

**Notice of changes in Medicare and
Medicare Supplement Coverage****Washington****November 2020**

Dear :

Thank you for being a member of the Medicare Supplement plan.

Medicare made changes to the level of coverage it provides, effective January 1, 2021. You are receiving details of the changes in this letter.

- Part A hospital deductible will change from \$1,408 to \$1,484
- Part A hospital copay, days 61-90 will change from \$352 to \$371
- Part A hospital copay, day 91 or after will change from \$704 to \$742
- Part A skilled facility copay, days 21-100 will change from \$176 to \$185.50
- Part B deductible will change from \$198 to \$203
- High Deductible Plan F calendar year deductible will change from \$2,340 to \$2,370

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

Over>

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High Deductible Plan F (HDF)

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.

Benefits for High Deductible Plan F will not begin until the out-of-pocket expenses exceed \$2,370.

SERVICE	MEDICARE		PLAN Premera		YOU	
	In 2020, Medicare Paid	In 2021, Medicare Will Pay	In 2020, HDF Paid	In 2021, HDF Will Pay	In 2020, You Paid	In 2021, You Will Pay
Inpatient Hospital Deductible	All but \$1,408 first 60 days per benefit period	All but \$1,484 first 60 days per benefit period	\$1,408	\$1,484	\$0	\$0
Inpatient Hospital Copayment	All but \$352 a day	All but \$371 a day	\$352 a day	\$371 a day	\$0	\$0
Lifetime Reserve (60 additional days)	All but \$704 a day	All but \$742 a day	\$704 a day	\$742 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 \$176 a day	All but \$185.50 a day	Up to \$176.00 a day	Up to \$185.50 a day	\$0	\$0
101st day and after	\$0	\$0	\$0	\$0	All Costs	All Costs
Part B Deductible	\$0	\$0	First \$198 of Part B Medicare-approved amounts	First \$203 of Part B Medicare-approved amounts	\$0	\$0

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 MS 718
 PO Box 327
 Seattle, WA 98111-0327
 800-427-7272

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. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the 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, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល

គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711)።

XIYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711). *ملحوظة:* إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດອຸບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີສຳລັບທ່ານ. ໂທ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.