

# Premera ID Card Guide

*(effective January 1, 2023)*

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Premera Provider Site: <https://www.premera.com/ak/provider/>

## 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 our 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.



**Member**  
**1**  
 Prefix Identification # Suffix  
 ZRK 123456789 01

**2** Group # 1234567 Rx Plan E4  
**5** Rx Group # BCWAPDP BCBS 430  
 BIN# 610014

RETAIL RX \$15/\$30/\$50/30%  
 MAIL-ORDER RX \$37.50/\$75/\$50/30%

Rx

**7**  
**Medical Network** AK HERITAGE **3**  
**Dental** CHOICE

OFFICE VISIT COPAY \$30 / SPECIALIST COPAY \$65  
 EMERGENCY ROOM \$100 **4**

	In Network	Out of Network
<b>8</b> Deductible Individual	\$3000	\$6000
Deductible Family	\$6000	\$12000
Out of Pocket Max Individual	\$6000	\$45000
<b>9</b> Out of Pocket Max Family	\$12000	\$90000



**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.  
 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.

Premera Blue Cross Blue Shield of Alaska  
 P.O. Box 91059  
 Seattle, WA 98111-9159 **11** Print Date

**10** Visit [www.premera.com](http://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	1-800-364-2994
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. Premera Providers: Verify eligibility and benefits, check claim status, or submit a prior authorization at [Avality.com](http://Avality.com) or call Customer Service prior to services.

## 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 Plans and Networks for specific network 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 and Emergency Room

Details 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 using the BlueCard resource page on [Premera.com](http://Premera.com) 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) will be 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; 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.

				Visit <a href="http://www.premera.com">www.premera.com</a> for coverage details, on-line services and health-related information.															
<b>Member</b> Prefix Identification # Suffix ZRK 123456789 01		<b>Medical Network AK HERITAGE</b> <b>Dental CHOICE</b>		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															
Group # 1234567 Rx Plan E4 Rx Group # BCWAPDP BCBS 430 BIN# 610014		OFFICE VISIT COPAY \$30 / SPECIALIST COPAY \$65 EMERGENCY ROOM \$100		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. 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.															
RETAIL RX \$15/\$30/\$50/30% MAIL-ORDER RX \$37.50/\$75/\$60/30%		<table border="1"> <thead> <tr> <th></th> <th>In Network</th> <th>Out of Network</th> </tr> </thead> <tbody> <tr> <td>Deductible Individual</td> <td>\$3000</td> <td>\$6000</td> </tr> <tr> <td>Deductible Family</td> <td>\$6000</td> <td>\$12000</td> </tr> <tr> <td>Out of Pocket Max Individual</td> <td>\$6000</td> <td>\$48000</td> </tr> <tr> <td>Out of Pocket Max Family</td> <td>\$12000</td> <td>\$96000</td> </tr> </tbody> </table>			In Network	Out of Network	Deductible Individual	\$3000	\$6000	Deductible Family	\$6000	\$12000	Out of Pocket Max Individual	\$6000	\$48000	Out of Pocket Max Family	\$12000	\$96000	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 <a href="http://Availity.com">Availity.com</a> or call Customer Service prior to services.
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				Premera Blue Cross Blue Shield of Alaska P.O. Box 91059 Seattle, WA 98111-9159      Print Date															

### 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.



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**



**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 \$2000
DEDUCTIBLE FAMILY	\$3000	
OUT OF POCKET INDIVIDUAL MAX	\$6300	
OUT OF POCKET FAMILY MAX	\$12600	



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](http://www.premera.com) for coverage details, on-line services and health-related information.

Customer Service	1-800-800-9361
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.



An Independent Licensee of the Blue Cross Blue Shield Association

**Member**  
**Prefix Identification # Suffix**  
**ZKX 123456789 01**  
**Group # 1000006**  
**BCBS 430**

**Medical Network PLAN F**

**MEDICARE SUPPLEMENT**



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](http://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 Date

## Alaska Networks

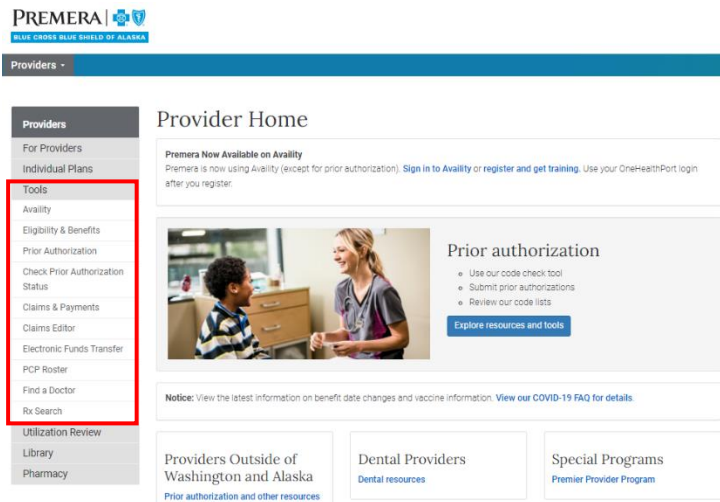
<b>Medical Networks</b> <ul style="list-style-type: none"> <li>• Heritage</li> <li>• Legacy</li> <li>• Heritage and Dental Choice</li> <li>• Legacy and Dental Select</li> <li>• Yukon</li> </ul>	<b>Dental Networks</b> <ul style="list-style-type: none"> <li>• Dental Choice</li> <li>• Dental Select</li> <li>• Heritage and Dental Choice</li> <li>• Legacy and Dental Select</li> </ul>
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## 2023 Plans Names and Networks

<b>Individual Plans</b>	
<b>Plan Names</b>	<b>Network Names</b>
Preferred (PPO)(HSA) Gold, Silver, Bronze One Gold, One Bronze	Legacy and Dental Select
<b>Small Group Plans (1-50)</b>	
<b>Plan Names</b>	<b>Network Names</b>
Plus (PPO)(HSA) Platinum, Gold, Silver, Bronze	Heritage
<b>Large Employer Group Plans (51+)</b>	
<b>Plan Names</b>	<b>Network Names</b>
Preferred Choice (PPO)(HSA)	Heritage
Plus (PPO)(HSA)	Heritage Yukon
Plus Essentials (PPO)(HSA)	Heritage Yukon
Select (PPO)(HSA)	Heritage Yukon
<b>Dental Plans</b>	
<b>Plan Names</b>	<b>Network Names</b>
Individual Plans	Dental Select
Small Group	Choice
Large Group	Choice
<b>Medicare Supplement Plans</b>	
<b>Plan Names</b>	<b>Network Names</b>
Premera Medicare Supplement Actively Marketed Plans A, G, High Deductible G, N	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](https://premera.com/ak/provider) for helpful tools and information.



## Availity

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

**Availity sign in:** Premera uses [Availity](#) as its primary secure provider portal for checking eligibility and benefits, submitting claims, prior authorization and claims, and getting claim status.. . [Sign in to Availity](#) or [register and get training](#).

Sign in to Availity to use the following tools:

- **Eligibility and Benefits:** Use Member Search to search by a member’s plan ID number, first name, last name, or date of birth.
- **Claims and Payments:** Search claim status by claim number, member ID, or date range. Up to two years of claims and EOP data are available.
- **Prior Authorizations:** Complete and submit inpatient and outpatient authorizations and get real-time responses for your Premera members. Incomplete requests are automatically saved as drafts in your dashboard for 18 months.  
Note: Need to check a code to see if an authorization is needed? Access Premera’s code check tool through Availity. The tool is available on the Authorizations & Referrals page under the Additional Authorizations and Referrals section.
- **Remittance Viewer/EOPs:** Review EOPs in the Check/EFT tab. Select the EOP icon under the Actions menu to download a PDF.  
Note: Use “Other Blue Plans” as a payer to view FEP check information.
- **Electronic Funds Transfer (EFT):** Use EFT for enrollment or cancellation requests. (If you’re already signed up for EFT through Premera, no changes are required.)

## Resources

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

**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.

**Plan Code 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 in the [general reference section](#) of our secure website.

For a step-by-step walk through of our online tools, visit us at [premera.com/ak/provider/reference/](https://premera.com/ak/provider/reference/) to access our online tool guides.



## IMPORTANT CONTACTS

### Important Contacts

**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 & 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

[Online Provider Reference Manual](#)