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**Notice of changes in Medicare and  
Medicare Supplement Coverage**

**Alaska**

**November 2024**

Dear Member:

Thank you for being a member of the Premera Blue Cross Blue Shield of Alaska Medicare Supplement plan.

Medicare made changes to the level of coverage it provides, effective January 1, 2025. You are receiving details of the changes in this letter.

- Part A hospital deductible will change from \$1632 to \$1,676
- Part A hospital copay, days 61-90 will change from \$408 to \$419
- Part A hospital copay, day 91 or after will change from \$816 to \$838
- Part A skilled facility copay, days 21-100 will change from \$204 to \$209.50
- Part B deductible will change from \$240 to \$257

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 Blue Shield of Alaska Medicare Supplement plan – no action is needed.

As a leader in healthcare coverage for Alaskans, Premera is committed to improving your life by making healthcare work better. If you have any questions about your Premera Blue Cross Blue Shield of Alaska Medicare Supplement plan, please call us at 800-508-4722 (TTY: 711). You can also visit us online at [premera.com/msak](https://premera.com/msak).

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

Sincerely,  
Premera Blue Cross Blue Shield of Alaska

## Plan F

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 2024,<br>Medicare<br>Paid                     | In 2025,<br>Medicare<br>Will Pay                 | In 2024,<br>Plan F<br>Paid                      | In 2025,<br>Plan F<br>Will Pay                  | In 2024,<br>You Paid | In 2025,<br>You Will<br>Pay |
| <b>Inpatient Hospital Deductible</b>                    | All but \$1,632 first 60 days per benefit period | All but \$1,676 first 60 days per benefit period | \$1,632                                         | \$1,676                                         | \$0                  | \$0                         |
| <b>Inpatient Hospital Copayment</b>                     | All but \$408 a day                              | All but \$419 a day                              | \$408 a day                                     | \$419 a day                                     | \$0                  | \$0                         |
| <b>Lifetime Reserve (60 additional days)</b>            | All but \$816 a day                              | All but \$838 a day                              | \$816 a day                                     | \$838 a day                                     | \$0                  | \$0                         |
| <b>Post-hospital Skilled Nursing Facility Copayment</b> |                                                  |                                                  |                                                 |                                                 |                      |                             |
| First 20 days                                           | All approved amounts                             | All approved amounts                             | \$0                                             | \$0                                             | \$0                  | \$0                         |
| 21st thru 100th day                                     | All but \$204 a day                              | All but \$209.50 a day                           | Up to \$204 a day                               | Up to \$209.50 a day                            | \$0                  | \$0                         |
| 101st day and after                                     | \$0                                              | \$0                                              | \$0                                             | \$0                                             | All Costs            | All Costs                   |
| <b>Part B Deductible</b>                                | \$0                                              | \$0                                              | First \$240 of Part B Medicare-approved amounts | First \$257 of Part B Medicare-approved amounts | \$0                  | \$0                         |

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

Premera Blue Cross  
PO Box 327  
Seattle, WA 98111  
800-722-1471

## Notice of availability and nondiscrimination 800-508-4722 | TTY: 711

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

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

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

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.

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

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。

Vala'au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa'aopo'opo talafeagai ma auaunaga.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ສຍຄ່າ.

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。

Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.

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

Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

ติดต่อขอรับการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่นๆ เพิ่มเติม

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

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.

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 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, 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, or sex. 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, 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, TTY: 711, Fax: 425-918-5592, Email [AppealsDepartmentInquiries@Premera.com](mailto: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>.