

Premera Blue Cross Individual Plans | 2024 Letter Guide

For non-grandfathered plans



All Premera individual plans are exclusive provider organization (EPO) plans.

On exchange (Washington Healthplanfinder)					
2023 Plan Name	2023 Drug List	Status for 2024	2024 Plan Name	2024 Drug List	Link to Letter
Preferred Gold EPO 1500	M4	Renew	Plan Summary: Preferred Gold EPO 1500 Rate sheets: for Areas 1 , 2 , 4 , 5 , 6	M4	Member letter
Preferred Silver EPO 4300	M4	Renew	Plan Summary: Preferred Silver EPO 4500 Rate sheets for Areas 1 , 2 , 4 , 5 , 6	M4	Member letter
Preferred Bronze EPO 6350	M2	Renew	Plan Summary: Preferred Bronze EPO 6650 Rate sheets for Areas 1 , 2 , 4 , 5 , 6	M4	Member letter
Preferred Bronze HSA EPO 6100	M2	Renew	Plan Summary: Preferred Bronze HSA EPO 6400 Rate sheets for Areas 1 , 2 , 4 , 5 , 6	M2	Member letter
Cascade Gold	M4	Renew	Plan Summary: Cascade Gold Rate sheets for Areas 1 , 2 , 4 , 5 , 6	M4	Member letter
Cascade Silver	M4	Renew	Plan Summary: Cascade Care Silver Rate sheets for Areas 1 , 2 , 4 , 5 , 6	M4	Member letter
Cascade Bronze	M4	Renew	Plan Summary: Cascade Care Bronze Rate sheets for Areas 1 , 2 , 4 , 5 , 6	M4	Member letter