

Preferred Silver

Available directly from Premera



BLUE CROSS BLUE SHIELD OF ALASKA

An Independent Licensee of the Blue Cross Blue Shield Association

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	\$
Total monthly rate	\$

Silver		
Deductible	\$3,500	
AGE	Non-tobacco	Tobacco
0-14	331	331
15	361	361
16	372	372
17	383	383
18	395	395
19	408	438
20	420	452
21	433	466
22	433	466
23	433	466
24	433	466
25	435	468
26	444	477
27	454	488
28	471	506
29	485	521
30	492	529
31	502	540
32	512	551
33	519	558
34	526	565
35	529	569
36	533	573
37	536	576
38	540	580
39	547	588
40	554	595
41	564	606
42	574	617
43	588	632
44	605	651
45	625	672
46	650	698
47	677	728
48	708	761
49	739	794
50	774	832
51	808	868
52	846	909
53	884	950
54	925	994
55	966	1038
56	1011	1086
57	1056	1135
58	1104	1186
59	1128	1212
60	1176	1264
61	1217	1308
62	1244	1338
63	1279	1375
64+	1299	1397

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.