

CY 2027 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 1

Inpatient Hospital-Acute (1a)

Plan Char

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

Yes

No

MOOP amount

\$2800

Periodicity

6 Months

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

Yes

No

Number of tiers

3

Lowest cost tier

1

Is there a coinsurance?

Yes

No

<p>Tier 1</p> <p>Do you charge the Medicare-defined cost share for tier 1?</p> <div><div>Yes</div><div>No</div></div>	<p>Tier 2</p> <p>Do you charge the Medicare-defined cost share for tier 2?</p> <div><div>Yes</div><div>No</div></div>	<p>Tier 3</p> <p>Do you charge the Medicare-defined cost share for tier 3?</p> <div><div>Yes</div><div>No</div></div>
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Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 2

Tier 1	Tier 2	Tier 3
Do you charge the Medicare-defined cost share for tier 1?		
<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>		
Coinsurance for Medicare-covered stay		
<input type="text" value="2%"/>		
Number of day intervals for Medicare-covered stay		
<input type="text" value="3"/>		
Coinsurance	Begin day	End day
<input type="text" value="0%"/>	<input type="text" value="1"/>	<input type="text" value="6"/>
Coinsurance	Begin day	End day
<input type="text" value="8%"/>	<input type="text" value="7"/>	<input type="text" value="10"/>
Coinsurance	Begin day	End day
<input type="text" value="20%"/>	<input type="text" value="11"/>	<input type="text" value="19"/>
Day intervals for Medicare-covered lifetime reserve days		
<input type="text" value="3"/>		
Coinsurance	Begin day	End day
<input type="text" value="0%"/>	<input type="text" value="1"/>	<input type="text" value="6"/>
Coinsurance	Begin day	End day
<input type="text" value="8%"/>	<input type="text" value="7"/>	<input type="text" value="10"/>
Coinsurance	Begin day	End day
<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you charge the Medicare-defined cost share for tier 2?		
<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>		
Coinsurance for Medicare-covered stay		
<input type="text" value="4%"/>		
Number of day intervals for Medicare-covered stay		
<input type="text" value="3"/>		
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Day intervals for Medicare-covered lifetime reserve days		
<input type="text" value="3"/>		
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Coinsurance	Begin day	End day
<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you charge the Medicare-defined cost share for tier 3?		
<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>		
Coinsurance for Medicare-covered stay		
<input type="text" value="4%"/>		
Number of day intervals for Medicare-covered stay		
<input type="text" value="3"/>		
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text"/>
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text"/>
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text"/>
Day intervals for Medicare-covered lifetime reserve days		
<input type="text" value="3"/>		
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text"/>
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text"/>
Coinsurance	Begin day	End day
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>		

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1a - Inpatient Hospital-Acute - Page 3

Coinsurance	Begin day	End day	Coinsurance	Begin day	End day	Coinsurance	Begin day	End day
20%	11	19	4%	1	10	4%	1	

Is there a copayment?

Tier 1	Tier 2	Tier 3
Do you charge the Medicare-defined cost share for tier 1?	Do you charge the Medicare-defined cost share for tier 2?	Do you charge the Medicare-defined cost share for tier 3?
<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>
Copayment for Medicare-covered stay	Copayment for Medicare-covered stay	Copayment for Medicare-covered stay
\$0	\$113	\$0
Number of day intervals for Medicare-covered stay	Number of day intervals for Medicare-covered stay	Number of day intervals for Medicare-covered stay
3	3	3
Copayment	Copayment	Copayment
\$250	\$40	\$40
Begin Day	Begin Day	Begin Day
1	1	1
End Day	End Day	End Day
8	10	
Copayment	Copayment	Copayment
\$0	\$40	\$40
Begin Day	Begin Day	Begin Day
9	1	1
End Day	End Day	End Day
9	10	
Copayment	Copayment	Copayment
\$0	\$40	\$40
Begin Day	Begin Day	Begin Day
10	1	1
End Day	End Day	End Day
90	10	

CY 2027 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 4

Day intervals for Medicare-covered lifetime reserve days			Day intervals for Medicare-covered lifetime reserve days			Day intervals for Medicare-covered lifetime reserve days		
3			3			3		
Copayment	Begin Day	End Day	Copayment	Begin Day	End Day	Copayment	Begin Day	End Day
\$250	1	8	\$40	1	10	\$40	1	
Copayment	Begin Day	End Day	Copayment	Begin Day	End Day	Copayment	Begin Day	End Day
\$0	9	9	\$40	1	10	\$40	1	
Copayment	Begin Day	End Day	Copayment	Begin Day	End Day	Copayment	Begin Day	End Day
\$0	10	90	\$40	1	10	\$40	1	

Is there a deductible?

Tier 1	Tier 2	Tier 3
Deductible amount	Deductible amount	Deductible amount
\$40	\$40	\$40

What is your inpatient hospital-acute benefit period?

Annual

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1a - Inpatient Hospital-Acute - Page 5

Do you charge cost sharing on the day of discharge?

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Is there a coinsurance?

Do you charge the Medicare-defined cost share?

Coinsurance

Number of day intervals

Coinsurance Begin day End day

CY 2027 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 6

Coinurance 4%	Begin day 1	End day 10
Coinurance 4%	Begin day 1	End day 10

Is there a copayment?

Do you charge the Medicare-defined cost share?

Copayment
\$40

Number of day intervals
3

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

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1a - Inpatient Hospital-Acute - Page 7

Is there a deductible?

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

Deductible amount

Point-of-Service (POS) benefits

Is there a POS maximum plan benefit coverage?

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

Maximum plan benefit coverage amount

Periodicity

Is there a coinsurance?

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1a - Inpatient Hospital-Acute - Page 8

Is there a coinsurance?

☒ Yes ☐ No

Do you charge the Medicare-defined cost share?

☐ Yes ☒ No

Coinsurance for Medicare-covered stay

Number of day intervals for Medicare-covered stay

Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>
Coinsurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>

Is there a copayment?

☒ Yes ☐ No

Do you charge the Medicare-defined cost share?

☐ Yes ☒ No

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1a - Inpatient Hospital-Acute - Page 9

Is there a copayment?

Do you charge the Medicare-defined cost share?

Copayment for Medicare-covered stay

\$40

Number of day intervals for Medicare-covered stay

3

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

Is there a deductible?

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 10

Do you charge the Medicare-defined cost share? ⓘ

Copayment ⓘ *

\$

Number of day intervals for Medicare-covered stay *

▼

Is there a deductible? ⓘ *

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

Deductible amount ⓘ *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

test

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Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

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

Additional Days for Inpatient Hospital-Acute (1a1)

[Plan Char](#)

Is this benefit unlimited?

Indicate number of Additional Days per benefit period:

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

Number of tiers

Lowest cost tier

Is there a coinsurance?

Tier 1	Tier 2	Tier 3
Number of day intervals <input type="text" value="3"/>	Number of day intervals <input type="text" value="3"/>	Number of day intervals <input type="text" value="3"/>
Coinsurance <input type="text" value="4%"/>	Coinsurance <input type="text" value="4%"/>	Coinsurance <input type="text" value="4%"/>
Begin Day <input type="text" value="1"/>	Begin Day <input type="text" value="1"/>	Begin Day <input type="text" value="1"/>
End Day <input type="text" value="10"/>	End Day <input type="text" value="10"/>	End Day <input type="text" value="10"/>

CY 2027 PBP Data Entry System Screens

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

Tier 1	Tier 2	Tier 3
Number of day intervals 3	Number of day intervals 3	Number of day intervals 3
Coinsurance 4%	Coinsurance 4%	Coinsurance 4%
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10
Coinsurance 4%	Coinsurance 4%	Coinsurance 4%
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10
Coinsurance 4%	Coinsurance 4%	Coinsurance 4%
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10
Is there a copayment?		
<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>		
Tier 1	Tier 2	Tier 3
Number of day intervals 3	Number of day intervals 3	Number of day intervals 3
Copayment \$40	Copayment \$40	Copayment \$40
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10
Copayment \$40	Copayment \$40	Copayment \$40
Begin Day 1	Begin Day 1	Begin Day 1
End Day 10	End Day 10	End Day 10
<div>Close Save and Close Save and Next</div>		

CY 2027 PBP Data Entry System Screens

1a1 - Additional Days for Inpatient Hospital-Acute - Page 3

Number of day intervals for additional days 3	
Copayment * \$ 40.00	Begin Day 91
End Day * 100	
Copayment * \$ 40.00	Begin Day 101
End Day * 125	
Copayment * \$ 40.00	Begin Day 126
End Day 999	

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Notes *

test notes

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CY 2027 PBP Data Entry System Screens

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

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

[Plan Characteristics](#)

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

☐ Yes ☒ No

Coinurance percentage

Number of day intervals

Coinurance	Begin Day	End Day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Coinurance	Begin Day	End Day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Coinurance	Begin Day	End Day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

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

☒ Yes ☐ No

Copayment

Number of day intervals

CY 2027 PBP Data Entry System Screens

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

Copayment

\$40

Number of day intervals

1

Copayment

\$40

Begin Day

1

End Day

10

Copayment

\$40

Begin Day

1

End Day

10

Copayment

\$40

Begin Day

1

End Day

10

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

1a3 – Upgrades for Inpatient Hospital-Acute

Upgrades for Inpatient Hospital-Acute (1a3)

Plan Characteristics

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

Yes

No

Coinurance percentage

10%

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

Yes

No

Copayment amount per stay

\$100

Copayment amount per day

\$40

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 1

Inpatient Hospital Psychiatric (1b) - Medicare ⓘ

Plan Characteristics

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

Yes

No

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

☐ Covered under Inpatient hospital services category (1a)

☒ Plan-specified amount per period

MOOP amount ⓘ *

\$

Periodicity ⓘ *

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

Yes

No

Number of tiers ⓘ *

3

Lowest cost tier ⓘ *

1

Is there a coinsurance? ⓘ *

Yes

No

Tier 1 | Tier 2 | Tier 3

CY 2027 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 4

Tier 1	Tier 2	Tier 3
Deductible amount \$40	Deductible amount \$40	Deductible amount \$40

What is your Inpatient Hospital Psychiatric benefit period?

Psychiatric benefit period
Per Admission

Do you charge cost sharing on the day of discharge?

Yes No

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Is there a coinsurance?

Yes No

Do you charge the Medicare-defined cost share?

Yes No

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 5

Do you charge the Medicare-defined cost share?

Coinurance

Number of day intervals

Coinurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>
Coinurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>
Coinurance <input type="text" value="4%"/>	Begin day <input type="text" value="1"/>	End day <input type="text" value="10"/>

Is there a copayment?

Do you charge the Medicare-defined cost share?

Copayment

Number of day intervals

CY 2027 PBP Data Entry System Screens

1b - Inpatient Hospital-Psychiatric - Page 6

Point-of-Service (POS) Benefits

Is there a coinsurance? ⓘ *

Yes

No

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

Yes

No

Coinsurance ⓘ *
4%

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

Coinsurance ⓘ *	Begin Day ⓘ * 1	End Day ⓘ *
Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ *
Coinsurance ⓘ *	Begin Day ⓘ *	End Day ⓘ *

Is there a copayment? ⓘ *

Yes

No

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

Yes

No

Copayment ⓘ *
\$ 40.00

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

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1b - Inpatient Hospital-Psychiatric - Page 7

Is there a copayment? ⓘ *

Yes

No

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

Yes

No

Copayment ⓘ *

\$ 40.00

Number of day intervals for Medicare-covered stay *

3

Copayment ⓘ *

\$

Begin Day ⓘ

1

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

Copayment ⓘ *

\$

Begin Day ⓘ *

End Day ⓘ *

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

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CY 2027 PBP Data Entry System Screens

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

Additional Days for Inpatient Hospital Psychiatric (1b1) - Non-Medicare[Plan Characteristics](#)

Is this benefit unlimited? ⓘ *

Yes

No

Indicate number of Additional Days per benefit period: ⓘ *

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

Yes

No

Number of tiers ⓘ *

3

Lowest cost tier ⓘ *

1

Is there a coinsurance? *

Yes

No

Tier 1

Number of day intervals for additional days *

3

Coinsurance ⓘ *

Begin Day ⓘ

End Day ⓘ *

91

Coinsurance ⓘ *

Begin Day ⓘ

End Day ⓘ *

Coinsurance ⓘ *

Begin Day ⓘ

End Day ⓘ

999

Tier 2

Number of day intervals for additional days *

3

Coinsurance ⓘ *

Begin Day ⓘ

End Day ⓘ *

91

Coinsurance ⓘ *

Begin Day ⓘ

End Day ⓘ *

Coinsurance ⓘ *

Begin Day ⓘ

End Day ⓘ

999

Tier 3

Number of day intervals for additional days *

3

Coinsurance ⓘ *

Begin Day ⓘ

End Day ⓘ *

91

Coinsurance ⓘ *

Begin Day ⓘ

End Day ⓘ *

Coinsurance ⓘ *

Begin Day ⓘ

End Day ⓘ

999

Is there a copayment? *

CY 2027 PBP Data Entry System Screens

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

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

Is there a copayment? *

Tier 1	Tier 2	Tier 3
Number of day intervals for additional days *	Number of day intervals for additional days *	Number of day intervals for additional days *
3	3	3
Copayment (1) *	Copayment (1) *	Copayment (1) *
\$	\$	\$
Begin Day (1) *	Begin Day (1) *	Begin Day (1) *
91	91	91
End Day (1) *	End Day (1) *	End Day (1) *
Copayment (1) *	Copayment (1) *	Copayment (1) *
\$	\$	\$
Begin Day (1) *	Begin Day (1) *	Begin Day (1) *
End Day (1) *	End Day (1) *	End Day (1) *
	999	999

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

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

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

[Plan Characteristics](#)

Is there a coinsurance?

☒ Yes ☐ No

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

☐ Yes ☒ No

Coinsurance

Number of day intervals

Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>
Coinsurance	Begin day	End day
<input type="text" value="4%"/>	<input type="text" value="1"/>	<input type="text" value="10"/>

Is there a copayment?

☒ Yes ☐ No

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

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

CY 2027 PBP Data Entry System Screens

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

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

Copayment ⓘ *
\$ 40.00

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

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

Authorization required for this benefit?
No

Referral required for this benefit?
No

[+ Add Notes](#)

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

CY 2027 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 1

Skilled Nursing Facility (SNF) (2) - Medicare

Plan Characteristics

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

☒ Yes ☐ No

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

Days *

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

☒ Yes ☐ No

MOOP amount *

Periodicity *

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

☒ Yes ☐ No

Number of tiers *

Lowest cost tier *

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

CY 2027 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 2

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

Number of tiers ⓘ *

Lowest cost tier ⓘ *

Is there a coinsurance? ⓘ *

Tier 1	Tier 2	Tier 3
Do you charge the Medicare-defined cost share for tier 1? *	Do you charge the Medicare-defined cost share for tier 2? ⓘ *	Do you charge the Medicare-defined cost share for tier 3? ⓘ *
<input checked="" type="button" value="Yes"/> <input type="button" value="No"/>	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/>
Number of day intervals for Medicare-covered stay * <input type="text" value="3"/>	Number of day intervals for Medicare-covered stay * <input type="text" value="3"/>	Number of day intervals for Medicare-covered stay * <input type="text" value="3"/>
Coinsurance ⓘ * <input type="text"/>	Coinsurance ⓘ * <input type="text"/>	Coinsurance ⓘ * <input type="text"/>
Begin Day ⓘ <input type="text" value="1"/>	Begin Day ⓘ <input type="text" value="1"/>	Begin Day ⓘ <input type="text" value="1"/>
End Day ⓘ * <input type="text"/>	End Day ⓘ * <input type="text"/>	End Day ⓘ * <input type="text"/>
Coinsurance ⓘ * <input type="text"/>	Coinsurance ⓘ * <input type="text"/>	Coinsurance ⓘ * <input type="text"/>
Begin Day ⓘ * <input type="text"/>	Begin Day ⓘ * <input type="text"/>	Begin Day ⓘ * <input type="text"/>
End Day ⓘ * <input type="text"/>	End Day ⓘ * <input type="text"/>	End Day ⓘ * <input type="text"/>
Coinsurance ⓘ * <input type="text"/>	Coinsurance ⓘ * <input type="text"/>	Coinsurance ⓘ * <input type="text"/>
Begin Day ⓘ * <input type="text"/>	Begin Day ⓘ * <input type="text"/>	Begin Day ⓘ * <input type="text"/>
End Day ⓘ <input type="text" value="100"/>	End Day ⓘ <input type="text" value="100"/>	End Day ⓘ <input type="text" value="100"/>

CY 2027 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 3

<p>Is there a copayment? ⓘ *</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/></p>																																																								
<p>Tier 1</p> <p>Do you charge the Medicare-defined cost share for tier 1? ⓘ *</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/></p> <p>Number of day intervals for Medicare-covered stay * <input type="text" value="3"/></p> <table><tr><td>Copayment ⓘ *</td><td>Begin Day ⓘ</td><td>End Day ⓘ *</td></tr><tr><td>\$</td><td>1</td><td></td></tr><tr><td>Copayment ⓘ *</td><td>Begin Day ⓘ *</td><td>End Day ⓘ *</td></tr><tr><td>\$</td><td></td><td></td></tr><tr><td>Copayment ⓘ *</td><td>Begin Day ⓘ *</td><td>End Day ⓘ</td></tr><tr><td>\$</td><td></td><td>100</td></tr></table>	Copayment ⓘ *	Begin Day ⓘ	End Day ⓘ *	\$	1		Copayment ⓘ *	Begin Day ⓘ *	End Day ⓘ *	\$			Copayment ⓘ *	Begin Day ⓘ *	End Day ⓘ	\$		100	<p>Tier 2</p> <p>Do you charge the Medicare-defined cost share for tier 2? ⓘ *</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/></p> <p>Number of day intervals for Medicare-covered stay * <input type="text" value="3"/></p> <table><tr><td>Copayment ⓘ *</td><td>Begin Day ⓘ</td><td>End Day ⓘ *</td></tr><tr><td>\$</td><td>1</td><td></td></tr><tr><td>Copayment ⓘ *</td><td>Begin Day ⓘ *</td><td>End Day ⓘ *</td></tr><tr><td>\$</td><td></td><td></td></tr><tr><td>Copayment ⓘ *</td><td>Begin Day ⓘ *</td><td>End Day ⓘ</td></tr><tr><td>\$</td><td></td><td>100</td></tr></table>	Copayment ⓘ *	Begin Day ⓘ	End Day ⓘ *	\$	1		Copayment ⓘ *	Begin Day ⓘ *	End Day ⓘ *	\$			Copayment ⓘ *	Begin Day ⓘ *	End Day ⓘ	\$		100	<p>Tier 3</p> <p>Do you charge the Medicare-defined cost share for tier 3? ⓘ *</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/></p> <p>Number of day intervals for Medicare-covered stay * <input type="text" value="3"/></p> <table><tr><td>Copayment ⓘ *</td><td>Begin Day ⓘ</td><td>End Day ⓘ *</td></tr><tr><td>\$</td><td>1</td><td></td></tr><tr><td>Copayment ⓘ *</td><td>Begin Day ⓘ *</td><td>End Day ⓘ *</td></tr><tr><td>\$</td><td></td><td></td></tr><tr><td>Copayment ⓘ *</td><td>Begin Day ⓘ *</td><td>End Day ⓘ</td></tr><tr><td>\$</td><td></td><td>100</td></tr></table>	Copayment ⓘ *	Begin Day ⓘ	End Day ⓘ *	\$	1		Copayment ⓘ *	Begin Day ⓘ *	End Day ⓘ *	\$			Copayment ⓘ *	Begin Day ⓘ *	End Day ⓘ	\$		100
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<p>What is your SNF period?</p> <p>Periodicity ⓘ * <input type="text" value="Per Admission or Per Stay"/></p> <p>Do you charge cost sharing on the day of discharge? ⓘ *</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/></p> <p>Authorization required for this benefit?</p>																																																								
<p><input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/></p>																																																								

CY 2027 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 4

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Out-of-Network (OON) Benefits

Is there a coinsurance? *

Yes

No

Do you charge the Medicare-defined cost share? *

Yes

No

Coinsurance *

Number of day intervals for Medicare-covered stay *

Is there a copayment? *

Yes

No

Do you charge the Medicare-defined cost share? *

Yes

No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 5

✓ Inpatient Hospital Services(1) - Completed

✓ Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

✓ Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization/Intensive Outpatient Program Services(5) - Completed

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) - In Progress

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

Dialysis Services(12) - Completed

✓ Other Supplemental Services(13) - Completed

Preventive and Other Defined Supplemental Services(14) - Completed

✓ Medicare Part B Rx Drugs(15) -

Out-of-Network (OON) Benefits

Is there a coinsurance? *

Yes

No

Do you charge the Medicare-defined cost share? *

Yes

No

Coinsurance *

Number of day intervals for Medicare-covered stay *

Is there a copayment? *

Yes

No

Do you charge the Medicare-defined cost share? *

Yes

No

Copayment *

Number of day intervals for Medicare-covered stay *

Is there a deductible? ⓘ *

Yes

No

Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

2 - Skilled Nursing Facility - Page 6

^ Inpatient Hospital-Acute(1a) - Not Started

Additional Days for Inpatient Hospital-Acute(1a1) - Not Started

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

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

^ Inpatient Hospital Psychiatric(1b) - Not Started

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

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

Cardiac and Pulmonary Rehabilitation Services(3) - Not Started

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

^ Partial Hospitalization/Intensive Outpatient Program Services(5) - Not Started

Partial Hospitalization Program(5a) - Not Started

Intensive Outpatient Program Services(5b) - Not Started

Home Health Services(6) - Not Started

^ Health Care Professional Services(7) - Not Started

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

^ Outpatient Services(9) - Not Started

Point-of-Service (POS) Benefits

Is there a coinsurance? *

Yes

No

Do you charge the Medicare-defined cost share? *

Yes

No

Coinsurance *

Number of day intervals for Medicare-covered stay *

Is there a copayment? *

Yes

No

Do you charge the Medicare-defined cost share? *

Yes

No

Copayment *

\$

Number of day intervals for Medicare-covered stay *

Is there a deductible? ⓘ *

Yes

No

Deductible amount *

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

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

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

Plan Cha

Is this benefit unlimited?

☒ Yes ☐ No

Indicate number of Additional Days per benefit period

10

Periodicity

6 Months

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

☒ Yes ☐ No

Number of Tiers

3

Lowest Cost Tier

1

Is there a coinsurance?

☒ Yes ☐ No

Tier 1	Tier 2	Tier 3
Number of day intervals	Number of day intervals	Number of day intervals
3	3	3
Coinsurance	Coinsurance	Coinsurance
Begin Day	Begin Day	Begin Day
End Day	End Day	End Day

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

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

Coinsurance 4%	Begin Day 1	End Day 10
Coinsurance 4%	Begin Day 1	End Day 10
Coinsurance 4%	Begin Day 1	End Day 10

Coinsurance 4%	Begin Day 1	End Day 10
Coinsurance 4%	Begin Day 1	End Day 10
Coinsurance 4%	Begin Day 1	End Day 10

Coinsurance 4%	Begin Day 1	End Day 10
Coinsurance 4%	Begin Day 1	End Day 10
Coinsurance 4%	Begin Day 1	End Day 10

Is there a copayment?

Tier 1		
Number of day intervals for Medicare covered stay 3		
Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10

Tier 2		
Number of day intervals for Medicare covered stay 3		
Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10

Tier 3		
Number of day intervals for Medicare covered stay 3		
Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10
Copayment \$40	Begin Day 1	End Day 10

CY 2027 PBP Data Entry System Screens

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

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

[+ Add Notes](#)

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

CY 2027 PBP Data Entry System Screens

3 - Cardiac and Pulmonary Rehabilitation Services

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

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

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - In Progress

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

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

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

Pulmonary Rehabilitation Services(3-3) - In Progress

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

Cardiac and Pulmonary Rehabilitation Services (3) - Medicare

Plan Characteristics

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

Yes

No

MOOP amount ⓘ *
\$

Periodicity ⓘ *

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

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *
\$

+ Add Notes

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation Services -Page 1

Cardiac Rehabilitation Services(3-1)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation 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 Screens

3-1 - Cardiac Rehabilitation 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 Screens

3-1 - Cardiac Rehabilitation Services -Page 4

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 Screens

3-2 - Intensive Cardiac Rehabilitation Services - Page 1

Intensive Cardiac Rehabilitation Services(3-2)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

3-2 – Intensive Cardiac Rehabilitation 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 Screens

3-2 – Intensive Cardiac Rehabilitation 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 Screens

3-2 – Intensive Cardiac Rehabilitation Services -Page 4

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 Screens

3-3 - Pulmonary Rehabilitation Services - Page 1

Pulmonary Rehabilitation Services(3-3)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation 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 Screens

3-3 - Pulmonary Rehabilitation 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 Screens

3-3 - Pulmonary Rehabilitation Services -Page 4

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 Screens

3-4 - SET for PAD Services -Page 1

SET for PAD Services(3-4)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

3-4 - SET for PAD 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 Screens

3-4 - SET for PAD 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 Screens

3-4 - SET for PAD Services -Page 4

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 Screens

3-1 - Additional Cardiac Rehabilitation Services - Page 1

al Psychiatric(1b) -

ility (SNF)(2) -

onary Rehabilitation
ogress

itation Services(3-1) -

**ac Rehabilitation
ot Started**

c Rehabilitation
Completed

sive Cardiac
ervices(3-2) - Not

abilitation Services(3-

Additional Cardiac Rehabilitation Services (3-1) - Non-Medicare

Plan Chara

Is this benefit unlimited? *

Yes

No

Indicate number of visits *

10

Periodicity *

Every 6 Months

The following will be added to the page.

Is there a maximum plan benefit coverage amount? ⓘ *

Yes

No

Maximum plan benefit coverage amount ...

\$ 300.00

Periodicity ⓘ *

Every Year

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 *

Maximum copayment *

Close

Save and Close

CY 2027 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation 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 Screens

3-1 - Additional Cardiac Rehabilitation 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

CY 2027 PBP Data Entry System Screens

3-1 - Additional Cardiac Rehabilitation Services -Page 4

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 Screens

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

Additional Intensive Cardiac Rehabilitation Services (3-2) - Non-Medicare[Plan Characteristics](#)

Is this benefit unlimited? *

☐ Yes ☒ No

Indicate number of visits *
10

Periodicity *
Every 6 Months

The following will be added to the page.

Is there a maximum plan benefit coverage amount? ⓘ *

☒ Yes ☐ No

Maximum plan benefit coverage amount ...
\$ 300.00

Periodicity ⓘ *
Every Year

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 *
Maximum copayment *

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

CY 2027 PBP Data Entry System Screens

3-2 - Additional Intensive Cardiac Rehabilitation 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 Screens

3-2 - Additional Intensive Cardiac Rehabilitation 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

CY 2027 PBP Data Entry System Screens

3-2 - Additional Intensive Cardiac Rehabilitation Services -Page 4

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 Screens

3-3 - Additional Pulmonary Rehabilitation Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

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

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

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

Emergency/Unplanned Services(4)

Additional Pulmonary Rehabilitation Services(3-3)

Plan Characteristics

Is this benefit unlimited?
☐ Yes ☒ No

Indicate number of visits
10

Periodicity
6 Months

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

Minimum coinsurance
4%

Maximum coinsurance
8%

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

Minimum copayment
\$400

Maximum copayment
\$400

The following question will be added to the screen.
Is there a maximum plan benefit coverage amount? ⓘ *

☒ Yes ☐ No

Maximum plan benefit coverage amount ...
\$ 300.00

Periodicity ⓘ *
Every Year

CY 2027 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation 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 Screens

3-3 - Additional Pulmonary Rehabilitation 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

CY 2027 PBP Data Entry System Screens

3-3 - Additional Pulmonary Rehabilitation Services -Page 4

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 Screens

3-4 - Additional SET for PAD Services -Page 1

Cardiac Rehabilitation Services(3-1) - Completed

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

Intensive Cardiac Rehabilitation Services(3-2) - Completed

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

Pulmonary Rehabilitation Services(3-3) - Completed

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

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

Emergency/Urgently Needed

Additional SET for PAD Services (3-4) - Non-Medicare

Is this benefit unlimited? *

Yes

No

Indicate number of visits *

10

Periodicity *

Every 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 *

Maximum copayment *

The following will be added to the page.

Is there a maximum plan benefit coverage amount? ⓘ *

Yes

No

Maximum plan benefit coverage amount ...

\$ 300.00

Periodicity ⓘ *

Every Year

Plan Characteristics

CY 2027 PBP Data Entry System Screens

3-4 Additional SET for PAD 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 Screens

3-4 Additional SET for PAD 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

CY 2027 PBP Data Entry System Screens

3-4 Additional SET for PAD Services - Page 4

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 Screens

4a Emergency Services -Page 1

Emergency Services (4a) - Medicare ⓘ

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Maximum per visit amount ⓘ *

\$

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

Yes

No

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

Days

Hours

Enter number of days ⓘ *

1

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

4a Emergency Services -Page 2

DaysHours

Number of days
5

Is there a copayment?

YesYes with a min & maxNo

Minimum copayment
\$400

Maximum copayment
\$400

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

YesNo

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

DaysHours

Enter number of days
5

Does the cost sharing count towards any plan-level deductible?

YesNo

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 1

Urgently Needed Services (4b)

Plan Characteristics

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

☒ Yes ☐ No

Select the maximum enrollee out-of-pocket cost type

☒ Covered under emergency/post stabilization services

☐ Plan-specified amount per period

MOOP amount

Periodicity

Is there a coinsurance?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance Maximum coinsurance

Maximum per visit amount

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

☒ Yes ☐ No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 2

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

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

Enter number of days

Is there a copayment?

Minimum copayment Maximum copayment

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

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

Enter number of days

Does the cost sharing count towards any plan-level deductible?

CY 2027 PBP Data Entry System Screens

4b - Urgently Needed Services -Page 3

Enter number of days

5

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

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

Yes

No

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

Days

Hours

Enter number of days

5

Does the cost sharing count towards any plan-level deductible?

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

4c - Worldwide Emergency /Urgent Coverage -Page 1

Worldwide Emergency/Urgent Coverage (4c)

Plan Characteristics

Is there a maximum plan benefit coverage?

☒ Yes ☐ No

Is the maximum plan benefit coverage amount unlimited?

☒ Yes ☐ No

Maximum amount

\$1000

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

☒ Yes ☐ No

MOOP amount

\$500

Periodicity

6 Months

Is there a deductible?

☒ Yes ☐ No

Deductible amount

\$500

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

4c - Worldwide Emergency /Urgent Coverage -Page 2

Is there a maximum plan benefit coverage?

☒ Yes ☐ No

Is the maximum plan benefit coverage amount unlimited?

☒ Yes ☐ No

Maximum amount

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

☒ Yes ☐ No

MOOP amount

Periodicity

Is there a deductible?

☒ Yes ☐ No

Deductible amount

CY 2027 PBP Data Entry System Screens

4c1 - Worldwide Emergency Coverage

Worldwide Emergency Coverage (4c1)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is this Coinsurance waived if admitted to hospital?

Yes

No

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment
\$400

Maximum copayment
\$400

Is the Copayment waived if admitted to hospital?

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

4c2 - Worldwide Urgent Coverage

Worldwide Urgent Coverage (4c2)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is this Coinsurance waived if admitted to hospital?

Yes

No

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Is the Copayment waived if admitted to hospital?

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

4c3 - Worldwide Emergency Transportation

Worldwide Emergency Transportation (4c3)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is this Coinsurance waived if admitted to hospital?

Yes

No

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Is the Copayment waived if admitted to hospital?

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

5a - Partial Hospitalization Program - Page 1

Partial Hospitalization Program (5a) - Medicare ⓘ

Plan Characteristics

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

Yes

No

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *
Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *
\$

Maximum copayment ⓘ *
\$

Is there a deductible? ⓘ *

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

5a - Partial Hospitalization Program - 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

CY 2027 PBP Data Entry System Screens

5a - Partial Hospitalization Program - Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

5a - Partial Hospitalization Program - Page 4

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 Screens

5b - Intensive Outpatient Program Services - Page 1

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization/Intensive Outpatient Program Services(5) - Not Started

Partial Hospitalization Program(5a) - In Progress

Intensive Outpatient Program Services(5b) - Not Started

Home Health Services(6) - In Progress

Health Care Professional Services(7) - In Progress

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

Outpatient Services(9) - In Progress

Ambulance/Transportation Services(10) - In Progress

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

Dialysis Services(12) - In Progress

Intensive Outpatient Program Services (5b) - Medicare

Plan Characteristics

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

Yes

No

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

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 Screens

5b - Intensive Outpatient Program 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

CY 2027 PBP Data Entry System Screens

5b - Intensive Outpatient Program 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 Screens

5b - Intensive Outpatient Program Services - Page 4

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 Screens

6 - Home Health 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

Outpatient Hospital Services(9a) - Completed

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - Completed

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

Outpatient Substance Abuse(9c) - Completed

Outpatient Blood Services(9d) - Completed

Home Health Services (6) - 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

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 Screens

6 -Home Health Services - Page 2

Is there a copayment?	
<input type="radio"/> Yes	<input checked="" type="radio"/> Yes with a min & max
Minimum copayment	Maximum copayment
\$400	\$400

Is there a deductible?	
<input checked="" type="radio"/> Yes	<input type="radio"/> No
Deductible amount	
\$400	

Authorization required for this benefit?
Yes
Referral required for this benefit?
No

CY 2027 PBP Data Entry System Screens

6 -Home Health 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 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 Screens

6 -Home Health Services - 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

CY 2027 PBP Data Entry System Screens

6 -Home Health Services - Page 5

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 Screens

7a - Primary Care Physician Services -Page 1

Primary Care Physician Services (7a) - Medicare ⓘ

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Is there a coinsurance? ⓘ *

Is there a copayment? ⓘ *

Minimum copayment ⓘ *

\$ 0.00

Maximum copayment ⓘ *

\$ 0.00

Is there a deductible? ⓘ *

CY 2027 PBP Data Entry System Screens

7a - Primary Care Physician Services -Page 2

Is there a deductible? ⓘ *

Yes

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 *

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 *

TEST

4/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

7a - Primary Care Physician Services -Page 3

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 Screens

7b – Chiropractic Services -Page 1

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

Chiropractic Services(7b) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

Podiatry Services(7f) - Completed

Podiatry Services: Routine Foot Care(7f) - Completed

Other Health Care Professional(7g) - Completed

Psychiatric Services(7h) - Completed

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

Additional Telehealth Benefits(7j) - Completed

Opioid Treatment Program

Chiropractic Services (7b) - Medicare

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

☐ Yes ☒ No

MOOP amount *
\$ 1000.00

Periodicity *
Every 3 Years

Is there a medicare covered coinsurance? *

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance *
Maximum coinsurance *

Is there a medicare covered copayment? *

☐ Yes ☒ Yes with a min & max ☐ No

Minimum copayment *
\$
Maximum copayment *
\$

Is there a medicare covered deductible? *

☐ Yes ☒ No

Authorization required for this benefit?
Yes

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

7b – Chiropractic 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 Screens

7b – Chiropractic 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 Screens

7b – Chiropractic Services -Page 4

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 Screens

7b – Chiropractic Services – Non-Medicare

Home Health Services(6) - Completed

^ Health Care Professional Services(7) - Completed

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

^ Chiropractic Services(7b) - Completed

Routine Chiropractic Care(7b1) - Completed

Non-routine Chiropractic Services(7b2) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

^ Mental Health Specialty Services(7e) - Completed

Chiropractic Services (7b) - Non-Medicare ⓘ

Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes

No

Maximum amount *
\$ 1000.00

Periodicity *
Every 3 Years

Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage amount *
\$ 1500.00

Periodicity *
Every 3 Years

CloseSave and CloseSave and Next

CY 2027 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care - Page 1

Routine Chiropractic Care(7b1)

Is this benefit unlimited?

Visits

Periodicity

Is there a coinsurance?

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Minimum copayment Maximum copayment

CY 2027 PBP Data Entry System Screens

7b1 – Routine Chiropractic 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 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 Screens

7b1 – Routine Chiropractic Care - 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 Screens

7b1 – Routine Chiropractic Care - Page 4

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 Screens

7b2 – Other Chiropractic Care - Page 1

Chiropractic Services (7b2) - Non-Medicare[Plan Characteristics](#)

Is this benefit unlimited? *

Visits *
25

Periodicity *
Other, Describe ▼

Description *
sample description
18/300 characters

Is there a coinsurance? *

Minimum coinsurance *

Maximum coinsurance *

Is there a copayment? *

Minimum copayment *
\$

Maximum copayment *
\$

CY 2027 PBP Data Entry System Screens

7b2 – Other Chiropractic 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 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 Screens

7b2 – Other Chiropractic Care -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 Screens

7b2 – Other Chiropractic Care - Page 4

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 Screens

7c - Occupational Therapy Services -Page 1

Occupational Therapy Services (7c) - 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

MOOP amount *
\$

Periodicity *
▼

You must include total cost sharing to the beneficiary, including any facility cost sharing.

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance *
Maximum coinsurance *

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment *
\$ 35.00

Maximum copayment *
\$ 35.00

Is there a deductible? *

Yes

No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

7c - Occupational Therapy 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 Screens

7c - Occupational Therapy 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 Screens

7c - Occupational Therapy Services -Page 4

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 Screens

7d - Physician Specialist Services – Page 1

Physician Specialist Services (7d) - Medicare

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Yes

No

MOOP amount \$

Periodicity

Is there a coinsurance? *

Yes

Yes with a min & max

No

Minimum coinsurance

Maximum coinsurance

Is there a copayment? *

Yes

Yes with a min & max

No

Minimum copayment \$ 35.00

Maximum copayment \$ 35.00

Is there a deductible? *

Yes

No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

7d - Physician Specialist 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 Screens

7d - Physician Specialist Services – Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

7d - Physician Specialist Services – Page 4

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 Screens

7e - Mental Health Specialty Services

Mental Health Specialty Services (7e) - 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 *

\$ 40.00

Periodicity *

Other, Describe ▾

Description *

sample description

18/300 characters

Is there a deductible? ⓘ *

Yes

No

+ Add Notes

CloseSave and CloseSave and Next

CY 2027 PBP Data Entry System Screens

7e1 - Individual Sessions for Mental Health Specialty Services - Page 1

Individual Sessions for Mental Health Specialty Services(7e1)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

7e1 - Individual Sessions for Mental Health Specialty 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 Screens

7e1 - Individual Sessions for Mental Health Specialty 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 Screens

7e1 - Individual Sessions for Mental Health Specialty Services - Page 4

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 Screens

7e2 - Group Sessions for Mental Health Specialty Services - Page 1

Group Sessions for Mental Health Specialty Services(7e2)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

CY 2027 PBP Data Entry System Screens

7e2 - Group Sessions for Mental Health Specialty 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 Screens

7e2 - Group Sessions for Mental Health Specialty 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 Screens

7e2 - Group Sessions for Mental Health Specialty Services – Page 4

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 Screens

7f - Podiatry Services -Page 1

Podiatry Services(7f)

Plan Characteristics

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

☒ Yes ☐ No

MOOP amount

Periodicity

Is there a medicare covered coinsurance?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum coinsurance Maximum coinsurance

Is there a medicare covered copayment?

☐ Yes ☒ Yes with a min & max ☐ No

Minimum copayment Maximum copayment

Is there a medicare covered deductible?

☒ Yes ☐ No

CY 2027 PBP Data Entry System Screens

7f - Podiatry 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 Screens

7f - Podiatry 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 Screens

7f - Podiatry Services -Page 4

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 Screens

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

Podiatry Services: Routine Foot Care (7f) - Non-Medicare

Is this benefit unlimited? *

Yes

No

Is there a maximum plan benefit coverage amount? *

Yes

No

Maximum amount *

\$ 1000.00

Periodicity *

Other, Describe

Description *

Describe other

14/300 characters

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?

CY 2027 PBP Data Entry System Screens

7f - Podiatry Services -Routine Foot 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 Screens

7f - Podiatry Services -Routine Foot 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

CY 2027 PBP Data Entry System Screens

7f - Podiatry Services -Routine Foot Care -Page 4

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 Screens

7g - Other Health Care Professional -Page 1

Other Health Care Professional(7g)

Plan Characteristics

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

Yes

No

MOOP amount

\$500

Periodicity

6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Is there a deductible?

Yes

No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

7g - Other Health Care Professional -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 Screens

7g - Other Health Care Professional -Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 4

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 Screens

7h - Psychiatric Services

Psychiatric Services(7h)

Plan Characteristics

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

☒ Yes ☐ No

MOOP amount

Periodicity

Is there a deductible?

☒ Yes ☐ No

Deductible amount

CY 2027 PBP Data Entry System Screens

7h1 - Individual Sessions for Psychiatric Services - Page 1

Individual Sessions for Psychiatric Services(7h1)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

7h1 - Individual Sessions for Psychiatric 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 Screens

7h1 - Individual Sessions for Psychiatric 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 Screens

7h1 - Individual Sessions for Psychiatric Services - Page 4

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 Screens

7h2 - Group Sessions for Psychiatric Services – Page 1

Group Sessions for Psychiatric Services(7h2)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

7h2 - Group Sessions for Psychiatric 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 Screens

7h2 - Group Sessions for Psychiatric 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 Screens

7h2 - Group Sessions for Psychiatric Services - Page 4

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 Screens

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

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

Plan Characteristics

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

Yes

No

MOOP amount *

\$

Periodicity *

You must include total cost sharing to the beneficiary, including any facility cost sharing.

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

Authorization required for this benefit?

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

7i - Physical Therapy and Speech-Language Pathology 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 Screens

7i - Physical Therapy and Speech-Language Pathology 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 Screens

7i - Physical Therapy and Speech-Language Pathology Services - Page 4

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 Screens

7j - Additional Telehealth Benefits - Page 1

Psychiatric Services(7h) - Completed

Individual Sessions for Psychiatric Services (7h1) - Completed

Group Sessions for Psychiatric Services (7h2) - Completed

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

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

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

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

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

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1) - Not Started

Additional Telehealth Benefits (7j)

Plan Characteristics

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

Yes

No

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

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Chiropractic Services(7b)
Skilled Nursing Facility (SNF)(2)	<	Individual Sessions for Outpatient Substance Abuse(9c1)
Cardiac Rehabilitation Services(3-1)	<<	Nursing Home Services(13h6)
Intensive Cardiac Rehabilitation Services(3-2)		Glaucoma Screening(14e1)
Pulmonary Rehabilitation Services(3-3)		

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

Yes

No

MOOP amount
\$500

Periodicity
6 Months

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

7j - Additional Telehealth Benefits - Page 2

^ Psychiatric Services(7h) - Completed

Individual Sessions for Psychiatric Services (7h1) - Completed

Group Sessions for Psychiatric Services (7h2) - Completed

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

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

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

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

Additional Telehealth Benefits (7j)
In Process

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1) - Not Started

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance 4%

Maximum coinsurance 8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment \$400

Maximum copayment \$400

Is there a deductible?

Yes No

Deductible amount \$400

Authorization required for this benefit?

Yes

Referral required for this benefit?

No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

7j - Additional Telehealth Benefits - Page 3

^ Psychiatric Services(7h) - **Completed**

Individual Sessions for Psychiatric Services (7h1) - **Completed**

Group Sessions for Psychiatric Services (7h2) - **Completed**

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

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

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

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

Additional Telehealth Benefits (7j)
In Process

Opioid Treatment Program Services(7k) - Not Started

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

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

Diagnostic Procedures/Tests(8a1) - Not Started

Minimum coinsurance _____
4%

Maximum coinsurance _____
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment _____
\$400

Maximum copayment _____
\$400

Is there a deductible?

Yes No

Deductible amount _____
\$400

Authorization required for this benefit?
Yes

Referral required for this benefit?
No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

7k - Opioid Treatment Program Services - Page 1

^ Psychiatric Services(7h) - **Completed**

Individual Sessions for Psychiatric Services (7h1) - **Completed**

Group Sessions for Psychiatric Services (7h2) - **Completed**

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

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

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

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

Additional Telehealth Services(7j) - Not Started

Opioid Treatment Program Services(7k) - In Process

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

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

Diagnostic Procedures/Tests(8a1) - Not Started

Opioid Treatment Program Services(7k)

Plan Characteristics

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

Yes

No

MOOP amount

\$500

Periodicity

6 Months

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

Is there a deductible?

Yes

No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

7k - Opioid Treatment Program 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

CY 2027 PBP Data Entry System Screens

7k - Opioid Treatment Program 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 Screens

7k - Opioid Treatment Program Services - Page 4

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 Screens

8a - Diagnostic Procedures /Tests/Lab Services

Inpatient Hospital Psychiatric(1b) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - Completed

Emergency/Urgently Needed Services(4) - Completed

Partial Hospitalization(5) - Completed

Home Health Services(6) - Completed

Health Care Professional Services(7) - Completed

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

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

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

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - Completed

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

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

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Yes

No

You must include total cost sharing for the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay. Ensure the cost sharing range does not include cost sharing for Medicare-covered preventive services that are included in 14a and 14e

Is there a copayment? ⓘ *

Yes

No

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

Yes

No

Is there a deductible? ⓘ *

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests -Page 1

Diagnostic Procedures/Tests(8a1)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests - 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 Screens

8a1 - Diagnostic Procedures /Tests - 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 Screens

8a1 - Diagnostic Procedures /Tests - Page 4

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 Screens

8a2 - Lab Services - Page 1

Lab Services(8a2)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

8a2 - Lab 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 Screens

8a2 - Lab 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 Screens

8a2 - Lab Services -Page 4

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 Screens

8b - Outpatient Diagnostic /Therapeutic Radiological Services

Health Care Professional Services(7) - In Progress

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

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

Diagnostic Procedures/Tests(8a1) - In Progress

Lab Services(8a2) - In Progress

Outpatient Diagnostic/Therapeutic Radiological Services(8b) - In Progress

Diagnostic Radiological Services(8b1) - In Progress

Therapeutic Radiological Services(8b2) - In Progress

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

Outpatient Services(9) - In Progress

Ambulance/Transportation Services(10) - In Progress

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

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

Updated by STE TESTER on 11/30/2024 2:03:30 PM EST

Enhanced Benefits are not applicable for this Service Category.

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

Yes

No

Is there a copayment? ⓘ

Yes

No

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

Yes

No

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.
Ensure the cost sharing range does not include cost sharing for Medicare-covered preventive services that are included in 14a and 14e.

Is there a deductible? ⓘ *

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services - Page 1

Diagnostic Radiological Services(8b1)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Maximum per visit amount

\$50

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

8b1 - Diagnostic Radiological 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 Screens

8b1 - Diagnostic Radiological 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 Screens

8b1 - Diagnostic Radiological Services -Page 4

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 Screens

8b2 - Therapeutic Radiological Services -Page 1

Plan ID / Segment ID

✕

Therapeutic Radiological Services(8b2)

Plan Characteristics

Is there a coinsurance?

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Minimum copayment
\$400

Maximum copayment
\$400

CY 2027 PBP Data Entry System Screens

8b2 - Therapeutic Radiological 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 Screens

8b2 - Therapeutic Radiological 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 Screens

8b2 - Therapeutic Radiological Services - Page 4

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 Screens

8b3 - Outpatient X-Ray Services - Page 1

Outpatient X-Ray Services(8b3)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

8b3 - Outpatient X-Ray 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 Screens

8b3 - Outpatient X-Ray 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 Screens

8b3 - Outpatient X-Ray Services -Page 4

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 Screens

9a1 - Outpatient Hospital Services -Page 1

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Progress

Outpatient Hospital Services(9a1) - In Progress

Observation Services(9a2) - Not Started

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

Outpatient Substance Abuse(9c) - Not Started

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) - Not Started

Outpatient Hospital Services(9a1)

Plan Characteristics

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

Yes No

MOOP amount

\$500

Periodicity

6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment

\$400

Maximum copayment

\$400

Is there a deductible?

Yes No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

9a1 - Outpatient Hospital 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

CY 2027 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 3

Is there a copayment? ⓘ *

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is there a deductible? ⓘ *

Deductible amount ⓘ *

\$

Out-of-Network Notes *

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services - Page 4

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 Screens

9a2 - Observation Services - Page 1

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

Outpatient Services(9) - In Progress

Outpatient Hospital Services(9a) - In Process

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - In Progress

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

Outpatient Substance Abuse(9c) - Not Started

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) - Not Started

Observation Services(9a2)

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

Yes No

MOOP amount
\$500

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

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

Periodicity
Per day

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

9a2 - Observation 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

CY 2027 PBP Data Entry System Screens

9a2 - Observation 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 Screens

9a2 - Observation Services - Page 4

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 Screens

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

Progress

^ Outpatient Services(9) - In Progress

^ Outpatient Hospital Services(9a) - In Progress

Outpatient Hospital Services(9a1) - In Progress

Observation Services(9a2) - In Progress

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

^ Outpatient Substance Abuse(9c) - In Progress

Outpatient Blood Services(9d) - In Progress

^ Ambulance/Transportation Services(10) - In Progress

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

Dialysis Services(12) - In Progress

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

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

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

Yes No

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

☐ Covered under outpatient hospital services category (9a)

☐ Plan-specified amount per period

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

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

9b - Ambulatory Surgical Center (ASC) 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

CY 2027 PBP Data Entry System Screens

9b - Ambulatory Surgical Center (ASC) 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 Screens

9b - Ambulatory Surgical Center (ASC) Services – Page 4

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 Screens

9c - Outpatient Substance Abuse

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

Outpatient Services(9) - In Progress

^ Outpatient Hospital Services(9a) - In Progress

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - Completed

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

Outpatient Substance Abuse(9c) - In Progress

Outpatient Substance Abuse(9c)

Plan Characteristics

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

Yes

No

Select the maximum enrollee out-of-pocket cost type

☒ Covered under outpatient hospital services category(9a)

☐ Plan-specified amount per period

MOOP amount

\$500

Periodicity

6 Months

CY 2027 PBP Data Entry System Screens

9c1 - Individual Sessions for Outpatient Substance Abuse -Page 1

Individual Sessions for Outpatient Substance Abuse(9c1)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

9c1 - Individual Sessions for Outpatient Substance Abuse -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 Screens

9c1 - Individual Sessions for Outpatient Substance Abuse -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 Screens

9c1 - Individual Sessions for Outpatient Substance Abuse - Page 4

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 Screens

9c2 - Group Sessions for Outpatient Substance Abuse – Page 1

Group Sessions for Outpatient Substance Abuse(9c2)

Plan Characteristics

Is there a coinsurance?

Yes

Yes with a min & max

No

Minimum coinsurance

4%

Maximum coinsurance

8%

Is there a copayment?

Yes

Yes with a min & max

No

Minimum copayment

\$400

Maximum copayment

\$400

CY 2027 PBP Data Entry System Screens

9c2 – Group Sessions for Outpatient Substance Abuse -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 Screens

9c2 – Group Sessions for Outpatient Substance Abuse -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 Screens

9c2 – Group Sessions for Outpatient Substance Abuse - Page 4

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 Screens

9d - Outpatient Blood Services – Page 1

^ Outpatient Services(9) - Completed

^ Outpatient Hospital Services(9a) - Completed

Outpatient Hospital Services(9a1) - Completed

Observation Services(9a2) - Completed

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

^ Outpatient Substance Abuse(9c) - Completed

Outpatient Blood Services(9d) - Completed

^ Ambulance/Transportation Services(10) - In Progress

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

Dialysis Services(12) - Completed

^ Other Supplemental Services(13) - Completed

^ Preventive and Other Defined Supplemental Services(14) - Completed

^ Medicare Part B Rx Drugs(15) - Completed

Outpatient Blood Services (9d) - Medicare ⓘ

Plan Characteristics

If blood is given as a part of an inpatient hospital stay, the cost sharing for the blood should be included in the inpatient hospital cost sharing.

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 *
\$

Do you waive the deductible for the first three pints of blood? *

Yes

No

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

9d - Outpatient Blood 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

CY 2027 PBP Data Entry System Screens

9d - Outpatient Blood 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 Screens

9d - Outpatient Blood Services – Page 4

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 Screens

10a - Ambulance Services

Emergency/Urgently Needed Services(4) - In Progress

Partial Hospitalization/Intensive Outpatient Program Services(5) - Not Started

Home Health Services(6) - In Progress

Health Care Professional Services(7) - In Progress

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

Outpatient Services(9) - In Progress

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - In Progress

Ground Ambulance Services(10a1) - In Progress

Air Ambulance Services(10a2) - In Progress

Ambulance Services (10a) - Medicare ⓘ

[Plan Characteristics](#)

Enhanced Benefits are not applicable for this Service Category.

Is there a coinsurance? *

Yes

No

Is this Coinsurance waived if admitted to hospital? *

Yes

No

Is there a copayment? *

Yes

No

Is this Copayment waived if admitted to hospital? *

Yes

No

Notes

0/2000 characters

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page 1

Outpatient Services(9) -Completed

Ambulance/Transportation Services(10) -
In Progress

Ambulance Services(10a) -
Completed

Ground Ambulance Services(10a1) -
In Process

Air Ambulance Services(10a2) -
Not Started

Transportation Services(10b) -
In Progress

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

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

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

Dialysis Services(12) -Not Started

Ground Ambulance Services(10a1)

Plan Characteristics

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

Yes No

MOOP amount
\$500

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page-2

▼ Outpatient Services(9) - In Progress

^ Ambulance/Transportation Services(10) - In Progress

^ Ambulance Services(10a) - In Progress

Ground Ambulance Services(10a1) - In Progress

Air Ambulance Services(10a2) - In Progress

▼ Transportation Services(10b) - Not Started

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

Dialysis Services(12) - Not Started

▼ Other Supplemental Services(13) - In Progress

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

Authorization required for non-emergency Medicare services?

Yes

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

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

10a1 - Ground Ambulance 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 Screens

10a1 - Ground Ambulance Services -Page-4

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 Screens

10a2 - Air Ambulance Services -Page 1

Outpatient Services(9) -Completed

Ambulance/Transportation Services(10) -In Progress

Ambulance Services(10a) -Completed

Ground Ambulance Services(10a1) -Completed

Air Ambulance Services(10a2) -In Process

Transportation Services(10b) -In Progress

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

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

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

Dialysis Services(12) -Not Started

Air Ambulance Services(10a2)

Plan Characteristics

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

Yes No

MOOP amount
\$500

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance
4%

Maximum coinsurance
8%

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment
\$400

Maximum copayment
\$400

Is there a deductible?

Yes No

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

10a2 - Air Ambulance Services -Page 2

Authorization required for non-emergency Medicare services?

Yes

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

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

10a2 - Air Ambulance 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 Screens

10a2 - Air Ambulance Services -Page 4

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 Screens

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

Outpatient Services(9) -Completed

Ambulance/Transportation Services(10) -
In Progress

Ambulance Services(10a) -
Completed

Ground Ambulance Services(10a1) -
Completed

Air Ambulance Services(10a2) -
Completed

Transportation Services(10b) -
In Progress

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

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

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

Dialysis Services(12) -Not Started

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

Plan Characteristics

Is this benefit unlimited?

YesNo

Indicate number of trips

10

Periodicity

6 Months

Select type of transportation:

Type of transportation

Type 1

Indicate number of days

2

Select Mode of Transportation

☒ Taxi

☒ Rideshare services

☐ Bus/Subway

☒ Van

☒ Medical Transport

☐ Other

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

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

Outpatient Services(9) - In Progress

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - In Progress

Ground Ambulance Services(10a1) - In Progress

Air Ambulance Services(10a2) - In Progress

Transportation Services(10b) - Not Started

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

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

Dialysis Services(12) - Not Started

Other Supplemental Services(13) - In Progress

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

Medicare Part B Rx Drugs(15) - Not Started

Dental(16) - Not Started

Eye Exams/Eyewear(17) - Not Started

☐ Other, Describe

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

Yes

No

MOOP amount *

\$

Periodicity *

Is there a service specific maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage 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 Screens

10b1 - Transportation Services -Plan Approved Health-related Location -Page 3

Is there a deductible? ⓘ *

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? *

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 Screens

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

CY 2027 PBP Data Entry System Screens

10b1 - Transportation Services -Plan Approved Health-related Location -Page 5

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 Screens

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

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

Outpatient Services(9) - In Progress

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - In Progress

Ground Ambulance Services(10a1) - In Progress

Air Ambulance Services(10a2) - In Progress

Transportation Services(10b) - Not Started

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

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

Dialysis Services(12) - Not Started

Other Supplemental Services(13) - In Progress

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

Medicare Part B Rx Drugs(15) - Not Started

Dental(16) - Not Started

Eye Exams/Evewear(17) - Not Started

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

Plan Characteristics

Is this benefit unlimited? *

Yes

No

Indicate number of trips *

10

Periodicity *

Other, Describe

Description *

Describe frequency

18/300 characters

Type of transportation *

Other, Describe

Description *

Describe transportation

23/300 characters

Select Mode of Transportation *

Taxi

Ride/Share services

Bus/Subway

Van

Medical Transport

☒ Other, Describe

Description *

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

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

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

Outpatient Services(9) - In Progress

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - In Progress

Ground Ambulance Services(10a1) - In Progress

Air Ambulance Services(10a2) - In Progress

Transportation Services(10b) - Not Started

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

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

Dialysis Services(12) - Not Started

Other Supplemental Services(13) - In Progress

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

Medicare Part B Rx Drugs(15) - Not Started

Dental(16) - Not Started

Eye Exams/Eventwear(17) - Not Started

☒ Other, Describe

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 service specific maximum plan benefit coverage amount? *

Yes

No

Maximum plan benefit coverage 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 Screens

10b2 - Transportation Services -Any Health-Related Location -Page 3

Is there a deductible? ⓘ *

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? *

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 Screens

10b2 - Transportation Services -Any Health-Related Location -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

CY 2027 PBP Data Entry System Screens

10b2 - Transportation Services -Any Health-Related Location -Page 5

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