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

Alaska

November 2023

Dear NAME:

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, 2024. You are receiving details of the changes in this letter.

- Part A hospital deductible will change from \$1,600 to \$1,632
- Part A hospital copay, days 61-90 will change from \$400 to \$408
- Part A hospital copay, day 91 or after will change from \$800 to \$816
- Part A skilled facility copay, days 21-100 will change from \$200 to \$204
- Part B deductible will change from \$226 to \$240

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.

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

Sincerely,
Premera Blue Cross Blue Shield of Alaska

Over >

Plan I

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 2023, Medicare Paid	In 2024, Medicare Will Pay	In 2023, Plan I Paid	In 2024, Plan I Will Pay	In 2023, You Paid	In 2024, You Will Pay
Inpatient Hospital Deductible	All but \$1,600 first 60 days per benefit period	All but \$1,632 first 60 days per benefit period	\$1,600	\$1,632	\$0	\$0
Inpatient Hospital Copayment	All but \$400 a day	All but \$408 a day	\$400 a day	\$408 a day	\$0	\$0
Lifetime Reserve (60 additional days)	All but \$800 a day	All but \$816 a day	\$800 a day	\$816 a day	\$0	\$0
Post-hospital Skilled Nursing Facility Copayment						
First 20 days	All approved amounts	All approved amounts	\$0	\$0	\$0	\$0
21st thru 100th day	All but \$200 a day	All but \$204 a day	Up to \$200 a day	Up to \$204 a day	\$0	\$0
101st day and after	\$0	\$0	\$0	\$0	All Costs	All Costs
Part B Deductible	\$0	\$0	\$0	\$0	First \$226 of Part B Medicare-approved amounts	First \$240 of Part B Medicare-approved amounts

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

Premera Blue Cross
 PO Box 91059
 Seattle, WA 98111
 800-722-1471

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, sex, gender identity, or sexual orientation. 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, sex, gender identity, or sexual orientation, 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 800-508-4722 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-508-4722 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-508-4722 (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 800-508-4722 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-508-4722 (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 800-508-4722 (TTY: 711)。

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se togoti, mo oe, Telefoni mai: 800-508-4722 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-508-4722 (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。800-508-4722 (TTY:711) まで、お電話にてご連絡ください。

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 800-508-4722 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-508-4722 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-508-4722 (телетайп: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-508-4722 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-508-4722 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-508-4722 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-508-4722 (رقم هاتف الصم والبكم: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-508-4722 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-508-4722 (ATS: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-508-4722 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-508-4722 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-508-4722 (TTY: 711) تماس بگیرید.