

PREMERA BLUE CROSS

Medicare Advantage

2024



BLUE CROSS

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2024 Highlights

We are committed to offering high-quality, affordable coverage to Medicare-eligible Washington state residents

No service area expansion or retraction; remain in 14 counties

Consolidation of plans from six to three (H9302 into H7245)

Part D changes

- Move from 5T to 6T drug formulary
 - One-hundred-day supply on T6 adherence drugs
-

Fitness vendor change from American Specialty Health to FitOn Health (formally known as PeerFit Move)

- National member access to YMCAs at no extra cost
 - Members receive monthly credits to use based on exercise preferences (home fitness kits or fitness facility)
-

Closing H9302 (Soundpath Health)

- All H9302 (Soundpath Health) plans are being closed for 2024
-
- Members will automatically be mapped on 1/1/2024
 - Peak + Rx will be mapped to HMO \$0
 - Sound + Rx will be mapped to Classic HMO
-
- Alpine will be closed (not mapped)

Producer calls to customer service

Agents can now call customer service for their clients.

Customer service will review and confirm the following before discussing the member with you

- **Member record review:** Check to make sure you are listed as the broker on record.
- **Agent verification:** Request for your broker information to make sure it matches what's in the member's policy or record (primary broker name, broker code, broker number, and effective date).
- **Member verification:** Check of the following to make sure the information you provide matches the member file. They'll check the following information:
 - Member first and last name
 - Subscriber ID
 - Contract number
 - Medicare MBI or SSN
 - Member date of birth
 - Member street number or full address

Reminders

- Use the plan customer service phone number to start the process 888-850-8526.
- Customer service can only assist agents with general benefits and claims information. If an agent wants to discuss protected health information (PHI) for their client, the member must be on the line and give verbal consent.

Plans

2024 Premera Blue Cross Medicare Advantage Plans

	*HMO \$0	*Classic HMO	Total Health HMO
Premium	\$0	\$54	\$23
Cowlitz, Island, King, Kitsap, Lewis, Pierce, San Juan, Skagit, Snohomish, Thurston, and Whatcom	✓	✓	
Walla Walla	✓	✓	✓
Spokane	✓		✓
Stevens			✓

* Members on Peak +RX will automatically map to HMO \$0 and those on Sound +RX will automatically map to Classic HMO

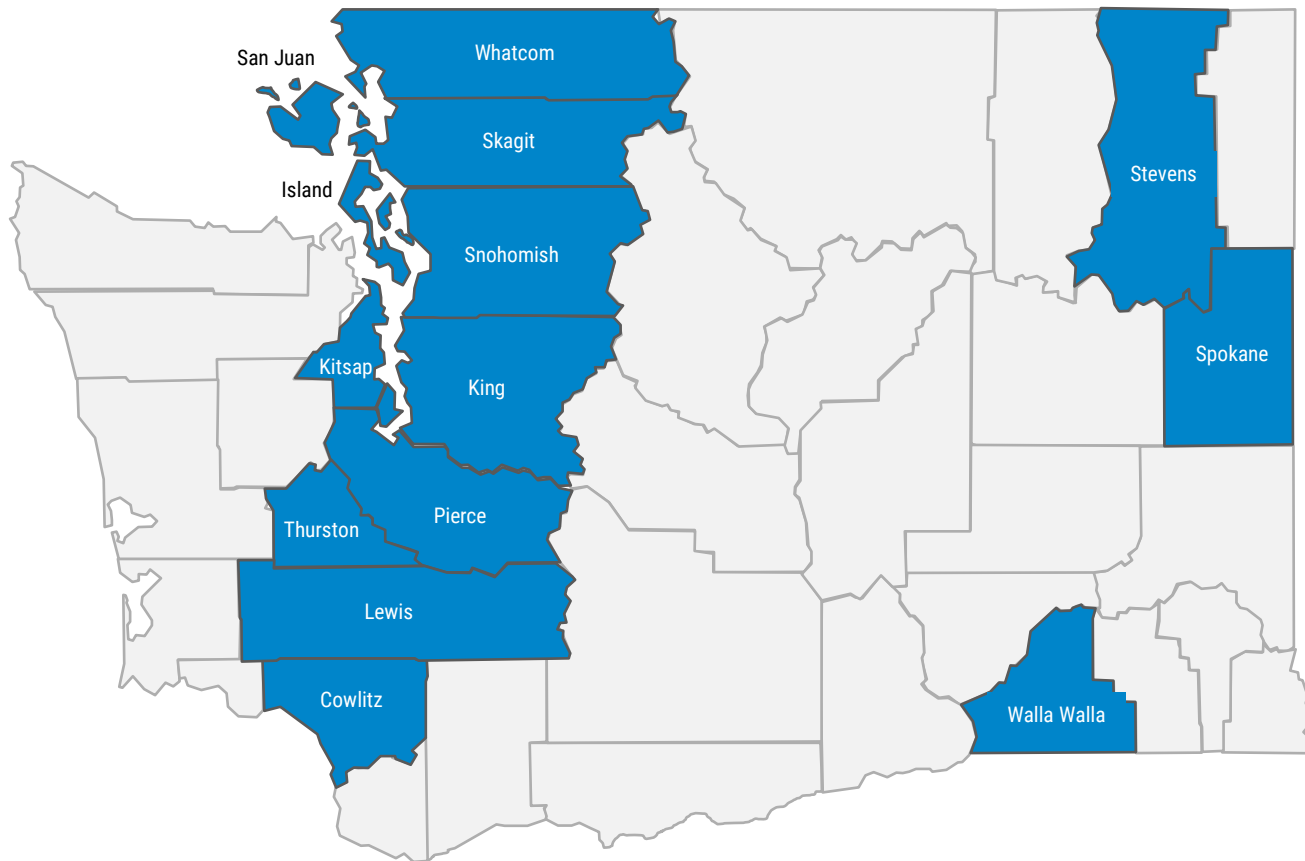
Service area

Eastern Washington

Spokane
Stevens
Walla Walla

Western Washington

Cowlitz
Island
King
Kitsap
Lewis
Pierce
San Juan
Skagit
Snohomish
Thurston
Whatcom



HMO \$0

MEDICAL SERVICES		
Plan cost	Premium	\$0
	Maximum out of pocket	\$6,500
Office visit	PCP visit copay	\$5
	Specialist visit copay	\$40
Diagnostic	Labs/x-rays	\$10/\$15
	Testing/radiology	\$60/\$180
Outpatient	Ambulatory surgery	\$150
	Outpatient surgery	\$350
	Outpatient hospital observation	\$90
Physical/Occupational/ Behavioral therapies		\$20
Emergency	Ambulance (ground/air each way)	\$300
	Emergency copay (waived if admitted)	\$90, worldwide
	Urgent care (waived if admitted)	\$35 in U.S., \$50 worldwide
Inpatient care	Inpatient hospital (no copay if readmitted within 60 days)	\$450, days 1-4; \$0 days 5+
	Skilled nursing	\$0 days 1-20; \$160 days 21-60; \$0 days 61-100

Cowlitz, Island, King, Kitsap, Lewis, Pierce, San Juan, Skagit, Snohomish, Spokane,, Thurston, Walla Walla, and Whatcom counties

HMO \$0

PRESCRIPTION DRUGS

	Drug deductible	\$160; waived on tiers 1, 2, and 6
Retail pharmacy	Tier 1	\$4
One-month supply = 30 days	Tier 2	\$12
Three-month supply = 90/100 days	Tier 3	\$42
	Tier 4	\$100
	Tier 5	30%
Both retail and mail order	Tier 6	\$0 copay (100-day supply on adherence drugs)
Part D Senior Savings Model	Max copay for 30-day supply of select insulins	\$35 cap on insulin
Diabetic supplies	Preferred brand: OneTouch	0% copay

PREVENTIVE

Dental	Preventive & comprehensive Annual maximum Routine copay/comp deductible	Included \$1,000 \$0/\$25
Hearing *Through Hearing Care Solutions	Routine hearing exam (one per year) Hearing aids*	\$0-\$35 \$1,000 per ear/year
Vision	Routine eye exam (one per year) Annual hardware allowance	\$20 \$150
Over the counter	Quarterly allowance	\$50
Chiropractic and acupuncture	Routine visit (six per year)	\$20 per visit
Naturopathic	N/A	N/A

Classic HMO

MEDICAL SERVICES		
Plan cost	Premium	\$54
	Maximum out of pocket	\$5,000
Office visit	PCP visit copay	\$0
	Specialist visit copay	\$30
Diagnostic	Labs/x-rays	\$0/\$10
	Testing/radiology	\$30/\$160
Outpatient	Ambulatory surgery	\$150
	Outpatient surgery	\$300
	Outpatient hospital observation	\$90
Physical/Occupational/ Behavioral therapies		\$10
Emergency	Ambulance (ground/air each way)	\$275
	Emergency copay (waived if admitted)	\$90, worldwide
	Urgent care (waived if admitted)	\$35 in U.S., \$50 worldwide
Inpatient care	Inpatient hospital (no copay if readmitted within 60 days)	\$350, days 1-4; \$0 days 5+
	Skilled nursing	\$0 days 1-20; \$160 days 21-60; \$0 days 61-100

Cowlitz, Island, King, Kitsap, Lewis, Pierce, San Juan, Skagit, Snohomish, Thurston, Walla Walla, and Whatcom counties

Classic HMO

PRESCRIPTION DRUGS

	Drug deductible	No deductible
Retail pharmacy	Tier 1	\$2
One-month supply = 30 days	Tier 2	\$10
Three-month supply = 90/100 days	Tier 3	\$40
	Tier 4	\$100
	Tier 5	33%
Both retail and mail order	Tier 6	\$0 copay (100-day supply on adherence drugs)
Part D Senior Savings Model	Max copay for 30-day supply of select insulins	\$35 cap on insulin
Diabetic supplies	Preferred brand: OneTouch	0% copay

PREVENTIVE

Dental	Preventive & comprehensive Annual maximum Routine copay/comp deductible	Included \$1,500 \$0/\$25
Hearing *Through Hearing Care Solutions	Routine hearing exam (one per year) Hearing aids*	\$0-\$30 \$1,000 per ear/year
Vision	Routine eye exam (one per year) Annual hardware allowance	\$0 \$250
Over the counter	Quarterly allowance	\$65
Chiropractic and acupuncture	Routine visit (10 each per year)	\$20 per visit
Naturopathic	Routine visit (6 per year)	\$30 per visit

Total Health HMO

MEDICAL SERVICES		
Plan cost	Premium	\$23
	Maximum out of pocket	\$5,000
Office visit	PCP visit copay	\$0
	Specialist visit copay	\$30
Diagnostic	Labs/x-rays	\$0/\$10
	Testing/radiology	\$30/\$160
Outpatient	Ambulatory surgery	\$150
	Outpatient surgery	\$275
	Outpatient hospital observation	\$90
Physical/Occupational/ Behavioral therapies		\$10
Emergency	Ambulance (ground/air each way)	\$275
	Emergency copay (waived if admitted)	\$90, worldwide
	Urgent care (waived if admitted)	\$35 in U.S., \$50 worldwide
Inpatient care	Inpatient hospital (no copay if readmitted within 60 days)	\$350, days 1-4; \$0 days 5+
	Skilled nursing	\$0 days 1-20; \$160 days 21-60; \$0 days 61-100

Spokane, Stevens, and Walla Walla counties

Total Health HMO

PRESCRIPTION DRUGS

	Drug deductible	No deductible
Retail pharmacy	Tier 1	\$2
One-month supply = 30 days	Tier 2	\$10
Three-month supply = 90/100 days	Tier 3	\$40
	Tier 4	\$100
	Tier 5	33%
Both retail and mail order	Tier 6	\$0 copay (100-day supply)
Part D Senior Savings Model	Max copay for 30-day supply of select insulins	\$35 cap on insulin
Diabetic supplies	Preferred brand: OneTouch	0% copay

PREVENTIVE

Dental	Preventive & comprehensive Annual maximum Routine copay/comp deductible	Included \$1,500 \$0/\$25
Hearing *Through Hearing Care Solutions	Routine hearing exam (one per year) Hearing aids*	\$0-\$30 \$1,000 per ear/year
Vision	Routine eye exam (one per year) Annual hardware allowance	\$0 \$200
Over the counter	Quarterly allowance	\$65
Chiropractic and acupuncture	Routine visit (10 each per year)	\$20 per visit
Naturopathic	Routine visit (6 per year)	\$30 per visit

Additional benefits

Dental benefits

PREVENTIVE	
Allowance	Classic HMO or Total Health HMO - \$1,500 HMO \$0 - \$1,000
Comprehensive oral exam	One per 36 months
Routine cleanings or periodontal maintenance	Two per calendar year/up to three per calendar year
Fluoride treatments	Two per calendar year
Bitewing x-rays (set of four)	One set per calendar year
Panoramic or complete x-rays	One set every 60 months
COMPREHENSIVE	
Deductible	\$25 per year

Hearing aid offerings from Hearing Care Solutions (HCS)

Technology level	HCS average retail (per instrument)	HCS discounted price (per instrument)	Benefit (per instrument)	Premera member price (per instrument)
Basic	\$1,000+	\$500	\$1,000	\$0
Entry	\$1,500	\$675	\$1,000	\$0
Superior	\$1,800	\$800	\$1,000	\$0
Advanced	\$2,350	\$1,150	\$1,000	\$150
Premium	\$3,200	\$1,550	\$1,000	\$550
Specialty	\$3,400	\$1,850	\$1,000	\$850

- Hearing exam and hearing aid consultation at **no charge**
- **One year of follow-up care** at no charge, with original provider
- **Three-year manufacturer's warranty** including loss, damage, and repair
- **Two-year supply of batteries** (up to 64 cells per ear, per year)
- **Sixty-day evaluation period**
- **Twelve-month interest-free financing** available to qualified applicants

Members can contact HCS at **866-344-7756** to schedule their first appointment.

Over-the-counter benefits

Members receive quarterly allowance for over-the-counter benefits

- **\$50** allowance on HMO \$0
- **\$65** allowance on Classic HMO, Total Health HMO

Unused benefits expire at the end of each quarter

Orders can be placed over the phone at
888-628-2700 or online at **cvs.com/benefits**





Fitness Program



Platform Overview

- Members will have access to our nationwide network of 12,000+ fitness facilities and at-home streaming options
- Access is available using a desktop, mobile device internet and app, or offline through Customer Service assistance.
- Members are expected to receive Credits monthly at **no cost to them**
- Credits are reset on the first of every month
- Unused credits do not roll over
- Additional credits may be purchased if a member uses more than their allotment within a given month
- Credits can be spent on:
 - Memberships
 - Studio classes/Virtual classes
 - Day passes to gyms
 - At-home FitKits
- Credit costs vary based on the type of experience and/or individual location

On behalf of Premiera Blue Cross, FitOn is an independent company which provides fitness benefits.

What are Credits?

Credits are tokens that can be used for gym memberships, fitness classes, or other services offered by FitOn Health. Credits are paid for by Premera.

The Breakdown on Credits:



Who pays for Credits?

Premera will provide Medicare Advantage members with 36 credits each month. Credits do not rollover.



Where can they be used?

Members can use their credits on the to reserve a fitness experience for any location or activity in the FitOn Health network.



Each month we deposit 36 credits into each member's account that can be used to pay for any fitness experience on our network.

For example:

- 1 class at a local yoga studio might cost 8 credits
- 1 monthly membership at a local gym with unlimited visits might cost 24 credits



When they refill:

Each member receives a new set of credits on the 1st of every month.

Courses & Programs

A structure of specific workouts over the period of 4-12 weeks, tailored to your specific goals. Categories include:

- ▶ **Mindful Meditations**
- ▶ **Condition Management**
- ▶ **Senior Focused**
- ▶ **Beginners**
- ▶ **Mobility**
- ▶ **Stretch and Flow**



On behalf of Premiera Blue Cross, FitOn is an independent company which provides fitness benefits.

Confidential

Pharmacy

Premera new formulary 2024

New tier 6: \$0 for 100-day supply at retail and mail order

Drug categories	Drug examples
Diabetic brand/Generic medications	<ul style="list-style-type: none">• Ozempic• Farxiga• Trulicity• Metformin• Glipizide
Cholesterol medication	<ul style="list-style-type: none">• Statins
Blood pressure/kidney protection medications	<ul style="list-style-type: none">• Losartan and combinations• Lisinopril and combinations
Osteoporosis medication	<ul style="list-style-type: none">• Alendronate

New pharmacy program to switch medications and to save members money

You own personal medication advocate:

- Your advocate will find a safe or similar prescription for you at a lower cost
- Your advocate will work with your doctor to change your prescription

How it works



Sign up for the program when you receive the post card or email (from RXSS)



Your advocate will reach out to you and discuss your options



Your prescription will be changed to a medication that is cheaper and as effective

Meet your pharmacy team

Clinical Pharmacy Team

The clinical pharmacy team works with members to maximize their pharmacy benefits.

- **Medication therapy review:** Members can get answers to any questions they have about their medications or health conditions.
- **Formulary review:** If the member is on a non-formulary/high-cost drug, the pharmacy team will help the member find an appropriate alternative.
- **Mail-order assistance:** Helps members get their prescriptions mailed to their door.
- **Medication adherence program:** Will focus on members who are on medications for diabetes, cholesterol, or hypertension.
- **New text message program:** Coming soon, to assist members with medication reminders or questions.

Email or call the pharmacy team for help with medication.



Mail order through CVS Caremark

CVS caremark
Mail Service Order Form

Member ID # (if not shown or if different from above)

Prescription plan sponsor name

Choose one of three ways to order:
Online: Visit Caremark.com
By phone: Call us at the number on your member ID card.
By mail: Complete both sides of this form and mail it with your check or credit card information. For new prescriptions, be sure to include your original paper prescription. Please use black or blue ink and print in CAPITAL letters. Medicare members should complete one form per person.

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name First Name MI Suffix (JR, SR)
Street Address Apt./Suite # Use shipping address for this order only.
City State ZIP Code
Daytime Phone #: Evening Phone #:

B Refills. To order mail service refills, enter the Rx number(s) found on your prescription label.

1) 2) 3) 4)
5) 6) 7) 8)

To provide you with high quality medications at the lowest possible price, CVS Caremark will substitute equivalent generic medications for brand name medications whenever possible. If you do not want us to substitute generics, please provide specific instructions, including medication names, in the "Special Instructions" section of this form.

All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.

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Tier 6 drugs are \$0 for 100–days with retail or mail order
Tier 1 drugs are \$0 for 90-days with mail order

Members can fill out the paper form or go to caremark.com and create an account.

Members will need a 90-day prescription from their provider; providers can send this electronically to CVS Caremark.

Referrals and prior authorizations

Changes for 2024



PCP is still responsible for communicating and arranging care with a specialist.

Referrals to any in-network specialist no longer go to Premera.

Only referrals to out-of-network specialists will need to be submitted to Premera for prior review.

CMS 2024 changes for prior authorizations

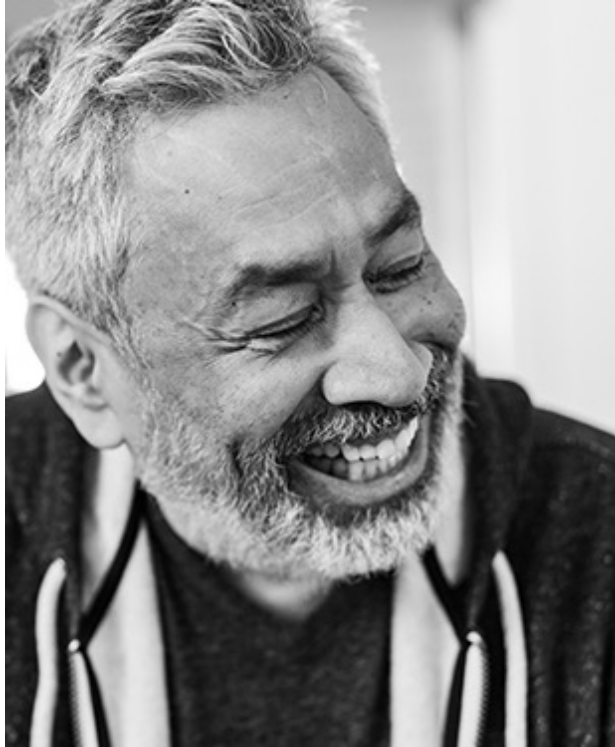
- Prior authorization policies can only be used to confirm the presence of diagnoses or other medical criteria and/or ensure that an item or service is medically necessary based on specified standards.
- Approved prior authorizations are valid for as long as medically necessary to avoid disruptions in care.
- Plans must provide a minimum 90-day transition period when an enrollee who is currently undergoing an active course of treatment switches to a new MA plan.
- CMS requires MA plans to comply with national coverage determinations (NCD), local coverage determinations (LCD), and general coverage and benefit conditions included in traditional Medicare laws.

Prior authorization

- The evidence of coverage (EOC) is re-written to allow greater flexibility to remove prior authorizations (PA).
- A newly created MA UM Committee (MAUMC) will set PA criteria such as current data on approval rate for a given procedure code.
- Our goal is to significantly reduce the number of codes that require a PA by January 1, 2024.
- The new MAUMC will need to approve any PA requirements deleted (or adds if appropriate).

Medicare Star Ratings

Premera's Path to 5 Stars ★★ ★★ ★★ ★★ ★★



Our goal at Premera is to be a 5-Star Medicare Advantage plan in Washington. We will achieve that by focusing efforts in the following areas:



Helping our members stay healthy through recommended screenings and management of chronic conditions.



Supporting our members with getting needed prescription drugs and staying adherent to medications.



Providing our members with industry-leading member experience to include helping them get access to the care and prescription drugs they need to manage their health and providing them with information on their benefits and how to navigate their plan that is simple & easy to understand.

Overview of the Medicare Star Ratings

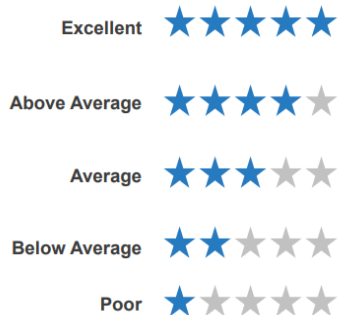
What are the Medicare Star Ratings?

Centers for Medicare & Medicaid Services (CMS) created a Star Rating system to help beneficiaries and their families compare plan performance and quality for Medicare Advantage and prescription drug plans. This system also incentivizes plans to focus on quality improvement.

How are MA plans measured?

CMS uses a 5-star rating system to grade performance in 39 measures grouped into 5 domains.

Informs beneficiary
plan choice

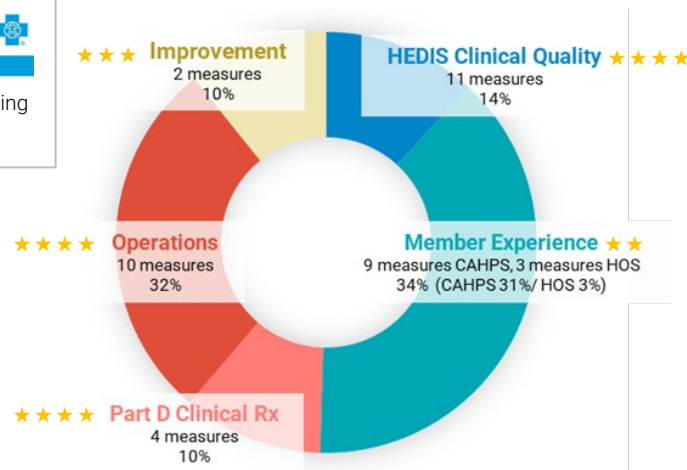
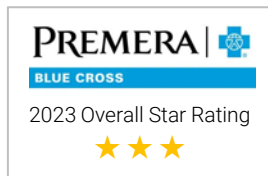


Incent plans
to improve quality

Year-round enrollment

Quality Bonus Payments (QBPs)
MA and MA-PD plans only; including MA-PD
SNPs (Special needs plans)

Risk of termination
If the plan is consistently less than 3 stars for
3 consecutive years on Part C or D or overall
Star ratings



Medicare Stars Programs 2023



2023 Healthy Rewards

The Healthy Rewards program launched in January.



Members with certain identified care gaps will receive an Activation Kit with their **personalized activities**. Other members will receive a postcard to inform them of the program.



Members can **earn \$25-50** in electronic or physical gift cards for each healthy activity completed.

1-800-Flowers.com/1-800-Baskets.com,
Safeway, Apple, Barnes & Noble, Fandango,
Michael's, REI, Southwest Airlines



Providers are encouraged to talk to their patients about completing recommended care and earning incentives.

By the
numbers...

6,721

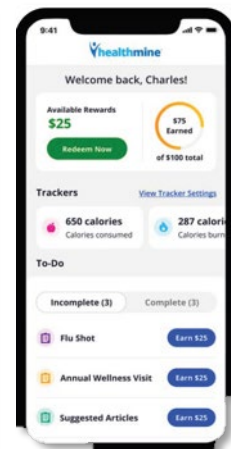
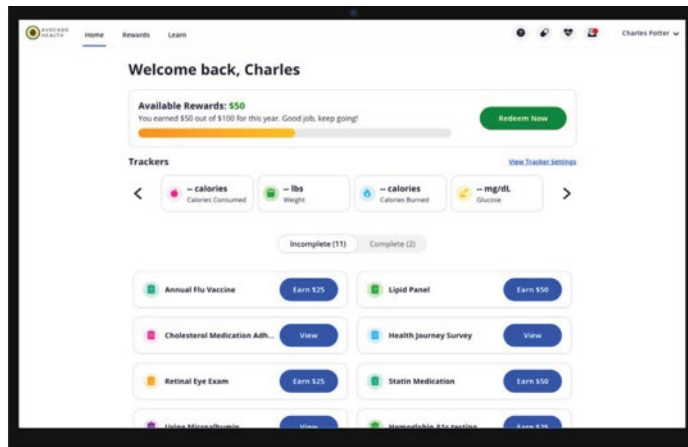
members registered

\$203k

incentives earned

72%

selected Safeway gift card



Online use is encouraged for ease and quick access to rewards.

premera.com/healthyrewards

Premera Listens

Premera is committed to achieving service excellence through providing an industry-leading member journey. It begins with providing our members multiple ways to give feedback about their experience with us.



Surveys



Premera MA website



Customer Service



Member Advisory Council

PREMERA

Dear Todd,

Premera is committed to providing you with the highest level of service. Your feedback and suggestions will go a long way in helping us fine-tune our programs.

Please complete this short survey to tell us about your experience receiving care with a healthcare practitioner.

Did you have an appointment with Donald Duck recently?

☐ Yes, my visit was in-person
 ☐ Yes, my visit was virtual
 ☐ No

We appreciate your time and value your feedback.

Sincerely,

Jeff Roe
President & CEO
Premera

Premera Blue Cross complies with applicable Federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, disability, or sex. Complete this form to file a complaint about your Medicare health or drug plan. Call 1-800-444-6295 for more information.

How was your recent experience with Premera?

We'd like to hear from you!

Please tell us:

Name

Phone number or email address

PremeraACTS

Main Page

CSR

Employer

Add New

Quick Help

Contact

Reporting

Home

2023-03-30

2023-04-06

Include Closed Feedback

Home

2023-03-30

2023-04-06

Customer Feedback - 13 results

Comment

Survey Date

Q4: Reasons for overall satisfaction:

So far, so good.

Category

Feedback State

Q4: Reasons for overall satisfaction:

All good except for drug price padding.

Category

Feedback State

Q36: Reasons for likelihood to recommend:

All good except for drug price padding.

Category

Feedback State

Q4: Reasons for overall satisfaction:

All good except for drug price padding.

Category

Feedback State

Q36: Reasons for likelihood to recommend:

Depends on where other person lives & the plans available.

Category

Feedback State

Q4: Reasons for overall satisfaction:

So far they have been very good but I do find their website harder to navigate than my previous insurer Humana.

Category

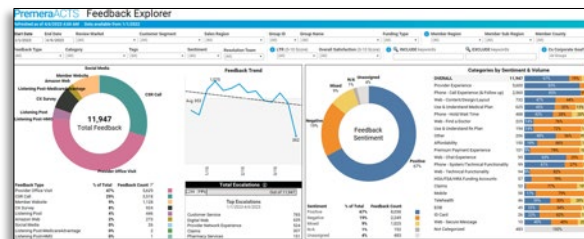
Feedback State

Q36: Reasons for likelihood to recommend:

So far they have been very good but I do find their website harder to navigate than my previous insurer Humana.

Category

Feedback State



Service Excellence

We are acting on member feedback to improve the member journey and deliver service excellence.

Digital Tools

QR codes to obtain more information

Online resources

The Premiera Blue Cross Medicare Advantage (HMO) website contains many resources to help you use your plan. Please see below for commonly requested items available free on our website: [premera.com/ma](#)

Find a doctor, dentist or hospital	To find a medical or dental provider in your area, visit premera.com/ma and click on Find Care .
Find a pharmacy	To find a pharmacy in your area, visit premera.com/ma and click on Find a pharmacy .
Formulary (list of covered drugs)	To see what drugs are covered, visit premera.com/ma and click on Find a drug .
Evidence of Coverage	To view a copy of the Evidence of Coverage for your plan, visit premera.com/ma . Select the Coverage & Benefits tab, then choose your plan.
Secure member portal	When your Premiera Medicare Advantage membership begins, activate your online member account. Here, you can find useful information about your membership, including the ability to review claims or reorder an ID card if needed. Just click Sign In in the upper right hand corner of premera.com/ma .

To receive a paper copy of the above materials, or request materials in a language other than English, call Customer Service at 888-810-8338 (TTY TDD: 711) April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m. (October 1 – March 31, 7 days a week, 8 a.m. – 8 p.m.).




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047157 (10-01-2022)

Premera MA Website

Easy to navigate & find information you need



Login

Username

Password

[Secure log in](#)

[Forgot your username or password?](#)

[Create a new account now](#)

Welcome to Premiera

Login or create an account to manage your Medicare Advantage account. You'll be able to:

- Review your health plan benefits and summaries
- Get contact info for your primary care provider
- Request an ID card
- View your healthcare claims, deductible and out-of-pocket balances
- Find an in-network healthcare provider

In order to complete registration you'll need information from your Premiera ID card

Quick Benefit Access

Benefits & Coverage

Summary, amounts, and all of your full benefits.

[Get benefit details >](#)

Drugs & Medication

Local pharmacy directory, mail order, view the formulary, and more.

[Get prescriptions >](#)

Doctors & Providers

Medicare Advantage providers, PCPs, and certified info.

[Search all in-network providers >](#)

Health Resources

Premiera Blue Cross members can request for your health checks. Complete digital health-related activities chosen just for you and earn rewards to be redeemed for gift cards.

[Sign up to get all rewards >](#)

Find Care Tool

Easily find your most searched for categories

Browse by Category

Find results using these care categories

Primary Care

Health care professionals who practice general medicine. PCPs are the first stop for medical.

Mental & Behavioral Health

Mental health and substance use therapists and providers

Urgent Care & Other Facilities

Facilities where patients receive emergency, short-term, and long-term medical care.

Medical Specialties

Specialties that prevent and treat diseases and diseases

Dental Care

Providers who specialize in routine care for mouth, teeth, and jaw

Vision Care

The care and treatment of eyes, vision conditions, and vision

Other Services

Alternative medicine, labs, diagnostic tests, and medical equipment

Benefits Info Simple & Easy to Understand

Streamlined benefits materials

Counties	Cowlitz, Island, King, Kitsap, Lewis, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Walla Walla, and Whatcom	Cowlitz, Island, King, Kitsap, Lewis, Pierce, San Juan, Skagit, Snohomish, Thurston, Walla Walla, and Whatcom	Spokane, Stevens, and Walla Walla
BEFORE			
Premium and Benefits	Premiera Blue Cross Medicare Advantage (HMO)	Premiera Blue Cross Medicare Advantage Classic (HMO)	Premiera Blue Cross Medicare Advantage Total Health (HMO)
Monthly Plan Premium	You pay \$0 per month. You must continue to pay your Medicare Part B premium.	You pay \$54 per month. You must continue to pay your Medicare Part B premium.	You pay \$23 per month. You must continue to pay your Medicare Part B premium.
Part C Deductible	No deductible.	No deductible.	No deductible.
Part D Deductible	\$160 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2, which are excluded from the deductible.	No deductible.	No deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	You pay no more than \$6,500 annually. Includes copays and other costs for medical services for the year.	You pay no more than \$5,000 annually. Includes copays and other costs for medical services for the year.	You pay no more than \$5,000 annually. Includes copays and other costs for medical services for the year.
Inpatient Hospital Coverage*	You pay a \$450 copay per day for days 1-4. You pay a \$0 copay per day for days 5 and beyond.	You pay a \$350 copay per day for days 1-4. You pay a \$0 copay per day for days 5 and beyond.	You pay a \$350 copay per day for days 1-4. You pay a \$0 copay per day for days 5 and beyond.
Outpatient Hospital Coverage*	\$350	\$300	\$275
Outpatient Hospital Observation Co-insurance	\$90	\$90	\$90
Medicare Advantage (HMO)	Medicare Advantage Classic (HMO)	Medicare Advantage Total Health (HMO)	
AFTER			
	Member Cost Sharing (up to 30-day supply)	Member Cost Sharing (up to 30-day supply)	Member Cost Sharing (up to 30-day supply)
Tier 1: Preferred Generic	\$4 copay	\$0 copay	\$0 copay
Tier 2: Generic	\$12 copay	\$36 copay	\$10 copay
Tier 3: Preferred Brand	\$42 copay \$35 copay for Select insulins, f/e/g/b/e	\$126 copay \$105 copay for Select insulins, f/e/g/b/e	\$40 copay \$35 copay for Select insulins, f/e/g/b/e
Tier 4: Non-Preferred Drugs	\$100 copay	\$300 copay	\$100 copay
Tier 5: Specialty	30% coinsurance	Not offered	33% coinsurance
Cost sharing may change when you enter another of the four phases of the Part D benefit.			

Providers

Premera Medicare Advantage Provider Network

WESTERN WASHINGTON PROVIDERS

Eastside Health Network	Physicians of Southwest Washington
Evergreen Health	Providence Health & Services
Family Care Network	Seoul Medical Group
Island Hospital	Skagit Valley Hospital
Kinwell Medical Group	Swedish Health Services
Morton Medical Center	The Everett Clinic
MultiCare Health System	The Polyclinic
Optum Care Network / Optum Washington Network	UW Medicine
Overlake Medical Center & Clinics	Virginia Mason Franciscan Health System
Pacific Medical Center	Western Washington Medical Group
PeaceHealth	

EASTERN WASHINGTON PROVIDERS

CHAS Health	The Doctors' Clinic
Chewelah Associated Physicians	Kinwell Medical Group
MultiCare Rockwood Clinic	NEW Health
MultiCare Spokane Internal Medicine	Deer Park Family Care Clinic
Providence Health & Services	Walla Walla Clinic

Delegated provider groups

- Provider groups are delegated by Premera to manage a member's care, prior authorizations and/or pay the claims for the medical services for our members.
- It's important that providers coordinate care through the delegated organization affiliated with the PCP the member has selected.
- The name of the delegated organization, utilization management team and billing information is on the member ID card.
- Virginia Mason and Franciscan Health joined Optum Care Network in August of 2023.

Optum Care Network

Polyclinic/The Everett Clinic/Western Washington Medical Group/Island/CHAS

Optum Care Network

(New) Virginia Mason Franciscan Health

Physicians of Southwest Washington (PSW)

Seoul Medical Group

Sick or injured?
Stay put.

DispatchHealth delivers
same-day urgent medical
care to your home.

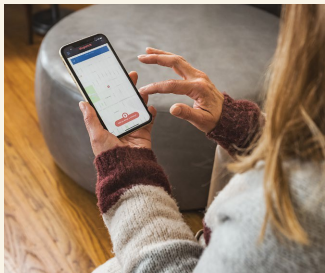
8am – 10pm

365 days

Even holidays!



How it Works



Request a Visit

Call (888)876-6840 and a member of their team will talk through your symptoms and determine if it's safe to treat you at home.



DispatchHealth Comes to You

Their medical team will arrive at your home within a few hours ready to help. They can treat nearly everything an ER can, except for life-threatening injuries or illnesses.



They'll Handle the Rest

They'll call in your prescriptions, update your family doctor and handle billing with Premera so you can focus on recovery.



Our teams have the most advanced clinical capabilities on the market...

Our team



Nurse Practitioner or Physician Assistant

- On-scene Care Deliverers
- Emergency room experience
- Prescriptive Authority
- All W2 employees



Dispatch Medical Technician

- Helps with procedures/labs
- Drives car, so NP/PA can document clinical notes



Board-certified ER physician

- On-call
- Virtual capabilities

Our capabilities

Pharma:

- IV ABX
- Nebulizers
- Anti-emetics
- Steroids
- Lasix
- IV fluids

Procedures

- Laceration/wound kit
- Catheter placement
- G-tube replacement
- Epistaxis treatment

Diagnostics/DME

- EKG
- Ultrasound
- Xray



Clia certified lab

- Moderate complexity
- Urinalysis
- Culture send outs
- Integration with external labs

...allowing us to treat nearly everything an ER can and patients of all ages, from infants to seniors

Common Ailments

- Flu
- Weakness
- Falls
- Anxiety

Eye

- Eye injuries
- Skin infections around the eye
- Removal of objects in the eye

Cardiology

- Heart racing / Fluttering
- Worsening congestive heart failure

Respiratory

- Shortness of breath with COPD or asthma
- Shortness of breath with asthma
- Pneumonia
- Croup
- COVID-19 symptoms

Urinary

- Kidney stones
- Catheter problems or malfunction
- Inability to urinate

Dermatology

- Significant skin infections
- Boil or abscess
- Infected wounds / Ulcers
- Cuts requiring stitches or glue

Neurological

- Dizziness / Vertigo
- Migraine resistant to usual treatments

Musculoskeletal

- Strains or sprains
- Minor fractures

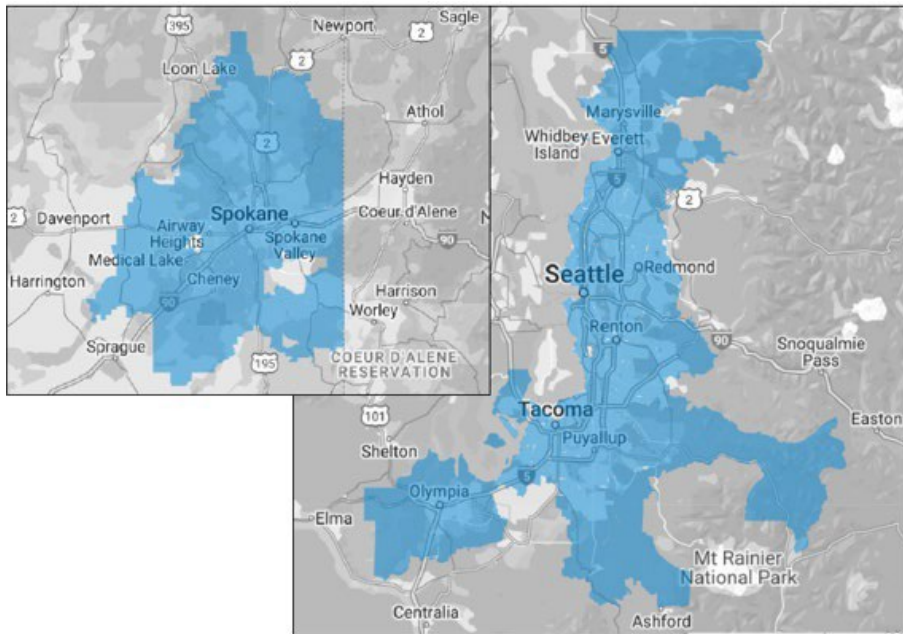
Ear, Nose and Throat

- Nosebleeds
- Removal of objects in the ear or nose
- Facial injuries

Digestive

- Diarrhea / Nausea / Vomiting
- Dehydration
- Severe constipation

DispatchHealth Washington Service Areas



To receive care, simply call:

(888) 876-6840

To verify if your zip code is within the service area, visit:

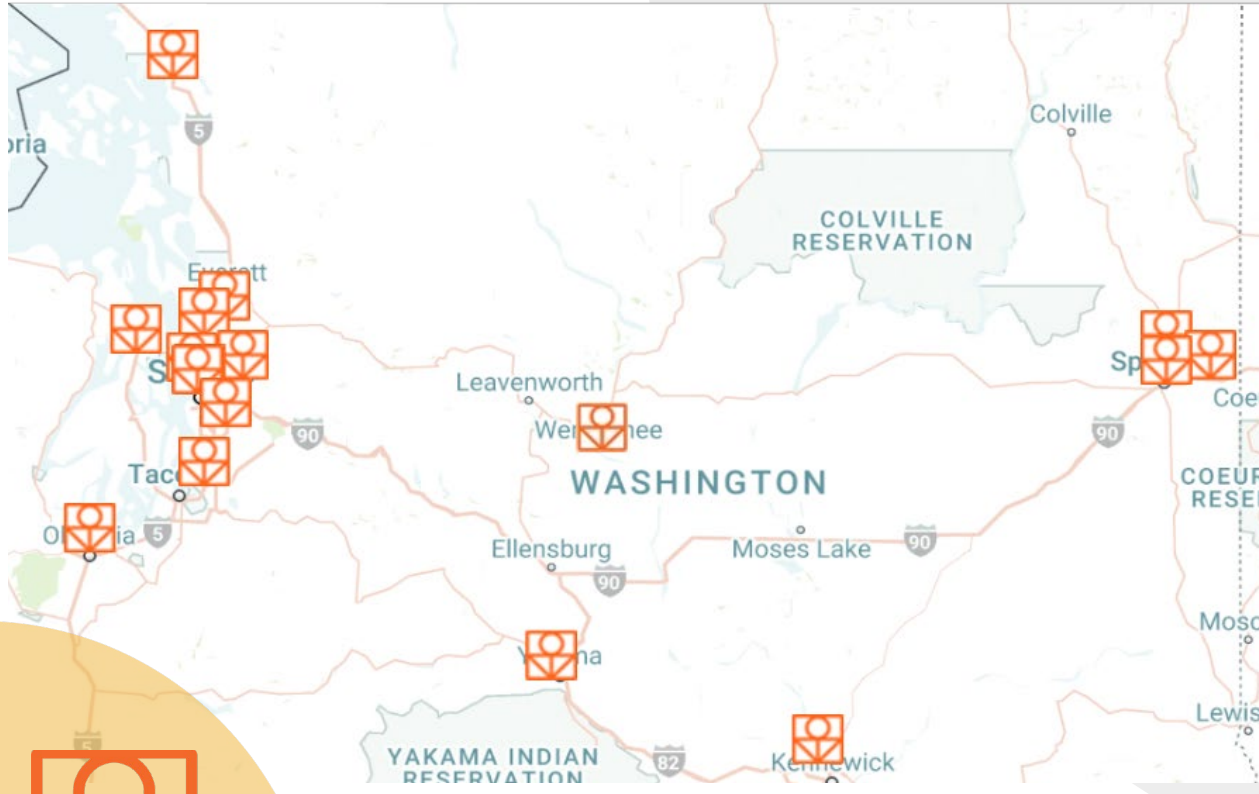
<https://www.dispatchhealth.com/locations>

Hi. We're Kinwell

A new primary care option for Premera Blue Cross members throughout Washington.



300,000+ Premera members within 5 miles of a clinic



1. Bellingham/Sehome
2. Federal Way
3. Lynnwood
4. Mill Creek
5. Olympia
6. Pasco
7. Poulsbo
8. Redmond
9. Renton
10. Seattle
 - Ballard
 - Denny Way
 - Westlake
11. Spokane
 - 6th and Washington
 - North Country Homes
 - Spokane Valley
12. Wenatchee





Kinwell



Primary care is your homebase for healthcare.



Typical Ailments

Upset stomach,
sprained ankle, or an ear
infection



Chronic Conditions

High blood pressure,
depression or diabetes



Physical Exams

Annuals, preventative,
sports and school



Referrals to specialists

We manage for a smooth
hand-off and monitor
resulting treatments

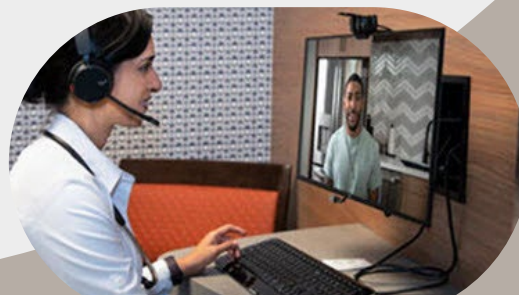
Combining the technology, you expect and the comfort you deserve.



Timely Appointments



Lower panel sizes for clinicians



Coordinated virtual visits



Medical record integration



On-site laboratory services



Interpreter services



Kinwell

31,000+

New visits since 2020

6 minutes

Average time to room

4

Same day appointments at
each clinic

[Return to content summary](#)

Important to know

CMS third party marketing requirements for 2024

CMS 2024 rules

- Scope of appointment forms (SOA) can't be distributed at educational events
- Unless your client is a walk-in or an inbound call, SOA forms must be signed 48 hours in advance
- Permission to contact from SOA or business reply cards is limited to 12 months
- Agents are required to inform beneficiaries of the impact on their current coverage if they choose to enroll
- Must review the pre-enrollment checklist with each client

Premera requirements

- Enrollment and SOA forms require that you list type of lead and where the lead information came from
- All marketing materials will include the third-party marketing organization disclaimer
- Producers must fully record all telephonic enrollment and sales calls

Why you want to keep your clients with Premera

LOCAL

Premera has been serving the Washington community since 1933

STABILITY

Continue to hold premiums and benefits steady

PROVIDER NETWORK

Large, strong network across Washington state

SUPPORT

Teams dedicated to helping you and your clients

COMMUNITY

We invest in your local community



Thank you!



PREMERA | 
BLUE CROSS

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