

Premera SEBB plans

FAQ

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Find care

How do I find out if my doctor is covered under the plan? How do I find a contracted provider that takes Premera?

You can use the Find Care tool at premera.com/sebb to search for in-network providers and facilities in your area. Simply enter the city you live in and the school district you work for, then use the links “Search the Heritage Prime Network” for the High or Standard PPO plans or “Search the Tahoma Network” for the Peak Care EPO to look up providers by name or specialty.

You can also contact our customer service department at 800-807-7310 (TRS: 711), Monday through Friday, 5 a.m. to 8 p.m. Pacific.

Network

What is the name of the provider network?

Heritage Prime is the network for Standard and High PPO plans.

Tahoma (MultiCare) network is the network for the Peak Care EPO plan.



BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Dependent coverage

If my spouse and I both enroll the baby on our plans, will my benefits or theirs pay for the baby's claims first?	A newborn is automatically covered under the mother's plan for the first 21 days from birth. After those 21 days, the child must be enrolled onto the plan of the parent you choose.
How long can my child(ren) remain on my plan?	Under SEBB rules, your child(ren) can remain on your SEBB plan through the last day of the month in which they turn 26. After turning age 26, your child may be eligible for enrollment under your SEBB Program health plans if your child has a disability that occurred before age 26, and chiefly dependent on you for support and maintenance. You will need to follow enrollment requirements to maintain their eligibility.
How long can my child, who is disabled, stay on my plan? Who can I talk to about this?	The SEBB Program offers coverage for children with disabilities ages 26 and older. For more information, contact our customer service department at 800-807-7310 (TRS: 711), Monday through Friday, 5 a.m. to 8 p.m. Pacific.

Dual coverage

Both my spouse and I teach. Should we cover ourselves independently or together with one or both of us covering our kids?	Dual coverage is not offered on the SEBB policy, meaning spouses who both work under the SEBB plan cannot be covered under each other. Depending on what you feel is best for your family, you can all be covered under one plan, or covered under separate plans with the children covered under the parent of your choosing.
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Out-of-state coverage

If my child is living in another state (living with another parent, going to school, etc.), how will they be covered on my plan?	<p>If you are on the Standard or High PPO plan, and your child is out of state, they will have coverage in the state they are in. However, they must see providers who are contracted with Blue Cross Blue Shield Plan in that state for the highest level of benefits. If you are on the Peak Care EPO Plan and seek services outside of the Tahoma (MultiCare) Network, you only have emergent and virtual care available to you.</p> <p>You can find out-of-state providers on our Find Care tool at premera.com/sebb. You can also contact our customer service department at 800-807-7310 (TRS:711), Monday through Friday, 5 a.m. to 8 p.m. Pacific.</p>
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Health plan basics

What is a deductible?	A deductible is the amount you must pay for covered services and supplies each year before certain benefits can be provided under the plan.
What is a copay?	A flat amount you pay up front to providers for services, usually with office visits.
What is coinsurance?	Benefits for some covered services and supplies may be split between you and the plan. If your part is a percentage of the cost, it is called coinsurance.
What is an out-of-pocket maximum?	Each year, you pay up to a specific dollar amount called an out-of-pocket maximum. This maximum applies to all covered services and supplies received, including pharmacy. Once this maximum has been satisfied, the benefits of the plan will be covered at 100% of allowable charges for the remainder of that calendar year.

Coverage for common conditions

ALLERGIES: How is allergy testing and treatment covered?	Allergy testing and treatment applies to your deductible. Once the deductible is satisfied, Premera will provide coverage at a percentage, based on the plan you selected.
CANCER: How is cancer treatment covered?	Many forms of cancer treatment are covered under your Premera plan. For more details on the coverage, please contact our customer service department at 800-807-7310 (TRS: 711), Monday through Friday, 5 a.m. to 8 p.m. Pacific.
COLONOSCOPIES: How are colonoscopies covered?	Members who are 50 years old or older, or who are under age 50 and at high risk for colon cancer, may get screening colonoscopies at no charge with an in-network provider. Colonoscopies performed for a specific medical reason apply to the deductible and are then covered at a percentage based on the plan.

<p>MAMMOGRAMS: How are mammograms covered?</p>	<p>Screening mammograms (including 3-D) are covered at no charge with an in-network provider.</p> <p>Mammograms performed for a specific medical reason apply to the deductible and are then covered at a percentage based on the plan.</p>
<p>MASSAGE: Is a prescription required for massages?</p>	<p>Premera does not require prescriptions for massage therapy or physical therapy.</p>
<p>MENTAL HEALTH: How are outpatient mental health counseling visits covered? How many visits are covered?</p>	<p>In-network mental health services have a \$20 copay per visit.</p> <p>There are no visit limitations to your mental health benefit.</p>
<p>PRESCRIPTIONS: How can I find out if my prescription needs prior approval before it can be filled?</p>	<p>Visit premera.com/sebb to see a full list of covered drugs and whether they require prior authorization.</p> <p>You may also contact our customer service department at 800-807-7310 (TRS: 711), Monday through Friday, 5 a.m. to 8 p.m. Pacific.</p>
<p>SLEEP APNEA: How are CPAP machines covered?</p>	<p>CPAP coverage applies to the plan deductible. Once the deductible is satisfied, Premera will provide coverage at a percentage, based on the plan.</p>
<p>URGENT CARE: How is an urgent care visit covered versus going to an emergency room (ER)?</p>	<p>Urgent care services apply to the plan deductible. Once the deductible is satisfied, Premera will provide coverage at a percentage, based on the plan.</p> <p>Emergency room services have a \$150 copay. They also apply to the plan deductible. Additionally, once the deductible is satisfied, Premera will provide coverage at a percentage, based on the plan.</p>

