

FOR BUSINESSES WITH  
51+ EMPLOYEES

—  
2025

# Preferred Choice health plan guide

FULLY INSURED PLANS SUBJECT TO CHANGE, PENDING REGULATOR FILING REVIEW.



# 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.

Premera Blue Cross Preferred Choice medical and dental plans are eligible to fully insured and OptiFlex businesses with 51-199 enrolled employees.

Premera Blue Cross HMO Preferred Choice medical and dental plans are eligible to fully insured groups only with 51-199 enrolled employees.



## Table of contents

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### MEET PREMERA

<a href="#">Why businesses choose Premera</a>	4
<a href="#">Diabetes Condition Management Plus</a>	6
<a href="#">Advanced primary care starts here</a>	8
<a href="#">Finding the right provider for you</a>	10

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### CHOOSING YOUR HEALTH PLAN IS AS EASY AS 1, 2, 3

<a href="#">Support programs</a>	12
<a href="#">Step 1: Choose a medical plan</a>	14
PPO plans, HSA-qualified plans, EPO plans, and Premera Blue Cross HMO Core Plus plans	
<a href="#">Step 2: Choose a pharmacy plan</a>	22
<a href="#">Step 3: Choose a dental plan</a>	24
Preferred Choice dental plans and Willamette Dental plans	

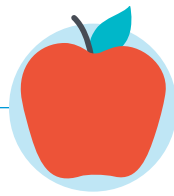
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# Why businesses choose Premera



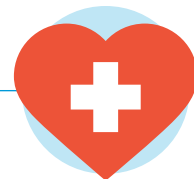
## Unmatched access and deep discounts

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.



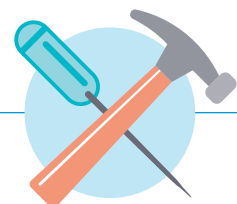
## Programs for employees

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.



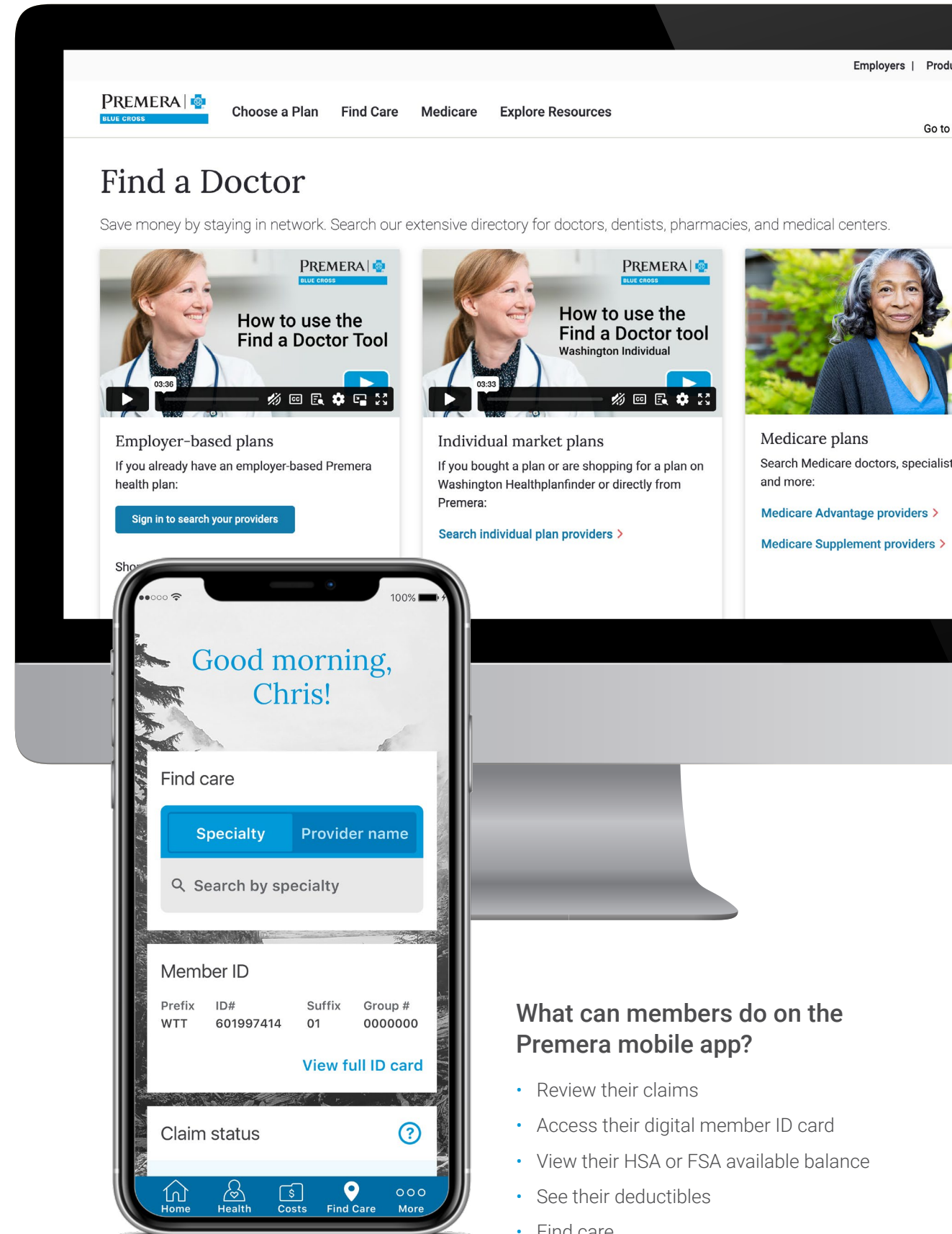
## Administrative ease and support

Integrated benefits with Premera make for a streamlined experience. We make it simple for you to promote components of your healthcare benefits with your employees or explain to them how to best use their plan.



## 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.



## What can members do on the Premera mobile app?

- Review their claims
- Access their digital member ID card
- View their HSA or FSA available balance
- See their deductibles
- Find care



## Preferred Choice lets you choose from

- 49 medical plans
- 11 pharmacy plans
- 15 dental plans



## Ready-to-share employee communications

We want to make your busy life a little less stressful. That's why we provide you with ready-to-share emails, flyers, and messages to share with your employees to help them understand their health plan benefits throughout their plan year. Visit [blink.premera.com](http://blink.premera.com).

# 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 management

### 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
- ✓ **OptiFlex:** 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. Accessed 11 July 2024  
<sup>2</sup> https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10170908/#:~:text=Some%20promising%20research%20has%20shown%20that%20patient%E2%80%90centered%20care%2C,%28Joo%20%26%20Liu%2C%202017%3B%20McKay%20et%20al.%2C%202019%29

# Advanced primary care starts here

Access to high-quality primary care and improved health outcomes go hand in hand. With our health plans, 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 Blue Cross and Premera Blue Cross HMO members.

## Kinwell Connect

Kinwell Connect helps remove financial barriers by guiding members to an advanced primary care model. This lowers employers' total cost of care by up to 10% and gives members access to more zero-dollar services.

### Kinwell Connect access

OptiFlex

## Kinwell Participation Program

Employer groups can benefit at renewal when more members and their dependents use Kinwell for primary care.

### Kinwell Participation Program access

Fully insured

OptiFlex

NET PROMOTER SCORE  
**85**

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

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



## 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



## 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.

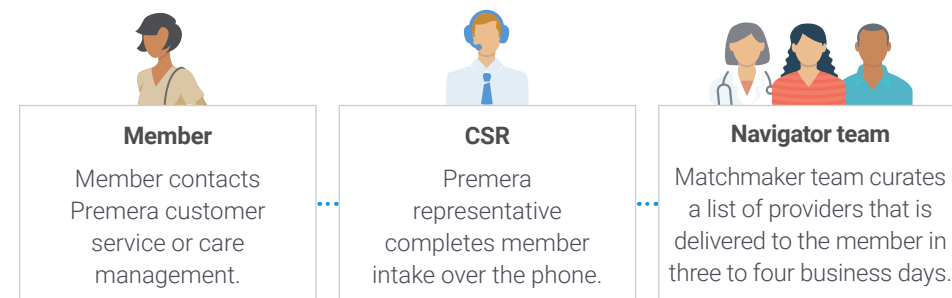


# Finding the right provider for you

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 that 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 plans, needs, and preferences.



### Matchmaker for Behavioral Health access

- ✓ **Fully insured:** included as part of your plan
- ✓ **OptiFlex:** included as part of your plan

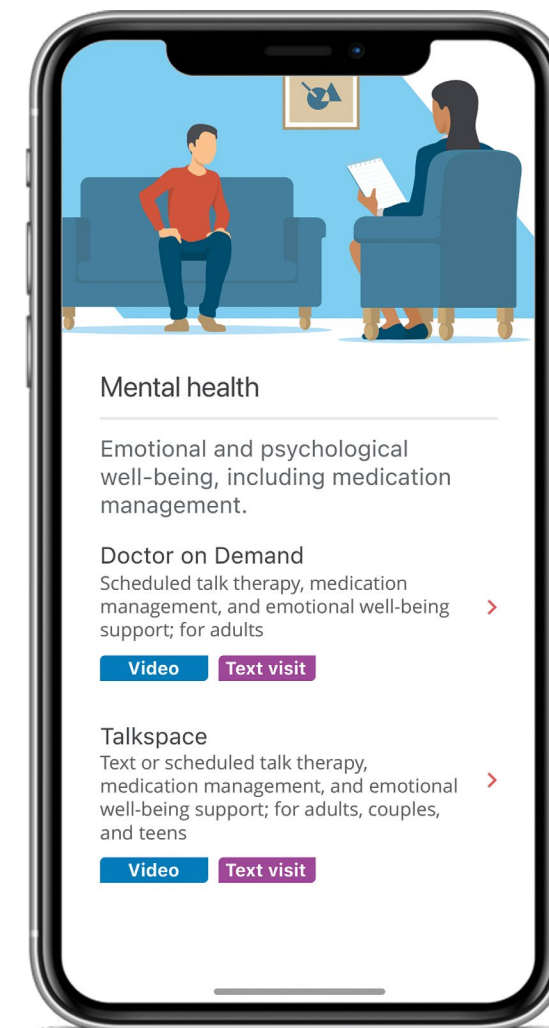
The Matchmaker for Behavioral Health intake asks members their preferences on:

- 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:**

- 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) 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

# Choosing your health plan is as easy as 1, 2, 3

You select the medical, pharmacy, and dental plans that work best for your business needs and budget. At the same time, you provide great benefits to your employees and their eligible dependents.



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**STEP 1** Choose up to 2 medical plans from 49 plans.

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**STEP 2** Choose a pharmacy plan.

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**STEP 3** Choose a dental plan.

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## All medical plans include these great support programs



Preventive routine exams, vaccinations, and screenings



24-Hour NurseLine provides free, confidential, health services from a registered nurse



Personalized maternity and newborn support program



### Make the switch

Fully insured and OptiFlex groups may be eligible for an underwriting adjustment if they switch to the Heritage network. Contact your Premera account representative for more information.

STEP 1

# Choose a medical plan

## Choose up to 2 medical plans from 49 options

### 26 preferred provider organization (PPO) plans

- Covers a wide range of medical services
- Saves your employees more when they choose in-network providers
- Includes access to Kinwell primary care clinics

### 9 health savings account (HSA)-qualified PPO plans

- Option to utilize the Premera vendor for HSA account administration
- Includes access to Kinwell primary care clinics

### 4 Premera Pathfinder exclusive provider organization (EPO) plans

- Designates primary care provider
- Includes access to Kinwell primary care clinics

### 2 BlueHPN<sup>SM</sup> EPO plans

- Uses the Heritage Prime provider network
- Covers services when your employees use in-network providers
- Includes access to Kinwell primary care clinics

### 8 Premera Blue Cross HMO Core Plus plans

- Uses the Sherwood provider network
- Designates a primary care provider
- Includes access to Kinwell primary care clinics

## Near or far, you're covered with BlueCard

When you choose a Premera health plan, it offers specific levels of healthcare benefits wherever your employees live or travel, across country and worldwide with BlueCard<sup>®</sup>. Contact your producer or Premera representative for more details and find out what level of BlueCard<sup>®</sup> healthcare benefits are included in your Premera health plan.



NETWORK	PLAN TYPE	TOTAL PRACTITIONERS	PRIMARY CARE PROVIDERS	HOSPITALS
Heritage <sup>1</sup>	PPO, HSA, and Premera Pathfinder	48,432	9,212	91
Heritage Prime <sup>1</sup>	BlueHPN	43,212	7,577	71
Dental Choice <sup>1</sup>	PPO, HSA, Premera Pathfinder, and BlueHPN	Washington state	Nationwide practitioners	Nationwide locations
		3,427	71,718	254,830

<sup>1</sup>Network counts 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.

# Your medical plan options

INN: In network OON: Out of network

Deductible	Preferred Choice medical plans	Coinsurance		Network available	Office visit copay (Non-specialist/specialist)	INN out-of-pocket maximum	OON out-of-pocket maximum	Emergency room cost share				
		In network	Out of network									
\$250	Standard	10%	30%	Heritage	\$20	\$3,000	\$6,000	\$150 copay, then deductible and coinsurance				
	Shared		50%		\$20/\$40		Shared INN					
	Standard Unlimited				\$4,000		Unlimited					
\$500	Standard	20%	50%		\$20	\$4,000	\$8,000					
	Shared				\$20/\$40		Shared INN					
	Standard Unlimited						Unlimited					
\$750	Standard				20%	50%	\$25		\$4,500	\$9,000		
	Shared						\$20/\$40			Shared INN		
	Standard Unlimited									Unlimited		
\$1,000	Standard						20%		50%	\$25	\$4,500	\$9,000
	Shared									\$20/\$40		Shared INN
	Standard Unlimited											Unlimited
\$1,500	Standard			20%				50%		\$30	\$4,500	\$9,000
	Shared									\$20/\$50		Shared INN
	Standard Unlimited											Unlimited
\$2,000	Standard	20%	50%							\$30	\$5,000	\$10,000
	Shared									\$20/\$50		Shared INN
	Standard Unlimited											Unlimited
\$2,500	Standard				20%	50%				\$30	\$5,500	\$11,000
	Shared									\$20/\$50		Shared INN
	Standard Unlimited											Unlimited
\$3,000	Standard						30%		50%	\$35	\$6,000	\$12,000
	Standard Unlimited									\$20/\$50		Unlimited
										\$6,850		Unlimited
\$4,000	Standard			30%				50%		\$35	\$6,000	\$12,000
										\$6,500		\$13,000
										\$20/\$50		Unlimited
\$5,000	Standard	30%	50%							\$35	\$6,500	\$13,000
										\$7,350		Unlimited
										\$20/\$50		Unlimited
\$6,350	Standard				30%	50%				\$40	\$7,000	\$14,000

INN: In network OON: Out of network

Deductible	Preferred Choice medical plans	Coinsurance		Network available	Office visit copay (Non-specialist/specialist)	INN out-of-pocket maximum	OON out-of-pocket maximum	Emergency room cost share					
		In network	Out of network										
\$1,650	HSA Qualified <sup>1</sup> - Standard	20%	50%	Heritage	Deductible/Coinsurance applies	\$4,000	\$8,000	Deductible/Coinsurance applies					
\$2,000	HSA Qualified <sup>1</sup> - Shared						Shared INN						
\$2,500	HSA Qualified <sup>1</sup> - Standard						\$5,000		\$10,000				
\$3,000	HSA Qualified <sup>1</sup> - Shared						\$6,000		Shared INN				
\$3,300	HSA Qualified <sup>2</sup> - Standard						0%		0%	\$5,000	\$10,000		
\$3,500													
\$4,000													
\$5,000												\$5,500	\$11,000
\$6,450												\$6,450	\$12,900
\$1,000	BlueHPN						20%		Not covered	Heritage Prime	\$25	\$4,500	Not covered
\$2,000		\$30	\$5,000	Not covered	\$200 copay, then deductible and coinsurance								
\$500	Premera Pathfinder	20%	Not covered	Heritage	Designated PCP: \$0 Specialist & Non-designated PCP: \$35	\$6,000	Not covered	\$150 copay, then deductible and coinsurance					
									30%	Designated PCP: \$0 Specialist & Non-designated PCP: \$45	\$7,000		
											\$8,500	\$9,200	
\$5,000													

Note: Deductible spread between the two plans cannot exceed \$3,000. Dual network offerings are available to groups with 51 or more employees; rate load may apply.

<sup>1</sup> Aggregate deductible and embedded out of pocket.  
<sup>2</sup> Embedded deductible and embedded out of pocket.

# Covered services by plan type

## Covered services (In network)

Deductible, copay, and coinsurance percentages shown represent customer's cost share. Medical benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay. PCY = per calendar year

	MEDICAL PLAN TYPES				
	PPO Standard	PPO Shared or Standard Unlimited	HSA Qualified	Premera Pathfinder	BlueHPN
	<b>IN NETWORK</b>				
<b>Preventive office visit</b> unlimited (subject to standard medical guidelines)	Covered in full				
<b>Vaccinations</b> unlimited (subject to standard medical guidelines)					
<b>Health education</b> unlimited					
<b>Nicotine dependency programs</b> unlimited					
<b>Type 2 diabetes health education</b> unlimited					
<b>Professional office visit</b>	Office visit cost share				
<b>Virtual care</b>	\$10 copay	Deductible/coinsurance	Office visit cost share	\$10 copay	
<b>Inpatient professional services</b>	Deductible/coinsurance				
<b>Contraceptive management services</b> unlimited	Covered in full				
<b>Preventive professional diagnostic imaging and laboratory services</b> including mammogram and PAP test, prostate-specific antigen (PSA) test	Covered in full				
<b>Other professional diagnostic imaging</b>	Waive deductible, then coinsurance		Deductible/coinsurance		
<b>Professional diagnostic major imaging</b>					
<b>Other professional diagnostic laboratory and pathology tests</b>					
<b>Diagnostic mammography</b>	Covered in full	IRS minimum deductible / 0% coinsurance	Covered in full		
<b>Inpatient facility</b>	Deductible/coinsurance				
<b>Outpatient surgery facility</b>					
<b>Skilled nursing facility</b> 60 or 120 <sup>1</sup> days PCY; includes room and board, and facility billed professional and ancillary fees					
<b>Hospice inpatient facility</b> unlimited					
<b>Emergency room physician</b>	Deductible/coinsurance				
<b>Urgent care center</b>	Office visit cost share	\$50	Deductible/coinsurance	Specialist office visit cost share	Office visit cost share
<b>Ambulance transportation</b> unlimited	Deductible/coinsurance				
<b>Air ambulance</b> unlimited	Deductible/coinsurance				
<b>Allergy and therapeutic injections</b>	Covered in full	Waive deductible, then coinsurance	Deductible/coinsurance		

	PPO Standard	PPO Shared or Standard Unlimited	HSA Qualified	Premera Pathfinder	BlueHPN					
	<b>IN NETWORK</b>									
<b>Mental health inpatient facility care</b> unlimited	Deductible/coinsurance									
<b>Mental health outpatient professional care</b> unlimited	Office visit cost share	\$10 copay	Deductible/coinsurance	Specialist office visit cost share	Office visit cost share					
<b>Chemical dependency inpatient facility care</b> unlimited	Deductible/coinsurance									
<b>Chemical dependency outpatient professional care</b> unlimited	Office visit cost share	\$10 copay	Deductible/coinsurance	Specialist office visit cost share	Office visit cost share					
<b>Rehab inpatient facility</b> 60 days PCY	Deductible/coinsurance									
<b>Rehab outpatient care</b> 60 visits PCY, including physical occupational, speech, and massage therapy, and chronic pain management	Office visit cost share	Specialist office visit cost share	Deductible/coinsurance	Specialist office visit cost share	Office visit cost share					
<b>Rehab outpatient care</b> chronic conditions, including cardiac, pulmonary rehab, and cancer	Covered as any other service									
<b>Medical supplies, equipment, and prosthetics</b> unlimited										
<b>Foot orthotics, orthopedic shoes, and accessories</b> \$300 PCY; includes orthotics and orthopedic shoes										
<b>Home health visits</b> 130 visits PCY or unlimited <sup>1</sup>										
<b>Hospice care</b> hospice home visits: unlimited; respite: unlimited										
<b>Temporomandibular joint disorder (TMJ)</b> unlimited; medical and dental cost shares based on type of service	Covered as any other service									
<b>Transplants</b> unlimited; \$7,500 travel and lodging limits										
<b>Manipulations</b> 12 or 24 <sup>1</sup> visits PCY; spinal and other						Office visit cost share	Non-specialist office visit cost share	Deductible/coinsurance	PCP office visit cost share	Office visit cost share
<b>Acupuncture</b> 12 or 24 <sup>1</sup> visits PCY						Not covered				
<b>Routine vision exam</b> 1 PCY										
<b>Vision hardware</b> \$150 every 2 consecutive calendar years	Covered in full	Covered in full								
<b>Pediatric vision exam</b> 1 PCY under age 19	\$25 copay	\$25 copay								
<b>Pediatric vision hardware</b> under age 19: 1 pair of glasses, including frames and lenses PCY or 12-month supply of contacts in lieu of glasses PCY	Covered in full	Covered in full								
<b>Hearing exam</b> 1 every 36 months	\$25 copay									
<b>Hearing hardware</b> \$3,000 per ear with hearing loss every 36 months	Covered in full									
<b>Annual plan maximum</b>	Unlimited									

\*Talk with your producer or Premera representative to find out if this plan is right for your business.  
<sup>1</sup>Applicable only on PPO Shared or Unlimited

# Your medical plan options

INN: In network OON: Out of network

Deductible	Preferred Choice medical plans	Coinsurance		Network available	Office visit copay	INN out-of-pocket maximum	OON out-of-pocket maximum	Emergency room cost share
		In network	Out of network					
\$500	HMO Core Plus	20%	Not covered	Sherwood HMO	PCP: \$0 Specialist: \$50	\$4,000	Not covered	\$200 copay, then deductible and coinsurance
\$1,000								
\$1,500					\$5,000			
\$2,000						\$6,000		
\$3,000		30%			PCP: \$5 Specialist: \$60			\$6,500
\$4,000						\$7,000		
\$5,000					PCP: \$10 Specialist: \$65			\$6,500
\$6,000						\$7,000		

Note: Deductible spread between the two plans cannot exceed \$3,000. Dual network offerings are available to groups with 51 or more employees; rate load may apply.

# Covered services

Deductible, copay, and coinsurance percentages shown represent customer's cost share. Medical benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay. PCY = per calendar year

	HMO Core Plus IN NETWORK
<b>Preventive office visit</b> unlimited (subject to standard medical guidelines)	Covered in full
<b>Vaccinations</b> unlimited (subject to standard medical guidelines)	
<b>Health education</b> unlimited	
<b>Nicotine dependency programs</b> unlimited	
<b>Type 2 diabetes health education</b> unlimited	Office visit cost share
<b>Professional office visit</b>	
<b>Virtual care</b>	PCP copay
<b>Inpatient professional services</b>	Deductible/coinsurance
<b>Contraceptive management services</b> unlimited	Covered in full
<b>Preventive professional diagnostic imaging and laboratory services</b> including mammogram and PAP test, prostate-specific antigen (PSA) test	
<b>Other professional diagnostic imaging</b>	Deductible/coinsurance
<b>Professional diagnostic major imaging</b>	
<b>Other professional diagnostic laboratory and pathology tests</b>	Covered in full
<b>Diagnostic mammography</b>	
<b>Inpatient facility</b>	Deductible/coinsurance
<b>Outpatient surgery facility</b>	
<b>Skilled nursing facility</b> 60 days PCY; includes room and board, and facility billed professional and ancillary fees	
<b>Hospice inpatient facility</b> unlimited	
<b>Emergency room physician</b>	\$25 copay
<b>Urgent care center</b>	
<b>Ambulance transportation</b> unlimited	Deductible/coinsurance
<b>Air ambulance</b> unlimited	
<b>Allergy and therapeutic injections</b>	PCP office visit cost share
<b>Mental health inpatient facility care</b> unlimited	
<b>Mental health outpatient professional care</b> unlimited	Deductible/coinsurance
<b>Chemical dependency inpatient facility care</b> unlimited	PCP office visit cost share
<b>Chemical dependency outpatient professional care</b> unlimited	Deductible/coinsurance
<b>Rehab inpatient facility</b> 60 days PCY	Specialist office visit cost share
<b>Rehab outpatient care</b> 60 visits PCY, including physical occupational, speech, and massage therapy, and chronic pain management	
<b>Rehab outpatient care</b> chronic conditions, including cardiac, pulmonary rehab, and cancer	Deductible/coinsurance
<b>Medical supplies, equipment, and prosthetics</b> unlimited	
<b>Foot orthotics, orthopedic shoes, and accessories</b> \$300 PCY; includes orthotics and orthopedic shoes	Covered as any other service
<b>Home health visits</b> 130 visits PCY	
<b>Hospice care</b> hospice home visits: unlimited; respite: unlimited	Covered in full
<b>Temporomandibular joint disorder (TMJ)</b> unlimited; medical and dental cost shares based on type of service	
<b>Transplants</b> unlimited; \$7,500 travel and lodging limits	PCP office visit cost share
<b>Manipulations</b> 12 visits PCY; spinal and other	
<b>Acupuncture</b> 12 visits PCY	\$25 copay
<b>Routine vision exam</b> 1 PCY	
<b>Vision hardware</b> \$150 every 2 consecutive calendar years	Covered in full
<b>Pediatric vision exam</b> 1 PCY under age 19	\$25 copay
<b>Pediatric vision hardware</b> under age 19: 1 pair of glasses, including frames and lenses PCY or 12-month supply of contacts in lieu of glasses PCY	Covered in full
<b>Hearing exam</b> 1 every 36 months	\$25 copay
<b>Hearing hardware</b> \$3,000 per ear with hearing loss every 36 months	Covered in full
<b>Annual plan maximum</b>	Unlimited

## STEP 2

# Choose a pharmacy plan

All medical plans require a pharmacy plan, except HSA-qualified plans, which already include a pharmacy plan. Choose from 10 pharmacy plan options.

### Each comes with the following:

- Negotiated discount rates from preferred providers
- Retail and mail-order coverage
- Drug classification based on the tier of coverage selected
- Unlimited annual benefit maximum

### Save with Essentials

The Essentials pharmacy plan keeps costs as low as possible by focusing on high-value drugs that are approved by the U.S. Food and Drug Administration (FDA).



Preferred Choice pharmacy plans	Retail cost share <sup>1</sup>				Mail cost share <sup>2</sup>				Formulary drug list	
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4		
Essentials - \$10/\$25/\$45/30%	\$10	\$25	\$45	30%	\$25	\$62.50	\$45	30%	Essentials - E4	
Essentials - \$15/\$30/\$50/30%	\$15	\$30	\$50		\$37.50	\$75	\$50			50%
Essentials - \$150-\$15/\$60/\$100/50% <sup>3</sup>		\$60	\$100	50%						
\$10/\$25/\$45	\$10	\$25	\$45	N/A	\$25	\$62	\$112	N/A	Preferred - B3	
\$15/\$35	\$15	\$35	N/A		\$37	\$87	N/A		N/A	Preferred - A2
\$150 - \$15/\$35 <sup>3</sup>					\$10					\$65
\$300 - \$15/\$35 <sup>3</sup>	\$10	\$65	\$25			\$162				
\$10/\$35/\$65	\$10	\$35	\$65	N/A	\$25	\$75	\$125	N/A	Preferred - B3	
\$15/\$30/\$50	\$15	\$30	\$50		\$37	\$75	\$125			
\$150 - \$15/\$30/\$50 <sup>3</sup>					\$37	\$75	\$125			
\$20/\$50/50%/30%	\$20	\$50	50%	30%	\$50	\$125	50%	30%	Preferred - B4	

<sup>1</sup> For a 30-day supply.

<sup>2</sup> Mail order 90-day supply; specialty drugs are limited to a 30-day supply from the Premera specialty pharmacy provider.

<sup>3</sup> Deductible waived for generics and preferred generics on Essentials.

Out of network (non-participating retail pharmacies): cost share applies, then 40% (to allowable).

### Rx Savings Solutions

Premera Blue Cross and Premera Blue Cross HMO partnered with Rx Savings Solutions to offer an innovative pharmacy savings tool. Members are notified of opportunities to spend less on their prescription drugs with little to no impact to the member's healthcare journey.

Ways members can save:

- Generic substitutions
- Dosage form change
- Pharmacy change

When a member decides to make a switch to save, the Rx Savings Solutions manages the process for the member by contacting the prescribing physician and submitting a revised prescription.



Preferred Choice HMO Core Plus pharmacy plans	Retail cost share <sup>1</sup>				Mail cost share <sup>2</sup>				Formulary drug list
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	
Essentials - \$10/\$25/\$45/30%	\$10	\$25	\$45	30%	\$25	\$62.50	\$45	30%	Essentials - E4
Essentials - \$15/\$30/\$50/30%	\$15	\$30	\$50		\$37.50	\$75	\$50		
Essentials - \$150-\$15/\$60/\$100/50% <sup>3</sup>		\$60	\$100	50%		\$150	\$100	50%	
\$10/\$35/\$70/30%	\$10	\$35	\$70	30%	\$25	\$87.50	\$175	30%	
\$10/\$35/\$75/30%			\$75				\$187.50		

<sup>1</sup> For a 30-day supply.

<sup>2</sup> Mail order 90-day supply; specialty drugs are limited to a 30-day supply from the Premera specialty pharmacy provider.

<sup>3</sup> Deductible waived for generics and preferred generics on Essentials.

Out of network (non-participating retail pharmacies): cost share applies, then 40% (to allowable).

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

## STEP 3

# Choose a dental plan

Together, Premera Blue Cross medical and dental plans encourage healthy habits and better outcomes, provide a robust network of providers, and make it easy so you can take great care of your employees.

Select from 15 dental plans. Each comes with the following:

### Attractive savings

When you purchase a **fully insured** Premera medical and dental plan together, you receive the savings and the value of an integrated approach.<sup>1</sup>

**1%** premium discount

### Better health outcomes

Medical and dental integration can lead to early detection of dental conditions that can increase risk of certain diseases. It also provides better care management and lower healthcare costs.<sup>2</sup>

**90%** of diseases show symptoms in the mouth<sup>3</sup>

### Broad network access

Your employees get access to more than 267,000 in-network provider locations nationwide with our expanded dental network. This is great for your employees who live or travel outside of Washington or Alaska.

**71K** dentists    **254K** locations nationwide

<sup>1</sup> Discount and rate cap are subject to review.

<sup>2</sup> Blue Cross Blue Shield Health of America

<sup>3</sup> Academy of General Dentistry. Know Your Teeth. January 2012. "Warning Signs in the Mouth Can Save Lives." [knowyourteeth.com/infobites/abc/article/?iid=320&aid=1291&chapt=1](http://knowyourteeth.com/infobites/abc/article/?iid=320&aid=1291&chapt=1)



### Shared family maximum

Unexpected dental care can be expensive. Choosing the right dental plan with an annual maximum that meets you and your family's needs is an important decision.

A shared family maximum may be the best choice for you and your family. This option allows you to share your dental annual maximum to help maximize your family's dental coverage.

The shared family maximum does not apply to preventive dental services, ensuring that everyone in your family has access to preventive dental care.

# Your dental plan options

## Preferred Choice dental plans

INN: In network OON: Out of network

Preferred Choice dental plans	Individual deductible <sup>1</sup>	Family deductible <sup>1</sup>	Coinsurance-Diagnostic and Preventive (INN and OON)	Coinsurance-Basic (INN and OON)	Coinsurance-Major (INN and OON)	Annual maximum	Class-endodontic and periodontal surgery	Waiting period	Orthodontia
<b>Optima 1000</b>	\$50	\$150	0%	20%	50%	\$1,000 <sup>1</sup>	Basic		No
<b>Optima 1000, plus orthodontia</b>	\$50	\$150	0%	20%	50%	\$1,000 <sup>1</sup>	Basic	No	0% coinsurance to \$1,500 lifetime maximum (all ages)
<b>Optima 1500</b>	\$50	\$150	0%	20%	50%	\$1,500 <sup>1</sup>	Basic		No
<b>Optima 1500, plus orthodontia</b>	\$50	\$150	0%	20%	50%	\$1,500 <sup>1</sup>	Basic	No	0% coinsurance to \$1,500 lifetime maximum (all ages)
<b>Optima 2000</b>	\$50	\$150	0%	20%	50%	\$2,000 <sup>1</sup>	Basic		No
<b>Optima 2000, plus orthodontia</b>	\$50	\$150	0%	20%	50%	\$2,000 <sup>1</sup>	Basic	No	0% coinsurance to \$1,500 lifetime maximum (all ages)
<b>Optima 2500</b>	\$25	\$75	0%	10%	40%	\$2,500 <sup>1</sup>	Basic		No
<b>Optima 2500, plus orthodontia</b>	\$25	\$75	0%	10%	40%	\$2,500 <sup>1</sup>	Basic	No	0% coinsurance to \$1,500 lifetime maximum (all ages)

INN: In network OON: Out of network

Preferred Choice dental plans	Individual deductible <sup>1</sup>	Family deductible <sup>1</sup>	Coinsurance-Diagnostic and Preventive (INN and OON)	Coinsurance-Basic (INN and OON)	Coinsurance-Major (INN and OON)	Annual maximum	Class-endodontic and periodontal surgery	Waiting period	Orthodontia
<b>Optima 1500 Shared Family Plan</b>	\$50	\$150	0%	20%	50%	\$1,500 <sup>1</sup>	Basic		No
<b>Optima Flex 1000</b>	\$50	\$150	INN: 0% OON: 10%	INN: 20% OON: 30%	INN: 50% OON: 60%	\$1,000 <sup>1</sup>	Basic		No
<b>Optima Flex 1500</b>	\$50	\$150	INN: 0% OON: 0%	INN: 10% OON: 20%	INN: 50% OON: 50%	\$1,500 <sup>1</sup>	Basic		No
<b>Optima Flex 1500, plus orthodontia</b>	\$50	\$150	INN: 0% OON: 0%	INN: 10% OON: 20%	INN: 50% OON: 50%	\$1,500 <sup>1</sup>	Basic	No	0% coinsurance to \$1,500 lifetime maximum (all ages)
<b>Optima Flex 1500 Shared Family Plan</b>	\$50	\$150	INN: 0% OON: 10%	INN: 20% OON: 30%	INN: 50% OON: 60%	\$1,500 <sup>1</sup>	Basic		No
<b>Optima Voluntary 1000</b>	\$50	\$150	0%	20%	50%	\$1,000 <sup>2</sup>	Major	12 months <sup>3</sup>	No
<b>Optima Voluntary 1500</b>	\$50	\$150	0%	20%	50%	\$1,500 <sup>2</sup>	Major	12 months <sup>3</sup>	No

NOTE: Preferred Choice Dental Optima out-of-network dental care providers will be reimbursed up to the 90th percentile based on FAIR Health data by geographic area. Ask your producer for more details.

<sup>1</sup> Applies to Basic and Major only. <sup>2</sup> Applies to all classes. <sup>3</sup> Applies to Major only.

## Dental benefit highlights

This table compares benefit levels for each plan type, regardless of the deductible level you select.

Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge. PCY = per calendar year. CY = calendar year(s).

	PLAN TYPES		
	Optima (with or without orthodontia)	Optima Flex (with or without orthodontia)	Optima Voluntary*
Diagnostic/ Preventive	Routine oral exams (2 PCY)		
	Emergency exams		
	Routine X-rays (bitewings unlimited); complete series or panoramic X-ray (once per 36 consecutive months)		
	Cleanings (2 PCY)		
	Fluoride treatments (2 applications PCY; age limits apply)		
	Sealants (once every 24 consecutive months; age limits apply)		
	Space maintainers (age limits apply)		
	Basic	N/A	
N/A			
Emergency palliative treatment			
Fillings (once per tooth surface every 24 consecutive months)			
Repair and recementing of crowns, inlays, bridgework, and dentures (when performed 6 or more months after placement)			
Endodontic (root canal) treatment (once per tooth every 24 consecutive months)		N/A	
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)		N/A	
Simple and surgical extractions			
Oral surgery			
Major	Intravenous or general anesthesia (limited to covered dental procedures at a dental care provider's office when dentally necessary)		
	Inlays, onlays, and crowns (once per tooth every 5 CY)		
	Implants (once per tooth every 5 CY)		Not covered
	Dentures, partial and fixed bridges (once every 5 CY)		
	N/A		Endodontic (root canal) treatment (once per tooth every 24 consecutive months)
	N/A		Periodontal surgery (once per quadrant every 36 consecutive months)

\*A 12-month waiting period for Major services applies to members who have not had comparable dental coverage under the group's prior dental plan. Note: Annual deductible waived for diagnostic and preventive services. This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is, not a contract. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, please contact customer service.

# Willamette Dental presented by Premera

Willamette Dental Group is the Northwest's largest multi-specialty group dental practice. With approximately 50 locations throughout the Pacific Northwest, your employees are bound to find a Willamette Dental Group office in their area.

The dentists at Willamette Dental Group practice proactive dental care. Proactive dental care at Willamette Dental Group builds on two fundamental beliefs: that healthy teeth should last a lifetime and that proper care doesn't always mean invasive treatment. It's about practicing dentistry responsibly: with honesty, integrity, and a dentist-patient partnership focused on promoting long-term health. That's what sets Willamette Dental Group apart.

The participating providers use the latest scientific evidence with clinical experience to develop an individualized, evidence-based treatment plan. By providing treatment that directly leads to long-term health, participating providers will help your employees maintain or regain a healthy mouth for a lifetime of smiles.

## Predictable out-of-pocket costs

Our Willamette Dental plans offer your employees a predictable schedule of covered dental services and copayments for covered dental services, including orthodontic care and an allowance for implant placement. Your employees and their families will never be surprised by unknown costs.

	GROUPS 51+			Out of network
	Plan 1	Plan 2	Plan 3	
	In network			
<b>Annual maximum</b>	No annual maximum			N/A
<b>Deductible</b>	No deductible			N/A
<b>Waiting periods</b>	No waiting periods			N/A

## Dental coverage when needed, as often as needed

Your employees will never exhaust their dental coverage and will never need to satisfy a deductible before they can receive benefits. Each of our Willamette Dental plans feature:

- No deductibles
- No annual maximums
- No waiting periods



Ask your producer about the benefits of a **Willamette Dental presented by Premera plan**.



**Find out more:**

Visit [premera.com/wa/employer](https://premera.com/wa/employer)

[hmo.premera.com/employer](https://hmo.premera.com/employer)

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.