

City of Albany

Featured Plans and Rates - MAPD

Effective: January 01, 2026 through December 31, 2026

Alternative Option

Medical Plan	Custom Medicare Advantage PPO 10PL	Standard Medicare Advantage PPO 15P
Pharmacy Plan	\$10/\$30/\$60 (E3) ECDHLP	\$10/\$35/\$60/33% (E4) ECDMLP
Members	851	851
Medical & Pharmacy Total (monthly billed PMPM Rate)	\$315.15	\$252.11
Total monthly premium	\$268,193	\$214,546
Total annual premium	\$3,218,312	\$2,574,547

The quoted rates are subject to the attached Assumptions and Conditions.

Authorized Signature: _____

Title: _____

Date: _____

City of Albany Assumptions & Conditions Effective 01/01/2026 through 12/31/2026

Rates, rate guarantees, and benefits may need to be revised based on the effects of legislative, regulatory or other actions including, but not limited to, CMS guidance which becomes effective or is modified effective during the quoted product years. This includes additional CMS guidance in the Part D plan as part of the Inflation Reduction Act (IRA). This also includes the CMS annual notice of Capitation Rates and Payment Policies and any benchmark changes, risk score actions, or changes in payment methodologies.

Plan parameters and formularies are approved by CMS on an annual basis and can change in January each year. All Part D plan changes, such as deductibles, copays, Part D and non-Part D drug coverage, may only be implemented on the group's original effective date and in January of each year thereafter.

Participants must have both Medicare Parts A and B.

Eligibility for coverage for subscribers or their dependents is based on the subscriber and/or dependents meeting their group's requirements for coverage of retirees' medical benefits.

Contracted rates are on a Per-Member-Per-Month (PMPM) basis. Each individual will receive the same equal rate; a two member contract would receive twice the rate; a three member contract would receive triple the rate.

The group will contribute 50% of the premium. If the group's contribution varies from the current strategy, Anthem must be promptly notified and reserves the right to re-evaluate its underwriting position, rates and rate guarantees. If more than one plan is offered to members, then City of Albany shall offer Anthem plan coverage to all eligible persons at terms and contribution levels that are no less favorable than those applicable to any other retiree health coverage available through City of Albany.

Rates and rate guarantees assume the group/fund membership will not vary more than 10% from the quoted membership of 851 Medicare members.

Broker Commissions are included at \$15 PMPM.

This quote assumes Anthem will be the exclusive post-65 retiree offering. Furthermore, the quote assumes that Anthem will offer a single plan design. Any additional plan selections will be subject to underwriting consideration and possible adjustments.

The group's eligibility policy does not allow for retirees to enroll in a group sponsored medical plan if the retiree has previously declined coverage.

Plan change requests made within 45 days before either the effective date or the start of open enrollment may result in a rate adjustment to account for additional costs incurred due to duplicative implementation efforts.

This proposal expires 60 days from the date of release or on the effective date, whichever is sooner.

This quote is contingent upon the majority of the enrolled membership residing in an adequate network service area. The service area and plan design are subject to CMS approval.

Additional communications beyond those mandated by CMS or operationally required in accordance with Anthem standard processes, such as printed home mailers, may be subject to additional marketing communication charges to the group for development, fulfillment, and/or mailing.

This quote assumes co-branding (plan sponsor name and/ or logo is allowed on member materials including Medicare Advantage plan quality and health programs).

Medical and prescription drug plans must be sold as a package.