





FOR BUSINESSES WITH 51+ EMPLOYEES

2026 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.



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.



Administrative ease and support

Integrated benefits with Premera make for a streamlined experience for your employees when promoting components of your healthcare benefits or explaining plan utilization.



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.



Seamless integration design

Integrate medical, dental, pharmacy, vision, and ancillary products seamlessly with little to no administrative burden.



As a not-for-profit serving Washington state 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.

How you fund your health plan matters

Premera offers three plan funding options that are designed to meet the needs of your business.

Fully insured

Group pays a fixed rate for employee health coverage. Premera pays all claims and assumes all risks for the group's health coverage.



GROUP PAYS FIXED RATE



OptiFlex

Group pays a fixed rate for employee health coverage but has more flexibility compared to fully insured funding.



GROUP PAYS FIXED RATE



PLAN HAS PROTECTION
AND FLEXIBILITY

Self-funded

Group assumes all the risk for providing healthcare benefits to its employees. This funding type offers the greatest amount of flexibility and plan customization.



GROUP ASSUMES HEALTHCARE RISK



PLAN HAS FLEXIBILITY AND CUSTOMIZATION



PREMERA Health Hub

Premera Health Hub

NEW FOR 2026

Introducing Premera Health Hub, a comprehensive virtual care network of solutions for wellness and health condition management. Premera Health Hub is designed to help members meet their health goals and lower the total cost of care by guiding members to virtual solutions for their unique needs.

Supporting your benefit strategy

Simplified employer administration	Increased member engagement	Acuity-based approach	Engagement and outcomes-based payment model	Greater access to care
Vendor vetting, contracting, relationship management, and reporting.	Personalized digital communications optimize engagement with the hub.	Proprietary clinical algorithms account for preference and need to best match members with a vendor.	Employers pay when members are actively engaged or show positive health outcomes.	Comprehensive digital solutions that support wellness and chronic care management for all members, no matter where they're located.

Premera Health Hub access

X	Fully insured:	not available
X	OptiFlex:	not available
/	Self-funded:	included as part of your plan

How members get started



A differentiated member experience

Premera Health Hub offers members more than just information. Members can use Premera Health Hub to help them manage their health conditions or achieve their health goals. With Premera Health Hub, members benefit from:

- Personalized tools A customized experience that matches members
 to a right-fit program and solution, making it easier for them to meet their
 health goals.
- Clinically proven programs Access to leading health and wellness programs that deliver effective results.
- **Convenient access** Digital resources available on demand for whenever and wherever members need them.
- **No extra costs** Programs and resources available to members at no additional out-of-pocket expense.

Condition categories

- Losing weight
- Treating or preventing diabetes
- Lowering blood pressure
- Supporting gut health
- Enhancing fitness and physical therapy
- Quitting smoking
- Navigating pregnancy or menopause
- Supporting mental well-being



Did you know?

Offering a virtual program that covers a broad range of conditions reduces costs.¹

2.3%-3.1%

reduction in estimated total medical spend

0.2%-3.5%

reduction in spending by condition

¹Solera, Measuring Cost Savings from Virtual Care, 2024, independently reviewed by actuaries at Axene Health Partners

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Premera Cancer Support

NEW FOR 2026

When a member is facing a cancer diagnosis, the path forward can be daunting. To support our members in navigating the healthcare system, accessing care, and improving outcomes, we've added Premera Cancer Support in partnership with Thyme Care to our Personal Health Support program.

An integrated case management approach

Premera is the trusted industry leader in member case management through our Personal Health Support program.¹ We're extending that expertise to meet the needs of our members facing cancer treatment.

Personal Health Support

Provides one-on-one clinical case management support for members with complex, high-risk, and chronic conditions. We focus on whole-person care by addressing members' physical and mental health and helping them overcome barriers to healthcare.

Premera Cancer Support

Provides members with oncology-specific care and personalized support, from pretreatment to survivorship. Members use the wrap-around virtual solution when they're between oncology appointments or treatments. They can access their support team 24/7. This model improves outcomes and reduces acute care spend.2

Strategic member investment

When we calibrate the intensity of care management to meet the needs of both high- and low-complexity members, we can improve your health plan's return on investment.



Nationwide access

Premera Cancer Support includes proactive member identification and engagement with coverage in all 50 states. Your clients can take comfort in knowing that their employees will receive exceptional support no matter where they are and no matter their type of cancer.

Raising the bar and meeting the need

The healthcare system is complicated. A cancer diagnosis can add a layer of complexity that creates an overwhelming or negative experience for the member. Premera Cancer Support prioritizes navigation and coordination of care from diagnosis to survivorship for our members 18 and older.

support • Coordinate existing benefits

- Educate about the diagnosis
- **Pre-treatment** Assess goals, values, and preferences
 - Coordinate leave
 - Monitor symptoms proactively · Support adverse events

- **Active treatment** Educate about adhering to treatment
 - **support** Navigate mental health support and resources Manage interactions between cancer and
 - pre-existing conditions

Return to work

Post-treatment

- Navigate survivorship Review ongoing diagnostics
- **support** Support wellness and nutrition
 - Return to primary care

 - Educate on end-of-life support and coordination

Who it supports

Cancer doesn't affect just one person. Premera Cancer Support is for members 18 and older and their caregivers. Our solution provides access to support resources specifically designed for caregivers and family members.

Premera Cancer Support access

Fully insured: not available OptiFlex: not available **Self-funded:** included as part of Personal Health Support



Did you know?

Premera Cancer Support with Thyme Care can:

- Provide support for all cancer types
- Reduce acute care utilization by 15% to 20%3
- Connect with members and caregivers 24/7
- Provide support specifically for caregivers

1Kathol, R., Andrew, R., Squire, M., Dehnel, P. Integrated Case Management Model: Value-Based Assistance for Patients with Complex Medical and Behavioral Health Issues (Springer, 2018)

²"Health Plans." Thyme Care. Thyme Care. www.

thymecare com/healthnlans, Accessed 28 Apr, 2025 ³Members in remission can access Thyme Care but may transition back to Premera Personal Health Support for other conditions

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

125k+

Dental providers nationwide with over 490k access points

30% Average member savings on their covered in-network dental services

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.



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





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

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

Pharmacy pricing models

NEW FOR 2026

For the 2026 plan year, we're offering new pharmacy pricing models that offer transparency, manage costs, meet mandate requirements, and, most importantly, meet the needs of our clients and members.

2026 pharmacy models for self-funded groups

Standard +

Predictable pricing and minimized member disruption

Transparent Rx

Increased transparency and cost structure

SB5213-Compliant Rx

Same benefits as Transparent Rx and alignment with state law

Washington self-funded groups	Standard+	Transparent Rx	SB5213-Compliant Rx (required model for fully insured groups)
Pricing:	Traditional	Pass-through	Pass-through
Discount targets: Varies by group Options available for retail, mail, specialty	~	√	✓
Rebates: Guaranteed rebate targets paid quarterly	Or applied as admin fee credit	√	✓
Reporting: Depends on group size	✓	✓	✓
Audit rights: Varies by group	✓	✓	✓
Admin fees: Pharmacy specific fees	\$	\$\$	✓ \$\$\$
Benefit design restrictions:			No mandatory mail order/specialty drugs 90-day retail price equal to mail-order price Retail/mail-order must have same cost-shares, pending new rules

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





Impact on ancillary pharmacy products

Groups that choose the SB5213-Compliant Rx pharmacy model will no longer be eligible for:

- SaveOn
- Out-of-Pocket Protection program
- Split Fill
- Right Price
- Exclusive delivery

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

²Self-funded groups that renew their pharmacy benefit as is can remain on the Standard model. Any requests for changes will require the group to change to Standard+, Transparent Rx. or SB5213-Compliant Rx.

Expanded reporting and audit right options in development

Get the most from your pharmacy benefit

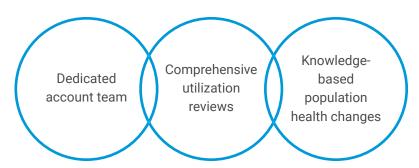
One in five Americans takes prescribed medicine several times a day.¹ Health outcomes, member experience, and group savings are just some of the ways an integrated pharmacy benefit design makes your health plan work better.

Solutions that help you get more

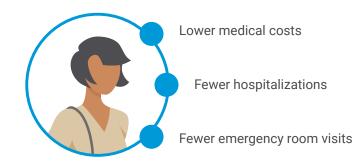
Groups with integrated pharmacy can pull a variety of levers to exercise savings without sacrificing member experience.

SOLUTION	FINANCIAL VALUE	HOW IT WORKS	FUNDING TYPE
Dispense as Written	Group	Instructs pharmacies on brand and generic dispensing requirements and impacts how much a member pays out of pocket.	All funding types
Exclusion Lists	Group	Pairs with a group's formulary. ² Lists include High-cost Low-value and OTC exclusion.	Self-funded
Out-of-Pocket Protection	Group	Reduces drug manufacturer copay assistance impact on groups by excluding copay assistance dollars from counting toward members' out-of-pocket maximum accruals. ³	Self-funded
Right Price	Member	Ensures your employees pay the lowest possible price under their plan for non-specialty retail generic prescriptions through use of embedded discount card market price program.	Self-funded
Rx Savings Solutions (RxSS)	Group, Member	Introduces personalized savings alerts like generic drugs, combination fills, pharmacy changes and more. The RxSS concierge team can manage the change for the member, enabling a seamless transition.	All funding types
Rx Rewards	Group, Member	RxSS provides a financial incentive for members to switch to a lower-cost alternative.	Self-funded
Split Fill	Group, Member	Eliminates waste and improves therapy adherence. The initial prescription is divided into two smaller days supply. If the member has an interaction, for example, the second fill is not initiated.	Self-funded
Transition Fill	Group, Member	Allows new members to maintain their prescriptions with a temporary fill while transitioning to their new Premera health plan.	All funding types ⁴

Premera as a partner in integrated benefits



What integration looks like for our members⁵



¹Fleck, Anna, and Felix Richter. "Infographic: More than Half of Americans Take Prescribed Meds Daily." Statista Daily Data, 6 Nov. 2023, www.statista.com/chart/31183/us-respondents-who-are-taking-prescribed-medicine/.

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Did you know?

Only Standard+ and Transparent Rx pharmacy models are eligible for ancillary pharmacy products.

²Metallic and Essentials formularies excluded.

³Out-of-Pocket Protection Program is recommended for groups whose renewal aligns with their benefit year reset. ⁴Available to new groups only.

⁵J Manag Care Spec Pharm. 2020 Jun;26(6):766-774. doi: 10.18553/jmcp.2020.19411. Epub 2020 Mar 10.

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

Foster a healthy workforce with Blue 365

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



Gym memberships



Fitness



Hearing aids



Prescription glasses



Healthy eating options

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



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Reduce healthcare costs

\$2.71

estimated return for every dollar spent on wellness programs¹



Increase productivity





How employers benefit

- Minimal setup
- Group discounts
- Access to healthy tips



Getting started is easy

and discounts.

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

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-employeewellness-

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.

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





Provide cost-effective care without compromising quality





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	
Total joint replacement	Biopsies	Colonoscopy	
ACL repair	Appendix removal	• Endoscopy	
Hand or wrist procedures	Gall bladder removal	Hemorrhoid 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

Site-of-service, value-based benefit access

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✓	Fully insured:	included as part of your plan; an opt-in for flexible plans	
/	OptiFlex:	an opt-in for flexible plans	
<u> </u>	Self-funded:	an opt-in for flexible plans	

¹Provista. "Huge Cost Savings and Other Benefits Boost Ambulatory Surgery Center Growth." Provista, https://www.provista.com/ blog/blog-listing/huge-cost-savings-and-otherbenefits-boost-ambulatory-surgery-centergrowth. 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://pmc.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.

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



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.



NEW FOR 2026

Digital Health Messages will be embedded for all self-funded groups by default at renewal. **Learn more**.

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Digital Health Messages access

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

Self-funded: included as part of your plan*

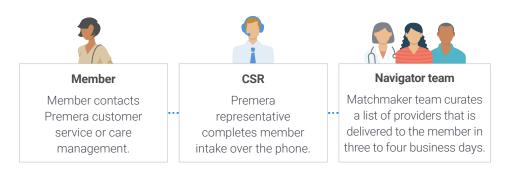
*Fee for Digital Health Messages is based on group size. Self-funded groups can opt out through customization.

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.



Matchmaker for Behavioral Health access

✓	Fully insured:	included as part of your plan	
✓	OptiFlex:	included as part of your plan	
<u> </u>	Self-funded:	opt in, per list pricing	

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

 $^{1}\!2022~\text{Best Practices in Healthcare Employer Survey, 2022~\text{Global Benefit Attitudes Survey}}$

Advanced primary care starts here

"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

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 day60% within 10 days80% within 30 days

LOCATIONS

16 locations within **10** miles of **600,000** members





Urgent care to your doorstep

DispatchHealth is an expansion of our provider network and a unique medical service that brings care to our members' front doors. Head, shoulders, knees, toes, and nearly everything in between can be treated at home with DispatchHealth. The care team 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.

Premera-Designated Centers of Excellence

FOR SELF-FUNDED GROUPS

Access trusted and cost-effective care for when life happens. Premera-Designated Centers of Excellence (PDCOE) expands member access to high-performing facilities, provides personalized health support, and serves as an opportunity for employers to save on specialty surgeries, procedures, or treatments without sacrificing quality. With PDCOE, groups can recognize an average of 21% cost savings per procedure.¹

Personal Health Support

Specialty surgeries, procedures, and treatments can be life-changing—the process to get there shouldn't be. Premera Blue Cross takes a comprehensive approach to personal health support and care navigation. Our team personally guides members through provider selection, medical records collection, travel coordination,² and postoperative care. PDCOE and personal health support go hand in hand, and it shows with an 89% satisfaction rating from our members.¹ For members and groups to recognize savings, members must engage with the Premera Personal Health Support team.

89%

MEMBER
SATISFACTION
RATING¹

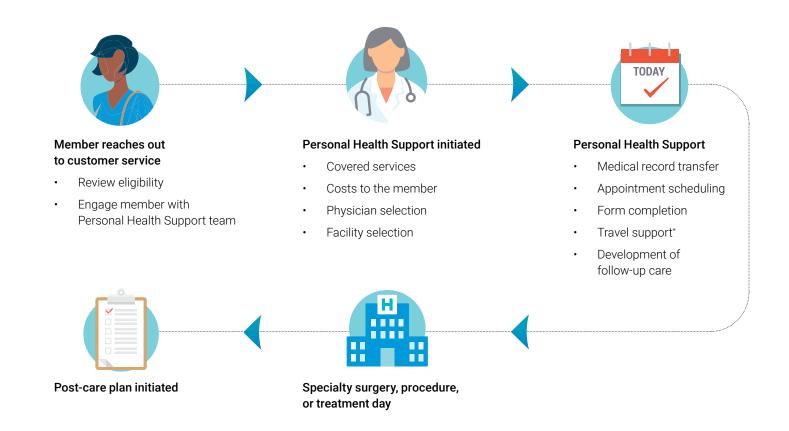
Distinguished facilities

Quality is at the forefront of our member experience. PDCOE leverages Blue Distinction Center (BDC) and Blue Distinction Center+ (BDC+) facilities. These facilities have adopted and met nationally established quality standards for specific specialty surgeries, procedures, and treatments and must achieve a national cost differential of at least 20%.³ These standards consider overall patient outcomes, patient safety, and the provider's performance history for a specialty procedure.

¹Premera Blue Cross internal member and group claims data

²Member who lives over 50 miles from a Premera-Designated Center of Excellence may receive travel benefit. Member is responsible for travel expenses in excess of IRS limits.

³Kokorelias KM, Shiers-Hanley JE, Rios J, Knoepfli A, Hitzig SL. Factors Influencing the Implementation of Patient Navigation Programs for Adults with Complex Needs: A Scoping Review of the Literature. Health Services Insights. 2021;14. doi:10.1177/11786329211033267



Specialty surgeries, procedures, and treatments offered

Top four specialties

- Bariatric surgery
- Cardiac care
- Spine surgery
- Total joint replacement

Additional specialties

- Cancer care
- Cellular immunotherapy: CAR-T
- Fertility care
- Maternity care
- Substance use treatment and recovery
- Transplants

Consider pairing PDCOE with Enhanced Case Management



To learn more about PDCOE, **download the brochure**.

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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.

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

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.

Enhanced Case Management access

/	Fully insured:	included as part of your plan
/	OptiFlex:	included as part of your plan
/	Self-funded: an opt-in, per employee, per month fee	

Download the flyer and

contact your Premera account representative to help you determine if Enhanced Case Management is the right solution for your employees and your benefit strategy.

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

Provider networks

We believe in working closely with providers and hospitals to ensure customers receive the best healthcare possible. 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
	52,014	9,453	124
Heritage ¹	Available with Your Choice, Your Future, Your Focus , Premera Pathfinder, and Essentials plans.		
Havita va Drimaal	46,713	7,949	101
Heritage Prime ¹	Available with BlueHPN plans.		
Dental Choice ^{1,2}	Washington state	Nationwide providers	Nationwide locations
Dental Choice 1/2	4,078	125,000+	490,000+

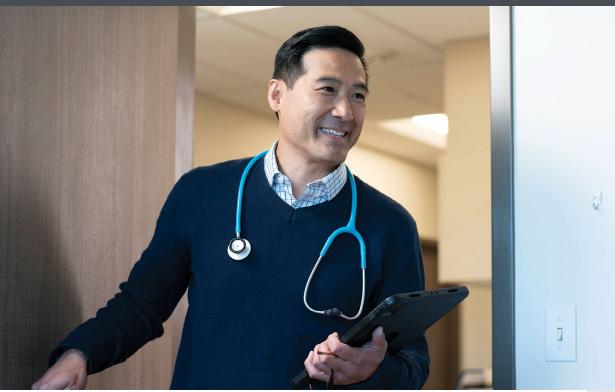
¹Network counts as of June 2025.

²Provider and location counts reflect inclusion of the Dental GRID+ network.



NETWORK	TOTAL PRACTITIONERS	PRIMARY CARE PROVIDERS	HOSPITALS
Sherwood HMO ²	25,869	3,336	31

²Network counts as of June 2025.





PROVIDER NETWORK OPTIONS

National, worldwide, and affordable network coverage with BlueCard

Premera Blue Cross health plans offer specific levels of healthcare benefits wherever your employees live or travel, across the country and worldwide.

Contact your producer or Premera representative 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, give them the ability to choose their network. Talk with your producer or Premera account manager about the benefits of offering your employees the opportunity to choose from two medical plans like a Premera Blue Cross PPO plan and a Premera Blue Cross HMO plan, or select from two dental plans like the Dental Optima or Willamette Dental plan.

Medical plans

You can choose from a range of plans to find the right balance between budgetary and healthcare needs for both your business and your employees. All 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 limits.

DECIDE WHICH PLAN IS RIGHT FOR YOU

Your Choice

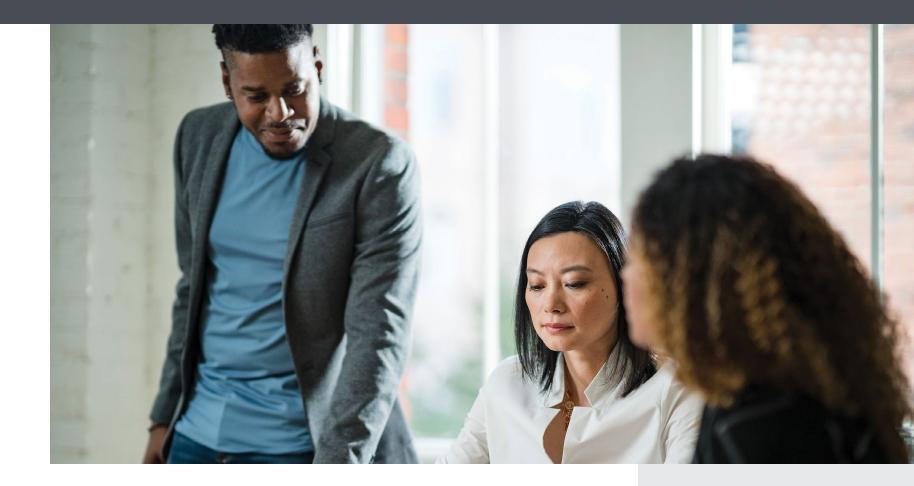
This traditional preferred provider organization (PPO) plan offers coverage for a wide range of medical services. Your employees and their covered dependents can save money by using an in-network provider. Non-network providers are still covered, but at a higher cost.

Your Focus

This plan is an exclusive provider organization (EPO) plan. Services covered are the same for this plan as for the more traditional Your Choice plan; however, members of this EPO are not covered for care received outside the selected network. Members are encouraged to use the providers and hospitals within the selected network because there are no out-of-network benefits, except for emergency care.

Your Future

This plan is designed to be combined with an employee-owned health savings account (HSA) and offers the choice between an aggregate deductible, an embedded deductible, or an out-of-pocket maximum. **See page 46** to find more information on the difference between aggregate and embedded options.



Premera Pathfinder

Introducing our cost-effective, primary care focused, exclusive provider organization (EPO) plan. Premera Pathfinder is designed to remove financial barriers to care while reinforcing the value of the primary care relationship. With \$0 primary care office visit copays, Premera Pathfinder supports primary care usage and overall better physical and financial health for your business and your workforce.

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 an integrated clinical team. Employers and members alike can recognize savings without sacrificing quality care. 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 Blue Cross and Premera Blue Cross HMO plan. Our secure member website provides suggested preventive routine exams, vaccinations, and screenings.

Your Choice

Your Choice offers a familiar preferred provider organization (PPO) plan with coverage for a wide range of medical services.

You can select from a range of deductible options. You can also split copay options, with a lower copay for a nonspecialist office visit and a higher copay when your employee or their covered dependent sees a specialist.

Cost-share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered.

See your Premera representative for clarification. PCY = per calendar year

	IN NETWORK	OUT OF NETWORK	
Individual deductible PCY	\$0-\$10,150 (increments of \$50)	Shared with in network, 2x Individual in network, or 3x Individual in network	
Family deductible PCY	2x Individual or 3	3x Individual	
Coinsurance	0%-50% (increments of 5%)	20%-60% (increments of 5%)	
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	\$1,000-\$10,150 (increments of \$50)	Shared with in network, 2x Individual in network, 3x Individual in network, or None	
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual or 3x Individual		
Fourth-quarter deductible carryover	Included/Excluded		
Office visit cost share Split copay (nonspecialist/specialist)	Nonspecialist: \$0-\$45/Specialist: \$20-\$80 (increments of \$5) In-network deductible and coinsurance Single copay options: \$10-\$40 (increments of \$5)	Out-of-network deductible and coinsurance	
Inpatient cost share	In-network deductible and coinsurance; \$250 per admit; \$250 per day up to 5 days per admit; or \$100 per day	Out-or-network deductible and coinsurance	
Annual plan maximum	None		

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. In-network and out-of-pocket maximum must not exceed the federally mandated maximum of \$10,150 for an individual or \$20,300 for a family.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted. Benefits subject to medical necessity except for preventive care. PCY = per calendar year

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	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK	
Preventive care and counseling visit			Not covered;	
Preventive screenings Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in network)	Subject to federal and state guidelines ¹	Covered in full ²	Out-of-network coinsurance; Out-of-network coinsurance (deductible waived); or Covered in full	
Professional office visit		Office visit cost share		
Urgent care		Split copay: Specialist copay; All others: Office visit cost share		
Virtual care (general medicine)	No visit limits	\$10 copay, or in-network coinsurance	Out-of-network coinsurance	
Other outpatient professional services; Inpatient professional services		In-network coinsurance		
Manipulations³ (spinal and other)	40.04 : 2. DOV. 11 !: 2. 1			
Acupuncture ³	10–34 visits PCY or Unlimited	Office visit cost share ³	Out-of-network coinsurance	
Naturopathic services	No visit limits			
Mammography		Covered in full ²		
Outpatient diagnostic imaging and laboratory services	No visit limits	Basic imaging and labs: In-network coinsurance; In-network coinsurance (deductible waived); Major imaging: In-network coinsurance; Covered in full²	Out-of-network coinsurance	
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance, or in-network coinsurance plus copay of: \$75–\$500 (increments of \$25)	Same as in network	
Ambulance transportation (air and ground)	No trip or dollar maximum	\$50 copay, in-network coinsurance, or in-network coinsurance (deductible waived)		
Inpatient hospital care	No limit on number of days or visits	Inpatient cost share		
Outpatient facility care	NO limit on number of days of visits	In-network coinsurance	Out-of-network coinsurance	
Skilled nursing facility	60–180 days (increments of 10 days) or Unlimited	Inpatient cost share		
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents	In-network coinsurance	Out-of-network coinsurance	
Mental health and substance use treatments	No visit or day maximums			
Rehabilitation (including physical, occupational, speech, and massage therapy)	15–90 visits (increments of 5 visits)/ 15–90 days (increments of 5 days) Unlimited/Unlimited	Outpatient: Office visit cost share ³ ; Inpatient: Inpatient cost share		
(including cardiac/pulmonary rehab and chronic pain)	No visit limits			
Supplies, equipment, prosthetics, and orthotics	No maximum, except \$100–\$600 (increments of \$100) max PCY for foot orthotics that are not diabetes related	In-network coinsurance	Out-of-network coinsurance	
Temporomandibular joint disorders (TMJ)	No dollar maximum	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	Comodiance	
Home health agency services	130 visits PCY, or No visit limit	In-network coinsurance or covered in full		
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum) or Unlmited; Respite: 240 hours (within 6-month lifetime maximum) or Unlimited; Inpatient options: 10 days or Unlimited	Outpatient and respite: In-network coinsurance or covered in full; Inpatient: Inpatient cost share or covered in full		
Transplants (organ and bone marrow)	No dollar maximums, except for \$7,500, \$10,000, or No limit for travel and lodging per transplant	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	Covered same as in network when approved	

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

A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.

Not subject to copay, deductible, or coinsurance.

With the split copay option, this benefit is subject to the nonspecialist copay.

This is only a brief summary of the major benefits provided by our plans. This is not a contract.

For information and details regarding general exclusions and limitations, please contact your Premera representative.

Your Focus

This plan is an exclusive provider organization (EPO) plan. Services covered are the same for this plan as the more traditional Your Choice plan; however, members of this EPO are not covered for care received outside the selected network.

Therefore, members are encouraged to use the providers and hospitals within the selected network, potentially saving both you and them money. There are no out-of-network benefits.

Cost-share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered.

See your Premera representative for clarification.

PCY = per calendar year

		·
	IN NETWORK	OUT OF NETWORK
Individual deductible PCY	\$0-\$10,150 (increments of \$50)	
Family deductible PCY	2x Individual or 3x Individual	
Coinsurance	0%-50% (increments of 5%)	
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	\$1,000-\$10,150 (increments of \$50)	
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual or 3x Individual	
Fourth-quarter deductible carryover	Included/Excluded	Not covered*
Office visit cost share	In-network deductible and coinsurance, or copay options: \$10-\$40 (increments of \$5)	
Inpatient cost share	In-network deductible and coinsurance; \$250 per admit; \$250 per day up to 5 days per admit; or \$100 per day	
Annual plan maximum	None	

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. In-network and out-of-pocket maximum must not exceed the federally mandated maximum of \$10,150 for an individual or \$20,300 for a family. *Except for emergencies or as required by law.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Benefits subject to medical necessity except for preventive care.

PCY = per calendar year

	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK	
Preventive care and counseling visit				
Preventive screenings	Subject to federal and state			
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in network)	guidelines ¹	Covered in full ²		
Professional office visit (including urgent care)		Office visit cost share		
Virtual care (general medicine)	No visit limits	\$10 copay, or in-network coinsurance		
Other outpatient professional services; Inpatient professional services		In-network coinsurance		
Manipulations (spinal and other)	10–34 visits PCY or Unlimited		Not covered	
Acupuncture	10 34 VISIUS FOT OF OF INITIALED	Office visit cost share		
Naturopathic services	No visit limits			
Mammography		Covered in full ²		
Outpatient diagnostic imaging and laboratory services	No visit limits	Basic imaging and labs: In-network coinsurance, in-network coinsurance (deductible waived); Major imaging: In-network coinsurance; Covered in full ²		
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance, or in-network coinsurance plus copay of: \$75–\$500 (increments of \$25)	Same as in network	
Ambulance transportation (air and ground)	No trip or dollar maximum	\$50 copay; In-network coinsurance; or in-network coinsurance (deductible waived)	Same as imperwork	
Inpatient hospital care	No limit on number of days or visite	Inpatient cost share		
Outpatient facility care	No limit on number of days or visits	In-network coinsurance		
Skilled nursing facility	60–180 days (increments of 10 days) or Unlimited	Inpatient cost share		
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents	In-network coinsurance		
Mental health and substance use treatments	No limit on number of days or visits			
Rehabilitation (including physical, occupational, speech, and massage therapy)	15–90 visits (increments of 5 visits)/ 15–90 days (increments of 5 days) Unlimited/Unlimited	Outpatient: Office visit cost share; Inpatient: Inpatient cost share		
(including cardiac/pulmonary rehab and chronic pain)	No visit limits			
Supplies, equipment, prosthetics, and orthotics	No maximum, except \$100–\$600 (increments of \$100) max PCY for foot orthotics that are not diabetes related	In-network coinsurance	Not covered	
Temporomandibular joint disorders (TMJ)	No dollar maximum	Outpatient: Office visit cost share; Inpatient: Inpatient cost share		
Home health agency services	130 visits PCY, or no visit limit	In-network coinsurance or covered in full		
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum) or Unlimited; Respite: 240 hours (within 6-month lifetime maximum) or Unlimited; Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum) or Unlimited	Outpatient and respite: In-network coinsurance or covered in full; Inpatient: Inpatient cost share or covered in full		
Transplants (organ and bone marrow)	No dollar maximums, except for \$7,500, \$10,000, or No limit for travel and lodging per transplant	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	Covered when approved	

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

¹A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.

²Not subject to copay, deductible, or coinsurance.

This is only a brief summary of the major benefits provided by our plans. This is not a contract.

Premera Pathfinder

Premera Pathfinder is a cost-effective, primary care-focused, exclusive provider organization (EPO) plan. With \$0 primary care office visit copays, Premera Pathfinder supports primary care usage and overall better physical and financial health for your business and your workforce.

Cost-share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered.

See your Premera representative for clarification.

See your Premera representative for clarification. PCY = per calendar year

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	IN NETWORK	OUT OF NETWORK
Individual deductible PCY	\$0-\$10,150 (increments of \$50)	
Family deductible PCY	2x Individual or 3x Individual	
Coinsurance	0%-50% (increments of 5%)	
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	\$0-\$10,150 (increments of \$50)	
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual or 3x Individual	
Fourth-quarter deductible carryover	Included/Excluded	
Office visit cost share (designated PCP/Specialist and nondesignated PCP)	\$0/\$20 \$0/\$25 \$0/\$30 \$0/\$35 \$0/\$40 \$0/\$45	Not covered*
Inpatient cost share	In-network deductible and coinsurance; \$250 per admit—no day maximum; \$250 per day—up to 5 days per admit; or \$100 per day—no day maximum	
Annual plan maximum	None	

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. In-network and out-of-pocket maximum must not exceed the federally mandated maximum of \$10,150 for an individual or \$20,300 for a family. *Except for emergencies or as required by law.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Renefits subject to medical peressity event for preventive care.

Benefits subject to medical necessity except for preventive care.

PCY = per calendar year

	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK	
Preventive care and counseling visit				
Preventive screenings	Subject to federal and state			
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in-network)	guidelines ¹	Covered in full ²	Not covered	
Professional office visit		Office visit cost share		
Urgent care		Specialist office visit cost share	Same as in network	
Virtual care (general medicine)	No visit limits	Office visit cost share		
Other outpatient professional services; Inpatient professional services		In-network coinsurance		
Manipulations (spinal and other)	40.04 : " POV 11 !" " 1	DOD (5		
Acupuncture	10–34 visits PCY or Unlimited	PCP office visit cost share	Not covered	
Naturopathic services	No visit limits	Office visit cost share		
Mammography		Covered in full ²		
Outpatient diagnostic imaging and laboratory services	No visit limits	In-network coinsurance		
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance plus copay of \$75–\$500 (increments of \$25)	O	
Ambulance transportation (air and ground)	No trip or dollar maximum	\$50 copay; In-network coinsurance; or in-network coinsurance (deductible waived)	Same as in network	
Inpatient hospital care	ALTO LOCAL CO	Inpatient cost share		
Outpatient facility care	No limit on number of days or visits	In-network coinsurance		
Skilled nursing facility	60–180 days (increments of 10 days) or Unlimited	Inpatient cost share		
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents	In-network coinsurance		
Mental health and substance use treatments	No limit on number of days or visits			
Rehabilitation (including physical, occupational, speech, and massage therapy)	15–90 visits (increments of 5 visits)/ 15–90 days (increments of 5 days) Unlimited/Unlimited	Outpatient: Specialist office visit cost share; Inpatient: Inpatient cost share		
(including cardiac/pulmonary rehab and chronic pain)	No visit limits		Not covered	
Supplies, equipment, prosthetics, and orthotics	No maximum, except \$300 max PCY for foot orthotics that are not diabetes related	In-network coinsurance		
Temporomandibular joint disorders (TMJ)	No dollar maximum	Outpatient: Office visit cost share; Inpatient: Inpatient cost share		
Home health agency services	130 visits PCY or No visit limit	In-network coinsurance or covered in full		
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum) or Unlimited; Respite: 240 hours (within 6-month lifetime maximum) or Unlimited; Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum) or Unlimited	Outpatient and respite: In-network coinsurance or covered in full; Inpatient: Inpatient cost share or covered in full		
Transplants (organ and bone marrow)	No dollar maximums, except for \$7,500, \$10,000, or No limit for travel and lodging per transplant	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	Covered when approved	

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

¹A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.

²Not subject to copay, deductible, or coinsurance.

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For information and details regarding general exclusions and limitations, please contact your Premera representative.

BlueHPN

Blue High Performance NetworkSM is an exclusive provider organization (EPO) with a network that was developed to include the right providers in the right markets. BlueHPN aims to deliver better outcomes, value, and high quality care with the Heritage Prime network.

Cost-share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered.

See your Premera representative for clarification.

PCY = per calendar year

		1 01 – per caleridar year
	IN NETWORK	OUT OF NETWORK
Individual deductible PCY	\$0-\$10,150 (increments of \$50)	
Family deductible PCY	2x Individual or 3x Individual	
Coinsurance	0%-50% (increments of \$50)	
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	\$1,000-\$10,150 (increments of \$50)	
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual or 3x Individual	
Fourth-quarter deductible carryover	Included/Excluded	Not a successful
Office visit cost share	In-network deductible and coinsurance, or copay options: \$10-\$40 (increments of \$5)	Not covered*
Inpatient cost share	In-network deductible and coinsurance; \$250 per admit; \$250 per day up to 5 days per admit; or \$100 per day	
Annual plan maximum	None	

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. In-network and out-of-pocket maximum must not exceed the federally mandated maximum of \$10,150 for an individual or \$20,300 for a family. *Except for emergencies or as required by law.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Benefits subject to medical necessity except for preventive care.

PCY = per calendar year **BENEFIT LIMITS IN NETWORK OUT OF NETWORK** Preventive care and counseling visit Preventive screenings Subject to federal and state Covered in full² guidelines1 Vaccinations (including seasonal vaccinations Not covered received at a pharmacy or other mass vaccination location paid as in network) Professional office visit (including urgent care) Office visit cost share HPN product area: Not covered: Non-HPN product Office visit cost share **Urgent care** area: Same as in-network No visit limits cost share Virtual care (general medicine) \$10 copay, or in-network coinsurance Other outpatient professional services; In-network coinsurance Inpatient professional services Manipulations (spinal and other) 10-34 visits PCY, or Unlimited Acupuncture Office visit cost share Not covered Naturopathic services No visit limits Mammography Covered in full² Basic imaging and labs: In-network coinsurance, in-network coinsurance No visit limits Outpatient diagnostic imaging (deductible waived); and laboratory services Major imaging: In-network coinsurance; Covered in full² Emergency room care In-network coinsurance, or (copay waived if directly admitted to inpatient No maximum in-network coinsurance plus copay of \$75-\$500 (increments of \$25) Same as in network \$50 copay; In-network coinsurance; or Ambulance transportation (air and ground) No trip or dollar maximum in-network coinsurance (deductible waived) Inpatient hospital care Inpatient cost share No limit on number of days or visits Outpatient facility care In-network coinsurance 60-180 days (increments of 10 Skilled nursing facility Inpatient cost share days), or Unlimited No visit or day maximum: covered Maternity care for: subscriber, spouse/domestic partner, and dependents In-network coinsurance (prenatal, delivery, and postnatal care) Mental health and substance use treatments No limit on number of days or visits Rehabilitation 15-90 visits (increments of 5 visits)/ Outpatient: Office visit cost share; (including physical, occupational, speech, and 15-90 days (increments of 5 days); Inpatient: Inpatient cost share or Unlimited/Unlimited massage therapy) (including cardiac/pulmonary rehab and chronic pain) No visit limits Not covered No maximum, except \$100-\$600 (increments of \$100) max PCY Supplies, equipment, prosthetics, and orthotics In-network coinsurance for foot orthotics that are not diabetes related Outpatient: Office visit cost share; Temporomandibular joint disorders (TMJ) No dollar maximum Inpatient: Inpatient cost share Home health agency services 130 visits PCY or Unlimited In-network coinsurance or covered in full Outpatient: No visit limits (within 6-month lifetime maximum) or Unlimited: Outpatient and respite: Respite: 240 hours (within 6-month In-network coinsurance or covered in full; Hospice care Inpatient: Inpatient cost share or covered lifetime maximum) or Unlimited: Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum) or Unlimited

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

No dollar maximums, except for

\$7,500, \$10,000, or No limit

Outpatient: Office visit cost share;

Inpatient: Inpatient cost share

¹A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.

²Not subject to copay, deductible, or coinsurance.

Transplants (organ and bone marrow)

This is only a brief summary of the major benefits provided by our plans. This is not a contract.

For information and details regarding general exclusions and limitations, please contact your Premera representative.

Covered when approved

BlueHPN HSA

BlueHPN HSA combines the benefits of a cost-effective EPO health plan with an employee-owned, tax-advantaged health savings account (HSA).

You can choose between an aggregate or an embedded deductible.

Deductible options

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.

Cost-share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered.

See your Premera representative for clarification. PCY = per calendar year INN = in network OON = out of network

		IN NETWORK		OUT OF NETWORK
Individual/ Family deductible	Aggregate	\$1,700/\$3,400-\$4,250/\$8,500 (increments of \$50)	N/A	
PCY	Embedded	N/A	\$3,400/\$6,800-\$8,500/\$17,000 (increments of \$50)	
Coinsurance		0%–50% (increments of	f 5%)	
Individual/	Aggregate	\$1,700/\$3,400-\$4,250/\$8,500 (increments of \$50)	N/A	
Family out-of-pocket maximum PCY	Embedded	\$3,400/\$6,800-\$8,450/\$17,000 (increments of \$50)		Not covered
Fourth-quarter carryover	deductible	Excluded	Excluded	
Office visit cost share		In-network deductible and co	ingurance	
Inpatient cost share		iir network deductible and co	ii i Sui di i Ce	
Annual plan maximum				

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

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Benefits subject to medical necessity except for preventive care.

PCY = per calendar year

	DENIELT LIMITO	INACTWORK	PCY = per calendar year	
	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK	
Preventive care and counseling visit	_			
Preventive screenings	Subject to federal and state	Covered in full ²		
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in-network)	guidelines ¹	3018188	Not covered	
Professional office visit (including urgent care)				
Urgent care	No visit limits		HPN product area: Not covered; Non-HPN product area: Same as in-network cost share	
Virtual care (general medicine)		In-network coinsurance		
Other outpatient professional services; Inpatient professional services		III-HELWOIK COINSUIDICE		
Manipulations (spinal and other)	10.04 : 7. DOV. 11.1: 7. 1			
Acupuncture	─ 10−34 visits PCY, or Unlimited		Not covered	
Naturopathic services	No visit limits			
Mammography		Covered in full ²		
Outpatient diagnostic imaging and laboratory services	No visit limits	In-network coinsurance		
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance		
Ambulance transportation (air and ground)				
Inpatient hospital care	No limit or violt movimum			
Outpatient facility care	No limit or visit maximum			
Skilled nursing facility	60-180 days (increments of 10 days), or Unlimited			
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents			
Mental health and substance use treatments	No limit on number of days or visits			
Rehabilitation (including physical, occupational, speech, and massage therapy)	15–90 visits (increments of 5 visits)/ 15–90 days (increments of 5 days) Unlimited/Unlimited	In-network coinsurance		
(including cardiac/pulmonary rehab and chronic pain)	No visit limits		Not covered	
Supplies, equipment, prosthetics, and orthotics	No maximum, except \$100-\$600 (increments of \$100) max PCY for foot orthotics that are not diabetes related			
Temporomandibular joint disorders (TMJ)	No dollar maximum			
Home health agency services	130 visits PCY or Unlimited			
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum) or Unlimited; Respite: 240 hours (within 6-month lifetime maximum) or Unlimited; Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum) or Unlimited	In-network coinsurance or deductible, then 0%		
Transplants (organ and bone marrow)	No dollar maximums, except for \$7,500, \$10,000, or No limit for travel and lodging per transplant	In-network coinsurance	Covered when approved	
Certain generic preventive drugs retail and mail order		Covered in full ²		
Retail pharmacy (subject to medical deductible)	90-day supply, except Specialty Rx: 30-day supply	In-network coins	urance	
Mail-order pharmacy (subject to medical deductible)	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	In-network coinsurance	Not covered	

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

¹A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.

²Not subject to copay, deductible, or coinsurance.

This is only a brief summary of the major benefits provided by our plans. This is not a contract.

For information and details regarding general exclusions and limitations, please contact your Premera representative.

Your Future

The HSA-qualified Your Future plan is designed to work with an employee-owned, tax-advantaged health savings account (HSA).

You can choose between an aggregate or an embedded deductible.

Deductible options

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.

Cost-share options

Cost-share amounts represent customers' costs. Not all plan option combinations are offered. See your Premera representative for clarification. PCY = per calendar year

INN = in network
OON = out of network

	IN NETWORK		OUT OF NETWORK	
Individual/ Family	Aggregate	\$1,700/\$3,400-\$4,250/\$8,500 (increments of \$50)	N/A	Shared with in-network, or
deductible PCY	Embedded	N/A	\$3,400/\$6,800-\$8,500/\$17,000 (increments of \$50)	2x individual in-network
Coinsurance		0%-50% (increments o	f 5%)	20%-60% (increments of 5%)
Individual/ Family	Aggregate	\$1,700/\$3,400-\$4,250/\$8,500 (increments of \$50)	N/A	Unlimited or
out-of-pocket maximum PCY	Embedded	\$3,400/\$6,800-\$8,500/\$17,000 (increments of \$50)		2x in-network
Fourth-quarter carryover	deductible	Excluded		Excluded
Office visit cost share		In-network deductible and co	ingurana	OON deductible and coinsurance
Inpatient cost share		in-network deductible and co	inisurance	OON deductible and coinsurance
Annual plan maximum		Unlimited		

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. ¹Out-of-network deductible is 2x the in-network deductible.

²Out-of-network deductible can either be shared with in-network or be 2x the in-network deductible.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Benefits subject to medical necessity except for preventive care.

Benefits subject to medical necessity except for preventive care.

PCY = per calendar year

	DENICEIT LIMITO	IN NETWORK	OUT OF NETWORK	
Descriptive same and access the section	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK	
Preventive care and counseling visit			Not covered;	
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in-network)	Subject to federal and state guidelines ¹	Covered in full ²	40% or 50%; 40% or 50% (deductible waived) Covered in full	
Professional office visit (including urgent care)			20%-60% (increments of 5%)	
Virtual care (general medicine)	No visit limits		Not covered	
Other outpatient professional services; Inpatient professional services		In-network coinsurance		
Manipulations (spinal and other)	40.04 : " POV 11 !: " I			
Acupuncture	10−34 visits PCY, or Unlimited		000, 600, (
Naturopathic services	No visit limits		20%–60% (increments of 5%)	
Mammography		Covered in full ²		
Outpatient diagnostic imaging and laboratory services	No visit limits	In-network coinsurance		
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance		
Ambulance transportation (air and ground)				
Inpatient hospital care	NI - Danis and data and day			
Outpatient facility care	No limit or visit maximum			
Skilled nursing facility	60–180 days (increments of 10 days), or Unlimited			
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents			
Mental health and substance use treatments	No limit on number of days or visits			
Rehabilitation (including physical, occupational, speech, and massage therapy)	15–90 visits (increments of 5 visits)/ 15–90 days (increments of 5 days) Unlimited/Unlimited	In-network coinsurance		
(including cardiac/pulmonary rehab and chronic pain)	No visit limits		20%-60% (increments of 5%)	
Supplies, equipment, prosthetics, and orthotics	No maximum, except \$100-\$600 (increments of \$100) max PCY for foot orthotics that are not diabetes related		,	
Temporomandibular joint disorders (TMJ)	No dollar maximum			
Home health agency services	130 visits PCY or Unlimited			
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum) or Unlimited; Respite: 240 hours (within 6-month lifetime maximum) or Unlimited; Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum) or Unlimited	In-network coinsurance or deductible, then 0%		
Transplants (organ and bone marrow)	No dollar maximums, except for \$7,500, \$10,000, or No limit for travel and lodging per transplant	In-network coinsurance	Covered when approved	
Certain generic preventive drugs retail and mail order		Covered in full ²		
Retail pharmacy (subject to medical deductible)	90-day supply, except Specialty Rx: 30-day supply	In-network coinsurance; Deductible then \$10 / \$35 / \$70; or Deductible then \$10 / \$35 / \$70 / 30%		
Mail-order pharmacy (subject to medical deductible)		In-network coinsurance; Deductible then \$30/\$105/\$210; or Deductible then \$30/\$105/\$210/30%	20%-60% (increments of 5%)	

Note: OptiFlex and self-funded groups can offer 2.5x mail-order cost shares.

Please see our Personal Funding Accounts brochure for more details on health savings accounts.

¹A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.

²Not subject to copay, deductible, or coinsurance.

This is only a brief summary of the major benefits provided by our plans. This is not a contract.

For information and details regarding general exclusions and limitations, please contact your Premera representative.

Essentials Medical

Essentials Medical gives you everything you need and nothing you don't. Essentials Medical is a low-cost health plan option that offers you savings on premiums.

Cost-share options

Cost-share amounts represent customers' costs.

Not all plan option combinations are offered.

See your Premera representative for clarification.

PCY = per calendar year.

	IN NETWORK	OUT OF NETWORK		
Individual deductible PCY	\$8,550			
Family deductible PCY	2x Individual			
Coinsurance	0%			
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	\$8,550			
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual	Not covered*		
Fourth-quarter deductible carryover	Excluded			
Office visit cost share	In-network deductible and coinsurance			
Inpatient cost share	In-network deductible and coinsurance			
Annual plan maximum	None			

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. In-network and out-of-pocket maximum must not exceed the federally mandated maximum of \$10,150 for an individual or \$20,300 for a family. *Except for emergencies or as required by law.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.

Benefits subject to medical necessity except for preventive care.

PCY = per calendar year

		. o . per careridar year		
	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK	
Preventive care and counseling visit				
Preventive screenings	Subject to federal and state	Covered in full ²		
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in-network)	guidelines ¹ Covered in full-			
Professional office visit (including urgent care)		In-network coinsurance		
Virtual care (general medicine)	No visit limits	Covered in full ²		
Other outpatient professional services; Inpatient professional services			Not covered	
Manipulations (spinal and other)	12 visits PCY	In-network coinsurance		
Acupuncture	12 VISILS PGY			
Naturopathic services	No visit limits			
Mammography		Covered in full ²		
Outpatient diagnostic imaging and laboratory services	No visit limits			
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum		Same as in network	
Ambulance transportation (air and ground)	No trip or dollar maximum			
Inpatient hospital care	No limit on number of days or visite			
Outpatient facility care	No limit on number of days or visits			
Skilled nursing facility	60 days PCY			
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/ domestic partner, and dependents			
Mental health and substance use treatments	No limit on number of days or visits			
Rehabilitation (including physical, occupational, speech, and massage therapy)	45 visits/30 days PCY			
(including cardiac/pulmonary rehab and chronic pain)	No visit limits	In-network coinsurance		
Supplies, equipment, prosthetics, and orthotics	No maximum, except \$300 max PCY for foot orthotics that are not diabetes related			
Temporomandibular joint disorders (TMJ)	No dollar maximum		Not covered	
Home health agency services	130 visits PCY			
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum) or Unlimited; Respite: 240 hours (within 6-month lifetime maximum) or Unlimited; Inpatient options: 10 days (within 6-month lifetime maximum) or Unlimited			
Transplants (organ and bone marrow)	No dollar maximums, except for \$7,500 for travel and lodging per transplant			
Retail pharmacy	Up to 90-day supply per Rx			
Mail-order pharmacy	Up to 90-day supply per Rx (except Specialty Rx)			
Formulary drug list	Esser	ntials		

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

¹A list of preventive benefits is available to members when they sign in to their secure member account on **premera.com**.

² Not subject to copay, deductible, or coinsurance.

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PREMERA PHMO

HMO Core Plus

Premera Blue Cross HMO (PBC HMO) is an even more member-centered health plan option for residents of select counties in Washington state (King, Pierce, Spokane, and Thurston).

It offers a more accessible, lower-cost alternative for those looking for a full-service health plan. This plan is aimed at building a closer relationship between a member and their primary care provider (PCP).

Cost-share options

Cost-share amounts represent the customers' costs. Not all plan option combinations are offered.

See your HMO representative for clarification.

PCY = per calendar year

	IN NETWORK	OUT OF NET
Individual deductible PCY	\$0-\$10,150 (increments of \$50)	
Family deductible PCY	2x Individual	
Coinsurance	0%-50% (increments of \$50)	
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	\$1,000-\$10,150 (increments of \$50)	
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual	Not covered*
Fourth-quarter deductible carryover	Excluded	1
Office visit cost share (PCP/Specialist)	\$0/\$50 \$5/\$60 \$10/\$65	
Inpatient cost share	In-network deductible and coinsurance	
Annual plan maximum	None	

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross HMO. In-network and out-of-pocket maximum must not exceed the federally mandated maximum of \$10,150 for an individual or \$20,300 for a family. *Except for emergencies or as required by law.

Covered services

Benefits apply after calendar-year deductible is met, unless otherwise noted.

PCY = per calendar year

	BENEFIT LIMITS	IN NETWORK	OUT OF NETWORK	
Preventive care and counseling visit				
Preventive screenings	Subject to federal and state	_	Not covered	
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in-network)	guidelines ¹	Covered in full ²		
Professional office visit		Office visit cost share		
Urgent care		\$25 copay	Same as in network	
Virtual care (general medicine)	No visit limits	PCP office visit copay		
Other outpatient professional services Inpatient professional services		In-network coinsurance		
Manipulations (spinal and other)	10-24 vioita DCV or Unlimited	DCD office visit concy		
Acupuncture	10–34 visits PCY, or Unlimited	PCP office visit copay		
Naturopathic services	No visit limits	Office visit cost share	Not covered	
Mammography		Covered in full ²	Not covered	
Outpatient diagnostic imaging and laboratory services	No visit limits	Basic imaging and labs: In-network coinsurance, in-network coinsurance (deductible waived); Major imaging: In-network coinsurance; Basic imaging and labs: \$75 copay (deductible waived); Major imaging: \$150 copay (deductible waived)		
Emergency room care (copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance plus copay of: \$300	Same as in network	
Ambulance transportation (air and ground)		In-network coinsurance		
Inpatient hospital care	No limit or visit maximum	Inpatient cost share		
Outpatient facility care	NO IIITIIL OF VISILTITAXIITIUITI	In-network coinsurance		
Skilled nursing facility	60–180 days (increments of 10 days), or Unlimited	Inpatient cost share		
Maternity care (prenatal, delivery, and postnatal care)	No visit or day maximum; covered for: subscriber, spouse/domestic partner, and dependents	In-network coinsurance		
Mental health and substance use treatment	No limit on number of days or visits	Outpatient: PCP office visit copay; Inpatient: Inpatient cost share		
Rehabilitation (including physical, occupational, speech, and massage therapy)	15–90 visits (increments of 5 visits)/ 15–90 days (increments of 5 days) Unlimited/Unlimited	Outpatient: Specialist office visit copay; Inpatient: Inpatient cost share		
(Including cardiac/pulmonary rehab and chronic pain)	No visit limits		Not covered	
Supplies, equipment, prosthetics, and orthotics	No maximum, except \$300 max PCY for foot orthotics that are not diabetes related	In-network coinsurance		
Temporomandibular joint disorders (TMJ)	No dollar maximum	Outpatient: Office visit cost share; Inpatient: Inpatient cost share		
Home health agency services	130 visits PCY or no visit limit	In-network coinsurance		
Hospice care	Outpatient: No visit limits (within 6-month lifetime maximum) or Unlimited; Respite: 240 hours (within 6-month lifetime maximum) or Unlimited; Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum) or Unlimited	Outpatient and respite: In-network coinsurance or covered in full; Inpatient: Inpatient cost share or covered in full		
Transplants (organ and bone marrow)	No dollar maximums, except for \$7,500, \$10,000, or No limit for travel and lodging per transplant	Outpatient: Office visit cost share; Inpatient: Inpatient cost share	Covered when approved	

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

¹A list of preventive benefits is available to members when they sign in to their secure member account on **hmo.premera.com**.

²Not subject to copay, deductible, or coinsurance.

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HMO Core Plus pharmacy options

ESSENTIALS FORMULARY

4 TIERS		
FIRST TIER	Preferred generic drugs	
SECOND TIER	Preferred brand-name drugs	
THIRD TIER	Preferred specialty* drugs	
FOURTH TIER	Non-preferred drugs	
	(generic, brand, specialty)	

HMO CORE PLUS	ESSENTIALS				
Retail pharmacy Up to 30-day supply per Rx	\$10/\$25/\$45/30% \$10/\$70/40%/50% \$15/\$30/\$50/30% \$15/\$60/\$100/50				
Mail order Up to 90-day supply per Rx	\$30/\$75/\$451/30%	\$30/\$210/40%1/50%	\$45/\$90/\$501/30%	\$45/\$180/\$100¹/50%	
Rx individual deductible ² PCY (separate from medical deductible)	None, \$150				
Rx family deductible ² PCY		None or same as medical ³			
Individual out-of-pocket maximum PCY	Participating pharmacy cost shares accrue to the out-of-pocket maximum for in-network medical				
Formulary drug list	Essentials E4				

Rx Savings Solutions

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

HMO Core Plus vision and hearing plans

Offering vision and hearing benefits along with your employees' medical coverage is easier to manage for both your business and your employees.

In fact, routine eye and hearing exams can lead to earlier diagnosis of chronic diseases.

You can choose between an exam-only or exam-plus-hardware plan. Adult vision coverage (19 and older) also includes pediatric coverage (18 and younger). See the grid below. When a group offers vision coverage as a separate option, benefits for customers younger than 19 are the same as benefits for adults.

Covered services

PCY = per calendar year CY = calendar year

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		BENEFIT LIMITS	COVERAGE PLAN		
			HMO Core Plus		
Exam or		1 routine exam PCY	\$25 copay*		
Vision Adult	Exam and eyewear	1 routine exam PCY; Hardware: \$150 PCY; \$150 every 2 consecutive CY; \$200 PCY; \$200 every 2 consecutive CY; \$300 PCY; \$300 PCY; \$300 every 2 consecutive CY \$150-\$500 PCY or CY (increments of \$25)	Exam: \$5-\$40 copay (increments of \$5) Hardware: Covered in full		
Vision Pediatric (pediatric exam	Exam only	1 routine exam PCY	\$25 copay*		
and cost shares count toward the out-of-pocket maximum) Exam and eyewear		1 routine exam PCY; Hardware: 1 pair of glasses PCY (frames and lenses); 12-month supply of contacts PCY, in lieu of glasses (frames and lenses)	Exam: \$25 copay;* Eyewear: covered in full		
Hearing	Exam and hardware	1 exam PCY; 1 every 36 months; ¹ Hardware: 1 unit per ear with hearing loss every 36 months ¹	Exam: \$5–\$40 copay (increments of \$5)* Hardware: covered in full		

Select covered services for Premera Blue Cross HMO Core Plus plans are in network only.

¹Up to 30-day supply for specialty drugs.

²Deductible waived for generics and preferred generics on Essentials.

³Family deductible is separate from medical deductible; value uses same multiplier as medical deductible.

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

^{*}Specialty Pharmacy program: Both Essentials and Preferred pharmacy options include benefits for specialty drugs. Specialty drugs are used for treating complex or rare conditions and require special handling, storage, administration, or patient monitoring. Coverage requires these prescriptions be filled through our Specialty Pharmacy program, which uses pharmacies dedicated to supporting specialty drugs and those who need them. Employers can choose between our specialty pharmacy providers.

¹Embedded with the medical plan.

This is only a brief summary of the major benefits provided by our plans.

This is not a contract. For information and details regarding general exclusions and limitations, please contact your HMO representative.

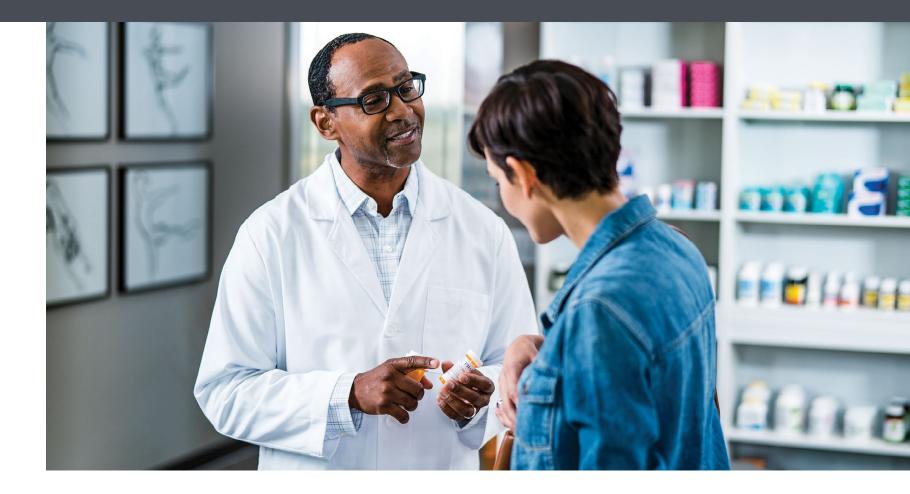
Pharmacy benefits

Premera Blue Cross uses cost-saving incentives to encourage our customers to use generic or preferred brand-name drugs. They will enjoy even greater savings if they use the mail-order service.

Important: All medical plans are required to include a pharmacy plan.

The options listed on this page are available for all plans except health savings account (HSA) plans:

HSA plans include prescription drug coverage as well as a zero cost share for certain generic cardiovascular and oral diabetic medications on the preventive drug list. Please see the HSA plan summary pages on premera.com for more details.



Choose from options for your pharmacy plan:

Essentials is a restricted list of prescription drugs that meets basic pharmacy needs and has a new benefit structure, which follows. Essentials 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 is a comprehensive drug list and provides access to a full spectrum of brand-name medications.

Fully insured and self-funded groups with Essentials

SAVE UP TO

5%

ESSENTIALS FORMULARY

PLANS WITH 4 TIERS			
FIRST TIER	Preferred generic drugs		
SECOND TIER	Preferred brand-name drugs		
THIRD TIER	IER Preferred specialty* drugs		
FOURTH TIER	Non-preferred drugs (generic, brand, and specialty)		

PREFERRED FORMULARY

PLANS WITH 4 TIERS			
FIRST TIER	Generic drugs		
SECOND TIER	Preferred brand-name drugs		
THIRD TIER	Non-preferred brand-name drugs		
FOURTH TIER	Specialty drugs*		
PLANS WITH 3 TIERS			
FIRST TIER	Generic drugs		
SECOND TIER	Preferred brand-name drugs		
THIRD TIER	Non-preferred brand-name drugs		
ı	PLANS WITH 2 TIERS		
FIRST TIER	Generic drugs		
SECOND TIER	Brand-name drugs		

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*Specialty Pharmacy program: Both Essentials and Preferred pharmacy options include benefits for specialty drugs. Specialty drugs are used for treating complex or rare conditions and require special handling, storage, administration, or patient monitoring. Coverage requires these prescriptions be filled through our Specialty Pharmacy program, which uses pharmacies dedicated to supporting specialty drugs and those who need them. Employers can choose between our specialty pharmacy providers.

¹Projected savings based on actuary data of Premera groups with Essentials from 2018 through 2020. Approximated savings for fully insured groups was 5% on prescription premiums. Approximated savings for self-funded groups was up to 5% on prescription claims.

Pharmacy plan benefits for fully insured

Copays and coinsurance represent customers' cost PCY = per calendar year

						Rx = pharmacy	
ESSENTIALS AND PREFERRED		4-TIER ESSENTIALS					
Retail pharmacy Copay=30 days; up to 90-day supply per Rx	\$10/\$25/ \$45/30%	\$10/\$30/ \$30/30%	\$10/\$30/ \$50/30%	\$15/\$30/ \$50/30%	\$15/\$60/ \$100/50%	\$20/\$50/ 30%/50%	
Mail order Up to 90-day supply per Rx	\$30/\$75/ \$45 ¹ /30%	\$30/\$90/ \$30 ¹ /30%	\$30/\$90/ \$50 ¹ /30%	\$45/\$90/ \$50 ¹ /30%	\$45/\$180/ \$100 ¹ /50%	\$60/\$150/ 30%/50%	
Rx individual deductible ² PCY (separate from medical deductible)	None, \$150, \$300, or \$500						
Rx family deductible ² PCY			None or sam	ne as medical ³			
Individual out-of-pocket maximum PCY	Particip	ating pharmacy cos	shares accrue to	the in-network me	dical out-of-pocket	maximum.	
Formulary drug list			Esser	tials E4			
	4-TIER PREFERRED						
Retail pharmacy Copay=30 days; up to 90-day supply per Rx	\$15/35%/50%/30% \$20/\$50/50%/30%			/30%			
Mail order Up to 90-day supply per Rx	\$45/35%/50%/30% \$60/\$150/50%/30%				/30%		
Rx individual deductible ² PCY (separate from medical deductible)	None, \$150, \$300, or \$500						
Rx family deductible ² PCY			None or sam	ne as medical ³			
Individual out-of-pocket maximum PCY	Participating pharmacy cost shares accrue to the out-of-pocket maximum for in-network medical.					ork medical.	
Formulary drug list	Preferred B4						
	3-TIER PREFERRED						
	Standard copay plans Configurable copay plans				ıs		
Retail pharmacy Copay=30 days; up to 90-day supply per Rx	\$10/\$25/\$45 ¹	\$10/\$30/\$50	1 \$10/\$	\$10/\$20/\$401 \$15/\$25/\$404		\$15/\$30/\$50 ⁴	
Mail order ⁴ Up to 90-day supply per Rx	\$30/\$75/\$135 ¹	\$30/\$90/\$15) ¹ \$30/\$6	50/\$120 ¹	\$45/\$75/\$120 ¹	\$45/\$90/\$150 ¹	
Rx individual deductible ² PCY (separate from medical plan deductible)			None, \$150,	\$300, or \$500			
Rx family deductible ² PCY	None	None or same as medic	al ³	None	or same as medical	3	
Individual out-of-pocket maximum PCY	Participat	ing pharmacy cost s	nares accrue to th	e out-of-pocket ma	ximum for in-netw	ork medical.	
Formulary drug list			Prefe	rred B3			
			2-TIER P	REFERRED			
	Standard coinsurance plan Configurable copay		jurable copay plan	s			
Retail pharmacy Up to 30-day supply per Rx	\$1	0/50%		\$10/\$30		\$15/\$35	
Mail order Up to 90-day supply per Rx	\$30/50%			\$30/\$90 \$45/\$105		\$45/\$105	
Rx individual deductible ² PCY (separate from medical plan deductible)	None, \$150, \$300, or \$500						
Rx family deductible ² PCY			None or san	ne as medical ³			
Individual out-of-pocket maximum PCY	Participat	ing pharmacy cost s	nares accrue to th	e out-of-pocket ma	ximum for in-netw	ork medical.	
Formulary drug list	Preferred A2						

¹Up to 30-day supply for specialty drugs.

Pharmacy plan benefits for OptiFlex and self-funded

Copays and coinsurance represent customers' cost

PCY = per calendar year

Retail pharmacy Up to 30-day supply per Rx \$10/\$25/ \$45/30% \$10/\$30/ \$30/30% \$10/\$30/ \$50/30% \$15/\$30/ \$50/30% \$15/\$60/ \$50/30% Mail order Up to 90-day supply per Rx \$25/\$62.50/ \$45¹/30% \$25/\$75/ \$30¹/30% \$25/\$75/ \$50¹/30% \$37.50/\$150/ \$50¹/30% \$37.50/\$150/ \$100¹/50% Rx individual deductible² PCY (separate from medical deductible) None, \$150, \$300, or \$500 Rx family deductible² PCY None or same as medical³ Individual out-of-pocket maximum PCY Participating pharmacy cost shares accrue to the in-network medical out-of-pocket maximum	\$20/\$50, 30%/50%				
Rx individual deductible² PCY (separate from medical deductible) None, \$150, \$300, or \$500 Rx family deductible² PCY None or same as medical³	4 4				
(separate from medical deductible) Rx family deductible ² PCY None or same as medical ³	\$50/\$125 30%/50%				
·	None, \$150, \$300, or \$500				
Individual out-of-pocket maximum PCY Participating pharmacy cost shares accrue to the in-network medical out-of-pocket maximum PCY	None or same as medical ³				
	Participating pharmacy cost shares accrue to the in-network medical out-of-pocket maximum.				
Formulary Drug list Essentials E4					
4-TIER PREFERRED					
Retail pharmacy Up to 30-day supply per Rx \$15/35%/50%/30% \$20/\$50/50%/30%	6				
Mail order Up to 90-day supply per Rx \$37.50/35%/50%/30% \$50/\$125/50%/30	%				
Rx individual deductible ² PCY (separate from medical deductible) None, \$150, \$300, or \$500	None, \$150, \$300, or \$500				
Rx family deductible ² PCY None or same as medical ³					
Individual out-of-pocket maximum PCY Participating pharmacy cost shares accrue to the out-of-pocket maximum for in-network	Participating pharmacy cost shares accrue to the out-of-pocket maximum for in-network medical.				
Formulary Drug list Preferred B4					
3-TIER PREFERRED	3-TIER PREFERRED				
Standard copay plans Configurable copay plans					
Retail pharmacy Up to 30-day supply per Rx \$10/\$25/\$45 ¹ \$10/\$30/\$50 ¹ \$10/\$20/\$40 ¹ \$15/\$25/\$40 ⁴	\$15/\$30/\$50				
Mail order ⁴ Up to 90-day supply per Rx \$25/\$62/\$112 ¹ \$25/\$75/\$125 ¹ \$20/\$40/\$80; \$30/\$50/\$80; \$37/\$62/\$100 ¹	\$30/\$60/\$100 \$37/\$75/\$125				
Rx individual deductible ² PCY (separate from medical plan deductible) None, \$150, \$300, or \$500					
Rx family deductible ² PCY None None or same as medical ³ None or same as medical ³					
Individual out-of-pocket maximum PCY Participating pharmacy cost shares accrue to the out-of-pocket maximum for in-network relative to the out-of-pocket maximum pcy	medical.				
Formulary Drug list Preferred B3					
2-TIER PREFERRED					
Standard coinsurance plan Configurable copay plans					
Retail pharmacy Up to 30-day supply per Rx \$10/50% \$10/\$30 \$1	5/\$35				
Mail order Up to 90-day supply per Rx \$25/45% \$20/\$60 or \$25/\$75 \$30/\$70	or \$37/\$87				
	None or same as medical ³				
(separate from medical plan deductible)					

Preferred A2

Formulary Drug list

²Deductible waived for generics and preferred generics on Essentials.

³Family deductible is separate from medical deductible; value uses same multiplier as medical deductible. 4Buy-up options are available to extend certain generic preventive drugs to be covered in full. Ask your sales representative for more details

This is only a brief summary of the major benefits provided by our plans. This is not a contract.

For information and details regarding general exclusions and limitations, please contact your Premera representative.

¹Up to 30-day supply for specialty drugs only from a Premera specialty pharmacy provider.

²Deductible waived for generics and preferred generics on Essentials.

³Family deductible is separate from medical deductible; value uses same multiplier as medical deductible.

⁴Buy-up options are available to extend certain generic preventive drugs to be covered in full. Ask your sales representative for more details.

This is only a brief summary of the major benefits provided by our plans. This is not a contract.

For information and details regarding general exclusions and limitations, please contact your Premera representative.

Dental plans

Good oral health is important for your employees' overall health. Here's why: Regular preventive oral health visits assist with early detection and management of diseases. When you offer your employees both dental and medical benefits from Premera, you help encourage healthy habits.

Attractive savings

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

1% premium discount 13% overall rate cap

Broad network access

Your employees gain access to more than 490,000 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.

 $\begin{array}{c} 125k & \text{dentists nationwide} \\ 490k & \text{locations nationwide} \end{array}$

Did you know?

¹Discount and rate cap are subject to review.

Premera dental plans may include additional preventive benefits. Detecting and treating minor issues early can prevent more serious and expensive claims for members with certain at-risk conditions.

Choose from three dental plans

With any Premera dental plan, your employees and their covered dependents will receive the following:

- Access to any in-network dentist or any out-of-network¹ dentist nationwide
- Freedom to choose any licensed dental provider, but they will pay less out of pocket if they choose an in-network dental provider
- Preventive and diagnostic services such as routine oral exams, cleanings, and x-rays covered with no deductibles
- Benefits for periodontal maintenance include up to four visits per year to help manage gum disease or chronic conditions

Plan highlights	DENTAL OPTIMA	DENTAL OPTIMA FLEX	DENTAL OPTIMA VOLUNTARY
Comprehensive benefits for major services	•	•	•
Employer-funded plan option ²	•	•	
Access to nationwide Choice dental network	•	•	•
Optional orthodontia coverage available for groups with 26 or more enrolled employees	•	•	
Employee-funded plan option ³			•

¹Balance billing may apply with out-of-network dentists. Note: For a summary of plan benefits and limitations, see plan details to follow. ²Employer contributes 50%–100% of premium. Minimum enrollment is 50% of eligible employees.

 $8 \,$

³Employer contributes 0%–49% of premium. Minimum enrollment is 30% of eligible employees.

Dental Optima

With Dental Optima™ you can choose from several cost-share options, giving your employees and their covered dependents choice and control over their spending. You can decide to have routine diagnostic and preventive services that won't count toward the annual maximum on the plan.

To help encourage regular oral health maintenance, preventive services such as routine exams and cleanings are covered. Additionally, there's no waiting period for major services such as crowns, implants, and dentures, so your employees can get the care they need as soon as their coverage starts.

Covered services

Benefits apply after calendar year deductible is met, unless otherwise noted.

Deductible and coinsurance represent customers' cost share.

PCY = per calendar year

CY = per otherway(s)

	_	CY = calendar year			
		OPTIMA	OPTIMA Shared family maximum plan		
		COST SHARES			
Annual deductible PCY	INDIVIDUAL	\$0/\$25/\$50	\$50		
	FAMILY	\$0/\$75/\$150	\$150		
Maximum allowance per person, PCY		\$1,000-\$3,000 (increments of \$250)	\$1,500, \$2,000 Shared family maximum, up to 3x Individual		
		IN AND OUT OF NETWORK	IN AND OUT OF NETWORK		
DIAGNOSTIC AND PREVENTIVE ¹					
Routine oral exams 2 PCY					
Emergency exams					
Bitewing x-rays					
Complete series or panoramic x-ray once per 36 consecutive months		0%–30% (increments of 5%)	0%		
Cleanings 2 PCY					
Fluoride treatments 2 applications PCY					
Sealants once every 24 consecutive months under age 19; limited to permanent molars only					
Space maintainers under age 19					
BASIC					
Fillings once per tooth surface every 24					
Repair and recementing of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement					
Endodontic (root canal) treatment once consecutive months	e per tooth every 24	0%-50%			
Periodontal maintenance 4 visits PCY			20%		
Periodontal scaling and root planing once per quadrant every 24 consecutive months		(increments of 5%)			
Periodontal surgery once per quadrant months	every 36 consecutive				
Oral surgery including simple and surgical extractions					
Intravenous or general anesthesia for of a dental-care provider's office when den					
MAJOR					
Inlays, onlays, and crowns once per too	oth every 5 CY	0%-60%	F00/		
Implants once every 5 CY		(increments of 5%)	50%		
Dentures, partials, and fixed bridges once every 5 CY					

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. ¹Annual deductible waived for diagnostic and preventive services.

Dental Optima Flex

Dental Optima Flex™ allows you to choose from different in-network and out-of-network cost-share options. Your employees and their covered dependents can save money by using an in-network provider. Non-network providers are still covered, but you may have more out of pocket cost. You can decide to have routine diagnostic and preventive services that won't count toward the annual maximum on the plan.

Preventive services such as routine oral exams and cleanings are covered and there's no waiting period for major services such as crowns, implants, and dentures. Your employees can get the care they need as soon as their coverage starts.

Covered services

Benefits apply after calendar year deductible is met, unless otherwise noted.

Deductible and coinsurance represent customers' cost share.

PCY = per calendar year

					CY = calendar year(s)	
		OPTIMA FLEX		OPTIMA FLEX Shared family maximum plan		
		COST SHARES				
Annual deductible PCY INDIVIDUAL		\$0/\$25/\$50		\$50		
Allitual deductible PC1	FAMILY	\$0/\$75/\$150		\$150		
Maximum allowance per person, PCY		\$1,000-\$3,000 (increments of \$250)		\$1,500, \$2,000 Shared family maximum, up to 3x Individual		
		IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	
DIAGNOSTIC AND PREV	ENTIVE ¹					
Routine oral exams 2 PCY						
Emergency exams						
Bitewing x-rays		0%–30% (increments of 5%)	0%–30% (increments of 5%)	0%	10%	
Complete series or panoramic x-ray once per 36 consecutive months						
Cleanings 2 PCY						
Fluoride treatments 2 applicati	ons PCY under the age of 19					
Sealants once every 24 consecutive months under age 19; limited to permanent molars only						
Space maintainers under age 19						
BASIC		0%-50% (increments of 5%)	0%–50% (increments of 5%)	20%	30%	
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						
Periodontal maintenance 4 visits PCY						
consecutive months	Periodontal surgery once per quadrant once every 36					
Periodontal surgery once per consecutive months						
Oral surgery including simple and surgical extractions						
Intravenous or general anesthesia for covered dental procedures at a dental-care provider's office when dentally necessary						
MAJOR						
Inlays, onlays, and crowns once per tooth every 5 CY		0%-50% (increments of 5%)	0%-50% (increments of 5%)	50%	60%	
Implants once every 5 CY						
Dentures, partials, and fixed bridges once every 5 CY						

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

¹Annual deductible waived for diagnostic and preventive services.

Dental Optima Voluntary

Premera Optima Voluntary™ dental plans require no employer contribution, and employee contributions can be made on a pretax basis. Employees also appreciate being able to use any licensed dentist, although they may elect to access in-network dentists to maximize the purchasing power of their benefits dollar. Plus, additional periodontal maintenance procedures can help at-risk members receive the extra care they need to stay healthy.

Covered services

Benefits apply after calendar year deductible is met, unless otherwise noted.

Deductible and coinsurance represent customer's cost share.

PCY = per calendar year

		CY = calendar year(s	
		COST SHARES	
Annual deductible PCY	INDIVIDUAL	\$50	
Annual deductible PCY	FAMILY	\$150	
Maximum allowance per person, PCY		\$1,000, \$1,500, \$2,000	
		IN AND OUT OF NETWORK	
DIAGNOSTIC AND PREVENTIVE ¹			
Routine oral exams 2 PCY			
Emergency exams			
Bitewing x-rays			
Complete series or panoramic x-ray once per 36 consecutive more	nths	0%	
Cleanings limited to 2 PCY			
Fluoride treatments 2 applications PCY under the age of 19			
Sealants once every 24 consecutive months under age 19; limited to permanent molars only			
Space maintainers under age 19			
BASIC			
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			
Periodontal maintenance 4 visits PCY		20%	
Periodontal scaling and root planing once per quadrant every 24 consecutive months			
Oral surgery including simple and surgical extractions			
Intravenous or general anesthesia for covered dental procedures at a dental-care provider's office when dentally necessary			
MAJOR ²			
Endodontic (root canal) treatment once per tooth every 24 consecutive months		50%	
Periodontal surgery once per quadrant every 36 consecutive months			
Inlays, onlays, and crowns once per tooth every 5 CY			
Dentures, partials, and fixed bridges once every 5 CY			

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. ¹Annual deductible waived for diagnostic and preventive services.

Dental plan enhancements

Shared family maximum

Unexpected dental care can be expensive. Choosing the right dental plan with an annual maximum that meets the needs of your employees is an important decision.

A shared family maximum may be the best choice for your employees and their covered dependents. This option allows employees to share their dental annual maximum to help maximize their family's dental coverage. The shared family maximum does not apply to preventive dental services.

Benefit enhancements

	DENTAL OPTIMA	DENTAL OPTIMA FLEX	DENTAL OPTIMA VOLUNTARY
BENEFIT ENHANCEMENT OPTIONS			
Preventive services do not count toward maximum allowance	Optional		Optional
ORTHODONTIA1			
Diagnostic services and active/retention treatment Including appliances	50%–100% (increments of 10%) up to lifetime maximum		N/A
Monthly orthodontic adjustments Including retention treatment	ap to meanine maximum		
Lifetime maximum per person	\$1,000, \$1,500, or \$2,000		
Age limit	None; Up to age 19; Up to age 26		

¹Not available for a voluntary plan.

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.

²Benefits not subject to deductible or coinsurance.

^{*} This option is limited to certain plan types and coinsurance options.

Vision and hearing plans

Offering vision and hearing benefits along with your employees' medical and dental coverage is easier to manage for both your business and your employees.

In fact, routine eye and hearing exams can lead to earlier diagnosis of chronic diseases.

Plus, offering all of your employees' benefits with Premera means you get the ease of dealing with just one health plan. It also means that your employees and their covered dependents enjoy the simplicity of one card, one customer service phone number, and one website.

You can choose between an exam-only or an exam-plus-hardware plan. Adult vision coverage (19 and older) also includes pediatric coverage (18 and younger). See the grid below. When a group offers vision coverage as a separate option, benefits for customers younger than 19 are the same as benefits for adults.



PCY = per calendar year CY = calendar year

COVERAGE PLANS COVERAGE PLANS BENEFIT LIMITS Your Future / BlueHPN HSA* Premera Pathfinder* Essentials Medical* Your Choice / Your Focus* / BlueHPN* Covered in full or deductible/ Covered in full or deductible/ Exam only 1 routine exam PCY coinsurance, \$25 copay, \$20 copay, or \$25 copay* coinsurance or copay only* \$10 copay* Vision Adult 1 routine exam PCY; Exam: Covered in full or deductible/ Exam: Covered in full or deductible/ Exam and Hardware: coinsurance or \$5-\$40 copay coinsurance, \$5-\$40 copay Exam: \$5-\$40 copay (increments of \$5)* \$150-\$500 PCY or CY (increments of \$5); (increments of \$5) (increments of \$25) Hardware: Covered in full Hardware: Covered in full Not covered Office visit, cost share, Office visit, cost share, \$25 copay, or covered in full* Exam only 1 routine exam PCY \$25 copay* Vision or covered in full* Pediatric (pediatric exam and cost shares count 1 routine exam PCY; Exam: Office visit cost share or toward the out-of-pocket Hardware: 1 pair of glasses PCY (frames Exam: Office visit cost share, Exam: \$25 copay* Exam and waive deductible, then \$25 copay, or covered in full; maximum) and lenses); coinsurance, or covered in full; Eyewear: Covered in full 12-month supply of contacts PCY, in lieu of Eyewear: Covered in full Eyewear: Covered in full glasses (frames and lenses) Exam: Deductible/coinsurance or Exam: Deductible/Coinsurance;* Exam: \$5-\$40 copay (increments of \$5) Exam: Deductible/Coinsurance* 1 exam PCY; 1 unit per ear with hearing Exam and \$10-\$40 copay (increments of \$5); Hardware: IRS minimum deductible, loss every 36 months1 Hardware: Covered in full Hardware: Covered in full Hardware: Covered in full then 0%

*Select covered services for Premera Blue Cross EPO plans are in-network only.

This is only a brief summary of the major benefits provided by our plans.

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Covered services



Did you know?

Your Premera account manager can help you build a well-rounded benefits package that includes ancillary offerings like long- and short-term disability, accident, and employee assistance programs.

¹Embedded within the medical plan

More optional benefits

Stop-loss coverage

LifeWise Assurance Company¹ assists groups with creating the right medical stop loss for their needs. If you elect to self-fund your medical plan, this product provides a reinsurance contract to protect your group from catastrophic losses.

HSA, FSA, and HRA options

Employers can take advantage of an integrated system for implementing and administering a health savings account (HSA), flexible spending account (FSA), and health reimbursement arrangement (HRA). These products can help manage healthcare costs by putting healthcare spending in the hands of employees. With greater visibility of their healthcare costs, employees can delegate their funds with ease. Personal funding accounts are available to Your Choice, Your Focus, Your Future, and BlueHPN HSA plans only.

Ancillary products for a well-rounded offering

Adding benefits from beyond medical, pharmacy, and dental coverage can help give your business a competitive advantage. Considering offering life, long- and short-term disability, hospital indemnity, and other coverage options with Connexion.

Synergie Gene + Risk Protection

Large group employers with LifeWise Assurance Company stop loss can avoid major rate increases and potential lasers due to a gene therapy hitting their stop-loss coverage.





Adding benefits from Premera beyond medical and dental coverage can help give your business a competitive advantage. Consider how you benefit from adding these features:

Stop loss

Life and disability coverage

Personal funding accounts

¹ LifeWise Assurance Company is an independent company that does not provide Blue Cross Blue Shield products or services.



Find out more:

premera.com/wa/employer

hmo.premera.com/employer

Talk with your producer or general agency partner.



