

# CY 2026 PBP Data Entry System Screens

## 1a - Inpatient Hospital-Acute - Page 1

### Inpatient Hospital-Acute (1a)

Plan Char

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

Yes  No

MOOP amount

Periodicity

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

Yes  No

Number of tiers

Lowest cost tier

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Is there a coinsurance?

Yes  No

Tier 1	Tier 2	Tier 3
Do you charge the Medicare-defined cost share for tier 1?	Do you charge the Medicare-defined cost share for tier 2?	Do you charge the Medicare-defined cost share for tier 3?
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

# CY 2026 PBP Data Entry System Screens

## 1a - Inpatient Hospital-Acute - Page 2

Tier 1	Tier 2	Tier 3																											
<p>Do you charge the Medicare-defined cost share for tier 1?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Coinsurance for Medicare-covered stay: <input type="text" value="2%"/></p> <p>Number of day intervals for Medicare-covered stay: <input type="text" value="3"/></p>	<p>Do you charge the Medicare-defined cost share for tier 2?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Coinsurance for Medicare-covered stay: <input type="text" value="4%"/></p> <p>Number of day intervals for Medicare-covered stay: <input type="text" value="3"/></p>	<p>Do you charge the Medicare-defined cost share for tier 3?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Coinsurance for Medicare-covered stay: <input type="text" value="4%"/></p> <p>Number of day intervals for Medicare-covered stay: <input type="text" value="3"/></p>																											
<table border="0" style="width: 100%;"> <tr> <td>Coinsurance: <input type="text" value="0%"/></td> <td>Begin day: <input type="text" value="1"/></td> <td>End day: <input type="text" value="6"/></td> </tr> <tr> <td>Coinsurance: <input type="text" value="8%"/></td> <td>Begin day: <input type="text" value="7"/></td> <td>End day: <input type="text" value="10"/></td> </tr> <tr> <td>Coinsurance: <input type="text" value="20%"/></td> <td>Begin day: <input type="text" value="11"/></td> <td>End day: <input type="text" value="19"/></td> </tr> </table>	Coinsurance: <input type="text" value="0%"/>	Begin day: <input type="text" value="1"/>	End day: <input type="text" value="6"/>	Coinsurance: <input type="text" value="8%"/>	Begin day: <input type="text" value="7"/>	End day: <input type="text" value="10"/>	Coinsurance: <input type="text" value="20%"/>	Begin day: <input type="text" value="11"/>	End day: <input type="text" value="19"/>	<table border="0" style="width: 100%;"> <tr> <td>Coinsurance: <input type="text" value="4%"/></td> <td>Begin day: <input type="text" value="1"/></td> <td>End day: <input type="text" value="10"/></td> </tr> <tr> <td>Coinsurance: <input type="text" value="4%"/></td> <td>Begin day: <input type="text" value="1"/></td> <td>End day: <input type="text" value="10"/></td> </tr> <tr> <td>Coinsurance: <input type="text" value="4%"/></td> <td>Begin day: <input type="text" value="1"/></td> <td>End day: <input type="text" value="10"/></td> </tr> </table>	Coinsurance: <input type="text" value="4%"/>	Begin day: <input type="text" value="1"/>	End day: <input type="text" value="10"/>	Coinsurance: <input type="text" value="4%"/>	Begin day: <input type="text" value="1"/>	End day: <input type="text" value="10"/>	Coinsurance: <input type="text" value="4%"/>	Begin day: <input type="text" value="1"/>	End day: <input type="text" value="10"/>	<table border="0" style="width: 100%;"> <tr> <td>Coinsurance: <input type="text" value="4%"/></td> <td>Begin day: <input type="text" value="1"/></td> <td>End day: <input type="text" value="1"/></td> </tr> <tr> <td>Coinsurance: <input type="text" value="4%"/></td> <td>Begin day: <input type="text" value="1"/></td> <td>End day: <input type="text" value="1"/></td> </tr> <tr> <td>Coinsurance: <input type="text" value="4%"/></td> <td>Begin day: <input type="text" value="1"/></td> <td>End day: <input type="text" value="1"/></td> </tr> </table>	Coinsurance: <input type="text" value="4%"/>	Begin day: <input type="text" value="1"/>	End day: <input type="text" value="1"/>	Coinsurance: <input type="text" value="4%"/>	Begin day: <input type="text" value="1"/>	End day: <input type="text" value="1"/>	Coinsurance: <input type="text" value="4%"/>	Begin day: <input type="text" value="1"/>	End day: <input type="text" value="1"/>
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Coinsurance: <input type="text" value=""/>	Begin day: <input type="text" value=""/>	End day: <input type="text" value=""/>																											
<p><input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/></p>																													

# CY 2026 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 3

Coinsurance: <input type="text" value="20%"/> Begin day: <input type="text" value="11"/> End day: <input type="text" value="19"/>	Coinsurance: <input type="text" value="4%"/> Begin day: <input type="text" value="1"/> End day: <input type="text" value="10"/>	Coinsurance: <input type="text" value="4%"/> Begin day: <input type="text" value="1"/>
Is there a copayment? <input checked="" type="radio"/> Yes <input type="radio"/> No		
<b>Tier 1</b> Do you charge the Medicare-defined cost share for tier 1? <input checked="" type="radio"/> Yes <input type="radio"/> No Copayment for Medicare-covered stay: <input type="text" value="\$0"/> Number of day intervals for Medicare-covered stay: <input type="text" value="3"/>	<b>Tier 2</b> Do you charge the Medicare-defined cost share for tier 2? <input type="radio"/> Yes <input checked="" type="radio"/> No Copayment for Medicare-covered stay: <input type="text" value="\$113"/> Number of day intervals for Medicare-covered stay: <input type="text" value="3"/>	<b>Tier 3</b> Do you charge the Medicare-defined cost share for tier 3? <input type="radio"/> Yes <input checked="" type="radio"/> No Copayment for Medicare-covered stay: <input type="text" value="\$0"/> Number of day intervals for Medicare-covered stay: <input type="text" value="3"/>
Copayment: <input type="text" value="\$250"/> Begin Day: <input type="text" value="1"/> End Day: <input type="text" value="8"/>	Copayment: <input type="text" value="\$40"/> Begin Day: <input type="text" value="1"/> End Day: <input type="text" value="10"/>	Copayment: <input type="text" value="\$40"/> Begin Day: <input type="text" value="1"/>
Copayment: <input type="text" value="\$0"/> Begin Day: <input type="text" value="9"/> End Day: <input type="text" value="9"/>	Copayment: <input type="text" value="\$40"/> Begin Day: <input type="text" value="1"/> End Day: <input type="text" value="10"/>	Copayment: <input type="text" value="\$40"/> Begin Day: <input type="text" value="1"/>
Copayment: <input type="text" value="\$0"/> Begin Day: <input type="text" value="10"/> End Day: <input type="text" value="90"/>	Copayment: <input type="text" value="\$40"/> Begin Day: <input type="text" value="1"/> End Day: <input type="text" value="10"/>	Copayment: <input type="text" value="\$40"/> Begin Day: <input type="text" value="1"/>
<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

## 1a - Inpatient Hospital-Acute - Page 4

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

Is there a deductible?

Yes  No

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

What is your inpatient hospital-acute benefit period?

Annual

# CY 2026 PBP Data Entry System Screens

## 1a - Inpatient Hospital-Acute - Page 5

Do you charge cost sharing on the day of discharge?

Yes  No

Authorization required for this benefit?

**Yes**

Referral required for this benefit?

**No**

**Out-of-Network (OON) Benefits**

Is there a coinsurance?

Yes  No

Do you charge the Medicare-defined cost share?

Yes  No

Coinsurance

Number of day intervals

Coinsurance  Begin day  End day

# CY 2026 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 6

Coinsurance 4%	Begin day 1	End day 10
Coinsurance 4%	Begin day 1	End day 10

Is there a copayment?

Yes  No

Do you charge the Medicare-defined cost share?

Yes  No

Copayment  
\$40

Number of day intervals  
3

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

# CY 2026 PBP Data Entry System Screens

## 1a - Inpatient Hospital-Acute - Page 7

Is there a deductible?

Yes  No

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

Yes  No

Deductible amount

---

**Point-of-Service (POS) benefits**

Is there a POS maximum plan benefit coverage?

Yes  No

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

Yes  No

Maximum plan benefit coverage amount

Periodicity

Is there a coinsurance?

# CY 2026 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 8

Is there a coinsurance?  
 Yes  No

Do you charge the Medicare-defined cost share?  
 Yes  No

Coinsurance for Medicare-covered stay

Number of day intervals for Medicare-covered stay

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

Is there a copayment?  
 Yes  No

Do you charge the Medicare-defined cost share?  
 Yes  No

# CY 2026 PBP Data Entry System Screens

1a - Inpatient Hospital-Acute - Page 9

Is there a copayment?

Yes  No

Do you charge the Medicare-defined cost share?

Yes  No

Copayment for Medicare-covered stay

\$40

Number of day intervals for Medicare-covered stay

3

Copayment	Begin Day	End Day
\$40	1	10

Copayment	Begin Day	End Day
\$40	1	10

Copayment	Begin Day	End Day
\$40	1	10

Is there a deductible?

# CY 2026 PBP Data Entry System Screens

## 1a - Inpatient Hospital-Acute - Page 10

Do you charge the Medicare-defined cost share? ⓘ

Copayment ⓘ \*

\$

Number of day intervals for Medicare-covered stay ^

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Is there a deductible? ⓘ \*

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

Deductible amount ⓘ \*

\$

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Authorization required for this benefit?

No

Referral required for this benefit?

No

---

Notes \*

test

4/2000 characters

# CY 2026 PBP Data Entry System Screens

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

### Additional Days for Inpatient Hospital-Acute (1a1)

[Plan Char](#)

Is this benefit unlimited?

Indicate number of Additional Days per benefit period:

---

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

Number of tiers

Lowest cost tier

---

Is there a coinsurance?

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

# CY 2026 PBP Data Entry System Screens

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

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

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

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

Authorization required for this benefit?  
Yes

Referral required for this benefit?  
No

Notes \*  
test notes

10/2000 characters

# CY 2026 PBP Data Entry System Screens

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

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

[Plan Characteristics](#)

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

Yes  No

Coinsurance percentage

Number of day intervals

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

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

Yes  No

Copayment

Number of day intervals

# CY 2026 PBP Data Entry System Screens

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

Copayment

Number of day intervals

Copayment <input type="text" value="\$40"/>	Begin Day <input type="text" value="1"/>	End Day <input type="text" value="10"/>
Copayment <input type="text" value="\$40"/>	Begin Day <input type="text" value="1"/>	End Day <input type="text" value="10"/>
Copayment <input type="text" value="\$40"/>	Begin Day <input type="text" value="1"/>	End Day <input type="text" value="10"/>

# CY 2026 PBP Data Entry System Screens

## 1a3 – Upgrades for Inpatient Hospital-Acute

### Upgrades for Inpatient Hospital-Acute (1a3)

[Plan Characteristics](#)

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

Yes  No

Coinsurance percentage

---

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

Yes  No

Copayment amount per stay

Copayment amount per day

[+ Add Notes](#)

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

# CY 2026 PBP Data Entry System Screens

## 1b - Inpatient Hospital-Psychiatric - Page 1

### Inpatient Hospital Psychiatric (1b) - Medicare ⓘ

Plan Characteristics

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

Yes  No

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

Covered under Inpatient hospital services category (1a)

Plan-specified amount per period

MOOP amount ⓘ\*  
\$

Periodicity ⓘ\*  
▼

---

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

Yes  No

Number of tiers ⓘ\*  
3 ▼

Lowest cost tier ⓘ\*  
1 ▼

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Is there a coinsurance? ⓘ\*

Yes  No

Tier 1 | Tier 2 | Tier 3

# CY 2026 PBP Data Entry System Screens

## 1b - Inpatient Hospital-Psychiatric - Page 2

<p><b>Tier 1</b> Do you charge the Medicare-defined cost share for tier 1?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Coinsurance for Medicare-covered stay <b>4%</b></p> <p>Number of day intervals for Medicare-covered stay <b>3</b></p> <table><tr><td>Coinsurance</td><td>Begin Day</td><td>End Day</td></tr><tr><td><b>4%</b></td><td><b>1</b></td><td><b>10</b></td></tr><tr><td>Coinsurance</td><td>Begin Day</td><td>End Day</td></tr><tr><td><b>4%</b></td><td><b>1</b></td><td><b>10</b></td></tr><tr><td>Coinsurance</td><td>Begin Day</td><td>End Day</td></tr><tr><td><b>4%</b></td><td><b>1</b></td><td><b>10</b></td></tr></table>	Coinsurance	Begin Day	End Day	<b>4%</b>	<b>1</b>	<b>10</b>	Coinsurance	Begin Day	End Day	<b>4%</b>	<b>1</b>	<b>10</b>	Coinsurance	Begin Day	End Day	<b>4%</b>	<b>1</b>	<b>10</b>	<p><b>Tier 2</b> Do you charge the Medicare-defined cost share for tier 2?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Coinsurance for Medicare-covered stay <b>4%</b></p> <p>Number of day intervals for Medicare-covered stay <b>3</b></p> <table><tr><td>Coinsurance</td><td>Begin Day</td><td>End Day</td></tr><tr><td><b>4%</b></td><td><b>1</b></td><td><b>10</b></td></tr><tr><td>Coinsurance</td><td>Begin Day</td><td>End Day</td></tr><tr><td><b>4%</b></td><td><b>1</b></td><td><b>10</b></td></tr><tr><td>Coinsurance</td><td>Begin Day</td><td>End Day</td></tr><tr><td><b>4%</b></td><td><b>1</b></td><td><b>10</b></td></tr></table>	Coinsurance	Begin Day	End Day	<b>4%</b>	<b>1</b>	<b>10</b>	Coinsurance	Begin Day	End Day	<b>4%</b>	<b>1</b>	<b>10</b>	Coinsurance	Begin Day	End Day	<b>4%</b>	<b>1</b>	<b>10</b>	<p><b>Tier 3</b> Do you charge the medicare-defin for tier 3?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Coinsurance for Medicare-covered stay – <b>4%</b></p> <p>Number of day intervals for Medicare-cov <b>3</b></p> <table><tr><td>Coinsurance</td><td>Begin Day</td></tr><tr><td><b>4%</b></td><td><b>1</b></td></tr><tr><td>Coinsurance</td><td>Begin Day</td></tr><tr><td><b>4%</b></td><td><b>1</b></td></tr><tr><td>Coinsurance</td><td>Begin Day</td></tr><tr><td><b>4%</b></td><td><b>1</b></td></tr></table>	Coinsurance	Begin Day	<b>4%</b>	<b>1</b>	Coinsurance	Begin Day	<b>4%</b>	<b>1</b>	Coinsurance	Begin Day	<b>4%</b>	<b>1</b>
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<p><b>Tier 1</b> Do you charge the Medicare-defined cost share for tier 1?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p><b>Tier 2</b> Do you charge the Medicare-defined cost share for tier 2?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p><b>Tier 3</b> Do you charge the medicare-defin for tier 3?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>																																																
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# CY 2026 PBP Data Entry System Screens

## 1b - Inpatient Hospital-Psychiatric - Page 3

<p><b>Tier 1</b> Do you charge the Medicare-defined cost share for tier 1?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Copayment for Medicare-covered stay \$40</p> <p>Number of day intervals for Medicare-covered stay 3</p> <table border="0"><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr></table> <p>Is there a deductible?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><b>Tier 1</b> Deductible amount \$40</p>	Copayment	Begin Day	End Day	\$40	1	10	Copayment	Begin Day	End Day	\$40	1	10	Copayment	Begin Day	End Day	\$40	1	10	<p><b>Tier 2</b> Do you charge the Medicare-defined cost share for tier 2?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Copayment for Medicare-covered stay \$40</p> <p>Number of day intervals for Medicare-covered stay 3</p> <table border="0"><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr></table> <p><b>Tier 2</b> Deductible amount \$40</p>	Copayment	Begin Day	End Day	\$40	1	10	Copayment	Begin Day	End Day	\$40	1	10	Copayment	Begin Day	End Day	\$40	1	10	<p><b>Tier 3</b> Do you charge the medicare-defin for tier 3?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Copayment for Medicare-covered stay \$40</p> <p>Number of day intervals for Medicare-cove 3</p> <table border="0"><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr><tr><td>Copayment</td><td>Begin Day</td><td>End Day</td></tr><tr><td>\$40</td><td>1</td><td>10</td></tr></table> <p><b>Tier 3</b> Deductible amount \$40</p>	Copayment	Begin Day	End Day	\$40	1	10	Copayment	Begin Day	End Day	\$40	1	10	Copayment	Begin Day	End Day	\$40	1	10
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# CY 2026 PBP Data Entry System Screens

## 1b - Inpatient Hospital-Psychiatric - Page 4

Tier 1 Deductible amount <b>\$40</b>	Tier 2 Deductible amount <b>\$40</b>	Tier 3 Deductible amount <b>\$40</b>
--	--	--

What is your Inpatient Hospital Psychiatric benefit period?  
Psychiatric benefit period  
**Per Admission**

Do you charge cost sharing on the day of discharge?  
**Yes** No

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

**Out-of-Network (OON) Benefits**

Is there a coinsurance?  
**Yes** No

Do you charge the Medicare-defined cost share?  
**Yes** No

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

# CY 2026 PBP Data Entry System Screens

## 1b - Inpatient Hospital-Psychiatric - Page 5

Do you charge the Medicare-defined cost share?

Yes  No

Coinsurance

Number of day intervals

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

---

Is there a copayment?

Yes  No

Do you charge the Medicare-defined cost share?

Yes  No

Copayment

Number of day intervals

# CY 2026 PBP Data Entry System Screens

## 1b - Inpatient Hospital-Psychiatric - Page 6

### Point-of-Service (POS) Benefits

Is there a coinsurance? ⓘ \*

Yes  No

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

Yes  No

Coinsurance ⓘ \*  
4%

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

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

---

Is there a copayment? ⓘ \*

Yes  No

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

Yes  No

Copayment ⓘ \*  
\$ 40.00

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

# CY 2026 PBP Data Entry System Screens

## 1b - Inpatient Hospital-Psychiatric - Page 7

Is there a copayment? ⓘ \*

Yes  No

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

Yes  No

Copayment ⓘ \*  
\$ 40.00

Number of day intervals for Medicare-covered stay ^  
3

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

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes \*  
t

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# CY 2026 PBP Data Entry System Screens

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

### Additional Days for Inpatient Hospital Psychiatric (1b1) - Non-Medicare

[Plan Characteristics](#)

Is this benefit unlimited?  ⓘ  \*

Indicate number of Additional Days per benefit period:  ⓘ  \*

\_\_\_\_\_

---

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

Number of tiers  ⓘ  \*

3

Lowest cost tier  ⓘ  \*

1

---

Is there a coinsurance? \*

Tier 1	Tier 2	Tier 3
Number of day intervals for additional days *	Number of day intervals for additional days *	Number of day intervals for additional days *
3	3	3
Coinsurance <span> ⓘ </span> *	Coinsurance <span> ⓘ </span> *	Coinsurance <span> ⓘ </span> *
Begin Day <span> ⓘ </span> *	Begin Day <span> ⓘ </span> *	Begin Day <span> ⓘ </span> *
End Day <span> ⓘ </span> *	End Day <span> ⓘ </span> *	End Day <span> ⓘ </span> *
Coinsurance <span> ⓘ </span> *	Coinsurance <span> ⓘ </span> *	Coinsurance <span> ⓘ </span> *
Begin Day <span> ⓘ </span> *	Begin Day <span> ⓘ </span> *	Begin Day <span> ⓘ </span> *
End Day <span> ⓘ </span> *	End Day <span> ⓘ </span> *	End Day <span> ⓘ </span> *
Coinsurance <span> ⓘ </span> *	Coinsurance <span> ⓘ </span> *	Coinsurance <span> ⓘ </span> *
Begin Day <span> ⓘ </span> *	Begin Day <span> ⓘ </span> *	Begin Day <span> ⓘ </span> *
End Day <span> ⓘ </span> *	End Day <span> ⓘ </span> *	End Day <span> ⓘ </span> *
91	91	91
999	999	999

Is there a copayment? \*



# CY 2026 PBP Data Entry System Screens

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

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

[Plan Characteristics](#)

Is there a coinsurance?

Yes  No

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

Yes  No

Coinsurance

Number of day intervals

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

Is there a copayment?

Yes  No

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

# CY 2026 PBP Data Entry System Screens

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

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

Yes  No

Copayment ⓘ \*  
\$ 40.00

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

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

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

[+ Add Notes](#)

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

# CY 2026 PBP Data Entry System Screens

## 2 - Skilled Nursing Facility - Page 1

### Skilled Nursing Facility (SNF) (2) - Medicare ⓘ

[Plan Characteristics](#)

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

Yes  No

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

Days ⓘ \*

---

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

Yes  No

MOOP amount ⓘ \*

Periodicity ⓘ \*

---

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

Yes  No

Number of tiers ⓘ \*

Lowest cost tier ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 2 - Skilled Nursing Facility - Page 2

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

Yes  No

Number of tiers ⓘ \*

Lowest cost tier ⓘ \*

---

Is there a coinsurance? ⓘ \*

Yes  No

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

# CY 2026 PBP Data Entry System Screens

## 2 - Skilled Nursing Facility - Page 3

Is there a copayment? ⓘ \*

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

What is your SNF period?  
Periodicity ⓘ \*  
Per Admission or Per Stay

Do you charge cost sharing on the day of discharge? ⓘ \*

Authorization required for this benefit?

# CY 2026 PBP Data Entry System Screens

## 2 - Skilled Nursing Facility - Page 4

Authorization required for this benefit?  
Yes

Referral required for this benefit?  
No

---

**Out-of-Network (OON) Benefits**

Is there a coinsurance? \*

Yes  No

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

Yes  No

Coinsurance \*

Number of day intervals for Medicare-covered stay \*

---

Is there a copayment? \*

Yes  No

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

Yes  No

# CY 2026 PBP Data Entry System Screens

## 2 - Skilled Nursing Facility - Page 5

- ▼ Inpatient Hospital Services(1) - Completed
- ▼ Skilled Nursing Facility (SNF)(2) - Completed
- ▼ Cardiac and Pulmonary Rehabilitation Services(3) - Completed
- ▼ Emergency/Urgently Needed Services(4) - Completed
- ▼ Partial Hospitalization/Intensive Outpatient Program Services(5) - Completed
- Home Health Services(6) - Completed
- ▼ Health Care Professional Services(7) - Completed
- ▼ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- ▼ Outpatient Services(9) - Completed
- ▼ Ambulance/Transportation Services(10) - In Progress
- ▼ DME, Prosthetics and Medical and Diabetic Supplies(11) - Completed
- Dialysis Services(12) - Completed
- ▼ Other Supplemental Services(13) - Completed
- ▼ Preventive and Other Defined Supplemental Services(14) - Completed
- ▼ Medicare Part B Rx Drugs(15) -

### Out-of-Network (OON) Benefits

Is there a coinsurance? \*

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

Coinurance \*

  

Number of day intervals for Medicare-covered stay \*

---

Is there a copayment? \*

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

Copayment \*

  

Number of day intervals for Medicare-covered stay \*

---

Is there a deductible? ⓘ \*

Notes

# CY 2026 PBP Data Entry System Screens

## 2 - Skilled Nursing Facility - Page 6

**Point-of-Service (POS) Benefits**

Is there a coinsurance? \*

Yes  No

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

Yes  No

Coinsurance \*

Number of day intervals for Medicare-covered stay \*

Is there a copayment? \*

Yes  No

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

Yes  No

Copayment \*

\$

Number of day intervals for Medicare-covered stay \*

Is there a deductible? ⓘ \*

Yes  No

Deductible amount \*

\$

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

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# CY 2026 PBP Data Entry System Screens

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

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

Is this benefit unlimited?

Yes  No

Indicate number of Additional Days per benefit period

Periodicity

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

Yes  No

Number of Tiers

Lowest Cost Tier

---

Is there a coinsurance?

Yes  No

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

# CY 2026 PBP Data Entry System Screens

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

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

Is there a copayment?

Yes  No

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

# CY 2026 PBP Data Entry System Screens

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

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

[+ Add Notes](#)

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

# CY 2026 PBP Data Entry System Screens

## 3 - Cardiac and Pulmonary Rehabilitation Services

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

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

**Cardiac and Pulmonary Rehabilitation Services(3) - In Progress**

Cardiac Rehabilitation Services(3-1) - In Progress

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

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

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

Pulmonary Rehabilitation Services(3-3) - In Progress

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

### Cardiac and Pulmonary Rehabilitation Services (3) - Medicare ⓘ

Plan Characteristics

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

Yes  No

MOOP amount ⓘ \*  
\$

Periodicity ⓘ \*  
▼

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

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \*  
\$

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 3-1 - Cardiac Rehabilitation Services -Page 1

### Cardiac Rehabilitation Services(3-1)

[Plan Characteristics](#)

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 3-1 - Cardiac Rehabilitation Services -Page 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 3-1 - Cardiac Rehabilitation Services -Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

3-1 - Cardiac Rehabilitation Services -Page 4

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

### Intensive Cardiac Rehabilitation Services(3-2)

Plan Characteristics

Is there a coinsurance?

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 3-1 – Intensive Cardiac Rehabilitation Services -Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 3-2 – Intensive Cardiac Rehabilitation Services -Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \*  Maximum copayment ⓘ \*

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \*

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

3-2 – Intensive Cardiac Rehabilitation Services -Page 4

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 3-3 - Pulmonary Rehabilitation Services - Page 1

### Pulmonary Rehabilitation Services(3-3)

Plan Characteristics

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 3-3 - Pulmonary Rehabilitation Services -Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

---

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

---

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 3-3 - Pulmonary Rehabilitation Services -Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

3-3 - Pulmonary Rehabilitation Services -Page 4

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 1

## SET for PAD Services(3-4)

[Plan Characteristics](#)

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

---

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

---

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 3-4 - SET for PAD Services -Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

3-4 - SET for PAD Services -Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 3-1 - Additional Cardiac Rehabilitation Services - Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

**Additional Cardiac Rehabilitation Services(3-1) - In Progress**

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

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

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

Emergency/Urgently Needed Services(4) - Not Started

### Additional Cardiac Rehabilitation Services(3-1)

[Plan Characteristics](#)

Is this benefit unlimited?

Yes  No

Indicate number of visits

Periodicity

---

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

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

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a maximum plan benefit coverage amount? \*

Yes  No

Maximum plan benefit coverage amount \*  
\$ 13.00

Periodicity \*  
Other, Describe

Description \*  
test

4/300 characters

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 3-1 - Additional Cardiac Rehabilitation Services -Page 3

4/300 characters

Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*  Maximum copayment \*

Is there a deductible? \*

Yes  No

Deductible amount \*

Out-of-Network Notes \*

test

4/2000 characters

# CY 2026 PBP Data Entry System Screens

## 3-1 - Additional Cardiac Rehabilitation Services -Page 4

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1-POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

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

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

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

Emergency/Urgently Needed Services(4) -

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

Is this benefit unlimited?

Yes No

Indicate number of visits

10

Periodicity

6 Months

---

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance

4%

Maximum coinsurance

8%

---

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment

\$400

Maximum copayment

\$400

# CY 2026 PBP Data Entry System Screens

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

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a maximum plan benefit coverage amount? \*

Yes  No

Maximum plan benefit coverage amount \*  
\$ 13.00

Periodicity \*  
Other, Describe

Description \*  
test

4/300 characters

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

4/300 characters

---

Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

---

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*  Maximum copayment \*

---

Is there a deductible? \*

Yes  No

Deductible amount \*

---

Out-of-Network Notes \*

test

4/2000 characters

# CY 2026 PBP Data Entry System Screens

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

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 3-3 - Additional Pulmonary Rehabilitation Services -Page 1

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

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

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

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

### Additional Pulmonary Rehabilitation Services(3-3)

[Plan Characteristics](#)

Is this benefit unlimited?

Yes  No

Indicate number of visits

Periodicity

---

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 3-3 - Additional Pulmonary Rehabilitation Services -Page 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a maximum plan benefit coverage amount? \*

Yes  No

Maximum plan benefit coverage amount \*  
\$ 13.00

Periodicity \*  
Other, Describe

Description \*  
test

4/300 characters

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 3-3 - Additional Pulmonary Rehabilitation Services -Page 3

4/300 characters

Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*  Maximum copayment \*

Is there a deductible? \*

Yes  No

Deductible amount \*

Out-of-Network Notes \*

test

4/2000 characters

# CY 2026 PBP Data Entry System Screens

## 3-3 - Additional Pulmonary Rehabilitation Services -Page 4

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1 - POS ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

+ Add Notes

---

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

In Patient Hospital Services(1) - Completed

Skilled Nursing Facility (SNF)(2) - Completed

Cardiac and Pulmonary Rehabilitation Services(3) - In Progress

Cardiac Rehabilitation Services(3-1) - Completed

Intensive Cardiac Rehabilitation Services(3-2) - Completed

Pulmonary Rehabilitation Services(3-3) - Completed

SET for PAD Services(3-4) - Completed

Additional Cardiac Rehabilitation Services(3-1) - Complete

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

Additional Pulmonary Rehabilitation Services(3-3) - Complete

**Additional SET for PAD Services(3-4) - In Progress**

Emergency/Urgently Needed Services(4) - Not Started

### Additional SET for PAD Services(3-4)

[Plan Characteristics](#)

Is this benefit unlimited?

Yes **No**

Indicate number of visits

Periodicity

---

Is there a coinsurance?

Yes **Yes with a min & max** No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes **Yes with a min & max** No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 3-4 Additional SET for PAD Services -Page 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a maximum plan benefit coverage amount? \*

Yes  No

Maximum plan benefit coverage amount \*  
\$ 13.00

Periodicity \*  
Other, Describe

Description \*  
test

4/300 characters

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

4/300 characters

Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*  Maximum copayment \*

Is there a deductible? \*

Yes  No

Deductible amount \*

Out-of-Network Notes \*

test

4/2000 characters

# CY 2026 PBP Data Entry System Screens

3-4 Additional SET for PAD Services - Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
Group Name 1 - POS ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

+ Add Notes

---

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 4a Emergency Services -Page 1

### Emergency Services (4a) - Medicare ⓘ

Enhanced Benefits are not applicable for this Service Category.

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

Yes  No

MOOP amount ⓘ \*

Periodicity ⓘ \*

---

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*

Maximum coinsurance ⓘ \*

Maximum per visit amount ⓘ \*

---

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

Yes  No

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

Days  Hours

Enter number of days ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 4a Emergency Services -Page 2

Days  Hours

Number of days

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

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

Yes  No

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

Days  Hours

Enter number of days

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

Yes  No

---

---

# CY 2026 PBP Data Entry System Screens

## 4b - Urgently Needed Services -Page 1

### Urgently Needed Services (4b)

[Plan Characteristics](#)

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

Yes  No

Select the maximum enrollee out-of-pocket cost type

Covered under emergency/post stabilization services

Plan-specified amount per period

MOOP amount

Periodicity

---

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

Maximum per visit amount

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

Yes  No

# CY 2026 PBP Data Entry System Screens

## 4b - Urgently Needed Services -Page 2

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

Yes  No

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

Days  Hours

Enter number of days

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

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

Yes  No

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

Days  Hours

Enter number of days

---

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

# CY 2026 PBP Data Entry System Screens

## 4b - Urgently Needed Services -Page 3

Enter number of days

---

Is there a copayment?

Minimum copayment  Maximum copayment

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

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

Enter number of days

---

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

---

---

# CY 2026 PBP Data Entry System Screens

## 4c - Worldwide Emergency /Urgent Coverage -Page 1

### Worldwide Emergency/Urgent Coverage (4c) Plan Characteristics

Is there a maximum plan benefit coverage?

Yes  No

Is the maximum plan benefit coverage amount unlimited?

Yes  No

Maximum amount

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

Yes  No

MOOP amount

Periodicity

---

Is there a deductible?

Yes  No

Deductible amount

---

# CY 2026 PBP Data Entry System Screens

## 4c - Worldwide Emergency /Urgent Coverage -Page 2

Is there a maximum plan benefit coverage?

Yes  No

Is the maximum plan benefit coverage amount unlimited?

Yes  No

Maximum amount

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

Yes  No

MOOP amount

Periodicity

---

Is there a deductible?

Yes  No

Deductible amount

---

# CY 2026 PBP Data Entry System Screens

## 4c1 - Worldwide Emergency Coverage

### Worldwide Emergency Coverage (4c1) Plan Characteristics

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

Is this Coinsurance waived if admitted to hospital?

Yes  No

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

Is the Copayment waived if admitted to hospital?

Yes  No

[+ Add Notes](#)

# CY 2026 PBP Data Entry System Screens

## 4c2 - Worldwide Urgent Coverage

### Worldwide Urgent Coverage (4c2) Plan Characteristics

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

Is this Coinsurance waived if admitted to hospital?

Yes  No

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

Is the Copayment waived if admitted to hospital?

Yes  No

[+ Add Notes](#)

# CY 2026 PBP Data Entry System Screens

## 4c3 - Worldwide Emergency Transportation

### Worldwide Emergency Transportation (4c3) Plan Characteristics

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

Is this Coinsurance waived if admitted to hospital?

Yes  No

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

Is the Copayment waived if admitted to hospital?

Yes  No

---

# CY 2026 PBP Data Entry System Screens

## 5a - Partial Hospitalization Program - Page 1

**Partial Hospitalization Program (5a) - Medicare** ⓘ Plan Characteristics

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

Yes  No

MOOP amount ⓘ \*

Periodicity ⓘ \*

---

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*

Maximum coinsurance ⓘ \*

---

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \*

Maximum copayment ⓘ \*

---

Is there a deductible? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 5a - Partial Hospitalization Program - Page 2

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \*

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*

2%

Maximum coinsurance ⓘ \*

3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 5a - Partial Hospitalization Program - Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \* \$

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

5a - Partial Hospitalization Program - Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 5b - Intensive Outpatient Program Services - Page 1

Intensive Outpatient Program Services (5b) - Medicare Plan Characteristics

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

Yes  No

MOOP amount ⓘ \*  
\$

Periodicity ⓘ \*

---

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*  Maximum coinsurance ⓘ \*

---

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \*  \$ Maximum copayment ⓘ \*  \$

---

Is there a deductible? ⓘ \*

Yes  No

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 5b - Intensive Outpatient Program Services - Page 2

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \*

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*

2%

Maximum coinsurance ⓘ \*

3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 5b - Intensive Outpatient Program Services - Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \*  Maximum copayment ⓘ \*

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \*

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

5b - Intensive Outpatient Program Services - Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 6 - Home Health Services - Page 1

**Home Health Services(6) - Completed**

- Health Care Professional Services(7) - Completed
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Completed
- Outpatient Services(9) - Completed
  - Outpatient Hospital Services(9a) - Completed
    - Outpatient Hospital Services(9a1) - Completed
    - Observation Services(9a2) - Completed
  - Ambulatory Surgical Center (ASC) Services(9b) - Completed
  - Outpatient Substance Abuse(9c) - Completed
  - Outpatient Blood Services(9d) - Completed

### Home Health Services (6) - Medicare ⓘ

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

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

Yes  No

MOOP amount \*  
\$

Periodicity \*

---

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

---

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment \*  \$ Maximum copayment \*  \$

# CY 2026 PBP Data Entry System Screens

6 -Home Health Services - Page 2

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

---

Is there a deductible?

Yes  No

Deductible amount

---

Authorization required for this benefit?

**Yes**

Referral required for this benefit?

**No**

# CY 2026 PBP Data Entry System Screens

## 6 -Home Health Services - Page 3

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 6 -Home Health Services - Page 4

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

6 -Home Health Services - Page 5

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 7a - Primary Care Physician Services -Page 1

### Primary Care Physician Services (7a) - Medicare ⓘ

[Plan Characteristics](#)

Enhanced Benefits are not applicable for this Service Category.

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

Yes  No

---

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

---

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \*  Maximum copayment ⓘ \*

---

Is there a deductible? ⓘ \*

Yes  No

# CY 2026 PBP Data Entry System Screens

## 7a - Primary Care Physician Services -Page 2

Is there a deductible? ⓘ \*

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Minimum coinsurance \*  Maximum coinsurance \*

Is there a copayment? ⓘ \*

Minimum copayment \*  Maximum copayment \*

Is there a deductible? \*

Out-of-Network Notes \*

TEST

4/2000 characters

# CY 2026 PBP Data Entry System Screens

7a - Primary Care Physician Services -Page 3

### Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

# CY 2026 PBP Data Entry System Screens

## 7b – Chiropractic Services -Page 1

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

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

Yes  No

MOOP amount \*  
\$ 1000.00

Periodicity \*  
Every 3 Years

Is there a medicare covered coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

Is there a medicare covered copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \* \$  Maximum copayment \* \$

Is there a medicare covered deductible? \*

Yes  No

Authorization required for this benefit?  
Yes

[Plan Characteristics](#)

# CY 2026 PBP Data Entry System Screens

## 7b – Chiropractic Services -Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*  
2%

Maximum coinsurance ⓘ \*  
3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 7b – Chiropractic Services -Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

7b – Chiropractic Services -Page 4

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 7b – Chiropractic Services – Non-Medicare

Home Health Services(6) - Completed

Health Care Professional Services(7) - Completed

Primary Care Physician Services(7a) - Completed

Chiropractic Services(7b) - Completed

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

Routine Chiropractic Care(7b1) - Completed

Non-routine Chiropractic Services(7b2) - Completed

Occupational Therapy Services(7c) - Completed

Physician Specialist Services(7d) - Completed

Mental Health Specialty Services(7e) - Completed

### Chiropractic Services (7b) - Non-Medicare ⓘ

Plan Characteristics

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

Yes  No

Maximum amount \*  
\$ 1000.00

Periodicity \*  
Every 3 Years

---

### Out-of-Network (OON) Benefits

Is there a maximum plan benefit coverage amount? \*

Yes  No

Maximum plan benefit coverage amount \*  
\$ 1500.00

Periodicity \*  
Every 3 Years

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care - Page 1

**Routine Chiropractic Care(7b1)**

Is this benefit unlimited?

Yes  No

Visits

Periodicity

---

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 7b1 – Routine Chiropractic Care - Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 7b1 – Routine Chiropractic Care - Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \* \$

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

7b1 – Routine Chiropractic Care - Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

# CY 2026 PBP Data Entry System Screens

## 7b2 – Other Chiropractic Care - Page 1

### Chiropractic Services (7b2) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? \*

Yes  No

Visits \*  
25

Periodicity \*  
Other, Describe

Description \*  
sample description  
18/300 characters

---

Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  
Maximum coinsurance \*

---

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*  
\$

Maximum copayment \*  
\$

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

7b2 – Other Chiropractic Care -Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 7b2 – Other Chiropractic Care -Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \*  Maximum copayment ⓘ \*

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \*

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

7b2 – Other Chiropractic Care -Page 4

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 7c - Occupational Therapy Services -Page 1

### Occupational Therapy Services (7c) - Medicare ⓘ

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

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

Yes  No

MOOP amount ⓘ \*  
\$

Periodicity ⓘ \*  
▼

---

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

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*  
Maximum coinsurance ⓘ \*

---

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \*  
\$ 35.00

Maximum copayment ⓘ \*  
\$ 35.00

---

Is there a deductible? ⓘ \*

Yes  No

# CY 2026 PBP Data Entry System Screens

## 7c - Occupational Therapy Services -Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 7c - Occupational Therapy Services -Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

7c - Occupational Therapy Services -Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

# CY 2026 PBP Data Entry System Screens

## 7d - Physician Specialist Services – Page 1

### Physician Specialist Services (7d) - Medicare ⓘ

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Yes  No

MOOP amount ⓘ \*  
\$

Periodicity ⓘ \*  
▼

---

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*  
Maximum coinsurance ⓘ \*

---

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \*  
\$ 35.00

Maximum copayment ⓘ \*  
\$ 35.00

---

Is there a deductible? ⓘ \*

Yes  No

# CY 2026 PBP Data Entry System Screens

## 7d - Physician Specialist Services – Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*  Maximum coinsurance ⓘ \*

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 7d - Physician Specialist Services – Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

7d - Physician Specialist Services – Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

# CY 2026 PBP Data Entry System Screens

## 7e - Mental Health Specialty Services

### Mental Health Specialty Services (7e) - Medicare ⓘ

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Yes  No

MOOP amount \*  
\$ 40.00

Periodicity \*  
Other, Describe ▾

Description \*  
sample description  
18/300 characters

---

Is there a deductible? ⓘ \*

Yes  No

[+ Add Notes](#)

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

# CY 2026 PBP Data Entry System Screens

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

## Individual Sessions for Mental Health Specialty Services(7e1)

Plan Characteristics

Is there a coinsurance?

Minimum coinsurance       Maximum coinsurance

---

Is there a copayment?

Minimum copayment       Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 7e1 - Individual Sessions for Mental Health Specialty Services - Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 7e1 - Individual Sessions for Mental Health Specialty Services - Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \* \$

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

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

### Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

---

# CY 2026 PBP Data Entry System Screens

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

## Group Sessions for Mental Health Specialty Services(7e2)

[Plan Characteristics](#)

Is there a coinsurance?

Minimum coinsurance

Maximum coinsurance

---

Is there a copayment?

Minimum copayment

# CY 2026 PBP Data Entry System Screens

## 7e2 - Group Sessions for Mental Health Specialty Services – Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Minimum coinsurance ⓘ \*

Maximum coinsurance ⓘ \*

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 7e2 - Group Sessions for Mental Health Specialty Services – Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \* \$

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

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

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

# CY 2026 PBP Data Entry System Screens

## 7f - Podiatry Services -Page 1

### Podiatry Services(7f) Plan Characteristics

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

Yes  No

MOOP amount

Periodicity

---

Is there a medicare covered coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a medicare covered copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

---

Is there a medicare covered deductible?

Yes  No

# CY 2026 PBP Data Entry System Screens

## 7f - Podiatry Services -Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*  Maximum coinsurance ⓘ \*

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 7f - Podiatry Services -Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

7f - Podiatry Services -Page 4

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

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

Is this benefit unlimited? \*

Yes  No

---

Is there a maximum plan benefit coverage amount? \*

Yes  No

Maximum amount \*  
\$ 1000.00

Periodicity \*  
Other, Describe

Description \*  
Describe other

14/300 characters

---

Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

---

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*  \$ Maximum copayment \*  \$

---

Authorization required for this benefit?

# CY 2026 PBP Data Entry System Screens

## 7f - Podiatry Services -Routine Foot Care -Page 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a maximum plan benefit coverage amount? \*

Yes  No

Maximum plan benefit coverage amount \*  
\$ 13.00

Periodicity \*  
Other, Describe

Description \*  
test

4/300 characters

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 7f - Podiatry Services -Routine Foot Care -Page 3

4/300 characters

---

Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

---

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*  Maximum copayment \*

---

Is there a deductible? \*

Yes  No

Deductible amount \*

---

Out-of-Network Notes \*

test

4/2000 characters

# CY 2026 PBP Data Entry System Screens

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

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1 - POS ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

+ Add Notes

---

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 7g - Other Health Care Professional -Page 1

### Other Health Care Professional(7g) Plan Characteristics

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

Yes  No

MOOP amount

Periodicity

---

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

---

Is there a deductible?

Yes  No

# CY 2026 PBP Data Entry System Screens

## 7g - Other Health Care Professional -Page 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 7g - Other Health Care Professional -Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

7g - Other Health Care Professional -Page 4

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

+ Add Notes

Close Save and Close Save and Next

CY 2026 PBP Data Entry System Screens

7h - Psychiatric Services

**Psychiatric Services(7h)** Plan Characteristics

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

Yes  No

MOOP amount

Periodicity

---

Is there a deductible?

Yes  No

Deductible amount

# CY 2026 PBP Data Entry System Screens

7h1 - Individual Sessions for Psychiatric Services - Page 1

## Individual Sessions for Psychiatric Services(7h1)

[Plan Characteristics](#)

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

7h1 - Individual Sessions for Psychiatric Services - Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 7h1 - Individual Sessions for Psychiatric Services - Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \* \$

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

7h1 - Individual Sessions for Psychiatric Services - Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

# CY 2026 PBP Data Entry System Screens

7h2 - Group Sessions for Psychiatric Services – Page 1

## Group Sessions for Psychiatric Services(7h2)

Plan Characteristics

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 7h2 - Group Sessions for Psychiatric Services - Page 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 7h2 - Group Sessions for Psychiatric Services - Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

7h2 - Group Sessions for Psychiatric Services - Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

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

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

Yes  No

MOOP amount \*  
\$

Periodicity \*

---

You must include total cost sharing to the beneficiary, including any facility cost sharing.  
Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

---

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*  \$ Maximum copayment \*  \$

---

Is there a deductible? \*

Yes  No

Authorization required for this benefit?

# CY 2026 PBP Data Entry System Screens

## 7i - Physical Therapy and Speech-Language Pathology Services - Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 7i - Physical Therapy and Speech-Language Pathology Services - Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \* \$

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

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

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 7j - Additional Telehealth Benefits - Page 1

- Psychiatric Services(7h) - Completed
- Individual Sessions for Psychiatric Services (7h1) - Completed
- Group Sessions for Psychiatric Services (7h2) - Completed
- Physical Therapy and Speech-Language Pathology Services(7i) - Completed
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started
- Other 1 for PT and SP Services (MMP) (7i1) - Not Started
- Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Benefits (7j) In Process**
- Opioid Treatment Program Services(7k) - Not Started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started
- Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started
- Diagnostic Procedures/Tests(8a1)- Not Started

### Additional Telehealth Benefits (7j) Plan Characteristics

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

Yes  No

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

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

---

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

Yes  No

MOOP amount

Periodicity

Close
Save and Close
Save and Next

# CY 2026 PBP Data Entry System Screens

## 7j - Additional Telehealth Benefits - Page 2

- Psychiatric Services(7h) - Completed
  - Individual Sessions for Psychiatric Services (7h1) - Completed
  - Group Sessions for Psychiatric Services (7h2) - Completed
  - Physical Therapy and Speech-Language Pathology Services(7i) - Completed
- Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started
  - Other 1 for PT and SP Services (MMP) (7i1) - Not Started
  - Other 2 for PT and SP Services (MMP) (7i2) - Not Started
- Additional Telehealth Benefits (7j) In Process**
- Opioid Treatment Program Services(7k) - Not Started
- Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started
  - Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started
  - Diagnostic Procedures/Tests(8a1) - Not Started

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

Is there a deductible?

Yes  No

Deductible amount

Authorization required for this benefit?

**Yes**

Referral required for this benefit?

**No**

# CY 2026 PBP Data Entry System Screens

## 7j - Additional Telehealth Benefits - Page 3

<p>^ Psychiatric Services(7h) - <b>Completed</b></p> <p>Individual Sessions for Psychiatric Services (7h1) - <b>Completed</b></p> <p>Group Sessions for Psychiatric Services (7h2) - <b>Completed</b></p> <p>Physical Therapy and Speech-Language Pathology Services(7i) - <b>Completed</b></p> <p>^ Physical Therapy and Speech-Language Pathology Services (MMP)(7i) - Not Started</p> <p>Other 1 for PT and SP Services (MMP) (7i1) - Not Started</p> <p>Other 2 for PT and SP Services (MMP) (7i2) - Not Started</p> <p><b>Additional Telehealth Benefits (7j)</b> In Process</p> <p>Opioid Treatment Program Services(7k) - Not Started</p> <p>^ Outpatient Procedures, Tests, Labs and Radiology Services(8) - Not Started</p> <p>^ Diagnostic Procedures/Tests/ Lab Services(8a) - Not Started</p> <p>Diagnostic Procedures/Tests(8a1)- Not Started</p>	<p>Minimum coinsurance <input type="text" value="4%"/> <input type="text" value="8%"/></p> <p>Maximum coinsurance</p> <hr/> <p>Is there a copayment? <input type="radio"/> Yes <input checked="" type="radio"/> Yes with a min &amp; max <input type="radio"/> No</p> <p>Minimum copayment <input type="text" value="\$400"/> <input type="text" value="\$400"/></p> <p>Maximum copayment</p> <hr/> <p>Is there a deductible? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Deductible amount <input type="text" value="\$400"/></p> <hr/> <p>Authorization required for this benefit? <b>Yes</b></p> <p>Referral required for this benefit? <b>No</b></p> <p><input type="button" value="+ Add Notes"/></p>
<p><input type="button" value="Close"/> <input type="button" value="Save and Close"/> <input type="button" value="Save and Next"/></p>	

# CY 2026 PBP Data Entry System Screens

## 7k - Opioid Treatment Program Services - Page 1

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

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

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

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

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

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

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

Additional Telehealth Services(7j) - **Not Started**

**Opioid Treatment Program Services(7k) - In Process**

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

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

Diagnostic Procedures/Tests(8a1) - **Not Started**

### Opioid Treatment Program Services(7k)

[Plan Characteristics](#)

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

Yes  No

MOOP amount

Periodicity

---

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

---

Is there a deductible?

Yes  No

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

# CY 2026 PBP Data Entry System Screens

## 7k - Opioid Treatment Program Services - Page 2

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \*

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*

2%

Maximum coinsurance ⓘ \*

3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 7k - Opioid Treatment Program Services - Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

7k - Opioid Treatment Program Services - Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 8a - Diagnostic Procedures /Tests/Lab Services

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

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

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

Yes  No

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

Is there a copayment? ⓘ \*

Yes  No

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

Yes  No

Is there a deductible? ⓘ \*

Yes  No

[+ Add Notes](#)

# CY 2026 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests -Page 1

## Diagnostic Procedures/Tests(8a1)

[Plan Characteristics](#)

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 8a1 - Diagnostic Procedures /Tests - Page 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 8a1 - Diagnostic Procedures /Tests - Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \*  Maximum copayment ⓘ \*

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \*

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

8a1 - Diagnostic Procedures /Tests - Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

8a2 - Lab Services - Page 1

## Lab Services(8a2)

[Plan Characteristics](#)

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 8a2 - Lab Services -Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 8a2 - Lab Services -Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

8a2 - Lab Services -Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 8b - Outpatient Diagnostic /Therapeutic Radiological Services

Health Care Professional Services(7) - In Progress

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

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

Diagnostic Procedures/Tests(8a1) - In Progress

Lab Services(8a2) - In Progress

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

Diagnostic Radiological Services(8b1) - In Progress

Therapeutic Radiological Services(8b2) - In Progress

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

Outpatient Services(9) - In Progress

Ambulance/Transportation Services(10) - In Progress

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

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

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

Enhanced Benefits are not applicable for this Service Category.

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

Yes  No

---

Is there a copayment? ⓘ

Yes  No

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

Yes  No

---

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

Is there a deductible? ⓘ \*

Yes  No

---

[+ Add Notes](#)

---

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

# CY 2026 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services - Page 1

## Diagnostic Radiological Services(8b1)

[Plan Characteristics](#)

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

Maximum per visit amount

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 8b1 - Diagnostic Radiological Services -Page 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 8b1 - Diagnostic Radiological Services -Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

8b1 - Diagnostic Radiological Services -Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

8b2 - Therapeutic Radiological Services -Page 1

## Plan ID / Segment ID ✕

### Therapeutic Radiological Services(8b2) Plan Characteristics

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 8b2 - Therapeutic Radiological Services -Page 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 8b2 - Therapeutic Radiological Services - Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

8b2 - Therapeutic Radiological Services - Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

8b3 - Outpatient X-Ray Services - Page 1

## Outpatient X-Ray Services(8b3)

[Plan Characteristics](#)

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 8b3 - Outpatient X-Ray Services -Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 8b3 - Outpatient X-Ray Services -Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

8b3 - Outpatient X-Ray Services -Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 9a1 - Outpatient Hospital Services -Page 1

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

Outpatient Services(9) - **In Progress**

Outpatient Hospital Services(9a) - **In Progress**

**Outpatient Hospital Services(9a1)- In Progress**

Observation Services(9a2) - Not Started

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

Outpatient Substance Abuse(9c)- Not Started

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

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

Outpatient Blood Services(9d) - Not Started

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

Ambulance/Transportation Services(10) -Not Started

### Outpatient Hospital Services(9a1)

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

Yes  No

MOOP amount

Periodicity

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

Is there a deductible?

Yes  No

Plan Characteristics

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 9a1 - Outpatient Hospital Services -Page 2

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \*

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*

2%

Maximum coinsurance ⓘ \*

3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 9a1 - Outpatient Hospital Services -Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \*  Maximum copayment ⓘ \*

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \*

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

9a1 - Outpatient Hospital Services -Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 9a2 - Observation Services - Page 1

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

**Outpatient Services(9) - In Progress**

**Outpatient Hospital Services(9a) - In Process**

**Outpatient Hospital Services(9a1) - Completed**

**Observation Services(9a2) - In Progress**

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

**Outpatient Substance Abuse(9c) - Not Started**

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

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

**Outpatient Blood Services(9d) - Not Started**

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

**Ambulance/Transportation Services(10) - Not Started**

### Observation Services(9a2)

**Plan Characteristics**

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

Yes  No

MOOP amount

Periodicity

---

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

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

Periodicity

# CY 2026 PBP Data Entry System Screens

## 9a2 - Observation Services - Page 2

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \*

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*

2%

Maximum coinsurance ⓘ \*

3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 9a2 - Observation Services - Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

9a2 - Observation Services - Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

Progress

- ^ Outpatient Services(9) - In Progress
- ^ Outpatient Hospital Services(9a) - In Progress
  - Outpatient Hospital Services(9a1) - In Progress
  - Observation Services(9a2) - In Progress
  - Ambulatory Surgical Center (ASC) Services(9b) - In Progress**
  - ^ Outpatient Substance Abuse(9c) - In Progress
  - Outpatient Blood Services(9d) - In Progress
- ^ Ambulance/Transportation Services(10) - In Progress
- ^ DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Dialysis Services(12) - In Progress

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

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

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

Yes  No

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

Covered under outpatient hospital services category (9a)

Plan-specified amount per period

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

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*  Maximum coinsurance ⓘ \*

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \*  Maximum copayment ⓘ \*

Plan Characteristics

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 9b - Ambulatory Surgical Center (ASC) Services – Page 2

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \*

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*

2%

Maximum coinsurance ⓘ \*

3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 9b - Ambulatory Surgical Center (ASC) Services – Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \*  Maximum copayment ⓘ \*

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \*

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

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

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 9c - Outpatient Substance Abuse

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

Outpatient Services(9) - **In Progress**

^ Outpatient Hospital Services(9a) - **In Progress**

Outpatient Hospital Services(9a1) - **Completed**

Observation Services(9a2) - **Completed**

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

**Outpatient Substance Abuse(9c) - In Progress**

### Outpatient Substance Abuse(9c)

Plan Characteristics

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

Yes  No

Select the maximum enrollee out-of-pocket cost type

Covered under outpatient hospital services category(9a)

Plan-specified amount per period

MOOP amount

Periodicity

# CY 2026 PBP Data Entry System Screens

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

### Individual Sessions for Outpatient Substance Abuse(9c1)

[Plan Characteristics](#)

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 9c1 - Individual Sessions for Outpatient Substance Abuse -Page 2

Authorization required for this benefit?  
**No**

Referral required for this benefit?  
**No**

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes Yes with a min & max No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 9c1 - Individual Sessions for Outpatient Substance Abuse -Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

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

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

## Group Sessions for Outpatient Substance Abuse(9c2)

[Plan Characteristics](#)

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

# CY 2026 PBP Data Entry System Screens

## 9c2 – Group Sessions for Outpatient Substance Abuse -Page 2

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

---

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \* 2%

Maximum coinsurance ⓘ \* 3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 9c2 – Group Sessions for Outpatient Substance Abuse -Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

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

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 9d - Outpatient Blood Services – Page 1

Outpatient Blood Services (9d) - Medicare ⓘ

Plan Characteristics

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

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

Yes  No

MOOP amount \*  
\$

Periodicity \*

---

Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

---

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*  
\$  Maximum copayment \*  
\$

---

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

Yes  No

# CY 2026 PBP Data Entry System Screens

## 9d - Outpatient Blood Services – Page 2

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \*

\$ 34.00

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*

2%

Maximum coinsurance ⓘ \*

3%

Is there a copayment? ⓘ \*

# CY 2026 PBP Data Entry System Screens

## 9d - Outpatient Blood Services – Page 3

Is there a copayment? ⓘ \*

Minimum copayment ⓘ \*  Maximum copayment ⓘ \*

---

Is there a deductible? ⓘ \*

Deductible amount ⓘ \*

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

9d - Outpatient Blood Services – Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 10a - Ambulance Services

Emergency/Urgently Needed Services(4) - In Progress

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

Home Health Services(6) - In Progress

Health Care Professional Services(7) - In Progress

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

Outpatient Services(9) - In Progress

Ambulance/Transportation Services(10) - In Progress

**Ambulance Services(10a) - In Progress**

Ground Ambulance Services(10a1) - In Progress

Air Ambulance Services(10a2) - In Progress

### Ambulance Services (10a) - Medicare ⓘ

Plan Characteristics

Enhanced Benefits are not applicable for this Service Category.

Is there a coinsurance? \*

Yes  No

Is this Coinsurance waived if admitted to hospital? \*

Yes  No

Is there a copayment? \*

Yes  No

Is this Copayment waived if admitted to hospital? \*

Yes  No

Notes

0/2000 characters

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 10a1 - Ground Ambulance Services -Page 1

Outpatient Services(9) - Completed

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - Completed

**Ground Ambulance Services(10a1) - In Progress**

Air Ambulance Services(10a2) - Not Started

Transportation Services(10b) - In Progress

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

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

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

Dialysis Services(12) - Not Started

### Ground Ambulance Services(10a1)

Plan Characteristics

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

Yes  No

MOOP amount

Periodicity

---

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

---

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

---

Is there a deductible?

Yes  No

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 10a1 - Ground Ambulance Services -Page-2

- Outpatient Services(9) - In Progress
- Ambulance/Transportation Services(10) - In Progress
  - Ambulance Services(10a) - In Progress
    - Ground Ambulance Services(10a1) - In Progress**
    - Air Ambulance Services(10a2) - In Progress
  - Transportation Services(10b) - Not Started
  - DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
  - Dialysis Services(12) - Not Started
  - Other Supplemental Services(13) - In Progress
  - Preventive and Other Defined Supplemental Services(14) - In Progress

Authorization required for non-emergency Medicare services?

Yes

Notes \*

Test notes

10/2000 characters

### Out-of-Network (OON) Benefits

Is there a coinsurance? \*

Yes Yes with a min & max No

Minimum coinsurance \* Maximum coinsurance \*

Is there a copayment? \*

Yes Yes with a min & max No

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 10a1 - Ground Ambulance Services -Page-3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

10a1 - Ground Ambulance Services -Page-4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 10a2 - Air Ambulance Services -Page 1

Outpatient Services(9) -Completed

Ambulance/Transportation Services(10) - In Progress

Ambulance Services(10a) - Completed

Ground Ambulance Services(10a1) - Completed

**Air Ambulance Services(10a2) - In Process**

Transportation Services(10b) - In Progress

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

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

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

Dialysis Services(12) - Not Started

### Air Ambulance Services(10a2)

[Plan Characteristics](#)

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

Yes  No

MOOP amount

Periodicity

Is there a coinsurance?

Yes  Yes with a min & max  No

Minimum coinsurance  Maximum coinsurance

Is there a copayment?

Yes  Yes with a min & max  No

Minimum copayment  Maximum copayment

Is there a deductible?

Yes  No

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

# CY 2026 PBP Data Entry System Screens

## 10a2 - Air Ambulance Services -Page 2

Authorization required for non-emergency Medicare services?

Yes

Notes \*

Test notes

10/2000 characters

**Out-of-Network (OON) Benefits**

Is there a coinsurance? \*

Yes Yes with a min & max No

Minimum coinsurance \*

Maximum coinsurance \*

Is there a copayment? \*

Yes Yes with a min & max No

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 10a2 - Air Ambulance Services -Page 3

Is there a copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \* \$

Maximum copayment ⓘ \* \$

---

Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \* \$

---

Out-of-Network Notes \*

0/2000 characters

# CY 2026 PBP Data Entry System Screens

10a2 - Air Ambulance Services -Page 4

### Point-of-Service (POS) benefits

Add to POS Group

POS Group  
**Group Name 1 - POS** ▼ + Add New POS Group

Coinsurance	Copayment	Deductible
<b>20%</b>	<b>\$20</b>	<b>\$200</b>

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

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

Is this benefit unlimited?  
 Yes  No

Indicate number of trips

Periodicity

Select type of transportation:  
Type of transportation

Indicate number of days

Select Mode of Transportation

- Taxi
- Rideshare services
- Bus/Subway
- Van
- Medical Transport
- Other

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

Other, Describe

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

Yes  No

MOOP amount \*  
\$

Periodicity \*

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

Yes  No

Maximum plan benefit coverage amount \*  
\$

Periodicity \*

Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*  \$ Maximum copayment \*  \$

# CY 2026 PBP Data Entry System Screens

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

Is there a deductible?  \*

Yes  No

---

Authorization required for this benefit?

No

Referral required for this benefit?

No

Notes

0/2000 characters

---

**Out-of-Network (OON) Benefits**

Is there a maximum plan benefit coverage amount? \*

Yes  No

Maximum plan benefit coverage amount \*

\$ 13.00

Periodicity \*

Other, Describe ▼

Description \*

test

4/300 characters

# CY 2026 PBP Data Entry System Screens

10b1 - Transportation Services -Plan Approved Health-related Location -Page 4

4/300 characters

Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*  Maximum copayment \*

Is there a deductible? \*

Yes  No

Deductible amount \*

Out-of-Network Notes \*

test

4/2000 characters

# CY 2026 PBP Data Entry System Screens

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

**Point-of-Service (POS) benefits**

Add to POS Group

POS Group  
Group Name 1 - POS

+ Add New POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

+ Add Notes

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

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

Is this benefit unlimited? \*

Yes  No

Indicate number of trips \*  
10

Periodicity \*  
Other, Describe

Description \*  
Describe frequency  
18/300 characters

Type of transportation \*  
Other, Describe

Description \*  
Describe transportation  
23/300 characters

Select Mode of Transportation \*

Taxi

Ride/Share services

Bus/Subway

Van

Medical Transport

Other, Describe

Description \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

- Outpatient Procedures, Tests, Labs and Radiology Services(8) - In Progress
- Outpatient Services(9) - In Progress
- Ambulance/Transportation Services(10) - In Progress
  - Ambulance Services(10a) - In Progress
    - Ground Ambulance Services(10a1) - In Progress
    - Air Ambulance Services(10a2) - In Progress
  - Transportation Services(10b) - Not Started
    - Transportation Services - Any Health-related Location(10b2) - Not Started**
- DME, Prosthetics and Medical and Diabetic Supplies(11) - In Progress
- Dialysis Services(12) - Not Started
- Other Supplemental Services(13) - In Progress
- Preventive and Other Defined Supplemental Services(14) - In Progress
- Medicare Part B Rx Drugs(15) - Not Started
- Dental(16) - Not Started
- Eye Exams/Eyewear(17) - Not Started

Other, Describe

Description \*

0/300 characters

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

Yes  No

MOOP amount \*

\$

Periodicity \*

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

Yes  No

Maximum plan benefit coverage amount \*

\$

Periodicity \*

Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*

Maximum coinsurance \*

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*

\$

Maximum copayment \*

\$

# CY 2026 PBP Data Entry System Screens

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

Is there a deductible?  \*

Yes  No

---

Authorization required for this benefit?  
No

Referral required for this benefit?  
No

Notes

0/2000 characters

---

**Out-of-Network (OON) Benefits**

Is there a maximum plan benefit coverage amount? \*

Yes  No

Maximum plan benefit coverage amount \*

\$ 13.00

Periodicity \*

Other, Describe ▼

Description \*

test

4/300 characters

# CY 2026 PBP Data Entry System Screens

## 10b2 - Transportation Services -Any Health-Related Location -Page 4

4/300 characters

---

Is there a coinsurance? \*

Yes  Yes with a min & max  No

Minimum coinsurance \*  Maximum coinsurance \*

---

Is there a copayment? \*

Yes  Yes with a min & max  No

Minimum copayment \*  Maximum copayment \*

---

Is there a deductible? \*

Yes  No

Deductible amount \*

---

Out-of-Network Notes \*

test

4/2000 characters

# CY 2026 PBP Data Entry System Screens

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

### Point-of-Service (POS) benefits

Add to POS Group

POS Group

Coinsurance	Copayment	Deductible
20%	\$20	\$200

---

Authorization required for this benefit?  
**Yes**

Referral required for this benefit?  
**No**

---

---