FOR BUSINESSES WITH
51+ EMPLOYEES

2025 health plan guide

PREMERA BLUE CROSS

PREMERA HMO

We care for our customers

The customer is at the center of all we do—that's why we offer plans that help you keep control of your expenses while giving your employees access to affordable, quality care.

FOR INSURED PLANS: SUBJECT TO CHANGE, PENDING REGULATOR FILING REVIEW.

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Here's why businesses choose Premera

Unmatched access and deep discounts

We offer a variety of provider network options so you can choose the level of access that works best for your employees.

Well-rounded benefits package

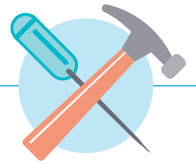
Choose from a range of plans to find the right balance that best fits the needs and budget for your business and your employees.

Programs for employees

Our built-in support programs encourage your employees to engage in their healthcare.

Personal health support

We make it easy for members to start their healthcare journey with personalized text messaging, digital case management, and an easy to use member app.

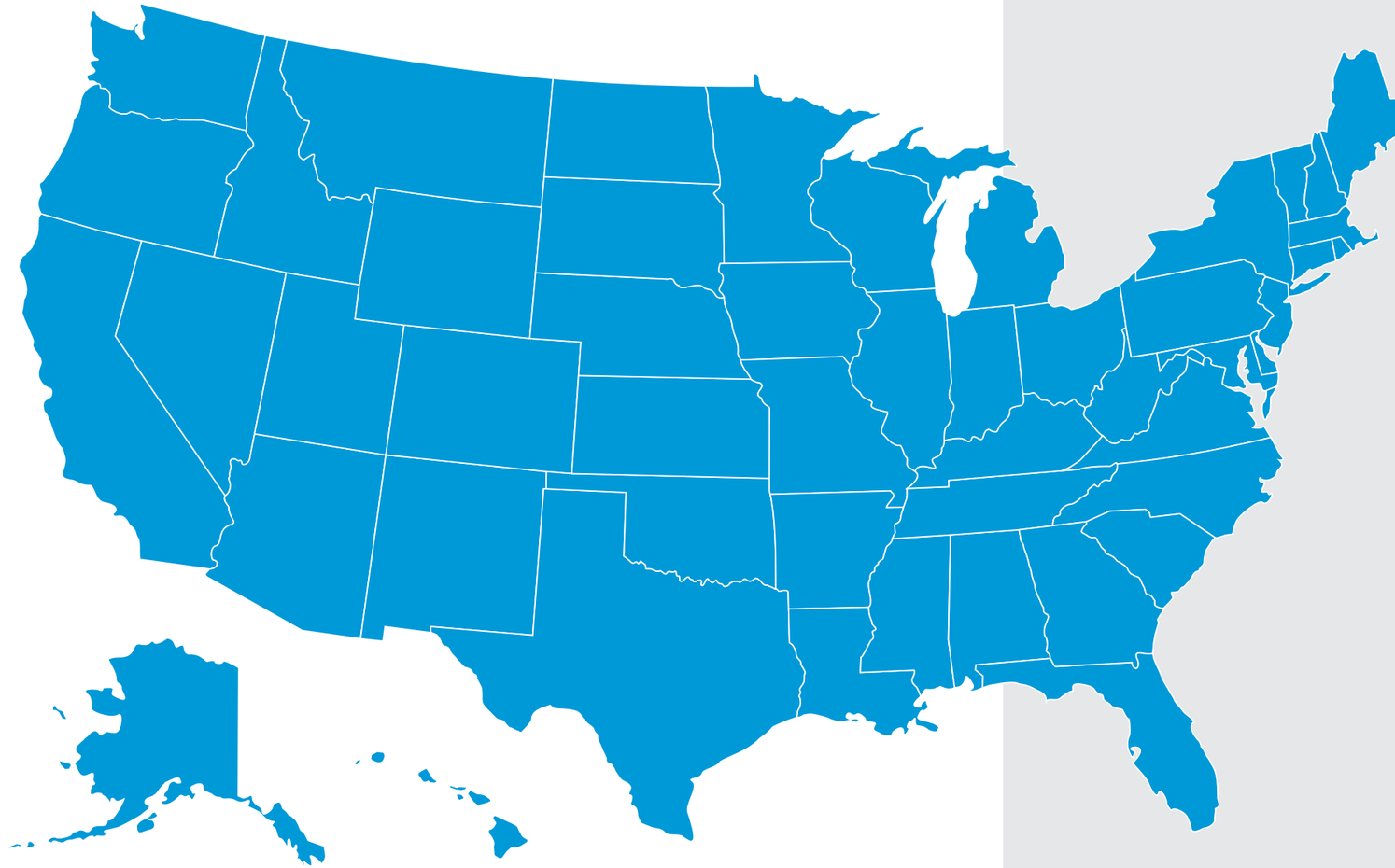


Administrative ease and support

Integrated benefits with Premera make for a streamlined experience for your employees when promoting components of your healthcare benefits or explaining plan utilization.

Meeting members where they are

With the broadest provider network in the state, Premera supports every member no matter where they are on their healthcare journey. From physical wellbeing to behavioral health and virtual care, we provide the support you need.



WE'RE IN YOUR CORNER

As a not-for-profit serving Washington since 1933, we're committed to having a positive impact in our communities. Through corporate giving, volunteering, and community engagement, we promote new partnerships and solutions to help make healthcare work better for the communities where we live and work.

How you fund your health plan matters

Premera offers three plan funding options that are designed to meet the needs of your business.

Fully insured

Group pays a fixed rate for employee health coverage. Premera pays all claims and assumes all risks for the group's health coverage.

GROUP PAYS FIXED RATE

PREMERA PAYS CLAIMS AND ASSUMES RISKS

OptiFlex

Group pays a fixed rate for employee health coverage but has more flexibility compared to fully insured funding.

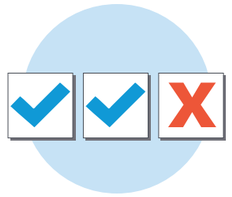
GROUP PAYS FIXED RATE

PLAN HAS PROTECTION AND FLEXIBILITY

Self-funded

Group assumes all the risk for providing healthcare benefits to its employees. This funding type offers the greatest amount of flexibility and plan customization.

GROUP ASSUMES HEALTHCARE RISK



PLAN HAS FLEXIBILITY AND CUSTOMIZATION

Enhanced Case Management

FOR SELF FUNDED GROUPS

Mitigate rising healthcare costs with innovative predictive technology and robust digital tools with Enhanced Case Management.

An integrated case management approach

Our core case management program at Premera focuses on the whole person, addressing members' physical and behavioral health challenges, social determinants of health, and barriers within the healthcare delivery system. The program identifies members with high-risk or complex health conditions who would benefit from intervention and, with guidance from a dedicated personal health support clinician, helps them navigate their healthcare journey.

The benefits of Enhanced Case Management

- Reduce future clinical costs
- Enhance the member experience
- Increase access to support

Harnessing actionable data insights can maximize early intervention opportunities.

87%

precision in predicting future high-cost claimants[1]

Studies indicate that using **digital member programs** with **case management intervention** leads to **improved member health outcomes**.[2]

[1] Foundation Model Overview, Prealize Health 2024
[2] A pragmatic methodology for the evaluation of digital care management in the context of multimorbidity, Journal of Medical Economics, Volume 24, 2021 — Issue 1

A valuable member experience

Our Enhanced Case Management program includes a digital case management mobile app that provides your employees and their families with the following resources:

- **Secure chat** — flexibility for members to engage with their personal health support clinician when they want, using their preferred communication method.
- **Navigation support** — ability to identify healthcare needs for more members in your population and easily direct them to the right care programs, physicians, and high-value services.
- **Member resource center** — access to clinically reviewed health and wellness articles and extensive condition and self-management programs. Members can easily filter, scan, and find information they need.

Download the flyer and contact your Premera account representative to help you determine if Enhanced Case Management is the right solution for your employees and your benefit strategy.

Chronic Condition Management Plus

Chronic conditions like diabetes and hypertension are costly and highly prevalent. Six in ten adults in the United States have at least one chronic condition.[1] Premera offers a full collection of virtual chronic condition management solutions to support members with pre-diabetes, diabetes, and hypertension.

How Plus programs work

Programs and multi-condition support are based on the primary condition with highest severity

PRIMARY CONDITION

Members primary conditions are determined by their severity risk scores and diagnoses

- Diabetes
- Pre-diabetes
- Hypertension

RISK

PRIMARY ENROLLMENT

Members are enrolled in the program that matches their primary condition[2]

- Diabetes Management Plus
- Diabetes Prevention Plus
- Hypertension Plus

MULTI-CONDITION SUPPORT

Members are then enrolled in other Plus programs for additional diagnoses. Weight loss and mental health are available across all programs

- Diabetes Management Plus
- Diabetes Prevention Plus
- Hypertension Plus
- \+ Digital mental health
- \+ Standard weight managment

[1]"Living with a Chronic Condition." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, www.cdc.gov/chronic-disease/living-with/index.html. Accessed 11 July 2024.
[2]If an employer hasn't purchased the Plus program that the member is eligible for based on their primary condition, they have no entry point. When employers purchase a program that is a member's anchor condition, the member can also access Plus programs for their other conditions even if the employer hasn't purchased the additional programs. Mental health is available across all programs.
[3]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10170908/#:~:text=Some%20promising%20research%20has%20shown%20that%20patient%E2%80%90centered%20care%2C,%28Joo%20%26%20Liu%2C%202017%3B%20McKay%20et%20al.%2C%202019%29

Multi-faceted program design

Chronic Condition Management Plus takes a comprehensive approach. Whichever program a member is enrolled in, they will receive support for their primary condition and standard weight management and digital mental health services.

Comprehensive support

Integrated support that goes beyond the primary condition specific program.

Improved outcomes

Members who manage chronic conditions in one place can overcome care fragmentation and improve their health outcomes[3] to reduce total cost of care.

Holistic approach

No matter what program the member is engaged with, digital mental health and weight support is embedded.

Streamlined billing

New streamlined pricing offers a single price point for multiple chronic conditions based on a member's anchor condition.

Chronic Condition Management Plus access

✓	**Fully insured:**	Diabetes Management Plus included as part of your plan
✓	**OptiFlex:**	Diabetes Management Plus included as part of your plan
✓	**Self-funded:**	Buy up, one or all Plus programs can be added to your plan

Did you know?

Employer groups who offer GLP-1 coverage for weight loss can offer Advanced Weight Management as a stand-alone program. Contact your Premera account representative for more information.

Get the most from your pharmacy benefit

One in five Americans take prescribed medicine several times a day[1]. Health outcomes, member experience, and group savings are just some of the ways an integrated pharmacy benefit design makes your health plan work better.

Solutions that help you get more

Groups with integrated pharmacy can pull a variety of levers to exercise savings without sacrificing member experience.

SOLUTION	FINANCIAL VALUE	HOW IT WORKS	FUNDING TYPE
Dispense as Written	Group	Instructs pharmacies on brand and generic dispensing requirements and impacts how much a member pays out of pocket.	All funding types
Exclusion Lists	Group	Pair with a group's formulary[2]. Lists include High-cost Low-value and OTC exclusion.	Self-funded
Out-of-Pocket Protection	Group	This program reduces drug manufacturer copay assistance impact on groups by excluding copay assistance dollars from counting towards members' out-of-pocket maximum accruals.[3]	Self-funded
Right Price	Member	Embedded discount card market price program ensures your employees pay the lowest possible price under their plan for non-specialty retail generic prescriptions.	Self-funded
Rx Savings Solutions (RxSS)	Group, Member	Personalized savings alerts including generic drugs, combination fills, pharmacy changes and more. The RxSS concierge team can manage the change for the member, enabling a seamless transition.	All funding types
Rx Rewards	Group, Member	RxSS provides a financial incentive for members to switch to a lower-cost alternative.	Self-funded
Split Fill	Group, Member	Eliminate waste and improve therapy adherence. The initial prescription is divided into two smaller days supply. If the member has an interaction, for example, the second fill is not initiated.	Self-funded
Transition Fill	Group, Member	New members can maintain their prescriptions with a temporary fill while transitioning to their new Premera health plan.	All funding types[4]

Premera as a partner in integrated benefits

- Dedicated account team
- Comprehensive utilization reviews
- Knowledge-based population health changes

What integration looks like for our members

- Lower medical costs[5]
- Fewer hospitalizations[5]
- Fewer emergency room visits[5]

[1]Fleck, Anna, and Felix Richter. "Infographic: More than Half of Americans Take Prescribed Meds Daily." Statista Daily Data, 6 Nov. 2023, www.statista.com/chart/31183/us-respondents-who-are-taking-prescribed-medicine/.

[2]Metallic and Essentials formularies excluded.

[3]Out-of-Pocket Protection Program is recommended for groups whose renewal aligns with their benefit year reset.

[4]Available to new groups only.

[5]J Manag Care Spec Pharm. 2020 Jun;26(6):766-774. doi: 10.18553/jmcp.2020.19411. Epub 2020 Mar 10.

Rx Savings Solutions is an independent company that does not provide Blue Cross Blue Shield Products or services.

Did you know?

The Premera Pharmacy and Therapeutics Committee consists of external physicians, pharmacists, and other professional leaders in our community, many of whom see patients at least part time.

Finding the right provider for you

Two out of three employers rank employee mental health as a top health priority.[1] Premera has made it easier than ever for members to access behavioral health services virtually or in person.

Matchmaker™ for Behavioral Health

Matchmaker for Behavioral Health is an expansion of our commitment to improve access and lessen the hurdles members face when seeking behavioral health services. With Matchmaker for Behavioral Health, members receive a highly personalized list of behavioral health providers based on their plan, needs, and preferences.

Member

Member contacts Premera customer service or care management.

CSR

Premera representative completes member intake over the phone.

Navigator team

Matchmaker team curates a list of providers that is delivered to the member in three to four business days.

The Matchmaker for Behavioral Health intake asks members for their information and their appointment preferences:

- In-person or virtual attendance
- Language
- Gender, race, and ethnicity
- Religious affiliation
- And more

Every Matchmaker for Behavioral Health list includes a minimum of two in-network clinicians.

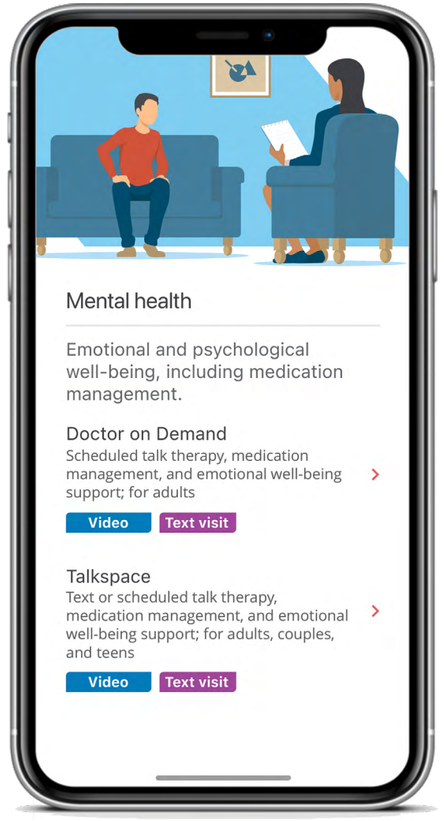
Matchmaker for Behavioral Health access

Fully insured:	included as part of your plan
OptiFlex:	included as part of your plan
Self-funded:	opt in, per list pricing

[1]2022 Best Practices in Healthcare Employer Survey, 2022 Global Benefit Attitudes Survey

Behavioral health in the palm of your hand

Premera has partnered with industry-leading behavioral health virtual care vendors to ensure our members get the care they need, when they need it, and in a way that works for them.



83%

of employers offer behavioral health services through virtual care.[1]

Virtual behavioral health care can support members with the following:

- Generalized anxiety
- Depression
- Adjustment disorders
- And more

Members struggling with substance use disorder (SUD) have access to confidential and high-quality virtual care including medically assisted treatment (MAT) depending on their location. **Contact your Premera account representative for more information.**

Advanced primary care starts here

Access to high-quality primary care and improved health outcomes go hand in hand. With our health plans, you can be sure your employees have access to primary care with the broadest provider network in the state and access to primary care clinics designed just for Premera Blue Cross and Premera Blue Cross HMO members.

Kinwell Connect

Kinwell Connect helps remove financial barriers by guiding members to an advanced primary care model. This lowers employers' total cost of care by up to 10% and gives members access to more zero-dollar services.

Kinwell Connect access

OptiFlex

Self-funded

Kinwell Participation Program

Employer groups can benefit at renewal when more members and their dependents use Kinwell for primary care.

Kinwell Participation Program access

Fully insured

OptiFlex

NET PROMOTER SCORE

85

TOTAL COST OF CARE

10% better than other in-network providers

TIMELY ACCESS

10% of patients seen same day
60% within 10 days
80% within 30 days

LOCATIONS

16 locations within **10** miles of **600,000** members

Scan QR for Kinwell locations or visit kinwellhealth.com:

Urgent care to your doorstep

DispatchHealth is an expansion of our provider network and a unique medical service that brings care to our members' front doors. Head, shoulders, knees, toes, and nearly everything in between can be treated at home with the DispatchHealth care team that includes a physician assistant or nurse practitioner and a medical technician. Keep your members healthy and out of the emergency room with DispatchHealth.

Did you know?

Every Premera medical plan includes access to our 24-Hour NurseLine. Members can call day or night to receive free and confidential health advice from a registered nurse.

Premera Designated Centers of Excellence

FOR SELF-FUNDED GROUPS

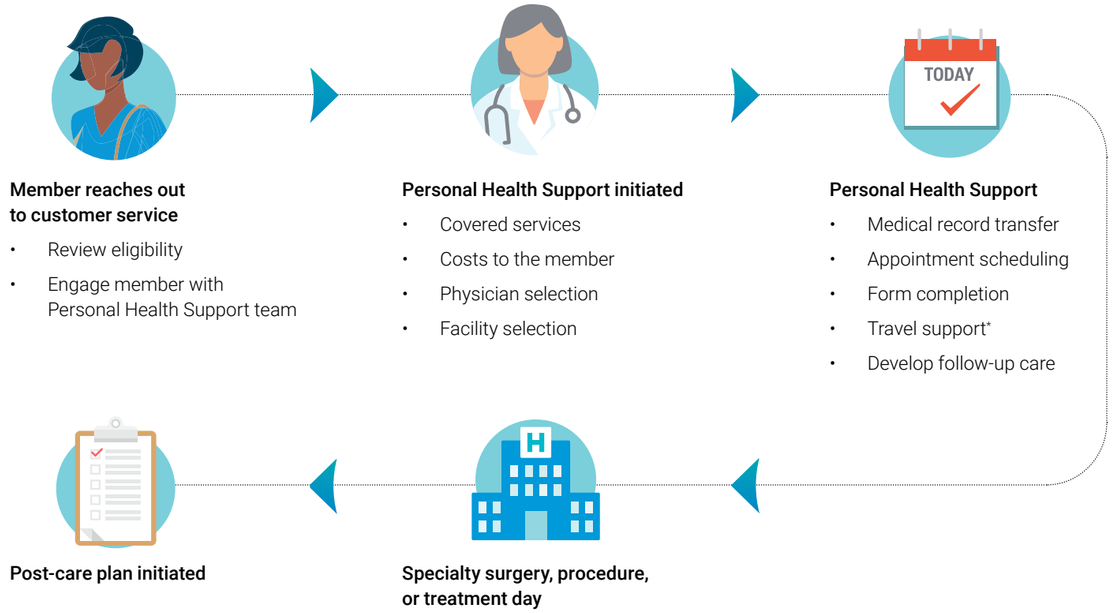
Access trusted and cost-effective care for when life happens. Premera Designated Centers of Excellence (PDCOE) expands member access to high-performing facilities, provides personalized health support, and serves as an opportunity for employers to save on specialty surgeries, procedures, or treatments without sacrificing quality. With PDCOE, groups can recognize an average of 21% cost savings per procedure.[1]

Personal health support

Specialty surgeries, procedures, and treatments can be life-changing—the process to get there shouldn't be. Premera Blue Cross takes a comprehensive approach to personal health support and care navigation. Our team personally guides members through provider selection, medical records collection, travel coordination,[2] and post-operative care. PDCOE and personal health support go hand in hand and it shows with an 89% satisfaction rating from our members.[1] For members and groups to recognize savings, members must engage with the Premera Personal Health Support team.

89%

MEMBER SATISFACTION RATING[1]



Member reaches out to customer service

- Review eligibility
- Engage member with Personal Health Support team

Personal Health Support initiated

- Covered services
- Costs to the member
- Physician selection
- Facility selection

Personal Health Support

- Medical record transfer
- Appointment scheduling
- Form completion
- Travel support*
- Develop follow-up care

Post-care plan initiated

Specialty surgery, procedure, or treatment day

Distinguished facilities

Quality is at the forefront of our member experience. PDCOE leverages Blue Distinction Center (BDC) and Blue Distinction Center+ (BDC+) facilities. These facilities have adopted and met nationally established quality standards for specific specialty surgeries, procedures, and treatments and must achieve a national cost differential of at least 20%.[3] These standards consider overall patient outcomes, patient safety, and the provider's performance history for a specialty procedure.

Specialty surgeries, procedures, and treatments offered

Top four specialties

- Bariatric surgery
- Cardiac care
- Spine surgery
- Total joint replacement

Additional specialties

- Cancer care
- Cellular immunotherapy: CAR-T
- Fertility care
- Gene therapy: Ocular disorders
- Maternity care
- Substance use treatment and recovery
- Transplants

Learn more about PDCOE, **download the brochure**.

[1]Premera Blue Cross internal member and group claims data.

[2]Member who lives over 50 miles from a Premera Designated Centers of Excellence may receive travel benefit. Member is responsible for travel expenses in excess of IRS limits.

[3]Kokorelias KM, Shiers-Hanley JE, Rios J, Knoepfli A, Hitzig SL. Factors Influencing the Implementation of Patient Navigation Programs for Adults with Complex Needs: A Scoping Review of the Literature. Health Services Insights. 2021;14. doi:10.1177/11786329211033267

Provider networks

We believe in working closely with providers and hospitals to ensure customers receive the best healthcare possible. That's why our provider networks are more than just a collection of contracts—they give members access to quality care, good experiences, and services at a fair price.

PREMERA BLUE CROSS

NETWORK	TOTAL PRACTITIONERS	PRIMARY CARE PROVIDERS	HOSPITALS
Heritage[1]	48,432	9,212	91
	Available with Your Choice, Your Future, Your Focus , Premera Pathfinder, and Essentials plans.		
Heritage Prime[1]	43,212	7,577	71
	Available with BlueHPN plans.		
Dental Choice[1]	Washington state	Nationwide practitioners	Nationwide locations
	3,427	71,718	254,830

[1]Network counts as of May 2024.

PREMERA HMO

NETWORK	TOTAL PRACTITIONERS	PRIMARY CARE PROVIDERS	HOSPITALS
Sherwood HMO[2]	23,750	3,035	16

[2]Network counts as of May 2024.

PROVIDER NETWORK OPTIONS

National, worldwide, and affordable network coverage with BlueCard

Premera Blue Cross health plans offer specific levels of healthcare benefits wherever your employees live or travel, across the country and worldwide.

Contact your producer or Premera representative for more details and to find out what level of BlueCard® healthcare benefits are included in your Premera health plan.

Make the switch to Heritage

Groups who switch to Heritage for their 2025 renewal may be eligible for an underwriting adjustment or credit depending on funding type.

Contact your Premera account representative to learn more.

The power of choice

Whether your employees want access to the most providers in Washington state, or the highest savings, give them the ability to choose their network. Talk with your producer or Premera account manager about the benefits of offering your employees the opportunity to choose from two medical plans like a Premera Blue Cross PPO plan and a Premera Blue Cross HMO plan, or select from two dental plans like the Dental Optima or Willamette Dental plan.

Medical plans

You can choose from a range of plans to find the right balance between budgetary and healthcare needs for both your business and your employees. All of our plans offer specified preventive screenings and services covered in full. They also include coverage for many professional and naturopathic services with no visit or dollar limits.

DECIDE WHICH PLAN IS RIGHT FOR YOU

Your Choice

This traditional preferred provider organization (PPO) plan offers coverage for a wide range of medical services. Your employees and their covered dependents can save money by using an in-network provider. Non-network providers are still covered, but at a higher cost.

Your Focus

This plan is an exclusive provider organization (EPO) plan. Services covered are the same for this plan as for the more traditional Your Choice plan; however, members of this EPO are not covered for care received outside the selected network. Members are encouraged to use the providers and hospitals within the selected network because there are no out-of-network benefits, except for emergency care.

Your Future

This plan is designed to be combined with an employee-owned health savings account (HSA) and offers the choice between an aggregate deductible, an embedded deductible, or an out-of-pocket maximum. **See page 34** to find more information on the difference between aggregate or embedded options.

Premera Pathfinder

Introducing our cost-effective, primary care focused, exclusive provider organization (EPO) plan. Premera Pathfinder is designed to remove financial barriers to care while reinforcing the value of the primary care relationship. With $0 primary care office visit copays, Premera Pathfinder supports primary care usage and overall better physical and financial health for your business and your workforce.

Premera Blue Cross HMO

Premera Blue Cross HMO is a forward-thinking health plan that delivers cost-effective, whole-person care through strong provider relationships and an integrated clinical team. Employers and members alike can recognize savings without sacrificing quality care. Premera Blue Cross HMO is available to members who live or physically work in King, Pierce, Spokane, and Thurston counties.

Preventive health

Preventive healthcare services are part of every Premera Blue Cross and Premera Blue Cross HMO plan. Our secure member website provides suggested preventive routine exams, vaccinations, and screenings.

Your Choice

Your Choice offers a familiar preferred provider organization (PPO) plan with coverage for a wide range of medical services.

You can select from a range of deductible options. You can also split copay options, with a lower copay for a nonspecialist office visit and a higher copay when your employee or their covered dependent sees a specialist.

Cost share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered.
See your Premera representative for clarification.
PCY = per calendar year

	IN NETWORK	OUT OF NETWORK
Individual deductible PCY	$0–$9200 (increments of $50)	Shared with in network, 2x Individual in network, or 3x Individual in network
Family deductible PCY	2x Individual or 3x Individual	
Coinsurance	0%–50% (increments of 5%)	20%–60% (increments of 5%)
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	$1,000–$9,200 (increments of $50)	Shared with in network, 2x Individual in network, 3x Individual in network, or None
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual or 3x Individual	
Fourth quarter deductible carryover	Included/Excluded	
Office visit cost share **Split copay** (non-specialist/specialist)	Non-specialist: $0–$45/Specialist: $20–$80 (increments of $5) In-network deductible and coinsurance Single copay options: $10–$40 (increments of $5)	Out-of-network deductible and coinsurance
Inpatient cost share	In-network deductible and coinsurance; $250 per admit; $250 per day up to 5 days per admit; or $100 per day	
Annual plan maximum	None	

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
In-network and out-of-pocket maximum must not exceed the federally mandated maximum of $9,200 for an individual or $18,400 for a family.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.
Benefits subject to medical necessity except for preventive care.
PCY = per calendar year

	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK
Preventive care and counseling visit	Subject to federal and state guidelines[1]	Covered in full[2]	Not covered; Out-of-network coinsurance; Out-of-network coinsurance (deductible waived); or Covered in full
Preventive screenings			
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in-network)			
Professional office visit	No visit limits	Office visit cost share	Out-of-network coinsurance
Urgent care		Split copay: Specialist copay; All others: Office visit cost share	
Virtual care (general medicine)		$10 copay, or in-network coinsurance	
Other outpatient professional services; Inpatient professional services		In-network coinsurance	
Manipulations[3] (spinal and other)	10–34 visits PCY or Unlimited	Office visit cost share[3]	Out-of-network coinsurance
Acupuncture[3]			
Naturopathic services	No visit limits		
Mammography (non-preventive)	No visit limits	Covered in full[2]	Out-of-network coinsurance
Outpatient diagnostic imaging and laboratory services		In-network coinsurance; In-network coinsurance (deductible waived); Basic imaging and labs: In-network coinsurance (deductible waived); Major imaging: In-network coinsurance; Covered in full[2]	
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance, or in-network coinsurance **plus** copay of: $50–$500 (increments of $25)	Same as in network
Ambulance transportation (air and ground)	No trip or dollar maximum	$50 copay, in-network coinsurance, or in-network coinsurance (deductible waived)	
Inpatient hospital care	No limit on number of days or visits	Inpatient cost share	Out-of-network coinsurance
Outpatient facility care		In-network coinsurance	
Skilled nursing facility	60–180 days (increments of 10 days) or Unlimited	Inpatient cost share	
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents	In-network coinsurance	Out-of-network coinsurance
Mental health and chemical dependency treatments	No visit or day maximums	Outpatient: Office visit cost share[3]; Inpatient: Inpatient cost share	Out-of-network coinsurance
Rehabilitation (including physical, occupational, speech, and massage therapy)	15–90 visits (increments of 5 visits)/ 15–90 days (increments of 5 days) Unlimited/Unlimited		
(including cardiac/pulmonary rehab and chronic pain)	No visit limits		
Supplies, equipment, prosthetics, and orthotics	No maximum, except $100–$600 (increments of $100) max PCY for foot orthotics that are not diabetes related	In-network coinsurance	
Temporomandibular joint disorders (TMJ)	No dollar maximum	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	
Home health agency services	130 visits PCY, or No visit limit	In-network coinsurance or covered in full	
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum; Respite: 240 hours (within 6-month lifetime maximum); Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum)	Outpatient and respite: In-network coinsurance or covered in full; Inpatient: Inpatient cost share or covered in full	
Transplants (organ and bone marrow)	No dollar maximums, except for $7,500, $10,000, or No limit for travel and lodging per transplant	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	Covered same as in network when approved

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
[1] A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.
[2] Not subject to copay, deductible, or coinsurance.
[3] With the split copay option, this benefit is subject to the non-specialist copay.
This is only a brief summary of the major benefits provided by our plans. This is not a contract.
For information and details regarding general exclusions and limitations, please contact your Premera representative.

Your Focus

This plan is an exclusive provider organization (EPO) plan. Services covered are the same for this plan as the more traditional Your Choice plan; however, members of this EPO are not covered for care received outside the selected network.

Therefore, members are encouraged to use the providers and hospitals within the selected network, potentially saving both you and them money. There are no out-of-network benefits.

Cost share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered.
See your Premera representative for clarification.
PCY = per calendar year

	IN NETWORK	OUT OF NETWORK
Individual deductible PCY	$0–$9,200 (increments of $5)	Not covered*
Family deductible PCY	2x Individual or 3x Individual	
Coinsurance	0%–50% (increments of 5%)	
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	$1,000–$9,200 (increments of $50)	
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual or 3x Individual	
Fourth quarter deductible carryover	Included/Excluded	
Office visit cost share	In-network deductible and coinsurance, or copay options: $10–$40 (increments of $5)	
Inpatient cost share	In-network deductible and coinsurance; $250 per admit; $250 per day up to 5 days per admit; or $100 per day	
Annual plan maximum	None	

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
In-network and out-of-pocket maximum must not exceed the federally mandated maximum of $9,200 for an individual or $18,400 for a family.
*Except for emergencies or as required by law.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.
Benefits subject to medical necessity except for preventive care.
PCY = per calendar year

	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK
Preventive care and counseling visit	Subject to federal and state guidelines[1]	Covered in full[2]	Not covered
Preventive screenings			
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in-network)			
Professional office visit (including urgent care)	No visit limits	Office visit cost share	
Virtual care (general medicine)		$10 copay, or in-network coinsurance	
Other outpatient professional services; Inpatient professional services		In-network coinsurance	
Manipulations (spinal and other)	10–34 visits PCY or Unlimited	Office visit cost share	
Acupuncture			
Naturopathic services	No visit limits		
Mammography (non-preventive)	No visit limits	Covered in full[2]	
Outpatient diagnostic imaging and laboratory services		In-network coinsurance; In-network coinsurance (deductible waived); Basic imaging and labs: In-network coinsurance (deductible waived); Major imaging: In-network coinsurance; Covered in full[2]	
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance, or in-network coinsurance **plus** copay of: $50–$500 (increments of $25)	Same as in network
Ambulance transportation (air and ground)	No trip or dollar maximum	$50 copay; In-network coinsurance; or in-network coinsurance (deductible waived)	
Inpatient hospital care	No limit on number of days or visits	Inpatient cost share	Not covered
Outpatient facility care		In-network coinsurance	
Skilled nursing facility	60–180 days (increments of 10 days) or Unlimited	Inpatient cost share	
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents	In-network coinsurance	
Mental health and chemical dependency treatments	No limit on number of days or visits	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	
Rehabilitation (including physical, occupational, speech, and massage therapy)	15–90 visits (increments of 5 visits)/ 15-90 days (increments of 5 days) Unlimited/Unlimited		
(including cardiac/pulmonary rehab and chronic pain)	No visit limits		
Supplies, equipment, prosthetics, and orthotics	No maximum, except $100–$600 (increments of $100) max PCY for foot orthotics that are not diabetes related	In-network coinsurance	
Temporomandibular joint disorders (TMJ)	No dollar maximum	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	
Home health agency services	130 visits PCY, or no visit limit	In-network coinsurance or covered in full	
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum); Respite: 240 hours (within 6-month lifetime maximum); Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum)	Outpatient and respite: In-network coinsurance or covered in full; Inpatient: Inpatient cost share or covered in full	
Transplants (organ and bone marrow)	No dollar maximums, except for $7,500, $10,000, or No limit for travel and lodging per transplant	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	Covered when approved

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
[1] A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.
[2] Not subject to copay, deductible, or coinsurance.
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Premera Pathfinder

Premera Pathfinder is a cost-effective, primary care-focused, exclusive provider organization (EPO) plan. With $0 primary care office visit copays, Premera Pathfinder supports primary care usage and overall better physical and financial health for your business and your workforce.

Cost share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered.
See your Premera representative for clarification.
PCY = per calendar year

	IN NETWORK	OUT OF NETWORK
Individual deductible PCY	$0–$9,200 (increments of $50)	Not covered*
Family deductible PCY	2x Individual or 3x Individual	
Coinsurance	0%–50% (increments of 5%)	
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	$0–$9,200 (increments of $50)	
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual or 3x Individual	
Fourth quarter deductible carryover	Included/Excluded	
Office visit cost share (designated PCP/Specialist and non-designated PCP)	$0/$20 $0/$25 $0/$30 $0/$35 $0/$40 $0/$45	
Inpatient cost share	In-network deductible and coinsurance; $250 per admit—no day maximum; $250 per day—up to 5 days per admit; or $100 per day—no day maximum	
Annual plan maximum	None	

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
In-network and out-of-pocket maximum must not exceed the federally mandated maximum of $9,200 for an individual or $18,400 for a family.
*Except for emergencies or as required by law.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.
Benefits subject to medical necessity except for preventive care.
PCY = per calendar year

	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK
Preventive care and counseling visit	Subject to federal and state guidelines[1]	Covered in full[2]	Not covered
Preventive screenings			
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in-network)			
Professional office visit	No visit limits	Office visit cost share	Same as in network
Urgent care		Specialist office visit cost share	
Virtual care (general medicine)		Office visit cost share	Not covered
Other outpatient professional services; Inpatient professional services		In-network coinsurance	
Manipulations (spinal and other)	10–34 visits PCY or Unlimited	PCP office visit cost share	
Acupuncture			
Naturopathic services	No visit limits	Office visit cost share	
Mammography (non-preventive)	No visit limits	Covered in full[2]	
Outpatient diagnostic imaging and laboratory services		In-network coinsurance	
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance **plus** copay of $50–$500 (increments of $25)	Same as in network
Ambulance transportation (air and ground)	No trip or dollar maximum	$50 copay; In-network coinsurance; or in-network coinsurance (deductible waived)	
Inpatient hospital care	No limit on number of days or visits	Inpatient cost share	Not covered
Outpatient facility care		In-network coinsurance	
Skilled nursing facility	60–180 days (increments of 10 days) or Unlimited	Inpatient cost share	
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents	In-network coinsurance	
Mental health and chemical dependency treatments	No limit on number of days or visits	Outpatient: Specialist office visit cost share; Inpatient: Inpatient cost share	
Rehabilitation (including physical, occupational, speech, and massage therapy)	15–90 visits (increments of 5 visits)/ 15–90 days (increments of 5 days) Unlimited/Unlimited		
(including cardiac/pulmonary rehab and chronic pain)	No visit limits		
Supplies, equipment, prosthetics, and orthotics	No maximum, except $300 max PCY for foot orthotics that are not diabetes related	In-network coinsurance	
Temporomandibular joint disorders (TMJ)	No dollar maximum	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	
Home health agency services	130 visits PCY or No visit limit	In-network coinsurance or covered in full	
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum); Respite: 240 hours (within 6-month lifetime maximum); Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum)	Outpatient and respite: In-network coinsurance or covered in full; Inpatient: Inpatient cost share or covered in full	
Transplants (organ and bone marrow)	No dollar maximums, except for $7,500, $10,000, or No limit for travel and lodging per transplant	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	Covered when approved

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
[1] A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.
[2] Not subject to copay, deductible, or coinsurance.
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BlueHPN

Blue High Performance Network℠ (BlueHPN) is an exclusive provider organization (EPO) health plan. BlueHPN provides national reach while being grounded in local market expertise. BlueHPN members received in-network only access to high-performing, high-value care using the Heritage Prime network.

Cost share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered.
See your Premera representative for clarification.
PCY = per calendar year

	IN NETWORK	OUT OF NETWORK
Individual deductible PCY	$0–$9,200 (increments of $50)	Not covered*
Family deductible PCY	2x Individual or 3x Individual	
Coinsurance	0%–50% (increments of $50)	
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	$1,000–$9,200 (increments of $50)	
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual or 3x Individual	
Fourth quarter deductible carryover	Included/Excluded	
Office visit cost share	In-network deductible and coinsurance, or copay options: $10–$40 (increments of $5)	
Inpatient cost share	In-network deductible and coinsurance; $250 per admit; $250 per day up to 5 days per admit; or $100 per day	
Annual plan maximum	None	

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
In-network and out-of-pocket maximum must not exceed the federally mandated maximum of $9,200 for an individual or $18,400 for a family.
*Except for emergencies or as required by law.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.
Benefits subject to medical necessity except for preventive care.
PCY = per calendar year

	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK
Preventive care and counseling visit	Subject to federal and state guidelines[1]	Covered in full[2]	Not covered
Preventive screenings			
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in network)			
Professional office visit (including urgent care)	No visit limits	Office visit cost share	HPN product area: Not covered; Non-HPN product area: Same as in-network cost share
Urgent care		Office visit cost share	
Virtual care (general medicine)		$10 copay, or in-network coinsurance	Not covered
Other outpatient professional services; Inpatient professional services		In-network coinsurance	
Manipulations (spinal and other)	10–34 visits PCY, or Unlimited	Office visit cost share	
Acupuncture			
Naturopathic services	No visit limits		
Mammography (non-preventive)	No visit limits	Covered in full[2]	
Outpatient diagnostic imaging and laboratory services		In-network coinsurance; In-network coinsurance (deductible waived); Basic imaging and labs: In-network coinsurance (deductible waived); Major imaging: In-network coinsurance; Covered in full[2]	
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance, or in-network coinsurance **plus** copay of $50–$500 (increments of $25)	Same as in network
Ambulance transportation (air and ground)	No trip or dollar maximum	$50 copay; In-network coinsurance; or in-network coinsurance (deductible waived)	
Inpatient hospital care	No limit on number of days or visits	Inpatient cost share	Not covered
Outpatient facility care		In-network coinsurance	
Skilled nursing facility	60–180 days (increments of 10 days), or Unlimited	Inpatient cost share	
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents	In-network coinsurance	
Mental health and chemical dependency treatments	No limit on number of days or visits	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	
Rehabilitation (including physical, occupational, speech, and massage therapy)	15 - 90 visits (increments of 5 visits)/ 15-90 days (increments of 5 days); or Unlimited/Unlimited		
(including cardiac/pulmonary rehab and chronic pain)	No visit limits		
Supplies, equipment, prosthetics, and orthotics	No maximum, except $100–$600 (increments of $100) max PCY for foot orthotics that are not diabetes related	In-network coinsurance	
Temporomandibular joint disorders (TMJ)	No dollar maximum	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	
Home health agency services	130 visits PCY or Unlimited	In-network coinsurance or covered in full	
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum); Respite: 240 hours (within 6-month lifetime maximum); Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum)	Outpatient and respite: In-network coinsurance or covered in full; Inpatient: Inpatient cost share or covered in full	
Transplants (organ and bone marrow)	No dollar maximums, except for $7,500, $10,000, or No limit for travel and lodging per transplant	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	Covered when approved

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
[1] A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.
[2] Not subject to copay, deductible, or coinsurance.
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BlueHPN HSA

BlueHPN HSA combines the benefits of a cost-effective EPO health plan with an employee-owned, tax-advantaged health savings account (HSA).

You can choose between an aggregate or an embedded deductible.

Deductible options

Aggregate deductible	The aggregate deductible amount is different depending on whether a subscriber enrolls alone or with dependents. When dependents are enrolled, the full amount of the aggregate deductible must be met before benefits can begin for any covered family member.
Embedded deductible	An embedded deductible works like a traditional health plan deductible. Benefits begin for a single family member after either the member's own expenses equal the individual deductible or the expenses from a combination of family members equals the family maximum.

Cost share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered.
See your Premera representative for clarification.
PCY = per calendar year
INN = in network
OON = out of network

		IN NETWORK		OUT OF NETWORK
Individual/ Family deductible PCY	**Aggregate**	$1,650/$3,300–$4,150/$8,300 (increments of $50)	N/A	Not covered
	Embedded	N/A	$3,300/$6,600–$8,300/$16,600 (increments of $50)	
Coinsurance		0%–50% (increments of 5%)		
Individual/ Family out-of-pocket maximum PCY	**Aggregate**	$1,650/$3,300–$4,150/$8,300 (increments of $50)	N/A	
	Embedded	$3,300/$6,600–$8,300/$16,600 (increments of $50)		
Fourth quarter deductible carryover		Excluded		
Office visit cost share		In-network deductible and coinsurance		
Inpatient cost share				
Annual plan maximum		Unlimited		

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.
Benefits subject to medical necessity except for preventive care.
PCY = per calendar year

	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK
Preventive care and counseling visit	Subject to federal and state guidelines[1]	Covered in full[2]	Not covered
Preventive screenings			
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in-network)			
Professional office visit (including urgent care)	No visit limits	In-network coinsurance	HPN product area: Not covered; Non-HPN product area: Same as in-network cost share
Urgent care			
Virtual care (general medicine)			
Other outpatient professional services; Inpatient professional services			Not covered
Manipulations (spinal and other)	10–34 visits PCY, or Unlimited		
Acupuncture			
Naturopathic services	No visit limits		
Mammography (non-preventive)	No visit limits	IRS minimum deductible, then 0%	
Outpatient diagnostic imaging and laboratory services		In-network coinsurance	
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance	
Ambulance transportation (air and ground)			
Inpatient hospital care	No limit or visit maximum	In-network coinsurance	Not covered
Outpatient facility care			
Skilled nursing facility	60–180 days (increments of 10 days), or Unlimited		
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents		
Mental health and chemical dependency treatments	No limit on number of days or visits		
Rehabilitation (including physical, occupational, speech, and massage therapy)	15–90 visits (increments of 5 visits) / 15– 90 days (increments of 5 days) Unlimited/Unlimited		
(including cardiac/pulmonary rehab and chronic pain)	No visit limits		
Supplies, equipment, prosthetics, and orthotics	No maximum, except $100–$600 (increments of $100) max PCY for foot orthotics that are not diabetes related		
Temporomandibular joint disorders (TMJ)	No dollar maximum		
Home health agency services	130 visits PCY or Unlimited		
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum); Respite: 240 hours (within 6-month lifetime maximum); Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum)	In-network coinsurance or deductible, then 0%	
Transplants (organ and bone marrow)	No dollar maximums, except for $7,500, $10,000, or No limit for travel and lodging per transplant	In-network coinsurance	Covered when approved
Certain generic preventive drugs retail and mail order	90-day supply, except Specialty Rx: 30-day supply	Covered in full[2]	
Retail pharmacy (subject to medical deductible)		In-network coinsurance; Deductible then $10 / $35 / $70; or Deductible then $10 / $35 / $70 / 30%	
Mail-order pharmacy (subject to medical deductible)		In-network coinsurance; Deductible then $25 / $87 / $175; or Deductible then $25 / $87 / $70 / 30%	Not covered

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
[1] A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.
[2] Not subject to copay, deductible, or coinsurance.
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Your Future

The HSA-qualified Your Future plan is designed to work with an employee-owned, tax-advantaged health savings account (HSA).

You can choose between an aggregate or an embedded deductible.

Deductible options

Aggregate deductible	The aggregate deductible amount is different depending on whether a subscriber enrolls alone or with dependents. When dependents are enrolled, the full amount of the aggregate deductible must be met before benefits can begin for any covered family member.
Embedded deductible	An embedded deductible works like a traditional health plan deductible. Benefits begin for a single family member after either the member's own expenses equal the individual deductible or the expenses from a combination of family members equals the family maximum.

Cost share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered.
See your Premera representative for clarification.
PCY = per calendar year
INN = in network
OON = out of network

		IN NETWORK		OUT OF NETWORK
Individual/ Family deductible PCY	**Aggregate**	$1,650/$3,300–$4,150/$8,300 (increments of $50)	N/A	Shared with in-network, or 2x individual in-network
	Embedded	N/A	$3,300/$6,600–$8,300/$16,600 (increments of $50)	
Coinsurance		0%–50% (increments of 5%)		20%–60% (increments of 5%)
Individual/ Family out-of-pocket maximum PCY	**Aggregate**	$1,650/$3,300–$41,50/$8,300 (increments of $50)	N/A	Unlimited or 2x in-network
	Embedded	$3,300/$6,600–$8,300/$16,600 (increments of $50)		
Fourth quarter deductible carryover		Excluded		Excluded
Office visit cost share		In-network deductible and coinsurance		OON deductible and coinsurance
Inpatient cost share				OON deductible and coinsurance
Annual plan maximum		Unlimited		

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
[1] Out-of-network deductible is 2x the in-network deductible.
[2] Out-of-network deductible can either be shared with in-network or be 2x the in-network deductible.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.
Benefits subject to medical necessity except for preventive care.
PCY = per calendar year

	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK
Preventive care and counseling visit	Subject to federal and state guidelines[1]	Covered in full[2]	Not covered; 40% or 50%; 40% or 50% (deductible waived); Covered in full
Preventive screenings			
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in-network)			
Professional office visit (including urgent care)	No visit limits	In-network coinsurance	20%–60% (increments of 5%)
Virtual care (general medicine)			Not covered
Other outpatient professional services; Inpatient professional services			20%–60% (increments of 5%)
Manipulations (spinal and other)	10–34 visits PCY, or Unlimited		
Acupuncture			
Naturopathic services	No visit limits		
Mammography (non-preventive)	No visit limits	IRS minimum deductible, then 0%	
Outpatient diagnostic imaging and laboratory services		In-network coinsurance	
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance	
Ambulance transportation (air and ground)			
Inpatient hospital care	No limit or visit maximum	In-network coinsurance	20%–60% (increments of 5%)
Outpatient facility care			
Skilled nursing facility	60–180 days (increments of 10 days), or Unlimited		
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents		
Mental health and chemical dependency treatments	No limit on number of days or visits		
Rehabilitation (including physical, occupational, speech, and massage therapy)	15–90 visits (increments of 5 visits)/ 15–90 days (increments of 5 days) Unlimited/Unlimited		
(including cardiac/pulmonary rehab and chronic pain)	No visit limits		
Supplies, equipment, prosthetics, and orthotics	No maximum, except $100–$600 (increments of $100) max PCY for foot orthotics that are not diabetes related		
Temporomandibular joint disorders (TMJ)	No dollar maximum		
Home health agency services	130 visits PCY or Unlimited		
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum); Respite: 240 hours (within 6-month lifetime maximum); Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum)	In-network coinsurance or Deductible, then 0%	
Transplants (organ and bone marrow)	No dollar maximums, except for $7,500, $10,000, or No limit for travel and lodging per transplant	In-network coinsurance	Covered when approved
Certain generic preventive drugs retail and mail order	90-day supply, except Specialty Rx: 30-day supply	Covered in full[2]	
Retail pharmacy (subject to medical deductible)		In-network coinsurance; Deductible then $10 / $35 / $70; or Deductible then $10 / $35 / $70 / 30%	
Mail-order pharmacy (subject to medical deductible)		In-network coinsurance; Deductible then $25 / $87 / $175; or Deductible then $25 / $87 / $70 / 30%	20%–60% (increments of 5%)

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
[1] A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.
[2] Not subject to copay, deductible, or coinsurance.
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Please see our Personal Funding Accounts brochure for more details on health savings accounts.

Essentials Medical

Essentials Medical gives you everything you need and nothing you don't. Essentials Medical is a low-cost health plan option that offers you savings on premiums.

Cost share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered.
See your Premera representative for clarification.
PCY = per calendar year.

	IN NETWORK	OUT OF NETWORK
Individual deductible PCY	$8,550	Not Covered.
Family deductible PCY	2x Individual	
Coinsurance	0%	
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	$8,550	
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual	
Fourth quarter deductible carryover	Excluded	
Office visit cost share	In-network deductible and coinsurance	
Inpatient cost share	In-network deductible and coinsurance	
Annual plan maximum	None	

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
In-network and out-of-pocket maximum must not exceed the federally mandated maximum of $9,200 for an individual or $18,400 for a family.
*Except for emergencies or as required by law.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.
Benefits subject to medical necessity except for preventive care.
PCY = per calendar year

	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK
Preventive care and counseling visit	Subject to federal and state guidelines[1]	Covered in full[2]	Not covered
Preventive screenings			
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in-network)			
Professional office visit (including urgent care)	No visit limits	In-network coinsurance	
Virtual care (general medicine)		Covered in full[2]	
Other outpatient professional services; Inpatient professional services		In-network coinsurance	
Manipulations (spinal and other)	12 visits PCY		
Acupuncture			
Naturopathic services	No visit limits		
Mammography (non-preventive)	No visit limits	Covered in full[2]	
Outpatient diagnostic imaging and laboratory services		In-network coinsurance	
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum		Same as in-network
Ambulance transportation (air and ground)	No trip or dollar maximum		
Inpatient hospital care	No limit on number of days or visits		Not covered
Outpatient facility care			
Skilled nursing facility	60 days PCY		
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/ domestic partner, and dependents		
Mental health and chemical dependency treatments	No limit on number of days or visits		
Rehabilitation (including physical, occupational, speech, and massage therapy)	45 visits / 30 days PCY		
(including cardiac/pulmonary rehab and chronic pain)	No visit limits		
Supplies, equipment, prosthetics, and orthotics	No maximum, except $300 max PCY for foot orthotics that are not diabetes related		
Temporomandibular joint disorders (TMJ)	No dollar maximum		
Home health agency services	130 visits PCY		
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum); Respite: 240 hours (within 6-month lifetime maximum); Inpatient options: 10 days (within 6-month lifetime maximum)		
Transplants (organ and bone marrow)	No dollar maximums, except for $7,500 for travel and lodging per transplant		
Retail pharmacy	Up to 30-day supply per Rx		
Mail-order pharmacy	Up to 90-day supply per Rx (except Specialty Rx)		
Formulary Drug list	Essentials		

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
[1] A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.
[2] Not subject to copay, deductible, or coinsurance.
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PREMERA HMO

HMO Core Plus

Premera Blue Cross HMO will serve groups that want affordable healthcare for their employees with a forward-thinking health plan. This plan is designed for members **living or working in King, Pierce, Spokane, and Thurston counties.**

Cost share options

Cost-share amounts represent the customers' costs. Not all plan option combinations are offered.
See your HMO representative for clarification.
PCY = per calendar year

	IN NETWORK	OUT OF NETWORK
Individual deductible PCY	$0 - $9,200 (increments of $50)	Not covered*
Family deductible PCY	2x Individual	
Coinsurance	0% - 50% (increments of $50)	
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	$1,000 - $9,200 (increments of $50)	
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual	
Fourth quarter deductible carryover	Excluded	
Office visit cost share (PCP/Specialist)	$0 / $50 $5 / $60 $10 / $65	
Inpatient cost share	In-network deductible and coinsurance	
Annual plan maximum	None	

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross HMO.
In-network and out-of-pocket maximum must not exceed the federally mandated maximum of $9,200 for an individual or $18,900 for a family.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year

	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK
Preventive care and counseling visit	Subject to federal and state guidelines[1]	Covered in full[2]	Not covered
Preventive screenings			
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in-network)			
Professional office visit	No visit limits	Office visit cost share	
Urgent care		$25 copay	Same as in network
Virtual care (general medicine)		PCP office visit copay	
Other outpatient professional services **Inpatient professional services**		In-network coinsurance	Not covered
Manipulations (spinal and other)	10 - 34 visits PCY, or Unlimited	PCP office visit copay	
Acupuncture			
Naturopathic services	No visit limits	Office visit cost share	
Mammography (non-preventive)	No visit limits	Covered in full[2]	
Outpatient diagnostic imaging and laboratory services		In-network coinsurance; Basic imaging and labs: In-network coinsurance (deductible waived); Major imaging: In-network coinsurance; Basic imaging and labs: $75 copay (deductible waived); Major imaging: $150 copay (deductible waived)	
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance **plus** copay of: $300	Same as in network
Ambulance transportation (air and ground)		In-network coinsurance	
Inpatient hospital care	No limit or visit maximum	Inpatient cost share	Not covered
Outpatient facility care		In-network coinsurance	
Skilled nursing facility	60 - 180 days (increments of 10 days), or Unlimited	Inpatient cost share	
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents	In-network coinsurance	
Mental health and chemical dependency treatment	No limit on number of days or visits	Outpatient: PCP office visit copay; Inpatient: Inpatient cost share	
Rehabilitation (including physical, occupational, speech, and massage therapy)	15 - 90 visits (increments of 5 visits)/15 - 90 days (increments of 5 days) Unlimited/Unlimited	Outpatient: Specialist office visit copay; Inpatient: Inpatient cost share	
(Including cardiac/pulmonary rehab and chronic pain)	No visit limits		
Supplies, equipment, prosthetics, and orthotics	No maximum, except $300 max PCY for foot orthotics that are not diabetes related	In-network coinsurance	
Temporomandibular joint disorders (TMJ)	No dollar maximum	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	
Home health agency services	130 visits PCY or no visit limit	In-network coinsurance	
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum); Respite: 240 hours (within 6-month lifetime maximum); Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum)	Outpatient and respite: In-network coinsurance or covered in full; Inpatient: Inpatient cost share or covered in full	
Transplants (organ and bone marrow)	No dollar maximums, except for $7,500, $10,000, or No limit for travel and lodging per transplant	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	Covered when approved

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross HMO.
[1] A list of preventive benefits is available to members when they sign in to their secure member account on **hmo.premera.com**.
[2] Not subject to copay, deductible, or coinsurance.
This is only a brief summary of the major benefits provided by our plans. This is not a contract.
For information and details regarding general exclusions and limitations, please contact your HMO representative.

HMO Core Plus pharmacy options

ESSENTIALS FORMULARY

4 TIERS	
FIRST TIER	Preferred generic drugs
SECOND TIER	Preferred brand-name drugs
THIRD TIER	Preferred specialty* drugs
FOURTH TIER	Non-preferred drugs (generic, brand, specialty)

HMO CORE PLUS	ESSENTIALS			
Retail pharmacy Up to 30-day supply per Rx	$10 / $25 / $45 / 30%	$10 / $70 / 40% / 50%	$15 / $30 / $50 / 30%	$15 / $60 / $100 / 50%
Mail order Up to 90-day supply per Rx	$25 / $62.50 / $45[1] / 30%	$25 / $175 / 40%[1] / 50%	$37.50 / $75 / $50[1] / 30%	$37.50 / $150 / $100[1] / 50%
Rx individual deductible[2] PCY (separate from medical deductible)	None, $150			
Rx family deductible[2] PCY	None or same as medical[3]			
Individual out-of-pocket maximum PCY	Participating pharmacy cost shares accrue to the out-of-pocket maximum for in-network medical			
Formulary Drug list	Essentials E4			

Introducing Rx Savings Solutions

Members receive personalized alerts regarding savings opportunities including generic drugs, combination fills, pharmacy changes, and more. The RxSS concierge team can manage the change on behalf of the member, by request, enabling a seamless transition to the new prescription.

[1]Up to 30-day supply for specialty drugs only from a Premera Blue Cross HMO specialty pharmacy provider.
[2]Deductible waived for generics and preferred generics on Essentials.
[3]Family deductible is separate from medical deductible; value uses same multiplier as medical deductible.

Rx Savings Solutions is an independent company and does not provide Blue Cross Blue Shield products or services.

HMO Core Plus vision and hearing plans

Offering vision and hearing benefits along with your employees' medical coverage is easier to manage for both your business and your employees.

In fact, routine eye and hearing exams can lead to earlier diagnosis of chronic diseases.

You can choose between an exam-only or exam-plus-hardware plan. Adult vision coverage (19 and older) also includes pediatric coverage (18 and younger). See the grid below. When a group offers vision coverage as a separate option, benefits for customers younger than 19 are the same as benefits for adults.

Covered services

PCY = per calendar year
CY = calendar year

		BENEFIT LIMITS	COVERAGE PLAN HMO Core Plus
Vision Adult	**Exam only**	1 routine exam PCY	$25 copay*
	Exam and eyewear	1 routine exam PCY; Hardware: $150 PCY; $150 every 2 consecutive CY; $200 PCY; $200 every 2 consecutive CY; $300 PCY; $300 every 2 consecutive CY $150 - $500 PCY or CY (increments of $25)	Exam: $5 - $40 copay (increments of $5) Hardware: Covered in full
Vision Pediatric (pediatric exam and cost shares count toward the out-of-pocket maximum)	**Exam only**	1 routine exam PCY	$25 copay*
	Exam and eyewear	1 routine exam PCY; Hardware: 1 pair of glasses PCY (frames and lenses); 12-month supply of contacts PCY, in lieu of glasses (frames and lenses)	Exam: $25 copay;* Eyewear: covered in full
Hearing	**Exam and hardware**	1 exam PCY; 1 every 36 months;[1] Hardware: $3,000 per ear with hearing loss every 36 months[1]	Exam: $5 - $40 copay (increments of $5)* Hardware: covered in full

*Select covered services for Premera Blue Cross HMO Core Plus plans are in-network only.
[1]Embedded with the medical plan.
This is only a brief summary of the major benefits provided by our plans.
This is not a contract. For information and details regarding general exclusions and limitations, please contact your HMO representative.

Pharmacy benefits

Premera Blue Cross uses cost-saving incentives to encourage our customers to use generic or preferred brand-name drugs. They will enjoy even greater savings if they use the mail-order service.

Important: All medical plans are required to include a pharmacy plan.

The options listed on this page are available for all plans except health savings account (HSA) plans:

HSA plans include prescription drug coverage as well as a zero cost share for certain generic cardiovascular and oral diabetic medications on the preventive drug list. Please see the HSA plan summary pages on premera.com for more details.

Choose from options for your pharmacy plan:

Essentials is a restricted list of prescription drugs that meets basic pharmacy needs and has a new benefit structure, outlined below. Essentials keeps costs as low as possible by focusing on high-value drugs that are approved by the U.S. Food and Drug Administration (FDA).

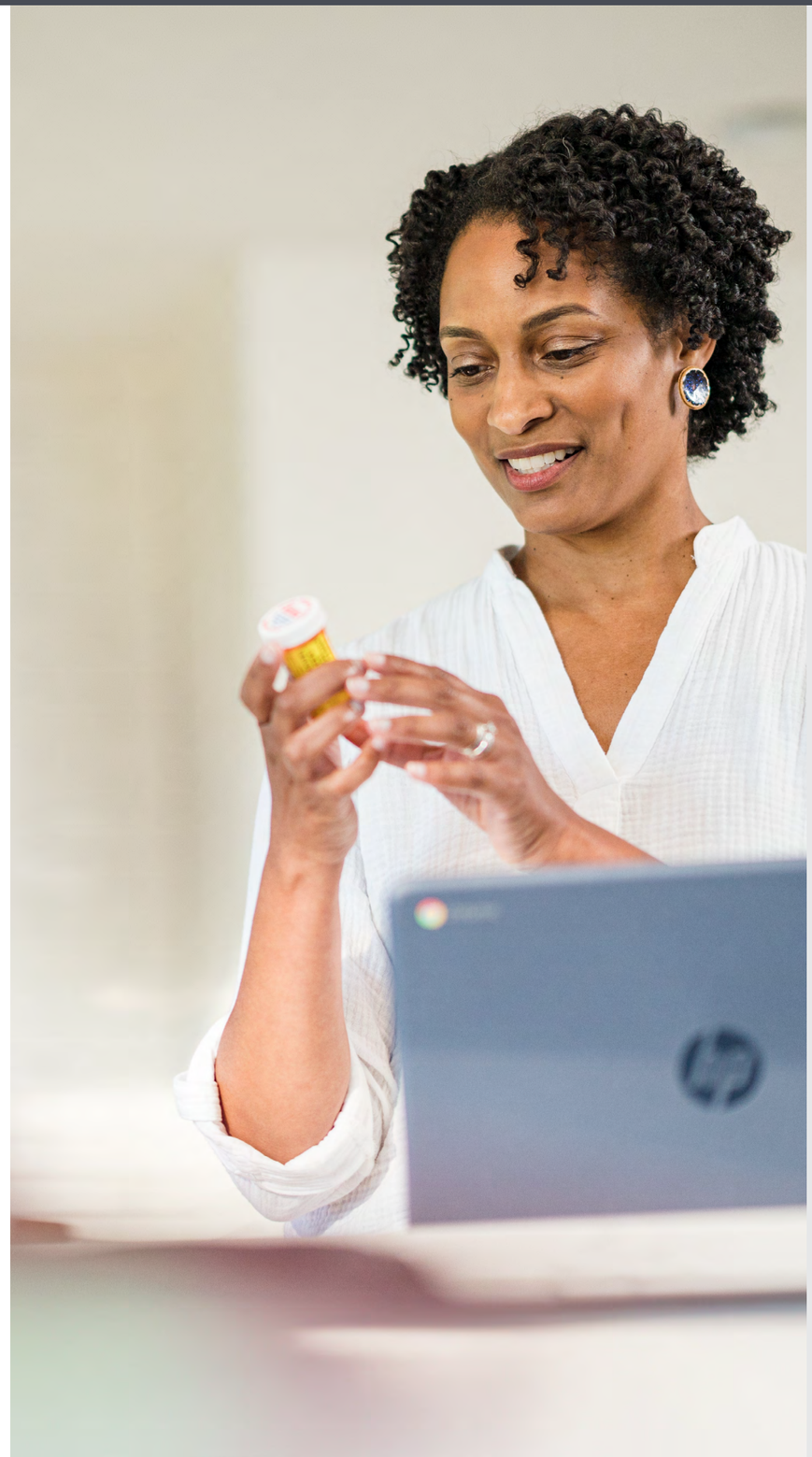
Preferred is a comprehensive drug list and provides access to a full spectrum of brand-name medications.

Fully insured and self-funded groups with Essentials

SAVE UP TO

5%[1]

[1] Projected savings based on actuary data of Premera groups with Essentials from 2018 through 2020. Approximated savings for fully insured groups was 5% on prescription premiums. Approximated savings for self funded groups was up to 5% on prescription claims.



Contact your producer or Premera account manager to see what the savings and drug discounts can look like for your business with Essentials.

See how the pharmacy options compare

ESSENTIALS FORMULARY

PLANS WITH 4 TIERS	
FIRST TIER	Preferred generic drugs
SECOND TIER	Preferred brand-name drugs
THIRD TIER	Preferred specialty* drugs
FOURTH TIER	Non-preferred drugs (generic, brand, and specialty)

PREFERRED FORMULARY

PLANS WITH 4 TIERS	
FIRST TIER	Generic drugs
SECOND TIER	Preferred brand-name drugs
THIRD TIER	Non-preferred brand-name drugs
FOURTH TIER	Specialty drugs*
PLANS WITH 3 TIERS	
FIRST TIER	Generic drugs
SECOND TIER	Preferred brand-name drugs
THIRD TIER	Non-preferred brand-name drugs
PLANS WITH 2 TIERS	
FIRST TIER	Generic drugs
SECOND TIER	Brand-name drugs

*Specialty Pharmacy program: Both Essentials and Preferred pharmacy options include benefits for specialty drugs. Specialty drugs are used for treating complex or rare conditions and require special handling, storage, administration, or patient monitoring. Coverage requires these prescriptions be filled through our Specialty Pharmacy program, which uses pharmacies dedicated to supporting specialty drugs and those who need them. Employers can choose between our specialty pharmacy providers.

Benefits for Essentials and Preferred pharmacy plans

Copays and coinsurance represent customers' cost
PCY = per calendar year
Rx = pharmacy

	4-TIER ESSENTIALS					
Retail pharmacy Up to 30-day supply per Rx	$10 / $25 / $45 / 30%	$10 / $30 / $30 / 30%	$10 / $30 / $50 / 30%	$15 / $30 / $50 / 30%	$15 / $60 / $100 / 50%	$20 / $50 / 30% / 50%
Mail order Up to 90-day supply per Rx	$25 / $62.50 / $45[1] / 30%	$25 / $75 / $30[1] / 30%	$25 / $75 / $50[1] / 30%	$37.50 / $75 / $50[1] / 30%	$37.50 / $150 / $100[1] / 50%	$50 / $125 / 30% / 50%
Rx individual deductible[2] PCY (separate from medical deductible)	None, $150, $300, or $500					
Rx family deductible[2] PCY	None or same as medical[3]					
Individual out-of-pocket maximum PCY	Participating pharmacy cost shares accrue to the in-network medical out-of-pocket maximum.					
Formulary Drug list	Essentials E4					
	4-TIER PREFERRED					
Retail pharmacy Up to 30-day supply per Rx	$15 / 35% / 50% / 30%			$20 / $50 / 50% / 30%		
Mail order Up to 90-day supply per Rx	$37.50 / 35% / 50% / 30%			$50 / $125 / 50% / 30%		
Rx individual deductible[2] PCY (separate from medical deductible)	None, $150, $300, or $500					
Rx family deductible[2] PCY	None or same as medical[3]					
Individual out-of-pocket maximum PCY	Participating pharmacy cost shares accrue to the out-of-pocket maximum for in-network medical.					
Formulary Drug list	Preferred B4					
	3-TIER PREFERRED					
	Standard copay plans		**Configurable copay plans**			
Retail pharmacy Up to 30-day supply per Rx	$10 / $25 / $45[1]	$10 / $30 / $50[1]	$10 / $20 / $40[1]	$15 / $25 / $40[4]	$15 / $30 / $50[4]	
Mail order[4] Up to 90-day supply per Rx	$25 / $62 / $112[1]	$25 / $75 / $125[1]	$20 / $40 / $80; $25 / $50 / $100[1]	$30 / $50 / $80; $37 / $62 / $100[1]	$30 / $60 / $100; $37 / $75 / $125[1]	
Rx individual deductible[2] PCY (separate from medical plan deductible)	None, $150, $300, or $500					
Rx family deductible[2] PCY	None	None or same as medical[3]	None or same as medical[3]			
Individual out-of-pocket maximum PCY	Participating pharmacy cost shares accrue to the out-of-pocket maximum for in-network medical.					
Formulary Drug list	Preferred B3					
	2-TIER PREFERRED					
	Standard coinsurance plan		**Configurable copay plans**			
Retail pharmacy Up to 30-day supply per Rx	$10 / 50%		$10 / $30	$15 / $35		
Mail order Up to 90-day supply per Rx	$25 / 45%		$20 / $60 or $25 / $75	$30 / $70 or $37 / $87		
Rx individual deductible[2] PCY (separate from medical plan deductible)	None, $150, $300, or $500					
Rx family deductible[2] PCY	None or same as medical[3]					
Individual out-of-pocket maximum PCY	Participating pharmacy cost shares accrue to the out-of-pocket maximum for in-network medical.					
Formulary Drug list	Preferred A2					

[1]Up to 30-day supply for specialty drugs only from a Premera specialty pharmacy provider.
[2]Deductible waived for generics and preferred generics on Essentials.
[3]Family deductible is separate from medical deductible; value uses same multiplier as medical deductible.
[4]Buy-up options are available to extend certain generic preventive drugs to be covered in full. Ask your sales representative for more details.
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For information and details regarding general exclusions and limitations, please contact your Premera representative.

Dental plans

Good oral health is important for your employees' overall health. Here's why: regular preventive oral health visits assist with early detection and management of diseases. When you offer your employees both dental and medical benefits from Premera, you help encourage healthy habits.

Attractive savings

When you purchase a **fully insured** Premera medical and dental plan together, you will receive the savings and value of an integrated approach.[1]

1% **premium discount**

11% **overall rate cap**

Better health outcomes

Medical and dental integration can lead to early detection of dental conditions that can increase risk of certain diseases. It also provides better care management and lower healthcare costs.[2]

90% **of diseases show symptoms in the mouth**[3]

Broad network access

Your employees gain access to more than 267,000 in-network provider locations nationwide with our expanded dental network. This is great for your employees who live or travel outside of Washington or Alaska.

71K **dentists nationwide**

254K **locations nationwide**

[1]Discount and rate cap are subject to review.
[2]Ries, Julia. "How Regular Dental Visits Can Help Reduce Health Care Costs for People with Diabetes and Heart Disease." Health, Health, 21 June 2022, https://www.health.com/news/dental-visits-reduce-healthcare-costs-diabetes-heart-disease#:~:text=The%20study%20found%20that%20people,a%20dentist%20saved%20about%20%24866.
[3]Academy of General Dentistry: Know Your Teeth.
January 2012. "Warning Signs in the Mouth Can Save Lives."knowyourteeth.com/infobites/abc/article/?iid=320&aid=1291&chapt=1

Choose from three dental plans

With any Premera dental plan, your employees and their covered dependents will receive the following:

- Access to any in-network dentist or any out-of-network[1] dentist nationwide
- Freedom to choose any licensed dental provider, but they will pay less out of pocket if they choose an in-network dental provider
- Preventive and diagnostic services such as routine oral exams, cleanings, and X-rays covered with no deductibles
- Benefits for periodontal maintenance include up to four visits per year to help manage gum disease or chronic conditions

Plan highlights	DENTAL OPTIMA	DENTAL OPTIMA FLEX	DENTAL OPTIMA VOLUNTARY
Comprehensive benefits for major services	●	●	●
Employer-funded plan option[2]	●	●	
Access to nationwide Choice dental network	●	●	●
Optional orthodontia coverage available for groups with 26 or more enrolled employees	●	●	
Employee-funded plan option[3]			●

[1] Balance billing may apply with out-of-network dentists. Note: For a summary of plan benefits and limitations, see plan details to follow.
[2] Employer contributes 50%–100% of premium. Minimum enrollment is 50% of eligible employees.
[3] Employer contributes 0%–49% of premium. Minimum enrollment is 30% of eligible employees.

Dental Optima

With Dental Optima™, you can choose from several cost share options, giving your employees and their covered dependents choice and control over their spending. You can decide to have routine diagnostic and preventive services that won't count toward the annual maximum on the plan.

To help encourage regular oral health maintenance, preventive services such as routine exams and cleanings are covered. Additionally, there's no waiting period for major services such as crowns, implants, and dentures, so your employees can get the care they need as soon as their coverage starts.

Covered services

Benefits apply after calendar year deductible is met, unless otherwise noted.
Deductible and coinsurance represent customers' cost share.
PCY = per calendar year
CY = calendar year(s)

		OPTIMA	OPTIMA Shared family maximum plan
		COST SHARES	
Annual deductible PCY	**INDIVIDUAL**	$0 / $25 / $50	$50
	FAMILY	$0 / $75 / $150	$150
Maximum allowance per person, PCY		$1,000 $1,500 $1,750 $2,000 $2500	$1,500, $2,000 Shared family maximum – up to 3x Individual
		IN AND OUT OF NETWORK	**IN AND OUT OF NETWORK**
DIAGNOSTIC AND PREVENTIVE[1]			
Routine oral exams 2 PCY		0%, 10%, 20%	0%
Emergency exams			
Bitewing X-rays			
Complete series or panoramic X-ray once per 36 consecutive months			
Cleanings 2 PCY			
Fluoride treatments 2 applications PCY under the age of 19			
Sealants once every 24 consecutive months under age 19; limited to permanent molars only			
Space maintainers under age 19			
BASIC			
Fillings once per tooth surface every 24 consecutive months		10%, 20%	20%
Repair and recementing of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement			
Endodontic (root canal) treatment once per tooth every 24 consecutive months			
Periodontal maintenance 4 visits PCY			
Periodontal scaling and root planning once per quadrant every 24 consecutive months			
Periodontal surgery once per quadrant every 36 consecutive months			
Oral surgery including simple and surgical extractions			
Intravenous or general anesthesia for covered dental procedures at a dental-care provider's office when dentally necessary			
MAJOR			
Inlays, onlays, and crowns once per tooth every 5 CY		40%, 50%	50%
Implants once every 5 CY			
Dentures, partials, and fixed bridges once every 5 CY			

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
[1] Annual deductible waived for diagnostic and preventive services.

Dental Optima Flex

Dental Optima Flex™, allows you to choose from different in and out-of-network cost-share options. Your employees and their covered dependents can save money by using an in-network provider. Non-network providers are still covered, but you may have more out of pocket cost. You can decide to have routine diagnostic and preventive services that won't count toward the annual maximum on the plan.

Preventive services such as routine oral exams and cleanings are covered and there's no waiting period for major services such as crowns, implants, and dentures. Your employees can get the care they need as soon as their coverage starts.

Covered services

Benefits apply after calendar year deductible is met, unless otherwise noted.
Deductible and coinsurance represent customers' cost share.
PCY = per calendar year
CY = calendar year(s)

		OPTIMA FLEX		OPTIMA FLEX Shared family maximum plan	
		COST SHARES			
Annual deductible PCY	**INDIVIDUAL**	$0 / $25 / $50		$50	
	FAMILY	$0 / $75 / $150		$150	
Maximum allowance per person, PCY		$1,000 $1,500 $1,750 $2,000 $2,500		$1,500, $2,000 Shared family maximum - up to 3x Individual	
		IN NETWORK	**OUT OF NETWORK**	**IN NETWORK**	**OUT OF NETWORK**
DIAGNOSTIC AND PREVENTIVE[1]					
Routine oral exams 2 PCY		0%, 10%, 20%	0%, 10%, 20%	0%	10%
Emergency exams					
Bitewing X-rays					
Complete series or panoramic X-ray once per 36 consecutive months					
Cleanings 2 PCY					
Fluoride treatments 2 applications PCY under the age of 19					
Sealants once every 24 consecutive months under age 19; limited to permanent molars only					
Space maintainers under age 19					
BASIC					
Fillings once per tooth surface every 24 consecutive months		10%, 20%	20%, 30%	20%	30%
Repair and recementing of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement					
Endodontic (root canal) treatment once per tooth every 24 consecutive months					
Periodontal maintenance 4 visits PCY					
Periodontal scaling and root planning once per quadrant every 24 consecutive months					
Periodontal surgery once per quadrant once every 36 consecutive months					
Oral surgery including simple and surgical extractions					
Intravenous or general anesthesia for covered dental procedures at a dental-care provider's office when dentally necessary					
MAJOR					
Inlays, onlays, and crowns once per tooth every 5 CY		40%, 50%	50%, 60%	50%	60%
Implants once every 5 CY					
Dentures, partials, and fixed bridges once every 5 CY					

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
[1] Annual deductible waived for diagnostic and preventive services.

Dental Optima Voluntary

Premera Optima Voluntary™ dental plans require no employer contribution, and employee contributions can be made on a pre-tax basis. Employees also appreciate being able to use any licensed dentist, although they may elect to access in-network dentists to maximize the purchasing power of their benefits dollar. Plus, additional periodontal maintenance procedures can help at-risk members receive the extra care they need to stay healthy.

Covered services

Benefits apply after calendar year deductible is met, unless otherwise noted.
Deductible and coinsurance represent customer's cost share.
PCY = per calendar year
CY = calendar year(s)

		COST SHARES
Annual deductible PCY	**INDIVIDUAL**	$50
	FAMILY	$150
Maximum allowance per person, PCY		$1,000 / $1,500
		IN AND OUT OF NETWORK
DIAGNOSTIC AND PREVENTIVE[1]		
Routine oral exams 2 PCY		0%
Emergency exams		
Bitewing X-rays		
Complete series or panoramic X-ray once per 36 consecutive months		
Cleanings limited to 2 PCY		
Fluoride treatments 2 applications PCY under the age of 19		
Sealants once every 24 consecutive months under age 19; limited to permanent molars only		
Space maintainers under age 19		
BASIC		
Fillings once per tooth surface every 24 consecutive months		20%
Repair and recementing of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement		
Periodontal maintenance 4 visits PCY		
Periodontal scaling and root planning once per quadrant every 24 consecutive months		
Oral surgery including simple and surgical extractions		
Intravenous or general anesthesia for covered dental procedures at a dental-care provider's office when dentally necessary		
MAJOR[2]		
Endodontic (root canal) treatment once per tooth every 24 consecutive months		50%
Periodontal surgery once per quadrant every 36 consecutive months		
Inlays, onlays, and crowns once per tooth every 5 CY		
Dentures, partials, and fixed bridges once every 5 CY		

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
[1] Annual deductible waived for diagnostic and preventive services.
[2] A 12-month waiting period for major services applies to customers who have not had continuous comparable dental coverage under the group's prior dental plan.

Willamette Dental presented by Premera

Willamette Dental Group is the Northwest's largest multi-specialty group dental practice. With nearly 50 locations throughout the Pacific Northwest, your employees will most likely find a Willamette Dental Group office in their area.

The dentists at Willamette Dental Group practice proactive dental care. Proactive dental care at Willamette Dental Group builds on two fundamental beliefs: healthy teeth should last a lifetime and proper care doesn't always mean invasive treatment. It's about practicing dentistry responsibly—with honesty, integrity, and a dentist-patient partnership focused on promoting long-term health. That's what sets Willamette Dental Group apart.

The participating providers use the latest scientific evidence, combined with their own clinical experience, to develop an individualized, evidence-based treatment plan. By providing treatment that directly promotes long-term health, participating providers will help your employees maintain or regain a healthy mouth for a lifetime of smiles.

Predictable out-of-pocket costs

Our Willamette Dental plans offer your employees a predictable schedule of covered dental services and copayments including orthodontic care.* Your employees and their families will never be surprised by unknown costs.

	GROUPS 51+			
	Plan 1	Plan 2	Plan 3	Out of network
	In network			
Annual maximum	No annual maximum			N/A
Deductible	No deductible			N/A
Waiting periods	No waiting periods			N/A

Dental coverage when needed, as often as needed

Your employees will never exhaust their dental coverage and will never need to satisfy a deductible before they can receive benefits. Each of our Willamette Dental plans feature the following:

- No deductible
- No annual maximum
- No waiting periods

Dental plan enhancements

Shared family maximum

Unexpected dental care can be expensive. Choosing the right dental plan with an annual maximum that meets the needs of your employees is an important decision.

A shared family maximum may be the best choice for your employees and their covered dependents. This option allows employees to share their dental annual maximum to help maximize their family's dental coverage. The shared family maximum does not apply to preventive dental services.

Benefit enhancements

	DENTAL OPTIMA	DENTAL OPTIMA FLEX	DENTAL OPTIMA VOLUNTARY
BENEFIT ENHANCEMENT OPTIONS			
Preventive services do not count toward maximum allowance	Optional		Optional
ORTHODONTIA[1]			
Diagnostic services and active/retention treatment Including appliances	0%[2] 50% (up to lifetime maximum)		N/A
Monthly orthodontic adjustments Including retention treatment			
Lifetime maximum per person	$1,000, $1,500, or $2,000		
Age limit	None; Under the age of 19		

[1]Not available for a voluntary plan.
[2]Benefits not subject to deductible or coinsurance.

* This option is limited to certain plan types and coinsurance options.

Vision and hearing plans

Offering vision and hearing benefits along with your employees' medical and dental coverage is easier to manage for both your business and your employees.

In fact, routine eye and hearing exams can lead to earlier diagnosis of chronic diseases.

Plus, offering all of your employees' benefits with Premera means you get the ease of dealing with just one health plan. It also means that your employees and their covered dependents enjoy the simplicity of one card, one customer service phone number, and one website.

You can choose between an exam-only or an exam-plus-hardware plan. Adult vision coverage (19 and older) also includes pediatric coverage (18 and younger). See the grid below. When a group offers vision coverage as a separate option, benefits for customers younger than 19 are the same as benefits for adults.

Covered services

PCY = per calendar year
CY = calendar year

		BENEFIT LIMITS	COVERAGE PLANS		COVERAGE PLANS	
			Your Choice / Your Focus* / BlueHPN*	Your Future / BlueHPN HSA*	Premera Pathfinder*	Essentials Medical*
Vision Adult	**Exam only**	1 routine exam PCY	Covered in full or deductible / coinsurance or copay only*	Covered in full or deductible / coinsurance, $25 copay, $20 copay, or $10 copay*	$25 copay*	Not covered
	Exam and eyewear	1 routine exam PCY; Hardware: $150–$500 PCY or CY (increments of $25)	Exam: Covered in full or deductible / coinsurance or $5–$40 copay (increments of $5); Hardware: Covered in full	Exam: Covered in full or deductible / coinsurance, $5–$40 copay (increments of $5) Hardware: Covered in full	Exam: $5–$40 copay (increments of $5)* Hardware: Covered in full	
Vision Pediatric (pediatric exam and cost shares count toward the out-of-pocket maximum)	**Exam only**	1 routine exam PCY	Office visit, cost share, or covered in full*	Office visit, cost share, $25 copay, or covered in full*	$25 copay*	
	Exam and eyewear	1 routine exam PCY; Hardware: 1 pair of glasses PCY (frames and lenses); 12-month supply of contacts PCY, in lieu of glasses (frames and lenses)	Exam: Office visit cost share or waive deductible, then coinsurance, or covered in full; Eyewear: Covered in full	Exam: Office visit cost share, $25 copay, or covered in full; Eyewear: Covered in full	Exam: $25 copay* Eyewear: Covered in full	
Hearing	**Exam and hardware**	1 exam PCY; 1 every 36 months[1]; Hardware: $3,000 per ear with hearing loss every 36 months[1]	Exam: deductible / coinsurance or $10–$40 copay (increments of $5); Hardware: Covered in full	Exam: Deductible/Coinsurance;* Hardware: IRS minimum deductible, then 0%	Exam: $5–$40 copay (increments of $5) Hardware: Covered in full	Exam: Deductible/Coinsurance* Hardware: Covered in full

*Select covered services for Premera Blue Cross EPO plans are in-network only.
This is only a brief summary of the major benefits provided by our plans.
This is not a contract. For information and details regarding general exclusions and limitations, please contact your Premera representative.

[1] Embedded within the medical plan

Did you know?

Your Premera account manager can help you build a well-rounded benefits package that includes ancillary offerings like long and short-term disability, accident, and employee assistance programs.

More optional benefits

Stop-loss coverage

LifeWise Assurance Company[1] assists groups with creating the right medical stop loss for their needs. If you elect to self fund your medical plan, this product provides a reinsurance contract to protect your group from catastrophic losses.

HSA, FSA, and HRA options

Employers can take advantage of an integrated system for implementing and administering a health savings account (HSA), flexible spending account (FSA), and health reimbursement arrangement (HRA). These products can help manage healthcare costs by putting healthcare spending in the hands of employees. With greater visibility of their healthcare costs, employees can delegate their funds with ease. Personal funding accounts are available to Your Choice, Your Focus, Your Future, and BlueHPN HSA plans only.

Ancillary products for a well-rounded offering

Adding benefits from beyond medical, pharmacy, and dental coverage can help give your business a competitive advantage. Considering offering life, long-and short-term disability, hospital indemnity, and other coverage options with Connexion.

Synergie Gene/Cell Therapy Risk Protection Program

Large group employers with LifeWise Assurance Company stop loss can avoid major rate increases and potential lasers due to a gene therapy hitting their stop-loss coverage.

[1] LifeWise Assurance Company is an independent company that does not provide Blue Cross Blue Shield products or services.

Adding benefits from Premera beyond medical and dental coverage can help give your business a competitive advantage. Consider how you benefit from adding these features:

Stop loss

Life and Disability coverage

Personal funding accounts

Find out more:

premera.com/wa/employer

hmo.premera.com/employer

Talk with your producer or general agency partner.

PREMERA BLUE CROSS

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PREMERA HMO

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