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Prioritizing you

YESTERDAY, TODAY, AND IN THE YEAR AHEAD

2026 health plans for SEBB members







Get to know more about PBC HMO inside!

PREMERA BLUE CROSS

PREMERA HMO



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From the first day of school to the last

You can be confident knowing you have access to **quality care and plenty of ways to find it near where you live and work**.

If your care needs change, we're ready to **support you every step of the way.**

HMOs and PPOs serve different lifestyles and you can choose whichever one works best for yours. Scan the QR code below to learn more about our two companies and the plans they offer.

Meet our companies and plans
Watch our plan overview

Two companies with three great health plan options.

PREMERA BLUE CROSS

Premera Blue Cross has supported school employees for over 60 years. We are here for you and your loved ones in every stage of life, whether you're managing your overall being, or facing urgent health challenges. When you enroll with one of our PPO plans, you get access to the Blue Cross network of nationwide providers.

Premera Blue Cross offers these preferred provider organization (PPO) plans:

	Monthly premium	Medical deductible	Separate prescription drug deductible Waived for preferred generic drugs
Standard PPO plan This plan features lower employee monthly premiums. Key costs for individuals:	**$108**	**$1,250** (in-network care)	**$250**
High PPO plan This plan features lower deductibles. Key costs for individuals:	**$157**	**$750** (in-network care)	**$125**

PREMERA HMO

Premera Blue Cross HMO (PBC HMO) is committed to offering you a more personalized, lower-cost alternative for those looking for a full-service health plan. This plan is aimed at building a closer relationship between you and your primary care provider (PCP).

PBC HMO offers this health maintenance organization (HMO) plan:

	Monthly premium	Medical deductible	Prescription drug deductible
PBC HMO plan This plan features the lowest cost monthly premium available to you and low out-of-pocket costs. Key costs for individuals:	**$21**	**$750** (in-network care)	**$0**

Stand-out benefits

	Premera Blue Cross PPO plans	PBC HMO
Customer service	The dedicated School Employees Benefits Board (SEBB) customer service team can answer benefit questions, help you find in-network providers, and advise how to use your plan to manage newly diagnosed medical conditions.	The dedicated HMO Plus Team is ready to assist with referrals, benefit questions, and claims information. They can also schedule consults with the dedicated HMO clinical team. Learn more at **hmo.premera.com/why-hmo**.
Network	Access a large nationwide network of more than 2 million providers and hospitals.	Access thousands of great Washington providers in the Sherwood HMO network.
Virtual care	Save a trip to urgent care or the ER. Call, video chat, or text with a nurse or a U.S. board-certified provider 24 hours a day. Providers can consult with you, provide a diagnosis, and prescribe most medications.	
Zero-cost preventive care	Annual exams, preventive vaccinations, and many cancer screenings are covered at 100%.	
Behavioral health	Meet with therapists and psychiatrists in person, by video, or by text. Need help finding a mental health provider? Call customer service to request a personalized list of providers who are accepting new patients based on your unique preferences.	
Pharmacy	Copays as low as $0 for preventive medications and devices. Use this guide to find out if your prescriptions are covered (see page 11 for more information about prescription drug benefits).	
Personalized health support	Our personal health support clinicians work with members to facilitate recovery and treatment plans for chronic and complex conditions.	
Care teams	A designated primary care provider (PCP) is not required for members on PPO plans.	Each PBC HMO member chooses a designated PCP to coordinate their care. Learn more about PCP assignments at **hmo.premera.com/pcp-assignments**.
Referrals	No referrals are needed for specialists.	Your PCP will provide referrals to most specialists. However, referrals aren't needed for some specialists like chiropractors and massage therapists. Learn more about direct care at **hmo.premera.com/direct-care**.





Established networks with top providers

	Premera Blue Cross PPO plans	PBC HMO
	Backed by the Blue Cross Blue Shield Association	
Network name	Heritage Prime	Sherwood HMO Learn more at hmo.premera.com/why-hmo/hmo-network
Network size	Over 44,000 in-network providers across Washington	Over 22,000 in-network providers
Coverage area	Nationwide network of more than 2 million providers	King, Pierce, Thurston, and Spokane counties
Out-of-state coverage	Full benefits available across the country and worldwide	Nationwide urgent and emergency coverage
Major hospitals and medical systems These are partial lists of network providers. For a full list of providers, visit premera.com/sebb/find-care.	• EvergreenHealth • Fred Hutchinson Cancer Center • Harborview Medical Center • Kinwell Medical Group • Lourdes Medical Center • MultiCare Health System • Northwest Physicians Network • Optum Washington • Overlake Hospital Medical Center • PeaceHealth • Seattle Children's Hospital • SHC Medical Center • UW Medicine • Virginia Mason	• Kinwell Medical Group • MultiCare Health System • Virginia Mason* • EvergreenHealth • Optum** • Overlake Medical Center • Seattle Children's Hospital • Wellfound Behavioral Health Hospital • Greater Lakes Mental Healthcare

We want to hear from you! Call us with your questions about SEBB health plans from Premera Blue Cross and Premera Blue Cross HMO at **800-807-7310** (TRS: 711), Monday through Friday, 5 a.m. to 8 p.m. Pacific Time, or visit us at **premera.com/sebb**.

*Does not include Franciscan Health System.
**Only includes obstetrical or transplant services if obstetrician or transplant surgeon has admitting privileges at a hospital in the Sherwood HMO network.

Benefits when and where you need them

All Premera Blue Cross and Premera Blue Cross HMO plans offer these benefits to help you feel your best

Alternative care

Get 24 covered visits per year for each of these specialties: chiropractic care, massage therapy, and acupuncture.

Just-for-you primary care

Kinwell has 16 clinics across Washington and virtual care across the state—and it's just for Premera Blue Cross and Premera Blue Cross HMO members.

Mental health care

Based on your unique preferences, Matchmaker™ for Behavioral Health provides a personalized list of providers who are accepting new patients.

Substance use disorder

Boulder Care and WorkIt Health offer opioid and alcohol use disorder treatment for people over age 18 via video and text messaging.

Pregnancy and postpartum

Comprehensive benefits are there for you as you plan for and navigate pregnancy. Benefits continue as you adjust to life with a little one with postpartum support for lactation, specialty care, and parenting.

Diabetes and diabetes prevention

Teladoc Health provides connected devices, supplies, and health coaching for people diagnosed with diabetes and prediabetes.

In-home urgent care

DispatchHealth brings affordable, prompt medical care to your door. Available in most areas.

Virtual care

Urgent care and mental health care with well-known, national virtual care providers is available via phone, text, or video.

Comprehensive prescription drug benefits

	Premera Blue Cross PPO plans	PBC HMO
Covered prescriptions	All plans provide access to a large variety of safe, affordable medications for all conditions.	
Preventive medications and devices	Preventive drugs and medical devices are covered in full with no out-of-pocket costs.	
Retail and mail-order pharmacies	Our large pharmacy network makes it easy to get your medications nationwide. Plus, mail-order services deliver your medications to your door and at a fair price.	
Specialty pharmacy	Get specialty medication delivered promptly to your door and have access to a clinical pharmacist who specializes in your condition. Members can now pick up prescriptions at Walgreens Specialty Pharmacies. **Find out more:** →	

Explore SEBB health plans

SEBB employees have three plan options from Premera Blue Cross and PBC HMO. You can choose a plan based on the county where you live or work (not all plans are offered in all counties). Scan the QR codes below to learn more about each health plan.

Premera Blue Cross PPO plans

Premera Blue Cross HMO plans

2026 PLAN OPTIONS

PCY = per calendar year; OOP = out of pocket

	Premera Blue Cross Standard PPO Plan $108 / $216 / $189 / $324		Premera Blue Cross High PPO Plan $157 / $314 / $275 / $471		Premera Blue Cross HMO $21 / $42 / $37 / $63	
Monthly employee (emp) premium contribution Employee only / Employee+Spouse* / Employee+Child(ren) / Employee+Spouse*+Child(ren)	**In network**	**Out of network**	**In network**	**Out of network**	**In network**	**Out of network**
Annual medical deductible: Per calendar year (PCY), individual / family	$1,250 / $3,125	$2,000 / $5,000	$750 / $1,875	$1,500 / $3,750	$750 / $1,500	Not covered
Coinsurance: Amount you pay after your deductible is met	20%	50%	25%	50%	20%	
Out-of-pocket maximum (OOP max): Individual / Family includes deductible, coinsurance, and copays	$5,000 / $10,000	Unlimited	$3,500 / $7,000	Unlimited	$3,500 / $7,000	
Office visit copay: Includes naturopathy services (deductible waived)	$25 copay nonspecialist / $50 copay specialist	Deductible, then 50%	$25 copay nonspecialist / $50 copay specialist	Deductible, then 50%	$10 copay PCP / $40 copay specialist	
Urgent care	Deductible, then 20%		Deductible, then 25%		$25 copay	$25 copay
Virtual care (deductible waived) General medical and dermatology Behavioral health	$5 copay $25 copay nonspecialist	Not covered	$5 copay $25 copay nonspecialist	Not covered	$5 copay $10 copay	Not covered
Alternative care Spinal manipulation: 24 visits PCY Acupuncture: 24 visits PCY Massage therapy: 24 visits PCY	$25 copay per visit	Deductible, then 50%	$25 copay per visit	Deductible, then 50%	$10 copay per visit	
Emergency services Emergency care (copay waived if directly admitted to an inpatient facility) Ambulance transportation (air and ground)	$150 copay, then deductible, then 20% Deductible, then 20%	$150 copay, then deductible, then 20% Deductible, then 20%	$150 copay, then deductible, then 25% Deductible, then 25%	$150 copay, then deductible, then 25% Deductible, then 25%	$150 copay, then deductible, then 20% Deductible, then 20%	$150 copay, then deductible, then 20% Deductible, then 20%
Hospitalization Inpatient and outpatient services Organ and tissue transplants	Deductible, then 20%	Deductible, then 50%	Deductible, then 25%	Deductible, then 50%	Deductible, then 20%	Not covered
Mental health and substance use disorder services, including behavioral health Office visit Inpatient and outpatient hospital: mental/behavioral health	$25 copay nonspecialist Deductible, then 20%		$25 copay nonspecialist Deductible, then 25%		$10 copay Deductible, then 20%	
Rehabilitative and habilitative services and devices Inpatient: Physical, speech, occupational (45 days combined PCY); Neurodevelopmental therapy (45 days PCY) Outpatient: Physical, speech, occupational (45 visits combined PCY); Neurodevelopmental therapy (45 visits PCY) Durable medical equipment	Deductible, then 20% $50 copay specialist Deductible, then 20%		Deductible, then 25% $50 copay specialist Deductible, then 25%		Deductible, then 20% $40 copay specialist Deductible, then 20%	
Laboratory services: Minor includes x-ray, pathology, imaging/ diagnostic, standard ultrasound, major imaging includes MRI, CT, PET	Deductible, then 20%		Deductible, then 25%		Basic: $75 copay Major: $150 copay	
Preventive and wellness services Screenings Exams and vaccinations	$0	Not covered	$0	Not covered	$0	
Annual prescription deductible (PCY) Individual / family	$250 / $750	$250 / $750	$125 / $312	$125 / $312	$0 (No Rx deductible)	$0 (No Rx deductible)
Prescription drugs Specialty: 30-day supply Retail: Up to a 90-day supply Mail order: 90-day supply	Applies to medical OOP max for in-network prescriptions. The member pays the difference when requesting a brand-name drug. Retail copays are per 30-day supply.		Applies to medical OOP max for in-network prescriptions. The member pays the difference when requesting a brand-name drug. Retail copays are per 30-day supply.		Applies to medical OOP max for in-network prescriptions. The member pays the difference when requesting a brand-name drug. Retail copays are per 30-day supply.	
Preferred generic	$9 / $27 copay (deductible waived)		$9 / $27 copay (deductible waived)		$9 / $27 copay (deductible waived)	
Preferred brand	30%	Cost share, then 40% (to allowable amount)	$40 / $120 copay	Cost share, then 40% (to allowable amount)	$40 / $120 copay	Cost share, then 40% (to allowable amount)
Preferred specialty (30-day supply; mail order or Walgreens Specialty Pharmacy only)	40%		$75 copay		$75 copay	
Non-preferred drugs	50%	Not covered for mail order	50%	Not covered for mail order	50%	Not covered for mail order
Drug list (view full E4 drug list at **premera.com/sebb**)	E4	E4	E4	E4	E4	E4
Plans available in these counties:	Adams, Asotin, Benton, Chelan, Columbia, Cowlitz, Ferry, Franklin, Garfield, Grant, Grays Harbor, King, Kitsap, Kittitas, Lewis, Lincoln, Okanogan, Pacific, Pend Oreille, Pierce, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima		Adams, Asotin, Benton, Chelan, Columbia, Cowlitz, Ferry, Franklin, Garfield, Grant, King, Kitsap, Kittitas, Lewis, Lincoln, Okanogan, Pend Oreille, Pierce, Skagit, Skamania, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima		King, Pierce, Spokane, and Thurston	

Find out more about Premera SEBB health plans: Visit **premera.com/sebb** for complete benefit highlights, Summary of Benefits and Coverage (SBC), and benefits booklets.
Monthly premium contribution information can be found at **hca.wa.gov/sebb-employee**.

*Or state-registered domestic partner.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations, and exclusions please refer to the benefit booklets or call customer service.

Welcome to Premera Blue Cross HMO

Only available in King, Pierce, Spokane, and Thurston counties

Check, choose, or change your PCP assignment by visiting member.premera.com/dashboard or scanning this QR code:

Keep this brochure handy for easy access to your account dashboard.

QUICK LINKS

How to select a primary care provider

Guide to choosing a primary care provider

Find a provider in the Sherwood HMO network

A different kind of HMO

Premera Blue Cross HMO (PBC HMO) is full-service health plan that's aimed at building a closer relationship between you and your primary care provider (PCP).

Pay for what you need, get what you want

At PBC HMO, we want to give you as much as we can for the lowest possible price. Our plan is focused on healthcare as it should be: hassle-free, low effort, sustainable, and with affordable options.

Easier to understand

We believe in transparency and clarity. We're not here to run you in circles with health-plan speak—we know you're busy.

With a focus on feedback and education, PBC HMO is here to do things a bit differently. You can attend our biannual consumer advisory council meetings where you can share your feedback directly with the team that runs PBC HMO.

If you can't attend, you can always share your feedback via the PremeraLISTENS HMO listening post.

Full-service health plan

PBC HMO is a health plan that does the work for you:

- Specialty care is arranged by your healthcare partner (PCP).
- Virtual care is accessible on demand anywhere you go.
- Our digital resources connect you with people who help to guide your healthcare journey.



Did you know? Like many other Blue plans, Premera Blue Cross HMO is a not-for-profit health plan. That means that we pay our taxes but don't have shareholders. Most of every premium dollar is reinvested back into improving healthcare in a meaningful way.

HMO101

Our company and plan

At PBC HMO, we're trying to do things differently. We've made some changes to how we talk because we believe in transparency, honesty, and healthcare education.

What is PBC HMO and how are you different than Premera Blue Cross?

PBC HMO is a separate company that's related to Premera Blue Cross—both companies are part of the Premera family of businesses. This means you get a lot of the same great things that come with a more expensive Premera Blue Cross PPO but for a lower monthly cost.

How is PBC HMO more affordable?

1. Bigger networks cost more to maintain. This plan is dedicated to providing high-quality care closer to where you live and work—where you spend most of your time.
2. You can save on healthcare costs and transportation with our virtual care options and by picking a PCP at your nearest Kinwell clinic.
3. Members like you shared a preference for digital communications over print ones. In response, we're decreasing our print mail and reinvesting the savings to benefit you.

What's new this year?

You can see what changes we're making, as we're making them, by checking out the "What's New" section of **hmo.premera.com**. This gives you a sneak peek into what to expect next year after enrollment.

How is this plan more personalized?

When you use your PBC HMO plan, you work directly with your PCP. Your PCP has access to all your medical records and can direct you toward specialty care options on the spot.

What's with the plus?

We put a plus on any expanded benefits that go above and beyond what other HMOs offer.

Who should get an HMO?

PBC HMO is a health plan for the busy bees. It's for when you don't have time to call providers and ask if they're accepting new patients. It's for when you don't want to think about the paperwork and jargon. Read about the difference between HMOs and PPOs:

For more information, call the number on the back of your member ID card (TRS:711) Monday through Friday, 5 a.m. to 8 p.m. Pacific Time.



A curated and growing network

The Sherwood HMO network supports King, Pierce, Spokane, and Thurston counties, offering you full-service provider options near where you spend most of your time.[1]

More value here

Our network may be in fewer counties, but it's more focused on providing quality care closer to where you spend most of your time.

Choose from a variety of primary care providers and specialists including:

- Kinwell Medical Group
- MultiCare Health System
- Virginia Mason[2]
- EvergreenHealth
- Optum[3]
- Overlake Medical Center
- Seattle Children's Hospital
- Wellfound Behavioral Health Hospital
- Greater Lakes Mental Healthcare

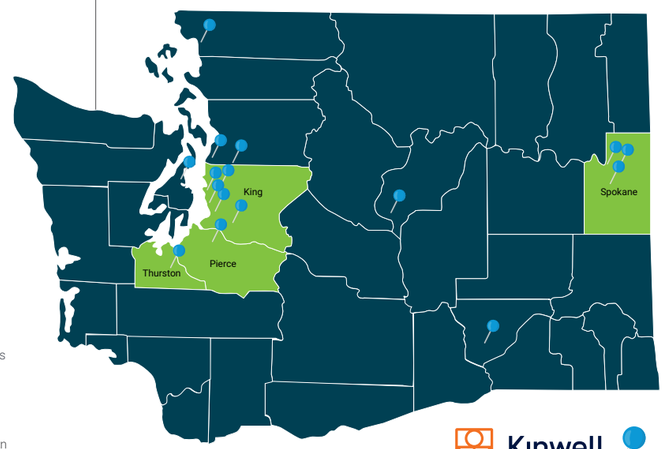
This is a partial list of the Sherwood HMO network.[4] For a full list of providers, visit the Find a Doctor tool:

Same access there

When you travel outside of the Sherwood network, urgent and emergency care are still covered like any other Blue Cross Blue Shield plan.

What is Kinwell?

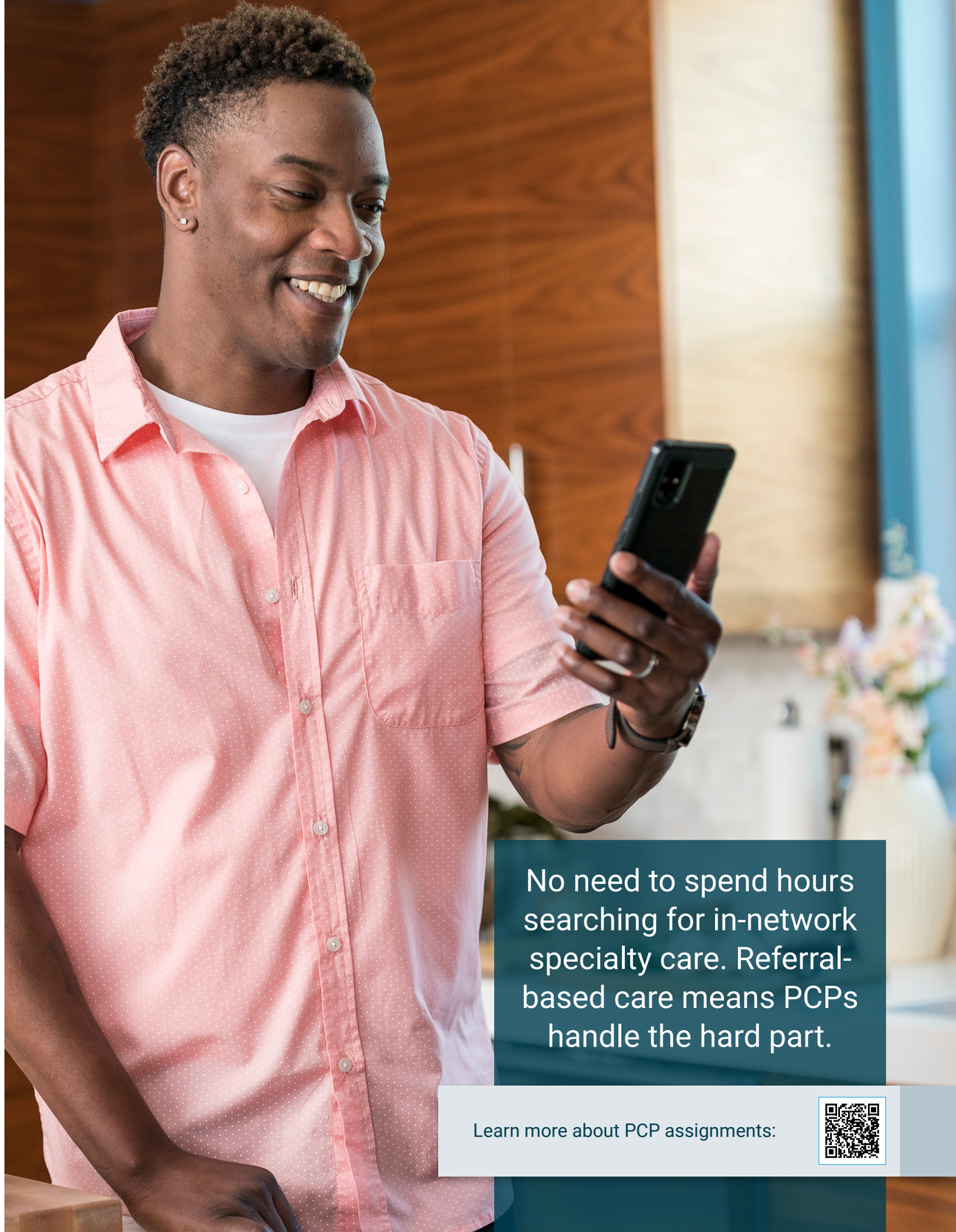
In 2022, Kinwell became an exclusive primary care provider for all companies in the Premera family of businesses, which helped to expand access to high-quality primary care in Washington. PBC HMO members have exclusive access to 16 clinics across the state. Schedule a virtual or in-person appointment today at **kinwellhealth.com**.



Kinwell

Kinwell Medical Group is an independent organization that operates primary care clinics providing services for Premera members on behalf of Premera Blue Cross HMO.

[1]In-network care is available only in Washington, but urgent and emergency care is available nationwide.
[2]Does not include Franciscan Health System.
[3]Only includes obstetrical or transplant services if obstetrician or transplant surgeon has admitting privileges at a hospital in the Sherwood HMO network.
[4]Network counts as of June 2025: total providers: 25,869; PCPs: 3,336; Hospitals: 31



A healthcare fastpass

As a PCP-centered health plan, your PCP will help handle the phone calls, specialist research, and referrals so you don't have to.

Preventive care
Having regular preventive care visits helps you catch things early before they get worse. Routine preventive care visits with your in-network PCP are covered by your plan.

Primary care
Your PCP is your healthcare partner, and they have information about your medical history that other providers don't, which means they can make informed decisions about your healthcare.

Specialty care
Sometimes you'll have a specific health concern. Your PCP will refer you to in-network specialists when needed, which saves you time spent troubleshooting conditions.

Virtual care
When you can't wait for an in-person visit, skip the line with our virtual care options. Virtual care offers secure text or video visits to treat a variety of primary care needs.

What's included in preventive care?

Under the Affordable Care Act, all health plans cover certain preventive services* with no out-of-pocket cost to you:

- Routine wellness exams
- Screenings and tests
- Vaccinations
- Reproductive and gynecological care
- Cancer screenings per national guidelines

Ask your PCP about which services are right for you.

HMO101 **What type of care should you get?**

PREVENTIVE CARE	PRIMARY CARE	URGENT CARE	EMERGENCY CARE
No additional cost beyond your normal premium	Copay or coinsurance	Copay, but costs more	Copay, then deductible and coinsurance;, costs much more than any other option
Scheduled in advance**	Scheduled in advance**	Same day or next day**	Appointment can be as soon as possible
Catches things early	Treats current conditions	Treats current conditions	For emergencies only
Does not treat current conditions	Can address multiple things	Each appointment focuses on only one concern	Treats current, life-threatening conditions

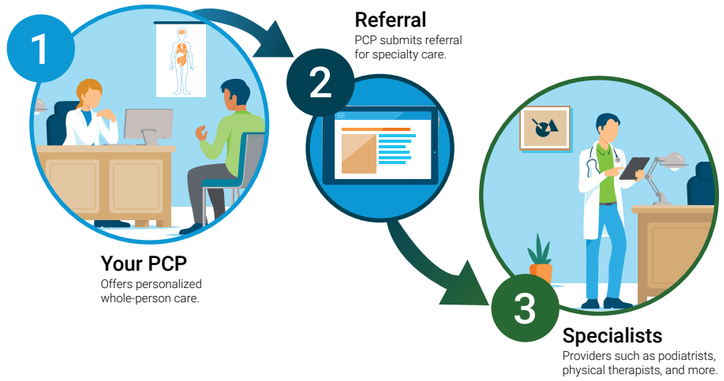
*This is not a complete list of covered preventive services. The listed services may have age, risk, and other requirements to be considered preventive.
**Same day, next day, and virtual care may be available depending on provider.

HMO101

How HMOs work

For most specialty services, you'll need a referral from your PCP.

How referrals work



Why get a referral?

If you visit an in-network provider but don't have a referral, you may have to pay for the total cost of care. Forget the hold music and leave the hard part to the professionals. Your PCP is your gateway to care.

Not all services require referrals

Healthcare services that don't require a referral from your PCP are called direct-care services. You can book these on your own with any in-network care provider. Some services that don't require referral:

- Behavioral health care
- Chiropractic care and massage therapy
- Gynecology and family planning
- Preventive care
- Emergency and urgent care

This is not a complete list of direct-care services.
A complete list can be found at **hmo.premera.com/direct-care**.

Check your PCP

If you don't have a preferred PCP, we may assign one based on things like your claims history and location. If you have a preferred PCP, you can always change your PCP at any time on your portal.

Learn more about referrals, direct care, and how health plans work:

A redefined approach

Some health issues aren't simple, which is why you have access to Premera Blue Cross and PBC HMO-exclusive resources that make your experience responsive to and informed by your individual needs.

Health plan guidance

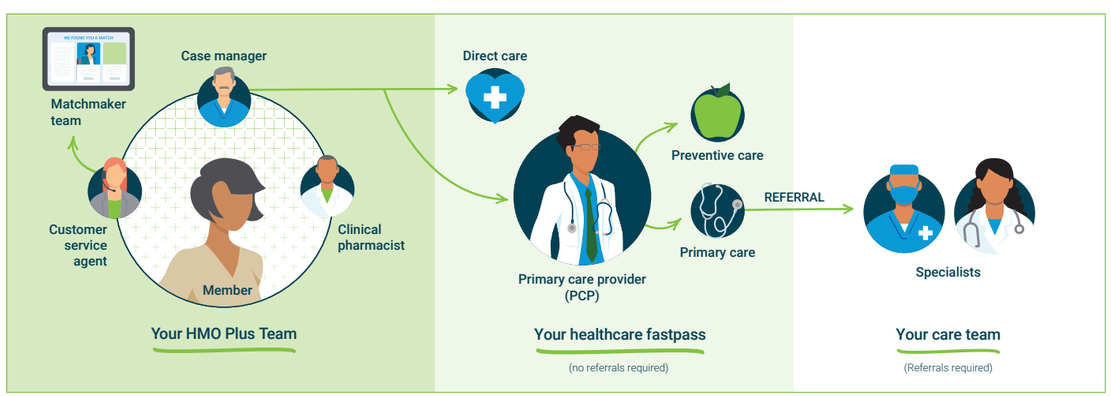
With a PBC HMO plan, you get access to a plan-specific Personal Health Support (case management) team. This team is made up of specially trained case managers, clinicians, and pharmacists who can provide 1-on-1 healthcare guidance in these ways:

- Advocate for you and your family
- Help you navigate the health system
- Help you make informed decisions about your or your loved one's condition
- Locate community resources and support
- And more

Let us know how you're doing

The health risk assessment is an annual survey that gives you the opportunity to share information about your healthcare needs and concerns. Our Personal Health Support team can check in and assist with a targeted approach.

Scan the QR code or go to premera.com/hmo/hra to take the PBC HMO health risk assessment. This information will only be used to connect you with our Personal Health Support team.
Estimated completion time: 15 minutes.



A focus on mental health

Scheduling an appointment with a new behavioral health care professional can sometimes take weeks or months. We're passionate about reducing these barriers to care. So, we've made it easier than ever for you to access behavioral health services virtually or in person.

Matchmaker™ for Behavioral Health

Matchmaker for Behavioral Health is a response to the direct feedback we've been hearing from members like you. We've prioritized mental health care access and continue to make efforts toward decreasing the barriers that make finding care a challenge.

How does it work?

Our Matchmaker team builds a list of behavioral health providers based on your plan, needs, and preferences. **This is one of the many ways that your PBC HMO plan is tailored to YOU.**

Get a list of available clinicians

Every Matchmaker list includes a minimum of two in-network clinicians. Lists are compiled by a real team of healthcare professionals at PBC HMO, not by AI or an algorithm.



Member
You contact PBC HMO customer service or care management.

Customer service
PBC HMO representative completes your intake over the phone.

Matchmaker team
Matchmaker team curates a list of providers that's delivered to you in three to four business days.

17.7%
of the U.S. population had a substance use disorder in 2022.[1]

Did you know? You also have access to industry-leading behavioral health virtual care options to ensure that you can get the care you need, when you need it, and in a way that works for you.

[1]Key Substance Use and Mental Health Indicators in the United States, www.cdc.gov/overdose-prevention/media/pdfs/2024/04/SAMHSA-Key-substance-use-and-mental-health-indicators-2022.pdf. Accessed 24 Sept. 2024.

A wide variety of tools

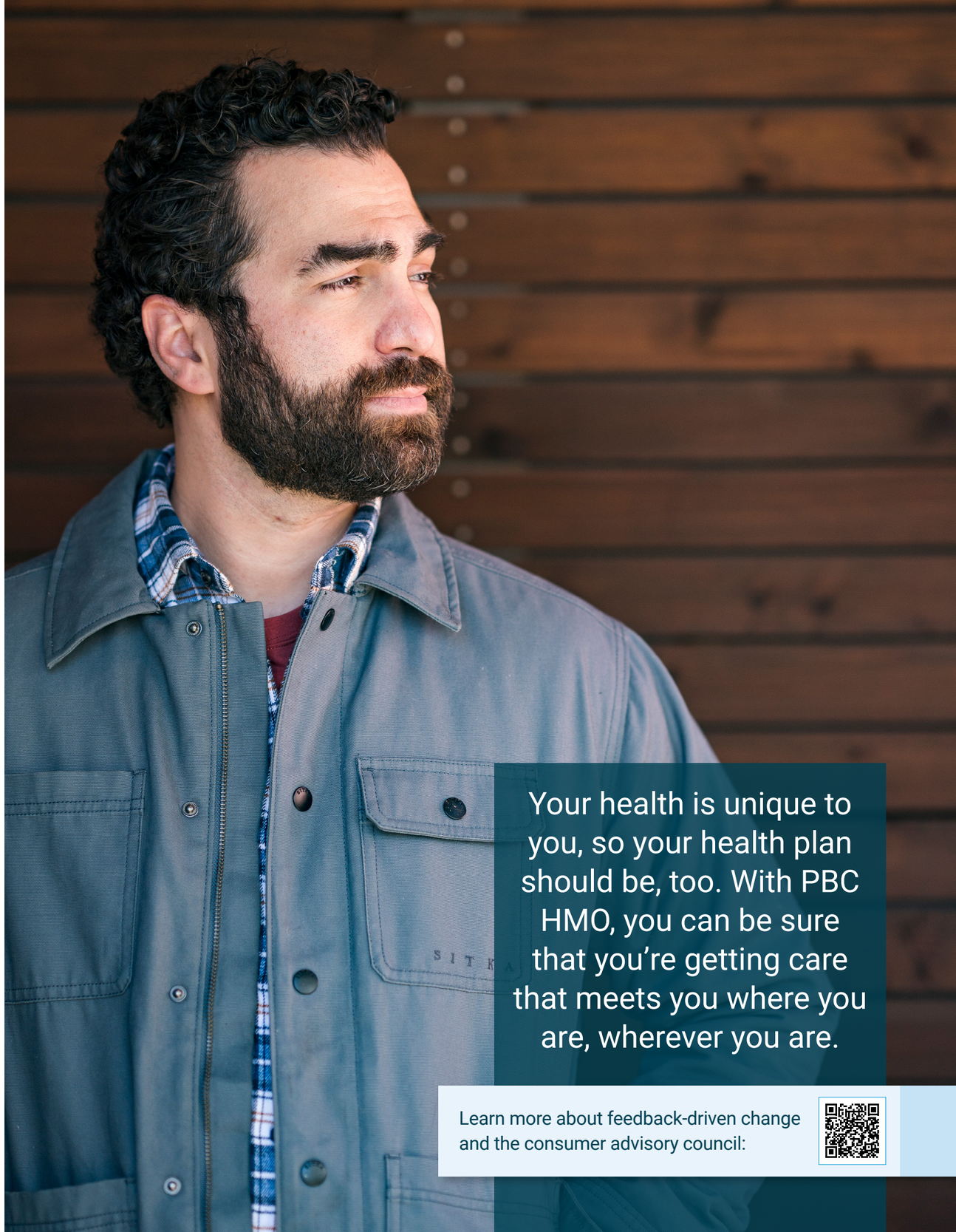
As a PBC HMO member, you get access to many of the same digital tools and resources that a member with a Premera Blue Cross PPO plan would pay significantly more for.

Virtual care and digital benefits	98point6 • Spring Health • Talkspace • BoulderCare* Workit Health* • Diabetes Management Plus • 24-Hour NurseLine
Personalized care and case management	+ **Healthcare Partner (PCP)** • Matchmaker for Behavioral Health™ + **Health Risk Assessment** • Personal Health Support + **HMO Plus Team** • Wellframe
Sustainable experience	Premera mobile app • Digital Health Messages + **Digital-first communications** • Electronic EOBs
Continuous improvement	+ **Consumer advisory council** • + PremeraLISTENS HMO + **HMO 101** • PremeraACTS
Curated provider network access	Kinwell advanced primary care • Find a Doctor tool + **PCP Search and Select** • DispatchHealth
Discounts and savings	RxSS • Blue365

Did you know? You can explore everything in your digital toolkit online:

*Members with a substance use disorder have access to confidential and high-quality virtual care, including medically assisted treatment depending on their location. Contact your representative for more information.

98point6, Spring Health, Talkspace, BoulderCare, Workit Health, Teladoc, Kinwell, DispatchHealth, and Rx Savings Solutions are independent companies that provide member care benefit services on behalf of Premera Blue Cross HMO.



Your health is unique to you, so your health plan should be, too. With PBC HMO, you can be sure that you're getting care that meets you where you are, wherever you are.

Learn more about feedback-driven change and the consumer advisory council:

A better set of pharmacy benefits

All PBC HMO health plans come with access to a large number of in-network pharmacies and convenient pharmacy benefits. Get the following key pharmacy benefits:

Access to our Essentials drug list, which is focused on keeping your costs low. It does not cover:

- Certain low-value, high-cost drugs
- Drugs that may have lower-cost, over-the-counter alternatives
- Drugs not approved by the FDA
- Drugs sold at inflated prices

Preventive medications and devices are covered in full

- Breast cancer prevention drugs
- Cholesterol medications
- Vitamins
- Contraceptives
- Smoking cessation resources
- Digestive regimens

Covered prescriptions

Our pharmacy benefit provides access to a wide variety of affordable and safe medications for all conditions.

Retail and mail-order options

The PBC HMO pharmacy network goes beyond the Sherwood network counties—you can get your medications nationwide. Sign up for mail-order to get your medications delivered to your door quickly and affordably.

Specialty drugs

If you have a complex condition, you may need special medications that are not available at most retail pharmacies. They are usually self-injected and may need refrigeration.

The Premera specialty pharmacy program is there to support you:

- Shows you how to use these products
- Offers free home delivery and refill reminders
- Gives you 24-hour access to pharmacists and nurses

For more information, sign in to **premera.com** and select Prescriptions.



HMO101

Pharmacy

Use your Essentials pharmacy plan

Who determines which medications are covered?

A committee of providers, pharmacists, and healthcare professionals in our community determines which drugs are included on the drug list. They ensure that our Essentials plan provides access and coverage to a wide variety of medications, while keeping your plan affordable.

Why does PBC HMO only offer the Essentials pharmacy plan?

As a cost-conscious plan, we prioritized savings over variety, but our Essentials plan is still comprehensive and diverse, and should not hinder you from receiving common medications.

What if a medication is not covered on the Essentials formulary?

If your medication isn't covered, you can talk to a case manager, or your PCP can submit a request for coverage.

Did you know? Generic drugs are less expensive than brand-name drugs because they're not patented or trademarked, but they're nearly chemically identical. Ask your provider about generic options when you get your next prescription.

NOTEPAD

When you fill a prescription at the pharmacy, you pay a designated copay or coinsurance. How much you pay depends on the tier or level the drug is assigned to.

ESSENTIALS	
$ TIER 1	Preferred generics
$$ TIER 2	Preferred brand-name drugs
$$$ TIER 3	Preferred specialty drugs
$$$$ TIER 4	All non-preferred drugs

If you are a current member, your member ID card lists your copay and coinsurance.

Formulary

This is a list of all the drugs that are covered by your health plan. Every PBC HMO plan includes our Essentials formulary. This is also called a drug list.

Tier

This is what we call each category or level of medication within a formulary. Typically, you pay more for drugs in higher tiers.

Copay

This is the amount that you will pay for your medication. It varies based on which tier its in.

Coinsurance

This is your share of the cost of medication. For example, if your plan pays 90%, your coinsurance (the part you pay) is the remaining 10%.

HMO 101

How to save on medications

There are seven ways that you can save time and money when it comes to using your pharmacy benefit. You can follow our recommendations below to get you the most out of your plan.

1 **Find a medication**

Check the PBC HMO drug list to see if your medication is covered. Visit **premera.com/visitor/covered-drugs**.

2 **Find a pharmacy**

In-network pharmacies can be found using the Find a Doctor tool.

3 **Sign up for Rx Savings Solutions (RxSS)**

Save money on your prescriptions when you use RxSS to find the lowest prices.

4 **Manage your medications**

Access information about your medications through the Premera mobile app or your account portal on **premera.com**.

5 **Choose generic drugs**

Generic drugs are often less expensive than brand-names despite having the same active ingredients.

6 **Sign up for mail-order delivery***

Mail-order is ideal for prescriptions you take regularly. You can save through Express Scripts home delivery, which is included in your pharmacy benefit.**

7 **Talk to a clinical pharmacist**

Call the HMO Plus Team using the number on the back of your ID card and request to speak with a clinical pharmacist. They can answer any questions you have about medication coverage and savings opportunities.



*No mandatory mail-order/specialty drugs. The 90-day retail price is equal to the mail-order price. Retail/mail-order must have same cost shares, pending new rules.

**Express Scripts is an independent company that provides online prescription and pharmacy services on behalf of Premera Blue Cross HMO.

HMO 101

How to get set up

Create an account

When you create an account on **premera.com**,* your care is at your fingertips:

- **Access your digital ID card.**
- **Track your care** costs, claims, and referral status.
- **Refill or manage your prescriptions** and get dose reminders.
- **Find providers, hospitals, and pharmacies** that are in your network.
- **Select your primary care provider (PCP)** with the PCP selection tool.
- **Read more** about the details of your benefits.
- **Update your contact information** so we can get in touch if needed.
- **Communicate virtually** through secure messaging.
- **Sign up** to be on the consumer advisory council.

Scan to create your account

Download the app

The **Premera mobile app** ensures you always have access to your health plan information—wherever you are:

- Search for providers and other specialists.
- Monitor your claims.
- Show proof of your coverage with your virtual ID card.

Download the Premera Blue Cross mobile app on **Android** or **iOS**.

Download on the App Store | GET IT ON Google Play

Sign up for messaging

Access your own personalized digital feed easily without opening an app with **Digital Health Messages**. Get health plan tips, healthcare education, and your plan information straight to your phone.

Scan to sign up for Digital Health Messages

Phone a friend

The **HMO Plus Team** offers outstanding customer service, plus so much more:

- Answer benefit, cost, and claims questions
- Work with you to find appropriate in-network providers
- Get you started with the Matchmaker™ for Behavioral Health service
- Schedule consults with our clinical pharmacists
- Connect with your providers to ensure your care is well coordinated

If you have any questions or concerns, you can call the number on the back of your member ID card (TRS:711), Monday through Friday, 5 a.m. to 8 p.m. Pacific Time.

*As a PBC HMO member, you will still use the Premera Blue Cross member portal to sign in.

Straightforward set up

At the start of your plan year, doing these simple tasks will make it as easy as possible to manage your care and get the most value from your plan.

Create an account

When you create an account on **premera.com***, you can complete the following:

- **Track your care costs** (such as deductible and out-of-pocket maximum)
- **Refill or manage your prescriptions** and get dose reminders
- **Find providers, hospitals, and pharmacies** that are in your network
- **Read more** about the details of your benefits

Download the app

The Premera mobile app ensures you always have access to your health plan information—wherever you are:

- Search for doctors and other providers
- Monitor your claims
- Show proof of your coverage with your virtual ID card

Download the Premera mobile app on **Android** or **iOS**.

Download on the App Store | GET IT ON Google Play

Sign up for Digital Health Messages

Access your own personalized digital feed easily without opening an app. Get health plan tips, healthcare education, and your plan information straight to your phone.

Phone a friend

If you have any questions or concerns, you can call out customer service team at **800-807-7310** (TRS: 711). We're available to assist you from 5 a.m. to 8 p.m. Pacific Time, Monday through Friday.

*As a PBC HMO member, you will still use the Premera Blue Cross member portal to sign in.

News for 2026

	Premera Blue Cross PPO plans	PBC HMO
Blue 365	Access to our discounted health and wellness program, Blue365.	
Spring Health	Access to Spring Health, a virtual care tool for mental health care. This will be taking the place of Doctor On Demand after it retires.	

PBC HMO member?

When you sign in to your account, you have extra digital features:

- Track your referrals
- Select or change your PCP
- Take the health risk assessment
- Apply for the consumer advisory council

Learn more about health plan basics and how we're doing things a bit differently on **hmo.premera.com**.

Continuous improvement

We've been around the block, but there's always something new for us to learn—our members are our best teachers.

PremeraLISTENS

PremeraLISTENS is a survey program that collects member feedback after key touchpoints. You may receive a brief survey after calling customer service, visiting the Premera Blue Cross website, or seeing your provider.

PremeraLISTENS staff reads all of your responses. Your feedback helps them understand trends, identify areas of improvement, and set goals to make your experience the best it can be.

PremeraACTS

PremeraACTS takes PremeraLISTENS to the next level. It gets member feedback to those who can take action to improve your overall experience. This program helps to improve multiple areas:

- Understand what's important to members
- Highlight areas of concern (and excellence!)
- Monitor vendor performance
- Detect fraud
- Identify systemic problems

Feedback-driven change

With a PBC HMO plan, you have access to PremeraListens HMO and the consumer advisory council (bi-annual).

Through these outlets, we'd like to hear any and all feedback about our plan and your experience (seriously... any).

Accountability and follow-through

You can see PBC HMO member feedback and our direct actions in response to them on **hmo.premera.com**.

Meet the team

There are so many people dedicated to supporting you and your health plan. Here are just a few who work every day—some behind the scenes and some directly with members like you—to make sure you can get the care you deserve.



Josephine Young, MD
Medical Director

"I am dedicated to helping members achieve their own best health through ways that meet their personal values and needs."



Lan Nguyen, MD, MHA
Medical Director

"As a medical director and a practicing family medicine physician, I want to make the healthcare journey easier for members so they can live their fullest, healthiest life."



Meghan Lawrence
Senior Account Executive

"The best part of my day is helping people understand how to utilize the benefits available to them."



Amanda Johnson, PharmD
Clinical Pharmacist

"I want to help members understand and access affordable medications to support their health goals."



Chris Peterson
Senior Account Manager

"I like helping SEBB members get the most value from their health plans. It's great being able to help school employees find the care they need."



Savannah Peterson
Customer Service Lead

"My primary focus is the experience of our members, ensuring they are staying healthy through proactive engagement and assisting with care coordination."

Notes:

Notes:

premera.com/sebb

PREMERA BLUE CROSS

PREMERA HMO

Independent Licensees of the Blue Cross Blue Shield Association

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