## Preferred Silver EPO 4500

# Washington plan for individuals and families Start date January 1, 2024



An Independent Licensee of the Blue Cross Blue Shield Association

	ge for important p	twork is not covered, except for emergencies. lan information.	Individual Signature Network of providers.
Annual dedu	ctible	Per calendar year (PCY) Family = 2x individual (in-network only)	\$4,500
Coinsurance	!	Amount you pay after your deductible is met	30%
Out-of-pocke	et maximum	Includes deductible, coinsurance, and copays Family = 2x individual (in-network only)	\$6,950
10 essential	l health benefits		
Ambulatory	patient services	Outpatient services	Deductible, then 30%
Professional vi		Designated PCP office visit	First 2 visits covered, then \$25 copay
services	es	Specialist office visit	\$65 copay
		Urgent care	\$65 copay
		Chiropractic Adjustments: 10 visits PCY; Acupuncture: 12 visits PCY	\$25 copay
Emergency servi	services	Emergency care (copay waived if directly admitted to an inpatient facility)	Deductible, then 30%
		Ambulance transportation (air and ground)	Deductible, then 30%
Hospitalization	on	Inpatient services	Deductible, then 30%
		Organ and tissue transplants, inpatient	See professional visits and services
Maternity and new	d newborn care	Prenatal and postnatal care	No charge
		Inpatient delivery and services	Deductible, then 30%
		Abortion	No charge
Mental health and substance	h and substance	Office/Home visits	\$65 copay,
	isorder services, Jing behavioral health nent	Inpatient hospital: mental/behavioral health	Deductible, then 30%
treatment		Outpatient services	Deductible, then 30%
Prescription	drugs	Preferred generic	\$25 copay
Retail/Specia	alty: 30-day supply	Preferred brand	Deductible, then 30%
(Mail order: 9	90-day supply,	Non-preferred drugs	Deductible, then 50%
сорау х3)	ay x3)	Specialty	Deductible, then 50%
		Drug list	M4
	tive and habilitative Ind devices	Inpatient rehabilitation: 30 days PCY	Deductible, then 30%
services and		Physical, speech, occupational, massage therapy: 25 visits combined PCY	\$40 copay
		Durable medical equipment	Deductible, then 30%
Laboratory serv	ervices	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
Preventive/w	vellness services	Screenings	Covered in full
		Exams and vaccinations	Covered in full
		Contraceptives and tubal ligation	No charge
Pediatric visi		Eye exam: 1 PCY	\$30 copay
under 19 years of age		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

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

Franklin, Grays Harbor, King, Kitsap, Pacific, Pierce, Spokane, and Yakima.

### 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:

- · 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 them 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 (preapproval), 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.

Visit **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 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: 865-332-4535, Fax: 425-918-5592, TTY: 711, Email <u>AppealsDepartmentInguiries@Premera.com</u>. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator 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 <u>https:///corportal.hs.gov/cor//office/file/index.html</u>. You can also file a civil rights complaint forms are available at <u>https://www.hhs.gov/cor/office/file/index.html</u>. You can also file a civil rights complaint in the Washington State Office of the Insurance Commissioner, electronically through the Office complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the lawards of available at <u>https://fortress.wa.gov/cor/office/file/index.html</u>. You can also fil

#### 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 (телетайл. 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 розмовляете українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-607-0546 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនកិតឈួល គឺអាចមានសំរាប់បរៃរឺអ្នក។ ចូរ ទូរស័ព្ទ 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。

ማስታወሻ፣ የሚናዡት ቋንቋ ኣማርኛ ነውን የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፣ ወደ ሚከተለው ቁጥር ይደውሉ 800-607-0546 (መነማት ለተሳናቸው: 711).

XIYYEEFFANINAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-607-0546 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساحدة اللغوية تتوافر لك بالمجان. اتصل برقم 646-607 (رقم هاتف الصم والبكم: 117). [मेभारत ਦਿਓ: ते चुमों ਪੰत्ताची ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-607-0546 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

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

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-607-0546 (ITY: 711).

ATANSYON: Si w pale Kreyðl Avisyen, gen sévis éd pou lang ki disponib grafis 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 (TTY: 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 به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان بر ای شما فر اهم می باشد. با (TTY: 711) 546-600 تماس بگیرید. (0540-01-00) 2021)