

FOR BUSINESSES WITH
1-50 EMPLOYEES

2023 health plan guide

PREMERA | 
BLUE CROSS

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 quality and affordable care.



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Why businesses choose us

Our small business health plans are tailored for businesses with 1-50 employees. We offer plans with benefits for complete health coverage and broad provider networks. In addition, we provide tools to make it easy for you to manage your company's health plan.



Network strength provides choice and savings

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

Well-rounded benefits package

- We make it easy for you to attract and retain the best talent with appealing benefits packages that support the whole health of your employees.
- Choose from a range of plans to find the right balance that best fits the needs and budget for your business and your employees.

Tools and programs for employees

- Our built-in support programs encourage your employees to engage in their healthcare, leading to healthier, happier employees.
- Online tools and apps help your employees find doctors, compare costs of services and medications, access pharmacy information, and review claims.

Administrative ease and support

- Integrate dental and vision coverage with your medical and pharmacy plans and simplify your work by dealing with only one health plan for all your healthcare administration.
- Effortlessly manage your health plans and pay bills online with our secure employer dashboard.
- Get ready-to-share resources that make understanding benefits simple for you and your employees.



READY-TO-SHARE EMPLOYEE COMMUNICATIONS

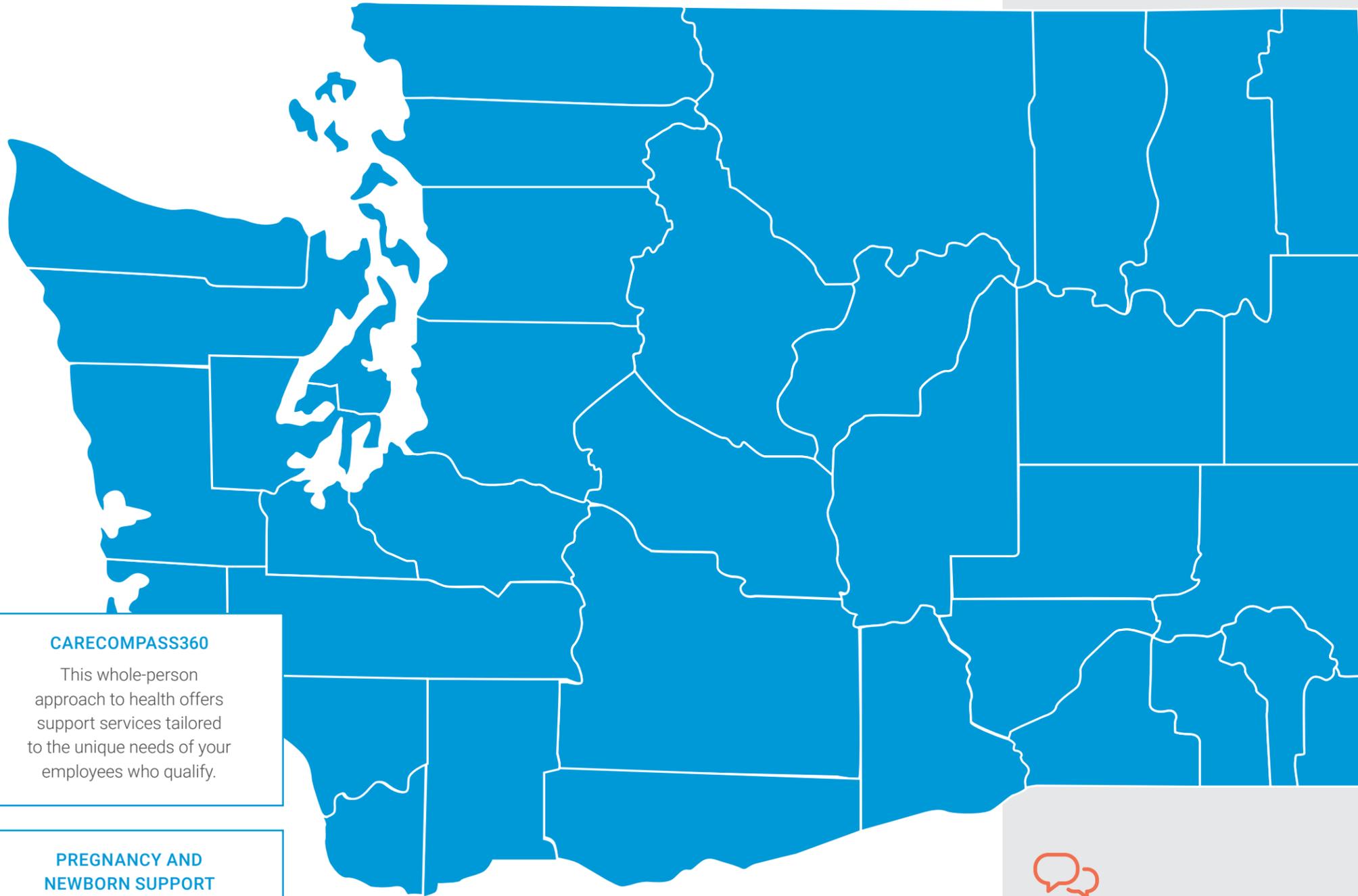
We want to make your busy life a little less stressful. That's why we provide you with ready-to-share emails, flyers, and messages to share with your employees to help them understand their health plan benefits throughout their plan year.



We're in your corner

As a not-for-profit serving Washington for almost 90 years, 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.

Meeting members where they are, with programs to support their needs



VIRTUAL CARE

Our medical plans offer a variety of telehealth options, from video to phone to text, that provide convenience and ease of use for your employees.

24-HOUR NURSELINE

Free, confidential health advice from a nurse, available to your employees 24/7.

CARECOMPASS360

This whole-person approach to health offers support services tailored to the unique needs of your employees who qualify.

PREVENTIVE HEALTHCARE

Preventive health services are part of every Premera health plan. Our secure member website provides your employees with details about what is covered. It also lists suggested routine preventive exams, vaccinations, and screenings.

MOBILE APPS AND ONLINE TOOLS

Apps and digital tools give your employees more control when it comes to managing their healthcare. They can easily search for doctors, compare costs of services, track medications, review claims, and more.

PREGNANCY AND NEWBORN SUPPORT

Our maternity program supports healthy babies and parents with personalized tools, and encourages early discovery of high-risk pregnancies. Our program helps reduce costs associated with high-risk pregnancies or newborns who spend time in neonatal intensive care.



Talk to your Premera representative or producer to determine which plans have the programs and services to best meet your needs.



The right care at the right time

Our members are truly at the center of all we do. Accessing care shouldn't be a challenge. We've built a robust provider network so our members can receive the care they need when they need it, delivered in a way that meets their needs without sacrificing quality.

Primary/Urgent care

Virtual text-based primary and urgent care from a doctor, 24/7

A robust variety of in-network providers for in-person care

Mental health care

Video and phone-based mental health therapy

In-network providers such as counselors, therapists, psychologists, and psychiatrists that offer in-person care

Substance use disorder

Virtual treatment for opioid use disorder and alcohol use disorder

Video visits and messaging with a therapist

Behavioral Health Navigator

Members can select from a variety of mental health care options based on their clinical needs, preferences, and health plan benefits





Provider networks

We believe in working closely with doctors and hospitals to deliver for the customer together. 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.

National and worldwide network coverage with BlueCard

When you choose a Premera Blue Cross health plan, it offers specific levels of healthcare benefits where your employees live or travel, across the country and worldwide.

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

NETWORK	TOTAL PRACTITIONERS	PRIMARY CARE PROVIDERS	HOSPITALS
Heritage and Dental Choice¹	49,500	8,502	95
Heritage Signature and Dental Choice¹	40,799	6,985	74
Tahoma and Dental Choice² (Pierce, Thurston and Spokane counties only)	7,364	1,390	5
Dental choice¹	Washington State	Nationwide practitioners	Nationwide locations
	3,658	75,000	273,000

¹Network counts as of July 2022.
²Network counts as of August 2022.

Kinwell clinics

Kinwell is an all-new primary care clinic specifically designed for Premera members.

Kinwell offers a wide range of services to meet the needs of every member on their journey to better health. Members benefit from an integrated care approach, more time with their providers and convenient online appointment scheduling.

Talk to your Premera representative or producer about how Kinwell can benefit your employees.

Premera-Designated Centers of Excellence

Premera-Designated Centers of Excellence (PDCOE) leverage performance data to connect members to enhanced benefits and providers who are committed to delivering predictable, high-value specialty care.

[Find out about our PDCOE offering](#)



ACCESSIBILITY

Small group business plans have access to our expansive network of quality providers. Visit the [Find a Doctor](#) tool 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 about the benefits of offering your employees two or three Premera medical plan options, such as a Premera Balance PPO plan and a Peak Care plan.



Medical plans

You can choose from a range of plans to find the right balance between budget 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 limit.



Decide which plan is right for you

PLAN TYPES

- **Choice plans** are paired with our largest network of providers, called Heritage and Dental Choice.
- **Balance plans** are paired with the Heritage Signature and Dental Choice network, our more tailored network with a focus on higher savings for your business.
- **Peak Care plans** are offered to employers in Pierce, Thurston, and Spokane counties as an exclusive provider organization (EPO) option with the Tahoma and Dental Choice network. They're a great dual offering to empower your employees with choice while saving you money.

QUALIFIED HIGH-DEDUCTIBLE PLANS

Our qualified high-deductible plans are meant to be paired with an employee-owned, tax-advantaged health savings account (HSA). This allows employees to save their healthcare dollars for when they need them, even in retirement. Talk to your producer to select which HSA bank account option is best for your business.

METALLIC LEVELS

Plans are identified by one of four metallic level options. These options include: platinum, gold, silver, or bronze. Levels do not refer to quality. Instead, they indicate the level paid for monthly premiums, deductibles, and out-of-pocket costs.

VISION AND DENTAL

Choose to offer adult vision and dental benefits along with your medical plans and experience the ease of managing all your benefits under one health plan. Your employees and their covered dependents enjoy the simplicity of one card, one customer service phone number, and one website.

Looking to lower costs in 2023? We're in your corner.

Premera offers savings opportunities and low-cost health plan options in 2023 to meet both the needs of your employees as well as your business.

- All our medical plans come with embedded pediatric dental coverage for qualified dependents age 18 or younger. Children covered under a pediatric dental plan can get care as soon as coverage starts.
- All health plans cover preventive services without requiring copayments or deductibles first.
- Discuss these exclusive provider organization (EPO) plan options with your Premera representative or producer:
 - Balance EPO plan
 - Peak Care plans (for Pierce, Thurston, and Spokane counties)
- Health savings accounts (HSA) can be managed by the Premera designated financial vendor saving you time and costs.



CURIOUS ABOUT THE PEAK CARE HEALTH PLAN?

For businesses with employees in the Pierce, Thurston, and Spokane county areas

Find out more about how Peak Care can lower costs for your bottom line at peakcare.com/employer.



Medical plan snapshots

PPO plans

PCP = Primary care provider
PCY = Per calendar year

BALANCE PPO PLANS Heritage Signature and Dental Choice Network											
	Balance 250 Platinum	Balance 500 Platinum	Balance 500 Gold	Balance 1000 Gold	Balance 1500 Gold	Balance 2000 Gold	Balance 2500 Gold	Balance 2000 Silver	Balance 3000 Silver	Balance 6500 Bronze	
Deductible Family = 2x Individual	\$250	\$500	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$2,000	\$3,000	\$6,500	
Coinsurance	15%		20%					30%			
Out-of-pocket maximum Family = 2x Individual	\$4,000	\$4,000	\$8,550	\$8,550	\$7,000	\$7,000	\$8,000	\$8,450	\$7,000	\$8,550	
Emergency room	\$100 copay, deductible/coinsurance		\$200 copay, deductible/coinsurance					\$250 copay, deductible/coinsurance			
Office visit	PCP designated = \$10 Specialist/ Non-designated PCP = \$25		PCP designated = \$25 Specialist/Non-designated PCP = \$55					PCP designated = \$35 Specialist/ Non-designated PCP = \$70	PCP designated = \$35 Specialist/ Non-designated PCP = \$65	PCP designated = \$60 Specialist/ Non-designated PCP = \$120	
Basic imaging and lab services	Deductible waived, then coinsurance		Deductible/Coinsurance	Deductible waived, then coinsurance					Deductible/Coinsurance		
Retail Rx 30-day supply cost (mail order copay = 3x retail)	\$10 / \$30 / \$70 / D25%		\$20 / \$50 / \$80 / D25%		\$20 / \$50 / \$80 / 25%			\$35 / \$75 / D30% / D30%	\$1,500 Rx Deductible \$25 ¹ / D25% D25% / D25%	\$1,000 Rx Deductible \$30 ¹ / D50% D50% / D50%	

¹ Deductible waived for tier 1 drugs (generics).

PCP = Primary care provider
PCY = Per calendar year

CHOICE PPO PLANS Heritage and Dental Choice Network				
	Choice 750 Gold	Choice 1000 Gold	Choice 1500 Gold	Choice 2500 Silver
Deductible Family = 2x Individual	\$750	\$1,000	\$1,500	\$2,500
Coinsurance	20%			30%
Out-of-pocket maximum Family = 2x Individual	\$7,100	\$8,550	\$7,000	\$8,150
Emergency room	\$200 copay, Deductible/Coinsurance			\$250 copay, Deductible/Coinsurance
Office visit	PCP designated = \$25 Specialist/Non-designated PCP = \$55			PCP designated = \$35 Specialist/Non-designated PCP = \$65
Basic imaging and lab services	Deductible/Coinsurance	Deductible waived, then coinsurance		Deductible/Coinsurance
Retail Rx 30-day supply cost (mail order copay = 3x retail)	\$20 / \$50 / \$80 / D25%	\$20 / \$50 / \$80 / 25%		\$30 / \$70 / D30% / D30%



Medical plan snapshots continued

HSA-qualified plans

PCP = Primary care provider
PCY = Per calendar year

	BALANCE HSA-QUALIFIED PLANS Heritage Signature and Dental Choice Network			CHOICE HSA-QUALIFIED PLANS Heritage and Dental Choice Network		
	Balance HSA-qualified 1500 Gold	Balance HSA-qualified 3000 Silver	Balance HSA-qualified 6200 Bronze	Choice HSA-qualified 1500 Gold	Choice HSA-qualified 3000 Silver	Choice HSA-qualified 6200 Bronze
Deductible Family = 2x Individual	\$1,500 (Aggregate)	\$3,000 (Embedded)	\$6,200 (Embedded)	\$1,500 (Aggregate)	\$3,000 (Embedded)	\$6,200 (Embedded)
Coinsurance	20%		30%	20%		30%
Out-of-pocket maximum Family = 2x Individual	\$3,900 (Aggregate)	\$6,700 (Embedded)	\$6,900 (Embedded)	\$3,900 (Aggregate)	\$6,700 (Embedded)	\$6,900 (Embedded)
Emergency room	Deductible/Coinsurance					
Office visit	Deductible/Coinsurance					
Basic imaging and lab services	Deductible/Coinsurance					
Retail Rx	Deductible/Coinsurance					

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.

Hearing (included in your plan)

	BALANCE/CHOICE PPO & EPO	BALANCE/CHOICE HSA-QUALIFIED	PEAK CARE
Exam Balance/Choice PPO (in and out of network) Balance EPO (in network only) Peak Care (in network only)	Specialist office visit copay (1 exam every 2 calendar years)	Deductible/Coinsurance (1 exam every 2 calendar years)	Specialist office visit copay (1 exam every 2 calendar years)
Hardware (in and out of network)	Covered in full (\$1,000 every 3 calendar years)	Deductible/Coinsurance (\$1,000 every 3 calendar years)	Covered in full (\$1,000 every 3 calendar years)

EPO plans

PCP = Primary care provider
PCY = Per calendar year

	PEAK CARE PLANS: Pierce, Thurston, and Spokane counties Tahoma and Dental Choice Network			BALANCE EPO PLAN Heritage Signature and Dental Choice Network
	Peak Care 1000 Gold	Peak Care NOW 4000 Silver	Peak Care 6000 Bronze	Balance EPO 8550 Bronze
Deductible Family = 2x Individual	\$1,000	\$4,000	\$6,000	\$8,550
Coinsurance	20%	30%	35%	0%
Out-of-pocket maximum Family = 2x Individual	\$8,850	\$8,900	\$8,900	\$8,550
Emergency room	\$450 copay, then deductible/coinsurance			Deductible/Coinsurance
Office visit	PCP designated = \$25 Specialist/Non-designated PCP = \$55	PCP designated = \$0 Specialist/Non-designated PCP = \$65	PCP designated = \$55 Specialist/Non-designated PCP = \$120	Deductible/Coinsurance
Basic imaging and lab services	Waive deductible, subject to coinsurance	Subject to deductible/coinsurance		Deductible/Coinsurance
Retail Rx 30-day supply cost (mail order 3x retail)	\$15 / \$40 / \$80 / 25%	\$20 / \$50 / D50% / D30%	\$35 / D\$45 / D40% / D40%	Deductible/Coinsurance

Adult vision

	OPTIONAL BENEFIT RIDER
Vision exam* In and out of network	\$25 (1 exam PCY)
Vision hardware limit In and out of network	\$150 PCY

*Peak Care exams are covered in network only.



Medical plans with family dental

Eight of our medical plans have Family Dental benefits built in. By bundling pediatric and adult dental benefits with medical coverage, employees get well-rounded health coverage for their whole family.

Medical + Family Dental plans

PCP = Primary care provider
CIF = Covered in full
PCY = Per calendar year

	BALANCE MEDICAL + FAMILY DENTAL PLANS Heritage Signature and Dental Choice Network				CHOICE MEDICAL + FAMILY DENTAL PLANS Heritage and Dental Choice Network			
	Balance 500 Gold + Family Dental	Balance 1000 Gold + Family Dental	Balance 2000 Silver + Family Dental	Balance HSA-Qualified 3000 Silver + Family Dental	Choice 750 Gold + Family Dental	Choice 1000 Gold + Family Dental	Choice 2500 Silver + Family Dental	Choice HSA-Qualified 3000 Silver + Family Dental
Deductible Family = 2x Individual	\$500	\$1,000	\$2,000	\$3,000 (Embedded)	\$750	\$1,000	\$2,500	\$3,000 (Embedded)
Coinsurance	20%		30%	20%	20%		30%	20%
Out-of-pocket maximum Family = 2x Individual	\$8,550	\$8,550	\$8,450	\$6,700 (Embedded)	\$7,100	\$8,550	\$8,150	\$6,700 (Embedded)
Emergency room	\$200 copay, Deductible/Coinsurance		\$250 copay, Deductible/ Coinsurance	Deductible/ Coinsurance	\$200 copay, Deductible/Coinsurance		\$250 copay, Deductible/ Coinsurance	Deductible/ Coinsurance
Office visit	PCP designated = \$25 Specialist/ Non-designated PCP = \$55		PCP designated = \$35 Specialist/ Non-designated PCP = \$70	Deductible/ Coinsurance	PCP designated = \$25 Specialist/ Non-designated PCP = \$55		PCP designated = \$35 Specialist/ Non-designated PCP = \$65	Deductible/ Coinsurance
Basic imaging and lab services	Deductible/ Coinsurance	Waive deductible, then coinsurance	Deductible/Coinsurance		Deductible/ Coinsurance	Waive deductible, then coinsurance	Deductible/Coinsurance	
Retail Rx 30-day supply cost (mail order copay = 3x retail)	\$20 / \$50 / \$80 / D25%	\$20 / \$50 / \$80 / 25%	\$35 / \$75 / D30% / D30%	Deductible/ Coinsurance	\$20 / \$50/ \$80 / D25%	\$20 / \$50 / \$80 / 25%	\$30 / \$70 / D30% / D30%	Deductible/ Coinsurance

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

Adult dental benefits as part of medical plans with family dental

Covered Services	IN NETWORK	OUT OF NETWORK
Individual dental deductible PCY		\$50
DIAGNOSTIC AND PREVENTIVE		
Routine oral exams 2 PCY	Covered in full	Dental deductible waived, then 30%
Routine x-rays full mouth, 1 every 60 months / bitewings 2 PCY to maximum of 4		
Cleanings 2 PCY		
BASIC		
Non-routine, problem-focused exams 1 PCY shared limit	Dental deductible, then 20%	Dental deductible, then 40%
Emergency exams		
Non-routine x-rays panoramic, 1 every 60 months / periapical unlimited		
Fillings once every 24 months		
Endodontics 1 per tooth per lifetime		
Periodontal maintenance 4 PCY		
Periodontics, non-surgical services scaling / root planing, 1 per quadrant every 24 months		
Simple / surgical extractions	Dental deductible, then 50%	
General anesthesia		
MAJOR		
Installation of crowns porcelain, ceramic, and metal only, once every 7 CY		
Buildups crowns only, 1 every 7 CY		
Dental Plan Maximum	\$1,000 PCY	

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. Metallic medical plans that include Family Dental cannot be paired with Adult Dental Optima or Adult Dental Optima Voluntary plans.



GET THE DETAILS

2023 benefit highlights for small group plans can be viewed on premera.com.



ADDITIONAL BENEFITS OF FAMILY DENTAL

- Employees get core dental benefits at a lower cost.
- When your employees have a medical plan and a dental plan from Premera, they get one easy experience: one ID card, one customer service number, one website, and one secure account for managing their healthcare.



Adult dental plans for ages 19 and older

We've been taking care of dental customers for more than 30 years. With every dental plan, Premera provides:

Access to the broad Choice network

Dental customers get one of the largest networks of dentists in the state of Washington. Premera contracts with over 75,000 in-network dentists in more than 273,000 locations.

Plans that emphasize prevention

Premera dental customers do not pay a deductible for routine dental visits, and most plans cover preventive services in full.

Online tools that make things easy

Find in-network care with our dental provider directory, and see how much dental services will cost with our dental cost estimator. Your employees can even email a licensed dentist with questions about their oral health.

Two separate dental plan options for adults

Premera offers two separate dental plans: **Adult Dental Optima** and **Adult Dental Optima Voluntary**. You can pair these with your medical plan to provide adult dental coverage for a broader range of services.

- Dental services, such as cleanings, routine exams, and bitewing x-rays are covered in full.
- Customers can visit any dentist, but their costs will be less for in-network services and care.



Dental benefits

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

	FAMILY DENTAL ¹	ADULT OPTIMA ²	ADULT OPTIMA VOLUNTARY ²
Cost to employer	\$ (included in select medical plans)	\$\$	\$0
Member's out-of-pocket cost	Member coinsurance is less when seeing an in-network dentist	Member coinsurance is the same for in-network and out-of-network dentists, but balance billing may apply	
Benefits for major dental services (such as dentures, bridges, and implants)	Not covered	Covered	Covered (implants not included)
Orthodontia³	No option	Optional	No option
Employee-funded plan⁴	No		Yes

¹Family dental is not available to pair with a Peak Care medical plan. Peak Care may be paired with either Adult Dental Optima or Adult Dental Optima Voluntary plans.

²Metallic medical plans that include Family Dental cannot be paired with Adult Dental Optima or Adult Dental Optima Voluntary plans.

³For groups with 26 or more enrolled employees.

⁴Employer contributes 0%–49% of premium. Minimum enrollment is 5 or 30% of eligible employees (whichever is greater).



Adult Dental Optima

With **Adult Dental Optima**, you can offer your employees comprehensive coverage and flexibility to choose their dentist.

Key benefits

- Your employees can choose any licensed or certified provider from our broad network. When they use an in-network provider, they won't be billed for costs beyond the allowable amount.
- There is no waiting period for any service.
- Diagnostic and preventive services such as routine exams, cleanings, and bitewing x-rays are covered at 100 percent to help your employees and their families keep their smiles healthy. And that supports overall health.
- Plans provide benefits for periodontal maintenance. Your employees can get up to four visits per year to help manage gum disease.
- Plans include coverage for major services such as crowns, dentures, bridges, and implants.
- On the 1500 Enhanced+ plan, routine diagnostic and preventive services do not count toward the annual maximum.

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

Adult Dental Optima covered services

ADULT DENTAL OPTIMA	1000	1500	2000	1000 ENHANCED	1500 ENHANCED	2000 ENHANCED	1500 ENHANCED+
Annual deductible ¹ PCY	\$50 / \$150						
Maximum allowance per person PCY	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000	\$1,500 ²
Out-of-network reimbursement	Washington out-of-network reduced fee schedule			Reimbursed up to the 90th percentile ³			

DIAGNOSTIC AND PREVENTIVE	COST SHARES IN AND OUT OF NETWORK
Routine oral exams limited to 2 PCY	0%
Emergency exams unlimited	
Bitewing x-rays 1 set (up to 4) PCY	
Cleanings limited to 2 PCY	
BASIC	20%
Complete series or panoramic x-ray once per 36 consecutive months, but not both	
Fillings limited to once per tooth surface every 24 consecutive months	
Endodontic (root canal) treatment limited to once per tooth every 24 consecutive months	
Full-mouth debridement limited to once every 36 consecutive months	
Periodontal maintenance limited to 4 visits PCY	
Periodontal scaling limited to once per quadrant every 24 consecutive months	
Periodontal surgery limited to once per quadrant every 36 consecutive months	
MAJOR	50%
Inlays, onlays, and crowns replacements limited to once per tooth every 5 CY	
Implants limited to once every 5 CY	
Dentures, partials, and fixed bridges replacements limited to once every 5 CY	
Repair and recementing of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement	
Surgical extractions	
Oral surgery	
General anesthesia limited to covered dental procedures at a dental-care provider's office when dentally necessary	

Notes: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. Plan options depend on whether your group is renewing or starting a new plan. They also depend on your group size. Discuss your options with your producer.

¹Annual deductible waived for diagnostic and preventive services.

²Annual maximum waived for diagnostic and preventive services.

³Reimbursement up to the 90th percentile based on FAIR Health data by geographic area. Ask your producer for more details.



Adult Dental Optima Voluntary

With **Adult Dental Optima Voluntary**, businesses with as few as five employees can offer dental coverage at little or no cost.

Key benefits

- Your employees can choose any licensed or certified provider from our broad network. When they use an in-network provider, they'll get the dental care they need and won't be billed for costs beyond the allowable amount.
- Diagnostic and preventive services such as routine exams, cleanings, and bitewing x-rays are covered at 100 percent to help your employees and their families keep their smiles healthy. And that supports overall health.
- Plan provides benefits for periodontal maintenance. Your employees can get up to four visits per year to help manage gum disease.
- You can choose to fund up to 50 percent of your employees' premiums—helping you save money while offering valued dental coverage to your employees.
- Plan includes coverage for major services such as crowns, dentures, and bridges.

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

Adult Dental Optima Voluntary covered services

(for groups 5–50)

	DEDUCTIBLE/MAXIMUM ALLOWANCE	
Annual deductible ¹ PCY	Individual	\$50
	Family	\$150
Maximum allowance per person PCY		\$1,000

	COST SHARES IN AND OUT OF NETWORK
DIAGNOSTIC AND PREVENTIVE	
Routine oral exams limited to 2 PCY	0%
Bitewing x-rays 1 set (up to 4) PCY	
Cleanings limited to 2 PCY	
BASIC	
Emergency exams unlimited	30%
Emergency palliative treatment	
Complete series or panoramic x-ray once per 36 consecutive months, but not both	
Fillings limited to once per tooth surface every 24 consecutive months	
Full-mouth debridement limited to once every 36 consecutive months	
Periodontal maintenance limited to 4 visits PCY	
Periodontal scaling limited to once per quadrant every 24 consecutive months	
Simple extractions	
MAJOR²	
Inlays, onlays, and crowns replacements limited to once per tooth every 5 CY	50%
Dentures, partials, and fixed bridges replacements limited to once every 5 CY	
Repair and recementing of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement	
Endodontic (root canal) treatment limited to once per tooth every 24 consecutive months	
Periodontal surgery limited to once per quadrant every 36 consecutive months	
Surgical extractions	
Oral surgery	
General anesthesia limited to covered dental procedures at a dental-care provider's office when dentally necessary	

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

¹Annual deductible waived for diagnostic and preventive services.

²A 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.



More dental options and requirements

You can choose to offer additional dental coverage that lets employees customize their benefits package.

Optional benefits

	ADULT DENTAL OPTIMA
ORTHODONTIA¹	
Diagnostic services and active or retention treatment including appliances	50% ² up to lifetime maximum
Monthly orthodontic adjustments including retention treatment	
Lifetime maximum per person	\$1,500
Age limit	None

¹ For groups with 26 or more enrolled employees. Orthodontia is not available on Adult Dental Optima Voluntary plan.

² Benefits provided at 50% allowable charges.

Participation and contribution requirements for adult dental plans

Depending on group size, there are different requirements for the Adult Dental Optima plans. Employers must also meet the participation requirements in order to offer the plan.

GROUP SIZE	EMPLOYER CONTRIBUTION	PARTICIPATION REQUIREMENTS
2-4*	50%-100% of premium	100% participation
5-50	50%-100% of premium	Minimum of 5 employees or 50% of eligible employees, whichever is greater
5-50	0%-49% of premium	Minimum of 5 employees or 30% of eligible employees, whichever is greater

Note: Adult Dental Optima and Adult Dental Optima Voluntary plans cannot be paired with metallic medical plans that include Family Dental.

*Dental is offered only in combination with a medical plan for group sizes 2-4. Plan selections are limited to Optima 1000 and Optima 1500.

What our customers say

The gentleman I spoke with was knowledgeable and helpful. Could not have been handled better. What a relief to remove such a financial hardship. One of the best customer experiences I've had over the phone. It's awesome that they're actually paying attention, it's good to know this is a way to reach them. Got the call this morning—issue resolved! We couldn't have asked for a better person to help us through all we've been through with my wife's strokes. Shout-out to @premera Customer Service rep Carrie in Spokane WA for helping me w/my insurance. #insurance #premera #bestcustomerservice I felt so helpless, but now I feel like I have help. I have faith that Adrian will have the issue resolved today. He promised me a card and the numbers I need



Find out more

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Talk with your producer or general agency partner.



This brochure is not a contract. It is only a summary of the major benefits provided by these plans. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, please contact your producer.