PREMERA BLUE CROSS

P.O. Box 327, MS 295
Seattle, WA 98111

Notice of Changes in Medicare and Medicare Supplment Coverage

November 2025

0780111
WA MSN1
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ENDORSE
NAME
ADDRESS1
ADDRESS2
CSZ
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Washington

Dear NAME:

0780111
WA MSN1
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Thank you for being a member of the Premera Blue Cross Medicare Supplement plan.

Medicare made changes to the level of coverage it provides, effective January 1, 2026. You are receiving details of the changes in this letter.

Part A hospital deductible will change from $1,676 to $1,736
Part A hospital copay, days 61-90 will change from $419 to $434
Part A hospital copay, day 91 or after will change from $838 to $868
Part A skilled facility copay, days 21-100 will change from $209.50 to $217
Part B deductible will change from $257 to $283
Plan N Office Visit Copay will remain $20.00
Plan N Emergency Room Visit Copay will remain $50.00

You will find more details on the reverse side of this letter. It includes information about your current health coverage. If you'd like to keep your current Premera Blue Cross Medicare Supplement plan – no action is needed.

As a leader in healthcare coverage for Washingtonians, Premera is committed to improving your life by making healthcare work better. If you have any questions about your Premera Blue Cross Medicare Supplement plan, please call us at 800-722-1471 (TTY: 711). You can also visit us online at premera.com/ms.

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

Sincerely,
Premera Blue Cross

Plan N

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 Premera		YOU	
	In 2025, Medicare Paid	**In 2026, Medicare Will Pay**	**In 2025, Plan N Paid**	**In 2026, Plan N Will Pay**	**In 2025, You Paid**	**In 2026, You Will Pay**
Inpatient Hospital Deductible	All but $1,676 first 60 days per benefit period	All but $1,736 first 60 days per benefit period	$1,676	$1,736	$0	$0
Inpatient Hospital Copayment	All but $419 a day	All but $434 a day	$419 a day	$434 a day	$0	$0
Lifetime Reserve (60 additional days)	All but $838 a day	All but $868 a day	$838 a day	$868 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 $209.50 a day	All but $217 a day	Up to $209.50 a day	Up to $217 a day	$0	$0
101st day and after	$0	$0	$0	$0	All Costs	All Costs
Part B Deductible	$0	$0	$0	$0	First $257 of Part B Medicare-approved amounts	First $283 of Part B Medicare-approved amounts
Remainder of Medicare approved amounts	Generally 80%	Generally 80%	All but up to: $20.00 copay per office visit and $50.00 copay per emergency room visit	All but up to: $20.00 copay per office visit and $50.00 copay per emergency room visit	Up to: $20.00 copay per office visit and $50.00 copay per emergency room visit	Up to: $20.00 copay per office visit and $50.00 copay per emergency room visit

To obtain a copy of our *Notice of Privacy Practices*, please visit us at **premera.com/ms** for an electronic copy. For a paper copy, please contact us as listed below:

Premera Blue Cross
PO Box 91102
Seattle, WA 98111
800-722-1471

Notice of availability and nondiscrimination **800-722-1471 | 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.
Зверніться 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.
મુફત ભાષા સહાયિતા સેવાઓ અને ઉચિત સહાયિક ચીજો અને સેવાઓ વાસતે કાલ કરો।
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross (Premera) complies with applicable Federal and Washington state 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, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, 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. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

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