

FOR BUSINESSES WITH 51+ EMPLOYEES

2024 health plan guide

PREMERA  HMO

We care for our customers

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.



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The Power of Plus



Lower prescription costs

Proactive, targeted communications to members about lower cost medications and prescription price comparisons.



HMO Plus team

HMO-trained customer service agents who work across the organization to proactively support members and providers.



Integrated clinical team

Dedicated case management and pharmacy clinicians who partner with members and providers to ensure a coordinated healthcare journey.



In-home urgent care

Same-day care to members' homes for urgent health issues. Arrives fully equipped to test and treat everything an urgent care center can.



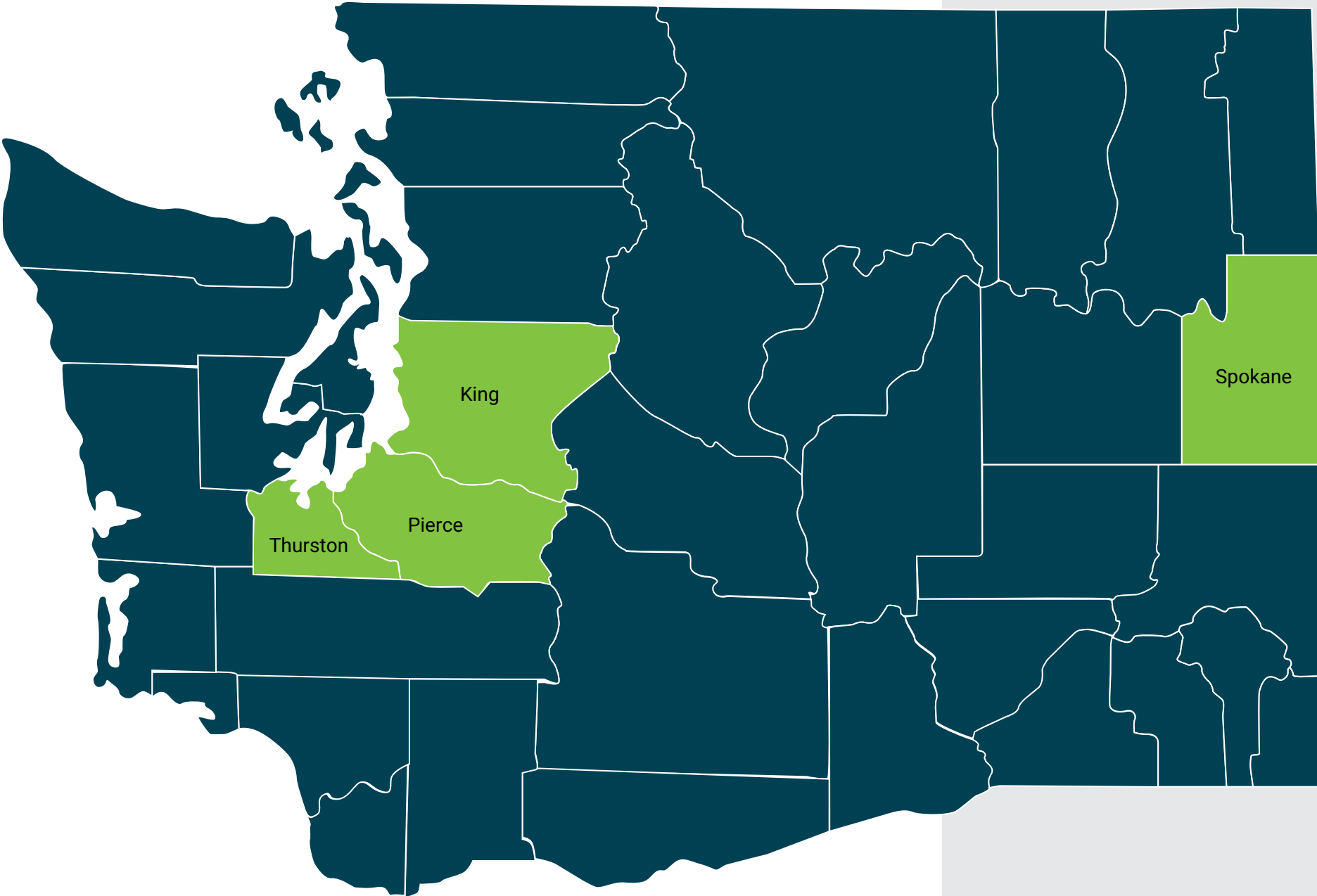
Matchmaker for Behavioral Health

Members receive a highly personalized list of behavioral health providers based on their plan, needs, and preferences.



Personalized digital feed

Delivers HMO plan information through an interactive, scrollable feed. No app download required.



Beginning January 1, 2024, the HMO is expanding into King County.

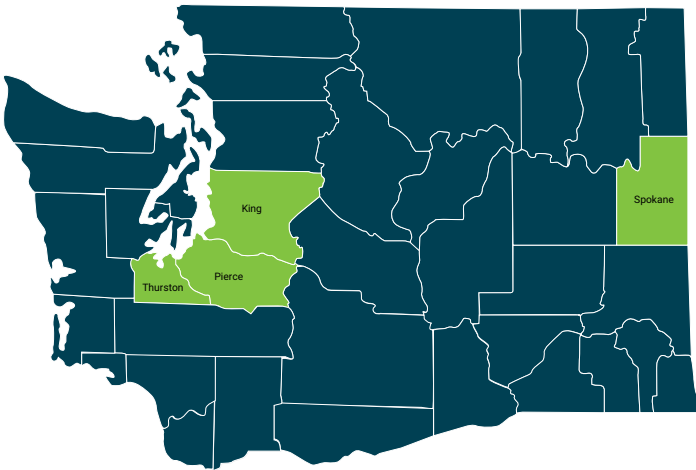
Meet Premera Blue Cross HMO

For Washington employers

Providing lower cost alternatives

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 in King, Pierce, Spokane, and Thurston counties.

WHAT MAKES PREMERA BLUE CROSS HMO DIFFERENT



A high-value growing network

The Sherwood HMO network supports King, Pierce, Spokane, and Thurston counties, offering your employees provider options near where they live or work.

NETWORK	TOTAL PRACTITIONERS	PRIMARY CARE PROVIDERS	HOSPITALS
Sherwood HMO ¹	22,000	4,000	28

¹Network counts as of September 2023.

Average savings of
15%
compared to
PPO plans

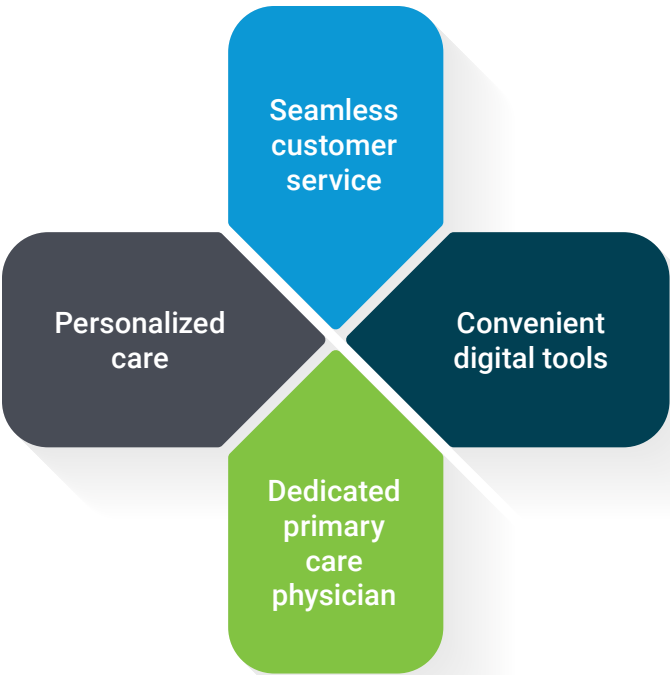
Save more with Premera Blue Cross HMO

The HMO suite of plans has notable savings for the member and the employer. Employers can save up to 15% compared to preferred provider organization (PPO) plans. HMO members have all preventive care covered at 100%.

HMO for self-funded groups

Premera Blue Cross HMO is available to self-funded groups as a fully insured option.*

AN INNOVATIVE APPROACH



HMO Plus Team

The HMO Plus Team provides members with an unparalleled customer service experience to help them navigate their healthcare journey.



Traveling?

Premera Blue Cross HMO plans cover urgent and emergency care wherever you go.



Referrals

Most specialty care needs a referral from your primary care provider (PCP). If you seek specialty care without a referral—even from providers in the Sherwood HMO network—you may be responsible for the total cost.

*HMO plans pending Office of Insurance Commissioner filing. The anticipated filing date is the end of August 2023.

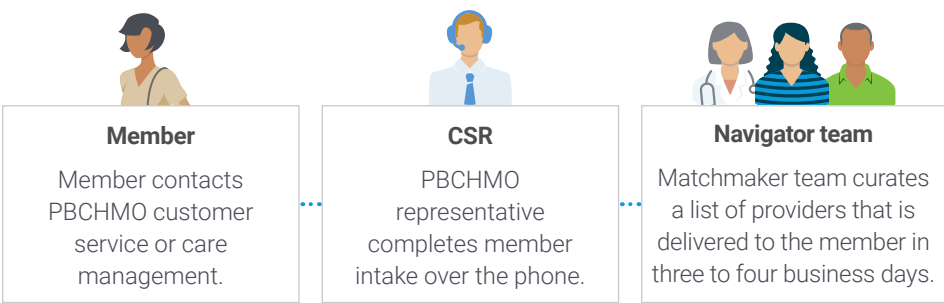
Mind over matter

Two out of three employers rank employee mental health as a top health priority.¹ Premera Blue Cross HMO has made it easier than ever for members to access behavioral health services virtually or in person.

NEW FOR 2024!

Matchmaker™ for Behavioral Health

Matchmaker for Behavioral Health is an expansion of our commitment to improve access and lessen the hurdles that members face when seeking behavioral health services. With Matchmaker for Behavioral Health, members receive a highly personalized list of behavioral health providers based on their plan, needs, and preferences.

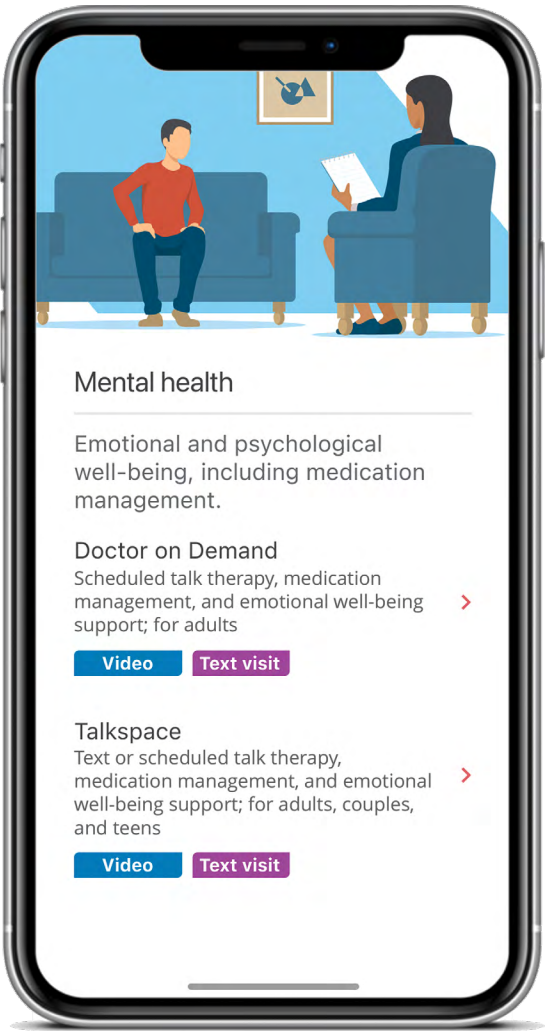


- The Matchmaker for Behavioral Health intake asks members for their information and their appointment preferences:
- In-person or virtual attendance
 - Language
 - Gender, race, and ethnicity
 - Religious affiliation
 - And more

Every Matchmaker for Behavioral Health list includes a minimum of two in-network clinicians.

Behavioral health in the palm of your hand

Premera Blue Cross HMO 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 Blue Cross HMO account representative for more information.**

¹2022 Best Practices in Healthcare Employer Survey, 2022 Global Benefit Attitudes Survey

Advanced primary care starts here

Access to high-quality primary care and improved health outcomes go hand in hand. With a Premera Blue Cross HMO health plan, you can be sure your employees have access to primary care with a broad provider network and primary care clinics designed just for HMO members.

Creating access

In 2022, the Kinwell Medical Group was established to aid the expansion and access to high-quality primary care across Washington. Kinwell now has 16 clinics located across the state with more than 300,000 members located within five miles of their local Kinwell.



Curious about Kinwell?

Scan the QR code to find out more.



- 1 Bellingham
- 2 Federal Way
- 3 Lynnwood
- 4 Mill Creek
- 5 Olympia
- 6 Pasco
- 7 Poulsbo
- 8 Redmond
- 9 Renton
- 10 Seattle—Ballard
- 11 Seattle—Denny Way
- 12 Seattle—Westlake
- 13 Spokane—West 6th
- 14 Spokane—North Country Homes
- 15 Spokane Valley
- 16 Wenatchee

Providing an integrated care model

Kinwell cares for patients from head to toe. The integrated care model makes it possible for primary care providers and behavioral health providers to connect quickly and easily when a patient presents with physical symptoms that may be a manifestation of mental illness.

Care when you need it

For the times when you can't wait for an in-person visit, virtual care is there. Virtual care providers offer secure text or video visits to treat a variety of primary care needs.

Virtual care can help with the following and more:

- Common cold symptoms
- COVID-19 treatments
- Follow-up visits with a physician
- Sinus infections
- Urinary tract infections (UTIs)

Urgent care to your doorstep

DispatchHealth is an expansion of our provider network and a unique medical service that brings care to our members' front doors. Head, shoulders, knees, toes, and nearly everything in between can be treated at home with the DispatchHealth care team, which includes a physician assistant or a nurse practitioner and a medical technician. Keep your members healthy and out of the emergency room with DispatchHealth.



Preventive health

Preventive healthcare services are part of every Premera Blue Cross HMO plan. Our secure member website provides suggested preventive routine exams, vaccinations, and screenings.



Did you know?

Every Premera Blue Cross HMO 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.

HMO Core Plus

Premera Blue Cross HMO will serve groups that want affordable healthcare for their employees with a forward-thinking health plan. This plan is designed for members **living or working in King, Pierce, Spokane, and Thurston counties.**

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 NETWORK
Individual deductible PCY	\$500 \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$3,500 \$4,000 \$4,500 \$5,000	Not covered*
Family deductible PCY	2x Individual	
Coinsurance	0%, 10%, 20%, 30%, 40%, or 50%	
Individual out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	\$3,000 \$4,000 \$5,000 \$6,000 \$7,000 \$8,000 \$9,000 \$9,100 \$9,450	
Family out-of-pocket maximum PCY (includes deductible, coinsurance, and copay)	2x Individual	
Fourth quarter deductible carryover	Excluded	
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 \$9,450 for an individual or \$18,900 for a family.

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	Subject to federal and state guidelines ¹	Covered in full ²	Not covered
Preventive screenings			
Vaccinations (including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in network)			
Professional office visit	No visit limits	Office visit cost share	Same as in network
Urgent care		\$25 copay	
Virtual care (general medicine)		PCP office visit copay	
Other outpatient professional services Inpatient professional services		In-network coinsurance	
Manipulations (spinal and other)	12 or 24 visits PCY; No visit limits	PCP office visit copay	Not covered
Acupuncture			
Naturopathic services	No visit limits	Office visit cost share	
Mammography (non-preventive)	No visit limits	Covered in full ²	
Outpatient diagnostic imaging and laboratory services		In-network coinsurance; Basic imaging and labs: 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	Not covered
Outpatient facility care		In-network coinsurance	
Skilled nursing facility	60, 90, 120, or 180 days PCY	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 chemical dependency treatment	No limit on number of days or visits	Outpatient: PCP office visit copay; Inpatient: Inpatient cost share	Not covered
Rehabilitation (including physical, occupational, speech, and massage therapy)	15 visits PCY / 30 days PCY; 25 visits PCY / 30 days PCY; 45 visits PCY / 30 days PCY; 60 visits PCY / 60 days PCY; or Unlimited/Unlimited	Outpatient: Specialist office visit copay; Inpatient: Inpatient cost share	
(Including cardiac/pulmonary rehab and chronic pain)	No visit limits		
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	Not covered
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); Respite: 240 hours (within 6-month lifetime maximum); Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum)	Outpatient and respite: In-network coinsurance or covered in full; Inpatient: Inpatient cost share or covered in full	Not covered
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	

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross HMO. ¹ A list of preventive benefits is available to members when they sign in to their secure member account on hmo.premera.com.

² Not 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 HMO representative.

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	\$25 / \$62.50 / \$45 ¹ / 30%	\$25 / \$175 / 40% ¹ / 50%	\$37.50 / \$75 / \$50 ¹ / 30%	\$37.50 / \$150 / \$100 ¹ / 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			
Drug list	Essentials E4			

Introducing 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.

¹Up to 30-day supply for specialty drugs only from a Premera Blue Cross HMO 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.
Rx Savings Solutions is an independent company and does not provide Blue Cross Blue Shield products or services.

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

		BENEFIT LIMITS		COVERAGE PLAN
				HMO Core Plus
Vision Adult	Exam only	1 routine exam PCY		\$25 copay*
	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 every 2 consecutive CY		Exam: \$25 copay;* Hardware: Covered in full
Vision Pediatric (pediatric exam and cost shares count toward the out-of-pocket maximum)	Exam only	1 routine exam PCY		\$25 copay*
	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: \$3,000 per ear with hearing loss every 36 months ¹		Exam: \$25 copay;* Hardware: covered in full

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



Find out more:

Visit hmo.premera.com/employer.

Talk with your producer or general agency partner.



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