



FOR BUSINESSES WITH
51+ EMPLOYEES

2026
Preferred Choice
health plan guide



Innovative health plans created for today's evolving healthcare needs

At Premera Blue Cross Blue Shield of Alaska, the customer is at the center of all we do, even those located outside of Alaska. That's why your local Premera team offers a range of comprehensive plans that fit your budget and your employees' diverse needs.

FOR FULLY INSURED AND OPTIFLEX FUNDED EMPLOYER GROUPS WITH 51-199 EMPLOYEES



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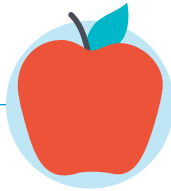
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Why businesses choose Premera



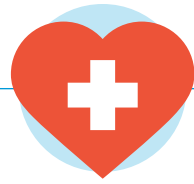
Unmatched access and deep discounts

We offer a variety of provider network options so you can choose the level of access that works best for your employees.



Well-rounded benefits package

Choose from a range of plans to find the right balance that best fits the needs and budget for your business and your employees.



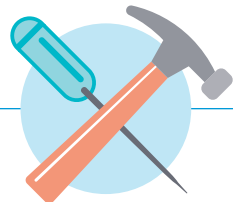
Programs for employees

Our built-in support programs encourage your employees to engage in their healthcare.



In-hand access

Premera makes it easy for members to connect with their plan. Members can use the Premera mobile app to access their virtual care providers, check claim status, and more.



Administrative ease and support

Integrated benefits with Premera make for a streamlined experience. We make it simple for you to promote components of your healthcare benefits with your employees or explain to them how to best use their plan.



Meeting members where they are

With the broadest provider network in the state, Premera supports every member no matter where they are on their healthcare journey. From physical well-being to behavioral health and virtual care, we provide the support you need.



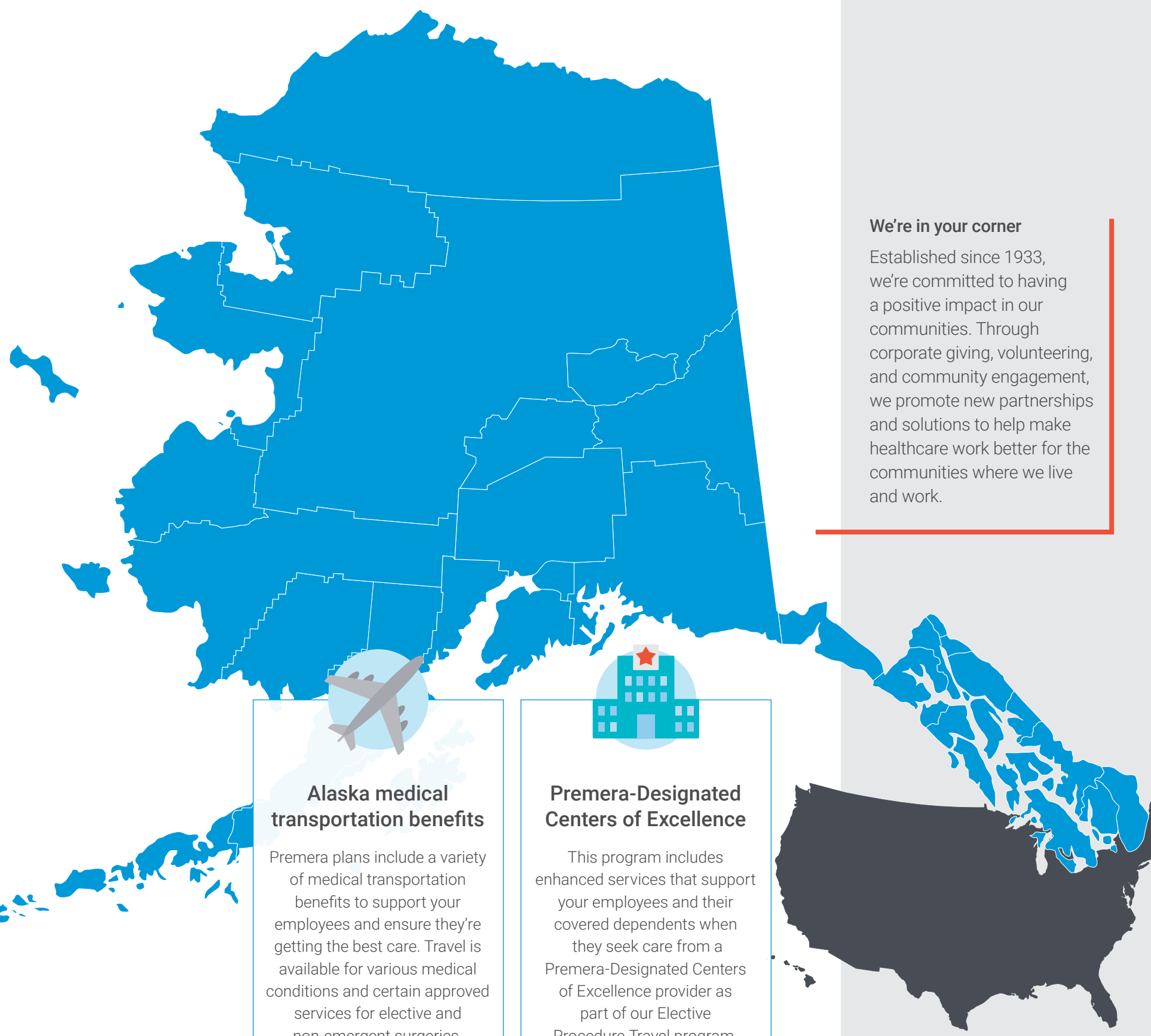
Alaska medical transportation benefits

Premera plans include a variety of medical transportation benefits to support your employees and ensure they're getting the best care. Travel is available for various medical conditions and certain approved services for elective and non-emergent surgeries.



Premera-Designated Centers of Excellence

This program includes enhanced services that support your employees and their covered dependents when they seek care from a Premera-Designated Centers of Excellence provider as part of our Elective Procedure Travel program.



We're in your corner

Established since 1933, we're committed to having a positive impact in our communities. Through corporate giving, volunteering, and community engagement, we promote new partnerships and solutions to help make healthcare work better for the communities where we live and work.

Dental Choice network nearly doubles in size

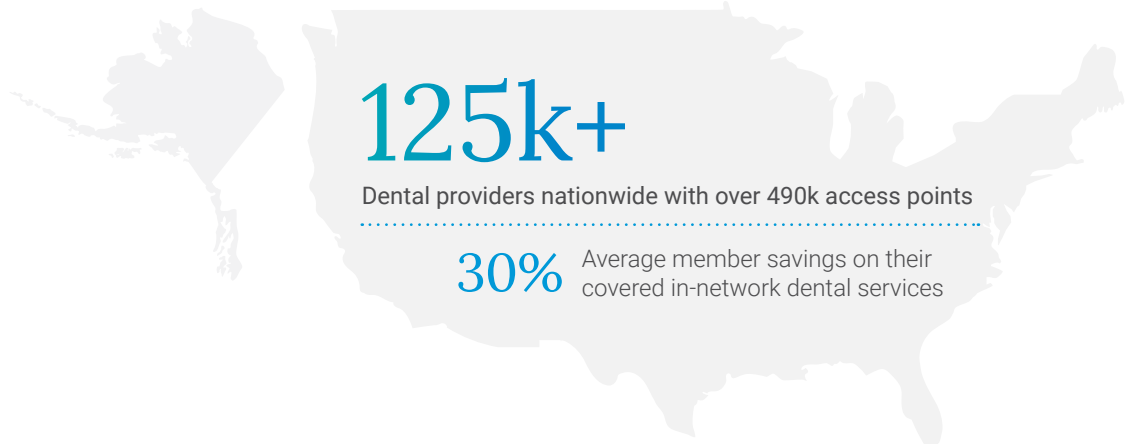
NEW FOR 2026

Premera expanded its Dental Choice network by joining the national Dental GRID, one of the country’s leading national dental networks. Dental GRID works exclusively for members of participating Blue Cross Blue Shield plans. With the GRID+ network, we nearly doubled the size of the Dental Choice network, making it easier for members to access in-network dental care and services no matter where they live or travel in the United States.

Premera brings value to dental

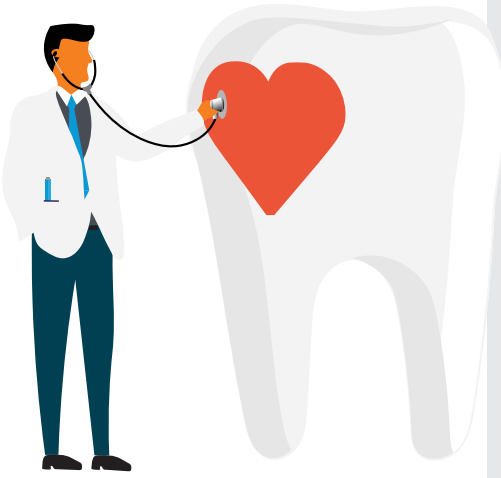
Employer groups that are looking to provide a well-rounded benefits package without raising the total cost of care can integrate a Premera dental plan with their medical plan.

<p>Better access</p> <p>55.8k¹</p> <p>increase of in-network providers nationwide</p>	<p>Improved experience</p> <p>Seamless plan</p> <p>design with a single point of contact for claims, payment, customer service, and more</p>	<p>Lower costs</p> <p>21%</p> <p>estimated reduction in out-of-network claims based on Premera book of business data</p>
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Reducing total cost of care

Six in 10 adults in the United States are living with at least one chronic condition.² Those adults are at risk of oral complications because of conditions like diabetes and cardiovascular disease.³ Providing our members with access to one of the largest dental networks in the nation means that members with chronic illnesses can receive routine preventive care and oral treatment, possibly preventing them from becoming a high-cost claimant.



More providers, more in-network utilization

Employer and members save more when they can access in-network dental providers. With more than 125,000 dental providers nationwide, members can save an average of 30%⁴ on in-network dental services.

A streamlined experience

Integrated medical and dental benefits make healthcare work better for everyone.

- Less administrative burden on the group
- Lower total cost of care through a whole-health approach
- Reduced out-of-network claims
- Single point of contact for member benefit support

GRID+ network access

- ✓ **Fully insured:** included with dental plans 51+
- ✓ **OptiFlex:** included with all stand-alone dental plans



Did you know?

Fully insured plans can receive a **1% premium discount** and **11% overall rate cap** when medical and dental benefits are integrated.⁵

¹GRID Dental Corporation is a separate company that provides access to dental networks and services on behalf of participating Blue Cross Blue Shield plans.

²Joo, J Y. "Fragmented Care and Chronic Illness Patient Outcomes: A Systematic Review." Nursing Open, U.S. National Library of Medicine, June 2023, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10170908/>

³Fu, D., Shu, X., Zhou, G., et al. "Connection between oral health and chronic diseases." MedComm, 2025 Jan 14. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11731113/>

⁴Estimated in-network discount. Actual discount may vary.

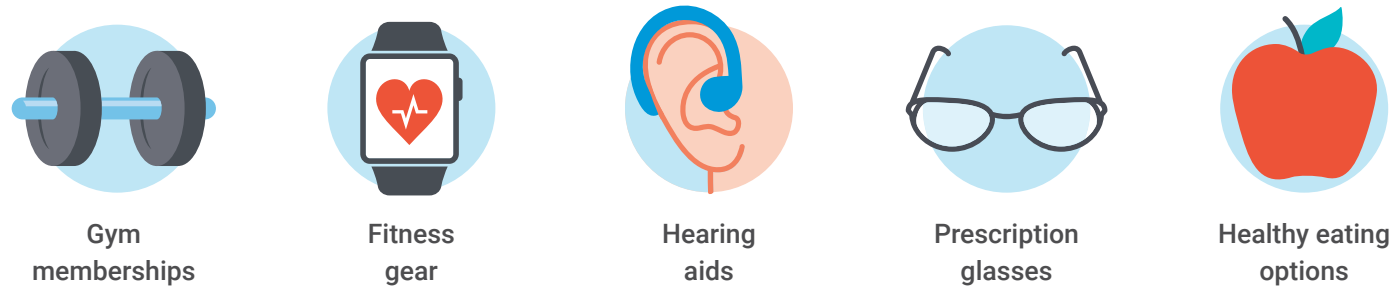
⁵Premium discount and rate caps are subject to underwriting review.

Foster a healthy workforce with Blue365

NEW FOR 2026

Effective January 1, 2026, Premera members can access Blue365—a health and wellness discount program offered through the Blue Cross Blue Shield (BCBS) system at no cost for the member or the group.

Health and wellness for less



National access and well-known brands

Keep members healthy by connecting them to exclusive discounts.

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

Blue365 access

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

Reduce healthcare costs

\$2.71

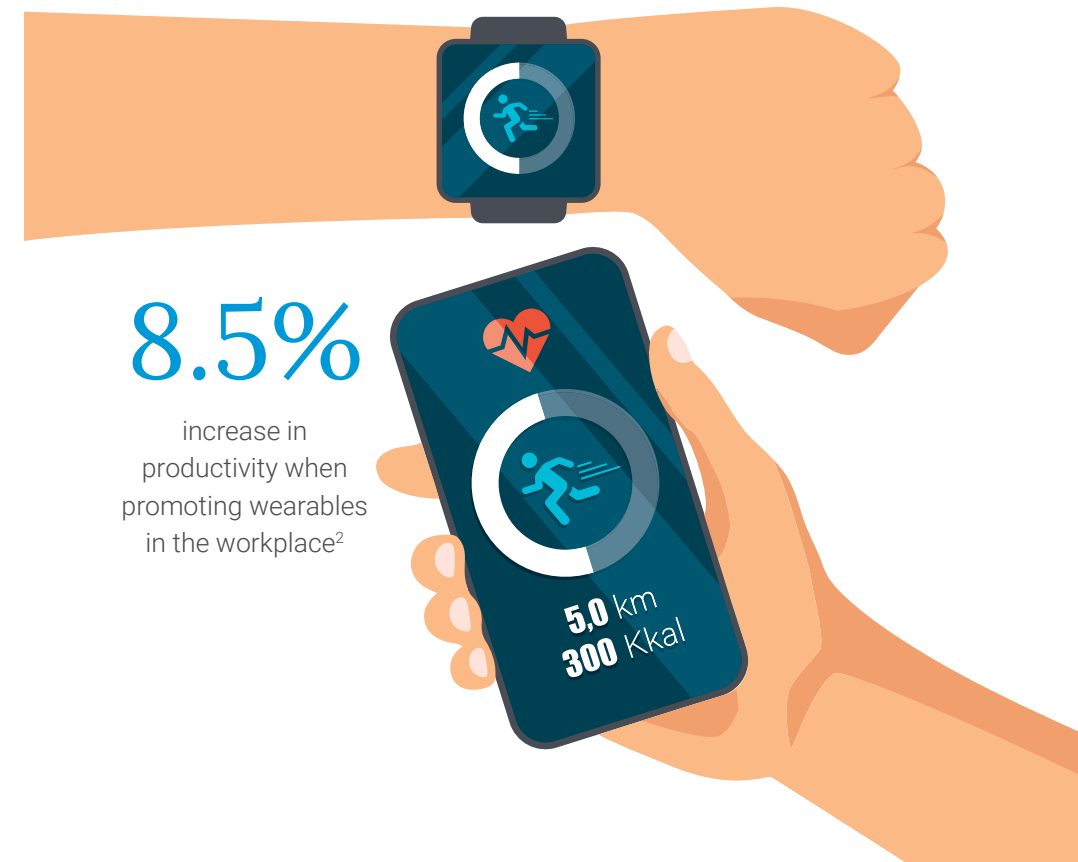
estimated return for every dollar spent on wellness programs¹



Increase productivity

8.5%

increase in productivity when promoting wearables in the workplace²



How employers benefit

- Minimal setup
- Group discounts
- Access to healthy tips



Getting started is easy

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

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

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

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Site-of-service expansion benefit

NEW FOR 2026

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

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

Pillars to our value-based benefit design

 <p>Improve member satisfaction with self-directed care</p>	 <p>Provide cost-effective care without compromising quality</p>	 <p>Reduce administrative burden</p>	 <p>Lower total cost of care for members and employers</p>
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What's an ambulatory surgical center

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

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

What's a freestanding birth center

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

ASCs deliver better outcomes at a lower cost

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

Common ASC procedures and surgeries		
Joint and bone	General	Stomach and colon
<ul style="list-style-type: none"> Total joint replacement ACL repair Hand or wrist procedures 	<ul style="list-style-type: none"> Biopsies Appendix removal Gall bladder removal 	<ul style="list-style-type: none"> Colonoscopy Endoscopy Hemorrhoid removal

Surgeries performed at ASCs can be **45-60%** less expensive than inpatient and outpatient hospital settings¹

Freestanding birthing centers improve outcomes

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

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

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

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

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

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

Site-of-service, value-based benefit access

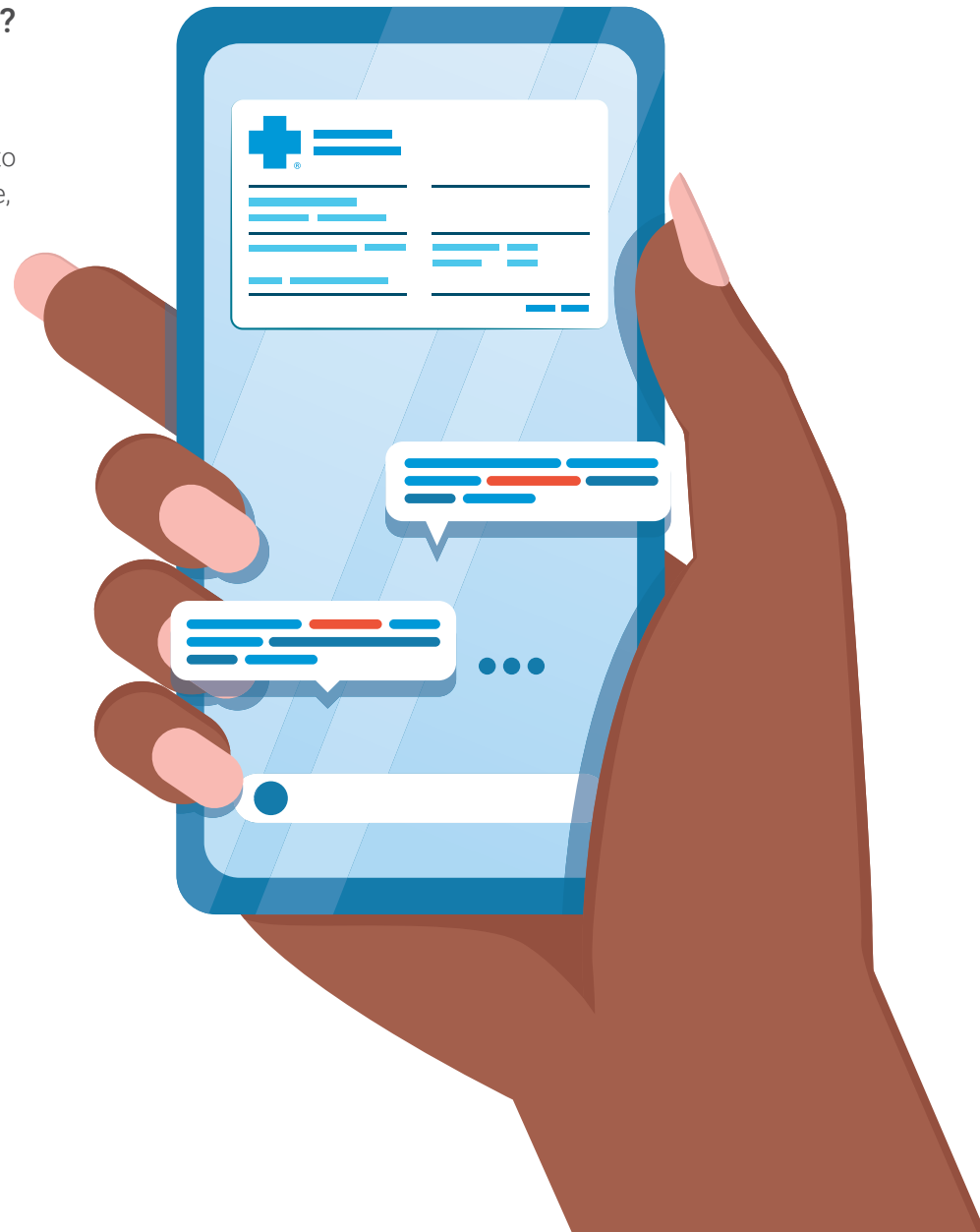
- ✓ **Fully insured:** included with all Preferred Choice plans
- ✓ **OptiFlex:** included with all Preferred Choice plans

Personalized messages at your fingertips

In 2024, Premera launched Digital Health Messages as a way to reach our members and help them better understand their benefits, make personalized healthy choices, and more.

What are Digital Health Messages?

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



Interaction with Digital Health Messages

9% click-through rate to custom member feed

22% average take-action rate

Digital Health Messages access

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



Did you know?

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

[Learn more about RxSS.](#)

Enhanced Case Management

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

An integrated case management approach

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

The benefits of Enhanced Case Management

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

Harnessing actionable data insights can maximize early intervention opportunities.

87%

precision in predicting future high-cost claimants¹

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

¹Foundation Model Overview, Prealize Health 2024

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

A valuable member experience

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

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

Enhanced Case Management access

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

[Download the flyer](#) to learn more about Enhanced Case Management.

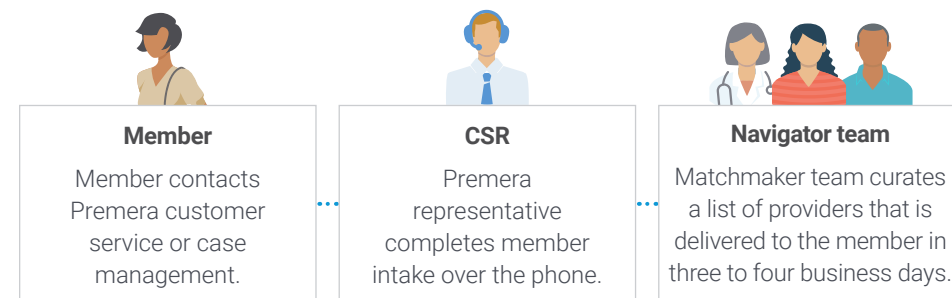


Finding the right provider for you

Two out of three employers rank employee mental health as a top health priority.¹ Premera has made it easier than ever for members to access behavioral health services virtually or in person.

Matchmaker™ for Behavioral Health

Matchmaker for Behavioral Health is an expansion of our commitment to improve access and lessen the hurdles members face when seeking behavioral health services. With Matchmaker for Behavioral Health, members receive a highly personalized list of behavioral health providers based on their plan, needs, and preferences.



Matchmaker for Behavioral Health access

- ✓ **Fully insured:** Included as part of your plan
- ✓ **OptiFlex:** Included as part of your plan

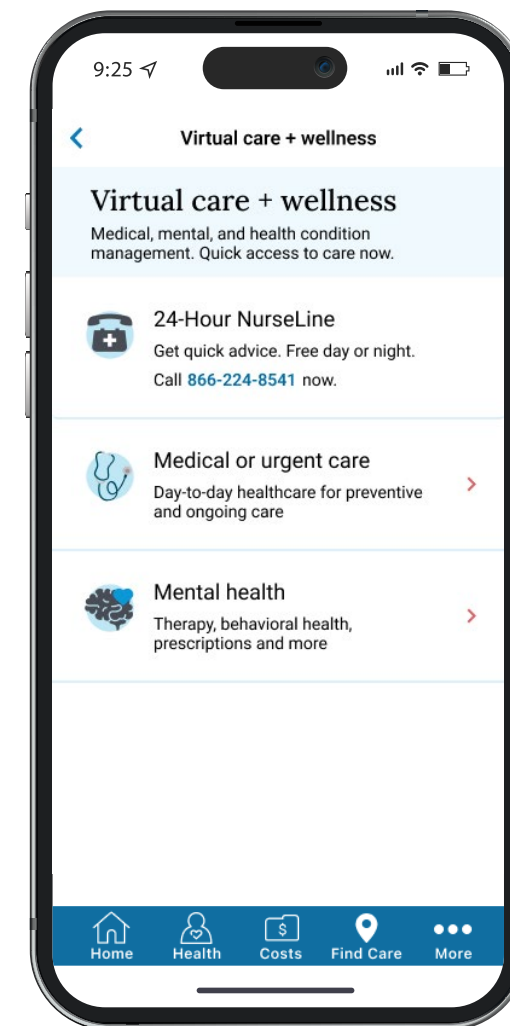
The Matchmaker for Behavioral Health intake asks members their preferences on the following:

- Religious affiliation
- In-person or virtual appointments
- Gender, race, and ethnicity
- Language
- And more

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

Behavioral health in the palm of your hand

Premera has partnered with industry-leading behavioral health virtual care vendors to ensure our members get the care they need, when they need it, and in a way that works for them.



83%

of employers offer behavioral health services through virtual care.¹



Virtual behavioral health care can support members with the following:

- Generalized anxiety
- Depression
- Adjustment disorders
- And more



Members struggling with substance use disorder (SUD) have access to confidential and high-quality virtual care including medically assisted treatment (MAT).² **Contact your Premera account representative for more information.**

¹2022 Best Practices in Healthcare Employer Survey, 2022 Global Benefit Attitudes Survey

²Medically assisted treatment (MAT) may be prohibited to certain U.S. states in order to meet federal in-person prescribing requirements.

Care when you need it

For the times when you can't wait for an in-person visit, virtual care is there. Premera virtual care providers offer secure text or video visits to treat a variety of primary care needs.

Virtual care can help with these conditions and more:

- Common cold symptoms
- COVID-19 treatments
- Follow-up visits with a provider
- Sinus infections
- Urinary tract infections (UTIs)

Benefits

- **Improved employee experience**—Employees can get near-instant access to providers for primary care, behavioral health, and chronic care management needs from the safety and comfort of their own homes.
- **Cost savings**—Virtual care can be less costly than an in-person visit and employees save by staying in network.
- **Quality**—Access to high-quality providers leads to a better care experience, resulting in happier, healthier employees.



Did you know?

Every Premera medical plan includes the 24-Hour NurseLine. Members can call day or night to receive free and confidential health advice from a registered nurse.



Preventive health

Preventive healthcare services are part of every Premera plan. Our secure member website provides suggested preventive routine exams, vaccinations, and screenings.

Covering customers wherever they go

We believe in working closely with providers and hospitals to deliver healthcare for the customer together. That's why our provider networks are more than just a collection of contracts. They also give members access to quality care and satisfying experiences.

For decades, Premera has maintained one of the largest networks of providers and medical facilities in Alaska. As a result, we offer great network stability and deep discounts for covered in-network services.

Heritage network

Our contracted providers and hospitals include over 6,391 preferred providers and 27 preferred hospitals across Alaska.

Yukon network*

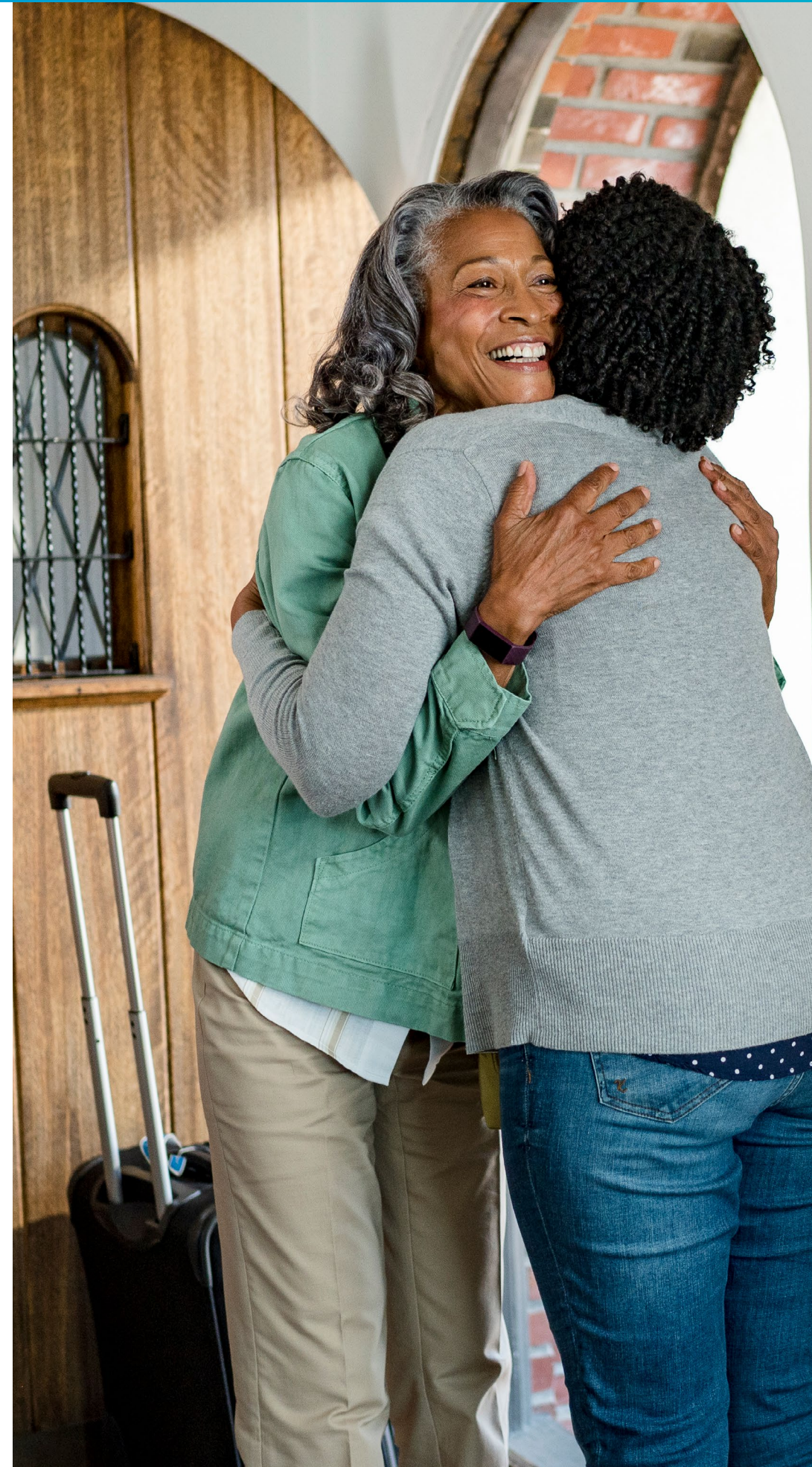
We designed a network that lowers costs by excluding dialysis providers that are not competitively priced. The Yukon network limits the financial impact of unanticipated dialysis costs for members and employers. It also reduces expenses when members require dialysis prior to qualifying for Medicare. For OptiFlex employers, this network makes carving out dialysis coverage a reality.

National and worldwide network coverage with BlueCard

Every Premera health plan includes the BlueCard® Program. This program provides access to networks of contracted preferred and participating Blue Cross Blue Shield providers across the country. Just like here at home, these networks provide valuable discounts on billed charges. Plus, they have the added advantage of direct billing.

The BlueCard Program includes worldwide coverage with Blue Cross Blue Shield Global Core. This program provides members access to an international network of participating providers and hospitals for a broad range of medical care services. This access means they can feel safe wherever they go.

*Network selection specific to OptiFlex employer groups.



Looking to lower costs in 2026?

Premera offers low-cost health plan options in 2026 to meet both the needs of your employees as well as your business. Discuss new Essentials plan options with your Premera representative or producer.

Choosing your health plan is as easy as 1, 2, 3

You select the medical, pharmacy, and dental plans that work best for your business needs and budget. At the same time, you provide great benefits to your employees and their eligible dependents.

STEP 1 Choose up to 2 medical plans from 28 options (when you provide a dual option, you give your employees a choice).

STEP 2 Choose a pharmacy plan.

STEP 3 Choose a dental plan.

Integrated medical, pharmacy, and dental plans encourage healthy habits and good outcomes. Preferred Choice plans come with a robust network of medical and dental providers, and make it easy for you to take great care of your employees.



Vision and hearing

With a Preferred Choice plan, the vision benefit is included (excludes the Essentials Medical plan).



The power of choice

Talk to your Premera representative or producer to determine which plans have the programs and services to best meet your needs.



Preferred Choice lets you choose from

- 28 medical plans
- 10 pharmacy plans*
- 13 dental plans

*Pharmacy plans vary by funding type.

STEP 1

Choose a medical plan

You can choose from a range of plans to find the right balance between budget and healthcare needs for both your business and your employees. Choose up to 2 medical plans from 18 options.

	PPO plans	HSA-qualified PPO plans
Number of plan options	19	9
Network	Heritage	Heritage
Benefits	Wide range of quality benefits to fit your business' needs	Wide range of quality benefits to fit your business' needs
Pharmacy plan	Make your choice*	Included
Can be paired with employee-owned HSA	No	Yes—plus Premera can administer the account for you

*Essentials Medical 7550 and 8550 have in-network pharmacy embedded in the plan. If you select either one of these medical plans you are unable to select a different pharmacy option.

Your medical plan options

INN = In network
 OON = Out of network
 Des PCP = Designated PCP
 ND/Spec = Non-designated PCP/Specialist

Premera Preferred Choice medical plans	Deductible		Coinsurance		Office visit copay	Out-of-pocket maximum		Emergency room cost share		
	INN	OON	INN (Preferred/ Participating)	OON (Non-participating)		INN	OON			
Plus Split Copay \$100	\$100	\$200	20% / 40%	60%	\$20 / \$50	\$1,000	\$45,000	\$200 copay, then deductible and preferred coinsurance		
Plus Split Copay \$250	\$250	\$500				\$2,000				
Plus Split Copay \$500	\$500	\$1,000				\$3,500				
Plus Split Copay \$1,000	\$1,000	\$2,000			\$20 / \$60	\$4,500			Shared	
Plus Shared Split Copay \$1,500	\$1,500	Shared				\$25 / \$65			\$5,000	Shared
Plus Split Copay \$2,000	\$2,000	\$4,000							\$45,000	
Plus Shared Split Copay \$2,500	\$2,500	Shared				\$30 / \$65			\$6,000	Shared
Plus Split Copay \$3,000	\$3,000	\$6,000			\$45,000					
Plus Shared Split Copay \$3,500	\$3,500	Shared			\$35 / \$70				\$6,500	Shared
Plus Split Copay \$4,000	\$4,000	\$8,000				\$45 / \$80			\$7,150	Shared
Plus Shared Split Copay \$4,500	\$4,500	Shared	\$7,350	\$45,000						
Plus Split Copay \$5,000	\$5,000	\$10,000		30% / 40%	60%		Deductible / coinsurance applies	\$3,400	\$45,000 / \$90,000	
Plus HSA Qualified \$1,700¹	\$1,700	Shared	20% / 40%			60%		Deductible / coinsurance applies	\$45,000	
Plus HSA Qualified \$2,000³	\$2,000								\$5,000	Shared
Plus HSA Qualified \$2,500³	\$2,500			\$6,000	\$45,000					
Plus HSA Qualified \$3,400²	\$3,400				Shared					
Plus HSA Qualified \$4,000²	\$4,000			\$6,550	\$45,000					
Plus HSA Qualified \$4,500²	\$4,500				\$6,500					
Plus HSA Qualified \$5,000²	\$5,000									
Plus HSA Qualified \$6,000²	\$6,000			0% / 0%	60%		Deductible / coinsurance applies		\$8,550	Unlimited
Plus HSA Qualified \$6,500²	\$6,500	Essentials 7550	Essentials 8550			\$8,550		Unlimited		
Plus Primary Care \$1,500	\$1,500			\$3,000	20% / 40%		60%		Des PCP: \$5 ND/Spec: \$50	\$5,000
Plus Primary Care \$2,500	\$2,500	\$5,000	Des PCP: \$5 ND/Spec: \$60	\$6,000						
Plus Primary Care \$3,500	\$3,500	\$7,000				Des PCP: \$5 ND/Spec: \$65		\$7,000		

¹ Aggregate deductible and aggregate out of pocket; ² Aggregate deductible and embedded out of pocket; ³ Embedded deductible and embedded out of pocket
 NOTE: The deductible spread between the two plans cannot exceed \$3,000.

Medical covered services

Covered services (In network)

Deductible, copay, and coinsurance percentages shown represent customer's cost share. Medical benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay. PCY = per calendar year

	MEDICAL PLAN TYPES					
	PPO		PPO Shared		PPO Primary	
	IN NETWORK					
	Preferred	Participating	Preferred	Participating	Preferred	Participating
Preventive office visit unlimited (subject to standard medical guidelines)	Covered in full					
Vaccinations unlimited (subject to standard medical guidelines)						
Health education unlimited						
Nicotine dependency programs unlimited						
Type 2 diabetes health education unlimited						
Professional office visit	Office visit cost share					
Virtual care	Covered in full					
Inpatient professional services	Deductible/ preferred coinsurance	Deductible/ participating coinsurance	Deductible/ preferred coinsurance	Deductible/ participating coinsurance	Deductible/ preferred coinsurance	Deductible/ participating coinsurance
Contraceptive management services unlimited	Covered in full					
Preventive professional diagnostic imaging and laboratory services including mammogram and PAP test, prostate-specific antigen (PSA) test	Covered in full					
Other professional diagnostic imaging	Deductible/ preferred coinsurance	Deductible/ participating coinsurance	Deductible/ preferred coinsurance	Deductible/ participating coinsurance	Deductible/ preferred coinsurance	Deductible/ participating coinsurance
Professional diagnostic major imaging						
Other professional diagnostic laboratory and pathology tests						
Diagnostic mammography	Covered in full					
Inpatient facility	Deductible/ preferred coinsurance	Deductible/ participating coinsurance	Deductible/ preferred coinsurance	Deductible/ participating coinsurance	Deductible/ preferred coinsurance	Deductible/ participating coinsurance
Outpatient surgery facility						
Skilled nursing facility 60 days PCY; includes room and board, and facility billed professional and ancillary fees						
Hospice inpatient facility 10 days inpatient; within the 6-month lifetime maximum						
Emergency room physician	Deductible/preferred coinsurance					
Urgent care center	\$40 copay		\$50 copay		Specialist office visit cost share	
Ambulance transportation unlimited	\$200 copay, then deductible/preferred coinsurance					
Air ambulance unlimited						

	PPO	PPO Shared		PPO Primary		
	IN NETWORK					
	Preferred	Participating	Preferred	Participating	Preferred	Participating
Allergy and therapeutic injections	Deductible/ preferred coinsurance	Deductible/ participating coinsurance	Deductible/ preferred coinsurance	Deductible/ participating coinsurance	Deductible/ preferred coinsurance	Deductible/ participating coinsurance
Mental health inpatient facility care unlimited	Deductible/preferred coinsurance					
Mental health outpatient professional care unlimited	Non-specialist office visit cost share				\$20 copay	
Chemical dependency inpatient facility care unlimited	Deductible/preferred coinsurance					
Chemical dependency outpatient professional care unlimited	Non-specialist office visit cost share				\$20 copay	
Rehab inpatient facility 30 days PCY	Deductible/ preferred coinsurance	Deductible/ participating coinsurance	Deductible/ preferred coinsurance	Deductible/ participating coinsurance	Deductible/ preferred coinsurance	Deductible/ participating coinsurance
Rehab outpatient care 45 visits PCY, including cardiac/pulmonary rehab; chronic pain; physical, occupational, speech, and massage therapy (massage therapy must be billed by MD, DO, or DPM)	Specialist office visit cost share					
Medical supplies, equipment, and prosthetics unlimited	Deductible/ preferred coinsurance	Deductible/ participating coinsurance	Deductible/ preferred coinsurance	Deductible/ participating coinsurance	Deductible/ preferred coinsurance	Deductible/ participating coinsurance
Foot orthotics, orthopedic shoes, and accessories \$300 PCY; includes orthotics and orthopedic shoes						
Home health visits 130 visits PCY						
Hospice care hospice home visits: unlimited; respite: unlimited	Covered as any other service					
Transplants unlimited; \$7,500 travel and lodging limits	Covered as any other service					
Manipulations 12 visits PCY; spinal and other	Non-specialist office visit cost share		Deductible/preferred coinsurance		\$20 copay	
Acupuncture 12 visits PCY	Non-specialist office visit cost share		Deductible/preferred coinsurance		\$20 copay	
Routine vision exam 1 PCY	Deductible waived, 10% coinsurance		Not covered			
Vision hardware \$350 PCY	Covered in full					
Pediatric vision exam 1 PCY under age 19	Non-specialist office visit cost share					
Pediatric vision hardware under age 19: 1 pair of glasses, including frames and lenses PCY or 12-month supply of contacts in lieu of glasses PCY	Covered in full					
Hearing exam 1 PCY	Deductible waived, 20% coinsurance					
Hearing hardware 1 device per ear every 3 calendar years	Deductible waived, 20% coinsurance					
Annual plan maximum	Unlimited					

*Talk with your producer or Premera representative to find out if this plan is right for your business.

Medical covered services CONTINUED

Covered services (In network)

Deductible, copay, and coinsurance percentages shown represent customer's cost share. Medical benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay. PCY = per calendar year

	MEDICAL PLAN TYPES			
	HSA Qualified		Essentials Medical	
	IN NETWORK			
	Preferred	Participating	Preferred	Participating
Preventive office visit unlimited (subject to standard medical guidelines)	Covered in full			
Vaccinations unlimited (subject to standard medical guidelines)				
Health education unlimited				
Nicotine dependency programs unlimited				
Type 2 diabetes health education unlimited				
Professional office visit	Deductible/preferred coinsurance		Office visit cost share	
Virtual care	Covered in full			
Inpatient professional services	Deductible/preferred coinsurance	Deductible/participating coinsurance	Deductible/preferred coinsurance	Deductible/participating coinsurance
Contraceptive management services unlimited	Covered in full			
Preventive professional diagnostic imaging and laboratory services including mammogram and PAP test, prostate-specific antigen (PSA) test	Covered in full			
Other professional diagnostic imaging				
Professional diagnostic major imaging	Deductible/preferred coinsurance	Deductible/participating coinsurance	Deductible/preferred coinsurance	Deductible/participating coinsurance
Other professional diagnostic laboratory and pathology tests				
Diagnostic mammography	Covered in full			
Inpatient facility				
Outpatient surgery facility				
Skilled nursing facility 60 days PCY; includes room and board, and facility billed professional and ancillary fees	Deductible/preferred coinsurance	Deductible/participating coinsurance	Deductible/preferred coinsurance	Deductible/participating coinsurance
Hospice inpatient facility 10 days inpatient; within the 6-month lifetime maximum				
Emergency room physician	Deductible/preferred coinsurance			
Urgent care center	Deductible/preferred coinsurance		Office visit cost share	
Ambulance transportation unlimited	Deductible/preferred coinsurance			
Air ambulance unlimited				

	HSA Qualified		Essentials Medical	
	IN NETWORK			
	Preferred	Participating	Preferred	Participating
Allergy and therapeutic injections	Deductible/preferred coinsurance	Deductible/participating coinsurance	Deductible/preferred coinsurance	Deductible/participating coinsurance
Mental health inpatient facility care unlimited	Deductible/preferred coinsurance			
Mental health outpatient professional care unlimited	Deductible/preferred coinsurance		Office visit cost share	
Chemical dependency inpatient facility care unlimited	Deductible/preferred coinsurance			
Chemical dependency outpatient professional care unlimited	Deductible/preferred coinsurance		Office visit cost share	
Rehab inpatient facility 30 days PCY	Deductible/preferred coinsurance	Deductible/participating coinsurance	Deductible/preferred coinsurance	Deductible/participating coinsurance
Rehab outpatient care 45 visits PCY, including cardiac/pulmonary rehab; chronic pain; physical, occupational, speech, and massage therapy (massage therapy must be billed by MD, DO, or DPM)	Deductible/preferred coinsurance		Office visit cost share	
Medical supplies, equipment, and prosthetics unlimited				
Foot orthotics, orthopedic shoes, and accessories \$300 PCY; includes orthotics and orthopedic shoes	Deductible/preferred coinsurance	Deductible/participating coinsurance	Deductible/preferred coinsurance	Deductible/participating coinsurance
Home health visits 130 visits PCY				
Hospice care hospice home visits: unlimited; respite: unlimited				
Transplants unlimited; \$7,500 travel and lodging limits	Covered as any other service			
Manipulations 12 visits PCY; spinal and other	Deductible/preferred coinsurance		Not covered	
Acupuncture 12 visits PCY	Deductible/preferred coinsurance			
Routine vision exam 1 PCY	Deductible waived, 10% coinsurance			
Vision hardware \$350 PCY	Covered in full			
Pediatric vision exam 1 PCY under age 19	Deductible/preferred coinsurance			
Pediatric vision hardware under age 19: 1 pair of glasses, including frames and lenses PCY or 12-month supply of contacts in lieu of glasses PCY	Covered in full			
Hearing exam 1 PCY	Deductible, 20% coinsurance			
Hearing hardware 1 device per ear every 3 calendar years	Deductible, 20% coinsurance			
Annual plan maximum	Unlimited			

*Talk with your producer or Premera representative to find out if this plan is right for your business.

STEP 2

Choose a pharmacy plan

All medical plans require a pharmacy plan, except health savings account (HSA)-qualified plans, which already include a pharmacy plan.

Choose from 10 pharmacy plan options. Each offers the following services:

- Negotiated discount rates from preferred providers
- Retail and mail-order coverage
- Drug classification based on the tier of coverage selected

Essentials tiers and customer cost shares	
First tier	Preferred generic drugs
Second tier	Preferred brand-name drugs
Third tier	Preferred specialty ¹ drugs
Fourth tier	Non-preferred drugs (generic, brand, and specialty)

Preferred tiers and customer cost shares	
First tier	Generic drugs
Second tier	Preferred brand-name drugs
Third tier	Non-preferred brand-name drugs
Fourth tier	Specialty ¹ drugs

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

Your drug list options for each pharmacy plan are as follows:

- Select HSA plans: Paired with Preferred-A1
- Plus HSA plans: Choose between Preferred-A1 or Essentials-E1

Rx Savings Solutions

Premera partnered with Rx Savings Solutions to offer an innovative pharmacy savings tool. Members are notified of opportunities to spend less on their prescription drugs with little to no impact to the member’s healthcare journey. Ways members can save:

- Generic substitutions
- Dosage form change
- Pharmacy change

When a member decides to make a switch to save, the Rx Savings Solutions manages the process for the member by contacting the prescribing physician and submitting a revised prescription.



The Essentials pharmacy plan keeps costs as low as possible by focusing on high-value drugs that are approved by the U.S. Food and Drug Administration (FDA).

Your pharmacy plan options

Fully insured Preferred Choice pharmacy plans	Retail cost share				Mail cost share ¹				Drug list	
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4		
Essentials - \$10/\$25/\$55/30%	\$10	\$25	\$55	30%	\$25	\$62.50	\$55	30%	Essential - E4	
Essentials - \$15/\$30/\$60/30%	\$15	\$30	\$60		\$37.50	\$75	\$60			50%
Essentials - \$150-\$15/\$60/\$100/50% ²		\$60	\$100			\$150	\$100			
\$10/\$30/\$60	\$10	\$30	\$60	N/A	\$25	\$75	\$150	N/A	Preferred - B3	
\$20/\$40/\$70	\$20	\$40	\$70		\$50	\$100	\$175			
\$10/\$25/\$50	\$10	\$25	\$50		\$25	\$62.50	\$125			30%
\$10/\$30/\$30/30%		\$30	\$75	\$125						
\$15/\$30/\$50/30%	\$15	\$30	\$50	30%	\$37.50	\$75	\$125	30%	Preferred - B4	
\$150-\$15/\$30/\$50/30% ²										
\$20/\$50/50%/30%	\$20	\$50	50%		\$50	\$125	50%			

¹ Specialty drugs are limited to a 30-day supply.
² Deductible is waived for tier 1.

Optiflex Preferred Choice pharmacy plans	Retail cost share				Mail cost share ¹				Drug list	
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4		
Essentials - \$10/\$25/\$55/30%	\$10	\$25	\$55	30%	\$25	\$62.50	\$55	30%	Essential - E4	
Essentials - \$15/\$30/\$60/30%	\$15	\$30	\$60		\$37.50	\$75	\$60			50%
Essentials - \$150-\$15/\$60/\$100/50% ²		\$60	\$100			\$150	\$100			
\$10/\$30/\$60	\$10	\$30	\$60	N/A	\$25	\$75	\$150	N/A	Preferred - B3	
\$20/\$40/\$70	\$20	\$40	\$70		\$50	\$100	\$175			
\$10/\$25/\$50	\$10	\$25	\$50		\$25	\$62.50	\$125			30%
\$10/\$30/\$30/30%		\$30	\$75	\$125						
\$15/\$30/\$50/30%	\$15	\$30	\$50	30%	\$37.50	\$75	\$125	30%	Preferred - B4	
\$150-\$15/\$30/\$50/30% ²										
\$20/\$50/50%/30%	\$20	\$50	50%		\$50	\$125	50%			

¹ Specialty drugs are limited to a 30-day supply from Premera's specialty pharmacy provider.
² Deductible is waived for tier 1.

STEP 3

Choose a dental plan

Together, Premera Blue Cross medical and dental plans encourage healthy habits, better outcomes, and lower total cost of care. The expansion of our Dental Choice network, the Dental Grid+ makes it even easier for your employees to find high quality dental care no matter where they work or live.

Select from 13 dental plans. Each comes with the following:

Attractive savings

When you purchase a **fully insured** Premera medical and dental plan together, you receive the savings and the value of an integrated approach.¹

1% premium discount

Broad network access

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

125K dentists nationwide

490K locations nationwide



Want to offer your employees more dental options?

A **shared family maximum** may be the best choice for you and your family. This dental plan option allows you to share your dental annual maximum to help maximize your family's dental coverage. The shared family maximum does not apply to preventive dental services, ensuring that everyone in your family has access to preventive dental care.

Contact your producer or Premera representative for more information.

Your dental plan options

Preferred Choice Dental plans

INN: In network OON: Out of network

Premera Preferred Choice dental plans	Individual deductible ¹	Family deductible	Coinsurance— Diagnostic & preventive (INN & OON)	Coinsurance— Basic (INN & OON)	Coinsurance— Major (INN & OON)	Annual maximum (applicable services)	Endodontic/ Periodontic services	Waiting period	Orthodontia
Dental Optima 20% 1000	\$50	\$150	20%	20%	50%	\$1,000 (Prevent, Basic, Major)	Major	No	No
Dental Optima 1000			\$1,500 (Prevent, Basic, Major)						
Dental Optima 1500									
Dental Optima 1500 Enhanced + annual max waiver						Basic			
Dental Optima 1500 Enhanced + annual max waiver + ortho			Major				0% coinsurance; \$1,500 lifetime maximum; all ages		
Dental Optima 1500 shared family max + annual max waiver							No		
Dental Optima Enhanced 1500 shared family max + annual max waiver + ortho						0% coinsurance; \$1,500 lifetime maximum; all ages			
Dental Optima 2000 Enhanced + annual max waiver			Basic			No			
Dental Optima 2000 Enhanced + annual max waiver + ortho						0% coinsurance; \$1,500 lifetime maximum; all ages			
Dental Optima 3000 Enhanced + annual max waiver						No			
Dental Optima 3000 Enhanced + annual max waiver + ortho			0% coinsurance; \$1,500 lifetime maximum; all ages						
Dental Optima Voluntary 1500			12 months ²			Major	\$1,500 (Prevent, Basic, Major)		
Dental Optima Voluntary 1500 + annual max waiver	\$1,500 (Basic, Major)								

¹Applies to Basic and Major only

²Applies to Major only

Dental covered services

Dental benefit highlights

This table compares benefit levels for each plan type, regardless of the deductible level you select.

Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge. PCY = per calendar year. CY = calendar year(s).

	PLAN TYPES		
	Optima (with or without orthodontia)	Optima Flex (with or without orthodontia)	Optima Voluntary*
Diagnostic/ Preventive	Routine oral exams (2 PCY)		
	Emergency exams		
	Routine x-rays (bitewings unlimited); complete series or panoramic x-ray (once per 36 consecutive months)		
	Cleanings (2 PCY)		
	Fluoride treatments (2 applications PCY; age limits apply)		
	Sealants (once every 24 consecutive months; age limits apply)		
	Space maintainers (age limits apply)		
Basic	N/A		
	N/A		
	Emergency palliative treatment		
	Fillings (once per tooth surface every 24 consecutive months)		
	Repair and recementing of crowns, inlays, bridgework, and dentures (when performed 6 or more months after placement)		
	Endodontic (root canal) treatment (once per tooth every 24 consecutive months)		N/A
	Full mouth debridement (once every 36 consecutive months)		
	Periodontal maintenance (4 visits PCY)		
	Periodontal scaling (once per quadrant every 24 consecutive months)		
	Periodontal surgery (once per quadrant every 36 consecutive months)		N/A
	Simple and surgical extractions		
Oral surgery			
Intravenous or general anesthesia (limited to covered dental procedures at a dental care provider's office when dentally necessary)			
Major	Inlays, onlays, and crowns (once per tooth every 5 CY)		
	Implants (once per tooth every 5 CY)		Not covered
	Dentures, partial and fixed bridges (once every 5 CY)		
	N/A		Endodontic (root canal) treatment (once per tooth every 24 consecutive months)
	N/A		Periodontal surgery (once per quadrant every 36 consecutive months)

*A 12-month waiting period for Major services applies to members who have not had comparable dental coverage under the group's prior dental plan.
 Note: Annual deductible waived for diagnostic and preventive services.
 This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force.
 This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, please contact customer service.





Find out more:

Visit premera.com/ak/employer.

Talk with your Premera representative or producer.



This brochure is not a contract. It is only a summary of the major benefits provided by these plans. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, please contact your producer.