2027 Blue Cross Medicare Plans | **Key Product Changes**

READY TO HELP

Product Portfolio
- Maintain existing plans
- No plan closures, launches or service-area changes
- Reduced segmentation

Part C Benefits
- Overall stability year over year
- Targeted enhancements on select plans

Part D Benefits
- **Added or increased deductibles**
- **Increased cost shares**

Part B Givebacks
- **Removed from select plans**

Part D deductible impacts

PPO products

Product	2026	2027
Assure	$0	**$100**
Signature	$0	**$200**
Vitality	$0	**$250**
Essential	$150	**$400**
Meijer	$150	**$400**
Secure	$150	**$435**
Giveback	$150	**$600**
Value	$615	**$700**

HMO products

Product	2026	2027
Prestige (HMO-POS)	$0	**$100**
Classic (HMO-POS)	$0	**$200**
ConnectedCare	$125	**$100**
Prime Value (HMO-POS)	$150	**$600**

Key takeaway
Most products move to higher Part D deductibles while the product portfolio remains stable.

2027 Blue Cross Medicare Plans | **PPO Plans Overview**

READY TO HELP

Secure

Monthly Premium
$0

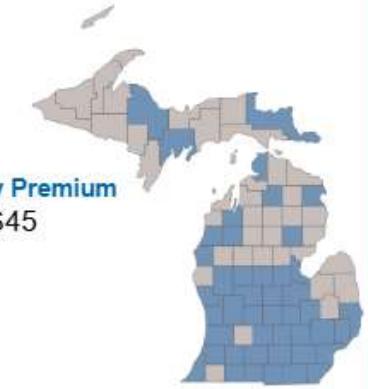
Value

Monthly Premium
$0

Giveback

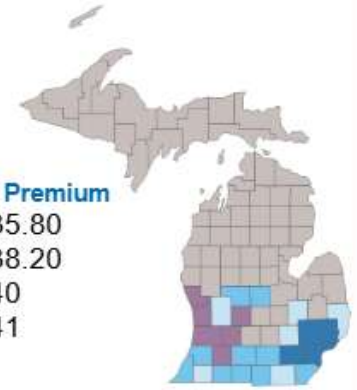
Monthly Premium
$0

+Meijer



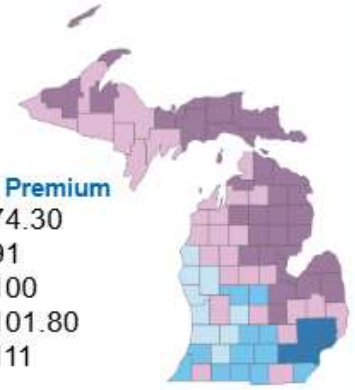
Monthly Premium
$45

Essential



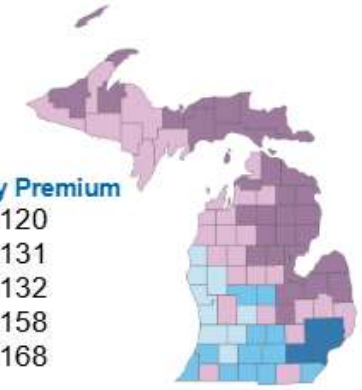
Monthly Premium
- $35.80
- $38.20
- $40
- $41

Vitality



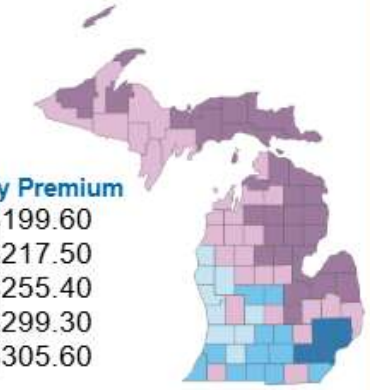
Monthly Premium
- $74.30
- $91
- $100
- $101.80
- $111

Signature



Monthly Premium
- $120
- $131
- $132
- $158
- $168

Assure

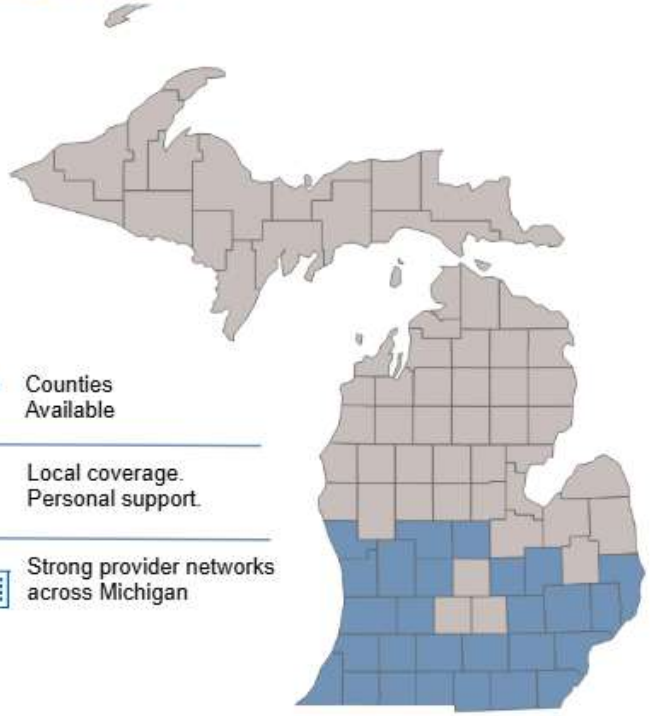


Monthly Premium
- $199.60
- $217.50
- $255.40
- $299.30
- $305.60

2027 Blue Cross MA Plans | **Secure**

READY TO HELP

Coverage Area



27 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

Counties Available Not Available

Plan at a Glance

Premium	Deductible	Primary Care
$0	$100	$0

Specialist Office Visit	$45
Urgent Care Copay	$0 - $40
Emergency Room	$130
Inpatient Hospital (days 1-7)	$375
Outpatient & Diagnostic Services	$0 - $400
Maximum Out Of Pocket	$7,000

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	$0
Tier 2 (Generic) Copay	$7 / $0*
Tier 3-5 Copay	Subject to deductible and coinsurance
Deductible	$435 (Tier 3-5)

*Copay as low as $0 with a 90-day supply at a preferred pharmacy or mail order

Supplemental Benefits*

Dental
Preventative & comprehensive allowance

Vision
Annual exam & eyewear allowance

OTC
$25/quarter

Hearing
Annual exam & aid tiered copay

Fitness
SilverSneakers Included

**Optional enhanced buy-up benefits available*

2027 Blue Cross MA Plans | **Value**

READY TO HELP

Coverage Area

56 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

Counties Available Not Available

Plan at a Glance

Premium	Deductible	Primary Care
$0	$525	$0

Specialist Office Visit	$50
Urgent Care Copay	$0 - $50
Emergency Room	$130
Inpatient Hospital (days 1-7)	$430
Outpatient & Diagnostic Services	$0 - $400
Maximum Out Of Pocket	$6,750

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	$2
Tier 2 (Generic) Copay	$7
Tier 3-5 Copay	Subject to deductible and coinsurance
Deductible	$700 (Tier 2-5)

Supplemental Benefits*

Dental
Preventative & comprehensive allowance

Vision
Annual exam & eyewear allowance

OTC
$25/quarter

Hearing
Annual exam & aid tiered copay

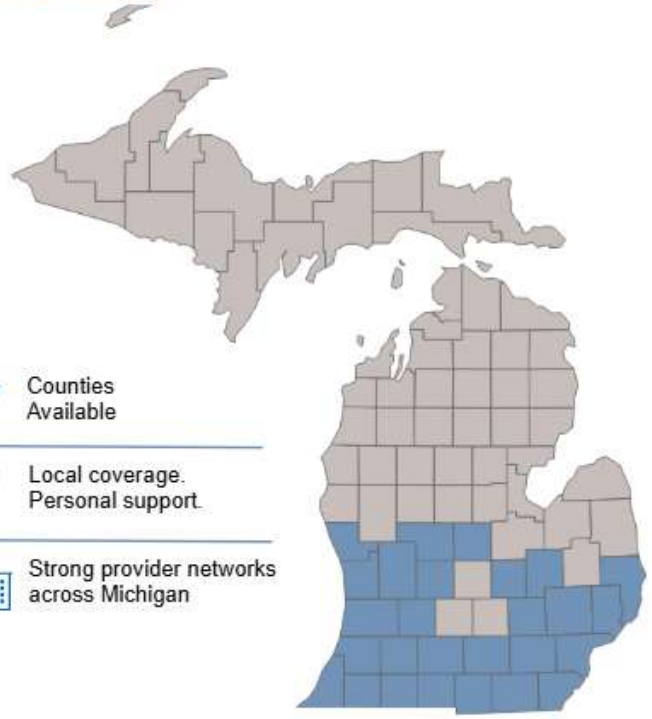
Fitness
SilverSneakers Included

**Optional enhanced buy-up benefits available*

2027 Blue Cross MA Plans | **Giveback**

READY TO HELP

Coverage Area



27 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

Counties Available Not Available

Plan at a Glance

Premium	Deductible	Primary Care
$0 $50 Giveback	$650	$0

Specialist Office Visit	$55
Urgent Care Copay	$0 - $40
Emergency Room	$115
Inpatient Hospital (days 1-7)	$385
Outpatient & Diagnostic Services	$0 - $325
Maximum Out Of Pocket	$9,250

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	$0
Tier 2 (Generic) Copay	$0
Tier 3-5 Copay	Subject to deductible and coinsurance
Deductible	$600 (Tier 3-5)

Supplemental Benefits*

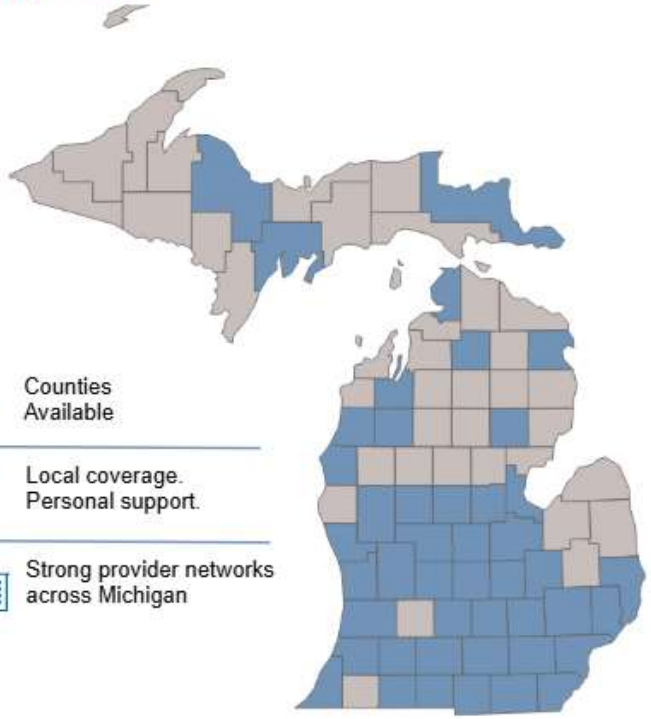
Dental
Preventative

Vision
Annual exam

Hearing
Annual exam & aid tiered copay

**Optional enhanced buy-up benefits available*

Coverage Area



45 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

Counties Available Not Available

Plan at a Glance

Premium	Deductible	Primary Care
$45	$0	$0

Specialist Office Visit	$50
Urgent Care Copay	$0 - $50
Emergency Room	$130
Inpatient Hospital (days 1-7)	$360
Outpatient & Diagnostic Services	$0 - $375
Maximum Out Of Pocket	$6,750

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	$0
Tier 2 (Generic) Copay	$7 / $0*
Tier 3-5 Copay	Subject to deductible and coinsurance
Deductible	$400 (Tier 3-5)

*Copay as low as $0 with a 90-day supply at a preferred pharmacy or mail order

Supplemental Benefits*

Dental
Preventative & comprehensive allowance

Vision
Annual exam & eyewear allowance

OTC
$75/quarter

Hearing
Annual exam & aid tiered copay

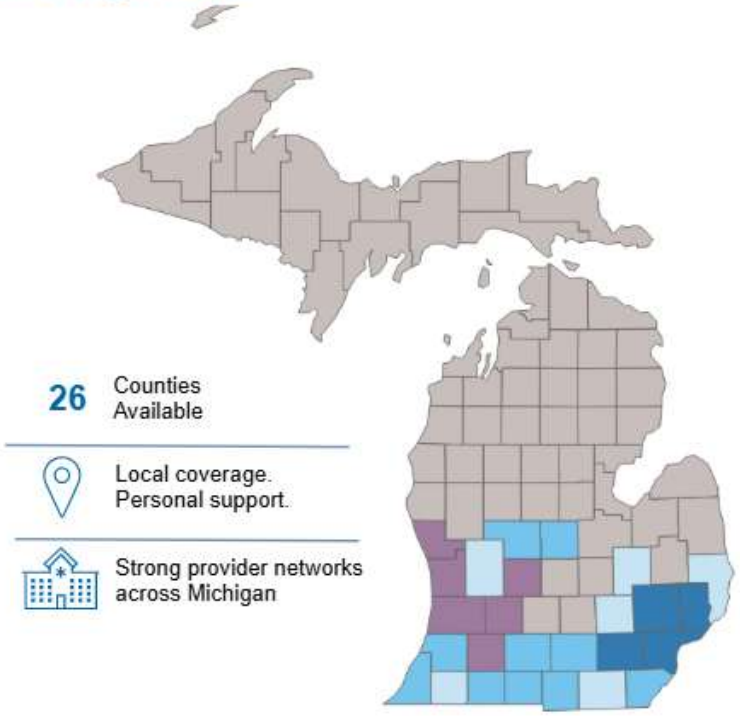
Fitness
SilverSneakers Included

**Optional enhanced buy-up benefits available*

2027 Blue Cross MA Plans | **Essential**

READY TO HELP

Coverage Area



Plan at a Glance

Premium	Deductible	Primary Care
$35.80 - $41	$0	$0

Specialist Office Visit	$45
Urgent Care Copay	$0 - $50
Emergency Room	$130
Inpatient Hospital (days 1-7)	$350
Outpatient & Diagnostic Services	$0 - $350
Maximum Out Of Pocket	$7,150

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	$0
Tier 2 (Generic) Copay	$5 / $0*
Tier 3-5 Copay	Subject to deductible and coinsurance
Deductible	$400 (Tier 3-5)

*Copay as low as $0 with a 90-day supply at a preferred pharmacy or mail order

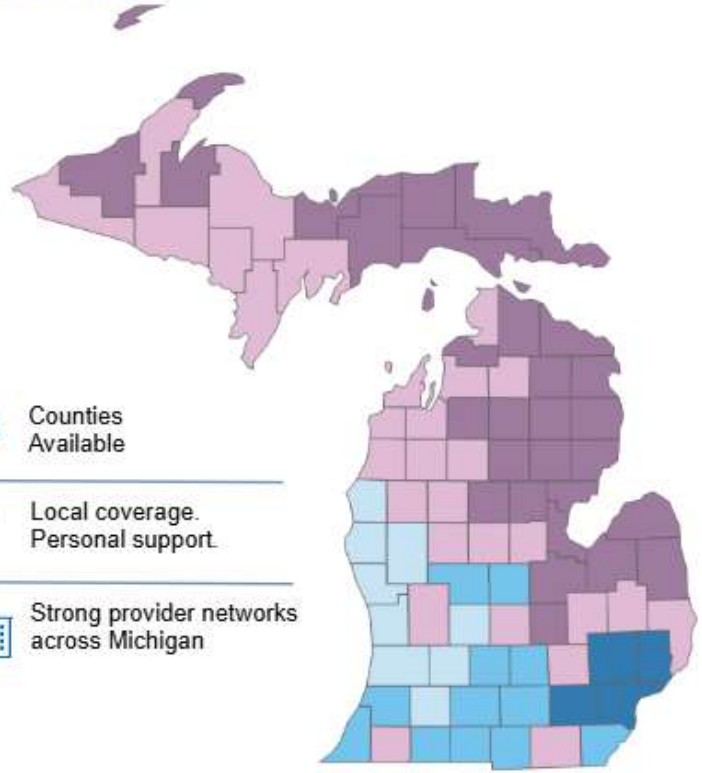
Supplemental Benefits*

Dental
Preventative & comprehensive allowance

Vision
Annual exam

**Optional enhanced buy-up benefits available*

Coverage Area



83 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

$74.30 $91 $100

$101.80 $111

Plan at a Glance

Premium	Deductible	Primary Care
$74.30 - $111	$0	$0

Specialist Office Visit	$30
Urgent Care Copay	$0 - $50
Emergency Room	$130
Inpatient Hospital (days 1-7)	$250
Outpatient & Diagnostic Services	$0 - $220
Maximum Out Of Pocket	$5,000

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	$0
Tier 2 (Generic) Copay	$5 / $0*
Tier 3-5 Copay	Subject to deductible and coinsurance
Deductible	$250 (Tier 3-5)

*Copay as low as $0 with a 90-day supply at a preferred pharmacy or mail order

Supplemental Benefits*

Dental
Preventative & comprehensive allowance

Vision
Annual exam & eyewear allowance

OTC
$40/quarter

Hearing
Annual exam & aid tiered copay

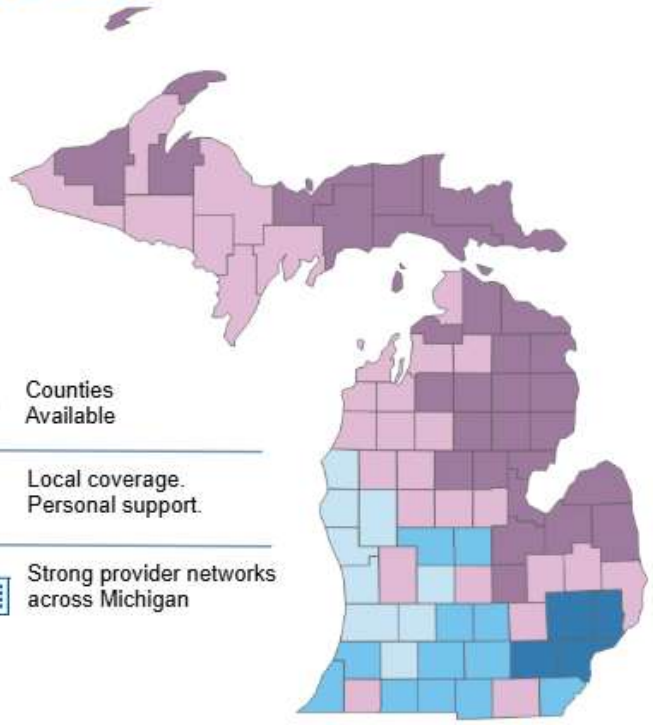
Fitness
SilverSneakers Included

**Optional enhanced buy-up benefits available*

2027 Blue Cross MA Plans | **Signature**

READY TO HELP

Coverage Area



83 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

$120 $131 $132

$158 $168

Plan at a Glance

Premium	Deductible	Primary Care
$120 - $168	$0	$0

Specialist Office Visit	$30
Urgent Care Copay	$0 - $50
Emergency Room	$130
Inpatient Hospital (days 1-7)	$250
Outpatient & Diagnostic Services	$0 - $205
Maximum Out Of Pocket	$4,300

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	$0
Tier 2 (Generic) Copay	$5 / $0*
Tier 3-5 Copay	Subject to deductible and coinsurance
Deductible	$200 (Tier 3-5)

*Copay as low as $0 with a 90-day supply at a preferred pharmacy or mail order

Supplemental Benefits*

Dental
Preventative & comprehensive allowance

Vision
Annual exam & eyewear allowance

OTC
$50/quarter

Hearing
Annual exam & aid tiered copay

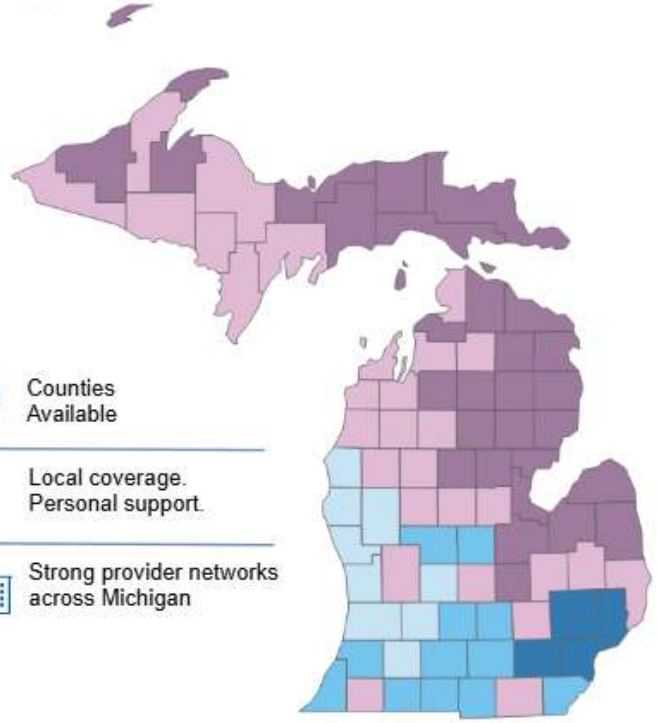
Fitness
SilverSneakers Included

**Optional enhanced buy-up benefits available*

2027 Blue Cross MA Plans | **Assure**

READY TO HELP

Coverage Area



83 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

$199.60 $217.50 $255.40

$299.30 $305.60

Plan at a Glance

Premium	Deductible	Primary Care
$199.60 - $305.60	$0	$0

Specialist Office Visit	$10
Urgent Care Copay	$0 - $40
Emergency Room	$130
Inpatient Hospital (days 1-7)	$225
Outpatient & Diagnostic Services	$0 - $150
Maximum Out Of Pocket	$4,000

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	$0
Tier 2 (Generic) Copay	$5 / $0*
Tier 3-5 Copay	Subject to deductible and coinsurance
Deductible	$100 (Tier 3-5)

*Copay as low as $0 with a 90-day supply at a preferred pharmacy or mail order

Supplemental Benefits*

Dental
Preventative & comprehensive allowance

Vision
Annual exam & eyewear allowance

OTC
$50/quarter

Hearing
Annual exam & aid tiered copay

Fitness
SilverSneakers Included

**Optional enhanced buy-up benefits available*

Plans subject to a medical deductible

- Value
- Giveback
- Secure

Services not subject to medical deductible

Primary care physician services	Diabetic supplies	Diabetic therapeutic shoes/inserts
Diabetic monitors	Kidney disease education services	Glaucoma screening
Diabetes self-management training	Digital rectal exams	EKG following welcome visit

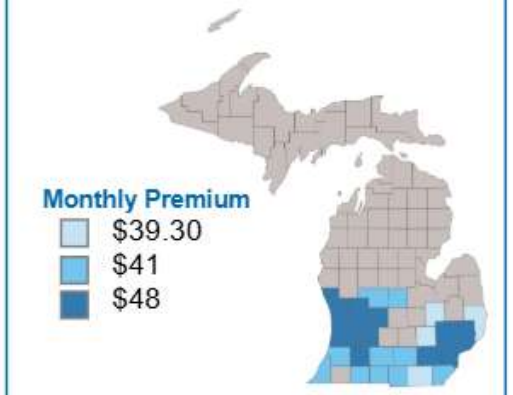
2027 Blue Cross Medicare Plans | **HMO Plans Overview**

READY TO HELP

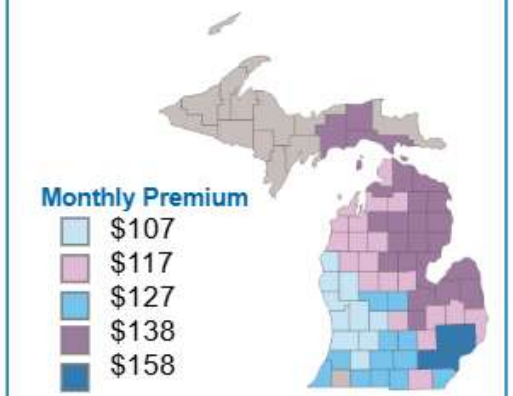
Elements HMO-POS

ConnectedCare HMO

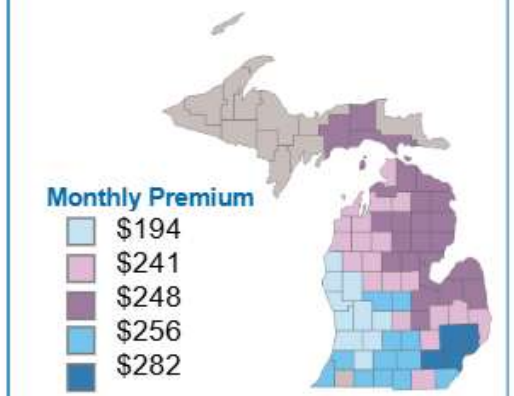
Prime Value HMO-POS



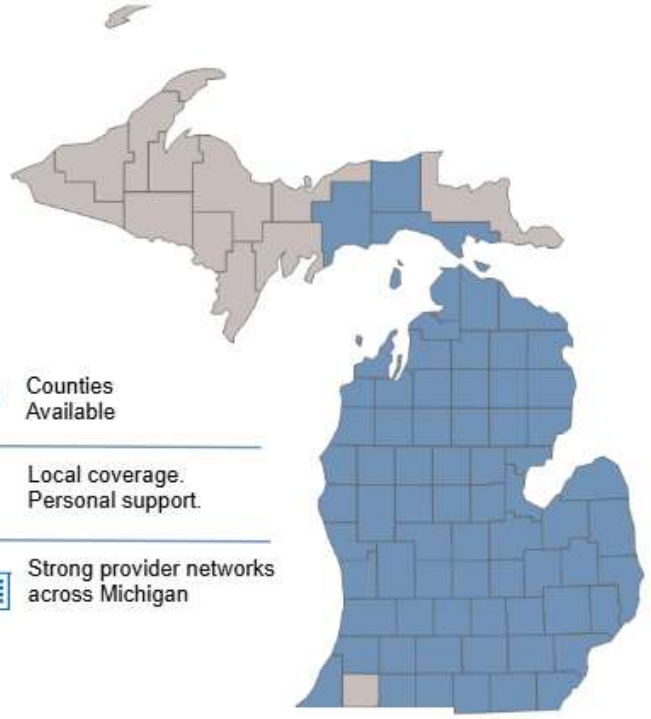
Classic HMO-POS



Prestige HMO-POS



Coverage Area



70 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

Counties Available Not Available

Plan at a Glance

Premium	Deductible	Primary Care
$0 $20 Giveback	$0	$0

Specialist Office Visit	$35
Urgent Care Copay	$0 - $45
Emergency Room	$130
Inpatient Hospital (days 1-7)	$250
Outpatient & Diagnostic Services	$0 - $200
Maximum Out Of Pocket	$4,500

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	-
Tier 2 (Generic) Copay	-
Tier 3-5 Copay	-
Deductible	-

Elements is an MA only plan and does not include Part D drugs

Supplemental Benefits*

Dental
Preventative & comprehensive allowance

Vision
Annual exam & eyewear allowance

OTC
$50/quarter

Hearing
Annual exam & aid tiered copay

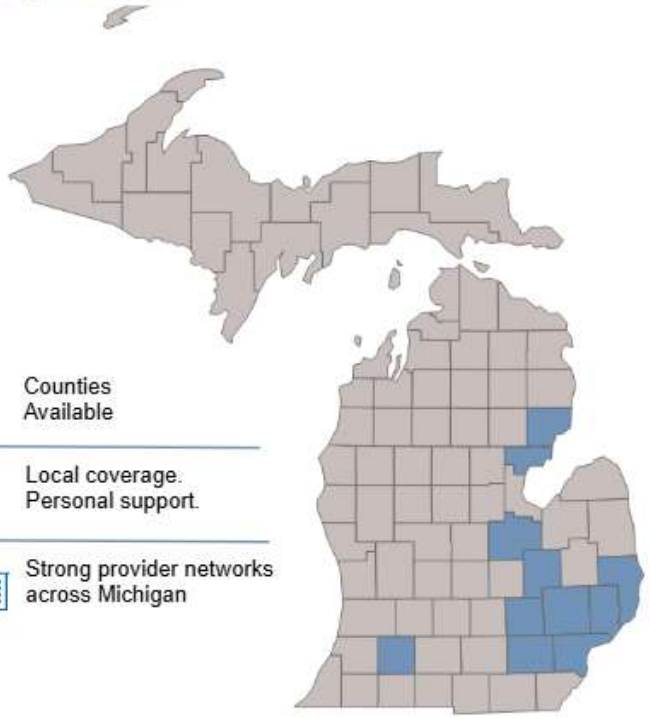
Fitness
SilverSneakers Included

**Optional enhanced buy-up benefits available*

2027 Blue Cross MA Plans | **ConnectedCare**

READY TO HELP

Coverage Area



11 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

Counties Available Not Available

Plan at a Glance

Premium	Deductible	Primary Care
$50	$0	$0

Specialist Office Visit	$35
Urgent Care Copay	$0 - $45
Emergency Room	$130
Inpatient Hospital (days 1-7)	$325
Outpatient & Diagnostic Services	$0 - $225
Maximum Out Of Pocket	$4,800

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	$0
Tier 2 (Generic) Copay	$0
Tier 3-5 Copay	Subject to deductible and coinsurance
Deductible	$100 (Tier 3-5)

*Copay as low as $0 with a 90-day supply at a preferred pharmacy or mail order

Supplemental Benefits*

Dental
Preventative & comprehensive allowance

Vision
Annual exam & eyewear allowance

OTC
$25/quarter

Hearing
Annual exam & aid tiered copay

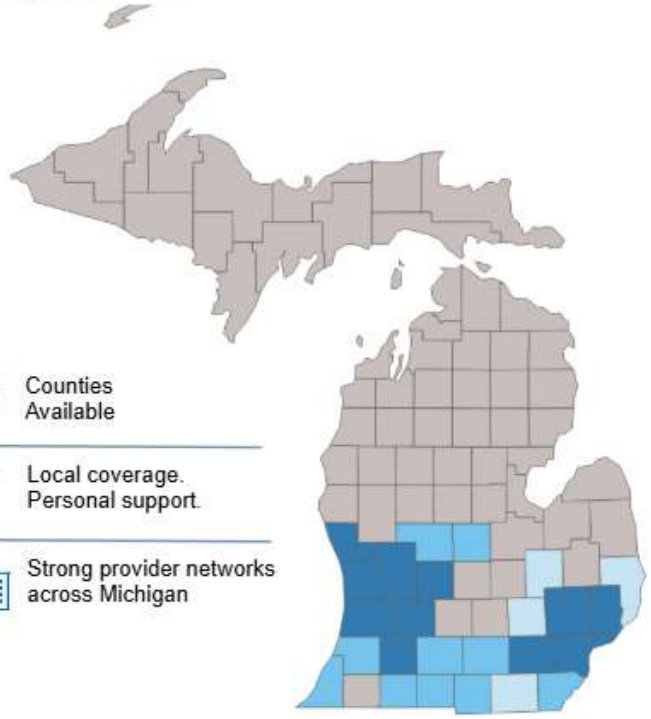
Fitness
SilverSneakers Included

**Optional enhanced buy-up benefits available*

2027 Blue Cross MA Plans | **Prime Value**

READY TO HELP

Coverage Area



25 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

$39.30 $41 $48

Not Available

Plan at a Glance

Premium	Deductible	Primary Care
$39.30 - $48	$0	$0

Specialist Office Visit	$35
Urgent Care Copay	$0 - $45
Emergency Room	$130
Inpatient Hospital (days 1-7)	$350
Outpatient & Diagnostic Services	$0 - $375
Maximum Out Of Pocket	$6,000

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	$0
Tier 2 (Generic) Copay	$0
Tier 3-5 Copay	Subject to deductible and coinsurance
Deductible	$600 (Tier 3-5)

Supplemental Benefits*

Dental
Preventative & comprehensive allowance

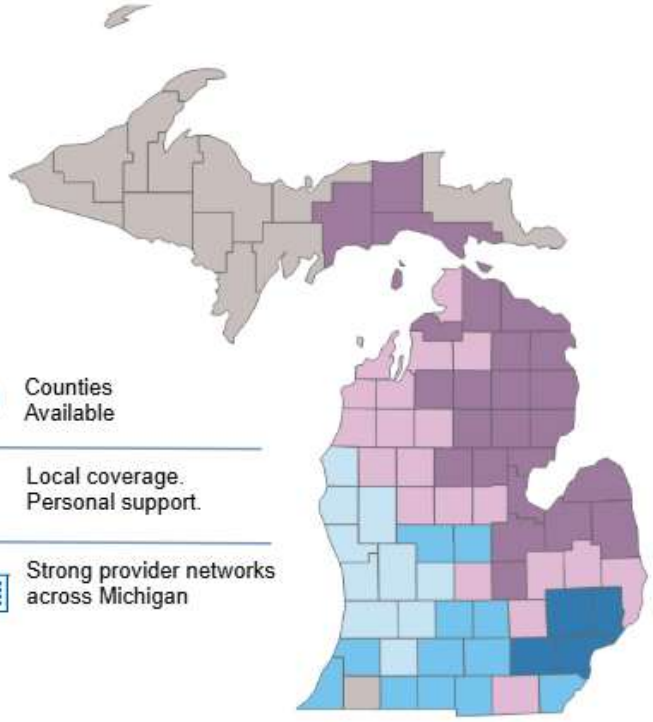
Vision
Annual exam

**Optional enhanced buy-up benefits available*

2027 Blue Cross MA Plans | **Classic**

READY TO HELP

Coverage Area



70 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

$107 $117 $127

$138 $158 Not Available

Plan at a Glance

Premium	Deductible	Primary Care
$107 - $158	$0	$0

Specialist Office Visit	$30
Urgent Care Copay	$0 - $40
Emergency Room	$130
Inpatient Hospital (days 1-7)	$250
Outpatient & Diagnostic Services	$0 - $225
Maximum Out Of Pocket	$4,800

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	$0
Tier 2 (Generic) Copay	$7 / $0*
Tier 3-5 Copay	Subject to deductible and coinsurance
Deductible	$200 (Tier 3-5)

*Copay as low as $0 with a 90-day supply at a preferred pharmacy or mail order

Supplemental Benefits*

Dental
Preventative & comprehensive allowance

Vision
Annual exam & eyewear allowance

OTC
$30/quarter

Hearing
Annual exam & aid tiered copay

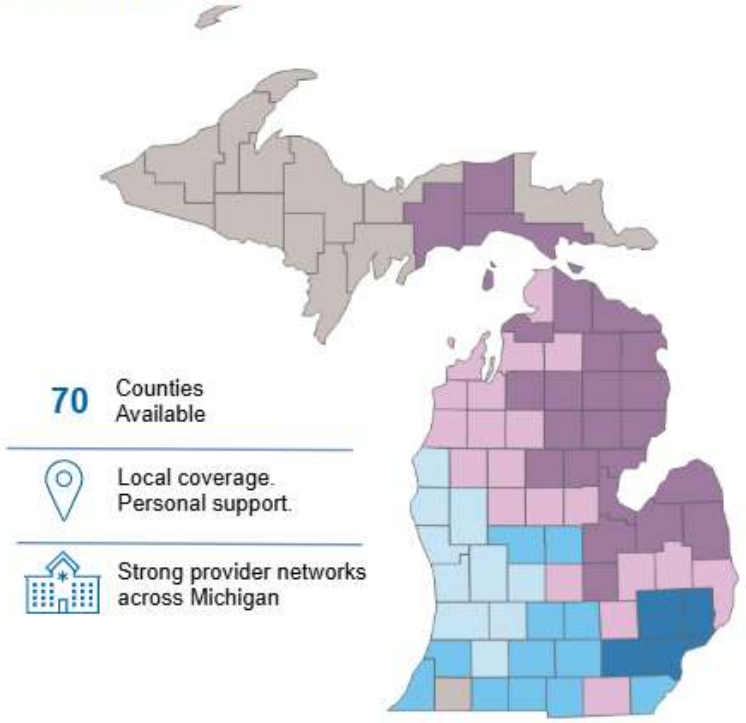
Fitness
SilverSneakers Included

**Optional enhanced buy-up benefits available*

2027 Blue Cross MA Plans | **Prestige**

READY TO HELP

Coverage Area



70 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

$194 $241 $248

$256 $282 Not Available

Plan at a Glance

Premium	Deductible	Primary Care
$194 - $282	$0	$0

Specialist Office Visit	$25
Urgent Care Copay	$0 - $35
Emergency Room	$130
Inpatient Hospital (days 1-7)	$200
Outpatient & Diagnostic Services	$0 - $200
Maximum Out Of Pocket	$4,400

Prescription Drug Coverage

	Preferred Pharmacy
Tier 1 (Preferred Generic) Copay	$0
Tier 2 (Generic) Copay	$5 / $0*
Tier 3-5 Copay	Subject to deductible and coinsurance
Deductible	$100 (Tier 3-5)

*Copay as low as $0 with a 90-day supply at a preferred pharmacy or mail order

Supplemental Benefits*

Dental
Preventative & comprehensive allowance

Vision
Annual exam & eyewear allowance

OTC
$50/quarter

Hearing
Annual exam & aid tiered copay

Fitness
SilverSneakers Included

**Optional enhanced buy-up benefits available*

Optional Supplemental Buy-up (OSB)
Dental and Vision

$27.10

PPO

$26.60

HMO/ HMO POS

		Value PPO	Meijer PPO Secure PPO	HMO: Prime Value PPO: Essential	HMO: Elements, Classic, Prestige, ConnectedCare PPO: Assure, Signature, Vitality	Giveback PPO
Preventive	$0 for 2 oral exams every year	***Embedded Coverage*** 100%	***Embedded Coverage*** 100%	***Embedded Coverage*** 100%	***Embedded Coverage*** 100%	***Embedded Coverage*** 100%
	$0 for 2 cleanings (routine or periodontal)					
	$0 for one fluoride treatment every year					
	$0 for bitewing or periapical x-rays every 2 years					
Comprehensive	$0 for resin and amalgam fillings every 48 months	***Embedded Coverage*** $750 annual coverage limit	***Embedded Coverage*** $1,000 annual coverage limit	***Embedded Coverage*** $950 annual coverage limit	***Embedded Coverage*** $1,500 annual coverage limit	***Optional Buy-up*** $1,500 annual coverag limit $27.10 monthly premium
	$0 for crowns every 84 months					
	$0 for root canals, once per tooth per lifetime					
	$0 for deep cleaning every 24 months					
	$0 for simple extractions, once per tooth per lifetime					
	$0 for oral surgery, twice per tooth per lifetime					
	25% for onlays	***Optional Buy-up*** $1,500 annual coverage limit $27.10 monthly premium	***Optional Buy-up*** $1,500 annual coverage limit $27.10 monthly premium	***Optional Buy-up*** $1,500 annual coverage limit $27.10 (PPO) $26.60 (HMO) monthly premium	***Optional Buy-up*** $1,500 annual coverage limit $27.10 (PPO) $26.60 (HMO) monthly premium	
	25% for periodontal surgery					
	25% for dentures					
	25% for bridges					
	25% for implants					
	25% for anesthesia and consultation exams					

2027 Blue Cross Medicare Plans | **Vision Details**

	Elements HMO Classic HMO ConnectedCare HMO	Prestige	Prime Value	Signature PPO Vitality PPO Assure PPO
Routine Eye Exam	***Embedded Coverage*** 100%	***Embedded Coverage*** 100%	***Embedded Coverage*** 100%	***Embedded Coverage*** 100%
Eyewear Allowance	***Embedded Coverage*** $100 allowance max for contact lenses or one pair of frames	***Embedded Coverage*** $150 allowance max for contact lenses or one pair of frames	-	***Embedded Coverage*** $150 allowance max for contact lenses or one pai of frames
OSB Buy-Up	***Optional Buy-Up*** $250 annual vision allowance in-network	***Optional Buy-Up*** $250 annual vision allowance in-network	***Optional Buy-Up*** $250 annual vision allowance in-network	***Optional Buy-Up*** $250 annual vision allowance in-network and 50% coinsurance out-of-network every 12 months

2027 Blue Cross Medicare Plans | **Supplemental Benefits By PPO Plan**

READY TO HELP | STEADY

Supplemental Benefit	Assure	Signature	Vitality	Meijer	Essential	Giveback	Secure	Value
Eyewear	✓	✓	✓	✓	—	—	✓	✓
Hearing Aids	✓	✓	✓	✓	—	✓	✓	✓
Fitness (SilverSneakers)	✓	✓	✓	✓	—	—	✓	✓
OTC / Food and Produce*	✓	✓	✓	✓	—	—	✓	✓
Home-Delivered Meals	✓	✓	✓	—	—	—	—	—
PERS	—	—	—	—	—	—	—	—
Mobile Mental Health	✓	✓	✓	✓	✓	✓	—	—
Ambulance No Transport	✓	✓	✓	✓	✓	✓	—	—
Routine Chiropractic	✓	✓	✓	—	—	—	—	—

Legend: ✓ Included — Not included

*Food and produce benefit for qualifying conditions

2027 Blue Cross Medicare Plans | **Supplemental Benefits By HMO Plan**

READY TO HELP | STEADY

Supplemental Benefit	Prestige	Classic	Connected Care	Prime Value	Elements
Eyewear	✓	✓	✓	—	✓
Hearing Aids	✓	✓	✓	—	✓
Fitness (SilverSneakers)	✓	✓	✓	—	✓
OTC / Food and Produce*	✓	✓	✓	—	✓
Home-Delivered Meals	✓	✓	✓	—	—
PERS	✓	✓	—	—	—
Mobile Mental Health	✓	✓	✓	✓	✓
Ambulance No Transport	✓	✓	✓	✓	✓
Routine Chiropractic	✓	✓	✓	—	✓

Legend: ✓ Included — Not included

*Food and produce benefit for qualifying conditions

Use quarterly dollars for eligible health items, and food or produce, when eligible

Allowance amount

$25 - $75

per quarter on select plans

Eligible members may use the allowance toward over-the-counter health items. Members with qualifying chronic conditions may be able to use the allowance toward food and produce at plan-approved locations.

Unused amounts do not carry forward.

Ways to access the allowance

Online
Order approved items

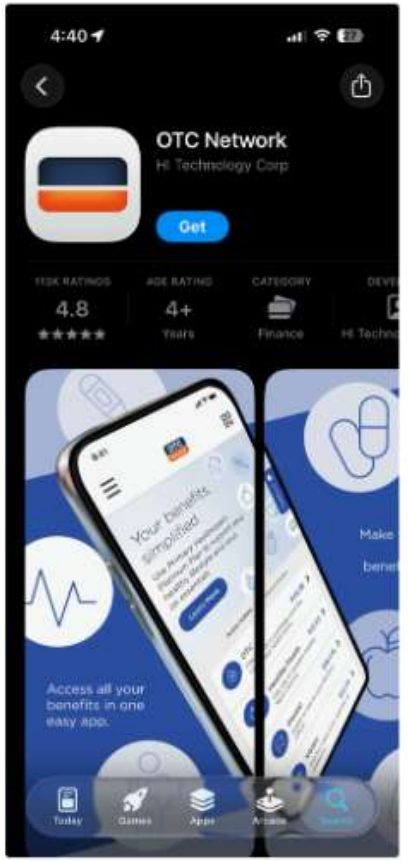
Retailers
Shop plan-approved locations

Availability varies by plan and eligibility

OTC card delivery & support

Mailed directly to the member
OTC cards are mailed to new members or members switching between PPO and HMO products.

Agents can help members online
After arrival, use mybenefitscenter.com or the OTC Network app to view benefits and the card details.



2027 Blue Cross Medicare Plans | **Advantage Dollars Food Benefit**

READY TO HELP

Food benefit eligibility: members must qualify and are not automatically eligible

Benefit overview

Food Benefit: a Special Supplemental Benefit for the Chronically Ill.

Use: qualifying members can purchase eligible food items using the Advantage Dollars allowance.

Requirement: all applicable eligibility requirements must be met before the benefit is provided.

Notification: the plan will notify members when they are eligible; contact us for details.

Not all members may qualify

Qualifying chronic condition examples

Common examples: hypertension, diabetes, chronic cardiovascular disorders, chronic lung disorders and chronic heart failure.

Additional categories: arthritis or autoimmune disorders, cancer, dementia, ESRD, HIV/AIDS, neurologic disorders, severe hematologic disorders and stroke.

Other qualifying conditions may apply.

How eligibility is confirmed

BCBSM claims system

Eligible members are identified once diagnosed with one or more eligible chronic conditions.

Provider record

If a member believes they qualify but has not been identified, they should see their provider and update the diagnosis record.

This benefit works with the over-the-counter (OTC) Advantage Dollars allowance and is limited to the maximum OTC allowance amount.

2027 Blue Cross Medicare Plans | **SilverSneakers® Fitness Program**

READY TO HELP

Agent servicing: verify eligibility and help members access their SilverSneakers® benefit

Included benefit

Included

fitness and wellness support

Agents can explain that eligible members have access to participating locations, digital fitness options and at-home support.

Servicing at www.silversneakers.com*

Agents can service members online by:

- **Checking member eligibility** to confirm the included benefit.
- **Viewing a virtual card** for the member through the site.
- **Emailing or printing the card** during the servicing interaction.

Access options:

- **Participating locations** — equipment, classes and amenities.
- **Online and on demand** — live classes, workshops and workout videos.
- **Mobile and at home** — GO app, well-being resources and at-home fitness kits.

Excludes Giveback and Essential PPO plans and Prime Value HMO-POS.

*BCBSM does not own this website.

2027 Blue Cross Medicare Plans | **Virtual Care – Teladoc Health™**

READY TO HELP

24/7 virtual care access for nonemergency illnesses by phone, tablet or computer

What changed

Beginning 1/1/2024, Blue Cross Online Visits was replaced by Virtual Care from Teladoc Health™.

Members can access care by phone, tablet or computer.

Virtual Care features

No-cost services: $0 copay for primary care, urgent care with PCP and behavioral virtual health services.

Medical access: U.S. board-certified doctors treat non-emergency illnesses.

Urgent care: 24/7 access for urgent care appointments.

Behavioral health: Virtual behavioral health services available by appointment.

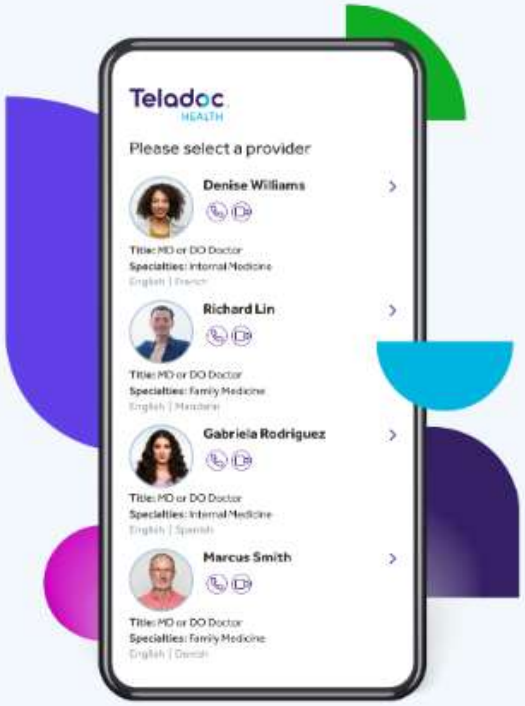
How members access this benefit

Online: bcbsm.com/virtualcare

Phone: 1-800-TELADOC (1-800-835-2362), TTY: 1-855-636-1578

Virtual health visits with a personal primary care provider may be available.

Teladoc app



PDP Plan Premiums

1

$49.80

PDP Select

$700 Deductible* *applies to Tiers 2 - 5	Tier 1: $2
	Tier 2: $5
	Tier 3: 23%
	Tier 4: 25%
	Tier 5: 25%

2

$80.30

PDP Premium

$125 Deductible* *applies to Tiers 3 - 5	Tier 1: $1
	Tier 2: $5
	Tier 3: 25%
	Tier 4: 26%
	Tier 5: 31%

How to order Reach out to your GA to place material orders. Include the material name, quantity, shipping address and contact information.

Available to order

Enrollment Kits

Enrollment Kits

- 2027 PPO Enrollment Kit
- 2027 HMO Enrollment Kit
- 2026 Medicare Supplement Enrollment Kit

Optional Supplemental Kits

- 2027 Medicare Plus Blue PPO Optional Supplemental Enrollment Kit
- 2027 HMO/HMO-POS Optional Supplemental Enrollment Kit
- 2027 Medicare Supplement Dental Vision Hearing Package Enrollment Kit

Guides & Sales Foldouts

Plan Guide

- 2027 Medicare Plan Guide

Sales Foldouts

- 2027 Medicare Plus Blue Secure Sales Foldout
- 2027 Medicare Plus Blue Value Sales Foldout
- 2027 Medicare Plus Blue HMO Sales Foldout

Note: Please allow 5 days for your order to arrive. All materials are available in the Agent Community Library for immediate download.