

Premera is in your corner

We believe an informed choice is the best choice. That's why this brochure highlights information about our Medicare Advantage plans for 2019. With more knowledge, you can feel confident in your decision to choose a plan that's right for you.

For more information or to enroll in a Premera Medicare Advantage Plan:

- Call toll free **888-868-7767** (TTY/TDD: 711)
- Visit premera.com/ma
- Attend one of our benefit seminars. Find an event near you on premera.com/ma.
- Contact your local producer, a licensed agent or broker

Premera Blue Cross Medicare Advantage plans are available for Medicare beneficiaries in Spokane and Stevens counties. 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. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.

Premera Blue Cross is an Independent Licensee of the Blue Cross Blue Shield Association.

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/TDD: 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/TDD: 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/TDD: 711)。

H7245_PBC1726_Accepted
042857 (10-01-2018)

2019

Premera Blue Cross Medicare Advantage

HMO Plans

FOR SPOKANE AND STEVENS
COUNTIES

PREMERA | 
BLUE CROSS

**PREMERA BLUE CROSS
MEDICARE ADVANTAGE PLANS**

2019 plan highlights

	FOR SPOKANE COUNTY	FOR SPOKANE AND STEVENS COUNTIES
	HMO Plan benefits	Total Health HMO Plan benefits
	In-network only	In-network only
Monthly premium	\$0	\$24
Medical deductible	\$0	\$0
Annual out-of-pocket maximum	\$6,300	\$5,500
Primary care provider visit	\$15 copay	\$5 copay
Specialist visit	\$45 copay	\$45 copay
Inpatient hospital care	\$450 copay (days 1–4) \$0 copay (days 5+)	\$450 copay (days 1–4) \$0 copay (days 5+)
Outpatient services	Ambulatory surgical center: 15% coinsurance Outpatient hospital: 20% coinsurance	Ambulatory surgical center: 15% coinsurance Outpatient hospital: 20% coinsurance
Emergency care (worldwide)	\$75 copay (waived if admitted), worldwide coverage	\$75 copay (waived if admitted)
Preventive care	\$0	\$0
Annual physical exam	\$0 copay	\$0 copay
Lab service and x-rays	\$20 copay	\$20 copay
Eyewear allowance	Not covered	\$150 hardware reimbursement
Gym membership	\$0	\$0
Prescription coverage	Copays starting at \$4	Copays starting at \$2
Drug deductible	\$300 (waived for generics and preferred generics)	\$180 (waived for generics and preferred generics)
Preventive dental coverage	\$26/month (optional rider)	(\$0 copays from a preferred network dentist)

Great reasons to choose Premera Blue Cross

Preventive dental coverage

Our Total Health HMO plan includes preventive dental coverage with periodontal maintenance. HMO plan members can add dental coverage within 60 days of their enrollment each year for just \$26 a month.

Eyewear allowance

Receive up to \$150 a year to purchase new frames, lenses, and contacts (fittings are covered, too) if you're enrolled in our Total Health HMO plan.

Gym membership

Members receive a free gym membership with access to more than 13,000 participating gyms throughout the country.