PREMERA | BLUE CROSS BLUE SHIELD OF ALASKA
An Independent Licensee of the Blue Cross Blue Shield Association

2026 Benefit Comparison

	Preferred* Gold	Standard Gold	Preferred Silver	Standard Silver	Preferred Bronze	Standard Bronze	Preferred Bronze HSA
Member Cost Shares	In-network	In-network	In-network	In-network	In-network	In-network	In-network
Deductible / Out-of-pocket Max	$1,500 / $6,300	$2,000 / $8,200	$4,500 / $8,100	$6,000 / $8,900	$6,350 / $8,700	$7,500 / $9,200	$5,800 / $8,000
Coinsurance	30%	25%	30%	40%	30%	50%	35%
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
Primary Care Office Visit	First 2 $1 copay then $30	$30 copay	First 2 $1 copay then $25	$40 copay	First 2 $1 copay then $50	$50 copay	Ded, then 35%
Mental & Behavioral Health/Substance Use Office Visit	$60 copay	$30 copay	$60 copay	$40 copay	$75 copay	$50 copay	Ded, then 35%
Specialist Office Visit	$60 copay	$60 copay	$60 copay	$80 copay	Ded, then $100 copay	$100 copay	Ded, then 35%
Urgent Care	$60 copay	$60 copay	$60 copay	$60 copay	Ded, then $100 copay	$75 copay	Ded, then 35%
Emergency Care	Ded, then 30%	Ded, then 25%	Ded, then 30%	Ded, then 40%	Ded, then 30%	Ded, then 50%	Ded, then 35%
Routine Diagnostic and Labs	Ded, then 30%	Ded, then 25%	Ded, then 30%	Ded, then 40%	Ded, then 30%	Ded, then 50%	Ded, then 35%
Acupuncture/Chiropractic /20 PCY	$30 copay	$30 copay	$25 copay	$40 copay	Ded, then 30%	$50 copay	Ded, then 35%
OP Rehab	Ded, then $60 copay	$30 copay	Ded, then $60 copay	$40 copay	Ded, then $75 copay	$50 copay	Ded, then 35%
RX – Preferred Generic	$15 copay	$15 copay	$25 copay	$20 copay	$30 copay	$25 copay	Ded, then 35%
RX – Preferred Brand	$45 copay	$30 copay	$60 copay	$40 copay	Ded, then 30%	Ded, then 50%	Ded, then 35%
RX – Non-Preferred & Specialty	Ded, then 50%/40%	Ded, then $60/$250 copay	Ded, then 50%/40%	Ded, then $80/$350 copay	Ded, then 30%/40%	Ded, then 50%	Ded, then 35%/40%

Preventive care is covered at 100%.

Preferred, Standard, and AK One Gold plans use the **Legacy and Dental Select network.**

For drug coverage:

M1 - All AI/AN plans except the HSA

M2 - The HSA plans

M4 - All plans except AI/AN and HSA

Adult dental coverage is not embedded in plans. Pediatric dental is included. Premera adult dental coverage offerings are on healthcare.gov.

*AK One Gold plan has identical benefits to Preferred Gold with the exception that AK One Gold does not cover elective abortion.

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

Notice of availability and nondiscrimination 800-809-9361 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
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。
Vala‘au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa‘aopo‘opo talafeagai ma auaunaga.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
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。
Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.
ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่น ๆ เพิ่มเติม
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
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.
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 Blue Shield of Alaska (Premera) complies with applicable Federal 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, or sex. 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, or sex, 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.