

Start your Medicare journey

DO YOU THINK MEDICARE IS CONFUSING? YOU'RE NOT ALONE. LET PREMERA HELP NAVIGATE YOU THROUGH YOUR MEDICARE JOURNEY.

1

FIND OUT IF YOU QUALIFY

You must be a US citizen or resident and be:

Age 65
or older

OR

Under
age 65
and disabled

OR

Living with
end-stage
renal disease



Your **Initial Enrollment Period** is 3 months prior to the month of, or 3 months after you turn 65. After that, you can enroll annually during Open Enrollment or during a Special Enrollment Period.

2

ENROLL IN ORIGINAL MEDICARE

ORIGINAL MEDICARE

Federally administered system of health insurance

PART A (HOSPITAL COVERAGE)

Covers hospital visits and stays

PART B (MEDICAL INSURANCE)

Covers doctors' visits and outpatient care
Covers 80% of most services

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DECIDE IF YOU NEED MORE COVERAGE

OFFERED BY PRIVATE INSURANCE COMPANIES

1

PURCHASE A PART C PLAN (MEDICARE ADVANTAGE)

Premera Medicare Advantage plans cover Parts A, B, and D in one plan. Some also include vision, fitness, and dental as well.

2

PURCHASE A PART D PLAN

PART D (Drug coverage)
Covers prescriptions

AND/OR

MEDICARE SUPPLEMENT

Extra health insurance that covers cost that Original Medicare doesn't, like copayments, deductibles, and care outside of the US.

How do I enroll?



OVER THE PHONE BY CALLING
888-868-7767 (TTY: 711)



ONLINE AT
PREMERA.COM/MA



VISIT A LOCAL
LICENSED AGENT

CONTACT

AT

FOR MORE INFORMATION.

More about Medicare Advantage

WHAT ARE THE COSTS?

PART A (HOSPITAL COVERAGE)

No monthly premium for most people, but there is a deductible of \$1316.

PART B (MEDICAL INSURANCE)

\$134 monthly premium for most people, and a \$183 deductible.

PART C (MEDICARE ADVANTAGE)

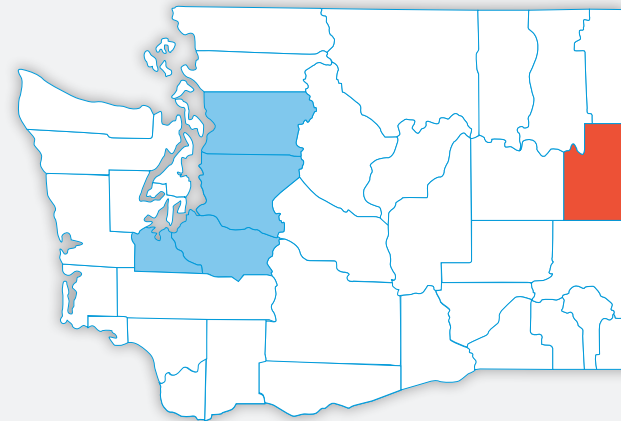
Varies by plan and coverage, but starts at \$0.

PART D (DRUG COVERAGE)

We've got you covered. Prescription coverage is included with Premera's Medicare Advantage plans.

WHERE CAN I GO?

Although we can't list everyone, here's a list of provider groups in our network:



- | | |
|-------------------------------------|----------------------------------|
| EvergreenHealth | UW Medicine |
| MultiCare Health System | Virginia Mason Medical Center |
| Northwest Physicians Network | Western Washington Medical Group |
| Overlake Medical Center and Clinics | |
| Pacific Medical Centers | Columbia Medical Associates |
| Providence Health & Services | MultiCare Health System |
| Swedish Health Services | Providence Health and Services |
| The Everett Clinic | Rockwood Clinic |
| The Polyclinic | Spokane Internal Medicine |

WHAT IS INCLUDED IN MY COVERAGE?

Here are a few popular drugs covered by Premera's Medicare Advantage plans*:

Advair®	Levemir FlexTouch®	NovoLog FlexPen®
amlodipine	levothyroxine	omeprazole
atorvastatin	lisinopril	ramipril
clopidogrel	Lumigan®	rosuvastatin
furosemide	losartan	simvastatin
Januvia®	metformin	Symbicort®

*Drugs may be subject to restrictions, see formulary at premera.com/ma for details

Order your drugs online and have them delivered to your home or fill them at common pharmacies like:

CVS Pharmacy	Costco	Safeway
Albertsons	Fred Meyer	Walmart
Bartell Drugs	Rosauers	Yoke's

Go to premera.com/ma to see complete lists of covered drugs, in-network providers, and pharmacies.

Discrimination is Against the Law. Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Getting Help in Other Languages. This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 888-850-8526 (TTY: 711).

Español (Spanish): Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso.

Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 888-850-8526 (TTY: 711).

中文 (Chinese): 本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 888-850-8526 (TTY: 711)。

Premera Blue Cross is an HMO plan with a Medicare contract. Enrollment in Premera Blue Cross depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. The formulary, pharmacy network, and provider network may change at any time. You will receive notice when necessary.

Other pharmacies and providers are available in our network. This is not a complete list of drugs covered by our plan. For a complete listing, please call 888-868-7767 (TTY: 711) or visit premera.com/ma.