

2027

Individual and Family Plans Overview

Disclaimer:

All information in this presentation deck is subject to change
pending CMS approval

2027 Product Offerings and Changes

IBU Portfolio in 2027

- Aligned plan benefits to create consistent plan designs across all four networks
- More plans now cover PCP visits and generic drugs before the deductible, with strong emphasis on 87 and 94 Silver CSR deductible/copay designs
- IBU's product portfolio will decrease from 50 plans in 2026 to 49 plans in 2027
 - PPO – Decrease PPO plans from 14 to 13
 - HMO – Maintain HMO Plans at 36
- New Standard plans: Gold, Silver and Bronze Standard HSA across all four networks
- Standard, Plus and Saver differ in benefits/cost-sharing; Rx tiers: Standard 4, Plus/Saver 5
- Catastrophic plans are also available across all networks
- Specific plan availability varies by county and network
- Certain Select HMO plans will continue to include Adult Vision Annual Exam at no cost
- Confirm the full plan name, network, county, benefits, formulary and provider participation before enrollment

Network Changes

- Local network continues in Wayne, Oakland and Macomb counties
 - Updated hospital system includes Trinity Health and Corewell Health
- Select Network is staying in 31 counties
- Premier network on marketplace is available in 72 of 83 counties
 - A Bronze off marketplace plan is available in 11 counties
- Preferred Network is available in 80 of 83 counties, excluding Wayne, Oakland and Macomb

HSA Eligibility

- All Bronze plans offered both On & Off Marketplace, including Native American Zero and Limited, as well as Catastrophic plans are considered HSA Eligible
- Off Market only Bronze Saver plan is not HSA Eligible

Out of Pocket Maximum (OOPM) Changes

- CMS Federal OOPM was increased
 - Individual: \$10,600 to \$12,000
 - Family: \$21,200 to \$24,000

2026 to 2027 Plan Name Changes

2026 IBU Plan Name	2027 IBU Plan Name	On/Off Marketplace
Blue Cross® Gold Extra	Blue Cross® Gold Plus	Both
Blue Cross® Gold	Blue Cross® Gold Saver	Both
-	Blue Cross® Gold Standard New	Both
Blue Cross® Silver Extra 70	Blue Cross® Silver Plus	Both
Blue Cross® Silver Extra 73	Blue Cross® Silver Plus Extra Savings (73)	On
Blue Cross® Silver Extra 87	Blue Cross® Silver Plus Extra Savings (87)	On
Blue Cross® Silver Extra 94	Blue Cross® Silver Plus Extra Savings (94)	On
Blue Cross® Silver (70, 73, 87, 94)	Closed ⓧ	
Blue Cross® Silver Secure	Blue Cross® Silver	Off
Blue Cross® Silver Plus	Closed ⓧ	
Blue Cross® Silver HSA	Blue Cross® Silver HSA	Off
Blue Cross® Silver Saver HSA 70	Blue Cross® Silver Saver	Both
Blue Cross® Silver Saver HSA 73	Blue Cross® Silver Saver Extra Savings (73)	On
Blue Cross® Silver Saver 87	Blue Cross® Silver Saver Extra Savings (87)	On
Blue Cross® Silver Saver 94	Blue Cross® Silver Saver Extra Savings (94)	On
-	Blue Cross® Silver Standard New	Both
-	Blue Cross® Silver Standard Extra Savings (73) New	On
-	Blue Cross® Silver Standard Extra Savings (87) New	On
-	Blue Cross® Silver Standard Extra Savings (94) New	On
Blue Cross® Bronze Extra	Blue Cross® Bronze Plus HSA	Both
Blue Cross® Bronze Secure	Blue Cross® Bronze Saver HSA	Both
Blue Cross® Bronze Plus	Closed ⓧ	
Blue Cross® Bronze HSA	Closed ⓧ	
Blue Cross® Bronze Saver HSA	Closed ⓧ	
-	Blue Cross® Bronze Saver New	Off
-	Blue Cross® Bronze Standard HSA New	Both
Blue Cross® Value	Blue Cross® Catastrophic HSA	Both

2027 Plans with County Availability



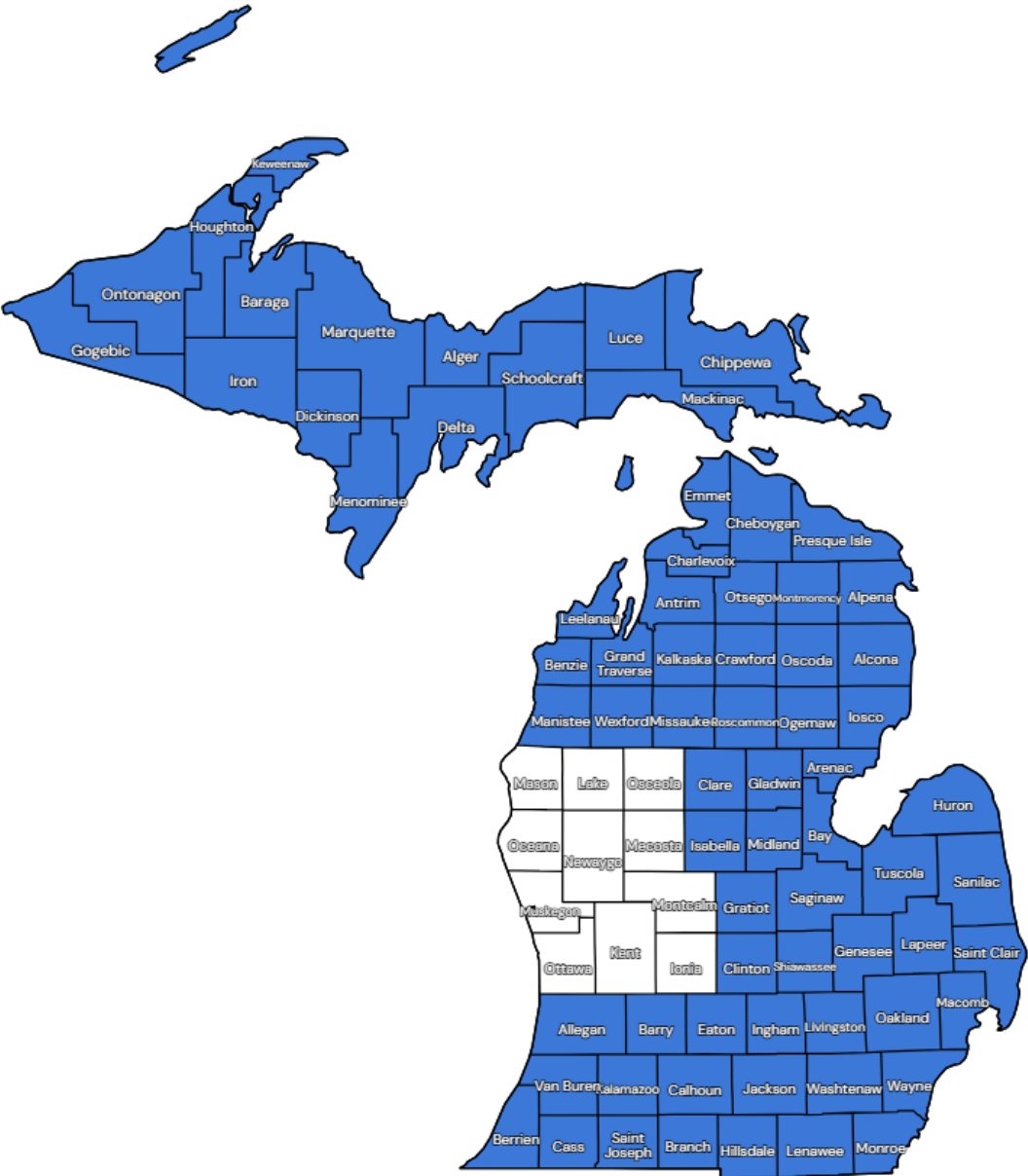
Premier PPO (13 plans)	Preferred HMO (12 plans)	Select HMO (12 plans)	Local HMO (12 plans)
Gold Plus (72 counties)	Gold Plus (80 counties)	Gold Plus w/ Adult Vision (31 counties)	Gold Plus (3 counties)
Gold Saver (72 counties)	Gold Saver (80 counties)	Gold Saver w/ Adult Vision (31 counties)	Gold Saver (3 counties)
Gold Standard (72 counties)	Gold Standard (80 counties)	Gold Standard (31 counties)	Gold Standard (3 counties)
Silver Plus (72 counties)	Silver Plus (39 counties)	Silver Plus (28 counties)	Silver Plus (3 counties)
Silver (Off Mkt Only) (72 counties)	Silver (Off Mkt Only) (80 counties)	Silver w/ Adult Vision (Off Mkt Only) (31 counties)	Silver (Off Mkt Only) (3 counties)
Silver HSA (Off Mkt Only) (72 counties)	Silver HSA (Off Mkt Only) (80 counties)	Silver HSA w/ Adult Vision (Off Mkt Only) (31 counties)	Silver HSA (Off Mkt Only) (3 counties)
Silver Saver (59 counties)	Silver Saver (39 counties)	Silver Saver w/ Adult Vision (31 counties)	Silver Saver (3 counties)
Silver Standard (72 counties)	Silver Standard (80 counties)	Silver Standard (31 counties)	Silver Standard (3 counties)
Bronze Plus HSA (72 counties)	Bronze Plus HSA (52 counties)	Bronze Plus HSA (28 counties)	Bronze Plus HSA (3 counties)
Bronze Standard HSA (72 counties)	Bronze Standard HSA (80 counties)	Bronze Standard HSA (31 counties)	Bronze Standard HSA (3 counties)
Bronze Saver HSA (72 counties)	Bronze Saver HSA (80 counties)	Bronze Saver HSA w/ Adult Vision (31 counties)	Bronze Saver HSA (3 counties)
Bronze Saver (Off Mkt Only) (11 counties)			
Catastrophic HSA (72 counties)	Catastrophic HSA (80 counties)	Catastrophic HSA w/ Adult Vision (31 counties)	Catastrophic HSA (3 counties)
Premier County Availability: 72 counties = Statewide except for Grand Rapids area (Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola and Ottawa counties) 59 counties = Lower Peninsula only outside of Grand Rapids area 11 counties = Available in Grand Rapids area	Preferred County Availability: 80 counties = Statewide except for Wayne, Oakland and Macomb 52 counties = Outside of Select counties 39 counties =Statewide except 31 Select and 13 U.P. counties	Select County Availability: 31 counties = Select network is available in 31 lower peninsula counties 28 counties = Select network except Wayne, Oakland and Macomb	Local County Availability: 3 counties = Local network is Wayne, Oakland and Macomb

2027 IBU Michigan PPO Map

BCBSM Premier PPO Network Availability

- PPO plans are available in all 83 counties, with limitations in the Grand Rapids area
- The Bronze Saver PPO Off Marketplace plan is the only PPO option available in the 11 Grand Rapids-area counties: Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, and Ottawa

Some plans may not be available in all counties due to limitations of non standardized plan options.

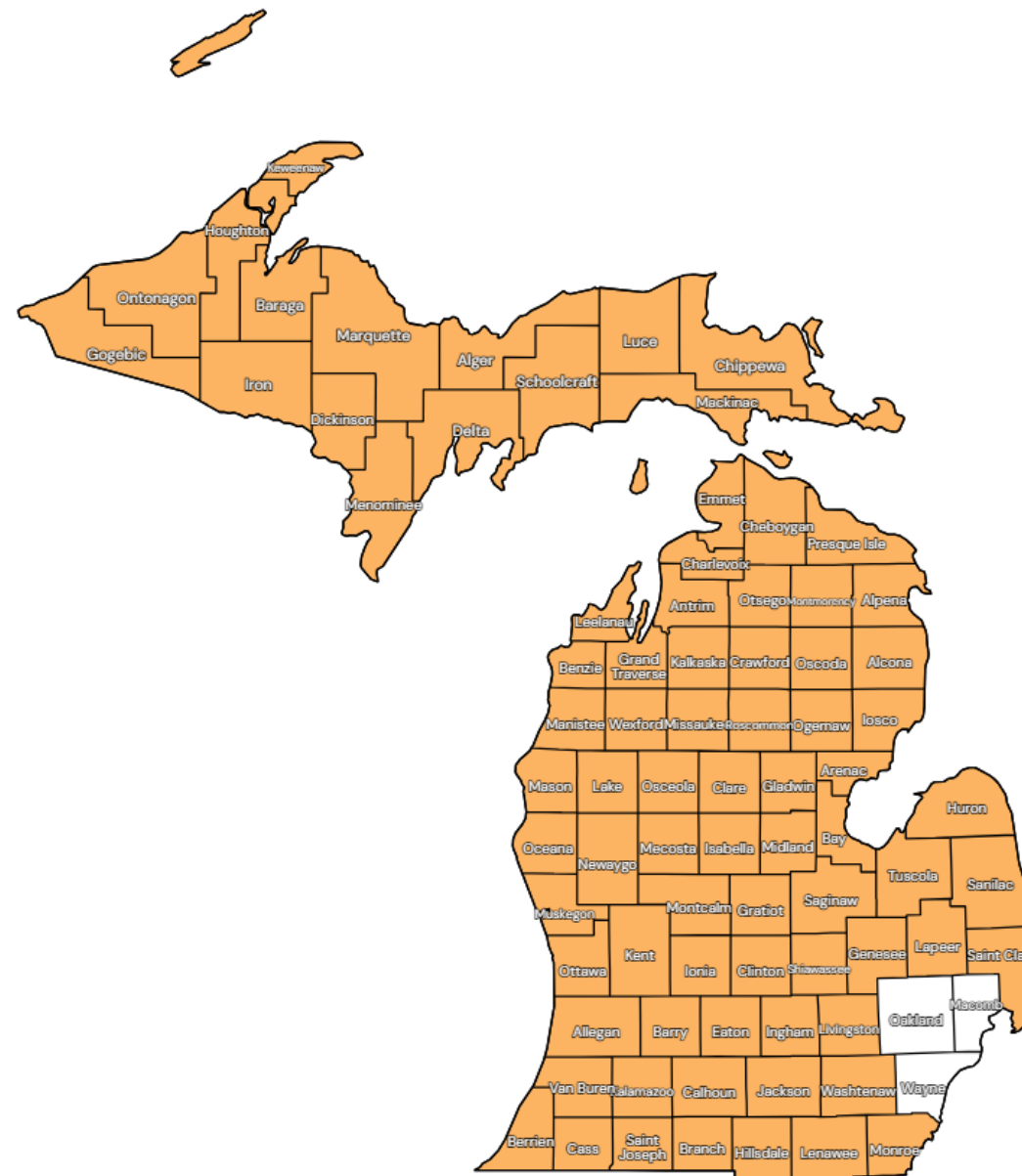


2027 IBU Michigan Preferred HMO Map

BCN Preferred HMO Network Availability

- Available statewide in 80 counties, excluding Wayne, Oakland, and Macomb
- Not all Preferred plans are offered in all 80 counties; Silver Plus, Silver Saver, and Bronze Plus HSA are available in the 39 counties listed below
 - Alcona, Alpena, Antrim, Arenac, Barry, Branch, Charlevoix, Cheboygan, Chippewa, Clare, Crawford, Emmet, Gladwin, Gratiot, Hillsdale, Huron, Ionia, Iosco, Isabella, Kalkaska, Lake, Mackinac, Mason, Mecosta, Midland, Missaukee, Montcalm, Montmorency, Newaygo, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, Sanilac, St. Joseph, and Tuscola
- Bronze Plus HSA is also available in the 13 counties listed below, in addition to the shared 39-county service area
 - Alger, Baraga, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Marquette, Menominee, Ontonagon, and Schoolcraft

Some plans may not be available in all counties due to limitations of non standardized plan options.



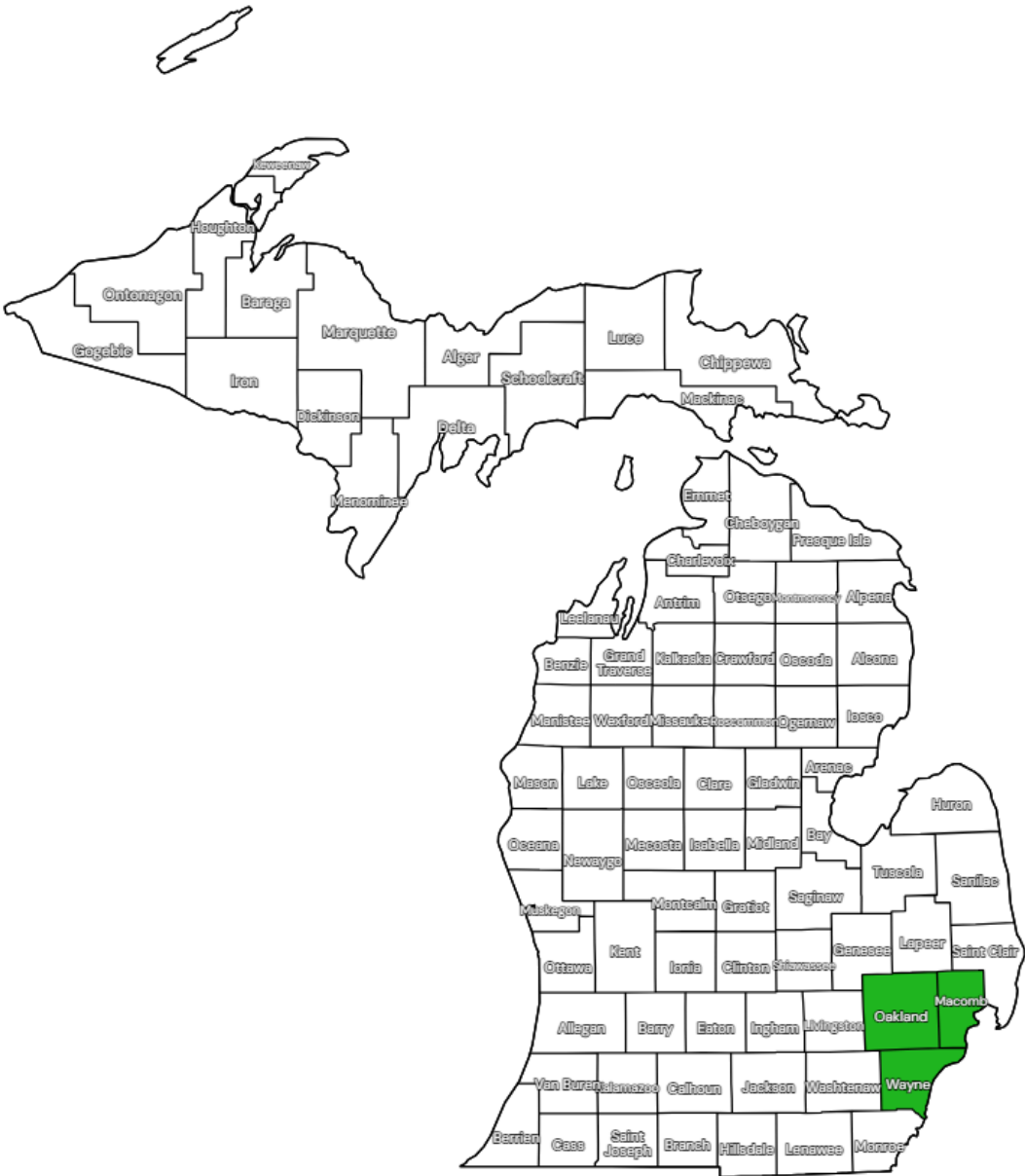
**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

- Available in 31 counties in the lower peninsula
- Not all Select plans are available in all 31 counties. Silver Plus and Bronze Plus HSA are offered only in 28 counties and are not available in Wayne, Oakland, or Macomb

2027 IBU Michigan Local HMO Map

BCN Local HMO Network

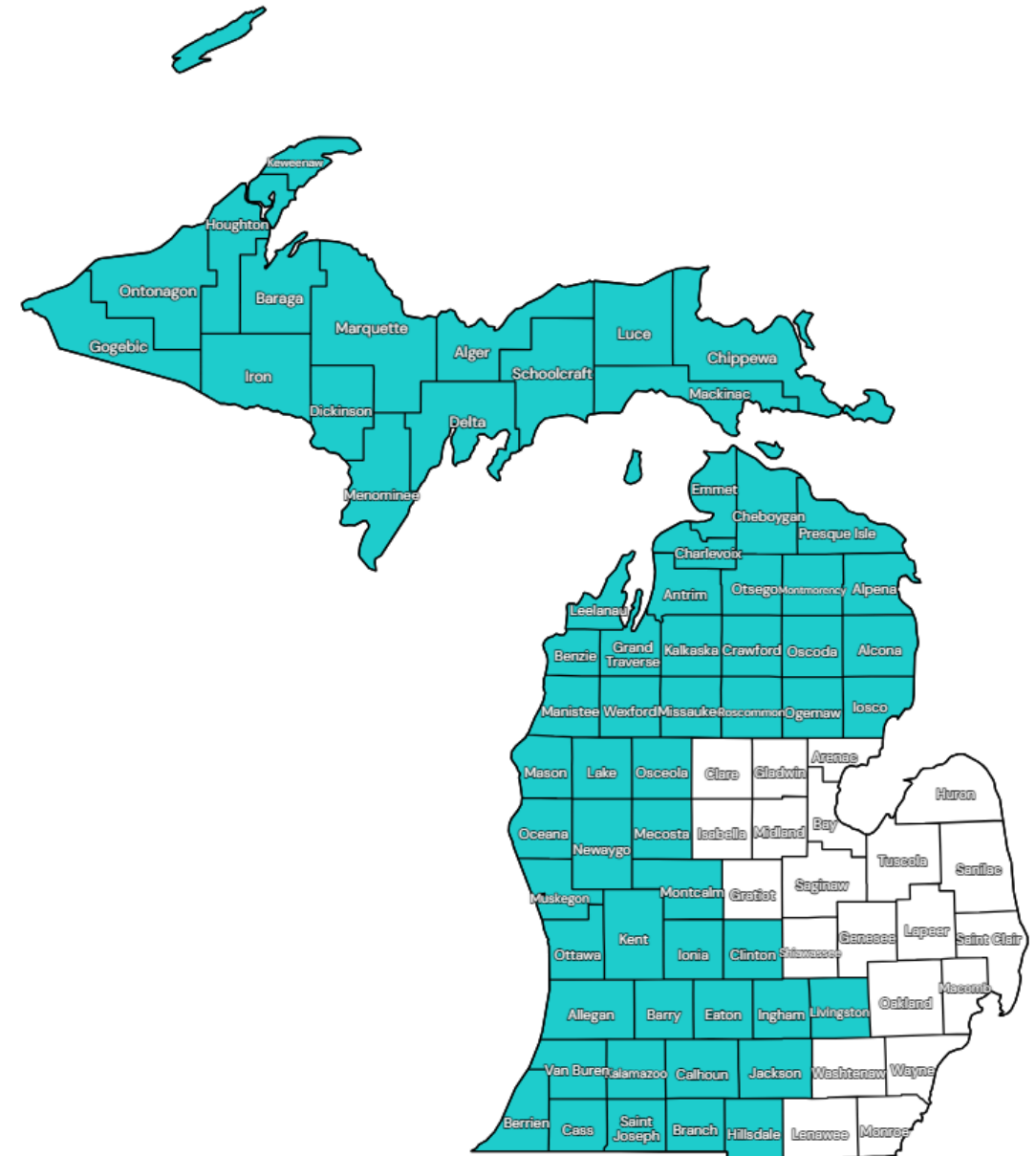
- Available in 3 counties - Wayne, Oakland and Macomb



BCN Preferred HMO & BCN Select HMO Referrals

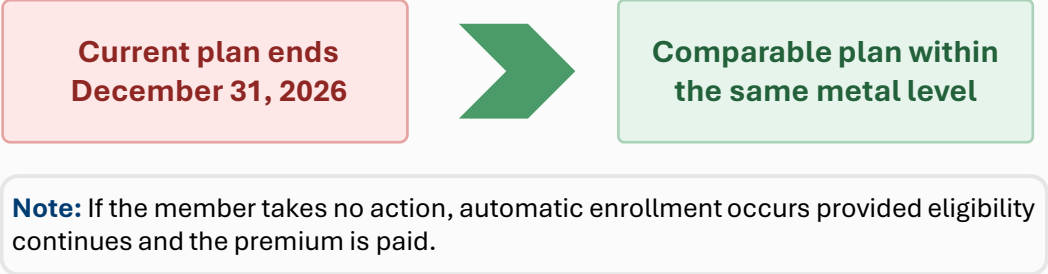
BCN Preferred HMO and BCN Select HMO plans do not require written referrals to in-network specialists except in specific counties in SE Michigan and the Thumb:

- Arenac
- Bay
- Clare
- Genesee
- Gladwin
- Gratiot
- Huron
- Isabella
- Lapeer
- Lenawee
- Macomb
- Midland
- Monroe
- Oakland
- Saginaw
- Sanilac
- Shiawassee
- St. Clair
- Tuscola
- Washtenaw
- Wayne



2027 Plan Discontinuations With Crosswalk

How the Crosswalk Works



- The current plan is being discontinued, but a recommended replacement plan has been identified
- Members may take no action and be automatically enrolled, provided they remain eligible and pay the premium
- Members should still review premiums, benefits, cost-sharing, provider networks and prescription drug coverage
- Update the HealthCare.gov application by January 15, 2027 to confirm household information and financial help
- Members may select the recommended plan or shop for a different plan during Open Enrollment
- Enroll by December 15, 2026 for the chosen plan to start January 1, 2027

BCBSM Crosswalked Plans

Discontinued Plans		Comparable Plans
Blue Cross® Premier PPO Bronze Saver HSA	➔	Blue Cross® Premier PPO Bronze Saver HSA in 72 counties (Same plan name but different HIOS)
Blue Cross® Premier PPO Silver	➔	Blue Cross® Premier PPO Silver Saver in 57 counties

BCN Crosswalked Plans

Discontinued Plans		Comparable Plans
Preferred HMO Silver	➔	Preferred HMO Silver Saver in 37 counties/ Select HMO Silver Saver in 3 counties/ Preferred Silver Standard in 28 counties
Preferred HMO Bronze Saver HSA	➔	Preferred HMO Bronze Saver HSA in 80 counties (Same Plan Name but Different HIOS)/ Select HMO Bronze Saver HSA in 3 counties
Select HMO Silver	➔	Select HMO Silver Saver in all 31 Select counties
Select HMO Bronze Saver HSA	➔	Select HMO Bronze Saver HSA in all 31 Select counties (Same Plan Name but Different HIOS)

2027 PPO Plan Discontinuations

Plans Ending December 31, 2026

In the 11 Grand Rapids-area counties: Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

**Blue Cross® Premier PPO
Bronze Saver HSA**

Blue Cross® Premier PPO Silver

**Members are not automatically moved to
another plan**

Talking points for Agents

- Current coverage and benefits remain available through December 31, 2026
- Members must shop for and enroll in a different 2027 plan through HealthCare.gov
- Open Enrollment is November 1, 2026 through January 15, 2027
- Enroll by December 15, 2026 to avoid a gap in coverage
- Update the Marketplace application and confirm household and income information is accurate
- Do not tell members they will be crosswalked or automatically moved to a comparable BCBSM plan

2027 Local HMO Provider Network Changes

Beginning January 1, 2027

Corewell Health replaces Ascension (Henry Ford Health) as a primary Local HMO network. Trinity Health remains in-network.

What Agents Need to Explain

- Members who keep their Local HMO plan should confirm that their PCP and other providers participate with Corewell Health or Trinity Health
- If a PCP is affiliated only with Ascension (Henry Ford Health), the member will need to choose a new PCP for 2027 or review other Blue Cross plan options during Open Enrollment
- Beginning January 1, inpatient, outpatient, specialist and laboratory services previously received through Ascension will be covered through participating Corewell Health and Trinity Health providers and facilities
- Existing referrals or prior authorizations for Ascension care will conclude December 31, 2026 and may need to be updated for 2027

Member Support & Continuity of Care

- Members can check a PCP's hospital affiliation through Find Care in their member account or the Blue Cross mobile app
- Continuity of Care may help cover certain qualifying treatment for up to 90 additional days after the network change
- Qualifying situations may include a serious and complex condition, inpatient care, scheduled nonelective surgery, pregnancy treatment or terminal illness
- Members who believe they qualify should call the number on the back of their Blue Cross membership card for an evaluation

2027 Plan Benefits at a Glance

Plan Access & Cost

- Uniform plan and benefit offerings across all four networks
- \$0 preventive care: annual visit, kids' wellness visits, and vaccinations
- \$0 24/7 virtual visits in the selected vendor app, available nationwide; prescriptions included
- Primary and mental health office visits—including virtual—with a copay before deductible on most plans
- Urgent care available nationwide; copay before deductible on most plans
- More plans cover PCP visits and generic drugs before deductible
- Emergency room copays on the majority of plans
- 5-tier Rx for non-standard plans; 4-tier Rx for standard plans
- Routine adult vision exam on various Select network plans



Programs, Tools & Support

- \$0 diabetes test strips, lancets, and connected devices with diabetes, pre-diabetes, and hypertension management programs
- \$0 Teladoc self-guided mental health support
- \$0 family-building, maternity, and menopause program
- \$0 cancer support program
- \$0 HealthEquity HSA on all HSA plans
- Blue Cross health and wellness programs powered by WebMD
- BCBSM app with cost and transparency tools
- \$0 24-hour nurse hotline with registered nurses
- Gym discounts
- Blue365 discounts on vitamins, food, retailers, and more

PPO Gold & Silver



Gold

Plan	Deductible single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Premier PPO Gold Saver	\$1,100/\$2,200	30% AD	\$9,900/\$19,800	\$50 BD \$0 BD	\$75 BD	\$75 BD	\$350 AD	\$0 BD/\$50 AD/ \$100 AD/ 45% AD/50% AD
Blue Cross® Premier PPO Gold Plus	\$0/\$0	25%	\$8,200/\$16,400	\$30 \$0	\$75	\$50	\$500	\$0/\$50/\$200/ 45%/50%
Blue Cross® Premier PPO Gold Standard	\$2,500/\$5,000	25%	\$8,600/\$17,200	\$30 BD \$0 BD	\$60 BD	\$45 BD	25% AD	\$15 BD/\$30 BD/\$60 BD/\$250 BD

Silver

Plan	Deductible single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Premier PPO Silver Plus	\$6,800/\$13,600	30% AD	\$11,700/\$23,400	\$40 BD \$0 BD	\$80 BD	\$75 BD	\$600 AD	\$0 BD/\$40 BD/ \$80 AD/45% AD/ 50% AD
Blue Cross® Premier PPO Silver	\$7,300/\$14,600	20% AD	\$11,500/\$23,000	\$30 BD \$0 BD	\$50 AD	\$75 BD	\$900 AD	\$0 BD/\$50 AD/ \$100 AD/ 45% AD/50% AD
Blue Cross® Premier PPO Silver HSA*	\$4,500/\$9,000	20% AD	\$8,600/\$17,200	\$25 AD \$0 BD	\$60 AD	\$50 AD	\$900 AD	\$0 AD/\$50 AD/ \$100 AD/ 45% AD/50% AD
Blue Cross® Premier PPO Silver Saver	\$5,000/\$10,000	40% AD	\$9,000/\$18,000	\$60 BD \$0 BD	\$110 AD	\$75 BD	\$750 AD	\$0 BD/ \$100 AD/\$150 AD/ 45% AD/50% AD
Blue Cross® Premier PPO Silver Standard	\$6,400/\$12,800	40%	\$10,300/\$20,600	\$40 BD \$0 BD	\$80 BD	\$60 BD	40% AD	\$20 BD/\$40 BD/\$80 AD/ \$350 AD

*HSA Compatible | AD: After deductible | BD: Before deductible
For additional resources including plan detail for Silver 73, 84, 97 variations, go to Libraries in Agent Community.

PPO Bronze & Catastrophic

Bronze

Plan	Deductible single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Premier PPO Bronze Plus HSA*	\$3,800/\$7,600	50% AD	\$12,000/\$24,000	\$65 BD \$0 BD	\$75 BD	\$75 BD	\$700 AD	\$15 BD/50% AD/50% AD /50% AD/50% AD
Blue Cross® Premier PPO Bronze Saver HSA*	\$11,000/\$22,000	0% AD	\$11,000/\$22,000	\$0 AD \$0 BD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Premier PPO Bronze Saver	\$11,000/\$22,000	0% AD	\$11,000/\$22,000	\$0 AD \$0 BD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Premier PPO Bronze Standard HSA*	\$7,500/\$15,000	50% AD	\$12,000/\$24,000	\$50 BD \$0 BD	\$100 BD	\$75 BD	Covered 50% AD	\$25 BD/\$50 AD/\$100 AD/ \$500 AD

Cat.

Plan	Deductible single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Premier PPO Catastrophic HSA*	\$12,000/\$24,000	0% AD	\$12,000/\$24,000	\$30 BD (First 3 visits)/\$0 BD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD

*HSA Compatible | AD: After deductible | BD: Before deductible
For additional resources including plan detail for Silver 73, 84, 97 variations, go to Libraries in Agent Community.

Gold	Plan	Deductible single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
	Blue Cross® Preferred HMO Gold Saver	\$1,100/\$2,200	30% AD	\$9,900/\$19,800	\$50 BD \$0 BD	\$75 BD	\$75 BD	\$350 AD	\$0 BD/\$50 AD/\$100 AD/ 45% AD/50% AD
	Blue Cross® Select HMO Gold Saver								
	Blue Cross® Local HMO Gold Saver								
	Blue Cross® Preferred HMO Gold Plus	\$0/\$0	25%	\$8,200/\$16,400	\$30 \$0	\$75	\$50	\$500	\$0/\$50/\$200/45%/50 %
	Blue Cross® Select HMO Gold Plus								
	Blue Cross® Local HMO Gold Plus								
	Blue Cross® Preferred HMO Gold Standard	\$2,500/\$5,000	25% AD	\$8,600/\$17,200	\$30 BD \$0 BD	\$60 BD \$45 BD		25% AD	\$15 BD/\$30 BD/\$60 BD/ \$250 BD
	Blue Cross® Select HMO Gold Standard								
	Blue Cross® Local HMO Gold Standard								

*HSA Compatible | AD: After deductible | BD: Before deductible
For additional resources including plan detail for Silver 73, 84, 97 variations, go to Libraries in Agent Community.

HMO Silver

Silver

Plan	Deductible single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Silver Plus	\$6,800/\$13,600	30% AD	\$11,700/\$23,400	\$40 BD \$0 BD	\$80 BD	\$75 BD	\$600 AD	\$0 BD/\$40 BD/\$80 AD/ 45% AD/50% AD
Blue Cross® Select HMO Silver Plus								
Blue Cross® Local HMO Silver Plus								
Blue Cross® Preferred HMO Silver	\$7,300/\$14,600	20% AD	\$11,500/\$23,000	\$30 BD \$0 BD	\$50 AD	\$75 BD	\$900 AD	\$0 BD/\$50 AD/\$100 AD/ 45% AD/50% AD
Blue Cross® Select HMO Silver								
Blue Cross® Local HMO Silver								
Blue Cross® Preferred HMO Silver HSA*	\$4,500/\$9,000	20% AD	\$8,600/\$17,200	\$25 AD \$0 BD	\$60 AD	\$50 AD	\$900 AD	\$0 AD/\$50 AD/\$100 AD/ 45% AD/50% AD
Blue Cross® Select HMO Silver HSA*								
Blue Cross® Local HMO Silver HSA*								
Blue Cross® Preferred HMO Silver Saver	\$5,000/\$10,000	40% AD	\$9,000/\$18,000	\$60 BD \$0 BD	\$110 AD	\$75 BD	\$750 AD	\$0 BD/\$100 AD/\$150 AD/ 45% AD/50% AD
Blue Cross® Select HMO Silver Saver								
Blue Cross® Local HMO Silver Saver								
Blue Cross® Preferred HMO Silver Standard	\$6,400/\$12,800	40% AD	\$10,300/\$20,600	\$40 BD \$0 BD	\$80 BD	\$60 BD	40% AD	\$20 BD/\$40 BD/\$80 AD/\$350 AD
Blue Cross® Select HMO Silver Standard								
Blue Cross® Local HMO Silver Standard								

*HSA Compatible | AD: After deductible | BD: Before deductible
For additional resources including plan detail for Silver 73, 84, 97 variations, go to Libraries in Agent Community.

HMO Bronze & Catastrophic

Bronze

Plan	Deductible single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Bronze Plus HSA*	\$3,800/\$7,600	50% AD	\$12,000/\$24,000	\$65 BD \$0 BD	\$75 BD	\$75 BD	\$700 AD	\$15 BD/50% AD/50% AD/ 50% AD/50% AD
Blue Cross® Select HMO Bronze Plus HSA*								
Blue Cross® Local HMO Bronze Plus HSA*								
Blue Cross® Preferred HMO Bronze Saver HSA*	\$11,000/\$22,000	0% AD	\$11,000/\$22,000	Covered 100% AD \$0 BD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Select HMO Bronze Saver HSA*								
Blue Cross® Local HMO Bronze Saver HSA*								
Blue Cross® Preferred HMO Bronze Standard HSA*	\$7,500/\$15,000	50% AD	\$12,000/\$24,000	\$50 BD \$0 BD	\$100 BD	\$75 BD	50% AD	\$25 BD/\$50 AD/\$100 AD/\$500 AD
Blue Cross® Select HMO Bronze Standard HSA*								
Blue Cross® Local HMO Bronze Standard HSA*								

Cat.

Plan	Deductible single/family	Coins.	OOPM single/family	Office & 24/7 medical virtual visits	Specialist visits	Urgent care visits (at a facility)	Emergency room visits	Rx
Blue Cross® Preferred HMO Catastrophic HSA*	\$12,000/\$24,000	0% AD	\$12,000/\$24,000	\$30 BD, first 3 visits \$0 BD	Covered 100% AD	Covered 100% AD	Covered 100% AD	Covered 100% AD
Blue Cross® Select HMO Catastrophic HSA*								
Blue Cross® Local HMO Catastrophic HSA*								

*HSA Compatible | AD: After deductible | BD: Before deductible
For additional resources including plan detail for Silver 73, 84, 97 variations, go to Libraries in Agent Community.

2027 Federal Poverty Level & Silver CSR Variations



48 contiguous states and Washington, D.C. | Based on 2026 HHS poverty guidelines used for 2027 Marketplace coverage

Household size	% FPL	150% FPL	200% FPL	250% FPL
1	\$15,960	\$23,940	\$31,920	\$39,900
2	\$21,640	\$32,460	\$43,280	\$54,100
3	\$27,320	\$40,980	\$54,640	\$68,300
4	\$33,000	\$49,500	\$66,000	\$82,500
5	\$38,680	\$58,020	\$77,360	\$96,700
6	\$44,360	\$66,540	\$88,720	\$110,900
7	\$50,040	\$75,060	\$100,080	\$125,100
8	\$55,720	\$83,580	\$111,440	\$139,300

Silver Cost-Sharing Reduction (CSR) Variations

100%–150% FPL	Silver 94 Highest CSR level
Above 150%–200% FPL	Silver 87 Enhanced CSR level
Above 200%–250% FPL	Silver 73 Lower CSR level
Above 250% FPL	Standard Silver 70 No CSR variation

CSR is available only with an On-Marketplace Silver plan. The Marketplace determines eligibility and the applicable variation.

Provider Search Tool

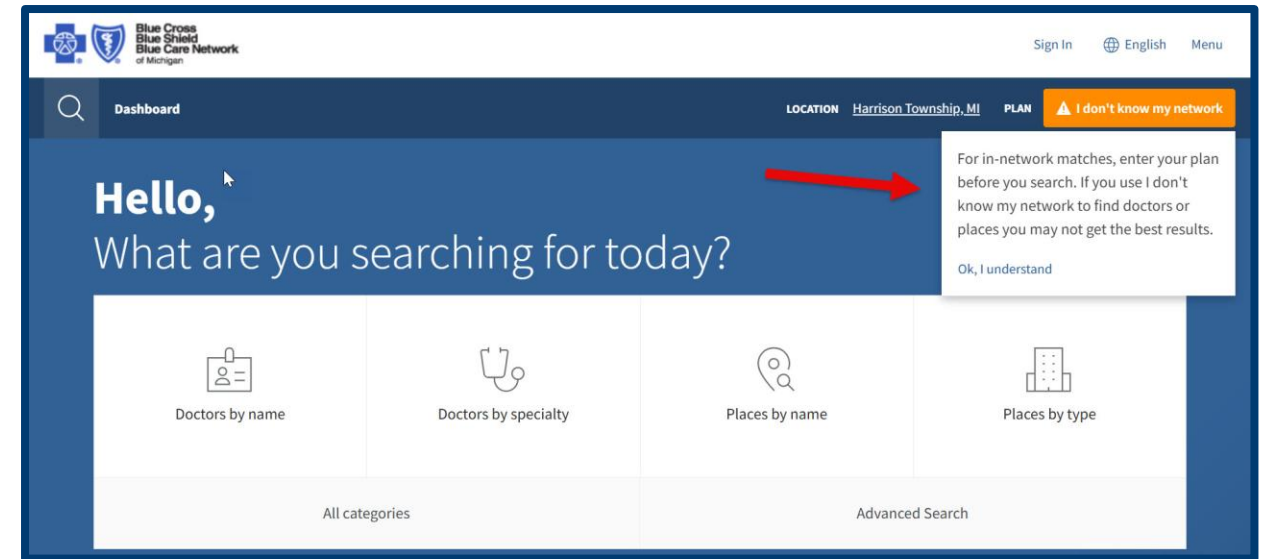
Verify Providers using the BCBSM.com Provider Search Tool

- Go to www.bcbsm.com/find-a-doctor and click to search without logging in
- Enter the City / State or Zip Code to select the location
- For in-network matches, enter your plan before you search
- Search for the doctor to verify participation
- If searching for a PCP, the search tool must indicate the doctor is participating as a Primary Care Provider
- Please ensure you are verifying provider and facility participation for the member prior to enrolling
- It is also important to reach out to the provider directly to confirm that they are in the plan network

Tips:

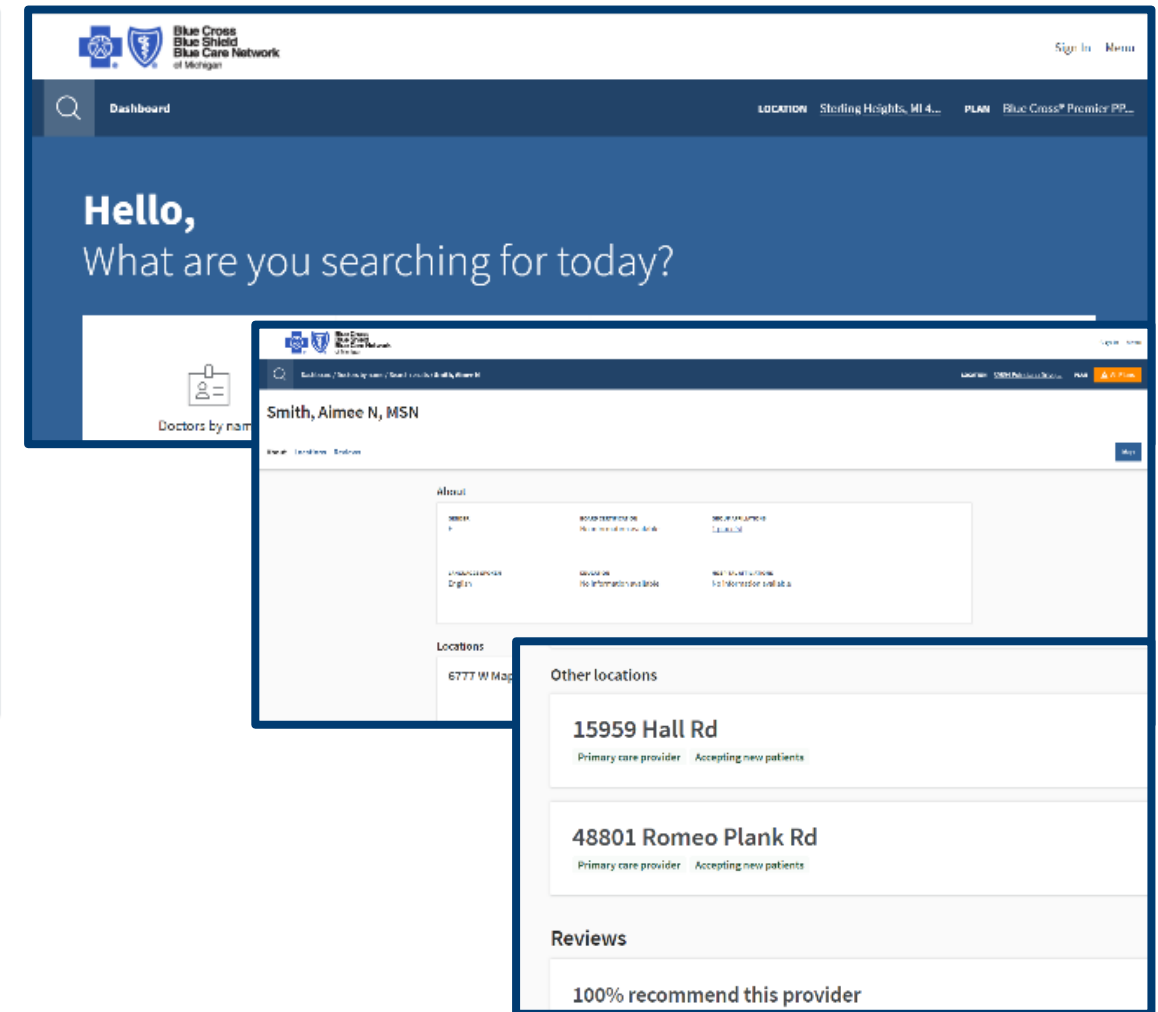
- Choose a plan before confirming whether a provider is accepting new patients or can be selected as your PCP
- PPO providers outside Michigan are considered out-of-network and are subject to applicable out-of-network out-of-pocket costs
- If you select "*I don't know my network*" when searching for doctors or facilities, your search results may not be accurate

Note: We make reasonable effort to make sure the information displayed here is accurate, but use of this tool is for reference purposes only. From time-to-time doctors move in and out of networks, affecting the accuracy of the directory at any given moment, and we do not update the search tool in real time. In addition, there are hospitals and doctors who are not included in every plan.



Find A Doctor/Cost Estimator Tool

- Search for doctors in network
- Find out if they are accepting new patients
- Select Primary Care Physician
- Cost Calculator to research medical procedures and estimated cost
 - Member must be logged into their member account to access the **Cost Estimator** feature within the provider search to view estimated costs for medical procedures and services
- Directory reflects current participation not future participation by providers
- Please make sure that you search the proper network for the most accurate results
- You should contact the provider directly to confirm that they are in your plan network and that the desired service is covered by your plan



The screenshot displays the Blue Cross Blue Shield of Michigan website's 'Find A Doctor' tool. The top navigation bar includes the logo, 'Sign In', and 'Menu'. The main header area says 'Hello, What are you searching for today?'. Below this, a search bar is visible. The search results for 'Smith, Aimee N, MSN' are shown, including a 'Doctors by name' section and a 'Locations' section. The 'Locations' section lists two addresses: '15959 Hall Rd' and '48801 Romeo Plank Rd', both marked as 'Primary care provider' and 'Accepting new patients'. A 'Reviews' section at the bottom indicates '100% recommend this provider'.

Note: We make reasonable effort to make sure the information displayed here is accurate, but use of this tool is for reference purposes only. From time-to-time doctors move in and out of networks, affecting the accuracy of the directory at any given moment, and we do not update the search tool in real time. In addition, there are hospitals and doctors who are not included in every plan.

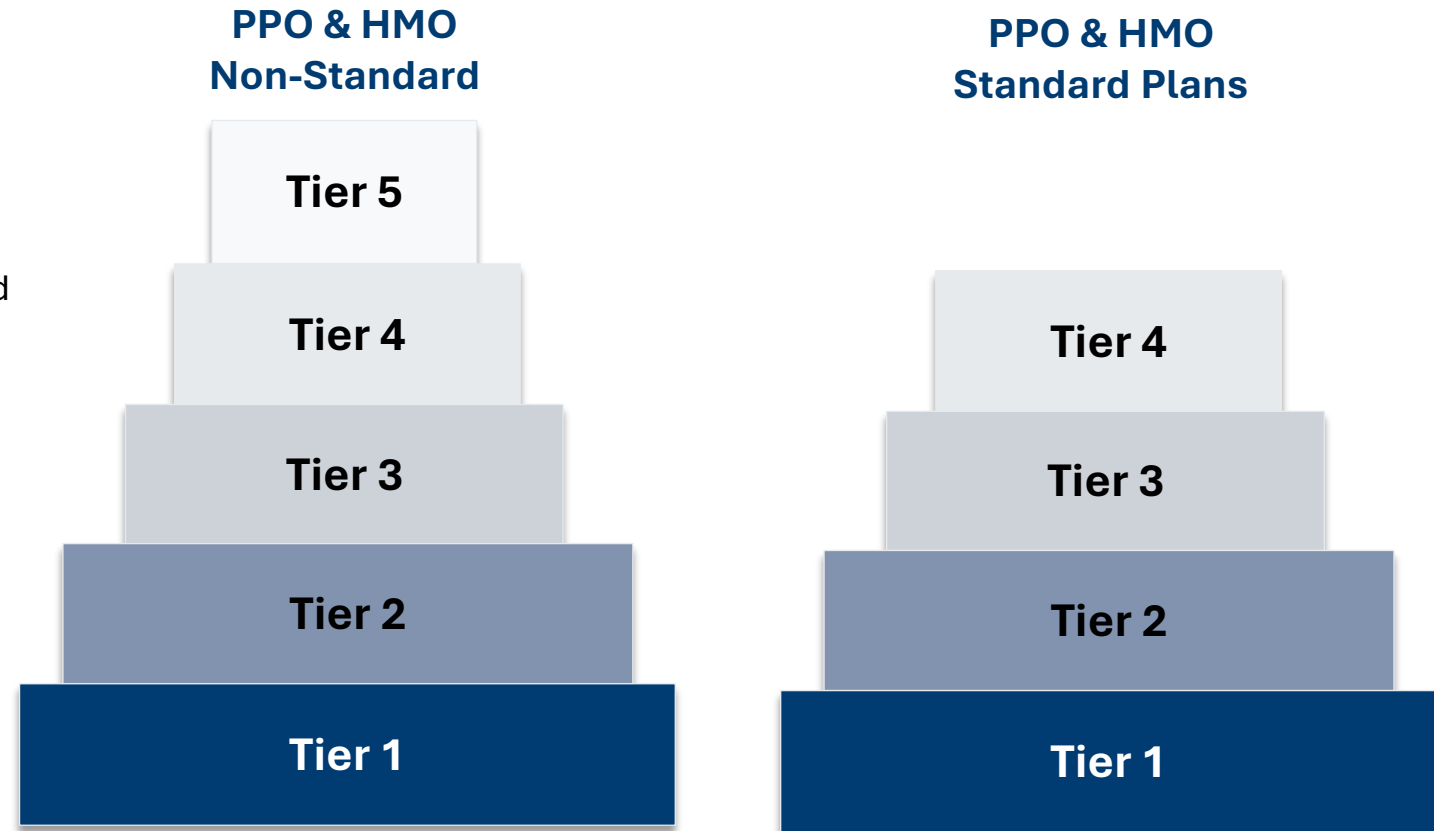
Pharmacy & Prescription Overview

Pharmacy & Prescription Overview

- All plans have an integrated medical and prescription deductible
- Standardized Plans have 4 tiers
- Tier 1, 2 & 3 drugs have a 30-day supply limit in November and December
- Exclusive agreement with Walgreens Specialty Pharmacy for specialty drugs

Optum RX has:

- Single sign-on from member portal
- Drug price check and out-of-pocket accumulator
- Improved prescription order tracking
- Ability to change home delivery dates
- Notifications for drug price changes and recalls
- Self-service tools



For a complete list please visit:

<https://www.bcbsm.com/2027-essential-select-druglist>

2027 Prescription Drug Formulary Changes

What Is Changing

- The prescription drug formulary is changing from Custom Select to Essential Select for 2027
- One or more medications currently used by a member or someone on the policy may no longer be covered in 2027
- A medication may remain covered but move to a different tier, which may change the member's cost
- Standard plans use four prescription tiers; Plus and Saver plans use five tiers
- Current 2026 prescription coverage remains in effect through December 31, 2026

Member Communications

- Affected members will receive a mandatory notice advising them of the formulary change
- Before Open Enrollment, affected members will receive additional information identifying the specific medication or medications impacted
- Members should review the notice and compare 2027 plan options if continued coverage of a medication is important

What Agents Need to Do

- Review the 2027 Essential Select formulary for the specific plan being considered
- Confirm coverage of the member's current medications before enrollment
- Confirm whether any current medication is moving to a different tier and explain that the member's cost may change
- Do not assume a medication covered in 2026 will remain covered in 2027
- For crosswalked members, review medication coverage under the recommended replacement plan

Health Savings Account



HealthEquity is free for IBU consumers in HSA-eligible plans. Eligible members will receive a welcome kit from our HSA administrator, HealthEquity, Inc., with information about how to enroll in and use their HSA.

HSA Basics:

- An HSA is like a 401(k), allowing the member to invest and plan for current and future health expenses
- Contributions, investment gains and withdrawals for qualified medical expenses are all tax-free
- HSA contribution limits are adjusted by the IRS yearly
- HSA funds can be used to pay for out-of-pocket costs for services covered through a health plan or to pay for qualified medical expenses not covered by a health plan
- HSA balances roll over from year to year and do not expire
- On marketplace Bronze and Catastrophic plans are HSA eligible

Eligible HSA Plans:

PPO & HMO: All On marketplace Bronze plans including Native American Zero and Limited, and Catastrophic plans are considered HSA eligible plans.

HealthEquity®

Health Savings Account – Contribution Limits

HSA Annual Contribution Limit			
	2026	2027	Change
Individual	\$4,400	\$4,500	+ \$100
Family	\$8,750	\$9,000	+ \$250
Age 55 & older Catch-up Contribution	\$1,000	\$1,000	No Change

Premier PPO	Local HMO	Select HMO	Preferred HMO
Silver HSA	Silver HSA	Silver HSA w/ vision	Silver HSA
Bronze Plus HSA	Bronze Plus HSA	Bronze Plus HSA	Bronze Plus HSA
Bronze Saver HSA	Bronze Saver HSA	Bronze Saver HSA w/vision	Bronze Saver HSA
Bronze Standard HSA	Bronze Standard HSA	Bronze Standard HSA	Bronze Standard HSA
Catastrophic HSA	Catastrophic HSA	Catastrophic HSA w/ vision	Catastrophic HSA

HSA eligibility:

- All bronze, expanded bronze, and catastrophic plans intended to be offered on the Exchange in the individual market are HSA-eligible for plan year 2027

This applies to the following plan variants offered through the Exchange:

Bronze and expanded Bronze

- -00 (Off-Exchange)
- -01 (On-Exchange)
- -02 (Zero Cost Sharing)
- -03 (Limited Cost Sharing)

Catastrophic

- -00 (Off-Exchange)
- -01 (On-Exchange)

2027 Dental & Vision Plans

Year-round enrollment for stand-alone dental and vision plans

2027 Dental Plans

	BLUE DENTAL PPO PLUS	BLUE DENTAL PPO				BLUE DENTAL EPO
	80/60/50	80/50/50 (50/50/50)	Pediatric 80/50/50 (50/50/50)	100/70/50 (80/60/50)	100/50/50 (50/50/50)	80/50/50 (0/0/0)
Deductible: (1P, 2P/3P+)						
In-Network	\$75/\$150/\$225	\$25/\$50/\$75	\$25/\$50/\$75	\$0/\$0/\$0	\$25/\$50/\$75	\$25/\$50/\$75
Out-Of-Network	\$75/\$150/\$225	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150	Not Covered
Co-Insurance: (Class I/II/III)						
In-Network	80%/60%/50%	80%/50%/50%	80%/50%/50%	100%/70%/50%	100%/50%/50%	80%/50%/50%
Out-Of-Network	80%/60%/50%	50%/50%/50%	50%/50%/50%	80%/60%/50%	50%/50%/50%	0%/0%/0%
Kids Annual Max: (1P/2P+)						
In-Network	\$450/\$900	\$450/\$900	\$450/\$900	\$450/\$900	\$450/\$900	\$450/\$900
Out-Of-Network	N/A	N/A	N/A	N/A	N/A	N/A
Adults Annual Maximum						
In-Network	\$1,000	\$1,200	N/A	\$1,200	\$1,200	\$1,200
Out-Of-Network	\$1,000	\$800	N/A	\$1,000	\$800	Not Covered

Vision At-A-Glance



	Package Adult Vision Benefits Benefits you receive if you purchase vision coverage as a package with dental	Stand-Alone Adult Vision Benefits Benefits you receive if you purchase the Blue Cross Vision with glasses <u>or</u> contacts for Adults	Stand-Alone Adult Vision Benefits Benefits you receive if you purchase the Blue Cross Vision with glasses <u>and</u> contacts for Adults
Eligibility	Members, 19 or older, have coverage on the plan start date	Non-pediatric members, 19 or older, have coverage on the plan start date	Non-pediatric members, 19 or older, have coverage on the plan start date
Benefits	- Exams every 12 months - Lenses every 12 months - Frames every 24 Months	- Exams every 12 months - Lenses every 12 months - Frames every 12 Months	- Exams every 12 months - Lenses every 12 months - Frames every 12 Months
Allowance	\$130 allowance for frames or elective contact lenses ⁸	\$175 allowance for frames \$150 allowance for elective contact lenses	\$175 allowance for frames \$150 allowance for elective contact lenses
Copayments	\$10 exam, \$25 materials	\$15 exam, \$25 materials	\$5 exam, \$10 materials
Network	VSP Choice	VSP Choice	Heritage Vision Plans (Essential Network)
Notes	When purchasing a package, canceling dental will also cancel adult vision coverage and vice versa	Stand alone adult vision offers two premium payment options, monthly and annual	Stand alone adult vision offers two premium payment options, monthly and annual

One annual adult vision exam is included as a benefit automatically in the following Select HMO plans at no additional cost. This benefit uses the VSP Choice network.

Blue Cross® Select HMO Gold Plus	Blue Cross® Select HMO Silver	Blue Cross® Select HMO Bronze Saver HSA	Blue Cross® Select HMO Catastrophic HSA
Blue Cross® Select HMO Gold Saver	Blue Cross® Select HMO Silver HSA		
	Blue Cross® Select HMO Silver Saver		

Standalone Adult Vision Plan Rates



Blue Cross® Vision for Adults With Glasses or Contacts* Effective 1/1/2027		Blue Cross® Vision for Adults With Glasses and Contacts** Effective 1/1/2027	
Monthly Rates		Monthly Rates	
12/12/12; \$15/\$25; \$175 Glasses / \$150 Contacts Allowance		12/12/12; \$5/\$10; \$175 Glasses / \$150 Contacts Allowance	
1 Person	\$9.85	1 Person	\$15.55
2 Person	\$19.70	2 Person	\$31.10
Family	\$32.70	Family	\$51.65

Blue Cross® Vision for Adults With Glasses or Contacts* Effective 1/1/2027		Blue Cross® Vision for Adults With Glasses and Contacts** Effective 1/1/2027	
Annual Rates - Discount applied***		Annual Rates - Discount applied***	
12/12/12; \$15/\$25; \$175 Glasses / \$150 Contacts Allowance		12/12/12; \$5/\$10; \$175 Glasses / \$150 Contacts Allowance	
1 Person	\$109.44	1 Person	\$172.80
2 Person	\$218.88	2 Person	\$345.60
Family	\$363.36	Family	\$573.72

* \$175 Allowance for glasses / \$150 Allowance for contacts; Additionally covers Scratch coating, UV coating, and Tints

** \$175 Allowance for glasses / \$150 Allowance for contacts; Additionally covers Progressive lenses, Anti Reflective coating, Scratch coating, UV coating, Photochromic lenses, and Tints

*** Annual rates are equal to monthly rates times 11.11 and they are rounded to be exactly divisible by 12 to 2 decimals

Value Added Services



Services currently offered will continue to be offered in 2027, so eligible BCBSM and BCN members will continue to have access to the following Virtual Care services in all 50 states:

Urgent Care

Virtual urgent care services that include 24/7 on-demand access to board-certified Teladoc Health doctors for all members regardless of age

Behavioral Health

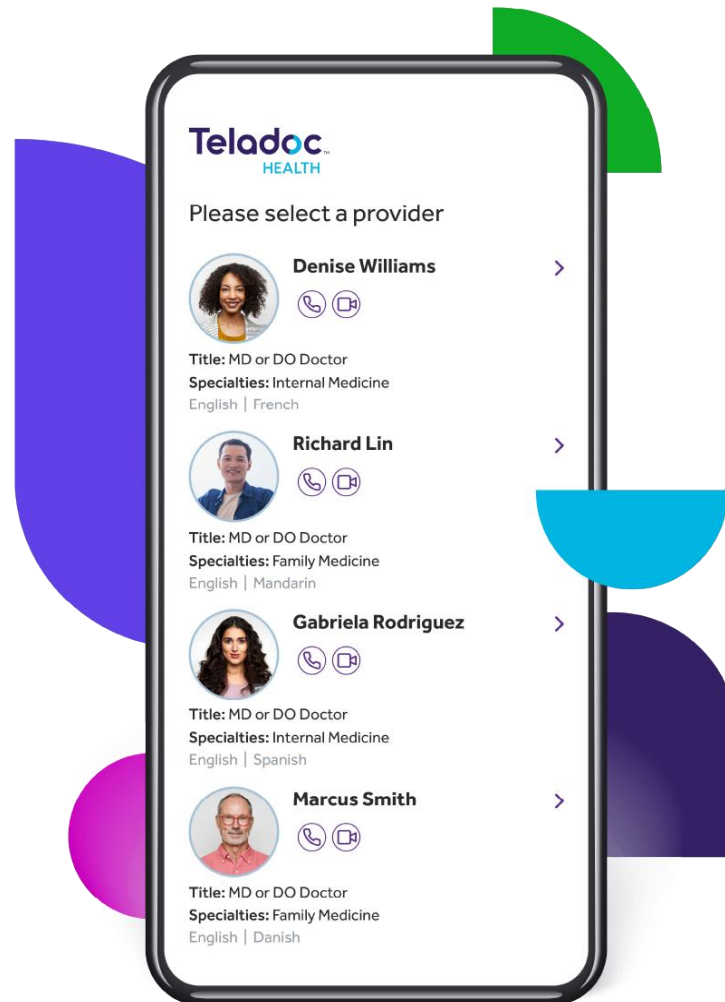
Virtual therapy and virtual psychiatry services that are available from Teladoc Health board-certified psychiatrists, psychologists, and other licensed clinicians. Certain age restrictions may apply

Virtual Primary Care (PPO only)

Access convenient primary care in all 50 states with an in-network PCP copay

Special Note

This is not considered a medical product. Eligible Blue Cross members who currently do not have an in-person primary care provider or want to switch to a virtual primary care provider can select a Teladoc virtual care provider for their care



Teladoc Health™ Condition Management



Four solutions – offer a better, more effective way to manage multiple health challenges.

Diabetes Solution

- A smart blood glucose meter (\$200 value)
- Unlimited strips and lancets right to your door
- 24/7 real-time support for out-of-range readings
- Personalized tips, action plans and coaching

Prediabetes Solution

- Dedicated expert coaching support
- Guidance on healthy habits
- Effortlessly connected smart scale

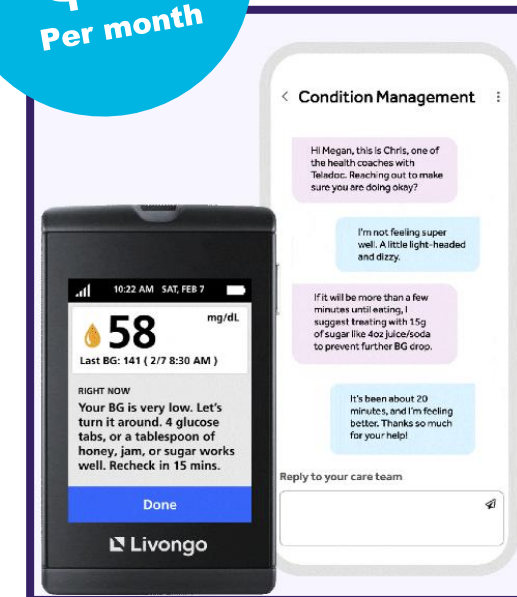
Hypertension Solution

- A no-cost connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition, activity and more
- One-on-one support from expert coaches

Weight Management

- An advanced smart scale (\$95 value) and app
- Unlimited one-on-one coaching
- Guidance on creating healthy habits
- All-in-one weight, activity and food tracking

\$0
Per month



Enroll Today

Teladochealth.com/BCBSMI

Cancer Support Program

Cancer Support Program accessible through the OncoHealth® virtual platform by Iris is available to IBU PPO and HMO members at no cost. This program provides members identified as cancer patients with advocacy, personalized support and guidance to help them through their Cancer journey. Applicable members will be contacted.



24 x 7 on-demand virtual access to a team of oncology nurses

Who can provide personalized advice on managing side effects and questions to ask your doctor, and help you navigate all the resources within Iris



Weekly mental health sessions

With a therapist specializing in working with people and families dealing with cancer



A nutrition series

And personalized support focused on nutrition and cancer



A digital tracker

For recording goals and side effects



A library of more than 200 on-demand articles

And videos on cancer, treatments, side effects and procedures



A peer mentor community

To connect with others who have been in similar situations with cancer

How to sign up:

- Eligible members will need to download the Iris™ app from the Apple or Google Play store and register for an account
- They can also sign up by calling OncoHealth at 1-844-912-4747



Free for all IBU HMO & PPO members

Coordinated Care Core & App

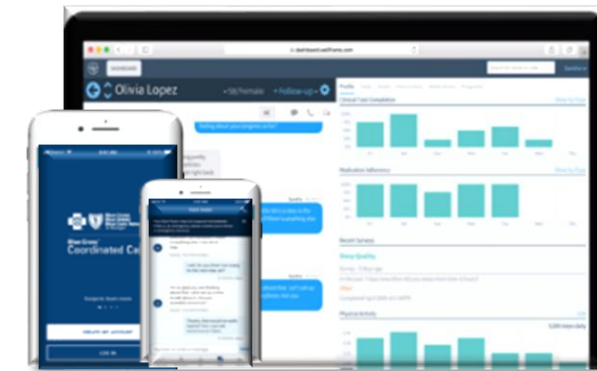
BCBSM Coordinated Care App connects your members and their family members to care

Our care management program is focused on supporting members and their family members with complex needs and chronic conditions.



This interactive platform connects members with their care teams through two-way communication and engagement

- **Easy two-way communication** between your members, their family members and the care team
- **Mobile app** for members and their family members and a web-based dashboard for care management teams
- **Personalized content** that includes educational materials, survey questions and simple tasks
- **Daily health checklists** and tasks for your members and their family members
- **BCBSM Coordinated Care Nurses** will reach out to members that meet criteria for the program



Maven: Maternity & Menopause Support

The Maven maternity & menopause virtual support program offers comprehensive, personalized digital care that provides a multi-channel clinical support and educational app that will guide members through the entire journey from pregnancy, postpartum, parenting and menopause.



Maternity Solution

- Pregnancy + 3 months postpartum
- Pre- and post-natal support
- NICU support
- High-risk pregnancy management



Menopause Solution

- Treatment guidance
- On-demand coaching and second opinions
- Dedicated mental health support
- Guided education personalized to a members' needs

Free for all IBU HMO & PPO members



Visit <https://auth.mavenclinic.com/u/signup>

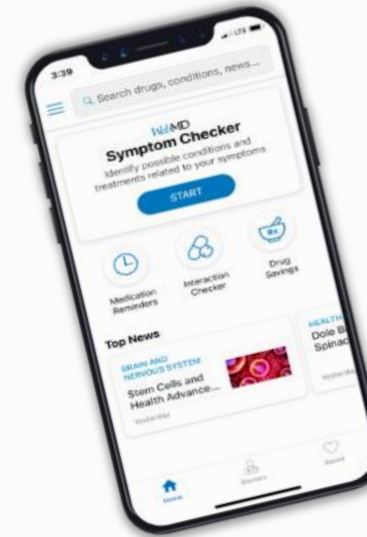
BCBSM Digital Tools with Benefits

BCBSM Mobile App



- View deductibles & other plan balances
- Check claims & explanation of benefits
- See & search for plan services
- View & share plan ID cards
- Find doctors & hospitals
- Find & use Blue365 discounts

WebMD® Wellness App



- Schedule lifestyle coaching
- Read articles on current health topics
- Access maps showing current outbreaks of cold & flu
- Set reminders for staying active & eating healthy

Blue 365[®] Discounts & Savings

Why Join Blue365?



The Best Savings

Better discounts than you can find elsewhere



Exclusive Offers

Find deals only available to Blue365 members

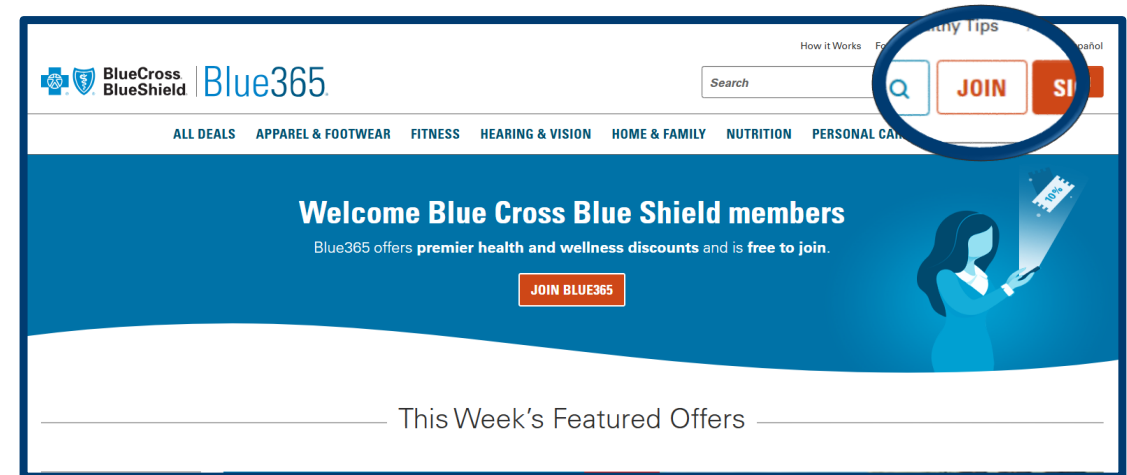


Year-Round Discounts

No "deals of the day," save year-round with no limits on savings

Discounts & Savings on

- Apparel & Footwear
- Fitness Items & Gym Memberships
- Weight loss programs
- Hearing & Vision
- Home & Family
- Nutrition
- Personal Care
- Travel



As easy as 1–2–3!

1. Navigate to <https://www.blue365deals.com> and click “JOIN”
2. Enter Your BCBS Member Information
3. Complete Your Registration

Well-Being Programs



Health Assessment

Complete your health assessment to find out your personal health risks and what you can do to improve your health



Symptom Checker

Use this interactive tool to help you determine what to do about your symptoms



My Health Assistant

After you take your health assessment, the **My Health Assistant** page recommends the Digital Health Assistant programs that are best for you. The following Digital Health Assistant programs are available:

- Conquer Stress
- Eat Better
- Enjoy Exercise
- Lose Weight
- Quit Tobacco
- Feel Happier



My Pregnancy Assistant

If you're pregnant, plan to become pregnant or are supporting someone who's pregnant, this is a helpful tool. It contains a dashboard of quizzes, checklists, articles, videos, activities and images of the stages of fetal development that you can click on for more information



Mental health podcasts

Listen to engaging podcasts on a variety of mental health topics, such as stress, anxiety, insomnia and suicide



Recipes

Find more than 400 tasty and healthy recipes that can help you meet your nutritional needs

All Blue Cross Blue Shield of Michigan health care plans include a variety of programs designed to help you improve well-being. These programs are available at no additional cost

Well-Being Programs



Health Record

Store, maintain, track and manage your health information in one centralized, private and secure location



Health Trackers

Chart your measurements over time. There are trackers for exercise, steps, diet, sleep, mood, pain, and tobacco use



Document Library

Easily upload and store your health care documents



Message Board Exchanges

Connect with others who have the same interests in health concerns as you, ask questions and find answers in these professionally monitored message boards



WebMD Video

Watch more than 1,000 videos about a variety of health topics and trends



Device and App Connection Center

Sync more than 200 of your favorite fitness and medical devices and health-specific mobile apps so you have all your information in one location



WebMD Health Topics

This valuable resource allows you to search for a variety of health topics categorized by conditions, general health and procedures and surgeries



Medical Encyclopedia

This complete health encyclopedia includes a searchable database of health topics, medical tests, procedures, drugs and more



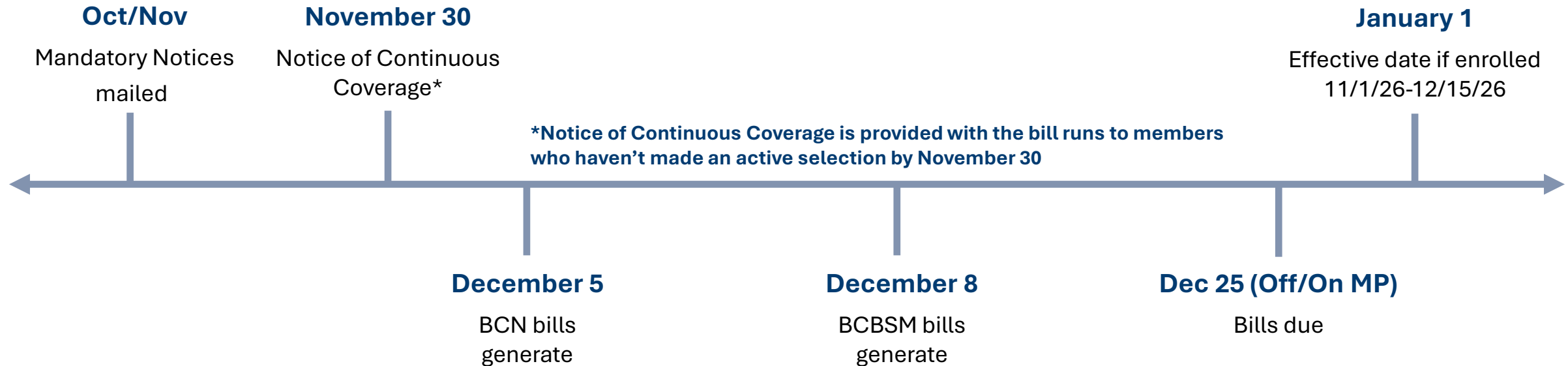
WebMD Interactives

Find calculators, guides, quizzes, slide shows and other health information you may need

Post Enrollment, Billing & Payment Options

2026-2027 Member Transition Timeline

Open Enrollment: November 1, 2026 – January 15, 2027



Mandatory Notices

- Required by law to notify members about product discontinuance/renewal
- Letters are sent prior to the start of open enrollment
- Rate increase notifications are sent at least 30 days in advance of an increase
- Letters can be viewed within Agent Community

Member Enrollment	
Passive	Active
Members, both on and off MP, in a renewing Qualified Health Plan (QHP) who do not take action to enroll in a different QHP for the next benefit year	Refers to any member who actively enrolls in a QHP either on or off Marketplace

Enrollment Reminders

- BCBSM/BCN will NOT auto-cancel Marketplace coverage, even if new coverage is starting
- Changes to Marketplace medical coverage could affect any Marketplace dental a member may have
- Marketplace plans can only be cancelled by calling the Marketplace directly with the member
- If you were not an agent the previous year, submit a new application to ensure Agent Of Record, not just an update

Redetermination

Consumers enrolled through Marketplace must redetermine their eligibility for:

- Advanced Premium Tax Credit
- Cost Sharing Reduction

If a member does not reconcile their APTC using form 8962 when filing taxes, they will lose their APTC. Members in this situation must work directly with the MP to resolve

ACA Marketplace Updates for OEP 2027

Enrollment & Eligibility

Stay / Not in Effect

- **Income-based catastrophic plan expansion**

The expanded hardship pathway based on income is on hold

- Would have allowed consumers to claim cat eligibility if above 250% or below 100%

- **Low-income applicant verification**

The Marketplace must continue accepting income attestations when federal data shows income below 100% FPL

- **No-tax-data income verification**

Income attestations must continue to be accepted when IRS data is unavailable

- **Expanded SEP pre-enrollment verification**

The broader 75% verification requirement is stayed; verification remains permitted for loss of minimum essential coverage

- **One-year failure-to-reconcile penalty**

APTC eligibility is not denied after one unresolved tax year; the two-consecutive-year policy continues

Plan & Coverage Rules

Stay / Not in Effect

- **Higher bronze plan out-of-pocket limits**

Bronze plans cannot use maximum out-of-pocket limits above the statutory cap

- Would have allowed plans to have \$15,600 limit on OOPM on bronze

- **Network adequacy standard changes**

The challenged changes to Marketplace network adequacy requirements are on hold.

- **Elimination of standardized plans and plan limits**

Standardized plan requirements and limits on non-standardized options continue for PY 2027

- Would have eliminated standardized plan requirements and non-standardized plan limits across counties, entities, networks, and DVH combinations

Agent Certification & Enrollment Integrity

Certification & Appointment

- Complete annual CMS FFM certification before selling On-Marketplace ACA plans
- Be properly appointed with BCBSM before selling
- Marketplace commissions are paid only when the agent is both BCBSM-appointed and FFM-certified

Enrollment Integrity

- Obtain consumer authorization before submitting an enrollment or changing coverage
- Never complete unauthorized enrollments or plan switches
- Use approved CMS and BCBSM enrollment pathways and enter complete, accurate and truthful information

Attention:

No certification, appointment or consumer authorization means the enrollment should not be submitted and commissions may not be payable

CMS has issued an Interim Final Rule (IFR) which states agents and broker who were not certified in 2026 cannot get certified for PY 2027 until February 1

CMS Marketplace Updates for OEP 2027

Agent-assisted Marketplace enrollments will require consumer authorization through the enrollment platform beginning October 12, 2026

Key Changes for Agents

- Authorization required before accessing or updating a Marketplace application
- Marketplace Call Center support ends for broker-assisted enrollments, application changes, or AOR updates
- Accurate consumer contact information is critical for completing authorization requests
- Identity verification may be required for some consumers
- CMS consent and documentation requirements remain unchanged

What Agents Should Do Now

- Verify consumer email addresses and phone numbers
- Prepare for the new authorization workflow
- Continue obtaining and documenting consumer consent
- Watch for additional HealthSherpa training and resources

Resolving Multiple Coverages



Key Tips

- Read member & agent notifications - both viewable in Agent Community
- Member may have duplicate coverage
- Look for & cancel prior coverage



Agent Assistance

BCBSM	800-788-7334
BCN	855-269-9888



Member Assistance

BCBSM	888-288-2738
BCN	888-227-2345
Marketplace	800-318-2596

Welcome Journey Timeline & Member On-Boarding

Welcome and Engagement Communications			
WELCOME 21 DAYS		ENGAGEMENT 28 DAYS	
E-Mail #1 3–4 days after enrollment	• Welcome • Confirms plan name and effective date • Member ID card overview • Autopay, paperless billing and mobile app	E-Mail 7-day intervals	• Paperless billing • Register account • Download mobile app • Health & well-being • BCBS Global Solutions
E-Mail #2 3 days later	Health care terms		
E-Mail #3 4 days later	Enrollment survey		
E-Mail #4 7 days later	Doctor visit preparation		
E-Mail #5 7 days later	Benefits and features		



A fully on-boarded member has completed the following tasks:

1. Paid their first month premium
2. Signed up for the Blue Cross Member Account
3. Selected a PCP or confirmed their providers are in network

Additional communications

SMS: Register account, welcome guide, autopay, mobile app and health assessment
Direct mail: Welcome letter within 3 weeks of enrollment

Premium Payments & Paperless Billing Support

Paperless Billing Basics

Paperless default:

BCBSM/BCN ACA Individual members are enrolled in paperless billing; paper invoices are not mailed by default

Register early:

Members should create their account at BCBSM.com/register after enrollment is approved and loaded

Note: Some members will still receive paper bills, including:

- Pediatric-only contracts
- On-market members with no Advance Premium Tax Credit
- Members who did not have member portal or an email address on file

Ways to Pay Premiums

Online:

Pay through the Member Portal or BCBSM.com/paybill



Phone:

BCBSM Member Services 1-888-288-2738
BCN Member Services 1-888-227-2345

Auto-pay:

Set up recurring payments in the Member Portal

Mail:

To support timely delivery, payments should be mailed together with the payment coupon at the bottom of the invoice

New Mailing Address:

Blue Cross Blue Shield of Michigan
P.O. Box 88513
Chicago, IL 60680-1513

Quick tips & Paper Billing

If they want paper bills:

Direct them to Customer Service or have them update paperless settings in their Member Portal

Agent support:

Agents may call the agent hotline for billing preference questions

Best practice:

Encourage member portal registration first because it gives members access to invoices and payment tools

View and manage online:

Statements, payment status, and billing preferences



Please note

The initial billing invoice is paperless and available through the Member Portal. Members should register as soon as enrollment is approved and loaded, then submit payment within 30 days to help avoid cancellation or disruption of coverage

Online Member Account Registration

Creating an online account makes it easier than ever to manage your individual plan

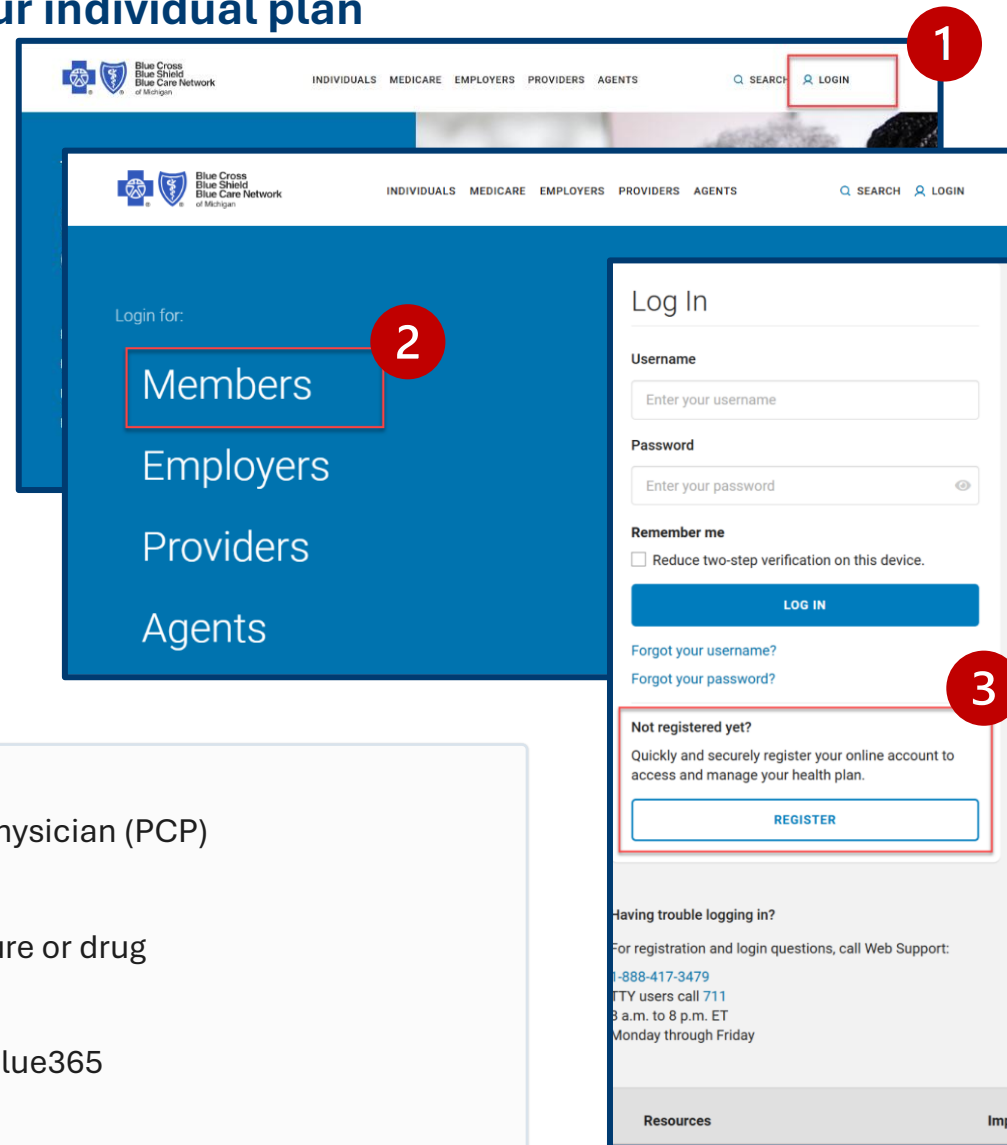
How to Register

Members can access the BCBSM Member Portal by going to www.BCBSM.com and clicking Login

- If the member has not yet registered, they can do so using their SSN prior to receiving ID cards
 - Application must be approved and loaded in membership system prior to registration
- Here's what you need before you get started:
 - Legal first and last name
 - Date of birth
 - Valid email address
 - The last four digits of your Social Security Number, or your Subscriber ID number, found on your Blue Cross ID card

Member Benefits

- View plan benefits
- Track deductibles and out-of-pocket maximums
- Review claims and Explanation of Benefits (EOB)
- Pay your bill or set up automatic payments
- Check status of prior authorizations and referrals
- Find a provider
- View or change Primary Care Physician (PCP)
- View and order ID Cards
- Estimate the cost for a procedure or drug
- Take the Health Assessment
- View Member Discounts with Blue365

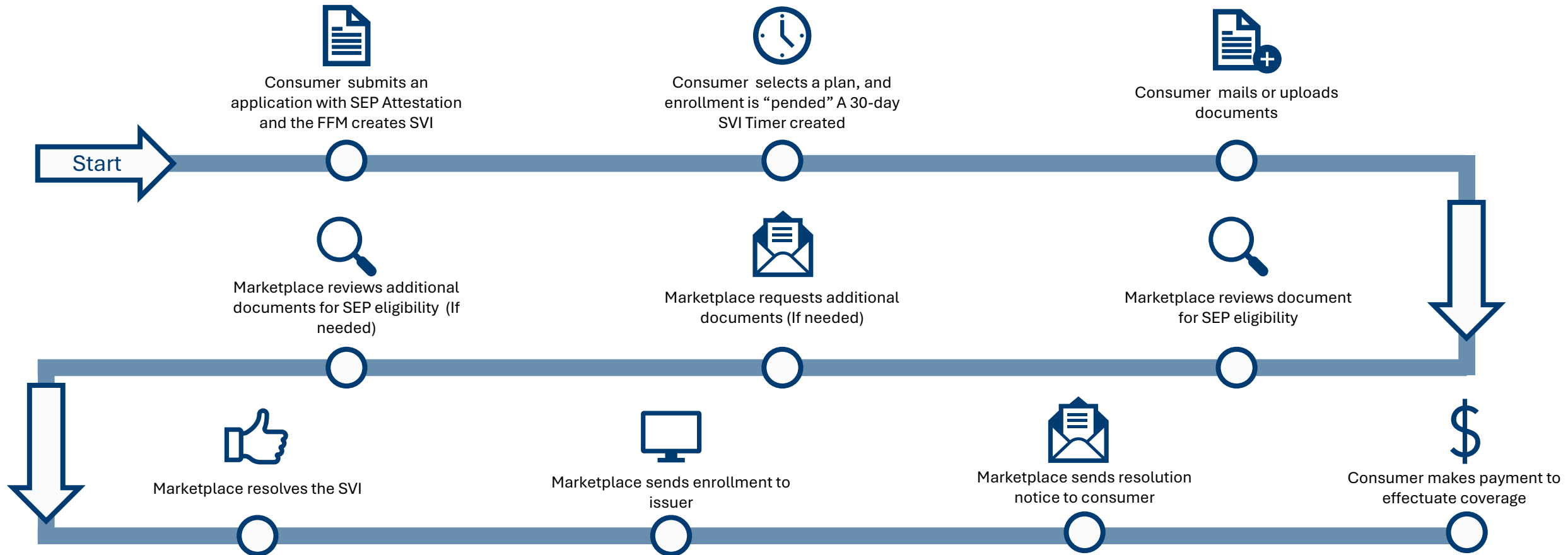


The screenshot displays the Blue Cross Blue Shield of Michigan Member Portal. At the top, the navigation bar includes links for INDIVIDUALS, MEDICARE, EMPLOYERS, PROVIDERS, and AGENTS, along with a search bar and a LOGIN button (marked with a red circle 1). The main content area features a large blue sidebar with options: Members (marked with a red circle 2), Employers, Providers, and Agents. The central area shows the 'Log In' form with fields for Username and Password, a 'Remember me' checkbox, and a 'LOG IN' button. Below the login form are links for 'Forgot your username?' and 'Forgot your password?'. A red circle 3 highlights the 'Not registered yet?' section, which includes a brief description and a 'REGISTER' button. At the bottom, there is a section for 'Having trouble logging in?' with contact information for Web Support.

Policy & Procedure

On-Marketplace SEP Verification

New applicants (those who are not already enrolled in Marketplace coverage) who attest to certain types of SEP qualifying events will be subject to the SEPV process of pre-enrollment verification. Eligible consumers must submit documents that confirm their SEP eligibility before they can enroll and start using their Marketplace coverage.



SVI: SEP Verification Issue – This is referring to the Marketplace process for processing the SEP application through their system

Totals Carryover

What Carries Over?

- When moving between plans, money already applied to out-of-pocket totals transfers to the new plan, including Deductibles and Copayments

What Does Not Carry Over?

- Totals from other issuers, including other Blue Cross plans
- Fourth-quarter deductibles from one year to the next

Note:

- Benefit limits restart when changing plans or metal tiers
- BCBSM and BCN individual plans to Medicare Advantage plans: deductible only transfers

Read across: FROM → TO

TO

Under 65 Plan-to-Plan Carryover				
	From			
	IBU BCBSM	IBU BCN	Group BCBSM	Group BCN
	IBU BCBSM	Automatic Transfer	Transfer Upon Request*	Transfer Upon Request*
	IBU BCN	Transfer Upon Request*	Automatic Transfer	Automatic Transfer
	Group BCBSM	Transfer Upon Request* Agreement from Group	Transfer Upon Request* Agreement from Group	Transfer Upon Request* Agreement from Group
Group BCN	Transfer Upon Request* Agreement from Group	Automatic Transfer	Transfer Upon Request* Agreement from Group	Automatic Transfer

 Automatic  Request Required

The Individual Business Off-Market Eligibility Guide outlines the rules and requirements for all Off-Marketplace business. Agents are encouraged to use this guide as a primary reference when assisting members and processing applications



Eligibility Guide

The guide is updated annually (or as needed) and can be found utilizing the steps below:

1. Login to Agent Community via the Agent Portal
2. In the search bar, enter “Individual Business Off Market Eligibility Guide” OR Navigate to Libraries and Training → select Individual Under 65 Documents → Individual Business Off Market Eligibility Guide



Newborn Coverage

- First 48/96 hours of delivery are covered under mother’s maternity benefits for Vaginal/Cesarean delivery
- Subscribers must add newborns within 60 days for individual plans
- Subscribers are required to add newborns within the time frame allowed for their newborns to receive benefits beyond 48 or 96 hours
- Hospital certificate of birth or official birth certificate can be used as a supporting document
- A Social Security Number (SSN) is required at enrollment for members 12 months or older; it is not required for infants under 12 months

Agent Updates



Individual & Family Plans (U65/ACA) Agent Commission Rate Change - Plan Year 2027

Effective January 1, 2027

- There will be an update to our current commission structure. These updates are designed to better align with industry standards and reflect changes in market conditions
- All commission rates will remain the same except for:
 - New to Blue HMO Members, which will adjust from 5.5 percent to 3 percent

New Individual Agent Commission Rates		
Year	HMO	PPO
Year 1 New-to-Blue Members	3% (Previously 5.5%)	3% (Previously 4%)
Years 2+ Retention Members	3%	2%

Submit Under 65 GA Two-Digit updates through the BCBSM Agent Portal

The portal is the required submission channel for all requests



Submission Method

Submit all GA Two-Digit agent update requests through the BCBSM Agent Portal



Email Submissions

The email address AgencyBlueIQ@bcbsm.com **is not** accepted for GA Two-Digit agent update requests

Requests sent to this email will not be processed



Job Aid

- A job aid is available to assist agents with the GA Two-Digit submission process in the portal

GA Change Blackout Period

GA Two-Digit code changes are only processed during the open period. Changes submitted during the blackout period will not be processed

Blackout Period

September 1 – January 31

No GA Two-Digit code changes allowed



Plan ahead before the blackout starts

Important Reminders

- Review timing early so updates are not delayed or restricted
- A job aid is available to assist agents in navigating the new GA Two-Digit submission process through the portal
- Retention of Business Under Former GA: If applicable, any existing book of business written under an agent's former GA will remain under the former GA's Two-Digit. To move this business to the new GA, agents must obtain a letter of release from their former GA and send it to BCBSM
- Restrictions on Under 65 Business: Any U65 business written directly through BCBSM (including business under 2-digit codes 11, 12, 13, 14, and 15) cannot be moved to a GA

Commission Note

- GA updates do not change commission payable designation. Use a Commission Designation Form for payment updates
- If an agent completes a CPD form and assigns their payable to a new agency, the agent's existing book of business and future commissions will remain with your former agency unless a letter of release is issued from your former agency to Blue Cross

Agent Administration Support Requests

Submit Agent Administration Support Requests through the BCBSM.com Agent Portal

Support Requests Include:

- Agent Commission Payable Designation Form (CPD)
- Agent Errors and Omissions
- Agent Name Change
- Agent Reassignment
- Agent Termination/Dis-association from an Agency
- General Agency (Two-Digit) Code Change

Summary of Your Agent Administration Support Requests

REQUESTS CLOSED IN THE LAST 7 DAYS0

OF OPEN REQUESTS0

For most support requests for an agent, such as re-assignment, updating banking information, resolving errors, processing name changes, or handling terminations.

Request No.	Submitted By	Subject	Request Type	Status	Opened Date
No data available					
Submit a request to view details here.					

VIEW ALL AGENT SUPPORT REQUESTS

CREATE A NEW AGENT SUPPORT REQUEST

Agent Community Overview

Designed to help agents efficiently manage their Blue Cross Blue Shield of Michigan business and service clients from one place

To Access: Agent Portal Login → Agent Community

Workflow Tip: Bookmark Agent Community and your frequently used Quick Links so they become part of your regular workflow

Link: <https://enroll.bcbsm.com/>

What you can do

- Quote and enroll members in Individual & Family plans
- View and manage your book of business, including member details and coverage
- Create and track support cases for policy or servicing inquiries
- Access reports and dashboards to monitor activity and membership

Quick Links

- Quick Quote
- Find a Doctor / Find a Dentist
- Drug lists
- Bookmark frequently used Quick Links for faster access

Libraries

- Product comparison guides
- Change of Status (COS) and servicing forms
- Eligibility guides, job aids and reporting references

The BCBSM ACA enrollment tool, powered by HealthSherpa, is now available!

In addition to supporting the existing On-Marketplace enrollment process, the updated tool also allows agents to submit Off-Marketplace enrollments. You can access the tool through the Quick Links section in BCBSM Agent Community or directly through the enrollment portal.

1

Register for Access

Complete your registration/password reset using this link: [Register Here](#)

Important Registration Notes

- Use the email address referenced in your registration email
- If you do not receive a registration email, your username will be your BCBSM email address on file with +BCBSM added (i.e. Johndoeagency+BCBSM@xxxx.com)
- Follow the prompts to create a new password
- A password reset confirmation email will be sent to the email address currently on file with BCBSM

2

Review the User Guide and FAQ

A step-by-step User Guide and FAQ are available to help you:

- Complete registration
- Navigate the tool
- Submit enrollments
- Find answers to common questions

Location:

Agent Community → Libraries → Individual Under 65 Documents → Job Aids

3

Access the Enrollment Tool

Once registered, access the enrollment tool using this link: [HealthSherpa Enrollment Tool](#)

Tip: Bookmark this URL for quick access in the future

Need Assistance?

If you experience issues with registration, login, or using the tool, support is available

HealthSherpa Help Desk: 888-684-1373

Thank You!

We are here to help

If you have any questions, please feel free to reach out to your sales consultant.



Additional Resources



Value Added Services Overview

	Maternity & Menopause Virtual Programs	Coordinated Care Core & App	BCBSM Digital Tools with Benefits
PPO / HMO	IBU PPO & HMO	IBU PPO & HMO	IBU PPO & HMO
Overview	Free virtual support for pregnancy, postpartum and menopause	App connects members & their family members to care	Blue Cross App which members can access their benefit information
Key Points	- Unlimited video appointments and messaging with more than 35 types of doctors, specialists and coaches - Maternity program provides support for prenatal and postpartum time periods, high-risk pregnancy, etc. - Menopause program provides support for early identification of menopausal symptoms & treatment guidance Both programs will: - Match w/Care Advocate - Personalized digital care - Provide clinical support - Educational app 24/7 on demand video appointments	- Care management program supporting complex needs and chronic conditions - Easy two-way communication between members, their family members and the care team - Mobile app for members and their family members and a web-based dashboard for care management teams - Personalized content that includes educational materials, survey questions and simple tasks. - Daily health checklists and tasks for your members and their family members	BCBSM Mobile App - View deductibles & other plan balances - Check Claims & EOBs - View/search for plan services - Access HSA acct - HealthEquity® - View/share plan ID card - Find doctors & Hospitals - Find & use Blue365 discounts WebMD Wellness App - Schedule lifestyle coaching - Current health topic articles - Set reminders for staying active & eating healthy Blue 365: Discounts & Savings \$19+ Gym memberships - Cookbooks - Health food stores - Weight loss programs - Sporting goods - Various Retailers
Contact	- Maternity: bcbsm.com/mavenfamily - Menopause: bcbsm.com/mavenmenopause	A BCBSM nurse will reach out to applicable members.	http://www.bcbsm.com/app

Value Added Services Overview

	Teladoc Health Condition Management	Cancer Support Program	Mental Health Self-Guided Support
PPO / HMO	IBU PPO & HMO	IBU PPO & HMO	IBU PPO & HMO
Overview	Virtual coaching and support for mental health and chronic medical conditions • Diabetes • Hypertension • Diabetes Prevention	Iris by OncoHealth provides members identified as cancer patients with advocacy, support, and guidance	BCBSM and BCN, working with Teladoc Health, offer a digital resilience and behavioral health solution
Key Points	• Free blood glucose meter, blood pressure monitor & smart scale; each sends readings to private account on app • Access to expert coaches on nutrition, medications or health issues • 24/7 access to tips and techniques to help better manage stress, sleep, anxiety, depression, weight and more • 24/7 medical urgent care virtual visits through selected vendor app • PPO: virtual primary care visits through selected vendor app <u>nationwide</u>. PCP copays apply to these visits	• 24/7/365 on-demand oncology nurse and mental health visits for members • Mentors, community forums, disease management, financial resource support, advanced care planning etc. • Multichannel secured communication options • Address SDoH by navigating members to community and financial support	• With more than 1,600 activities covering 30+ life topics, Mental Health Self-Guided Support provides content focused on these 12 core areas: • Depression, Anxiety, Sleep, Substance Use Disorders, Chronic Pain, Opioid/Medication Assisted Treatment, Stress, Mindfulness, Balancing Emotions, Pregnancy and Early Parenting, Nicotine, Trauma
Contact	www.Teladochealth.com/BCBSMI	bcbsm.com/cancersupport	https://www.teladochealth.com/individuals/mental-health