

# Preferred Bronze EPO 6350

Washington plan for individuals and families

Start date January 1, 2023



**BLUE CROSS**

An Independent Licensee of the Blue Cross Blue Shield Association

Premera Preferred plans are exclusive provider organization (EPO) plans. Care outside of your plan's network is not covered, except for emergencies. See next page for important plan information.

You have access to the **Individual Signature Network** of providers.

<b>Annual deductible</b>	Per calendar year (PCY) Family = 2x individual (in-network only)	\$6,350
<b>Coinsurance</b>	Amount you pay after your deductible is met	40%
<b>Out-of-pocket maximum</b>	Includes deductible, coinsurance, and copays Family = 2x individual (in-network only)	\$8,200
<b>10 essential health benefits</b>		
<b>1 Ambulatory patient services</b>	Outpatient services	Deductible, then 40%
<b>Office visits</b>	Designated PCP office visit	First 2 visits covered, then \$50 copay
	Specialist office visit	Deductible, then \$100 copay
	Urgent care	Deductible, then 40%
	Spinal manipulation: 10 visits PCY; Acupuncture: 12 visits PCY	Deductible, then 40%
<b>2 Emergency services</b>	Emergency care (copay waived if directly admitted to an inpatient facility)	Deductible, then 40%
	Ambulance transportation (air and ground)	Deductible, then 40%
<b>3 Hospitalization</b>	Inpatient services	Deductible, then 40%
	Organ and tissue transplants, inpatient	Deductible, then 40%
<b>4 Maternity and newborn care</b>	Prenatal and postnatal care	Deductible, then 40%
	Inpatient delivery and services	Deductible, then 40%
<b>5 Mental health and substance use disorder services, including behavioral health treatment</b>	Office visit	\$65 copay
	Inpatient hospital: mental/behavioral health	Deductible, then 40%
	Outpatient services	Deductible, then 40%
<b>6 Prescription drugs</b>	Preferred generic	\$30 copay
Retail/Specialty: 30-day supply	Preferred brand	Deductible, then 40%
Mail order: 90-day supply (copay x3)	Non-preferred drugs	Deductible, then 40%
	Specialty	Deductible, then 50%
	Drug list	<b>M4</b>
<b>7 Rehabilitative and habilitative services and devices</b>	Inpatient rehabilitation: 30 days PCY	Deductible, then 40%
	Physical, speech, occupational, massage therapy: 25 visits combined PCY	Deductible, then 40%
	Durable medical equipment	Deductible, then 40%
<b>8 Laboratory services</b>	Includes x-ray, pathology, imaging and diagnostic, standard ultrasound	Deductible, then 40%
	Major imaging, including MRI, CT, PET (preapproval required for certain services)	Deductible, then 40%
<b>9 Preventive/wellness services</b>	Screenings	Covered in full
	Exams and vaccinations	Covered in full
<b>10 Pediatric vision under 19 years of age</b>	Eye exam: 1 PCY	\$30 copay
	Eyewear: 1 pair of glasses PCY (frames and lenses); 12-month supply of contacts PCY, in lieu of glasses (frames and lenses)	Covered in full
<b>Virtual care</b>	Doctor On Demand: general medicine	\$50 copay
	Boulder Care or Workit Health: Mental health including substance use disorder	<b>\$65 copay</b>
	All other virtual providers	Deductible, then \$100 copay

# This plan is available if you live in one of the following counties:

Franklin, Grays Harbor, King, Kitsap, and Pacific.

## 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](http://premera.com).

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

- Services that are not medically necessary
- 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 such as property insurance, liability insurance, or motor vehicle insurance
- Services that the provider's license or certification does not allow him or her to perform
- Services received when you are not covered by this plan
- Sexual dysfunction
- Sterilization reversal

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

## Contact us

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

- Visit [premera.com](http://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.

Visit [premera.com/visitor/summary-benefits-coverage](http://premera.com/visitor/summary-benefits-coverage) for a Summary of Benefits and medical glossary.

**Discrimination is against the law.** Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. 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, sex, gender identity, or sexual orientation, 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](mailto: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, H-H 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>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online/services/cc/pub/complaintinformation.aspx>.

### Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-607-0546 (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 800-607-0546 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-607-0546 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-607-0546 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-607-0546 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-607-0546 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-607-0546 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាវៀតណាម, សេវាជំនួយភាសាដើមឥតគិតថ្លៃសម្រាប់អ្នក។ ចូរទូរស័ព្ទ 800-607-0546 (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。800-607-0546 (TTY: 711) まで、お電話にてご連絡ください。

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገልግሎት ድርጅቶች፣ በነጻ ሊያገኙዎት ተስፋጅተዋል። ወደ ሚኒተሎው ቁጥር ይደውሉ 800-607-0546 (መስማት ለተሳናቶች: 711)።

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, laajaajila gargaarsa afaanii, kanfalloo dhaan ala, ni argama. Bilbilaa 800-607-0546 (TTY: 711).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالجان. اتصل برقم 800-607-0546 (رقم هاتف الصمم والبكم: 711).

ध्यान दिऐ: जे तुम्हें पंजाबी बोलते है, जे त्हाम किंच मराठिया मेव तुलाजे लयी मुदर उुपलब्ध है। 800-607-0546 (TTY: 711) 'जे वास वते।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-607-0546 (TTY: 711).

បំណុល: អ្នកចាំ វាវាយចំណាយវាវាយ ទាទ, វាវាយបំណុលវាវាយចំណាយវាវាយ, ព្រៃបំណុលវាវាយ, ធរណីមីលធរណីមីលវាវាយ, វាវាយ 800-607-0546 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-607-0546 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-607-0546 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-607-0546 (ATS : 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-607-0546 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-607-0546 (TTY: 711).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-607-0546 تماس بگیرید.

054053 (07-01-2021)