



Meet your family's health partner

ABC Company
Group #123456
Effective May 01, 2016

Brochure can be customized
to include:

- *Group Name
- *Group Number
- *Effective Date
(Optional - Can be BLANK)



Why Premera

What's in it for me?

What you need to know now



YOUR PROVIDERS

Explains all the coverage options available to you and how to find doctors and other providers, pharmacies, clinics, and hospitals. Get the care you need, where you need it—locally and when you're on the go.



YOUR BENEFITS

Tells you about the benefit plan offered and how to find more information about what's covered.



YOUR HEALTH SUPPORT

All about programs and services offered to help you stay healthier—and even save money.



YOUR TOOLS

Online and mobile tools available to manage your care and your account with a few clicks of a mouse or taps of a screen.

Can also include the company logo if the approved company logo is provided to Premera.

We understand you're the one who makes decisions about your lifestyle, preventive care, and treatment. Premera brings you coverage, programs, and services to help you and your family live the healthiest life possible. With this guide, you can get acquainted with the benefits and services offered to you. Check out **Your Providers, Your Benefits, Your Health Support**, and **Your Tools** in this guide.

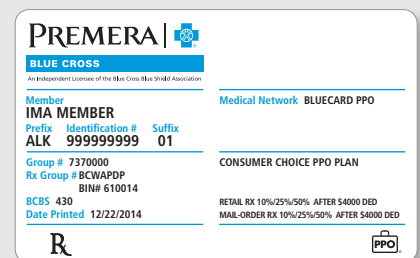
Choosing and using a health plan can be complex. In Premera, you'll find a healthcare support system that works with you, your employer, and the medical professionals you see for treatment. By choosing Premera as your health plan, we serve you by making sure you are covered and providing a wide range of services to help you maintain or improve your everyday health and get the greatest value when you need care.

Customer service and claims representatives are available to address issues about your health plan coverage and listen to what you have to say. When you call customer service, you can expect expert guidance, help navigating available resources, and the information needed to resolve a problem.

For over 80 years, Washington families have trusted Premera for their health coverage. Today, we cover more than 2 million people. We are dedicated to being there for you at every stage of your life, so you can be there for the people most important to you.

Get more information

To get complete information about what your plan covers, see the **Benefit Highlights for your plan in this guide.**



PREMERA ID CARD

Your health plan ID card is the key to your plan. It has your member number and important phone numbers. This ID is your proof of coverage, to present at your doctor's office and the pharmacy. You and each of your covered family members will get an ID card in the mail.



YOUR PROVIDERS

Healthcare coverage wherever you go

At home, across the country, and around the world—the power of Blue is with you.

Your Premera provider network: What's 'in' it for you?

Your medical benefits allow you to get care from a broad array of physicians and specialists without the need for referrals.

As a Premera Blue Cross member, you can see a network provider anywhere in the United States. Our expansive national network is built on our strong relationships with providers, hospitals, and specialists.

When traveling or living abroad, you take your healthcare benefits with you and have access to medical assistance services, doctors, and hospitals in nearly 200 countries and territories around the world, at no extra cost to you.

Using doctors and primary care providers in the Premera network—including family doctors, internal medicine doctors, pediatric doctors, physician assistants, and nurse practitioners—can help you get the most from your health plan. Using an in-network provider offers the following benefits:

- Your provider gets to know you and your health history, making it easier to catch health problems early or manage an ongoing condition.
- Your provider can coordinate your care with other specialists as needed and stay informed about all aspects of your care.
- Your out-of-pocket costs are lower. You also save money when you use in-network pharmacies and hospitals.

24-Hour NurseLine

While medical concerns can be scary and confusing, with your Premera plan, you can call the free and confidential 24-Hour NurseLine anytime, 24 hours a day, 7 days a week, 365 days a year. You'll get thoughtful, accurate health information from a registered nurse who can help you decide the right level of medical care for your health need.

When you call the 24-Hour NurseLine:

- Your call is answered quickly
- The nurse stays on the line as long as it takes to decide
- The nurse asks you the right questions, helps you decide what to do, and can help you find the nearest in-network provider or pharmacy if you need one

Visit a doctor without leaving home

Virtual care (Teladoc®) gives you immediate and convenient access to care whenever and wherever you need it by phone or online video. It's easier than walking into an office to get care face-to-face.

Teladoc* doctors have an average of 15 years of experience and can diagnose, recommend treatment, and prescribe medication (when appropriate) for many of your urgent medical issues.

Common conditions a Teladoc physician can help you handle include sinus problems, respiratory infection, allergies, urinary tract infection, cold and flu symptoms, and many other non-emergency illnesses.

Teladoc doctors offer consultation similar to what you get in a face-to-face office visit, but without the extra travel time or potential high cost of visiting an urgent care or emergency room. (It's not meant to replace your primary care provider, though.) The cost of a Teladoc visit is based on your in-network copay, coinsurance, and deductible. See your health plan benefits for coverage details.

Contact Teladoc

TELADOC PHONE CONSULTATIONS
24 HOURS A DAY, 7 DAYS A WEEK



TELADOC VIDEO CONSULTATIONS
7 A.M. TO 9 P.M., 7 DAYS A WEEK.



* Teladoc® operates subject to state regulation and may not be available in certain states. Teladoc phone consultations are available 24 hours a day, 7 days a week; video consultations are available 7 a.m. to 9 p.m., 7 days a week.

Teladoc is an independent company that provides virtual medical care services on behalf of Premera Blue Cross Blue Shield of Alaska. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.



YOUR BENEFITS

What your plan covers

Your plan covers medical services and prescriptions, plus some services that might surprise you.

Understand your medical benefits

Your plan covers essential benefits, such as:

- Office visits
- Urgent and emergency care
- Lab tests
- Maternity and newborn care
- Hospitalization
- Mental health care
- Prescription medications
- Preventive care

Preventive care: Strengthen your defenses

When you catch health issues early, lifestyle changes you make and medical treatment you receive can be more effective. That's why your plan covers preventive care and tests, including:

- Regular checkups
- Vaccines, such as flu and tetanus shots
- Screenings, such as blood pressure and cholesterol tests



LEARN MORE

For details about your plan, see the benefit highlights for your plan in this guide.

How your health plan works

To get the most out of your health plan, it's important to understand the lingo

Here's how your plan works from day one of your plan year, after you enroll.

Deductible

You'll pay for most covered care and medical services until what you spend totals the amount of your deductible.

Charges for covered procedures, prescriptions, and items such as crutches, may count toward your deductible.

Amounts you pay toward services and prescriptions your plan does not cover won't count toward your deductible.

Some care might be covered in full—the plan pays 100 percent—regardless of whether you've met your deductible.

Coinsurance

After you meet your deductible, you pay coinsurance—the percentage of cost that is your responsibility.

For example, if your plan has a 20 percent coinsurance, that would mean for a \$100 service you pay \$20 and the plan pays \$80. For actual numbers, check your plan's benefit highlights.

Copay

Copay is the amount you'll pay at the front desk when you arrive for your appointment, usually. The copay is set by your plan—and is paid whether you've met your deductible or not.



This is an example only. For details about your plan's actual benefits and costs, see the benefit highlights for your plan in this guide.

Out-of-pocket maximum

Your plan will also have an annual out-of-pocket maximum. That means that if the total amount you spend for your care—such as deductible and coinsurance—totals the amount of your out-of-pocket maximum, the plan will pay 100 percent of your covered care for the rest of the plan year.

Services the plan does not cover, and amounts over the allowable charge, won't apply to the out-of-pocket maximum.

GET THE DETAILS ABOUT YOUR COSTS

For detailed information about the deductible, coinsurance, out-of-pocket maximum, and other costs for your health plan, see the benefit highlights for your plan in this guide.

Get to know your prescription coverage

Premera Blue Cross prescription drug benefits provide you with cost-saving choices and easy pharmacy access.

Benefits are coordinated through Express Scripts,* an independent company that gives you access to:

- Retail pharmacies participating in the Express Scripts nationwide network
- Pharmacy home delivery services from the Express Scripts PharmacySM

Manage your medications online or on the go

You can track your prescriptions at **premera.com** or by downloading the mobile app where you will be able to:

- Check which prescriptions are covered
- Compare costs
- Find in-network pharmacies
- Order and refill prescriptions

Generic drugs can save you money

Generics are less expensive than brand-name drugs and are an excellent value. By law, active ingredients in generic drugs must meet the same level of quality, strength, effectiveness, and purity as their brand-name equivalents.

Specialty Drugs

Many people with complex conditions like multiple sclerosis, rheumatoid arthritis, and cancer require specialty medications. These drugs are usually self-injected, can be very expensive, may not be readily available at retail pharmacies, and often require special handling

The specialty pharmacy program focuses on the delivery of specialty drugs and the specific need of members who require them, including:

- Training on self-injection
- Educational materials, counseling, and product information
- 24-hour access to clinical assistance from pharmacists and nurses
- Refill reminders
- Free delivery

TIER 1

Most generics

TIER 2

Most brand name drugs

Home delivery saves you time and money

The home delivery service offered by Express Scripts Pharmacy is convenient, reduces trips to the local pharmacy, and can save you money with discounted prices.

You can receive prescriptions up to the maximum supply allowed by your plan—typically 90 days—usually at a lower out-of-pocket cost than what you would pay at a retail pharmacy.

Your prescriptions arrive by mail in sealed, insulated (when necessary), and tamper-evident packaging.

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TIER 1

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TIER 2

Most brand name drugs

TIER 3

Other brand name drugs, more expensive than their alternatives in Tier 1 or 2.

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TIER 1

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TIER 2

Most brand name drugs

TIER 3

Other brand name drugs, more expensive than their alternatives in Tier 1 or 2.

TIER 4

Most specialty drugs for complex medical conditions

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Dental page is included if offering a dental plan with their medical plan.



Your dental benefits

It's no secret—good dental health affects your overall health. With Premera Blue Cross, you'll have the benefits and wide range of services to maintain and improve your dental—and overall—health.

What's covered?

Dental benefits cover most diagnostic and preventive, basic, and major services.

Preventive benefits include:

- Routine oral exams
- Preventive cleanings
- Bitewing X-rays
- Fluoride treatments for members 19 or younger
- Sealants (limited to permanent teeth) for members 18 or younger

To get the most from your dental plan, use a dentist in the Premera network:

Our dental network makes it easy to find the dentist you want, or keep the dentist you already have.

- The Premera dental plan covers preventive and diagnostic dental care in full when you see an in-network dentist.
- Your out-of-pocket costs are lower when you choose dentists, dental surgeons, and other providers who are in the Premera network.
- You do not have to file claims because network dentists file them for you.

When you login at **premera.com** or use the mobile app. You can easily:

- Find a network dentist
- Research dental health topics and treatments
- Estimate costs of specific dental procedures
- Ask a dentist questions about your oral health concerns

LEARN MORE

For details about your plan, see the benefit highlights for your plan in this guide.

Your employer funds your care through an HRA

A health reimbursement arrangement (HRA) is a tax-advantaged account funded only by your employer to help pay for qualified healthcare expenses.

The funds in your HRA are not considered income. Therefore, they are not subject to income tax, FICA or worker's compensation deductions. You are not taxed on contributions to the fund, and withdrawals for eligible healthcare expenses for you and your dependents are not taxable.

HRAs may cover eligible healthcare expenses such as:

- Health plan deductibles and coinsurance
- Vision care and dental care
- Laboratory fees
- Hospital charges

How your HRA works

- 1** When the plan year starts your employer will fund your HRA account with a pre-set amount of money that will be used to pay for eligible expenses.
- 2** When you visit your provider, in most cases, your provider will submit a claim to Premera for you. If your provider does not submit a claim, you'll need to do so to make sure your expenses are properly paid through your medical plan.
- 3** Premera will process your claim and apply any network discounts. Funds from your HRA will automatically pay for eligible expenses to your provider.
- 4** You will receive an Explanation of Benefits (EOB) identifying what the HRA paid, any amounts you may owe and any remaining balance available in your HRA.
- 5** If you owe money for the services provided, you will receive a bill from the provider.



LEARN MORE ABOUT YOUR HRA

Contact your employer's Human Resources office for more information about how your employer manages HRAs, including any contribution limits or rollover of unused funds.

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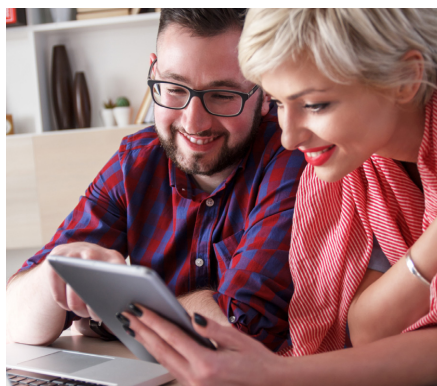
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- Hospital charges

Manage your HRA online

You can manage your HRA account when you log into **premera.com**:

- Set up direct deposit
- Check your account balance
- View transactions
- Enter a new claim
- View the status of claims
- Learn when you need to submit a receipt



How your HRA will work

- 1** When the plan year starts, your employer will fund your HRA account with a pre-set amount of money that can be used to pay for eligible expenses.
- 2** When you visit your provider, they'll submit your claim to Premera. Alternately, you can submit your claim yourself, but in most cases, your provider will submit a claim to Premera for you. If your provider does not submit a claim, you'll need to do so to make sure your expenses are properly paid through your medical plan.
- 3** Funds from your HRA will automatically pay for eligible expenses to your provider.
- 4** Your Explanation Of Benefits (EOB) will tell you what the HRA paid, any amounts you may owe, and how much is left in your HRA.
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Flexible Spending Accounts make paying for healthcare easy

A Flexible Spending Account (FSA) is a tax-advantaged account that allows you to use pre-tax dollars to pay for out-of-pocket eligible medical or dependent care expenses. You choose how much money you want to contribute to an FSA at the beginning of each plan year and then use the funds throughout the year.

Benefits of an FSA

You don't pay taxes on money you put into your FSA account. This saves you money by reducing your taxable income. Other benefits of an FSA include:

- **Easy way to pay for healthcare expenses**—Use your healthcare payment card to pay for eligible expenses.
- **Wide list of eligible expenses for your FSA fund**—Eligible expenses incurred by you, your spouse, or eligible dependent may include medical, dental, and vision care costs, copays, coinsurance, prescriptions, and some over-the-counter medications.
- **Rapid reimbursements**—If you pay using a method other than your healthcare payment card, you can quickly create your claim online and be reimbursed by check or direct deposit.
- **Automatic savings**—The amount you budget for healthcare expenses is automatically withheld from your paycheck throughout the plan year.

Healthcare FSA

Healthcare FSAs can cover medical, dental, or vision expenses that you would otherwise pay for out-of-pocket. Common eligible expenses covered by a healthcare FSA include:

- Health plan deductibles, coinsurance, or copayments
- Vision care services
- Dental care services
- Hospital charges
- Laboratory fees
- Prescriptions and certain over-the-counter items

Your employer may limit the expenses your plan reimburses. Please contact your Human Resources office for more information.

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Dependent Care FSA

Your employer may offer a dependent care FSA, which can be used for the care of a dependent so that you—and your spouse, if you're married—can work.

Typical expenses covered by a dependent care FSA include:

- Charges for day care
- Preschool
- Elder care (unless it is for medical care)

Expenses must be for dependents under the age of 13 or older dependents who are physically or mentally incapable of caring for themselves.

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Two types of FSAs

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What's a health savings account?

It's an account where you can save money tax-free to pay for IRS-approved healthcare expenses. You can also invest your money variety of mutual funds once you reach a minimum balance and let it grow tax free over time to use in the future.

The HSA belongs to you

It's your money and you decide when and how to spend it. It does not belong to your employer, even if your employer contributes money to your account. Plus the HSA is yours even if you decide to change jobs or health plans or retire. And there's no "use it or lose it" rule with the HSA, meaning your balance rolls over year-to-year and can continue to grow.

You can also use your HSA funds to pay for expenses incurred by your spouse or dependents, even if they are not on your plan.

Are you eligible for an HSA?

This is an IRS rule. You're likely eligible if you answer "no" to all of these questions:

- Are you claimed as a tax dependent on another person's taxes?
- Are you enrolled in Medicare?
- Are you covered by your own or your spouse's flexible spending account (FSA), health reimbursement arrangement (HRA) or a non-HSA health plan? (Exceptions: limited purpose FSA or post-deductible HRA.)

Paying healthcare bills with your HSA

You can use the money in your HSA to pay for IRS-approved healthcare expenses—including your deductible, copays, and coinsurance. And this money will not be taxed.

Some expenses you can pay for with your HSA

- Copays, coinsurance, and deductible
- Dental care
- Eye exams, glasses, and contacts
- Orthodontia
- Prescription drugs

Some expenses you cannot use your HSA for, such as:

- Health plan premiums
- Gym fees
- Cosmetic surgery
- Teeth whitening

Go to premera.com/HSA to learn more about eligible healthcare expenses.

* ConnectYourCare® (CYC) is an independent company that provides health savings account services on behalf of Premera Blue Cross.

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Manage your HSA online

You can manage your health plan and your HSA account online at premera.com for a smooth, integrated experience. You can also use the CYC* mobile app to manage your account when you're out and about. Whether online or on your mobile device, you can:

- See which expenses you can use your HSA to pay
- Check your account balance, deposit funds, invest your savings
- View claims and card transactions or set up recurring claims
- Replace a card or add a cardholder

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FIVE REASONS TO GET IMMUNIZATIONS ON SCHEDULE

- 1 The spread of vaccine-preventable diseases, such as measles and whooping cough, is a major public health issue.
- 2 Children should get vaccines (medicine or shots) during the first two years of life to protect them from serious childhood illnesses.
- 3 Immunization delays reduce their effectiveness.
- 4 Getting vaccines on time—and keeping a record—provides a foundation for long-term health.
- 5 Vaccinations are available to everyone.

For more tips like this, visit the Premera Healthsource blog (premera.com/healthsource)



YOUR HEALTH SUPPORT

Keeping you healthier

Your plan covers personal care services that help you stay healthy and support you in managing your care if you get sick.

Personal health support when you need it

We can help you:

- Manage complex symptoms and illnesses
- Navigate the system of care
- Get access to the care you need
- Address personal, social, or financial needs
- Respond to changes in your functioning

Get support during transitions in your care

We work with you and/or your family to help you get back home after you leave an in-patient stay. We can help:

- Coordinate care between your specialists and your routine care providers
- Develop a plan for follow-up care
- Understand how to take care of yourself and know what to expect
- Get help with changes in your condition

Get support with ongoing conditions

Living with ongoing medical conditions? We can help you manage them and accomplish your health goals. Especially for people living with: diabetes, heart failure, chronic obstructive pulmonary disease, asthma, or coronary artery disease.

Get free of tobacco

Nicotine dependency programs are covered at no cost to you from approved in-network healthcare providers and with no calendar year maximum.

Member-only discounts

Save with special discount offers:

- Alternative care services
- Chiropractic
- Licensed massage therapists
- Licensed acupuncturists
- Naturopathic physicians
- Diet and nutrition services
- Diet, nutrition, and supplements
- Eye care services and hardware
- Fitness center memberships
- Hearing aids and screenings
- Newborn services and products

Employee Assistance Program helps with everyday challenges

Personal issues, planning for life events, or simply managing daily life can affect your work, health, and family. ComPsych® GuidanceResources® provides support, resources, and information for personal and work-life issues.

GuidanceResources is company-sponsored, confidential, and provided at no charge to you and your dependents.*

Confidential Counseling: Someone to talk to

This no-cost counseling service helps you address issues your family may face, such as with stress or relationships. It is staffed by GuidanceConsultantsSM—highly trained master’s and doctoral level clinicians who will listen to your concerns and quickly refer you to telephone counseling and other resources for:

- Stress, anxiety, and depression
- Relationship/marital conflicts
- Problems with children
- Job pressures
- Grief and loss
- Substance abuse

GuidanceResources® Online: Knowledge at your fingertips

GuidanceResources Online is your one 444stop for expert information on the issues that matter most to you—relationships, work, school, children, wellness, legal, financial, free time, and more.

- Timely articles, HelpSheets, SM tutorials, streaming videos, and self-assessments
- “Ask the Expert” personal responses to your questions
- Child care, elder care, attorney, and financial planner searches

* GuidanceResources® is an independent company that provides employee assistance services on behalf of Premera Blue Cross..



Support for moms-to-be and newborns

By enrolling in your Premera plan, you have access to the Alere Maternity program. This is a free and confidential program available to you when you are pregnant that provides health education, support, and care coordination throughout your pregnancy to keep you and your baby healthy.

As part of this program, you will receive a call from a registered nurse asking if you would like to participate in the program. Once you are enrolled into the maternity program, you are connected with a flexible assortment of services, including:

- Three pregnancy self-assessments available online
- Personalized online resources, educational tools, videos, and articles on pregnancy and newborn care
- Your Journey Through Pregnancy, a comprehensive book to guide you through your pregnancy
- BabyLine Chat available for you to talk online with a nurse expert via secure instant messaging
- A dedicated nurse to manage high-risk maternity care
- Access to the toll-free BabyLine staffed around the clock by highly experienced nurses, available until your baby is six weeks old



Support for moms and newborns

By enrolling in your Premera plan, you have access to the Alere NICU program. This is a free and confidential program that provides health education, support, and care coordination if your new baby requires special care in a Neonatal Intensive Care Unit (NICU).

If your newborn experiences problems that require admission to a NICU, you are provided with ongoing support, including:

- Educational and emotional support for you and your entire family
- Discharge planning, support, and resources
- Access to phone support around the clock from registered NICU nurses
- Resource coordination for effective ongoing care, as needed
- Ongoing progress review for two weeks once your baby is discharged to ensure you, your family, and your newborn are stabilized

Support for moms-to-be and newborns



By enrolling in your Premiera plan, you have access to the Alere Maternity & NICU programs. These programs are free and confidential programs available to you during and after your pregnancy, that provide health education, support, and care coordination to keep you and your baby healthy.

Maternity Program

As part of this program, you will receive a call from a registered nurse asking if you would like to participate in the program. Once you enroll into the maternity program, you are connected with a flexible assortment of services, including:

- Three pregnancy self-assessments available online
- Personalized online resources, educational tools, videos, and articles on pregnancy and newborn care
- Your Journey Through Pregnancy, a comprehensive book to guide you through your pregnancy
- BabyLine Chat available for you to talk online with a nurse expert via secure instant messaging
- A dedicated nurse to manage high-risk maternity care
- Access to the toll-free BabyLine staffed around the clock by highly experienced nurses, available until your baby is six weeks old

Newborn Program

If your newborn experiences problems that require admission to a Neonatal Intensive Care Unit (NICU), you are provided with ongoing support, including:

- Educational and emotional support for you and your entire family
- Discharge planning, support, and resources
- Access to phone support around the clock from registered NICU nurses
- Resource coordination for effective ongoing care, as needed
- Ongoing progress review for two weeks once your baby is discharged to ensure you, your family, and your newborn are stabilized

A person is holding a dark grey mug with both hands. In the foreground, there is a white bowl filled with sliced lemons and a whole lemon slice. To the left, there is a blister pack of white pills and a small white container with a white cap. The background is slightly blurred, showing a patterned sweater and a colorful scarf.

WHAT'S THE DIFFERENCE BETWEEN COLDS AND FLU?

Colds and flu are both upper respiratory infections caused by viruses. At onset, both present similar symptoms of a sore throat, runny nose, and cough. However, cold symptoms tend to be milder and more short-lived than the flu, which often includes high fever and body aches. Unlike colds, the flu can usually be prevented by getting an annual vaccine (flu shot).

For more tips like this, visit the Premera Healthsource blog (premera.com/healthsource)



YOUR TOOLS

Tools to help you manage your care and your account

You're on the go—and so is your health plan. You can access premera.com or the Premera app on your mobile device to:

- Track your care and your spending, including your deductible
- Find in-network doctors, hospitals, and pharmacies
- Refill prescriptions and get dose reminders
- Find the forms you need
- Learn more about your benefits



Premera Mobile app

Get it done on the go with Premera Mobile:

- Find doctors and other providers
- Check benefits and find out on the spot what's covered
- Monitor claims
- Show proof of coverage—no card required
- Contact the 24-Hour NurseLine



Express Scripts app

With just a tap of a button, you can use the Express Scripts* mobile app to:


- View current medications
- Set dosing time and refill reminders
- Order and track medications
- Find a pharmacy based on GPS location, address, or ZIP code
- Receive personalized alerts of possible health risks related to medications

Find a Doctor tool

When you log into premera.com or the Premera Mobile app, you can search for in-network doctors, hospitals, and other providers.

You'll also be able to see provider reviews, patient ratings, and cost of care estimates. Check out the Find a Doctor tool by visiting premera.com to see if your favorite provider is currently in our network.

* Express Scripts® is an independent company that provides pharmacy benefit services on behalf of Premera Blue Cross.



**WHAT TO DO WHEN YOU
DON'T KNOW WHAT TO DO**

Your son is sick and it's 4 a.m. Or you can't sleep because of a funny pain in your side. Times like these you'll be glad you can call the 24-Hour NurseLine. A nurse will help you decide what to do — ER? Urgent care? Treat at home? Call the NurseLine number on your Premera ID card anytime, anywhere.

For more tips like this, visit the Premera Healthsource blog (premera.com/healthsource)

SAMPLE Benefit Highlights
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Highlights of your Health Care Coverage

Effective Date: 07/01/2015

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.
 Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

MEDICAL PLAN		(2015) YF HSA - \$1500/\$3000 20%/50% \$3000 PRIME	
		HERITAGE IN NETWORK	HERITAGE OUT OF NETWORK
MEDICAL COST SHARE OPTIONS			
Individual Deductible PCY (Family aggregate deductible)		\$1,500 PCY/\$3,000 PCY	\$3,000 PCY/\$6,000 PCY
Coinsurance (Member's percentage of costs after deductible based on allowable charges)		20%	50%
Individual Out of Pocket Maximum PCY, includes deductible, coinsurance, copay and pharmacy if applicable (Family aggregate OOP max)		\$3,000 PCY/\$6,000 PCY	Not Applicable
Office Visit Cost Share		In Network Deductible, then 20%	Out of Network Deductible, then 50%
PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION			
Preventive Office Visit (Unlimited)		Covered In Full	Not Covered
Immunizations (Unlimited)		Covered In Full	Not Covered
Health Education (HE) (Unlimited)		Covered In Full	Not Covered
Nicotine Dependency Programs (ND) (Unlimited)		Covered In Full	Not Covered
Diabetes Health Education (DE) (Unlimited)		Covered In Full	Not Covered
PROFESSIONAL CARE			
Professional Office Visit Including Urgent Care		In Network Deductible, then 20%	Out of Network Deductible, then 50%
Inpatient Professional Services		In Network Deductible, then 20%	Out of Network Deductible, then 50%
Contraceptive Management Services (Unlimited)		Covered In Full	Out of Network Deductible, then 50%
DIAGNOSTIC SERVICE OPTIONS			
Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA		Covered In Full	Out of Network Deductible, then 50%
Other Professional Diagnostic Imaging		In Network Deductible, then 20%	Out of Network Deductible, then 50%
Other Professional Diagnostic Laboratory/Pathology		In Network Deductible, then 20%	Out of Network Deductible, then 50%
Diagnostic Mammography		In Network Deductible, then 20%	Out of Network Deductible, then 50%
FACILITY CARE OPTIONS			
Inpatient Facility		In Network Deductible, then 20%	Out of Network Deductible, then 50%
Outpatient Surgery Facility		In Network Deductible, then 20%	Out of Network Deductible, then 50%
Skilled Nursing Facility (60 days PCY)		In Network Deductible, then 20%	Out of Network Deductible, then 50%
Hospice Inpatient Facility (10 days Inpatient; within the 6 month lifetime maximum)		In Network Deductible, then 20%	Out of Network Deductible, then 50%
EMERGENCY CARE AND TRANSPORTATION OPTIONS			
Emergency Care		In Network Deductible, then 20%	In Network Deductible, then 20%
Emergency Room Physician		In Network Deductible, then 20%	In Network Deductible, then 20%
Ambulance Transportation (Unlimited)		In Network Deductible, then 20%	In Network Deductible, then 20%
Air Ambulance (Unlimited)		In Network Deductible, then 20%	In Network Deductible, then 20%

SAMPLE Benefit Highlights
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 brochure if requested.



Highlights of your Health Care Coverage

Effective Date: 07/01/2015

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.
 Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

MEDICAL PLAN	(2015) YF HSA - \$1500/\$3000 20%/50% \$3000 PRIME	
	HERITAGE IN-NETWORK	HERITAGE OUT-OF-NETWORK
OTHER SERVICES		
Allergy/Therapeutic Injections	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Mental Health Inpatient Facility Care (Unlimited)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Mental Health Outpatient Professional Care (Unlimited)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Chemical Dependency Inpatient Facility Care (Unlimited)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Chemical Dependency Outpatient Professional Care (Unlimited)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Rehab Inpatient Facility (30 days PCY)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab.; and Chronic Pain (15 visits PCY)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Medical Supplies, Equipment, Prosthetics (MS: Unlimited, ME: Unlimited, Pro: Unlimited)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Foot Orthotics, Orthopedic Shoes and Accessories (\$300 PCY (Unlimited Diabetes Related))	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Home Health Visits (130 visits PCY)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Hospice Care (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
TMJ (Temporomandibular Joint Disorders) (Unlimited (Medical and Dental services - Medical and Dental cost shares based on type of service))	Covered as any other service	Covered as any other service
Transplants (Unlimited; \$7,500 travel and lodging limits)	Covered as any other service	Not Covered
Prescription Drugs - Retail (generic/preferred/non-preferred)	In Network Deductible, then 20%	In Network Deductible, then 20%
Prescription Drugs - Mail (generic/preferred/non-preferred) (Specific preventive drugs and legend Retail: 90 day supply/Mail: 90 day supply/Specialty: 30 day supply)	In Network Deductible, then 20%	In Network Deductible, then 20%
Specialty Pharmacy (Mandatory)	In Network Deductible, then 20%	Not Covered
Drug List	Open A1	Open A1
ALTERNATIVE CARE		
Manipulations (Spinal and other) (12 visits PCY)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Acupuncture (12 visits PCY)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Nutritional Therapy (Unlimited)	Covered In Full	Out of Network Deductible, then 50%
SUPPLEMENTAL BENEFITS		
Routine Vision Exam (1 PCY)	In Network Deductible, then 20%	In Network Deductible, then 20%
Pediatric Vision Exam (1 PCY under age 19)	In Network Deductible, then 20%	In Network Deductible, then 20%
ANNUAL PLAN MAXIMUM		
Annual Plan Maximum	Unlimited	Unlimited

SAMPLE Benefit Highlights
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 brochure if requested.



Highlights of your Health Care Coverage

Effective Date: 07/01/2015

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.
 Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

MEDICAL PLAN		(2015) YC - \$750/\$1500 20%/50% \$3700 \$25 PRIME	
	HERITAGE IN-NETWORK	HERITAGE OUT-OF-NETWORK	
MEDICAL COST SHARE OPTIONS			
Individual Deductible PCY (Family deductible 3X Individual)	\$750 PCY	\$1,500 PCY	
Coinsurance (Member's percentage of costs after deductible based on allowable charges)	20%	50%	
Individual Out of Pocket Maximum PCY, includes deductible, coinsurance, copay and pharmacy if applicable (Family OOP max 3X Individual)	\$3700 PCY	Not Applicable	
Office Visit Cost Share	\$25 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%	
PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION			
Preventive Office Visit (Unlimited)	Covered In Full	Not Covered	
Immunizations (Unlimited)	Covered In Full	Not Covered	
Health Education (HE) (Unlimited)	Covered In Full	Not Covered	
Nicotine Dependency Programs (ND) (Unlimited)	Covered In Full	Not Covered	
Diabetes Health Education (DE) (Unlimited)	Covered In Full	Not Covered	
PROFESSIONAL CARE			
Professional Office Visit Including Urgent Care	\$25 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%	
Inpatient Professional Services	In Network Deductible, then 20%	Out of Network Deductible, then 50%	
Contraceptive Management Services (Unlimited)	Covered In Full	Out of Network Deductible, then 50%	
DIAGNOSTIC SERVICE OPTIONS			
Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA	Covered In Full	Out of Network Deductible, then 50%	
Other Professional Diagnostic Imaging	Waive In Network Deductible, then 20%	Out of Network Deductible, then 50%	
Other Professional Diagnostic Laboratory/Pathology	Waive In Network Deductible, then 20%	Out of Network Deductible, then 50%	
Diagnostic Mammography	Waive In Network Deductible, then 20%	Out of Network Deductible, then 50%	
FACILITY CARE OPTIONS			
Inpatient Facility	In Network Deductible, then 20%	Out of Network Deductible, then 50%	
Outpatient Surgery Facility	In Network Deductible, then 20%	Out of Network Deductible, then 50%	
Skilled Nursing Facility (60 days PCY)	In Network Deductible, then 20%	Out of Network Deductible, then 50%	
Hospice Inpatient Facility (10 days Inpatient; within the 6 month lifetime maximum)	In Network Deductible, then 20%	Out of Network Deductible, then 50%	
EMERGENCY CARE AND TRANSPORTATION OPTIONS			
Emergency Care (If applicable, waive copay if admitted to inpatient facility)	\$100 Copay, applies to the Out of Pocket Maximum; then In Network Deductible, 20%	\$100 Copay, applies to the Out of Pocket Maximum; then In Network Deductible, 20%	
Emergency Room Physician	In Network Deductible, then 20%	In Network Deductible, then 20%	
Ambulance Transportation (Unlimited)	In Network Deductible, then 20%	In Network Deductible, then 20%	
Air Ambulance (Unlimited)	In Network Deductible, then 20%	In Network Deductible, then 20%	

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 brochure if requested.



Highlights of your Health Care Coverage

Effective Date: 07/01/2015

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.
 Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

MEDICAL PLAN	(2015) YC - \$750/\$1500 20%/50% \$3700 \$25 PRIME	
	HERITAGE IN-NETWORK	HERITAGE OUT-OF-NETWORK
OTHER SERVICES		
Allergy/Therapeutic Injections	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Mental Health Inpatient Facility Care (Unlimited)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Mental Health Outpatient Professional Care (Unlimited)	\$25 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
Chemical Dependency Inpatient Facility Care (Unlimited)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Chemical Dependency Outpatient Professional Care (Unlimited)	\$25 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
Rehab Inpatient Facility (30 days PCY)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy; Cardiac & Pulmonary Rehab.; and Chronic Pain (45 visits PCY)	\$25 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
Medical Supplies, Equipment, Prosthetics (MS: Unlimited, ME: Unlimited, Pro: Unlimited)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Foot Orthotics, Orthopedic Shoes and Accessories (\$300 PCY (Unlimited Diabetes Related))	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Home Health Visits (130 visits PCY)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
Hospice Care (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)	In Network Deductible, then 20%	Out of Network Deductible, then 50%
TMJ (Temporomandibular Joint Disorders) (Unlimited (Medical and Dental services - Medical and Dental cost shares based on type of service))	Covered as any other service	Covered as any other service
Transplants (Unlimited; \$7,500 travel and lodging limits)	Covered as any other service	Not Covered
ALTERNATIVE CARE		
Manipulations (Spinal and other) (12 visits PCY)	\$25 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
Acupuncture (12 visits PCY)	\$25 Copay, applies to the Out of Pocket Maximum	Out of Network Deductible, then 50%
Nutritional Therapy (Unlimited)	Covered In Full	Out of Network Deductible, then 50%
SUPPLEMENTAL BENEFITS		
Routine Vision Exam (1 PCY)	\$25 Copay	Out of Network Deductible, then 50%
Pediatric Vision Exam (1 PCY under age 19)	\$25 Copay, applies to the Out of Pocket Maximum	\$25 Copay, applies to the Out of Pocket Maximum
Routine Hearing Exam (1 PCY)	Covered In Full	Out of Network Deductible, then 50%
ANNUAL PLAN MAXIMUM		
Annual Plan Maximum	Unlimited	Unlimited

Copays are not subject to the deductible unless otherwise noted.
 Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.

SAMPLE Benefit Highlights
 Can be included in the back of the brochure if requested.



Highlights of your Health Care Coverage

Pharmacy Benefits

Tier 1 = Generic
 Tier 2 = Preferred Brand Name
 Tier 3 = Non Preferred Brand Name

Below is a brief overview of what you can expect to pay for a prescription drug, depending on which "tier" category it falls under in the Preferred Drug List for your plan when using an In-Network Pharmacy. For more information on your pharmacy benefits, including Out-of-Network benefits, see your benefit booklet. To find out what tier applies to a specific medication, see out Preferred Drug List in your pharmacy packet or at www.premera.com.

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

Effective Date: 07/01/2015

PHARMACY PLAN		(2015) RETAIL \$5/\$40/\$60 MAIL \$10/\$80/\$120
		Cost Share Category Tier1/Tier2/Tier3
PRESCRIPTION DRUGS		
Retail Cost Shares		\$5/\$40/\$60
Mail Cost Shares		\$10/\$80/\$120
Day Supply		Retail: 30 Days; Mail: 90 Days; Specialty: 30 Days
Individual Deductible PCY		\$0
Out of Network (Non-participating retail pharmacies)		Cost Share, then 40% (to allowable)
Out of Pocket Maximum		Applies to the medical out of pocket maximum
Annual Benefit Maximum		Unlimited
Drug List		Preferred B3

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Highlights of your Dental Coverage

Effective Date: 07/01/2015

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

DENTAL PLAN	(2015) PREFERENCE FLEX PLUS - \$50 0/20% 20/30% 50/60% \$1500	
	IN-NETWORK	OUT-OF-NETWORK
COVERED SERVICES		
Individual/Family Deductible PCY	\$50 PCY / \$150 PCY	
Diagnostic/Preventive	0%	20%
-cleanings (limited to 2 PCY) -fluoride treatments (limited to 2 applications PCY for members under age 20) -routine oral exams (limited to 2 PCY) -routine x-rays (complete series or panoramic x-ray once per 36 consecutive months) -sealants (limited to permanent teeth for members under age 19)		
Basic	20%	30%
-emergency exams (unlimited) -emergency palliative treatment -endodontic (root canal) treatment (limited to once per tooth every 2 calendar years) -fillings (limited to once per tooth surface every 24 consecutive months) -full mouth debridement (limited to once every 3 calendar years) -periodontal maintenance (limited to 4 visits per calendar year) -periodontal scaling (limited to once per quadrant every 2 calendar years) -periodontal surgery -recementing of crowns, inlays, bridgework & dentures -simple & surgical extractions -space maintainers (for members under age 20)		
Major	50%	60%
-implants, dentures, partial & fixed bridges (replacements limited to once every 5 calendar years) -general anesthesia (limited to covered dental procedures at a dental-care provider's office when dentally necessary) -inlays, onlays & crowns (replacements limited to once per tooth every 5 years) -oral surgery -repair of crowns, inlays, bridgework & dentures		
Annual Maximum	\$1,500 PCY	

Annual deductible waived for Diagnostic/Preventive services

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.

Notes

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