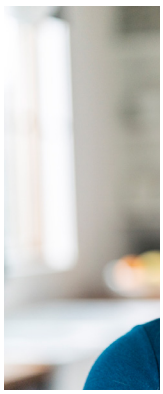
FOR FULLY INSURED AND
OPTIFLEX GROUPS WITH
51+ EMPLOYEES

2027 Preferred Choice health plan guide



PREMERA BLUE CROSS

PREMERA HMO

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.

Premera Blue Cross Preferred Choice medical and dental plans are eligible to fully insured and OptiFlex businesses with 51-199 enrolled employees.

Premera Blue Cross HMO Preferred Choice medical and are eligible to fully insured groups only with 51-199 enrolled employees.

FOR FULLY INSURED PLANS: SUBJECT TO CHANGE, PENDING REGULATOR FILING REVIEW

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Why businesses choose Premera

As a not-for-profit health plan serving Washington state since 1933, we're committed to providing our clients affordable health plans, access to high-quality care networks, and an experience that meets members and employers where they are.

Affordability

Healthcare is expensive, and we take seriously our responsibility to make each dollar work harder, ensuring access to quality care at a fair price.

Pharmacy

We promote safe, lower-cost alternatives like generics and biosimilars—often as much as 40% cheaper. These are medications that are highly similar to an existing biologic drug and work the same way, with no meaningful differences in safety or effectiveness. We also supply members with tools to spot savings.

Provider access

We invested $30 million to expand the primary care workforce in Washington and Alaska. Partnerships with Kinwell primary care clinics in Washington improve access and are expected to reduce total cost of care by 4%.

System waste

We cut waste by preventing billing errors, fighting fraud, and using prior authorization to avoid unnecessary or duplicative treatments.

Right care, right time, right place

We offer options for members to seek care from high-quality, lower-cost settings that have proven results, such as Centers of Excellence providers or ambulatory surgery centers. This helps reduce costs while improving health outcomes.

Access

We work hard to connect members and their families to the care they need, when they need it, from providers who understand them.

Primary care

We're expanding access through Kinwell advanced primary care clinics. Kinwell clinics offer longer visits, faster scheduling, and integrated behavioral health care.

Rural care

We're expanding the rural healthcare workforce by investing in training and residency programs that build a stronger pipeline of providers in rural areas. Research shows that clinicians who train in rural settings are far more likely to remain and practice in those communities, helping ensure lasting access to care.[1]

Behavioral health

Premera members have greater access to behavioral health providers through our expanded networks, virtual care, and personalized matching services like Matchmaker™ for Behavioral Health.

Experience

Enhanced case management

With one point of contact, secure chat, and built-in behavioral health support, members get coordinated, whole-person care that's easier to manage. Our Personal Health Support program builds on this approach with one-on-one concierge support to help members navigate care, understand their benefits, manage claims, and connect with the right providers.

Smarter digital tools

We're investing in smarter digital tools that make healthcare easier to access and understand. Our redesigned member portal, Find Care tool, and mobile app give members simple, self-service options to check benefits, find providers, and see cost estimates, all in one place. We also use Quest Analytics' BetterDoctor portal to keep our provider directory accurate and up to date.

Artificial intelligence (AI)

Premera uses AI to make healthcare faster and easier. AI helps approve claims and prior authorizations faster, reducing wait times and improving service. Through Premera Health Hub, AI also connects members to wellness and condition-management programs that fit their individual needs.[2]

[1]https://www.ama-assn.org/education/improve-gme/recipe-more-rural-physicians-more-exposure-residency-training
[2]Premera Health Hub is available to self-funded and OptiFlex groups.

PREMERA
Health Hub

Premera Health Hub

NEW FOR 2027

Premera Health Hub is a comprehensive virtual care network of solutions for wellness and health condition management. Premera Health Hub is designed to help members meet their health goals and lower the total cost of care by guiding members to virtual solutions for their unique needs.

Supporting your benefit strategy

Simplified employer administration	Premera manages vendor vetting, contracting, relationship management, and reporting.
Increased member engagement	Personalized digital communications optimize engagement with the hub.
Intervention-based approach	Proprietary clinical algorithms account for preference and need to best match members with a vendor.
Engagement- and outcomes-based payment model	Employers only pay when members are actively engaged or show positive health outcomes.
Greater access to care	Comprehensive digital solutions support wellness and chronic care management for all members, no matter where they are.

Did you know?

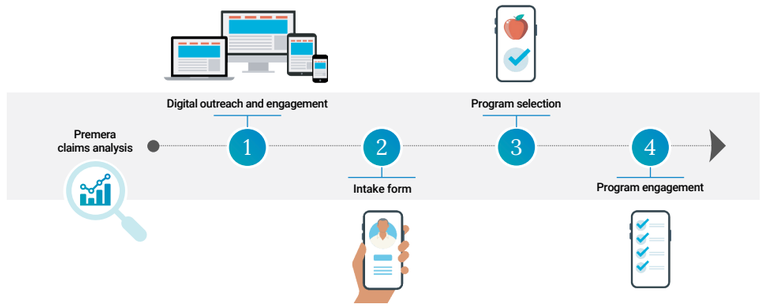
Offering a virtual program that covers a broad range of conditions **reduces costs**.[1]

2%–4%
reduction in estimated total plan claims cost

Where Premera Health Hub saves

Savings estimates are based on a study conducted by Solera Health

How members get started



A differentiated member experience

Premera Health Hub offers members more than just information. Members can use Premera Health Hub to help them manage their health conditions or achieve their health goals. With Premera Health Hub, members benefit from:

Personalized tools	A customized experience that matches members to a right-fit program and solution, making it easier for them to meet their health goals.
Clinically proven programs	Access to leading health and wellness programs that deliver effective results.
Convenient access	Digital resources available on demand for whenever and wherever members need them.
No extra costs	Programs and resources available to members at no additional out-of-pocket expense.

Premera Health Hub

✓ **OptiFlex:** included as part of your plan

Premera Health Hub condition categories

- Achieve a healthy weight
- Manage diabetes
- Ease digestive symptoms
- Manage blood pressure
- Reduce joint or muscle pain
- Reduce or quit tobacco use
- Explore paths to parenthood
- Get support for women's health

[1]Solera Health, Inc. "The Network Effect: Proving the Value of Curated Digital Health," March 2026. PDF. Research was conducted using a dataset of 16,499 enrolled members. Independently reviewed by Accorded, Inc.

Premera pharmacy

A smarter way to manage pharmacy—built around your health plan strategy

There's no one-size-fits-all approach for pharmacy. Premera assesses formulary design, coverage decisions, and personalized member support programs to help you develop a targeted pharmacy plan that complements your medical benefits.

Introducing Price Assure for 2027

Price Assure is an embedded discount card program that provides automatic savings on prescriptions for members at the point of sale.

Benefits to employers

- No additional cost
- Included with every pharmacy plan
- Improved employee satisfaction with their plan

Benefits to members

- No extra steps
- Payments count toward deductible and out-of-pocket maximum
- Each prescription is assessed for drug interactions
- Eligible for 30- and 90-day prescription fills at retail pharmacy

NEW FOR 2027

A modern and more flexible formulary design

Premera offers a range of formulary options, including a new six-tier structure, giving employers more precision in how they manage pharmacy spend and in alignment with their overall health plan strategy.

Where a 6-tier formulary design has impact

- Aligns member cost share to drug value
- Improves cost predictability over time
- Supports access to clinically effective treatments

ESSENTIALS FORMULARY

PLANS WITH 6 TIERS	
FIRST TIER	Value generic
SECOND TIER	Preferred generic
THIRD TIER	Preferred brand
FOURTH TIER	Non-preferred generic and brand
FIFTH TIER	Preferred specialty
SIXTH TIER	Non-preferred specialty

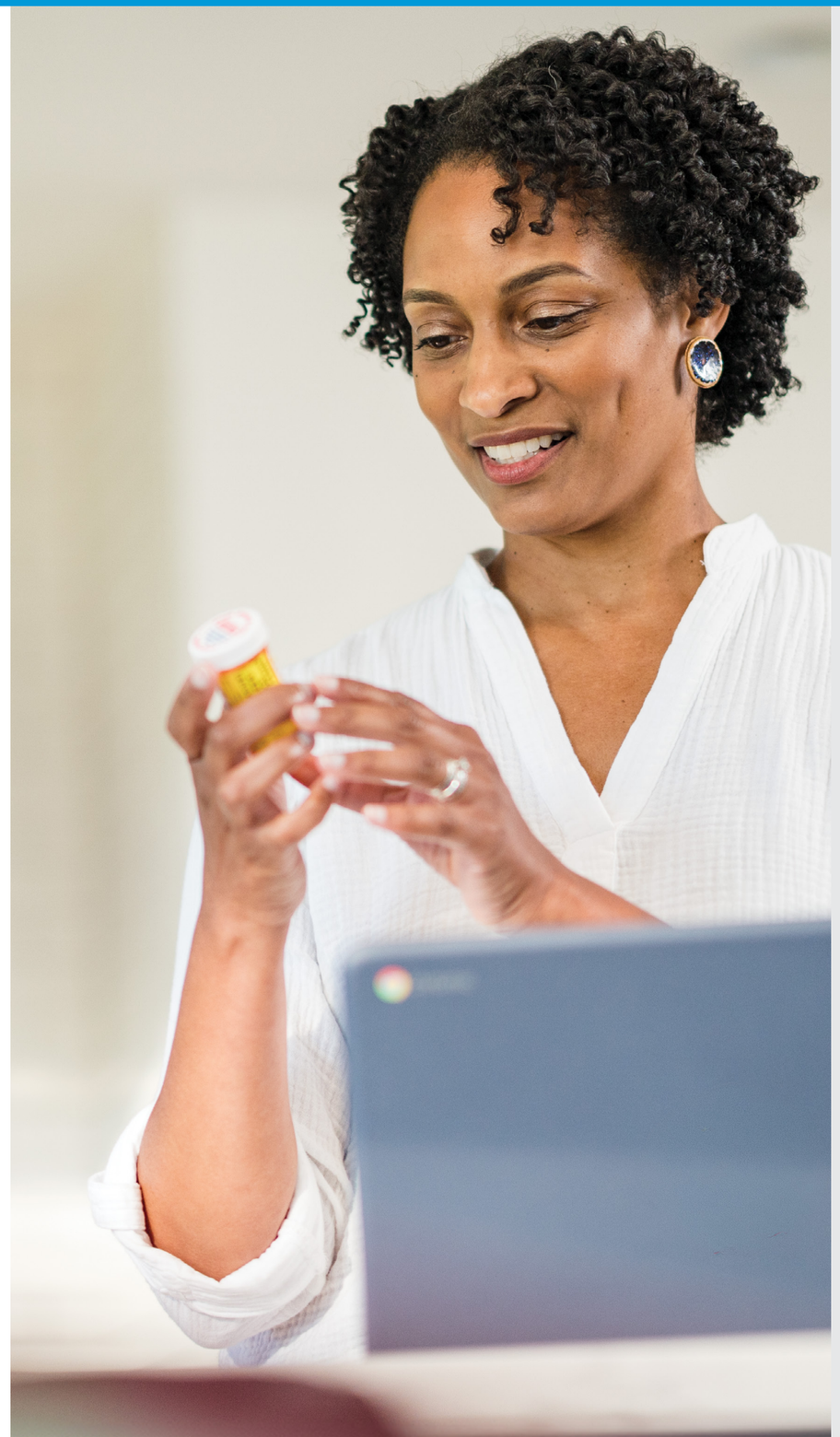
Premera pharmacy

Member pharmacy alerts and savings

Employers and members can save on prescription drugs with personalized alerts from Rx Savings Solutions (RxSS). RxSS identifies and notifies members of opportunities to spend less on their prescription drugs with little to no impact on the member's healthcare journey. Members can save by:

- Switching to another pharmacy
- Trying a new or different generic medication
- Changing to a therapeutic alternative

When a member acts on an alert, RxSS manages the entire process.
All the member has to do is pick up their prescription.



OptiFlex groups have an added layer of weight management support with Premera Health Hub, which is included with every OptiFlex group beginning January 1, 2027.

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

Medical and dental integration

Integrated medical and dental benefits go beyond network size and access. It's about creating a true whole-person health environment that provides total cost of care protection.

Fragmented benefit design costs more

Escalating claims severity	Unmanaged oral health drives higher medical utilization.
The stand-alone weak spot	Dental carve-outs isolate data, limiting early intervention and risk reduction.
Disengagement in silos	Carve-outs reduce preventive care use by ~25% compared to integrated medical-dental.[1]

Members with diabetes who forgo or skip dental care are at 120% increased risk of acute heart attacks and strokes. These events have real-dollar impacts on the health plans, from $25,000 to $130,000 per member.[2,3]

What whole-person cost protection looks like

- Automatic Enhanced Dental Care at 100% coverage for high-risk members
- Real-time clinical visibility into dental care gaps and benefits for case managers
- Zero-friction benefit activation without forms, waiting periods, or extra enrollment
- Full-spectrum digital outreach with positive reinforcement and targeted support
- Integrated reporting of engagement and utilization trends over time

Mitigating total medical spend + making it simple to operate = **value of whole-person care**

Enhanced Dental Care benefit

This benefit feature, exclusive to integrated medical and dental plan designs, can lower total medical costs and improve clinical outcomes for high-risk members.

High-risk covered conditions

- Cardiovascular disease
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Oral cancers
- Pregnancy

Additional covered services

- Periodontal/routine evaluation[1]
- Routine cleanings and periodontal maintenance[2]
- Topical fluoride in dentist office[3]
- Periodontal scaling and root planing (new for 2027)[4]

Covers one extra service of each type per calendar year in addition to standard plan frequencies to reduce systemic medical risks.

Frictionless experience

- **Automatic enrollment**: Zero barriers—no forms or sign-ups required for high-risk members.
- **100% covered**: $0 out-of-pocket costs with all deductibles and co-insurance waived.
- **Fully embedded**: Standard on all Large Group Dental plans at no extra cost.
- **Immediate access**: No waiting periods for critical preventive care.

Protecting your total cost of care

Six in 10 adults in the United States are living with at least one chronic condition.[4] They are at risk of oral complications because of conditions like diabetes and cardiovascular disease.[5] Providing our members with access to one of the largest dental networks in the nation means that members with chronic illnesses can receive routine preventive care and oral treatment, possibly preventing them from becoming a high-cost claimant.

[1]The Dental Trade Alliance (DTA) Medical-Dental Integration Resource Matrix (Evaluating Integrated Care Models, 2026). https://cdn.ymaws.com/dentaltradealliance.org/resource/resmgr/DTA_MDI_Paper_2026.pdf

[2]Offenbacher S, Katz V, Fertik G, Collins J, Boyd D, Maynor G, et al. Periodontal infection as a potential risk factor for preterm low birth weight. J Periodontal. 1996;67(10S):1103-1113. doi:10.1902/jop.1996.67.10s.1103.

[3]American Academy of Periodontology; American OB/GYN Healthcare Coalition. "Joint clinical consensus tracking on maternal healthcare and neonatal intensive care unit (NICU) commercial cost drivers." Chicago, IL: AAP Publishing; 2025.

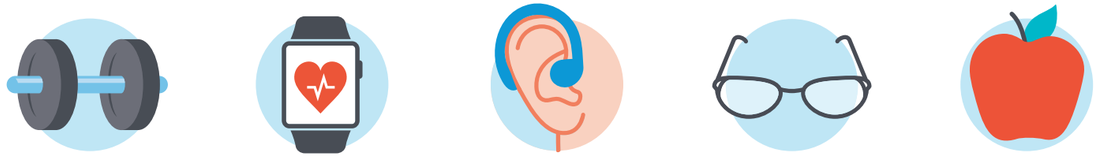
[4]Joo, J Y. "Fragmented Care and Chronic Illness Patient Outcomes: A Systematic Review." Nursing Open, U.S. National Library of Medicine, June 2023, https://pmc.ncbi.nlm.nih.gov/articles/PMC10170908/

[5]Fu, D, Shu, X, Zhou, G, et al. "Connection between oral health and chronic diseases." MedComm, 2025 Jan 14. https://pmc.ncbi.nlm.nih.gov/articles/PMC11731113/

Foster a healthy workforce with Blue365

Premera members can access Blue365—a health and wellness discount program offered through the Blue Cross Blue Shield (BCBS) system at no cost for the member or the group.

Health and wellness for less



Gym memberships | Fitness gear | Hearing aids | Prescription glasses | Healthy eating options

National access and well-known brands

Keep members healthy by connecting them to exclusive discounts.

- Gym memberships to more than 13,000 locations starting at $19/month
- Wearable devices from Fitbit, Garmin, Polar, and more
- LASIK eye surgery, hearing aids, and more

Blue365 access

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

Reduce healthcare costs

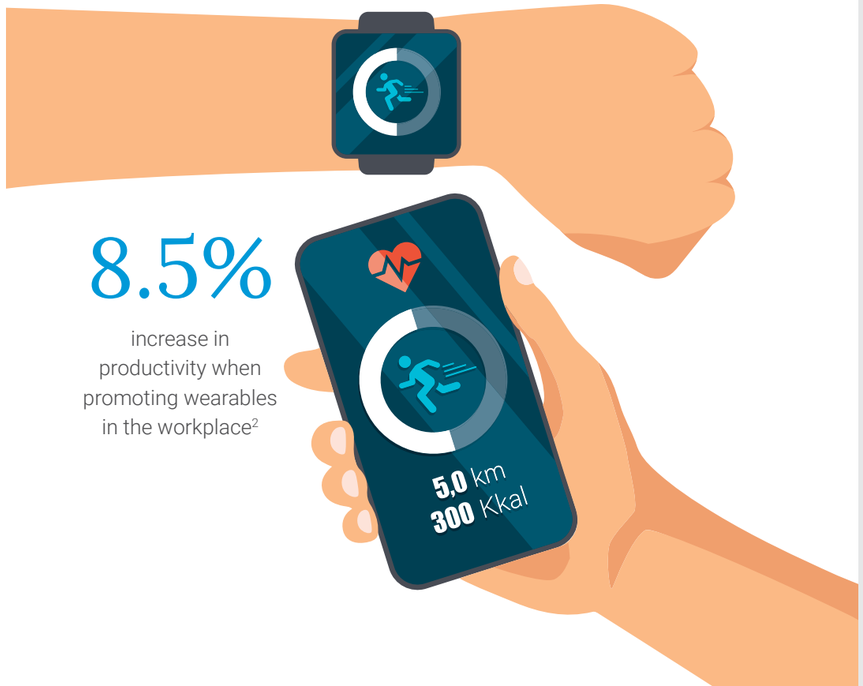
$2.71

estimated return for every dollar spent on wellness programs[1]

Increase productivity

8.5%

increase in productivity when promoting wearables in the workplace[2]



How employers benefit

- Minimal setup
- Group discounts
- Access to healthy tips

Getting started is easy

Members can register at **blue365deals.com/premera** to browse their exclusive deals and discounts.

[1]Berry, Leonard L., et al. "What's the Hard Return on Employee Wellness Programs?" Harvard Business Review, Harvard Business Review, 1 Dec. 2010, hbr.org/2010/12/whats-the-hard-return-on-employeewellness-programs.

[2]Rajagopalan, Rajesh, and Venkataraman Krishnan. "Wearables: Are They Fit for the Workplace?" Cognizant, Feb. 2016, news.cognizant.com/download/The+Singapore+Engineer+May+2016.pdf.

Site-of-service expansion benefit

Value-based benefit design for elective surgeries and low-risk births

The Premera site-of-service benefit reduces member costs for high-value care at selected locations like ambulatory surgical centers (ASC) and freestanding birth centers. It encourages informed choices, ensures clinical oversight, and aligns cost sharing with care quality, while maintaining member-provider decision-making.

Pillars to our value-based benefit design

Improve member satisfaction with self-directed care

Provide cost-effective care without compromising quality

Reduce administrative burden

Lower total cost of care for members and employers

What's an ambulatory surgical center

Ambulatory surgical centers (ASC) are a type of outpatient surgical center. ASCs offer patients the convenience of having surgeries and procedures performed safely outside of a hospital outpatient department (HOPD).

What's a freestanding birth center

Freestanding birth centers are healthcare facilities that use a midwifery model of care to provide services during pregnancy, labor and delivery, and postpartum care. They often provide a more natural and family-centered approach to low-risk pregnancies.

Care starts with a member and their provider. An ASC or birthing center is not a good fit for all members. For any medical procedure, members should consult with their provider about the best place for them to receive their care.

ASCs deliver better outcomes at a lower cost

Like inpatient hospitals and HOPDs, ASCs are held to rigorous quality and safety standards. With a specialized focus on certain procedures, members often experience better outcomes along with lower costs.

Common ASC procedures and surgeries		
Joint and bone	**General**	**Stomach and colon**
• Total joint replacement	• Biopsies	• Colonoscopy
• ACL repair	• Appendix removal	• Endoscopy
• Hand or wrist procedures	• Gallbladder removal	• Hemorrhoid removal

Surgeries performed at ASCs can be

45-60%

less expensive than inpatient and outpatient hospital settings[1]

Freestanding birthing centers improve outcomes

Freestanding birth centers have become an increasingly popular option for low-risk pregnancies, and access to these centers has grown significantly in the United States. The midwifery care model used at birthing centers has consistently shown that women and babies have better outcomes, including lower rates of preterm and low-weight births, and higher breastfeeding rates.

Maternal and neonatal outcomes[2]		
	Birth centers	**National data**
Preterm birth %	**4.4**	9.9
Low birth weight %	**3.3**	8.2
Cesarean birth %	**12.3**	31.9
Breastfeeding initiation %	**92.2**	83.2

Freestanding birth centers often achieve higher patient satisfaction due to longer prenatal visits and individualized postpartum care.[3]

Site-of-service, value-based benefit access

✓ **Fully insured:** included with all Preferred Choice plans

✓ **OptiFlex:** included with all Preferred Choice plans

[1]Provista. "Huge Cost Savings and Other Benefits Boost Ambulatory Surgery Center Growth." Provista, https://www.provista.com/blog/blog-listing/huge-cost-savings-and-other-benefits-boost-ambulatory-surgery-center-growth. Accessed 20 June 2025.

[2]Gadzinski, Andrew J., et al. "Ambulatory Surgery Centers and Outpatient Urologic Surgery Among Medicare Beneficiaries." Urology Practice, vol. 9, no. 2, 2022, pp. 123–129. PubMed Central, https://pmc.ncbi.nlm.nih.gov/articles/PMC8827343/. Accessed 20 June 2025.

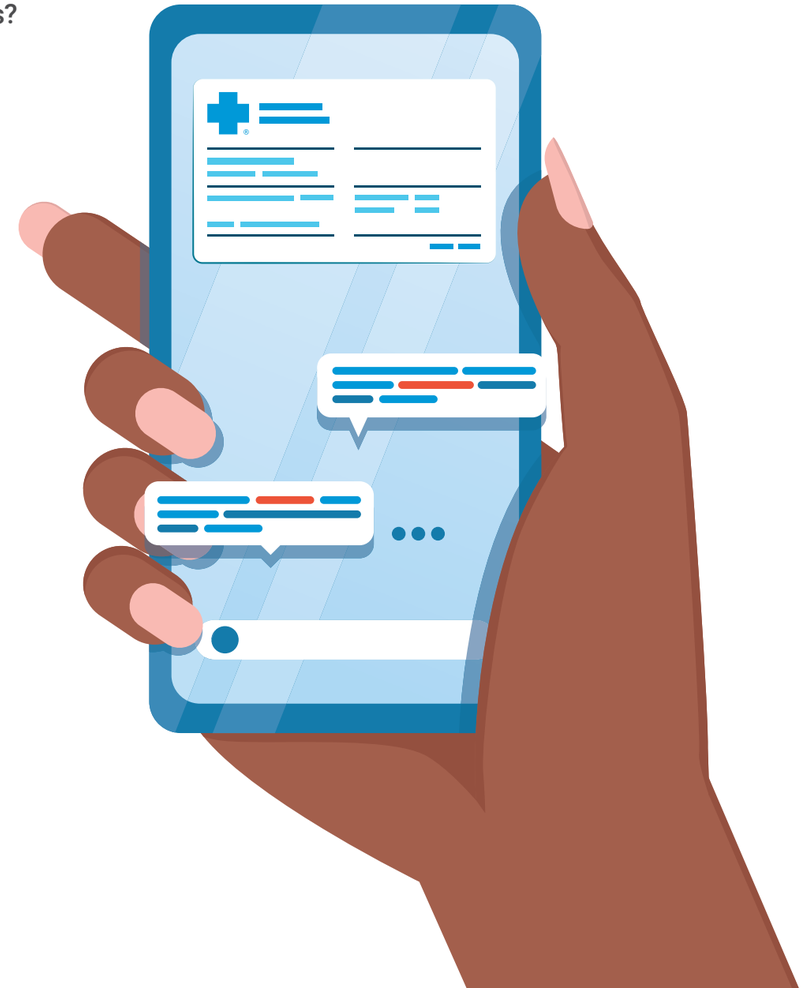
[3]Institute of Medicine (US) Committee on the Future of Emergency Care in the United States Health System. Hospital-Based Emergency Care: At the Breaking Point. National Academies Press (US), 2007. NCBI Bookshelf, https://www.ncbi.nlm.nih.gov/sites/books/NBK555483/. Accessed 20 June 2025.

Personalized messages at your fingertips

Premera Digital Health Messages are a way to reach our members and help them better understand their benefits, make personalized healthy choices, and more.

What are Digital Health Messages?

Digital Health Messages are text messages sent to members' mobile phones. These personalized messages point members to customized feeds that educate the member on primary care, seasonal health tips, and information about their health plan.



Interaction with Digital Health Messages

9% click-through rate to custom feed

22% average take-action rate

Digital Health Messages access

✓	**Fully insured:**	included with all Preferred Choice plans
✓	**OptiFlex:**	included with all Preferred Choice plans

Did you know?

The most successful Digital Health Message campaign was for Rx Savings Solutions (RxSS). RxSS offers members opportunities to save more on their prescriptions. **Learn more about RxSS**.

Advanced primary care starts here

Access to high-quality primary care and improved health outcomes go hand in hand.

> "It was amazing. She took the time to listen and answer all questions. I did not feel rushed. It was one of the best doctor appointments I've ever had. I'm so grateful that I made the switch. Definitely will recommend."
> – Kinwell patient

Kinwell clinics

With our health plans, you can be sure your employees have access to quality primary care from the broadest provider network. This network includes Kinwell, with 16 clinics across Washington and virtual care from anywhere in the state. Kinwell's advanced primary care integrates nutrition, physical activity, and behavioral health services exclusively for Premera Blue Cross and Premera Blue Cross HMO members.

Scan QR code for Kinwell locations or visit **kinwellhealth.com/welcome**:

NET PROMOTER SCORE
85

TOTAL COST OF CARE
7% to 10% better than other in-network providers

TIMELY ACCESS
10% of patients seen same day
60% within 10 days
80% within 30 days

LOCATIONS
16 locations within **10** miles of **600,000** members

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.

Finding the right provider for you

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.

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.

Member

Member contacts Premera customer service or care management.

Customer service

Premera representative completes member intake over the phone.

Navigator team

Matchmaker team curates a list of providers that is delivered to the member in three to four business days.

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

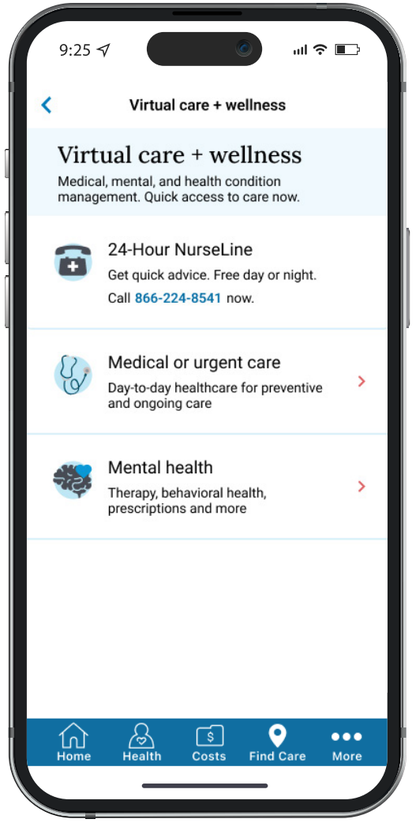
Every Matchmaker for Behavioral Health list includes a minimum of two in-network clinicians.

Matchmaker for Behavioral Health access

✓	**Fully insured:**	included with all Preferred Choice plans
✓	**OptiFlex:**	included with all Preferred Choice plans

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.**

[1]2022 Best Practices in Healthcare Employer Survey, 2022 Global Benefit Attitudes Survey

Enhanced Case Management

Mitigate rising healthcare costs with innovative predictive technology and robust digital tools with Enhanced Case Management.

An integrated case management approach

Our core case management program at Premera focuses on the whole person, addressing members' physical and behavioral health challenges, social determinants of health, and barriers within the healthcare delivery system. The program identifies members with high-risk or complex health conditions who would benefit from intervention and, with guidance from a dedicated personal health support clinician, helps them navigate their healthcare journey.

The benefits of Enhanced Case Management

- Reduces future clinical costs
- Enhances the member experience
- Increases access to support

Harnessing actionable data insights can maximize early intervention opportunities.

87%

precision in predicting future high-cost claimants[1]

Studies indicate that using **digital member programs** with **case management intervention** leads to **improved member health outcomes**.[2]

[1]Foundation Model Overview, Prealize Health 2024

[2]"A pragmatic methodology for the evaluation of digital care management in the context of multimorbidity," Journal of Medical Economics, Volume 24, 2021 — Issue 1

A valuable member experience

Our Enhanced Case Management program includes a digital case management mobile app that provides your employees and their families with the following resources:

- **Secure chat** — flexibility for members to engage with their personal health support clinician when they want, using their preferred communication method.
- **Navigation support** — ability to identify healthcare needs for more members in your population and easily direct them to the right care programs, providers, and high-value services.
- **Member resource center** — access to clinically reviewed health and wellness articles and extensive condition and self-management programs. Members can easily filter, scan, and find information they need.

Download the flyer and contact your Premera account representative for more information

Enhanced Case Management access

✓ **Fully insured:**	included with all Preferred Choice plans
✓ **OptiFlex:**	included with all Preferred Choice plans

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 57 plans.

STEP 2 Choose a pharmacy plan.

STEP 3 Choose a dental plan.

All medical plans include these support programs:

Preventive routine exams, vaccinations, and screenings

24-Hour NurseLine provides free, confidential, health services from a registered nurse

Value-based benefit design for ambulatory surgical centers and freestanding birth centers

STEP 1

Choose a medical plan

Choose up to 2 medical plans from 57 options

26 preferred provider organization (PPO) plans

- Covers a wide range of medical services
- Saves your employees more when they choose in-network providers
- Includes access to Kinwell primary care clinics

11 health savings account (HSA)-qualified PPO plans

- Option to utilize the Premera vendor for HSA account administration
- Includes access to Kinwell primary care clinics

9 Premera Pathfinder plans

- Designates a primary care provider
- Includes access to Kinwell primary care clinics

2 BlueHPN℠ EPO plans

- Uses the Heritage Prime provider network
- Covers services when your employees use in-network providers
- Includes access to Kinwell primary care clinics

8 Premera Blue Cross HMO Core Plus plans

- Uses the Sherwood provider network
- Designates a primary care provider
- Includes access to Kinwell primary care clinics

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, whether across the country or 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.

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NETWORK	PLAN TYPE	TOTAL PRACTITIONERS	PRIMARY CARE PROVIDERS	HOSPITALS
Heritage[1]	PPO, HSA, and Premera Pathfinder	54,625	9,869	119
Heritage Prime[1]	BlueHPN	49,365	8,436	97
Dental Choice with Dental GRID+[2]	PPO, HSA, Premera Pathfinder, and BlueHPN	Washington state	Nationwide practitioners	Nationwide locations
		3,150	122,000+	483,000+

[1]Network counts as of May 2026

[2]Zelis Network360 Competitive Dashboard report, January 2025..

PREMERA HMO

NETWORK	TOTAL PRACTITIONERS	PRIMARY CARE PROVIDERS	HOSPITALS
Sherwood HMO[3]	29,137	3,675	30

[3]Network counts as of May 2026.

PREMERA BLUE CROSS

Your medical plan options

INN: In network **OON**: Out of network

Preferred Choice medical plans		Deductible		Coinsurance		Network available	Office visit copay (Non-specialist/ specialist)	INN out-of-pocket maximum	OON out-of-pocket maximum	Emergency room cost share
		INN	OON	INN	OON					
$250	**Standard**	$250	$500	10%	30%	Heritage	$20	$3,000	$6,000	$250 copay, then deductible and coinsurance
	Shared		Shared INN				$20/$40		Shared INN	
	Standard Unlimited							$4,000	Unlimited	
$500	**Standard**	$500	$1,000	20%	50%		$20	$4,000	$8,000	
	Shared		Shared INN				$20/$40		Shared INN	
	Standard Unlimited								Unlimited	
$750	**Standard**	$750	$1,500				$25	$4,500	$9,000	
	Shared		Shared INN				$20/$40		Shared INN	
	Standard Unlimited								Unlimited	
$1,000	**Standard**	$1,000	$2,000				$25		$9,000	
	Shared		Shared INN				$20/$40		Shared INN	
	Standard Unlimited							$5,500	Unlimited	
$1,500	**Standard**	$1,500	$3,000				$30	$4,500	$9,000	
	Shared		Shared INN				$20/$50	$5,500	Shared INN	
	Standard Unlimited								Unlimited	
$2,000	**Standard**	$2,000	$4,000				$30		$10,000	
	Shared		Shared INN				$20/$50	$5,500	Shared INN	
	Standard Unlimited							$6,850	Unlimited	
$2,500	**Standard**	$2,500	$5,000				$30	$5,500	$11,000	
	Standard Unlimited		Shared INN	30%			$20/$50	$6,850	Unlimited	
$3,000	**Standard**	$3,000	$6,000				$35	$6,000	$12,000	$300 copay, then deductible and coinsurance
	Standard Unlimited		Shared INN				$20/$50	$6,850	Unlimited	$250 copay, then deductible and coinsurance
$4,000	**Standard**	$4,000	$8,000				$35	$6,000	$12,000	$300 copay, then deductible and coinsurance
$5,000	**Standard**	$5,000	$10,000					$6,500	$13,000	
	Standard Unlimited		Shared INN				$20/$50	$7,350	Unlimited	$250 copay, then deductible and coinsurance
$6,350	**Standard**	$6,350	$12,700				$40	$7,000	$14,000	$300 copay, then deductible and coinsurance
$1750	**HSA Qualified[1] - Standard**	$1,750	$3,500	20%	50%	Heritage	Deductible/ Coinsurance applies	$4,000	$8,000	Deductible/ Coinsurance applies
$1,750	**HSA Qualified[1] - Standard Unlimited**		Shared INN						Unlimited	
$2,000	**HSA Qualified[1] - Shared**	$2,000							Shared INN	
$2,500	**HSA Qualified[1] - Standard**	$2,500	$5,000					$5,000	$10,000	

Spec/Non-Des PCP: Specialist and Non-designated PCP **INN**: In network **OON**: Out of network

Preferred Choice medical plans		Deductible		Coinsurance		Network available	Office visit copay (Non-specialist/ specialist)	INN out-of-pocket maximum	OON out-of-pocket maximum	Emergency room cost share
		INN	OON	INN	OON					
$3,000	**HSA Qualified[1] - Shared**	$3,000	Shared INN	20%	50%	Heritage	Deductible/ Coinsurance applies	$6,000	Shared INN	Deductible/ Coinsurance applies
$3,500	**HSA Qualified[2] - Standard**	$3,500	$7,000					$5,000	$10,000	
$3,500	**HSA Qualified[2] - Standard Unlimited**		Shared INN						Unlimited	
$4,000	**HSA Qualified[2] - Standard**	$4,000	$8,000						$10,000	
$5,000		$5,000	$10,000					$5,500	$11,000	
$5,500	**HSA Qualified[2] - Standard Unlimited**	$5,500	Shared INN					$6,000	Unlimited	
$6,450	**HSA Qualified[2] - Standard**	$6,450	$12,900	0%				$6,450	$12,900	
$1,000	**BlueHPN**	$1,000	Not covered	20%	Not covered	Heritage Prime	$25	$4,500	Not covered	$250 copay, then deductible and coinsurance
$2,000		$2,000					$30	$5,000		
$500	**Premera Pathfinder EPO**	$500	Not covered	20%	Not covered	Heritage	Designated PCP: $5 Spec/Non-Des PCP: $35	$6,500	Not covered	$250 copay, then deductible and coinsurance
$1,000		$1,000					Designated PCP: $5 Spec/Non-Des PCP: $45	$7,500		
$3,000		$3,000		30%			Designated PCP: $5 Spec/Non-Des PCP: $65	$9,000		
$5,000		$5,000						$9,750		
$500	**Premera Pathfinder PPO**	$500	$1,000	20%	50%		Designated PCP: $5 Spec/Non-Des PCP: $40	$5,000	$30,000	
$1,000		$1,000	$2,000				Designated PCP: $5 Spec/Non-Des PCP: $45	$5,500	$33,000	
$1,500		$1,500	$3,000				Designated PCP: $5 Spec/Non-Des PCP: $50			
$2,000		$2,000	$4,000					$6,000	$36,000	
$3,000		$3,000	$6,000	30%			Designated PCP: $5 Spec/Non-Des PCP: $65	$6,500	$39,000	

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.

[1] Aggregate deductible and embedded out of pocket.
[2] Embedded deductible and embedded out of pocket.

PREMERA BLUE CROSS

Covered services by plan type

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 Standard	PPO Shared or Standard Unlimited	HSA Qualified	Premera Pathfinder EPO	Premera Pathfinder PPO	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 general medicine	$10 copay		Deductible/ coinsurance	Office visit cost share		$10 copay
Inpatient professional services	Deductible/coinsurance					
Contraceptive management services unlimited	Covered in full					
Preventive professional diagnostic imaging and laboratory services including Pap test and prostate-specific antigen (PSA) test	Covered in full					
Other professional diagnostic imaging	Waive deductible, then coinsurance		Deductible/ coinsurance	First $400 covered in full, then deductible/coinsurance		Deductible/ coinsurance
Professional diagnostic major imaging						
Other professional diagnostic laboratory and pathology tests						
Breast cancer screening (including mammogram)	Covered in full					
Inpatient facility	Deductible/coinsurance					
Outpatient surgery facility						
Skilled nursing facility 60 or 120[1] 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	$50	Deductible/ coinsurance	Specialist office visit cost share		Office visit cost share
Ambulance transportation unlimited	Deductible/coinsurance					
Air ambulance unlimited						
Allergy and therapeutic injections	Covered in full	Waive deductible, then coinsurance	Deductible/coinsurance			
Mental health inpatient facility care unlimited	Deductible/coinsurance					
Mental health outpatient professional care unlimited	Office visit cost share	$10 copay	Deductible/ coinsurance	Specialist office visit cost share	$20 copay	Office visit cost share
Chemical dependency inpatient facility care unlimited	Deductible/coinsurance					
Chemical dependency outpatient professional care unlimited	Office visit cost share	$10 copay	Deductible/ coinsurance	Specialist office visit cost share	$20 copay	Office visit cost share
Rehab inpatient facility 60 days PCY	Deductible/coinsurance					
Rehab outpatient care 60 visits PCY, including physical occupational, speech, massage therapy, and chronic pain management	Office visit cost share	Specialist office visit cost share	Deductible/ coinsurance	Specialist office visit cost share		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 or unlimited[1]						
Hospice care hospice home visits: unlimited; respite: unlimited						
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 or 24[1] visits PCY; spinal and other	Office visit cost share	Non-specialist office visit cost share	Deductible/ coinsurance	PCP office visit cost share	$20 copay	Office visit cost share
Acupuncture 12 or 24[1] visits PCY						
Routine vision exam 1 PCY	$25 copay	Not covered	$25 copay			
Vision hardware $150 every 2 consecutive calendar years	Covered in full		Covered in full			
Pediatric vision exam 1 PCY under age 19	$25 copay		$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		Covered in full			
Hearing exam 1 PCY	$25 copay					
Hearing hardware 1 hearing aid per ear with hearing loss every 3 years	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.
[1]Applicable only on PPO Shared or Unlimited

PREMERA HMO

Your medical plan options

INN: In network **OON**: Out of network

Deductible	Preferred Choice medical plans	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					
$500	**HMO Core Plus**	20%	Not covered	Sherwood HMO	PCP: $5 Specialist: $50	$4,000	Not covered	$250 copay, then deductible and coinsurance
$1,000						$4,500		
$1,500					PCP: $5 Specialist: $60			
$2,000						$5,000		
$3,000		30%				$6,000		$300 copay, then deductible and coinsurance
$4,000					PCP: $10 Specialist: $65			
$5,000						$6,500		$350 copay, then deductible and coinsurance
$6,000						$7,000		

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.

Covered services

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	HMO Core Plus 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	PCP copay
Inpatient professional services	Deductible/coinsurance
Contraceptive management services unlimited	Covered in full
Preventive professional diagnostic imaging and laboratory services including Pap test and prostate-specific antigen (PSA) test	
Other professional diagnostic imaging	Deductible/coinsurance
Professional diagnostic major imaging	
Other professional diagnostic laboratory and pathology tests	
Breast cancer screening (including mammogram)	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 unlimited	
Emergency room physician	
Urgent care center	$25 copay
Ambulance transportation unlimited	Deductible/coinsurance
Air ambulance unlimited	
Allergy and therapeutic injections	
Mental health inpatient facility care unlimited	
Mental health outpatient professional care unlimited	PCP office visit cost share
Chemical dependency inpatient facility care unlimited	Deductible/coinsurance
Chemical dependency outpatient professional care unlimited	PCP office visit cost share
Rehab inpatient facility 60 days PCY	Deductible/coinsurance
Rehab outpatient care 60 visits PCY, including physical occupational, speech, and massage therapy, and chronic pain management	Specialist 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: unlimited	
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	PCP 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 PCY	$25 copay
Hearing hardware 1 hearing aid per ear with hearing loss every 3 years	Covered in full
Annual plan maximum	Unlimited

STEP 2

Choose a pharmacy plan

All medical plans require a pharmacy plan, except HSA-qualified plans, which already include a pharmacy plan. Select a pharmacy plan based on the group's funding type.

PREMERA BLUE CROSS

Fully insured Preferred Choice pharmacy plans[1]	Retail cost share[2]						Mail cost share[3]						Formulary drug list
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	
Essentials - $10/$25/$55/30%	$10	$25	$55	30%	N/A	N/A	$30	$75	$55	30%	N/A	N/A	Essentials - E4
Essentials - $15/$30/$60/30%	$15	$30	$60				$45	$90	$60				
Essentials - $150–$15/$60/$100/50%[4]		$60	$100	50%				$180	$100	50%			
Essentials - $5/$15/$35/$70/$30%/50%	$5	$15	$35	$70	30%	50%	$15	$45	$105	$210	30%	50%	Essentials - E6
Essentials - $5/$15/$35/20%/$30%/50%				20%						20%			
Essentials - $5/$20/$40/$75/$30%/50%		$20	$40	$75				$60	$120	$225			
Essentials - $7/$25/$50/$100/$30%/50%	$7	$25	$50	$100			$21	$75	$150	$300			
$10/$25/$50	$10	$25	$50	N/A	N/A	N/A	$30	$75	$150	N/A	N/A	N/A	Preferred - B3
$10/$35/$65		$35	$65					$105	$195				
$15/$30/$55	$15	$30	$55				$45	$90	$165				
$150 – $15/$30/$55[4]													
$300 – $15/$30/$55[4]													
$15/$45/$75		$45	$75				$30	$150	$225				
$10/$50/$75/40%	$10	$50		40%						40%			Preferred - B4
$20/$50/50%/30%	$20		50%	30%				$150	50%	30%			

[1]SB5213-compliant in accordance with Washington state.
[2]For a 90-day supply.
[3]Mail order 90-day supply; specialty drugs are limited to a 30-day supply.
[4]Deductible waived for generics and preferred generics on Essentials. Out of network (non-participating retail pharmacies): cost share applies, then 40% (to allowable).

PREMERA HMO

HMO Core Plus pharmacy plans	Retail cost share[2]						Mail cost share[3]						Formulary drug list
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	
Essentials - $10/$25/$55/30%	$10	$25	$55	30%	N/A	N/A	$30	$75	$55	30%	N/A	N/A	Essentials - E4
Essentials - $15/$30/$60/30%	$15	$30	$60				$45	$90	$60				
Essentials - $150–$15/$60/$100/50%[4]		$60	$100	50%				$180	$100	50%			
$10/$35/$70/30%	$10	$35	$70	30%	30%	50%	$30	$105	$70	30%	30%	50%	Essentials - E6
$10/$35/$75/30%			$75						$75				
Essentials - $5/$15/$35/$70/$30%/50%	$5	$15	$35	$70			$15	$45	$105	$210			
Essentials - $5/$15/$35/20%/$30%/50%				20%						20%			
Essentials - $5/$20/$40/$75/$30%/50%		$20	$40	$75				$60	$120	$225			
Essentials - $7/$25/$50/$100/$30%/50%	$7	$25	$50	$100			$21	$75	$150	$300			
$10/$25/$50	$10	$25	$50	N/A	N/A	N/A	$30	$75	$150	N/A	N/A	N/A	Preferred - B3
$10/$35/$65		$35	$65					$105	$195				
$15/$30/$55	$15	$30	$55				$45	$90	$165				
$150 – $15/$30/$55[4]													
$300 – $15/$30/$55[4]													
$15/$45/$75		$45	$75				$30	$150	$225				
$10/$50/$75/40%	$10	$50		40%						40%			Preferred - B4
$20/$50/50%/30%	$20		50%	30%				$150	50%	30%			

[1]SB5213-compliant in accordance with Washington state.
[2]For a 90-day supply.
[3]Mail order 90-day supply; specialty drugs are limited to a 30-day supply.
[4]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 Blue Cross medical and dental plans encourage healthy habits, better outcomes, and lower total cost of care. The expansion of our Dental Choice network, the Dental GRID+ makes it even easier for your employees to find high-quality dental care no matter where they work or live.

Select from 15 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]

1% premium discount

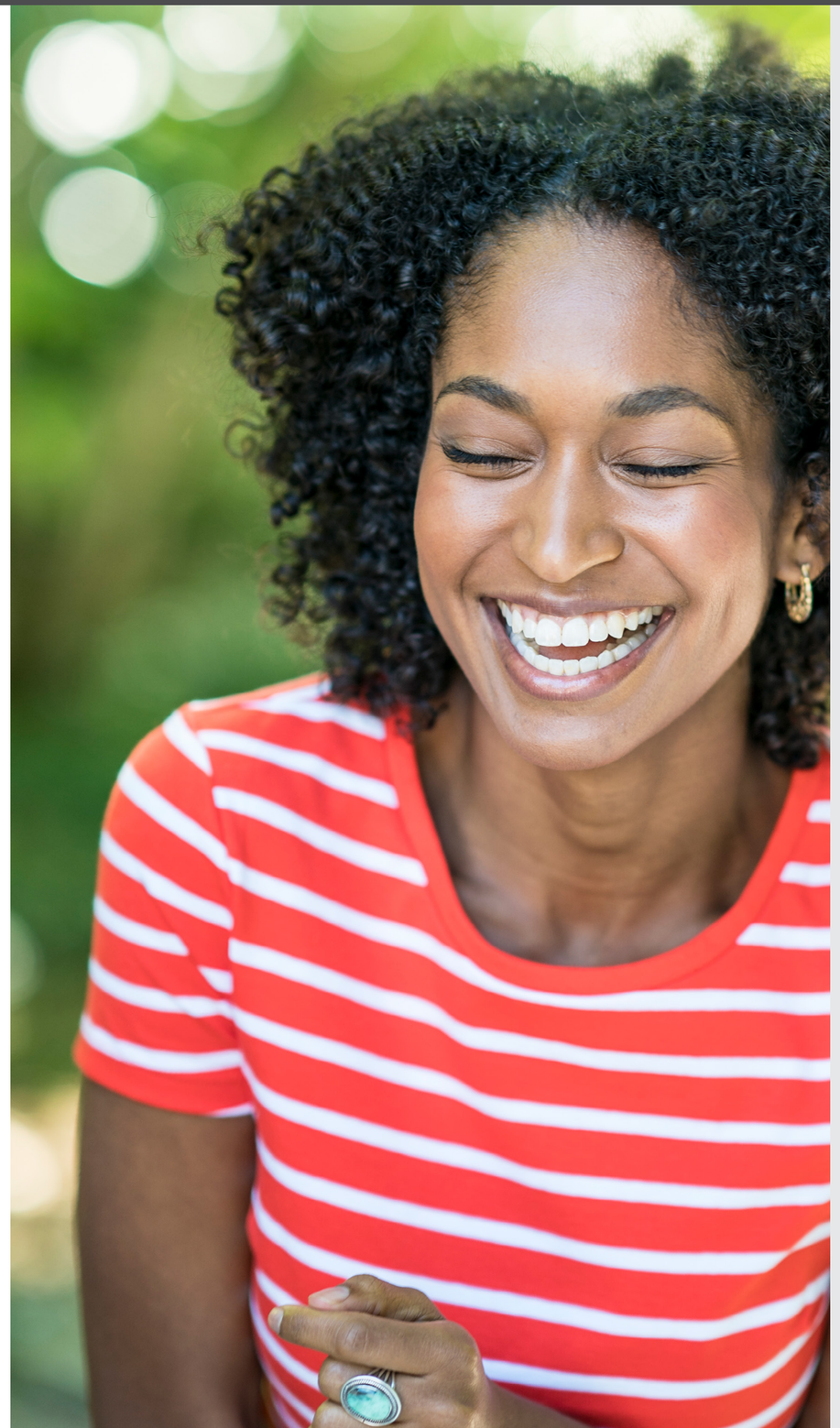
Broad network access

With the GRID+ network, Premera is nearly doubling the size of the Dental Choice network. Employers and members alike will see a reduction in out-of-network claims.

122K dentists nationwide

483K locations nationwide

[1] Discount is subject to review.



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.

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 periodontal surgery	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)
Optima 1500 Shared Family Plan	$50	$150	0%	20%	50%	$1,500[1]	Basic	No	

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 periodontal surgery	Waiting period	Orthodontia
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	
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.

Dental covered services

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***
Diagnostic/ Preventive	Routine oral exams (2 PCY)		
	Emergency exams		
	Routine x-rays (bitewings unlimited); complete series or panoramic x-ray (once per 36 consecutive months)		
	Cleanings (2 PCY)		
	Fluoride treatments (2 applications PCY; age limits apply)		
	Sealants (once every 24 consecutive months; age limits apply)		
	Space maintainers (age limits apply)		
Basic	N/A		
	N/A		
	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)		
	Endodontic (root canal) treatment (once per tooth every 24 consecutive months)	N/A	
	Full mouth debridement (once every 36 consecutive months)		
	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	
	Simple and surgical extractions		
	Oral surgery		
	Intravenous or general anesthesia (limited to covered dental procedures at a dental care provider's office when dentally necessary)		
Major	Inlays, onlays, and 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)		
	N/A	Endodontic (root canal) treatment (once per tooth every 24 consecutive months)	
	N/A	Periodontal surgery (once per quadrant every 36 consecutive months)	

*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.

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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.

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