# Preferred Gold, Bronze, and Bronze HSA

Available on HealthCare.gov or directly from Premera

PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

An Independent Licensee of the Blue Cross Blue Shield Association

## Monthly rates for individuals and families

Start date: Jan. 1, 2024

## Area 2

These rates apply if you live in a ZIP code that begins with 996 or 997.

Rates will be adjusted if you apply through the exchange and are eligible for a subsidy.

## Determine your monthly rate

**Step 1: Choose a plan and a deductible amount from the chart.** The chart shows the deductible for an individual. The deductible for a family is 2 times the individual deductible. A deductible is the amount you pay each year before the health plan starts to pay for certain services. Copayments do not count toward meeting your deductible.

**Step 2: Find your age and circle the rate that applies to your use or non-use of tobacco.** Tobacco use means use of any tobacco product on average 4 or more times per week within the past 6 months. Tobacco use does not include religious or ceremonial use. E-cigarettes are not considered tobacco.

**Step 3: Repeat step 2 for each eligible family member you wish to add to your health care plan.** Eligible family members include you, your spouse or domestic partner, and your legal dependents and children under age 26. Monthly rates are charged for all dependents and children age 21 and older and for the first 3 oldest dependents and children under age 21. Additional dependents and children age 20 and younger are not charged.

**Step 4: Add up the circled amounts.** The total will be the dollar amount of your monthly health plan bill.

| | |
|---|---|
| You | $ |
| + Spouse/Domestic partner | $ |
| + Dependent | $ |
| + Dependent | $ |
| + Dependent | $ |
| Total monthly rate | $ |

| | Gold | | Bronze | | Bronze HSA | |
|---|---|---|---|---|---|---|
| Deductible | $1,500 | | $6,350 | | $5,800 | |
| AGE | Non-tobacco | Tobacco | Non-tobacco | Tobacco | Non-tobacco | Tobacco |
| 0-14 | 524.68 | 524.68 | 399.01 | 399.01 | 400.85 | 400.85 |
| 15 | 571.31 | 571.31 | 434.48 | 434.48 | 436.48 | 436.48 |
| 16 | 589.15 | 589.15 | 448.04 | 448.04 | 450.11 | 450.11 |
| 17 | 606.98 | 606.98 | 461.60 | 461.60 | 463.73 | 463.73 |
| 18 | 626.18 | 626.18 | 476.21 | 476.21 | 478.40 | 478.40 |
| 19 | 645.39 | 645.39 | 490.81 | 490.81 | 493.07 | 493.07 |
| 20 | 665.28 | 665.28 | 505.94 | 505.94 | 508.27 | 508.27 |
| 21 | 685.85 | 737.29 | 521.58 | 560.70 | 523.99 | 563.29 |
| 22 | 685.85 | 737.29 | 521.58 | 560.70 | 523.99 | 563.29 |
| 23 | 685.85 | 737.29 | 521.58 | 560.70 | 523.99 | 563.29 |
| 24 | 685.85 | 737.29 | 521.58 | 560.70 | 523.99 | 563.29 |
| 25 | 688.59 | 740.24 | 523.67 | 562.95 | 526.08 | 565.54 |
| 26 | 702.31 | 754.98 | 534.10 | 574.16 | 536.56 | 576.81 |
| 27 | 718.77 | 772.68 | 546.62 | 587.62 | 549.14 | 590.32 |
| 28 | 745.52 | 801.43 | 566.96 | 609.48 | 569.57 | 612.29 |
| 29 | 767.47 | 825.03 | 583.65 | 627.43 | 586.34 | 630.32 |
| 30 | 778.44 | 836.82 | 592.00 | 636.40 | 594.73 | 639.33 |
| 31 | 794.90 | 854.52 | 604.52 | 649.85 | 607.30 | 652.85 |
| 32 | 811.36 | 872.21 | 617.03 | 663.31 | 619.88 | 666.37 |
| 33 | 821.65 | 883.27 | 624.86 | 671.72 | 627.74 | 674.82 |
| 34 | 832.62 | 895.07 | 633.20 | 680.69 | 636.12 | 683.83 |
| 35 | 838.11 | 900.97 | 637.38 | 685.18 | 640.31 | 688.34 |
| 36 | 843.60 | 906.87 | 641.55 | 689.66 | 644.51 | 692.84 |
| 37 | 849.08 | 912.76 | 645.72 | 694.15 | 648.70 | 697.35 |
| 38 | 854.57 | 918.66 | 649.89 | 698.64 | 652.89 | 701.86 |
| 39 | 865.54 | 930.46 | 658.24 | 707.61 | 661.27 | 710.87 |
| 40 | 876.52 | 942.26 | 666.58 | 716.58 | 669.66 | 719.88 |
| 41 | 892.98 | 959.95 | 679.10 | 730.04 | 682.23 | 733.40 |
| 42 | 908.75 | 976.91 | 691.10 | 742.93 | 694.28 | 746.36 |
| 43 | 930.70 | 1000.50 | 707.79 | 760.87 | 711.05 | 764.38 |
| 44 | 958.13 | 1029.99 | 728.65 | 783.30 | 732.01 | 786.91 |
| 45 | 990.37 | 1064.65 | 753.17 | 809.66 | 756.64 | 813.39 |
| 46 | 1028.78 | 1105.93 | 782.38 | 841.05 | 785.98 | 844.93 |
| 47 | 1071.98 | 1152.38 | 815.24 | 876.38 | 818.99 | 880.42 |
| 48 | 1121.37 | 1205.47 | 852.79 | 916.75 | 856.72 | 920.97 |
| 49 | 1170.06 | 1257.82 | 889.82 | 956.56 | 893.92 | 960.97 |
| 50 | 1224.93 | 1316.80 | 931.55 | 1001.42 | 935.84 | 1006.03 |
| 51 | 1279.11 | 1375.04 | 972.75 | 1045.71 | 977.24 | 1050.53 |
| 52 | 1338.78 | 1439.19 | 1018.13 | 1094.49 | 1022.82 | 1099.54 |
| 53 | 1399.14 | 1504.07 | 1064.03 | 1143.83 | 1068.94 | 1149.11 |
| 54 | 1464.29 | 1574.11 | 1113.58 | 1197.10 | 1118.71 | 1202.62 |
| 55 | 1529.45 | 1644.16 | 1163.13 | 1250.37 | 1168.49 | 1256.13 |
| 56 | 1600.09 | 1720.10 | 1216.86 | 1308.12 | 1222.46 | 1314.15 |
| 57 | 1671.42 | 1796.77 | 1271.10 | 1366.43 | 1276.96 | 1372.73 |
| 58 | 1747.55 | 1878.61 | 1329.00 | 1428.67 | 1335.12 | 1435.26 |
| 59 | 1785.27 | 1919.16 | 1357.68 | 1459.51 | 1363.94 | 1466.24 |
| 60 | 1861.40 | 2001.00 | 1415.58 | 1521.75 | 1422.10 | 1528.76 |
| 61 | 1927.24 | 2071.78 | 1465.65 | 1575.58 | 1472.41 | 1582.84 |
| 62 | 1970.45 | 2118.23 | 1498.51 | 1610.90 | 1505.42 | 1618.32 |
| 63 | 2024.63 | 2176.48 | 1539.72 | 1655.20 | 1546.81 | 1662.82 |
| 64+ | 2057.55 | 2211.87 | 1564.74 | 1682.10 | 1571.96 | 1689.86 |

## We want to make it simple and easy for you to understand your health plan.

### Important notes

- Individual health plans are available to permanent Alaska residents who are not enrolled in Medicare Part A or Part B.
- Rates are based on your current age. When your age changes during the year, your rate will not change until the next time you enroll in a health plan.
- The deductible amount listed for each rate category is the individual deductible. The family deductible is 2 times the individual deductible.

### Contact us

For enrollment information or if you have questions about Premera Blue Cross Blue Shield of Alaska:

- Visit premera.com
- Call 877-Premera (877-773-6372).
- Talk to a producer, a licensed professional also known as an agent.

## Notice of availability and nondiscrimination 800-809-9361 | 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 ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
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.
Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.
ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่น ๆ 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.

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