Completed

Other Defined Supplemental Benefits(14c) - In Progress

Health Education(14c1) - Completed

Nutritional/Dietary Benefit(14c2) - Completed

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

Fitness Benefit(14c4) - Completed

Enhanced Disease Management(14c5) - Completed

Telemonitoring Services(14c6) - Completed

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

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

Home and Bathroom Safety Devices and Modifications(14c8)

Plan Characteristics

Is there a maximum plan benefit coverage?

☒ Yes ☐ No

Maximum amount

Periodicity

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

☒ Yes ☐ No

MOOP amount

Periodicity

Is there a coinsurance?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Close

Save and Close

Save and Next

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

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c9 – Counseling Services – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

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

Counseling Services(14c9) -In Progress

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

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

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

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

Re-admission Prevention(14c14)- Not Started

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

Weight Management Programs(14c16)- Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Counseling Services(14c9)

Plan Characteristics

Is this benefit unlimited:

Yes No

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

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

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

Is there a maximum plan benefit coverage?

Yes No

Maximum amount
\$500

Periodicity
6 Months

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Pages

14c9 – Counseling Services – Page 2

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

14c9 – Counseling Services – Page 3

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

14c9 – Counseling Services – Page 4

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c10 – In-Home Safety Assessment – Page 1

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

Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes

No

Maximum amount *

\$

Periodicity *

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

Yes

No

MOOP amount *

\$

Periodicity *

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$

Maximum copayment *

\$

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c10 – In-Home Safety Assessment – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

14c10 – In-Home Safety Assessment – Page 3

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out of Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

14c10 – In-Home Safety Assessment – Page 4

Not Started

Counseling Services(14c9) - Not Started

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

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

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

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

Re-admission Prevention(14c14) - Not Started

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

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Point-of-Service (POS) Benefits

+ Add New POS Group

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

Add to POS Group

POS Group

Group Name 1 - POS

Coinsurance

Copayment

Deductible

No

No

No

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

Other Defined Supplemental Benefits(14c) - In Progress

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

Counseling Services(14c9) -Completed

In-Home Safety Assessment(14c10) -Completed

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

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

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

Re-admission Prevention(14c14)-Not Started

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

Weight Management Programs(14c16)-Not Started

Alternative Therapies(14c17) -Not Started

Therapeutic Massage(14c18) -Not Started

Personal Emergency Response System (PERS)(14c11)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount \$500

Periodicity 6 Months

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

Yes

No

MOOP amount \$1000

Periodicity 6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance 4%

Maximum coinsurance 8%

Is there a copayment?

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

Other Defined Supplemental Benefits(14c)
- In Progress

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

Counseling Services(14c9) -Completed

In-Home Safety Assessment(14c10) -Completed

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

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

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

Re-admission Prevention(14c14) -Not Started

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

Weight Management Programs(14c16) -Not Started

Alternative Therapies(14c17) -Not Started

Therapeutic Massage(14c18) -Not Started

Medical Nutrition Therapy (MNT)(14c12)

Plan Characteristics

Do you offer Additional Sessions for Medicare-covered diseases?

Yes No

Indicate the limit for additional sessions

Visits

Numerical Limit

5

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

Yes No

Indicate the limit for additional sessions

Visits

Numerical Limit

5

Is there a maximum plan benefit coverage?

Yes No

Maximum amount

\$500

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Pages

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

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

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

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c12 – Medical Nutrition Therapy (MNT) – Page 4

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

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 2027 PBP Data Entry System Pages

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

Other Defined Supplemental Benefits(14c)
- In Progress

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

Counseling Services(14c9) -Completed

In-Home Safety Assessment(14c10) -Completed

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

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

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

Re-admission Prevention(14c14) -Not Started

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

Weight Management Programs(14c16) -Not Started

Alternative Therapies(14c17) -Not Started

Therapeutic Massage(14c18) -Not Started

Post discharge In-Home Medication Reconciliation(14c13)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes No

Maximum amount
\$500

Periodicity
6 Months

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

Yes No

MOOP amount
\$1000

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Pages

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

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14) - In Progress

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

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Re-admission Prevention(14c14)

Plan Characteristics

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

☒ Meals

☒ Medication Reconciliation

☒ In-Home Safety Assessment

☒ Other

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

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount
\$500

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 2

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

CY 2027 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 3

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c14 – Re-admission Prevention – Page 4

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

Other Defined Supplemental Benefits(14c)
- In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14) - Completed

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

Weight Management Programs(14c16) - Not Started

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Wigs for Hair Loss Related to Chemotherapy(14c15)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount
\$500

Periodicity
6 Months

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

Yes

No

MOOP amount
\$1000

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

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

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

14c15 – Wigs for Hair Loss Related to Chemotherapy – Page 3

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c16 – Weight Management Programs – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14) - Completed

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

Weight Management Programs(14c16) - In Progress

Alternative Therapies(14c17) - Not Started

Therapeutic Massage(14c18) - Not Started

Weight Management Programs(14c16)

Plan Characteristics

Is there a maximum plan benefit coverage?

Yes

No

Maximum amount
\$500

Periodicity
6 Months

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

Yes

No

MOOP amount
\$1000

Periodicity
6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Close

Save and Close

Save and Next

14c16 – Weight Management Programs – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c16 – Weight Management Programs – Page 3

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c17 – Alternative Therapies – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

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

Counseling Services(14c9)-Completed

In-Home Safety Assessment(14c10) -Completed

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

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

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

Re-admission Prevention(14c14) -Completed

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

Weight Management Programs(14c16) -Completed

Alternative Therapies(14c17) - In Progress

Therapeutic Massage(14c18) - Not Started

Alternative Therapies(14c17)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of visits

15

Is there a maximum plan benefit coverage?

Yes No

Amount

\$500

Periodicity

6 Months

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

Yes No

MOOP amount

\$1000

Periodicity

6 Months

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c17 – Alternative Therapies – Page 2

Other Defined Supplemental Benefits(14c)
- In Progress

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

Counseling Services(14c9) -Completed

In-Home Safety Assessment(14c10) -Completed

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

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

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

14c17 – Alternative Therapies – Page 3

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c17 – Alternative Therapies – Page 4

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c18 – Therapeutic Massage – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

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

Counseling Services(14c9) - Completed

In-Home Safety Assessment(14c10) - Completed

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

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

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

Re-admission Prevention(14c14) - Completed

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

Weight Management Programs(14c16) - Completed

Alternative Therapies(14c17) - Completed

Therapeutic Massage(14c18) - In Progress

Therapeutic Massage(14c18)

Plan Characteristics

Is this benefit unlimited?

Yes No

Indicate number of sessions
4

Periodicity
6 Months

Is there a maximum plan benefit coverage?

Yes No

Amount
\$500

Periodicity
6 Months

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

Yes No

MOOP amount
\$1000

Periodicity
6 Months

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c18 – Therapeutic Massage – Page 2

Other Defined Supplemental Benefits(14c)
- In Progress

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

Counseling Services(14c9) -Completed

In-Home Safety Assessment(14c10) -Completed

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

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

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

Periodicity
6 Months

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

14c18 – Therapeutic Massage – Page 3

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c18 – Therapeutic Massage – Page 4

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c19 – Adult Day Health Services – Page 1

Adult Day Health Services (14c19) - Non-MedicarePlan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes

No

Max plan benefit amount *
\$

Periodicity *
▼

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

Yes

No

MOOP amount *
\$

Periodicity *
▼

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *
\$

Maximum copayment *
\$

Close

Save and Close

Save and Next

14c19 – Adult Day Health Services – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c19 – Adult Day Health Services – Page 3

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

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 2027 PBP Data Entry System Pages

14c20 – Home-Based Palliative Care – Page 1

Home-Based Palliative Care (14c20) - Non-Medicare

Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes

No

Max plan benefit amount *
\$

Periodicity *
▼

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

Yes

No

MOOP amount *
\$

Periodicity *
▼

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *
Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *
\$

Maximum copayment *
\$

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c20 – Home-Based Palliative Care – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c20 – Home-Based Palliative Care – Page 3

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c21 – In-Home Support Services – Page 1

In-Home Support Services (14c21) - Non-Medicare

Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes

No

Amount *
\$

Periodicity *
▼

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

Yes

No

MOOP amount *
\$

Periodicity *
▼

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *
\$

Maximum copayment *
\$

Close

Save and Close

Save and Next

14c21 – In-Home Support Services – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c21 – In-Home Support Services – Page 3

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

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 2027 PBP Data Entry System Pages

14c22 – Support for Caregivers of Enrollees – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

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

Kidney Disease Education Services(14d)-
Not Started

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) -
Not Started

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

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Support for Caregivers of Enrollees(14c22)

Plan Characteristics

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

☒ Respite Care

☒ Caregiver Training

☒ Other

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

Is there a maximum plan benefit coverage?

☒ Yes ☐ No

Amount
\$500

Periodicity
6 Months

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

☒ Yes ☐ No

MOOP amount
\$1000

Periodicity

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Pages

14c22 – Support for Caregivers of Enrollees – Page 2

Other Defined Supplemental Benefits(14c) - In Progress	Periodicity 6 Months
Therapeutic Massage(14c18) - Completed	
Adult Day Health Services(14c19) - Completed	Is there a coinsurance?
Home-Based Palliative Care(14c20) - Completed	<input type="button" value="Yes"/> <input checked="" type="button" value="Yes with a min & max"/> <input type="button" value="No"/>
In-Home Support Services(14c21) - Completed	Minimum coinsurance <input type="text" value="4%"/> Maximum coinsurance <input type="text" value="8%"/>
Support for Caregivers of Enrollees(14c22) - In Progress	Is there a copayment?
Kidney Disease Education Services(14d)- 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="\$400"/> Maximum copayment <input type="text" value="\$400"/>

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *

\$ 13.00

Periodicity *

Other, Describe

Description *

test

4/300 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14c22 – Support for Caregivers of Enrollees – Page 4

4/300 characters

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *

2%

Maximum coinsurance *

3%

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *

\$ 4.00

Maximum copayment *

\$ 5.00

Is there a deductible? *

Yes

No

Deductible amount *

\$ 34.00

Out-of-Network Notes *

test

4/2000 characters

Close

Save and Close

Save and Next

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 2027 PBP Data Entry System Pages

14d – Kidney Disease Education Services – Page 1

Kidney Disease Education Services (14d) - 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 *
▼

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 *
\$

Is there a deductible? ⓘ *

Yes

No

Deductible amount *
\$

Close

Save and Close

Save and Next

14d – Kidney Disease Education Services – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14d – Kidney Disease Education Services – Page 3

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14d – Kidney Disease Education Services – Page 4

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) -Completed

Kidney Disease Education Services(14d)- In Progress

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - Not Started

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

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 2027 PBP Data Entry System Pages

14e1 – Glaucoma Screening – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

Support for Caregivers of
Enrollees(14c22) -Completed

Kidney Disease Education
Services(14d) -Completed

Other Medicare-covered Preventive
Services(14e)

Glaucoma Screening(14e1) - In Progress

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

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Glaucoma Screening(14e1)

Plan Characteristics

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

Yes No

MOOP amount
\$1000

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes No

Deductible amount
\$400

Close Save and Close Save and Next

14e1 – Glaucoma Screening – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14e1 – Glaucoma Screening -Page 3

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

14e1 – Glaucoma Screening – Page 4

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) -Completed

Kidney Disease Education Services(14d) -Completed

Other Medicare-covered Preventive Services(14e)

Glaucoma Screening(14e1) - In Progress

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

Barium Enemas(14e3) - Not Started

Digital Rectal Exams(14e4) - Not Started

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14e2 – Diabetes Self-Management Training – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

Support for Caregivers of
Enrollees(14c22) -Completed

Kidney Disease Education
Services(14d) -Completed

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

Glaucoma Screening(14e1) -
Completed

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

Barium Enemas(14e3) -
Not Started

Digital Rectal Exams(14e4) -
Not Started

Diabetes Self-Management Training(14e2) -

Plan Characteristics

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

Yes No

MOOP amount
\$1000

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
0%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes No

Deductible amount
\$400

Close Save and Close Save and Next

14e2 – Diabetes Self-Management Training – Page 2

Authorization required for this benefit?
No

Referral required for this benefit?
No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14e2 – Diabetes Self-Management Training – Page 3

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14e3 – Barium Enemas – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

Support for Caregivers of
Enrollees(14c22) -Completed

Kidney Disease Education
Services(14d) -Completed

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

Glaucoma Screening(14e1) -
Completed

Diabetes Self-Management
Training(14e2) -Completed

Barium Enemas(14e3) - In Progress

Digital Rectal Exams(14e4) -
Not Started

Barium Enemas(14e3)

Plan Characteristics

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

Yes No

MOOP amount
\$1000

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes No

Deductible amount
\$400

Close Save and Close Save and Next

14e3 – Barium Enemas – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

Close

Save and Close

Save and Next

14e3 – Barium Enemas – Page 3

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

Point-of-Service (POS) benefits

Add to POS Group

POS Group

Group Name 1 - POS

+ Add New POS Group

Coinsurance

Copayment

Deductible

20%

\$20

\$200

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14e4 – Digital Rectal Exams – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Therapeutic Massage(14c18) -
Completed

Adult Day Health Services(14c19) -
Completed

Home-Based Palliative Care(14c20) -
Completed

In-Home Support Services(14c21) -
Completed

Support for Caregivers of
Enrollees(14c22) -Completed

Kidney Disease Education
Services(14d) -Completed

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

Glaucoma Screening(14e1) -
Completed

Diabetes Self-Management
Training(14e2) -Completed

Barium Enemas(14e3) -Completed

Digital Rectal Exams(14e4) -
In Progress

Digital Rectal Exams(14e4)

Plan Characteristics

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

Yes No

MOOP amount
\$1000

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes No

Deductible amount
\$400

Close Save and Close Save and Next

14e4 – Digital Rectal Exams – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

Close

Save and Close

Save and Next

14e4 – Digital Rectal Exams – Page 3

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14e4 – Digital Rectal Exams – Page 4

Completed

In-Home Support Services(14c21) - Completed

Support for Caregivers of Enrollees(14c22) -Completed

Kidney Disease Education Services(14d) -Completed

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

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) - Completed

Barium Enemas(14e3) -Completed

Digital Rectal Exams(14e4) - In Progress

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 2027 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 1

Other Defined Supplemental Benefits(14c)
- In Progress

Kidney Disease Education Services(14d) -Completed

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

Glaucoma Screening(14e1) - Completed

Diabetes Self-Management Training(14e2) -Completed

Barium Enemas(14e3) -Completed

Digital Rectal Exams(14e4) -Completed

EKG following Welcome Visit(14e5) - In Progress

Medicare Part B Rx Drugs(15) - Not Started

Dental(16)-Not Started

Eye Exams/Eyewear(17) -Not Started

Hearing Exams/Hearing Aids(18)

EKG following Welcome Visit(14e5)

Plan Characteristics

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

Yes No

MOOP amount
\$1000

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes No

Deductible amount
\$400

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 2

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 3

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

14e5 – EKG following Welcome Visit – Page 4

Completed

Diabetes Self-Management Training(14e2) -Completed

Barium Enemas(14e3) -Completed

Digital Rectal Exams(14e4) -Completed

EKG following Welcome Visit(14e5) -In Progress

Medicare Part B Rx Drugs(15)-Not Started

Dental(16)-Not Started

Eye Exams/Eyewear(17)-Not Started

Hearing Exams/Hearing Aids(18)

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 2027 PBP Data Entry System Pages

15 – Medicare Part B Rx Drugs – Page 1

Started

^ Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Not Started

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started

Other Medicare Part B Drugs(15-3) - Not Started

Home infusion bundled services(15) - Not Started

^ Dental(16) - Not Started

^ Eye Exams/Eyewear(17) - Not Started

^ Hearing Exams/Hearing Aids(18) - Not Started

Medicare Part B Rx Drugs (15) - Medicare ⓘ

Updated by STE TESTER on 1/9/2023 11:00:08 AM EST

Plan Characteristics

☒ I attest that the MA enrollee cost sharing for a Part B rebatable drug will not exceed the coinsurance amount of the original Medicare adjusted beneficiary coinsurance for that Part B rebatable drug. In applying this effective coinsurance percentage, MA plans may continue to base enrollee cost sharing off of the total MA plan financial liability for that Part B drug. *

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

Yes No

MOOP amount ⓘ *
\$ 500.00

Periodicity ⓘ *
Every 6 Months ▼

Service category level deductible CANNOT apply to the 15-1 Medicare Part B Insulin Drugs

Is there a deductible? ⓘ *

Yes No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

15 – Medicare Part B Rx Drugs – Page 2

Started

Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Not Started

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started

Other Medicare Part B Drugs(15-3) - Not Started

Home infusion bundled services(15) - Not Started

▼ Dental(16) - Not Started

▼ Eye Exams/Eyewear(17) - Not Started

▼ Hearing Exams/Hearing Aids(18) - Not Started

YES

NO

Deductible amount ⓘ *

\$ 400.00

Authorization required for this benefit?

No

Referral is not applicable for this Service Category.

Does the plan offer step therapy? ⓘ *

Yes

No

Does the benefit step from (select all that apply): *

☒ Part B to Part B ⓘ

☒ Part B to Part D ⓘ

☐ Part D to Part B ⓘ

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

15-1 – Medicare Part B Insulin Drugs – Page 1

Dialysis Services(12) - In Progress

Other Supplemental Services(13) - In Progress

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

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

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

Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - In Progress

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress

Other Medicare Part B Drugs(15-3) - In Progress

Dental(16) - In Progress

Medicare Part B Services(16a) - In Progress

Medicare Part B Insulin Drugs (15-1) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Maximum effective cost-sharing amount per month ⓘ *

Is there a copayment? ⓘ *

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Does the Part B drugs – Insulin cost sharing count towards any plan-level deductible? ⓘ

Authorization required for this benefit?

No

15-1 – Medicare Part B Insulin Drugs – Page 2

No

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

15-1 – Medicare Part B Insulin Drugs – Page 3

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

15-1 – Medicare Part B Insulin Drugs – Page 4

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

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

Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - In Progress

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress

Other Medicare Part B Drugs(15-3) - In Progress

Dental(16) - In Progress

Medicare Dental Services(16a) - Not Started

Diagnostic and Preventive Dental(16b) - Not Started

Oral Exams(16b1) - Not Started

Point-of-Service (POS) Benefits

+ Add New POS Group

Medicare Part B Insulin Drugs (15-1) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinurance

Copayment

Deductible

No

No

No

Authorization required for this benefit?

No

Notes *

311/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

15-2 – Medicare Part B Chemotherapy/Radiation Drugs – Page 1

In-Home Support Services(14c21) - Not Started	Medicare Part B Chemotherapy/Radiation Drugs (15-2) - Medicare Is there a coinsurance? ⓘ * <div>Yes Yes with a min & max No</div> <div>Minimum coinsurance ⓘ * 0% Maximum coinsurance ⓘ *</div> Is there a copayment? ⓘ * <div>Yes Yes with a min & max No</div> <div>Minimum copayment ⓘ * \$ Maximum copayment ⓘ * \$</div> Authorization required for this benefit? Yes	Plan Characteristics
Support for Caregivers of Enrollees(14c22) - Not Started		
Kidney Disease Education Services(14d) - In Progress		
Other Medicare-covered Preventive Services(14e) - In Progress		
Medicare Part B Rx Drugs(15) - In Progress		
Medicare Part B Insulin Drugs(15-1) - Completed		
Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress		
Other Medicare Part B Drugs(15-3) - In Progress		

CY 2027 PBP Data Entry System Pages

15-2 – Medicare Part B Chemotherapy/Radiation Drugs – Page 2

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

Close

Save and Close

Save and Next

Softrams

CY2027 PBP – Benefit Service Categories 11-15
09/05/2025
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

Page 201 of 208

CY 2027 PBP Data Entry System Pages

15-2 – Medicare Part B Chemotherapy/Radiation Drugs – Page 3

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

15-2 – Medicare Part B Chemotherapy/Radiation Drugs – Page 4

Kidney Disease Education Services(14d) - In Progress

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

Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Completed

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress

Other Medicare Part B Drugs(15-3) - In Progress

Dental(16) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Point-of-Service (POS) Benefits

+ Add New POS Group

Medicare Part B Chemotherapy/Radiation Drugs (15-2) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance

No

Copayment

No

Deductible

No

Authorization required for this benefit?

No

Notes *

268/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

15-3 – Other Medicare Part B Drugs – Page 1

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

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

Kidney Disease Education Services(14d) - In Progress

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

Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Completed

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress

Other Medicare Part B Drugs(15-3) - In Progress

Other Medicare Part B Drugs (15-3) - Medicare

Plan Characteristics

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

0%

Maximum coinsurance ⓘ *

20%

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Authorization required for this benefit?

Yes

CY 2027 PBP Data Entry System Pages

15-3 – Other Medicare Part B Drugs – Page 2

Notes

0/2000 characters

Out-of-Network (OON) Benefits

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

2%

Maximum coinsurance ⓘ *

3%

Is there a copayment? ⓘ *

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Pages

15-3 – Other Medicare Part B Drugs – Page 3

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

15-3 – Other Medicare Part B Drugs – Page 4

Kidney Disease Education Services(14d) - In Progress

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

Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Completed

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - In Progress

Other Medicare Part B Drugs(15-3) - In Progress

Dental(16) - In Progress

Eye Exams/Eyewear(17) - In Progress

Hearing Exams/Hearing Aids(18) - In Progress

Point-of-Service (POS) Benefits

+ Add New POS Group

Other Medicare Part B Drugs (15-3) Medicare Service

Add to POS Group

POS Group
Group Name 1 - POS

Coinsurance

No

Copayment

No

Deductible

No

Authorization required for this benefit?

No

Notes *

279/2000 characters

Close

Save and Close

Save and Next

15 – Home Infusion Bundled Services

Started

^ Medicare Part B Rx Drugs(15) - In Progress

Medicare Part B Insulin Drugs(15-1) - Not Started

Medicare Part B Chemotherapy/Radiation Drugs(15-2) - Not Started

Other Medicare Part B Drugs(15-3) - Not Started

Home infusion bundled services(15) - Not Started

^ Dental(16) - Not Started

^ Eye Exams/Eyewear(17) - Not Started

^ Hearing Exams/Hearing Aids(18) - Not Started

Home infusion bundled services (15) - Non-Medicare

Plan Characteristics

Does the plan pay for Part D home infusion services and supplies as a Medicaid benefit? ⓘ *

Yes

No

Authorization required for this benefit?

No

Referral is not applicable for this Service Category.

+ Add Notes

Close

Save and Close

Save and Next