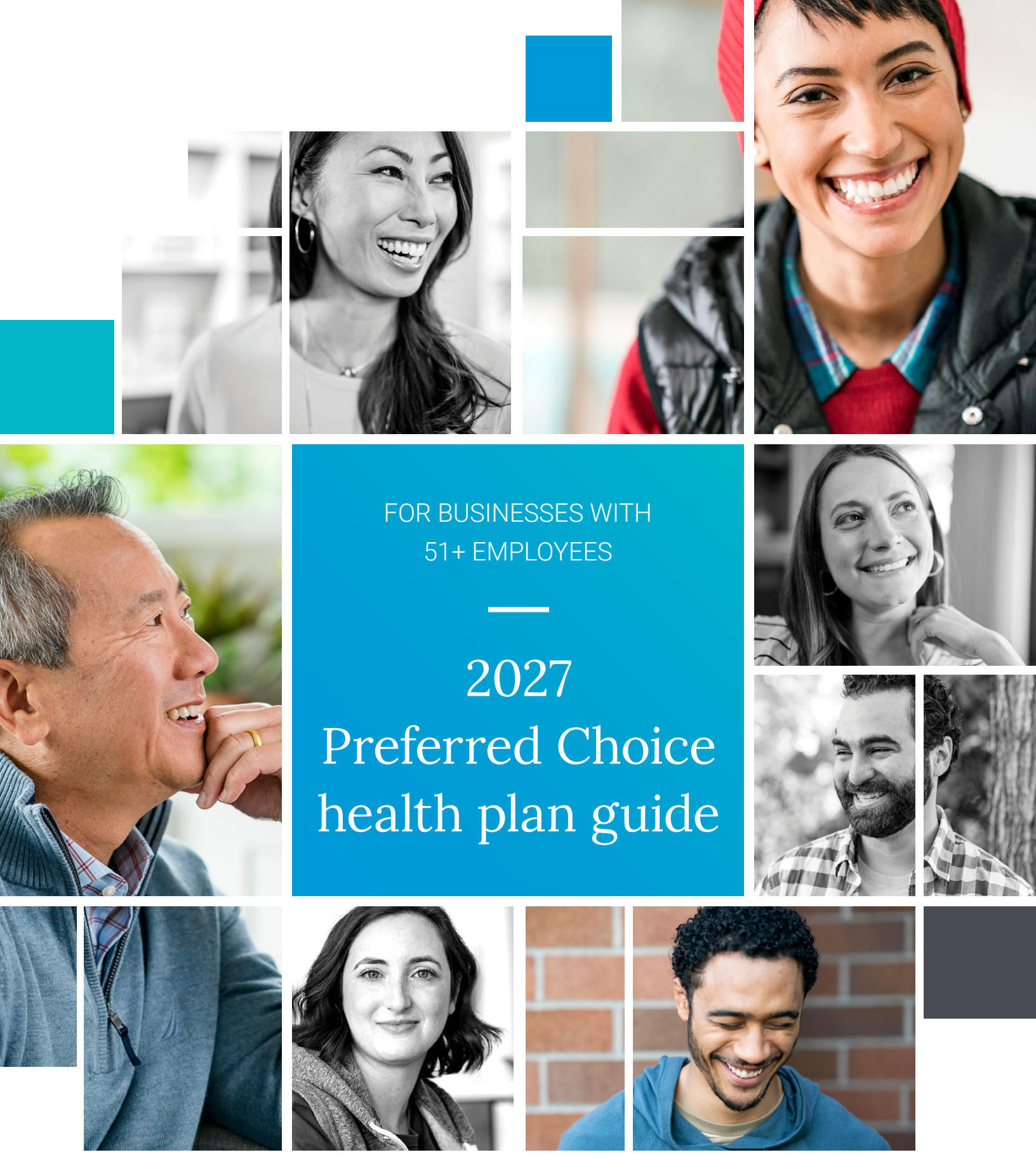


FOR BUSINESSES WITH
51+ EMPLOYEES

2027 Preferred Choice health plan guide

PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA

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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Why businesses choose Premera

As a not-for-profit health plan serving Alaska since 1933, we're committed to providing our clients with affordable health plans, access to high-quality care networks, and an experience designed to meet members and employers where they are.

Affordability

Healthcare is expensive, and we take seriously our responsibility to make each dollar work harder, ensuring access to quality care at a fair price.



Pharmacy

We promote safe, lower-cost alternatives like generics and biosimilars—which can cost up to 40% less. These are medications that are highly similar to an existing biologic drug and work the same way, with no meaningful differences in safety or effectiveness. We also give members tools to find additional savings.



Provider access

We invested $30 million to expand the primary care workforce in Washington and Alaska. Partnerships with Kinwell primary care clinics in Washington improve access and are expected to reduce total cost of care by 4%.



System waste

We cut waste by preventing billing errors, fighting fraud, and using prior authorization to avoid unnecessary or duplicative treatments.



Right care, right time, right place

We offer options for members to seek care from high-quality, lower-cost settings that have proven results, such as Centers of Excellence providers or ambulatory surgery centers. This helps reduce costs while improving health outcomes.

Access

We work hard to connect members and their families to the care they need, when they need it, from providers who understand them.



Primary care

Some of our plan designs allow members to designate a primary care provider for themselves and their dependents.



Rural care

We're expanding the rural healthcare workforce by investing in training and residency programs that build a stronger pipeline of providers in rural areas.[1]



Behavioral health

Premera members have greater access to behavioral health providers through our expanded networks, virtual care, and personalized matching services like Matchmaker™ for Behavioral Health.

Experience



Enhanced case management

With one point of contact, secure chat, and built-in behavioral health support, members get coordinated, whole-person care that's easier to manage. Our Personal Health Support program builds on this approach with one-on-one concierge support to help members navigate care, understand their benefits, manage claims, and connect with the right providers.



Smarter digital tools

We're investing in smarter digital tools that make healthcare easier to access and understand. Our redesigned member portal, Find Care tool, and mobile app give members simple, self-service options to check benefits, find providers, and see cost estimates, all in one place. We also use Quest Analytics' BetterDoctor portal to keep our provider directory accurate and up to date.



Artificial intelligence (AI)

Premera uses AI to make healthcare faster and easier. AI helps approve claims and prior authorizations faster, reducing wait times and improving service. Through Premera Health Hub, AI also connects members to wellness and condition-management programs that fit their individual needs.[2]

[1]Murphy, Brendam. "Recipe for More Rural Physicians: More Exposure in Residency Training." American Medical Association, American Medical Association, 27 Sept. 2022, www.ama-assn.org/education/improve-gme/recipe-more-rural-physicians-more-exposure-residency-training.
[2]Premera Health Hub is available to self-funded and OptiFlex groups.

Foster a healthy workforce with Blue365

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



Gym memberships | Fitness gear | Hearing aids | Prescription glasses | Healthy eating options

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 with all Preferred Choice plans
✓	**OptiFlex:**	Included with all Preferred Choice plans

Reduce healthcare costs

$2.71

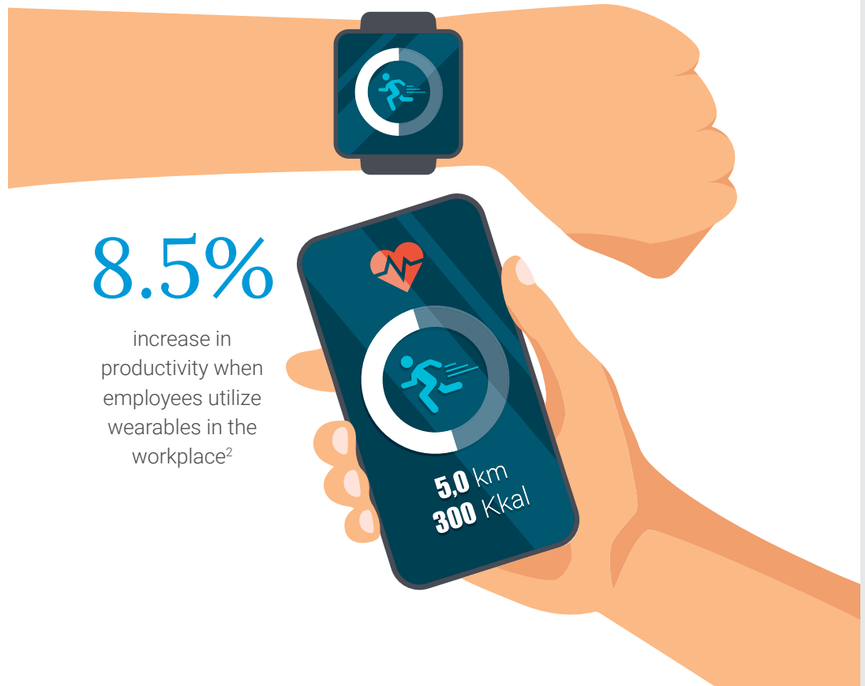
estimated return for every dollar spent on wellness programs[1]



Increase productivity

8.5%

increase in productivity when employees utilize wearables in the workplace[2]



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.

[1]Berry, 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-employeewellness-programs.

[2]References Staff. "Employees Using Wearables Are More Productive | MHL News." Home | MHL News, MHL News, 25 Aug. 2016, https://www.mhlnews.com/technology-automation/article/22051683/employees-using-wearables-are-more-productive.

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PREMERA
Health Hub

Premera Health Hub

NEW FOR 2027 | For OptiFlex groups

Premera Health Hub is a comprehensive virtual care network of solutions for wellness and health condition management. Premera Health Hub is designed to help members meet their health goals and lower the total cost of care by guiding members to virtual solutions for their unique needs.

Supporting your benefit strategy

Simplified employer administration	Premera manages vendor vetting, contracting, relationship management, and reporting.
Increased member engagement	Personalized digital communications optimize engagement with the hub.
Intervention-based approach	Proprietary clinical algorithms account for preference and need to best match members with a vendor.
Engagement- and outcomes-based payment model	Employers only pay when members are actively engaged or show positive health outcomes.
Greater access to care	Comprehensive digital solutions that support wellness and chronic care management for all members, no matter where they're located.

Did you know?

Offering a virtual program that covers a broad range of conditions **reduces costs**.[1]

2%–4%
reduction in estimated total plan claims cost

Where Premera Health Hub saves



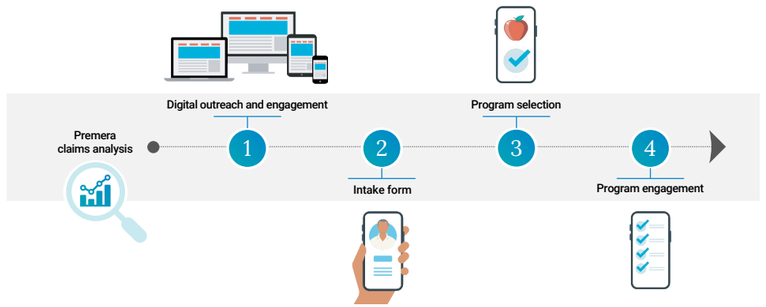
37%
routine outpatient care

32%
hospital & ER

31%
pharmacy

Savings estimates are based on a study conducted by Solera Health

How members get started



A differentiated member experience

Premera Health Hub offers members more than just information. Members can use Premera Health Hub to help them manage their health conditions or achieve their health goals. With Premera Health Hub, members benefit from:

Personalized tools	A customized experience that matches members to a right-fit program and solution, making it easier for them to meet their health goals.
Clinically proven programs	Access to leading health and wellness programs that deliver effective results.
Convenient access	Digital resources available on demand for whenever and wherever members need them.
No extra costs	Programs and resources available to members at no additional out-of-pocket expense.

Premera Health Hub

✓ **OptiFlex:** Included with all Preferred Choice plans

Premera Health Hub condition categories

- Achieve a healthy weight
- Manage diabetes
- Ease digestive symptoms
- Manage blood pressure
- Reduce joint or muscle pain
- Reduce or quit tobacco use
- Explore paths to parenthood
- Get support for women's health

[1]Solera Health, Inc. "The Network Effect: Proving the Value of Curated Digital Health," March 2026. PDF. Research was conducted using a dataset of 16,499 enrolled members. Independently reviewed by Accorded, Inc.

Site-of-service expansion benefit

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

The Premera 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



Improve member satisfaction with self-directed care



Provide cost-effective care without compromising quality



Reduce administrative burden



Lower total cost of care for members and employers

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).

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.

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.

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**
• Total joint replacement	• Biopsies	• Colonoscopy
• ACL repair	• Appendix removal	• Endoscopy
• Hand or wrist procedures	• Gallbladder removal	• Hemorrhoid removal

Surgeries performed at ASCs can be

45-60%

less expensive than inpatient and outpatient hospital settings[1]

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]

Site-of-service, value-based benefit access

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

[1]Provista. "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.

[2]Gadzinski, 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://pmc.ncbi.nlm.nih.gov/articles/PMC8827343/. Accessed 20 June 2025.

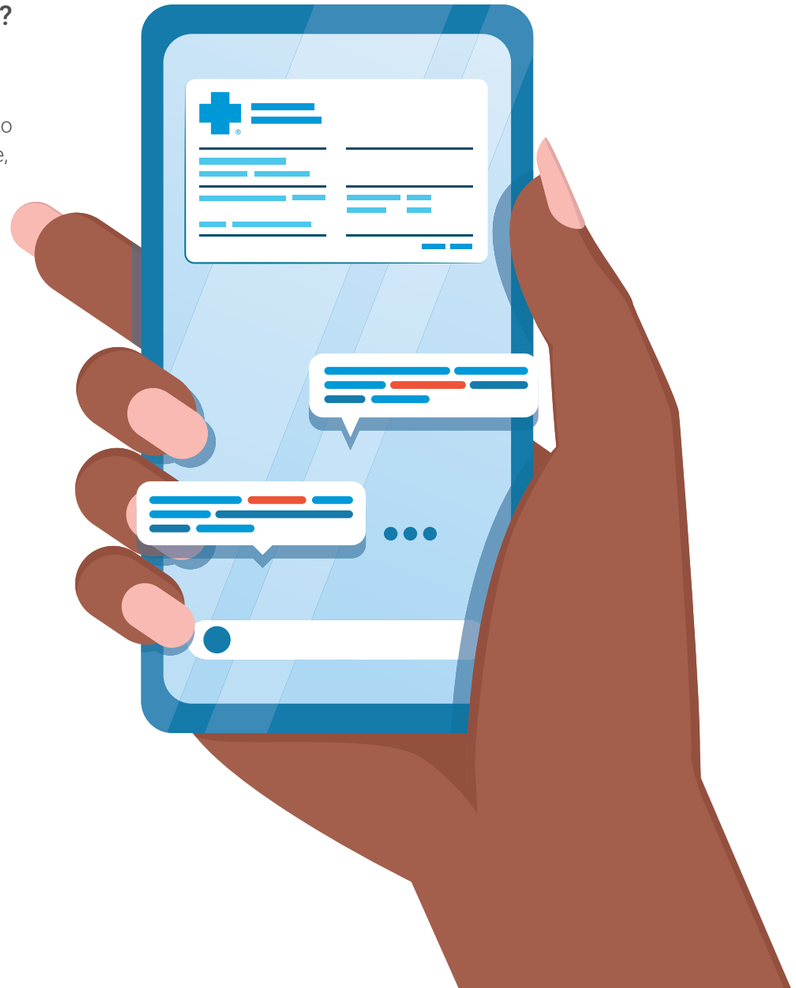
[3]Institute of Medicine (US) Committee on the Future of Emergency Care in the United States Health System. Hospital-Based Emergency Care: At the Breaking Point. National Academies Press (US), 2007. NCBI Bookshelf, https://www.ncbi.nlm.nih.gov/sites/books/NBK555483/. Accessed 20 June 2025.

Personalized messages at your fingertips

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 with all Preferred Choice plans
✓	**OptiFlex:**	Included with all Preferred Choice plans

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 could benefit from intervention and guidance from a dedicated personal health support clinician.

The benefits of Enhanced Case Management

- Reduces future clinical visits and their associated 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 claimants[1]

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

[1]Health, Prealize. "Data Expertise & Accuracy – Prealize." Prealize, Prealize Health, 2026, https://www.prealizehealth.com/data-expertise-accuracy/.
[2]A 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.

Download the flyer to learn more about Enhanced Case Management.

Enhanced Case Management access

✓	**Fully insured:**	Included with all Preferred Choice plans
✓	**OptiFlex:**	Included with all Preferred Choice plans

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.



Member
Member contacts Premera customer service or case management.

CSR
Premera representative completes member intake over the phone.

Navigator team
Matchmaker team curates a list of providers that is delivered to the member in three to four business days.

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

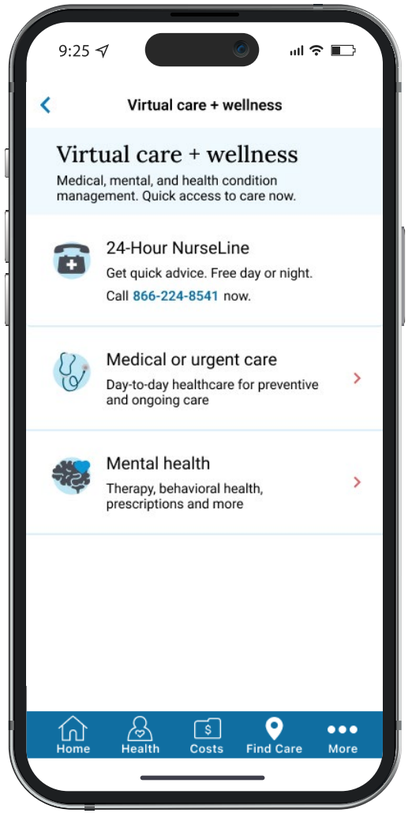
Every Matchmaker for Behavioral Health list includes a minimum of two in-network providers.

Matchmaker for Behavioral Health access

Fully insured:	Included with all Preferred Choice plans
OptiFlex:	Included with all Preferred Choice plans

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.**

[1]2022 Best Practices in Healthcare Employer Survey, 2022 Global Benefit Attitudes Survey
[2]Medically 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

Our carefully selected virtual care offerings significantly expand in-network access to high-quality primaryand urgent care as well as treatment for mental health and substance use disorder.

Virtual care by the numbers

24%

Expected virtual care usage growth from 2024 to 2030[1]

80%

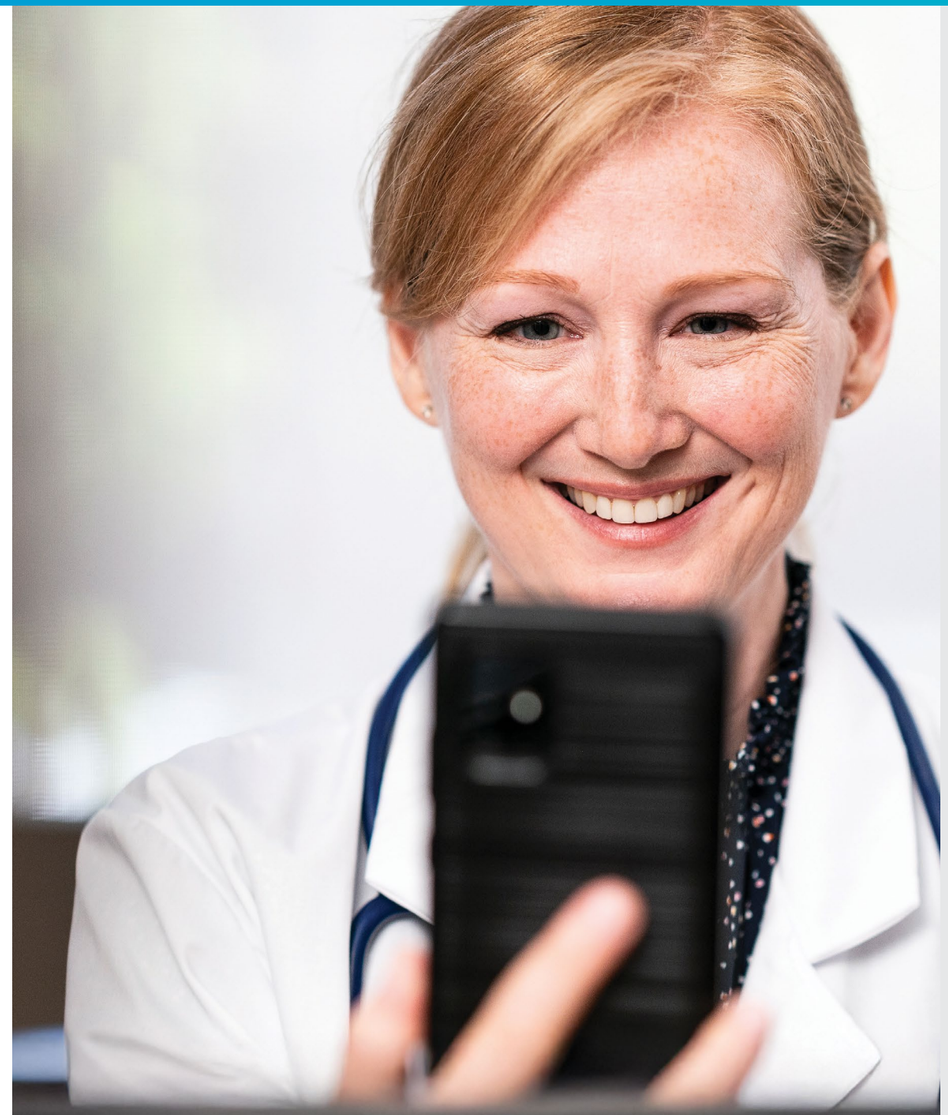
Employees who believe that integrating virtual care with in-person care services is valuable[2]

22%

Savings when an employee has a telehealth visit compared to an in-person visit[3]

$1,500+

Savings per visit when diverting patients from emergency departments to virtual care[4]



Employer benefits

- **Expanded access**—Your employees can access care via text, video, phone, or chat, and they can do so from the safety, convenience, and comfort of their homes.
- **Increased productivity**—Virtual visits are available at a time most convenient for them.
- **Improved experience**—Employees have on-demand access to a variety of care options, which allows them to receive care faster and diagnoses sooner.

Did you know?

Every Premera medical plan includes our 24-Hour NurseLine at no extra cost. Members can call day or night to receive confidential health advice from a registered nurse.

Virtual care can help with:

- Common colds
- COVID-19
- Follow-up visits with a doctor
- Sinus infections
- Urinary tract infections (UTIs)

[1]"Telehealth Market Size, Share, Growth Analysis Report, 2030." grandviewresearch.com. Accessed 20 Sept. 2024.

[2]"Telehealth and Virtual Care Policy Position Statement." Businessgroupthealth.org, 2024, businessgroupthealth.org/resources/business-group-on-healths-position-statement-on-telehealth. Accessed 3 Oct. 2024.

[3]"Employee Telemed Visits 25 Percent Less Costly for Health System." pennmedicine.org/news/news-releases/2023/june/employee-telemed-visits-25-percent-less-costly-for-health-system.

[4]Garrison Nord BBA, et al. "On-Demand Synchronous Audio Video Telemedicine Visits Are Cost Effective." The American Journal of Emergency Medicine, W.B. Saunders, 7 Aug. 2018, sciencedirect.com/science/article/abs/pii/S0735675718306533.

Medical and dental integration

Integrated medical and dental benefits go beyond network size and access. It's about creating a true whole-person health environment that provides total cost of care protection.

Fragmented benefit design costs more

Escalating claims severity	Unmanaged oral health drives higher medical utilization.
The stand-alone weak spot	Dental carve-outs isolate data, limiting early intervention and risk reduction.
Disengagement in silos	Carve-outs reduce preventive care use by ~25% compared to integrated medical-dental.[1]

Members with diabetes who forgo or skip dental care are at 120% increased risk of acute heart attacks and strokes. These events have real-dollar impacts on the health plans, from $25,000 to $130,000 per member.[2,3]

What whole-person cost protection looks like

- Automatic Enhanced Dental Care at 100% coverage for high-risk members
- Real-time clinical visibility into dental care gaps and benefits for case managers
- Zero-friction benefit activation without forms, waiting periods, or extra enrollment
- Full-spectrum digital outreach with positive reinforcement and targeted support
- Integrated reporting of engagement and utilization trends over time

Mitigating total medical spend + making it simple to operate = **value of whole-person care**

Enhanced Dental Care benefit

This benefit feature, exclusive to integrated medical and dental plan designs, can lower total medical costs and improve clinical outcomes for high-risk members.

High-risk covered conditions

- Cardiovascular disease
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Oral cancers
- Pregnancy

Additional covered services

- Periodontal/routine evaluation[1]
- Routine cleanings and periodontal maintenance[2]
- Topical fluoride in dentist office[3]
- Periodontal scaling and root planing (new for 2027)[4]

Covers one extra service of each type per calendar year in addition to standard plan frequencies to reduce systemic medical risks.

Frictionless experience

- **Automatic enrollment**: Zero barriers—no forms or sign-ups required for high-risk members.
- **100% covered**: $0 out-of-pocket costs with all deductibles and co-insurance waived.
- **Fully embedded**: Standard on all Large Group Dental plans at no extra cost.
- **Immediate access**: No waiting periods for critical preventive care.

Protecting your total cost of care

Six in 10 adults in the United States are living with at least one chronic condition.[4] They are at risk of oral complications because of conditions like diabetes and cardiovascular disease.[5] 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.

[1]The Dental Trade Alliance (DTA) Medical-Dental Integration Resource Matrix (Evaluating Integrated Care Models, 2026). https://cdn.ymaws.com/dentaltradealliance.org/resource/resmgr/DTA_MDI_Paper_2026.pdf

[2]Offenbacher S, Katz V, Fertik G, Collins J, Boyd D, Maynor G, et al. Periodontal infection as a potential risk factor for preterm low birth weight. J Periodontal. 1996;67(10S):1103-1113. doi:10.1902/jop.1996.67.10s.1103.

[3]American Academy of Periodontology; American OB/GYN Healthcare Coalition. "Joint clinical consensus tracking on maternal healthcare and neonatal intensive care unit (NICU) commercial cost drivers." Chicago, IL: AAP Publishing; 2025.

[4]Joo, 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/

[5]Fu, 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/

Covering customers wherever they go

Premera believes 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 6,881 preferred providers and 28 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 with 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.



Premera Health Hub in 2027

Beginning January 1, 2027, Premera Health Hub will be included with all OptiFlex funded health plans. **Premera Health Hub** offers members a vast virtual care network for a variety of health and wellness solutions.

Premera pharmacy

A smarter way to manage pharmacy—built around your health plan strategy

Premera views pharmacy as an integrated benefit that can be leveraged to manage total cost of care without sacrificing member experience or access. Rising pharmacy costs, including specialty drugs and GLP-1s, require more than one solution. Your integrated pharmacy benefit can have the strongest impact through formulary design, coverage strategy, and clinical support.

Optimizing your pharmacy benefit to meet your needs

There's no one-size-fits-all approach for pharmacy. Premera assesses formulary design, coverage decisions, and personalized member support programs, to help you develop a targeted pharmacy plan that complements your medical benefits.

A modern and more flexible formulary design

Premera offers a range of formulary options, including a new 6-tier structure, giving employers more precision in how they manage pharmacy spend and in alignment with their overall health plan strategy.

Where a 6-tier formulary design has impact

- Aligns member cost share to drug value
- Improves cost predictability over time
- Supports access to clinically effective treatments

ESSENTIALS FORMULARY

PLANS WITH 6 TIERS	
FIRST TIER	Value generic
SECOND TIER	Preferred generic
THIRD TIER	Preferred brand
FOURTH TIER	Non-preferred generic and brand
FIFTH TIER	Preferred specialty
SIXTH TIER	Non-preferred specialty

Member pharmacy alerts and savings

Employers and members can save on prescription drugs with personalized alerts from Rx Savings Solutions (RxSS). RxSS identifies and notifies members of opportunities to spend less on their prescription drugs with little to no impact on the member's healthcare journey.

Members can save by:

- Switching to another pharmacy
- Trying a new or different generic medication
- Changing to a therapeutic alternative

Did you know?

When a member acts on an RxSS savings alert, RxSS manages the entire switch with the provider so all the member has to do is pick up their prescription.

NEW FOR 2027

Introducing Price Assure for 2027

Price Assure is an embedded discount card program that provides automatic savings on prescriptions for members at the point of sale.

Benefits to employers

- No additional cost
- Included with every pharmacy plan
- Improved employee satisfaction with their plan

Benefits to members

- No extra steps
- Payments count toward deductible and out-of-pocket maximum
- Each prescription is assessed for drug interactions
- Eligible for 30- and 90-day prescription fills at retail pharmacy



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

Choose from a range of plans that offer the right balance between budget and healthcare needs for your business and your employees. Select up to 2 medical plans from 28 options.

	PPO plans	HSA-qualified PPO plans
Number of plan options	19	9
Network	Heritage, Yukon[1]	
Benefits	Wide range of quality benefits to fit your business's needs	
Pharmacy plan	Make your choice[2]	Included
Can be paired with employee-owned HSA	No	Yes—plus Premera can administer the account for you

[1]Yukon network available to OptiFlex funded plans only.
[2]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			$20 / $60	$3,500		
Plus Split Copay $1,000	$1,000	$2,000			$25 / $60	$4,500		
Plus Shared Split Copay $1,500	$1,500	Shared			$25 / $65		Shared	
Plus Split Copay $2,000	$2,000	$4,000					$45,000	
Plus Shared Split Copay $2,500	$2,500	Shared				$5,000	Shared	
Plus Split Copay $3,000	$3,000	$6,000			$30 / $65	$6,000	$45,000	
Plus Shared Split Copay $3,500	$3,500	Shared					Shared	
Plus Split Copay $4,000	$4,000	$8,000					$45,000	
Plus Shared Split Copay $4,500	$4,500	Shared	30% / 40%		$35 / $70	$6,500	Shared	
Plus Split Copay $5,000	$5,000	$10,000			$45 / $80	$7,150	$45,000	
Plus Shared Split Copay $5,500	$5,500	Shared					Shared	
Plus Split Copay $6,000	$6,000	$12,000				$7,350	$45,000	
Plus HSA Qualified $1,750[1]	$1,750	Shared	20% / 40%	60%	Deductible / coinsurance applies	$3,500	$45,000/ $90,000	Deductible, then preferred coinsurance
Plus HSA Qualified $2,000[3]	$2,000					$5,000	$45,000	
Plus HSA Qualified $2,500[3]	$2,500						Shared	
Plus HSA Qualified $3,500[2]	$3,500					$6,000	$45,000	
Plus HSA Qualified $4,000[2]	$4,000						Shared	
Plus HSA Qualified $4,500[2]	$4,500					$6,550	$45,000	
Plus HSA Qualified $5,000[2]	$5,000							
Plus HSA Qualified $6,000[2]	$6,000							
Plus HSA Qualified $6,500[2]	$6,500		0% / 0%			$6,500		
Essentials 7550	$7,550	$15,100	30% / 40%	60%	Deductible / coinsurance applies	$8,550	Unlimited	$450 copay, then deductible and preferred coinsurance
Essentials 8550	$8,550	$17,100	0% / 0%					Deductible, then preferred coinsurance
Plus Primary Care $1,500	$1,500	$3,000	20% / 40%	60%	Des PCP: $5 ND/Spec: $50	$5,000	$45,000	$200 copay, then deductible and preferred coinsurance
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 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						
Breast cancer screening (including mammogram)	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–$50 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						
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						
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 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
Professional diagnostic major imaging				
Other professional diagnostic laboratory and pathology tests				
Breast cancer screening (including mammogram)	Covered in full			
Inpatient facility	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	Deductible/preferred coinsurance		Office visit cost share	
Ambulance transportation unlimited	Deductible/preferred coinsurance			
Air ambulance unlimited				
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	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				
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				
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				
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 14 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

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

4-tier Essentials 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)

6-tier Essentials and customer cost shares	
First tier	Value generic
Second tier	Preferred generic
Third tier	Preferred brand
Fourth tier	Non-preferred generic and brand
Fifth tier	Preferred specialty
Sixth tier	Non-preferred 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

[1] Specialty drugs are limited to a 30-day supply from Premera's specialty pharmacy provider.



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.

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 5	Tier 6	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	
Essentials - $10/$25/$55/30%	$10	$25	$55	30%	N/A		$25	$62.50	$55	30%	N/A		Essentials - E4
Essentials - $15/$30/$60/30%	$15	$30	$60				$37.50	$75	$60				
Essentials - $150–$15/$60/$100/50%[2]		$60	$100	50%				$150	$100	50%			
Essentials - $5/$15/$35/$70/$30%/50%	$5	$15	$35	$70	30%	50%	$15	$45	$105	$210	30%	50%	Essentials - E6
Essentials - $5/$15/$35/20%/$30%/50%				20%						20%			
Essentials - $5/$15/$40/$75/$30%/50%			$40	$75					$120	$225			
Essentials - $7/$25/$50/$100/$30%/50%	$7	$25	$50	$100			$21	$75	$150	$300			
$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				
$10/$30/$30/30%		$30	$30	30%	N/A			$75	$75	30%	N/A		Preferred - B4
$15/$30/$50/30%	$15		$50				$37.50		$125				
$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 5	Tier 6	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	
Essentials - $10/$25/$55/30%	$10	$25	$55	30%	N/A		$25	$62.50	$55	30%	N/A		Essentials - E4
Essentials - $15/$30/$60/30%	$15	$30	$60				$37.50	$75	$60				
Essentials - $150–$15/$60/$100/50%[2]		$60	$100	50%				$150	$100	50%			
Essentials - $5/$15/$35/$70/$30%/50%	$5	$15	$35	$70	30%	50%	$15	$45	$105	$210	30%	50%	Essentials - E6
Essentials - $5/$15/$35/20%/$30%/50%				20%						20%			
Essentials - $5/$15/$40/$75/$30%/50%			$40	$75					$120	$225			
Essentials - $7/$25/$50/$100/$30%/50%	$7	$25	$50	$100			$21	$75	$150	$300			
$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				
$10/$30/$30/30%		$30	$30	30%	N/A			$75	$75	30%	N/A		Preferred - B4
$15/$30/$50/30%	$15		$50				$37.50		$125				
$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.

122K dentists nationwide

483K 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									
Dental Optima 1500						$1,500 (Prevent, Basic, Major)			
Dental Optima 1500 Enhanced + annual max waiver						$1,500 (Basic, Major)	Basic		0% coinsurance; $1,500 lifetime maximum; all ages
Dental Optima 1500 Enhanced + annual max waiver + ortho									
Dental Optima 1500 shared family max + annual max waiver			0%			$1,500 Shared (Basic, Major)	Major		No
Dental Optima Enhanced 1500 shared family max + annual max waiver + ortho							Basic		0% coinsurance; $1,500 lifetime maximum; all ages
Dental Optima 2000 Enhanced + annual max waiver						$2,000 (Basic, Major)			No
Dental Optima 2000 Enhanced + annual max waiver + ortho									0% coinsurance; $1,500 lifetime maximum; all ages
Dental Optima 3000 Enhanced + annual max waiver						$3,000 (Basic, Major)			No
Dental Optima 3000 Enhanced + annual max waiver + ortho									0% coinsurance; $1,500 lifetime maximum; all ages
Dental Optima Voluntary 1500						$1,500 (Prevent, Basic, Major)	Major	12 months[2]	No
Dental Optima Voluntary 1500 + annual max waiver						$1,500 (Basic, Major)			

[1]Applies to Basic and Major only
[2]Applies 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 Enhanced (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.





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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.

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