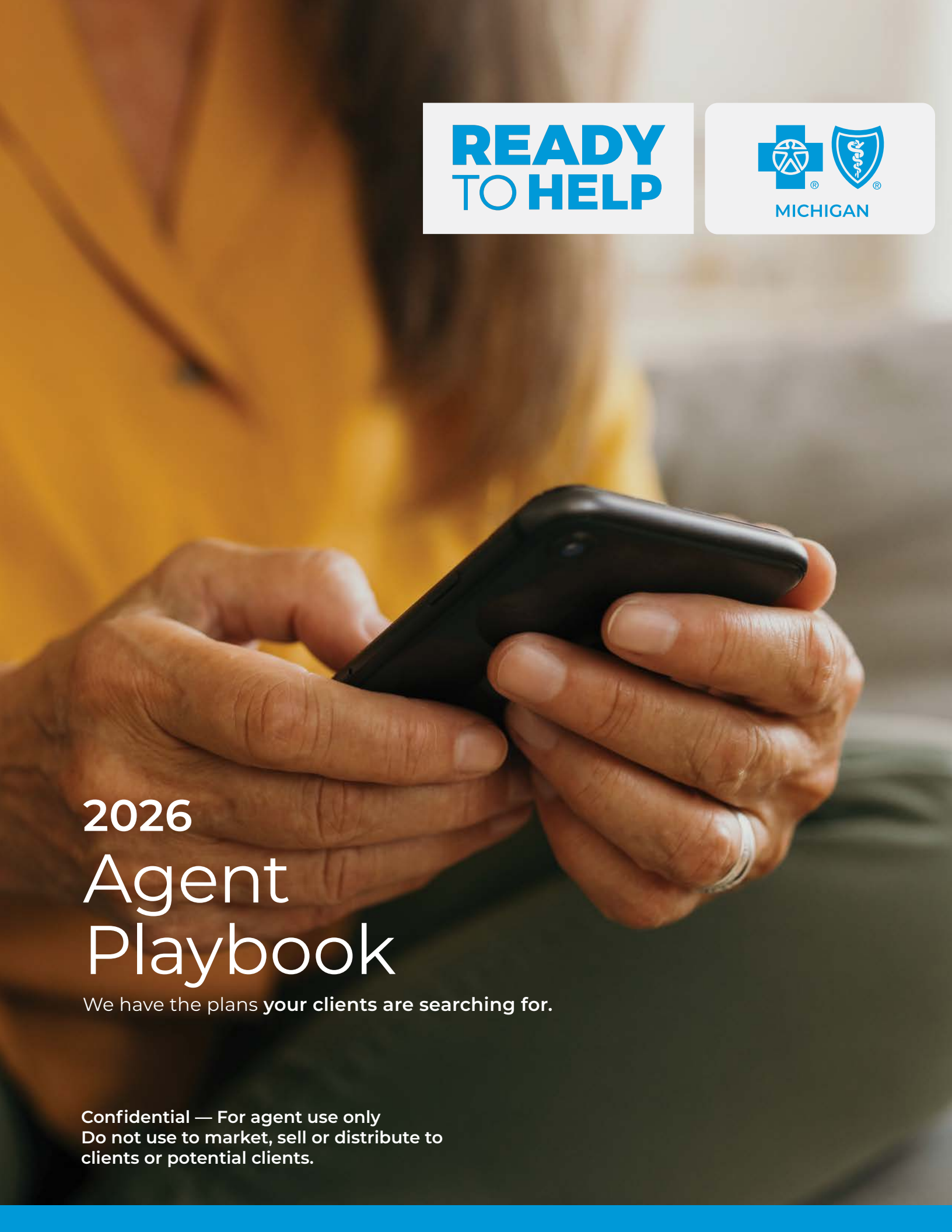


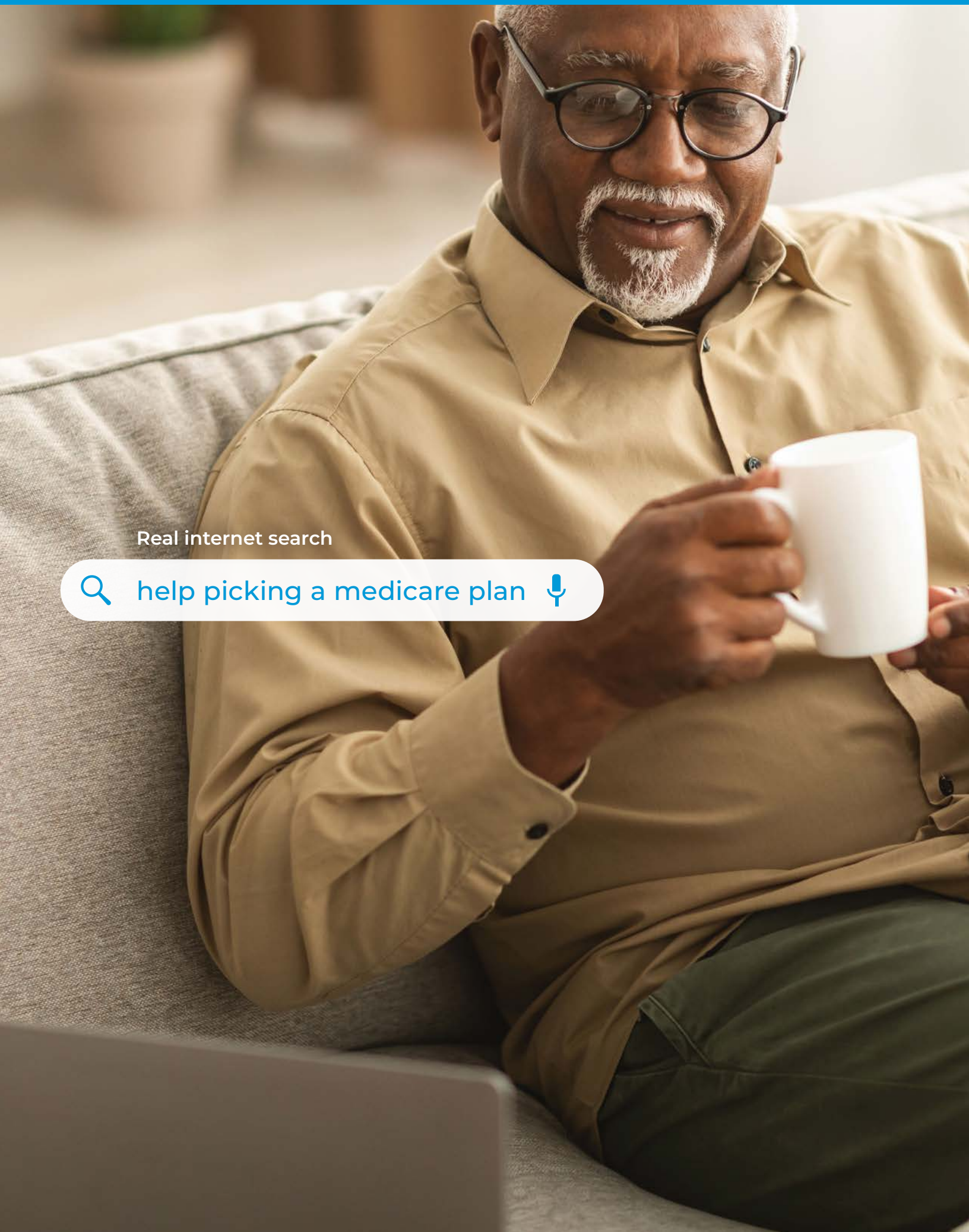
READY TO HELP

MICHIGAN

2026 Agent Playbook

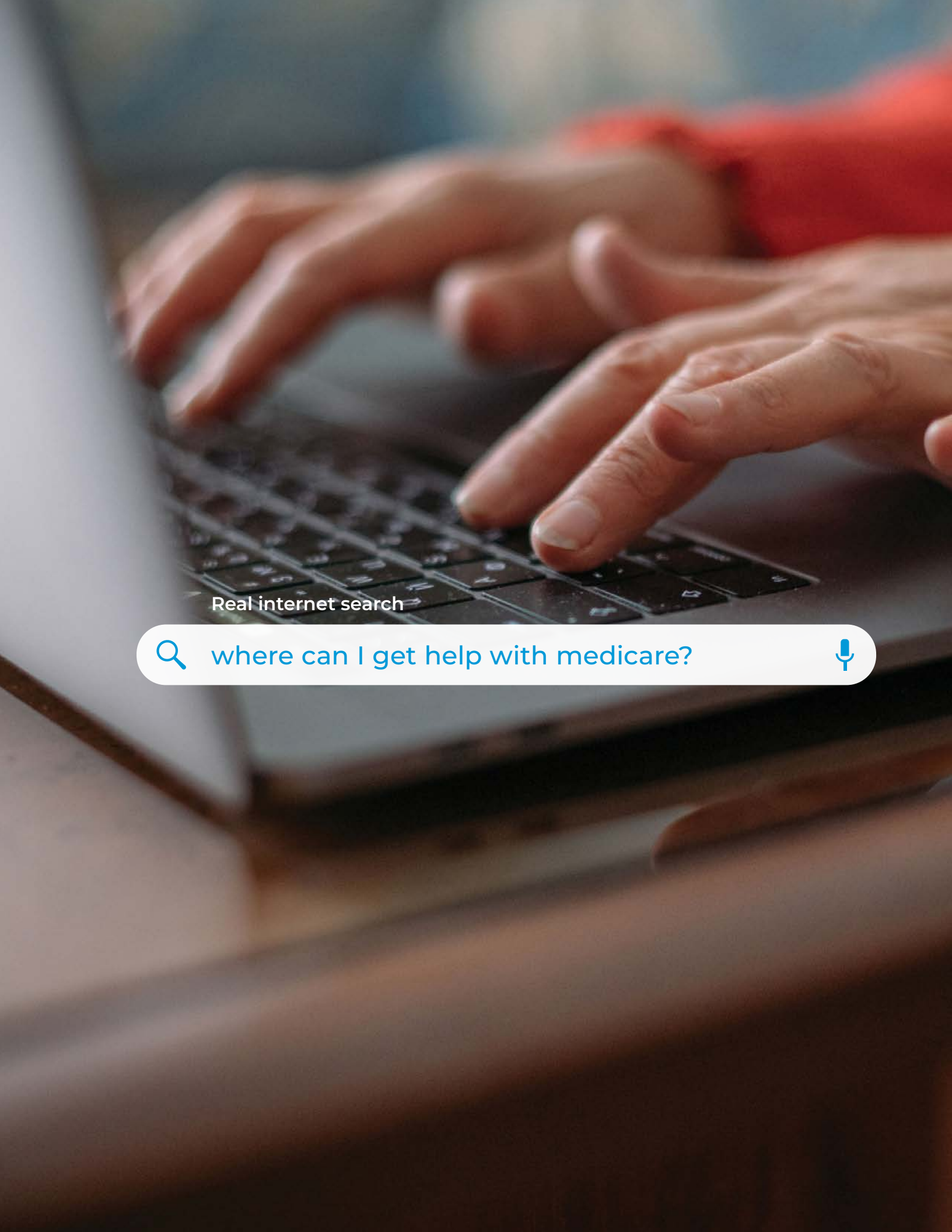
We have the plans **your clients are searching for.**

Confidential — For agent use only
Do not use to market, sell or distribute to clients or potential clients.


Real internet search
help picking a medicare plan

Meet your Playbook

Your clients are searching for answers. Your Playbook with Blue Cross Blue Shield of Michigan health plan information is an efficient way to find the best plan for them.


Real internet search
where can I get help with medicare?

2026 Agent Resources

On your team and **ready to help**

Blue Cross Blue Shield of Michigan is dedicated to helping you grow your business and support your clients with confidence. We offer 24/7 access to book of business details, enrollment tools, certification training and more through the agent portal — plus a dedicated team of sales and servicing consultants, ongoing bootcamps and CMS- and DIFS-approved marketing materials you can customize to generate leads.

To make the most of this support, here are three key tools designed to streamline your workflow and strengthen your sales efforts. We're always ready to help — every step of the way.

1. Your **agent portal** streamlines processes with customized features and an intuitive interface. You'll have your own account and a personalized dashboard that lets you access your book of business data easily. Self-guided trainings live here, as well as plan benefits, pricing, policy and procedures, and commissions. This is also where you'll find detailed information about a client's coverage and support.

2. To ensure you are listed as the agent record for all your enrollments, make sure to use your agent ID. It will be part of the **Marketing Shopping Link** (generated by the Blue Cross enrollment platform) that enables beneficiaries to shop and enroll.

3. **Enrollment tools.** The CMS-required electronic scope of appointment forms are accessible to beneficiaries to complete by email and are securely stored online. You'll receive notification by email when the form is complete.

Quick Look

Your 2026 **Plan Lineup**

In a year when many plans are changing, some of your clients may be on a sunsetting plan.* Of the many Blue Cross Medicare Advantage plans available, these are the plans to focus on for high returns and member satisfaction.

	Five PPO plans	May be best for	Region available
NEW!	Medicare Plus Blue PPO Value	Active members using annual visits, OTC and fitness benefits	Upper Michigan
NEW!	Medicare Plus Blue PPO Giveback	Budget-focused members with low utilization patterns	Lower Michigan
NEW!	Medicare Plus Blue PPO Secure	Cost-conscious members who want to only pay for what they use	Lower Michigan
	Medicare Plus Blue PPO Vitality	Members with routine care needs who want savings and extras	Statewide
	Medicare Plus Blue PPO Assure	Members prioritizing choice and predictable costs	Statewide

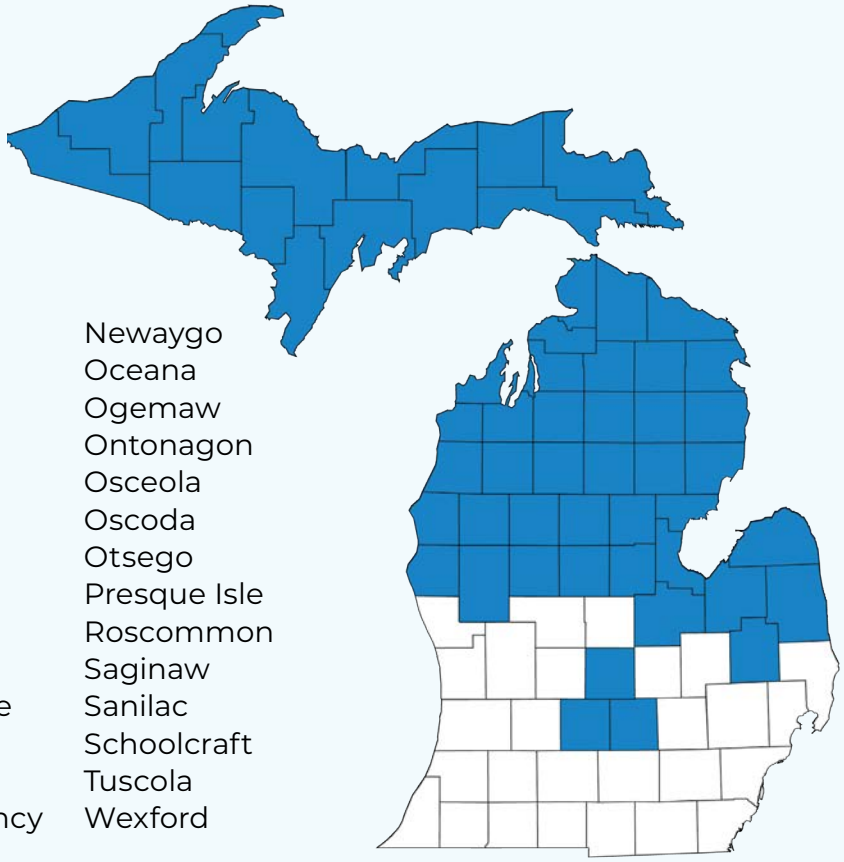
Two Medicare supplement plans**	May be best for
Plan G	• Individuals who want broad coverage and predictable out-of-pocket costs • Individuals who want predictability in their health care costs ***One of the most comprehensive plans available***
High-Deductible Plan G	• Individuals who want to lower their monthly premium • Individuals who are healthier and are okay with a high deductible before coverage from the plan kicks in • Individuals who want the Medicare supplement flexibility without the high cost

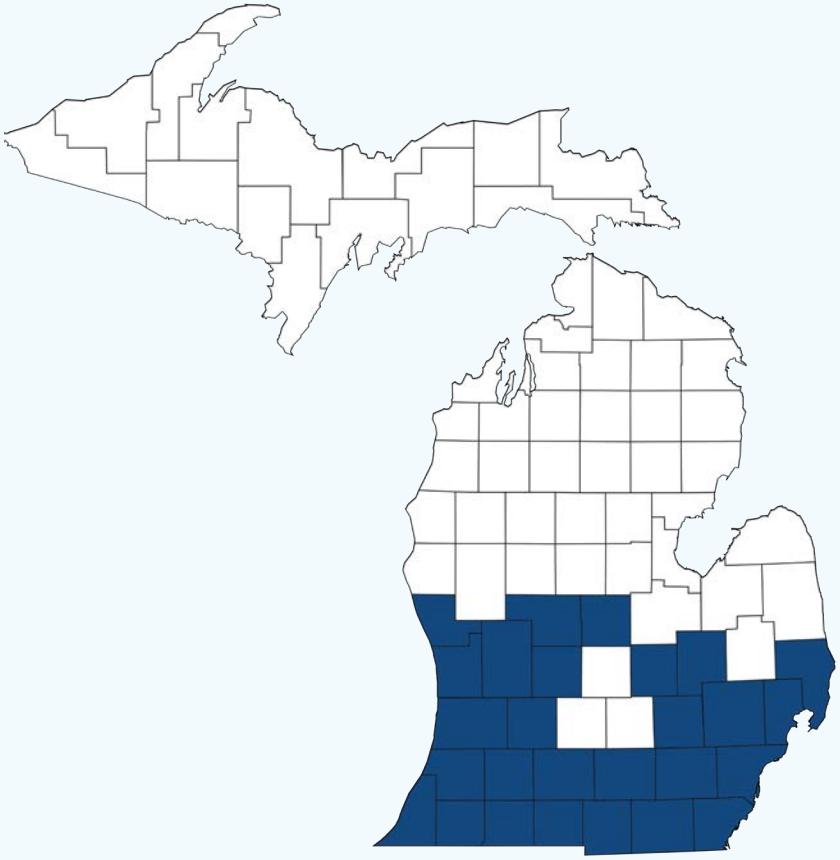
Full Closure: Community Value, Local and Part B Credit
Service Area Reduction: Essential, Prime Value and Meijer

****Signature, Classic, Prestige, Elements and ConnectedCare are still available with no footprint changes.***

Medicare Plus Blue℠ PPO Value is available in these Michigan counties:

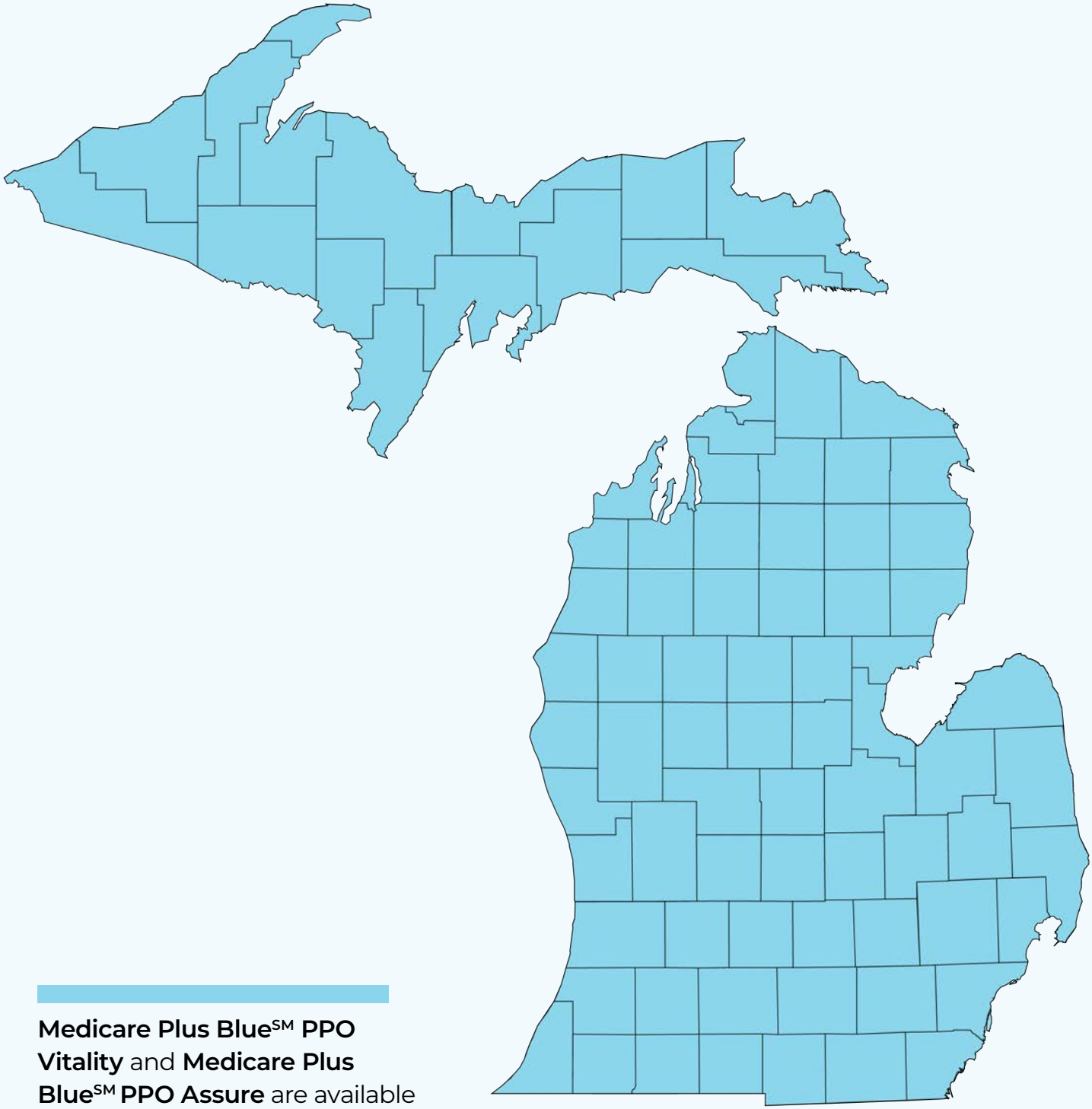
Alcona
Alger
Alpena
Antrim
Arenac
Baraga
Bay
Benzie
Charlevoix
Cheboygan
Chippewa
Clare
Clinton
Crawford
Delta
Dickinson
Eaton
Emmet
Gladwin
Gogebic
Grand Traverse
Houghton
Huron
Ingham
Iosco
Iron
Isabella
Kalkaska
Keweenaw
Lake
Lapeer
Leelanau
Luce
Mackinac
Manistee
Marquette
Mason
Mecosta
Menominee
Midland
Missaukee
Montmorency
Newaygo
Oceana
Ogemaw
Ontonagon
Osceola
Oscoda
Otsego
Presque Isle
Roscommon
Saginaw
Sanilac
Schoolcraft
Tuscola
Wexford





Medicare Plus Blue℠ PPO Secure and Medicare Plus Blue℠ PPO Giveback are available in these Michigan counties:

Allegan
Barry
Berrien
Branch
Calhoun
Cass
Genesee
Gratiot
Hillsdale
Ionia
Jackson
Kalamazoo
Kent
Lenawee
Livingston
Macomb
Monroe
Montcalm
Muskegon
Oakland
Ottawa
St. Clair
Shiawassee
St. Joseph
Van Buren
Washtenaw
Wayne



Medicare Plus Blue℠ PPO Vitality and **Medicare Plus Blue℠ PPO Assure** are available in ALL Michigan counties

Medicare Advantage plan regions

Please note that some plans may not be available in some regions.

This list displays Medicare Advantage regional coverage areas across Michigan. Use it to determine your clients' region based on their county of residence.

Regional designation affects monthly premiums, so referencing this map will help you accurately present cost comparisons and ensure the right plan fit based on location.

Region 1	Allegan, Barry, Ionia, Kalamazoo, Mason, Muskegon, Newaygo, Oceana, Ottawa
Region 2	Alcona, Alger, Alpena, Arenac, Baraga, Bay, Berrien, Branch, Calhoun, Charlevoix, Cheboygan, Chippewa, Clare, Crawford, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Iosco, Jackson, Kalkaska, Keweenaw, Luce, Mackinac, Monroe, Montcalm, Montmorency, Ogemaw, Ontonagon, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, St. Joseph, Tuscola, Van Buren
Region 3	Alcona, Alger, Alpena, Arenac, Baraga, Bay, Charlevoix, Cheboygan, Chippewa, Clare, Crawford, Gladwin, Huron, Iosco, Kalkaska, Keweenaw, Luce, Mackinac, Montmorency, Ogemaw, Ontonagon, Oscoda, Presque Isle, Roscommon, Saginaw, Sanilac, Schoolcraft, Shiawassee, Tuscola
Region 4	Antrim, Benzie, Cass, Clinton, Delta, Dickinson, Emmet, Genesee, Gogebic, Grand Traverse, Houghton, Iron, Isabella, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Manistee, Marquette, Mecosta, Menominee, Midland, Missaukee, Osceola, Otsego, St. Clair, Wexford
Region 6	Macomb, Oakland, Washtenaw, Wayne
	All 83 Michigan counties

2026 Medicare Plus Blue PPO

Medicare Plus Blue PPO members can visit any health care provider without a referral. A PPO plan offers the choice of going to any doctor or hospital that accepts Medicare. It has nationwide coverage and low out-of-pocket costs.

	MEDICARE PLUS BLUE℠ PPO Value	MEDICARE PLUS BLUE℠ PPO Giveback
2026 monthly premium	$0	$0*
In-network medical deductible	$675	$650
Maximum out of pocket (MOOP), in network	$6,750	$9,250
Primary care office visit copay	$0	$0
Specialist copay	$50	$55
Inpatient acute hospital copay per day (days 1 to 7)	$430	$385
Over-the-counter allowance	$25 every 3 months, no rollover	N/A
Emergency care copay	$130	$115
Urgent care copay (depending on place of service)	$0-$50	$0-$40
Dental annual maximum	Preventive only	Preventive only
Vision—Eyewear maximum **Routine eye exam**	N/A $0	N/A $0
Hearing aids (through TruHearing)	$495 to $1,695 copay per ear per year	$495 to $1,695 copay per ear per year

Prescription drug coverage	1- to 31-day supply at Preferred Pharmacy	
Deductible	**$615 (tiers 3, 4 and 5)**	**$150 (tiers 2, 3, 4 and 5)**
Tier 1 preferred generic	$2	$0
Tier 2 generic	$15	$7
Tier 3 preferred brand	20%	20%
Tier 4 nonpreferred drug	31%	30%
Tier 5 specialty tier	25%	31%
Catastrophic period (after member drug costs reach $2,100)	$0	

$900 annual giveback on SSA checks.

MEDICARE PLUS BLUE℠ PPO Secure		MEDICARE PLUS BLUE℠ PPO Vitality	MEDICARE PLUS BLUE℠ PPO Assure
$0	Region 1	$38.50	$191.60
	Region 2	$66.80	$247.40
	Region 3	$81.70	$291.30
	Region 4	$72.40	$209.50
	Region 6	$84.70	$298.60
$0	$0		$0
$6,750	$5,000		$4,000
$0	$0		$0
$45	$30		$10
$375	$250		$100
$40 every 3 months, no rollover	$50 every 3 months, no rollover		$50 every 3 months, no rollover
$130	$130		$130
$0-$40	$0-$50		$0-$40
$1,000/calendar year	$1,500/calendar year		$1,500/calendar year
$100/calendar year $0	N/A $0		$150/calendar year $0
$495 to $1,695 copay per ear per year	$495 to $1,695 copay per ear per year		$495 to $1,695 copay per ear per year

1- to 31-day supply at Preferred Pharmacy		
$150 (tiers 3, 4 and 5)	**$0**	**$0**
$0	$0	$0
$7	$11	$7
20%	20%	20%
30%	25%	25%
31%	33%	33%
$0		

Agents can reference the All Product training deck for all products available from Blue Cross.

2026 Optional supplemental benefits

Your clients can enhance their Medicare Advantage PPO plan with this optional supplemental package, which helps cover costs for dental procedures and eyewear not included in the standard plan benefits

<table>
<tr><th colspan="2">Optional supplemental plan for the Medicare Plus Blue Secure, Value, Giveback, Vitality AND Assure PPO plans</th></tr>
<tr><td colspan="2">$30.50 per month, plus monthly plan and Medicare Part B premiums.</td></tr>
<tr><th>DENTAL</th><th>VISION</th></tr>
<tr><td>The benefit provides a $1,500 annual maximum for combined in-network and out-of-network dental services per calendar year. There are no waiting periods and no deductibles.

To check which dentists are in the network, go to MIBlueDentist.com and choose Medicare Advantage (Individual Blue Cross and BCN Advantage) as the network.</td><td>Visit vsp.com* to find a VSP Vision network eye doctor or to see if a specific eye doctor participates.</td></tr>
<tr><td>Periodontics

Surgery, debridement, antimicrobial agents (frequency varies by service)</td><td rowspan="11">If standard eyeglass lenses or one complete pair of eyeglasses are chosen, lenses have the options of polycarbonate lenses and anti-reflective coating.

For MEDICARE PLUS BLUE PPO Signature and MEDICARE PLUS BLUE PPO Assure plans only:
$250 combined in- and out-of-network maximum (in addition to the enhanced benefit vision for a total of $150) once every calendar year and may be used for either (a) elective contact lenses or (b) one frame, but not both.

No prior authorization needed.

Out-of-network covered at 50% coinsurance up to combined allowance.</td></tr>
<tr><td>Onlays</td></tr>
<tr><td>Dentures
Once per arch every 84 months (includes adjustments and repairs)

Reline and rebase

Once per arch every 36 months</td></tr>
<tr><td>Bridges
1 per tooth every 84 months and
Bridge Repairs
1 per 84 months same quadrant</td></tr>
<tr><td>Implants
Once per lifetime

Implant maintenance and repair

Once per tooth every 60 months</td></tr>
<tr><td>Implant Crowns and Implant Bridges
1 per tooth every 84 months</td></tr>
<tr><td>Anesthesia (up to 5 units per date of service)</td></tr>
<tr><td>Consultation exams
Three every 12 months</td></tr>
<tr><td>For MEDICARE PLUS BLUE PPO Value and MEDICARE PLUS BLUE PPO Giveback plans only:

Fillings (1 per tooth/surface per 48 months)

Crowns (1 per permanent tooth per 84 months) and crown repairs (3 per tooth per calendar year)

Root canals (1 per tooth per lifetime)

Deep cleaning (1 per quadrant per 24 months)

Extractions

Brush biopsy (2 per calendar year)

Oral Surgery (2 per tooth per lifetime)</td></tr>
</table>

*Blue Cross Blue Shield of Michigan doesn't own or control this website.

2025 Medicare supplement plans

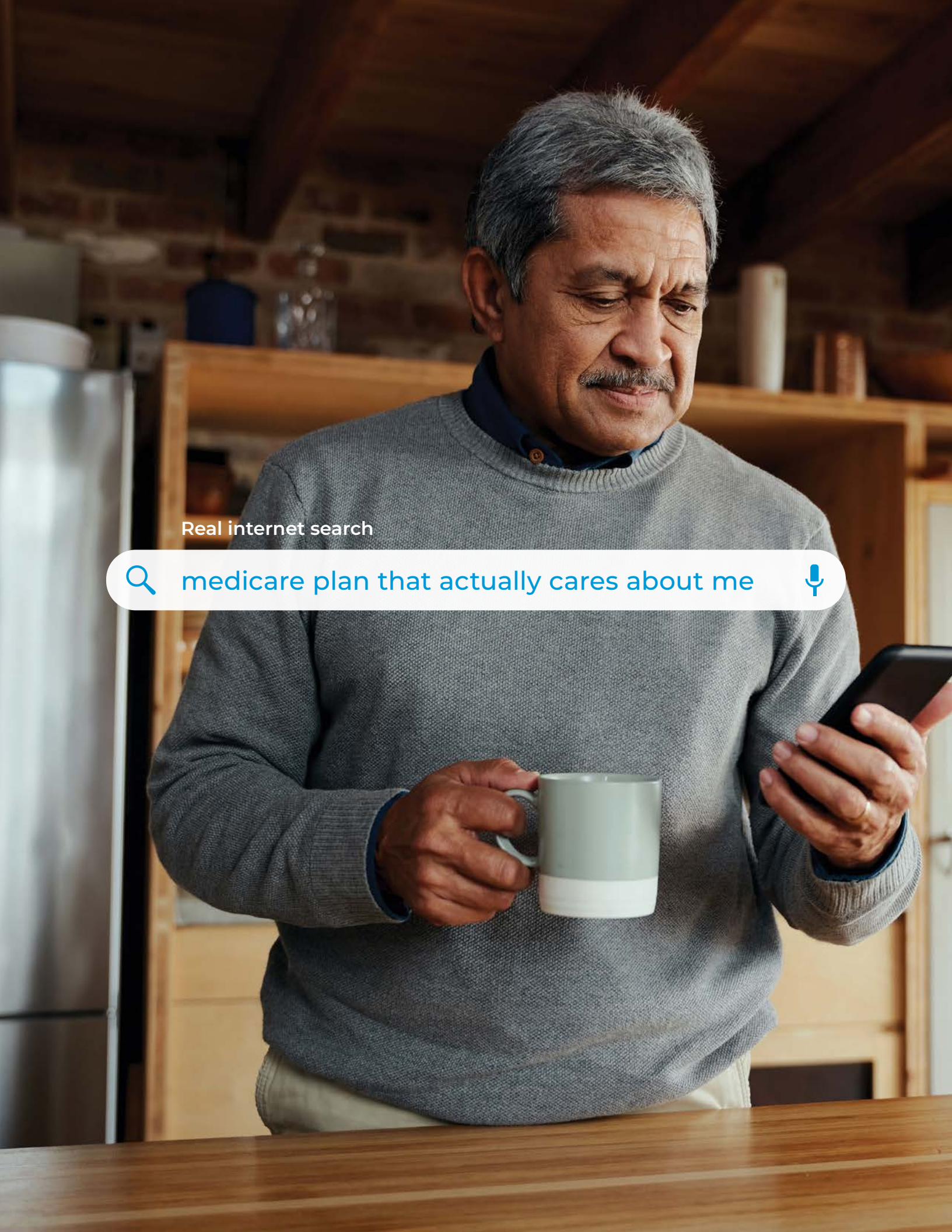
Medicare supplement plans are guaranteed renewable, so there's no need to reapply each year. As long as members pay their monthly premium on time, they'll stay enrolled in the plan. While there are 10 standard Medigap plans and two high-deductible options available nationally, Blue Cross highlights Medicare supplement Plan G and High-Deductible Plan G* as recommended choices for most members.

Plan G	Plan High-Deductible G
• This is our most popular plan. • This comprehensive plan offers robust coverage. You'll pay nothing for services covered by Original Medicare, except for a $257 Medicare Part B deductible. • Designed for individuals who want broad coverage and predictable out-of-pocket costs. • Suited for those who want predictability in their health care costs.	• This high-deductible plan offers the same benefits as Plan G, with a lower monthly premium but a higher annual deductible. • This plan is designed for individuals who want to lower their monthly premium and who want the Medicare supplement flexibility without the high cost. • Suitable for individuals who are healthier and are okay with a high deductible before coverage from the plan kicks in.

SERVICE	WHAT MEMBERS PAY Plans G and HD-G[1,3]
Medicare Part A hospital coverage — Semi-private room, general nursing care, miscellaneous services and supplies[2]	
Deductible	$0
First 60 days of care	$0
Days 61 to 91	$0
Days 91 to 150 (lifetime reserve days)	$0
Days 151 and beyond (additional 365 days after lifetime reserve days used)	$0
Blood benefit	$0
Skilled nursing facility care — including having been in a hospital for at least three days	
First 20 days of care	$0 (Medicare covers in full)
Days 21 to 100	$0
Hospice care	$0
Emergency care outside the U.S. (with a lifetime maximum of $50,000)	$250 deductible, plus 20% coinsurance
Medicare Part B physician and outpatient services — In- or out-of-the-hospital and outpatient hospital physician's services (such as tests) and durable medical equipment, per calendar year	
Deductible (annual)[3]	$257
Coinsurance	$0
Blood benefit	$0
Clinical laboratory services — tests for diagnostic services	$0 (Medicare covers in full)
Durable medical equipment	$0
Excess charges	$0

1 See the 2025 Blue Cross Medicare Supplement Outline of Coverage booklet for eligibility criteria. If a member is eligible for either plan and chooses to enroll, they must pay for Medicare-covered costs up to the deductible amount of $2,870 for 2026 before the supplement plan begins to pay.
2 Per benefit period. A benefit period begins on the first day a member receives inpatient hospital services and ends after they have been out of the hospital and have not received skilled nursing care in any other facility for 60 consecutive days.
3 The Part B deductible must be met only once each calendar year (Jan. 1 through Dec. 31). Afterward, Medicare makes payments up to the limiting charge established by law and listed on the member's Medicare Explanation of Benefits.

***Please see the Outline of Coverage for the full suite of plans available.**
The Medicare deductibles, coinsurance and copay amounts listed are based upon the 2025 CMS-approved values and could change for 2026.


Real internet search
medicare plan that actually cares about me

Winning extras that set you + Blue apart

Advantage Dollars*

Advantage Dollars are a convenient way for members to save on over-the-counter items. Plans that includes Advantage Dollars generate a preloaded allowance that will be reloaded on the first day of January, April, July and October. Unspent allowance dollars won't roll over quarter to quarter or carry over to 2027.

Members have $25 to $65 per quarter (depending on which Medicare Advantage PPO plan they have) for eligible over-the-counter (OTC) items.

Blue365®*

The exclusive member savings program form Blue Cross Blue Shield of Michigan® that's free to join and easy to use, with discounts on health and wellness products and services including:

- Fitness gear and gym memberships
- Hearing aids and vision care
- Meal delivery and nutrition programs
- Travel and lifestyle brands
- Dental products and more

Learn more at **blue365deals.com/BCBSM**

**Not available with all plans. Benefit availability may vary by plan.*

24/7 options for care

Primary care provider: Members can call their primary care provider when they're not feeling well.

Specialty care: A PPO member doesn't need a referral to see a specialist, but they'll save money if they use a Medicare Plus Blue PPO network doctor.

Retail health clinic: Members can get treatment for minor illnesses and injuries on a walk-in basis at select drug stores.

Urgent care: Members can get non-emergency, in-person care, after hours or on weekends. They may have a higher copay for visiting an urgent care facility.

Emergency room: The ER should be used for serious or life-threatening illnesses or injuries. If a member goes to the ER and is held for observation but not admitted, their ER copay will apply and hospital services will be billed as outpatient.

24-Hour Nurse Line: Members can talk to a registered nurse at no additional cost, anytime day or night, when they have questions about a minor illness or injury. Call **1-855-624-5214**. TTY users, call **711**.

Save money with the pharmacy network

Our preferred pharmacy network includes Costco, Kroger, Meijer, Walgreens and Walmart and offers our best cost savings. With few exceptions, the member's prescriptions must be filled at preferred or standard network pharmacies. Their provider/pharmacy directory has the locations near them, or they can visit **bcbsm.com/pharmaciesmedicare**. To transfer their prescriptions to a preferred pharmacy, members can contact the pharmacy and they'll handle the details.

COSTCO WHOLESALE

Kroger

Walgreens

meijer

Walmart

Optum Home Delivery
Preferred pharmacy cost savings
1-855-810-0007 (TTY users, call 711).
24 hours a day, seven days a week.

**Not available with all plans. Benefit availability may vary by plan.*

Important Member Services

Lab and pathology
1-800-445-4979. TTY users, call 711.
8 a.m. to 4:30 p.m. Eastern time, Monday through Friday.

Vision services
vsp.com
1-800-877-7195. TTY users, call 711.
6 a.m. to 7 p.m. Eastern time, Monday through Friday.

Durable medical equipment and diabetes supplies
Medicare Plus Blue℠ PPO and Prescription Blue℠ PDP
Preferred provider leading to lower out-of-pocket costs for members. PPO members can still use Medicare-contracted providers not in the Northwood network.
1-800-667-8496. TTY users, call 711.
8:30 a.m. to 5 p.m. Eastern time, Monday through Friday.

SilverSneakers® fitness program

SilverSneakers allows members to access thousands of participating fitness locations across the country, including local independent gyms, community centers and recreation centers, plus virtual fitness programs. Not all Blue Cross plans include SilverSneakers.

Blue Cross Virtual Well-Being℠ webinars

Lunchtime webinars are short, high-energy, live webinars that focus on a range of wellness topics, including mindfulness, resilience, social connectedness, emotional health, financial wellness, gratitude, meditation and physical health.

**Not available with all plans. Benefit availability may vary by plan.*

Key changes for 2026

1. Members affected by closures (Community Value, Part B Credit, Local) or service area reductions (Essential, Meijer, Prime Value) will receive targeted messaging to help them understand their 2026 plan status.

2. Members losing coverage will receive plan recommendations based on eligibility, helping streamline your sales conversations and reduce decision fatigue.

3. With the launch of Value, Secure and Giveback plans, you'll have fresh options to offer that can meet a broader range of budgets and benefit preferences.

4. Members with cancelled MAPD plans may qualify for guaranteed issue pricing on MedSupp plans, giving you a solid fallback if MAPD is no longer a good fit.

5. The campaign strategy ensures members are already informed and engaged when they speak with you, making your role more about confirming and customizing than educating from scratch.

6. With better targeting, smarter tools and more personalized data, 2026 will help reduce prep time and make each member interaction more efficient.

Blue Cross
Blue Shield
Blue Care Network
of Michigan