

Eligibility and Benefits for Dental Providers



Provider Website and
Online Tools User Guide



Show Me How To:

- Search for a member
- Determine eligibility
- View member demographic information
- Get important plan messages
- Find the member's plan and effective date
- Find other coverage information
- Get deductible, maximums and amount met to date
- View benefits and visit max



Search for a Member

Search for a Premera member by ID or name and date of birth.

Eligibility & Benefits

Use the search options below to find a member.

Search for

- Premera members
- Other Blue Plans or Shared Administration members through BlueExchange
- FEP members through BlueExchange

Search by Member ID

Search by Name

Member ID

ID only, prefix not needed

Search

Suffix

Tool user guides

Check our [medical](#) and [dental](#) tool guides to learn how to get plan details, other coverage, effective dates, and more.

Reference terms

Premera members

Members with a Premera WA or AK plan.

Other Blue Plans

Members with a Blue Cross Blue Shield plan from another state.

BlueCard [®] resources - [WA](#) | [AK](#)

Shared Administration

Shared Administration is for self-funded customers using third party administrator services. It is processed by the National Account Service Company (NASCO) system.

FEP

Members with the Federal Employee Health Benefit Program, which is administered by the Blue Cross Blue Shield Association.

BlueExchange [®]

Member information for other Blue Plans, Shared Administration, and FEP comes through the Blue Cross Blue Shield Association's inter-plan system for select HIPAA transaction processing called BlueExchange.

Medicare Advantage

For a Medicare Advantage eligibility and benefits search, check out the [medical](#) and [dental](#) pages.



Eligibility

The tool defaults to eligibility for today's date. You can click on *Show details* for more member demographic information.

providers

for Providers

Medicare Advantage

Tools

Utilization Review

Library

Eligibility & Benefits

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As of date

2017-09-14

Update

Ima Member

ID-suffix:123456789-01

[Show details >](#)

Date of birth:01/02/1234

Medical

✓ Eligible on 9/14/2017

Dental

⚠ Not eligible on 9/14/2017

Vision

✓ Eligible on 9/14/2017

Pharmacy

✓ Eligible on 9/14/2017

Benefit details

For member benefit details on dental, vision, PT, or other services, choose from the list below.

Benefit type

General Medical Plan



Plan details

Network: Preferred Provider Organization (PPO) Heritage Plus 1

Effective: 01/01/2005 to 12/31/9999

Other coverage: No

In-network

[Out-of-network](#)



Member Details

The tool defaults to eligibility for today's date. You can click on *Show details* for more member demographic information.

Eligibility & Benefits

[« Back to search](#)

As of date

2017-09-07

Update

Ima Member

ID-suffix:123456789-01

Date of birth:01/02/1234

[Show details](#) ▾

Member

Name: [redacted]
Prefix: [redacted]
ID-suffix: [redacted]
Date of birth: [redacted]
Gender: [redacted]
Relationship: [redacted]

Subscriber

Name: [redacted]
Dependents: [redacted]
Prefix: [redacted]
ID-suffix: [redacted]
Address: [redacted]

Group

Group number: [redacted]
Group name: [redacted]

Primary care provider

Start date: [redacted]
Provider: [redacted]
NPI: [redacted]
Phone: [redacted]
Fax: [redacted]

Medical

✓ Eligible on 9/7/2017

Dental

⚠ Not eligible on 9/7/2017

Vision

✓ Eligible on 9/7/2017

Pharmacy

✓ Eligible on 9/7/2017

Benefit details

For member benefit details on dental, vision, PT, or other services, choose from

Benefit type

General Medical Plan



Select a benefit from the drop-down menu to get deductibles, coordination of benefits, out-of-pocket maximums, and more.



Messages

Click on
Show all messages
to view the member's
plan language.

Benefit details

Benefit type

Dental Care

Messages

- Benefit description
- Preventive
- Routine oral exam

Show all messages

- Routine oral examinations are limited to 2 per plan year
- Prophylaxis (cleaning)
- Cleaning is limited to 2 per plan year
- Fluoride
- Fluoride is limited to 2 treatments per plan year for members under the age of 20
- X-rays
- Dental x-rays
- Sealants
- Basic
- Filling
- Composite fillings on 2nd and 3rd molars will be paid at the amalgam allowance
- Stainless steel crown
- Stainless steel crowns are limited to one per tooth every 2 plan years
- Periodontal maintenance- (deep gum cleaning to maintain gum health)
- Periodontal maintenance is limited to 4 visits per plan year
- Nightguards
- Nightguards are covered for bruxism only
- Major
- Cleaning is limited to 2 per plan year
- Fluoride
- Fluoride is limited to 2 treatments per plan year for members under the age of 20
- X-rays
- Dental x-rays
- Sealants
- Basic
- Filling
- Composite fillings on 2nd and 3rd molars will be paid at the amalgam allowance
- Stainless steel crown
- Stainless steel crowns are limited to one per tooth every 2 plan years
- Periodontal maintenance- (deep gum cleaning to maintain gum health)
- Periodontal maintenance is limited to 4 visits per plan year
- Nightguards
- Nightguards are covered for bruxism only
- Major
- Prosthetics
- There is a 5 year replacement limitation for prosthetics
- Implants
- Implants and implant related services, subject to dental necessity
- Missing tooth clause
- No missing tooth clause applies
- Sealants for members under the age of 14, are limited to permanent teeth



Plan Details, Coordination of Benefits

Plan details

Network: Indemnity High Option

Effective: 07/01/2016 to 12/31/9999

Other coverage: Yes

[Show other coverage details](#) ▼

Plan

Subscriber name: Not available

Subscriber ID: **RS1017278**

Group name: Not available

Group ID: Not available

Type of coverage: Not available

Order of liability: Secondary Payer

Effective date: Not available

End date: Not available

Verification date: 12/31/2099

Insurance name: **United Commercial**

Insurance address: Not available

Scroll down to *Plan details* to see the member's network and effective date. You'll also see an indicator if the member has other coverage on file.



Deductible and Maximums

Scroll past messages and details to find the member's deductible and maximum. The tool defaults to the *In-network* tab. We also list the plan reset date.

In-network Out-of-network

Deductible

Deductible type	Amount	Satisfied	Remaining
Individual <ul style="list-style-type: none">In-network/out-of-network combined limit	\$25.00	\$0.00	\$25.00
Family <ul style="list-style-type: none">In-network/out-of-network combined limit	\$75.00	\$0.00	\$75.00
Resets on plan year 7/1/2018			

Out-of-pocket maximum

Maximum type	Amount	Satisfied	Remaining
Individual	\$2,000.00	\$0.00	\$2,000.00
Resets on plan year 7/1/2018			



Benefits

You'll find the member's visit limits and what's remaining. This is an example of a routine dental benefit.

Details of Routine (Preventive) Dental for In-network

Note: Deductible applies to all benefits unless otherwise indicated.

Plan Benefit	Copay	Coinsurance
Routine (Preventive) Dental <ul style="list-style-type: none"> Active coverage 		
Routine (Preventive) Dental <ul style="list-style-type: none"> Co-insurance for individual 0% Deductible does not apply to this benefit Preventive 		
Routine (Preventive) Dental <ul style="list-style-type: none"> Dental diagnostic exam/consult - visit In-network/out-of-network combined limit Limitations for individual per calendar year is 2 visits, 2 visits remaining Preventive 		
Routine (Preventive) Dental <ul style="list-style-type: none"> Dental prophylaxis - visit In-network/out-of-network combined limit Limitations for individual per calendar year is 2 visits, 2 visits remaining Preventive 		
Routine (Preventive) Dental <ul style="list-style-type: none"> Dental flouride treatments - visit In-network/out-of-network combined limit Limitations for individual per calendar year is 2 visits, 2 visits remaining Preventive 		



Contact Us

Questions? Give us a call at:

877-342-5258 (Washington)

800-722-4714 (Alaska)

Option 4 for online tools
(Physician and Provider Relations)

Option 2 for eligibility, benefits, or claim status
(Customer Service)

To report a technical issue, contact our Service Desk
at 800-722-9780 or email us at support@premera.com.