PREMERA BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

2026 Benefit Comparison

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	Preferred Gold	Cascade Complete Gold	Cascade Vital Gold	Preferred Silver	Cascade Silver	Preferred Bronze	Cascade Bronze	Preferred Bronze HSA
Member Cost Shares								
Deductible / Out-of-pocket Max	$1,500 / $6,800	$1,000 / $7,000	$1,900 / $8,800	$4,500 / $7,600	$2,500 / $9,750	$6,650 / $8,800	$6,000 / $10,150	$6,800 / $8,400
Coinsurance	30%	20%	20%	30%	30%	40%	40%	40%
Benefit Highlights								
Preventive Care	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Primary Care Office Visit	First 2 $1 copay then $15 copay	$15 copay	$15 copay	First 2 $1 copay then $25 copay	First 2 $1 copay then $20 copay	First 2 $1 copay then $50 copay	First 2 $1 copay then $40 copay	Ded, then Coins
Mental/Behavioral Health & Substance Office Visit	$45 copay	$15 copay	$15 copay	$65 copay	First 2 $1 copay then $20 copay	$75 copay	First 2 $1 copay then $40 copay	Ded, then Coins
Specialist Office Visit	$45 copay	$40 copay	$40 copay	$65 copay	$65 copay	Ded, then $100 copay	$100 copay	Ded, then Coins
Urgent Care	$45 copay	$35 copay	$35 copay	$65 copay	$65 copay	Ded, then Coins	$100 copay	Ded, then Coins
Emergency Care	Ded, then Coins	Ded, then $450 copay	Ded, then $800 copay	Ded, then Coins	Ded, then $800 copay	Ded, then Coins	Ded, then Coins	Ded, then Coins
Basic Imaging & Labs	Ded, then Coins	Imaging: $30 copay Labs: $20 copay	$30 copay	Ded, then Coins	Imaging: $65 copay Labs: $40 copay	Ded, then Coins	Ded, then Coins	Ded, then Coins
Acupuncture (unlimited)	$45 copay	$15 copay	$15 copay	$65 copay	First 2 $1 copay then $20 copay	Ded, then Coins	First 2 $1 copay then $40 copay	Ded, then Coins
Chiropractic (10 visits PCY)	$45 copay	$15 copay	$15 copay	$65 copay	First 2 $1 copay then $20 copay	Ded, then Coins	First 2 $1 copay then $40 copay	Ded, then Coins
OP Rehab (25 visits PCY)	$45 copay	$25 copay	$30 copay	$40 copay	$40 copay	Ded, then $100 copay	Ded, then Coins	Ded, then Coins
RX – Preferred Generic	$10 copay	$10 copay	$10 copay	$15 copay	$25 copay	$35 copay	$32 copay	Ded, then Coins
RX – Preferred Brand	Ded, then Coins	$60 copay	$75 copay	Ded, then Coins	$75 copay	Ded, then 40%	Ded, then Coins	Ded, then Coins
RX – Non-Preferred & Specialty	Ded, then 45%/50%	$100 copay	Ded, then $200 copay	Ded, then 45%/50%	Ded, then $250 copay	Ded, then 45%/50%	Ded, then Coins	Ded, then Coins

Preventive Care is covered at 100%.

First 2 visits at $1 copay is a single bucket of 2 $1 copay visits that can be used for PCP, Mental health, Chiro, or Acupuncture.

Preferred and Cascade plans use the Individual Signature network.

Plans offered in 9 counties.

No coverage out-of-network except in case of emergency.

Virtual care is covered for in-network providers and has the same cost share as in-person services.

Rx drug coverage:

M1 - All AI/AN plans except HSA

M2 - HSA plans

M4 - All plans except AI/AN and HSA

This is only an overview of the major benefits provided by our plans. Visit premera.com/visitor/summary-benefits-coverage for details.

066414 (09-23-2025)

Notice of availability and nondiscrimination **800-607-0546 | TTY: 711**

Call for free language assistance services and appropriate auxiliary aids and services.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.
សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ መሳሪያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር
Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.
મુફત ભાષા સહાયિતા સેવાવાં અને ઉચિત સહાયિક ચીજાં અને સેવાવાં વાસતે કાલ કરો।
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
ໃຫ້ເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

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051268 (07-05-2024)

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