

CY 2026 PBP Data Entry System Screens

Plan Benefit Package Landing Page

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Health Plan Management System

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Plan Benefit Package

Contract ID *
Z0001 - Sample Contract

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

IMPORTANT NOTE: Part C maximum out-of-pocket (MOOP) limits and cost sharing standard validations are subject to change.

Section	Status	Last Updated At	Last Updated By
PBP	In Progress	8/30/2024 10:08:54 AM EDT	STE TESTER
Plan Characteristics	Completed	8/28/2024 3:11:04 PM EDT	STE TESTER
Standard Bid	Completed	8/28/2024 3:11:08 PM EDT	STE TESTER
Benefit Offerings	Completed	8/28/2024 3:51:10 PM EDT	STE TESTER
Plan Level Cost Sharing	In Progress	8/21/2024 4:12:01 PM EDT	STE TESTER
Prior Authorization & Referral	In Progress	8/28/2024 3:11:23 PM EDT	STE TESTER
Visitor Travel	In Progress	8/21/2024 4:11:59 PM EDT	STE TESTER
Cost Share Groups	In Progress	8/28/2024 3:56:46 PM EDT	STE TESTER
VBID, MA Uniformity, SSBCI	In Progress	8/30/2024 9:59:34 AM EDT	STE TESTER
Benefit Details	In Progress	8/30/2024 10:08:54 AM EDT	STE TESTER
Rx	In Progress	8/21/2024 4:12:01 PM EDT	STE TESTER

About HPMS | Website Accessibility | Web Policies | File Formats and Plug-Ins | Rules of Behavior | System Requirements | UX Framework v16.1.2

CMS

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Plan Characteristics – Page 1

Plan Characteristics - In Progress

[View Service Areas](#)

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

General Information

<small>Organization Legal Name</small> Example legal name of the Organization	<small>Organization Marketing Name</small> Example marketing name of the Organization	<small>Organization Type</small> Sample Organization Type
<small>Segment Name</small> West Dallas	<small>Plan Geographic Name</small> North Texas	

Plan Details

<small>Plan Type</small> Sample Plan Type	<small>Is this a network plan?</small> Full Network Plan	<small>Is this an Employer-Only plan?</small> No
<small>Does this plan offer Prescription drugs (Rx)?</small> Yes	<small>Does this plan offer Point of Service (POS)?</small> Yes	<small>Does this plan offer Out of Network services (OON)?</small> No
<small>Does this plan offer Value based Insurance Design (VBid)?</small> Yes		

Special Needs Plan (SNP)

<small>Is this a SNP?</small> Yes	<small>SNP Type</small> D-SNP	<small>SNP Institutional Type</small> N/A
<small>Chronic or Disabling Conditions</small> Diabetes, Dialysis services, Recurring dialysis		

Close

Save and Close

Save and Next

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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?

Yes No

Plan Attributes

Select the enrollee type:

Part A & Part B **Part B Only**

Does this plan cover hospice care?

Yes No

Indicate the total projected member months for this plan:

11234

Does this plan have a CMS-approved continuation area?

Yes No

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

Yes No

Close **Save and Close** **Save and Next**

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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

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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](#)

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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

Plan Characteristics

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

Close Save and Close Save and Next

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Benefit Offerings – Medicare Services

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - In Progress

Medicare Services - In Progress

Non Medicare Services - Not Started

Plan Level Cost Sharing - Not Started

Prior Authorization & Referral - Not Started

Visitor Travel - Not Started

Cost Share Groups - Not Started

VBID, MA Uniformity, SSBCI - Not Started

Rx - Not Started

Benefit Offerings

Medicare Services

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

Plan Characteristics

Collapse All

Services	In-Network (INN)	Point-Of-Service (POS)
^ 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)		

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Benefit Offerings – Non-Medicare Services

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Medicare Services - Completed

Non Medicare Services - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBI, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Benefit Offerings

Non-Medicare Services

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

Plan Characteristics

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 2026 PBP Data Entry System Screens

Plan Level Cost Sharing – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

^ Benefit Offerings - Completed

Medicare Services - Completed

Non Medicare Services - Completed

^ Plan Level Cost Sharing - Completed

Plan Deductible - Completed

Max Enrollee Cost Limit - Completed

^ Prior Authorization & Referral - Completed

Visitor Travel - Completed

^ Cost Share Groups - In Progress

^ VBID, MA Uniformity, SSBCI - In Progress

^ Rx - In Progress

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	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="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)	

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Plan Level Cost Sharing – Page 2

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

LPPO/RPPO Deductible - In Progress

Differential Service Category Deductibles - In Progress

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - In Progress

LPPO/RPPO Max Enrollee Cost Limit - In Progress

Prior Authorization & Referral - In Progress

Visitor Travel - In Progress

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

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

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(0b2)

Selected

Search by terms

> >> < <<

Reductions in Cost Sharing

Does your plan offer Reductions in Cost Sharing? *

Yes No

Combined Supplemental Benefits

Do you offer Combined Supplemental Benefits? *

Close Save and Close Save and Next

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Plan Level Cost Sharing – Page 3

Plan Characteristics - Completed	Additional Pulmonary Rehabilitation Services(3-3)
Standard Bid - Completed	Additional SET for PAD Services(3-4)
Benefit Offerings - Completed	Routine Chiropractic Care(7b1)
Plan Level Cost Sharing - In Progress	Podiatry Services: Routine Foot Care(7f)
Plan Deductible - In Progress	Transportation Services - Plan Approved Health-related Location(10b1)
Max Enrollee Cost Limit - In Progress	Acupuncture Treatments(13a)
Prior Authorization & Referral - In Progress	Over-the-Counter (OTC) Items(13b)
Visitor Travel - In Progress	
Cost Share Groups - In Progress	
VBID, MA Uniformity, SSBCI - In Progress	
Rx - In Progress	

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

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

Yes No

POS Maximum amount *
\$ 5.00

Close Save and Close Save and Next

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Plan Level Cost Sharing – Page 4

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Medicare Services - Completed

Non Medicare Services - Completed

Plan Level Cost Sharing - Completed

Plan Deductible - Completed

Max Enrollee Cost Limit - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBld, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Point of Service (POS)

Is there a POS maximum plan benefit coverage? *

POS Maximum amount *

\$

Periodicity *

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

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? *

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Plan Level Cost Sharing – Page 5

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Medicare Services - Completed
- Non Medicare Services - Completed
- Plan Level Cost Sharing - Completed**
- Plan Deductible - Completed
- Max Enrollee Cost Limit - Completed
- Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- Cost Share Groups - In Progress
- VBID, MA Uniformity, SSBCI - In Progress
- Rx - In Progress

SET FOR PAD SERVICES(5-4)

Partial MaxBenefit/Rate/RS

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(7b)	
Podiatry Services: Routine Foot Care(7f)	

Does this plan have a POS deductible? *

POS Deductible Amount *

\$

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Plan Level Cost Sharing – Plan Deductible – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Plan Deductible - Completed

Max Enrollee Cost Limit - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

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 *

\$

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Plan Level Cost Sharing – Plan Deductible – Page 2

Plan Characteristics - Completed	Does this plan have an Out-of-Network Network plan deductible? *
Standard Bid - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No
Benefit Offerings - Completed	Does this plan charge the Medicare-defined Part B deductible amount? *
Plan Level Cost Sharing - Completed	<input type="radio"/> Yes <input checked="" type="radio"/> No
Plan Deductible - Completed	Out-of-Network Deductible Amount *
Max Enrollee Cost Limit - Completed	\$ <input type="text"/>
Prior Authorization & Referral - Completed	Select the Service Categories that apply to the Out-Of-Network Deductible:
Visitor Travel - Completed	<input checked="" type="checkbox"/> Out-of-Network Medicare-covered benefits
Cost Share Groups - In Progress	Does the Out-of-Network Deductible apply to all Out-of-Network Medicare-covered plan services? *
VBLD, MA Uniformity, SSBCI - In Progress	<input type="radio"/> Yes <input checked="" type="radio"/> No
Rx - In Progress	<input checked="" type="checkbox"/> Out-of-Network Non-Medicare-covered benefits
	Does the Out-of-Network Deductible apply to all Out-of-Network Non-Medicare-covered plan services? *
	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Does this plan have a combined (In-Network and Out-of-Network) deductible? *
	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Does this plan charge the Medicare-defined Part B deductible amount? *
	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Combined Deductible Amount *
	\$ <input type="text"/>
	Select the Service Categories that apply to the Combined Deductible:
	<input checked="" type="checkbox"/> In-Network Medicare-covered benefits
	Does the Combined Deductible apply to all In-Network Medicare-covered plan services? *

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Plan Level Cost Sharing – Plan Deductible – Page 3

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- ~ Plan Level Cost Sharing - Completed
- Plan Deductible - Completed
- Max Enrollee Cost Limit - Completed
- Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- Cost Share Groups - In Progress
- VBID, MA Uniformity, SSBCI - In Progress
- Rx - In Progress

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)				

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Plan Level Cost Sharing – Plan Deductible – Page 4

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - Completed
- Plan Deductible - Completed
- Max Enrollee Cost Limit - Completed
- Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- Cost Share Groups - In Progress
- VBID, MA Uniformity, SSBCI - In Progress
- Rx - In Progress

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)				
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)				
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"/>		

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Plan Level Cost Sharing – Plan Deductible – Page 5

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- ^ Plan Level Cost Sharing - Completed
- Plan Deductible - Completed
- Max Enrollee Cost Limit - Completed
- Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- Cost Share Groups - In Progress
- VBID, MA Uniformity, SSBCI - In Progress
- Rx - In Progress

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

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

Plan Characteristics - Completed	<div style="text-align: right;">Plan Characteristics</div> <h3>Max Enrollee Cost Limit</h3> <p>Updated by STE TESTER on 12/1/2023 12:38:45 PM EST</p> <h4>Maximum Enrollee Out-of-Pocket (MOOP)</h4> <p>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.</p> <p>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.</p> <p>Note: For Regional PPOs, all Medicare Part A/B services must be included in the Maximum Enrollee Out-of-Pocket Cost.</p> <hr/> <p>Does this plan have an In-Network MOOP? *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>What type of In-Network MOOP does your plan offer? *</p> <p><input type="radio"/> Lower <input checked="" type="radio"/> Intermediate <input type="radio"/> Mandatory</p> <p>In Network MOOP Amount *</p> <p>\$ <input type="text"/></p> <p>Select the Service Categories that apply to the In-Network Maximum Enrollee Out-of-Pocket cost:</p> <p><input checked="" type="checkbox"/> In-Network Medicare-covered benefits</p> <p>Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
Standard Bid - Completed	
Benefit Offerings - Completed	
Plan Level Cost Sharing - Completed	
Plan Deductible - Completed	
Max Enrollee Cost Limit - Completed	
Prior Authorization & Referral - Completed	
Visitor Travel - Completed	
Cost Share Groups - In Progress	
VBID, MA Uniformity, SSBCI - In Progress	
Rx - In Progress	

CY 2026 PBP Data Entry System Screens

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

Plan Characteristics - Completed	Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? *
Standard Bid - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No
Benefit Offerings - Completed	<input checked="" type="checkbox"/> In-Network Non-Medicare-covered benefits
Plan Level Cost Sharing - Completed	Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services? *
Plan Deductible - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No
Max Enrollee Cost Limit - Completed	
Prior Authorization & Referral - Completed	Does this plan have an Out-of-Network MOOP? *
Visitor Travel - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No
Cost Share Groups - In Progress	Out-of-Network MOOP Amount * _____
VBID, MA Uniformity, SSBCI - In Progress	\$ _____
Rx - In Progress	Select the Service Categories that apply to the Out-of-Network Maximum Enrollee Out-of-Pocket cost:
	<input checked="" type="checkbox"/> 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? *
	<input checked="" type="radio"/> Yes <input type="radio"/> No
	<input checked="" type="checkbox"/> 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? *
	<input checked="" type="radio"/> Yes <input type="radio"/> No

CY 2026 PBP Data Entry System Screens

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

Plan Characteristics - Completed	Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost Amount apply to all the Out-of-Network Non-Medicare-covered plan services? *
Standard Bid - Completed	<input type="radio"/> Yes <input type="radio"/> No
Benefit Offerings - Completed	Does this plan have an Combined (In-Network and Out-of-Network) MOOP? *
Plan Level Cost Sharing - Completed	<input type="radio"/> Yes <input type="radio"/> No
Plan Deductible - Completed	What type of Combined (In-Network and Out-of-Network) MOOP does your plan offer? *
Max Enrollee Cost Limit - Completed	<input type="radio"/> Lower <input checked="" type="radio"/> Intermediate <input type="radio"/> Mandatory
Prior Authorization & Referral - Completed	Combined (In-Network and Out-of-Network) MOOP Amount *
Visitor Travel - Completed	\$ <input type="text"/>
Cost Share Groups - In Progress	Select the Service Categories that apply to the Combined Maximum Enrollee Out-of-Pocket cost:
VBID, MA Uniformity, SSBCI - In Progress	<input checked="" type="checkbox"/> In-Network Medicare-covered benefits
Rx - In Progress	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? *
	<input type="radio"/> Yes <input type="radio"/> No
	<input checked="" type="checkbox"/> 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? *
	<input type="radio"/> Yes <input type="radio"/> No
	<input checked="" type="checkbox"/> 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 2026 PBP Data Entry System Screens

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

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- ^ Plan Level Cost Sharing - Completed
- Plan Deductible - Completed
- Max Enrollee Cost Limit - Completed
- Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- Cost Share Groups - In Progress
- VBID, MA Uniformity, SSBCI - In Progress
- Rx - In Progress

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)				

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

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- ^ Plan Level Cost Sharing - Completed
- Plan Deductible - Completed
- Max Enrollee Cost Limit - Completed
- Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- Cost Share Groups - In Progress
- VBID, MA Uniformity, SSBCI - In Progress
- Rx - In Progress

Urgently Needed Services (4h)

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)	☑	☑		
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)				
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)	☑	☑		
▼ Cardiac and Pulmonary Rehabilitation Services (3)				
Additional Cardiac Rehabilitation Services (3-1)	☑	☑	☑	☑

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

+ Add Notes

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

Plan Characteristics - Completed	MSA Annual Deductible/Deposit
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
Plan Level Cost Share - In Progress	Indicate the Part B Premium reduction amount
Prior Authorization/Referrals - Not started	<input type="text" value="\$500"/>
Visitor Travel - Not started	Indicate Annual MSA Deductible amount
Cost Share Groups - Not started	<input type="text" value="\$500"/>
	Indicate the Annual amount CMS will deposit into the Enrollee MSA
	<input type="text" value="\$500"/>
	Point-of-Service (POS)
	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 type="text" value=""/>
	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>

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

Plan Characteristics - Completed	<h3>Annual Plan Deductible LPPO/RPPO</h3> <p>Plan Characteristics</p> <p>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.</p> <p>Do you offer a Deductible? *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Select Type * Medicare-Defined Part A and B Deductible amount combined as a single deductible</p> <p>How is your combined Medicare-defined Part A and B Deductible applied? ⓘ</p> <p>Select Type *</p> <hr/> <p>Do you include 14a Medicare-covered Zero Dollar Preventive Services as part of your OON Medicare-covered Services Deductible? *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Select the Service Categories that apply to your Deductible:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> In-Network Medicare-covered benefits<input checked="" type="checkbox"/> In-Network Non-Medicare-covered benefits<input checked="" type="checkbox"/> Out-of-Network Non-Medicare-covered benefits <hr/> <p>Does the Deductible apply to all In-Network Medicare-covered benefits? *</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
Standard Bid - Completed	
Benefit Offerings - Completed	
Plan Level Cost Sharing - In Progress	
LPPO/RPPO Deductible - In Progress	
Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not Started	
LPPO/RPPO Max Enrollee Cost Limit - Not Started	
Prior Authorization & Referral - Not Started	
Visitor Travel - Not Started	
Cost Share Groups - Not Started	
VBID, MA Uniformity, SSBCI - Not Started	

CY 2026 PBP Data Entry System Screens

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

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

LPPO/RPPO Deductible - In Progress

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not Started

LPPO/RPPO Max Enrollee Cost Limit - Not Started

Prior Authorization & Referral - Not Started

Visitor Travel - Not Started

Cost Share Groups - Not Started

VBID, MA Uniformity, SSBCI - Not Started

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

Yes No

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? *

Yes No

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)	

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

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - In Progress**
 - LPPO/RPPO Deductible - In Progress**
 - Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not Started
 - LPPO/RPPO Max Enrollee Cost Limit - Not Started
- Prior Authorization & Referral - Not Started
- Visitor Travel - Not Started
- Cost Share Groups - Not Started
- VBID, MA Uniformity, SSBCI - Not Started

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? *

Select all the Out-Of-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 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)	

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

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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

Differential Service Category Deductibles

Plan Characteristics

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)
Pulmonary Rehabilitation Services(3-3)	>>	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 2026 PBP Data Entry System Screens

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

Plan Characteristics - Completed	Does this plan's Medicare-covered benefit cost sharing vary by hospital(s) in which an enrollee obtains care? <input checked="" type="radio"/> Yes <input type="radio"/> No Number of tiers: <input type="text" value="3"/> Lowest cost tier: <input type="text" value="1"/> Tier 1 Deductible Amount: <input type="text" value="\$80"/> Tier 2 Deductible Amount: <input type="text" value="\$80"/> Tier 3 Deductible Amount: <input type="text" value="\$80"/>
Standard Bid - Completed	
Benefit Offerings - Completed	
Plan Level Cost Share - In Progress	
LPPO/RPPO Deductible - In Progress	
Differential Service Category Deductibles - In Progress	Inpatient Hospital Psychiatric(1b) Does this plan's Medicare-covered benefit cost sharing vary by hospital(s) in which an enrollee obtains care? <input checked="" type="radio"/> Yes <input type="radio"/> No Number of tiers: <input type="text" value="3"/> Lowest cost tier: <input type="text" value="1"/> Tier 1 Deductible Amount: <input type="text" value="\$80"/> Tier 2 Deductible Amount: <input type="text" value="\$80"/> Tier 3 Deductible Amount: <input type="text" value="\$80"/>
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	Cardiac Rehabilitation Services(3-1) Deductible Amount: <input type="text" value="\$80"/>

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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		Selected
Intensive Cardiac Rehabilitation Services(3-2)	>	Inpatient Hospital-Acute(1a)
Pulmonary Rehabilitation Services(3-3)	>>	Inpatient Hospital Psychiatric(1b)
Chiropractic Services(7b)	<	Cardiac Rehabilitation Services(3-1)
Individual Sessions for Outpatient Substance Abuse(9c1)	<<	

Enrollee Deductible Values

Inpatient Hospital-Acute(1a)	Deductible Amount <input type="text" value="\$80"/>
Inpatient Hospital Psychiatric(1b)	Deductible Amount <input type="text" value="\$80"/>

CY 2026 PBP Data Entry System Screens

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

<ul style="list-style-type: none"> 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 <li style="background-color: #0056b3; color: white; padding: 2px;">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 	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 45%; border: 1px solid #ccc; padding: 5px;"> <p>Intensive Cardiac Rehabilitation Services(3-2)</p> <p style="background-color: #0056b3; color: white; padding: 2px;">Pulmonary Rehabilitation Services(3-3)</p> <p>Chiropractic Services(7b)</p> <p>Individual Sessions for Outpatient Substance Abuse(9c1)</p> </div> <div style="width: 10%; text-align: center;"> <p>></p> <p>>></p> <p><</p> <p><<</p> </div> <div style="width: 45%; border: 1px solid #ccc; padding: 5px;"> <p>Inpatient Hospital-Acute(1a)</p> <p>Inpatient Hospital Psychiatric(1b)</p> <p>Cardiac Rehabilitation Services(3-1)</p> </div> </div> <p>Enrollee Deductible Values</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Inpatient Hospital-Acute(1a)</td> <td style="width: 40%;">Deductible Amount <input style="width: 80%;" type="text" value="\$80"/></td> </tr> <tr> <td>Inpatient Hospital Psychiatric(1b)</td> <td>Deductible Amount <input style="width: 80%;" type="text" value="\$80"/></td> </tr> <tr> <td>Cardiac Rehabilitation Services(3-1)</td> <td>Deductible Amount <input style="width: 80%;" type="text" value="\$80"/></td> </tr> </table>	Inpatient Hospital-Acute(1a)	Deductible Amount <input style="width: 80%;" type="text" value="\$80"/>	Inpatient Hospital Psychiatric(1b)	Deductible Amount <input style="width: 80%;" type="text" value="\$80"/>	Cardiac Rehabilitation Services(3-1)	Deductible Amount <input style="width: 80%;" type="text" value="\$80"/>
Inpatient Hospital-Acute(1a)	Deductible Amount <input style="width: 80%;" type="text" value="\$80"/>						
Inpatient Hospital Psychiatric(1b)	Deductible Amount <input style="width: 80%;" type="text" value="\$80"/>						
Cardiac Rehabilitation Services(3-1)	Deductible Amount <input style="width: 80%;" type="text" value="\$80"/>						

CY 2026 PBP Data Entry System Screens

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

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

LPPO/RPPO Deductible - Completed

Differential Service Category Deductibles - Not Started

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed

LPPO/RPPO Max Enrollee Cost Limit - In Progress

Prior Authorization & Referral - Not Started

Visitor Travel - Not Started

Cost Share Groups - Not Started

VBID, MA Uniformity, SSBCI - Not Started

LPPO/RPPO Max Enrollee Cost Limit

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

Plan Characteristics

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

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

Plan Characteristics - Completed	Does this plan have an Out-of-Network MOOP? *
Standard Bid - Completed	<input checked="" type="radio"/> Yes <input type="radio"/> No
Benefit Offerings - Completed	Out-of-Network MOOP Amount * \$
Plan Level Cost Sharing - In Progress	Select the Service Categories that apply to the Out-of-Network Maximum Enrollee Out-of-Pocket cost: *
LPPO/RPPO Deductible - Completed	<input checked="" type="checkbox"/> Out-of-Network Medicare-covered benefits
Differential Service Category Deductibles - Not Started	<input checked="" type="checkbox"/> Out-of-Network Non-Medicare-covered benefits
Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed	Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services? *
LPPO/RPPO Max Enrollee Cost Limit - In Progress	<input type="radio"/> Yes <input checked="" type="radio"/> No
Prior Authorization & Referral - Not Started	Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services? *
Visitor Travel - Not Started	<input checked="" type="radio"/> Yes <input type="radio"/> No
Cost Share Groups - Not Started	Does this plan have a Combined(In-Network and Out-of-Network) MOOP? *
VBID, MA Uniformity, SSBCI - Not Started	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Combined MOOP Amount \$
	Select the Service Categories that apply to the Combined Maximum Enrollee Out-of-Pocket cost: *
	<input checked="" type="checkbox"/> In-Network Medicare-covered benefits
	<input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/>

CY 2026 PBP Data Entry System Screens

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

Plan Characteristics - Completed	Does this plan have a Combined(In-Network and Out-of-Network) MOOP? *
Standard Bid - Completed	<input type="radio"/> Yes <input type="radio"/> No
Benefit Offerings - Completed	Combined MOOP Amount
Plan Level Cost Sharing - In Progress	\$
LPPO/RPPO Deductible - Completed	Select the Service Categories that apply to the Combined Maximum Enrollee Out-of-Pocket cost: *
Differential Service Category Deductibles - Not Started	<input checked="" type="checkbox"/> In-Network Medicare-covered benefits
Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed	<input checked="" type="checkbox"/> In-Network Non-Medicare-covered benefits
LPPO/RPPO Max Enrollee Cost Limit - In Progress	<input checked="" type="checkbox"/> Out-of-Network Medicare-covered benefits
Prior Authorization & Referral - Not Started	<input checked="" type="checkbox"/> Out-of-Network Non-Medicare-covered benefits
Visitor Travel - Not Started	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services? *
Cost Share Groups - Not Started	<input type="radio"/> Yes <input type="radio"/> No
VBID, MA Uniformity, SSBCI - Not Started	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services? *
	<input type="radio"/> Yes <input type="radio"/> No
	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services? *
	<input type="radio"/> Yes <input type="radio"/> No
	Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services? *
	<input 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"/>

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

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- ^ Plan Level Cost Sharing - In Progress
- LPPO/RPPO Deductible - Completed
- Differential Service Category Deductibles - Not Started
- Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed
- LPPO/RPPO Max Enrollee Cost Limit - In Progress
- Prior Authorization & Referral - Not Started
- Visitor Travel - Not Started
- Cost Share Groups - Not Started
- VBID, MA Uniformity, SSBCI - Not Started

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"/>		

CY 2026 PBP Data Entry System Screens

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

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- ^ Plan Level Cost Sharing - In Progress
- LPPO/RPPO Deductible - Completed
- Differential Service Category Deductibles - Not Started
- Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed
- LPPO/RPPO Max Enrollee Cost Limit - In Progress
- Prior Authorization & Referral - Not Started
- Visitor Travel - Not Started
- Cost Share Groups - Not Started
- VBID, MA Uniformity, SSBCI - Not Started

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
v Inpatient Hospital Services (1)				
v 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"/>		
v 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"/>		
v Skilled Nursing Facility (SNF) (2)				
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)	<input type="checkbox"/>	<input type="checkbox"/>		
v 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"/>
v Emergency/Urgently Needed Services (4)				

Close
Save and Close
Save and Next

CY 2026 PBP Data Entry System Screens

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

Plan Characteristics - Completed	<div style="margin-left: 10px;"> Eye Exams/Eyewear (17) <ul style="list-style-type: none"> Eye Exams (17a) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">Routine Eye Exams (17a1)</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input checked="" type="checkbox"/></td> </tr> </table> Eyewear (17b) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">Contact Lenses (17b1)</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Eyeglasses (lenses and frames) (17b2)</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Eyeglass lenses (17b3)</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Eyeglass frames (17b4)</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Upgrades (17b5)</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input checked="" type="checkbox"/></td> </tr> </table> Hearing Exams/Hearing Aids (18) <ul style="list-style-type: none"> Hearing Exams (18a) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">Routine Hearing Exams (18a1)</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input checked="" type="checkbox"/></td> </tr> </table> Prescription Hearing Aids (18b) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">Prescription Hearing Aids (all types) (18b1)</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input checked="" type="checkbox"/></td> </tr> </table> OTC Hearing Aids (18c) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">OTC Hearing Aids (18c)</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input checked="" type="checkbox"/></td> </tr> </table> </div>	Routine Eye Exams (17a1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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"/>	Routine Hearing Exams (18a1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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"/>
Routine Eye Exams (17a1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																										
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"/>																																										
Routine Hearing Exams (18a1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																										
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"/>																																										
Standard Bid - Completed																																														
Benefit Offerings - Completed																																														
Plan Level Cost Sharing - In Progress																																														
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LPPO/RPPO Max Enrollee Cost Limit - In Progress																																														
Prior Authorization & Referral - Not Started																																														
Visitor Travel - Not Started																																														
Cost Share Groups - Not Started																																														
VBID, MA Uniformity, SSBCI - Not Started																																														

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 2026 PBP Data Entry System Screens

Prior Authorization and Referral – Prior Authorization – Page 1

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Prior Authorization - Completed

Referral - In Progress

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Prior Authorization & Referral

Prior Authorization

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

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

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2)	>	Inpatient Hospital-Acute(1a)
Upgrades for Inpatient Hospital-Acute(1a3)	>>	Additional Days for Inpatient Hospital-Acute(1a1)
Additional Days for Inpatient Hospital Psychiatric(1b1)	<	Inpatient Hospital Psychiatric(1b)
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2)	<<	Skilled Nursing Facility (SNF)(2)
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1)		Cardiac Rehabilitation Services(3-1)
Additional Cardiac Rehabilitation Services(3-1)		Intensive Cardiac Rehabilitation Services(3-2)
Additional Intensive Cardiac Rehabilitation Services(3-2)		Pulmonary Rehabilitation Services(3-3)
Additional Pulmonary Rehabilitation Services(3-2)		SET for PAIN Services(3-4)

Is prior authorization required for any POS service categories? *

Select the POS service categories that require prior authorization: *

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>

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Prior Authorization and Referral – Prior Authorization – Page 2

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - In Progress
- Prior Authorization & Referral - In Progress
- Prior Authorization - Completed
- Referral - In Progress
- Visitor Travel - Completed
- Cost Share Groups - In Progress
- VBld, MA Uniformity, SSBCI - In Progress
- Rx - In Progress

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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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 DAD Services(3-4)

Is prior authorization required for any POS service categories? *

Select the POS service categories that require prior authorization: *

Available

Search by terms Q

- 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)
- Pulmonary Rehabilitation Services(3-3)

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Selected

Search by terms Q

CY 2026 PBP Data Entry System Screens

Prior Authorization and Referral – Referral

Plan Characteristics - Completed

Standard ID - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Prior Authorization - Completed

Referral - In Progress

Visitor Travel - Completed

Cost Share Groups - In Progress

VBI, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Prior Authorization & Referral
Updated by STE TESTER on 12/17/2023 3:41:26 AM EST

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

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

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	Routine Hearing Exams(18a)
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)	

SNF(1a) Medicare Excludes (18)(1)(2)

Is referral required for any POS service categories? *

Select the POS service categories that requires a referral: *

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	Routine Hearing Exams(18a)
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)	

Diagnosis: Rehabilitation Services(3-2)

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

Visitor Travel

Plan Characteristics - Completed	<h3>Visitor Travel</h3> <p>Updated by STE TESTER on 12/11/2023 12:40:18 PM EST</p> <p>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</p> <p>Does this plan offer the US Visitor/Travel Program (V/T)? *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Select the type of benefit: *</p> <p><input checked="" type="radio"/> Mandatory <input type="radio"/> Optional</p> <p>Select the geographic area: *</p> <p><input checked="" type="radio"/> In the United States and its territories <input type="radio"/> Other-please define in the marketing materials</p>	Plan Characteristics
Standard Bid - Completed		
Benefit Offerings - Completed		
Plan Level Cost Sharing - In Progress		
Prior Authorization & Referral - In Progress		
Prior Authorization - Completed		
Referral - In Progress		
Visitor Travel - Completed		
Cost Share Groups - In Progress		
VBID, MA Uniformity, SSBCI - In Progress		
Rx - In Progress		