



FOR BUSINESSES WITH
51+ EMPLOYEES

2024

Preferred Choice
health plan guide

We care for our customers

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 affordable
quality care.

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



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MEET PREMERA

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CHOOSING YOUR HEALTH PLAN IS AS EASY AS 1, 2, 3

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Why businesses choose Premera



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 your employees.



Well-rounded benefits package

Choose from a range of plans to find the right balance that best fits the needs and budget for your business and your employees.



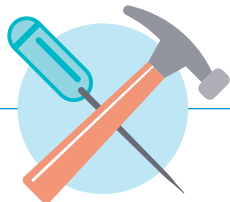
Programs for employees

Our built-in support programs encourage your employees to engage in their healthcare.



Digital tools

Our secure member portal and mobile apps help your employees find providers; view suggested preventive care; compare costs of services and medications; access pharmacy information; and review claims.



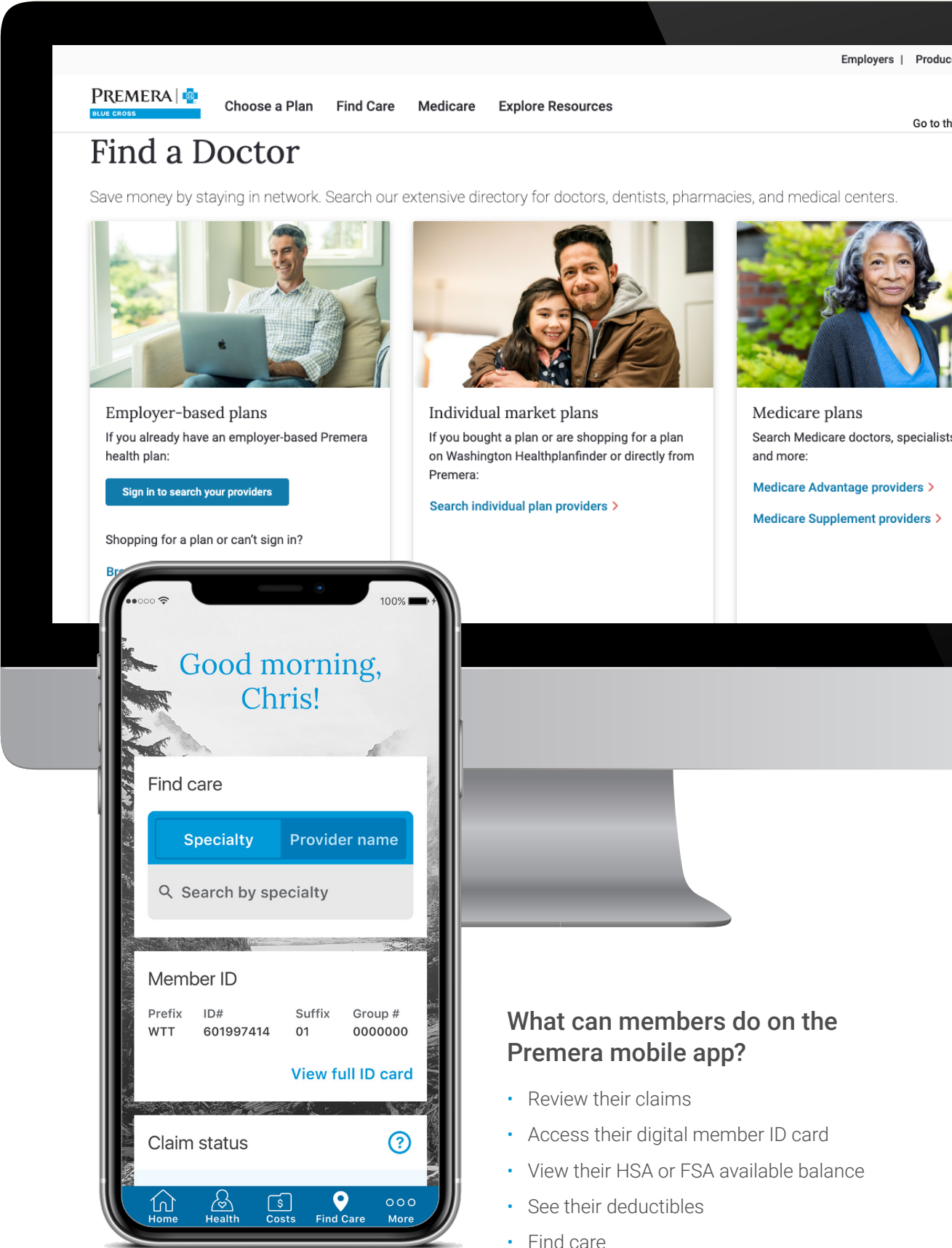
Administrative ease and support

Integrated benefits with Premera make for a streamlined experience for your employees when promoting components of your healthcare benefits or explaining plan utilization.



Meeting members where they are

With the broadest provider network in the state, Premera supports every member no matter where they are on their healthcare journey. From physical wellbeing to behavioral health and virtual care, we provide the support you need.



Preferred Choice lets you choose from

- 24 medical plans
- 10 pharmacy plans
- 17 dental plans



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 emails, flyers, and messages to share with your employees to help them understand their health plan benefits throughout their plan year. Visit blink.premera.com.

What can members do on the Premera mobile app?

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

Advanced primary care starts here

Access to high-quality primary care and improved health outcomes go hand in hand. With a Premera health plan, you can be sure your employees have access to primary care with the broadest provider network in the state and primary care clinics designed just for Premera members.

Creating access

In 2022, Premera invested in Kinwell Medical Group to aid the expansion and access to high-quality primary care across Washington. Kinwell now has 16 clinics located across the state with more than 300,000 members located within five miles of their local Kinwell.



Curious about Kinwell?

Scan the QR code to learn more.



- 1 Bellingham
- 2 Federal Way
- 3 Lynnwood
- 4 Mill Creek
- 5 Olympia
- 6 Pasco
- 7 Poulsbo
- 8 Redmond
- 9 Renton
- 10 Seattle—Ballard
- 11 Seattle—Denny Way
- 12 Seattle—Westlake
- 13 Spokane—West 6th
- 14 Spokane—North Country Homes
- 15 Spokane Valley
- 16 Wenatchee

Providing an integrated care model

Kinwell cares for patients from head to toe. The integrated care model makes it possible for primary care providers and behavioral health providers to connect quickly and easily when a patient presents with physical symptoms that may be a manifestation of mental illness.

Care when you need it

For the times when you can't wait for an in-person visit, virtual care is there. Premera virtual care providers offer secure text or video visits to treat a variety of primary care needs.

Virtual care can help with the following and more:

- Common cold
- COVID-19 treatments
- Follow-up visits with a physician
- Sinus infections
- Urinary tract infections (UTIs)

Urgent care to your doorstep

DispatchHealth is an expansion of our provider network and a unique medical service that brings care to our members' front door. Head, shoulders, knees, toes, and nearly everything in between can be treated at home with DispatchHealth's care team, which includes a physician assistant or a nurse practitioner and a medical technician. Keep your members healthy and out of the emergency room with DispatchHealth.



Preventive health

Preventive healthcare services are part of every Premera plan. Our secure member website provides suggested preventive routine exams, vaccinations, and screenings.



Did you know?

Every Premera medical plan includes access to our 24-Hour NurseLine. Members can call day or night to receive free and confidential health advice from a registered nurse.

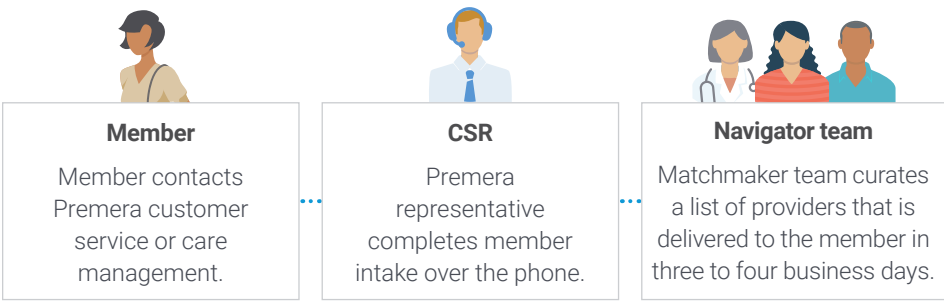
Mind over matter

Two out of three employers rank employee mental health as a top health priority.¹ Premera has made it easier than ever for members to access behavioral health services virtually or in person.

NEW FOR 2024!

Matchmaker™ for Behavioral Health

Matchmaker for Behavioral Health is an expansion of our commitment to improve access and lessen the hurdles that members face when seeking behavioral health services. With Matchmaker for Behavioral Health, members receive a highly personalized list of behavioral health providers based on their plans, needs, and preferences.



Matchmaker for Behavioral Health access

- ✓ **Fully insured:** included as part of your plan
- ✓ **OptiFlex:** included as part of your plan

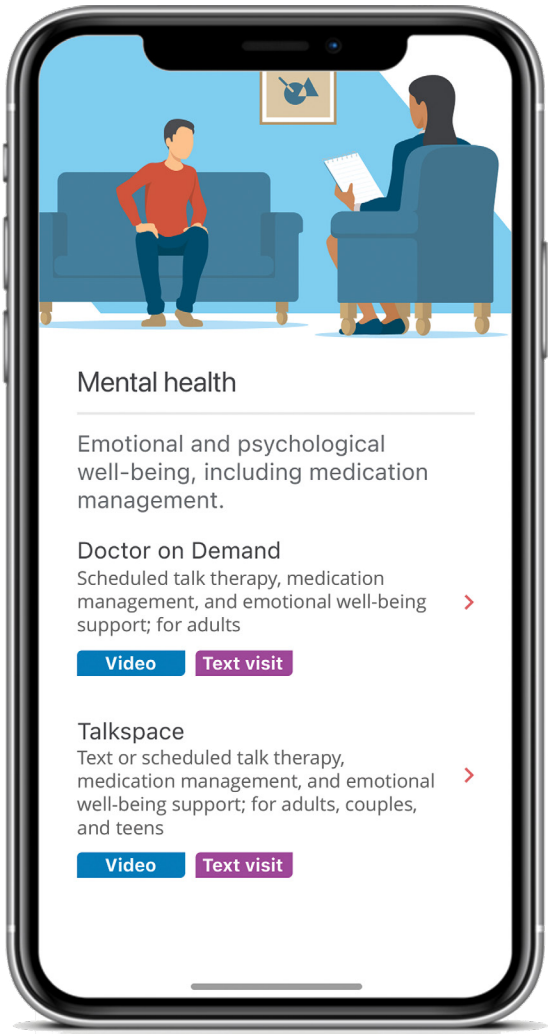
The Matchmaker for Behavioral Health intake asks members their preferences on:

- In-person or virtual attendance
- Language
- Gender, race, and ethnicity
- Religious affiliation
- And more

Every Matchmaker for Behavioral Health list includes a minimum of two in-network clinicians.

Behavioral health in the palm of your hand

Premera has partnered with industry leading behavioral health virtual care vendors to ensure our members get the care they need, when they need it, and in a way that works for them.



83%

of employers offer behavioral health services through virtual care.¹



Virtual behavioral health care can support members with:

- Generalized anxiety
- Depression
- Adjustment disorders
- And more



Members struggling with substance use disorder (SUD) have access to confidential and high-quality virtual care including medically assisted treatment (MAT) depending on their location. **Contact your Premera account representative for more information.**

¹2022 Best Practices in Healthcare Employer Survey, 2022 Global Benefit Attitudes Survey



Premera Pathfinder



For fully insured Washington employers

Delivering a balance of savings, access, and flexibility

Introducing our cost-effective, primary care focused, exclusive provider organization (EPO) plan. Premera Pathfinder is designed to remove financial barriers to care while reinforcing the value of the primary care relationship. With \$0 primary care office visit copays, Premera Pathfinder supports primary care usage and overall better physical and financial health for your business and your workforce.

Value of a primary care focused plan

- Provide \$0 in-person and virtual office visit copays with a designated primary care provider (PCP)
- Promote primary care visits for better long-term health outcomes
- Bring affordable primary care to your workforce without required referrals
- Offer the flexibility of broad, statewide access to care and coverage

Heritage Prime + Kinwell

Premera Pathfinder uses the Heritage Prime network, which offers easy access to care throughout Washington state. It includes access to national BlueCard® providers, and advanced primary care with Kinwell clinics just for Premera members ([see page 6](#)). At Kinwell, the enhanced patience experience includes the following features:

- Timely appointments (many same-day and next-day)
- Appointments up to 60 minutes long
- Coordinated virtual and in-person care options
- Preventive and behavioral health care that work together

SAVE UP TO
>>> 10%
over a traditional
Premera PPO plan¹

>>> \$0
in-person and virtual office visit
copays with a designated PCP



Nationwide coverage with the BlueCard Program

Care wherever your employees are—work, home, or when traveling

¹ Savings based on Premera underwriting and actuarial calculations, 2023.

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.

STEP 1 Choose up to 2 medical plans from 24 plans.

STEP 2 Choose a pharmacy plan.

STEP 3 Choose a dental plan.



All medical plans include these great support programs

Preventive health: Preventive health services are part of every Premera 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.



Vision is included

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



The power of choice

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

STEP 1

Choose a medical plan

Choose up to 2 medical plans from 24 options

11 preferred provider organization (PPO) plans

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

4 Premera Pathfinder exclusive provider organization (EPO) plans

- Uses the Heritage prime provider network
- Includes access to Kinwell primary care clinics
- Designates primary care provider

2 BlueHPNSM EPO plans

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

Near or far, you're covered with BlueCard

When you choose a Premera health plan, it offers specific levels of healthcare benefits wherever your employees live or travel, across country and worldwide with BlueCard®. Contact your producer or Premera representative for more details and find out what level of BlueCard® healthcare benefits are included in your Premera health plan.



| NETWORK | PLAN TYPE | TOTAL PRACTITIONERS | PRIMARY CARE PROVIDERS | HOSPITALS |
|-----------------------------|---|---------------------|--------------------------|----------------------|
| Heritage ¹ | PPO, HSA | 47,560 | 9,381 | 95 |
| Heritage Prime ¹ | PPO, HSA, Premera Pathfinder, and BlueHPN | 42,468 | 7,662 | 74 |
| Dental Choice ¹ | PPO, HSA, Premera Pathfinder, and BlueHPN | Washington state | Nationwide practitioners | Nationwide locations |
| | | 3,541 | 74,456 | 267,089 |

²Network counts as of July 2023

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 | | | | \$30 | \$5,000 | \$10,000 | \$200 copay, then deductible and coinsurance | |
| \$2,000 | \$2,000 | | | | | | | | |
| \$2,500 | \$2,500 | | | | | | | | |
| \$3,000 | \$3,000 | 30% | | | 50% | \$35 | \$6,000 | \$12,000 | \$250 copay, then deductible and coinsurance |
| \$4,000 | \$4,000 | | | | | | \$6,500 | \$13,000 | \$300 copay, then deductible and coinsurance |
| \$5,000 | \$5,000 | | | | | \$40 | \$7,000 | \$14,000 | |
| \$6,350 | \$6,350 | | | | | | | | |
| HSA Qualified \$1,600 ¹ | \$1,600 | 20% | | 50% | Heritage or Heritage Prime | Deductible/ Coinsurance applies | \$4,000 | \$8,000 | Deductible/ Coinsurance applies |
| HSA Qualified \$2,500 ¹ | \$2,500 | | \$5,000 | | | | \$10,000 | | |
| HSA Qualified \$3,200 ² | \$3,200 | | | | | | | | |
| HSA Qualified \$3,500 ² | \$3,500 | | | | | | | | |
| HSA Qualified \$4,000 ² | \$4,000 | | | | | | | | |
| HSA Qualified \$5,000 ² | \$5,000 | | \$5,500 | | | | \$11,000 | | |
| HSA Qualified \$6,450 ² | \$6,450 | 0% | 0% | \$6,450 | | | \$12,900 | | |

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 | | | | | |
| Premera Pathfinder \$500 | \$500 | 20% | Not covered | Heritage Prime | Designated PCP: \$0 Specialist & Non-designated PCP: \$35 | \$6,000 | Not covered | \$150 copay, then deductible and coinsurance |
| Premera Pathfinder \$1,000 | \$1,000 | | | | Designated PCP: \$0 Specialist & Non-designated PCP: \$45 | \$7,000 | | |
| Premera Pathfinder \$3,000 | \$3,000 | 30% | | | Designated PCP: \$0 Specialist & Non-designated PCP: \$65 | \$8,500 | | |
| Premera Pathfinder \$5,000 | \$5,000 | | | | \$9,450 | | | |
| BlueHPN \$1,000 | \$1,000 | 20% | | | \$25 | \$4,500 | | \$150 copay, then deductible and coinsurance |
| BlueHPN \$2,000 | \$2,000 | | | | \$30 | \$5,000 | | \$200 copay, then deductible and coinsurance |

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.

¹ Aggregate deductible and embedded out of pocket.
² 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 | Premera Pathfinder | HSA Qualified | BlueHPN |
| | IN NETWORK | | | |
| Preventive office visit unlimited (subject to standard medical guidelines) | Covered in full | | | |
| Vaccinations unlimited (subject to standard medical guidelines) | | | | |
| Health education unlimited | | | | |
| Nicotine dependency programs unlimited | | | | |
| Type 2 diabetes health education unlimited | | | | |
| Professional office visit | Office visit cost share | | | |
| Virtual care | \$10 copay | Office visit cost share | Deductible/coinsurance | \$10 copay |
| Inpatient professional services | Deductible/coinsurance | | | |
| Contraceptive management services unlimited | Covered in full | | | |
| Preventive professional diagnostic imaging and laboratory services including mammogram and PAP test, prostate-specific antigen (PSA) test | Covered in full | | | |
| Other professional diagnostic imaging | Waive deductible, then coinsurance | Deductible/coinsurance | | |
| Professional diagnostic major imaging | | | | |
| Other professional diagnostic laboratory and pathology tests | | | | |
| Diagnostic mammography | Covered in full | | IRS minimum deductible / 0% coinsurance | Covered in full |
| Inpatient facility | Deductible/coinsurance | | | |
| Outpatient surgery facility | | | | |
| Skilled nursing facility 60 days PCY; includes room and board, and facility billed professional and ancillary fees | | | | |
| Hospice inpatient facility 10 days inpatient; within the 6-month lifetime maximum | | | | |
| Emergency room physician | Deductible/coinsurance | | | |
| Urgent care center | Office visit cost share | Specialist office visit cost share | Deductible/coinsurance | Office visit cost share |
| Ambulance transportation unlimited | Deductible/coinsurance | | | |
| Air ambulance 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 | Premera Pathfinder | HSA Qualified | BlueHPN |
| | IN NETWORK | | | |
| Allergy and therapeutic injections | Covered in full | Deductible/coinsurance | | |
| Mental health inpatient facility care unlimited | Deductible/coinsurance | | | |
| Mental health outpatient professional care unlimited | Office visit cost share | Specialist office visit cost share | Deductible/coinsurance | Office visit cost share |
| Chemical dependency inpatient facility care unlimited | Deductible/coinsurance | | | |
| Chemical dependency outpatient professional care unlimited | Office visit cost share | Specialist office visit cost share | Deductible/coinsurance | Office visit cost share |
| Rehab inpatient facility 30 days PCY | Deductible/coinsurance | | | |
| Rehab outpatient care 45 visits PCY, including physical occupational, speech, and massage therapy, and chronic pain management | Office visit cost share | Specialist office visit cost share | Deductible/coinsurance | Office visit cost share |
| Rehab outpatient care chronic conditions, including cardiac, pulmonary rehab, and cancer | | | | |
| Medical supplies, equipment, and prosthetics unlimited | Deductible/coinsurance | | | |
| Foot orthotics, orthopedic shoes, and accessories \$300 PCY; includes orthotics and orthopedic shoes | | | | |
| Home health visits 130 visits PCY | | | | |
| Hospice care hospice home visits: unlimited; respite: 240 hours, within the 6-month lifetime maximum | | | | |
| Temporomandibular joint disorder (TMJ) unlimited; medical and dental cost shares based on type of service | Covered as any other service | | | |
| Transplants unlimited; \$7,500 travel and lodging limits | | | | |
| Manipulations 12 visits PCY; spinal and other | Office visit cost share | PCP office visit cost share | Deductible/coinsurance | Office visit cost share |
| Acupuncture 12 visits PCY | | | | |
| Routine vision exam 1 PCY | \$25 copay | | | |
| Vision hardware \$150 every 2 consecutive calendar years | Covered in full | | | |
| Pediatric vision exam 1 PCY under age 19 | \$25 copay | | | |
| Pediatric vision hardware under age 19: 1 pair of glasses, including frames and lenses PCY or 12-month supply of contacts in lieu of glasses PCY | Covered in full | | | |
| Hearing exam 1 every 36 months | \$25 copay | | Deductible/coinsurance | \$25 copay |
| Hearing hardware \$3,000 per ear with hearing loss every 36 months | Covered in full | | IRS minimum deductible / 0% coinsurance | Covered in full |
| Annual plan maximum | Unlimited | | | |

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

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.

Each comes with the following:

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

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).

NEW for 2024

Premera partnered with Rx Savings Solutions to offer an innovative pharmacy savings tool. Members are notified of opportunities to spend less on their prescription drugs with little to no impact to the member’s healthcare journey. Ways members can save:

- Generic substitutions
- Dosage form change
- Pharmacy change

When a member decides to make a switch to save, the Rx Savings Solutions manages the process for the member by contacting the prescribing physician and submitting a revised prescription.

| Preferred Choice pharmacy plans | Retail cost share ¹ | | | | Mail cost share ² | | | | 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% ³ | | \$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 | | Preferred - A2 | | | |
| \$150 – \$15/\$35 ³ | | | | | | | | | | | | |
| \$300 – \$15/\$35 ³ | | | | | | | | | | | | |
| \$15/\$30/\$50 | | \$30 | \$50 | | | \$75 | \$125 | | Preferred - B3 | | | |
| \$150 – \$15/\$30/\$50 ³ | | | | | | | | | | | | |
| \$20/\$50/50%/30% | \$20 | \$50 | 50% | 30% | \$50 | \$125 | 50% | 30% | Preferred - B4 | | | |

¹ For a 30-day supply.
² Mail order 90-day supply; specialty drugs are limited to a 30-day supply from the Premera specialty pharmacy provider.
³ Deductible waived for generics and preferred generics on Essentials.
Out of network (non-participating retail pharmacies): cost share applies, then 40% (to allowable).

Rx Savings Solutions is an independent company that does not provide Blue Cross Blue Shield products or services.



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 so you can take great care of your employees.

Select from 17 dental plans. Each comes with the following:

Attractive savings

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

1% premium discount

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.¹

90% of diseases first show symptoms in the mouth²

Broad network access

Your employees get access to more than 267,000 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.

74K dentists in **267K** locations nationwide



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.
¹ Blue Cross Blue Shield Health of America
² 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

| Preferred Choice dental plans | Individual deductible ¹ | Family deductible ¹ | 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 |
|-------------------------------|------------------------------------|--------------------------------|---|---------------------------------|---------------------------------|----------------------|---|----------------|---|
| Optima 1000 | \$50 | \$150 | 0% | 20% | 50% | \$1,000 ¹ | Basic | No | |
| Optima 1000, plus orthodontia | \$50 | \$150 | 0% | 20% | 50% | \$1,000 ¹ | Basic | No | 0% coinsurance to \$1,500 lifetime maximum (all ages) |
| Optima 1500 | \$50 | \$150 | 0% | 20% | 50% | \$1,500 ¹ | Basic | No | |
| Optima 1500, plus orthodontia | \$50 | \$150 | 0% | 20% | 50% | \$1,500 ¹ | Basic | No | 0% coinsurance to \$1,500 lifetime maximum (all ages) |
| Optima 2000 | \$50 | \$150 | 0% | 20% | 50% | \$2,000 ¹ | Basic | No | |
| Optima 2000, plus orthodontia | \$50 | \$150 | 0% | 20% | 50% | \$2,000 ¹ | Basic | No | 0% coinsurance to \$1,500 lifetime maximum (all ages) |
| Optima 2500 | \$25 | \$75 | 0% | 10% | 40% | \$2,500 ¹ | Basic | No | |
| Optima 2500, plus orthodontia | \$25 | \$75 | 0% | 10% | 40% | \$2,500 ¹ | Basic | No | 0% coinsurance to \$1,500 lifetime maximum (all ages) |

INN: In network OON: Out of network

| Preferred Choice dental plans | Individual deductible ¹ | Family deductible ¹ | 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 |
|--------------------------------------|------------------------------------|--------------------------------|---|---------------------------------|---------------------------------|----------------------|---|------------------------|---|
| Optima 1500 Shared Family Plan | \$50 | \$150 | 0% | 20% | 50% | \$1,500 ¹ | Basic | No | |
| Optima Flex 1000 | \$50 | \$150 | INN: 0% OON: 10% | INN: 20% OON: 30% | INN: 50% OON: 60% | \$1,000 ¹ | Basic | No | |
| Optima Flex 1500 | \$50 | \$150 | INN: 0% OON: 0% | INN: 10% OON: 20% | INN: 50% OON: 50% | \$1,500 ¹ | Basic | No | |
| Optima Flex 1500, plus orthodontia | \$50 | \$150 | INN: 0% OON: 0% | INN: 10% OON: 20% | INN: 50% OON: 50% | \$1,500 ¹ | Basic | No | 0% coinsurance to \$1,500 lifetime maximum (all ages) |
| Optima Flex 1500 Shared Family Plan | \$50 | \$150 | INN: 0% OON: 10% | INN: 20% OON: 30% | INN: 50% OON: 60% | \$1,500 ¹ | Basic | No | |
| Essentials Dental 0%/30%/50%/\$1000 | \$50 | \$150 | INN: 0% OON: 10% | INN: 30% OON: 50% | INN: 50% OON: 50% | \$1,000 ² | Basic* | No | |
| Essentials Dental 20%/40%/50%/\$1000 | \$50 | \$150 | INN: 20% OON: 30% | INN: 40% OON: 50% | INN: 50% OON: 50% | \$1,000 ² | Basic* | No | |
| Optima Voluntary 1000 | \$50 | \$150 | 0% | 20% | 50% | \$1,000 ² | Major | 12 months ³ | No |
| Optima Voluntary 1500 | \$50 | \$150 | 0% | 20% | 50% | \$1,500 ² | Major | 12 months ³ | 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.

¹ Applies to Basic and Major only. ² Applies to all classes. ³ 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 (2 PCY) | | |
| | Emergency exams | | N/A |
| | Routine X-rays (bitewings unlimited); complete series or panoramic X-ray (once per 36 consecutive months) | | Routine X-rays (bitewings: 1 set PCY); complete series (once per 60 consecutive months) |
| | Cleanings (2 PCY) | | |
| | Fluoride treatments (2 applications PCY; age limits apply) | | Fluoride treatments (1 application PCY; age limits apply) |
| | Sealants (once every 24 consecutive months; age limits apply) | | |
| | Space maintainers (age limits apply) | | |
| Basic | N/A | | Emergency exams |
| | N/A | | Panoramic X-ray (once per 60 consecutive months) |
| | Emergency palliative treatment | | |
| | Fillings (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 (once every 24 months, starting 6 months after placement) |
| | Endodontic (root canal) treatment (once per tooth every 24 consecutive months) | N/A | Endodontic (root canal) treatment (once per tooth) |
| | Full mouth debridement (once every 36 consecutive months) | | Full mouth debridement (once per lifetime) |
| | Periodontal maintenance (4 visits PCY) | | |
| | Periodontal scaling (once per quadrant every 24 consecutive months) | | |
| | Periodontal surgery (once per quadrant every 36 consecutive months) | N/A | Not covered |
| | Simple and surgical extractions | | |
| | Oral surgery | | Not covered |
| Major | Intravenous or general anesthesia (limited to covered dental procedures at a dental care provider's office when dentally necessary) | | |
| | Inlays, onlays, and crowns (once per tooth every 5 CY) | | Crowns (once per tooth every 5 CY) |
| | Implants (once per tooth every 5 CY) | | Not covered |
| | Dentures, partial and fixed bridges (once every 5 CY) | | Not covered |
| | N/A | Endodontic (root canal) treatment (once per tooth every 24 consecutive months) | N/A |
| | N/A | Periodontal surgery (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 are bound to 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.

| Annual maximum | GROUPS 51+ | | | |
|-----------------|--------------------|--------|--------|----------------|
| | Plan 1 | Plan 2 | Plan 3 | Out of network |
| | In network | | | |
| | No annual maximum | | | N/A |
| | No deductible | | | N/A |
| Deductible | No deductible | | | N/A |
| Waiting periods | 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 deductibles
- No annual maximums
- 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

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.