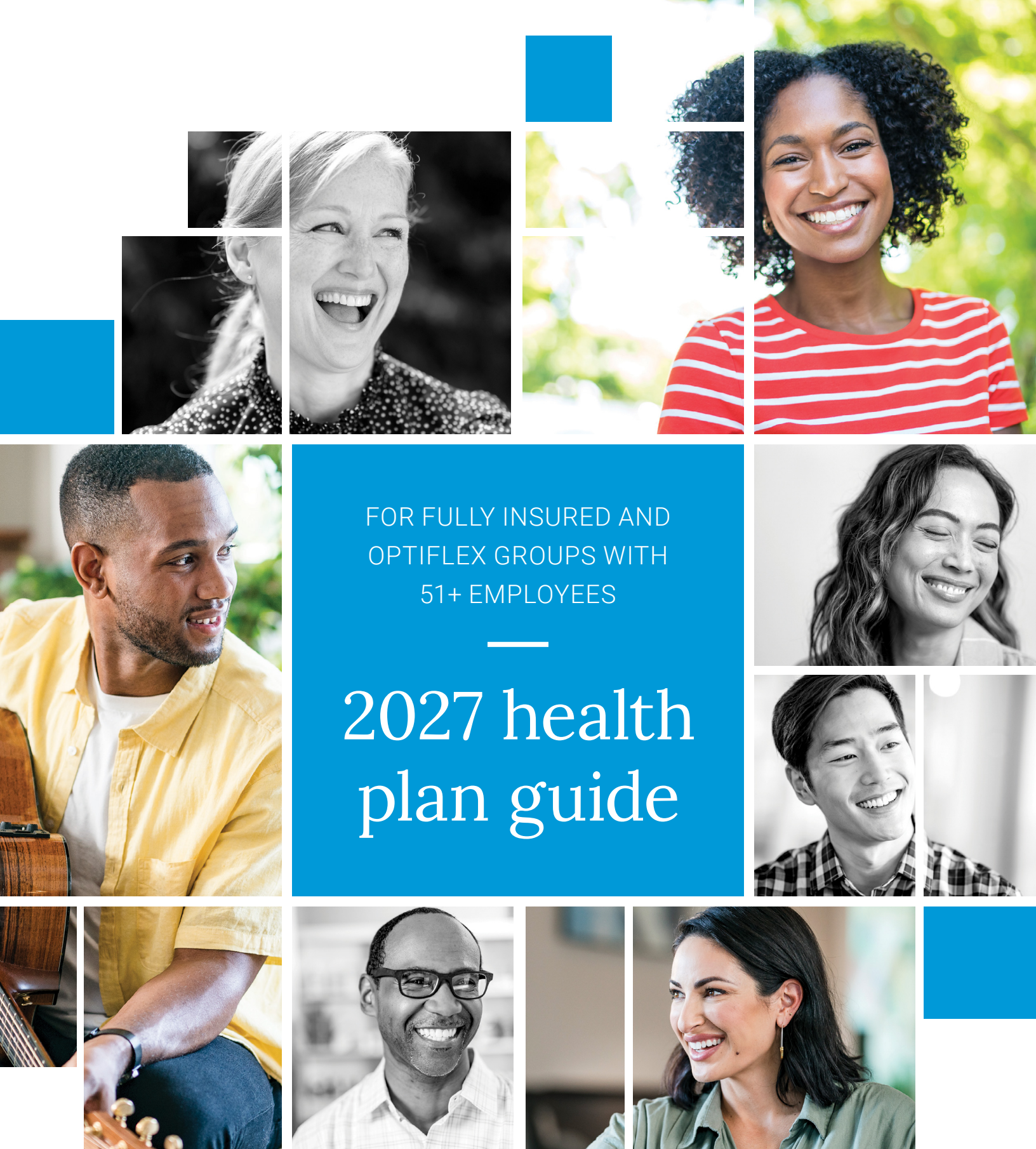




FOR FULLY INSURED AND
OPTIFLEX GROUPS WITH
51+ EMPLOYEES

2027 health plan guide

We care for our customers

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

FOR FULLY INSURED AND OPTIFLEX PLANS ONLY

Table of contents

MEET PREMERA

Why businesses choose Premera.....	4
How you fund your health plan matters	6
CareCompass360	8
Premera Health Hub	10
Premera pharmacy	12
Medical and dental integration.....	16
Blue365	18
Site of service expansion	20
Digital Health Messages	22
Virtual Care.....	24
Enhanced Case Management	26
Networks that give you more	28

PREMERA BLUE CROSS PLANS

Medical plan options	30
Plus	32
Plus Split Copay	34
Plus HSA.....	36
Essentials Medical	38
Select.....	42
Select HSA.....	44

PHARMACY PLANS

Pharmacy plan options.....	46
Pharmacy plan benefits.....	47

DENTAL PLANS

Dental plan options.....	48
Choose from two dental plans.....	50
Dental Optima.....	52
Dental Optima Voluntary	53
Dental plan enhancements.....	54

VISION AND HEARING PLANS.....	56
-------------------------------	----





Why businesses choose Premera

As a not-for-profit health plan serving Alaska since 1933, we’re committed to providing our clients affordable health plans, access to high-quality care networks, and an experience that meets members and employers where they are.

Affordability

Healthcare is expensive, and we take seriously our responsibility to make each dollar work harder, ensuring access to quality care at a fair price.



Pharmacy

We promote safe, lower-cost alternatives like generics and biosimilars—often as much as 40% cheaper. These are medications that are highly similar to an existing biologic drug and work the same way, with no meaningful differences in safety or effectiveness. We also supply members with tools to spot savings.



Provider access

We invested \$30 million to expand the primary care workforce in Washington and Alaska. Partnerships with Kinwell primary care clinics in Washington improve access and are expected to reduce total cost of care by 4%.



System waste

We cut waste by preventing billing errors, fighting fraud, and using prior authorization to avoid unnecessary or duplicative treatments.



Right care, right time, right place

We offer options for members to seek care from high-quality, lower-cost settings that have proven results, such as Centers of Excellence providers or ambulatory surgery centers. This helps reduce costs while improving health outcomes.

Access

We work hard to connect members and their families to the care they need, when they need it, from providers who understand them.



Primary care

Some of our plan designs allow members to designate a primary care provider for them and their dependents.



Rural care

We’re expanding the rural healthcare workforce by investing in training and residency programs that build a stronger pipeline of providers in rural areas.¹



Behavioral health

Premera members have greater access to behavioral health providers through our expanded networks, virtual care, and personalized matching services like Matchmaker™ for Behavioral Health.

Experience



Enhanced case management

With one point of contact, secure chat, and built-in behavioral health support, members get coordinated, whole-person care that’s easier to manage. Our Personal Health Support program builds on this approach with one-on-one concierge support to help members navigate care, understand their benefits, manage claims, and connect with the right providers.



Smarter digital tools

We’re investing in smarter digital tools that make healthcare easier to access and understand. Our redesigned member portal, Find Care tool, and mobile app give members simple, self-service options to check benefits, find providers, and see cost estimates, all in one place. We also use Quest Analytics’ BetterDoctor portal to keep our provider directory accurate and up to date.



Artificial intelligence (AI)

Premera uses AI to make healthcare faster and easier. AI helps approve claims and prior authorizations faster, reducing wait times and improving service. Through Premera Health Hub, AI also connects members to wellness and condition-management programs that fit their individual needs.²

¹<https://www.ama-assn.org/education/improve-gme/recipe-more-rural-physicians-more-exposure-residency-training>
²Premera Health Hub is available to self-funded and OptiFlex groups.



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



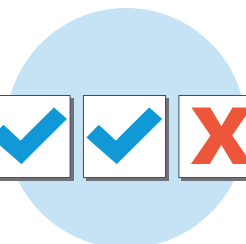
PLAN HAS PROTECTION
AND FLEXIBILITY

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 chose 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 arrangement (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 coverage for their needs.

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

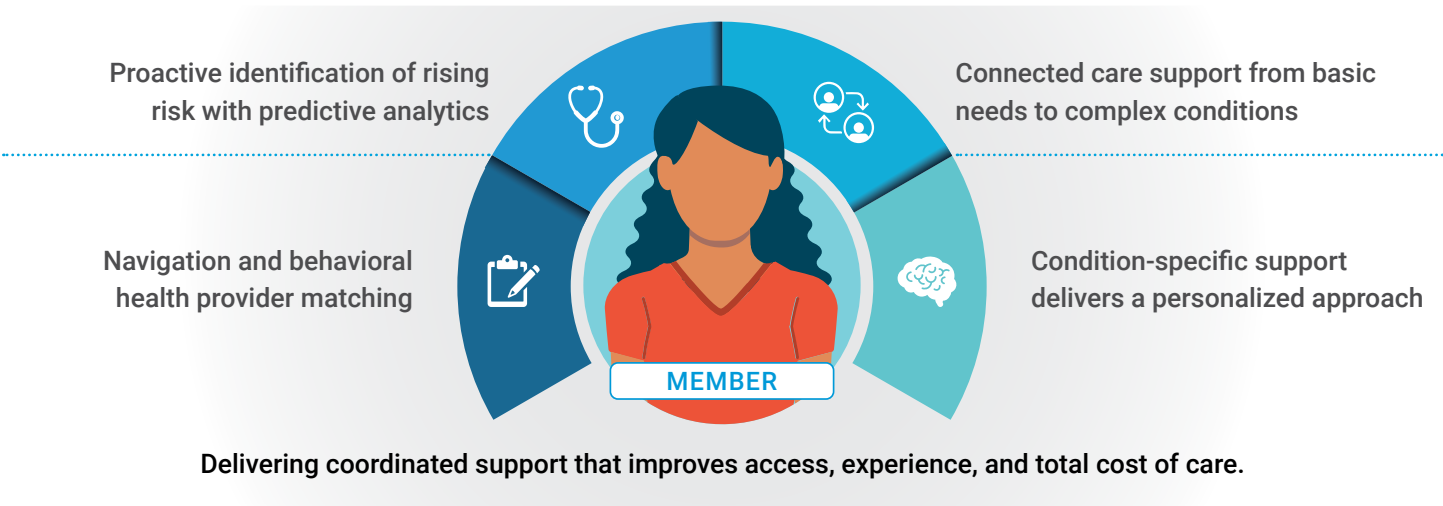


CareCompass360

Our approach to population health ensures members receive the right support at the right time. CareCompass360 (CC360) is about looking at the whole person, identifying risk early, and proactively intervening.

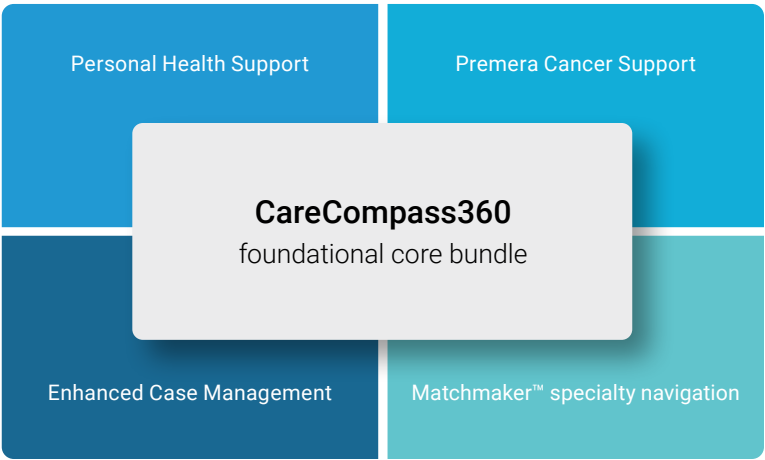
Ensuring the right support at the right time

We identify rising risk early and escalate to the right level of clinical support.



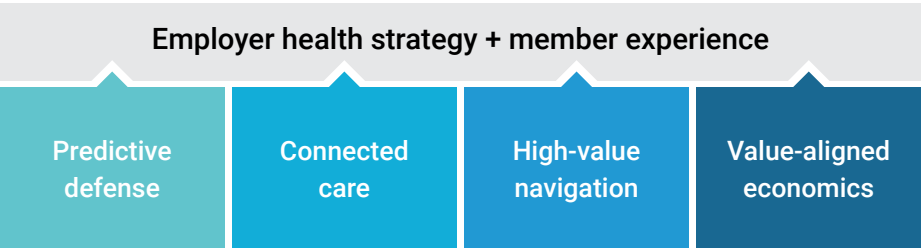
Simplified design and better experience

CC360 brings together our industry-leading, member-focused products into a unified core bundle that simplifies employer cost management and improves the member experience.

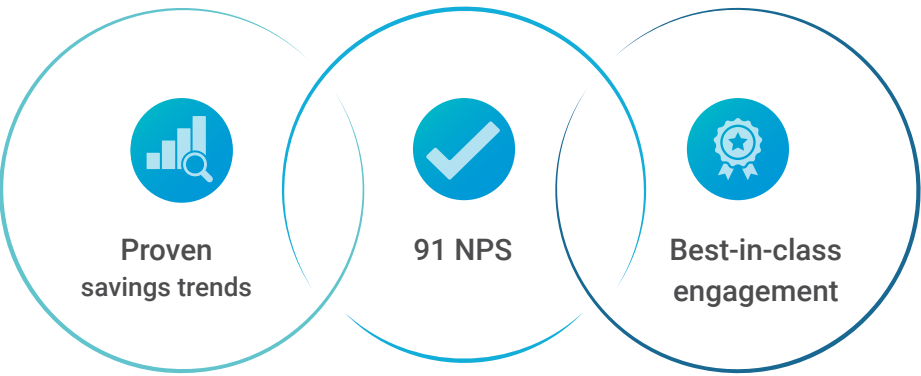


Driving the value and impact through a unified core

The CC360 core establishes a member environment that can prevent little problems from becoming bigger and costlier. By removing fragmented care caps, CC360 delivers employers the value they expect from Premera without sacrificing member experience.



Delivering on employer expectations



Estimated savings for clinical and UM programs vary by group.

Clinical outreach leads to meaningful engagement in 89% of targeted population.

Members rate Premera clinical services at 91 Net Promoter Score (NPS)



Did you know?

Enhanced Case Management combines predictive analysis (to identify at-risk members) with digital engagement to get members on the right care path sooner.

What's new for 2027

- ✓ Unified core design
- ✓ Simplified pricing
- ✓ Transparent utilization management pricing



Premera Health Hub

NEW FOR 2027

Premera Health Hub is 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

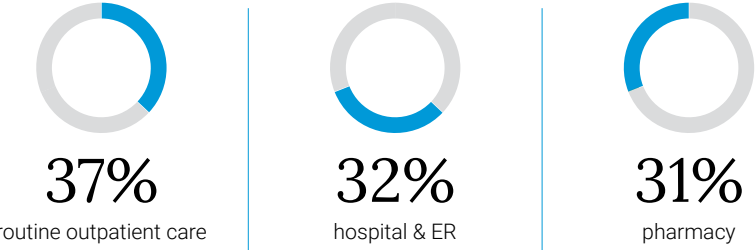
Simplified employer administration	Premera manages vendor vetting, contracting, relationship management, and reporting.
Increased member engagement	Personalized digital communications optimize engagement with the hub.
Intervention-based approach	Proprietary clinical algorithms account for preference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

Did you know?

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

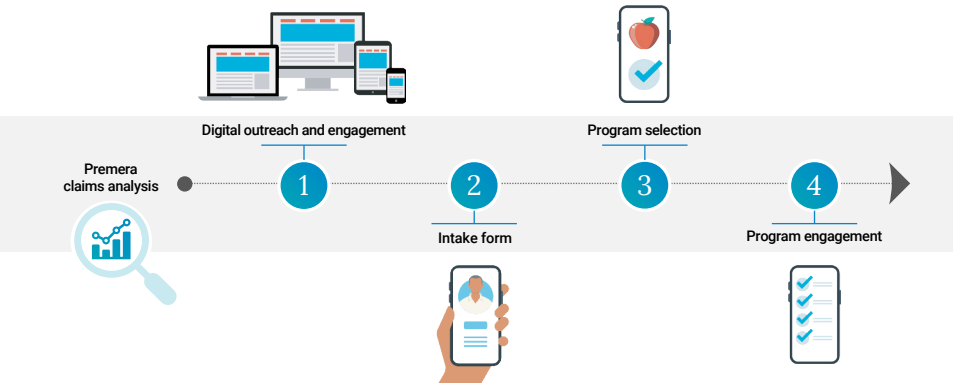
2%–4%
reduction in estimated
total plan claims cost

Where Premera Health Hub saves



Savings estimates are based on a study conducted by Solera Health

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.

Premera Health Hub

 **OptiFlex:** included as part of your plan

Premera Health Hub condition categories

-  Achieve a healthy weight
-  Manage diabetes
-  Ease digestive symptoms
-  Manage blood pressure
-  Reduce joint or muscle pain
-  Reduce or quit tobacco use
-  Explore paths to parenthood
-  Get support for women's health

¹Solera Health, Inc. "The Network Effect: Proving the Value of Curated Digital Health," March 2026. PDF. Research was conducted using a dataset of 16,499 enrolled members. Independently reviewed by Accorded, Inc.



Premera pharmacy

A smarter way to manage pharmacy—built around your health plan strategy

There's no one-size-fits-all approach for pharmacy. Premera assesses formulary design, coverage decisions, and personalized member support programs to help you develop a targeted pharmacy plan that complements your medical benefits.

Introducing Price Assure for 2027

Price Assure is an embedded discount card program that provides automatic savings on prescriptions for members at the point of sale.

Benefits to employers

-  No additional cost
-  Included with every pharmacy plan
-  Improved employee satisfaction with their plan

Benefits to members

-  No extra steps
-  Payments count toward deductible and out-of-pocket maximum
-  Each prescription is assessed for drug interactions
-  Eligible for 30- and 90-day prescription fills at retail pharmacy

NEW FOR 2027

A modern and more flexible formulary design

Premera offers a range of formulary options, including a new six-tier structure, giving employers more precision in how they manage pharmacy spend and in alignment with their overall health plan strategy.

Where a 6-tier formulary design has impact

- Aligns member cost share to drug value
- Improves cost predictability over time
- Supports access to clinically effective treatments

ESSENTIALS FORMULARY

PLANS WITH 6 TIERS	
FIRST TIER	Value generic
SECOND TIER	Preferred generic
THIRD TIER	Preferred brand
FOURTH TIER	Non-preferred generic and brand
FIFTH TIER	Preferred specialty
SIXTH TIER	Non-preferred specialty





Premera pharmacy

Member pharmacy alerts and savings

Employers and members can save on prescription drugs with personalized alerts from Rx Savings Solutions (RxSS). RxSS identifies and notifies members of opportunities to spend less on their prescription drugs with little to no impact on the member’s healthcare journey. Members can save by:

- Switching to another pharmacy
- Trying a new or different generic medication
- Changing to a therapeutic alternative

When a member acts on an alert, RxSS manages the entire process. All the member has to do is pick up their prescription.



NEW FOR 2027

Flexible GLP-1 options

GLP-1 medications are one of the fastest-growing cost drivers—and require intentional decision-making.

Premera offers flexible coverage pathways:

GLP-1 Clinical Select

Covers GLP-1s for medical conditions only

GLP-1 Access Select

Allows weight-loss coverage with defined criteria

Standard weight management

Broader access options, including benefit caps

Exclusion approaches

For tighter cost control

Fully insured

Standard weight management available with flexible plan designs (100+ group size), GLP-1 Clinical Select

OptiFlex

Standard weight management available with flexible plan designs, (100+ group size) Clinical Select or GLP-1 Access Select



OptiFlex groups have an added layer of weight management support with Premera Health Hub, which is included with every OptiFlex group beginning January 1, 2027.

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



Medical and dental integration

Integrated medical and dental benefits go beyond network size and access. It's about creating a true whole-person health environment that provides total cost of care protection.

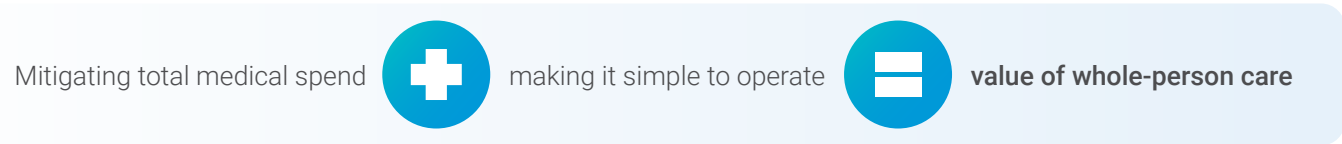
Fragmented benefit design costs more

Escalating claims severity	Unmanaged oral health drives higher medical utilization.
The stand-alone weak spot	Dental carve-outs isolate data, limiting early intervention and risk reduction.
Disengagement in silos	Carve-outs reduce preventive care use by ~25% compared to integrated medical-dental. ¹

Members with diabetes who forgo or skip dental care are at 120% increased risk of acute heart attacks and strokes. These events have real-dollar impacts on the health plans, from \$25,000 to \$130,000 per member.^{2,3}

What whole-person cost protection looks like

- Automatic Enhanced Dental Care at 100% coverage for high-risk members
- Real-time clinical visibility into dental care gaps and benefits for case managers
- Zero-friction benefit activation without forms, waiting periods, or extra enrollment
- Full-spectrum digital outreach with positive reinforcement and targeted support
- Integrated reporting of engagement and utilization trends over time



Enhanced Dental Care benefit

This benefit feature, exclusive to integrated medical and dental plan designs, can lower total medical costs and improve clinical outcomes for high-risk members.

High-risk covered conditions

- Cardiovascular disease
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Oral cancers
- Pregnancy

Additional covered services

- Periodontal/routine evaluation¹
- Routine cleanings and periodontal maintenance²
- Topical fluoride in dentist office³
- Periodontal scaling and root planing (new for 2027)⁴

Covers one extra service of each type per calendar year in addition to standard plan frequencies to reduce systemic medical risks.

Frictionless experience

- **Automatic enrollment:** Zero barriers—no forms or sign-ups required for high-risk members.
- **100% covered:** \$0 out-of-pocket costs with all deductibles and co-insurance waived.
- **Fully embedded:** Standard on all Large Group Dental plans at no extra cost.
- **Immediate access:** No waiting periods for critical preventive care.



Protecting your total cost of care

Six in 10 adults in the United States are living with at least one chronic condition.⁴ They are at risk of oral complications because of conditions like diabetes and cardiovascular disease.⁵ 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.

¹The Dental Trade Alliance (DTA) Medical-Dental Integration Resource Matrix (Evaluating Integrated Care Models, 2026). https://cdn.ymaws.com/dentaltradealliance.org/resource/resmgr/DTA_MDI_Paper_2026.pdf

²Offenbacher S, Katz V, Fertik G, Collins J, Boyd D, Maynor G, et al. "Periodontal infection as a potential risk factor for preterm low birth weight." J Periodontol. 1996;67(10S):1103-1113. doi:10.1902/jop.1996.67.10s.1103.

³American Academy of Periodontology, American OB/GYN Healthcare Coalition. "Joint clinical consensus tracking on maternal healthcare and neonatal intensive care unit (NICU) commercial cost drivers." Chicago, IL: AAP Publishing; 2025.

⁴Joo, 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/>

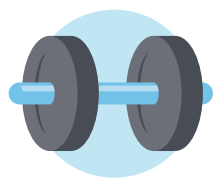
⁵Fu, D, Shu, X, Zhou, G, et al. "Connection between oral health and chronic diseases." MedComm, 2025 Jan 14. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11731113/>



Foster a healthy workforce with Blue365

Premiera members can access Blue365—a health and wellness discount program offered through the Blue Cross Blue Shield system at no cost for the member or the group.

Health and wellness for less



Gym memberships



Fitness gear



Hearing aids



Prescription glasses



Healthy eating options

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

Reduce healthcare costs

\$2.71

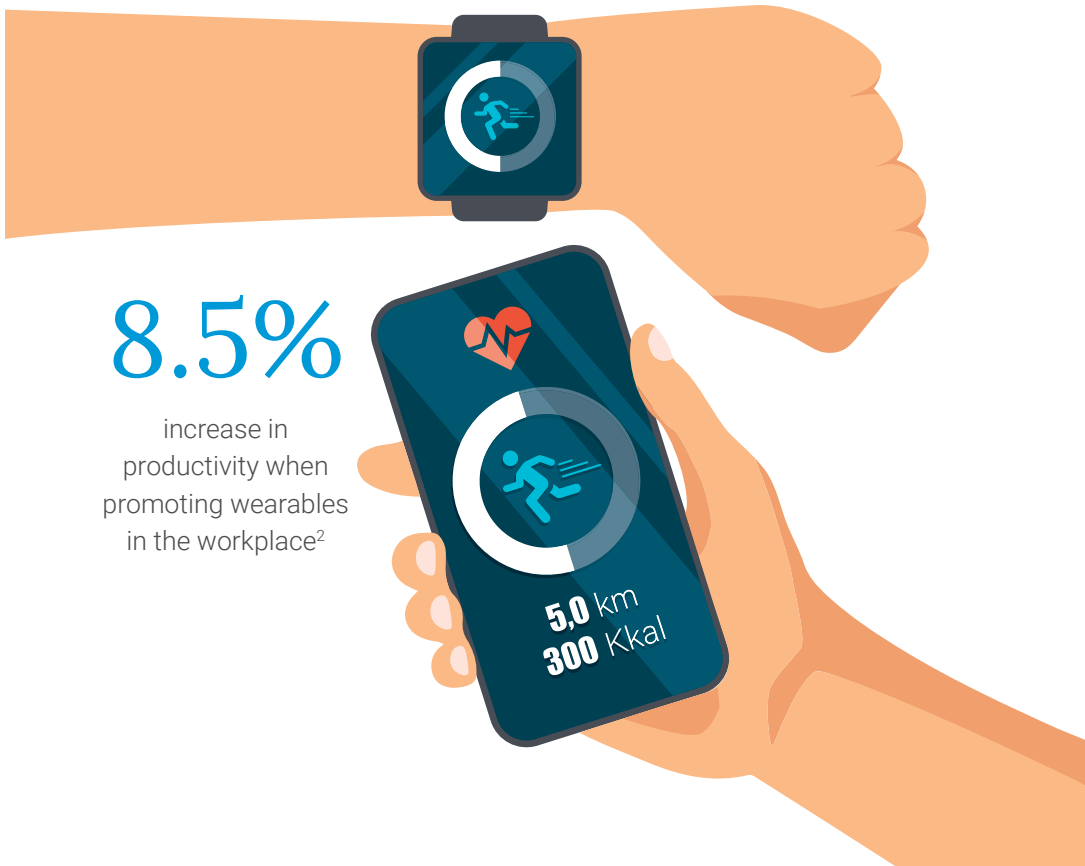
estimated return for every dollar spent on wellness programs¹



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/premera 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

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 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



Improve member satisfaction with self-directed care



Provide cost-effective care without compromising quality



Reduce administrative burden



Lower total cost of care for members and employers

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).

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.

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.

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
• Total joint replacement • ACL repair • Hand or wrist procedures	• Biopsies • Appendix removal • Gallbladder removal	• 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://pmc.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. NCBJ Bookshelf, <https://www.ncbi.nlm.nih.gov/sites/books/NBK555483/>. Accessed 20 June 2025.

Site-of-service, value-based benefit access

- ✓ **Fully insured:** an opt-in for flexible plans
- ✓ **OptiFlex:** an opt-in for flexible plans



Personalized messages at your fingertips

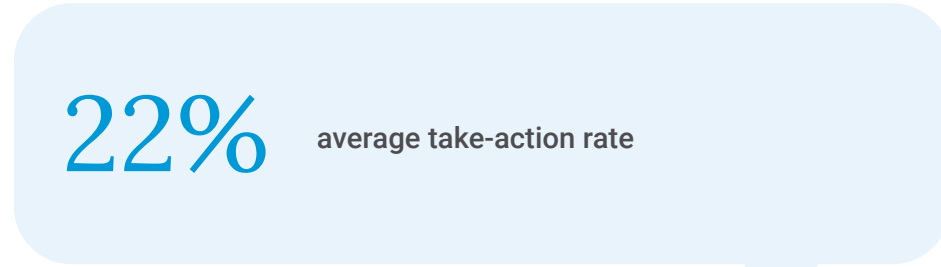
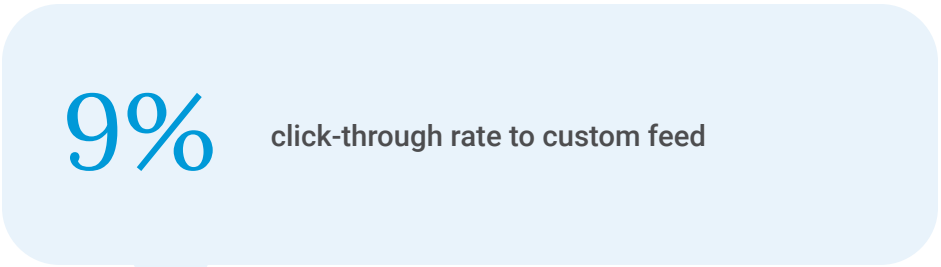
Premera Digital Health Messages are a way to reach our members and help them better understand their benefits, make personalized healthy choices, and more.

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



Digital Health Messages access

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



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.](#)

Care when you need it

Our carefully selected virtual care offerings significantly expand in-network access to high-quality primary/urgent care and treatment for mental health and substance use disorder.

Virtual care by the numbers

24%

Expected virtual care usage growth from 2024 to 2030¹

80%

of employers believe integrating virtual care with in-person care services creates a valuable impact²

22%

In savings when an employee has a telehealth visit compared to an in-person visit³

\$1,500+

Savings per visit by diverting patients from emergency departments to virtual care⁴



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.

Virtual care can help with:

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

Employer benefits

- **Expanded access**—Your employees can access care via text, video, phone, or chat, and they can do so from the safety, convenience, and comfort of their homes.
- **Increased productivity**—Virtual visits are available at a time most convenient for them.
- **Improved experience**—Employees have on-demand access to a variety of care options, which allows them to receive care faster and diagnoses sooner.

¹Telehealth Market Size, Share, Growth Analysis Report, 2030.* grandviewresearch.com. Accessed 20 Sept. 2024.

²Telehealth and Virtual Care Policy Position Statement.* Businessgrouphealth.org, 2024, businessgrouphealth.org/resources/business-group-on-healths-position-statement-on-telehealth. Accessed 3 Oct. 2024.

³Employee Telemed Visits 25 Percent Less Costly for Health System.* pennmedicine.org/news/news-releases/2023/june/employee-telemed-visits-25-percent-less-costly-for-health-system.

⁴Garrison Nord BBA, et al. "On-Demand Synchronous Audio Video Telemedicine Visits Are Cost Effective." The American Journal of Emergency Medicine, W.B. Saunders, 7 Aug. 2018, sciencedirect.com/science/article/abs/pii/S0735675718306533.



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



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 6,881 preferred providers and 28 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 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 May 2026.

²Network selection specific to 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 or not the provider is in the Premera network.

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 Preferred/Participating	OUT OF NETWORK Non-participating
Individual deductible	\$0–\$12,000 (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–\$12,000 (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 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 ¹
Professional office visit	Unlimited	Office visit cost share		20%–60% (increments of 5%)
Virtual care (General medicine)		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			
Naturopathic services	Unlimited	Covered in full		20%–60% (increments of 5%)
Breast cancer screening (including mammogram)		Deductible waived, then coinsurance; Deductible, then coinsurance Covered in full		
Outpatient diagnostic imaging and laboratory services		1st \$400 covered in full, then deductible, then coinsurance		
Emergency care (Copay waived if directly admitted to inpatient facility)		Deductible, then preferred coinsurance; \$75–\$500 copay, then deductible and preferred coinsurance		Emergent/Non-emergent surface: Same as in network Non-emergent air: 20%–60% (increments of 5%)
Ambulance transportation (Air and surface)		Emergent/Non-emergent surface: Preferred coinsurance; \$75–\$500 copay (increments of \$25) copay, then deductible and preferred coinsurance Non-emergent air: Coinsurance; \$75–\$500 (increments of \$25) copay, then deductible and coinsurance		
Inpatient facility care	60, 100, or 120 days PCY	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	
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	20%–60% (increments of 5%)
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			
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.
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–\$12,000 (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–\$12,000 (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
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			
Naturopathic services	Unlimited	Covered in full		
Breast cancer screening (including mammogram)		Deductible waived, then coinsurance; Deductible, then coinsurance; Covered in full 1st \$400 covered in full, then deductible, then coinsurance		
Outpatient diagnostic imaging and laboratory services		Deductible, then preferred coinsurance; \$75–\$500 copay (increments of \$25) copay, then deductible and preferred coinsurance		
Emergency care (Copay waived if directly admitted to inpatient facility)		Emergent/Non-emergent surface: Preferred coinsurance; \$75–\$500 copay (increments of \$25), then deductible and preferred coinsurance Non-emergent air: Coinsurance; \$75–\$500 copay (increments of \$25) copay, then deductible and coinsurance		
Ambulance transportation (Air and surface)	Unlimited	Preferred inpatient cost share	Participating inpatient cost share	20%–60% (increments of 5%)
Inpatient facility care		Preferred coinsurance	Participating coinsurance	
Outpatient facility care	60–120 days PCY (increments of 10 days) or unlimited	Preferred inpatient cost share	Participating inpatient cost share	
Skilled nursing facility		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: 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	20%–60% (increments of 5%)
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			
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	Not covered
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	

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.

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/Family ¹ deductible PCY	Aggregate	\$1,750/\$3,500–\$4,350/\$8,700 (increments of \$50)	N/A		
	Embedded	N/A	\$3,500/\$7,000–\$8,700/\$17,400 (increments of \$50)		
Coinsurance percentage ² (Preferred / Participating)		Preferred 0%–30% (increments of 5%) Participating 30%–50% (increments of 5%)			
Out of network		20%–60% (increments of 5%)			
Individual/Family ¹ out-of-pocket max. PCY (Includes deductible and coinsurance)	Aggregate	\$3,500/\$7,000–\$8,700/\$17,400 (increments of \$50)	N/A		
	Embedded	\$3,500/\$7,000–\$8,700/\$17,400 (increments of \$50)			
Annual plan maximum		Unlimited			
PRESCRIPTION DRUGS		BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK Non-participating	
Enhanced preventive drug list ³		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%	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 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
Professional office visit		Unlimited	Preferred coinsurance	
Virtual care designated provider	Preferred coinsurance Covered in full		Not covered	
Urgent care (Freestanding clinics)	Preferred coinsurance		20%–60% (increments of 5%)	
Other outpatient professional services Inpatient professional services	Preferred coinsurance			Participating coinsurance
Manipulations (Spinal and other)	Preferred coinsurance			20%–60% (increments of 5%)
Acupuncture				
Naturopathic services	Unlimited	Covered in full		
Breast cancer screening (including mammogram)		Preferred coinsurance Participating coinsurance		
Outpatient diagnostic imaging and laboratory services				
Emergency care		Unlimited	Deductible and preferred coinsurance Deductible, then \$300 copay, then preferred coinsurance	
Ambulance transportation (Air and surface)	Emergent/Non-emergent surface: Preferred coinsurance Non-emergent air: Coinsurance			
Inpatient facility care	Preferred coinsurance Participating coinsurance		Participating coinsurance	20%–60% (increments of 5%)
Outpatient facility care				
Skilled nursing facility	Unlimited for 60–180 days (increments of 10 days) or unlimited			
Premera Designated Centers of Excellence	Unlimited	Deductible, then 0%		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	Preferred coinsurance		
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	Preferred coinsurance	Inpatient: Participating inpatient cost share Outpatient: Preferred office visit cost share	20%–60% (increments of 5%)
Supplies, equipment, prosthetics, and orthotics	Unlimited except foot orthotics \$300 PCY		Participating coinsurance	
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: 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: 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 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.
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
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)	Not covered	Not covered		Not covered
Acupuncture				
Naturopathic services	Unlimited	See office visit		60%
Breast cancer screening (including mammogram)		Covered in full		
Outpatient diagnostic imaging and laboratory services		Preferred coinsurance	Participating coinsurance	
Emergency care (Copay waived if directly admitted to inpatient facility)		Preferred coinsurance and copay of \$450 after deductible		Same as in network
Ambulance transportation (Air and surface)		Emergent/Non-emergent surface: Preferred coinsurance; \$450 copay, then deductible and preferred coinsurance Non-emergent air: Coinsurance; \$450 copay, then deductible and coinsurance		Emergent/Non-emergent surface: Same as in network Non-emergent air: 60%
Inpatient facility care			Preferred inpatient cost share	Participating inpatient cost share
Outpatient facility care	Preferred coinsurance		Participating coinsurance	
Skilled nursing facility	60 days PCY	Preferred inpatient cost share	Participating inpatient cost share	60%
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			
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: 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



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)		0%		60%
Other outpatient professional services Inpatient professional services				
Manipulations (Spinal and other)	Not covered	Not covered		Not covered
Acupuncture				
Naturopathic services	Unlimited	See office visit		60%
Breast cancer screening (including mammogram)		Covered in full		
Outpatient diagnostic imaging and laboratory services		0%		
Emergency care (Copay waived if directly admitted to inpatient facility)		Deductible, then 0%		
Ambulance transportation (Air and surface)		Emergent/Non-emergent surface: Preferred coinsurance; deductible then 0% Non-emergent air: Deductible, then 0%		Emergent/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%		
				Not covered



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–\$12,000 (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–\$12,000 (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 screenings ¹ 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				
Virtual care (General medicine)	Unlimited	Office visit cost share		
Urgent care (Freestanding clinics)		Covered in full	Not applicable	
Other outpatient professional services Inpatient professional services		\$0–\$150 copay (increments of \$5)		
		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	Office visit cost share		
Acupuncture	10–34 or unlimited visits PCY			
Naturopathic services	Unlimited			
Breast cancer screening (including mammogram)	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 1st \$400 covered in full, then deductible, then coinsurance		
Emergency care		Deductible, then preferred coinsurance; \$75–\$500 copay (increments of \$25) copay, then deductible and preferred coinsurance		
Ambulance transportation (Air and surface)		Emergent/Non-emergent surface: Preferred coinsurance; \$50–\$500 copay (increments of \$25) copay, then deductible and preferred coinsurance Non-emergent air: Coinsurance; \$75–\$500 copay (increments of \$25) copay, then deductible and coinsurance		Emergent/Non-emergent surface: Same as in network Non-emergent air: 50% or 60%
Inpatient facility care		Preferred inpatient cost share	Participating inpatient cost share	Hospital-based services: 20%–60% (increments of 5%); Other facilities and professionals: Preferred 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		
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	Hospital-based services: 20%–60%; Other facilities and professionals: Preferred coinsurance
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 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](#).

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 Premiera network.

Cost-share amounts represent customers' costs. Not all plan option combinations are offered. See your Premiera 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/Family ¹ deductible PCY	Aggregate	\$1,750/\$3,500–\$4,350/\$8,700 (increments of \$50)		N/A		
	Embedded	N/A		\$3,500/\$7,000–\$8,700/\$17,400 (increments of \$50)		
Coinsurance percentage ² (Preferred / Participating)		Preferred 0%–30% (increments of 5%) Participating 30%–50% (increments of 5%)				
Out of network		20%–60% (increments of 5%)				
Individual/Family ¹ out-of-pocket maximum PCY (Includes deductible and coinsurance)	Aggregate	\$1,750/\$3,500–\$4,350/\$8,700 (increments of \$50)		N/A		
	Embedded	\$3,500/\$7,000–\$8,700/\$17,400 (increments of \$50)				
Annual plan maximum		Unlimited				
PRESCRIPTION DRUGS		BENEFIT LIMITS		IN NETWORK	OUT OF NETWORK	
Enhanced preventive drug list ³		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 Premiera 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 screenings ¹ 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				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)				Preferred coinsurance covered in full		Not covered
Urgent care (Freestanding clinics)	Unlimited	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						
Naturopathic services	Unlimited	Covered in full		Hospital-based services: 20%–60% (increments of 5%); Other facilities and professionals: Preferred cost share		
Breast cancer screening (including mammogram)		Preferred coinsurance	Participating coinsurance			
Outpatient diagnostic imaging and laboratory services		Deductible and preferred coinsurance Deductible, then \$300 copay, then preferred coinsurance				
Emergency care		Emergent/Non-emergent surface: Preferred coinsurance Non-emergent air: Preferred coinsurance		Emergent/Non-emergent surface: Same as in network Non-emergent air: 20%–60% (increments of 5%)		
Ambulance transportation (Air and surface)		60–180 days (increments of 10 days) or unlimited	Preferred coinsurance	Participating coinsurance	Hospital-based services: 20%–60% (increments of 5%); Other facilities and professionals: Preferred coinsurance	
Inpatient facility care						
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	Preferred coinsurance	Participating coinsurance	Hospital-based services: 20%–60% (increments of 5%); Other facilities and professionals: Preferred coinsurance		
Home health care	120, 130, or unlimited home health visits PCY					
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 Premiera 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](#).
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 two 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 formulary and tier pharmacy options compare

ESSENTIALS TIERS AND CUSTOMER COST SHARES (4-TIER)	
FIRST TIER	Preferred generic drugs
SECOND TIER	Preferred brand-name drugs
THIRD TIER	Preferred specialty ¹ drugs
FOURTH TIER	Non-preferred drugs (generic, brand, specialty)
ESSENTIALS TIERS AND CUSTOMER COST SHARES (6-TIER)	
FIRST TIER	Value generic drugs
SECOND TIER	Preferred generic drugs
THIRD TIER	Preferred brand-name drugs
FOURTH TIER	Non-preferred drugs (generic, brand)
FIFTH TIER	Preferred specialty drugs ¹
SIXTH TIER	Non-preferred specialty drugs ¹

PREFERRED TIERS AND CUSTOMER COST SHARES (4-TIER)	
FIRST TIER	Generic drugs
SECOND TIER	Preferred brand-name drugs
THIRD TIER	Non-preferred brand-name drugs
FOURTH TIER	Specialty drugs ¹

¹Up 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						
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 pharmacy ² (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 deductible ² 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						
	6-TIER ESSENTIALS						
	Standard Copay/Coinsurance Plans						
Retail pharmacy (Copay = 30 days; up to 90-day supply per Rx)	\$5 / \$15 / \$35 / \$75 / 30% / 50% ¹		\$5 / \$15 / \$35 / 20% / 30% / 50% ^{1*}		\$5 / \$15 / \$40 / \$75 / 30% / 50% ¹		\$7 / \$25 / \$50 / \$100 / 30% / 50% ¹
Mail-order pharmacy ² (Copay = 90 days; up to 90-day supply per Rx)	\$15 / \$45 / \$105 / \$210 / 30% / 50% ¹		\$15 / \$45 / \$105 / 20% / 30% / 50% ¹		\$15 / \$45 / \$100 / \$225 / 30% / 50% ¹		\$21 / \$75 / \$150 / \$300 / 30% / 50% ¹
Rx individual deductible ² 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 out-of-pocket maximum for in-network medical.						
Formulary drug list option	Essentials E6						
	4-TIER PREFERRED						
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 pharmacy ² (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 deductible ⁴ (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 PREFERRED						
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 pharmacy ² (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 deductible ⁴ (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						

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.

Broad network access

Your employees gain access to more than 484,000 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.

122K dentists nationwide
484K locations nationwide

Take the anxiety out of going to the dentist

There are 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.



Did you know?

Premera dental plans may include additional preventive benefits. Detecting and treating minor issues early can prevent more serious and expensive claims for members with certain at-risk conditions.



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 54)	●	
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 54)	●	
Benefit enhancement options (see page 54)	●	
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.

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		DENTAL OPTIMA (SHARED FAMILY MAXIMUM)*
	Individual		
Annual deductible PCY	Family	\$0/\$25/\$50	\$50
		\$0/\$75/\$150	\$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 PREVENTIVE ¹			
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			
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			
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			
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 54.
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.

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	
Annual deductible PCY	Family	\$50
		\$150
Maximum allowance per person, PCY		\$1,000, \$1,500, \$2,000
		IN AND OUT OF NETWORK
DIAGNOSTIC AND PREVENTIVE ¹		
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		
MAJOR ²		
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, contact your Premiera representative.

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.)	\$1,000–\$2,000 (increments of \$250)	
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 Premiera.





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		QUALIFIED HSA PLANS		ESSENTIALS MEDICAL ¹	
		Benefit limits	Coverage options	Benefit limits	Coverage options	Benefit limits	Coverage options
Vision (Adult)	Exam only	1 routine exam, PCY	Covered in full, \$25 copay, 10% coinsurance, or \$5–\$40 copay (increments of \$5)	1 routine exam, PCY	Covered in full or \$5–\$40 copay (increments of \$5) ¹	Not covered	Not covered
	Exam and eyewear	Exam: 1 routine exam PCY or 1 PCY \$350 PCY shared with vision hardware; Eyewear: \$150 PCY, \$200 PCY, \$250 PCY, \$300 PCY, \$200 every 2 consecutive CY, \$300 every 2 consecutive CY, 1 pair of lenses PCY; 1 frame every 2 consecutive CY, 1 set of frames every 2 consecutive years, \$90 max; 1 pair of lenses PCY; contacts \$170 PCY max; vision exam/test/hardware \$350 PCY max ² \$150 - \$300 PCY (increments of \$25)	Exam: Covered in full, \$25 copay, 10% coinsurance, or \$5–\$40 copay (increments of \$5) Eyewear: covered in full	Exam: 1 routine exam PCY or 1 PCY \$350 PCY shared with vision hardware; Eyewear: \$150 PCY, \$200 PCY, \$250 PCY, \$300 PCY, \$200 every 2 consecutive CY, \$300 every 2 consecutive CY, 1 pair of lenses PCY; 1 frame every 2 consecutive CY, 1 set of frames every 2 consecutive years, \$90 max; 1 pair of lenses PCY; contacts \$170 PCY max; vision exam/test/hardware \$350 PCY max ² \$150–\$300 PCY (increments of \$25)	Exam: 10% coinsurance, covered in full or \$5–\$40 copay (increments of \$5) ¹ Hardware: Covered in full	Not covered	Not covered
Vision (Pediatric)	Exam only	1 routine exam, PCY	Office visit cost share, or covered in full ³	1 routine exam, PCY	Office visit cost share, or covered in full ³	Not covered	Not covered
	Exam and eyewear	1 routine exam PCY; Eyewear: 1 pair of glasses PCY (frames and lenses); 12-month supply of contacts PCY, in lieu of glasses (frames and lenses)	Exam: Office visit cost share, or covered in full, or waived deductible, then coinsurance ³ Eyewear: Covered in full	Exam: 1 routine exam PCY; Eyewear: 1 pair of glasses PCY (frames and lenses); 12-month supply of contacts PCY, in lieu of glasses (frames and lenses)	Exam: Office visit cost share or covered in full ³ Eyewear: Covered in full or deductible, then 0% coinsurance		
Hearing	Exam with aids and hardware	1 routine exam PCY; 1 device per ear with hearing loss every 36 months	Exam: \$20 copay, \$25 copay, waived deductible, 20%, Covered in full, or \$10–\$40 copay (increments of \$5) Hardware: covered in full, waived deductible, 20% coinsurance, waived deductible, then coinsurance	Exam: 1 routine exam PCY Hardware: 1 device per ear with hearing loss every 36 months	Exam: Deductible, then 20% Hardware: Deductible, then 20%	Not covered	Not covered

¹ Copay will apply toward out-of-pocket maximum for HSA plans.
² This is an Alaska state-mandated offering.
³ Pediatric vision office visit cost shares apply toward out-of-pocket maximum.
⁴ This option is only available as an exam plus hardware combination.



Find out more

Visit premera.com/ak/employer

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.