

# Preferred Gold, Bronze, and Bronze HSA



BLUE CROSS BLUE SHIELD OF ALASKA

An Independent Licensee of the Blue Cross Blue Shield Association

Available on HealthCare.gov or directly from Premera

## Monthly rates for individuals and families

Start date: **Jan. 1, 2020**

### Area 3

These rates apply if you live in a ZIP code that begins with 998 or 999.

Rates will be adjusted if you apply through the exchange and are eligible for a subsidy.

### Determine your monthly rate

**Step 1: Choose a plan and a deductible amount from the chart.** The chart shows the deductible for an individual. The deductible for a family is 2 times the individual deductible. A deductible is the amount you pay each year before the health plan starts to pay for certain services. Copayments do not count toward meeting your deductible.

**Step 2: Find your age and circle the rate that applies to your use or non-use of tobacco.**

Tobacco use means use of any tobacco product on average 4 or more times per week within the past 6 months. Tobacco use does not include religious or ceremonial use. E-cigarettes are not considered tobacco.

**Step 3: Repeat step 2 for each eligible family member you wish to add to your health care plan.** Eligible family members include you, your spouse or domestic partner, and your legal dependents and children under age 26. Monthly rates are charged for all dependents and children age 21 and older and for the first 3 oldest dependents and children under age 21. Additional dependents and children age 20 and younger are not charged.

**Step 4: Add up the circled amounts.** The total will be the dollar amount of your monthly health plan bill.

You	\$
+ Spouse/Domestic partner	\$
+ Dependent	\$
+ Dependent	\$
+ Dependent	\$
<b>Total monthly rate</b>	<b>\$</b>

Deductible	Gold		Bronze		Bronze HSA	
	\$1,500		\$6,350		\$5,250	
AGE	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
0-14	394	394	292	292	283	283
15	429	429	318	318	309	309
16	442	442	328	328	318	318
17	456	456	337	337	328	328
18	470	470	348	348	338	338
19	485	521	359	386	349	375
20	499	537	370	398	359	386
21	515	554	381	410	371	398
22	515	554	381	410	371	398
23	515	554	381	410	371	398
24	515	554	381	410	371	398
25	517	556	383	412	372	400
26	527	567	390	420	379	408
27	540	580	400	430	388	417
28	560	602	415	446	403	433
29	576	619	427	459	415	446
30	584	628	433	465	421	452
31	597	642	442	475	429	462
32	609	655	451	485	438	471
33	617	663	457	491	444	477
34	625	672	463	498	450	484
35	629	676	466	501	453	487
36	633	681	469	504	456	490
37	637	685	472	508	459	493
38	642	690	475	511	462	496
39	650	699	481	517	468	503
40	658	707	487	524	474	509
41	670	721	497	534	482	519
42	682	733	505	543	491	528
43	699	751	517	556	503	541
44	719	773	533	573	518	556
45	744	799	551	592	535	575
46	772	830	572	615	556	597
47	805	865	596	641	579	623
48	842	905	623	670	606	651
49	878	944	651	699	632	680
50	920	989	681	732	662	711
51	960	1032	711	765	691	743
52	1005	1080	744	800	723	778
53	1050	1129	778	836	756	813
54	1099	1182	814	875	791	850
55	1148	1234	850	914	826	888
56	1201	1291	890	956	864	929
57	1255	1349	929	999	903	971
58	1312	1410	972	1045	944	1015
59	1340	1441	993	1067	965	1037
60	1397	1502	1035	1113	1006	1081
61	1447	1555	1072	1152	1041	1119
62	1479	1590	1096	1178	1065	1144
63	1520	1634	1126	1210	1094	1176
64+	1545	1661	1143	1230	1112	1194

We want to make it simple and easy for you to understand your health plan.

### Important notes

- Individual health plans are available to permanent Washington residents who are not enrolled in Medicare Part A or Part B.
- Rates are based on your current age. When your age changes during the year, your rate will not change until the next time you enroll in a health plan.
- The deductible amount listed for each rate category is the individual deductible. The family deductible is 2 times the individual deductible.

### Contact us

For enrollment information or if you have questions about Premera Blue Cross Blue Shield of Alaska:

- Visit [premera.com](https://www.premera.com)
- Call **877-Premera (877-773-6372)**.
- Talk to a **producer**, a licensed professional also known as an agent.