AGENDA

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
SPECIAL PERSONNEL & COMPENSATION COMMITTEE MEETING

Wednesday, September 2, 2026 at 5:00 pm

Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

	Committee Members:	Present	Excused	Absent	Committee Members:	Present	Excused	Absent	Others Present: Tara Guerrero
	Patrick Conley, Ch				Kathy Niemiec				BABH: Jennifer Lasceski, Chris Pinter,
	Carole O'Brien, V Ch				Staci Tuggle				and Sara McRae
	Richard Byrne				Patrick McFarland, Ex Off				
	Shelley King				Robert Pawlak, Ex Off				Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call to Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Benefits Renewals 3.1) Fiscal Year (FY) 2027 Retiree Health Benefits		3.1) Consideration of a motion to refer one of the five options presented for the FY 2027 Retiree Medicare Advantage Health Benefits to the full Board for approval
4.	Adjournment	M - S -	pm MA

Medical Renewal BCBSM

Bay Arenac Behavioral Health

1/1/2026 Renewal History	Plan 1	Plan 2	Plan 3	Plan 4
Original Increase :	30.42%	32.75%	41.65%	30.96%
Plan Changes :				
Final Increase :				

Renewal Date: January 1, 2027	**Current (Plan Year)**							
	Blue Cross Blue Shield SB PPO $2,500 20%		Blue Cross Blue Shield SB HSA $2,500 20%		Blue Care Network HMO $2,000 20%		Blue Cross Blue Shield SB PPO $1,500 20%	
	Enrollment [1]	Rates	Enrollment [1]	Rates	Enrollment [1]	Rates	Enrollment [1]	Rates
Single	75	$775.90	3	$699.58	4	$464.90	17	$826.43
Two Person	33	$1,862.17	4	$1,679.00	3	$1,115.77	4	$1,983.45
Family	46	$2,327.71	5	$2,098.78	4	$1,394.70	0	$2,479.31
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
Premium	**$226,718.77**	**$2,720,625.24**	**$19,308.64**	**$231,703.68**	**$10,785.71**	**$129,428.52**	**$21,983.11**	**$263,797.32**
	Monthly				**Annual**			
Combined Premium	**$278,796.23**				**$3,345,554.76**			

	Renewal (Plan Year)							
	Blue Cross Blue Shield SB PPO $2,500 20%		Blue Cross Blue Shield SB HSA $2,500 20%		Blue Care Network HMO $2,000 20%		Blue Cross Blue Shield SB PPO $1,500 20%	
	Enrollment [1]	Rates	Enrollment [1]	Rates	Enrollment [1]	Rates	Enrollment [1]	Rates
Single	75	$1,011.90	3	$928.70	4	$658.55	17	$1,082.33
Two Person	33	$2,428.56	4	$2,228.87	3	$1,580.51	4	$2,597.59
Family	46	$3,035.69	5	$2,786.09	4	$1,975.63	0	$3,246.98
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
Premium	**$295,676.72**	**$3,548,120.64**	**$25,632.03**	**$307,584.36**	**$15,278.25**	**$183,339.00**	**$28,789.97**	**$345,479.64**
Dollar Change	**$68,957.95**	**$827,495.40**	**$6,323.39**	**$75,880.68**	**$4,492.54**	**$53,910.48**	**$6,806.86**	**$81,682.32**
Percent Change	**30.4%**		**32.7%**		**41.7%**		**31.0%**	
	Monthly				**Annual**			
Combined Premium	**$365,376.97**				**$4,384,523.64**			
Dollar Change	**$86,580.74**				**$1,038,968.88**			
Percent Change	**31.06%**							

[1] Enrollment taken from June BCBS Membership Listing and includes COBRA if applicable.
Total Enrolled Contracts: 198

PRIORITY HEALTH + GARNER OPTIONS

Bay Arenac Behavioral Health

Renewal Date: January 1, 2027	Current (Plan Year)							
	Blue Cross Blue Shield SB PPO $2,500 20%		Blue Cross Blue Shield SB HSA $2,500 20%		Blue Care Network HMO $2,000 20%		Blue Cross Blue Shield SB PPO $1,500 20%	
	Enrollment [1]	Rates	Enrollment [1]	Rates	Enrollment [1]	Rates	Enrollment [1]	Rates
Single	75	$775.90	3	$699.58	4	$464.90	17	$826.43
Two Person	33	$1,862.17	4	$1,679.00	3	$1,115.77	4	$1,983.45
Family	46	$2,327.71	5	$2,098.78	4	$1,394.70	0	$2,479.31
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
Premium	**$226,718.77**	**$2,720,625.24**	**$19,308.64**	**$231,703.68**	**$10,785.71**	**$129,428.52**	**$21,983.11**	**$263,797.32**
	Monthly				**Annual**			
Combined Premium	**$278,796.23**				**$3,345,554.76**			

	2027							
	Priority Health + Garner PH Value 5500 Garner HRA		Priority Health + Garner PPO HSA 6500 Garner HRA		Priority Health + Garner HMO 5000 Garner HRA		Priority Health + Garner PH Value 5500 Garner HRA	
	Enrollment [1]	Rates	Enrollment [1]	Rates	Enrollment [1]	Rates	Enrollment [1]	Rates
Single	75	$774.00	3	$621.00	4	$787.00	17	$774.00
Two Person	33	$1,858.00	4	$1,489.00	3	$1,879.00	4	$1,858.00
Family	46	$2,281.00	5	$1,840.00	4	$2,325.00	0	$2,281.00
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
Premium	**$224,290.00**	**$2,691,480.00**	**$17,019.00**	**$204,228.00**	**$18,085.00**	**$217,020.00**	**$20,590.00**	**$247,080.00**
Dollar Change	**-$2,428.77**	**-$29,145.24**	**-$2,289.64**	**-$27,475.68**	**$7,299.29**	**$87,591.48**	**-$1,393.11**	**-$16,717.32**
Percent Change	**-1.1%**		**-11.9%**		**67.7%**		**-6.3%**	
	Monthly				**Annual**			
Combined Premium	**$279,984.00**				**$3,359,808.00**			
Dollar Change	**$1,187.77**				**$14,253.24**			
Percent Change	**0.43%**							

[1] Enrollment taken from June BCBS Membership Listing and includes COBRA if applicable.
Total Enrolled Contracts: 198

MAPD Option

Bay Arenac Behavioral Health

Renewal Date January 1, 2027	Current 2026 PPO $1,000 0%	Renewal 2027 PPO $1,000 0%	Alternate #1 Option 1 - BCBS PPO $500 0%	Alternate #2 Option 2 - BCBS PPO $0 0%	Option 3 - Priority Health PPO $1,000 0%	Option 4 - Humana LPPO for Standard Plan 079 Opt 826
Individual Deductible	$1,000	$1,000	**$500**	**$0**	$1,000	**$0**
Coinsurance	0%	0%	0%	0%	0%	0%
Individual Maximum	N/A	N/A	N/A	N/A	N/A	N/A
Deductible + Coinsurance Total						
Individual	$1,000	$1,000	**$500**	**$0**	$1,000	**$0**
Total Out of Pocket						
Medical Maximum	$1,500	$1,500	$1,500	**$1,000**	$1,500	**$1,000**
Rx Maximum	$2,100	**$2,400**	**$2,400**	**$2,400**	**$2,400**	**$2,400**
Employer Funding						
Individual						
PCP / Spec. / Chiro. Copays	$10 / $15 / $10	$10 / $15 / $10	$10 / $15 / $10	**$10 / $20 / $10**	**$10 / $15**	**$10 / $20 / $20**
Virtual Visit						
Urgent Care	$15	$15	$15	$15	**$15, not subject to deductible**	100% covered
Emergency Room	$50, not subject to deductible	$50, not subject to deductible	$50	$50	$50, not subject to deductible	100% covered
Lab & Pathology Services	Covered up to 100% after deductible	Covered up to 100% after deductible			Covered up to 100% after deductible	100% covered
Diagnostic Tests & X-Rays	Covered up to 100% after deductible	Covered up to 100% after deductible			Covered up to 100% after deductible	100% covered
High Tech Imaging (MRI, CT.)	Covered up to 100% after deductible	Covered up to 100% after deductible			Covered up to 100% after deductible	100% covered
Rx Formulary	Comprehensive Enhanced Formulary	Comprehensive Enhanced Formulary	Comprehensive Enhanced Formulary	Healthy Value Enhanced Formulary		Group Plus Formulary
Non-Specialty Rx [1] - Standard	$0 / $10 / $40 / $70	$0 / $10 / $40 / $70	$0 / $10 / $40 / $70	$10 / $10 / $20 / $40	$0 / $10 / $40 / $70	$10 / $20 / $40
Specialty Rx [2]	$70	$70	$70	$80	$70	$80
90 Day Supply / Mail Order [3]	MOPD 2x	MOPD 2x	MOPD 2x	MOPD 2x	**MOPD 3x**	**MOPD Retail 3x, Mail Order $0/$40/$80**
Non-Specialty Rx [1] - Preferred	$0 / $5 / $35 / $65	$0 / $5 / $35 / $65	$0 / $5 / $35 / $65	$5 / $5 / $15 / $35	$0 / $5 / $35 / $65	
Specialty Rx [2]	$65	$65	$65	$75	$65	
90 Day Supply / Mail Order [3]	MOPD 2x	MOPD 2x	MOPD 2x	MOPD 2x	**MOPD 3x**	
Total Enrolled: 76	Rates	Rates	Rates	Rates	Rates	Rates
76 MAPD-Single	$336.39	$239.71	$277.30	$308.93	$320.85	$304.69
Monthly Premium	**$25,565.64**	**$18,217.96**	**$21,074.80**	**$23,478.68**	**$24,384.60**	**$23,156.44**
Annual Premium	**$306,787.68**	**$218,615.52**	**$252,897.60**	**$281,744.16**	**$292,615.20**	**$277,877.28**
Maximum Employer Funding	**$0.00**	**$0.00**				
Total Cost	**$306,787.68**	**$218,615.52**				
Annual Dollar Change		-$88,172.16	-$53,890.08	-$25,043.52	-$14,172.48	-$28,910.40
Percent Change		-28.7%	-17.6%	-8.2%	-4.6%	-9.4%

12 month Renewal

[1] Preferred generic / non-preferred generic / preferred brand / non-preferred brand [2] Preferred specialty / non-preferred specialty [3] Specialty medications are not available for a 90 day supply.

Benefit levels illustrated include in-network only. For complete schedule of both in and out of network benefits, please refer to the plan document.

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.

Medicare Advantage Plan

GROUP BENEFIT and RATE SUMMARY

Bay Arenac Behavioral Health

January 01, 2027 to December 31, 2027

(12 Months)

Passive | MAPD | Option 0 | 7000246-10

Medicare PLUS Blue℠ PPO

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Bay Arenac Behavioral Health

	2027 MAPD PPO
Quote Date	8/7/2026
Coverage Effective Date	1/1/2027
Coverage End Date	12/31/2027
Coverage Length (Months)	12
Plan Type	MAPD
Estimated Membership	76
Option Number	0
Option Description	-
NASCO Group Number	7000246
NASCO Division	10
Group Number(s)	19852
Group Suffix(es)	600

MEDICARE ADVANTAGE GROUP RATES

2027 Medical (MA) Rate PMPM	**$25.21**
2027 Pharmacy (PD) Rate PMPM	**$214.50**
2027 Total MAPD Rate PMPM	**$239.71**
2026 Total MAPD Rate PMPM	**$336.39**

Notes and Conditions

1) The renewal rates are effective from January 1, 2027 through December 31, 2027, for 12 months. Rates are quoted per member, per month (pmpm).

2) The above premiums include BCBSM's estimates of applicable Federal and State fees and assessments. BCBSM's estimates are subject to change. BCBSM will not reconcile or settle any amounts collected with actual amounts owed for such Federal and State fees and assessments.

3) The premiums shown above include MA (medical services) and PDP (pharmacy services). Other lines of coverage, such as dental and vision, are not included. Please refer to Benefits-At-A-Glance for more detailed description of benefits.

4) BCBSM reserves the right to modify the renewal rates if there are changes to the:
- benefit design included in the renewal,
- effective date,
- covered population (+/- 10%),
- subsequent CMS funding levels,
- regulatory changes,
or if any of the above conditions are not met.

5) Rate calculations were made based upon CMS funding projections known at this time. If significant changes are made to funding levels, BCBSM reserves the right to alter the rates appropriately.

6) Mid-year medical or pharmacy changes to plan design must follow CMS guidance.

7) To meet the expected implementation date of January 1, 2027 this Benefit Rate Schedule must be signed by the customer and returned to BCBSM by September 25, 2026.

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Bay Arenac Behavioral Health

	2027 MAPD PPO
Quote Date	8/7/2026
Coverage Effective Date	1/1/2027
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Coverage Length (Months)	12
Plan Type	MAPD
Estimated Membership	76
Option Number	0
Option Description	-
NASCO Group Number	7000246
NASCO Division	10
Group Number(s)	19852
Group Suffix(es)	600
Medicare Advantage Medical / Surgical Group Benefits and Services	**Schedule B**
PPO Benefit Structure (Active / Passive)	**PASSIVE** (Out-of-Network Cost-Shares are the Same as In-Network)
Member Out-of-Pocket Cost-Sharing Options	Deductibles, Coinsurances, and Copays
Combined Out-of-Pocket Maximum	$1,500
Single Deductible	$1000
Coinsurance	0%
	In- and Out-of-Network Cost-Shares
> Core Benefits	
Inpatient Facility Services	Ded,Coins,OOPM Will Apply
Outpatient Facility Services	Ded,Coins,OOPM Will Apply
> Physician / Practitioner Benefits	
Office Visits and Consultations	$10
Telehealth (Online) Visits	$10
Chiropractic Services	$10
Specialist Services	$15
Psychiatric and Psychotherapy Services	$10
Facility Evaluation and Management Services	Ded,Coins,OOPM Will Apply
Other Physician Services	Ded,Coins,OOPM Will Apply
Surgical Services	Ded,Coins,OOPM Will Apply
> Emergency / Other Benefits	
Urgent Care	$15
Emergency Department / Emergency Room Care	$50
Ambulance Services	Ded,Coins,OOPM Will Apply
DME, P & O, and Supplies	No member cost-share
Preventive Services	No member cost-share

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Bay Arenac Behavioral Health

	2027 MAPD PPO
Quote Date	8/7/2026
Coverage Effective Date	1/1/2027
Coverage End Date	12/31/2027
Coverage Length (Months)	12
Plan Type	MAPD
Estimated Membership	76
Option Number	0
Option Description	-
NASCO Group Number	7000246
NASCO Division	10
Group Number(s)	19852
Group Suffix(es)	600

Additional Medicare Advantage Group Benefits		**Schedule B, continued**
Foreign Travel (removes Emergency Room and Urgent Care restrictions)	Included	Cost-Share Same as if Services were provided in the U.S.
Human Organ Transplant (removes lifetime maximum for non-Medicare-covered organs per organ type)	Included	Cost-Share Same as Surgical Services above
Removal of Medicare Caps for Therapy Services (associated with Physical Therapy, Speech-Language Pathology, and Occupational Therapy)	Included	Cost-Share same as Other Physician Services above
Silver Sneakers Fitness Program	Included	No Member Cost-Share for these Services
Skilled Nursing Facility (Unlimited Days)	Included	Cost-Share same as Inpatient Facility Services above
Travel and Lodging (associated with Human Organ Transplant benefits)	Included	Covered up to $10,000 (must be 100+ miles from home)

Medicare PLUS Blue℠ PPO

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Bay Arenac Behavioral Health

	2027 MAPD PPO
Quote Date	8/7/2026
Coverage Effective Date	1/1/2027
Coverage End Date	12/31/2027
Coverage Length (Months)	12
Plan Type	MAPD
Estimated Membership	76
Option Number	0
Option Description	-
NASCO Group Number	7000246
NASCO Division	10
Group Number(s)	19852
Group Suffix(es)	600

Medicare Advantage Group Pharmacy Benefits		**Schedule B, continued**
Formulary	Comprehensive Enhanced Formulary	
Prior Authorization/Step Therapy/Clinical Edits	Yes	
Pharmacy Deductible	$0	
	Preferred Cost-Shares	**Standard Cost-Shares**
Tier 1 (Preferred Generic)	$0	$0
32-100 Day Supply Mail Order Copay Multiplier	2.0	2.0
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	
Tier 2 (Generic)	$5	$10
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	
Tier 3 (Preferred Brand)	$35	$40
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0
32-90 Day Supply Retail Order Copay Multiplier	N/A	N/A
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	
Tier 4 (Non-Preferred Drug)	$65	$70
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	
Tier 5 (Specialty)	$65	$70
32-90 Day Supply Mail Order Copay Multiplier	Not Applicable - Tier 5 Unavailable for 32-90 Day Mail Order	
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	

Medicare PLUS Blue℠ PPO

Blue Cross Blue Shield of Michigan

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2027 BCBSM Medicare Advantage PPO Group Contract (Schedule A)

Group Name	Bay Arenac Behavioral Health
Option Number	46388
Option Description	-
Contract Effective Date	1/1/2027
Contract End Date	12/31/2027
Funding Type	Fully-Insured
NASCO Group Number	7000246
NASCO Division	10
MA Group Number(s)	19852
MA Group Suffix(es)	600

MA Rate	$25.21
PD Rate	$214.50
MAPD Rate	$239.71

Your signature below serves as approval for the implementation of the rates and Medicare Advantage PPO benefit plan as shown in this document.

Group Representative(s):	BCBSM Representative(s):
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

Medicare Advantage Plan

GROUP BENEFIT and RATE SUMMARY

Bay Arenac Behavioral Health

January 01, 2027 to December 31, 2027

(12 Months)

Passive | MAPD | Option 0 | 7000246-10

Medicare PLUS Blue℠ PPO

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Bay Arenac Behavioral Health

Alternate Quote 2

2027 MAPD PPO

Quote Date	8/7/2026
Coverage Effective Date	1/1/2027
Coverage End Date	12/31/2027
Coverage Length (Months)	12
Plan Type	MAPD
Estimated Membership	76
Option Number	0
Option Description	Alternate Quote 2 Option 0
NASCO Group Number	7000246
NASCO Division	10
Group Number(s)	19852
Group Suffix(es)	600

MEDICARE ADVANTAGE GROUP RATES	
2027 Medical (MA) Rate PMPM	**$114.53**
2027 Pharmacy (PD) Rate PMPM	**$194.40**
2027 Total MAPD Rate PMPM	**$308.93**

Notes and Conditions

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3) The premiums shown above include MA (medical services) and PDP (pharmacy services). Other lines of coverage, such as dental and vision, are not included. Please refer to Benefits-At-A-Glance for more detailed description of benefits.

4) BCBSM reserves the right to modify the renewal rates if there are changes to the:
- benefit design included in the renewal,
- effective date,
- covered population (+/- 10%),
- subsequent CMS funding levels,
- regulatory changes,
or if any of the above conditions are not met.

5) Rate calculations were made based upon CMS funding projections known at this time. If significant changes are made to funding levels, BCBSM reserves the right to alter the rates appropriately.

6) Mid-year medical or pharmacy changes to plan design must follow CMS guidance.

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Medicare PLUS Blue℠ PPO

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Bay Arenac Behavioral Health

Alternate Quote 2

2027 MAPD PPO

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Coverage Length (Months)	12
Plan Type	MAPD
Estimated Membership	76
Option Number	0
Option Description	Alternate Quote 2 Option 0
NASCO Group Number	7000246
NASCO Division	10
Group Number(s)	19852
Group Suffix(es)	600

Medicare Advantage Medical / Surgical Group Benefits and Services	**Schedule B**
PPO Benefit Structure (Active / Passive)	**PASSIVE** (Out-of-Network Cost-Shares are the Same as In-Network)
Member Out-of-Pocket Cost-Sharing Options	Deductibles, Coinsurances, and Copays
Combined Out-of-Pocket Maximum	$1,000
Single Deductible	$0
Coinsurance	0%
	In- and Out-of-Network Cost-Shares
> Core Benefits	
Inpatient Facility Services	No member cost-share
Outpatient Facility Services	No member cost-share
> Physician / Practitioner Benefits	
Office Visits and Consultations	$10
Telehealth (Online) Visits	$10
Chiropractic Services	$10
Specialist Services	$20
Psychiatric and Psychotherapy Services	$10
Facility Evaluation and Management Services	No member cost-share
Other Physician Services	No member cost-share
Surgical Services	No member cost-share
> Emergency / Other Benefits	
Urgent Care	$15
Emergency Department / Emergency Room Care	$50
Ambulance Services	No Member Cost-Share
DME, P & O, and Supplies	No member cost-share
Preventive Services	No member cost-share

Medicare PLUS Blue℠ PPO

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Bay Arenac Behavioral Health

Alternate Quote 2

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Plan Type	MAPD
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Option Number	0
Option Description	Alternate Quote 2 Option 0
NASCO Group Number	7000246
NASCO Division	10
Group Number(s)	19852
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Additional Medicare Advantage Group Benefits		**Schedule B, continued**
Foreign Travel (removes Emergency Room and Urgent Care restrictions)	Included	Cost-Share Same as if Services were provided in the U.S.
Human Organ Transplant (removes lifetime maximum for non-Medicare-covered organs per organ type)	Included	Cost-Share Same as Surgical Services above
Removal of Medicare Caps for Therapy Services (associated with Physical Therapy, Speech-Language Pathology, and Occupational Therapy)	Included	Cost-Share same as Other Physician Services above
Silver Sneakers Fitness Program	Included	No Member Cost-Share for these Services
Skilled Nursing Facility (Unlimited Days)	Included	Cost-Share same as Inpatient Facility Services above
Travel and Lodging (associated with Human Organ Transplant benefits)	Included	Covered up to $10,000 (must be 100+ miles from home)

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NASCO Division	10
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Medicare Advantage Group Pharmacy Benefits		**Schedule B, continued**
Formulary	Healthy Value Enhanced Formulary	
Prior Authorization/Step Therapy/Clinical Edits	Yes	
Pharmacy Deductible	$0	
	Preferred Cost-Shares	**Standard Cost-Shares**
Tier 1 (Preferred Generic)	$5	$10
32-100 Day Supply Mail Order Copay Multiplier	2.0	2.0
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	
Tier 2 (Generic)	$5	$10
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	
Tier 3 (Preferred Brand)	$15	$20
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	
Tier 4 (Non-Preferred Drug)	$35	$40
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	
Tier 5 (Specialty)	$75	$80
32-90 Day Supply Mail Order Copay Multiplier	Not Applicable - Tier 5 Unavailable for 32-90 Day Mail Order	
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	

Medicare PLUS Blue℠ PPO

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

2027 BCBSM Medicare Advantage PPO Group Contract (Schedule A)

Group Name	Bay Arenac Behavioral Health
Option Number	46388
Option Description	-
Contract Effective Date	1/1/2027
Contract End Date	12/31/2027
Funding Type	Fully-Insured
NASCO Group Number	7000246
NASCO Division	10
MA Group Number(s)	19852
MA Group Suffix(es)	600

MA Rate	$114.53
PD Rate	$194.40
MAPD Rate	$308.93

Your signature below serves as approval for the implementation of the rates and Medicare Advantage PPO benefit plan as shown in this document.

Group Representative(s):	BCBSM Representative(s):
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

Medicare Advantage Plan

GROUP BENEFIT and RATE SUMMARY

Bay Arenac Behavioral Health

January 01, 2027 to December 31, 2027

(12 Months)

Passive | MAPD | Option 0 | 7000246-10

Medicare PLUS Blue℠ PPO

Blue Cross Blue Shield of Michigan

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Bay Arenac Behavioral Health

Alternate Quote 1

2027 MAPD PPO

Quote Date	8/7/2026
Coverage Effective Date	1/1/2027
Coverage End Date	12/31/2027
Coverage Length (Months)	12
Plan Type	MAPD
Estimated Membership	76
Option Number	0
Option Description	Alternate Quote 1 Option 0
NASCO Group Number	7000246
NASCO Division	1/10/1900
Group Number(s)	19852
Group Suffix(es)	600

MEDICARE ADVANTAGE GROUP RATES	
2027 Medical (MA) Rate PMPM	**$62.80**
2027 Pharmacy (PD) Rate PMPM	**$214.50**
2027 Total MAPD Rate PMPM	**$277.30**

Notes and Conditions

1) The renewal rates are effective from January 1, 2027 through December 31, 2027, for 12 months. Rates are quoted per member, per month (pmpm).

2) The above premiums include BCBSM's estimates of applicable Federal and State fees and assessments. BCBSM's estimates are subject to change. BCBSM will not reconcile or settle any amounts collected with actual amounts owed for such Federal and State fees and assessments.

3) The premiums shown above include MA (medical services) and PDP (pharmacy services). Other lines of coverage, such as dental and vision, are not included. Please refer to Benefits-At-A-Glance for more detailed description of benefits.

4) BCBSM reserves the right to modify the renewal rates if there are changes to the:
- benefit design included in the renewal,
- effective date,
- covered population (+/- 10%),
- subsequent CMS funding levels,
- regulatory changes,
or if any of the above conditions are not met.

5) Rate calculations were made based upon CMS funding projections known at this time. If significant changes are made to funding levels, BCBSM reserves the right to alter the rates appropriately.

6) Mid-year medical or pharmacy changes to plan design must follow CMS guidance.

7) To meet the expected implementation date of January 1, 2027 this Benefit Rate Schedule must be signed by the customer and returned to BCBSM by September 25, 2026.

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Bay Arenac Behavioral Health

Alternate Quote 1

2027 MAPD PPO

Quote Date	8/7/2026
Coverage Effective Date	1/1/2027
Coverage End Date	12/31/2027
Coverage Length (Months)	12
Plan Type	MAPD
Estimated Membership	76
Option Number	0
Option Description	Alternate Quote 1 Option 0
NASCO Group Number	7000246
NASCO Division	1/10/1900
Group Number(s)	19852
Group Suffix(es)	600

Medicare Advantage Medical / Surgical Group Benefits and Services	**Schedule B**
PPO Benefit Structure (Active / Passive)	**PASSIVE** (Out-of-Network Cost-Shares are the Same as In-Network)
Member Out-of-Pocket Cost-Sharing Options	Deductibles, Coinsurances, and Copays
Combined Out-of-Pocket Maximum	$1,500
Single Deductible	$500
Coinsurance	0%
	In- and Out-of-Network Cost-Shares
> Core Benefits	
Inpatient Facility Services	Ded,Coins,OOPM Will Apply
Outpatient Facility Services	Ded,Coins,OOPM Will Apply
> Physician / Practitioner Benefits	
Office Visits and Consultations	$10
Telehealth (Online) Visits	$10
Chiropractic Services	$10
Specialist Services	$15
Psychiatric and Psychotherapy Services	$10
Facility Evaluation and Management Services	Ded,Coins,OOPM Will Apply
Other Physician Services	Ded,Coins,OOPM Will Apply
Surgical Services	Ded,Coins,OOPM Will Apply
> Emergency / Other Benefits	
Urgent Care	$15
Emergency Department / Emergency Room Care	$50
Ambulance Services	Ded,Coins,OOPM Will Apply
DME, P & O, and Supplies	No member cost-share
Preventive Services	No member cost-share

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Bay Arenac Behavioral Health

Alternate Quote 1

2027 MAPD PPO

Quote Date	8/7/2026
Coverage Effective Date	1/1/2027
Coverage End Date	12/31/2027
Coverage Length (Months)	12
Plan Type	MAPD
Estimated Membership	76
Option Number	0
Option Description	Alternate Quote 1 Option 0
NASCO Group Number	7000246
NASCO Division	1/10/1900
Group Number(s)	19852
Group Suffix(es)	600

Additional Medicare Advantage Group Benefits		**Schedule B, continued**
Foreign Travel (removes Emergency Room and Urgent Care restrictions)	Included	Cost-Share Same as if Services were provided in the U.S.
Human Organ Transplant (removes lifetime maximum for non-Medicare-covered organs per organ type)	Included	Cost-Share Same as Surgical Services above
Removal of Medicare Caps for Therapy Services (associated with Physical Therapy, Speech-Language Pathology, and Occupational Therapy)	Included	Cost-Share same as Other Physician Services above
Silver Sneakers Fitness Program	Included	No Member Cost-Share for these Services
Skilled Nursing Facility (Unlimited Days)	Included	Cost-Share same as Inpatient Facility Services above
Travel and Lodging (associated with Human Organ Transplant benefits)	Included	Covered up to $10,000 (must be 100+ miles from home)

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Bay Arenac Behavioral Health

Alternate Quote 1

2027 MAPD PPO

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Coverage End Date	12/31/2027
Coverage Length (Months)	12
Plan Type	MAPD
Estimated Membership	76
Option Number	0
Option Description	Alternate Quote 1 Option 0
NASCO Group Number	7000246
NASCO Division	1/10/1900
Group Number(s)	19852
Group Suffix(es)	600

Medicare Advantage Group Pharmacy Benefits		**Schedule B, continued**
Formulary	Comprehensive Enhanced Formulary	
Prior Authorization/Step Therapy/Clinical Edits	Yes	
Pharmacy Deductible	$0	
	Preferred Cost-Shares	**Standard Cost-Shares**
Tier 1 (Preferred Generic)	$0	$0
32-100 Day Supply Mail Order Copay Multiplier	2.0	2.0
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	
Tier 2 (Generic)	$5	$10
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	
Tier 3 (Preferred Brand)	$35	$40
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	
Tier 4 (Non-Preferred Drug)	$65	$70
32-90 Day Supply Mail Order Copay Multiplier	2.0	2.0
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	
Tier 5 (Specialty)	$65	$70
32-90 Day Supply Mail Order Copay Multiplier	Not Applicable - Tier 5 Unavailable for 32-90 Day Mail Order	
32-90 Day Supply Retail Order Copay Multiplier	Not Applicable - Tier 5 Unavailable for 32-90 Day Retail Order	
Minimum / Maximum Charge per Claim	Minimum: N/A / Maximum: N/A	

Medicare PLUS Blue℠ PPO

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2027 BCBSM Medicare Advantage PPO Group Contract (Schedule A)

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Option Description	-
Contract Effective Date	1/1/2027
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NASCO Division	10
MA Group Number(s)	19852
MA Group Suffix(es)	600

MA Rate	$62.80
PD Rate	$214.50
MAPD Rate	$277.30

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Group Representative(s):	BCBSM Representative(s):
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

Summary of benefits

This booklet gives you a summary of the benefits you can expect when you choose a **Priority**Medicare® Employer plan.

PriorityMedicare® (Employer PPO)

Bay Arenac Behavioral Health

January 1, 2027 – December 31, 2027

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.

Overview of In-Network Benefits

Plan premium, deductible, part B rebate and maximum out-of-pocket (MOOP)	
Monthly plan premium (Part C and D premium combined)	Contact your benefits administrator
Part B rebate	Not applicable
Deductible	$1,000
Maximum out-of-pocket responsibility (MOOP)	$1,500

Medical and hospital benefits	
	Your in-network costs
Inpatient Hospital (unlimited number of days covered by plan)	$0 copay
Outpatient Hospital	$0 copay
Ambulatory surgical center (ASC)	$0 copay

Primary Care provider (PCP), specialist, virtual and palliative care visits	
	Your in-network costs
PCP	$10 copay*
Specialist	$15 copay*
Virtual visits	$0 copay*
Palliative care visit	$0 copay*

Prior authorization may apply for some benefits. Contract the plan for more information.
*Deductible does not apply

Preventive services	
Preventative services covered but not limited to:	Your in-network costs - $0 copay for benefits listed below*
• Abdominal Aortic Aneurysm Screening • Annual preventative physical exam - (Free to talk and anytime within the calendar year) • Annual wellness visit (Free to talk and anytime within the calendar year) • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training	• Hepatitis C screening • HIV screening • Immunizations • Medical nutrition therapy • Medicare diabetes prevention program • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with dose computed tomography • Screenings for sexually transmitted infections • Smoking and tobacco use cessation • Glaucoma screening • Annual diabetic retinopathy screening • Welcome to Medicare preventative visit

Emergency and urgent care	
	Your in- and out-of-network costs
Emergency care	$50 copay*
Urgently needed services	$15 copay*

Prior authorization may apply for some benefits. Contract the plan for more information.
*Deductible does not apply

Diagnostic services, x-rays, labs	
	Your in-network costs
Labs	$0 copay
Anticoagulant labs	$0 copay*
Outpatient diagnostic tests/procedures	$0 copay
Diagnostic radiology	$0 copay
X-rays	$0 copay

Hearing services	
	Your in-network costs
Diagnostic exam	$15 copay*
Routine exam	Not covered
Hearing aids	Not covered

Dental services	
	Your in-network costs
Dental services	Medicare-covered: $10 copay* with PCP $15 copay* with specialist $0 copay at outpatient hospital or ambulatory surgical center Non-Medicare covered: Not covered

Prior authorization may apply for some benefits. Contract the plan for more information.
*Deductible does not apply

Vision services	
	Your in-network costs
Diagnostic exam	$15 copay*
Routine exam	Not covered
Eyewear allowance	$0 copay* for Medicare-covered eyewear following cataract surgery.

Mental health services	
	Your in-network costs
Inpatient mental health	$0 copay
Outpatient mental health (individual or group)	$10 copay*
Outpatient substance abuse (individual or group)	$10 copay*

Skilled Nursing Facility (SNF)	
	Your in-network costs
Skilled Nursing Facility (SNF)	$0 copay

Rehabilitation services	
	Your in-network costs
Outpatient rehabilitation services (Physical, Occupational and Speech therapy)	$0 copay

Prior authorization may apply for some benefits. Contract the plan for more information.
*Deductible does not apply

Ambulance services	
	Your in- and out-of-network costs
Ambulance services covered by Original Medicare	$0 copay
Ambulance stabilization when there is no transport	$0 copay

Transportation	
	Your in-network costs
Transportation	Not covered

Part B drugs	
	Your in-network costs
Chemotherapy drugs	$0 copay*
Part B drugs Obtained in a provider's office or outpatient setting	$0 copay*
Part B drugs Obtained in a pharmacy or by mail order service	$0 copay*
Part B Insulin	$0 copay*

Prior authorization may apply for some benefits. Contract the plan for more information.
*Deductible does not apply

Part D prescription drug benefits

Prescription drug deductible: $0

Preferred retail pharmacy		
	30-day	90-day
Tier 1 (Preferred generic)	$0 copay	$0 copay
Tier 2 (Generic)	$5 copay	$15 copay
Tier 3 (Preferred brand)	$35 copay	$105 copay
Tier 4 (Non-preferred-brand drug)	$65 copay	$195 copay
Tier 5 (Specialty)	$65 copay	Not offered

Standard retail pharmacy		
	30-day	90-day
Tier 1 (Preferred generic)	$0 copay	$0 copay
Tier 2 (Generic)	$10 copay	$30 copay
Tier 3 (Preferred brand)	$40 copay	$120 copay
Tier 4 (Non-preferred-brand drug)	$70 copay	$210 copay
Tier 5 (Specialty)	$70 copay	Not offered

Prior authorization may apply for some benefits. Contract the plan for more information.
*Deductible does not apply

Mail order		
	30-day	90-day
Tier 1 (Preferred generic)	$0 copay	$0 copay
Tier 2 (Generic)	$5 copay	$10 copay
Tier 3 (Preferred brand)	$35 copay	$70 copay
Tier 4 (Non-preferred-brand drug)	$65 copay	$130 copay
Tier 5 (Specialty)	$65 copay	Not offered

As an employer sponsored plan beneficiary, you will continue to pay the copays listed above until you reach your $2,400 out of pocket maximum for prescription drug coverage. Once the maximum amount is met, you will pay $0 and the plan will pay 100% of your out-of-pocket Medicare prescription drug costs.

We offer additional coverage of some prescription drugs (enhanced drug coverage) not normally covered in a Medicare prescription drug plan. These drugs are noted with “ED” for “Excluded Drug” on our Formulary or Drug List and any limitations are indicated there as well. The amount you pay for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Prior authorization may apply for some benefits. Contract the plan for more information.
*Deductible does not apply

Additional benefits covered under your plan	
	Your in-network costs
Fitness	$0 copay* One Pass® fitness membership and well-being network that provides access to an extensive network of gym locations and online workout classes. CogniFit® helps seniors with their mental, social and physical well-being.
Travel assistance	$0 copay* Worldwide travel assistance through Assist America® when more than 100 miles from home.

Contact us

If you have questions, call one of our Priority Health Medicare experts from 8 a.m. to 8 p.m., seven days a week (TTY users call 711). Call 888.389.6648, option #3.

Email us any time. Visit **prioritymedicare.com** and click on **Contact Us** to send a secure email.

Please note that this is just a summary of the plans' benefits; it does not list every service we cover or list every limitation or exclusion. To get a complete list of services we cover including any limitations or exclusions, review the Evidence of Coverage document or call our customer service team at 888.389.6648, option 3 (TTY users should call 711). Another resource available to you when researching your Medicare options is the ***Medicare & You*** handbook. View it online at ***medicare.gov*** or get a copy by calling 800.MEDICARE (800.633.4227), 24 hours a day, seven days a week (TTY users should call 877.486.2048).

Priority Health™

Out-of-network/non-contracted providers are under no obligation to treat Priority Health members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

HUMANA MEDICARE EMPLOYER LPPO PLAN

2027 LPPO for Standard Plan 079 Option 826 - Passive

Annual Maximum Out-of-Pocket	• **In-Network: $1,000 per individual per plan year (excludes Part D Pharmacy, Acupuncture Services (Routine), Chiropractic Services (Routine), Compression Stockings, Hearing Services (Routine), Personal Emergency Response System, Podiatry Services (Routine), Vision Services (Routine), Wigs (Medically Necessary), Extra Services and the Plan Premium).**		
	• **Combined In and Out-of-Network: $1,000 per individual per plan year (excludes Part D Pharmacy, Acupuncture Services (Routine), Chiropractic Services (Routine), Compression Stockings, Hearing Services (Routine), Personal Emergency Response System, Podiatry Services (Routine), Vision Services (Routine), Wigs (Medically Necessary), Extra Services, Worldwide Coverage and the Plan Premium).**		
Annual Deductible	• **Combined In and Out-of-Network: NONE**		
	• **Combined In-Network Exclusions: N/A**		
	• **Combined Out-of-Network Exclusions: N/A**		
Place of Treatment	**Benefit**	**Network Coverage Plan Pays (1):**	**Non-Network Coverage Plan Pays (1):**
Primary Care Physician	• Office Visit	100% after $10 copayment	100% after $10 copayment
	• Diagnostic Procedures and Tests	100%	100%
	• Lab Services	100%	100%
	• Surgical Procedures	100%	100%
	• Allergy Shots and Injections	100% after $10 copayment	100% after $10 copayment
	• Mental Health/Substance Abuse Services	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%
Specialist	• Office Visit	100% after $20 copayment	100% after $20 copayment
	• Advanced Imaging Services	100%	100%
	• Diagnostic Procedures and Tests	100%	100%
	• Lab Services	100%	100%
	• Surgical Procedures	100%	100%
	• Diagnostic Colonoscopy	100% after $20 copayment	100% after $20 copayment
	• Podiatry Services (Medicare-covered)	100%	100%
	• Chiropractic Services (Medicare-covered)	100% after $20 copayment	100% after $20 copayment
	• Cardiac Therapy	100%	100%
	• Supervised Exercise Therapy (SET) Symptomatic Peripheral Artery Disease (PAD) Services	100%	100%
	• Pulmonary Therapy	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%
	• Radiation Therapy	100%	100%
	• Allergy Shots and Injections	100% after $20 copayment	100% after $20 copayment
	• Mental Health/Substance Abuse Services	100%	100%
	• Opioid Treatment Services	100%	100%
	• Administration of Drugs in a Physician's Office	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%
	• Chemotherapy Drugs	100%	100%
	• Dental Services (Medicare-covered)	100% after $20 copayment	100% after $20 copayment
	• Hearing Services (Medicare-covered)	100% after $20 copayment	100% after $20 copayment
	• Vision Services (Medicare-covered)	100% after $20 copayment	100% after $20 copayment
	• Eyewear for Post-Cataract Surgery	100% •For eyeglasses and contacts following cataract surgery.	100% •For eyeglasses and contacts following cataract surgery.
	• Diabetic Eye Exam	100%	100%
	• Acupuncture Services (Medicare-covered) - CLB323 - Your plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.	•100% after $20 copayment for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	•100% after $20 copayment for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Preventive Services	• Abdominal Aortic Aneurysm Screening • Alcohol Misuse Screening and Counseling • Annual Wellness Visit • Bone Mass Measurement • Breast Cancer Screening • Cardiovascular Disease Behavioral Therapy • Cardiovascular Disease Screening • Cervical and Vaginal Cancer Screening • Colorectal Cancer Screening • Depression Screening • Diabetes Screening • Diabetes Self-Management Training • Glaucoma Screening • Hepatitis C Screening • HIV Screening • Immunizations • Kidney Disease Education Services • Lung Cancer Screening • Medicare Diabetes Prevention Program (MDPP) • Medical Nutrition Therapy • Obesity Screening and Therapy • Physical Exams (Routine)	100%	100%

	• Prostate Cancer Screening Exam • Smoking and Tobacco Use Cessation • STI Screening and Counseling • "Welcome to Medicare" Preventive Visit	100%	100%
Inpatient Hospital Services	• Inpatient Care (All Authorized Admissions)	100% per admission	100% per admission
	• Inpatient Physician Services	100%	100%
	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% per admission	100% per admission
Inpatient Psychiatric Facility	• Inpatient Mental Health Care/Substance Abuse Services (All Authorized Admissions)	100% per admission •190 day lifetime limit in a psychiatric facility.	100% per admission •190 day lifetime limit in a psychiatric facility.
	• Inpatient Mental Health/Substance Abuse Physician Services	100%	100%
Outpatient Hospital	• Surgical Services	100%	100%
	• Diagnostic Colonoscopy	100%	100%
	• Advanced Imaging Services	100%	100%
	• Nuclear Medicine Services	100%	100%
	• Diagnostic Procedures and Tests	100%	100%
	• Lab Services	100%	100%
	• Radiation Therapy	100%	100%
	• Cardiac Therapy	100%	100%
	• Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services	100%	100%
	• Pulmonary Therapy	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%
	• Chemotherapy Drugs	100%	100%
	• Renal Dialysis Services	100%	100%
	• Mental Health/Substance Abuse Services	100%	100%
	• Partial Hospitalization	100%	100%
	• Intensive Outpatient Services	100%	100%
	• Opioid Treatment Services	100%	100%
	• Other Medicare Part B Drugs	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%
	• Observation Services	100%	100%
	• Outpatient Physician Services	100%	100%
Skilled Nursing Facility (SNF)	• SNF Care (no 3 day hospital stay is required)	100% per day (days 1-100) •Plan pays $0 after 100 days.	100% per day (days 1-100) •Plan pays $0 after 100 days.
	• SNF Physician Services	100%	100%
Urgent Care Center	• Urgently Needed Care	100%	100%
	• Lab Services	100%	100%
Emergency Room	• Emergency Services **(2)**	100%	100%
	• Emergency Room Physician Services	100%	100%
Ambulance	• Ambulance Services	100% per date of service •Limited to Medicare-covered transportation.	100% per date of service •Limited to Medicare-covered transportation.
Travel Benefit	• US Travel Benefit	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area.	N/A
Worldwide Coverage	• Emergency Services and Urgently Needed Care Only	N/A	100% after $100 annual deductible. Unlimited maximum benefit per year or 60 consecutive days, whichever is reached first. Limited to emergency Medicare-covered services.
Comprehensive Outpatient Rehabilitation Facility	• Pulmonary Therapy	100%	100%
	• Therapies (Occupational, Physical, Audiology, and Speech)	100%	100%
Freestanding Radiological Facility	• Advanced Imaging Services	100%	100%
	• Nuclear Medicine Services	100%	100%
	• Diagnostic Procedures and Tests	100%	100%
	• Radiation Therapy	100%	100%
Ambulatory Surgical Center	• Surgical Procedures	100%	100%
	• Diagnostic Colonoscopy	100%	100%
Freestanding Laboratory	• Lab Services	100%	100%
Dialysis Center	• Renal Dialysis Services	100%	100%
Home Health	• Home Health Care	100% •Excludes Personal Home Care.	100% •Excludes Personal Home Care.
DME Provider	• Durable Medical Equipment	100%	100%
	• Diabetic Monitoring Supplies	100%	100%
	• Continuous Glucose Monitor	100%	100%
Medical Supply Provider	• Medical Supplies	100%	100%
Preferred Diabetic Supplier	• Diabetic Monitoring Supplies	100%	N/A
Preferred Pharmacy	• Continuous Glucose Monitor	100%	N/A
Prosthetics Provider	• Prosthetics	100%	100%

Pharmacy (Part B Only)	• Durable Medical Equipment	100%	100%
	• Medical Supplies	100%	100%
	• Diabetic Monitoring Supplies	100%	100%
	• Continuous Glucose Monitor	100%	100%
	• Other Medicare Part B Drugs	100%	100%
	• Medicare Part B Insulin Drugs	100%	100%
Additional Telehealth Services	• Primary Care Physician - Virtual Visit	100%	N/A
	• Specialist - Virtual Visit	100% after $20 copayment	N/A
	• Behavioral Health and Substance Abuse - Virtual Visit	100%	N/A
	• Urgently Needed Care - Virtual Visit	100%	N/A
Other Benefits	• Acupuncture Services (Routine) - ACU067	• 100% after $20 copayment for acupuncture visits up to unlimited combined in and out of network per year.	• 100% after $20 copayment for acupuncture visits up to unlimited combined in and out of network per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
	• Chiropractic Services (Routine) - CHR121	• 100% after $20 copayment for routine chiropractic visits up to unlimited combined in and out of network visit(s) per year.	•100% after $20 copayment for routine chiropractic visits up to unlimited combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
	• Compression Stockings - COS003	•100% for compression stockings up to 4 pair(s) per year.	•100% for compression stockings up to 4 pair(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
	• Hearing Services (Routine) - HER314	•100% for routine hearing exams up to 1 per year (includes hearing aid fitting). •100% for follow-up provider visits up to 3 per year. •$1,000 maximum benefit coverage amount for hearing aid(s) (all types) up to 2 every 3 years. •Note: Includes 3 years of batteries per non-rechargeable aid (up to 60 cells per ear, per year and 3 year warranty). •Three follow-up provider visits during first year following hearing aid purchase, with the original provider.	N/A
	• Personal Emergency Response System - LIF021 Lifeline	•100% for On the Go Mobile or Mobility personal help buttons which functions both in and out of the home and offers 24 hour remote monitoring, fall detection, up to 5 days of battery life, location services, and wandering tracking.	N/A
	• Podiatry Services (Routine) - POD117	•100% for $20 copayment for routine podiatry visits up to 6 combined in and out of network visit(s) per year.	•100% for $20 copayment for routine podiatry visits up to 6 combined in and out of network visit(s) per year. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
	• Vision Services (Routine) - VIS207 EyeMed	•100% for routine exam (includes refraction) up to 1 per year. •$150 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).	•100% for routine exam (includes refraction) up to 1 per year. •$175 combined maximum benefit coverage amount per year for routine exam (includes refraction). •$150 combined maximum benefit coverage amount per year for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames). •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
	• Wigs (Medically Necessary) - WIG018	•100% for medically necessary wigs. •$300 combined in and out of network maximum benefit coverage amount per year for medically necessary wigs.	•100% for medically necessary wigs. •$300 combined in and out of network maximum benefit coverage amount per year for medically necessary wigs. •Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor.		
Extra Benefits (MSB)	• SilverSneakers®	Access to fitness locations across the country that may include weights and machines plus group exercise classes led by trained instructors at select locations.
	• Wellness Coaching	Wellness Coaching for health improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.
	• Smoking Cessation (Additional)	Wellness Coaching program that provides one-on-one ongoing comprehensive tobacco and vaping cessation support to assist in quitting smoking.
	• Post-Discharge Meal Program	After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are eligible for nutritious meals delivered to their door at no cost.
	• Post-Discharge Transportation Services	After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are provided transportation to plan approved locations by rideshare services, car, van or wheelchair accessible vehicle at no cost.
	• Post-Discharge Personal Home Care	After a member's overnight inpatient stay in a hospital or skilled nursing facility, members may receive assistance performing activities of daily living (ADLs) within the home and Instrumental Activities of Daily living related to personal care. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.
	• Virtual Cardiac Recovery Program (Uniformity Flexibility)	Uniform Flexibility Virtual Cardiac Recovery provides cardiac recovery services thorugh telehealth. Eligible members participate remotely while being supervised virtually by a physician or other qualified health care professional.
	• Transportation (Uniformity Flexibility)	Uniform Flexibility Non-Emergency transportation offers unlimited one-way trips to health-related, plan-approved locations per calendar year for members who are diagnosed with Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer.
Care Management	• **Clinical Programs/Disease Management (3)** *- Humana's Care Management* *- Behavioral Healthcare Coordination and Consultation* *- Medication Therapy Management* *- Health Coaching* *- Transplant Management*	Health education and clinical programs that provide support to members and caregivers to optimize health outcomes.

(1) All coinsurance percentages are based on the Medicare fee schedule and not billed charges. All copayments are on a 'per visit' basis, unless otherwise noted.
(2) Emergency room copayment waived if admitted or if hospital is outside the U.S.
(3) We have provided examples of various Health Education and clinical programs. Actual programs may vary by market.

Go365® by Humana is included in this plan
A wellness program that rewards Medicare beneficiaries for completing eligible healthy activities that help your members establish and maintain a healthy lifestyle. As your members achieve manageable health goals, Go365 keeps them engaged and motivated by acknowledging their efforts. By completing healthy activities like walking, getting an Annual Wellness Exam, or volunteering, your members earn rewards they can redeem for gift cards in the Go365 Mall.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. Certain services under the plan require authorization by network providers. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

HUMANA MEDICARE EMPLOYER Rx PLAN

2027 Rx for Standard Rx 127
Group Plus Formulary - PDG 2

30 day Supplies

Plan/ Option	30 day Standard Retail from $0 to Catastrophic (1)				30 day Standard Retail from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	$10	$20	$40	$80	$0	$2,400

Plan/ Option	30 day Standard Mail Order from $0 to Catastrophic (1)				30 day Standard Mail Order from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	$10	$20	$40	$80	$0	$2,400

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.
Note: Plan covered insulin products will not exceed $35 for a one-month supply no matter what cost-sharing tier it's on.

*Tier 1: Generic or Preferred Generic - Generic or brand drugs that are available at the lowest cost share for this plan.
Tier 2: Preferred Brand - Generic or brand drugs that Humana offers at a lower cost than Tier 3 Non-Preferred Drug.
Tier 3: Non-Preferred Drug - Generic or brand drugs that Humana offers at a higher cost than Tier 2 Preferred Brand drugs.
Tier 4: Specialty Tier - Some injectables and other higher-cost drugs.

100 day Supplies

Plan/ Option	100 day Standard Retail (3) from $0 to Catastrophic (1)				100 day Standard Retail (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	$30	$60	$120	N/A	$0	$2,400

Plan/ Option	100 day Standard Mail Order (3) from $0 to Catastrophic (1)				100 day Standard Mail Order (3) from Catastrophic to Unlimited	Part D MOOP (2)
	Tier 1*	Tier 2	Tier 3	Tier 4		
000/000	$0	$40	$80	N/A	$0	$2,400

Note: Part D vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for adults may be available at no cost.

Footnotes

1 Catastrophic: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches $2,400. Humana then pays 100% of covered Part D Rx claims.
2 Part D MOOP: When the member's Part D Maximum Out-of-Pocket (MOOP) cost reaches $2,400, Humana then pays 100% of covered Part D Rx claims.
3 Retail and Mail Order: The benefit for a 100-day supply is limited to Rx formulary Tiers 1-2 and most drugs on Tier 3. Regardless of tier placement, Specialty drugs are limited to a 30-day supply.

Out of Network: Emergency Situations

When a member purchases a drug at an out-of-network pharmacy in an emergency situation:
a. the member will pay the same coinsurance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or,
b. the member will pay the same copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price and the network pharmacy price.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or member cost-share may change each year. Part D benefit parameters, regulated by the Centers for Medicare and Medicaid Services (CMS), can impact Part D benefits on an annual basis. The formulary and pharmacy network may change at any time. The member will receive notice when necessary. Please refer to the Evidence of Coverage for additional information regarding covered services and limitations or any other contractual conditions. For a complete description of benefits, exclusions and limitations please refer to the actual Evidence of Coverage. If a discrepancy arises between this information and the actual Evidence of Coverage, the Evidence of Coverage will prevail in all instances.

Humana is a Medicare Employer Prescription Drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

HUMANA GROUP MEDICARE ADVANTAGE/PRESCRIPTION DRUG PLAN
VALUE ADDED SERVICES

Effective Date: 01/01/2027 - 12/31/2027

The benefit and discount information presented here are current as of the date of this document. If a change should occur prior to implementation, Humana will clarify any change and notify the group sponsor. The products and services described below are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services should be addressed with Customer Care by calling the number on the back of the member's Humana membership card. CMS does not permit discussing the below services with potential enrollees prior to enrollment.

	Benefit	Description
Extra Services (VAIS)	• CAM Integrative Services Discount (Tivity) - Not available in Puerto Rico	Discounts for complementary and alternative medicine services including acupuncture, chiropractic, massage, vitamins, healthy meal plans, footwear and more. Services must be received from participating designated providers.
	• Dental Discount (Florida GoldPlus) - Available in Florida only	Discounts on dental services. Services must be received from participating dental providers.
	• Dental Discount (HumanaDental) - Not available in Florida or Puerto Rico	Discounts on dental services. Services must be received from participating dental providers.
	• Hearing Discount (TruHearing) - Not available in Puerto Rico	Discounts on select hearing aids. Services must be received at participating hearing centers.
	• Personal Emergency Response System (Lifeline®Medical Alert Systems)	Discounts on select medical alert systems, medication dispensers and emergency response smartwatch.
	• Meal Delivery Discount (Mom's Meals)	Discounts on home delivered meals to help support nutritional needs.
	• Bill Management Service (Silver Bills)	Discount on monthly bill management services.
	• Dental Health (Truthbrush)	Discounts on toothbrush tracking devices that monitors dental habits and performance through the use of an app.
	• Vision Discount (EyeMed)	Discounts from participating providers on routine vision services such as: Exam, contact lens fitting and follow-up, lenses, frames and laser vision correction.
	• Travel Discount (International Medical Group)	Discounts on medical services and evacuation protection when travelling outside of the U.S.
	• Pet Telehealth (Petzey)	Discounts on unlimited pet telehealth visits.
	• Laundry Service Discount (Poplin)	Discounts on select laundry services.
	• Total Wellbeing Discount (SWORKIT)	Discount on virtual wellbeing program.
	• Prescription Medication Discount	Discount on select non-covered prescription drugs received from a network pharmacy (Quantity limits may apply).

Humana is a Medicare Employer plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

Bay-Arenac Behavioral Health

August 20, 2026

Todd Miller
Sales Executive,
Group Medicare
C 248-894-6436
E tmiller17@humana.com

Tara Guerrero
AHIC, VBS, GBA
Account Executive
Brown & Brown Insurance Services, Inc.

Dear Tara:

Below are the differences from the Humana Individual Product and the Humana Group Product Delivery.

Network

- **In Michigan:** Humana's network in Michigan is robust. Our Medicare Advantage PPO network has over 40,000 contracted providers, including more than 8,000 PCPs, Pediatricians, and Obstetricians; nearly 11,000 specialists; 98 hospitals and over 21,000 other contracted providers. Our Michigan network includes major network providers including:

Trinity Health

UNIVERSITY OF MICHIGAN HEALTH
MICHIGAN MEDICINE

Corewell Health

- **The Passive design:** Allows members to go IN and OUT of Network with no change in member cost share and out of pocket costs. All Out of Network benefits match the In Network benefits.
- **Strength:** Humana has a robust PPO provider network in Michigan and established relationships with the provider community. Our Medicare Advantage network matches with Group's members nationwide.
- Humana's Group Clinical and Management teams are fully staffed and locally based in Michigan and across the country. Retirees who live in both urban and rural areas of the U.S. can access services. These factors should help ensure a smooth, successful transition for Group and their retirees.
- **Value-based care:** Approximately 71% of our members nationally see a healthcare provider who has a value-based care agreement with Humana. Humana is a market leader in value-based care.
- **National network:** Humana's national network includes all 50 states, Puerto Rico and the American Virgin Islands. Further, the passive plan design offered to the Group will ensure minimal to no disruption to your members nationally. Regarding Humana provider acceptance, acceptance in Michigan is one of the strongest in the industry.

Humana Group Medicare serves more than 765,000 Medicare members nationally in our Group Medicare Advantage plans nationally. We serve over 660 Group Medicare Advantage clients have an average contract length greater than nine years and a more than 95% member retention rate. This longevity suggests that Humana's Group MA plans will provide the Group with a long-term, sustainable Medicare Advantage solution. Humana has over 175 current groups in Michigan.

Our expansive Group Medicare Advantage PPO network includes over 1,000,000 providers and 3,100 hospitals across the United States. Our PDP service areas cover the entire United States. In addition, our proposed **Group Plus Formulary** covers almost all (99.5%) Medicare-approved drugs – an attractive option offered exclusively to our Group plan sponsors. Our network currently has over 61,000 retail pharmacies, including every major national and regional chain, as well as over 22,000 independent local pharmacies, giving most members immediate or reasonable access to multiple pharmacy locations.

Providing Medicare Advantage services is our core business. Simply put, it is what we do best.
Humana's programs and services are geared specifically for the senior population, an important feature that distinguishes Humana from our competitors. Humana's strength in clinical capabilities drives real results by improving retiree health and our strategy for managing senior healthcare to serve members in a holistic and coordinated manner. As a result of these efforts, Humana has proudly received numerous industry accolades for the way we care for our members—through a synchronized suite of health management programs to address our members' spectrum of health needs.

Our commitment to Bay-Arenac Behavioral Health and their retirees

At Humana Group Medicare, we go beyond providing health insurance. We're a trusted partner in helping support retirees with the care, service, and stability they deserve.

Exceptional customer service
A dedicated team that understands the Group's needs and is ready to support them and their retirees.

Seamless access to care
A broad network of providers and benefits designed to make quality healthcare easy to use.

Financial stability
Predictable costs and long-term security for Group.

Humana's Group Medicare Overview Customer Services Differences from the Individual Market

Humana has extensive experience providing Group MA solutions to large public sector customers, evolving with the complex and ever-changing world of Medicare. We have built an operations and service unit totally dedicated to serving the unique needs of our Group Medicare customers. This unit has a track record of successfully implementing and serving a large number of public sector-sponsored health plans.

- **Local presence and membership:** Humana Clinical have nearly 700 employees who call Michigan home, with two office locations and three CenterWell Home Health locations in the state.
- **Humana's Group MA "Custom Care"** (white glove concierge model) service model is our value-driven

approach to serving retirees like family. Each associate is empowered to replicate an “advocacy” style approach by being trusted, compassionate, informed, and proactive with each member interaction.

- Humana offers a designated **account concierge specialist (ACS)** to serve as a single point of contact for escalated member issues.
- **Best-in-class customer service and client relationships.** American Customer Satisfaction Index ranked Humana #1 in Customer Satisfaction in 2024 and Humana achieved an exceptional +69 Net Promoter Score (NPSr) for Group Medicare clients in 2025.

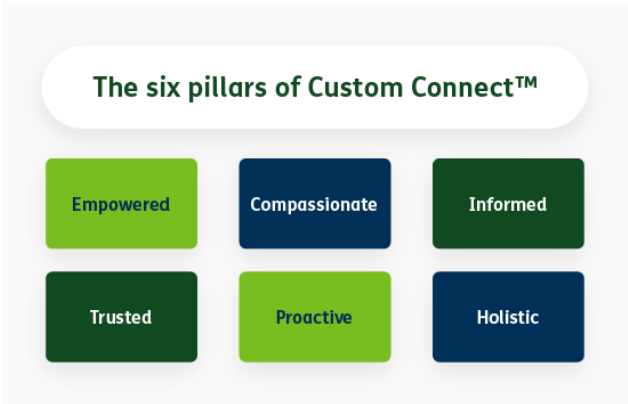
Account management-Differentiator from Individual Market

Humana understands that two critical factors to a successful Medicare Advantage transition are an experienced Account Management team and an implementation strategy that utilizes best practices. A designated Group Medicare account manager and implementation professional will ensure a seamless transition for Group and their retirees. The assigned Account Management team will stay with the Group for the life of their contract. In fact, once Bay-Arenac is fully transitioned, the Humana team will provide timely and accurate reporting, review utilization and network trends, and provide plan recommendations based on the best practices of other similar employers.

Humana’s Group only PlanCompass report will be provided to Bay-Arenac annually. The PlanCompass report evaluates the performance of The Group’s health plan. The broad-spectrum report addresses the overall health services utilization of the plan, integrating information about demographics, wellness and preventive services, clinical health programs, very high-cost claimants, and pharmacy. By evaluating these areas and comparing plan use and performance to market and national benchmarks, or norms, the Group is able to better understand how their members and retirees utilize health services.

Customer service

Our Custom Connect® philosophy centers around making each member feel connected to Humana and helping them achieve their best health. This changes a standard call center atmosphere into an environment filled with personalized advocacy representatives.



We focus first on the unmet needs that matter most to our members, and then align our actions and behaviors to go above and beyond to meet those needs. Ultimately, we deliver a more human experience.

Through our advocacy model, each associate is empowered to deliver a compassionate, informed and proactive experience for our members. Our Group Medicare associates are encouraged to take responsibility for the end-to-end member experience, including making outbound calls when necessary or scheduling a time to follow up with members when needed.

Humana has received significant recognition in the marketplace for this approach, from both our clients and the media. We have achieved a **+69 NPS for Group Medicare clients for 2025,** which is considered exceptional in the health services industry and have been awarded **#1 in customer satisfaction by the American Customer Satisfaction Index (ACSI)** for 2024.

Stars-All Group Medicare plans are 4.5 Star Plans

Humana's Group Medicare contract is an industry-leading 4.5-Star plan. Humana achieves these high Star ratings due to our outstanding member satisfaction and quality improvement initiatives. Our Custom Connect service model empowers our associates to do everything they can to support retirees.

We engage with members through robust, year-round marketing campaigns to remind them about preventive health screenings and wellness benefits. In-home and community-based offerings such as in-home health assessments, mailed test kit screenings and in-home house call and telehealth visits make life convenient for millions of Humana members every year. Finally, Humana-employed provider engagement associates meet our members' physicians to ensure continuity and quality of care.

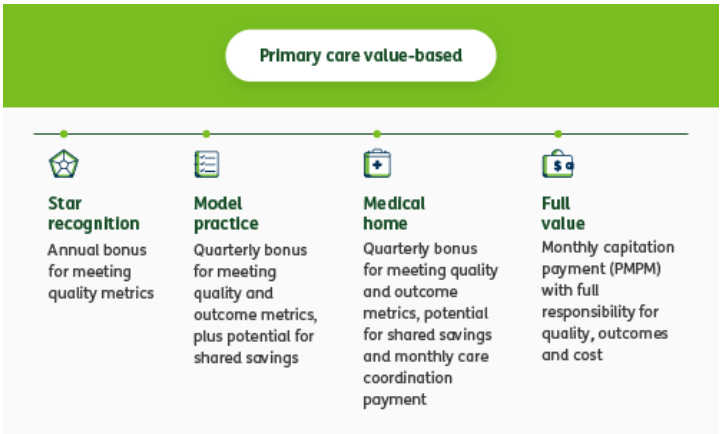
Clinical care for the whole person

Humana offers a suite of clinical programs and services to provide education and address member needs at all points on the health and well-being spectrum—helping members stay well when possible and navigate the healthcare system when they are ill or injured. This comprehensive approach promotes a healthier population, helps control cost and delivers better experiences for members and plan sponsors.

Our care structure considers the whole member—addressing physical, behavioral and social conditions. We deliver fully connected care management solutions—with proactive identifications and timely interventions—to ensure members receive appropriate care at all stages of health. These clinical and Utilization Management programs are further enhanced when we can direct care to our value-based providers.

Network

Value-based provider relationships



Through critical investments in programs, services and technologies, our Medicare strategy reduces costs and improves quality and outcomes to make Group's MAPD plan successful and provide sustainable, long-term value. This is best illustrated through the results of our value-based provider relationships. Humana's state-of-the-art interoperability and connectivity solutions allow us to meet providers where they are on the value-based path-to-risk continuum.

Pharmacy benefit management services

Humana Pharmacy Solutions® is a complete pharmacy benefit management (PBM) provider. Real-time pharmacy and medical benefit data integration means that all Humana clinical and care management teams have access to a full picture of the member. They can close gaps in care, address safety concerns and use predictive modeling to anticipate member needs. Real-time reporting also positively impacts risk adjustments, Stars reporting and other quality measures.

By integrating pharmacy and medical benefits with an MAPD plan from Humana, retirees receive a simpler, more member-friendly experience. They will benefit from having just one company, with one phone number to call, one ID card and one Explanation of Benefits. MAPD plans also provide a simpler administrative and service experience for plan sponsors through a single, combined eligibility process, lower administrative costs and integrated plan reporting and consultation.

Extra benefits and services

Humana offers retirees a broad range of benefits and services that contribute to an overall healthy lifestyle, above and beyond what they would get with some other Medicare Advantage providers.

Group Extra benefits

- **SilverSneakers®** is a fitness program included at no additional charge with qualifying Medicare plans. Members have access to fitness locations across the country that may include weights and machines, plus Group exercise classes led by trained instructors.
- **Personal health coaching** provides interactive wellness coaching, online and by phone, for those who elect to participate. Coaches promote wellness, including weight management, nutrition, exercise, back care, blood pressure management and blood sugar management.
- Humana offers a comprehensive **tobacco cessation program** online, by email and by phone. Personal coaches help establish goals and provide resources to aid in the effort to quit smoking or using tobacco.
- Members are eligible for our **meal program**, which delivers nutritious meals to their door at no cost after an overnight stay in a hospital or skilled nursing facility. For each qualifying post-discharge event members may be eligible to receive two home-delivered meals per day for 14 days, up to 28 meals.
- Eligible members diagnosed with Chronic Kidney Disease (CKD), End State Renal Disease (ESRD) or Cancer will have access to **unlimited comprehensive Non-Emergency Medical Transportation** via SafeRide Health (rideshare, car, van, or wheel-chair accessible vehicle) to improve access to essential

medical care. Mileage coverage limits may apply.

- Members are eligible for **post-discharge transportation services** at no cost after an overnight stay in a hospital or skilled nursing facility. Transportation is provided to approved locations by car, van, or wheelchair-accessible vehicle for each qualifying post-discharge event, up to 12 one-way trips per event.
- Members may receive **post-discharge personal home care for certain in-home support services** following a discharge from a skilled nursing facility or inpatient hospitalization. In-home support services are up to four hours per day, for a maximum of eight hours total per discharge event. Qualified aides can assist with activities of daily living (ADLs) in the home and Instrumental activities of daily living (IADLs) related to personal care.

Group Value-added services*

- Discounts for **complementary and alternative medicine,** such as: acupuncture, chiropractic, massage, vitamins, healthy meal plans, footwear and more. Services must be received from participating Tivity Health providers. (Puerto Rico excluded)
- A discount on monthly **bill management services** through PayTrust™.
- Discounts on **dental services** from participating Humana Dental providers. (Not available in Puerto Rico)
- Discounts on **dental services** from participating Florida GoldPlus providers. (Available in Florida only)
- Discounts on Truthbrush **toothbrush tracking devices** that monitors dental habits and performance through an app
- Enrollment in Go365™, a **wellness program** that rewards Medicare beneficiaries for completing eligible healthy activities that help your members establish and maintain a healthy lifestyle
- Discounts on **hearing aids**, accessories and hearing assistance products through HearUSA (Available in Florida only) or on **hearing aids** at any TruHearing Hearing Center, with an appointment. (Not available in Puerto Rico or Florida)
- Discounts on select **Lifeline® Medical Alert Systems**, medication dispensers and emergency response smartwatch
- Discounts on many **non-covered prescription drugs** received from a network pharmacy for members with Part D coverage (Quantity limits may apply)
- Discounts from participating providers on **routine vision services** such as exams, contact lens fitting and follow-up, lenses, frames and laser vision correction
- Discounts on **home-delivered meals** to help support nutritional needs
- Discounts on medical services and evacuation protection when **travelling outside of the U.S.**
- Discounts on **pet telehealth visits** with Petzy

**These value-added items and services are not benefits, but rather discounts and free programs members can take advantage of to save money. The items and services described above are neither offered nor guaranteed under our contract with the Medicare program. They are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to Humana's grievance process.*

Awards

We are proud to be recognized for our approach to supporting members and delivering quality care:

Net Promoter Score

+69 NPS due to High Quality Plans and Customer Service for 2025[1]

People Magazine

100 companies that care in 2024[2]

Newsweek

America's most admired workplaces in 2025[3]

Equality 100 Award

Humana earns score of 100 for the 11th year in a row[4]

American Customer Satisfaction Index

Ranked #1 in Customer Satisfaction in 2024 American Customer Satisfaction survey[5]

Forbes

Ranked 17 Top Company for Diversity in 2024[6]

JUST Capital

Top 50 of 2024 Overall Ranking[7]

ACHC Specialty Pharmacy Accreditation

Earned accreditation with a focus on patient safety, quality, care and continuous improvement[8]

1 2025 Humana client survey
2 People's 100 Companies that Care in 2024
3 America's Most Admired Workplaces 2025 – Newsweek Rankings
4 2025 CEI benchmarking survey
5 ACSI 2024 survey
6 https://www.forbes.com/lists/best-employers-diversity/
7 2024 Rankings – JUST Capital
8 https://www.achc.org/

In conclusion

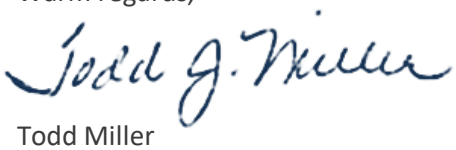
With our large client base, comprising fully insured Medicare Advantage and PDP offerings, Humana is confident we have the experience to successfully implement and seamlessly administer additional plans for The Group.

Our proposal includes cost-effective healthcare solutions focused on enhanced clinical capabilities, actionable data and analysis, and personalized service to enable the best possible health outcomes and savings. More than that, our team is passionate about developing quality benefit solutions and services that improve whole-person health inside and outside the doctor's office, packaged in a "best-in-class" experience that engages and excites members. This is human care—our unique approach that's entirely centered around people and what they need to feel whole.

We believe our offer provides the Group with the best opportunity to increase financial stability while delivering outstanding customer service and access to one of the nation's largest MA PPO provider networks. We look forward to helping Group's transition their retirees to Humana plans.

In the meantime, please do not hesitate to contact me at 248-894-6436 or by email at tmiller17@humana.com if you have questions or need clarification regarding any aspect of this proposal.

Warm regards,



Todd Miller
Group Medicare Sales Executive
Humana Inc.
TMiller17@Humana.com