





# We care for our customers

The customer is at the center of all we do—that’s why we offer plans that help you keep control of your expenses while giving your employees access to affordable, quality care.



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# Here's why businesses choose Premera



## Unmatched access and deep discounts

We offer a variety of provider network options so you can choose the level of access that works best for your employees.



## Well-rounded benefits package

Choose from a range of plans to find the right balance that best fits the needs and budget for your business and your employees.



## Programs for employees

Our built-in support programs encourage your employees to engage in their healthcare.



## Personal health support

We make it easy for members to start their healthcare journey with personalized text messaging, digital case management, and an easy-to-use member app.



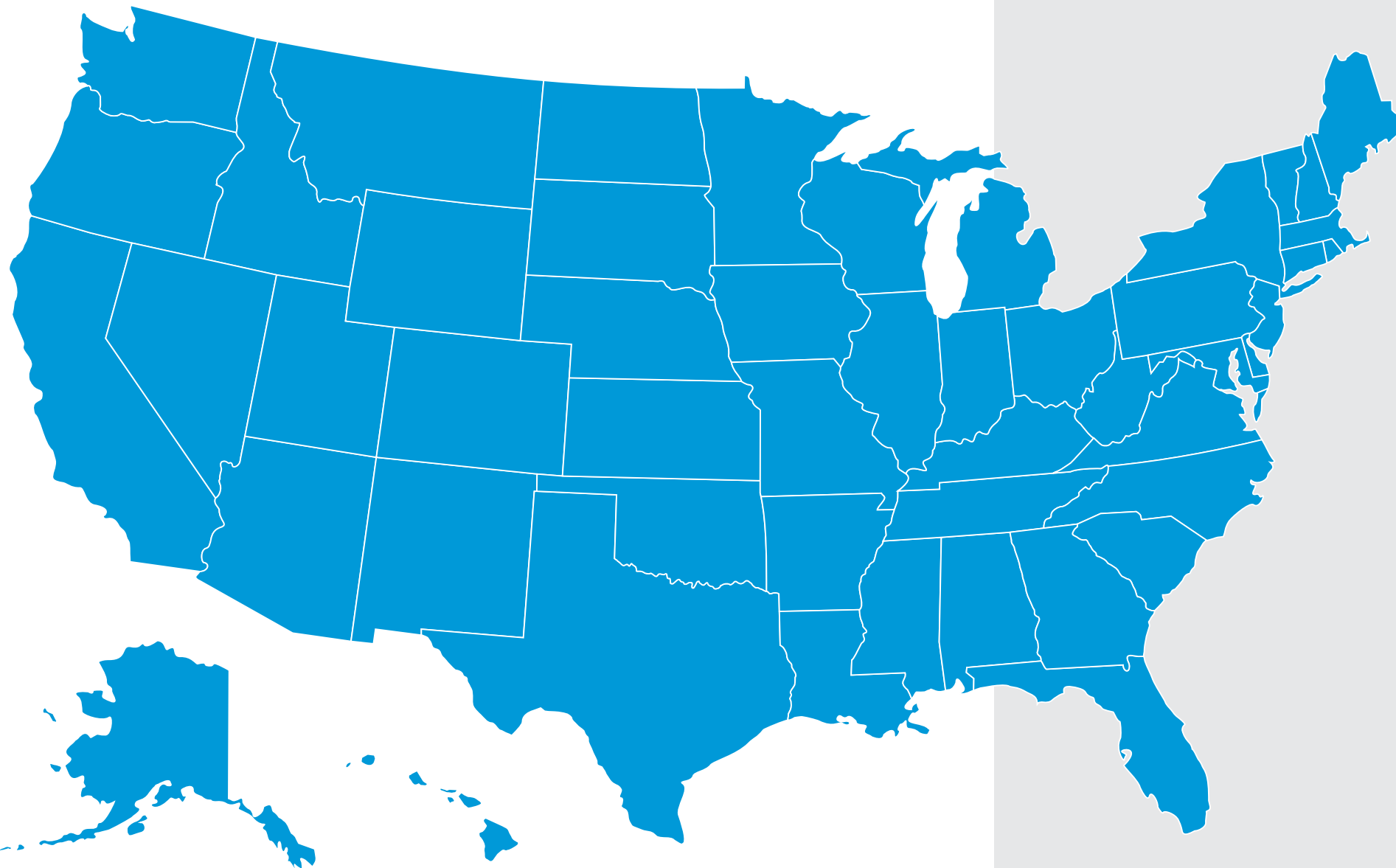
## Virtual care

Our medical plans offer a variety of telehealth options like video, phone, or text to provide convenience and ease of use for your employees.



## Meeting members where they are

With the broadest provider network in the state, Premera supports every member no matter where they are on their healthcare journey. From physical well-being to behavioral health and virtual care, we provide the support you need.



## WE'RE IN YOUR CORNER

As a not-for-profit serving Washington since 1933, we're committed to having a positive impact in our communities. Through corporate giving, volunteering, and community engagement, we promote new partnerships and solutions to help make healthcare work better for the communities where we live and work.



# Diabetes Condition Management Plus

Chronic conditions like diabetes are costly and highly prevalent. Two in three adults living with diabetes also have hypertension and nine out of ten are overweight or obese.<sup>1,2</sup> Premera has included a comprehensive diabetes condition management solution that supports the whole member as part of your health plan.

## How Diabetes Condition Management Plus works

MULTI-CONDITION SUPPORT

Members must have diabetes diagnosis to be eligible to enroll in Diabetes Management Plus.

Diabetes Management Plus

+ Hypertension support

+ Digital mental health

+ Standard weight managment

## Multi-faceted program design

Diabetes Condition Management Plus takes a comprehensive approach. Once enrolled, members will receive support for their primary condition and standard weight management and digital mental health services.



### Comprehensive support

Integrated support that goes beyond the primary condition specific program.



### Improved outcomes

Members who manage chronic conditions in one place can overcome care fragmentation and improve their health outcomes<sup>2</sup> to reduce total cost of care.



### Holistic approach

No matter what program the member is engaged with, digital mental health and weight support is embedded.

## Chronic Condition Management Plus access

✓ **Fully insured:** Diabetes Management Plus included as part of your plan



### Did you know?

Members enrolled in Diabetes Management Plus can also access standard weight management and digital mental health support.



### Tools for success

Members who qualify can receive a smart scale or blood pressure cuff in the Diabetes Management Plus program.

<sup>1</sup>National Diabetes Statistics Report." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention , [www.cdc.gov/diabetes/php/data-research/index.html](http://www.cdc.gov/diabetes/php/data-research/index.html). Accessed 11 July 2024  
<sup>2</sup> Joo, Jee Young. "Fragmented Care and Chronic Illness Patient Outcomes: A Systematic Review." Nursing Open, U.S. National Library of Medicine, June 2023, [www.ncbi.nlm.nih.gov/pmc/articles/](http://www.ncbi.nlm.nih.gov/pmc/articles/)

# Know before you go

Navigating the healthcare landscape can be daunting when it comes to surgeries and elective procedures. Your employees have access to a vast provider network with high-quality outpatient facilities where many procedures can be performed at a much lower cost.

## What does outpatient mean?

Procedures that don't require you to stay overnight in a hospital or facility are called outpatient surgeries. Outpatient procedures have many advantages:

- Allow you to go home the same day as your procedure
- Are less invasive resulting in faster recovery times
- Cost far less than inpatient procedures

## Common outpatient surgeries and procedures<sup>1</sup>



### Joint and bone

Total joint replacement, ACL repair, and hand or wrist procedures



### General

Biopsies, appendix removal, and gall bladder removal



### Stomach and colon

Colonoscopy, endoscopy, and hemorrhoid removal

For more examples of outpatient surgeries and procedures visit [Care Essentials Surgery & Elective Procedures](#).

<sup>1</sup>Not an exclusive list.



## NEW FOR 2025

All Balance PPO, Choice PPO, Balance HSA-Qualified, and Choice HSA-Qualified plans and the HMO plans will include a reduced coinsurance cost share for members who use in-network ambulatory surgical centers for elective procedures.

Planned knee and hip outpatient procedures are **30% to 40% less expensive** on average than inpatient procedures.

**\$19,002**  
outpatient cost

**\$30,249**  
inpatient cost

<sup>1</sup>Inpatient vs. Outpatient." Blue Cross Blue Shield, The Health of America Report®, 2019



## Did you know?

Premera Blue Cross and Premera Blue Cross HMO members have access to personal health support and case management. These licensed clinicians help members navigate their care:

- Coordinate care to help you get the best treatment
- Assist in scheduling and preparing for appointments
- Remove barriers to following your treatment

# Advanced primary care starts here

Access to high-quality primary care and improved health outcomes go hand in hand. With a Premera health plan, you can be sure your employees have access to primary care with the broadest provider network in the state and access to primary care clinics designed just for Premera members.

## Creating access

In 2022, Premera invested in Kinwell Medical Group to aid the expansion and access to high-quality primary care across Washington. Kinwell now has 16 clinics located across the state with more than 300,000 members located within five miles of their local Kinwell.



NET  
PROMOTER  
SCORE  
85

TOTAL COST  
OF CARE  
10% better than other  
in-network providers

TIMELY ACCESS  
10% of patients seen same day  
60% within 10 days  
80% within 30 days

LOCATIONS  
16 locations within 10 miles  
of 600,000 members

Scan QR for Kinwell locations  
or visit [kinwellhealth.com](https://kinwellhealth.com):



## Providing an integrated care model

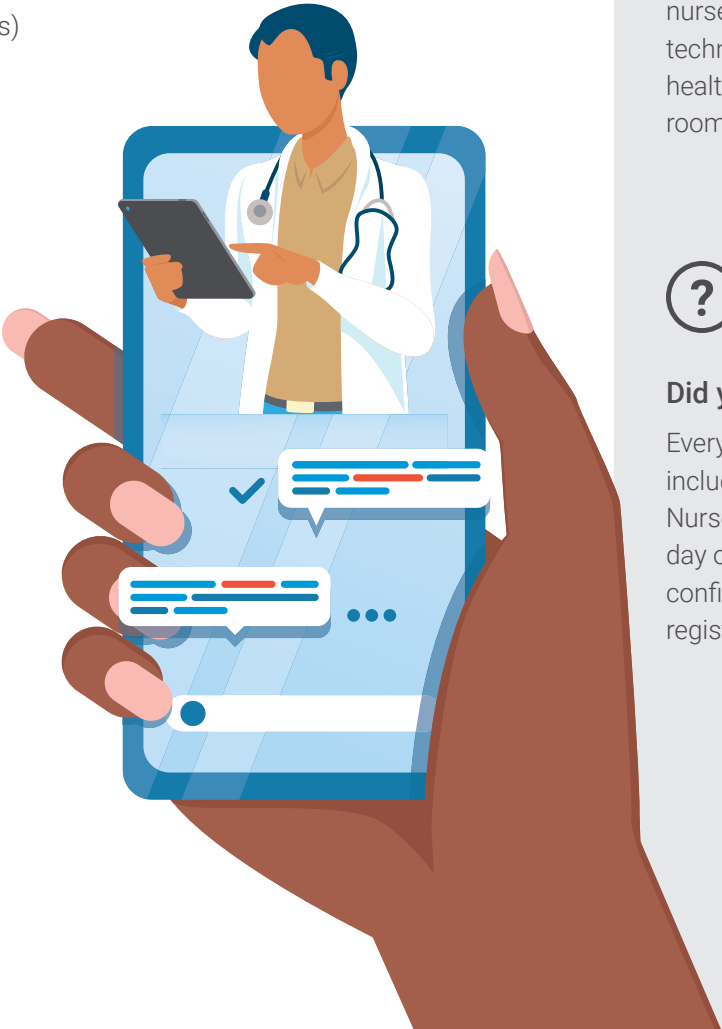
Kinwell cares for patients from head to toe. The integrated care model makes it possible for primary care providers (PCPs) and behavioral health providers to connect quickly and easily when a patient presents with physical symptoms that may be a manifestation of mental illness.

## Care when you need it

For the times when you can't wait for an in-person visit, virtual care is there. Premera virtual care providers offer secure text or video visits to treat a variety of primary care needs.

Virtual care can help with these conditions and more:

- Common cold symptoms
- COVID-19 treatments
- Follow-up visits with a physician
- Sinus infections
- Urinary tract infections (UTIs)



## Urgent care to your doorstep

DispatchHealth is an expansion of our provider network and a unique medical service that brings care to our members' front doors. Head, shoulders, knees, toes, and nearly everything in between can be treated at home with DispatchHealth's care team that includes a physician assistant or nurse practitioner and a medical technician. Keep your members healthy and out of the emergency room with DispatchHealth.



## Did you know?

Every Premera medical plan includes access to our 24-Hour NurseLine. Members can call day or night to receive free and confidential health advice from a registered nurse.

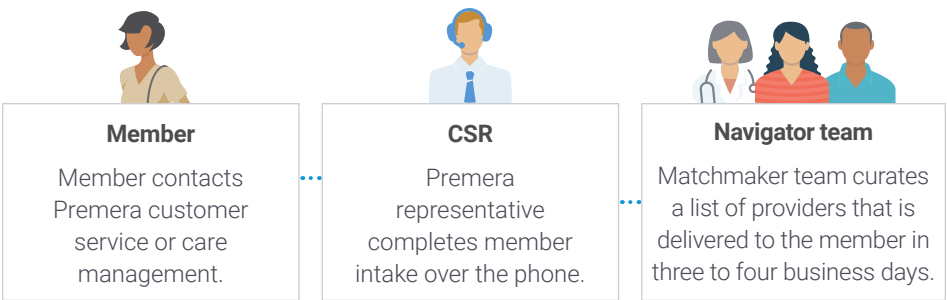


# Finding the right provider for you

Two out of three employers rank employee mental health as a top health priority.<sup>1</sup> Premera has made it easier than ever for members to access behavioral health services virtually or in person.

## Matchmaker™ for Behavioral Health

Matchmaker for Behavioral Health is an expansion of our commitment to improve access and lessen the hurdles members face when seeking behavioral health services. With Matchmaker for Behavioral Health, members receive a highly personalized list of behavioral health providers based on their plan, needs, and preferences.



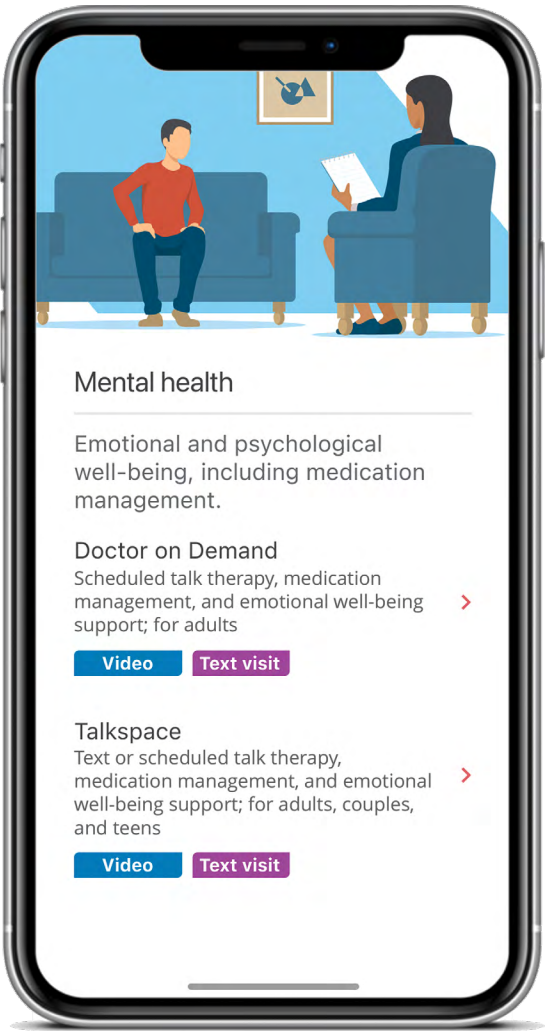
The Matchmaker for Behavioral Health intake asks members for their information and their appointment preferences:

- In-person or virtual attendance
- Language
- Gender, race, and ethnicity
- Religious affiliation
- And more

**Every Matchmaker for Behavioral Health list includes a minimum of two in-network clinicians.**

## Behavioral health in the palm of your hand

Premera has partnered with industry-leading behavioral health virtual care vendors to ensure our members get the care they need, when they need it, and in a way that works for them.



83%

of employers offer behavioral health services through virtual care.<sup>1</sup>



Virtual behavioral health care can support members with the following:

- Generalized anxiety
- Depression
- Adjustment disorders
- And more



Members struggling with substance use disorder (SUD) have access to confidential and high-quality virtual care including medically assisted treatment (MAT)<sup>2</sup> depending on their location. **Contact your Premera account representative for more information.**

<sup>1</sup>2022 Best Practices in Healthcare Employer Survey, 2022 Global Benefit Attitudes Survey

<sup>2</sup>Medically assisted treatment (MAT) may be prohibited to certain U.S. states in order to meet federal in-person prescribing requirements.

# Provider networks

We believe in working closely with providers and hospitals to fully satisfy our customers. That’s why our provider networks are more than just a collection of contracts—they give members access to quality care, good experiences, and services at a fair price.



NETWORK	TOTAL PRACTITIONERS	PRIMARY CARE PROVIDERS	HOSPITALS
Heritage and Dental Choice	48,432	9,212	91
Heritage Signature and Dental Choice	47,278	8,900	84
Dental Choice	Washington state	Nationwide practitioners	Nationwide locations
	3,441	74,000	267,000

Network counts are as of May 2024.



NETWORK	TOTAL PRACTITIONERS	PRIMARY CARE PROVIDERS	HOSPITALS
Sherwood HMO <sup>2</sup>	23,750	3,035	16

<sup>2</sup>Network counts as of May 2024.



## National and worldwide network coverage with BlueCard

When you choose a Premera Blue Cross health plan, it offers specific levels of healthcare benefits where your employees live or travel, across the country and worldwide.

Contact your producer for more details and to find out what level of BlueCard® healthcare benefits are included in your Premera health plan.



### The power of choice

Whether your employees want access to the most providers in Washington state or the highest savings, Premera has you covered. Talk with your producer about the benefits of offering your employees two or three Premera medical plan options.





# Medical plans

You can choose from a range of plans to find the right balance between budget and healthcare needs for both your business and your employees. All of our plans offer specified preventive screenings and services covered in full. They also include coverage for many professional and naturopathic services with no visit or dollar limit.

## Decide which plan is right for you

### PLAN TYPES

- **Choice plans** are paired with Heritage and Dental Choice, our largest network of providers.
- **Balance plans** are paired with the Heritage Signature and Dental Choice networks. These tailored networks come with a focus on higher savings for your business.

### QUALIFIED HIGH-DEDUCTIBLE PLANS

Our qualified high-deductible plans are meant to be paired with an employee-owned, tax-advantaged health savings account (HSA). This allows employees to save their healthcare dollars for when they need them, even in retirement. Talk to your producer to select which HSA bank account option is best for your business.

### METALLIC LEVELS

Plans are identified by one of four metallic level options. These options include: platinum, gold, silver, or bronze. Levels do not refer to quality. Instead, they indicate the level paid for monthly premiums, deductibles, and out-of-pocket costs.



### VISION AND DENTAL

Choose to offer adult vision and dental benefits along with your medical plans and experience the ease of managing all your benefits under one health plan. Your employees and their covered dependents enjoy the simplicity of one card, one customer service phone number, and one website.

### PREMERA BLUE CROSS HMO

Premera Blue Cross HMO is a forward-thinking health plan that delivers cost-effective, whole-person care through strong provider relationships and integrated clinical team. Employers and members alike can recognize savings without sacrificing quality care with HMO Core Plus plans. Premera Blue Cross HMO is available to members who live or physically work in King, Pierce, Spokane, and Thurston counties.



### Preventive health

Preventive healthcare services are part of every Premera plan. Our secure member website provides suggested preventive routine exams, vaccinations, and screenings.



### Accessibility

Small group business plans have access to our expansive network of quality providers. Visit the [Find a Doctor](#) tool to learn more.



# Medical plan snapshots

## Preferred provider organization (PPO) plans

PCP = Primary care provider  
PCY = Per calendar year  
D = Deductible  
ASC=Ambulatory surgical center

	BALANCE PPO PLANS Heritage Signature and Dental Choice Network										
	Balance 250 Platinum	Balance 500 Platinum	Balance 500 Gold	Balance 1000 Gold	Balance 1500 Gold	Balance 2000 Gold	Balance 2500 Gold	Balance 2000 Silver	Balance 3000 Silver	Balance 5000 Silver	Balance 6500 Bronze
Deductible Family = 2x individual	\$250	\$500	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$2,000	\$3,000	\$5,000	\$6,500
Coinsurance	10%		20%					30%			40%
Coinsurance (ASC)	5%		10%					20%			30%
Out-of-pocket maximum Family = 2x individual	\$3,750		\$7,500				\$7,750	\$8,550	\$8,200		\$9,100
Emergency room	\$100 copay, deductible/coinsurance		\$200 copay, deductible/coinsurance					\$350 copay, deductible/coinsurance		Deductible/coinsurance	
Office visit	PCP designated \$10; Specialist/non-designated PCP \$25		PCP designated \$25; Specialist/non-designated PCP \$55		PCP designated \$20; Specialist/non-designated PCP \$50			PCP designated \$40; Specialist/non-designated PCP \$75			PCP designated \$60; Specialist/ non- designated PCP \$120
Basic imaging and lab services	Waive deductible, then coinsurance							Deductible/coinsurance			
Retail Rx 30-day supply cost (mail order 3x retail)	\$10 / \$30 / \$70 / D25%		\$20 / \$50 / \$80 / D25%			\$15 / \$45 / \$80 / D20%	\$10 / \$45 / \$80 / D20%	\$35 / \$75 / D30% / D30%	\$30 / \$75 / D30% / D30%		\$30* / D40% D40% / D50%

\* Deductible waived for tier 1 drugs (generics).

PCP = Primary care provider  
PCY = Per calendar year  
D = Deductible  
ASC=Ambulatory surgical center

	CHOICE PPO PLANS Heritage and Dental Choice Network			
	Choice Gold 750	Choice Gold 1000	Choice Gold 1500	Choice Silver 2500
Deductible Family = 2x individual	\$750	\$1,000	\$1,500	\$2,500
Coinsurance	20%			30%
Coinsurance (ASC)	10%			20%
Out-of-pocket maximum Family = 2x individual	\$7,500			\$8,200
Emergency room	\$200 copay, deductible/coinsurance			\$350 copay, deductible/coinsurance
Office visit	PCP designated \$25; Specialist/non-designated PCP \$55		PCP designated \$20; Specialist/non-designated PCP \$50	PCP designated \$40; Specialist/non-designated PCP \$75
Basic imaging and lab services	Waive deductible, then coinsurance			Deductible/coinsurance
Retail Rx 30-day supply cost (mail order 3x retail)	\$20 / \$50 / \$80 / D25%			\$30 / \$75 / D30% / D30%





# Medical plan snapshots continued

## HSA-qualified plans

PCP = Primary care provider  
PCY = Per calendar year  
D = Deductible  
ASC=Ambulatory surgical center

	BALANCE HSA-QUALIFIED PLANS Heritage Signature and Dental Choice Network			CHOICE HSA-QUALIFIED PLANS Heritage and Dental Choice Network		
	Balance HSA 1650 Gold Qualified	Balance HSA 3300 Silver Qualified	Balance HSA 8000 Bronze Qualified	Choice HSA 1650 Gold Qualified	Choice HSA 3300 Silver Qualified	Choice HSA 8000 Bronze Qualified
Deductible Family = 2x individual	\$1,650 (Aggregate)	\$3,300 (Embedded)	\$8,000 (Embedded)	\$1,650 (Aggregate)	\$3,300 (Embedded)	\$8,000 (Embedded)
Coinsurance	20%	30%	50%	20%	30%	50%
Coinsurance (ASC)	10%	20%	40%	10%	20%	40%
Out-of-pocket maximum Family = 2x individual	\$5,000 (Aggregate)	\$7,500 (Embedded)	\$8,300 (Embedded)	\$5,000 (Aggregate)	\$7,500 (Embedded)	\$8,300 (Embedded)
Emergency room	Deductible/Coinsurance					
Office visit	Deductible/Coinsurance					
Basic imaging and lab services	Deductible/Coinsurance					
Retail Rx 30-day supply cost (mail order 3x retail)	Deductible/Coinsurance					

**Aggregate deductible:** The aggregate deductible amount is different depending on whether a subscriber enrolls alone or with dependents. When dependents are enrolled, the full amount of the aggregate deductible must be met before benefits can begin for any covered family member.

**Embedded deductible:** An embedded deductible works like a traditional health plan deductible. Benefits begin for a single family member after either the member’s own expenses equal the individual deductible or the expenses from a combination of family members equals the family maximum.

## Hearing (included in your plan)

	BALANCE/CHOICE PPO & EPO	BALANCE/CHOICE HSA-QUALIFIED
Exam Balance/Choice PPO (in and out of network) Balance EPO (in network only) Peak Care (in network only)	Specialist office visit copay (1 exam every 2 calendar years)	Deductible/Coinsurance (1 exam every 2 calendar years)
Hardware (in and out of network)	Covered in full (\$1,000 every 3 calendar years)	Deductible/Coinsurance (\$1,000 every 3 calendar years)

## Exclusive provider organization (EPO) plans

PCP = Primary care provider  
PCY = Per calendar year  
D = Deductible

	BALANCE EPO PLAN Heritage Signature and Dental Choice Network
	Balance EPO 8550 Bronze
Deductible Family = 2x Individual	\$8,550
Coinsurance	0%
Out-of-pocket maximum Family = 2x Individual	\$8,550
Emergency room	Deductible/Coinsurance
Office visit	Deductible/Coinsurance
Basic imaging and lab services	Deductible/Coinsurance
Retail Rx 30-day supply cost (mail order 3x retail)	Deductible/Coinsurance

## Adult vision

	OPTIONAL BENEFIT RIDER
Vision exam in and out of network	\$25 (1 exam PCY)
Vision hardware limit in and out of network	\$150 PCY



## Introducing Rx Savings Solutions

Members receive personalized alerts regarding savings opportunities including generic drugs, combination fills, pharmacy changes, and more. The Rx Savings Solutions concierge team can manage the change on behalf of the member, by request, enabling a seamless transition to the new prescription.

Rx Savings Solutions is an independent company that does not provide Blue Cross Blue Shield products or services.



# Medical plans with family dental

Eight of our medical plans have Family Dental benefits built in. By bundling pediatric and adult dental benefits with medical coverage, employees get well-rounded health coverage for their whole family.

## Medical + Family Dental plans

PCP = Primary care provider  
CIF = Covered in full  
PCY = Per calendar year  
D = Deductible  
ASC=Ambulatory surgical center

	BALANCE MEDICAL + FAMILY DENTAL PLANS Heritage Signature and Dental Choice Network				CHOICE MEDICAL + FAMILY DENTAL PLANS Heritage and Dental Choice Network			
	Balance 500 Gold + Family Dental	Balance 1000 Gold + Family Dental	Balance 2000 Silver + Family Dental	Balance HSA-Qualified 3300 Silver + Family Dental	Choice Gold 750 + Family Dental	Choice Gold 1000 + Family Dental	Choice Silver 2500 + Family Dental	Choice HSA 3300 Silver Qualified + Family Dental
Deductible Family = 2x individual	\$500	\$1,000	\$2,000	\$3,300 (Embedded)	\$750	\$1,000	\$2,500	\$3,300 (Embedded)
Coinsurance	20%		30%		20%		30%	
Coinsurance (ASC)	10%		20%		10%		20%	
Out-of-pocket maximum Family = 2x individual	\$7,500		\$8,550	\$7,500 (Embedded)	\$7,500		\$8,200	\$7,500 (Embedded)
Emergency room	\$200 copay, deductible/coinsurance		\$350 copay, deductible/coinsurance	Deductible/coinsurance	\$200 copay, deductible/coinsurance		\$350 copay, deductible/coinsurance	Deductible/coinsurance
Office visit	PCP designated \$25; Specialist/non-designated PCP \$55		PCP designated \$40; Specialist/non-designated PCP \$75	Deductible/coinsurance	PCP designated \$25; Specialist/non-designated PCP \$55		PCP designated \$40; Specialist/non-designated PCP \$75	Deductible/coinsurance
Basic imaging and lab services	Waive deductible, then coinsurance		Deductible/coinsurance		Waive deductible, then coinsurance		Deductible/coinsurance	
Retail Rx 30-day supply cost (mail-order copay = 3x retail)	\$20 / \$50 / \$80 / D25%	\$20 / \$50 / \$80 / D25%	\$35 / \$75 / D30% / D30%	Deductible/coinsurance	\$20 / \$50 / \$80 / D25%	\$20 / \$50 / \$80 / D25%	\$30 / \$75 / D30% / D30%	Deductible/coinsurance

Benefits apply after dental calendar year deductible is met, unless otherwise noted.  
Dental deductible and coinsurance represent customer's cost share  
PCY = per calendar year  
CY = calendar year(s)  
D = Deductible

## Adult dental benefits as part of medical plans with family dental

Covered services	IN NETWORK	OUT OF NETWORK
Individual dental deductible PCY		\$50
DIAGNOSTIC AND PREVENTIVE		
Routine oral exams 2 PCY	Covered in full	Dental deductible waived, then 30%
Complete series X-rays once every 60 months		
Bitewing X-rays 2 sets (up to 4) PCY		
Cleanings 2 PCY		
BASIC		
Problem-focused exams including emergency 1 PCY	Dental deductible, then 20%	Dental deductible, then 40%
Panoramic X-rays once every 60 months		
Fillings once per tooth surface every 24 months		
Endodontic (root canal) therapy once per tooth per lifetime		
Periodontal maintenance 4 PCY		
Periodontal scaling and root planning once per quadrant every 24 months		
Simple and surgical extractions		
Intravenous or general anesthesia for covered dental procedures at a dental-care provider's office when dentally necessary		
MAJOR		
Porcelain, ceramic, and metal crowns once every 7 CY	Dental deductible, then 50%	
Build-ups for covered crowns once every 7 CY		
Dental plan maximum	\$1,000 PCY	

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. Metallic medical plans that include Family Dental cannot be paired with Adult Dental Optima or Adult Dental Optima Voluntary plans.



### Get the details

2025 benefit highlights for small group plans can be viewed on [premera.com](https://premera.com).



### Additional benefits of Family Dental

- Employees get core dental benefits at a lower cost.
- When your employees have a medical plan and a dental plan from Premera, they get one easy experience: one ID card, one customer service number, one website, and one secure account for managing their healthcare.





# Medical plan snapshots

## King, Pierce, Spokane, and Thurston counties

PCP = Primary care provider  
PCY = Per calendar year  
D = Deductible  
ASC=Ambulatory surgical center

	HMO CORE PLUS PLANS Sherwood HMO and Dental Choice Network				
	HMO Core Plus 500 Gold	HMO Core Plus 1500 Gold	HMO Core Plus 2000 Silver	HMO Core Plus 3000 Silver	HMO Core Plus 5000 Silver
Deductible Family = 2x individual	\$500	\$1,500	\$2,000	\$3,000	\$5,000
Coinsurance	20%		30%		
Coinsurance (ASC)	10%		20%		
Out-of-pocket maximum Family = 2x individual	\$8,000		\$8,550		
Emergency room	\$200 copay, then deductible / coinsurance		\$300 copay, then deductible / coinsurance		
Office visit	Designated PCP: \$25; Specialist/Non-designated PCP: \$55		Designated PCP: \$35; Specialist/Non-designated PCP: \$70		
Basic imaging and lab services	Subject to deductible / coinsurance	Waive deductible, subject to coinsurance	Subject to deductible / coinsurance		
Retail Rx 30-day supply cost (mail order 3x retail)	\$20 / \$50 / \$80 / D25%		\$35 / \$75 / D30% / D30%	\$30 / \$75 / D30% / D30%	

## Hearing (included in your plan)

	HMO CORE PLUS
Exam in network only	Specialist office visit copay (1 exam every 2 calendar years)
Hardware in network only	Covered in full (\$1,000 every 3 calendar years)

## Adult vision

	OPTIONAL BENEFIT RIDER
Vision exam in network only	\$25 (1 exam PCY)
Vision hardware limit in network only	\$150 PCY







# Adult dental plans for ages 19 and older

We’ve been taking care of dental customers for more than 30 years. With every dental plan, Premera provides the following features:

## Access to the broad Choice network

Dental customers get one of the largest networks of dentists in the state of Washington. Premera contracts with over 74,000 in-network dentists in more than 267,000 locations.

## Plans that emphasize prevention

Premera dental customers don’t pay a deductible for routine dental visits, and most plans cover preventive services in full.

## Online tools that make things easy

Find in-network care with our dental provider directory, and see how much dental services will cost with our dental cost estimator. Your employees can even email a licensed dentist with questions about their oral health.

## Two separate dental plan options for adults

Premera offers two separate dental plans: **Adult Dental Optima** and **Adult Dental Optima Voluntary**. You can pair these with your medical plan to provide adult dental coverage for a broader range of services.

- Preventive services like routine oral exams, cleanings, and X-rays are covered in full to help them properly care for their overall health—with no waiting period.
- In addition, they will have the freedom to choose any dental care provider, but will enjoy lower overall out-of-pocket costs when that provider is in network.



## Dental benefits

Benefits apply after dental calendar year deductible is met, unless otherwise noted.  
Dental deductible and coinsurance represent customer’s cost share.  
PCY = per calendar year  
CY = calendar year(s)

	FAMILY DENTAL	ADULT OPTIMA <sup>1</sup>	ADULT OPTIMA VOLUNTARY <sup>1</sup>
Cost to employer	\$ (included in select medical plans)	\$\$	\$0
Member’s out-of-pocket cost	Member coinsurance is less when seeing an in-network dentist	Member coinsurance is the same for in-network and out-of-network dentists, but balance billing may apply	
Benefits for major dental services (such as dentures, bridges, and implants)	Not covered	Covered	Covered (implants not included)
Orthodontia <sup>2</sup>	No option	Optional	No option
Employee-funded plan <sup>3</sup>	No		Yes

<sup>1</sup>Metallic medical plans that include Family Dental cannot be paired with Adult Dental Optima or Adult Dental Optima Voluntary plans.

<sup>2</sup>For groups with 26 or more enrolled employees.

<sup>3</sup>Employer contributes 0%–49% of premium. Minimum enrollment is 5 or 30% of eligible employees (whichever is greater).





# Adult Dental Optima

With **Adult Dental Optima**,<sup>TM</sup> you can offer your employees comprehensive coverage and flexibility to choose any dental care provider.

They won't be billed for costs beyond the allowable amount when they use a provider who is in network.

Additionally, all plans provide benefits for periodontal maintenance, which includes up to four visits per year to help manage gum disease, as well as and a broader range of major services including implants.

Diagnostic and preventive services such as routine exams, cleanings, and bitewing X-rays are covered at 100% to help your employees and their families keep their smiles healthy. And that supports overall health.

On the 1500 Enhanced+ plan, routine diagnostic and preventive services do not count toward the annual maximum.

Benefits apply after calendar year deductible is met, unless otherwise noted.  
Deductible and coinsurance represent member's cost share.  
PCY = per calendar year  
CY = calendar year(s)

## Adult Dental Optima covered services

ADULT DENTAL OPTIMA	1000	1500	2000	1000 ENHANCED	1500 ENHANCED	2000 ENHANCED	1500 ENHANCED+
Annual deductible <sup>1</sup> PCY	\$50 / \$150						
Maximum allowance per person PCY	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000	\$1,500 <sup>2</sup>
Out-of-network reimbursement	Washington out-of-network reduced fee schedule			Reimbursed up to the 90th percentile <sup>3</sup>			

DIAGNOSTIC AND PREVENTIVE	COST SHARES IN AND OUT OF NETWORK
Routine oral exams 2 PCY	0%
Problem-focused exams including emergency	
Bitewing X-rays 1 set (up to 4) PCY	
Cleanings 2 PCY	
BASIC	
Complete series or panoramic X-ray once every 36 consecutive months, but not both	20%
Fillings once per tooth surface every 24 consecutive months	
Endodontic (root canal) therapy once per tooth every 24 consecutive months	
Full-mouth debridement once every 36 consecutive months	
Periodontal maintenance 4 visits PCY	
Periodontal scaling once per quadrant every 24 consecutive months	
Periodontal surgery once per quadrant every 36 consecutive months	
Simple extractions	
Emergency palliative treatment	
MAJOR	
Inlays, onlays, and crowns once per tooth every 5 CY	50%
Implants once every 5 CY	
Dentures, partials, and fixed bridges once every 5 CY	
Repair and recementing of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement	
Surgical extractions	
Oral surgery	
Intravenous or general anesthesia for covered dental procedures at a dental-care provider's office when dentally necessary	
Occlusal (night) guard once every 36 consecutive months	

**Notes:** Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. Plan options depend on whether your group is renewing or starting a new plan. They also depend on your group size. Discuss your options with your producer.

<sup>1</sup>Annual deductible waived for diagnostic and preventive services.  
<sup>2</sup>Annual maximum waived for diagnostic and preventive services.  
<sup>3</sup>Reimbursement up to the 90th percentile based on FAIR Health data by geographic area. Ask your producer for more details.



# Adult Dental Optima Voluntary

With **Adult Dental Optima Voluntary**,<sup>TM</sup> you can offer valued dental coverage to your employees and help them save money by funding up to 50% of their premiums.

Additionally, all plans provide benefits for periodontal maintenance, including up to four visits per year to help manage gum disease, as well as basic and major services such as fillings, extractions, crowns, bridgework, and dentures.

Diagnostic and preventive services such as routine exams, cleanings, and bitewing X-rays are covered at 100% to help your employees and their families keep their smiles healthy. And that supports overall health.

Benefits apply after calendar year deductible is met, unless otherwise noted.  
Deductible and coinsurance represent member's cost share.  
PCY = per calendar year  
CY = calendar year(s)

## Adult Dental Optima Voluntary covered services (for groups 5–50)

		DEDUCTIBLE/MAXIMUM ALLOWANCE
Annual deductible <sup>1</sup> PCY	Individual	\$50
	Family	\$150
Maximum allowance per person PCY		\$1,000

DIAGNOSTIC AND PREVENTIVE	COST SHARES IN AND OUT OF NETWORK
Routine oral exams 2 PCY	0%
Bitewing X-rays 1 set (up to 4) PCY	
Cleanings 2 PCY	
BASIC	
Problem-focused exams including emergency	30%
Emergency palliative treatment	
Complete series or panoramic X-ray once every 36 consecutive months, but not both	
Fillings once per tooth surface every 24 consecutive months	
Full-mouth debridement once every 36 consecutive months	
Periodontal maintenance 4 visits PCY	
Periodontal scaling once per quadrant every 24 consecutive months	
Simple extractions	50%
MAJOR <sup>2</sup>	
Inlays, onlays, and crowns once per tooth every 5 CY	
Dentures, partials, and fixed bridges once every 5 CY	
Repair and recementing of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement	
Endodontic (root canal) therapy once per tooth every 24 consecutive months	
Periodontal surgery once per quadrant every 36 consecutive months	
Surgical extractions	
Oral surgery	
Intravenous or general anesthesia limited to covered dental procedures at a dental-care provider's office when dentally necessary	
Occlusal (night) guard once every 36 consecutive months	

**Note:** Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premiera Blue Cross.

<sup>1</sup>Annual deductible waived for diagnostic and preventive services.  
<sup>2</sup>A 12-month waiting period for major services applies to customers who have not had continuous comparable dental coverage under the group's prior dental plan.





# More dental options and requirements

You can choose to offer additional dental coverage that lets employees customize their benefits package.

## Optional benefits

	ADULT DENTAL OPTIMA
ORTHODONTIA <sup>1</sup>	
Diagnostic services and active or retention treatment including appliances	50% <sup>2</sup> up to lifetime maximum
Monthly orthodontic adjustments including retention treatment	
Lifetime maximum per person	\$1,500
Age limit	None

<sup>1</sup> For groups with 26 or more enrolled employees. Orthodontia is not available on Adult Dental Optima Voluntary plan.

<sup>2</sup> Benefits provided at 50% allowable charges.

## Participation and contribution requirements for adult dental plans

Depending on group size, there are different requirements for the Adult Dental Optima plans. Employers must also meet the participation requirements in order to offer the plan.

GROUP SIZE	EMPLOYER CONTRIBUTION	PARTICIPATION REQUIREMENTS
2–4*	50%–100% of premium	100% participation
5–50	50%–100% of premium	Minimum of 5 employees or 50% of eligible employees, whichever is greater
5–50	0%–49% of premium	Minimum of 5 employees or 30% of eligible employees, whichever is greater

**Note:** Adult Dental Optima and Adult Dental Optima Voluntary plans cannot be paired with metallic medical plans that include Family Dental.

\*Dental is offered only in combination with a medical plan for group sizes 2–4. Plan selections are limited to Optima 1000 and Optima 1500.

The gentleman I spoke with was knowledgeable and helpful. Could not have been handled better. What a relief to remove such a financial hardship. One of the best customer experiences I've had over the phone. It's awesome that they're actually paying attention, it's good to know this is a way to reach them. Got the call this morning—issue resolved! We couldn't have asked for a better person to help us through all we've been through with my wife's strokes. Shout-out to @premera Customer Service rep Carrie in Spokane WA for helping me w/my insurance. #insurance #premera #bestcustomerservice I felt so helpless, but now I feel like I have help. I have faith that Adrian will have the issue resolved today. He promised me a card and the numbers I need



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Talk with your producer or general agency partner.



This brochure is not a contract. It is only a summary of the major benefits provided by these plans. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, please contact your producer.