

# CY 2026 PBP Data Entry System Screens

## Point of Service (POS) Groups Setup

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - Completed
- Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- ^ Cost Share Groups - In Progress
- Point of Service Groups - In Progress
- Combined Supplemental Benefits - In Progress
- Reduction in Cost Sharing - In Progress
- Optional Supplemental Packages - In Progress
- VBID, MA Uniformity, SSBCI - In Progress

### Point-of-Service (POS) Groups Setup

(Maximum of 25 groups)

[Plan Characteristics](#)

[+ Add New POS Group](#)

Group ID	Group Name	Copayment	Coinsurance	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Group Name 1 - POS	No	No	No	No	N/A	In Progress	<a href="#">✎</a> <a href="#">✖</a>
2	Dental, Vision, Hearing Wrap	\$20.00	10%	\$25.00	No	N/A	In Progress	<a href="#">✎</a> <a href="#">✖</a>

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## Point of Service Groups – Add New POS Group – Page 1

**Add New Point of Service Group**

Group Name  
Sample Group Name

Is there a maximum plan benefit coverage amount?  
 Yes  No

Maximum plan benefit coverage amount  
4

Periodicity  
Every 6 Months

Is there coinsurance?  
 Yes  Yes with a minimum & maximum  No

Minimum percentage  
4%

Maximum percentage  
8%

Is there copayment?

# CY 2026 PBP Data Entry System Screens

## Point of Service Groups – Add New POS Group – Page 2

**Add New Point of Service Group**

Is there copayment?

Yes  Yes with a minimum & maximum  No

Minimum amount: \$400      Maximum amount: \$800

Is there a deductible?

Yes  No

Deductible Amount: 4

[+ Add Notes](#)

# CY 2026 PBP Data Entry System Screens

## Combined Supplemental Benefits Group Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

**Cost Share Groups - In Progress**

Point of Service Groups - In Progress

**Combined Supplemental Benefits - In Progress**

Reduction in Cost Sharing - In Progress

Optional Supplemental Packages - In Progress

VBID, MA Uniformity, SSBCI - In Progress

### Combined Supplemental Benefits ⓘ

(Maximum of 5 groups)

[Plan Characteristics](#)

[+ Add New Combined Supplemental Benefits Group](#)

Group ID	Group Name	Mode of Delivery	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Combined Supplemental Benefits 1	Other	\$1000	Every Year	In Progress	
2	Combined Supplemental Benefits Group 2	Debit Card	\$600.00	Every Year	In Progress	

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## Combined Supplemental Benefits – Add New Group – Page 1

### Add New Combined Benefits Group ⓘ

Group Name \*  0/40 characters

What is your combined supplemental benefits mode of delivery? \*

Catalogue Purchase

Claims Processing

Debit Card

Reimbursement

Other

Select which Non-Medicare covered benefits are included in your Combined Supplemental Benefit group: \*

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

Cancel Save Close Save and Next

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## Combined Supplemental Benefits – Add New Group – Page 2

**Add New Combined Benefits Group** ⓘ

Additional Intensive Cardiac Rehabilitation Services(3-2)

Is the enrollee limited to one or more of the Combined Supplemental Benefits from the group which they must select in advance? ⓘ \*

Do you offer Combined Supplemental Benefits with a shared maximum plan benefit amount? ⓘ \*

Maximum plan benefit coverage amount ⓘ \*

\$

Periodicity ⓘ \*

Do you offer Combined Supplemental Benefits with a shared visit/trips limits? ⓘ \*

Indicate number of shared visits/trips ⓘ \*

Periodicity ⓘ \*

# CY 2026 PBP Data Entry System Screens

## Reduction in Cost Sharing (RICS) Groups Setup

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - Completed
- Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- Cost Share Groups - Completed
- Combined Supplemental Benefits - Completed
- Reduction in Cost Sharing - Completed

### Reduction in Cost Sharing Groups Setup ⓘ

Updated on 5/31/2024 2:20:06 PM EDT  
(Maximum of 5 groups)

Plan Characteristics  
  
+Add New RICS Group

Group ID	Group Name	Mode of Delivery	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Flex Spend Card - OTC/Copays/Fitness/HSD	DEC	\$250.00	Every Year	Completed	<span style="font-size: 0.8em; color: #0056b3;">✎</span> <span style="font-size: 0.8em; color: #d9534f;">🗑</span>
2	Flexible Spending Card - DVH	DEC	\$250.00	Every Year	Completed	<span style="font-size: 0.8em; color: #0056b3;">✎</span> <span style="font-size: 0.8em; color: #d9534f;">🗑</span>

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## Reduction in Cost Sharing – Add New RICS Group – Page 1

### Add New Reduction in Cost Sharing Group

Group Name \*  
Sample Group Name  
17/40 characters

Select the type of benefit: \*

Medicare  
 Non-Medicare

Select the Medicare service categories that have Reduction in Cost Sharing: \*

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute (1a)	>	Skilled Nursing Facility (SNF) (2)
Inpatient Hospital Psychiatric (1b)	>>	Cardiac Rehabilitation Services (3-1)
Pulmonary Rehabilitation Services (3-3)	<	SET for PAD Services (3-4)
Emergency Services (4a)	<<	Intensive Cardiac Rehabilitation Services (3-2)
Urgently Needed Services (4b)		Home Health Services (6)
Intensive Outpatient Program Services (5b)		Partial Hospitalization Program (5a)
Primary Care Physician Services (7a)		
Chiropractic Services (7b)		

Select the Non-Medicare service categories that have Reduction in Cost Sharing: \*

Available	Selected

Cancel Save Save and Close

# CY 2026 PBP Data Entry System Screens

## Reduction in Cost Sharing – Add New RICS Group – Page 2

### Add New Reduction in Cost Sharing Group ?

Chiropractic Services (7b)

Select the Non-Medicare service categories that have Reduction in Cost Sharing: \*

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

Maximum plan benefit coverage amount \*  
\$ 1500.00

Periodicity \*  
Other, Describe

Description \*  
Enter description

This field is required.

Cancel Save

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## Reduction in Cost Sharing – Add New RICS Group – Page 3

### Add New Reduction in Cost Sharing Group

Description \*

Description 11/300 characters

1 Is your Reductions in Cost Sharing Max Plan Benefit amount shared with a Combined Benefits package? \*

2  Yes  No

Select Combined Supplemental Benefits Packages \*

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
	<b>Combined Benefits 1</b>

Can the reduction in cost sharing be applied to a deductible? \*

Yes  No

What is your Reductions in Cost Sharing mode of delivery? \*

Debit Card

Reimbursement

Other

+ Add Notes

Cancel Save Close Save and Close Save and

# CY 2026 PBP Data Entry System Screens

## Optional Supplemental Packages Setup

- Plan Characteristics - Completed
- Standard Bid - Completed
- ▼ Benefit Offerings - Completed
- ▼ Plan Level Cost Sharing - In Progress
- ▼ Prior Authorization & Referral - In Progress
- Visitor Travel - Completed
- ^ Cost Share Groups - In Progress
- Point of Service Groups - In Progress
- Combined Supplemental Benefits - In Progress
- Reduction in Cost Sharing - In Progress
- Optional Supplemental Packages - In Progress
- ▼ VBID, MA Uniformity, SSBCI - In Progress
- ▼ Rx - In Progress

Plan Characteristics

+ Add New Package

**Optional Supplemental Packages Setup**

(Maximum of 5 packages)

Package Name	Package ID	Package Description	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
Op Sup 1	1	special benefits	\$100.00	\$1000.00	Every 3 Years	Completed	<span style="color: blue; font-size: 1.2em;">✎</span> <span style="color: red; font-size: 1.2em; margin-left: 10px;">✖</span>

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## Optional Supplemental Packages – Add New Package – Page 1

### Add New Optional Supplemental Package

Add Package - In Progress

Package Name \*  
Op Supp Package 1

Package Description \*  
Sample Description

Important: The following examples cannot be an optional supplemental benefit:

- (1) Cost-Share buy-down of original Medicare benefits and (2) State Medicaid wraparound benefits.
- Please refer to Chapter 4 of the Medicare Managed Care Manual and the MA Regulation (CFR § 422.102) for additional information.

Select all the Non-Medicare-covered benefits offered in this package

Available	Selected
Point of Service (POS)	Additional Days for Inpatient Hospital-Acute (1a1)
Visitor Travel (V/T)	Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)	Upgrades for Inpatient Hospital-Acute (1a3)
Worldwide Emergency Coverage (4c1)	Telemonitoring Services (14c6)
Worldwide Urgent Coverage (4c2)	Medical Nutrition Therapy (MNT) (14c12)
Fitness Benefit (14c4)	Alternative Therapies (14c17)
<b>Counseling Services (14c9)</b>	In-Home Support Services (14c21)
Therapeutic Massage (14c18)	Wigs for Hair Loss Related to Chemotherapy (14c15)

Is there a Maximum Plan Benefit Coverage amount for this package? \*

Yes No

Maximum Plan Benefit Coverage amount \*  
\$ 1000.00

Portability \*  
Other

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## Optional Supplemental Packages – Add New Package – Page 2

### Add New Optional Supplemental Package

**Add Package - In Progress**

Is there a Maximum Plan Benefit Coverage amount for this package? \*

Maximum Plan Benefit Coverage amount \*

\$ 1000.00

Priority \*

Other

Describe \*

Sample Description

Do the Optional Supplemental benefits in this package apply to the MOOP for this plan? \*

Is there an enrollee Deductible for this package? \*

Indicate deductible amount \*

\$

Select the benefits to which the deductible applies \*

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Additional Days for Inpatient Hospital-Acute (1a1)	<input type="button" value="→"/>	Upgrades for Inpatient Hospital-Acute (1a3)
Telemonitoring Services (14c6)	<input type="button" value="→"/>	In-Home Support Services (14c21)
Medical Nutrition Therapy (MNT) (14c12)	<input type="button" value="←"/>	Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF) (2-1)
Alternative Therapies (14c17)	<input type="button" value="←"/>	Wigs for Hair Loss Related to Chemotherapy (14c15)

# CY 2026 PBP Data Entry System Screens

Optional Supplemental Packages – Add Package with Service 4c (sample) - Page 1

### Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

^ Worldwide Emergency/Urgent Coverage (4c) - In Progress

Worldwide Urgent Coverage (4c2) - Not Started

### Worldwide Emergency/Urgent Coverage (4c) - Non-Medicare

Plan Characteristics

Is your optional supplemental cost-sharing the same as your in-network mandatory supplemental cost-sharing? ⓘ \*

Yes  No

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 ⓘ \*  
▼

# CY 2026 PBP Data Entry System Screens

Optional Supplemental Packages – Add Package with Service 4c (sample) – Page 2

### Add New Optional Supplemental Package

- ^ Add Package - Op Sup 1 - In Progress
- ^ Worldwide Emergency/Urgent Coverage (4c) - In Progress
- Worldwide Urgent Coverage (4c2) - Not Started

Is the maximum plan benefit coverage amount unlimited? ⓘ \*

Yes  No

Maximum amount ⓘ \*  
\$

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

Yes  No

MOOP amount ⓘ \*  
\$

Periodicity ⓘ \*  
▼

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Is there a deductible? ⓘ \*

Yes  No

Deductible amount ⓘ \*  
\$

[+ Add Notes](#)

# CY 2026 PBP Data Entry System Screens

Optional Supplemental Packages – Add Package with Service 4c2 (sample) - Page 1

### Add New Optional Supplemental Package

- ^ Add Package - Op Sup 1 - In Progress
- ^ Worldwide Emergency/Urgent Coverage (4c) - In Progress
- Worldwide Urgent Coverage (4c2) - In Progress**

#### Worldwide Urgent Coverage (4c2) - Non-Medicare Plan Characteristics

Is your optional supplemental cost-sharing the same as your in-network mandatory supplemental cost-sharing? ⓘ\*

Yes  No

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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

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Is there a copayment? ⓘ\*

Yes  Yes with a min & max  No

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

# CY 2026 PBP Data Entry System Screens

## Optional Supplemental Packages – Add Package with Service 4c2 (sample) - Page 2

### Add New Optional Supplemental Package

- ^ Add Package - Op Sup 1 - In Progress
- ^ Worldwide Emergency/Urgent Coverage (4c) - In Progress
- Worldwide Urgent Coverage (4c2) - In Progress**

Minimum copayment ⓘ \*

\$

Maximum copayment ⓘ \*

\$

Is this Copayment waived if admitted to hospital? ⓘ \*

Yes No

#### Additional OON cost share information

Does this category include Out-of-Network benefits? ⓘ \*

Yes No

Are the OON cost shares the same as the In-Network cost shares? ⓘ \*

Yes No

Is there an OON coinsurance? ⓘ \*

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

Minimum coinsurance ⓘ \*

Maximum coinsurance ⓘ \*

Is there an OON copayment? ⓘ \*

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

# CY 2026 PBP Data Entry System Screens

## Optional Supplemental Packages – Add Package with Service 4c2 (sample) - Page 3

### Add New Optional Supplemental Package

- ^ Add Package - Op Sup 1 - In Progress
- ^ Worldwide Emergency/Urgent Coverage (4c) - In Progress
- Worldwide Urgent Coverage (4c2) - In Progress**

#### Additional OON cost share information

Does this category include Out-of-Network benefits? ⓘ \*

Yes  No

Are the OON cost shares the same as the In-Network cost shares? ⓘ \*

Yes  No

Is there an OON coinsurance? ⓘ \*

Yes  Yes with a min & max  No

Minimum coinsurance ⓘ \*

Maximum coinsurance ⓘ \*

Is there an OON copayment? ⓘ \*

Yes  Yes with a min & max  No

Minimum copayment ⓘ \*  \$

Maximum copayment ⓘ \*  \$

Notes \*