

FOR BUSINESSES WITH  
51+ EMPLOYEES

—  
2026

# Preferred Choice health plan guide

# 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.

FOR FULLY INSURED PLANS: SUBJECT TO CHANGE, PENDING REGULATOR FILING REVIEW



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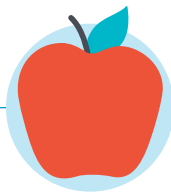
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# Why businesses choose Premera



## 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.



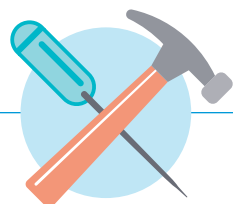
## Programs for employees

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



## 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.



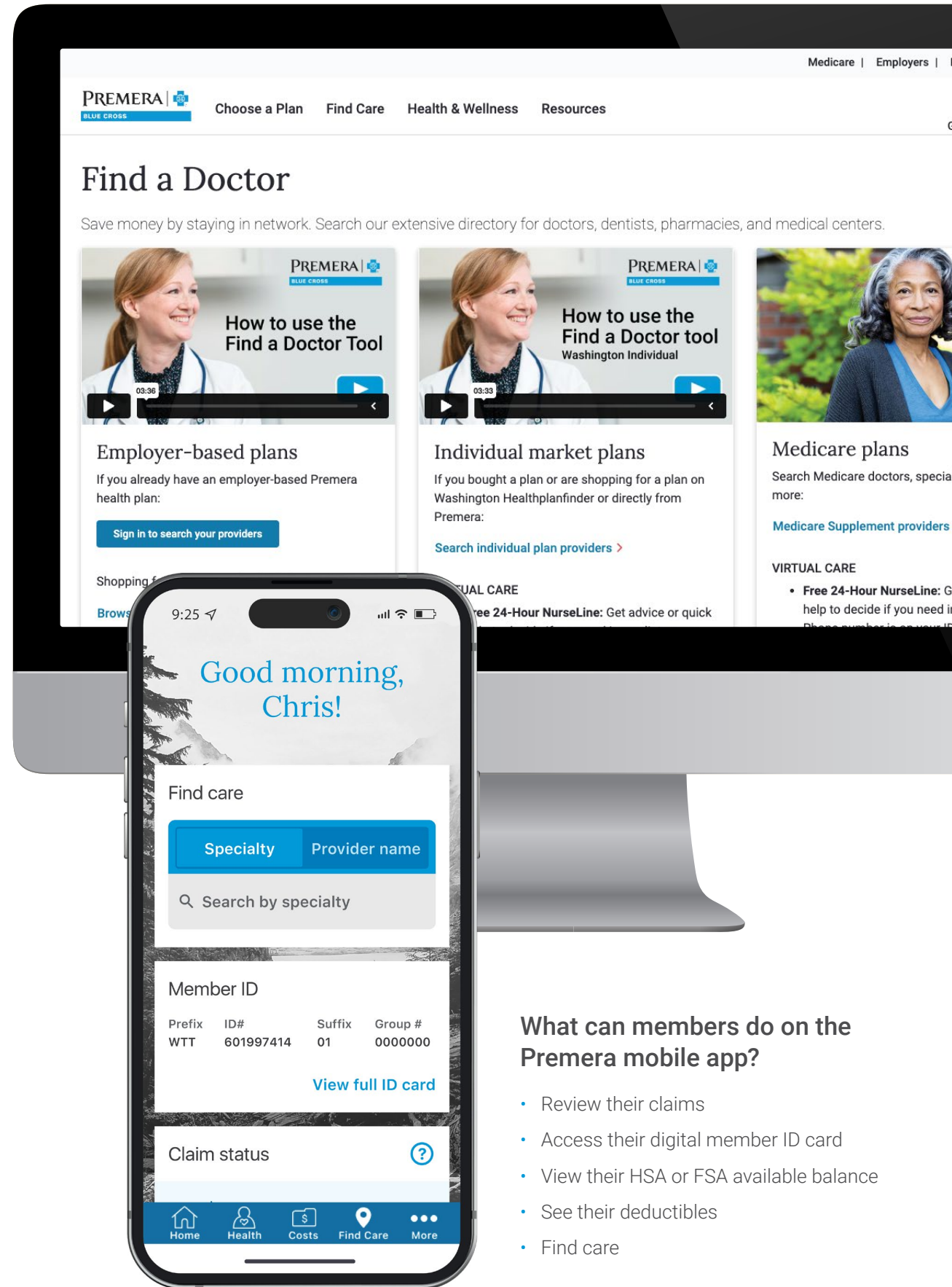
## Administrative ease and support

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

- 57 medical plans
- 20 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](https://blink.premera.com).

\*Pharmacy plans vary by funding type.

# Dental Choice network nearly doubles in size

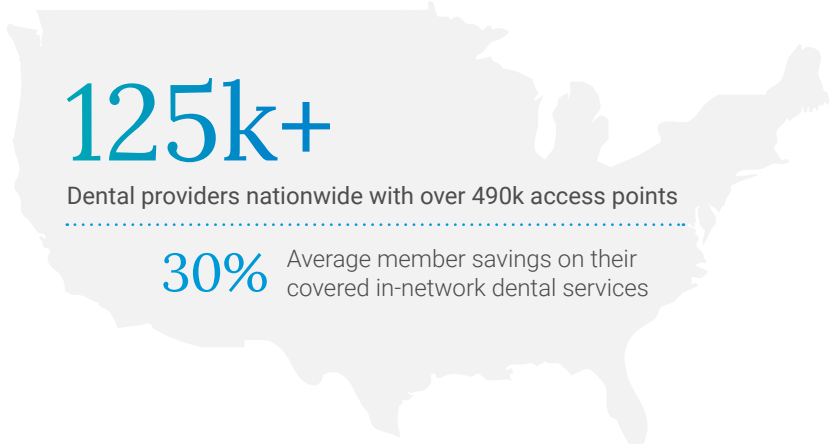
**NEW FOR 2026**

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.

<p><b>Better access</b></p> <p><b>55.8k<sup>1</sup></b></p> <p>increase in in-network providers nationwide</p>	<p><b>Improved experience</b></p> <p><b>Seamless plan</b></p> <p>design with a single point of contact for claims, payment, customer service, and more</p>	<p><b>Lower costs</b></p> <p><b>21%</b></p> <p>estimated reduction in out-of-network claims based on Premera book of business data</p>
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**Reducing total cost of care**

Six in 10 adults in the United States are living with at least one chronic condition.<sup>2</sup> Those adults are at risk of oral complications because of conditions like diabetes and cardiovascular disease.<sup>3</sup> 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.



**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%<sup>4</sup> 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 dental plans 51+
- ✓ **OptiFlex:** included with all stand-alone dental plans



**Did you know?**

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

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

<sup>2</sup>Joo, 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/>

<sup>3</sup>Fu, 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/>

<sup>4</sup>Estimated in-network discount. Actual discount may vary.

<sup>5</sup>Premium discount and rate caps are subject to underwriting review.

# Pharmacy pricing models

## NEW FOR 2026

We worked with our pharmacy benefit manager (PBM), Express Scripts, to create the new model for 2026 that follows the rules of Washington state’s new PBM law (SB5213). This law requires clear pricing and limits certain pharmacy benefit features like mandatory specialty pharmacies. These rules will apply to all fully insured plans in Washington starting January 1, 2026.

### 2026 pharmacy models

Washington self-funded groups	Standard	SB5213-Compliant Rx (required model for fully insured groups)
<b>Pricing:</b>	Traditional	Pass-through
<b>Discount targets:</b> Varies by group Options available for retail, mail, specialty	✓	✓
<b>Rebates:</b> Guaranteed rebate targets paid quarterly	✓ Or applied as admin fee credit	✓
<b>Reporting:</b> Depends on group size	✓	✓
<b>Audit rights:</b> Varies by group	✓	✓
<b>Admin fees:</b> Pharmacy specific fees	✓ \$	✓ \$\$\$
<b>Benefit design restrictions:</b>		<ul style="list-style-type: none"> <li>• No mandatory mail order/specialty drugs</li> <li>• 90-day retail price equal to mail-order price</li> <li>• Retail/mail-order must have same cost-shares, pending new rules</li> </ul>

Expanded reporting and audit right options in development

### Meeting state requirements

Effective January 1, 2026, all fully insured groups will transition to our new SB5213-Compliant Rx pharmacy model. This model meets the legal requirements passed by the Washington State Legislature in 2024.

### Impact to fully insured groups

-  No mandatory mail order
-  No mandatory pharmacy on specialty drugs
-  Equivalent 90-day retail price and mail-order price
-  Retail/mail-order must have same cost-shares, pending new rules

### Pharmacy models by funding type

- ✓ **Fully insured:** SB5213-Compliant Rx only
- ✓ **OptiFlex:** Standard model only<sup>1</sup>

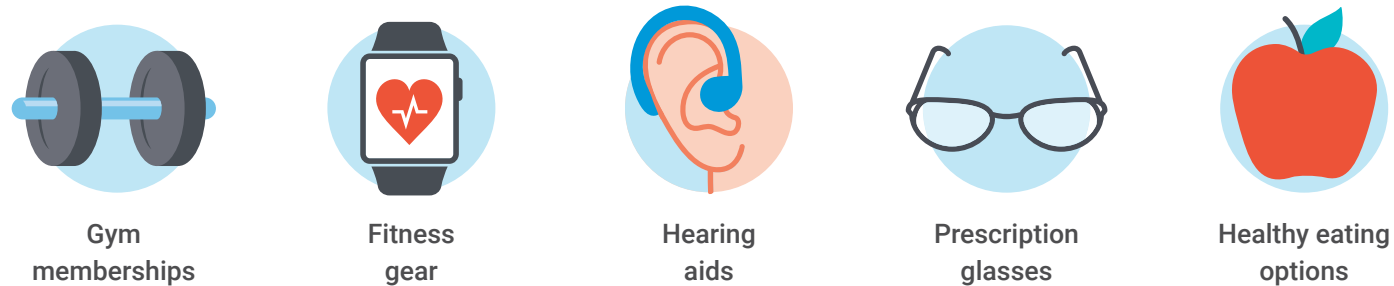
<sup>1</sup>OptiFlex groups must change their funding type if they want a different pharmacy pricing model.

# 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
- ✓ **OptiFlex:** included as part of your plan

©2025 Blue Cross Blue Shield Association - All Rights Reserved. The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies.

### Reduce healthcare costs

**\$2.71**

estimated return for every dollar spent on wellness programs<sup>1</sup>



### Increase productivity

**8.5%**

increase in productivity when promoting wearables in the workplace<sup>2</sup>



### How employers benefit

- Minimal setup
- Group discounts
- Access to healthy tips



### Getting started is easy

Members can register at [blue365deals.com/premera](https://blue365deals.com/premera) to browse their exclusive deals and discounts.

<sup>1</sup>Berry, 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.

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

# Site-of-service expansion benefit

NEW FOR 2026

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

The Premiera 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

 <p><b>Improve member satisfaction with self-directed care</b></p>	 <p><b>Provide cost-effective care without compromising quality</b></p>	 <p><b>Reduce administrative burden</b></p>	 <p><b>Lower total cost of care for members and employers</b></p>
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### 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).

**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.

### 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.

## 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"> <li>Total joint replacement</li> <li>ACL repair</li> <li>Hand or wrist procedures</li> </ul>	<ul style="list-style-type: none"> <li>Biopsies</li> <li>Appendix removal</li> <li>Gall bladder removal</li> </ul>	<ul style="list-style-type: none"> <li>Colonoscopy</li> <li>Endoscopy</li> <li>Hemorrhoid removal</li> </ul>

Surgeries performed at ASCs can be **45-60%** less expensive than inpatient and outpatient hospital settings<sup>1</sup>

## 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 <sup>2</sup>		
	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.<sup>3</sup>

<sup>1</sup>Provista. "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.

<sup>2</sup>Gadzinski, 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.

<sup>3</sup>Institute 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. NCB Bookshelf, <https://www.ncbi.nlm.nih.gov/sites/books/NBK555483/>. Accessed 20 June 2025.

### Site-of-service, value-based benefit access

- ✓ **Fully insured:** included with all Preferred Choice plans
- ✓ **OptiFlex:** included with all Preferred Choice plans

# 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

9% click-through rate to custom feed

22% average take-action rate

### Digital Health Messages access

- ✓ Fully insured: included as part of your plan
- ✓ OptiFlex: 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](https://kinwellhealth.com/welcome):



“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



## 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.

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

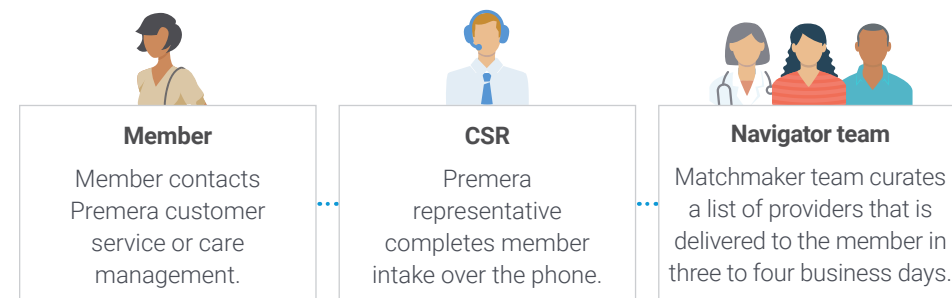
LOCATIONS  
16 locations within 10 miles of 600,000 members

# 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

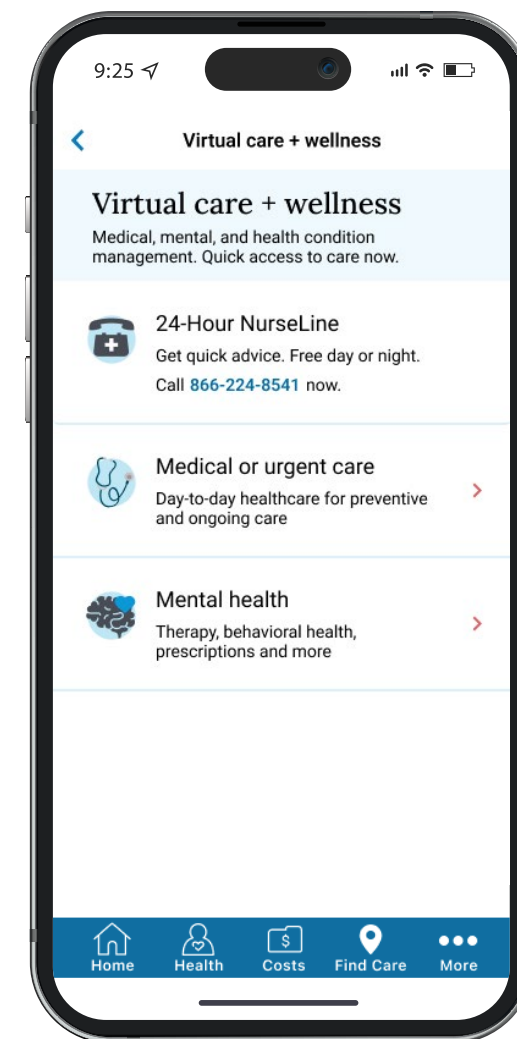
The Matchmaker for Behavioral Health intake asks members their preferences on:

- 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

# 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 claimants<sup>1</sup>

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

<sup>1</sup>Foundation Model Overview, Prealize Health 2024

<sup>2</sup>A 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 for more information

### Enhanced Case Management access

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



# 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.

**STEP 1** Choose up to 2 medical plans from 57 plans.

**STEP 2** Choose a pharmacy plan.

**STEP 3** Choose a dental plan.



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



Value-based benefit design for ambulatory surgical centers and freestanding birth centers

STEP 1

# Choose a medical plan

## Choose up to 2 medical plans from 57 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

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

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

### 9 Premera Pathfinder 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	52,014	9,453	124
Heritage Prime <sup>1</sup>	BlueHPN	46,713	7,949	101
Dental Choice with Dental GRID+ <sup>2</sup>	PPO, HSA, Premera Pathfinder, and BlueHPN	Washington state	Nationwide practitioners	Nationwide locations
		4,078	125,000+	490,000+

<sup>1</sup>Network counts as of June 2025

<sup>2</sup>Zelis Network360 Competitive Dashboard report, January 2025..



NETWORK	TOTAL PRACTITIONERS	PRIMARY CARE PROVIDERS	HOSPITALS
Sherwood HMO <sup>3</sup>	25,869	3,336	31

<sup>3</sup>Network counts as of June 2025.

# Your medical plan options

INN: In network OON: Out of network

Preferred Choice medical plans		Deductible		Coinsurance		Network available	Office visit copay (Non-specialist/specialist)	INN out-of-pocket maximum	OON out-of-pocket maximum	Emergency room cost share
		INN	OON	INN	OON					
\$250	Standard	\$250	\$500	10%	30%	Heritage	\$20	\$3,000	\$6,000	\$250 copay, then deductible and coinsurance
	Shared		Shared INN				\$20/\$40	Shared INN		
	Standard Unlimited		Shared INN				\$4,000	Unlimited		
\$500	Standard	\$500	\$1,000	20%	50%	Heritage	\$20	\$4,000	\$8,000	
	Shared		Shared INN				\$20/\$40	Shared INN		
	Standard Unlimited		Shared INN				Unlimited	Unlimited		
\$750	Standard	\$750	\$1,500	20%	50%	Heritage	\$25	\$4,500	\$9,000	
	Shared		Shared INN				\$20/\$40	Shared INN		
	Standard Unlimited		Shared INN				Unlimited	Unlimited		
\$1,000	Standard	\$1,000	\$2,000	20%	50%	Heritage	\$25	\$4,500	\$9,000	
	Shared		Shared INN				\$20/\$40	Shared INN		
	Standard Unlimited		Shared INN				\$5,500	Unlimited		
\$1,500	Standard	\$1,500	\$3,000	20%	50%	Heritage	\$30	\$4,500	\$9,000	
	Shared		Shared INN				\$20/\$50	Shared INN		
	Standard Unlimited		Shared INN				\$5,000	Unlimited		
\$2,000	Standard	\$2,000	\$4,000	20%	50%	Heritage	\$30	\$5,000	\$10,000	
	Shared		Shared INN				\$20/\$50	Shared INN		
	Standard Unlimited		Shared INN				\$6,850	Unlimited		
\$2,500	Standard	\$2,500	\$5,000	20%	50%	Heritage	\$30	\$5,500	\$11,000	
	Standard Unlimited		Shared INN				\$20/\$50	Unlimited		
	Standard		Shared INN				\$6,850	Unlimited		
\$3,000	Standard	\$3,000	\$6,000	30%	50%	Heritage	\$35	\$6,000	\$12,000	
	Standard Unlimited		Shared INN				\$20/\$50	Unlimited		
\$4,000	Standard	\$4,000	\$8,000	30%	50%	Heritage	\$35	\$6,000	\$12,000	
	Standard Unlimited		Shared INN				\$6,500	\$13,000		
\$5,000	Standard	\$5,000	\$10,000	30%	50%	Heritage	\$40	\$7,000	\$14,000	
	Standard Unlimited		Shared INN				\$7,350	Unlimited		
\$6,350	Standard	\$6,350	\$12,700	30%	50%	Heritage	\$40	\$7,000	\$14,000	
	Standard Unlimited		Shared INN				\$7,350	Unlimited		
\$1,700	HSA Qualified <sup>1</sup> - Standard	\$1,700	\$3,400	20%	50%	Heritage	Deductible/Coinsurance applies	\$4,000	\$8,000	Deductible/Coinsurance applies
\$1,700	HSA Qualified <sup>1</sup> - Standard Unlimited		Shared INN						Unlimited	
\$2,000	HSA Qualified <sup>1</sup> - Shared		Shared INN						Shared INN	
\$2,500	HSA Qualified <sup>1</sup> - Standard		Shared INN						\$10,000	

Spec/Non-Des PCP: Specialist and Non-designated PCP INN: In network OON: Out of network

Preferred Choice medical plans		Deductible		Coinsurance		Network available	Office visit copay (Non-specialist/specialist)	INN out-of-pocket maximum	OON out-of-pocket maximum	Emergency room cost share					
		INN	OON	INN	OON										
\$3,000	HSA Qualified <sup>1</sup> - Shared	\$3,000	Shared INN	20%	50%	Heritage	Deductible/Coinsurance applies	\$6,000	Shared INN	Deductible/Coinsurance applies					
\$3,400	HSA Qualified <sup>2</sup> - Standard	\$3,400	\$6,800					\$10,000							
\$3,500		\$7,000													
\$3,500	HSA Qualified <sup>2</sup> - Standard Unlimited	\$3,500	Shared INN					\$10,000							
\$4,000	HSA Qualified <sup>2</sup> - Standard	\$4,000	\$8,000												
\$5,000		\$5,000	\$10,000												
\$5,500	HSA Qualified <sup>2</sup> - Standard Unlimited	\$5,500	Shared INN					\$6,000	Unlimited						
\$6,450	HSA Qualified <sup>2</sup> - Standard	\$6,450	\$12,900					0%	\$6,450		\$12,900				
\$1,000	BlueHPN	\$1,000	Not covered					20%	Not covered		Heritage Prime	\$25	\$4,500	Not covered	\$250 copay, then deductible and coinsurance
\$2,000		\$2,000	\$5,000												
\$500	Premera Pathfinder EPO	\$500	Not covered	20%	Not covered	Heritage	Designated PCP: \$5 Spec/Non-Des PCP: \$35	\$6,500	Not covered	\$250 copay, then deductible and coinsurance					
\$1,000		\$1,000					Designated PCP: \$5 Spec/Non-Des PCP: \$45	\$7,500							
\$3,000		\$3,000					Designated PCP: \$5 Spec/Non-Des PCP: \$65	\$9,000							
\$5,000		\$5,000		\$9,750											
\$500		\$500		\$1,000			20%	50%			Heritage	Designated PCP: \$5 Spec/Non-Des PCP: \$40	\$5,000	\$30,000	
\$1,000	\$1,000	\$2,000	Designated PCP: \$5 Spec/Non-Des PCP: \$45	\$5,500	\$33,000										
\$1,500	\$1,500	\$3,000	Designated PCP: \$5 Spec/Non-Des PCP: \$50	\$6,000	\$36,000										
\$2,000	\$2,000	\$4,000	Designated PCP: \$5 Spec/Non-Des PCP: \$65	\$6,500	\$39,000										
\$3,000	Premera Pathfinder PPO	\$3,000	30%	30%	50%	Heritage	Designated PCP: \$5 Spec/Non-Des PCP: \$65	\$6,500	\$39,000						
\$3,000										\$3,000					

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 EPO	Premera Pathfinder PPO	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> general medicine	\$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>						
<b>Professional diagnostic major imaging</b>	Waive deductible, then coinsurance		Deductible/coinsurance		First \$400 covered in full, then deductible/coinsurance	Deductible/coinsurance
<b>Other professional diagnostic laboratory and pathology tests</b>						
<b>Diagnostic mammography</b>	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> 10 days inpatient; within the 6-month lifetime maximum						
<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						

	PPO Standard	PPO Shared or Standard Unlimited	HSA Qualified	Premera Pathfinder EPO	Premera Pathfinder PPO	BlueHPN
	<b>IN NETWORK</b>					
<b>Allergy and therapeutic injections</b>	Covered in full	Waive deductible, then coinsurance	Deductible/coinsurance			
<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	\$20 copay	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	\$20 copay	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, 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						
<b>Medical supplies, equipment, and prosthetics</b> unlimited	Deductible/coinsurance					
<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	Covered as any other service					
<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						
<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	\$20 copay	Office visit cost share
<b>Acupuncture</b> 12 or 24 <sup>1</sup> visits PCY						
<b>Routine vision exam</b> 1 PCY	\$25 copay	Not covered	\$25 copay			
<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> 1 hearing aid 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: \$5 Specialist: \$50	\$4,000	Not covered	\$250 copay, then deductible and coinsurance
\$1,000						\$4,500		
\$1,500					\$5,000			
\$2,000					\$6,000			
\$3,000		30%			PCP: \$5 Specialist: \$60	\$6,500		\$300 copay, then deductible and coinsurance
\$4,000						\$6,500		
\$5,000					PCP: \$10 Specialist: \$65	\$7,000		\$350 copay, then deductible and coinsurance
\$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>	
<b>Mental health inpatient facility care</b> unlimited	
<b>Mental health outpatient professional care</b> unlimited	PCP office visit cost share
<b>Chemical dependency inpatient facility care</b> unlimited	Deductible/coinsurance
<b>Chemical dependency outpatient professional care</b> unlimited	PCP 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	Specialist office visit cost share
<b>Rehab outpatient care</b> chronic conditions, including cardiac, pulmonary rehab, and cancer	
<b>Medical supplies, equipment, and prosthetics</b> unlimited	Deductible/coinsurance
<b>Foot orthotics, orthopedic shoes, and accessories</b> \$300 PCY; includes orthotics and orthopedic shoes	
<b>Home health visits</b> 130 visits PCY	
<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 visits PCY; spinal and other	PCP office visit cost share
<b>Acupuncture</b> 12 visits PCY	
<b>Routine vision exam</b> 1 PCY	\$25 copay
<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> 1 hearing aid 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. Select a pharmacy plan based on the group's funding type.



Fully insured Preferred Choice pharmacy plans <sup>1</sup>	Retail cost share <sup>2</sup>				Mail cost share <sup>3</sup>				Formulary drug list
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	
Essentials - \$10/\$25/\$55/30%	\$10	\$25	\$55	30%	\$30	\$75	\$55	30%	Essentials - E4
Essentials - \$15/\$30/\$60/30%	\$15	\$30	\$60		\$45	\$90	\$60		
Essentials - \$150-\$15/\$60/\$100/50% <sup>4</sup>		\$60	\$100	\$180		\$100			
\$10/\$25/\$50	\$10	\$25	\$50	N/A	\$30	\$75	\$150	N/A	Preferred - B3
\$10/\$35/\$65		\$35	\$65			\$105	\$195		
\$15/\$30/\$55	\$15	\$30	\$55	N/A	\$45	\$90	\$165		
\$150 - \$15/\$30/\$55 <sup>4</sup>									
\$300 - \$15/\$30/\$55 <sup>4</sup>									
\$15/\$45/\$75	\$10	\$50	\$75	40%	\$30	\$150	\$225	40%	
\$10/\$50/\$75/40%									
\$20/\$50/50%/30%	\$20	\$50	50%	30%	\$150	50%	30%	30%	Preferred - B4

<sup>1</sup>SB5213-compliant in accordance with Washington state.

<sup>2</sup>For a 90-day supply.

<sup>3</sup>Mail order 90-day supply; specialty drugs are limited to a 30-day supply.

<sup>4</sup>Deductible waived for generics and preferred generics on Essentials. Out of network (non-participating retail pharmacies): cost share applies, then 40% (to allowable).



HMO Core Plus pharmacy plans	Retail cost share <sup>2</sup>				Mail cost share <sup>3</sup>				Formulary drug list
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	
Essentials - \$10/\$25/\$55/30%	\$10	\$25	\$55	30%	\$30	\$75	\$55	30%	Essentials - E4
Essentials - \$15/\$30/\$60/30%	\$15	\$30	\$60		\$45	\$90	\$60		
Essentials - \$150-\$15/\$60/\$100/50% <sup>4</sup>		\$60	\$100	\$180		\$100			
\$10/\$35/\$70/30%	\$10	\$35	\$70	30%	\$30	\$105	\$70	30%	
\$10/\$35/\$75/30%			\$75				\$75		

<sup>1</sup>SB5213-compliant in accordance with Washington state.

<sup>2</sup>For a 90-day supply.

<sup>3</sup>Mail order 90-day supply; specialty drugs are limited to a 30-day supply.

<sup>4</sup>Deductible waived for generics and preferred generics on Essentials. Out of network (non-participating retail pharmacies): cost share applies, then 40% (to allowable).

# More pharmacy plans



OptiFlex 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/\$55/30%	\$10	\$25	\$55	30%	\$25	\$62.50	\$55	30%	Essentials - E4	
Essentials - \$15/\$30/\$60/30%	\$15	\$30	\$60		50%	\$37.50	\$75			\$60
Essentials - \$150-\$15/\$60/\$100/50% <sup>3</sup>		\$60	\$100	\$150			\$100	50%		
\$10/\$25/\$50	\$10	\$25	\$50	N/A	\$25	\$62	\$125	N/A	Preferred - B3	
\$10/\$35/\$65		\$35	\$65			\$87	\$162			
\$15/\$30/\$55	\$15	\$30	\$55		\$37.50	\$75	\$137.50			\$187.50
\$150 - \$15/\$30/\$55 <sup>3</sup>										
\$300 - \$15/\$30/\$55 <sup>3</sup>										
\$15/\$45/\$75		\$45	\$75			\$112.50				
\$10/\$50/\$75/40%	\$10	\$50	40%	\$25	\$125	50%	30%	Preferred - B4		
\$20/\$50/50%/30%	\$20		50%	\$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 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).

# Benefits with every pharmacy plan

Premera pharmacy plans are designed for groups and members to find value, flexibility, and more.

## Each plan 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

## Rx Savings Solutions

All fully insured and OptiFlex funded plans include Rx Savings Solutions (RxSS). RxSS offers members an innovative pharmacy savings tool. Members are notified of opportunities to spend less on their prescriptions 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, RxSS manages the process for the member by contacting the prescribing provider and submitting a revised prescription.

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, better outcomes, and lower total cost of care. The expansion of our Dental Choice network, the Dental Grid+ makes it even easier for your employees to find high quality dental care no matter where they work or live.

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

### Broad network access

With the GRID+ network, Premera is nearly doubling the size of the Dental Choice network. Employers and members alike will see a reduction in out-of-network claims.

**125K** dentists nationwide

**490K** locations nationwide



### 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.

<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)

# 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)
<b>Optima 1500 Shared Family Plan</b>	\$50	\$150	0%	20%	50%	\$1,500 <sup>1</sup>	Basic		No

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 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 covered services

## 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
Major	Simple and surgical extractions		
	Oral surgery		
	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.





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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.