INDIVIDUAL MEDICARE ADVANTAGE CERTIFICATION TRAINING
&
MEDICARE SUPPLEMENT TRAINING

READY TO HELP

2026 & 2027 Plan Year Training

The BCBSM Medicare Certification training has been updated to include both current year plan information and upcoming plan year changes.

This training is not inclusive of all changes for the 2027 plan year, and information is subject to change pending CMS bid approval.

Please refer to the Evidence of Coverage and Summary of Benefits documents for specific benefit details.

Narration included

This training includes narration. Please ensure that your device sound is activated.

Approx. 45 minutes

This training should take approximately 45 minutes to complete.

CMS Required Disclaimer

Rule update and required placement

Effective 10/1/23, all Medicare Advantage and Prescription Drug sales CMS has revised the existing TPMO disclaimer to require TPMOs that do not contract with every available MA organization or Part D sponsor in a service area to include a list of the MA organizations or Part D sponsors with which they do contract in the beneficiary's service area. Because the existing TPMO disclaimer did not apply to TPMOs that contract with every MA organization or Part D sponsor in a given service area, CMS finalized a new disclaimer for TPMOs that do contract with every MA organization or Part D sponsor in the service area.

All Sales and Marketing calls are required to be recorded and the TPMO disclaimer must be verbally conveyed within the first minute of the sales call. The TPMO disclaimer must be electronically conveyed when communicating with a beneficiary through email, online chat, or other electronic means, prominently displayed on the TPMO's website, and included in any TPMO marketing materials, including print materials and television advertising.

If the TPMO "does not" sell "all" MA organizations in the service area the disclaimer is:

"We do not offer every plan available in your area. Currently we represent insert number of organizations organizations which offer insert number of plans products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program to get information on all of your options."

If the TPMO sells "all" MA organizations in the service area the disclaimer is:

"Currently we represent insert number of organizations organizations which offer insert number of plans products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program for help with plan choices."

2027 Blue Cross Medicare Plans | **BCBSM (PPO) vs BCNA (HMO)**

HMO and PPO Medicare Advantage plans both offer strong coverage, but members need to understand the differences before enrolling.

Product relationship

Blue Care Network is part of the Blue Cross Blue Shield family.

Blue Care offers Medicare Advantage plans that operate as either an HMO or HMO-POS.

Medicare Advantage plans offered by Blue Cross Blue Shield of Michigan operate as PPO and are under the heading Medicare Plus Blue PPO.

Correct naming

BCBSM PPO plans should not be referred to as BCNA.

BCNA HMO / HMO-POS plans should not be referred to as BCBSM.

Each plans specific name should be used during conversations with beneficiaries.

Network differences

Each plan has its own network of doctors and hospitals.

Service areas also differ between plans.

Network rules affect how members access care.

Acronyms: PPO = preferred provider organization | HMO = health maintenance organization | POS = point-of-service

2027 Blue Cross Medicare Plans | **Plan Type Comparison**

PPO Plans

Flexible provider access: members may use doctors and hospitals in or out of network.

Members pay less when they use in-network providers.

All PPO MA plans include medical and Part D prescription drug benefits.

While having a primary care doctor is encouraged, it's not a requirement.

Worldwide emergency and urgent care benefits support domestic and international travel.

HMO-POS Plans

Plan members select a Primary Care Physician (PCP) who coordinates patient care. Members and can change PCPs at any time during the plan year

Referrals are not required when using an in-network specialist. .

When traveling outside Michigan, the POS feature allows non-emergency or urgent care through the national Blue network

Members must use in-network providers except for emergency or urgent care.

HMO Plans

Each member chooses a primary care physician who coordinates care.

Out-of-network care is typically not covered except in emergency or urgent-care situations.

Best fit for members who are comfortable with using a specific provider network in exchange for strong plan benefits.

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

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.

Every quality Medicare recommendation begins with complete discovery

Use this discovery flow after standard documentation is collected – driver's license, Medicare card, Scope of Appointment and required forms

Client Profile

What we need to know

- Complete **provider** list
- Complete **prescription** list: medication, dosage and frequency
- Preferred **pharmacy**

Healthcare Utilization

What we need to understand

- Expected **PCP** and **specialist** visits
- Diagnostic **testing, labs and radiology**
- Planned imaging: **CT, MRI and PET scans**
- Outpatient **procedures** or **surgeries**
- SNF **history** or anticipated **need**

Cost + Education

What we do with the information

- Enter **details** accurately in the estimator
- Compare **total estimated** medical & prescription costs
- Align recommendation to current needs and **expected utilization**
- Encourage clients to **report significant changes** for future reviews

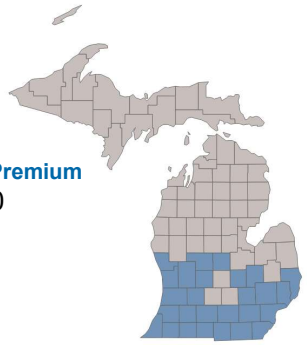
Accurate discovery leads to better plan fit, more informed decisions and stronger client outcomes

BCBSM Medicare Plus Blue PPO

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

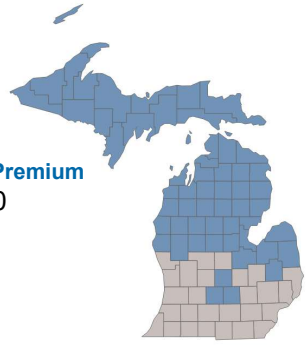
READY TO HELP

Secure



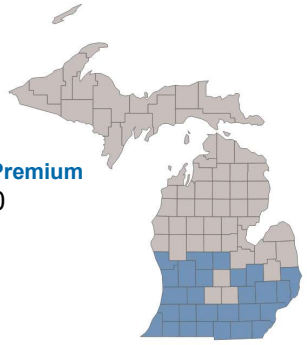
Monthly Premium
$0

Value



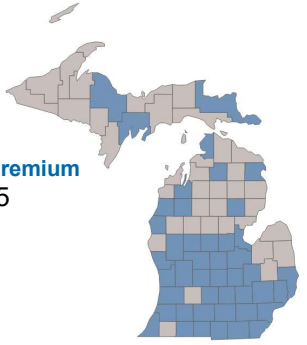
Monthly Premium
$0

Giveback



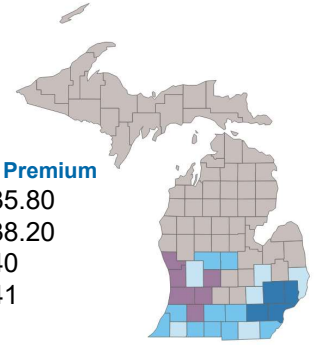
Monthly Premium
$0

+Meijer



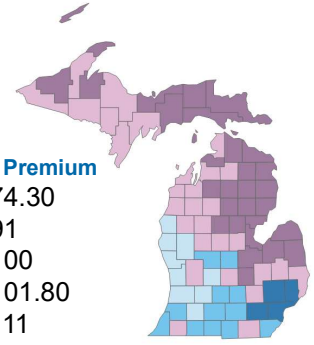
Monthly Premium
$45

Essential



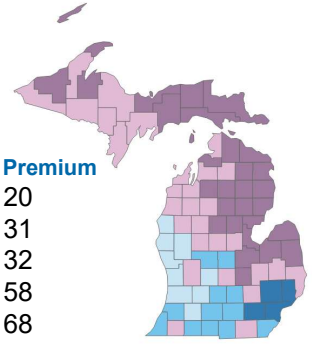
Monthly Premium
- $35.80
- $38.20
- $40
- $41

Vitality



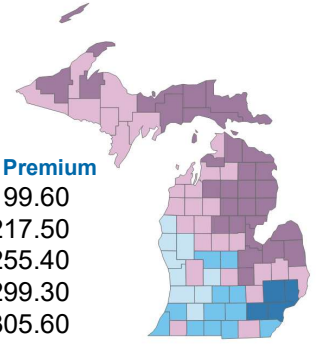
Monthly Premium
- $74.30
- $91
- $100
- $101.80
- $111

Signature



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

Assure

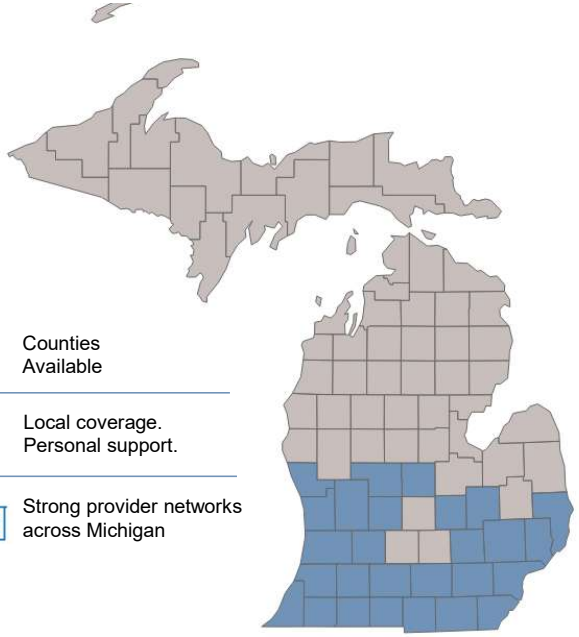


Monthly Premium
- $199.60
- $217.50
- $255.40
- $299.30
- $305.60

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

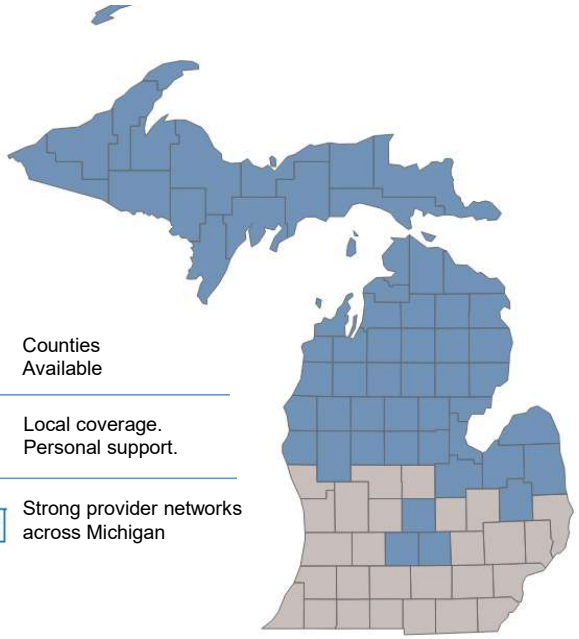
Hearing
Annual exam & aid tiered copay

Fitness
SilverSneakers Included

Optional enhanced buy-up benefits available

2027 Blue Cross MA Plans | **Value**

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

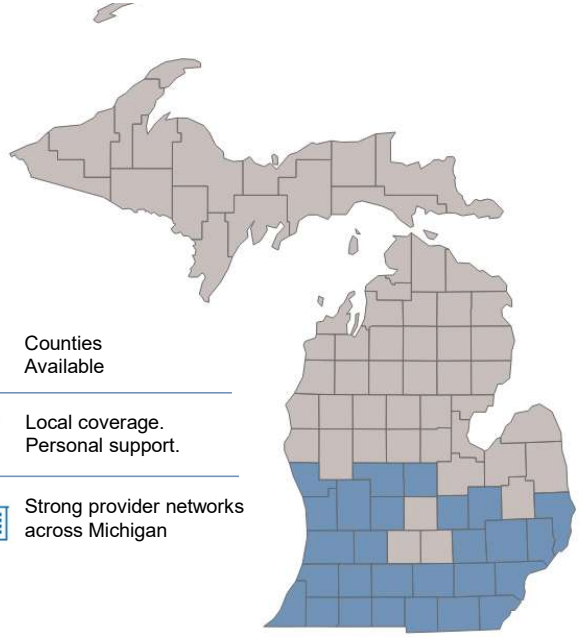
Hearing
Annual exam & aid tiered copay

Fitness
SilverSneakers Included

Optional enhanced buy-up benefits available

2027 Blue Cross MA Plans | **Giveback**

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

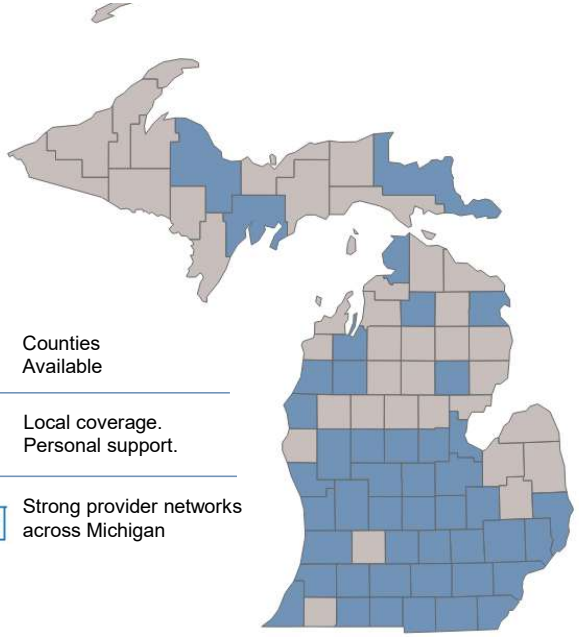
Hearing
Annual exam & aid tiered copay

Optional enhanced buy-up benefits available

2027 Blue Cross MA Plans | + Meijer

READY TO HELP

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

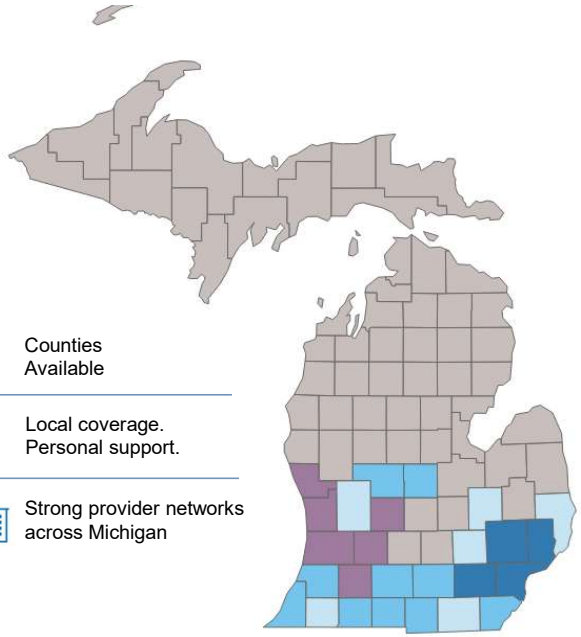
Fitness
SilverSneakers Included

Optional enhanced buy-up benefits available

2027 Blue Cross MA Plans | **Essential**

READY TO HELP

Coverage Area



26 Counties Available

Local coverage. Personal support.

Strong provider networks across Michigan

$35.80 $38.20 $40

$41 Not available

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

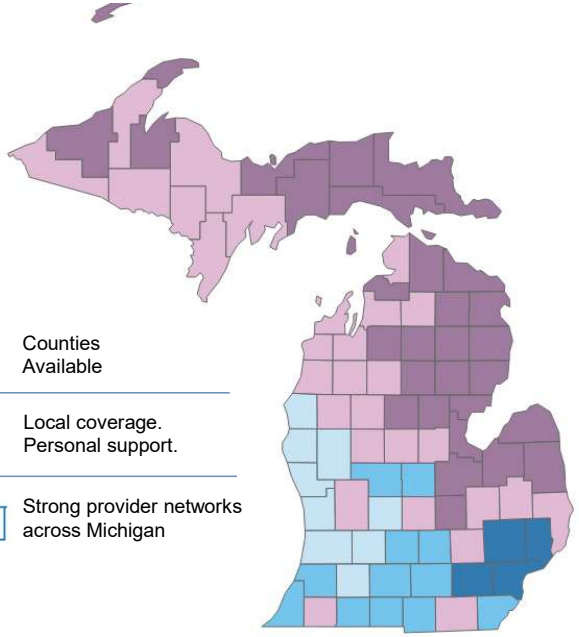
Vision
Annual exam

Optional enhanced buy-up benefits available

2027 Blue Cross MA Plans | **Vitality**

READY TO HELP

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

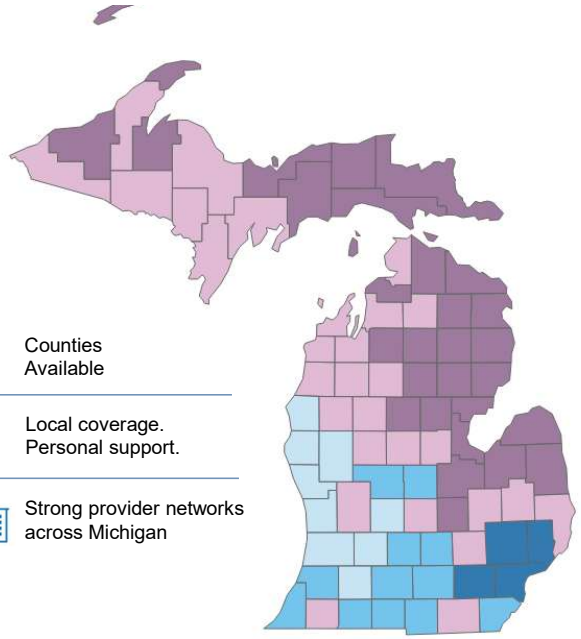
Fitness
SilverSneakers Included

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

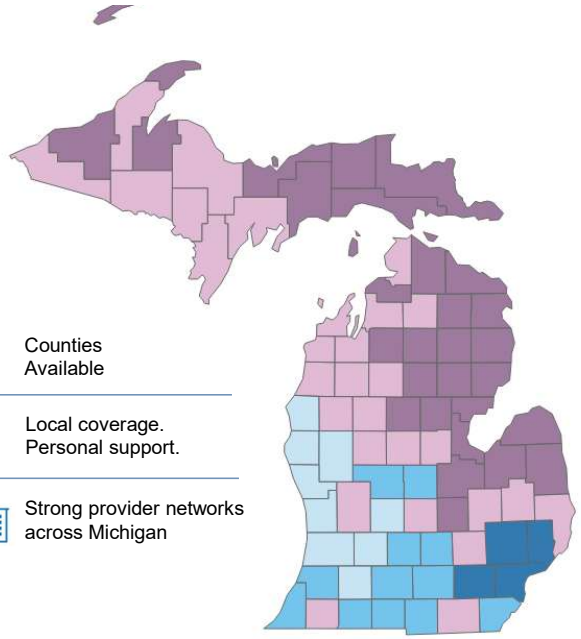
Fitness
SilverSneakers Included

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

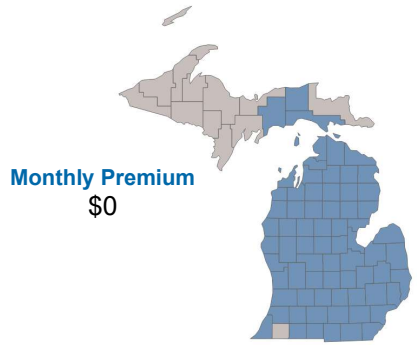
Primary care physician services	Diabetic supplies	Diabetic therapeutic shoes/inserts
Diabetic monitors	Kidney disease education services	Glaucoma screening
Diabetes self-management training	Digital rectal exams	EKG following welcome visit

BCN Advantage HMO & HMO-POS

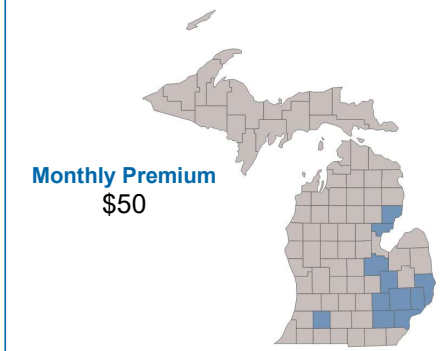
2027 Blue Cross Medicare Plans | **HMO Plans Overview**

READY TO HELP

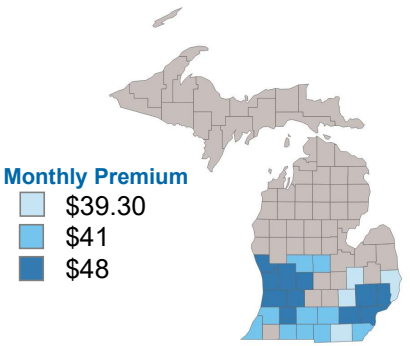
Elements HMO-POS



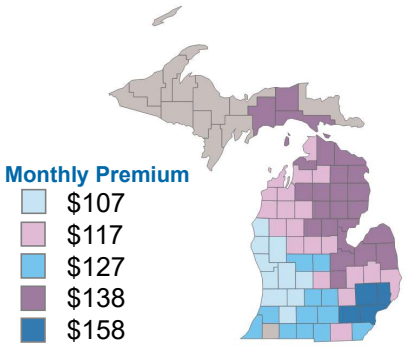
ConnectedCare HMO



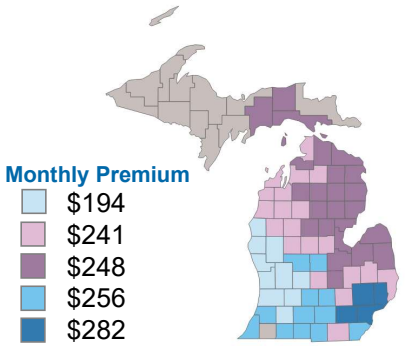
Prime Value HMO-POS



Classic HMO-POS



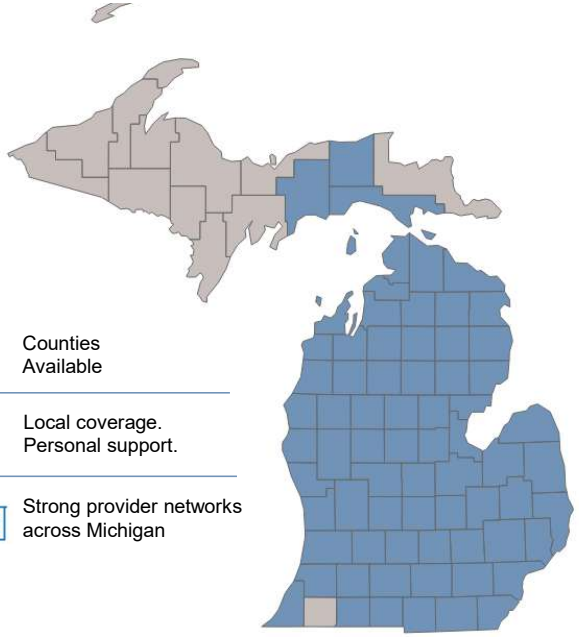
Prestige HMO-POS



2027 Blue Cross MA Plans | **Elements**

READY TO HELP

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

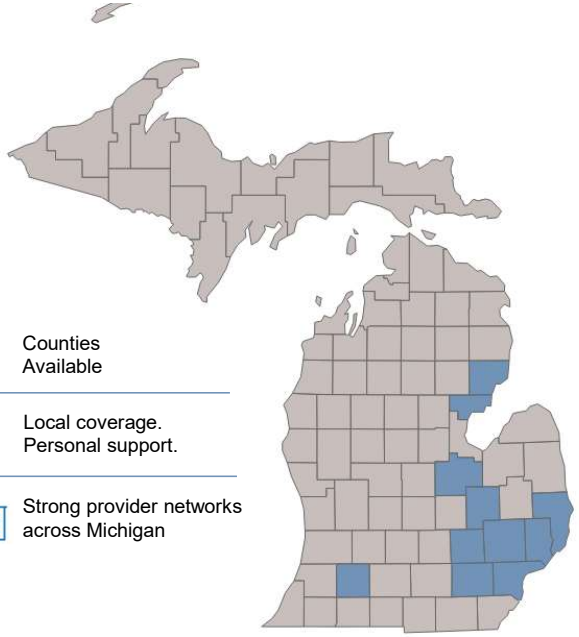
Fitness
SilverSneakers Included

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

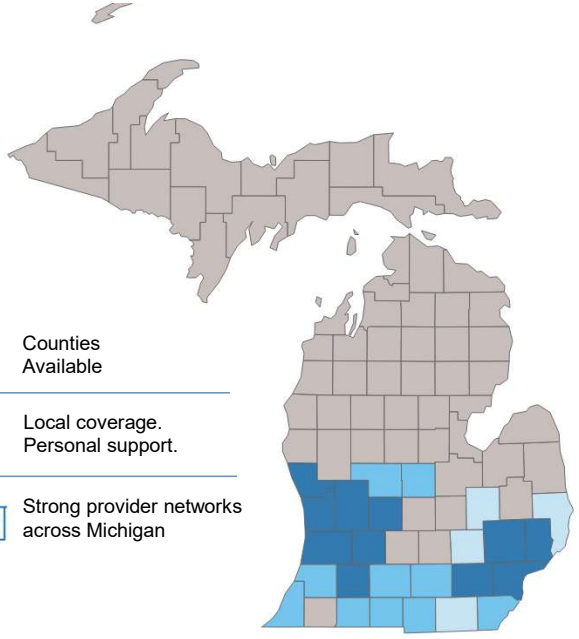
Fitness
SilverSneakers Included

Optional enhanced buy-up benefits available

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

READY TO HELP

Coverage Area



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

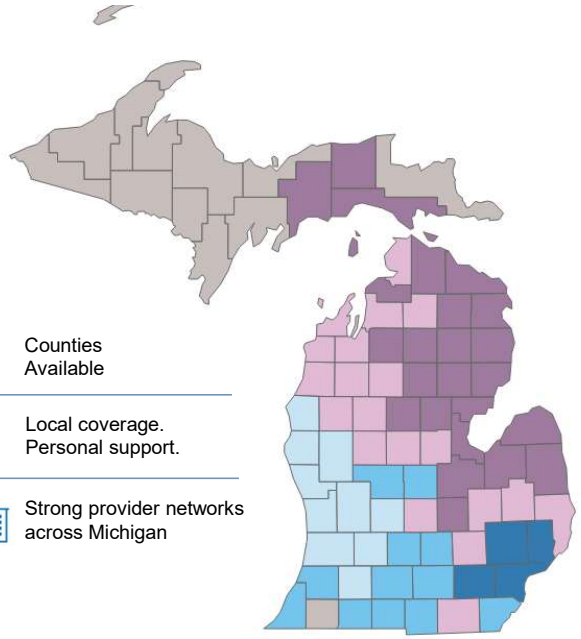
Vision
Annual exam

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

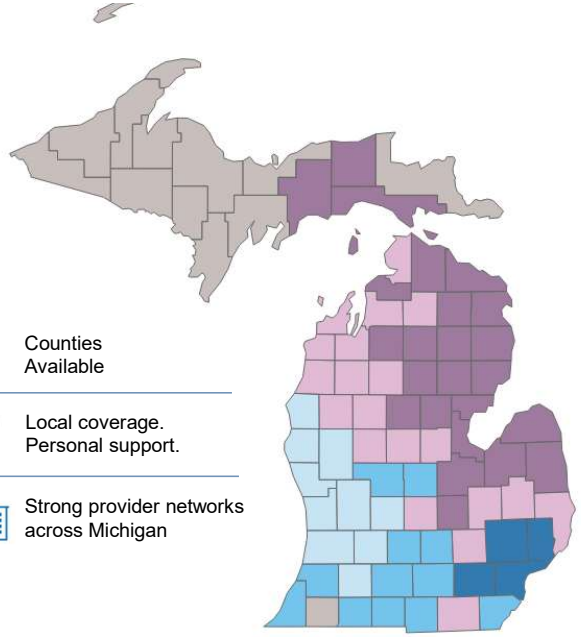
Fitness
SilverSneakers Included

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

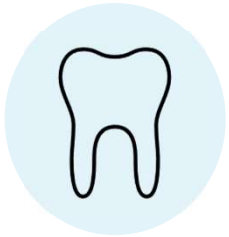
Vision
Annual exam & eyewear allowance

OTC
$50/quarter

Hearing
Annual exam & aid tiered copay

Fitness
SilverSneakers Included

Optional enhanced buy-up benefits available



Optional Supplemental Benefits:
Dental/Vision Buyups

Optional Supplemental Buy-up (OSB)
Dental and Vision

$27.10

PPO

$26.60

HMO/ HMO POS

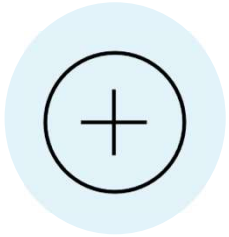
2027 Blue Cross Medicare Plans | **Dental Details**

READY TO HELP

		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 coverage 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**	**Essential PPO Giveback PPO**	**Meijer PPO Secure PPO Value PPO**
Routine Eye Exam	***Embedded Coverage*** 100%	***Embedded Coverage*** 100%	***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 pair of frames	-	***Embedded Coverage*** $100 allowance max for contact lenses or one pair 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	***Optional Buy-Up*** $250 annual vision allowance in-network and 50% coinsurance out-of-network every 12 months	***Optional Buy-Up*** $250 annual vision allowance in-network and 50% coinsurance out-of-network every 12 months



Value Added Benefits

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

2027 Blue Cross Medicare Plans | **Over-the-Counter (OTC) Allowance**

READY TO HELP

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

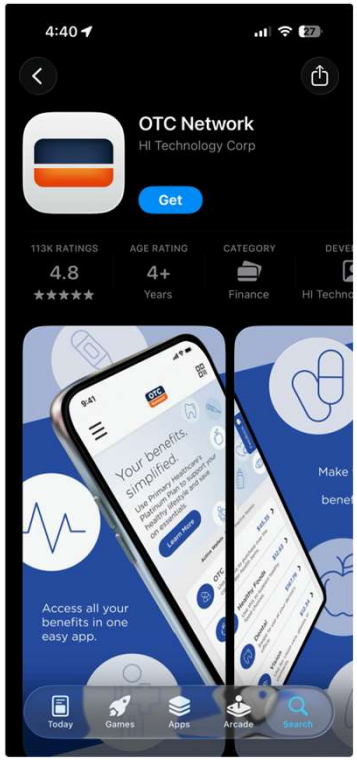
Retailers
Shop plan-approved locations

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.



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.

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.

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.

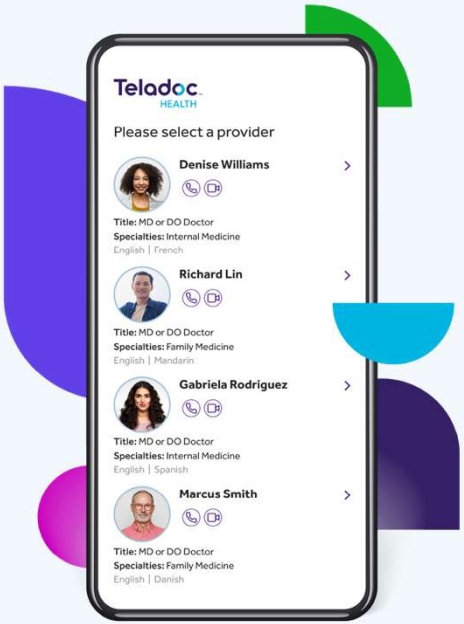
Behavioral health: Virtual behavioral health services available by appointment.

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



BCBSM Medicare Supplement

Original Medicare coverage

Original Medicare helps cover health costs for services such as:

Part A: Hospital Insurance

- Inpatient care in hospitals
- Skilled nursing facility care
- Hospice care
- Home health care

Part B: Medical Insurance

- Doctor and provider services
- Outpatient care
- Home health care
- Durable medical equipment
- Many preventive services

Why Medigap matters

Original Medicare pays for about 80% of many services.

BCBSM Medicare supplement (Medigap) plans help bridge the gap **between what Original Medicare covers and the total cost of medical services.**

Helps lower exposure to out-of-pocket costs

2027 Blue Cross Medicare Plans | **Highlights: Medicare Supplement**

How Medigap works

Medicare supplement coverage, also called Medigap, works with Original Medicare Part A and Part B to help cover certain costs Original Medicare does not — lowering out-of-pocket costs.

Optional add-on

Dental Vision Hearing Package: $37.75* per month for eligible Medicare Supplement or Legacy Medigap members.

Provider flexibility

Members can keep their own doctor as long as the provider accepts Original Medicare.
Specialists who accept Original Medicare **do not require referrals.**

Member advantages

- 10% household discount for eligible members in the same household
- 24-Hour Nurse Line and Virtual Well-Being Program
- No network restrictions and lifetime commissions

Coverage notes

Nationwide coverage: valuable for snowbirds or frequent travelers.

Cost protection: plans may cover all or part of Original Medicare deductibles and coinsurances.

Part D note: plans do not include prescription drug coverage.

*Premium for the Dental Vision Hearing Package will be re-evaluated each year and is subject to change.

2027 Blue Cross Medicare Plans | **BCBSM Medicare Supplement Plans**

Blue Cross Blue Shield of Michigan offers a wide variety of plan offerings to meet member needs. **Plans C, F and High-Deductible F are limited to members eligible for Medicare before 1/1/2020.**

Features	Plan A	Plan C	Plan D	Plan F	High Deductible Plan F*	Plan G	High Deductible Plan G *	Plan N**
Medicare Part A coinsurance and hospital costs up to an additional 365 days after Medicare benefits are used up	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	✓	✓	✓	✓
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	✓	✓	✓	✓
Skilled nursing facility care coinsurance		✓	✓	✓	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	✓	✓	✓	✓
Medicare Part B deductible		✓		✓	✓			
Medicare Part B excess charges				✓	✓	✓	✓	
Foreign travel emergency***		✓	✓	✓	✓	✓	✓	✓

*High Deductible Plans F and G – benefits are only paid after the beneficiary reaches the annual deductible amount of $2,950
** Plan N – subject to copayments for certain services (up to $20 for OV and up to $50 for ER)
***Foreign travel emergency care – Has a $50,000 lifetime maximum & the member is responsible for a $250 deductible, 20% coinsurance

Members can add the Dental Vision Hearing Package for an additional $37.75 monthly cost. Premium will be revaluated each year and is subject to change.

The Medicare deductibles, coinsurance and copay amounts listed are based upon the 2026 CMS-approved values and could change for 2027.

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

Service	What Members Pay
Medicare Part A hospital coverage	
Deductible (per benefit period)	$0
First 60 days of care	$0
Emergency care outside of US	$250 deductible + 20% coinsurance
Medicare Part B physician and outpatient services	
Deductible (annual)	$283
Durable Medical Equipment	$0

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.

Add the Dental Vision Hearing Package to a Medicare supplement plan.

MONTHLY BUY-UP

$37.75* / month

Added to the member's plan premium

WHAT THE PACKAGE SUPPORTS

DENTAL

- **Preventive care**
  Routine exams, cleanings and common preventive services.
- **Treatment support**
  Help with other frequently needed dental care.

VISION

- **Routine eye care**
  Routine eye exams and ongoing vision needs.
- **Eyewear support**
  Help with eligible frames, lenses or contact lenses.

HEARING

- **Routine hearing care**
  Routine hearing exams and follow-up needs.
- **Device support**
  Help with eligible hearing devices and related care.

Available to eligible Medicare Supplement and Legacy Medigap members.

*Premium is re-evaluated each year and is subject to change.

2027 Blue Cross Medicare Plans | **Household Discount**

READY TO HELP

Discount at a glance

10%

household discount

Available to eligible **Blue Cross Medicare Supplement** and **Legacy Medigap** members.

Discount applies to the member's monthly premium once approved.

Application and approval required

To qualify, members must

1. Be enrolled or enrolling in a Blue Cross Medicare Supplement plan, or active in a Legacy Medigap plan.
2. Live with another BCBSM Legacy Medigap or Blue Cross Medicare Supplement member.
3. Pay the monthly premium.

Household and discount rules

Household definition: single-family home, condominium unit or apartment unit within an apartment complex.

Relationship: a familial relationship with the other Blue Cross plan member is not required.

Ongoing eligibility: approved discounts are billed monthly and removed if a member becomes ineligible.

2027 Blue Cross Medicare Plans | **Guaranteed & Nonguaranteed Issue**

Two rule sets determine Medicare supplement premium costs: **Guaranteed Issue (GI)** and **Nonguaranteed Issue (NGI).**

Guaranteed Issue (GI)

Applies when: the applicant is in their Medigap Open Enrollment Period - starting the first month they are 65+ and enrolled in Medicare Part B.

Also applies if: other coverage changes through no fault of their own, such as a group health plan ending or using the first-year MA trial right.

Rates based on: age up to 80, gender and geography.

Key notes: GI applicants cannot be denied coverage and do not answer health questions; birthdays on the 1st may shift eligibility to the prior month.

Nonguaranteed Issue (NGI)

Applies when: the applicant does not meet the criteria for Guaranteed Issue.

Underwriting: medical underwriting determines the premium rate, and the applicant must answer health questions.

Quoting: online real-time quoting is available for NGI applicants.

Rates based on: age up to 80, gender, geography, tobacco use and health status.

GI focuses on qualifying events and protections; NGI uses underwriting and additional rating factors.

BCBSM Prescription Drug Plan (PDP)

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

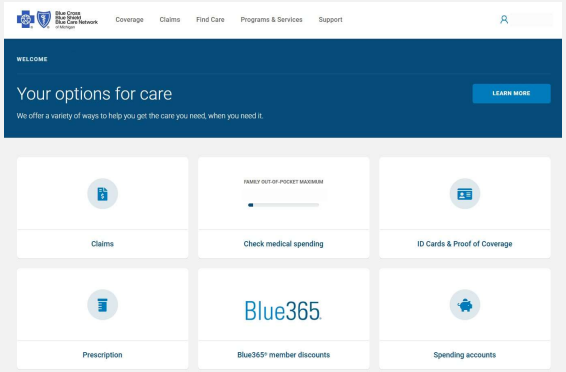
$125 Deductible* *applies to Tiers 3 - 5	Tier 1: $1
	Tier 2: $5
	Tier 3: 25%
	Tier 4: 26%
	Tier 5: 31%

Agent Toolkit

Tools, resources and best practices for AEP success

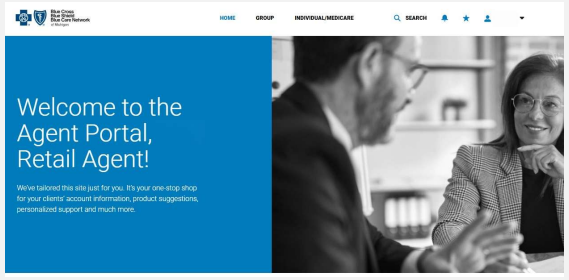
2027 Blue Cross Medicare Plans | **Online Tools**

READY TO HELP



Member Portal

- View claims, EOBs, and billing details to confirm accuracy before payment
- Make premium payments and manage billing preferences online
- Update primary care provider (PCP) for HMO plans
- Access plan benefits, coverage details, and ID card information
- Track claim status and review past medical services



Agent Portal

- Primary entry point for agents to access the Agent Community and related resources
- View commission statements and payment details for your book of business
- Submit support requests for agent updates, book transfers, and maintenance

Agent Community

- View book of business and perform member lookup with links to plan coverage details
- Access a variety of reports to support sales, enrollment, and member servicing
- Quote and enroll Medicare Advantage plans
- Submit, track, and review agent cases and servicing requests
- Utilize an online library with plan documents, disenrollment forms, and resources

2027 Blue Cross Medicare Plans | **Provider Search Tools**

READY TO HELP

Use the right search tool based on the type of provider the member needs.

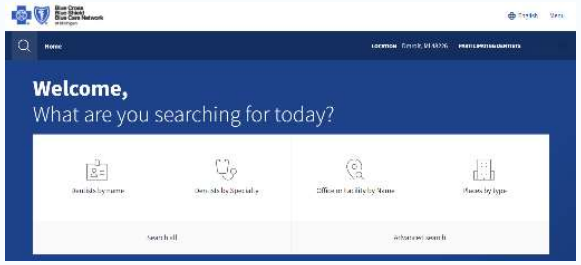
1 Provider Search Tool

[Provider search tool →]

Best for

Medical doctors, specialists, facilities, and services by network/location.

2 Dentist Search Tool



[Dentist search tool →]

Best for

In-network dentists and dental offices for routine or specialty care.

3 Eye Doctor Search Tool

[Eye doctor search tool →]

Best for

Eye doctors, offices, and vision care options by location/provider.

Members have multiple ways to pay:

Recommended: Pay online

Best for Fast self-service setup and recurring automatic payments.

Quick setup

1. Sign in to member online account or Guest Pay
2. Choose Pay Your Premium
3. Select Recurring Payments, if desired
4. Enroll/edit payment method and save

Need help? Call 1-888-417-3479 for online account assistance.

Alternative: Social Security deduction

Best for automatic deduction from the member's monthly Social Security benefit.

Timing note: setup may take up to three months. Until active, members receive direct bills that must be paid to maintain coverage.

Alternative: Pay by check via mail

Statements are mailed monthly. Payment is due by the first of each month.

Make checks payable to:

HMO/HMO-POS
Blue Care Network
P.O. Box 33608
Detroit, MI 48232

PPO
BCBSM
P.O. Box 88512
Chicago, IL 60680

2027 Blue Cross Medicare Plans | **Material Fulfillment**

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.

Tips for Faster Resolution & Better Experience

1

Identify the Issue

- Missing commission
- Incorrect commission
- Agent assignment issue

2

Gather Key Information

- DID (preferred identifier)
- Effective date
- Timeframe reviewed
- Supporting documentation

3

Submit Inquiry

- Individual = single issue
- Bulk = multiple issues

4

Commissions Team Review

- Inquiry routed for review
- Additional research completed

5

Resolution

- Response provided
- Case resolved

Best Practices

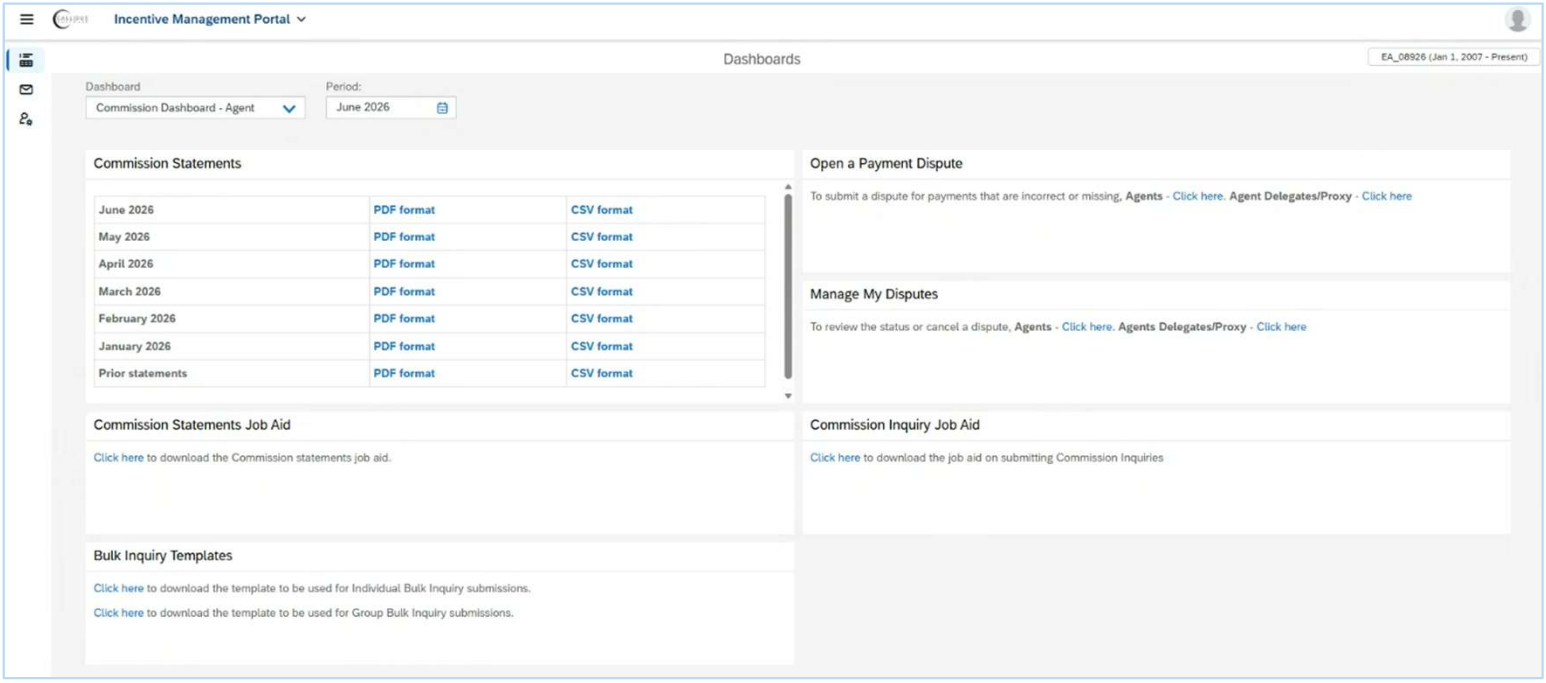
✓ Use DID whenever available
✓ Clearly explain the issue
✓ Include the specific timeframe
✓ Attach screenshots or documentation
✓ Download a fresh bulk template before uploading

Pro Tips

★ Bulk uploads help with multiple inquiries
★ Enable macros for the bulk spreadsheet
★ Use Compensation Dashboard job aids/resources
★ Complete info upfront reduces follow-up and speeds resolution

Providing complete information—including DID, timeframe, and supporting documentation—helps accelerate commission inquiry resolution.

Commissions Dashboard: the one-stop launch point for statements, job aids, prior statements, and inquiries.

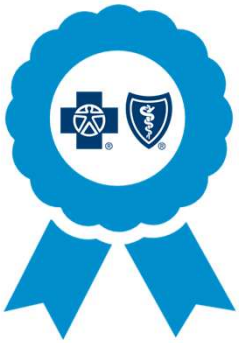


Best practices

- ✓ Confirm Totals before drilling into details.
- ✓ Use job aids for payment timing.
- ✓ Add timeframe and support to each inquiry.

Troubleshooting reminders

- ✓ Use bulk upload for repeated patterns.
- ✓ Enable macros in the bulk spreadsheet.
- ✓ Allow browser pop-ups if a report does not open.



You have now completed the 2027 Blue Cross Medicare Advantage Agent Certification
We are thrilled to have you on our Medicare Advantage sales team

We want to thank you for choosing to partner with Blue Cross Blue Shield of Michigan and Blue Care Network - we are here to support you and look forward to years of a prosperous relationship

Next Steps:
Complete the 2027 Individual Self Assessment
You have 3 attempts to complete with a score of 85% or greater

Thank You for choosing Blue!