

United American Retiree Medical Proposal for: City of Mesquite





BAYBRIDGE Administrators



WHO WE ARE

From humbled beginnings in 1986, Bay Bridge has grown into a leading Third-Party Administrative Service provider with fully insured employee benefit plans. By partnering with top-rated insurance companies and successful independent insurance agents, leveraging the latest in technological advances and implementing creative administrative solutions. Bay Bridge delivers the highest value supplemental insurance programs to the private and public sectors. We partner with top innovative carriers to bring proprietary products to the market to fit any employer's needs. With unique business strategies and technology systems, Bay Bridge provides sound solutions to complete our customer's needs.

WHAT WE DO

Bay Bridge delivers products through innovative services and systems. Our client and carrier relations, technological platform, administrative solutions, and customer service attention provides for the highest quality of service within a TPA. We provide full administration, including billing, claims, commissions, eligibility tracking, policy issuing and customer service.







Works with Top-Rated Insurance Companies

Metlife, Manhattan Life, Madison National Life, Wellfleet, Humana, Reliance Standard Life, Ameritas, Delta Dental and Leader

Reliance Standard
fe, Ameritas, Delta
Dental and Leader
Life www.bbadmin.com
(800) 845-7529

PRODUCTS

Cancer, Accident, Group
Critical Illness, Group Hospital
Indemnity, Heart and Stroke,
Disability, Term Life, Dental and
Vision, Telemedicine, Direct
Primary Care, R x Valet, Group
Retiree Medical and Minimum
Essential Coverage

SERVICES

Section 125 Plan
Administration including.
FSA, HSA and HRA, COBRA
Administration, 403(b) & 457(b)
Plan Administration, ACA
Eligibility Tracking & Reporting

SYSTEMS

BeneBridge:Web-based
Enrollment and Benefit
Administration Platform
Balance Bridge:Web-based
Invoicing and Reconciliation



P.O. Box 161690 Austin, Texas 78716



Proposal Summary

We appreciate the opportunity to propose a group retiree health program that will meet the needs of City of Mesquite and their Medicare-eligible retiree population. The proposed program includes a fully insured group retiree health plan from United American for the Medicare-eligible retirees of City of Mesquite with coverage effective January 1, 2026 to December 31, 2026.

Administrative Services:

Implementation and ongoing plan servicing will be provided by Bay Bridge Administrators, a third-party administrator located in Texas. Bay Bridge Administrators is specifically focused on the administration of retiree medical and prescription drug plans and has the expertise to administer these plans as a totally integrated and seamless solution for eligible retirees.

➤ Full Implementation Support:

- o <u>Communications</u> Bay Bridge Administrators will work with City of Mesquite to draft retiree communications, including any CMS-requirements.
- o <u>Eligibility and Enrollment</u> Bay Bridge Administrators will manage all applicable eligibility and enrollment information with the carriers and provide eligibility management services in a manner that complies with HIPAA and all federal, state and local privacy laws, and other applicable laws.
- Welcome Kit Retirees will receive a welcome kit including a welcome letter from Bay Bridge Administrators, ID cards, certificate of insurance and benefits summaries.
- o <u>Implementation & Account Manager</u> An experienced implementation manager will guide the group through the implementation process, including hosting calls & being the primary point of contact for questions or concerns during the process as well as ongoing.
- Concierge Call Center Access Retirees can call the Retiree Customer Service Center with questions about their benefits for both the medical and prescription drug plans, making the program integrated and seamless to the retiree. The retiree customer service team is trained in Medicare products and in working closely with seniors. Representatives will stay on the line with the member and consult with the carrier or CMS to resolve member issues. Retirees are not rushed off the phone and there are no time limits for a service call.
- ▶ <u>Billing</u> Invoices can be prepared to the needs of City of Mesquite. We can bill the company directly, bill the retirees, or split the bill between the retirees and the employer for their portion of costs. Retirees can also sign up to have their premium amounts automatically withdrawn from their bank account.
- ➤ <u>Boutique Service</u> Employers and retirees will have access to Bay Bridge Administrators' resources and support in the form of a highly-trained retiree service center which provides an exceptional level of service in the areas of billing, eligibility, and claims questions.



Highlights of the Group Retiree Medical Plan

The proposed medical plans are group retiree insurance coverage for Medicare-eligible retirees over 65 years of age, underwritten by United American. The plan helps pay for the costs recognized but not covered by Medicare Parts A and B.

Features include:

- Networks Through utilization of extended service area networks, United American can offer a competitive nationwide network of providers that allows robust utilization of benefits by retirees.
- No Referrals Retirees can see specialists when they choose.
- ➤ Guaranteed Issue There are no pre-existing condition exclusions.
- <u>Coverage for Spouses</u> Spousal coverage is available when the spouse is over 65 and enrolled in Medicare Parts A & B.
- > Portability Coverage can go with retirees if they move or have multiple residences.
- ➤ <u>Affordable</u> The proposed program offers competitive, fully-insured rates to limit financial risk.
- ➤ <u>Electronic Claims</u> Claims are processed electronically for ease of member experience.

Assumptions of the Program

- 1. <u>Program Sponsorship</u> No other competing group retiree plans will be sponsored alongside this plan including Medicare Advantage or individual plans.
 - o Retirees will be enrolled into the closest matching plans to what they have today.
- 2. <u>Co-branding</u> Plan sponsor name & logo are allowed on member materials.
- 3. <u>Eligibility</u> Subscribers and dependents must be eligible based on the plan sponsors eligibility requirements.
 - a. <u>Full Rollover:</u> All membership quoted will be enrolled into the Medicare Supplement solution outlined in this proposal.
- 4. Member Requirements Members must be retired and enrolled in Medicare Parts A and B.
- 5. <u>Contribution</u> This quote assumes that City of Mesquite contributes 21% towards the cost of monthly premiums.
- 6. <u>Participation</u> If the enrollment were to change by more than +/- 10% of the quoted membership of 265 lives, we reserve the right to adjust the premium.
- 7. <u>Implementation timeline</u> Due to CMS-required procedures, 60 days are required to implement the coverage, starting with when the proposal is officially accepted by City of Mesquite. The effective date proposed may need to be adjusted accordingly.
- 8. <u>Expiration</u> Premiums may be adjusted if the effective date is changed from the date in this proposal.
- 9. <u>Billing</u> The premium rate quoted herein assumes that premiums are due in full each month on or before the last business day of the month.



Medical Plan Options:

Underwritten by United American

| Provided By United American | | | | | |
|---|----------------|----------------|--|--|--|
| Plan Effective: January 1, 2026 through December 31, 2026 | | | | | |
| BENEFIT | Option 1 | Option 2 | | | |
| Medicare Par | t A Services | | | | |
| Medicare Part A Deductible - Covers all eligible | | | | | |
| expenses for Medicare Part A inpatient hospital | | | | | |
| deductible | ✓ | ✓ | | | |
| Part A Coinsurance (Basic Benefit) - Pays for the | | | | | |
| following amounts not covered by Medicare Part A | | | | | |
| | | | | | |
| 25% of the Medicare Part A Deductible per day for | | | | | |
| hospitalization from the 61st through the 90th day. | | | | | |
| After the 90th day, the Basic Benefits cover 50% of | | | | | |
| the Medicare Part A deductible per day during the Lifetime Reserve Period | | | | | |
| Lifetime Reserve Period | | | | | |
| After the Lifetime Reserve Period, an additional | | | | | |
| 365 days of confinement per person per lifetime is | | | | | |
| paid at 100%. | ✓ | ✓ | | | |
| Blood - First Three Pints | ✓ | √ | | | |
| Skilled Nursing Facility Benefit (SNF) | | | | | |
| 1/8 Part A Deductible for days 21 – 100 | ✓ | ✓ | | | |
| Medicare Par | t B Services | | | | |
| Member Deductible | \$0 | \$500 | | | |
| Member Part B Coinsurance - After Medicare's | Plan pays 20% | Plan pays 20% | | | |
| 80% | Member pays 0% | Member pays 0% | | | |
| Member Maximum Out-of-Pocket Expense for Part | | | | | |
| B Coinsurance | \$0 | \$0 | | | |
| Medicare Part B Excess - 100% | ✓ | ✓ | | | |
| Member Office Visit Copay | \$0 | \$0 | | | |
| Member Emergency Visit | \$0 | \$0 | | | |
| Foreign Emergency Care | ✓ | ✓ | | | |
| Monthly Premium Per Member Pefer to Appendix A for additional Medical Plan I | \$278.00 | \$234.00 | | | |

- Refer to Appendix A for additional Medical Plan Details
- For retirees in FL, MD, MN, NY & WA members will be subject to separate plan designs and rates.
- *\$257 is the 2025 Annual Medicare Part B Deductible. Subject to change yearly.



Appendix A: Retiree Medical Part A Plan Details

ALL PLANS

Medicare Part A Services IN-PATIENT MEDICAL EXPENSES

The Policy may cover the following Medicare Part A Benefits:

| Part A Services | Medicare Pays | Plan Pays | You Pay |
|--|-----------------------------|--------------------------|------------|
| HOSPITALIZATION* | | | |
| Semiprivate room and board, general nursing | | | |
| and miscellaneous services and supplies: | | | |
| First 60 days | All but Medicare Part A | 100% of the Medicare | \$0 |
| · | Deductible | Part A Deductible | |
| 61st thru 90th day | All but 25% of Medicare | 100% of Medicare Part A | \$0 |
| · | Part A Ded. per day | Coinsurance | |
| 91st day and after: | | | |
| While using 60 lifetime reserve days | All but 50% of Medicare | 100% of Medicare Part A | \$0 |
| | Part A Ded. per day | Coinsurance | |
| Once lifetime reserve days are used: | 1 | | |
| Additional 365 days | \$0 | 100% of Medicare | \$0 |
| Traditional 202 days | | Eligible Expenses | Ψ |
| Beyond the Additional 365 days | \$0 | \$0 | All costs |
| SKILLED NURSING FACILITY CARE* | | - | 1111 00000 |
| You must meet Medicare's requirements, | | | |
| including having been in a hospital for at least | | | |
| 3 days and entered a Medicare-approved | | | |
| facility within 30 days after leaving the | | | |
| hospital: | | | |
| First 20 days | All approved amounts | \$0 | \$0 |
| 21st thru 100th day | All but 25% of Medicare | 100% of Medicare SNF | \$0 |
| , and the second | Part A Ded. per day | Coinsurance | |
| 101st day and after | \$0 | \$0 | All costs |
| BLOOD | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| HOSPICE CARE | All but very limited | Co-insurance charges for | \$0 |
| Available if your doctor certifies you are | coinsurance for outpatient | in-patient respite care, | |
| terminally ill, and you elect to receive these | drugs and inpatient respite | drugs and biologicals | |
| services. | care | approved by Medicare | |

^{*} A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.



Appendix B: Retiree Medical Part B Plan Details

| | Option #1 | | | | | |
|---|---------------|-------------------|---------------------------|--|--|--|
| Medicare Part B Services | | | | | | |
| Provided by United American | | | | | | |
| Benefit Period: January 1, 2026 through December 31, 2026 | | | | | | |
| Services | Medicare Pays | Plan Pays | You Pay | | | |
| MEDICAL EXPENSES - In or Out of the Hospital | | | | | | |
| and Outpatient Hospital Treatment, such as | | | | | | |
| Physician's services, inpatient and outpatient | | | | | | |
| medical and surgical services and supplies, physical | | | | | | |
| and speech therapy, diagnostic tests, durable | | | | | | |
| medical equipment: | | | | | | |
| Medicare Part B Deductible (\$257*) | | | | | | |
| First \$257* of Medicare Approved Amounts | \$0 | Part B Deductible | \$0 | | | |
| Remainder of Medicare Approved Amounts—Plan | 80% | 20% | \$0 | | | |
| pays 20% of the Medicare Eligible Part B expenses | | | | | | |
| Part B Excess Charges (Above Medicare Approved | \$0 | 100% | \$0 | | | |
| Amounts) | \$ 0 | 10076 | 30 | | | |
| BLOOD | | | | | | |
| First 3 pints | \$0 | All costs | \$0 | | | |
| Next \$257* of Medicare Approved Amounts | \$0 \$0 | Part B Deductible | \$0 \$0 | | | |
| Remainder of Medicare Approved Amounts | 80% | 20% | \$0 | | | |
| CLINICAL LABORATORY SERVICES | 0070 | 2070 | Ψ0 | | | |
| Blood tests for Diagnostic Services | 100% | \$0 | \$0 | | | |
| | DICARE PARTS | | ΨΟ | | | |
| HOME HEALTH CARE | | A C B | | | | |
| Medicare Approved Services: | | | | | | |
| Medically necessary skilled care services and | | | | | | |
| medical supplies | 100% | \$0 | \$0 | | | |
| Durable medical equipment: | 10070 | Ψ0 | Ψ0 | | | |
| First \$257* of Medicare Approved Amounts | \$0 | Part B Deductible | \$0 | | | |
| Remainder of Medicare Approved Amounts | 80% | 20% | \$0 | | | |
| OTHER BENEFITS - NOT COVERED BY MEDICARE | | | | | | |
| FOREIGN TRAVEL | TO TOTE COVER | LD DI MILDICANE | | | | |
| Medically necessary emergency care services | | | | | | |
| beginning during the first 60 days of each trip | | | | | | |
| outside the USA: | \$0 | \$0 | \$250 | | | |
| First \$250 each calendar year | \$0 \$0 | 80% to a lifetime | 20% and amounts over the | | | |
| This \$250 cach calchuar year | ΦU | | 2070 and amounts over the | | | |

maximum of \$50,000



Remainder of charges

\$50,000 lifetime max

Appendix B: Retiree Medical Part B Plan Details continued

| | Option #2 | | | | | | |
|---|--------------------|--|-------------------------------------|--|--|--|--|
| M | edicare Part B Ser | vices | | | | | |
| Provided by United American | | | | | | | |
| Benefit Period: January 1, 2026 through December 31, 2026 | | | | | | | |
| Services | Medicare Pays | Plan Pays | You Pay | | | | |
| MEDICAL EXPENSES - In or Out of the Hospital | | | | | | | |
| and Outpatient Hospital Treatment, such as | | | | | | | |
| Physician's services, inpatient and outpatient | | | | | | | |
| medical and surgical services and supplies, physical | | | | | | | |
| and speech therapy, diagnostic tests, durable | | | | | | | |
| medical equipment: | 0.0 | ΦO | D (DD 1 (11 | | | | |
| Medicare Part B Deductible (\$257) | \$0 80% | \$0 \$0 | Part B Deductible | | | | |
| Next Medicare Approved Amounts* | 80% | \$0 | 20% up to \$500 (includes Part B | | | | |
| | | | deductible) | | | | |
| Remainder of Medicare Approved Amounts — | 80% | 20% | \$0 | | | | |
| After payment of the Part B Deductible and an | 8070 | 2070 | \$0 | | | | |
| annual Part B Benefit Deductible totaling \$500 by | | | | | | | |
| each Covered Person, plan pays 20% of the | | | | | | | |
| Medicare Eligible Part B expenses. | | | | | | | |
| Part B Excess Charges (Above Medicare Approved | \$0 | 100% | \$0 | | | | |
| Amounts) | | | | | | | |
| BLOOD | | | | | | | |
| First 3 pints | \$0 | All costs | \$0 | | | | |
| | RANCE AND DED | UCTIBLES – SEE ABOV | E | | | | |
| CLINICAL LABORATORY SERVICES | 1000/ | фо | ФО | | | | |
| Blood tests for Diagnostic Services | DICARE PARTS | \$0 • • • • • • • • • • • • • • • • • • • | \$0 | | | | |
| HOME HEALTH CARE | DICARE PARTS | A&B | | | | | |
| Medicare Approved Services: | | | | | | | |
| Medically necessary skilled care services and | 100% | \$0 | \$0 | | | | |
| medical supplies | 10070 | Ψ | Ψ0 | | | | |
| Durable medical equipment: | | | | | | | |
| SUBJECT TO COINSURANCE AND DEDUCTIBLES – SEE ABOVE | | | | | | | |
| OTHER BENEFITS - NOT COVERED BY MEDICARE | | | | | | | |
| FOREIGN TRAVEL | | | | | | | |
| Medically necessary emergency care services | | | | | | | |
| beginning during the first 60 days of each trip | | | | | | | |

^{*} Once you have been billed \$257 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

\$0

\$0

\$0

80% to a lifetime

maximum of \$50,000



outside the USA:

First \$250 each calendar year

Remainder of charges

\$250

20% and amounts over the

\$50,000 lifetime max

^{*\$257} is the 2025 Annual Medicare Part B Deductible. Subject to change yearly.