

Premera ID Card Guide

(effective January 1, 2024)

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PREMERA ID CARDS

What's the difference?

Premera has 4 types of plans:



- **Individual:** Premera Blue Cross Individual exclusive provider organization (EPO) marketplace plans are available in Franklin, Grays Harbor, King, Kitsap, Pierce, Spokane, and Yakima counties. LifeWise Health Plan of Washinton, a Premera affiliate, has marketplace plans available in 35 counties throughout Washington state.
- **Group/Commercial:** These can be PPO, EPO or HMO and are typically employer-based plans.
 - Examples of EPO plans are Premera Pathfinder and Your Focus.
 - Examples of PPO are Your Choice and Your Future.
 - The Premera Blue Cross HMO plans are called HMO Core Plus.
 - Group employer-based plans are sold by LifeWise for Clark County-based groups.
- **Medicare:** Medicare Advantage HMO plans are offered in Cowlitz, Island, King, Kitsap, Lewis, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, and Whatcom counties. Medicare Supplement plans are available in all Washington counties, excluding Clark County.
- **BlueCard:** A patient may be a customer of a Blue Cross and/or Blue Shield plan based in another state. The BlueCard program allows customers to get services while living in another Blue plan's service area.

ID cards vary by plan

Most Premera ID cards are similar, with just a few key differences. When patients call, we recommend that you ask them for their **health plan** and **network name**. Remember that the ID card is not a guarantee of coverage or eligibility. To check eligibility and benefits, use the Availity online [Eligibility and Benefits Tool](#) or contact customer service. For Medicare Advantage, use the [Medicare Advantage provider website](#).

Many plans change during the year. We recommend you ask for a patient's ID card if they haven't been seen recently to ensure they still have the same coverage.

For more details, view the [ID card section](#) of the Premera Medical Reference Manual, or the Medicare Advantage [Provider Reference Manual](#). For detailed BlueCard program information, view the [BlueCard Program Provider Manual](#) available on our [BlueCard Resources](#) page.

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Visit www.premiera.com for coverage details, on-line services and health-related information.

Customer Service 1-800-722-1771

TTY for the deaf and hard of hearing 1-800-722-1771

Outside of U.S. call Toll Free 1-855-629-0987

BlueCard Provider Locator 1-800-810-BLUE (2583)

Provider BlueCard Eligibility 1-800-876-BLUE (2583)

Pharmacy Locator/Mail Order Rx 1-800-391-8701

24-Hour Nurse-Line 1-800-841-8343

Doctor On Demand 1-800-997-6196

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card.

PROVIDERS: Member Services - Pre-Approval (prior authorization) may be required for some services/denials. **PREMERA PROVIDERS:** Verify eligibility and benefits, check claim status, or submit a prior authorization at Availability.com or call Customer Service prior to providing services.

Premiera Blue Cross

P.O. Box 91059

Seattle, WA 98111-9159

11

Print DT

9. Out-of-pocket maximum

Any applicable out-of-pocket maximum limitation under the plan.

10. Contact information and web tools

For customers and providers. If a customer has a limited network (such as an EPO), emergency care benefits are noted here.

11. Billing information

Billing instructions and address. Some Plans may have a different claims mailing address, noted on the back of card.

PLANS AND NETWORKS



PPO, EPO, HMO, and high-deductible plans and networks


Our PPO and high-deductible plans have a standard in-network and out-of-network structure. Copays or co-insurance amounts are listed on the member ID card.

EPO and HMO plans are limited networks and typically don't cover non-emergency care out of the state. Emergency care is covered out of state and out of network. This restriction is noted on the back of the ID card.

Group/commercial ID card samples






Premera Blue Cross


PREMERA  BLUE CROSS <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>																
Member PREMERA MEMBER Prefix Identification # Suffix ZKR 123456789 01	Medical Network HERITAGE Dental Network CHOICE															
Group # 1234567 Rx Plan E4 Rx Group # BCWAPDP BCBS 430 BIN# 610014	OFFICE VISIT COPAY \$30 EMERGENCY ROOM \$100															
RETAIL RX \$15/\$30/\$50/30% MAIL-ORDER RX \$37.50/\$75/\$50/30%	<table><tr><th></th><th>In Network</th><th>Out of Network</th></tr><tr><td>Deductible Individual</td><td>\$500</td><td>\$1000</td></tr><tr><td>Deductible Family</td><td>\$1000</td><td>\$2000</td></tr><tr><td>Out of Pocket Max Individual</td><td></td><td>\$3500</td></tr><tr><td>Out of Pocket Max Family</td><td></td><td>\$7000</td></tr></table>		In Network	Out of Network	Deductible Individual	\$500	\$1000	Deductible Family	\$1000	\$2000	Out of Pocket Max Individual		\$3500	Out of Pocket Max Family		\$7000
	In Network	Out of Network														
Deductible Individual	\$500	\$1000														
Deductible Family	\$1000	\$2000														
Out of Pocket Max Individual		\$3500														
Out of Pocket Max Family		\$7000														
Rx	 PPO															

PREMERA  BLUE CROSS <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>	Visit www.premera.com for coverage details, on-line services and health-related information.
PROVIDERS: Please submit all medical claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan. Send dental claims directly to Premera Blue Cross. Providers may call BlueCard Eligibility to verify membership and coverage. PREMERA DENTAL PROVIDERS: Premera uses the United Concordia Advantage Plus to supplement our Choice dental network. Check eligibility and benefits, claim status, and submit claims through Avallity.com using Premera Dental as a payer.	Customer Service 1-800-722-1471 TTY for the deaf and hard of hearing 1-855-629-0987 Outside of U.S. call Toll Free 1-800-810-BLUE (2583) BlueCard Provider Locator 1-800-810-BLUE (2583) Provider BlueCard Eligibility 1-800-676-BLUE (2583) Pharmacy Locator/Mail Order Rx 1-800-391-9701 24-Hour NurseLine 1-800-841-8343 Doctor On Demand 1-800-997-6196
MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card. PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs. PREMERA PROVIDERS: Verify eligibility and benefits, check claim status, or submit a prior authorization at Avallity.com or call Customer Service prior to providing services.	
PREMERA Blue Cross P.O. Box 91059 Seattle, WA 98111-9159	Print Dt.

The suitcase image, with PPO noted, indicates that the customer's plan includes BlueCard benefits. BlueCard providers outside of the service area of Alaska and Washington are considered in-network for this plan and members pay in-network cost shares for non-emergent services. Emergency services are always paid at the in-network cost share.

Premera Blue Cross - Peak Care Plan (Tahoma EPO Network)



PREMERA  BLUE CROSS <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>	
Member PREMERA MEMBER Prefix Identification # Suffix P4K 123456789 01	Medical Plan Peak Care Medical Network Tahoma 
Group # 1234567 BCBS 430 Rx Group # BCWAPDP BIN# 610014 Rx Plan E4 <small>Visit www.peakcare.com for plan benefits and provider levels. Exclusive benefits available at MultiCare Connected Care</small>	Deductible Individual \$250 Deductible Family \$500 Out of Pocket Max Individual \$3000 Out of Pocket Max Family \$6000 
Rx	 


PREMERA  BLUE CROSS <small>An Independent Licensee of the Blue Cross Blue Shield Association</small>	
PROVIDERS/MEMBERS: Emergency care at any hospital does not require a referral and will be covered at the applicable benefit level. All non-emergency care in Washington state must be from a provider in the Tahoma network. Non-emergency services received outside the Tahoma network are not covered. For care outside of Washington state, visit bcbw.com to find a provider in the BlueCard Program. PROVIDERS: Please submit all claims with ID number, prefix, and group number to the local Blue Cross Blue Shield Plan. For members with Dental coverage please submit claims directly to Premera Blue Cross.	Members visit www.peakcare.com for coverage details, on-line services and health-related information. Customer Service/Scheduling 1-855-250-PEAK[7325] TTY for the deaf and hard of hearing 711 Provider Questions 1-800-722-1471 Mail Order Pharmacy 1-800-391-9701 24-Hour NurseLine 1-800-841-8343
MEMBERS: Please show this card when you receive services. See your benefit booklet online for covered services. If you have questions, call Customer Service or write us at the address on this card. PROVIDERS: Check benefits by calling the Provider Questions number above. This card is not a guarantee that the member's coverage is currently in effect.	
Premera Blue Cross P.O. Box 91059 Seattle, WA 98111-9159	EXPRESS SCRIPTS Pharmacy Benefits Manager 11/11/2021

Premera offers Peak Care plans in collaboration with MultiCare. The MultiCare Connected Care logo will also be on the card in addition to the Premera Blue Cross logo.

As an EPO network, members must seek care within the network. Members who receive care outside of the Tahoma network may have to pay the full cost of care—except for medical emergencies. The suitcase image indicates that a plan includes BlueCard benefits.


Premera Blue Cross HMO

PREMERA  HMO	
Member Prefix Identification # Suffix Z3T 123456789 01	Medical Network SHERWOOD HMO
Group # 1234567 Rx Plan B3 Rx Group # BCWAPDP BCBS 431 BIN# 610014 RETAIL RX \$10/\$20/\$40 MAIL-ORDER RX \$20/\$40/\$80	OFFICE VISIT COPAY \$40 / PCP COPAY \$20 URGENT CARE COPAY \$45 / EMERGENCY ROOM \$250 In Network Only Deductible Individual \$250 Deductible Family \$500 Out of Pocket Max Individual \$1500 Out of Pocket Max Family \$3000
Rx	

PREMERA  HMO	
PROVIDERS/MEMBERS: Specialty services require a referral from a primary care provider (PCP). Some services and medications require prior authorization. Contact your PCP to request a referral or prior authorization. PROVIDERS: Please submit all claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan. This card is not a guarantee that the member's coverage is currently in effect.	Visit www.premera.com for coverage details, on-line services and health-related information. Customer Service 1-844-722-HMO1(4661) TTY for the deaf and hard of hearing 711 Provider Questions 1-844-722-HMO1(4661) Mail Order Pharmacy 1-800-391-9701 24-Hour NurseLine 1-844-963-5050
MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call or chat with Customer Service us at the address on this card. Providers: Verify eligibility and benefits, check claim status, or submit a prior authorization at Availity.com or call Customer Service prior to providing services. This member does not have benefits outside of their network other than urgent/emergency services.	
MEMBER/PROVIDER: Send paper claims and correspondence to: Premera Blue Cross HMO P.O. Box 91059 Seattle, WA 98111-9159	08/17/2022

HMO plans are limited networks and typically don't cover non-emergency care out of the state. Emergency care is covered out of state and out of network. This restriction is noted on the back of the ID cards.

LifeWise Health Plan of Washington



Member
LORI BOGART
Identification # Suffix
100364295 01

Group # LWWA001 Rx Plan B4
Rx Group # LWWAPDP
BIN# 610014


RETAIL RX \$15/\$30/\$50/\$150
MAIL-ORDER RX \$37/\$75/\$112/\$150

Rx

Medical Network
LifeWise Health Plan of Washington Preferred

OFFICE VISIT COPAY \$40
EMERGENCY ROOM \$200

	In Network	Out of Network
Deductible Individual	\$1500	\$3000
Deductible Family	\$4500	\$9000
Out of Pocket Max Individual	\$5250	
Out of Pocket Max Family	\$12700	




Visit lifewisewa.com for coverage details, on-line services and health-related information.

Customer Service 1-800-592-6804
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-332-2159
Pharmacy Locator/Mail-Order Rx 1-800-391-9701
24-Hour NurseLine 1-800-841-8343

PROVIDERS: Please submit all medical claims with ID number and group number to LifeWise Health Plan.
This card is not a guarantee that the member's coverage is currently in effect.
Providers may call Customer Service for information regarding eligibility and benefits.
PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs.
LifeWise Providers: Verify eligibility and benefits, check claims status or submit a prior authorization at Avality.com or call Customer Service prior to providing services.

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card. To locate a provider go to www.lifewisewa.com or call Customer Service.

LifeWise Health Plan of Washington
P.O. Box 91059
Seattle, WA 98111-9159 10/26/2023



LifeWise group plans include MultiPlan providers outside of Alaska and Washington. MultiPlan providers are considered in-network for this plan and members pay in-network cost shares for non-emergent services. Emergency services are always paid at the in-network cost share.

LifeWise Assurance Company Student Health Insurance and Graduate Appointee Health Program Plans

International Student Health Insurance Plan (ISHIP) and Graduate Appointee Insurance Program (GAIP) plans are offered through the LifeWise Assurance Company and use the Multiplan network. LifeWise Assurance Company ID cards list the network, plan type, and dental coverage.



Member
IMA MEMBER
Prefix Identification # Suffix
XXX 123456789 01

Group # 9000032
Rx Group # LWACDPD
BIN# 610014

Rx

UNIVERSITY of WASHINGTON

Medical Network LIFEWISE AC
Dental YES

Rx Plan B3

GAIP PLAN





Visit <https://student.lifewiseac.com/uw/gaip> for coverage details, on-line services and health-related information.

Customer Service 1-800-971-1491
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-332-2159
Pharmacy Locator/Mail-Order Rx 1-800-391-9701
24-Hour NurseLine 1-800-841-8343
Teladoc 1-855-332-4059

PROVIDERS: Please submit all claims with ID number, prefix and group number to Lifewise Assurance Company.
This card is not a guarantee that the member's coverage is currently in effect.
Providers may call Customer Service for information regarding eligibility and benefits.
PROVIDERS/MEMBERS: Prior authorization may be required for some services/drugs. Providers: Check benefits at web address or call Customer Service prior to services.

Please submit all claims to:
LifeWise Assurance Company
P.O. Box 91059
Seattle, WA 98111-9159




MEMBERS: Please show this card when you receive services. See your benefit booklet for details on levels and covered services. If you have questions, call Customer Service at the number listed above.


Benefit Level	
Level 1	Campus Clinics and Rubenstein Pharmacy
Level 2	LifeWise AC & MultiPlan
Level 3	All other providers
Pharmacy Benefits Manager	10/02/2019

Premera Blue Cross

BlueCard providers outside of the service area of Alaska and Washington are considered out of network for non-emergent services, and members have out-of-network cost shares. Most plans only have coverage for emergency services outside Alaska and Washington. Emergency services are always paid at the in-network cost share.

Premera also offers Cascade Care plans. These are qualified health plans designed by the Washington Health Benefit Exchange (WAHBE), and typically have lower deductibles and more benefits with copays. Premera Cascade Care plans use the same Individual Signature network and are available through the exchange to residents in all counties within the Premera service area.

																	
BLUE CROSS																	
An Independent Licensee of the Blue Cross Blue Shield Association																	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> <p style="margin: 0;">Member</p> <p style="margin: 10px 0 0 0;">SAMPLE CARD</p> <p style="margin: 10px 0 0 0;"> Prefix Identification # Suffix ABC 123456789 01 </p> </div> <div style="width: 55%; border-left: 1px solid black; padding-left: 10px;"> <p style="margin: 0;">Medical Network Individual Signature</p> <p style="text-align: right; margin: 0;">Rx Plan M4</p> </div> </div>																	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;"> <p style="margin: 0;">Group # 1234567</p> <p style="margin: 10px 0 0 0;">Rx Group # BCWAPDP</p> <p style="margin: 0 0 0 100px;">BIN# 610014</p> </div> <div style="width: 55%; border-left: 1px solid black; padding-left: 10px;"> <p style="margin: 0;">INDIVIDUAL PLAN</p> <p style="margin: 5px 0 0 0;">OFFICE VISIT COPAY \$40</p> <p style="margin: 5px 0 0 0;">PCP COPAY \$5 / EMERGENCY ROOM \$150</p> <p style="margin: 5px 0 0 0;">RETAIL RX \$5/\$40/50%</p> <p style="margin: 5px 0 0 0;">MAIL-ORDER RX \$15/\$120/50%</p> <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <th></th> <th style="text-align: right; font-weight: normal; font-size: small;">IN NETWORK</th> <th style="text-align: right; font-weight: normal; font-size: small;">OUT OF NETWORK</th> </tr> <tr> <td style="font-size: small;">DEDUCTIBLE INDIVIDUAL</td> <td style="text-align: right; font-size: small;">\$1,000</td> <td style="text-align: right; font-size: small;">\$1,000</td> </tr> <tr> <td style="font-size: small;">DEDUCTIBLE FAMILY</td> <td style="text-align: right; font-size: small;">\$3,000</td> <td style="text-align: right; font-size: small;">\$3,000</td> </tr> <tr> <td style="font-size: small;">OUT OF POCKET INDIVIDUAL MAX</td> <td style="text-align: right; font-size: small;">\$4,000</td> <td style="text-align: right; font-size: small;">\$4,000</td> </tr> <tr> <td style="font-size: small;">OUT OF POCKET FAMILY MAX</td> <td style="text-align: right; font-size: small;">\$10,000</td> <td style="text-align: right; font-size: small;">\$10,000</td> </tr> </table> </div> </div>				IN NETWORK	OUT OF NETWORK	DEDUCTIBLE INDIVIDUAL	\$1,000	\$1,000	DEDUCTIBLE FAMILY	\$3,000	\$3,000	OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000	OUT OF POCKET FAMILY MAX	\$10,000	\$10,000
	IN NETWORK	OUT OF NETWORK															
DEDUCTIBLE INDIVIDUAL	\$1,000	\$1,000															
DEDUCTIBLE FAMILY	\$3,000	\$3,000															
OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000															
OUT OF POCKET FAMILY MAX	\$10,000	\$10,000															
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> <p style="margin: 0;">BCBS 430</p> </div> <div style="width: 55%; border-left: 1px solid black; padding-left: 10px;"> </div> </div>																	



BLUE CROSS

An independent licensee of the Blue Cross Blue Shield association


Visit www.premiera.com for coverage details, on-line services and health-related information.

<p>PROVIDERS: Please submit all claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan.</p> <p>This card is not a guarantee that the member's coverage is currently in effect. Providers may call BlueCard Eligibility to verify financial coverage and coverage.</p> <p>MEMBER/PROVIDER: Send paper claims and correspondence to:</p> <p>Premiera Blue Cross of WA P.O. Box 21702 Eagan, MN 55121</p>	<p>Customer Service 1-800-607-0546</p> <p>TTY for the deaf and hard of hearing 711</p> <p>Outside of U.S. call Toll Free 1-855-390-6514</p> <p>BlueCard Provider Locator 1-800-810 BLUE (2583)</p> <p>Provider BlueCard Eligibility 1-800-676 BLUE (2583)</p> <p>Pharmacy Locator/Mail Order Rx 1-800-391-9701</p> <p>24-Hour NurseLine 1-800-784-9265</p>
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MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card.


PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs. Providers: Check benefits at web address above or call Customer Service prior to providing services.

This member only has emergent care benefits outside the state of Washington.



EXPRESS SCRIPTS®

Pharmacy Benefits Manager




BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

Member
SAMPLE CARD
Prefix Identification # Suffix
ABC 123456789 01


Dental Network **Dental Select**

DENTAL ONLY
INDIVIDUAL PLAN

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE INDIVIDUAL	\$1,000	\$2,000
DEDUCTIBLE FAMILY	\$3,000	\$3,000
OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000
OUT OF POCKET FAMILY MAX	\$10,000	\$10,000



PREMERA



BLUE CROSS

An Independent Licensee of the Blue Cross (Blue Shield) Association

PROVIDERS: Please submit all claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan.

This card is not a guarantee that the member's coverage is currently in effect. Providers may call BlueCard Eligibility to verify membership and coverage.

MEMBER/PROVIDER: Send paper claims and correspondence to:

Premera Blue Cross of WA
P.O. Box 21702
Eagan, MN 55121

Visit www.premera.com for coverage details, on-line services and health-related information.

Customer Service	1-800-607-0546
TTY for the deaf and hard of hearing	711
Outside of U.S., call Toll Free	1-855-390-6514
BlueCard Provider Locator	1-800-810-BLUE (2563)
Provider BlueCard Eligibility	1-800-676 BLUE (2563)
Pharmacy Locator/Mail Order Rx	1-800-391-9701
24-Hour NurseLine	1-800-784-9265

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card.

PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs. Providers: Check benefits at web address above or call Customer Service prior to providing services.

Some members have grandfathered individual health plans. Members with these plans have access to the Premera Heritage network. BlueCard providers outside of the service area of Alaska and Washington are considered in-network for this plan and members pay in-network cost shares for non-emergent services. Emergency services are always paid at the In-network cost share.

LifeWise Health Plan of Washington

Individual EPO plans from LifeWise Health Plan of Washington, a Premera affiliate, are available in 35 counties. LifeWise Primary is the main network name for these plans.

Members with a 2024 LifeWise individual plan have INDIVIDUAL PLAN marked clearly on the front of their ID cards. LifeWise individual members are also required to select an assigned primary care provider (PCP). Verify you’re in the LifeWise Primary network before seeing individual plan members.



Visit lifewise.com for coverage details, on-line services and health-related information.

Customer Service 1-800-817-3056
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-332-2159
Pharmacy Locator/Mail-Order Rx 1-877-267-0111
24-Hour NurseLine 1-800-784-9265

PROVIDERS: Please submit all claims with ID number and group number to LifeWise Health Plan.
This card is not a guarantee that the member's coverage is currently in effect. Providers may call Customer Service for information regarding eligibility and benefits.

MEMBER/PROVIDER: Send paper claims and correspondence to:
LifeWise Health Plan of Washington
P.O. Box 21552
Eagan, MN 55121

 EXPRESS SCRIPTS® Pharmacy Benefits Manager



Member
SAMPLE CARD

Identification # **123456789** Suffix **01**

Group # **1100009**
Rx Group # **LWWAPDP**
BIN# **610014**

Medical Network LIFEWISE PRIMARY


Exempt **BT** Rx Plan **M2**

INDIVIDUAL PLAN
PCP COPAY \$50 / EMERGENCY ROOM \$250
RETAIL RX 30%/30%/30%/50%
MAIL-ORDER RX 30%/30%/30%/50%

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE INDIVIDUAL	\$1,000	\$1,000
DEDUCTIBLE FAMILY	\$3,000	\$3,000
OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000
OUT OF POCKET FAMILY MAX	\$10,000	\$10,000



LifeWise also offers Cascade Care and Cascade Select plans. These are qualified health plans designed by WAHBE, and they typically have lower deductibles and more benefits with copays. LifeWise Cascade Care plans use the LifeWise Primary network, while Cascade Select plans use the LifeWise Alpine network. Cascade Care plans are available to residents in 35 counties, while Cascade Select plans are only available to residents in Adams, Benton, or Klickitat counties. Please verify you’re in the LifeWise Alpine network before seeing Cascade Select plan members.



Member
SAMPLE CARD

Identification # **123456789** Suffix **01**


Group # **1100009**
Rx Group # **LWWAPDP**
BIN# **610014**


Medical Network LifeWise Alpine

Exempt **BT** Rx Plan **M4**

INDIVIDUAL PLAN
OFFICE VISIT COPAY \$30
PCP COPAY \$10 / EMERGENCY ROOM \$425
RETAIL RX \$12/\$35/\$160/\$160
MAIL-ORDER RX \$36/\$105/\$480/\$160

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE INDIVIDUAL	\$750	\$1,500
DEDUCTIBLE FAMILY	\$1,500	\$2,250
OUT OF POCKET INDIVIDUAL MAX	\$1,500	\$4,500
OUT OF POCKET FAMILY MAX	\$4,500	\$4,500






Visit lifewise.com for coverage details, on-line services and health-related information.

Customer Service 1-800-817-3056
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-332-2159
Pharmacy Locator/Mail Order Rx 1-800-391-9701
24-Hour NurseLine 1-800-841-8343

PROVIDERS: Please submit all claims with ID number, prefix and group number to LifeWise Health Plan.
This card is not a guarantee that the member's coverage is currently in effect. Providers may call Customer Service for information regarding eligibility and benefits.

MEMBER/PROVIDER: Send paper claims and correspondence to:
LifeWise Health Plans of WA
P.O. Box 21552
Eagan, MN 55121

 EXPRESS SCRIPTS® Pharmacy Benefits Manager

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card. To locate a provider to www.lifewisewa.com or call Customer Service.

PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs. Providers: Check benefits at web address above or call Customer Service prior to providing services.

Individual plan members have access to the Dental Value network:

LifeWise

Member
SAMPLE CARD

Identification # Suffix
123456789 01

Group # **1100009**

Dental Network Dental Value

DENTAL ONLY

INDIVIDUAL PLAN

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE INDIVIDUAL	\$1,000	\$2,000
DEDUCTIBLE FAMILY	\$1,000	\$2,000
OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000
OUT OF POCKET FAMILY MAX	\$10,000	\$12,000

LifeWise

Visit lifewise.com for coverage details, on-line services and health-related information.

Customer Service 1-800-817-3056
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-332-2159

PROVIDERS: Please submit all claims with ID number and group number directly to LifeWise.
This card is not a guarantee that the member's coverage is currently in effect. Providers please call Customer Service to verify membership and benefits.

MEMBERS: Please show this card when you receive dental services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card.

MEMBER/PROVIDER: Send paper claims and correspondence to:
LifeWise Health Plan of Washington
P.O. Box 21552
Eagan, MN 55121

Some members have grandfathered individual health plans. Members with these plans have access to the LifeWise Health Plan of Washington Preferred network. MultiPlan providers outside of the service area of Alaska and Washington are considered in-network for this plan and members pay in-network cost shares for non-emergent services. Emergency services are always paid at the in-network cost share.

LifeWise

Member
SAMPLE CARD

Identification # Suffix
123456789 01

Group # **1100009**

Medical Network LifeWise Health Plan of Washington Preferred

INDIVIDUAL PLAN

OFFICE VISIT COPY \$30
EMERGENCY ROOM \$100

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE INDIVIDUAL	\$1,000	\$1,000
DEDUCTIBLE FAMILY	\$3,000	\$3,000
OUT OF POCKET INDIVIDUAL MAX	\$4,000	\$4,000
OUT OF POCKET FAMILY MAX	\$10,000	\$10,000

LifeWise

Visit lifewise.com for coverage details, on-line services and health-related information.

Customer Service 1-800-817-3056
TTY for the deaf and hard of hearing 711
Outside of U.S. call Toll Free 1-855-332-2159
Pharmacy Locator/Mail-Order Rx 1-877-267-0111
24-Hour NurseLine 1-800-784-9265

PROVIDERS: Please submit all claims with ID number and group number to LifeWise Health Plan.
This card is not a guarantee that the member's coverage is currently in effect. Providers may call Customer Service for information regarding eligibility and benefits.

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card. To locate a provider, go to www.lifewise.com or call Customer Service. PROVIDERS/MEMBERS: Pre-Approval (prior authorization) may be required for some services/drugs.

MEMBER/PROVIDER: Send paper claims and correspondence to:
LifeWise Health Plan of Washington
P.O. Box 21552
Eagan, MN 55121


LifeWise Health Plan of Washington
P.O. Box 21552
Eagan, MN 55121


PHCS **EXPRESS SCRIPTS** Pharmacy Benefits Manager **MultiPlan** Complementary Network

Medicare Advantage plans

Medicare Advantage plans are offered in Cowlitz, Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, San Juan, Spokane, Stevens, Thurston, Walla Walla, and Whatcom counties. Customers are offered Medicare Advantage HMO plans in those counties. ID cards are branded Premiera Medicare Advantage with the network noted. Per the Centers for Medicare and Medicaid Services (CMS) guidelines, you're required to refer patients only to in-network practitioners for services. All plans have comprehensive dental embedded in the HMO.

You can use our online [Find a Doctor](#) tool to locate an in-network practitioner. Use the [Medicare Advantage website](#) to access information about Medicare Advantage customers.

		
Member IMA MEMBER		
Prefix XXX	Identification # 123456789	Suffix 01
Group # 1000042		
BCBS 430		

		Visit www.premera.com for coverage details, on-line services and health-related information.
PROVIDERS: Submit all claims to Medicare first. Submit claims for balances after Medicare with ID number, prefix and group number. Services in WA or AK send secondary claims to Premera Blue Cross at the address on this card. Services outside of WA or AK send secondary claims to the local Blue Cross Blue Shield plan. This card is not a guarantee that the member's coverage is currently in effect. Providers may call Customer Service to verify membership and coverage.		Customer Service TTY for the deaf and hard of hearing Outside of U.S. call Toll Free 24-Hour NurseLine
		1-800-722-1471 711 1-855-629-0987 1-800-841-8343
MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card.		
Premera Blue Cross P.O. Box 91059 Seattle, WA 98111-9159		
10/01/2019		

Washington networks

Medical <ul style="list-style-type: none"> Global Heritage Heritage and Dental Choice LifeWise Health Plan of Washington Preferred LifeWise Assurance Company 	Medical <ul style="list-style-type: none"> Heritage Prime Heritage Signature Individual Signature LifeWise Primary LifeWise Alpine Tahoma Heritage Signature and Dental Choice Tahoma and Dental Choice Sherwood HMO Sherwood HMO and Dental Choice 	Dental <ul style="list-style-type: none"> Dental Choice Dental Select Dental Value Heritage and Dental Choice Heritage Signature and Dental Choice Tahoma and Dental Choice LifeWise Assurance Company
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All contracted participating medical providers are included in the following plan networks. These plan networks can't be separated (see above).

- Global
- Heritage
- Heritage and Dental Choice
- LifeWise Health Plan of Washington Preferred
- LifeWise Assurance Company

In addition, providers can participate in the following medical plan networks. If a provider has admitting privileges to a hospital in that plan network (if hospital privileges are required for the provider), they can participate in that plan network.

- Heritage Prime

- Heritage Signature
- Individual Signature
- LifeWise Primary
- LifeWise Alpine
- Tahoma
- Heritage Signature and Dental Choice
- Tahoma and Dental Choice
- Sherwood HMO
- Sherwood HMO and Dental Choice

As a standard process, if a provider participates in the Heritage Signature plan network, the provider must also participate in Heritage Signature and Dental Choice, Individual Signature, and LifeWise Primary plan networks. **Note: Exceptions to deviate in the participation in any of these three plan networks must be approved as a custom contract.**

All contracted participating dental providers are included in the following plan networks:

- Dental Choice
- Sherwood HMO and Dental Choice
- Heritage and Dental Choice
- Heritage Signature and Dental Choice
- Tahoma and Dental Choice
- LifeWise Assurance Company

In addition, providers can participate in the following dental plan networks:

- Dental Select
- Dental Value

The Heritage and Dental Choice, Sherwood HMO and Dental Choice, Heritage Signature and Dental Choice, and Tahoma and Dental Choice are all plan networks for small group products with embedded pediatric dental benefits. The LifeWise Assurance Company network supports medical and embedded family dental benefits for LifeWise Assurance Company plans. **Note: There are no exceptions to deviate in the participation in any of Dental Choice, Heritage and Dental Choice, Tahoma and Dental Choice, and LifeWise Assurance Company networks.**

2024 Plans Names and Networks

Individual Plans	
Plan Names	Network Names
Premiera Preferred (EPO)	Individual Signature

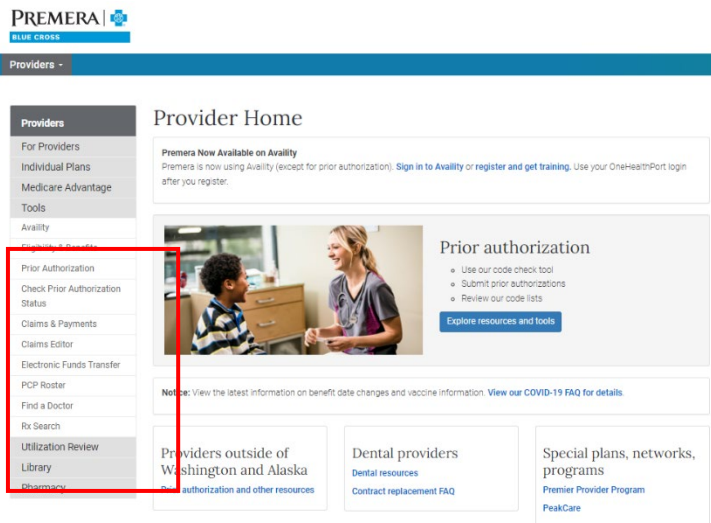
Gold, Silver, Bronze	Available in Franklin, Grays Harbor, King, Kitsap, Pacific, Pierce, Spokane, Yakima
Premera Preferred HSA (EPO) Gold, Silver, Bronze	Individual Signature Available in Franklin, Grays Harbor, King, Kitsap, Pacific, Pierce, Spokane, Yakima
Premera Cascade Care (EPO) Gold, Silver, Bronze	Individual Signature Available in Franklin, Grays Harbor, King, Kitsap, Pacific, , Pierce, Spokane, Yakima
Premera Blue Cross Group Conversion (PPO) (Grandfathered plans)	Heritage (BlueCard included)
LifeWise Cascade Care Select (EPO) Gold, Silver, Bronze	LifeWise Alpine Available in Adams, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Island, Klickitat, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Thurston, Wahkiakum, Yakima
LifeWise Cascade Care (EPO) Gold, Silver, Bronze	LifeWise Primary Available in Asotin, Clallam, Columbia, Garfield, Grant, Jefferson, King, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pierce, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whitman
LifeWise Essential (EPO) Gold, Silver, Bronze	LifeWise Primary Available in Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman
LifeWise Essential Bronze HSA (EPO)	LifeWise Primary Available in Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman
LifeWise Health Plan of Washington WiseChoices, WiseEssentials, WiseSavings (Grandfathered plans)	LifeWise Health Plan of Washington Preferred Available in Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Garfield, Grant, Island, Jefferson, King, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, or Yakima
International Student Insurance Plan (ISHIP)	LifeWise Assurance Company (Multiplan included)
LifeWise Individual Pediatric Dental	Dental Value

LifeWise Individual Family Dental	Dental Value
Small Group Plans (BlueCard included)	
Plan Names	Network Names
Balance Plans	Heritage Signature and Dental Choice (BlueCard included)
Choice Plans	Heritage and Dental Choice (BlueCard included)
Peak Care (EPO)	Tahoma and Dental Choice (BlueCard included) Available in Pierce, Spokane, and Thurston.
HMO Core Plus (HMO)	Sherwood HMO and Dental Choice (BlueCard included, doesn't cover non-emergency care outside Washington) Available in King, Pierce, Spokane, and Thurston
Large Employer Group Plans (BlueCard included)	
Plan Names	Network Names
Your Choice (PPO)	Heritage, Heritage Prime (BlueCard included)
Your Future (HSA)	Heritage, Heritage Prime (BlueCard included)
Your Focus (EPO)	Heritage, Heritage Prime (BlueCard included)
Preferred Choice (PPO)	Heritage, Heritage Prime (BlueCard included)
Preferred Choice (HSA)	Heritage, Heritage Prime (BlueCard included)
Essentials Medical Plan (EPO)	Heritage Prime (BlueCard included)
Premera Pathfinder (EPO)	Heritage Prime (BlueCard included)
Preferred Choice Peak Care (EPO)	Tahoma (BlueCard included) Available in Pierce, Spokane, and Thurston.
Preferred Choice Peak Care (HSA)	Tahoma (BlueCard included) Available in Pierce, Spokane, and Thurston.
Peak Care (EPO)	Tahoma (BlueCard included) Available in Pierce, Spokane, and Thurston.
Your World (PPO) (Self-funded groups only)	Global (BlueCard included)
Blue HPN (EPO)	Heritage Prime (HPN BlueCard included)
Blue HPN Preferred Choice (EPO)	Heritage Prime (HPN BlueCard included)
HMO Core Plus (HMO)	Sherwood HMO (BlueCard included, doesn't cover non-emergency care outside Washington) Available in King, Pierce, Spokane, and Thurston

Preferred Choice Dental Optima	Dental Choice
Preferred Choice Dental Optima Flex	Dental Choice
Preferred Choice Dental Optima Voluntary	Dental Choice
Preferred Choice Essentials Dental	Dental Choice
Dental Preference Flex Plus	Dental Choice
Willamette Dental	Willamette Dental Group
Graduate Appointee Insurance Program (GAIP) (PPO)	LifeWise Assurance Company (Multiplan included)
WiseFoundaton (PPO)	LifeWise Health Plan of Washington Preferred (Multiplan included)
WiseElement (PPO & HSA)	
Medicare Advantage Plans	
Plan Names	Network Names
Premera Medicare Advantage (HMO)	Medicare Advantage Available in Cowlitz, Island, King, Kitsap, Lewis, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Walla Walla, and Whatcom counties.
Premera Medicare Advantage Classic (HMO)	Medicare Advantage Available in Cowlitz, Island, King, Kitsap, Lewis, Pierce, San Juan, Skagit, Snohomish, Thurston, Walla Walla, and Whatcom counties.
Premera Medicare Advantage Total Health (HMO)	Medicare Advantage Available in Spokane, Stevens, and Walla Walla counties
Premera Medicare Advantage Alpine (HMO)	Available in King, Pierce, Snohomish, Thurston, and Whatcom counties
Premera Medicare Advantage Peak + Rx (HMO)	Medicare Advantage Available in King, Pierce, Snohomish, Thurston, and Whatcom counties
Premera Medicare Advantage Sound + Rx (HMO)	Available in King, Pierce, Snohomish, Thurston, and Whatcom counties
Medicare Supplement Plans	
Premera Medicare Supplement A, C, F, High Deductible F, G, High Deductible G, N	Medicare Supplement plans pay after Medicare and do not use a Premera network. Available in all Washington counties, except Clark

HELPFUL ONLINE TOOLS

Visit our [provider website](#) for Availity tools and information. Access our [Medicare Advantage site](#) to find information about Medicare Advantage customers.



Availity: Secure provider portal

We have a single-source solution for all our providers through Availity, is a nationwide, multi-payer secure portal that helps providers and health plans share information efficiently.

Providers have access to the following through Availity:

Availity tool	Description
Eligibility and benefits	<p>The member search feature allows you to search using only a member's plan ID number. Results will include all members associated with that member ID. If you don't have a member's ID, you can search by the member's first name, last name, and DOB.</p> <p>View tooth history information from the Services History button of the eligibility and benefits results when you select Premera Dental as a payer.</p>
Claim submission	<p>Claim submission for medical, dental, and facility is available through Availity for free. Express Entry makes adding provider information fast and error-free. Note: You don't need to use Availity as a clearinghouse to use this feature.</p>

Claim status	View the status for a medical, dental, and/or facility claim. Color-coded patient cards show you the status of a patient's claim. You can search by member, claim number, or all claims within a specific date range.
Remittance viewer	Premera and FEP EOPs are available from the Check/EFT tab. Select the EOP/EOB icon under the Actions menu to download a PDF. Note: Use "Premera Federal Employee Program (FEP)" as a payer to view FEP check information.

Providers still need to use Premera's secure provider portal for some transactions not yet available on Availity, such PCP roster and payment policies.

Links to access those tools, as well as all resources on Premera's existing secure and public provider websites, are available on Availity's payer space landing pages for a seamless online experience.

Availity sign in: Premera uses [Availity](#) as its primary secure provider website for checking eligibility and benefits, submitting prior authorizations, getting claims status, and more.

Premera - Individual plans sign in: If your patient's ID card says "Individual Plan," sign in to Premera's Individual Plan website using your [OneHealthPort sign in](#).

Find a doctor: Verify your address and specialty information and find providers you can refer to within a customer's network by visiting our Find a Doctor tool. You must use the Medicare Advantage website to access information about Medicare Advantage customers.

Eligibility and benefits: [Sign in to Availity](#) to verify a customer's network and eligibility information using our eligibility and benefits tool. Use the Medicare Advantage website to access information about Medicare Advantage customers. **Note: Many plans change or renew during the year. We recommend you ask for a patient's ID card if they haven't been seen recently to ensure they still have the same coverage. A copy of the member ID card is available through Availity.**

Prior authorization: [Sign in to Availity](#) to determine what services require authorization or need review (based on the customer's plan). Use the [Medicare Advantage website](#) to access information about Medicare Advantage members.

Plan prefixes: Use our [plan prefix list](#) to determine which plans are within Premera's network or are outside of Washington. This is helpful when determining benefits and eligibility for a customer.

Training and news: Find online tool user guides, web-based training modules, and more in our online [Learning Center](#). Get the latest news and policy updates by [signing up for monthly Provider News updates](#).

IMPORTANT CONTACTS

[Premera Blue Cross provider website](#)

[Premera Blue Cross Medicare Advantage provider website](#)

Premera Provider Customer Service, 877-342-5258, option 2

- Customer benefits and eligibility verification
- Claims payment, payment vouchers, or remittance assistance
- Provide network status confirmation

Individual Premera plans, 800-607-0546

Individual LifeWise plans, 800-817-3056

BlueCard, 800-676-BLUE (2583) to verify benefits or eligibility for BlueCard customers. Call 888-261-9562 for BlueCard claims customer service.

Premera Blue Cross Medicare Advantage Plan, 888-850-8526

Physician & Provider Relations, 877-342-5258, option 4

- Changing your billing, practice or remittance address
- Adding a practice location
- Updating your tax identification number
- Adding/removing a provider at your office
- Fulfilling application and contract requests
- Verifying contract status
- Requesting copies of past communications

Pharmacy Services: 888-261-1756

- General information on the Preferred Drug List (PDL)
- Exceptions for point-of-sale edits
- Level status confirmation for a specific medication

Care Management: 877-342-5258

- Individual Premera plans, call 844-996-0329
- Individual LifeWise, call 844-996-0333
- Medicare Advantage, call 855-339-8127

Technical issues related to:

- Availity, 800-282-4548, 8 a.m. to 8 p.m., Eastern Time, Monday - Friday
- Medicare Advantage homepage, Find A Doctor, and forms, call 800-722-9780
- Medicare Advantage secure pages and online tools, call 888-850-8526
- Individual Premera plans, call 800-607-0546
- Individual LifeWise plans, call 800-817-3056