Network Design Criteria for Providers

Premera Blue Cross designed its provider networks with inclusion, accessibility, safety, quality, and costs in mind. We select physicians and clinical providers who show evidence of high quality care, high value, and support lowering healthcare costs.

The standards below apply to commercial and qualified health plan networks. Standards apply individually to each specialty listed below the defined standard.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Percent of Enrollees</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital and Emergency</td>
<td>100%</td>
<td>30 minutes</td>
<td>60 minutes</td>
</tr>
<tr>
<td>A hospital with emergency room or free-standing emergency room facility</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Percent of Enrollees</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>80%</td>
<td>30 miles</td>
<td>60 miles</td>
</tr>
<tr>
<td>Eighty percent of the enrollees have access to Primary Care as defined below:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Primary care physician, physician assistant, or advanced nurse practitioner with an open practice</td>
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</tr>
<tr>
<td>Specialties include family medicine, geriatric medicine, general practice, gynecology, internal medicine, naturopathic medicine, obstetrics and gynecology, pediatrics, and women’s health</td>
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<td></td>
<td></td>
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<tr>
<td>b) A family medicine or general practice practitioner with an open practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) A internal medicine practitioner with an open practice available to enrollees 18 years old or older</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>d) General pediatric services: a physician, physician assistant, or advanced nurse practitioner with an open practice available to enrollees 18 years old and younger for specialties including pediatrics, family medicine, general practice, internal medicine, or naturopathy servicing pediatric enrollees</td>
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</table>

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Percent of Enrollees</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health &amp; Substance Use</td>
<td>80%</td>
<td>30 miles</td>
<td>60 miles</td>
</tr>
</tbody>
</table>
Eighty percent of the enrollees have access to mental health providers, such as licensed psychiatrists, psychologists, social workers, and mental health nurse practitioners. If one of the types of specialty provider is not available as required above, an alternate access delivery system is required to meet this requirement.

The following specialties have been defined as high volume behavioral health specialties:

a) A licensed counseling, marriage and family therapy, psychology, psychiatry, including nurse psychiatry, or social worker
b) A licensed counseling
c) A licensed marriage and family therapy
d) A licensed psychology
e) A licensed psychiatrist/nurse psychiatry
f) A licensed social worker

<table>
<thead>
<tr>
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<th>Percent of Enrollees</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Mental Health &amp; Substance Abuse</td>
<td>80%</td>
<td>30 miles</td>
<td>60 miles</td>
</tr>
<tr>
<td></td>
<td>A location or facility providing inpatient and outpatient mental health, substance abuse treatment services, and behavioral therapy. Specialties include inpatient and outpatient services at a behavioral health facility or hospital, community mental health agency, or behavioral health program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Specialty</td>
<td>80%</td>
<td>60 miles</td>
<td>90 miles</td>
</tr>
<tr>
<td></td>
<td>A licensed physician, physician assistant, or advanced nurse practitioner available to enrollees 18 years old and younger. The pediatric specialty types include, but are not limited to, nephrology, pulmonology, rheumatology, hematology-oncology, perinatal medicine, neurodevelopmental disabilities, cardiology, endocrinology, and gastroenterology.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Type</td>
<td>Percent of Enrollees</td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td>Specialty Care</td>
<td>80%</td>
<td>60 miles</td>
<td>90 miles</td>
</tr>
</tbody>
</table>

Eighty percent of the enrollees must have access to each of the following specialty types: Allergy and immunology, anesthesiology, colon and rectal surgery, dermatology, emergency medicine, medical genetics, neurological surgery, nuclear medicine, obstetrics and gynecology, ophthalmology, orthopedic surgery, otolaryngology, pathology, plastic surgery, physical medicine and rehabilitation, preventative medicine, psychiatry and neurology, radiology, surgery, thoracic and cardiac surgery, urology.

The following specialties have been defined as high volume specialties:

Washington:
- Obstetrics and gynecology
- Dermatology

Alaska:
- Obstetrics and gynecology
- Orthopedic surgery

The following specialties have been defined as high impact specialties:

Washington:
- Medical Oncology, Radiation Oncology
- Orthopedic surgery

Alaska:
- Medical Oncology, Radiation Oncology
- Cardiology

<table>
<thead>
<tr>
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<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy</td>
<td>80%</td>
<td>30 miles</td>
<td>60 miles</td>
</tr>
</tbody>
</table>

Eighty percent of the enrollees must have access to the following types of providers: Chiropractic, physical therapy, occupational therapy, speech and language therapy, rehabilitative services, and rehabilitative outpatient services.
<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Percent of Enrollees</th>
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<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>General and Pediatric Dental</td>
<td>80%</td>
<td>30 miles</td>
<td>60 miles</td>
</tr>
<tr>
<td></td>
<td>A licensed provider available to enrollees for general or pediatric dentistry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Dental</td>
<td>80%</td>
<td>60 miles</td>
<td>90 miles</td>
</tr>
<tr>
<td></td>
<td>A licensed dental provider available to enrollees for each of the following specialties: Endodontics, oral/maxillofacial surgery, orthodontics, periodontics, and prosthodontics</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Network Standards**

The standards are designed to ensure our enrollees have a sufficient number and type of providers available for needed services.

Provider types evaluated include: primary care, behavioral health, specialty mental health, pediatric specialty, specialty care, therapy, general and pediatric dental, and specialty dental. Specialty care includes but is not limited to: cardiology, general surgery, obstetrics & gynecology, orthopedics, neurology, and urology.

Essential community provider types, which are providers required by the Affordable Care Act and tracked by states, include primary care, pediatrics, Indian health care, rural health clinics, pediatric dental, Ryan White Clinics, and federally qualified health centers. These types of providers have specific required standards that must be met. Both these and several other provider types are counted and analyzed for each geographic area. Premera leadership and the state’s insurance office review these reports in order to ensure compliance standards are achieved. Enrollees are encouraged to notify us about non-contracted providers they would like contracted.

- **Safety & Quality**
  Premera routinely checks provider qualifications and safety records to ensure our members receive the best care. Industry-standard analytic measurements and tools help us measure provider quality on an ongoing basis. Those providers that do not agree or not follow our quality care-based collaborations or cost-savings strategies are subject to decreased reimbursement or network removal. Premera selects providers based on quality and access. However, specific
quality measurements are not used to determine which network a provider will reside in, however.

Premera provider groups with the highest volumes and participate in our innovative contracting strategies which include measuring levels of quality-based care. The following measures are collected from each provider group. These are nationally defined and accepted measures defined by the National Committee for Quality Assurance and the National Quality Forum and include:

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Prenatal Rate
- Post-Partum Care
- Eye Exams for Diabetics
- HbA1C Testing for Diabetics
- Nephropathy
- Effective Acute Phase Treatment with Antidepressant Medication Management
- Effective Continuation Phase Treatment with Antidepressant Medication Management
- Adult BMI Assessment
- Childhood BMI Assessment
- Childhood Immunization Status – Combination 10
- Appropriate Testing for Children with Pharyngitis

- Cost
  Premera is helping to solve for an unsustainable healthcare system by working with our network providers to reduce overall healthcare costs. Negotiations, reporting, and standardized analytic tools help us measure provider cost on an ongoing basis. We work with providers to contract at rates that ensure healthcare costs remain sustainable. We design all our networks by using industry-standard tools that help us measure the unit costs of providers. We also are able to analyze costs and talk to providers about these emerging costs in order to keep costs sustainable.

  Provider cost increases identified are managed by a medical cost committee that will set limits or reductions, where necessary, to maintain or reduce medical care costs. Those providers that do not agree or not follow our quality care-based collaborations or cost-savings strategies are subject to network removal.

  Our provider directory and other benefit material keeps enrollees informed and assists in choosing an in-network provider. Seeing in-network providers offers the highest benefit level and reduces members' out-of-pocket expenses.

  We offer a wide variety of helpful information about each provider and will continue to provide even more helpful information in the future. If you have more questions about our network providers, however, please contact customer service.

Network Design Criteria for Hospitals
Premera designed its hospital network with accessibility, quality, and cost in mind. We select hospitals with evidence of high quality, high value, and support lowering healthcare costs.

- **Inclusion & Access**
  Our network includes hospitals serving all geographic service areas. We not only desire, but are also regulated to ensure that rural area patients have access to their area hospital. Annually access reports are run to ensure we have an adequate number of hospitals in each service area to service the membership that resides there.

- **Safety & Quality**
  Quarterly reports are run for hospital medical errors or what are called "never events" or serious adverse events. All of these events are captured on the hospitals' credentialing records and are evaluated during each hospital contract renewal. Members’ out-of-pocket costs are protected when particular claims fit specific criteria and a medical record review confirms the hospitals’ liability to pay for the claim.

  Analytic tools help us measure hospital safety, quality, and cost on an ongoing basis. We design all our networks by using industry-standard tools that help us measure the unit costs of hospitals. We also are able to analyze emerging hospital utilization that impact those unit costs and talk to hospitals about these emerging costs in order to keep costs sustainable.

  We work with hospitals to ensure patient safety with provider credentialing/background checks, and hospital safety improvements are being followed.

- **Cost**
  We work with hospitals to contract at appropriate rates. Hospital costs are monitored on a routine basis. Cost trends or increases discovered are managed with a goal of maintaining or reduce medical care costs. Those hospitals that do not agree or follow our quality care-based collaborations or cost-savings strategies are subject to network removal.

  Our provider directory and other benefit material keeps enrollees informed when it would be best to visit an in-network hospital. We strive to offer hospitals in the network that provide the highest quality and lowest cost. When we succeed at this, our members’ out-of-pocket costs lessen.
Discrimination is Against the Law

Premera Blue Cross 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 or sex.

Premera:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - 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 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filling 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,

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማርኛ (Amharic):

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العربية (Arabic):


中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您通過 Premera Blue Cross 提交的申請或保険的重要訊息。本通知內可能有重要日期。您可能需要在截止日期以採取行動，以保留您的健康保険或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。
Oromoo (Cushite):
Beeksinsiuni undeeffannoo barbaachisaa qaba.

Français (French):

Kreyòl ayisyen (Creole):
Avi sìla a gen Enfòmasyon Espòtan ladann. Avi sìla a kapab genyè enfòmasyon enpòtan konsènan aplikasyon w lan oswa konseran kouvètè asirans lan atrévè Premera Blue Cross. Kapab genyè dat ki enpòtan nan avi sìla a. Ou ka gen pou pran kòk aksyon avan sèten dat limit pou ka kouchè kouvètè asirants sante w la oswa yon yo ka ede w ayèk depans yo. Se dwa w pou resevwa enfòmasyon sa a ak asiansin nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Hmoob (Hmong):
Tszab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb. Tej zauam tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koy daim ntawv thov kveb pa blos yog koy qhov kev dip cuam loos ntawv Premera Blue Cross. Tej zauam muaj cov hnhb tseem ceeb uas sau rau hauv daim ntawv no. Tej zauam koy kuj yuav tau ua gee yam uas peb kom koy ua tsis pub dhaav cov cajy nooy uw tese tseg rau hauv daim ntawv no mas koy thiaj yuav tau txais kev dip cuam kho mob los yog keb dip them tej nqj kho mob ntawv. Koy muaj cai kom lawv muab cov ntsiab lus no uas iau muab sau ua koy hom lus pub dawh rau koy. Hu rau 800-722-1471 (TTY: 800-842-5357).

Illoko (Ilocano):
Daytoy a Pakdaar ket naglaoon iti Napateg nga Impormasion. Daytoy a pakdaar mabalín nga adda ket naglaoon iti napateg nga impormasion maipanggep iti aplikasyonyo wenna coverage babaen iti Premera Blue Cross. Daytoy ket mabalín dagit importante a petsa iti daytuy a pakdaar. Mabalín nga adda rumbeng nga aramidenyo nga addang sakbag dagiti partikular a nautuding nga aldaw tapo mapagatalnayo ti coverage ay salun-ayto wenna tulog kadagiti gastos. Adda karbengayo a mançala iti daytuy nga impormasion ken tulog iti bukodyo a pagasasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

日本語 (Japanese): この通知には重要な情報が含まれています。この通知には、Premera Blue Crossの申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動をとらなければならたくない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357) までお電話ください。
Romanian (Romanian):

Russian (Russian):
Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Samoan (Samoa):
Atonu ua iai i lelei fa’asilasila ni fa’amatalaga e sili ona tauta e tatau ona o malamalama i ai. O lelei fa’asilasila o se fesoasoani e fa’amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa’aolemcele, ia e ililo fa’alele i ai fa’apitoa olo’i iai i lelei fa’asilasila tauta. Masalo o le’a iai ni feau e ona or fa’e ao le’i auliala le aso ua t’au i lelei fa’asilasila ina ia iai pea ma maua fesoasoani mai ai i le polokalame a le Male olo’o e iai ai. Olo’i iai iate oe le aia tauta e maua atu i lelei fa’asilasila ma lelei fa’amatagata i legagana e te malamalama i ai aunoa ma se tojiga tupe. Vili atu i le teleoni 800-722-1471 (TTY: 800-842-5357).

Spanish (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Thai (Thai):
ประกาศนี้มีเชิงลึกสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับการสมัครหรือขอเบี้ยประกันสุขภาพของคุณผู้เอาประกันภัย Premera Blue Cross และอาจมีกำหนดการใหม่ที่เกี่ยวข้องกับการเปลี่ยนแปลงในการดำเนินการที่มีผลเพื่อให้คุณทราบ ประกันสุขภาพของคุณหรือการช่วยเหลือที่มีสิทธิ์ให้ได้รับมันเป็นส่วนหนึ่งในการขอความคุ้มครองไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Ukrainian (Ukrainian):
Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Vietnamese (Vietnamese):