

Premera SEBB plans

FREQUENTLY ASKED QUESTIONS

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BLUE CROSS

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Types of plans

What is a preferred provider organization (PPO)?	<p>A preferred provider organization, commonly called a PPO plan, is a type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers.</p> <p>When you have a PPO plan, you pay less if you use providers that are in the plan’s network. You can use doctors, hospitals, and providers outside of the network for an additional cost.</p> <p>With a Premera PPO plan, members don’t need to designate a primary care provider and don’t need a referral to receive specialty care.</p>
What is a health maintenance organization (HMO)?	<p>A health maintenance organization, commonly called an HMO plan, is a type of health plan that contracts with local doctors to coordinate your care and to help keep your costs down.</p> <p>When you have an HMO plan, you must get all your care from in-network providers except for urgent or emergency care. The plan provides integrated care and focuses on prevention and wellness.</p> <p>With the Premera Blue Cross HMO plan, you choose a designated primary care provider (PCP). The PCP is your main contact for care—to provide treatment, coordinate with other members of your care team, and refer you to specialty care when needed.</p>

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?	<p>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, to look up providers by name or specialty, do the following:</p> <ul style="list-style-type: none">• For the High or Standard PPO plans, select Search the Heritage Prime Network• For the Premera Blue Cross HMO plan, select Search the Sherwood HMO Network <p>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 Time.</p>
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Network

What is the name of the provider network?	<p>Heritage Prime is the network for Standard and High PPO plans.</p> <p>Sherwood HMO is the network for the Premera Blue Cross HMO plan.</p>
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Dependent coverage

How can I enroll my newborn on my plan?	<p>A newborn is automatically covered under the birth mother's plan for the first 21 days from birth. You should request to enroll your newborn on your medical coverage as soon as possible to ensure timely payment of claims. If adding the child increases the premium, you have 60 days from the date of birth to add your newborn to your plan. Medical coverage begins the date of birth.</p> <p>In cases of adoption, you should request to enroll your child on your medical coverage as soon as possible to ensure timely payment of claims. If adding the child increases the premium, you have 60 days from the date of adoption, or the date legal obligation is assumed for total or partial support in anticipation of adoption to add your child to your plan. Medical coverage begins on the date of placement or the date a legal obligation is assumed in anticipation of adoption, whichever is earlier.</p>
How long can my child(ren) remain on my plan?	<p>Under SEBB program rules, your child(ren) can remain on your SEBB plan through the last day of the month in which they turn age 26. After turning age 26, your child may be eligible for enrollment under your SEBB health plans if your child has a developmental or physical disability that occurred before age 26 that renders them incapable of self-sustaining employment, and they are chiefly dependent on you for support and maintenance. You will need to follow enrollment requirements to maintain their eligibility.</p>

<p>How long can my child, who has a developmental or physical disability, stay on my plan? Who can I talk to about this?</p>	<p>The SEBB Program offers coverage for children age 26 and older with a developmental or physical disability. 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 Time.</p>
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Dual coverage

<p>My spouse and I both qualify for SEBB coverage. Should we cover ourselves independently or together with one or both of us covering our kids?</p>	<p>Dual coverage is not allowed under SEBB Program rules, meaning if both spouses are eligible for SEBB benefits, they cannot both cover each other on their own plan. You and your spouse would choose which one of you is covered on the other's plan—or you can each be covered under your own SEBB medical plan. If you and your spouse choose to be covered under one plan, your children would be covered under the same plan. If you each choose to be covered under your own SEBB medical plan, you must decide which of you will include your children on your plan.</p>
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Out-of-state coverage

<p>If my child is living in another state (such as living with another parent or going to school), how will they be covered on my plan?</p>	<p>If you are on the Standard PPO 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 the Blue Cross Blue Shield plan in that state to receive the highest level of benefits. If you are on the Premera Blue Cross HMO plan and seek services outside of the Sherwood HMO Network, you only have emergency and virtual care available to you.</p> <p>You can find out-of-state providers on the 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 Time.</p>
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Health plan basics

<p>What is a deductible?</p>	<p>The amount you pay each year before your health plan starts to pay for services. Copays do not count towards your deductible. Some services, like preventive care, are not subject to the deductible.</p>
<p>What is a copay?</p>	<p>The fixed amount you pay at the time of service for each healthcare visit.</p>
<p>What is coinsurance?</p>	<p>After the deductible has been met, the costs 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.</p>

<p>What is an out-of-pocket maximum?</p>	<p>Each year, you pay up to a specific dollar amount called an out-of-pocket maximum. For the SEBB Premera plans, 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 and you will pay nothing.</p>
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Coverage for common conditions

<p>ALLERGIES: How is allergy testing and treatment covered?</p>	<p>Allergy testing and treatment applies to your deductible. Once you pay the deductible, then you will only need to pay your copay or coinsurance for covered services.</p>
<p>CANCER: How is cancer treatment covered?</p>	<p>Many forms of cancer treatment are covered under your Premera plan.</p> <p>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 Time.</p>
<p>COLONOSCOPIES: How are colonoscopies covered?</p>	<p>Members who are ages 50 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.</p> <p>For colonoscopies performed for a specific medical reason, you pay the deductible first, then coinsurance.</p>
<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>For mammograms performed for a specific medical reason, you pay the deductible first, then coinsurance.</p>
<p>MASSAGE: Is a prescription required for massages or physical therapy?</p>	<p>Premera does not require prescriptions for massage therapy or physical therapy.</p>
<p>MENTAL HEALTH: How are outpatient mental health visits covered? How many visits are covered?</p>	<p>In-network mental health services (including virtual care) have:</p> <ul style="list-style-type: none"> • A \$10 copay per visit under the Premera HMO plan; and • A \$25 copay per visit under the Standard PPO and High PPO plans <p>There are no visit limits 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 approval.</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 Time.</p>
<p>SLEEP APNEA: How are CPAP machines covered?</p>	<p>CPAP products apply to the plan deductible. Once you pay the deductible, then you will only pay coinsurance.</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 you pay the deductible, then you will only pay the coinsurance.</p> <p>Emergency room services have a \$150 copay in addition to what you will pay toward your deductible. Once your deductible is met, you'll pay any remaining coinsurance that is due.</p>

Discrimination is against the law. Premera Blue Cross and Premera Blue Cross HMO comply with applicable Federal and Washington state civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-807-7310 (TRS: 711). **注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-807-7310 (TRS : 711)。