Premera ID Card Guide

(Effective January 1, 2025)

Contents

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.

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.
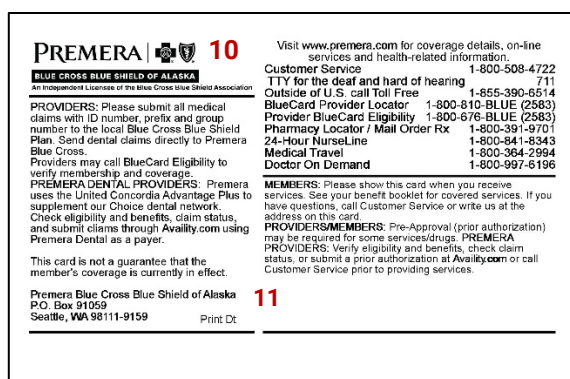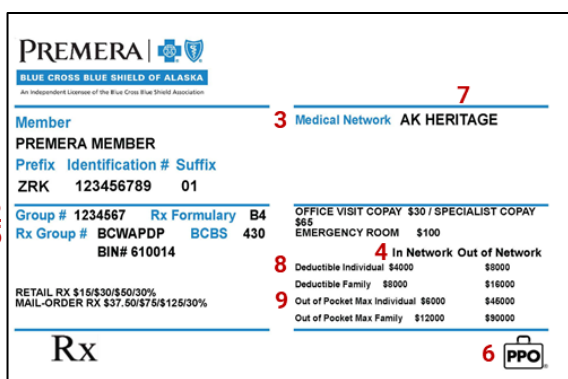
ID card features

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.

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 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
Federal Employee Program (FEP) is 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
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.

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.

First ID Card

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

Member
Member Name

Prefix   Identification #   Suffix
ID Number   Suffix

Group # 1100019

Rx Group # BCWAPDP
BIN# 610014

BCBS 430

Rx

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%

	IN NETWORK	OUT OF NETWORK
DEDUCTIBLE INDIVIDUAL	$1500	$3000
DEDUCTIBLE FAMILY	$3000	
OUT OF POCKET INDIVIDUAL MAX	$6300	
OUT OF POCKET FAMILY MAX	$12600	

PPO

PREMERA | 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

EXPRESS SCRIPTS®   Pharmacy Benefit Manager

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	1-800-784-9265

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.
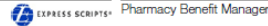
Medicare Supplement plans

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, F, G, and N plans.

Second ID Card

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

Member

Prefix   Identification #   Suffix
ZKX   123456789   01

Group #   1000006

BCBS 430

Medical Network   Med Sup Plan G

MEDICARE SUPPLEMENT

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

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

Print dt

Alaska networks

Medical Networks	Dental Networks
• Heritage • Legacy • Heritage and Dental Choice • Legacy and Dental Select • Yukon	• Dental Choice • Dental Select • Heritage and Dental Choice • Legacy and Dental Select

2025 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 A, F, * High Deductible F, G, *High Deductible G, N *Closed to new sales	Medicare Supplement plans pay after Medicare and do not use a Premera network. Available in all AK counties

HELPFUL ONLINE TOOLS

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

Availity: 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	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. View tooth history information from the Services History button of the eligibility and benefits results when you select Premera Dental as a payer.
Claim submission	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.
Claim status	View the status for a medical, dental, and/or facility claim. Color-coded tabs show you the

	status of a patient's claim. You can search by member, claim number, or all claims within a specific date range. You can add an attachment to a claim requiring additional information to process or make a correction to a claim.
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) & Postal" as a payer to view FEP and Postal 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 electronic funds transfer "EFT" dashboard.

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 and claims, getting claims status, add claim attachments, correct a claim, 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 patient's network by visiting our Find a Doctor tool.

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

Prior authorization: Determine what services require authorization or need review (based on the patient'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 our learning center to access our online tool guides.

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 to verify benefits or eligibility for BlueCard members. Call 888-261-9562 for BlueCard claims customer service.

Physician and 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: 877-342-5258, option 3
- Individual plans: 844-996-0332