

February 14, 2023

This is an addendum that updates your Summary of Benefits (SoB), Evidence of Coverage (EOC), and Annual Notice of Change (ANOC) documents. Below you will find information describing the details of this addendum. Please keep this information for your reference. The amended documents can be found on our website at premera.com/ma.

The Inflation Reduction Act signed by President Biden in 2022 includes changes to your insulin and vaccine benefits on Premera's Medicare Advantage plans.

For HMO, Classic, Total Health, Sound+Rx and Peak+Rx plan members:

Effective January 1, 2023

- You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it is on, even if you haven't paid your deductible. All members are eligible, including those who receive "Extra Help".
- Our plan covers most Part D vaccines* at no cost to you, this coverage applies regardless of the vaccine's drug tier or even if you haven't paid your deductible.

Effective April 1, 2023

- Coinsurance for some Part B drugs may be reduced, if the drug's price has increased at a rate faster than the rate of inflation. Enrollees impacted by this change may receive a refund. The list of Part B drugs as well as beneficiary coinsurance for those drugs could change each quarter.

Effective July 1, 2023

- Insulin furnished under Part B, through an item of durable medical equipment (such as a medically necessary insulin pump) is subject to a coinsurance cap of \$35 for a one-month's supply, no matter what cost-sharing tier it is on, even if you haven't paid your deductible.

For Alpine plan members:

Effective April 1, 2023

- Coinsurance for some Part B drugs may be reduced, if the drug's price has increased at a rate faster than the rate of inflation. Enrollees impacted by this change may receive a refund. The list of Part B drugs as well as beneficiary coinsurance for those drugs could change each quarter.

Effective July 1, 2023

- Insulin furnished under Part B, through an item of durable medical equipment (such as a medically necessary insulin pump) is subject to a coinsurance cap of \$35 for a one-month's supply, no matter what cost-sharing tier it is on, even if you haven't paid your deductible.

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call us at 888-850-8526 (TTY/TDD: 711) Monday – Friday, 8 a.m. – 8 p.m., April 1 – September 30 (7 days a week, 8 a.m. – 8 p.m., October 1 – March 31).

Thank you,
Premera Blue Cross

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal.

*Applies to Premera covered Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list. Restrictions based on age and vaccine availability may apply. For more information regarding the Centers for Disease Control and Prevention's ACIP vaccine recommendations, please go to www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html.

Notice of availability and nondiscrimination 888-850-8526 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ መሳሪያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

Discrimination is against the law. Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, Premera Blue Cross Medicare Advantage Plans, PO Box 21481, Eagan, MN 55121, Phone: 888-850-8526, TTY: 711, Fax: 800-889-1076, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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