City of Mesquite
Medicare Supplement Renewal Analysis
Effective: 1/1/2026

	Bay Bridge Current				Bay Bridge Renewal				Bay Bridge Proposed			
	Hartford w/ ESI - Supplement				Hartford w/ ESI - Supplement				United American			
	High Plan (H36)		Low Plan (H86)		High Plan (H36)		Low Plan (H86)		High Plan (Opt.1)		Low Plan (Opt. 2)	
Plan Provision:	**In-Net**	**Non-Net**	**In-Net**	**Non-Net**	**In-Net**	**Non-Net**	**In-Net**	**Non-Net**	**In-Net**	**Non-Net**	**In-Net**	**Non-Net**
Network Deductible	$0	N/A	$500	N/A	$0	N/A	$500	N/A	$0	N/A	$500	N/A
Combined In- & Non-net	N/A	$0	N/A	$0	N/A	$0	N/A	$0	N/A	$0	N/A	$0
Member Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Max (incl. ded.)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Combined OOP Max (incl. ded.)	$0		$0		$0		$0					
Preventive	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
PCP/Specialist OV	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Urgent Care	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Emergency Care	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Ambulance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Hospital, Inpatient (up to 150th day)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Hospital, Outpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Skilled Nursing (max 100 days/pd)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Home Health	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Outpatient Rehab	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Chiropractic	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
DME/Prosthetic Devices	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Complex Imaging	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Podiatry	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
RX Deductible	$0		$0		$0		$0					
	Retail	**Mail (90)**	**Retail**	**Mail (90)**	**Retail**	**Mail (90)**	**Retail**	**Mail (90)**	**Retail**	**Mail (90)**	**Retail**	**Mail (90)**
Tier 1 Preferred Generic	$5	$8	$5	$8	$5	$8	$5	$8	$5	$8	$5	$8
Tier 2 Non-Preferred Generic	$10	$15	$10	$15	$10	$15	$10	$15	$10	$15	$10	$15
Tier 3 Preferred Brand	$25	$56	$25	$56	$25	$56	$25	$56	$25	$56	$25	$56
Tier 4 Non-Preferred Brand	$60	$165	$60	$165	$60	$165	$60	$165	$60	$165	$60	$165
Tier 5 Specialty	$200	$600	$200	$600	$200	$600	$200	$600	$200	$600	$200	$600
	2025-Cost share after $8,000		**2025-Cost share after $8,000**		**2026-Cost share after $8,000**		**2026-Cost share after $8,000**		**2026-Cost share after $8,000**		**2026-Cost share after $8,000**	
Generic	$0		$0		$0		$0		$0		$0	
All others	$0		$0		$0		$0		$0		$0	
90-Day Retail	$0		$0		$0		$0		$0		$0	
Medical	$272.80		$212.14		$351.91		$273.66		$278.00		$234.00	
PDP	$190.48		$190.48		$201.10		$201.10		$201.10		$201.10	
Total	$463.28		$402.62		$553.01		$474.76		$479.10		$435.10	
Rate Guarantee	1 Year - Until 12/31/2024				1 Year - Until 12/31/2026				1 Year - Until 12/31/2026			
Monthly Total	$102,384.88		$17,715.28		$122,215.21		$20,889.44		$105,881.10		$19,144.40	
Annual Total	$1,228,618.56		$212,583.36		$1,466,582.52		$250,673.28		$1,270,573.20		$229,732.80	
Combined Total Annual	$1,441,201.92				$1,717,255.80				$1,500,306.00			
$ Difference Over Current					$276,053.88				$59,104.08			
% Difference Over Current					19.15%				4.10%			

Notes: *Based off of 221 enrolled in high and 44 in low.*

Foreign Travel $250 , 20% & amts. over the $50K lifetime max

Disclaimer:
The rates and benefits shown in this proposal are for an illustrative comparison only. Please refer to the carrier's certificate of coverage or policy for a complete description of benefits, exclusions, and limitations. In the event of a discrepancy, the carrier's contract will always govern. Rates shown are not final until final underwriting is approved by the carrier.