

Premera Blue Cross Individual Plans | 2021 Letter Guide

For metallic (non-grandfathered) plans, except King County



BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

On the exchange (Washington Healthplanfinder)

2020 Plan Name	Type	Drug List*	Status for 2021	2021 Plan Name	Type	Drug List	Link to Letter
Preferred Gold EPO 1000	EPO	M4	Discontinued (Mapped to plan in next column)	Plan Summary: Preferred Gold EPO 1500 Rate Sheets: Area 6	EPO	M4	Member letter
Preferred Gold EPO 1500	EPO	M4	Renew	Plan Summary: Preferred Gold EPO 1500 Rate Sheets: Area 2 , Area 3 , Area 6	EPO	M4	Member letter
Preferred Silver EPO 4500	EPO	M4	Renew	Plan Summary: Preferred Silver EPO 4100 Rate Sheets: Area 2 , Area 3 , Area 6	EPO	M4	
Preferred Bronze EPO 6350	EPO	M2	Renew	Plan Summary: Preferred Bronze EPO 6350 Rate Sheets: Area 2 , Area 3 , Area 6	EPO	M2	
Preferred Bronze HSA EPO 5250	EPO	M2	Renew	Plan Summary: Preferred Bronze HSA EPO 6100 Rate sheets: Area 2 , Area 3 , Area 6	EPO	M2	

Off the exchange

2020 Plan Name	Type	Drug List*	Status for 2021	2021 Plan Name	Type	Drug List	Link to Letter
Preferred Gold EPO 1500	EPO	M4	Renew	Plan Summary: Preferred Gold EPO 1500 Rate Sheets: Area 2 , Area 3 , Area 6	EPO	M4	Member letter
Preferred Silver EPO 4500	EPO	M4	Renew	Plan Summary: Preferred Silver EPO 4100 Rate Sheets: Area 2 , Area 3 , Area 6	EPO	M4	
Preferred Bronze EPO 6350	EPO	M2	Renew	Plan Summary: Preferred Bronze EPO 6350 Rate Sheets: Area 2 , Area 3 , Area 6	EPO	M2	
Preferred Bronze HSA EPO 5250	EPO	M2	Renew	Plan Summary: Preferred Bronze HSA EPO 6100 Rate sheets: Area 2 , Area 3 , Area 6	EPO	M2	

* Select the correct drug list from the Rx Search tool.