



FOR BUSINESSES WITH
51+ EMPLOYEES

2026 health plan guide



Table of contents

Innovative health plans created for today's evolving healthcare needs

At Premera Blue Cross Blue Shield of Alaska, the customer is at the center of all we do, including our customers located outside of Alaska. That's why your local Premera team offers a range of comprehensive plans that fit your budget and your employees' diverse needs.

FOR OPTIFLEX AND SELF-FUNDED GROUPS ONLY

MEET PREMERA	
Why businesses choose Premera	4
Funding your health plan	6
Premera Health Hub	8
Premera Cancer Support	10
Dental Choice network	12
Pharmacy pricing models	14
Your pharmacy benefit	16
Blue365	18
Site-of-service expansion benefit	20
Digital Health Messages	22
Finding the right provider for you	24
Care when you need it	26
Premera-Designated Centers of Excellence	28
Enhanced Case Management	30
Networks that give you more	32
<hr/>	
MEDICAL PLANS	
Overview	34
Plus	36
Plus Split Copay	38
Plus HSA	40
Essentials Medical	42
Select	46
Select HSA	48
<hr/>	
PHARMACY PLANS	
Essentials and Preferred	50
<hr/>	
DENTAL PLANS	
Overview	52
Plan options	54
Dental Optima	56
Dental Optima Voluntary	57
More dental options	58
<hr/>	
VISION AND HEARING PLANS	
Overview	60

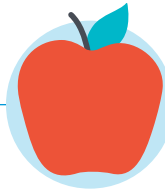


Here's why businesses choose Premera



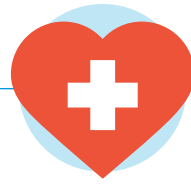
Unmatched access and deep discounts

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.



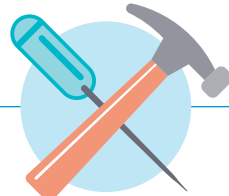
Programs for employees

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



In-hand access

Premera makes it easy for members to connect with their plan. Members can use the Premera mobile app to access their virtual care providers, check claim status, and more.



Administrative ease and support

Integrated benefits with Premera make for a streamlined experience. We make it simple for you to promote components of your healthcare benefits with your employees or explain to them how to best use their plan.



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 well-being to behavioral health and virtual care, we provide the support you need.



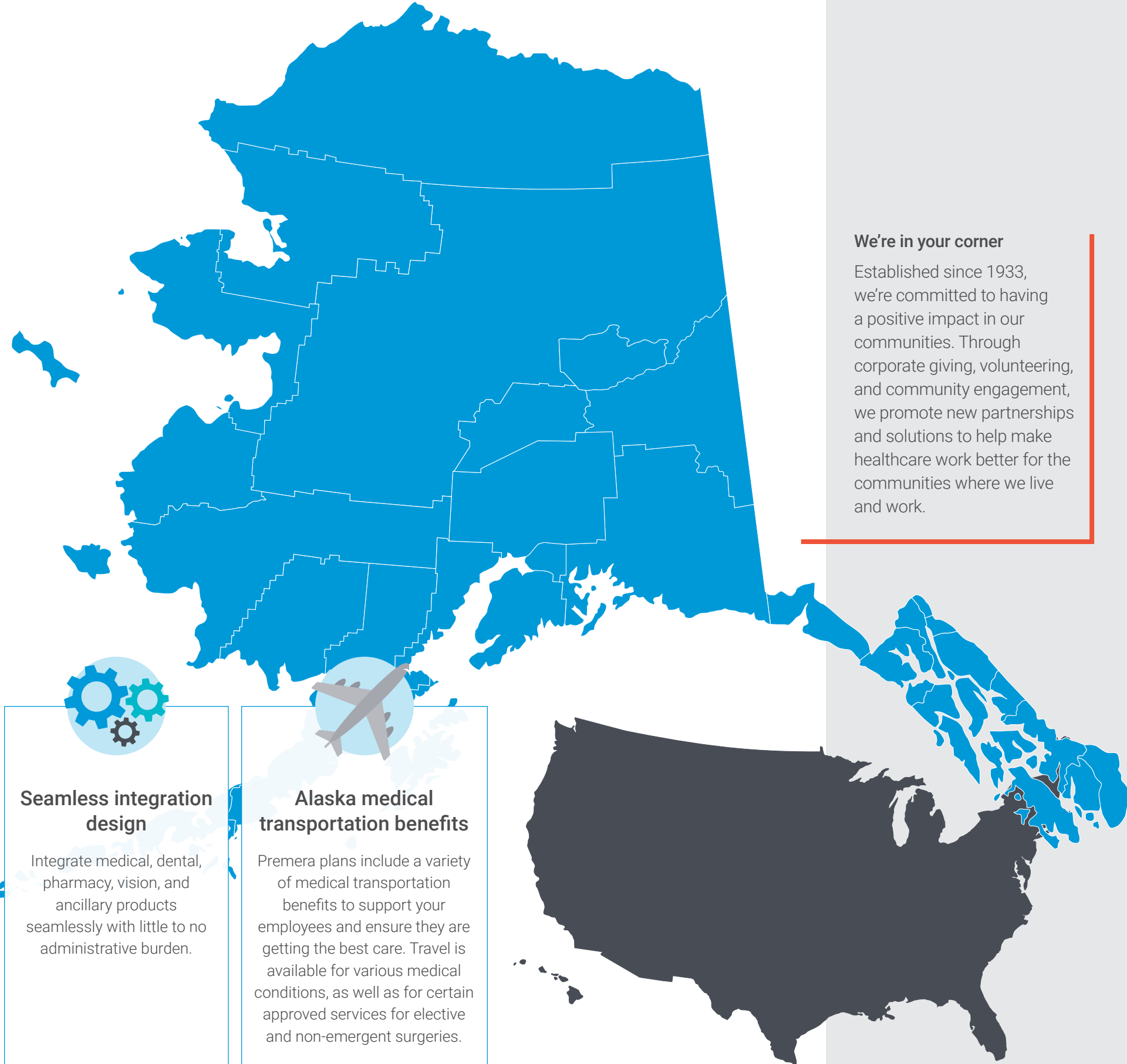
Seamless integration design

Integrate medical, dental, pharmacy, vision, and ancillary products seamlessly with little to no administrative burden.



Alaska medical transportation benefits

Premera plans include a variety of medical transportation benefits to support your employees and ensure they are getting the best care. Travel is available for various medical conditions, as well as for certain approved services for elective and non-emergent surgeries.



We're in your corner

Established 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

You have 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**



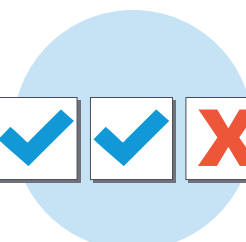
**PLAN HAS PROTECTION
AND FLEXIBILITY**

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**

OPTIONAL BENEFITS OFFERED BY PREMERA

Stop-loss coverage

LifeWise Assurance Company* assists groups with creating just the right medical stop-loss level for their specific needs. Employers that elect to self-fund their medical plan can choose to have stop-loss coverage with a reinsurance contract to protect them from catastrophic losses.

HSA, FSA, HRA options

Personal funding accounts offer an integrated system for implementing and administering a health savings account (HSA), flexible spending account (FSA), and health reimbursement agreement (HRA). These products can help manage healthcare costs by putting healthcare spending in the hands of your employees. By spending their own money, your employees pay more attention to their overall health and healthcare needs.

HSA On Demand program

Provide your employees with peace of mind and get potential savings for your company with HSA On Demand. This is a new program that gives employees access to future HSA contributions. Ask your producer or Premera sales representative about HSA On Demand.



**Where there's risk,
there's stop-loss**

Self-funded and OptiFlex funded groups can use stop loss to protect themselves from higher than expected claims cost and avoid major losses. LifeWise Assurance Company* assists groups with creating the right medical stop-loss for their needs.

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

Premera Health Hub

NEW FOR 2026

Introducing Premera Health Hub, a comprehensive virtual care network of solutions for wellness and health condition management. Premera Health Hub is designed to help members meet their health goals and lower the total cost of care by guiding members to virtual solutions for their unique needs.

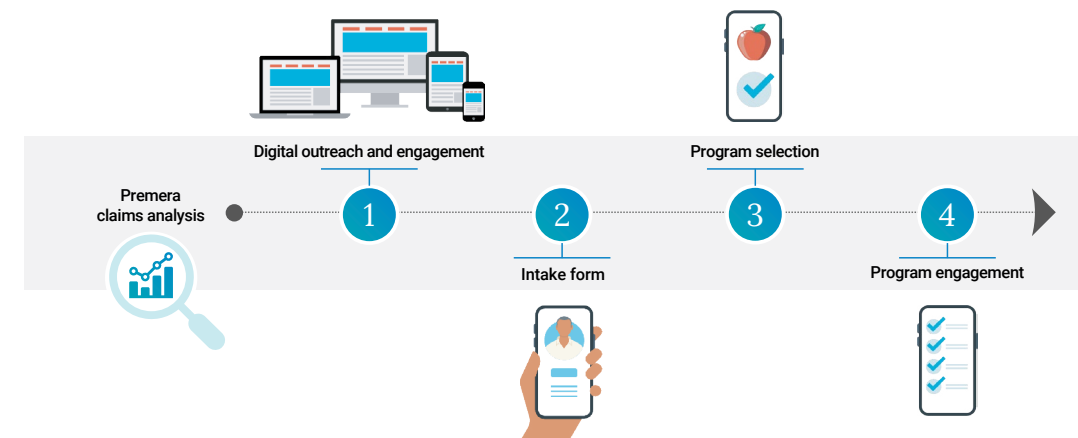
Supporting your benefit strategy

Simplified employer administration	Increased member engagement	Acuity-based approach	Engagement and outcomes-based payment model	Greater access to care
Vendor vetting, contracting, relationship management, and reporting.	Personalized digital communications optimize engagement with the hub.	Proprietary clinical algorithms account for preference and need to best match members with a vendor.	Employers pay when members are actively engaged or show positive health outcomes.	Comprehensive digital solutions that support wellness and chronic care management for all members, no matter where they're located.

Premera Health Hub access

- X **Fully insured:** not available
- X **OptiFlex:** not available
- ✓ **Self-funded:** included as part of your plan

How members get started



A differentiated member experience

Premera Health Hub offers members more than just information. Members can use Premera Health Hub to help them manage their health conditions or achieve their health goals. With Premera Health Hub, members benefit from:

- **Personalized tools** – A customized experience that matches members to a right-fit program and solution, making it easier for them to meet their health goals.
- **Clinically proven programs** – Access to leading health and wellness programs that deliver effective results.
- **Convenient access** – Digital resources available on demand for whenever and wherever members need them.
- **No extra costs** – Programs and resources available to members at no additional out-of-pocket expense.

Condition categories

- Losing weight
- Treating or preventing diabetes
- Lowering blood pressure
- Supporting gut health
- Enhancing fitness and physical therapy
- Quitting smoking
- Navigating pregnancy or menopause
- Supporting mental well-being



Did you know?

Offering a virtual program that covers a broad range of conditions **reduces costs**.¹

2.3%–3.1%

reduction in estimated total medical spend

0.2%–3.5%

reduction in spending by condition

¹Solera, [Measuring Cost Savings from Virtual Care](#), 2024, independently reviewed by actuaries at Axene Health Partners.

Premera Cancer Support

NEW FOR 2026

When a member is facing a cancer diagnosis, the path forward can be daunting. To support our members in navigating the healthcare system, accessing care, and improving outcomes, we've added Premera Cancer Support in partnership with Thyme Care to our Personal Health Support program.

An integrated case management approach

Premera is the trusted industry leader in member case management through our Personal Health Support program.¹ We're extending that expertise to meet the needs of our members facing cancer treatment.

<p>Personal Health Support</p> <p>Provides one-on-one clinical case management support for members with complex, high-risk, and chronic conditions. We focus on whole-person care by addressing members' physical and mental health and helping them overcome barriers to healthcare.</p>	<p>Premera Cancer Support</p> <p>Provides members with oncology-specific care and personalized support, from pretreatment to survivorship. Members use the wrap-around virtual solution when they're between oncology appointments or treatments. They can access their support team 24/7. This model improves outcomes and reduces acute care spend.²</p>
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Strategic member investment

When we calibrate the intensity of care management to meet the needs of both high- and low-complexity members, we can improve your health plan's return on investment.



Nationwide access

Premera Cancer Support includes proactive member identification and engagement with coverage in all 50 states. Your clients can take comfort in knowing that their employees will receive exceptional support no matter where they are and no matter their type of cancer.

Raising the bar and meeting the need

The healthcare system is complicated. A cancer diagnosis can add a layer of complexity that creates an overwhelming or negative experience for the member. Premera Cancer Support prioritizes navigation and coordination of care from diagnosis to survivorship for our members 18 and older.

Pre-treatment support	<ul style="list-style-type: none"> Educate about the diagnosis Assess goals, values, and preferences Coordinate existing benefits Coordinate leave
Active treatment support	<ul style="list-style-type: none"> Monitor symptoms proactively Support adverse events Educate about adhering to treatment Navigate mental health support and resources Manage interactions between cancer and pre-existing conditions
Post-treatment support	<ul style="list-style-type: none"> Return to work Navigate survivorship Review ongoing diagnostics Support wellness and nutrition Return to primary care Educate on end-of-life support and coordination

Who it supports

Cancer doesn't affect just one person. Premera Cancer Support is for members 18 and older and their caregivers. Our solution provides access to support resources specifically designed for caregivers and family members.

Premera Cancer Support access

- X Fully insured:** not available
- X OptiFlex:** not available
- ✓ Self-funded:** included as part of Personal Health Support



Did you know?

Premera Cancer Support with Thyme Care can:

- Provide support for all cancer types
- Reduce acute care utilization by **15% to 20%**³
- Connect with members and caregivers 24/7
- Provide support specifically for caregivers

¹Kathol, R., Andrew, R., Squire, M., Dehnel, P. Integrated Case Management Model: Value-Based Assistance for Patients with Complex Medical and Behavioral Health Issues (Springer, 2018)

²"Health Plans." Thyme Care, Thyme Care, www.thymecare.com/healthplans. Accessed 28 Apr. 2025.

³Members in remission can access Thyme Care but may transition back to Premera Personal Health Support for other conditions.

Dental Choice network nearly doubles in size

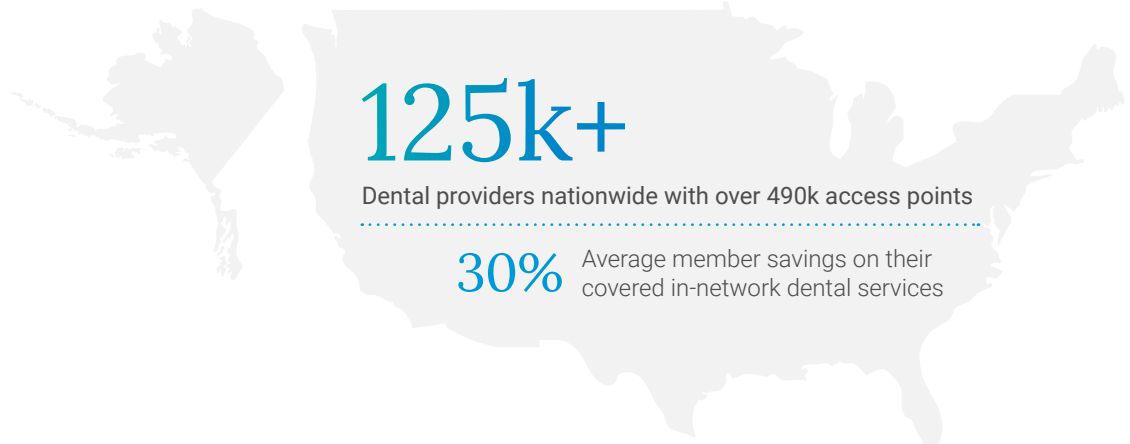
NEW FOR 2026

Premera expanded its Dental Choice network by joining the national Dental GRID, one of the country’s leading national dental networks. Dental GRID works exclusively for members of participating Blue Cross Blue Shield plans. With the GRID+ network, we nearly doubled the size of the Dental Choice network, making it easier for members to access in-network dental care and services no matter where they live or travel in the United States.

Premera brings value to dental

Employer groups that are looking to provide a well-rounded benefit package without raising the total cost of care can integrate a Premera dental plan with their medical plan.

<p>Better access</p> <p>55.8k¹</p> <p>increase in in-network providers nationwide</p>	<p>Improved experience</p> <p>Seamless plan</p> <p>design with a single point of contact for claims, payment, customer service, and more</p>	<p>Lower costs</p> <p>21%</p> <p>estimated reduction in out-of-network claims based on Premera book of business data</p>
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Reducing total cost of care

Six in 10 adults in the United States are living with at least one chronic condition.² Those adults are at risk of oral complications because of conditions like diabetes and cardiovascular disease.³ Providing our members with access to one of the largest dental networks in the nation means that members with chronic illnesses can receive routine preventive care and oral treatment, possibly preventing them from becoming a high-cost claimant.



More providers, more in-network utilization

Employer and members save more when they can access in-network dental providers. With more than 125,000 dental providers nationwide, members can save an average of 30%⁴ on in-network dental services.

A streamlined experience

Integrated medical and dental benefits makes healthcare work better for everyone.

- Reduced administrative burden on the group
- Reduced total cost of care through a whole-health approach
- Reduced out-of-network claims
- Single point of contact for member benefit support

GRID+ network access

- ✓ **Fully insured:** included with dental plans 51+
- ✓ **OptiFlex:** included with all stand-alone dental plans
- ✓ **Self-funded:** included with all stand-alone dental plans



Did you know?

Fully insured plans can receive a **1% premium discount** and **11% overall rate cap** when medical and dental benefits are integrated.⁵

¹GRID Dental Corporation is a separate company that provides access to dental networks and services on behalf of participating Blue Cross Blue Shield plans.

²Joo, J Y. "Fragmented Care and Chronic Illness Patient Outcomes: A Systematic Review." Nursing Open, U.S. National Library of Medicine, June 2023, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10170908/>

³Fu, D., Shu, X., Zhou, G., et al. "Connection between oral health and chronic diseases." MedComm, 2025 Jan 14. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11731113/>

⁴Estimated in-network discount. Actual discount may vary.

⁵Premium discount and rate caps are subject to underwriting review.

Pharmacy pricing models

For the 2026 plan year, we're offering new pharmacy pricing models for self-funded groups. These models offer transparency, manage costs, meet mandate requirements, and, most importantly, meet the needs of our clients and members.

2026 pharmacy models for self-funded groups





	Standard	Standard +	Transparent Rx
Standard Predictable pricing and minimized member disruption			
Standard + Predictable pricing, minimized member disruption, and in-depth reporting			
Transparent Rx Increased transparency and cost structure			
Alaska self-funded groups	Standard	Standard+	Transparent Rx
Pricing:	✓	Traditional	Pass-through
Discount targets: Varies by group Options available for retail, mail, specialty	✓	✓	✓
Rebates: Guaranteed rebate targets paid quarterly	✓	✓ Or applied as admin fee credit	✓
Reporting: Depends on group size	✓	✓*	✓
Audit rights: Varies by group	✓	✓*	✓
Admin fees: Pharmacy specific fees	X (none)	✓ \$	✓ \$\$

Expanded reporting and audit right options in development

For fully insured groups

Fully insured groups in Alaska transitioned to the Compliant Rx pharmacy model on January 1, 2025. This model meets the legal requirements passed by the Alaska Legislature in 2024.

Impact to fully insured groups

-  No mandatory mail order
-  No mandatory pharmacy on specialty drugs
-  No required site of service for provider administered drugs
-  Retail/mail-order must have same cost-shares, pending new rules

Pharmacy models by funding type

- ✓ **Fully insured:** Compliant Rx only
- ✓ **OptiFlex:** Standard model only¹
- ✓ **Self-funded:** Select between Standard², Standard+, or Transparent Rx



Impact on ancillary pharmacy products

Self-funded groups that choose the Compliant Rx pharmacy model are no longer eligible for:

- SaveOn
- Out-of-Pocket Protection program
- Split Fill
- Right Price
- Exclusive delivery

¹OptiFlex groups must change their funding type if they want a different pharmacy pricing model.

²Self-funded groups that renew their pharmacy benefit as is can remain on the Standard model. Any requests for changes will require the group to change to Standard+, Transparent Rx, or SB5213-Compliant Rx.

Get the most from your pharmacy benefit

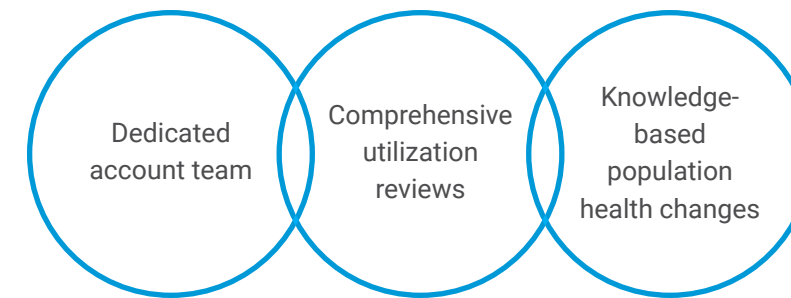
One in five Americans takes prescribed medicine several times a day.¹ Health outcomes, member experience, and group savings are just some of the ways an integrated pharmacy benefit design makes your health plan work better.

Solutions that help you get more

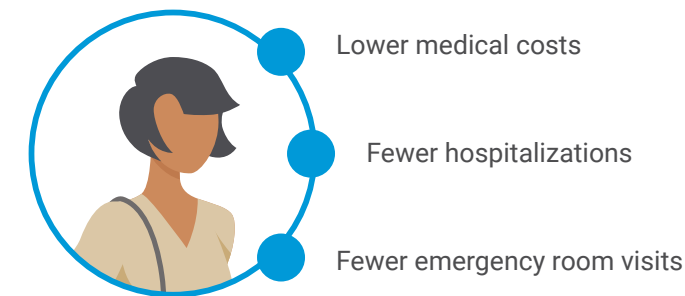
Groups with integrated pharmacy can pull a variety of levers to exercise savings without sacrificing member experience.

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	Pairs with a group's formulary. ² Lists include High-cost Low-value and OTC exclusion.	Self-funded
Out-of-Pocket Protection	Group	Reduces drug manufacturer copay assistance impact on groups by excluding copay assistance dollars from counting toward members' out-of-pocket maximum accruals. ³	Self-funded
Right Price	Member	Ensures your employees pay the lowest possible price under their plan for non-specialty retail generic prescriptions through use of embedded discount card market price program.	Self-funded
Rx Savings Solutions (RxSS)	Group, Member	Introduces personalized savings alerts like 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	Eliminates waste and improves 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	Allows new members to maintain their prescriptions with a temporary fill while transitioning to their new Premera health plan.	Self-funded

Premera as a partner in integrated benefits



What integration looks like for our members⁴



Did you know?

Only Standard+ and Transparent Rx pharmacy models are eligible for ancillary pharmacy products.

¹Fleck, 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/.

²Metallic and Essentials formularies excluded.

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

⁴J Manag Care Spec Pharm. 2020 Jun;26(6):766-774. doi: 10.18553/jmcp.2020.19411. Epub 2020 Mar 10.

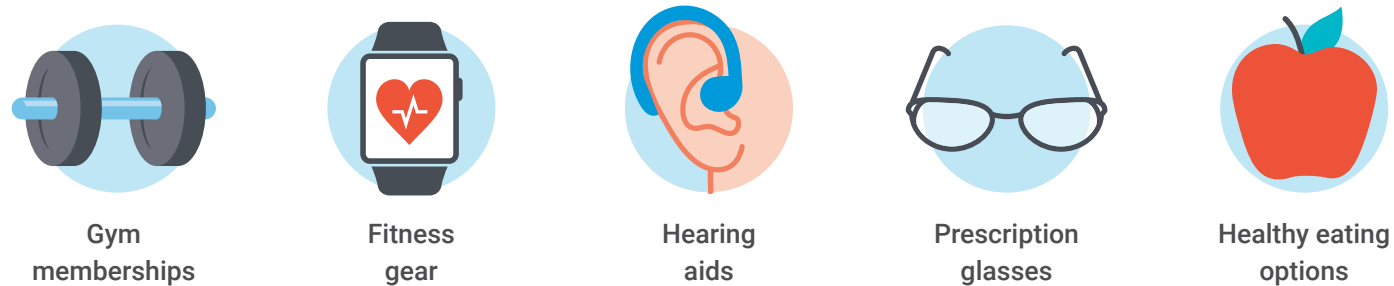
Rx Savings Solutions is an independent company that does not provide Blue Cross Blue Shield products or services.

Foster a healthy workforce with Blue365

NEW FOR 2026

Effective January 1, 2026, Premera members can access Blue365—a health and wellness discount program offered through the Blue Cross Blue Shield (BCBS) system at no cost for the member or the group.

Health and wellness for less



National access and well-known brands

Keep members healthy by connecting them to exclusive discounts.

- Gym memberships to more than 13,000 locations starting at \$19/month
- Wearable devices from Fitbit, Garmin, Polar, and more
- LASIK eye surgery, hearing aids, and more

Blue365 access

- ✓ **Fully insured:** included as part of your plan
- ✓ **OptiFlex:** included as part of your plan
- ✓ **Self-funded:** included as part of your plan

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Reduce healthcare costs

\$2.71

estimated return for every dollar spent on wellness programs¹



Increase productivity

8.5%

increase in productivity when promoting wearables in the workplace²



How employers benefit

- Minimal setup
- Group discounts
- Access to healthy tips



Getting started is easy

Members can register at blue365deals.com/premeraAK to browse their exclusive deals and discounts.

¹Berry, Leonard L., et al. "What's the Hard Return on Employee Wellness Programs?" Harvard Business Review, Harvard Business Review, 1 Dec. 2010, hbr.org/2010/12/whats-the-hard-return-on-employee-wellness-programs.

²Rajagopalan, Rajesh, and Venkataraman Krishnan. "Wearables: Are They Fit for the Workplace?" Cognizant, Feb. 2016, news.cognizant.com/download/The+Singapore+Engineer+May+2016.pdf.

Site-of-service expansion benefit

NEW FOR 2026

Value-based benefit design for elective surgeries and low-risk births

The Premera site-of-service benefit reduces member costs for high-value care at selected locations like ambulatory surgical centers (ASC) and freestanding birth centers. It encourages informed choices, ensures clinical oversight, and aligns cost-sharing with care quality, while maintaining member-provider decision-making.

Pillars to our value-based benefit design

 <p>Improve member satisfaction with self-directed care</p>	 <p>Provide cost-effective care without compromising quality</p>	 <p>Reduce administrative burden</p>	 <p>Lower total cost of care for members and employers</p>
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What's an ambulatory surgical center

Ambulatory surgical centers (ASC) are a type of outpatient surgical center. ASCs offer patients the convenience of having surgeries and procedures performed safely outside of a hospital outpatient department (HOPD).

Care starts with a member and their provider. An ASC or birthing center is not a good fit for all members. For any medical procedure, members should consult with their provider about the best place for them to receive their care.

What's a freestanding birth center

Freestanding birth centers are healthcare facilities that use a midwifery model of care to provide services during pregnancy, labor and delivery, and postpartum care. They often provide a more natural and family-centered approach to low-risk pregnancies.

ASCs deliver better outcomes at a lower cost

Like inpatient hospitals and HOPDs, ASCs are held to rigorous quality and safety standards. With a specialized focus on certain procedures, members often experience better outcomes along with lower costs.

Common ASC procedures and surgeries		
Joint and bone	General	Stomach and colon
<ul style="list-style-type: none"> Total joint replacement ACL repair Hand or wrist procedures 	<ul style="list-style-type: none"> Biopsies Appendix removal Gall bladder removal 	<ul style="list-style-type: none"> Colonoscopy Endoscopy Hemorrhoid removal

Surgeries performed at ASCs can be **45-60%** less expensive than inpatient and outpatient hospital settings¹

Freestanding birthing centers improve outcomes

Freestanding birth centers have become an increasingly popular option for low-risk pregnancies, and access to these centers has grown significantly in the United States. The midwifery care model used at birthing centers has consistently shown that women and babies have better outcomes, including lower rates of preterm and low weight births, and higher breastfeeding rates.

Maternal and neonatal outcomes ²		
	Birth centers	National data
Preterm birth %	4.4	9.9
Low birth weight %	3.3	8.2
Cesarean birth %	12.3	31.9
Breastfeeding initiation %	92.2	83.2

Freestanding birth centers often achieve higher patient satisfaction due to longer prenatal visits and individualized postpartum care.³

¹Provista. "Huge Cost Savings and Other Benefits Boost Ambulatory Surgery Center Growth." Provista, <https://www.provista.com/blog/blog-listing/huge-cost-savings-and-other-benefits-boost-ambulatory-surgery-center-growth>. Accessed 20 June 2025.

²Gadzinski, Andrew J., et al. "Ambulatory Surgery Centers and Outpatient Urologic Surgery Among Medicare Beneficiaries." *Urology Practice*, vol. 9, no. 2, 2022, pp. 123-129. PubMed Central, <https://pubmed.ncbi.nlm.nih.gov/articles/PMC8827343/>. Accessed 20 June 2025.

³Institute of Medicine (US) Committee on the Future of Emergency Care in the United States Health System. *Hospital-Based Emergency Care: At the Breaking Point*. National Academies Press (US), 2007. NCI Bookshelf, <https://www.ncbi.nlm.nih.gov/sites/books/NBK555483/>. Accessed 20 June 2025.

Site-of-service, value-based benefit access

- ✓ **Fully insured:** included with Preferred Choice plans, opt-in for flexible plans
- ✓ **OptiFlex:** included with Preferred Choice plans, opt-in for flexible plans
- ✓ **Self-funded:** an opt-in for flexible plans

Personalized messages at your fingertips

In 2024, Premera launched Digital Health Messages as a way to reach our members and help them better understand their benefits, make personalized healthy choices, and more.

What are Digital Health Messages?

Digital Health Messages are text messages sent to members' mobile phones. These personalized messages point members to customized feeds that educate the member on primary care, seasonal health tips, and information about their health plan.



Interaction with Digital Health Messages

9% click-through rate to custom feed

22% average take-action rate

Digital Health Messages access

- ✓ Fully insured: included as part of your plan
- ✓ OptiFlex: included as part of your plan
- ✓ Self-funded: included as part of your plan*

*Fee for Digital Health Messages is based on group size. Self-funded groups can opt out through customization.



Did you know?

The most successful Digital Health Message campaign was for Rx Savings Solutions (RxSS). RxSS offers members opportunities to save more on their prescriptions. [Learn more about RxSS.](#)



NEW FOR 2026

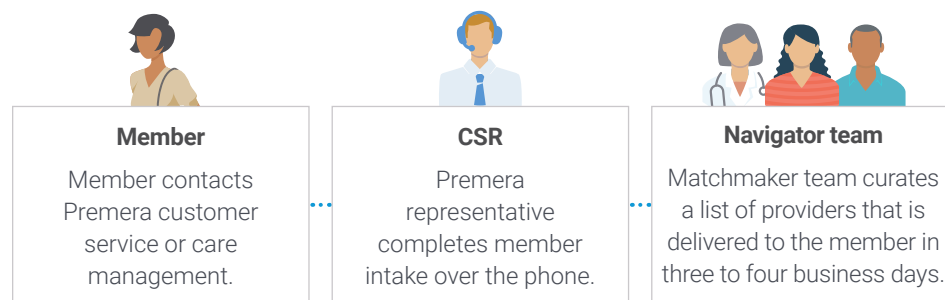
Digital Health Messages will be embedded for all self-funded groups by default at renewal. [Learn more.](#)

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.



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

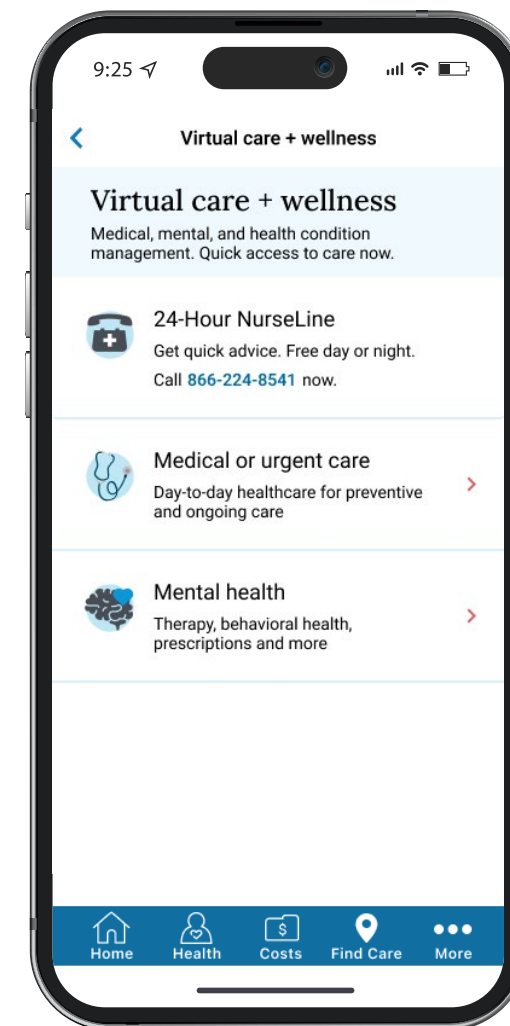
The Matchmaker for Behavioral Health intake asks members for their information and their appointment preferences:

- 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.

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.**

¹2022 Best Practices in Healthcare Employer Survey, 2022 Global Benefit Attitudes Survey

Care when you need it

For the times when you can't wait for an in-person visit, virtual care is there. Virtual care providers offer secure text or video visits to treat a variety of primary care needs.

Virtual care can help with:

- Common colds
- COVID-19
- Follow-up visits with a physician
- Sinus infections
- Urinary tract infections (UTIs)

Benefits

- **Improved employee experience**—Your employees no longer need to wait days or weeks for an appointment. Give them near-instant access to board-certified physicians, psychiatrists, therapists, and specialists who offer specialized care, from initial evaluation to an ongoing treatment plan. Your employees can conveniently access all these services from the safety and comfort of their homes.
- **Cost savings**—Virtual care costs less than in-person care, provides timely treatment to support condition management, and keeps employees within network.
- **Quality**—We deliver the highest quality care providers and innovative provider options for your employees. High-quality care improves continuity of care and retention, which is critical to the well-being of your employees.



Did you know?

Every Premera medical plan includes our 24-Hour NurseLine at no extra cost. Members can call day or night to receive 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 Blue Shield of Alaska 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 postoperative 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
RATING¹

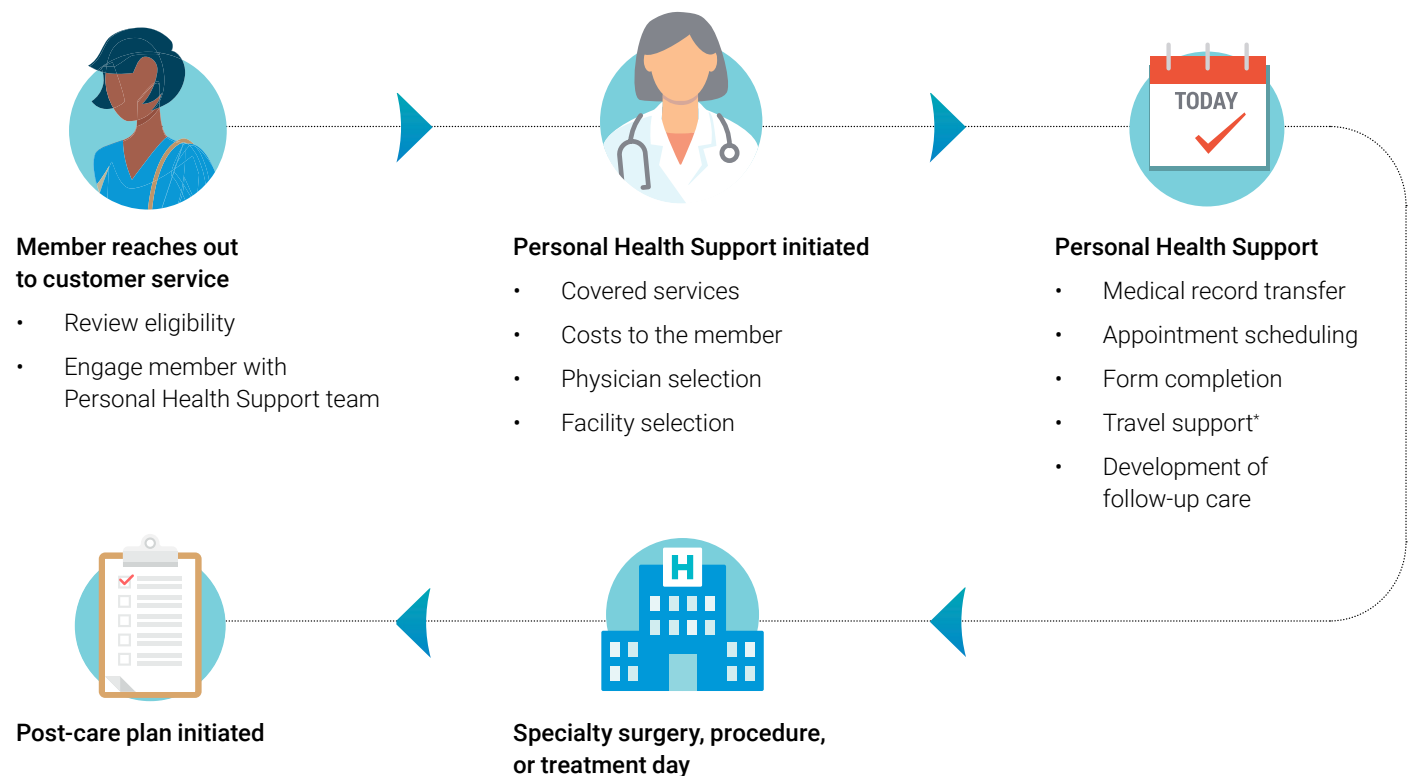
Distinguished facilities

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.

¹Premera Blue Cross Blue Shield of Alaska internal member and group claims data.

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

³Kokorelias 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



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
- Maternity care
- Substance use treatment and recovery
- Transplants



Learn more about PDCOE.

Consider pairing PDCOE with Enhanced Case Management

Enhanced Case Management

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

- Reduces future clinical costs
- Enhances the member experience
- Increases access to support

Harnessing actionable data insights can maximize early intervention opportunities.

87%

precision in predicting future high-cost claimants¹

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

¹Foundation Model Overview, Prealize Health 2024
²A 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, providers, 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.

Enhanced Case Management access

- ✓ **Fully insured:** included as part of your plan
- ✓ **OptiFlex:** included as part of your plan
- ✓ **Self-funded:** an opt-in, per employee, per month fee

Networks that give you more

Our provider networks are more than just a collection of contracts. We work closely with providers and hospitals to give members access to quality care and good experiences.

Heritage network

Our contracted providers and hospitals include over 6,391 preferred providers and 27 preferred hospitals across Alaska.¹

Yukon network²

We designed a network that lowers costs by excluding dialysis providers that are not competitively priced. The Yukon network limits the financial impact of unanticipated dialysis costs for members and employers. It also reduces expenses when members require dialysis prior to qualifying for Medicare. For self-funded and OptiFlex employers, this network makes carving out dialysis coverage a reality.

Healthcare that travels with you

Every Premera health plan includes the BlueCard® program. This program provides access to networks of contracted preferred and participating Blue Cross Blue Shield providers across the country. Just like here at home, these networks provide valuable discounts on billed charges. Plus, they have the added advantage of direct billing.

The BlueCard program includes worldwide coverage with Blue Cross Blue Shield Global Core. Members have access to an international network of participating providers and hospitals for a broad range of medical care services. This access means they can feel safe wherever they go.

Affordable quality care

Going beyond network access, Blue Distinction Centers and Blue Distinction Centers+ offer members access to facilities that surpass quality metrics and offer cost-effective procedures for certain specialty care.

¹Network counts as of June 2025.

²Network selection specific to self-funded and OptiFlex employer groups.



Extending our network reach

Virtual care for primary and urgent care services has become the norm for our members. Premera has partnered with a variety of vendors to ensure members get care when it's convenient for them.



The power of choice

Whether your employees want access to the most providers in Alaska, 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.

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.

PPO plans

All of the medical plans outlined in this guide are preferred provider organization (PPO) plans. PPO plans work with a network of participating and preferred providers to offer you savings on your health plan.

Your employees save money when they get care from our broad list of providers within the Heritage network.

Plus plan vs. Select plan

Plus plans give your employees the highest benefit level when they use preferred providers and hospitals.

Select plans offer the flexibility for your employees to see the provider of their choice with the same benefit level—whether the provider is in the Premera network or not.

HSA-qualified plans

Health savings account (HSA)-qualified plans offer valuable benefits for covered services, and they are qualified to work in combination with an employee-owned, tax-advantaged HSA. These plans offer the option for you to use our vendor, an independent company that administers HSA accounts on behalf of Premera customers at a federally insured bank.

Split Copay plans

Split Copay plans offer options with a lower copay for non-specialist office visits—and a higher copay when a member sees a specialist.



Plan highlights	PLUS	PLUS SPLIT COPAY	PLUS HSA	SELECT	SELECT HSA
NETWORK					
Heritage	●	●	●	●	●
Yukon	●	●	●	●	●
PLAN TYPE					
PPO plan	●	●	●	●	●
Split Copay		●			
HSA-qualified with the option of our financial vendor			●		●

Plus

An Alaska Plus plan offers you savings on your health plan costs and provides the highest benefit level to your employees and their covered dependents when they use in-network preferred providers and hospitals. In-network care can be found using the Find a Doctor tool on premera.com.

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	
	Preferred/Participating		Non-participating	
Individual deductible	\$0-\$10,150 (increments of \$50)		Shared with in network 2x Individual or 3x Individual in-network deductible	
Family deductible PCY	2x Individual 3x Individual			
Coinsurance	Preferred 0%-30% (increments of 5%) Participating 30%-50% (increments of 5%)		20%-60% (increments of 5%)	
Individual out-of-pocket maximum PCY (Includes deductible, coinsurance, and copay)	\$0-\$10,150 (increments of \$50)		\$45,000 or Unlimited	
Family out-of-pocket maximum PCY (Includes deductible, coinsurance, and copay)	2x Individual 3x Individual		None	
Fourth quarter deductible carryover	Excluded or Included			
Office visit cost share	In-network deductible and coinsurance Preferred copay of \$20 or \$25		Out-of-network deductible and coinsurance	
Inpatient cost share	In-network deductible and coinsurance Preferred \$100 copay per admission Participating 30%-50% (increments of 5%)			
Annual plan maximum	Unlimited			

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

Covered services

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

PCY = per calendar year
MD = Medical doctor DO = Doctor of osteopathy DC = Doctor of chiropractic

	BENEFIT LIMITS	IN NETWORK		OUT OF NETWORK
		Preferred	Participating	Non-participating
Preventive office visit Preventive screenings¹ Vaccinations	Unlimited ¹	Covered in full ²		20%-60% (increments of 5%)
Seasonal vaccinations (Provider office or pharmacy) Health education and training Diabetes education and training				Covered in full ¹
Professional office visit		Office visit cost share		20%-60% (increments of 5%)
Virtual care (General medicine)	Unlimited	Covered in full		Not applicable
Urgent care (Freestanding clinics)		\$0-\$150 (increments of \$5)		20%-60% (increments of 5%)
Other outpatient professional services Inpatient professional services		Preferred coinsurance	Participating coinsurance	
Manipulations (Spinal and other)	10-34, or unlimited visits PCY	Office visit cost share		40%, 50%, or 60%
Acupuncture	10-34, or unlimited visits PCY			20%-60% (increments of 5%)
Naturopathic services	Unlimited	Covered in full		
Mammography		Deductible waived, then coinsurance; Deductible, then coinsurance		
Outpatient diagnostic imaging and laboratory services		Deductible, then preferred coinsurance; \$75-\$500 copay, then deductible and preferred coinsurance		
Emergency care (Copay waived if directly admitted to inpatient facility)		Emergent: Preferred coinsurance; \$75-\$500 copay (increments of \$25) copay, then deductible and preferred coinsurance Non-emergent surface: Same as emergent Non-emergent air: Coinsurance; \$75-\$500 (increments of \$25) copay, then deductible and coinsurance		
Ambulance transportation (Air and surface)		Emergent: Same as in network Non-emergent surface: Same as in network Non-emergent air: 20%-60% (increments of 5%)		
Inpatient facility care			Preferred inpatient cost share	Participating inpatient cost share
Outpatient facility care		Preferred coinsurance	Participating coinsurance	
Skilled nursing facility	60, 100, or 120 days PCY	Preferred inpatient cost share	Participating inpatient cost share	
Premera-Designated Centers of Excellence	Unlimited	Covered in full		
Maternity care (Prenatal, delivery, and postnatal care)		Preferred coinsurance	Participating coinsurance	20%-60% (increments of 5%)
Mental health and chemical dependency treatment	Unlimited outpatient and inpatient	Inpatient: Preferred inpatient cost share; Outpatient: Preferred office visit cost share		
Rehabilitation (Including cardiac/pulmonary rehab; chronic pain; and physical, occupational, speech, and massage therapy. Massage therapy must be billed by MD, DO, or DC)	15-90 visits (increments of 5 visits)/15-90 days (increments of 5 days); Unlimited/Unlimited	Inpatient: Preferred inpatient cost share; Outpatient: Preferred office visit cost share	Inpatient: Participating inpatient cost share; Outpatient: Preferred office visit cost share	
Supplies, equipment, prosthetics, and orthotics	Unlimited except foot orthotics \$300 PCY or Unlimited	Preferred coinsurance	Participating coinsurance	20%-60% (increments of 5%)
Home health care	120, 130, or unlimited home health visits PCY			
Hospice care	Inpatient: 10, 30, or unlimited days; Respite: 240 hours; Home visits: unlimited (6-month lifetime maximum for all services)	Home visits and respite: Preferred coinsurance; Inpatient: Preferred inpatient cost share	Home visits and respite: Participating coinsurance; Inpatient: Participating inpatient cost share	
Transplants (Organ and bone marrow)	\$75,000 donor and \$7,500 travel and lodging limits per transplant	Inpatient: Preferred inpatient cost share; Outpatient: Preferred office visit cost share	Inpatient: Participating inpatient cost share; Outpatient: Preferred office visit cost share	Not covered

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if provider is not contracted with Premera Blue Cross Blue Shield of Alaska. This is only a brief summary of the major benefits provided by the Plus plan. It is not a contract.

¹A list of preventive screenings and services, with their suggested frequency guidelines and limits, is available on premera.com on the Miscellaneous Form page.

²Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.

Plus Split Copay

The Plus Split Copay plan provides lower copays for non-specialist office visits and a higher copay when your employee sees a specialist. This plan gives the highest benefit level to your employees and their covered dependents when they use in-network preferred providers and hospitals. In-network care can be found using the Find a Doctor tool on premera.com.

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 Preferred/Participating	OUT OF NETWORK Non-participating
Individual deductible	\$0-\$10,150 (increments of \$50)	Shared with in-network 2x Individual or 3x Individual in-network deductible
Family deductible PCY	2x Individual	3x Individual
Coinsurance	Preferred 0%-30% (increments of 5%) Participating 30%-50% (increments of 5%)	20%-60% (increments of 5%)
Individual out-of-pocket maximum PCY (Includes deductible, coinsurance, and copay)	\$0-\$10,150 (increments of \$50)	\$45,000 or Unlimited
Family out-of-pocket maximum PCY (Includes deductible, coinsurance, and copay)	2x Individual 3x Individual	None
Fourth quarter deductible carryover	Excluded or Included	
Office visit copay	Non-specialist: \$0-\$45 (increments of \$5) Specialist: \$20-\$80 (increments of 5%)	Out-of-network deductible and coinsurance
Inpatient cost share	In-network deductible and coinsurance Preferred \$100 copay per admission Participating 30%-50% (increments of 5%)	
Annual plan maximum	Unlimited	

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

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year
MD = Medical doctor DO = Doctor of osteopathy DC = Doctor of chiropractic

	BENEFIT LIMITS	IN NETWORK		OUT OF NETWORK	
		Preferred	Participating	Non-participating	
Preventive office visit Preventive screenings ¹ Vaccinations	Unlimited ¹	Covered in full ²		20%-60% (increments of 5%)	
Seasonal vaccinations (Provider office or pharmacy) Health education and training Diabetes education and training		Covered in full ²		Covered in full ²	
Professional office visit	Unlimited	Office visit cost share		20%-60% (increments of 5%)	
Virtual care (General medicine)		Covered in full			
Urgent care (Freestanding clinics)		\$0-\$150 copay (increments of 5%)			
Other outpatient professional services Inpatient professional services		Preferred coinsurance	Participating coinsurance		
Manipulations (Spinal and other)	10-34 visits PCY or unlimited	Office cost share			
Acupuncture	10-34 visits PCY or unlimited	Office cost share			
Naturopathic services	Unlimited	Covered in full		20%-60% (increments of 5%)	
Mammography		Covered in full			
Outpatient diagnostic imaging and laboratory services		Deductible waived, then coinsurance; Deductible, then coinsurance; Covered in full			
Emergency care (Copay waived if directly admitted to inpatient facility)		Deductible, then preferred coinsurance; \$75-\$500 copay (increments of \$25) copay, then deductible and preferred coinsurance			
Ambulance transportation (Air and surface)	Unlimited	Emergent: Preferred coinsurance; \$75-\$500 copay (increments of \$25), then deductible and preferred coinsurance Non-emergent surface: Same as emergent Non-emergent air: Coinsurance; \$75-\$500 copay (increments of \$25) copay, then deductible and coinsurance			Emergent: Same as in network Non-emergent surface: Same as in network Non-emergent air: 20%-60% (increments of 5%)
Inpatient facility care		Preferred inpatient cost share	Participating inpatient cost share		
Outpatient facility care		Preferred coinsurance	Participating coinsurance		
Skilled nursing facility	60-120 days PCY (increments of 10 days) or unlimited	Preferred inpatient cost share	Participating inpatient cost share		
Premera-Designated Centers of Excellence	Unlimited	Covered in full		20%-60% (increments of 5%)	
Maternity care (Prenatal, delivery, and postnatal care)		Preferred coinsurance	Participating coinsurance		
Mental health and chemical dependency treatment	Unlimited outpatient and inpatient	Inpatient: Preferred inpatient cost share; Outpatient: Nonspecialist office visit cost share			
Rehabilitation (Including cardiac/pulmonary rehab; chronic pain; and physical, occupational, speech, and massage therapy. Massage therapy must be billed by MD, DO, or DC.)	15-90 visits (increments of 5 visits) 15-90 days (increments of 5 days) Unlimited/Unlimited	Inpatient: Preferred inpatient cost share; Outpatient: Specialist office visit cost share	Inpatient: Participating inpatient cost share; Outpatient: Preferred office visit cost share		
Supplies, equipment, prosthetics, and orthotics	Unlimited except foot orthotics \$300 PCY or Unlimited	Preferred coinsurance	Participating coinsurance		
Home health care	120, 130, or unlimited home health visits PCY	Home visits and respite: Preferred coinsurance; Inpatient: Preferred inpatient cost share	Home visits and respite: Participating coinsurance; Inpatient: Participating inpatient cost share		
Hospice care	Inpatient: 10, 30, or unlimited days; Respite: 240 hours; Home visits: unlimited (6-month lifetime maximum for all services)				
Transplants (Organ and bone marrow)	\$75,000 donor and \$7,500 travel and lodging limits per transplant	Inpatient: Preferred inpatient cost share; Outpatient: Preferred office visit cost share	Inpatient: Participating inpatient cost share; Outpatient: Preferred office visit cost share	Not covered	

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if provider is not contracted with Premera Blue Cross Blue Shield of Alaska.

This is only a brief summary of the major benefits provided by the Plus Split Copay plan. It is not a contract.

¹A list of preventive screenings and services, with their suggested frequency guidelines and limits, is available on premera.com on the Miscellaneous Form page.

²Benefits are provided at 100% of allowable charges; not subject to deductible or coinsurance.

Plus HSA

The Alaska Plus HSA plan offers you savings on your health plan costs and valuable benefits to your employees and their covered dependents for covered services when they use preferred providers and hospitals. This plan is also qualified to work in combination with an employee-owned, tax-advantaged HSA. In-network care can be found using the Find a Doctor tool on premera.com.

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

DEDUCTIBLE OPTIONS				
Aggregate deductible	With an aggregate deductible, there is one deductible for the subscriber (individual) and their family that must be met first before benefits are paid for anyone in the family.			
Embedded deductible	An embedded deductible works like a traditional PPO health plan deductible. Benefits begin for a single family member once the individual deductible for that person has been met or once the family deductible is met—whichever comes first.			
COST-SHARE OPTIONS				
Individual/Family¹ deductible PCY	Aggregate	\$1,700/\$3,400 – \$4,250/\$8,500 (increments of \$50)	N/A	
	Embedded	N/A	\$3,400/\$6,800 – \$8,500/\$17,000 (increments of \$50)	
Coinsurance percentage² (Preferred / Participating)	Preferred 0%–30% (increments of 5%) Participating 30%–50% (increments of 5%)			
Out of network	20%–60% (increments of 5%)			
Individual/Family¹ out-of-pocket max. PCY (Includes deductible and coinsurance)	Aggregate	\$1,700/\$3,400 – \$4,250/\$8,500 (increments of \$50)	N/A	
	Embedded	\$3,400/\$6,800 – \$8,500/\$17,000 (increments of \$50)		
Annual plan maximum	Unlimited			
PRESCRIPTION DRUGS		BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK Non-participating
Enhanced preventive drug list³			Covered in full ⁴	
Retail pharmacy (Subject to medical deductible)	90-day supply except Specialty Rx 30-day supply	In-network coinsurance	Medical deductible, \$10 / \$30 / \$50 / 30% (Copay = 30 days; up to 90-day supply per Rx)	Same as in network
Mail-order pharmacy (Subject to medical deductible)			Medical deductible, \$25 / \$75 / \$50 / 30%	Not covered
Drug list		A1 or E1	E4	Same as in network

Note: Out-of-pocket costs for out-of-network providers do not accrue toward out-of-pocket maximum. Out-of-pocket maximum = deductible + your coinsurance maximum.

N/A = Not available in this plan choice.

¹Family = Subscriber and one or more dependents. ²All coinsurance amounts are based on a percentage of allowable charges. Preferred and participating providers are in network.

³Buy-up option available. Contact your Premera sales representative or producer for more information. ⁴Benefits are provided at 100% of allowable charges; not subject to deductible or coinsurance.

Covered services

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

PCY = per calendar year

MD = Medical doctor DO = Doctor of osteopathy DC = Doctor of chiropractic

	BENEFIT LIMITS	IN NETWORK		OUT OF NETWORK
		Preferred	Participating	Non-participating
Preventive office visit Preventive screenings¹ Vaccinations	Unlimited ¹	Covered in full ²		20%–60% (increments of 5%)
Seasonal vaccinations (Provider office or pharmacy) Health education and training Diabetes education and training				Covered in full ²
Professional office visit	Unlimited	Preferred coinsurance		20%–60% (increments of 5%)
Virtual care designated provider		Preferred coinsurance		Not covered
Urgent care (Freestanding clinics)		Preferred coinsurance	Participating coinsurance	20%–60% (increments of 5%)
Other outpatient professional services Inpatient professional services		Preferred coinsurance		
Manipulations (Spinal and other) Acupuncture Naturopathic services	10–34 visits PCY for each or unlimited	Preferred coinsurance		20%–60% (increments of 5%)
Mammography	Covered in full			
Outpatient diagnostic imaging and laboratory services	Preferred coinsurance	Participating coinsurance		
Emergency care	Unlimited	Deductible and preferred coinsurance		Emergent: Same as in network Non-emergent surface: Same as in network Non-emergent air: 50% or 60%
Ambulance transportation (Air and surface)		Emergent: Preferred coinsurance Non-emergent surface: Same as emergent Non-emergent air: Coinsurance		
Inpatient facility care		Unlimited for 60–180 days (increments of 10 days) or unlimited	Preferred coinsurance	Participating coinsurance
Outpatient facility care				
Skilled nursing facility		Deductible, then 0%		
Premera-Designated Centers of Excellence	Unlimited	Preferred coinsurance	Participating coinsurance	20%–60% (increments of 5%)
Maternity care (Prenatal, delivery, and postnatal care)				
Mental health and chemical dependency treatment	Unlimited outpatient and inpatient	Preferred coinsurance		20%–60% (increments of 5%)
Rehabilitation (Including cardiac/pulmonary rehab; chronic pain; and physical, occupational, speech, and massage therapy. Massage therapy must be billed by MD, DO, or DC.)	45 visits/30 days PCY 60 visits/60 days PCY Unlimited/Unlimited	Inpatient: Participating inpatient cost share Outpatient: Preferred office visit cost share		
Supplies, equipment, prosthetics, and orthotics	Unlimited except foot orthotics \$300 PCY	Participating coinsurance		
Home health care	120, 130, or unlimited home health visits PCY	Preferred coinsurance	Home visits and respite: Participating coinsurance Inpatient: Participating inpatient cost share	
Hospice care	Inpatient: 10, 30, or unlimited days; Respite: 240 hours; Home visits: unlimited (6-month lifetime maximum for all services)		Inpatient: Participating inpatient cost share Outpatient: Preferred office visit cost share	
Transplants (Organ and bone marrow)	\$75,000 donor and \$7,500 travel and lodging limits per transplant			Not covered

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if provider is not contracted with Premera Blue Cross Blue Shield of Alaska.

This is only a brief summary of the major benefits provided by the Plus HSA plan. It is not a contract.

¹A list of preventive screenings and services, with their suggested frequency guidelines and limits, is available on premera.com on the Miscellaneous Form page.

²Benefits are provided at 100% of allowable charges; not subject to deductible or coinsurance.

Essentials Medical

For businesses with hard decisions to make, the Essentials Medical health plan can offer you savings on premiums. This plan will also help you maintain your Premera benefits and minimize disruptions for your employees with a new, low-cost health plan option.

ESSENTIALS 7550

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 Preferred/Participating	OUT OF NETWORK Non-participating
Individual deductible PCY	\$7,550	\$15,100
Family deductible PCY	2x Individual	
Coinsurance	Preferred 30% Participating 40%	60%
Individual out-of-pocket maximum PCY (Includes deductible, coinsurance, and copay)	\$8,550	Unlimited
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	Out-of-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 contracted with Premera Blue Cross Blue Shield of Alaska.

Covered services

	IN NETWORK Preferred/Participating	OUT OF NETWORK Non-participating
Retail pharmacy Up to 90-day supply per Rx (copay per 30 days)	\$30 copay, deductible waived; Deductible, then 30% coinsurance; Deductible, then 30% coinsurance; Deductible then 50% coinsurance	Same as in network
Mail-order pharmacy Up to 90-day supply per Rx	\$90 copay, deductible waived; Deductible, then 30% coinsurance; Deductible, then 30% coinsurance; Deductible then 50% coinsurance	Not covered
Drug list	Essentials E4 formulary	

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
		Preferred	Participating	Non-participating
Preventive office visit Preventive screenings Vaccinations	Unlimited	Covered in full		60%
Seasonal vaccinations (Provider office or pharmacy) Health education and training Diabetes education and training		Covered in full		Covered in full
Professional office visit		Preferred coinsurance	Participating coinsurance	60%
Virtual care (General medicine)		Covered in full		Not applicable
Urgent care (Freestanding clinics)		Preferred coinsurance		60%
Other outpatient professional services Inpatient professional services		Preferred coinsurance	Participating coinsurance	
Manipulations (Spinal and other) Acupuncture Naturopathic services Mammography	Unlimited	Not covered		Not covered
Outpatient diagnostic imaging and laboratory services		See office visit		60%
Emergency care (Copay waived if directly admitted to inpatient facility)		Covered in full		
Ambulance transportation (Air and surface)		Preferred coinsurance	Participating coinsurance	Same as in network
Inpatient facility care		Preferred coinsurance and copay of \$450 after deductible		
Outpatient facility care		Emergent: Preferred coinsurance; \$450 copay, then deductible and preferred coinsurance Non-emergent surface: Same as emergent Non-emergent air: Coinsurance; \$450 copay, then deductible and coinsurance		Emergent: Same as in network Non-emergent surface: Same as in network Non-emergent air: 60%
Skilled nursing facility	Preferred inpatient cost share	Participating inpatient cost share	60%	
Outpatient facility care	Preferred coinsurance	Participating coinsurance		
Skilled nursing facility	60 days PCY	Preferred inpatient cost share	Participating inpatient cost share	
Premera-Designated Centers of Excellence	Unlimited	Covered in full		
Maternity care (Prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/ domestic partner, and dependents	Preferred coinsurance	Participating coinsurance	
Mental health and chemical dependency treatment	Unlimited	Inpatient: Preferred inpatient cost share; Outpatient: Preferred office visit cost share		
Rehabilitation (Including cardiac/pulmonary rehab; chronic pain; and physical, occupational, speech, and massage therapy. Massage therapy must be billed by MD, DO, or DC.)	45 visits/30 days PCY	Inpatient: Preferred inpatient cost share; Outpatient: Preferred office visit cost share	Inpatient: Participating cost share; Outpatient: Preferred office visit cost share	
Supplies, equipment, prosthetics, and orthotics	No maximum, except \$300 max PCY for foot orthotics that are not diabetes related	Preferred coinsurance	Participating coinsurance	
Home health care	130 visits PCY	Home visits and respite: Preferred coinsurance; Inpatient: Preferred inpatient cost share	Home visits and respite: Participating coinsurance; Inpatient: Participating inpatient cost share	
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)	\$75,000 donor and \$7,500 travel and lodging limits per transplant	Inpatient: Preferred inpatient cost share; Outpatient: Preferred office visit cost share	Inpatient: Participating inpatient cost share; Outpatient: Preferred office visit cost share	Not covered

Essentials Medical

ESSENTIALS 8550

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 Preferred/Participating	OUT OF NETWORK Non-participating
Individual deductible PCY	\$8,550	\$17,100
Family deductible PCY	2x Individual	
Coinsurance	0%	60%
Individual out-of-pocket maximum PCY (Includes deductible, coinsurance, and copay)	\$8,550	Unlimited
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	Out-of-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 contracted with Premera Blue Cross Blue Shield of Alaska.

Covered services

	IN NETWORK Preferred/Participating	OUT OF NETWORK
Retail pharmacy up to 90-day supply per Rx	All tiers - Deductible, then 0% coinsurance	Same as in network
Mail-order up to 90-day supply per Rx		Not covered
Drug list	Essentials E1 formulary	

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
		Preferred	Participating	Non-participating
Preventive office visit Preventive screenings Vaccinations	Unlimited	Covered in full		60%
Seasonal vaccinations (Provider office or pharmacy) Health education and training Diabetes education and training				Covered in full
Professional office visit		0%		60%
Virtual care (General medicine)		Covered in full		Not applicable
Urgent care (Freestanding clinics)				60%
Other outpatient professional services Inpatient professional services		0%		60%
Manipulations (Spinal and other)	Not covered	Not covered		Not covered
Acupuncture		See office visit		
Naturopathic services	Unlimited	Covered in full		60%
Mammography		0%		
Outpatient diagnostic imaging and laboratory services				
Emergency care (Copay waived if directly admitted to inpatient facility)		Deductible, then 0%		
Ambulance transportation (Air and surface)		Emergent: Preferred coinsurance; deductible then 0% Non-emergent surface: Same as emergent Non-emergent air: Deductible, then 0%	Emergent: Same as in network Non-emergent surface: Same as in network Non-emergent air: 60%	
Inpatient facility care		0%		
Outpatient facility care				
Skilled nursing facility	60 days PCY			
Premera-Designated Centers of Excellence	Unlimited	Covered in full		
Maternity care (Prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/ domestic partner, and covered dependents	0%		
Mental health and chemical dependency treatment	Unlimited	Inpatient: 0%; Outpatient: 0%		
Rehabilitation (Including cardiac/pulmonary rehab; chronic pain; and physical, occupational, speech, and massage therapy. Massage therapy must be billed by MD, DO, or DC.)	45 visits/30 days PCY	Inpatient: 0%; Outpatient: 0%		
Supplies, equipment, prosthetics, and orthotics	No maximum, except \$300 max PCY for foot orthotics that are not diabetes related	0%		
Home health care	130 visits PCY	Preferred coinsurance	Participating coinsurance	
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)	Home visits and respite: 0%; Inpatient: 0%		
Transplants (Organ and bone marrow)	\$75,000 donor and \$7,500 travel and lodging limits per transplant	Inpatient: 0%; Outpatient: 0%		

Select

Choosing the Alaska Select plan allows your employees and their covered dependents to see the provider of their choice at the same benefit level, whether or not the provider is within the Premera provider 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 Preferred/Participating	OUT OF NETWORK Non-participating
Individual deductible PCY	\$0-\$10,150 (increments of \$50)	Shared with in network 2x Individual or 3x Individual in network deductible
Family deductible PCY	2x Individual 3x Individual	
Coinsurance	Preferred 0%-30% (increments of 5%) Participating 30%-50% (increments of 5%)	20%-60% (increments of 5%) hospital-based
Individual out-of-pocket maximum PCY (Includes deductible, coinsurance, and copay)	\$0-\$10,150 (increments of \$50)	\$45,000 or unlimited
Family out-of-pocket maximum PCY (Includes deductible, coinsurance, and copay)	2x Individual 3x Individual	None
Fourth quarter deductible carryover	Excluded or Included	
Office visit cost share	In-network deductible and preferred coinsurance Copay: \$20 \$25	
Inpatient cost share	In-network deductible and coinsurance Preferred \$100 copay per admission / participating 40%	Out-of-network deductible and coinsurance
Annual plan maximum	Unlimited	

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

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.
PCY = per calendar year
MD = Medical doctor DO = Doctor of osteopathy DC = Doctor of chiropractic

	BENEFIT LIMITS	IN NETWORK		OUT OF NETWORK
		Preferred	Participating	Non-participating
Preventive office visit Preventive screenings¹ Vaccinations	Unlimited ¹	Covered in full ²		Covered in full ²
Seasonal vaccinations (Provider office or pharmacy) Health education and training				Hospital-based services: 20%-60% (increments of 5%); Other facilities and professionals: covered in full ²
Diabetes education and training				Covered in full ²
Professional office visit	Unlimited	Office visit cost share		
Virtual care (General medicine)		Covered in full		Not applicable
Urgent care (Freestanding clinics)		\$0-\$150 copay (increments of \$5)		
Other outpatient professional services Inpatient professional services		Preferred coinsurance		Hospital-based services: 20%-60% (increments of 5%) Other facilities and professionals: preferred coinsurance
Manipulations (Spinal and other)	10-34 or unlimited visits PCY			
Acupuncture	10-34 or unlimited visits PCY			
Naturopathic services	Unlimited			
Mammography	Unlimited	Covered in full		Hospital-based services: 20%-60% (increments of 5%) Other facilities and professionals: Preferred cost share
Outpatient diagnostic imaging and laboratory services		Deductible waived, then coinsurance; Deductible, then coinsurance; Covered in full		
Emergency care		Deductible, then preferred coinsurance; \$75-\$500 copay (increments of \$25) copay, then deductible and preferred coinsurance		
Ambulance transportation (Air and surface)		Emergent: Preferred coinsurance; \$50-\$500 copay (increments of \$25) copay, then deductible and preferred coinsurance Non-emergent surface: Same as emergent Non-emergent air: Coinsurance; \$75-\$500 copay (increments of \$25) copay, then deductible and coinsurance		Emergent: Same as in network Non-emergent surface: Same as in network Non-emergent air: 50% or 60%
Inpatient facility care		Preferred inpatient cost share	Participating inpatient cost share	
Outpatient facility care		Preferred coinsurance	Participating coinsurance	Hospital-based services: 20%-60% (increments of 5%); Other facilities and professionals: Preferred cost share
Skilled nursing facility	60-120 days PCY (increments of 10 days) or unlimited	Preferred inpatient cost share	Participating inpatient cost share	
Premera-Designated Centers of Excellence	Unlimited	Covered in full		
Maternity care (Prenatal, delivery, and postnatal care)		Preferred coinsurance	Participating coinsurance	
Mental health and chemical dependency treatment	Unlimited outpatient and inpatient	Inpatient: Preferred inpatient cost share; Outpatient: Preferred office visit cost share		Inpatient: Hospital-based services: 20%-60% (increments of 5%); Other facilities and professionals: Preferred cost share; Outpatient: Preferred cost share
Rehabilitation (Including cardiac/pulmonary rehab; chronic pain; and physical, occupational, speech, and massage therapy. Massage therapy must be billed by MD, DO, or DC.)	15-90 visits (increments of 5 visits)/15-90 days (increments of 5 days); Unlimited / Unlimited	Inpatient: Preferred inpatient cost share; Outpatient: Preferred office visit cost share	Inpatient: Participating inpatient cost share; Outpatient: Preferred cost share	
Supplies, equipment, prosthetics, and orthotics	Unlimited except foot orthotics \$300 PCY or unlimited	Preferred coinsurance	Participating coinsurance	
Home health care	120, 130, or unlimited home health visits PCY			Hospital-based services: 20%-60%; Other facilities and professionals: Preferred coinsurance
Hospice care	Inpatient: 10, 30, or unlimited days; Respite: 240 hours; Home visits: unlimited (6-month lifetime maximum for all services)	Home visits and respite: Preferred coinsurance; Inpatient: Preferred inpatient cost share	Home visits and respite: Participating coinsurance; Inpatient: Participating inpatient cost share	
Transplants (Organ and bone marrow)	\$75,000 donor and \$7,500 travel and lodging limits per transplant	Inpatient: Preferred inpatient cost share; Outpatient: Preferred office visit cost share	Inpatient: Participating inpatient cost share; Outpatient: Preferred cost share	Not covered

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if provider is not contracted with Premera Blue Cross Blue Shield of Alaska. This is only a brief summary of the major benefits provided by the Select plan. It is not a contract.

¹A list of preventive screenings and services, with their suggested frequency guidelines and limits, is available on premera.com on the Miscellaneous Form page.

²Benefits are provided at 100% of allowable charges; not subject to deductible or coinsurance.

Select HSA

Choosing the HSA-qualified Alaska Select HSA™ plan gives your employees and their covered dependents the same benefits whether or not their provider is within the Premera network.

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

DEDUCTIBLE OPTIONS			
Aggregate deductible	With an aggregate deductible, there is one deductible for the subscriber (individual) and their family that must be met first before benefits are paid for anyone in the family.		
Embedded deductible	An embedded deductible works like a traditional PPO health plan deductible. Benefits begin for a single family member once the individual deductible for that person has been met or once the family deductible is met—whichever comes first.		
COST-SHARE OPTIONS			
Individual/Family¹ deductible PCY	Aggregate	\$1,700/\$3,400 – \$4,250/\$8,500 (increments of \$50)	N/A
	Embedded	N/A	\$3,400/\$6,800 – \$8,500/\$17,000 (increments of \$50)
Coinsurance percentage² (Preferred / Participating)	Preferred 0%–30% (increments of 5%) Participating 30%–50% (increments of 5%)		
Out of network	20%–60% (increments of 5%)		
Individual/Family¹ out-of-pocket maximum PCY (Includes deductible and coinsurance)	Aggregate	\$1,700/\$3,400 – \$4,250/\$8,500 (increments of \$50)	N/A
	Embedded	\$3,400/\$6,800 – \$8,500/\$17,000 (increments of \$50)	
Annual plan maximum	Unlimited		

PRESCRIPTION DRUGS	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK	
Enhanced preventive drug list³	90-day supply except Specialty Rx 30-day supply	Covered in full ⁴		
Retail pharmacy (Subject to medical deductible)		In-network coinsurance	Medical deductible, \$10 / \$30 / \$50 / 30% (Copay = 30 days; up to 90-day supply per Rx)	Same as in network
Mail-order pharmacy (Subject to medical deductible)			Medical deductible, \$25 / \$75 / \$50 / 30% (Copay = 30 days; up to 90-day supply per Rx)	Not covered
Drug list		A1 or E1	E4	Same as in network

Note: Out-of-pocket costs for out-of-network providers do not accrue toward out-of-pocket maximum. Out-of-pocket maximum = deductible + coinsurance maximum.
 N/A = Not available in this plan choice.
¹Family = Subscriber and one or more covered dependents.
²All coinsurance amounts are based on a percentage of allowable charges. Preferred and participating providers are in network.
³Buy-up option available. Contact your Premera sales representative or producer for more information.
⁴Benefits are provided at 100% of allowable charges; not subject to deductible or coinsurance.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.
 PCY = per calendar year
 MD = Medical doctor DO = Doctor of osteopathy DC = Doctor of chiropractic

	BENEFIT LIMITS	IN NETWORK		OUT OF NETWORK
		Preferred	Participating	Non-participating
Preventive office visit Preventive screenings¹ Vaccinations	Unlimited ¹	Covered in full ²		Covered in full ²
Seasonal vaccinations (Provider's office or pharmacy) Health education and training Diabetes education and training		Covered in full ²		Hospital-based services: 20%–60% (increments of 5%); Other facilities and professionals: Covered in full ²
Professional office visit		Preferred coinsurance		
Virtual care (General medicine)	Unlimited	Preferred coinsurance		Not covered
Urgent care (Freestanding clinics)		Preferred coinsurance		
Other outpatient professional services Inpatient professional services		Preferred coinsurance	Participating coinsurance	Hospital-based services: 20%–60% (increments of 5%); Other facilities and professionals: Preferred coinsurance
Manipulations (Spinal and other)	10–34 visits PCY for each or unlimited	Preferred coinsurance		
Acupuncture		Preferred coinsurance		
Naturopathic services		Preferred coinsurance		
Mammography	Unlimited	Covered in full		Hospital-based services: 20%–60% (increments of 5%); Other facilities and professionals: Preferred cost share
Outpatient diagnostic imaging and laboratory services		Preferred coinsurance	Participating coinsurance	
Emergency care		Deductible and preferred coinsurance		
Ambulance transportation (Air and surface)	Unlimited	Emergent: Preferred coinsurance Non-emergent surface: Same as emergent Non-emergent air: Preferred coinsurance		Emergent: Same as in network Non-emergent surface: Same as in network Non-emergent air: 20%–60% (increments of 5%)
Inpatient facility care		Preferred coinsurance	Participating coinsurance	Hospital-based services: 20%–60% (increments of 5%); Other facilities and professionals: Preferred coinsurance
Outpatient facility care				
Skilled nursing facility	60–180 days (increments of 10 days) or unlimited			
Premera-Designated Centers of Excellence	Unlimited	Deductible, then 0%		
Maternity care (Prenatal, delivery, and postnatal care)		Preferred coinsurance	Participating coinsurance	
Mental health and chemical dependency treatment	Unlimited outpatient and inpatient	Inpatient: Preferred inpatient cost share; Outpatient: Preferred office visit cost share		Inpatient: Hospital-based services: 20%–60% (increments of 5%); Other facilities and professionals: Preferred cost share; Outpatient: Preferred cost share
Rehabilitation (Including cardiac/pulmonary rehab; chronic pain; and physical, occupational, speech, and massage therapy. Massage therapy must be billed by MD, DO, or DC)	45 visits/30 days PCY 60 visits/60 days PCY Unlimited/Unlimited	Inpatient: Preferred inpatient cost share; Outpatient: Preferred office visit cost share	Inpatient: Participating inpatient cost share; Outpatient: Preferred office visit cost share	
Supplies, equipment, prosthetics, and orthotics	Unlimited except foot orthotics \$300 PCY			
Home health care	120, 130, or unlimited home health visits PCY	Preferred coinsurance	Participating coinsurance	Hospital-based services: 20%–60% (increments of 5%); Other facilities and professionals: Preferred coinsurance
Hospice care	Inpatient: 10, 30, or unlimited days; Respite: 240 hrs; Home visits: Unlimited (6-month lifetime maximum for all services)			
Transplants (Organ and bone marrow)	\$75,000 donor and \$7,500 travel and lodging limits per transplant	Inpatient: Preferred coinsurance; Outpatient: preferred coinsurance	Inpatient: Participating inpatient coinsurance; Outpatient: preferred coinsurance	Not covered

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if provider is not contracted with Premera Blue Cross Blue Shield of Alaska. This is only a brief summary of the major benefits provided by the Select HSA plan. It is not a contract.
¹A list of preventive screenings and services, with their suggested frequency guidelines and limits, is available on premera.com on the Miscellaneous Form page.
²Benefits are provided at 100% of allowable charges; not subject to deductible or coinsurance.

Pharmacy plans

What our pharmacy plans offer

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

The options listed on this page are available for all plans except HSA plans.

Choose from three options for your pharmacy plan:

Essentials is a list of prescription drugs that meets the pharmacy requirement 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 more comprehensive and provides access to a full spectrum of generic and brand-name medications.

Select HSA and Plus HSA

These plans include prescription drug coverage as well as zero cost shares for certain generic cardiovascular and oral diabetic medications on the enhanced preventive drug list.

See how the pharmacy options compare

ESSENTIALS TIERS AND CUSTOMER COST SHARES	
FIRST TIER	Preferred generic drugs
SECOND TIER	Preferred brand-name drugs
THIRD TIER	Preferred specialty ² drugs
FOURTH TIER	Non-preferred drugs (generic, brand, specialty)

PREFERRED TIERS AND CUSTOMER COST SHARES	
FIRST TIER	Generic drugs
SECOND TIER	Preferred brand-name drugs
THIRD TIER	Non-preferred brand-name drugs
FOURTH TIER	Specialty drugs ²

¹Metallic and Essentials formularies are excluded.
²Up to 30-day supply for specialty drugs only from the Premera specialty pharmacy provider.

Benefits for Essentials and Preferred pharmacy plans

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

4-TIER ESSENTIALS								
Standard Copay/Coinsurance Plans								
Retail pharmacy (Copay = 30 days; up to 90-day supply per Rx)	10% / 20% / 30% / 40% ¹	\$10 / \$25 / \$45 / 30% ^{1*}	\$10 / \$30 / \$30 / 30% ¹	\$10 / \$30 / \$50 / 30% ^{1*}	\$15 / \$30 / \$50 / 30% ¹	\$15 / \$60 / \$100 / 50% ¹	\$20 / \$50 / 30% / 50% ¹	
Mail-order pharmacy² (Copay = 90 days; up to 90-day supply per Rx)	10% / 20% / 30% / 40% ¹	\$25 / \$62.50 / \$45 / 30% ¹	\$25 / \$75 / \$30 / 30% ¹	\$25 / \$75 / \$50 / 30% ¹	\$37.50 / \$75 / \$50 / 30% ¹	\$37.50 / \$150 / \$100 / 50% ¹	\$50 / \$125 / 30% / 50% ¹	
Rx individual deductible² PCY (Separate from medical deductible)	None, \$150, ³ \$300, ³ or \$500 ³							
Individual out-of-pocket maximum PCY	Participating pharmacy cost-shares accrue to the in-network, out-of-pocket maximum							
Formulary drug list option	Essentials E4							
4-TIER								
Retail pharmacy (Copay = 30 days; up to 90-day supply per Rx)	\$10 / \$30 / \$30 / 30% [*]	\$10 / \$30 / \$50 / 30% ¹	\$15 / \$30 / \$50 / 30% [*]	\$20 / \$50 / 50% / 30% ¹				
Mail-order pharmacy² (Copay = 90 days; up to 90-day supply per Rx)	\$25 / \$75 / \$75 / 30% ¹	\$25 / \$75 / \$125 / 30% ¹	\$37 / \$75 / \$125 / 30% ¹	\$50 / \$125 / 45% / 30% ¹				
Rx individual deductible⁴ (Separate from medical deductible)	None	None	None / \$150 / \$300 / \$500 ⁵	None				
Individual out-of-pocket maximum PCY	Accrues to the medical out-of-pocket cost							
Formulary drug list option	Preferred B4							
3-TIER								
Retail pharmacy (Copay = 30 days; up to 90-day supply per Rx)	\$10 / \$25 / \$40	\$10 / \$20 / \$40	\$10 / 25% / 50%	\$10 / \$30 / \$50	\$10 / \$25 / \$45	\$15 / \$25 / \$50	\$20 / \$50 / 50%	
Mail-order pharmacy² (Copay = 90 days; up to 90-day supply per Rx)	\$25 / \$62 / \$100	\$25 / \$50 / \$100	\$25 / 20% / 45%	\$25 / \$75 / \$125	\$25 / \$62 / \$112	\$37 / \$62 / \$125	\$50 / \$125 / 45%	
Rx individual deductible⁴ (Separate from medical deductible)	None or \$150	None	None	None	\$300	None or \$150	None	
Individual out-of-pocket maximum PCY	Accrues to the medical out-of-pocket cost							
Formulary drug list option	Preferred B3							
2-TIER								
Retail pharmacy (Copay = 30 days; up to 90-day supply per Rx)	\$10 / \$25			\$10 / \$30				
Mail-order pharmacy¹ (Copay = 90 days; up to 90-day supply per Rx)	\$25 / \$62			\$25 / \$75				
Rx individual deductible² (Separate from medical deductible)	None or \$150			None				
Individual out-of-pocket maximum PCY	Accrues to the medical out-of-pocket cost							
Formulary drug list option	Preferred A2							

Note: Specialty drugs are used to treat complex or rare conditions such as rheumatoid arthritis, hepatitis C, or multiple sclerosis. Coverage requires that these prescriptions be filled through our Specialty Pharmacy Program, which employs pharmacists dedicated to supporting specialty drugs and those who require them.

*A buy-up option is available with this plan to allow certain generic preventive drugs to be covered in full. Ask your Premera sales representative or producer for more information.

¹Up to 30-day supply for specialty drugs.

²Coverage for mail service is only available through Express Scripts Home Delivery.

³Deductible waived for preferred generics (Tier 1).

⁴Family=2x or 3x individual.

⁵Deductible is waived for generics.

Dental plans

Good oral health is important to 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

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.

125K dentists nationwide

490K locations nationwide

Easy experience

Simplify your work by having only one health plan for medical and dental. Your employees will enjoy a streamlined experience: one ID card, one customer service number, and one secure account for managing their healthcare.

1 card for medical and dental



Take the anxiety out of going to the dentist

There's many reasons why you may experience mild anxiety when visiting your dentist. That's why Premera Blue Cross Blue Shield of Alaska now provides coverage for nitrous oxide in conjunction with covered dental services for our group dental business. Our mission is to provide our members with peace of mind and encourage good oral health that can lead to better overall health and well being.

¹Discount and rate cap are subject to review.

Choose from two dental plans

With any Premera dental plan, your employees and their covered dependents get many perks:

- Access to in-network dentists or out-of-network¹ dentists 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 up to four visits per year to help manage gum disease

Plan highlights

	DENTAL OPTIMA	DENTAL OPTIMA VOLUNTARY
Optional TMJ coverage available (see page 40)	●	
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 (see page 40)	●	
Benefit enhancement options (see page 40)	●	
Employee-funded plan option ³		●

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



Dental Optima

With Dental Optima, you have the freedom to choose from an in- or out-of-network dental provider at the same coinsurance. Using an in-network provider may reduce your 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.

To help encourage regular oral health maintenance, preventive services such as routine oral 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 customer's cost share. PCY = per calendar year

	DENTAL OPTIMA	
	Individual	DENTAL OPTIMA (SHARED FAMILY MAXIMUM)
Annual deductible PCY	\$0/\$25/\$50	\$50
	Family	\$150
Maximum allowance per person, PCY	\$1,000–\$3,000 (increments of \$250)	\$1,500, \$2,000 Shared family maximum – up to 3x Individual
	IN AND OUT OF NETWORK	IN AND OUT OF NETWORK
DIAGNOSTIC AND PREVENTIVE¹		
Routine oral exams 2 PCY		
Problem-focused (including emergency) oral evaluations 2 PCY		
Bitewing x-rays		
Complete series or panoramic x-ray once per 36 consecutive months		
Cleanings 2 PCY	0%–20% (increments of 5%)	0%
Fluoride treatments 2 applications PCY for customers under the age of 20		
Sealants permanent molars only, under the age of 20; replacements limited to 24 consecutive months		
Space maintainers under age 20		
BASIC		
Fillings once per tooth surface every 24 consecutive months		
Recementing and repair of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement		
Periodontal maintenance 4 visits PCY	0%–50% (increments of 5%)	20%
Oral surgery including simple and surgical extractions		
General anesthesia or intravenous sedation for covered dental procedures at a dental-care provider's office when dentally necessary		
Nitrous oxide		
Occlusal (night) guard once every 36 consecutive months		
MAJOR		
Endodontic (root canal) treatment once per tooth in a 24 consecutive months		
Periodontal scaling once per quadrant every 24 consecutive months		
Periodontal surgery once per quadrant every 36 consecutive months		
Inlays, onlays, and crowns once per tooth every 5 calendar years	0%–60% (increments of 5%)	50%
Implants once every 5 calendar years		
Dentures, partials, and fixed bridges once every 5 calendar years		

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

*Shared family maximum option, see page 36.

¹Annual deductible is waived for diagnostic and preventive services.

Dental Optima Voluntary

With Dental Optima Voluntary™, you can offer dental coverage at little or no cost to you. Choose between letting your employees and their covered dependents pay the full cost of their monthly health plan bills or funding up to 50% of the plan cost.

To help encourage regular oral health maintenance, preventive services such as cleanings and x-rays are covered in full.

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 = per calendar year(s)

	DENTAL OPTIMA VOLUNTARY	
	Individual	Family
Annual deductible PCY	\$50	\$150
Maximum allowance per person, PCY	\$1,000, \$1,500, \$2,000	
	IN AND OUT OF NETWORK	
DIAGNOSTIC AND PREVENTIVE¹		
Routine oral exams 2 PCY		
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 20		
Sealants permanent molars only, under the age of 20; replacements limited to 24 consecutive months		
BASIC		
Problem-focused (including emergency) oral evaluations 2 PCY		
Space maintainers under age 20		
Fillings once per tooth surface every 24 consecutive months		
Recementing and repair of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement		
Periodontal maintenance 4 visits PCY		
Simple and surgical extractions		
Nitrous oxide		
Occlusal (night) guard once every 36 consecutive months		
MAJOR²		
Endodontic (root canal) treatment once per tooth in a 24 consecutive months		
Periodontal scaling once per quadrant every 24 consecutive months		
Periodontal surgery once per quadrant every 36 consecutive months		
Inlays, onlays, and crowns replacements once per tooth every 5 calendar years		
Dentures, partials, and fixed bridges once every 5 calendar years		
Oral surgery		
General anesthesia or intravenous sedation for covered dental procedures at a dental care provider's office when dentally necessary		

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

¹Annual deductible is waived for diagnostic and preventive services.

²A 12-month waiting period applies to customers who have not had continuous comparable dental coverage under the group's prior dental plan.

Dental plan enhancements

Shared family maximum

Unexpected dental care can be expensive. Choosing the right dental plan with an annual maximum that meets you and your family's needs is an important decision.

A shared family maximum may be the best choice for you and your family. This option allows you to share your dental annual maximum to help maximize your family's dental coverage. The shared family maximum does not apply to preventive dental services, ensuring that everyone in your family has access to preventive dental care.

For more information and specific details regarding the shared annual maximum please contact your Premera representative.

Benefit enhancements

Benefit enhancements	DENTAL OPTIMA	DENTAL OPTIMA VOLUNTARY
BENEFIT ENHANCEMENTS		
Endodontic (root canal), periodontal scaling, and surgical periodontal treatment	Optional	N/A
Routine diagnostic and preventive services (Does not accrue toward the maximum allowance)		Optional
ORTHODONTIA		
Diagnostic services and active/retention treatment (Including appliances)	50% to 100% (increments of 10%) up to lifetime maximum	N/A
Monthly orthodontic adjustments (Including retention treatment)		
Lifetime maximum (Choose one. Limit is per person.)		
Age limit	Up to age 20; Up to age 26	
TEMPOROMANDIBULAR JOINT DISORDERS¹		
TMJ exams, x-rays, splints, surgical procedures, and manipulations under anesthesia	Deductible and coinsurance apply	N/A
Annual benefit maximum	\$1,000	
Lifetime maximum (Limit is per person)	\$5,000	

¹Option is available only with Optima plans with 200 or more employees. Balance billing may apply if a provider is not contracting with Premera.



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 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
PY = plan year and PPY = per plan year

		SELECT AND PLUS PLANS		HSA PLANS	
		Benefit limits	Coverage options	Benefit limits	Coverage options
Vision (Adult)	Exam only	1 exam	Exam \$25 copay or covered in full	1 exam PCY	Covered in full or \$25 copay ¹
	Exam and eyewear	1 exam PCY and hardware \$150 PCY, \$200 PCY, \$300 every 2 CY, \$200 every 2 CY, \$30 every PCY, or 1 pair of lenses PCY; Frames every 2 CY	Exam \$25 copay or covered in full; Hardware covered in full	1 exam PCY and hardware \$150 PCY or \$200 PCY or \$300 every 2 CY	Exam \$25 copay ¹ ; Hardware covered in full
		1 exam PCY and 1 pair lenses PCY, 1 pair frames every 2 CY to \$90 retail max; Contact lenses to \$170 max; Vision exam and hardware annual max \$350 ²	Exam 10% (deductible waived); Hardware covered in full	1 exam PCY and 1 pair lenses PCY, 1 pair frames every 2 CY to \$90 retail max; Contact lenses to \$170 max; Vision exam and hardware annual max \$350 ²	Exam 10% (deductible waived); Hardware covered in full
Vision (Pediatric)	Exam only	1 exam PCY	Covered in full or deductible waived, then coinsurance or office visit cost share ³	1 exam PCY	Covered in full or office visit cost share ³
	Exam and eyewear	1 pair frames and lens or contacts PCY	Covered in full	1 pair frames and lens or contacts PCY	Deductible, then coinsurance or covered in full
Hearing	Exam	1 routine exam PPY or 1 routine exam every 2 PY	Office visit cost share or covered in full or 20% coinsurance (deductible waived) ⁴	1 exam/test per 2 PY; Aids and hardware \$3,000 every 3 PY	Deductible and 20% coinsurance
	Exam with aids and hardware	\$3,000 every 3 PY	Waive deductible, subject to plan's coinsurance (can vary by % they select), Covered in full or 20% coinsurance (deductible waived) ⁴		

¹Copay will apply toward out-of-pocket maximum for HSA plans.

²This is an Alaska state-mandated offering.

³Pediatric vision office visit cost shares apply toward out-of-pocket maximum.

⁴This option is only available as an exam plus hardware combination.



Find out more

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Talk with your Premera representative or producer.



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.