PersonalCare Silver

Washington plan for individuals and families (King, Pierce, and Snohomish counties only)
Start date January 1, 2019

PREMERA BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

With a PersonalCare Plan, you get coordinated care from a primary care doctor within a local network of providers called a Partner System. You can choose a primary care doctor to best meet your needs.

			PersonalCare Silver **PersonalCare Partner Systems Network** (See next page.)
	Annual Deductible	Per Calendar Year (PCY) Family = 2x individual *(in-network only)*	$4,500
	Coinsurance	Amount you pay after your deductible is met	30%
	Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x individual *(in-network only)*	$7,350
	10 Essential Health Benefits		
1	**Ambulatory Patient Services** **Office Visits**	Outpatient services	Deductible, then 30%
		Designated PCP office visit	$30 copay, first 2 PCP visits covered in full
		Specialist office visit	$60 copay
		Urgent care	$60 copay
		Virtual care	$15 copay
		Spinal manipulation: 10 visits PCY; Acupuncture: 12 visits PCY	$30 copay
2	**Emergency Services**	Emergency care *(copay waived if directly admitted to an inpatient facility)*	$250 copay, then deductible, then 30%
		Ambulance transportation (air and ground)	Deductible, then 30%
3	**Hospitalization**	Inpatient services	Deductible, then 30%
		Organ and tissue transplants, inpatient	Deductible, then 30%
4	**Maternity & Newborn Care**	Prenatal and postnatal care	Deductible, then 30%
		Inpatient delivery and services	Deductible, then 30%
5	**Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment**	Office visit	$60 copay
		Inpatient hospital: mental/behavioral health	Deductible, then 30%
		Outpatient services	Deductible, then 30%
6	**Prescription Drugs** *Retail/Specialty: 30-day supply* *Mail Order: 90-day supply (copay x3)*	Preferred generic	$30 copay
		Preferred brand	$60 copay
		Non-preferred drugs	Deductible, then 50%
		Specialty	Deductible, then 50%
		Drug list	M4
7	**Rehabilitative & Habilitative Services & Devices**	Inpatient rehabilitation: 30 days PCY	Deductible, then 30%
		Physical, speech, occupational, massage therapy: 25 visits combined PCY	Deductible, then 30%
		Durable medical equipment	Deductible, then 30%
8	**Laboratory Services**	Includes x-ray, pathology, imaging/diagnostic, standard ultrasound	Deductible, then 30%
		Major imaging, including MRI, CT, PET *(pre-approval required for certain services)*	Deductible, then 30%
9	**Preventive/Wellness Services**	Screenings	Covered in full
		Exams and immunizations	Covered in full
10	**Pediatric Vision** *Under 19 years of age*	Eye exam: 1 PCY	$30 copay
		Eyewear: 1 pair of glasses PCY (frames & lenses); 12-month supply of contacts PCY, in lieu of glasses (frames & lenses)	Covered in full

We want to make it simple and easy for you to understand your health plan.

Allowed amount: The amount we pay for healthcare services. When you receive services from in-network providers, you'll be responsible only for cost shares (deductibles, copays, and coinsurance) and charges for services not covered by the health plan. In-network providers will not bill you for charges over the allowed amount. If you receive services from out-of-network providers, you are responsible for all amounts not paid by us.

Coinsurance: Your percentage of the cost for a service. You pay 100% until your deductible is paid for the calendar year. After that, if your plan's coinsurance is 30 percent, you pay 30 percent of the allowed amount and your plan pays the other 70 percent.

Copay: This is a flat fee you pay for a specific service (such as an office visit) at the time you receive the service.

Covered in full: A benefit that does not require cost shares. You do not pay deductibles, coinsurance, or copays for services that are covered in full.

Deductible: The amount you pay in medical costs before your health plan begins to pay.

Drug list: A list, sometimes called a formulary, of drugs covered by the plan. Not all drugs are included in every drug list.

Federal poverty level (FPL): A measure of household income, set by federal guidelines, used to determine if you are eligible for government subsidies to help pay for healthcare coverage purchased through the state or federal exchange.

In-network: Doctors, dentists, pharmacies, hospitals, and other healthcare providers that are contracted to provide services and supplies at negotiated amounts, called allowed amounts.

Out-of-pocket maximum: The maximum amount of money you will pay for covered services in a calendar year. After you've met your out-of-pocket maximum, the plan pays 100 percent for in-network services for the rest of the year.

Primary care provider (PCP): The doctor or other healthcare provider you designate to provide and coordinate your care. You can choose a different primary care provider for each family member. Your primary care doctor can be a family practice physician, general practice provider, geriatric practice provider, gynecologist, internist, nurse practitioner, obstetrician, pediatrician, or physician assistant.

PersonalCare Plan: With a PersonalCare Plan, you get coordinated care from a primary care doctor within a local network of providers called a Partner System. You can choose a primary care doctor to best meet your needs.

Urgent care: Conditions that need treatment right away, but are not severe or life threatening. For urgent conditions, care from an out-of-network provider is not covered.

Virtual Care: Talk with a doctor by phone or online video - usually for the same cost as an in-person office visit.

If you see a non-contracted provider, you will be responsible for the difference between the allowed amount and the provider's billed charges, in addition to the deductible, coinsurance, and any applicable copay. The allowed amount for a non-contracted provider is determined by Premera as described in your plan benefit book.

PersonalCare Partner Systems

EvergreenHealth Partners

MultiCare Connected Care

Northwest Physicians Network

The Everett Clinic Integrated Care Network

UW Medicine Accountable Care Network

Virginia Mason Medical Center

We will match you to a Partner System, but you can choose a different one. PCPs must be within your selected Partner System.

General exclusions and limitations

Below is a list of some things that this health plan does not cover. A complete list of exclusions is available in the sample benefit booklets available on **premera.com**.

Benefits are not provided for treatment, surgery, services, drugs, or supplies for any of the following:

- Cosmetic surgery or reconstructive surgery (except as specifically provided)
- Experimental or investigative services
- Assisted reproduction
- Weight loss, including surgery, drugs, foods, and exercise programs
- Service in excess of specified benefit maximums
- Services payable by other types of insurance
- Services received when you are not covered by this plan
- Sexual dysfunction
- Sterilization reversal
- Services not provided or coordinated by your PersonalCare Partner System

For a list of services and procedures that require approval for coverage from your plan before you receive them (pre-approval), visit **premera.com**.

Contact us

For enrollment information or if you have questions about Premera Blue Cross:

- Visit **premera.com**.
- Call **877-Premera** (877-773-6372).
- Talk to a **producer**, a licensed professional also known as an agent.

This is only a summary of the major benefits provided by our plans. This is not a contract. On our website, you can find a supplemental guide with information about plan policies and procedures.

PREMERA | BLUE CROSS

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator ─ Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.