

2023



Premera  
Preferred  
Choice

# We care for our customers

At Premera Blue Cross, the customer is at the center of all we do. That's why we offer plans that help you keep control of your expenses while giving your employees access to quality and affordable care.

For fully insured and OptiFlex businesses with 51–199 employees enrolled on the plan



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# Our most popular medical, pharmacy, and dental plans

## Unmatched access and deep discounts

- We offer a variety of provider network options so you can choose the level of access that works best for the needs of your employees.
- Our largest network, Heritage, offers the broadest access to hospitals and providers across Washington state.

## Well-rounded benefits package

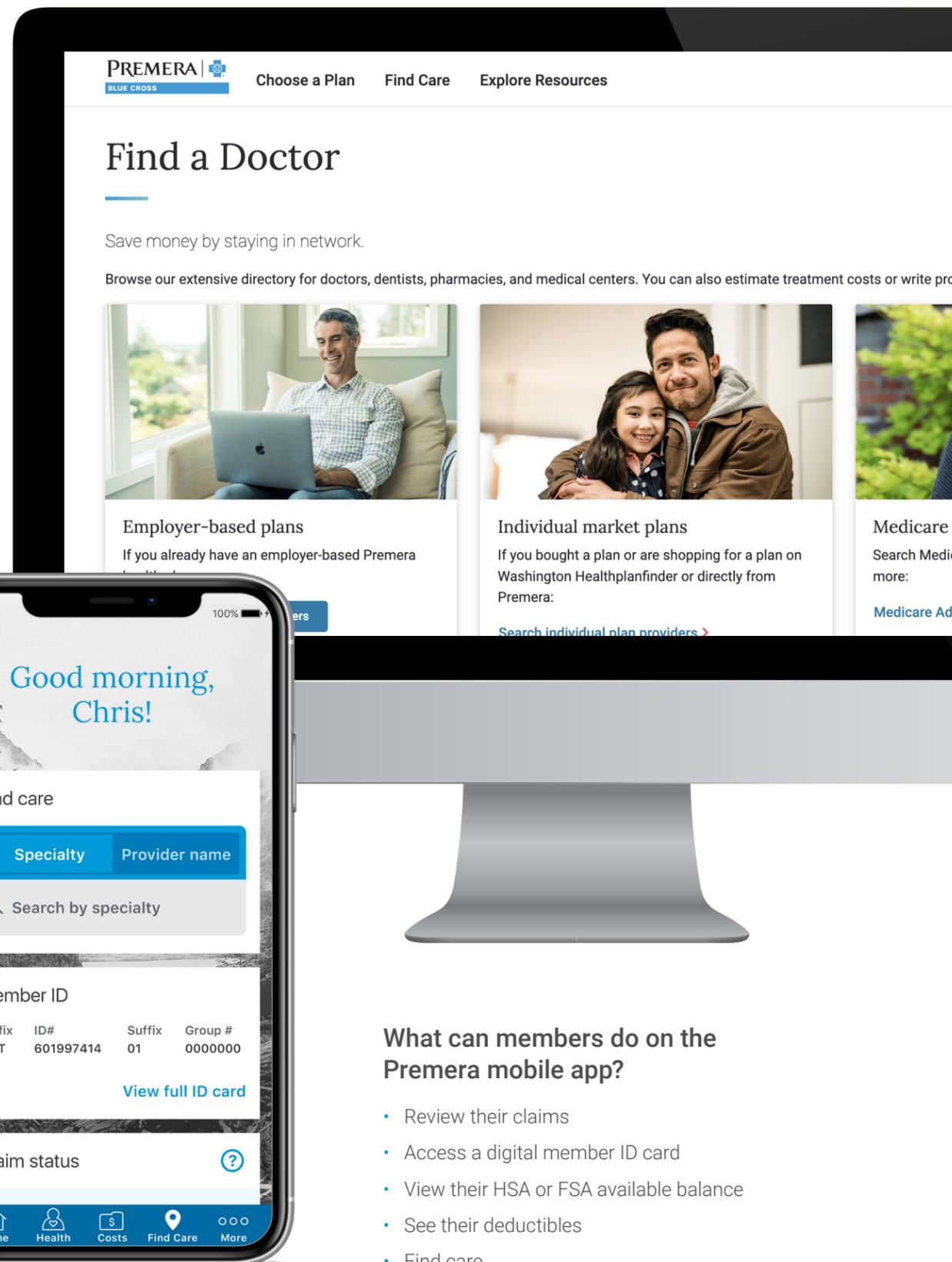
- We make it easy for you to attract and retain the best talent with appealing benefits packages that support the whole health of your employees.
- Choose from a range of our most popular plans to find the right balance that fits the needs and budget for both your business and your employees.

## Tools and programs for employees

- Our built-in support programs encourage your employees to engage in their healthcare, leading to healthier, happier employees.
- Online tools and apps help your employees find doctors, compare costs of services and medications, access pharmacy information, and review claims.

## Administrative ease and support

- Integrate dental and pharmacy with your medical plans and simplify your work by dealing with only one health plan for all your healthcare administration.
- Effortlessly manage your health plans and pay bills online with our secure employer dashboard.
- Get ready-to-share resources that make benefits simple to understand for you and your employees.



## What can members do on the Premera mobile app?

- Review their claims
- Access a digital member ID card
- View their HSA or FSA available balance
- See their deductibles
- Find care



### Preferred Choice lets you choose from

- 32 medical plans
- 10 pharmacy plans
- 17 dental plans



### Looking to lower costs in 2023? We're in your corner.

Premera offers low-cost health plan options in 2023 to meet both the needs of your employees as well as your business. Discuss these exclusive provider organization (EPO) plan options with your Premera representative or producer.



### Ready-to-share employee communications

We want to make your busy life a little less stressful. That's why we provide you with ready-to-share email, flyers, and messages to share with your employees to help them understand their health plan benefits throughout their plan year.

# The right care at the right time

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Our members are truly at the center of all we do. Accessing care shouldn't be a challenge. We've built a robust provider network so our members can receive the care they need when they need it and delivered in a way that meets their needs without sacrificing quality.

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## Primary / Urgent care

Virtual, text, and video-based primary and urgent care from a doctor, 24/7

A robust variety of in-network providers for in-person care

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## Mental health care

Video text, and phone-based mental health therapy

In-network providers such as counselors, therapists, psychologists, and psychiatrists that offer in-person care

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## Substance use disorder

Virtual treatment for opioid use disorder and alcohol use disorder

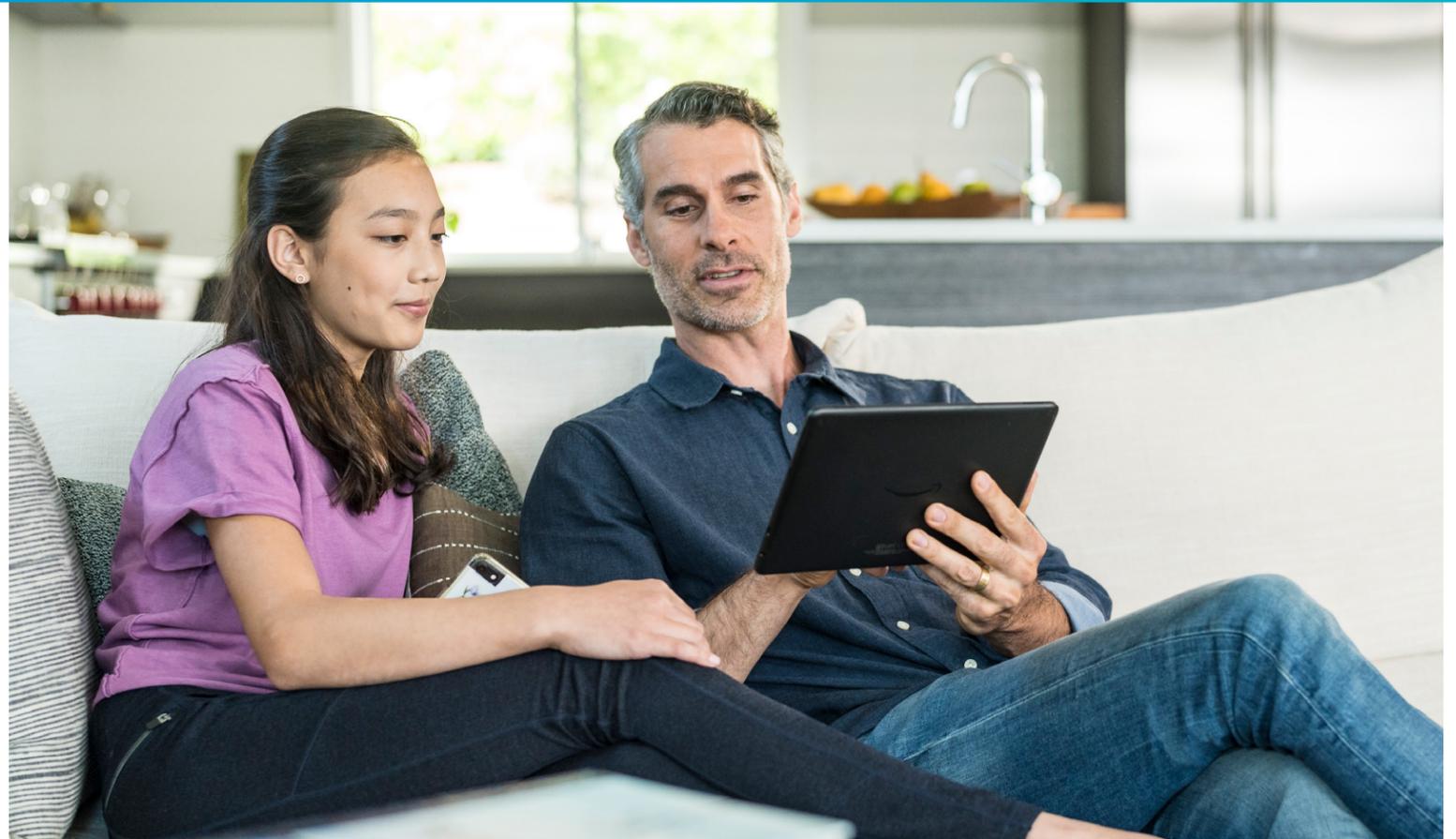
Video visits and messaging with a therapist

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## Behavioral Health Navigator

Members can be matched with mental health care options based on their clinical needs, preferences, and health plan benefits

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## Kinwell clinics

Kinwell is an all-new primary care clinic specifically designed for Premera members.

Kinwell offers a wide range of services to meet the needs of every member on their journey to better health. Members benefit from an integrated care approach, more time with their providers and convenient online appointment scheduling.

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## Premera-Designated Centers of Excellence

Premera-Designated Centers of Excellence (PDCOE) leverages performance data to connect members to enhanced benefits and providers who are committed to delivering predictable, high-value specialty care.

- **Quality maximized:** Patients treated by PDCOE providers have better results, such as fewer complications and lower re-admission rates.
- **Cost efficiency:** PDCOE providers are also more cost efficient and drive more than 20% average savings per episode overall\*.
- **Member experience:** Enhanced care coordination and travel services help ensure a seamless member experience with higher quality outcomes.
- **Member statement:** Eligibility for cost share waiver

[Learn more about our PDCOE offering](#)

\*AHRQ-sponsored Health Cost and Utilization Project (HCUP), 2014 (reflects all privately insured, BCBS, and non-BCBS).

# Choosing your health plan is as easy as 1-2-3

You select the medical, pharmacy, and dental plans that work best for your business needs and budget. At the same time, you provide great benefits to your employees and their eligible dependents.

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**STEP 1** Choose up to two medical plans from 32 options. (When you provide a dual option, you give your employees choice.)

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**STEP 2** Choose a pharmacy plan to pair with each preferred provider organization (PPO) plan.

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**STEP 3** Choose a dental plan.

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## All medical plans include these great support programs

**Preventive health:** Preventive health services are part of every Premiera plan. Our secure member website provides your employees with details about what is covered. It also lists suggested preventive routine exams, vaccinations, and screenings.

**24-Hour NurseLine:** Free, confidential, health services from a registered nurse, available to your employees 24/7.

**Pregnancy and newborn support:** Our maternity program supports healthy babies and parents with personalized tools and encourages early discovery of high-risk pregnancies. Our newborn program helps reduce costs associated with high-risk pregnancies, such as when newborns spend time in neonatal intensive care.

**Mobile apps and online tools:** Apps and digital tools give your employees more control when it comes to managing their healthcare. Easily search for doctors, compare costs of services, track medications, review claims, and more.



### Vision is included

With a Preferred Choice plan, the vision benefit is included.



### The power of choice

Talk to your Premiera representative or producer to determine which plans best meet your needs.

## STEP 1

# Choose a medical plan

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### Choose up to two medical plans from 32 options

#### 11 preferred provider organization (PPO) plans

- Choice of the Heritage or Heritage Prime provider networks
- Covers a wide range of medical services
- Choosing in-network providers saves your employees more money

#### 7 health savings account (HSA)-qualified PPO plans

- Choice of the Heritage or Heritage Prime provider networks
- Option to utilize the Premera vendor for HSA account administration

#### Peak Care exclusive provider organization (EPO) plans

- For Pierce, Thurston, and Spokane County-based employers
- Uses the Tahoma provider network
- Covers services when your employees use in-network providers
- 9 EPO plans
- 3 HSA plans

#### 2 BlueHPN<sup>SM</sup> exclusive provider organization (EPO) plans

- Uses the Heritage Prime provider network
- Covers services when your employees use in-network providers



Peak Care is the result of a first-of-its kind alliance between Premera Blue Cross and MultiCare. This collaboration promises a simple and easy customer experience while ensuring patients receive the care they need at a lower cost.



# Your medical plan options

INN: In network OON: Out of network

Preferred Choice medical plans	Deductible	Coinsurance		Network available	Office visit copay	INN out-of-pocket maximum	OON out-of-pocket maximum	Emergency Room Cost Share	
		In network	Out of network						
\$250	\$250	10%	30%	Heritage or Heritage Prime	\$20	\$3,000	\$6,000	\$150 copay, then deductible and coinsurance	
\$500	\$500	20%	50%			\$4,000	\$8,000		
\$750	\$750				\$25	\$4,500	\$9,000		
\$1,000	\$1,000								
\$1,500	\$1,500								
\$2,000	\$2,000								
\$2,500	\$2,500				\$30	\$5,000	\$10,000		\$200 copay, then deductible and coinsurance
\$3,000	\$3,000	\$5,500	\$11,000						
\$4,000	\$4,000	30%	50%		\$35	\$6,000	\$12,000		\$250 copay, then deductible and coinsurance
\$5,000	\$5,000					\$6,500	\$13,000		\$300 copay, then deductible and coinsurance
\$6,350	\$6,350			\$7,000		\$14,000			
				\$40					
HSA Qualified \$1,500 <sup>1</sup>	\$1,500	20%	50%	Heritage or Heritage Prime	Deductible/Coinsurance applies	\$4,000	\$8,000	Deductible/Coinsurance applies	
HSA Qualified \$2,500 <sup>1</sup>	\$2,500								
HSA Qualified \$3,000 <sup>2</sup>	\$3,000								
HSA Qualified \$3,500 <sup>2</sup>	\$3,500								
HSA Qualified \$4,000 <sup>2</sup>	\$4,000								
HSA Qualified \$5,000 <sup>2</sup>	\$5,000								
HSA Qualified \$6,450 <sup>2</sup>	\$6,450					0%	0%		

INN: In network OON: Out of network

Preferred Choice medical plans	Deductible	Coinsurance		Network available	Office visit copay	INN out-of-pocket maximum	OON out-of-pocket maximum	Emergency Room Cost Share		
		In network	Out of network							
Peak Care \$0	\$0	15%	Not covered	Tahoma	\$20	\$2,000	Not covered	\$100 copay, then deductible and coinsurance		
Peak Care \$100	\$100				\$2,500					
Peak Care \$250	\$250	20%	Not covered		\$25	\$3,000		\$200 copay, then deductible and coinsurance		
Peak Care \$500	\$500					\$4,000		\$150 copay then deductible and coinsurance		
Peak Care \$1,000	\$1,000									
Peak Care \$1,500	\$1,500	30%	Not covered		\$30	\$5,000		\$200 copay, then deductible and coinsurance		
Peak Care \$2,000	\$2,000					\$5,500		\$250 copay, then deductible and coinsurance		
Peak Care \$3,000	\$3,000					\$35		\$4,000	Deductible/Coinsurance	\$5,000
Peak Care \$4,000	\$4,000									
Peak Care HSA Agg \$1,500 <sup>1</sup>	\$1,500	20%	Not covered		Heritage Prime	\$25		\$4,500	\$150 copay, then deductible and coinsurance	
Peak Care HSA Agg \$2,500 <sup>2</sup>	\$2,500			\$30			\$5,000	\$200 copay, then deductible and coinsurance		
Peak Care HSA Agg \$3,000 <sup>2</sup>	\$3,000									
BlueHPN \$1,000	\$1,000									
BlueHPN \$2,000	\$2,000									

Note: Deductible spread between the two plans cannot exceed \$3,000. Dual network offerings are available to groups with 51 or more employees; rate load may apply.

<sup>1</sup> Aggregate deductible and embedded out of pocket.  
<sup>2</sup> Embedded deductible and embedded out of pocket.

# Your medical plan options CONTINUED

## Covered services (In network)

Deductible, copay, and coinsurance percentages shown represent customer's cost share. Medical benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay. PCY = per calendar year

### MEDICAL PLAN TYPES

	PPO	Peak Care*	HSA Qualified (including Peak Care HSA)	BlueHPN (New 2023)
<b>IN NETWORK</b>				
<b>Preventive office visit</b> (unlimited, subject to standard medical guidelines)	Covered in full			
<b>Vaccinations</b> (unlimited, subject to standard medical guidelines)				
<b>Health education</b> (unlimited)				
<b>Nicotine dependency programs</b> (unlimited)				
<b>Type 2 diabetes health education</b> (unlimited)				
<b>Professional office visit</b>	Office visit cost share			
<b>Virtual Care</b>	\$10 copay		Deductible/ Coinsurance	\$10 copay
<b>Inpatient professional services</b>	Deductible/Coinsurance			
<b>Contraceptive management services</b> (unlimited)	Covered in full			
<b>Preventive professional diagnostic imaging and laboratory services</b> (including mammogram and PAP test, prostate-specific antigen (PSA) test)	Covered in full			
<b>Other professional diagnostic imaging</b>	Waive deductible, then coinsurance	Deductible/Coinsurance		Deductible/ Coinsurance
<b>Professional diagnostic major imaging</b>				
<b>Other professional diagnostic laboratory and pathology tests</b>				
<b>Diagnostic mammography</b>	Deductible/Coinsurance			
<b>Inpatient facility</b>				
<b>Outpatient surgery facility</b>				
<b>Skilled nursing facility</b> (60 days PCY; includes room and board, and facility billed professional and ancillary fees)				
<b>Hospice inpatient facility</b> (10 days inpatient; within the 6-month lifetime maximum)				
<b>Emergency room physician</b>	Deductible/Coinsurance			
<b>Urgent care center</b>	Office visit cost share			
<b>Ambulance transportation</b> (unlimited)	Deductible/Coinsurance			
<b>Air ambulance</b> (unlimited)				

## Covered services (In network)

Deductible, copay, and coinsurance percentages shown represent customer's cost share. Medical benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay. PCY = per calendar year

### MEDICAL PLAN TYPES

	PPO	Peak Care*	HSA Qualified (including Peak Care HSA)	BlueHPN (New 2023)
<b>IN NETWORK</b>				
<b>Allergy and therapeutic injections</b>	Covered in full	Deductible/Coinsurance		
<b>Mental health inpatient facility care</b> (unlimited)	Deductible/Coinsurance			
<b>Mental health outpatient professional care</b> (unlimited)	Office visit cost share			
<b>Chemical dependency inpatient facility care</b> (unlimited)	Deductible/Coinsurance			
<b>Chemical dependency outpatient professional care</b> (unlimited)	Office visit cost share			
<b>Rehab inpatient facility</b> (30 days PCY)	Deductible/Coinsurance			
<b>Rehab outpatient care</b> (45 visits PCY, including physical occupational, speech, and massage therapy, and chronic pain management)	Office visit cost share			
<b>Rehab outpatient care</b> (chronic conditions, including cardiac, pulmonary rehab, and cancer)				
<b>Medical supplies, equipment, prosthetics</b> (unlimited)	Deductible/Coinsurance			
<b>Foot orthotics, orthopedic shoes, and accessories</b> (\$300 PCY; includes orthotics and orthopedic shoes)				
<b>Home health visits</b> (130 visits PCY)				
<b>Hospice care</b> (hospice home visits: unlimited; respite: 240 hours, within the 6-month lifetime maximum)	Covered as any other service			
<b>TMJ</b> (temporomandibular joint disorders) (unlimited; medical and dental cost shares based on type of service)				
<b>Transplants</b> (unlimited; \$7,500 travel and lodging limits)				
<b>Manipulations</b> (12 visits PCY; spinal and other)	Office visit cost share			
<b>Acupuncture</b> (12 visits PCY)				
<b>Routine vision exam</b> (1 PCY)	\$25 copay			
<b>Vision hardware</b> (\$150 every 2 consecutive calendar years)	Covered in full			
<b>Pediatric vision exam</b> (1 PCY under age 19)	\$25 copay			
<b>Pediatric vision hardware</b> (under age 19: one pair of glasses, including frames and lenses PCY or 12-month supply of contacts in lieu of glasses PCY)	Covered in full			
<b>Annual plan maximum</b>	Unlimited			

\*Talk with your producer or Premera representative to find out if this plan is right for your business.

# Provider network options

## National and worldwide network coverage with BlueCard®

When you choose a Premera Blue Cross health plan, it offers specific levels of healthcare benefits wherever your employees live or travel, across the country and worldwide.

Health plan type	Provider network options
PPO plans	Your choice of the Heritage or Heritage Prime network
HSA-qualified plans	Your choice of the Heritage or Heritage Prime network*
Peak Care plans (EPO, HSA)	Includes the Tahoma network
BlueHPN	Includes the Heritage Prime network

\*Peak Care HSA plans utilize the Tahoma network

Network	Total practitioners	Primary care providers	Hospitals
Heritage <sup>1</sup>	49,500	8,502	95
	Available with Your Choice, Your Future, and Your Focus plans.		
Heritage Prime <sup>1</sup>	40,799	6,985	74
	Available with Your Choice and Your Future plans.		
Tahoma <sup>2</sup> (Pierce, Thurston, and Spokane counties)	7,364	1,390	5
	Available with Peak Care plans.		
Dental choice <sup>1</sup>	Washington State	Nationwide practitioners	Nationwide locations
	3,658	75,000	273,000

<sup>1</sup>Network counts as of July 26, 2022.

<sup>2</sup>Network counts as of August 17, 2022.

## STEP 2

# Choose a pharmacy plan

All medical plans require a pharmacy plan, except HSA qualified plans, which already include a pharmacy plan. Choose from 10 pharmacy plan options.



### Save with Essentials

The Essentials pharmacy plan keeps costs as low as possible by focusing on high-value drugs that are approved by the U.S. Food and Drug Administration (FDA).

### Each offers:

- Negotiated discount rates from preferred providers
- Retail and mail-order coverage
- Drug classification based on the tier of coverage selected
- Unlimited annual benefit maximum

Preferred Choice Pharmacy Plans	Retail Cost Share <sup>1</sup>				Mail Cost Share <sup>2</sup>				Drug List
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	
Essentials - \$10/\$25/\$45/30%	\$10	\$25	\$45	30%	\$25	\$62.50	\$45	30%	Essential - E4
Essentials - \$15/\$30/\$50/30%	\$15	\$30	\$50		\$37.50	\$75	\$50		
Essentials - \$150 - \$15/\$60/\$100/50% <sup>3</sup>		\$60	\$100	50%	\$150	\$100	50%		
\$10/\$25/\$45	\$10	\$25	\$45	N/A	\$25	\$62	\$112	N/A	Preferred - B3
\$15/\$35	\$15	\$35	N/A		\$37	\$87	N/A		
\$150 - \$15/\$35 <sup>3</sup>									
\$300 - \$15/\$35 <sup>3</sup>									
\$15/\$30/\$50									\$75
\$150 - \$15/\$30/\$50 <sup>3</sup>									
\$20/\$50/50%/30%	\$20	\$50	50%	30%	\$50	\$125	50%	30%	Preferred - B4

<sup>1</sup> For a 30-day supply.

<sup>2</sup> Mail order 90-day supply; specialty drugs are limited to a 30-day supply from the Premera specialty pharmacy provider.

<sup>3</sup> Deductible waived for generics and preferred generics on Essentials.

Out of network (non-participating retail pharmacies): cost share applies, then 40% (to allowable).

## STEP 3

# Choose a dental plan

Together, Premera medical and dental plans encourage healthy habits and better outcomes, provide a robust network of providers, and make it easy and simple so you can take great care of your employees.

Select from 17 dental plans. Each offers:

### Attractive savings

When you purchase a **fully insured** Premera medical and dental plan together, you receive the savings and value of an integrated approach.\*

**1%** premium discount

### Broad network access

Your employees get access to more than 273,000 in-network provider locations nationwide with our expanded dental network. This is great for your employees who live or travel outside of Washington or Alaska.

**75K** dentists in

**273K** locations nationwide

### Better health outcomes

Medical and dental integration can lead to early detection of dental conditions that can increase risk of certain diseases. It also provides better care management and lower healthcare costs<sup>1</sup>.

**90%** of diseases first show symptoms in the mouth<sup>2</sup>

### Easy experience

Simplify your work by dealing with only one health plan for medical and dental. Your employees will enjoy a streamlined experience: one ID card, one customer service number, and one secure account for managing their healthcare.

**1** card for medical and dental



### NEW FOR 2023

#### Shared family maximum

Unexpected dental care can be expensive. Choosing the right dental plan with an annual maximum that meets you and your family's needs is an important decision.

A shared family maximum may be the best choice for you and your family. This option allows you to share your dental annual maximum to help maximize your family's dental coverage.

The shared family maximum does not apply to preventive dental services, ensuring that everyone in your family has access to preventive dental care.

\*Discount and rate cap are subject to review.

<sup>1</sup> Blue Cross Blue Shield Health of America

<sup>2</sup> Academy of General Dentistry Know Your Teeth website: Warning Signs in the Mouth Can Save Lives. (Rev. January 2012)

# Your dental plan options

## Preferred Choice Dental plans

INN: In network OON: Out of network

Premera Preferred Choice dental plans	Individual deductible <sup>1</sup>	Family deductible <sup>1</sup>	Coinsurance-Diagnostic and Preventive (INN and OON)	Coinsurance-Basic (INN and OON)	Coinsurance-Major (INN and OON)	Annual maximum	Class-endodontic and periodontic services	Waiting period	Orthodontia
<b>Optima 1000</b>	\$50	\$150	0%	20%	50%	\$1,000 <sup>1</sup>	Basic		No
<b>Optima 1000, plus orthodontia</b>	\$50	\$150	0%	20%	50%	\$1,000 <sup>1</sup>	Basic	No	0% coinsurance to \$1,500 lifetime maximum (all ages)
<b>Optima 1500</b>	\$50	\$150	0%	20%	50%	\$1,500 <sup>1</sup>	Basic		No
<b>Optima 1500, plus orthodontia</b>	\$50	\$150	0%	20%	50%	\$1,500 <sup>1</sup>	Basic	No	0% coinsurance to \$1,500 lifetime maximum (all ages)
<b>Optima 2000</b>	\$50	\$150	0%	20%	50%	\$2,000 <sup>1</sup>	Basic		No
<b>Optima 2000, plus orthodontia</b>	\$50	\$150	0%	20%	50%	\$2,000 <sup>1</sup>	Basic	No	0% coinsurance to \$1,500 lifetime maximum (all ages)
<b>Optima 2500</b>	\$25	\$75	0%	10%	40%	\$2,500 <sup>1</sup>	Basic		No
<b>Optima 2500, plus orthodontia</b>	\$25	\$75	0%	10%	40%	\$2,500 <sup>1</sup>	Basic	No	0% coinsurance to \$1,500 lifetime maximum (all ages)

INN: In network OON: Out of network

Premera Preferred Choice dental plans	Individual deductible <sup>1</sup>	Family deductible <sup>1</sup>	Coinsurance-Diagnostic and Preventive (INN and OON)	Coinsurance-Basic (INN and OON)	Coinsurance-Major (INN and OON)	Annual maximum	Class-endodontic and periodontic services	Waiting period	Orthodontia
<b>Optima 1500 Shared Family Plan</b>	\$50	\$150	0%	20%	50%	\$1,500 <sup>1</sup>	Basic		No
<b>Optima Flex 1000</b>	\$50	\$150	INN: 0% OON: 10%	INN: 20% OON: 30%	INN: 50% OON: 60%	\$1,000 <sup>1</sup>	Basic		No
<b>Optima Flex 1500</b>	\$50	\$150	INN: 0% OON: 0%	INN: 10% OON: 20%	INN: 50% OON: 50%	\$1,500 <sup>1</sup>	Basic		No
<b>Optima Flex 1500, plus orthodontia</b>	\$50	\$150	INN: 0% OON: 0%	INN: 10% OON: 20%	INN: 50% OON: 50%	\$1,500 <sup>1</sup>	Basic	No	0% coinsurance to \$1,500 lifetime maximum (all ages)
<b>Optima Flex 1500 Shared Family Plan</b>	\$50	\$150	INN: 0% OON: 10%	INN: 20% OON: 30%	INN: 50% OON: 60%	\$1,500 <sup>1</sup>	Basic		No
<b>Essentials Dental 0%/30%/50%/1000</b>	\$50	\$150	INN: 0% OON: 10%	INN: 30% OON: 50%	INN: 50% OON: 50%	\$1,000 <sup>2</sup>	Basic*		No
<b>Essentials Dental 20%/40%/50%/1000</b>	\$50	\$150	INN: 20% OON: 30%	INN: 40% OON: 50%	INN: 50% OON: 50%	\$1,000 <sup>2</sup>	Basic*		No
<b>Optima Voluntary 1000</b>	\$50	\$150	0%	20%	50%	\$1,000 <sup>2</sup>	Major	12 months <sup>3</sup>	No
<b>Optima Voluntary 1500</b>	\$50	\$150	0%	20%	50%	\$1,500 <sup>2</sup>	Major	12 months <sup>3</sup>	No

NOTE: Preferred Choice Dental Optima out-of-network dental care providers will be reimbursed up to the 90th percentile based on FAIR Health data by geographic area. Ask your producer for more details.

<sup>1</sup> Applies to Basic and Major only. <sup>2</sup> Applies to all classes. <sup>3</sup> Applies to Major only.

\*Coverage for endodontic and periodontic services is limited.

## Dental benefit highlights

This table compares benefit levels for each plan type, regardless of the deductible level you select.

Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge.  
PCY = per calendar year  
CY = calendar year(s).

	PLAN TYPES			
	Optima (with or without orthodontia)	Optima Flex (with or without orthodontia)	Optima Voluntary*	Essentials Dental
Diagnostic/ Preventive	Routine oral exams (limited to 2 PCY)			
	Emergency exams (unlimited)			N/A
	Routine x-rays (bitewings unlimited); complete series or panoramic x-ray (once per 36 consecutive months)			Routine x-rays (bitewings limited to 1 set PCY); complete series (once per 60 consecutive months)
	Cleanings (limited to 2 PCY)			
	Fluoride treatments (limited to 2 applications PCY; age limits apply)			Fluoride treatments (limited to 1 application PCY; age limits apply)
	Sealants (replacements limited to once every 24 consecutive months; age limits apply)			
	Space maintainers (age limits apply)			
	Basic	N/A		
N/A			Panoramic x-ray (once per 60 consecutive months)	
Emergency palliative treatment				
Fillings (limited to once per tooth surface every 24 consecutive months)				
Repair and recementing of crowns, inlays, bridgework, and dentures (when performed 6 or more months after placement)			Repair and recementing of crowns (limited to 1 every 24 months, starting 6 months after placement)	
Endodontic (root canal) treatment (limited to once per tooth every 24 consecutive months)		N/A	Endodontic (root canal) treatment (limited to once per tooth)	
Full mouth debridement (limited to once every 36 consecutive months)		Full mouth debridement (limited to once per lifetime)		
Periodontal maintenance (limited to 4 visits PCY)				
Periodontal scaling (limited to once per quadrant every 24 consecutive months)				
Periodontal surgery (limited to once per quadrant every 36 consecutive months)		N/A	Not covered	
Simple and surgical extractions				
Oral surgery			Not covered	
General anesthesia (limited to covered dental procedures at a dental-care provider's office when dentally necessary)				
Major	Inlays, onlays, and crowns (replacements limited to once per tooth every 5 CY)			Crowns (replacements limited to once per tooth every 5 CY)
	Implants (replacements limited to once per tooth every 5 CY)		Not covered	
	Dentures, partial and fixed bridges (replacements limited to once every 5 CY)			
	N/A		Endodontic (root canal) treatment (limited to once per tooth every 24 consecutive months)	N/A
	N/A		Periodontal surgery (limited to once per quadrant every 36 consecutive months)	N/A

\*A 12-month waiting period for Major services applies to members who have not had comparable dental coverage under the group's prior dental plan.  
Note: Annual deductible waived for diagnostic and preventive services.  
This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force.  
This benefit highlight is, not a contract. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, please contact customer service.

# Willamette Dental presented by Premera

Willamette Dental Group is the Northwest's largest multi-specialty group dental practice. With approximately 50 locations throughout the Pacific Northwest, your employees will most likely find a Willamette Dental Group office in their area.

The dentists at Willamette Dental Group practice proactive dental care. Proactive dental care at Willamette Dental Group builds on two fundamental beliefs: that healthy teeth should last a lifetime and that proper care doesn't always mean invasive treatment. It's about practicing dentistry responsibly: with honesty, integrity, and a dentist-patient partnership focused on promoting long-term health.

That's what sets Willamette Dental Group apart. The Participating Providers use the latest scientific evidence with clinical experience to develop an individualized, evidence-based treatment plan. By providing treatment that directly leads to long-term health, Participating Providers will help your employees maintain or regain a healthy mouth for a lifetime of smiles.

## Predictable out-of-pocket costs

Our Willamette Dental plans offer your employees a predictable schedule of covered dental services and copayments for covered dental services, including orthodontic care and an allowance for implant placement. Your employees and their families will never be surprised by unknown costs.

	GROUPS 51+			Out of network
	Plan 1	Plan 2	Plan 3	
<b>Annual maximum</b>	In network			N/A
<b>Deductible</b>	No annual maximum			N/A
<b>Waiting periods</b>	No deductible			N/A
	No waiting periods			N/A

## Dental coverage when needed, as often as needed

Your employees will never exhaust their dental coverage and will never need to satisfy a deductible before they can receive benefits. Each of our Willamette Dental plans feature:

- No deductible
- No annual maximum
- No waiting periods



Ask your producer about the benefits of a **Willamette Dental presented by Premera** plan.



**Find out more**

Visit [premera.com/wa/employer](https://premera.com/wa/employer)

Talk with your producer or general agency partner.



This brochure is not a contract. It is only a summary of the major benefits provided by these plans. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, please contact your producer.