

Premera ID Card Guide

(effective January 1, 2024)

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PREMERA ID CARDS

What's the difference?

Premera has four types of plans in Alaska:


- **Individual:** Premera has individual preferred provider organization (PPO) and PPO HSA plans available to residents throughout the state of Alaska. These are sold to individuals through the [Exchange marketplace](#).
- **Group/Commercial:** These are PPO and typically employer-based plans.
- **Medicare Supplement:** Medicare Supplement plans are available to residents throughout the state of Alaska.
- **BlueCard:** 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. These tools require secure log in through [OneHealthPort](#).

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. Once updated ID cards have been issued, any available digital versions of the card will be updated and available as well.

For more details, view the [Premera Reference Manual](#). For detailed BlueCard program information, view the [BlueCard Program Provider Manual](#) available on our [BlueCard Resources](#) page.

PREMERA | 
BLUE CROSS BLUE SHIELD OF ALASKA
An Independent Licensee of the Blue Cross Blue Shield Association

1 Member
PREMERA MEMBER
Prefix Identification # Suffix
ZKR 123456789 01

2 Group # 1234567 Rx Plan B3
5 Rx Group # BCWAPDP BCBS 430
BIN# 610014


3 Medical Network AK HERITAGE
Dental OPTIMA
Vision YES

4 In Network Out of Network

8 Deductible Individual \$1800 Shared
Deductible Family \$4800 Shared
9 Out of Pocket Max Individual \$6000 \$10000
Out of Pocket Max Family \$10000 \$20000

Rx

6 PPO

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

Customer Service 1-800-508-4722
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 (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
Medical Travel 1-800-304-2994
Doctor On Demand 1-800-997-6196

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: Please 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 Avality.com using Premera Dental as a payer.

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 Avality.com or call Customer Service prior to providing services.

This card is not a guarantee that the member's coverage is currently in effect.

Premera Blue Cross Blue Shield of Alaska
P.O. Box 91059
Seattle, WA 98111-9159

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ID Card Features

1. Customer information

Policyholder's name and member ID number. Be sure to include the prefix and the identification number when submitting claims or checking eligibility. You don't need to include the suffix.

2. Group number

Group ID numbers identify the line of business for the customer's plan.

3. Medical network

This identifies which network your patient is in. See the Plans and Networks section in this guide for specific details and limitations. If the customer has dental coverage, that will be listed as well. Medicare Advantage customers are noted as a specific network plan.

4. Copay, emergency room, Rx

This is what a customer pays at the time of service.

5. Rx group # and BIN

These numbers relate to pharmacy claims.

6. Suitcase symbol for nationwide coverage

The suitcase image, with or without PPO noted, indicates that the customer's plan includes BlueCard benefits. This symbol is important when providing healthcare services to out-of-area patients. You can check BlueCard patient eligibility and benefits by visiting the [BlueCard Resources](http://BlueCardResources) website or by calling 1-800-676-BLUE. **Note: Certain plans, such as our EPO, don't cover out-of-area services, even though the suitcase logo is on the card.**

7. Group or plan name

Medicare Advantage or Federal Employee Program (FEP) are noted on the top right section of a customer's card. For Premera national accounts, the account name may appear on the card.

8. Plan deductible

This displays any applicable plan deductible.

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. The pharmacy benefits manager is listed on the bottom left of the card. Some Plans may have a different claims mailing address, noted on the back of card.

PLANS AND NETWORKS

PPO 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.

| PREMERA  <small>BLUE CROSS BLUE SHIELD OF ALASKA</small> <small>An Independent Licensee of the Blue Cross Blue Shield Association</small> | | | | | | | | | | | | | | | | |
|--|---------------|----------------|------------|----------------|-----------------------|---------------|--|-------------------|---------------|--|------------------------------|--------|---------|--------------------------|---------|---------|
| Member PREMERA MEMBER Prefix Identification # Suffix ZKR 123456789 01 | | | | | | | | | | | | | | | | |
| Group # 1234567 Rx Plan B3 Rx Group # BCWAPDP BCBS 430 BIN# 610014 | | | | | | | | | | | | | | | | |
| Medical Network AK HERITAGE Dental OPTIMA Vision YES | | | | | | | | | | | | | | | | |
| RETAIL RX \$10/\$25/\$40 MAIL-ORDER RX \$20/\$50/\$80 | | | | | | | | | | | | | | | | |
| Rx  | | | | | | | | | | | | | | | | |
| <table><tr><th></th><th>In Network</th><th>Out of Network</th></tr><tr><td>Deductible Individual</td><td>\$1600 Shared</td><td></td></tr><tr><td>Deductible Family</td><td>\$4500 Shared</td><td></td></tr><tr><td>Out of Pocket Max Individual</td><td>\$5000</td><td>\$10000</td></tr><tr><td>Out of Pocket Max Family</td><td>\$10000</td><td>\$20000</td></tr></table> | | | In Network | Out of Network | Deductible Individual | \$1600 Shared | | Deductible Family | \$4500 Shared | | Out of Pocket Max Individual | \$5000 | \$10000 | Out of Pocket Max Family | \$10000 | \$20000 |
| | In Network | Out of Network | | | | | | | | | | | | | | |
| Deductible Individual | \$1600 Shared | | | | | | | | | | | | | | | |
| Deductible Family | \$4500 Shared | | | | | | | | | | | | | | | |
| Out of Pocket Max Individual | \$5000 | \$10000 | | | | | | | | | | | | | | |
| Out of Pocket Max Family | \$10000 | \$20000 | | | | | | | | | | | | | | |

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|---|--|
| PREMERA  <small>BLUE CROSS BLUE SHIELD OF ALASKA</small> <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 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. | Customer Service 1-800-508-4722 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 (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 Medical Travel 1-800-364-2994 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. Providers: Check benefits at web address above or call Customer Service prior to providing services. |
| Premera Blue Cross Blue Shield of Alaska P.O. Box 91059 Seattle, WA 98111-9159 | EXPRESS SCRIPTS Pharmacy Benefits Manager Print dt |

Individual plans and networks

Premera Individual PPO and PPO HSA plans are available throughout Alaska. AK Legacy and Dental Select is the network name for these plans, though the providers are the same as the AK Heritage network.

All members with an individual plan have ID cards with INDIVIDUAL PLAN clearly marked on the front of the card. Verify you're in the AK Legacy and Dental Select network before seeing individual plan members.

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



Member
Member Name
Prefix Identification # Suffix
ID Number Suffix

Group # 1100019
Rx Group # BCWAPDP
BIN# 610014
BCBS 430



Medical Network Legacy and Dental Select

Rx Plan M4

INDIVIDUAL PLAN
OFFICE VISIT COPAY \$60
PCP COPAY \$30
RETAIL RX \$15/\$45 /50%/40%
MAIL-ORDER RX \$45 /\$135 /50%/40%
DEDUCTIBLE INDIVIDUAL IN NETWORK \$1500 OUT OF NETWORK \$3000
DEDUCTIBLE FAMILY \$3000
OUT OF POCKET INDIVIDUAL MAX \$6500
OUT OF POCKET FAMILY MAX \$12600



BLUE CROSS BLUE SHIELD OF ALASKA
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 Blue Shield of Alaska
P.O. Box 21762
Eagan, MN 55121

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

Customer Service 1-800-809-9361
TTY for the deaf and hard of hearing 711
Outside of the U.S. call Toll Free 1-855-390-6514
BlueCard Provider Locator 1-800-810 BLUE (2583)
Provider BlueCard Eligibility 1-800-676 BLUE (2583)
Pharmacy Locator/Mail Order Rx 1-877-267-0111
24-Hour NurseLine 1-800-784-9285

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.



Pharmacy Benefit Manager

Medicare Supplement plans

Medicare Supplement plans are offered throughout Alaska. ID cards for all members on our Supplement Plans will have Supplement clearly marked on the front of the card. Premera actively markets sells A, G, High Deductible G, and N plans.



Member

Prefix Identification # Suffix
ZKX 123456789 01

Group # 1000006

BCBS 430

Medical Network Med Sup Plan G

MEDICARE SUPPLEMENT



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PROVIDERS: Please 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.

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

Customer Service 1-800-508-4722
Outside of U.S. call Toll Free 1-855-390-6514
TTY for the deaf and hard of hearing 711
24-Hour NurseLine 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 Blue Shield of Alaska
P.O. Box 91059
Seattle, WA 98111-9159

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Alaska networks

Medical Networks

- Heritage
- Legacy
- Heritage and Dental Choice
- Legacy and Dental Select
- Yukon

Dental Networks

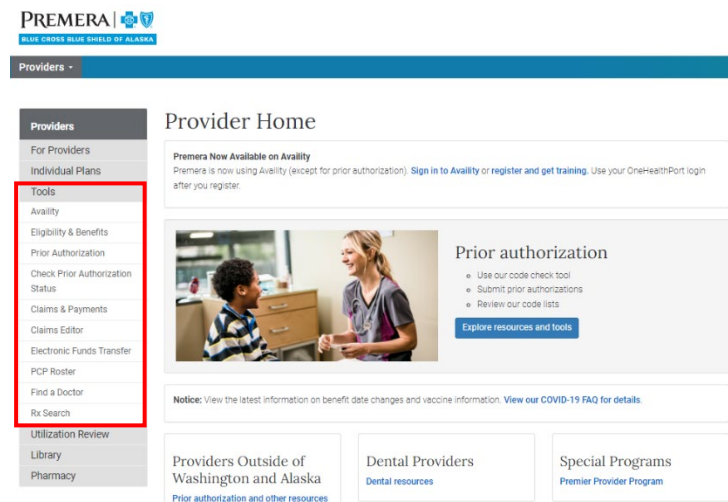
- Dental Choice
- Dental Select
- Heritage and Dental Choice
- Legacy and Dental Select

2024 plans names and networks

| Individual Plans | |
|--|--|
| Plan Names | Network Names |
| Preferred (PPO) Gold 1500 Standard (PPO) Silver, Bronze II One (PPO) Bronze | Legacy and Dental Select |
| Small Group Plans (1-50) | |
| Plan Names | Network Names |
| Plus (PPO)(HSA) Platinum, Gold, Silver, Bronze | Heritage |
| Large Employer Group Plans (51+) | |
| Plan Names | Network Names |
| Preferred Choice (PPO)(HSA) | Heritage |
| Plus (PPO)(HSA) | Heritage Yukon |
| Plus Essentials (PPO)(HSA) | Heritage Yukon |
| Select (PPO)(HSA) | Heritage Yukon |
| Dental Plans | |
| Plan Names | |
| Individual Plans | Dental Select |
| Small Group | Choice |
| Large Group | Choice |
| Medicare Supplement Plans | |
| Plan Names | |
| Premera Medicare Supplement Actively Marketed Plans | Medicare Supplement plans pay after Medicare and do not use a Premera network. |
| A, G, High Deductible G, N | Available in all AK counties |

HELPFUL ONLINE TOOLS

Visit our provider website at premera.com/ak/provider for helpful tools and information.



Availity: New provider portal

We have a single-source solution for all our providers through Availity, a new secure provider portal you're likely already familiar with. 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>New 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 as 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 login: 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, find providers you can refer within a member's network by visiting our Find a Doctor tool.

Eligibility and benefits: Verify a member's network and eligibility information using our eligibility and benefits tool.

Prior authorization: Determine what services require authorization or need review (based on the member's plan).

Plan prefixes: Determine which plans are within Premera's network or are outside Alaska. This is helpful when determining benefits and eligibility for a customer. You'll find this list on our [reference information website](#).

For a step-by-step walk through of our online tools, visit us our [Learning Center](#).

IMPORTANT CONTACTS

- [Premera provider website](#)
- [Online Provider Reference Manual](#)

Customer Service: 800-508-4722

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

- Tech help, website issues
- Individual plans: 800-809-9361

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

Physician & Provider Relations: 800-722-4714, option 4

- Changing your billing, practice, or remittance address
- Adding a practice location
- Updating your tax identification number
- Adding/deleting 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: 877-722-4714, option 3

- Individual plans: 844-996-0332