# 2026 MICHIGAN INDIVIDUAL MA PLANS AGENT ROADSHOWS











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### As we've been for over 80 years, Blue Cross Blue Shield of Michigan is here and ready to help.

#### **Our Social Mission**



Increasing access to affordable health care



**Enhancing quality of care for patients** 



Improving the health of Michigan communities

### **BCBSM / BCN Medicare Advantage**

We are a leader in innovating new approaches to improving health outcomes by partnering with our **broad provider network** on **healthcare quality initiatives and value-based care** 

We have an established track record of **deep partnerships** across the local communities we serve

We are consistently ranked as **a leader** in diversity, equity and inclusion and are considered a top employer

#### 2026 Blue Cross MA Plans | Why Blue







Access to more than 74,000 active providers



**\$0 PCP copays** on all plans



**\$0 premium** MAPD plans available statewide and premium based products with richer benefits



During travel, access our nationwide network of Blue plan doctors and hospitals with MA PPO and HMO-POS plans



Colon cancer screening remains \$0 copay even if polyps are found



Silver sneakers fitness program on most plans



**Advantage dollars** – OTC + food on most plans



20% coinsurance on Tier 3 medications



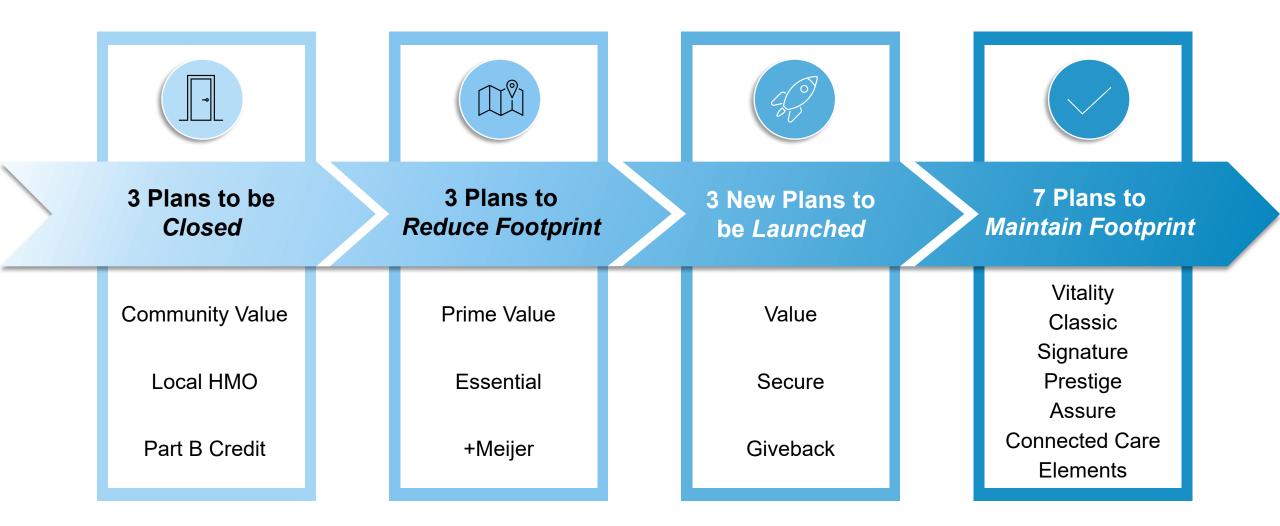




#### 2026 Blue Cross MA Plans | Plan Updates













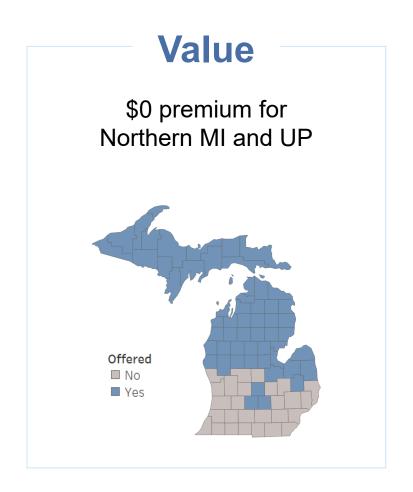
# 3 New Plans to be Launched

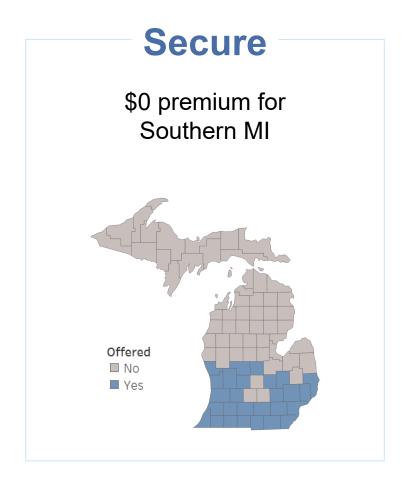
Value Secure Giveback

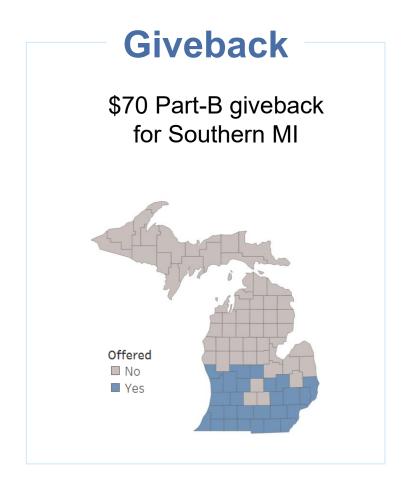




### Our new plans offer a \$0 premium or a Part-B giveback.



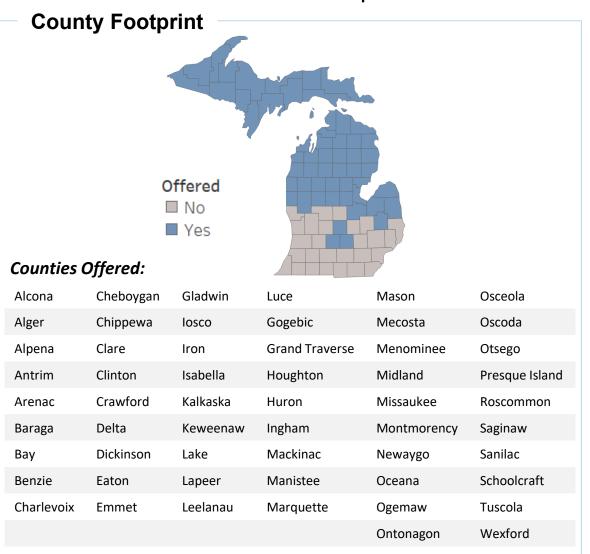








#### Value: \$0 Premium for Northern MI and the UP



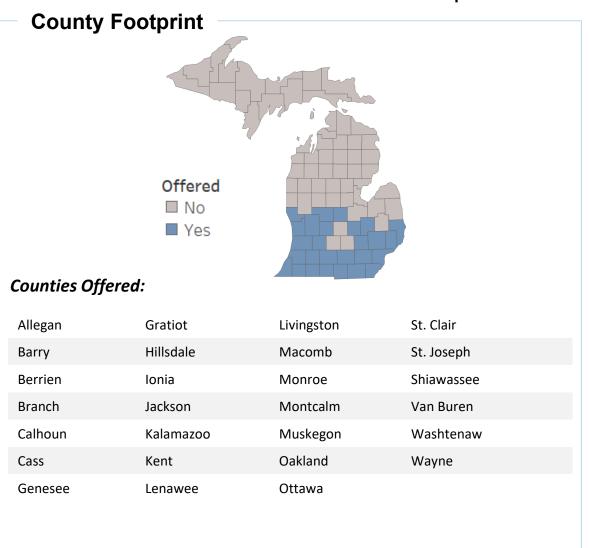
#### **Benefit Summary**

Value Plan Benefits				
Premium	\$0			
Med Deductible \$675				
<b>MOOP</b> \$6,750				
PCP	<b>CP</b> \$0			
Specialist	\$50			
IP Hospital	\$430 (days 1-7)			
Outpatient	\$400			
ОТС	OTC \$25/quarter			
Dental	Preventive Only			
Rx Deductible	\$615 (T2-5)			
Rx Benefit	\$2 / \$15 / 20% / 31% / 25%			
Silver Sneakers Yes				





#### Secure: \$0 Premium for Southern MI



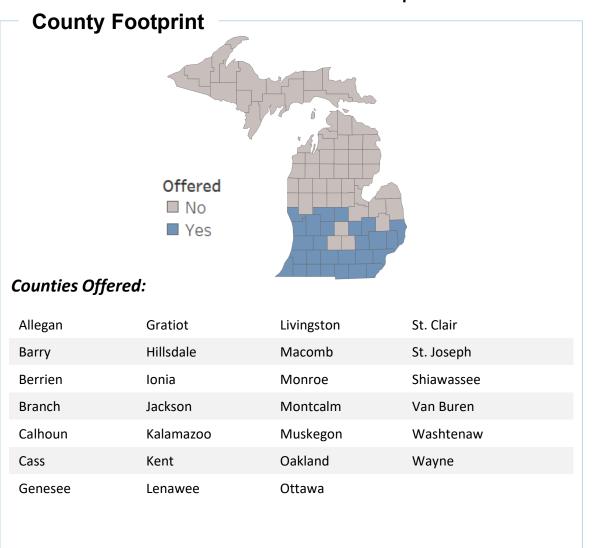
#### **Benefit Summary**

Secure Plan Benefits			
Premium	\$0		
Med Deductible	\$0		
<b>MOOP</b> \$6,750			
PCP	\$0		
Specialist	\$45		
IP Hospital	\$375 (days 1-7)		
Outpatient	\$400		
OTC	\$40/quarter		
Dental	\$1,000 Preventive and Comp		
Rx Deductible	\$150 (T3-T5)		
Rx Benefit	\$0 / \$7 / 20% / 30% / 31%		
Silver Sneakers Yes			





#### Giveback: \$70 Part B Giveback for Southern MI



Benefit Summary					
Giveback Plan Benefits					
Part-B Giveback \$70					
Med Deductible \$650					
MOOP	\$9,250				
PCP	\$0				
Specialist	pecialist \$55				
IP Hospital \$385 (days 1-7)					
Outpatient \$425					
ОТС	Not covered				
Dental	<b>Dental</b> Preventive Only				
Rx Deductible	\$150 (T3-T5)				
Rx Benefit	\$0 / \$7 / 20% / 30% / 31%				
Silver Sneakers	No				





#### Plans with deductibles: PPO - Giveback, Value

Services t	hat apply	Services that do not apply
✓ Ambulance	✓ Outpatient Blood Services	✓ Diabetic supplies and therapeutic
✓ Ambulatory Surgical Center Services	<ul> <li>✓ Outpatient Diagnostic &amp; Therapeutic Radiological Services</li> </ul>	<ul><li>shoes</li><li>✓ Insulin furnished through an item of durable medical equipment</li></ul>
✓ Part B Drugs	<ul> <li>✓ Outpatient Diagnostic Tests/Procedures</li> </ul>	<ul> <li>✓ Preventive services</li> <li>✓ Primary care services</li> </ul>
✓ Cardiac Rehabilitation	<ul> <li>✓ Outpatient Hospital &amp; Observation Services</li> </ul>	✓ Additional benefits not covered by Original Medicare, including:
✓ Chiropractic Services	✓ Partial Hospitalization	<ul> <li>✓ Preventive dental services</li> <li>✓ Vision care</li> <li>✓ Health and wellness education</li> </ul>
✓ Dialysis	✓ Physical/Speech Language Pathology Services	programs ✓ Membership in health fitness
✓ Durable Medical Equipment, Prosthetic Supplies, Medical Supplies	✓ Pulmonary Rehabilitation	program
✓ Inpatient Hospital – Acute & Psychiatric	✓ Skilled Nursing Facility	
✓ Intensive Outpatient Program Services	✓ Specialist Physician Services	
✓ Mental Health/Psychiatric Services	✓ Supervised Exercise Therapy	
✓ Occupational Therapy Services		







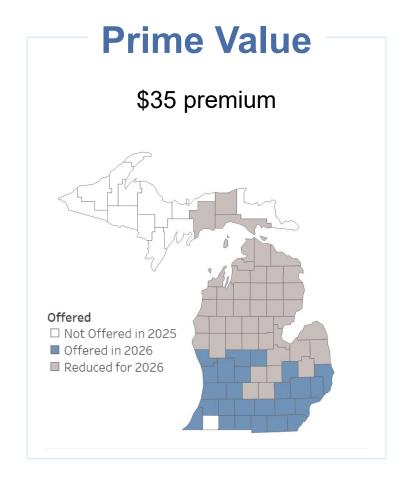
# 3 Plans to Reduce Footprint

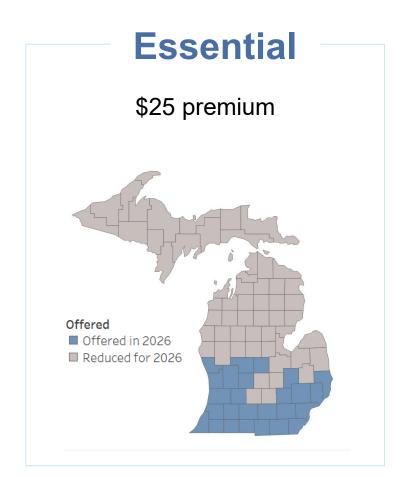
Prime Value
Essential
+Meijer

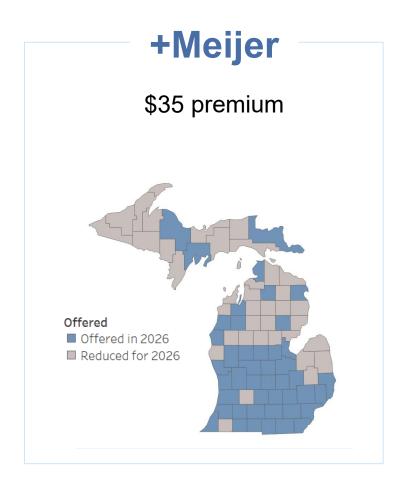




### Prime Value, Essential, and +Meijer are adding a premium and reducing footprints



















## Pay online with automatic payments

- 1 Login to member online account.
- 2 Click Pay Your Premium.
- **3** Click Recurring Payments.
- 4 Click Enroll or Edit on the appropriate plan.
- 5 Choose or Add Payment Method.
- 6 Click Save.

### Pay with a check via mail

We'll send you a statement each month. Please send payment by the first of each month.

Make checks payable to:

#### **HMO/HMO-POS Plans:**

Blue Care Network P.O. Box 33608 Detroit, MI 48232-5608

#### **PPO Plans:**

Blue Cross Blue Shield of Michigan P.O. Box 553912 Detroit, MI 48255-3912

## Deduct payments from your social security check

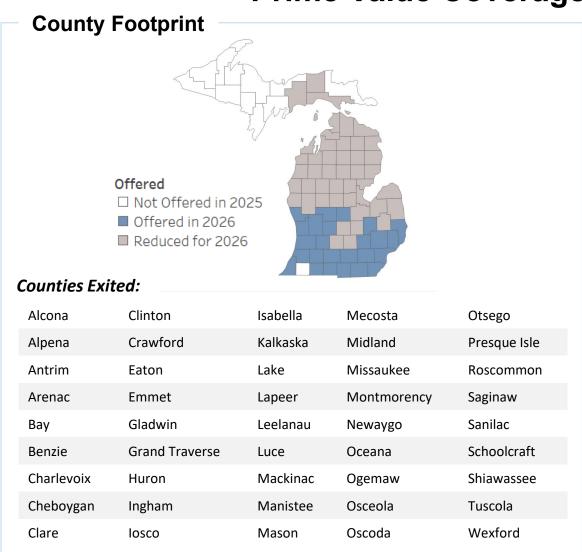
You also can have your plan premium taken out of your monthly Social Security check. This may take up to three months to take effect.

- Contact the Customer Service number associated with member's plan type:
- BCN Advantage: 1-800-450-3680
- Medicare Plus Blue PPO: 1-877-241-2583
- Prescription Blue PDP: <u>1-800-565-1770</u>
- TTY users call 711





#### Prime Value Coverage for \$35 in Southern MI



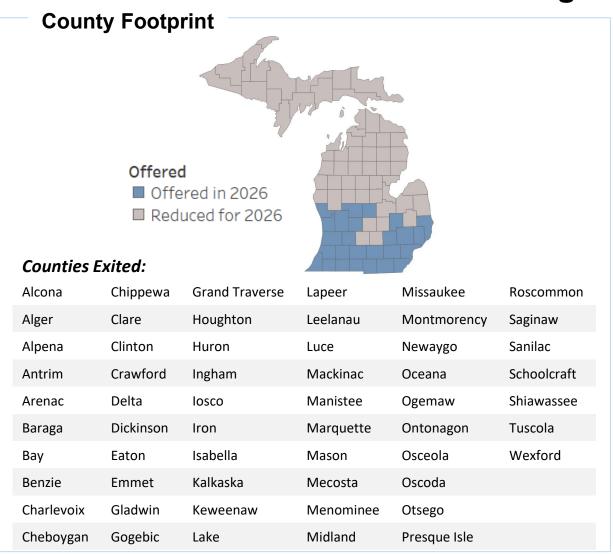
Benefit	Summary

Prime Value Plan Benefits				
Premium	\$35			
Med Deductible	\$0			
MOOP	\$5,000			
PCP	\$0			
Specialist	\$35			
IP Hospital	\$300 (days 1-7)			
Outpatient	\$150 – \$375			
ОТС	Not Covered			
Dental	\$950 Preventive and Comp			
Rx Deductible	\$150 (T3-T5)			
Rx Benefit	\$0 / \$5 / 20% / 30% / 31%			
Silver Sneakers	No			





#### **Essential Coverage for \$25 in Southern MI**



Benefit	<b>Summary</b>
---------	----------------

Essential Plan Benefits				
Premium	\$25			
Med Deductible	\$0			
MOOP	\$6,250			
PCP	\$0			
Specialist	\$45			
IP Hospital	\$350 (days 1-7)			
Outpatient	\$125 - \$350			
ОТС	Not covered			
Dental	\$950 Preventive and Comp			
Rx Deductible	\$150 (T3-T5)			
Rx Benefit	\$0 / \$5 / 20% / 25% / 31%			
Silver Sneakers	No			



\$1,000 Preventive and Comp

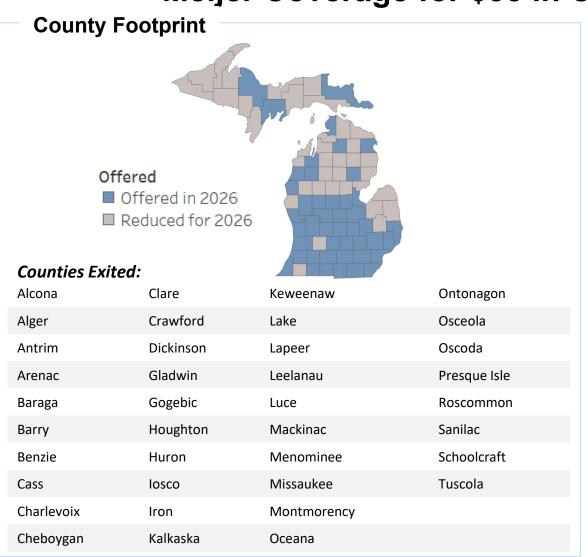
\$150 (T3-T5)

\$0 / \$7 / 20% / 30% / \$31%

Yes



#### +Meijer Coverage for \$35 in Counties with Meijer Location\*



Benefit Summary				
+Meijer Plan Benefits				
Premium	\$35			
Med Deductible	\$0			
MOOP	\$6,750			
PCP	\$0			
Specialist	\$50			
IP Hospital	\$325 (days 1-7)			
Outpatient	\$150 - \$375			
ОТС	\$60/quarter			

Dental

**Rx Deductible** 

Rx Benefit

**Silver Sneakers** 

<sup>\*</sup>Exception of Huron and Lapeer







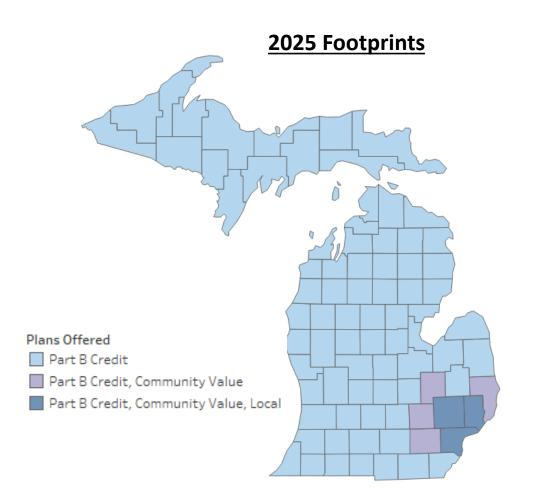
# 3 Plans to be Closed

Community Value
Local HMO
Part B Credit





#### Part B Credit, Community Value and Local to be Closed

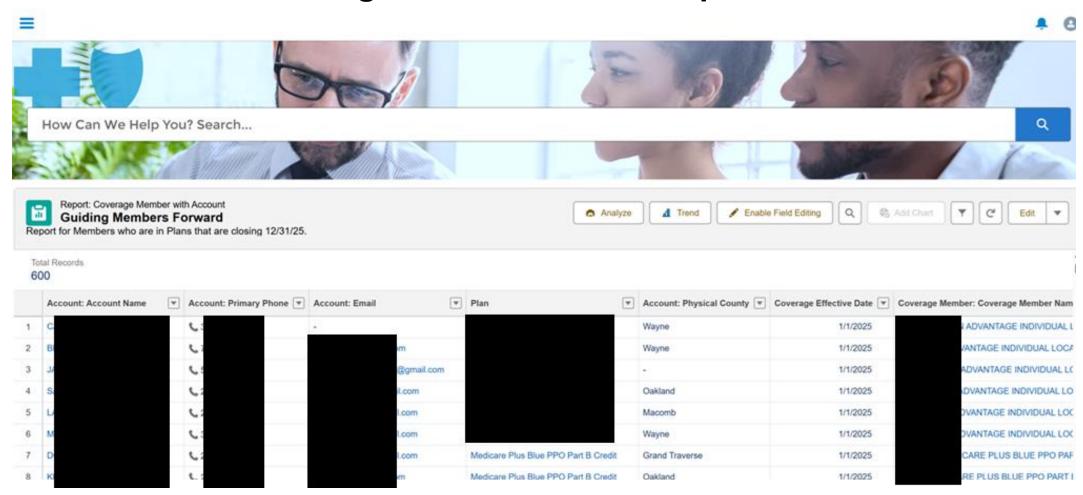


Counties Exited for 2026 Closure			
Community Value	Local	Part B Credit	
Genesee	Macomb	All 83 counties	
Livingston	Oakland		
Macomb	Wayne		
Oakland			
St. Clair			
Washtenaw			
Wayne			





#### **NEW – Guiding Members Forward report – Live 9/12!**







#### All Member Retention Summary – Live 10/1!





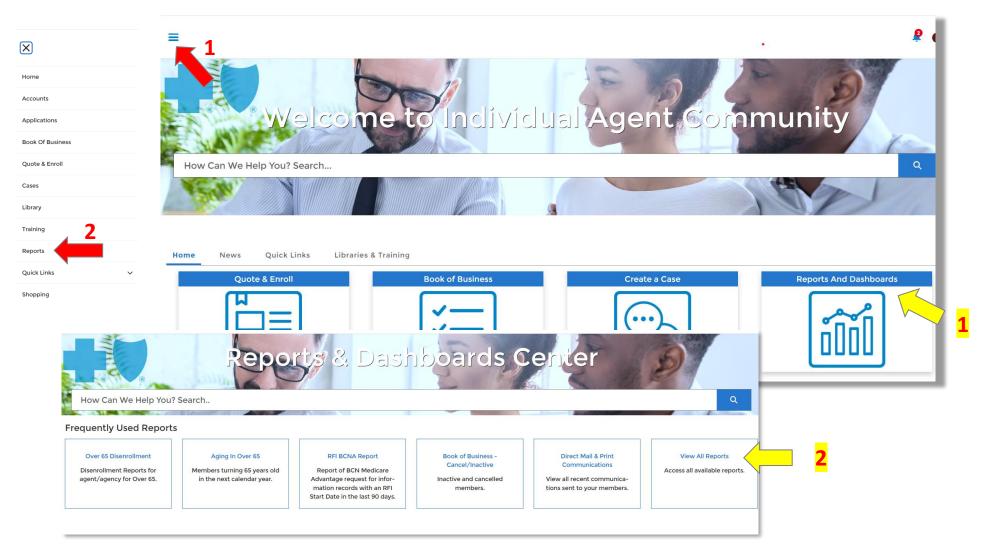
Subscriber Name: << 2025 Plan Name: < <f< th=""><th></th><th>Subscriber Birth Date: &lt;<birtho< th=""><th>late&gt;&gt;</th></birtho<></th></f<>		Subscriber Birth Date: < <birtho< th=""><th>late&gt;&gt;</th></birtho<>	late>>
Most Utilized Pres	criptions		
ug Name	2025 BCBSM Vitality	2026 BCBSM Vitality	Prescription Notes
Drug names may appear m	ore than once for many reasons, such as differe	nt manufacturers, different dosages, different p	ackaging, etc.
Most Utilized Healt	thcare Providers		
		er Type Network Sta	utus as of <enter date=""></enter>
ovider Name All providers may not be sh		are unlikely to appear in the above list.	utus as of <enter date=""></enter>
ovider Name All providers may not be sh	own. For example, providers outside of Michigan	are unlikely to appear in the above list.	utus as of <enter date=""></enter>
ovider Name  All providers may not be sh Please confirm the member	own. For example, providers outside of Michigan	are unlikely to appear in the above list.	utus as of <enter date=""></enter>

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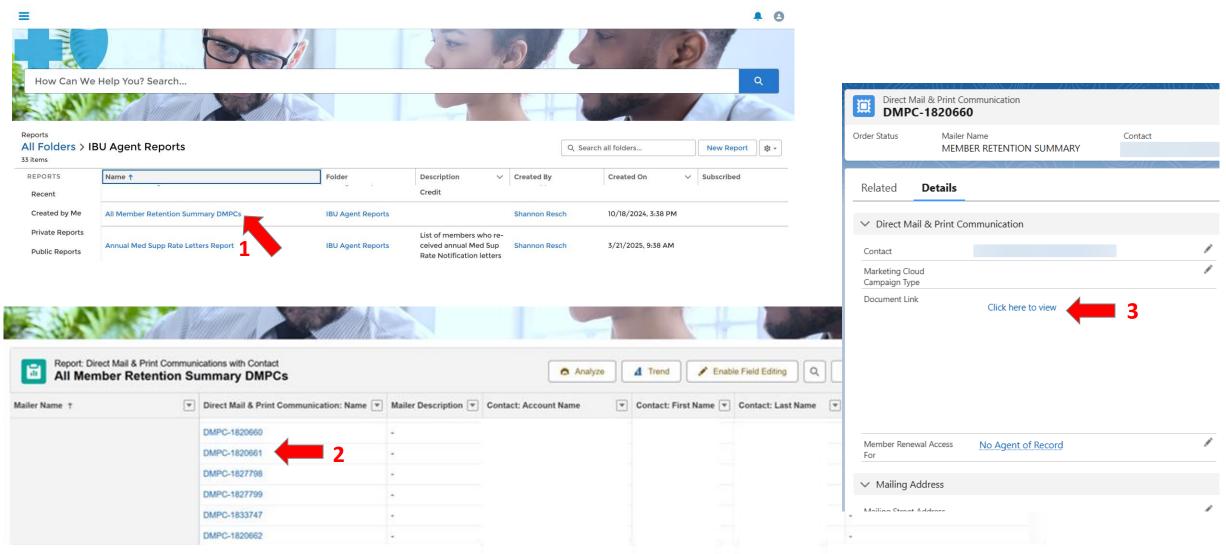
#### **How to access reports in Agent Community**







#### How to access reports in Agent Community







#### A plan closure is an SEP for MA and a Guaranteed Issue right for Med Supp

Coverage Effective Dates

January

1

**February** 

1

March

1

Special Enrollment Periods December 8<sup>th</sup> to December 31<sup>st</sup>

Through February, with coverage effective
the 1st month after enrollment
(e.g., January enrollment, coverage
effective February 1. February enrollment,

coverage effective March 1)





### **Your Clients Stay Your Clients**

If a member enrolls via our call center we'll preserve your status as the Agent of Record.

Members can call: 833-844-4311







# 7 Plans to Maintain Footprint

Vitality Assure
Classic ConnectedCare
Signature Elements
Prestige





#### **HMO Plans Maintaining Footprint**

	Classic	Prestige	Elements	ConnectedCare
Premium	\$93 - \$145	\$178 - \$267	Giveback: \$20	\$41
Med Deductible	\$0	\$0	\$0	\$0
MOOP	\$4,400	\$4,000	\$4,500	\$4,400
PCP	\$0	\$0	\$0	\$0
Specialist	\$30	\$25	\$35	\$35
IP Hospital	\$250 (days 1-7)	\$200 (days 1-7)	\$250 (days 1-7)	\$275 (days 1-7)
Outpatient	\$225	\$200	\$200	\$225
OTC	\$50/quarter	\$50/quarter	\$50/quarter	\$50/quarter
Dental	\$1,500 Preventive and Comp			
Rx Deductible	\$0	\$0	Not Covered	\$125 (T3-T5)
Rx Benefit	\$0 / \$7 / 20% / 25% / 33%	\$0 / \$7 / 20% / 25% / 33%	Not Covered	\$0 / \$2 / 20% / 25% / 31%
Silver Sneakers	Yes	Yes	Yes	Yes





#### **PPO Plans Maintaining Footprint**

	Vitality	Signature	Assure
Premium	\$38.50 - \$84.70	\$106.60 - \$154.20	\$191.60 - \$298.60
Med Deductible	\$0	\$0	\$0
MOOP	\$5,000	\$4,300	\$4,000
PCP	\$0	\$0	\$0
Specialist	\$30	\$30	\$10
IP Hospital	\$250 (days 1-7)	\$175 (days 1-7)	\$100 (days 1-7)
Outpatient	\$150 - \$220	\$125 - \$205	\$75 - \$150
ОТС	\$50/quarter	\$65/quarter	\$50/quarter
Dental	\$1,500 Preventive and Comp	\$1,500 Preventive and Comp	\$1,500 Preventive and Comp
Rx Deductible	\$0	\$0	\$0
Rx Benefit	\$0 / \$11 / 20% / 25% / 33%	\$0 / \$10 / 20% / 25% / 33%	\$0 / \$7 / 20% / 25% / 33%
Silver Sneakers	Yes	Yes	Yes

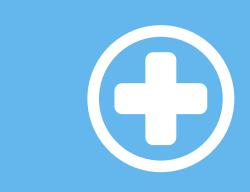




In 2026, Blue Cross has some key plan updates that your members should be aware of when making their plan decisions.



All plans will follow a single formulary and will be switching to Tier 3 coinsurance. Rx deductible on some plans (Tiers 3-5, except Value with Tiers 2-5)



#### **Inpatient Hospital**

The benefit period for inpatient hospital is being changed to a per stay period in place of 60-day readmittance.



#### **Additional Benefits**

Mobile app, 24-hour nurse line, discounted gym membership, Blue 365, Household discount, Medicare Advantage OSB\* buy up, Well Being program

\*Only available on select plans

Note that **not all plans will have print marketing materials available**. Digital materials will be available for all plans.





#### One formulary and Tier 3 coinsurance on all plans

Plan	Deductible (T3-5)	Tier 3 Coins
Value	\$615 (T2-5)	
Secure		
Essential		
Giveback	\$150	
+Meijer		
Prime Value		20%
ConnectedCare	\$125	20%
Vitality		
Signature		
Assure	\$0	
Classic		
Prestige		

Drug	Use	MFP Price	20% Coins
Eliquis	Blood Thinner	\$231	\$46.20
Entresto	Heart Failure	\$295	\$59.00
Farxiga	Diabetes Heart Failure	\$178.50	\$35.70
Fiasp/Novolog	Diabetes	\$119	\$23.80
Januvia	Diabetes	\$113	\$22.60
Jardiance	Diabetes Heart Failure	\$197	\$39.40
Xarelto	Blood Thinner	\$197	\$39.40
Enbrel	Arthritis	\$2,355	\$471.00
Stelara	Arthritis	\$4,695	\$939.00
Imbruvica	Blood cancers	\$9,319	\$1,863.80

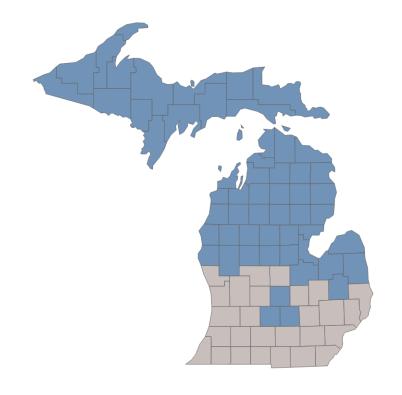




#### Northern Michigan Plans: From \$0 to Premium, Options for Every Need

These plans will be featured in Northern Michigan print materials

Benefit	Value	Vitality	Assure
Premium	\$0	\$38.50 — \$81.70	\$191.60 — \$298.60
Med Deductible	\$675	No deductible	No deductible
RX Deductible	\$615	No deductible	No deductible
МООР	\$6,750	\$5,000	\$4,000
Specialist	\$50	\$30	\$10
IP Hospital	\$430 (days 1-7)	\$250 (days 1-7)	\$100 (days 1-7)
отс	\$25/quarter	\$50/quarter	\$50/quarter
Dental	Preventive Only	\$1,500 max	\$1,500 max

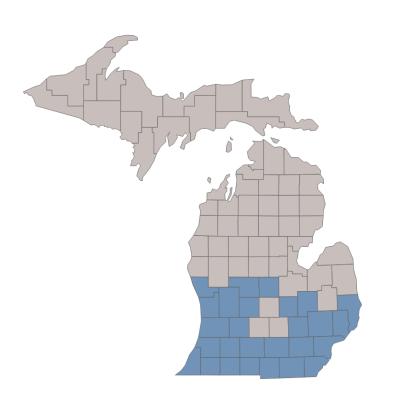






#### From Giveback to Premium, Southern Michigan has many options

These plans will be featured in Southern Michigan print materials



Benefit	Giveback	Secure	Vitality	Assure
Premium	\$70 Giveback	\$0	\$38.50 – \$84.70	\$191.60 – \$298.60
Medical Deductible	\$650	No deductible	No deductible	No deductible
RX Deductible	\$150 (T3-T5)	\$150 (T3-T5)	No deductible	No deductible
Medical Out Of Pocket	\$9,250	\$6,750	\$5,000	\$4,000
Specialist	\$55	\$45	\$30	\$10
IP Hospital	\$385 (days 1-7)	\$375 (days 1-7)	\$250 (days 1-7)	\$100 (days 1-7)
ОТС	Not covered	\$40/quarter	\$50/quarter	\$50/quarter
Dental	Preventive Only	\$1,000 max	\$1,500 max	\$1,500 max



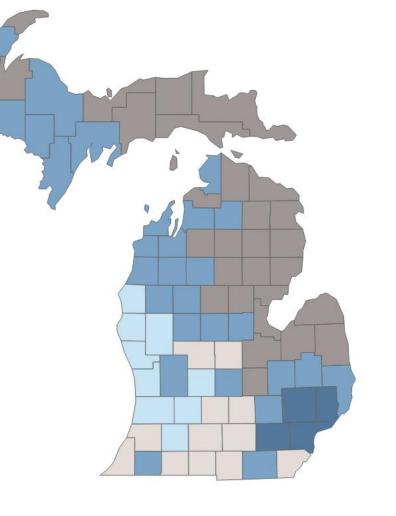


#### Vitality and Assure have the same premium regions as 2025





- \$66.80 (Region 2)
- \$81.70 (Region 3)
- **\$72.40** (Region 4)
- \$84.70 (Region 6)



#### **Assure Premium**

- \$191.60 (Region 1)
- \$247.40 (Region 2)
- \$291.30 (Region 3)
- \$209.50 (Region 4)
- \$298.60 (Region 6)





## Optional Supplemental Buy-up (OSB) Dental/Vision/Hearing

\$30.50

**PPO** 

\$17.90

HMO/ HMO POS

\*Not available on Prime Value





		Prime Value HMO	Essential PPO	Giveback PPO Value PPO	Meijer PPO Secure PPO	HMO: Elements, Classic, Prestige, ConnectedCare PPO: Assure, Signature, Vitality
Preventive	\$0 for 2 oral exams every year \$0 for 2 cleanings (routine or periodontal)	Embedded	Embedded	Embedded	Embedded	Embedded
Preve	\$0 for one fluoride treatment every year \$0 for bitewing or periapical x-rays every 2 years	coverage at 100%	coverage at 100%	coverage at 100%	coverage at 100%	coverage at 100%
	\$0 for resin and amalgam fillings every 48 months					
	\$0 for crowns every 84 months	Embedded	Embedded		Embedded	Embedded
	\$0 for root canals, once per tooth per lifetime	coverage	coverage		coverage \$1,000	coverage \$1,500
e /	\$0 for deep cleaning every 24 months	\$950 annual coverage limit	\$950 annual coverage limit		annual coverage limit	annual coverage limit
nsiv	\$0 for simple extractions, once per tooth per lifetime	coverage iiiiii	coverage iiiiiit	Optional Buy-up \$1,500 annual	mmc	IIIIIC
hei	\$0 for oral surgery, twice per tooth per lifetime			coverage limit		
Comprehensive	25% for onlays			\$30.50 monthly		Optional Buy-up
mo.	25% for periodontal surgery		Optional Buy-up \$1,500 annual	premium	Optional Buy-up \$1,500 annual	\$1,500 annual coverage limit
O	25% for dentures	Not Offered	coverage limit		coverage limit	G
	25% for bridges	1101 0110100	\$30.50 monthly		\$30.50 monthly	\$17.90 (HMO) \$30.50 (PPO)
	25% for implants		premium		premium	monthly
	25% for anesthesia and consultation exams					premium

#### **High-Level Supplemental Benefits By Plan – HMO / HMO-POS**





Supplemental Benefit	Prestige	Classic	Connected Care	Prime Value	Elements
Eyewear	✓	✓	_	_	✓
Hearing Aids	<b>√</b>	✓	✓	_	✓
Fitness (SilverSneakers)	✓	✓	✓	_	✓
OTC/Food and Produce	✓	✓	✓	_	✓
Home-Delivered Meals	✓	✓	✓	_	✓
PERS	✓	_	_	_	_
Mobile Mental Health	✓	✓	$\checkmark$	✓	✓
Ambulance No Transport	✓	✓	✓	✓	✓
Routine Chiropractic	$\checkmark$	✓	$\checkmark$	_	✓

#### **High-Level Supplemental Benefits By Plan - PPO**





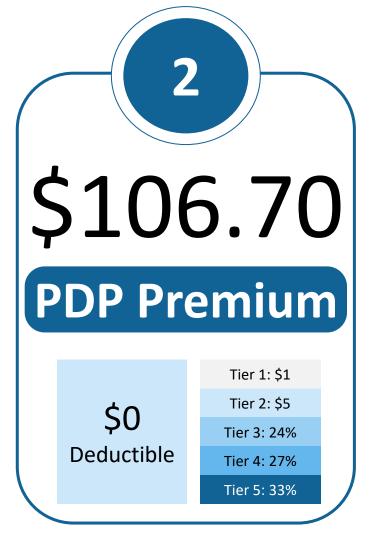
Supplemental Benefit	Assure	Signature	Vitality	Meijer	Essential	Giveback	Secure	Value
Eyewear	<b>√</b>	✓	_	<b>√</b>	_	_	<b>√</b>	-
Hearing Aids	✓	✓	✓	✓	_	✓	<b>√</b>	✓
Fitness (SilverSneakers)	<b>√</b>	✓	✓	✓	_	_	<b>√</b>	<b>√</b>
OTC/Food and Produce	<b>√</b>	✓	✓	✓	_	_	<b>√</b>	<b>√</b>
Home-Delivered Meals	<b>√</b>	✓	✓	✓	_	_	✓	<b>√</b>
PERS	_	_	_	_	_	_	_	_
Mobile Mental Health	✓	$\checkmark$	✓	$\checkmark$	✓	✓	_	_
Ambulance No Transport	<b>√</b>	✓	✓	✓	✓	✓	_	_
Routine Chiropractic	✓	✓	✓	_	_	_	_	_















**Initial Enrollment** 

Renewal

\*(Excluding Prime Value and Essential)

\$626

\$322

**PDP Select and Premium** 

\$15

\$15

Contracts Effective 1/1/2026 and Beyond

**Contracts Effective Prior to 1/1/2026** 

**Prime Value and Essential** 

\$0

\$242





Two Medicare Supplement plans	May be best for
Plan G	Members who want comprehensive coverage with predictable costs and minimal out-of-pocket expenses
High-Deductible Plan G	Healthier members seeking lower monthly premiums and willing to cover more upfront costs before the plan pays

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.

Service	What Members Pay				
Medicare Part A hospital coverage					
Deductible	\$0				
First 60 days of care	\$0				
Emergency care outside of US	\$250 deductible				
Medicare Part B physician and outpatient services					
Deductible (annual)	\$288				
Durable Medical Equipment	\$0				







#### **Medicare Supplement Commissions**

Enrollment Status	Based on member health status rating tier	Years 1-3	Years 4 and Beyond
Guaranteed Issue	Preferred	\$25	\$150
Non-guaranteed Issue	Preferred	\$400	\$150
Non-guaranteed Issue	Tier 1	\$400	\$150
Non-guaranteed Issue	Tier 2	\$200	\$100
Non-guaranteed Issue	Tier 3	\$0	\$0
	Age < 65	\$0	\$0

Dental Vision Hearing package adds \$15 to the above non-zero values.



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