



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.



In-hand access

Premera makes it easy for members to connect with their plan. Members can use the Premera mobile app to access their virtual care providers, check claim status, and more.



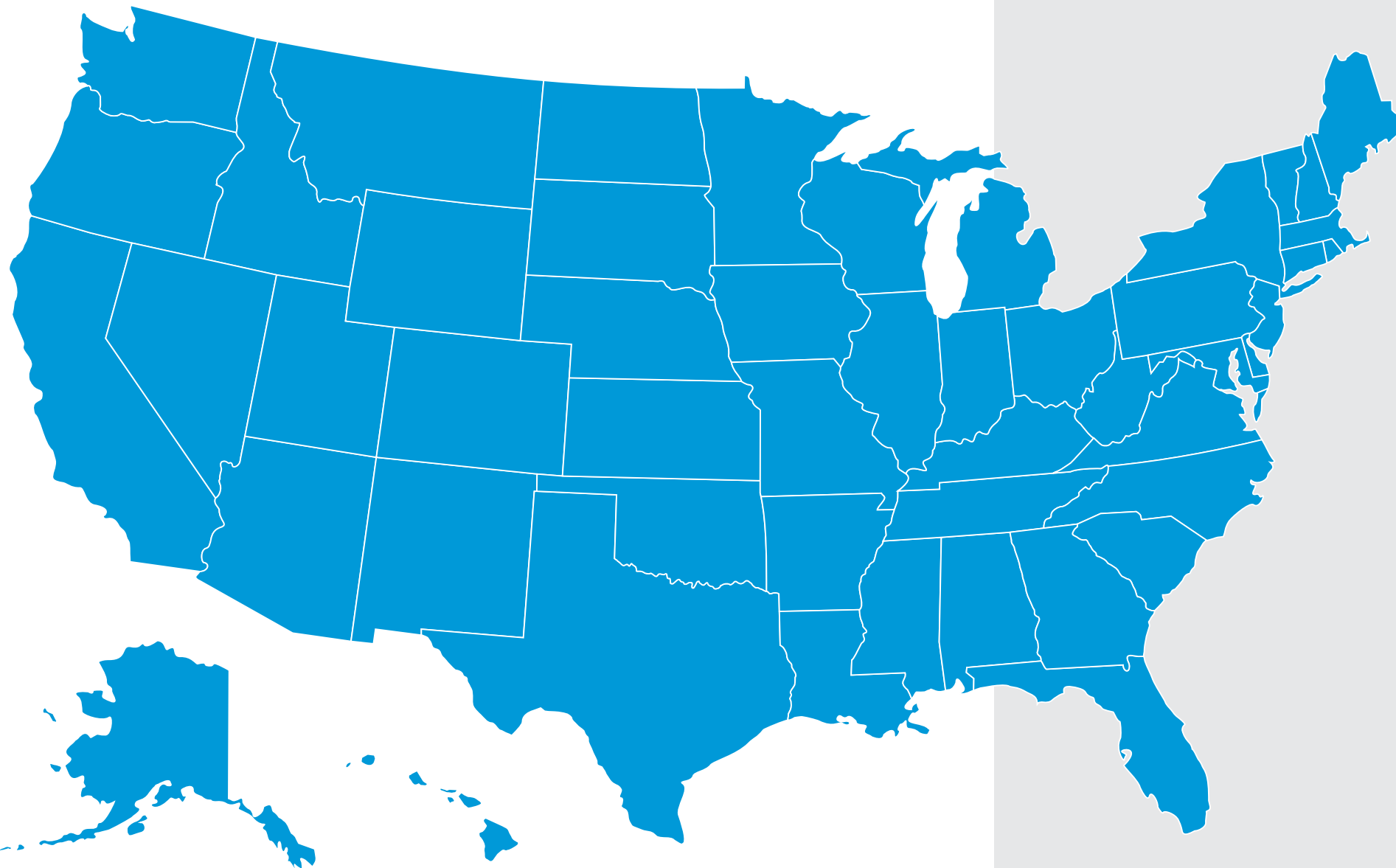
Virtual care

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.

Dental Choice network nearly doubles in size

NEW FOR 2026

Premera expanded its Dental Choice network by joining the national Dental GRID, one of the country’s leading national dental networks. Dental GRID works exclusively for members of participating Blue Cross Blue Shield plans. With the GRID+ network, we nearly doubled the size of the Dental Choice network, making it easier for members to access in-network dental care and services no matter where they live or travel in the United States.

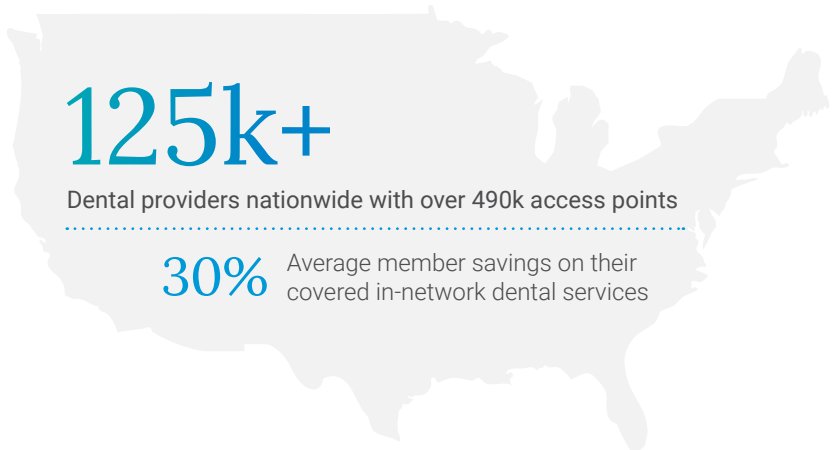
Premera brings value to dental

Employer groups that are looking to provide a well-rounded benefit package without raising the total cost of care can integrate a Premera dental plan with their medical plan.

Better access
55.8k¹
increase in in-network providers nationwide

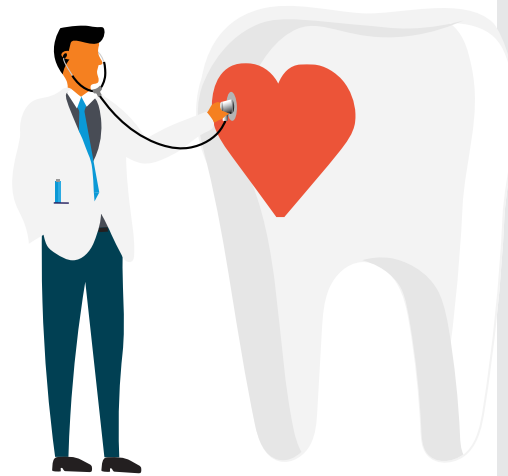
Improved experience
Seamless plan
design with a single point of contact for claims, payment, customer service, and more

Lower costs
21%
estimated reduction in out-of-network claims based on Premera book of business data



Reducing total cost of care

Six in 10 adults in the United States are living with at least one chronic condition.² Those adults are at risk of oral complications because of conditions like diabetes and cardiovascular disease.³ Providing our members with access to one of the largest dental networks in the nation means that members with chronic illnesses can receive routine preventive care and oral treatment, possibly preventing them from becoming a high-cost claimant.



Did you know?

Fully insured plans can receive a **1% premium discount** and **13% overall rate cap** when medical and dental benefits are integrated.⁵

More providers, more in-network utilization

Employer and members save more when they can access in-network dental providers. With more than 125,000 dental providers nationwide, members can save an average of 30%⁴ on in-network dental services.

A streamlined experience

Integrated medical and dental benefits makes healthcare work better for everyone.

- Reduced administrative burden on the group
- Reduced total cost of care through a whole-health approach
- Reduced out-of-network claims
- Single point of contact for member benefit support

GRID+ network access

- ✓ **Fully insured:** Included with Adult Dental Optima and Adult Dental Optima Voluntary plans only

¹GRID Dental Corporation is a separate company that provides access to dental networks and services on behalf of participating Blue Cross Blue Shield plans.

²Joo, J Y. "Fragmented Care and Chronic Illness Patient Outcomes: A Systematic Review." Nursing Open, U.S. National Library of Medicine, June 2023, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10170908/>

³Fu, D., Shu, X., Zhou, G., et al. "Connection between oral health and chronic diseases." MedComm, 2025 Jan 14. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11731113/>

⁴Estimated in-network discount. Actual discount may vary.

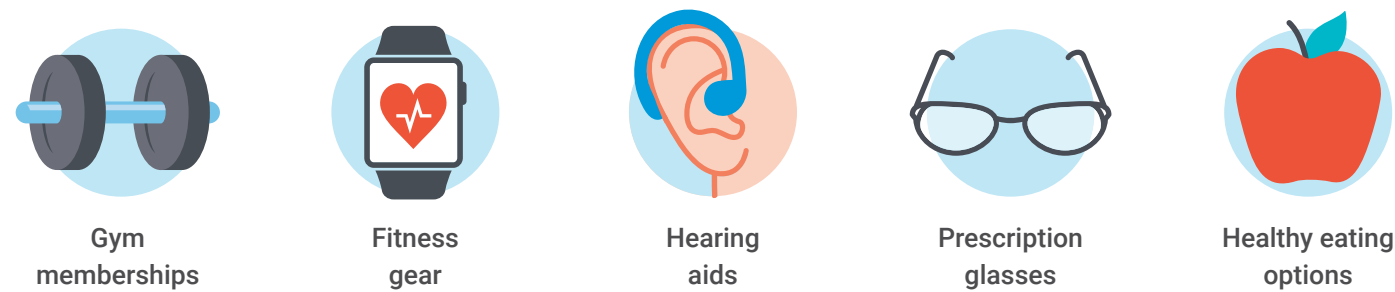
⁵Premium discount and rate caps are subject to underwriting review.

Foster a healthy workforce with Blue365

NEW FOR 2026

Effective January 1, 2026, Premera members can access Blue365—a health and wellness discount program offered through the Blue Cross Blue Shield (BCBS) system at no cost for the member or the group.

Health and wellness for less



National access and well-known brands

Keep members healthy by connecting them to exclusive discounts.

- Gym memberships to more than 13,000 locations starting at \$19/month
- Wearable devices from Fitbit, Garmin, Polar, and more
- LASIK eye surgery, hearing aids, and more

Blue365 access

- ✓ **Fully insured:** Included as part of your plan

Reduce healthcare costs

\$2.71

estimated return for every dollar spent on wellness programs¹



Increase productivity

8.5%

increase in productivity when promoting wearables in the workplace²



How employers benefit

- Minimal setup
- Group discounts
- Access to healthy tips



Getting started is easy

Members can register at blue365deals.com/premera to browse their exclusive deals and discounts.

¹Berry, Leonard L., et al. "What's the Hard Return on Employee Wellness Programs?" Harvard Business Review, Harvard Business Review, 1 Dec. 2010, hbr.org/2010/12/whats-the-hard-return-on-employee-wellness-programs.

²Rajagopalan, Rajesh, and Venkataraman Krishnan. "Wearables: Are They Fit for the Workplace?" Cognizant, Feb. 2016, news.cognizant.com/download/The+Singapore+Engineer+May+2016.pdf.

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Site-of-service expansion benefit

NEW FOR 2026

Value-based benefit design for elective surgeries and low-risk births

The Premera site-of-service benefit reduces member costs for high-value care at selected locations like ambulatory surgical centers (ASC) and freestanding birth centers. It encourages informed choices, ensures clinical oversight, and aligns cost-sharing with care quality, while maintaining member-provider decision-making.

Pillars to our value-based benefit design



Improve member satisfaction with self-directed care



Provide cost-effective care without compromising quality



Reduce administrative burden



Lower total cost of care for members and employers

What’s an ambulatory surgical center

Ambulatory surgical centers (ASC) are a type of outpatient surgical center. ASCs offer patients the convenience of having surgeries and procedures performed safely outside of a hospital outpatient department (HOPD).

What’s a freestanding birth center

Freestanding birth centers are healthcare facilities that use a midwifery model of care to provide services during pregnancy, labor and delivery, and postpartum care. They often provide a more natural and family-centered approach to low-risk pregnancies.

Care starts with a member and their provider. An ASC or birthing center is not a good fit for all members. For any medical procedure, members should consult with their provider about the best place for them to receive their care.

ASCs deliver better outcomes at a lower cost

Like inpatient hospitals and HOPDs, ASCs are held to rigorous quality and safety standards. With a specialized focus on certain procedures, members often experience better outcomes along with lower costs.

Common ASC procedures and surgeries		
Joint and bone	General	Stomach and colon
<ul style="list-style-type: none">Total joint replacementACL repairHand or wrist procedures	<ul style="list-style-type: none">BiopsiesAppendix removalGall bladder removal	<ul style="list-style-type: none">ColonoscopyEndoscopyHemorrhoid removal

Surgeries performed at ASCs can be

45–60%

less expensive than inpatient and outpatient hospital settings¹

Freestanding birthing centers improve outcomes

Freestanding birth centers have become an increasingly popular option for low-risk pregnancies, and access to these centers has grown significantly in the United States. The midwifery care model used at birthing centers has consistently shown that women and babies have better outcomes, including lower rates of preterm and low weight births, and higher breastfeeding rates.

Maternal and neonatal outcomes ²		
	Birth centers	National data
Preterm birth %	4.4	9.9
Low birth weight %	3.3	8.2
Cesarean birth %	12.3	31.9
Breastfeeding initiation %	92.2	83.2

Freestanding birth centers often achieve higher patient satisfaction due to longer prenatal visits and individualized postpartum care.³

¹Provista. "Huge Cost Savings and Other Benefits Boost Ambulatory Surgery Center Growth." Provista, <https://www.provista.com/blog/blog-listing/huge-cost-savings-and-other-benefits-boost-ambulatory-surgery-center-growth>. Accessed 20 June 2025.

²Gadzinski, Andrew J., et al. "Ambulatory Surgery Centers and Outpatient Urologic Surgery Among Medicare Beneficiaries." Urology Practice, vol. 9, no. 2, 2022, pp. 123–129. PubMed Central, <https://pubmed.ncbi.nlm.nih.gov/articles/PMC8827343/>. Accessed 20 June 2025.

³Institute of Medicine (US) Committee on the Future of Emergency Care in the United States Health System. Hospital-Based Emergency Care: At the Breaking Point. National Academies Press (US), 2007. NCBI Bookshelf, <https://www.ncbi.nlm.nih.gov/sites/books/NBK555483/>. Accessed 20 June 2025.

Site-of-service, value-based benefit access

✓ Fully insured: Included as part of your plan

Personalized messages at your fingertips

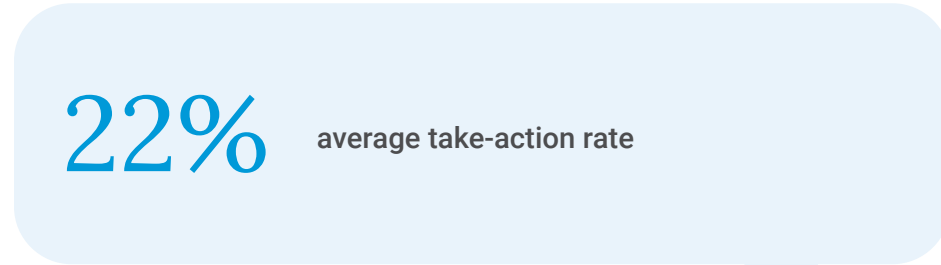
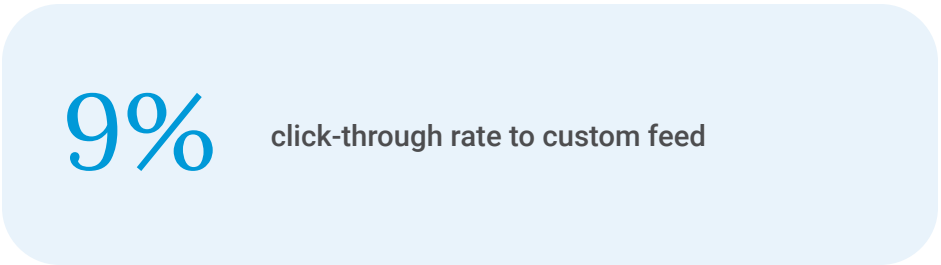
In 2024, Premera launched Digital Health Messages as a way to reach our members and help them better understand their benefits, make personalized healthy choices, and more.

What are Digital Health Messages?

Digital Health Messages are text messages sent to members' mobile phones. These personalized messages point members to customized feeds that educate the member on primary care, seasonal health tips, and information about their health plan.



Interaction with Digital Health Messages



Digital Health Messages access

- ✓ Fully insured: Included as part of your plan



Did you know?

The most successful Digital Health Message campaign was for Rx Savings Solutions (RxSS). RxSS offers members opportunities to save more on their prescriptions. [Learn more about RxSS.](#)

Advanced primary care starts here

Access to high-quality primary care and improved health outcomes go hand in hand.

Kinwell clinics

With our health plans, you can be sure your employees have access to quality primary care from the broadest provider network. This network includes Kinwell, with 16 clinics across Washington and virtual care from anywhere in the state. Kinwell’s advanced primary care integrates nutrition, physical activity, and behavioral health services exclusively for Premera Blue Cross and Premera Blue Cross HMO members.

Scan QR code for Kinwell locations or visit kinwellhealth.com/welcome:



NET PROMOTER SCORE
85

TOTAL COST OF CARE
7% to 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

“It was amazing. She took the time to listen and answer all questions. I did not feel rushed. It was one of the best doctor appointments I’ve ever had. I’m so grateful that I made the switch. Definitely will recommend.”
– Kinwell patient



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 the DispatchHealth 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.



Enhanced Case Management

Mitigate rising healthcare costs with innovative predictive technology and robust digital tools with Enhanced Case Management.

An integrated case management approach

Our core case management program at Premera focuses on the whole person, addressing members’ physical and behavioral health challenges, social determinants of health, and barriers within the healthcare delivery system. The program identifies members with high-risk or complex health conditions who would benefit from intervention and, with guidance from a dedicated personal health support clinician, helps them navigate their healthcare journey.

The benefits of Enhanced Case Management

- Reduces future clinical costs
- Enhances the member experience
- Increases access to support

Harnessing actionable data insights can maximize early intervention opportunities.

87%

precision in predicting future high-cost claimants¹

Studies indicate that using **digital member programs** with **case management intervention** leads to **improved member health outcomes**.²

¹Foundation Model Overview, Prealize Health 2024

²A pragmatic methodology for the evaluation of digital care management in the context of multimorbidity, Journal of Medical Economics, Volume 24, 2021 — Issue 1



A valuable member experience

Our Enhanced Case Management program includes a digital case management mobile app that provides your employees and their families with the following resources:

- **Secure chat** — flexibility for members to engage with their personal health support clinician when they want, using their preferred communication method.
- **Navigation support** — ability to identify healthcare needs for more members in your population and easily direct them to the right care programs, providers, and high-value services.
- **Member resource center** — access to clinically reviewed health and wellness articles and extensive condition and self-management programs. Members can easily filter, scan, and find information they need.

[Download the flyer](#) and contact your Premera account representative to learn more about Enhanced Case Management.

Enhanced Case Management access

✓ **Fully insured:** Included as part of your plan

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.^{1,2} 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 outcomes² 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.



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.

Diabetes Management Plus access



Fully insured: Included as part of your plan

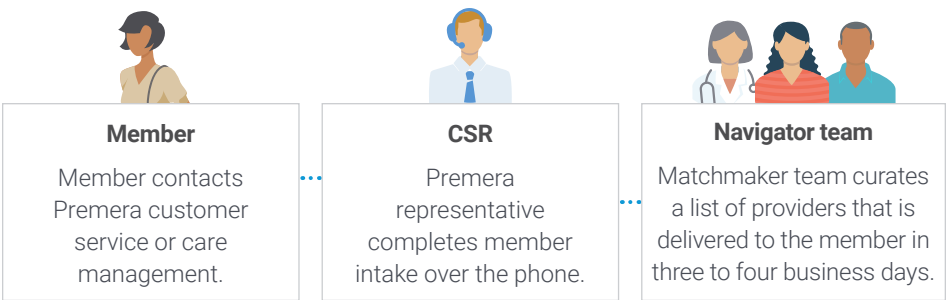
¹National Diabetes Statistics Report." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention , www.cdc.gov/diabetes/php/data-research/index.html. Accessed 11 July 2024
² Joo, Jee Young. "Fragmented Care and Chronic Illness Patient Outcomes: A Systematic Review." Nursing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

Finding the right provider for you

Two out of three employers rank employee mental health as a top health priority.¹ 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.

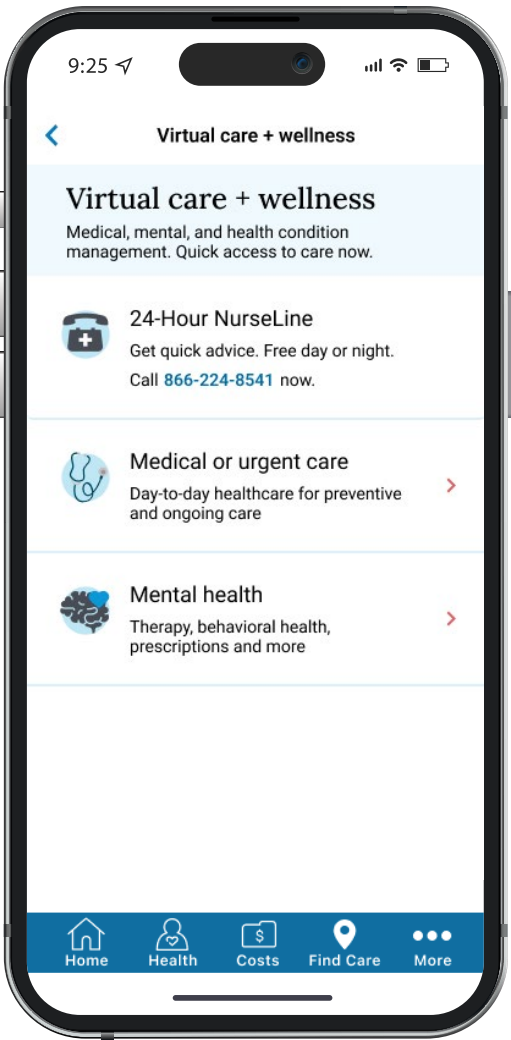


- The Matchmaker for Behavioral Health intake asks members for their information and their appointment preferences:
- In-person or virtual attendance
 - Language
 - Gender, race, and ethnicity
 - Religious affiliation
 - And more

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.¹



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)² depending on their location. **Contact your Premera account representative for more information.**

¹2022 Best Practices in Healthcare Employer Survey, 2022 Global Benefit Attitudes Survey
²Medically 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 ¹	55,432	9,453	124
Heritage Signature and Dental Choice ¹	54,188	9,130	117
Dental Choice with Dental GRID+ ²	Washington state	Nationwide practitioners	Nationwide locations
	4,078	125,000+	490,000+

¹Network counts are as of June 2025.
²Dental Choice with Dental GRID+ network is available to separate adult dental plans only.



NETWORK	TOTAL PRACTITIONERS	PRIMARY CARE PROVIDERS	HOSPITALS
Sherwood HMO ¹	25,869	3,336	31

¹Network counts as of June 2025.



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

Balance 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 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 2500 Silver	Balance 3000 Silver	Balance 4500 Silver	Balance 7000 Bronze	
	Deductible Family = 2x individual	\$250	\$500	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$2,000	\$2,500	\$3,000	\$4,500	\$7,000
Coinsurance	10%		20%					35%					40%
Coinsurance (ASC)	5%		10%					25%					30%
Out-of-pocket maximum Family = 2x individual	\$3,500		\$8,000				\$7,500	\$9,000				\$8,000	\$10,000
Emergency room	\$250 copay, deductible/coinsurance		\$300 copay, deductible/coinsurance					\$350 copay, deductible/coinsurance				Deductible/coinsurance	
Office visit	PCP designated \$5; Specialist/non-designated PCP \$25		PCP designated \$15; Specialist/non-designated PCP \$55			PCP designated \$15; Specialist/ non-designated PCP \$50	PCP designated \$15; Specialist/ non-designated PCP \$55	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)	\$20/\$50/\$80/D30%		\$20/\$50/\$100/D35%					\$30/\$75/D35%/D40%				\$30/D40%/D40%/D40%	



Medical plan snapshots continued

Choice PPO plans

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

	CHOICE PPO PLANS Heritage and Dental Choice Network													
	Choice Platinum 250	Choice Platinum 500	Choice Gold 500	Choice Gold 1000	Choice Gold 1500	Choice Gold 2000	Choice Gold 2500	Choice Silver 2000	Choice Silver 2500	Choice Silver 3000	Choice Silver 4500	Choice Bronze 7000		
	Deductible Family = 2x individual	\$250	\$500	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$2,000	\$2,500	\$3,000	\$4,500	\$7,000	
Coinsurance	10%		20%					35%					40%	
Coinsurance (ASC)	5%		10%					25%					30%	
Out-of-pocket maximum Family = 2x individual	\$3,500		\$8,000			\$7,500		\$9,000				\$8,000	\$10,000	
Emergency room	\$250 copay, deductible/coinsurance		\$300 copay, deductible/coinsurance					\$350 copay, deductible/coinsurance				Deductible/coinsurance		
Office visit	PCP designated \$5; Specialist/non-designated PCP \$25		PCP designated \$15; Specialist/non-designated PCP \$55					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, then coinsurance	Deductible/coinsurance		Deductible, then coinsurance			
Retail Rx 30-day supply cost (mail order 3x retail)	\$20/\$50/\$80/D30%		\$20/\$50/\$100/D35%					\$30/\$75/D35%/D40%					\$30/D40%/D40%/D40%*	

* Deductible waived for tier 1 drugs (generic)



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 1700 Gold Qualified	Balance HSA 3400 Silver Qualified	Balance HSA 6500 Bronze Qualified	Choice HSA 1700 Gold Qualified	Choice HSA 3400 Silver Qualified	Choice HSA 6500 Bronze Qualified
Deductible Family = 2x individual	\$1,700 (Aggregate)	\$3,400 (Embedded)	\$6,500 (Embedded)	\$1,700 (Aggregate)	\$3,400 (Embedded)	\$6,500 (Embedded)
Coinsurance	20%	30%		20%	30%	
Coinsurance (ASC)	10%	20%		10%	20%	
Out-of-pocket maximum Family = 2x individual	\$5,000 (Aggregate)	\$7,500 (Embedded)	\$8,500 (Embedded)	\$5,000 (Aggregate)	\$7,500 (Embedded)	\$8,500 (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	BALANCE/CHOICE HSA-QUALIFIED
Exam Balance/Choice PPO (in and out of network)	Specialist office visit copay (1 exam every year)	Deductible/coinsurance (1 exam every year)
Hardware (in and out of network)	Covered in full (every 3 calendar years)	Deductible/coinsurance (every 3 calendar years)

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



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 included with every medical plan.

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 3400 Silver + Family Dental	Choice Gold 500 + Family Dental	Choice Gold 1000 + Family Dental	Choice Silver 2500 + Family Dental	Choice HSA 3400 Silver Qualified + Family Dental
Deductible Family = 2x individual	\$500	\$1,000	\$2,000	\$3,400 (Embedded)	\$500	\$1,000	\$2,500	\$3,400 (Embedded)
Coinsurance	20%		30%		20%		35%	
Coinsurance (ASC)	10%		20%		10%		25%	
Out-of-pocket maximum Family = 2x individual	\$8,000		\$9,000	\$7,500 (Embedded)	\$8,000		\$9,000	\$7,500 (Embedded)
Emergency room	\$300 copay, deductible/coinsurance		\$350 copay, deductible/coinsurance	Deductible/coinsurance	\$300 copay, deductible/coinsurance		\$350 copay, deductible/coinsurance	Deductible/coinsurance
Office visit	PCP designated \$15; Specialist/non-designated PCP \$55		PCP designated \$40; Specialist/non-designated PCP \$75	Deductible/coinsurance	PCP designated \$15; 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/\$100/D35%		\$30/\$75/D35%/D40%	Deductible/coinsurance	\$20/\$50/\$100/D35%		\$30/\$75/D35%/D40%	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.



Did you know?

All small group medical plans with embedded family dental are limited to the existing Dental Choice network.

To increase access for dependents over the age of 19 or for employees who live or work outside of Washington or Alaska, consider a stand-alone medical and adult dental plan that includes access to the Dental GRID+ network.



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 2500 Silver	HMO Core Plus 3000 Silver	HMO Core Plus 5000 Silver
Deductible Family = 2x individual	\$500	\$1,500	\$2,500	\$3,000	\$5,000
Coinsurance	20%		35%		
Coinsurance (ASC)	10%		25%		
Out-of-pocket maximum Family = 2x individual	\$8,000		\$9,000		
Emergency room	\$350 copay, then deductible/coinsurance				
Office visit	Designated PCP: \$15; Specialist/Non-designated PCP: \$55		Designated PCP: \$15; Specialist/Non-designated PCP: \$70		
Basic imaging and lab services	Subject to deductible/coinsurance				
Retail Rx 30-day supply cost (mail order 3x retail)	\$20/\$50/\$80/D30%		\$35/\$75/D35%/D40%		

Hearing (included in your plan)

	HMO CORE PLUS
Exam in network only	Specialist office visit copay (1 exam every year)
Hardware in network only	Covered in full (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

Premera is expanding the Dental Choice network by joining the national Dental GRID,¹ one of the country’s leading national dental networks exclusively for members of participating Blue Cross Blue Shield plans.

Increased access

More than 125,000 dentists and 490,000 access points² across all 50 states and D.C.—ensuring your employees can find in-network care wherever they live, work, or travel.

Lower costs

Members save an average of 30% on in-network dental services³ through our exclusive Blue plan partnerships—reducing out-of-pocket costs and balance billing.

Better experience

One ID card. One customer service team. One seamless experience. Members can easily find an in-network dentist using the Find a Doctor tool on the Premera mobile app or website.



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 ⁴	ADULT OPTIMA VOLUNTARY ⁴
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 ⁵	No option	Optional	No option
Employee-funded plan ⁶	No		Yes

¹The GRID Dental Corporation is a separate company that provides access to dental networks and services on behalf of participating Blue Cross Blue Shield plans.
²Zelis Network360 Competitive Dashboard report Janaury 2025.
³Based on Premera book of business. Estimated in-network discount. Actual discount may vary.

⁴Metallic medical plans that include Family Dental cannot be paired with Adult Dental Optima or Adult Dental Optima Voluntary plans.
⁵For groups with 26 or more enrolled employees.
⁶Employer contributes 0%–49% of premium. Minimum enrollment is 5 or 30% of eligible employees (whichever is greater).



Adult Dental Optima

With **Adult Dental Optima**,TM offers your employees comprehensive coverage and flexibility.

Plan highlights:

- Members who use in-network providers won't be billed for costs beyond the allowed amount
- Members have access to peridontal maintenance to manage gum disease
- Access to a broad range of services including implants
- Diagnostic and preventive services are covered 100%

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 ¹ PCY	\$50 / \$150						
Maximum allowance per person PCY	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000	\$1,500 ²
Out-of-network reimbursement	Washington out-of-network reduced fee schedule			Reimbursed up to the 90th percentile ³			

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.

¹Annual deductible waived for diagnostic and preventive services.
²Annual maximum waived for diagnostic and preventive services.
³Reimbursement 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**,TM you can offer valued dental coverage to your employees and help them save money by funding up to 50% of their premiums.

Plan highlights include:

- Peridental maintenance
- Basic and major services like fillings and crowns
- Diagnostic and preventive services are covered at 100%

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 ¹ 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	30%
Problem-focused exams including emergency	
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 ²	
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.

¹Annual deductible waived for diagnostic and preventive services.
²A 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 ¹	
Diagnostic services and active or retention treatment including appliances	50% ² up to lifetime maximum
Monthly orthodontic adjustments including retention treatment	
Lifetime maximum per person	\$1,500
Age limit	None

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

² 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.





Find out more

premera.com/wa/employer

hmo.premera.com

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.