

Preferred Silver EPO 4500

Washington plan for individuals and families

Start date January 1, 2024



BLUE CROSS

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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.

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)	\$6,950	
10 essential health benefits			
1 Ambulatory patient services	Outpatient services	Deductible, then 30%	
Professional visits and services	Designated PCP office visit	First 2 visits covered, then \$25 copay	
	Specialist office visit	\$65 copay	
	Urgent care	\$65 copay	
	Chiropractic Adjustments: 10 visits PCY; Acupuncture: 12 visits PCY	\$25 copay	
2 Emergency services	Emergency care (copay waived if directly admitted to an inpatient facility)	Deductible, then 30%	
	Ambulance transportation (air and ground)	Deductible, then 30%	
3 Hospitalization	Inpatient services	Deductible, then 30%	
	Organ and tissue transplants, inpatient	See professional visits and services	
4 Maternity and newborn care	Prenatal and postnatal care	No charge	
	Inpatient delivery and services	Deductible, then 30%	
	Abortion	No charge	
5 Mental health and substance use disorder services, including behavioral health treatment	Office/Home visits	\$65 copay,	
	Inpatient hospital: mental/behavioral health	Deductible, then 30%	
	Outpatient services	Deductible, then 30%	
6 Prescription drugs	Preferred generic	\$25 copay	
	Retail/Specialty: 30-day supply	Preferred brand	Deductible, then 30%
	(Mail order: 90-day supply, copay x3)	Non-preferred drugs	Deductible, then 50%
		Specialty	Deductible, then 50%
	Drug list	M4	
7 Rehabilitative and habilitative services and devices	Inpatient rehabilitation: 30 days PCY	Deductible, then 30%	
	Physical, speech, occupational, massage therapy: 25 visits combined PCY	\$40 copay	
	Durable medical equipment	Deductible, then 30%	
8 Laboratory services	Includes x-ray, pathology, imaging and diagnostic, standard ultrasound	Deductible, then 30%	
	Major imaging, including MRI, CT, PET (preapproval required for certain services)	Deductible, then 30%	
	Mammograms	No charge	
9 Preventive/wellness services	Screenings	Covered in full	
	Exams and vaccinations	Covered in full	
	Contraceptives and tubal ligation	No charge	
10 Pediatric vision under 19 years of age	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	
Virtual care	Doctor On Demand: general medicine	See professional visits and services	
	Boulder Care or Workit Health: Mental health including substance use disorder	See professional visits and services	
	All other virtual providers	See professional visits and services	

