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34**Washington****Medicare Supplement Coverage****November 2013**

Dear Premera Blue Cross Member:

Thank you for continuing your Premera Blue Cross Medicare Supplement plan. Your membership is important to us.

Medicare made a few changes in its level of coverage effective January 1, 2014. Here's a quick summary of what Medicare is changing in 2014:

- ✓ Part A Hospital Deductible will change from \$1,184 to \$1,216
- ✓ Part A Hospital Copay, days 61-90 will change from \$296 to \$304
- ✓ Part A Hospital Copay, day 91 or after will change from \$592 to \$608
- ✓ Part A Skilled Facility Copay, days 21-100 will change from \$148 to \$152
- ✓ Part B Deductible will remain \$147.00

Please review the reverse side of the letter. It includes information on your current plan and your rate effective January 1, 2014. If you'd like to keep your current plan – simply do nothing.

As a leader in health care coverage for Washingtonians, we are committed to providing access to quality health care through plans that meet your needs. If you have any questions about your plan, please call us at 1-800-817-3049 or TDD for the hearing-impaired 1-800-842-5357. You can also visit us online at www.premera.com.

We look forward to serving you in the year to come.

Sincerely,

Your Premera Blue Cross Medicare Supplement Plan Team

Plan A

Notice of changes in Medicare and your Medicare supplement coverage. The following chart briefly describes the modifications to Medicare and to your Medicare supplement coverage.

SERVICE	MEDICARE		Plan A		YOU	
	In 2013, Medicare Paid	In 2014, Medicare Will Pay	In 2013, Plan A Paid	In 2014, Plan A Will Pay	In 2013, You Paid	In 2014, You Will Pay
Inpatient Hospital Deductible	All but \$1,184 first 60 days per benefit period	All but \$1,216 first 60 days per benefit period	\$0	\$0	\$1,184	\$1,216
Inpatient Hospital Copayment	All but \$296 a day	All but \$304 a day	\$296 a day	\$304 a day	\$0	\$0
Lifetime Reserve (60 additional days)	All but \$592 a day	All but \$608 a day	\$592 a day	\$608 a day	\$0	\$0
Post-hospital Skilled Nursing Facility Copayment						
First 20 days	All approved amounts	All approved amounts	\$0	\$0	\$0	\$0
21st thru 100th day	All but \$148 a day	All but \$152 a day	\$0	\$0	Up to \$148 a day	Up to \$152 a day
101st day and after	\$0	\$0	\$0	\$0	All Costs	All Costs
Part B Deductible	\$0	\$0	\$0	\$0	First \$147 of Part B Medicare-approved amounts	First \$147 of Part B Medicare-approved amounts

Plan A Rates Effective January 1, 2014

We can only change your subscription charges if we change them for all plans like yours in this state.

You will see that you get a discount of \$5 per month if you enroll in our Automatic Funds Transfer (AFT) program. If you choose this option, you will no longer send us a check each month. Instead, one month's subscription charges will be withdrawn from your bank account automatically each month.

MONTHLY SUBSCRIPTION CHARGES PER PERSON				
	AFT Payers		Monthly Bill Payers	
	2013 Rate	2014 Rate	2013 Rate	2014 Rate
Plan A (by age)	\$198	\$203.00	\$203	\$208.00
Plan A (by disability)	\$277	\$284.00	\$282	\$289.00

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