

Month X, 2020

<SBR_FIRST_NAME>
<SBR_LAST_NAME>
<ADDR1>, <ADDR2>
<CITY>, <STATE> <ZIP>

Important: It's time to review your health coverage. Take action by December 15, 2020, or you'll be automatically re-enrolled in the same or similar coverage. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing Premera Blue Cross Blue Shield of Alaska for your health care needs. We're here to help you prepare for Open Enrollment.

Why am I getting this letter?

Your health coverage is still being offered in 2021, but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Unless you take action by December 15, 2020, you'll be automatically enrolled in this plan for 2021.

Important: This isn't an Exchange plan. This means you won't get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if you remain enrolled in this plan. To see if you qualify for these savings and to enroll in an Exchange plan, visit [HealthCare.gov](https://www.healthcare.gov) by December 15, 2020. If you don't enroll in an Exchange plan by December 15, 2020, you may not be able to switch to one for 2021, even if your finances change.

Changes you'll see to your plan in 2021

Your new premium

- Your 2020 monthly premium is <<2020_RATE>>.
- **Starting in January, your estimated monthly premium will be <<2021_RATE>>.**
Important: This is only an estimate based on current information we have. It doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. You'll see your new monthly payment amount when you get your January bill.

Other changes

	Current 2020 Plan	2021 Plan We Chose For You
	<ul style="list-style-type: none">• <<2020_PLAN_NAME>>• <<2020_PLAN_HIOS>>	<ul style="list-style-type: none">• <<2021_PLAN_NAME>>• <<2021_PLAN_HIOS>>
Changes to your benefits	[For benefits changes, list what the benefits were in 2020 or write “no change.” Use additional lines and bullet points as needed.]	[List changes to benefits or write “no change.” Use additional lines and bullet points as needed.]
Changes to your cost sharing	[For cost-sharing changes, list what the cost-sharing was in 2020 or write “no change.” Use additional lines and bullet points as needed.]	[List changes in cost sharing, (including but not limited to changes in metal-level tier, out of pocket maximum, or deductible), or write “no change.” Use additional lines and bullet points as needed.]

- You can review more details about your plan at premera.com and in your 2021 Summary of Benefits and Coverage.

What you need to do

Decide if you want to enroll in this plan or choose another one.

- **I want to enroll in this plan.**
Pay the new monthly premium by December 31, 2020 and you'll be automatically enrolled.
- **I want to pick a different plan.**
You can choose a different plan between November 1, 2020, and December 15, 2020. Enroll by December 15, 2020 for coverage to start January 1.

Here are some ways to look at other plans and enroll:

- Check with Premera to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through the Exchange.
- Visit HealthCare.gov to see Exchange plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.

We're here to help

- Call Premera at 800-809-9361 or visit premera.com.
- Visit HealthCare.gov, or call 1-800-318-2596 (TTY: 1-855-889-4325) to learn more about the Exchange and to see if you qualify for lower costs.

- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- [\[IF PRODUCER_IND = Y\]](#) Contact an agent or broker you've worked with before, like <<PRODUCER_NAME>>. [\[IF PRODUCER_PHONE_IND = Y\]](#) Call <<PRODUCER_PHONE>>.
- Call 800-809-9361 (TTY: 711) to request a reasonable accommodation at no cost to you if you have a disability.

Sincerely,

A handwritten signature in black ink that reads "Jim Havens". The signature is fluid and cursive, with the first name "Jim" and last name "Havens" clearly distinguishable.

Jim Havens
Senior Vice President
Individual and Senior Markets
Premiera Blue Cross Blue Shield of Alaska

Getting help in other languages

Discrimination is Against the Law

Premera Blue Cross Blue Shield of Alaska (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

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Tumawag sa 800-809-9361 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-809-9361 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-809-9361 (TTY: 711) 번으로 전화해 주십시오.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-809-9361 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Звоните 800-809-9361 (телетайп: 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 800-809-9361 (TTY: 711)。

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe,

Telefoni mai: 800-809-9361 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໄວ້ທ່ານ. ໂທ 800-809-9361 (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。800-809-9361 (TTY: 711) まで、お電話にてご連絡ください。

PAKDAAR: Nu saritaem ti llocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam.

Awagan ti 800-809-9361 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-809-9361 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-809-9361 (телетайп: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-809-9361 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Rufnummer: 800-809-9361 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-809-9361 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-809-9361 (رقم هاتف الصم والبكم: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-809-9361 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-809-9361 (ATS: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-809-9361 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-809-9361 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-809-9361 (TTY: 711) تماس بگیرید.

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