

Indian River County

BlueMedicare Rate Renewal

Effective Date: October 1, 2025

| BlueMedicare - Advanced Platinum | Current BCBS | Renewal BCBS |
|--------------------------------------|-----------------|-----------------|
| Contribution | Voluntary | Voluntary |
| Minimum Participation Requirement | Current | Current |
| Rate Guarantee | 9/30/2025 | 9/30/2026 |
| BlueMedicare Cost Summary & Analysis | Current | Renewal |
| Medical | \$8.04 | \$10.25 |
| Rx | \$285.22 | \$313.74 |
| D/V/H | \$10.00 | \$10.00 |
| Fitness | \$4.00 | \$4.00 |
| Total Monthly Premium | \$307.26 | \$337.99 |
| \$ Change from Current | | \$30.73 |
| % Change from Current | | 10.0% |

| Benefit Changes | Current | Renewal |
|-----------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <ul style="list-style-type: none"> (1) Allergy injections decreased from \$5 to \$0 (2) \$0 copay for diagnostic colonoscopy added under Outpatient Hospital and ASC. (3) \$0 copay for Lymphedema Therapy added under Physical Therapy. (4) Lifescan (One Touch) and Ascensia test strips are preferred; other brands will require Prior Authorization. (5) Pharmacy Initial Coverage Stage decreased from \$8,000 to \$2,000. Copays are assessed until \$2,000 in OOP, then move on to Catastrophic Coverage stage, where member cost share is \$0 for the remainder of the calendar year. (6) Retail 90 Rx copays changed from \$10/\$15/\$45/\$85 to \$9/\$24/\$105/\$195 (Pref Gen/Gen/Pref Brand/Non-Pref Brand) |

» Please refer to carrier proposal for full details.

» This summary is for illustrative purposes only and is not a binding quote.