

# CY 2027 PBP Data Entry System Screens

## Plan Benefit Package Landing Page

HPMS

Health Plan Management System

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Plan Benefit Package

HPMS > Plan Bids > Plan Benefit Package > PBP CY 2027

Dashboard

Plan Benefit Packages

PBP CY 2027

PBP CY 2026

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Documentation

Plan Benefit Package

Contract ID \*  
Z0001 - Sample Contract

Plan ID \*  
01 - Sample Plan Z0001-001 (HMO)

Section	Status	Last Updated At	Last Updated By
PBP	In Progress	9/3/2025 5:10:58 PM EDT	Test TESTER
<a href="#">Plan Characteristics</a>	In Progress	9/3/2025 5:09:26 PM EDT	Test TESTER
<a href="#">Standard Bid</a>	In Progress	9/3/2025 5:09:25 PM EDT	Test TESTER
<a href="#">Benefit Offerings</a>	In Progress	9/3/2025 5:09:25 PM EDT	Test TESTER
<a href="#">Plan Level Cost Sharing</a>	In Progress	9/3/2025 5:09:26 PM EDT	Test TESTER
<a href="#">Prior Authorization &amp; Referral</a>	In Progress	9/3/2025 5:09:25 PM EDT	Test TESTER
<a href="#">Visitor Travel</a>	In Progress	9/3/2025 5:09:25 PM EDT	Test TESTER
<a href="#">Cost Share Groups</a>	In Progress	9/3/2025 5:09:26 PM EDT	Test TESTER
<a href="#">MA Uniformity, SSBCI</a>	In Progress	9/3/2025 5:09:26 PM EDT	Test TESTER
<a href="#">Benefit Details</a>	In Progress	9/3/2025 5:09:25 PM EDT	Test TESTER
<a href="#">Rx</a>	In Progress	9/3/2025 5:10:58 PM EDT	Test TESTER

About HPMS | Website Accessibility | Web Policies | File Formats and Plug-ins | Rules of Behavior | System Requirements | UX Framework v18.0.5

CMS

## Plan Characteristics – Page 1

Plan Characteristics - In Progress

Standard Bid - Not Started

Benefit Offerings - Not started

Plan Level Cost Share - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Plan Characteristics

View Service Areas

General Information

Organization Legal Name

Example legal name of the Organization

Segment Name

West Dallas

Organization Marketing Name

Example marketing name of the Organization

Plan Geographic Name

North Texas

Organization Type

Sample Organization Type

Plan Details

Plan Type

Sample Plan Type

Does this plan offer Prescription drugs (Rx)?

Yes

Is this a network plan?

Full Network Plan

Does this plan offer Point of Service (POS)?

Yes

Is this an Employer-Only plan?

No

Does this plan offer Out of Network services (OON)?

No

Special Needs Plan (SNP)

Is this a SNP?

Yes

Chronic or Disabling Conditions

Diabetes, Dialysis services, Recurring dialysis

SNP Type

D-SNP

SNP Institutional Type

N/A

Close

Save and Close

Save and Next

## CY 2027 PBP Data Entry System Screens

### Plan Characteristics – Page 2

Plan Characteristics - **In Progress**

Standard Bid - Not Started

▼ Benefit Offerings - Not started

Plan Level Cost Share - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

▼ Cost Share Groups - Not started

Does this D-SNP offer Medicare zero-dollar cost sharing (not applicable to Part D)?

Yes

Under this D-SNP, has the state agreed to cover all Medicare premiums and cost sharing for enrollees in your D-SNP?

YesNo

Plan Attributes

Select the enrollee type:

Part A & Part BPart B Only

Does this plan cover hospice care?

YesNo

Indicate the total projected member months for this plan:

11234

Does this plan have a CMS-approved continuation area?

YesNo

Does this plan have the same cost sharing in the continuation area for the services included?

YesNo

CloseSave and CloseSave and Next

Additional questions related to whether D-SNPs are buying down the nominal Part D low-income payments will be added to this page.

## CY 2027 PBP Data Entry System Screens

### Plan Characteristics – Page 3

Plan Characteristics - In Progress

Standard Bid - Not Started

Benefit Offerings - Not started

Plan Level Cost Share - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Does this plan have the same cost sharing in the continuation area for the services included?

Yes

No

Describe the cost sharing differences for the continuation area

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

555/1000 characters

Does this plan intend to participate in the Platino program?

Yes

No

Point of Service (POS)

Select the POS benefit type:

Mandatory

Optional

Does this POS benefit service the United States and its territories? If no, please briefly describe geographic limitations in the following area.

Yes

No

Notes (POS)

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis

Close

Save and Close

Save and Next

Softtrams

CY2027 PBP – General Setup  
09/05/2025  
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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## CY 2027 PBP Data Entry System Screens

### Plan Characteristics – Page 4

Plan Characteristics - **In Progress**

Standard Bid - Not Started

▼ Benefit Offerings - Not started

Plan Level Cost Share - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

▼ Cost Share Groups - Not started

**Point of Service (POS)**

Select the POS benefit type:

Mandatory

Optional

Does this POS benefit service the United States and its territories? If no, please briefly describe geographic limitations in the following area.

Yes

No

Notes (POS)

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

555/1000 characters

Does this POS benefit include all practitioners who are state-licensed or state-certified and eligible to be paid by Medicare to furnish the services?

Yes

No

+ Add Notes

Close

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

Standard Bid

Plan Characteristics - Completed

Standard Bid - In Progress

Benefit Offerings - Not started

Plan Level Cost Share - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Standard Bid

Does this plan offer a standard bid for In-Network service categories?

Yes

No

Does this plan offer a standard bid for Out-of-Network service categories?

Yes

No

Does this plan offer a standard bid for plan-level deductible and maximum enrollee out-of-pocket cost (MOOP)?

Yes

No

Plan Characteristics

Close

Save and Close

Save and Next

# CY 2027 PBP Data Entry System Screens

## Benefit Offerings – Medicare Services

Benefit Offerings

Plan Characteristics

Medicare Services

Select all the service categories that are being offered under the plan

Collapse All

Services	In-Network (INN)	Point-Of-Service (POS)
		<input type="checkbox"/>
^ Inpatient Hospital Services (1)		
Inpatient Hospital-Acute (1a)	Required	<input type="checkbox"/>
Inpatient Hospital Psychiatric (1b)	Required	<input type="checkbox"/>
Skilled Nursing Facility (SNF) (2)	Required	<input type="checkbox"/>
^ Cardiac and Pulmonary Rehabilitation Services (3)		
Cardiac Rehabilitation Services (3-1)	Required	<input type="checkbox"/>
Intensive Cardiac Rehabilitation Services (3-2)	Required	<input type="checkbox"/>
Pulmonary Rehabilitation Services (3-3)	Required	<input type="checkbox"/>
SET for PAD Services (3-4)	Required	<input type="checkbox"/>
^ Emergency/Urgently Needed Services (4)		

# CY 2027 PBP Data Entry System Screens

## Benefit Offerings – Non-Medicare Services

Benefit Offerings

Plan Characteristics

Non-Medicare Services

Select all the service categories that are being offered under this plan

Collapse All

Services	In-Network (INN)		Point-Of-Service (POS)
	<input type="checkbox"/>	Optional/ Mandatory / Both	<input checked="" type="checkbox"/>
^ Inpatient Hospital Services (1)			
^ Inpatient Hospital-Acute (1a)			
Additional Days for Inpatient Hospital-Acute (1a1)	<input checked="" type="checkbox"/>	Mandatory	
Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)	<input checked="" type="checkbox"/>	Mandatory	
Upgrades for Inpatient Hospital-Acute (1a3)	<input checked="" type="checkbox"/>	Mandatory	
^ Inpatient Hospital Psychiatric (1b)			
Additional Days for Inpatient Hospital Psychiatric (1b1)	<input checked="" type="checkbox"/>	Mandatory	
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)	<input checked="" type="checkbox"/>	Mandatory	
^ Skilled Nursing Facility (SNF) (2)			
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)	<input checked="" type="checkbox"/>	Mandatory	
^ Cardiac and Pulmonary Rehabilitation Services (3)			
Additional Cardiac Rehabilitation Services (3-1)	<input checked="" type="checkbox"/>	Mandatory	<input checked="" type="checkbox"/>
Additional Intensive Cardiac Rehabilitation Services (3-2)	<input checked="" type="checkbox"/>	Mandatory	<input checked="" type="checkbox"/>



# CY 2027 PBP Data Entry System Screens

## Plan Level Cost Sharing – Page 1

Plan Level Cost Sharing

Plan Characteristics

Tiered Cost Sharing

MA plans may choose to tier the cost sharing for contracted providers as an incentive to encourage enrollees to seek care from providers the plan identifies based on efficiency and quality data. The tiered cost sharing must satisfy the following standards

- Enrollees may not be limited to obtaining services from providers/suppliers assigned to a particular tier; and
- All enrollees are charged the same amount for the same service provided by the same provider.

The following are not considered to be tiering of medical benefits when enrollee cost sharing varies based on:

- The facility or place of service in which the service is furnished.
- Which manufacturer (e.g., preferred vendor) the enrollee uses for supplies.
- In-network versus out-of-network services.

Does this plan have tiered cost sharing for Medicare covered services? \*

Yes

No

Select the Medicare-covered benefits that have tiered cost sharing: \*

Available

Search by terms

Cardiac Rehabilitation Services(3-1)

Intensive Cardiac Rehabilitation Services(3-2)

Pulmonary Rehabilitation Services(3-3)

SET for PAD Services(3-4)

Selected

Search by terms

>

>>

<

<<

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## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Page 2

Does this plan have tiered cost sharing for Non-Medicare covered services? \*

☒ Yes ☐ No

Select the Non-Medicare-covered benefits that have tiered cost sharing: \*

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Additional Cardiac Rehabilitation Services(3-1)	>	
Additional Intensive Cardiac Rehabilitation Services(3-2)	>>	
Additional Pulmonary Rehabilitation Services(3-3)	<	
Additional SET for PAD Services(3-4)	<<	
Routine Chiropractic Care(7b1)		
Non-routine Chiropractic Services(7b2)		
Podiatry Services: Routine Foot Care(7f)		
Transportation Services - Any Health-related Location(10b2)		

**Reductions in Cost Sharing**

Does your plan offer Reductions in Cost Sharing? \*

☐ Yes ☒ No

**Combined Supplemental Benefits**

Do you offer Combined Supplemental Benefits? ⓘ \*

☐ Yes ☐ No

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Page 3

Additional Pulmonary Rehabilitation Services(3-3)	>	
Additional SET for PAD Services(3-4)	>>	
Routine Chiropractic Care(7b1)	<	
Podiatry Services: Routine Foot Care(7f)	<<	
Transportation Services - Plan Approved Health-related Location(10b1)		
Acupuncture Treatments(13a)		
Over-the-Counter (OTC) Items(13h)		

---

**Reductions in Cost Sharing**  
Does your plan offer Reductions in Cost Sharing? \*

---

**Combined Supplemental Benefits**  
Do you offer Combined Supplemental Benefits? ⓘ \*

---

**Point of Service (POS)**  
Is there a POS maximum plan benefit coverage? \*

POS Maximum amount \*  
\$ 5.00

---

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Page 4

**Point of Service (POS)**

Is there a POS maximum plan benefit coverage? ⓘ \*

☒ Yes ☐ No

POS Maximum amount ⓘ

Periodicity ⓘ

Is there Medicare-covered benefits that apply to the Maximum Plan Benefit Coverage Amount? \*

☒ Yes ☐ No

Select the Medicare-covered benefits that have POS maximum plan benefit coverage: \*

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	>	
Inpatient Hospital Psychiatric(1b)	>>	
Skilled Nursing Facility (SNF)(2)	<	
Cardiac Rehabilitation Services(3-1)	<<	
Intensive Cardiac Rehabilitation Services(3-2)		
Pulmonary Rehabilitation Services(3-3)		
SET for PAD Services(3-4)		

Is there Non-Medicare-covered benefits that apply to the Maximum Plan Benefit Coverage Amount? \*

☒ Yes ☐ No

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Page 5

SET for PAD Services(3-4)

Partial Menstruation(F)

Is there Non-Medicare-covered benefits that apply to the Maximum Plan Benefit Coverage Amount? \*

Select the Non-Medicare-covered benefits that have POS maximum plan benefit coverage: \*

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Additional Cardiac Rehabilitation Services(3-1)	>	
Additional Intensive Cardiac Rehabilitation Services(3-2)	>>	
Additional Pulmonary Rehabilitation Services(3-3)	<	
Additional SET for PAD Services(3-4)	<<	
Routine Chiropractic Care(7b1)		
Podiatry Services: Routine Foot Care(7f)		

Does this plan have a POS deductible? \*

POS Deductible Amount \*

\$

+ Add Notes

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Plan Deductible – Page 1

Plan Characteristics

#### Annual Plan Deductible

Does this plan have an In-Network plan deductible? ⓘ \*

☒ Yes ☐ No

Does this plan charge the Medicare-defined Part B deductible amount? \*

☐ Yes ☒ No

In-Network Deductible Amount \*

\$

Select the Service Categories that apply to the In-Network Deductible:

☒ In-Network Medicare-covered benefits

Does the In-Network Deductible apply to all In-Network Medicare-covered plan services? \*

☐ Yes ☒ No

☒ In-Network Non-Medicare-covered benefits

Does the In-Network Deductible apply to all In-Network Non-Medicare-covered plan services? \*

☐ Yes ☒ No

---

Does this plan have an Out-of-Network Network plan deductible? \*

☒ Yes ☐ No

Does this plan charge the Medicare-defined Part B deductible amount? \*

☐ Yes ☒ No

Out-of-Network Deductible Amount \*

\$

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Plan Deductible – Page 2

Does this plan have an Out-of-Network Network plan deductible? \*

☒ Yes ☐ No

Does this plan charge the Medicare-defined Part B deductible amount? \*

☐ Yes ☒ No

Out-of-Network Deductible Amount \*

\$

Select the Service Categories that apply to the Out-Of-Network Deductible:

☒ Out-of-Network Medicare-covered benefits

Does the Out-of-Network Deductible apply to all Out-of-Network Medicare-covered plan services? \*

☐ Yes ☒ No

☒ Out-of-Network Non-Medicare-covered benefits

Does the Out-of-Network Deductible apply to all Out-of-Network Non-Medicare-covered plan services? \*

☐ Yes ☒ No

---

Does this plan have a combined (In-Network and Out-of-Network) deductible? \*

☒ Yes ☐ No

Does this plan charge the Medicare-defined Part B deductible amount? \*

☐ Yes ☒ No

Combined Deductible Amount <sup>①</sup>

\$

Select the Service Categories that apply to the Combined Deductible:

☒ In-Network Medicare-covered benefits

Does the Combined Deductible apply to all In-Network Medicare-covered plan services? \*

# CY 2027 PBP Data Entry System Screens

## Plan Level Cost Sharing – Plan Deductible – Page 3

Select the Service Categories that apply to the Combined Deductible:

☒ In-Network Medicare-covered benefits

Does the Combined Deductible apply to all In-Network Medicare-covered plan services? \*

☐ Yes ☒ No

☒ In-Network Non-Medicare-covered benefits

Does the Combined Deductible apply to all In-Network Non-Medicare-covered plan services? \*

☐ Yes ☒ No

☒ Out-of-Network Medicare-covered benefits

Does the Combined Deductible apply to all Out-of-Network Medicare-covered plan services? \*

☐ Yes ☒ No

☒ Out-of-Network Non-Medicare-covered benefits

Does the Combined Deductible apply to all Out-of-Network Non-Medicare-covered plan services? \*

☐ Yes ☒ No

---

**Medicare Services**

Select the Medicare service categories that are subject to each plan-level deductible type:

Services	In-Network	Combined In-Network	Combined Out-Of-Network	Out-of-Network
▼ Inpatient Hospital Services (1)				
Inpatient Hospital-Acute (1a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Hospital Psychiatric (1b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility (SNF) (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▼ Cardiac and Pulmonary Rehabilitation Services (3)				



## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Plan Deductible – Page 4

**Medicare Services**  
Select the Medicare service categories that are subject to each plan-level deductible type:

Services	In-Network	Combined In-Network	Combined Out-Of-Network	Out-of-Network
▼ Inpatient Hospital Services (1)				
Inpatient Hospital-Acute (1a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Hospital Psychiatric (1b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility (SNF) (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▼ Cardiac and Pulmonary Rehabilitation Services (3)				
Cardiac Rehabilitation Services (3-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Cardiac Rehabilitation Services (3-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary Rehabilitation Services (3-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SET for PAD Services (3-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Services (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▼ Health Care Professional Services (7)				
Primary Care Physician Services (7a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At least one service category must be selected for In-Network Deductible.

**Non-Medicare Services**  
Select the Non-Medicare service categories that are subject to each plan-level deductible type:

Services	In-Network	Combined In-Network	Combined Out-Of-Network	Out-of-Network
▼ Inpatient Hospital Services (1)				
▼ Inpatient Hospital-Acute (1a)				
Additional Days for Inpatient Hospital-Acute (1a1)	<input type="checkbox"/>	<input type="checkbox"/>		

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Plan Deductible – Page 5

**Non-Medicare Services**

Select the Non-Medicare service categories that are subject to each plan-level deductible type:

Services	In-Network	Combined In-Network	Combined Out-Of-Network	Out-of-Network
~ Inpatient Hospital Services (1)				
~ Inpatient Hospital-Acute (1a)				
Additional Days for Inpatient Hospital-Acute (1a1)	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)	<input type="checkbox"/>	<input type="checkbox"/>		
Upgrades for Inpatient Hospital-Acute (1a3)	<input type="checkbox"/>	<input type="checkbox"/>		
~ Inpatient Hospital Psychiatric (1b)				
Additional Days for Inpatient Hospital Psychiatric (1b1)	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)	<input type="checkbox"/>	<input type="checkbox"/>		
~ Skilled Nursing Facility (SNF) (2)				
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)	<input type="checkbox"/>	<input type="checkbox"/>		
~ Cardiac and Pulmonary Rehabilitation Services (3)				
Additional Cardiac Rehabilitation Services (3-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Intensive Cardiac Rehabilitation Services (3-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Pulmonary Rehabilitation Services (3-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At least one service category must be selected for In-Network Deductible.

[+ Add Notes](#)

# CY 2027 PBP Data Entry System Screens

## Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 1

**Max Enrollee Cost Limit**  
Updated by STE TESTER on 12/1/2023 12:38:45 PM EST

Plan Characteristics

**Maximum Enrollee Out-of-Pocket (MOOP)**  

All MA plans must have a maximum out-of-pocket (MOOP) that covers all A/B services. For a list of the Lower, Intermediate and Mandatory Limits, please click on the "Plan Characteristics" button to view the MOOP Threshold limits.

Note for D-SNPs: For purposes of submitting bids to CMS, D-SNPs must include Parts A, B, and Part D Medicare services in the PBP, along with approved optional and mandatory supplemental benefits. No Medicaid benefits may be included in the PBP. D-SNPs have the flexibility to establish \$0 as the MOOP amount, thereby guaranteeing there is no cost sharing for plan enrollees, including those who are liable for Medicare cost sharing. Otherwise, if the D-SNP does charge cost sharing for Medicare-covered services (or non-covered), it must track enrollees' out-of-pocket spending and it is up to the plan to develop the process and vehicle for doing so.

Note: For Regional PPOs, all Medicare Part A/B services must be included in the Maximum Enrollee Out-of-Pocket Cost.

Does this plan have an In-Network MOOP? \*

Yes

No

What type of In-Network MOOP does your plan offer? \*

Lower

Intermediate

Mandatory

In Network MOOP Amount \*

\$

Select the Service Categories that apply to the In-Network Maximum Enrollee Out-of-Pocket cost:

☒ In-Network Medicare-covered benefits

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? \*

Yes

No

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 2

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? \*

☒ Yes ☐ No

☒ In-Network Non-Medicare-covered benefits

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services? \*

☒ Yes ☐ No

---

Does this plan have an Out-of-Network MOOP? \*

☒ Yes ☐ No

Out-of-Network MOOP Amount \* \_\_\_\_\_

\$ \_\_\_\_\_

Select the Service Categories that apply to the Out-of-Network Maximum Enrollee Out-of-Pocket cost:

☒ Out-of-Network Medicare-covered benefits

Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost Amount apply to all the Out-of-Network Medicare-covered plan services? \*

☒ Yes ☐ No

☒ Out-of-Network Non-Medicare-covered benefits

Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost Amount apply to all the Out-of-Network Non-Medicare-covered plan services? \*

☒ Yes ☐ No

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 3

Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost Amount apply to all the Out-of-Network Non-Medicare-covered plan services? \*

☒ Yes ☐ No

---

Does this plan have an Combined (In-Network and Out-of-Network) MOOP? \*

☒ Yes ☐ No

What type of Combined (In-Network and Out-of-Network) MOOP does your plan offer? \*

☐ Lower ☒ Intermediate ☐ Mandatory

Combined (In-Network and Out-of-Network) MOOP Amount \$

Select the Service Categories that apply to the Combined Maximum Enrollee Out-of-Pocket cost:

☒ In-Network Medicare-covered benefits

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? \*

☒ Yes ☐ No

☒ In-Network Non-Medicare-covered benefits

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services? \*

☒ Yes ☐ No

☒ Out-of-Network Medicare-covered benefits

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services? \*

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 4

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services? \*

☒ Yes ☐ No

☒ Out-of-Network Non-Medicare-covered benefits

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services? \*

☒ Yes ☐ No

---

**Medicare Services**

Select the Medicare service categories that are subject to each MOOP type:

Services	In Network	Combined In-Network	Combined Out-Of-Network	Out of Network
▼ Inpatient Hospital Services (1)				
Inpatient Hospital-Acute (1a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inpatient Hospital Psychiatric (1b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility (SNF) (2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▼ Cardiac and Pulmonary Rehabilitation Services (3)				
Cardiac Rehabilitation Services (3-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive Cardiac Rehabilitation Services (3-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pulmonary Rehabilitation Services (3-3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SET for PAD Services (3-4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▼ Emergency/Urgently Needed Services (4)				

# CY 2027 PBP Data Entry System Screens

## Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 5

Urgently Needed Services (4h)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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Select the benefits that apply to the Out-of-Network Maximum Enrollee Out-of-Pocket cost.

**Non-Medicare Services**

Select the Non-Medicare service categories that are subject to each MOOP type:

Services	In Network	Combined In-Network	Combined Out-Of-Network	Out of Network
▼ Inpatient Hospital Services (1)				
▼ Inpatient Hospital-Acute (1a)				
Additional Days for Inpatient Hospital-Acute (1a1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Upgrades for Inpatient Hospital-Acute (1a3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
▼ Inpatient Hospital Psychiatric (1b)				
Additional Days for Inpatient Hospital Psychiatric (1b1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
▼ Skilled Nursing Facility (SNF) (2)				
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
▼ Cardiac and Pulmonary Rehabilitation Services (3)				
Additional Cardiac Rehabilitation Services (3-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Select the benefits that apply to the Out-of-Network Maximum Enrollee Out-of-Pocket cost.

[+ Add Notes](#)

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Max Enrollee Cost Limit – Page 6

Plan Characteristics - Completed	<b>MSA Annual Deductible/Deposit</b>
Standard Bid - Completed	Are you using any of your plan's MA rebates to reduce the Part B Premium?
Benefit Offerings - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Plan Level Cost Share - In Progress</b>	Indicate the Part B Premium reduction amount <input type="text" value="\$500"/>
Prior Authorization/Referrals - Not started	Indicate Annual MSA Deductible amount <input type="text" value="\$500"/>
Visitor Travel - Not started	Indicate the Annual amount CMS will deposit into the Enrollee MSA <input type="text" value="\$500"/>
Cost Share Groups - Not started	<b>Point-of-Service (POS)</b>
	Is there a POS maximum enrollee out-of-pocket cost (MOOP)?
	<input checked="" type="radio"/> Yes <input type="radio"/> No
	POS MOOP amount <input type="text" value="\$500"/>
	Periodicity <input type="text" value="6 Months"/>
	Is there a POS maximum plan benefit coverage?
	<input checked="" type="radio"/> Yes <input type="radio"/> No
	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>



# CY 2027 PBP Data Entry System Screens

## Plan Level Cost Sharing – LPPO/RPPO Deductible– Page 1

**Annual Plan Deductible LPPO/RPPO**

Plan Characteristics

LPPO and RPPO plans must include ALL OON Medicare-covered Services in the Deductible; 14a preventive services and 15-1 Medicare Part B Drugs - Insulin may not be included in the In-Network deductible. If the plan chooses to use the Original Medicare amounts, please verify that any differential deductibles that are selected will not exceed the Original Medicare amounts that will be released by CMS in the fall.

Do you offer a Deductible? \*

Yes

No

Select Type \*

Medicare-Defined Part A and B Deductible amount combined as a single deductible

How is your combined Medicare-defined Part A and B Deductible applied? ⓘ

Select Type \*

---

Do you include 14a Medicare-covered Zero Dollar Preventive Services as part of your OON Medicare-covered Services Deductible? \*

Yes

No

Select the Service Categories that apply to your Deductible:

☒ In-Network Medicare-covered benefits

☒ In-Network Non-Medicare-covered benefits

☒ Out-of-Network Non-Medicare-covered benefits

---

Does the Deductible apply to all In-Network Medicare-covered benefits? \*

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – LPPO/RPPO Deductible– Page 2

Does the Deductible apply to all In-Network Medicare-covered benefits? \*

Select all the In-Network Medicare-covered Service Categories to which the Deductible applies \*

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Home Health Services (6)	>	
Primary Care Physician Services (7a)	>>	
Chiropractic Services (7b)	<	
Occupational Therapy Services (7c)	<<	
Physician Specialist Services (7d)		
Individual Sessions for Mental Health Specialty Services (7e1)		

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

Does the Deductible apply to all In-Network Non-Medicare-covered benefits? \*

Select all the In-Network Non-Medicare-covered Service Categories to which the Deductible applies \*

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Additional Days for Inpatient Hospital-Acute (1a1)	>	
Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)	>>	

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – LPPO/RPPO Deductible – Page 3

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

Additional Cardiac Rehabilitation Services (3-1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

Additional Pulmonary Rehabilitation Services (3-3)

<<

Does the Deductible apply to all Out-of-Network Non-Medicare-covered benefits? \*

Yes

No

Select all the Out-Of-Network Non-Medicare-covered Service Categories to which the Deductible applies \*

Available

Search by terms

Additional Cardiac Rehabilitation Services (3-1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

Additional Pulmonary Rehabilitation Services (3-3)

Additional SET for PAD Services (3-4)

Routine Chiropractic Care (7b1)

Podiatry Services: Routine Foot Care (7f)

>

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<<

Selected

Search by terms

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

+ Add Notes

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## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Differential Service Category Deductibles (LPPO/RPPO) – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Share - In Progress

LPPO/RPPO Deductible - In Progress

**Differential Service Category Deductibles - In Progress**

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not started

LPPO/RPPO Max Enrollee Cost Limit - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Plan Characteristics

### Differential Service Category Deductibles

Do you have differential service category-level deductibles in addition to your In-Network Plan-level Deductible?

**Yes** No

Select all the Service Categories to which the Differential Deductible applies:

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Intensive Cardiac Rehabilitation Services(3-2)	>	Inpatient Hospital-Acute(1a)
<b>Pulmonary Rehabilitation Services(3-3)</b>	>>	Inpatient Hospital Psychiatric(1b)
Chiropractic Services(7b)	<	Cardiac Rehabilitation Services(3-1)
Individual Sessions for Outpatient Substance Abuse(9c1)	<<	

#### Differential Deductible Values

Inpatient Hospital-Acute(1a)

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

**Yes** No

Close

Save and Close

Save and Next

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Differential Service Category Deductibles (LPPO/RPPO) – Page 2

Plan Characteristics - <b>Completed</b>	Does this plan's Medicare-covered benefit cost sharing vary by hospital(s) in which an enrollee obtains care? <b>Yes</b> No
Standard Bid - <b>Completed</b>	Number of tiers <b>3</b> Lowest cost tier <b>1</b>
Benefit Offerings - <b>Completed</b>	Tier 1 Deductible Amount <b>\$80</b> Tier 2 Deductible Amount <b>\$80</b> Tier 3 Deductible Amount <b>\$80</b>
Plan Level Cost Share - <b>In Progress</b>	
LPPO/RPPO Deductible - <b>In Progress</b>	
<b>Differential Service Category Deductibles - <b>In Progress</b></b>	<b>Inpatient Hospital Psychiatric(1b)</b>
Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not started	Does this plan's Medicare-covered benefit cost sharing vary by hospital(s) in which an enrollee obtains care? <b>Yes</b> No
LPPO/RPPO Max Enrollee Cost Limit - Not started	Number of tiers <b>3</b> Lowest cost tier <b>1</b>
Prior Authorization/Referrals - Not started	Tier 1 Deductible Amount <b>\$80</b> Tier 2 Deductible Amount <b>\$80</b> Tier 3 Deductible Amount <b>\$80</b>
Visitor Travel - Not started	
Cost Share Groups - Not started	<b>Cardiac Rehabilitation Services(3-1)</b>
	Deductible Amount <b>\$80</b>
	<b>Close Save and Close Save and Next</b>

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Deductible for LPPO/RPPO Mandatory Supplemental Benefits – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Share - In Progress

LPPO/RPPO Deductible - In Progress

Differential Service Category Deductibles - Completed

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - In Progress

LPPO/RPPO Max Enrollee Cost Limit - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Deductible for LPPO/RPPO Mandatory Supplemental Benefits

Plan Characteristics

Do you offer a mandatory enhanced benefit enrollee deductible amount?

Yes No

Select the mandatory enhanced benefits that have an enrollee deductible:

Available

Search by terms

Intensive Cardiac Rehabilitation Services(3-2)

Pulmonary Rehabilitation Services(3-3)

Chiropractic Services(7b)

Individual Sessions for Outpatient Substance Abuse(9c1)

Selected

Search by terms

Inpatient Hospital-Acute(1a)

Inpatient Hospital Psychiatric(1b)

Cardiac Rehabilitation Services(3-1)

Enrollee Deductible Values

Inpatient Hospital-Acute(1a)

Deductible Amount \$80

Inpatient Hospital Psychiatric(1b)

Deductible Amount \$80

Close Save and Close Save and Next

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – Deductible for LPPO/RPPO Mandatory Supplemental Benefits – Page 2

<div>Plan Characteristics - Completed</div> <div>Standard Bid - Completed</div> <div>Benefit Offerings - Completed</div> <div>Plan Level Cost Share - In Progress</div> <div>LPPO/RPPO Deductible - In Progress</div> <div>Differential Service Category Deductibles - Completed</div> <div>Deductible for LPPO/RPPO Mandatory Supplemental Benefits - In Progress</div> <div>LPPO/RPPO Max Enrollee Cost Limit - Not started</div> <div>Prior Authorization/Referrals - Not started</div> <div>Visitor Travel - Not started</div> <div>Cost Share Groups - Not started</div>	<div><div>Intensive Cardiac Rehabilitation Services(3-2)</div><div>Pulmonary Rehabilitation Services(3-3)</div><div>Chiropractic Services(7b)</div><div>Individual Sessions for Outpatient Substance Abuse(9c1)</div></div> <div><div>&gt;</div><div>&gt;&gt;</div><div>&lt;</div><div>&lt;&lt;</div></div> <div><div>Inpatient Hospital-Acute(1a)</div><div>Inpatient Hospital Psychiatric(1b)</div><div>Cardiac Rehabilitation Services(3-1)</div></div>						
<div>Enrollee Deductible Values</div> <table><tr><td>Inpatient Hospital-Acute(1a)</td><td><div>Deductible Amount</div><div>\$80</div></td></tr><tr><td>Inpatient Hospital Psychiatric(1b)</td><td><div>Deductible Amount</div><div>\$80</div></td></tr><tr><td>Cardiac Rehabilitation Services(3-1)</td><td><div>Deductible Amount</div><div>\$80</div></td></tr></table>		Inpatient Hospital-Acute(1a)	<div>Deductible Amount</div> <div>\$80</div>	Inpatient Hospital Psychiatric(1b)	<div>Deductible Amount</div> <div>\$80</div>	Cardiac Rehabilitation Services(3-1)	<div>Deductible Amount</div> <div>\$80</div>
Inpatient Hospital-Acute(1a)	<div>Deductible Amount</div> <div>\$80</div>						
Inpatient Hospital Psychiatric(1b)	<div>Deductible Amount</div> <div>\$80</div>						
Cardiac Rehabilitation Services(3-1)	<div>Deductible Amount</div> <div>\$80</div>						
<div>Close</div> <div>Save and Close</div> <div>Save and Next</div>							

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 1

**LPPO/RPPO Max Enrollee Cost Limit**

Plan Characteristics

Does this plan have an In-Network MOOP? \*

Yes

No

What type of In-Network MOOP does your plan offer? \*

Lower

Intermediate

Mandatory

In-Network MOOP Amount \*

\$

Select the Service Categories that apply to the In-Network Maximum Enrollee Out-of-Pocket cost: \*

☒ In-Network Medicare-covered benefits

☒ In-Network Non-Medicare-covered benefits

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? \*

Yes

No

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services? \*

Yes

No

Does this plan have an Out-of-Network MOOP? \*

Yes

No

Close

Save and Close

Save and Next



## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 2

Does this plan have an Out-of-Network MOOP? \*

☒ Yes ☐ No

Out-of-Network MOOP Amount \*  
\$

Select the Service Categories that apply to the Out-of-Network Maximum Enrollee Out-of-Pocket cost: \*

☒ Out-of-Network Medicare-covered benefits

☒ Out-of-Network Non-Medicare-covered benefits

Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services? \*

☐ Yes ☒ No

Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services? \*

☒ Yes ☐ No

Does this plan have a Combined(In-Network and Out-of-Network) MOOP? \*

☒ Yes ☐ No

Combined MOOP Amount  
\$

Select the Service Categories that apply to the Combined Maximum Enrollee Out-of-Pocket cost: \*

☒ In-Network Medicare-covered benefits

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 3

Does this plan have a Combined(In-Network and Out-of-Network) MOOP? \*

☒ Yes ☐ No

Combined MOOP Amount

\$

Select the Service Categories that apply to the Combined Maximum Enrollee Out-of-Pocket cost: \*

☒ In-Network Medicare-covered benefits

☒ In-Network Non-Medicare-covered benefits

☒ Out-of-Network Medicare-covered benefits

☒ Out-of-Network Non-Medicare-covered benefits

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? \*

☒ Yes ☐ No

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services? \*

☐ Yes ☒ No

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services? \*

☒ Yes ☐ No

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services? \*

☐ Yes ☒ No

## CY 2027 PBP Data Entry System Screens

### Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 4

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services? \*

**Medicare Services**

Select the Medicare service categories that are subject to each MOOP type:

[Collapse All](#)

Services	In-Network	Combined In-Network	Combined Out-of-Network	Out-of-Network
▼ Inpatient Hospital Services (1)				
Inpatient Hospital-Acute (1a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inpatient Hospital Psychiatric (1b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility (SNF) (2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
▼ Cardiac and Pulmonary Rehabilitation Services (3)				
Cardiac Rehabilitation Services (3-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive Cardiac Rehabilitation Services (3-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pulmonary Rehabilitation Services (3-3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SET for PAD Services (3-4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
▼ Emergency/Urgently Needed Services (4)				
Emergency Services (4a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Urgently Needed Services (4b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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

## CY 2027 PBP Data Entry System Screens

Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 5

**Non Medicare Services**

Select the Non-Medicare service categories that are subject to each MOOP type:

[Collapse All](#)

Services	In-Network	Combined In-Network	Combined Out-of-Network	Out-of-Network
▼ Inpatient Hospital Services (1)				
▼ Inpatient Hospital-Acute (1a)				
Additional Days for Inpatient Hospital-Acute (1a1)	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)	<input type="checkbox"/>	<input type="checkbox"/>		
Upgrades for Inpatient Hospital-Acute (1a3)	<input type="checkbox"/>	<input type="checkbox"/>		
▼ Inpatient Hospital Psychiatric (1b)				
Additional Days for Inpatient Hospital Psychiatric (1b1)	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)	<input type="checkbox"/>	<input type="checkbox"/>		
▼ Skilled Nursing Facility (SNF) (2)				
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)	<input type="checkbox"/>	<input type="checkbox"/>		
▼ Cardiac and Pulmonary Rehabilitation Services (3)				
Additional Cardiac Rehabilitation Services (3-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Intensive Cardiac Rehabilitation Services (3-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Pulmonary Rehabilitation Services (3-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Additional SET for PAD Services (3-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▼ Emergency/Urgently Needed Services (4)				

[Close](#)

[Save and Close](#)

[Save and Next](#)

## CY 2027 PBP Data Entry System Screens

Plan Level Cost Sharing – LPPO/RPPO Max Enrollee Cost Limit – Page 6

▼ Eye Exams/Eyewear (17)				
▼ Eye Exams (17a)				
Routine Eye Exams (17a1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▼ Eyewear (17b)				
Contact Lenses (17b1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eyeglasses (lenses and frames) (17b2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eyeglass lenses (17b3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Eyeglass frames (17b4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Upgrades (17b5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▼ Hearing Exams/Hearing Aids (18)				
▼ Hearing Exams (18a)				
Routine Hearing Exams (18a1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
▼ Prescription Hearing Aids (18b)				
Prescription Hearing Aids (all types) (18b1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTC Hearing Aids (18c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Select the benefits that apply to the In-Network Maximum Enrollee Out-of-Pocket cost

[+ Add Notes](#)

Close Save and Close Save and Next

# CY 2027 PBP Data Entry System Screens

## Prior Authorization and Referral – Prior Authorization – Page 1

Prior Authorization & Referral

Plan Characteristics

Prior Authorization

Is prior authorization required for any In-Network service categories? \*

Yes

No

Select the In-Network service categories that require prior authorization: \*

Available

Search by terms

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

Upgrades for Inpatient Hospital-Acute(1a3)

Additional Days for Inpatient Hospital Psychiatric(1b1)

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

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

Additional Cardiac Rehabilitation Services(3-1)

Additional Intensive Cardiac Rehabilitation Services(3-2)

Additional Pulmonary Rehabilitation Services(3-3)

>

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<<

Selected

Search by terms

Inpatient Hospital-Acute(1a)

Additional Days for Inpatient Hospital-Acute(1a1)

Inpatient Hospital Psychiatric(1b)

Skilled Nursing Facility (SNF)(2)

Cardiac Rehabilitation Services(3-1)

Intensive Cardiac Rehabilitation Services(3-2)

Pulmonary Rehabilitation Services(3-3)

SET for D&N Services(3-4)

Is prior authorization required for any POS service categories? \*

Yes

No

Select the POS service categories that require prior authorization: \*

Available

Search by terms

Selected

Search by terms

Close

Save and Close

Save and Next

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## CY 2027 PBP Data Entry System Screens

### Prior Authorization and Referral – Prior Authorization – Page 2

<div>Additional Days for Inpatient Hospital Psychiatric(1b1)</div> <div>Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2)</div> <div>Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1)</div> <div>Additional Cardiac Rehabilitation Services(3-1)</div> <div>Additional Intensive Cardiac Rehabilitation Services(3-2)</div> <div>Additional Pulmonary Rehabilitation Services(3-3)</div>	<div>&lt;</div> <div>&lt;&lt;</div>	<div>Inpatient Hospital Psychiatric(1b)</div> <div>Skilled Nursing Facility (SNF)(2)</div> <div>Cardiac Rehabilitation Services(3-1)</div> <div>Intensive Cardiac Rehabilitation Services(3-2)</div> <div>Pulmonary Rehabilitation Services(3-3)</div> <div>SST for D&amp;N Services(3-4)</div>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Is prior authorization required for any POS service categories? \*

Select the POS service categories that require prior authorization: \*

Available		Selected
<div>Search by terms</div> <div>Inpatient Hospital-Acute(1a)</div> <div>Inpatient Hospital Psychiatric(1b)</div> <div>Skilled Nursing Facility (SNF)(2)</div> <div>Cardiac Rehabilitation Services(3-1)</div> <div>Additional Cardiac Rehabilitation Services(3-1)</div> <div>Intensive Cardiac Rehabilitation Services(3-2)</div> <div>Additional Intensive Cardiac Rehabilitation Services(3-2)</div> <div>Pulmonary Rehabilitation Services(3-3)</div>	<div>&gt;</div> <div>&gt;&gt;</div> <div>&lt;</div> <div>&lt;&lt;</div>	<div>Search by terms</div>

# CY 2027 PBP Data Entry System Screens

## Prior Authorization and Referral – Referral

Prior Authorization & Referral

Updated by STE TESTER on 12/17/2023 3:41:26 AM EST

Plan Characteristics

Referral

Is referral required for any In-Network service categories? \*

Yes

No

Select the In-Network service categories that requires a referral: \*

Available

Search by terms

Inpatient Hospital-Acute(1a)

Additional Days for Inpatient Hospital-Acute(1a1)

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

Upgrades for Inpatient Hospital-Acute(1a3)

Inpatient Hospital Psychiatric(1b)

Additional Days for Inpatient Hospital Psychiatric(1b1)

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

Skilled Nursing Facility (SNF)(2)

>

>>

<

<<

Selected

Search by terms

Routine Hearing Exams(18a)

Is referral required for any POS service categories? ⓘ \*

Yes

No

Select the POS service categories that requires a referral: \*

Available

Search by terms

Inpatient Hospital-Acute(1a)

Inpatient Hospital Psychiatric(1b)

Skilled Nursing Facility (SNF)(2)

Cardiac Rehabilitation Services(3-1)

Additional Cardiac Rehabilitation Services(3-1)

Intensive Cardiac Rehabilitation Services(3-2)

Additional Intensive Cardiac Rehabilitation Services(3-2)

Outpatient Rehabilitation Services(3-3)

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Selected

Search by terms

Routine Hearing Exams(18a)

Close

Save and Close

Save and Next

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# CY 2027 PBP Data Entry System Screens

## Visitor Travel

Visitor Travel

Updated by STE TESTER on 12/1/2023 12:40:18 PM EST

Plan Characteristics

The V/T benefit must furnish all plan-covered services in its designated V/T service area(s), including all Medicare Parts A and B services and all mandatory and optional supplemental benefits, at in-network cost-sharing levels, consistent with Medicare access and availability requirements at 42 CFR §422.112

Does this plan offer the US Visitor/Travel Program (V/T)? \*

Yes

No

Select the type of benefit: \*

Mandatory

Optional

Select the geographic area: \*

In the United States and its territories

Other-please define in the marketing materials

Close

Save and Close

Save and Next