Individual Plans 2024

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PREMERA

2024 Plans



2024 Individual and Family Plans

Key things to know about 2024:

- Premera is again offering standard plans, which we introduced last year. These are Qualified Health Plans (QHPs) available on HealthCare.gov.
- Our 2023 Standard Bronze plan has been replaced by a new Bronze plan with richer benefits. Members on the current Standard Bronze have been mapped to this new Standard Bronze plan.
- All Preferred and Alaska One plans are renewed for 2024.
- Member payments to participating providers will now apply to their annual in-network deductible and out-of-pocket limits.

Network Overview



Network Overview

- The network name for our Premera Blue Cross Blue Shield of Alaska (PBCBS) individual plans is Legacy and Dental Select.
- All plans continue to provide medical transportation benefits to in-network providers in the Seattle area.
- Members can select a primary care provider (PCP) for a lower co-pay on most plans, but they aren't required to select a PCP.
- Members can change PCPs at any point during the plan year (effective the first of the following month; no limit on number of changes).

Who's considered a PCP?			
Internist	Family practice provider		
Pediatrician	Geriatric practice provider		
Gynecologist/Obstetrician	Naturopath		
Nurse practitioner	Physician assistant		



ID cards



BLUE CROSS BLUE SHIELD OF ALASKA

An Independent Licensee of the Blue Cross Blue Shield Association

Member

Member Name

Prefix Identification # Suffix

ID Number Suffix

Group # 1100019

Rx Group # BCWAPDP

BIN# 610014

BCBS 430

Medical Network Legacy and Dental Select

Rx Plan M4

INDIVIDUAL PLAN **OFFICE VISIT COPAY \$60** PCP COPAY \$30 RETAIL RX \$15/\$45 /50%/40%

MAIL-ORDER RX \$45 /\$135 /50%/40%

DEDUCTIBLE INDIVIDUAL
DEDUCTIBLE FAMILY
OUT OF POCKET INDIVIDUAL MAX
OUT OF POCKET FAMILY MAX

IN NETWORK \$1500 \$3000 \$6300 \$12600 OUT OF NETWORK \$3000



Premera | 🚭 🗓

BLUE CROSS BLUE SHIELD OF ALASKA An Independent Licenses of the Blue Crose Blue Shield

PROVIDERS: Please submit all claims with ID number, prefix and group number to the local Blue Cross Blue Shield Plan. This card is not a guarantee that the member's coverage is currently in effect. Providers may call BlueCard Eligibility to verify membership and coverage.

MEMBER/PROVIDER: Send paper claims

Premera Blue Cross Blue Shield of Alaska P.O. Box 21762 Eagan, MN 55121

Visit www.premera.com for coverage details, onme services and health-related information.

Customer Service 1-800-809-9361 TTY for the deaf and hard of hearing Outside of the U.S. call Tell F 000-090-6514 BlueCard Provider Locator 1-800-810 BLUE (2583) Provider BlueCard Eligibility 1-800-676 BLUE (2583) Pharmacy Locator/Mail Order Rx 1-877-267-0111 24-Hour NurseLine 1-800-784-9265

MEMBERS: Please show this card when you receive services. See your benefit booklet for covered services. If you have questions, call Customer Service or write us at the address on this card. PROVIDERS/MEMBERS: Pre-Approval (priorauthorization) may be required for some services/drugs. Providers: Check benefits at web address above or call Customer Service prior to providing services.





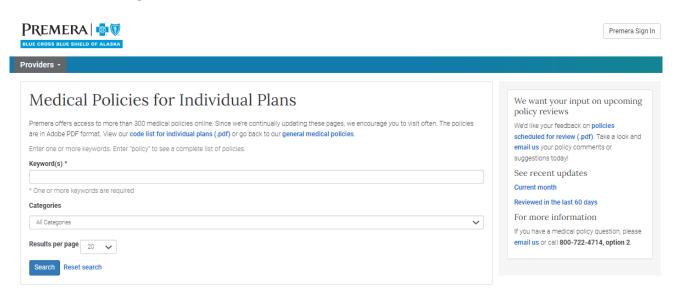
Medical Policies



Medical and Payment Policies

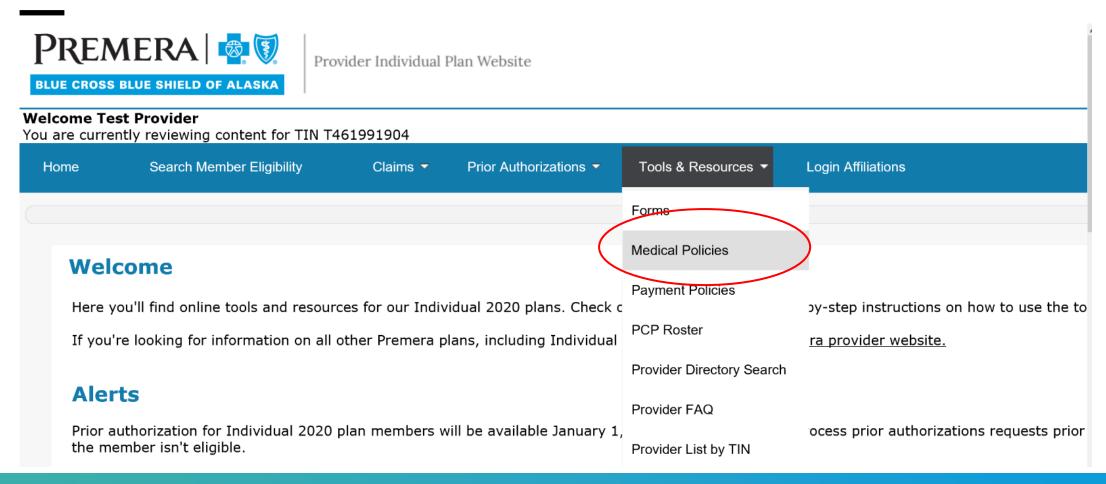
- You can view the new and existing policies on the <u>medical policies for individual plans</u> page.
- You can filter to see recent updates from the current month or reviewed in the last 60 days.
- You can also view policies on the Premera Blue Cross Blue Shield of Alaska provider individual plan secure website (through Evolent Health).
- Evolent uses InterQual® criteria when reviewing certain services.

Premera Website – Medical Policies for Individual Plans





Medical Policies - Secure Site



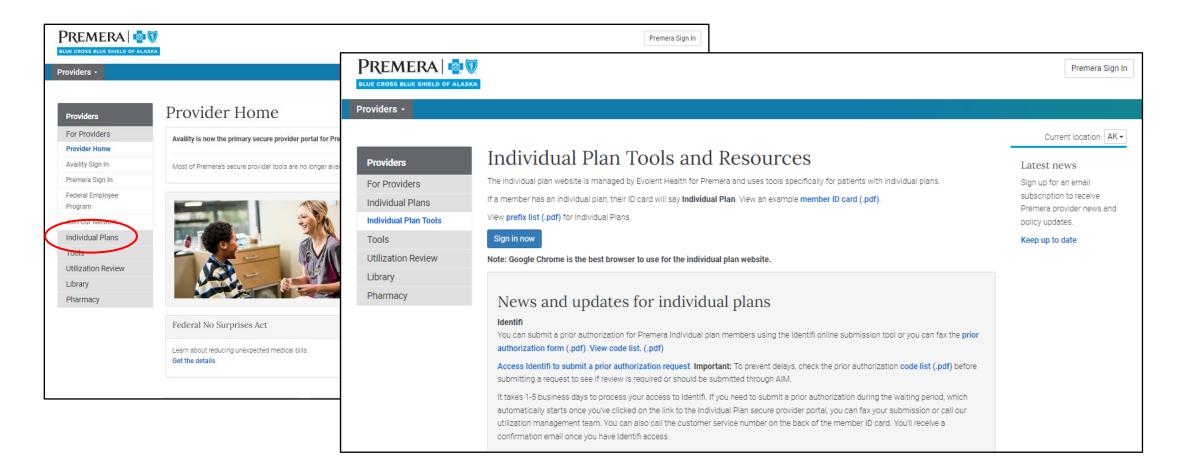


Online Resources



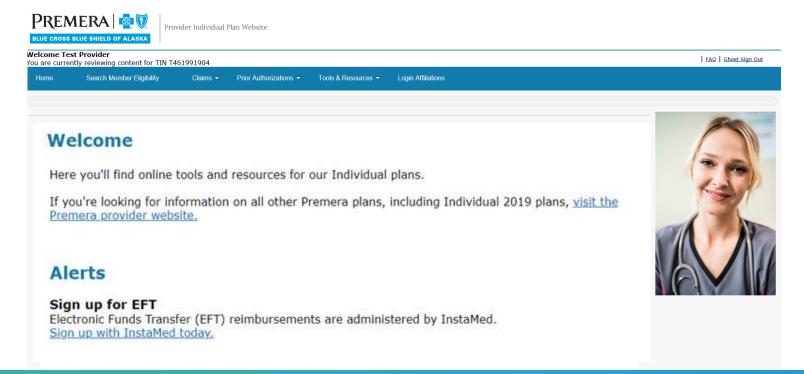
Individual Web Resources

There is an <u>individual plan section</u> of the public provider website and a <u>secure website</u> managed by Evolent Health:



Eligibility and Benefits

- There's a tool available on the secure website to look up eligibility and benefits.
- Providers should NOT enter the member's alpha prefix when searching for eligibility and benefits.
- You can also call the customer service number on the back of the member ID card to check eligibility and benefits.
- Read our detailed <u>guide</u> on how to use this tool.

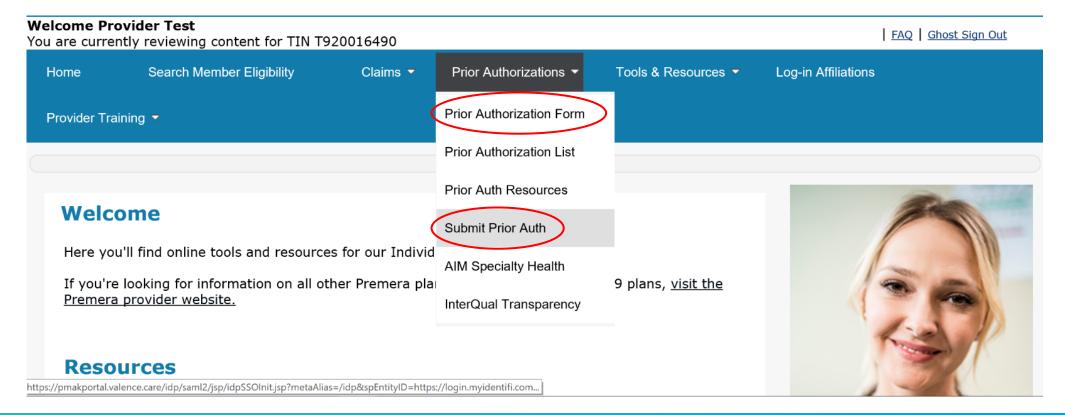




Prior Authorization



Provider Individual Plan Website





Prior Authorization Process

- You have 2 ways to submit prior authorizations:
 - Access Identifi, Evolent's prior authorization submission tool, to submit a <u>prior authorization</u> <u>request</u>.
 - Providers aren't required to register with Identifi to start using it, but it takes 1-5
 business days to process your access to Identifi once you log in to the Premera Blue
 Cross Blue Shield of Alaska provider individual secure website (through Evolent
 Health). You'll receive a confirmation email once you have Identifi access.
 - If you need to submit a prior authorization during the 1-5 day waiting period, you can fax your submission or call our utilization management team directly.
 - 2. Fax the <u>prior authorization submission form</u> available on the <u>Individual Plan Tools and</u> <u>Resources web page</u> and on the secure website to **888-584-8081**.
- Individual plans are using Carelon Medical Benefits Management (formerly AIM) for imaging prior authorizations.
- You can also look at our step-by-step <u>guide</u> on how to use Identifi.



EFT and ERA with InstaMed

- Premera partners with <u>InstaMed</u> to deliver individual network claims payments.
- Starting January 19, 2024, your InstaMed account must meet new requirements for electronic funds transfer (EFT).
- TIN/NPI2 number combinations that are missing or mismatched will receive payments via paper checks after January 19, 2024.
- Providers with single NPIs on multiple TINs will receive paper checks because InstaMed has no way to pay these claims in compliance with CMS.

Follow these steps to ensure you receive your autopayments:

- Sign in to your InstaMed account at instamed.com/providers using your User ID, Password, and Corporate ID.
- Navigate to Configure > Account Info > Manage Payer Payments.
- Review your account information and confirm that your billing national provider identifier (NPI2) numbers are accurate, up to date, and match the correct taxpayer identification number (TIN).
- If you have any questions, please contact InstaMed Customer Service at (866) INSTAMED (866-467-8263) before the end of the year.



Contact Information + Resource Links



Contact Information

Premera Blue Cross Blue Shield of Alaska Individual Plans				
	Phone	Fax	Mailing Address/Email	
Customer service	800-809-9361			
Utilization (care) management	844-996-0332	888-584-8081		
AIM	866-666-0776			
EDI		425-918-4234 (EDI enrollment forms only; no claims or PPI information)	support@instamed.com	
InstaMed	866-467-8263	877-755-3392	support@instamed.com	
Claims	800-809-9361		Premera Blue Cross Blue Shield of Alaska PO Box 21762 Eagan, MN 55212	



Resources

External training guides for Evolent tools (available on the public and secure websites):

- Eligibility and benefits lookup
- Claims (submission and list/status lookup)
- Prior authorization request submission using Identifi
- PCP Roster lookup

Other Resources:

Regular updates in <u>Provider News</u>

Forms and documents:

- Medical policies:
 - InterQual criteria
 - Individual plan medical policies
- Forms:
 - Prior authorization code list
 - Prior authorization submission form
 - Appeal form
 - Overpayment notification form



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