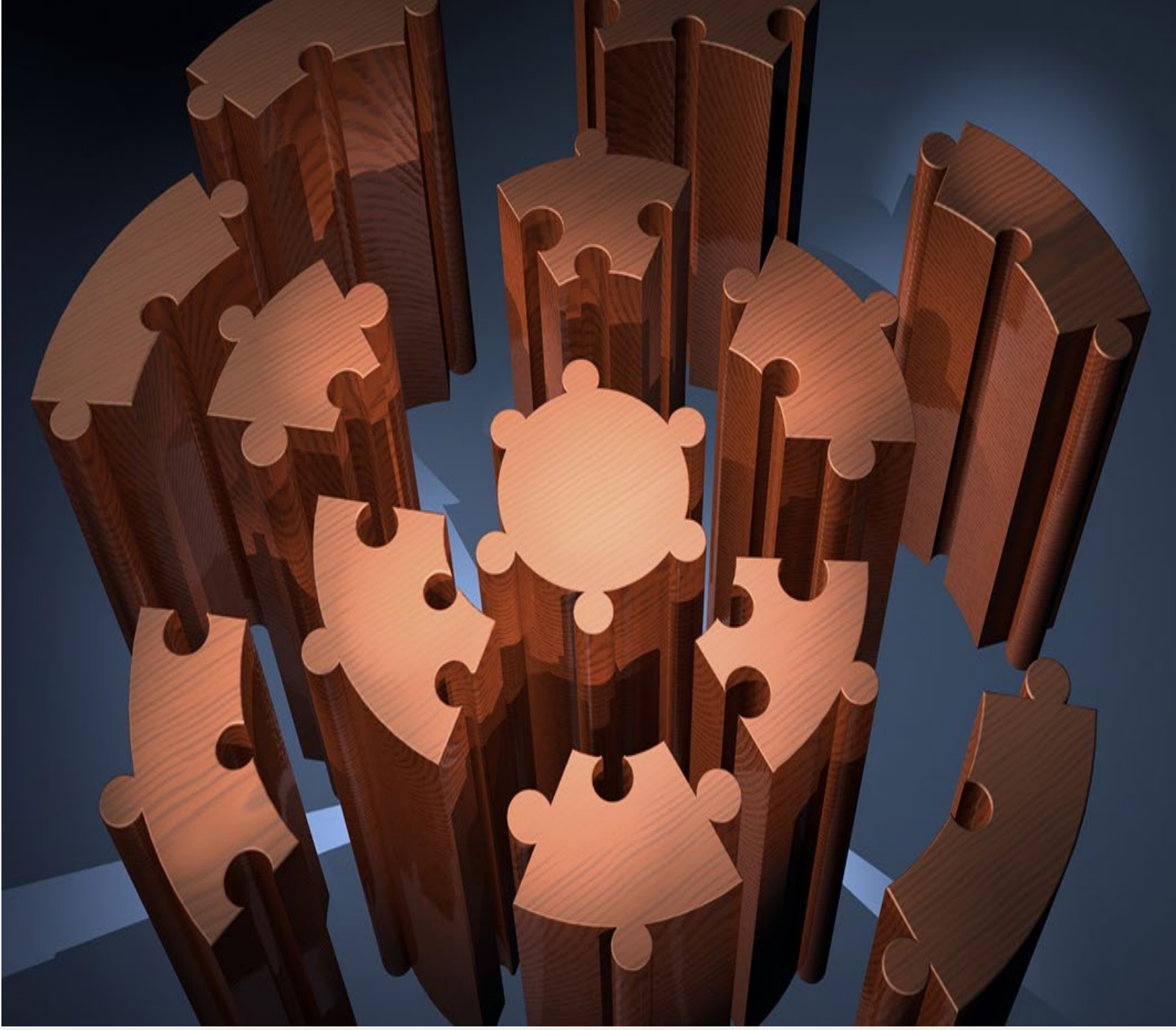

United American Retiree Medical Proposal for: City of Mesquite

Presented By:

BAY BRIDGE ADMINISTRATORS

BAYBRIDGE
Administrators

Building Solutions, Bridging the Gap and Exceeding Expectations.

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.

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

Works with Top-Rated Insurance Companies

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

BBA
BAY BRIDGE ADMINISTRATOR

www.bbadmin.com
(800) 845-7529

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:
  - Communications – Bay Bridge Administrators will work with City of Mesquite to draft retiree communications, including any CMS-requirements.
  - Eligibility and Enrollment – 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.
  - Implementation & Account Manager – 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.
- Billing – 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.
- Boutique Service – 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.
- Coverage for Spouses – 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.
- Affordable – The proposed program offers competitive, fully-insured rates to limit financial risk.
- Electronic Claims – Claims are processed electronically for ease of member experience.

Assumptions of the Program

1. Program Sponsorship – No other competing group retiree plans will be sponsored alongside this plan including Medicare Advantage or individual plans.
    - Retirees will be enrolled into the closest matching plans to what they have today.
2. Co-branding – Plan sponsor name & logo are allowed on member materials.
3. Eligibility – Subscribers and dependents must be eligible based on the plan sponsors eligibility requirements.
    a. Full Rollover: 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. Contribution – This quote assumes that City of Mesquite contributes 21% towards the cost of monthly premiums.
6. Participation - 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. Implementation timeline – 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. Expiration – Premiums may be adjusted if the effective date is changed from the date in this proposal.
9. Billing - 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 Part 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 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 Part B Services		
Member Deductible	$0	$500
Member Part B Coinsurance - After Medicare's 80%	Plan pays 20% Member pays 0%	Plan pays 20% 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	**$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 Deductible	100% of the Medicare Part A Deductible	$0
61st thru 90th day	All but 25% of Medicare Part A Ded. per day	100% of Medicare Part A Coinsurance	$0
91st day and after:			
While using 60 lifetime reserve days	All but 50% of Medicare Part A Ded. per day	100% of Medicare Part A Coinsurance	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0
Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* 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 Part A Ded. per day	100% of Medicare SNF Coinsurance	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE Available if your doctor certifies you are terminally ill, and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	$0

* 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 pays 20% of the Medicare Eligible Part B expenses	80%	20%	$0
Part B Excess Charges (Above Medicare Approved Amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
Next $257* of Medicare Approved Amounts	$0	Part B Deductible	$0
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	$0	$0

MEDICARE PARTS A & B

HOME HEALTH CARE			
Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment:			
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			
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	80% to a lifetime maximum of $50,000	20% and amounts over the $50,000 lifetime max
Remainder of charges			

Appendix B: Retiree Medical Part B Plan Details continued

Option #2 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)**	$0	$0	Part B Deductible
Next Medicare Approved Amounts*	80%	$0	20% up to $500 (includes Part B deductible)
Remainder of Medicare Approved Amounts — After payment of the Part B Deductible and an annual Part B Benefit Deductible totaling $500 by each Covered Person, plan pays 20% of the Medicare Eligible Part B expenses.	80%	20%	$0
Part B Excess Charges (Above Medicare Approved Amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All costs	$0
SUBJECT TO COINSURANCE AND DEDUCTIBLES – SEE ABOVE			
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	$0	$0
MEDICARE PARTS A & B			
HOME HEALTH CARE			
Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	$0	$0
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 outside the USA:	$0	$0	$250
First $250 each calendar year	$0	80% to a lifetime	20% and amounts over the
Remainder of charges		maximum of $50,000	$50,000 lifetime max

* 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.

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