



FOR BUSINESSES WITH
1-50 EMPLOYEES

2024 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 high-quality and affordable care.



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Here's why businesses choose Premera



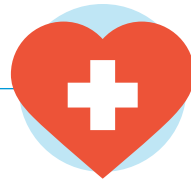
Unmatched access and deep discounts

We offer a variety of provider network options so you can choose the level of access that works best for your employees.



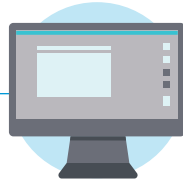
Well-rounded benefits package

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.



Digital tools

Our secure member portal and mobile apps help your employees find providers; view suggested preventive care; compare costs of services and medications; access pharmacy information; and review claims.



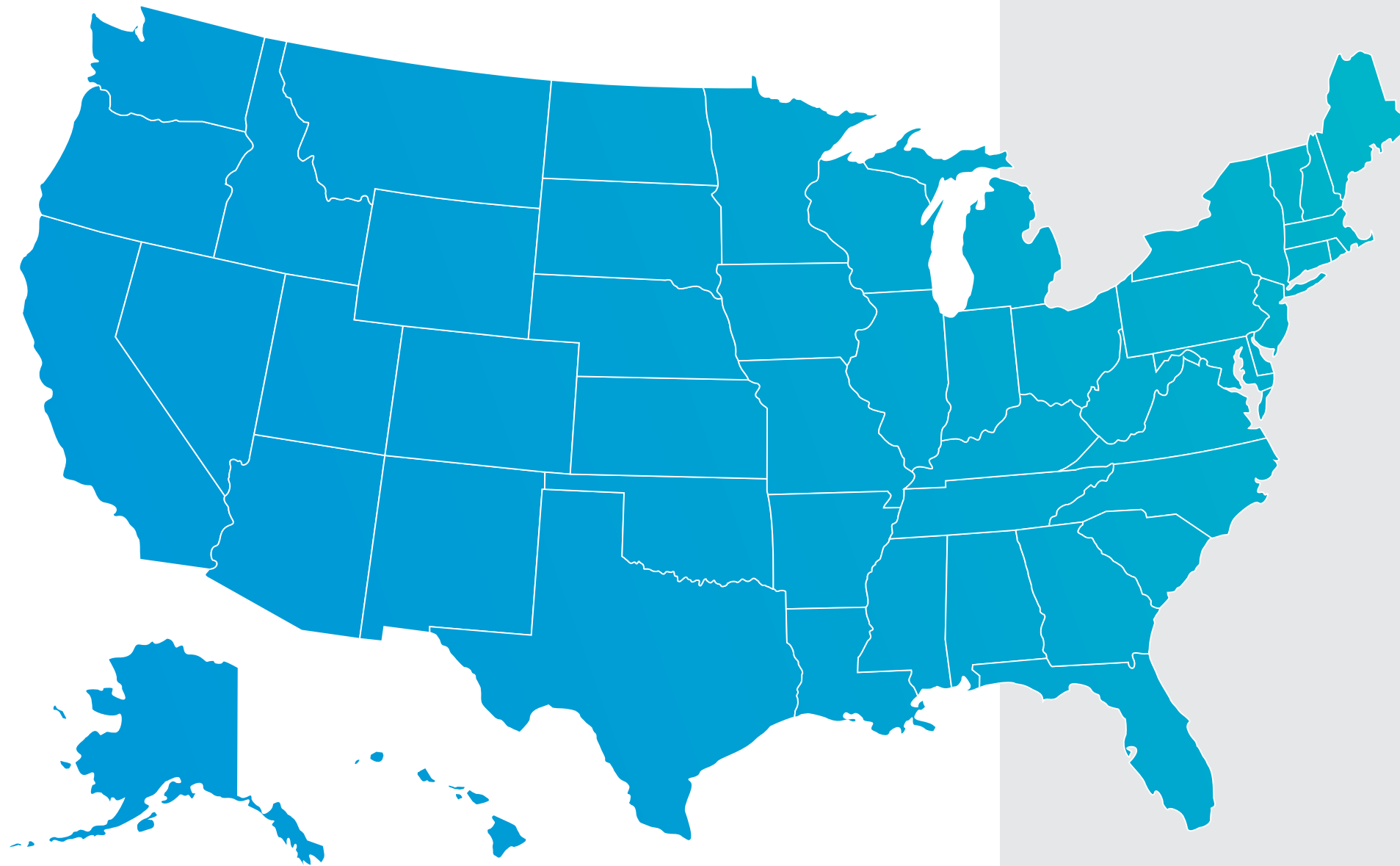
Virtual care

Our medical plans offer a variety of telehealth options, from video to phone to text, that provide convenience and ease of use for your employees.



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 wellbeing to behavioral health and virtual care, we provide the support you need.



WE'RE IN YOUR CORNER

As a not-for-profit serving Washington 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.

Advanced primary care starts here

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

Creating access

In 2022, Premera invested in Kinwell Medical Group 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.

Providing an integrated care model

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



Curious about Kinwell?

Scan the QR code to learn 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

Care when you need it

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

Virtual care can help with:

- Common cold
- COVID-19
- 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 door. Head, shoulders, knees, toes, and nearly everything in between can be treated at home with DispatchHealth's care team that includes a physician assistant or 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 plan. Our secure member website provides suggested preventive routine exams, vaccinations, and screenings.



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.

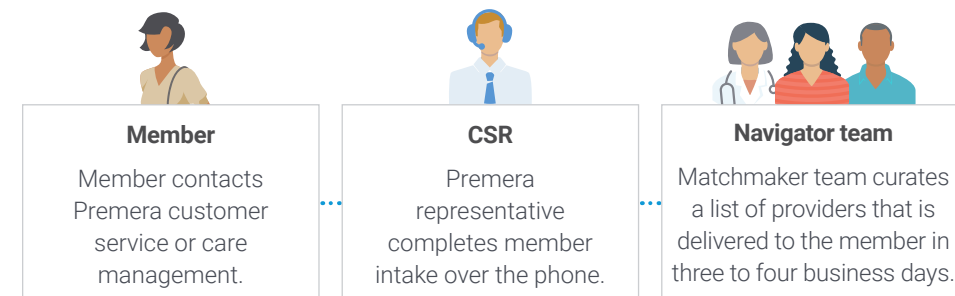
Mind over matter

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.

NEW FOR 2024!

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.



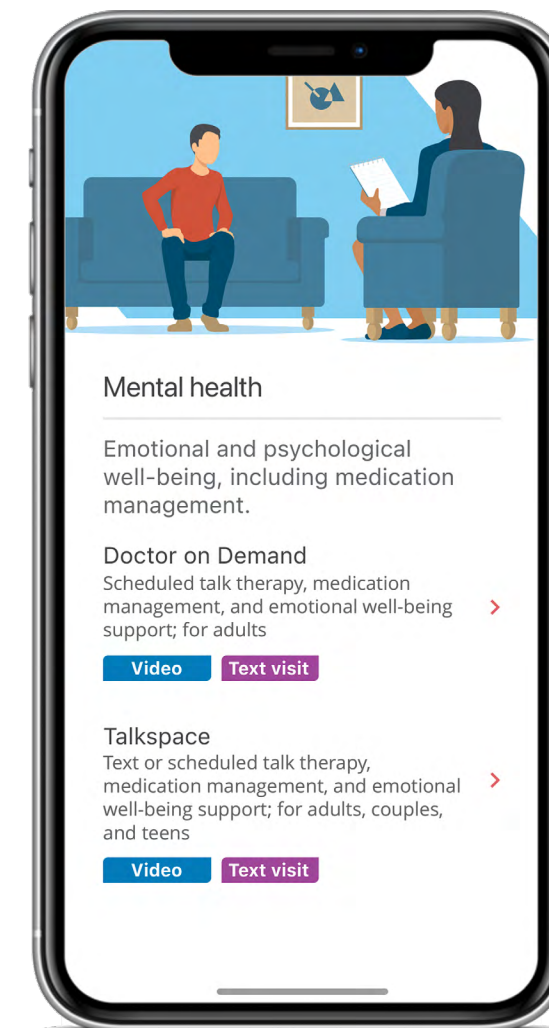
The Matchmaker for Behavioral Health intake asks members their preferences on:

- In-person or virtual attendance
- Language
- Gender, race, and ethnicity
- Religious affiliation
- And more

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

Behavioral health in the palm of your hand

Premera has partnered with industry leading behavioral health virtual care vendors to ensure our members get the care they need, when they need it, and in a way that works for them.



83%

of employers offer behavioral health services through virtual care.¹



Virtual behavioral health care can support members with:

- Generalized anxiety
- Depression
- Adjustment disorders
- And more



Members struggling with substance use disorder (SUD) have access to confidential and high-quality virtual care including medically assisted treatment (MAT) depending on their location. **Contact your Premera account representative for more information.**

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



Provider networks

We believe in working closely with providers and hospitals to fully satisfy our customers. 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
Heritage and Dental Choice	51,099	9,381	95
Heritage Signature and Dental Choice	49,937	9,058	87
Dental Choice	Washington State	Nationwide practitioners	Nationwide locations
	3,541	74,000	267,000

Network counts are as of July 2023.

National and worldwide network coverage with BlueCard

When you choose a Premera Blue Cross health plan, it offers specific levels of healthcare benefits where your employees live or travel, across the country and worldwide.

Contact your producer 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, Premera has you covered. Talk with your producer about the benefits of offering your employees two or three Premera medical plan options.



Medical plans

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

Decide which plan is right for you

PLAN TYPES

- **Choice plans** are paired with Heritage and Dental Choice, our largest network of providers.
- **Balance plans** are paired with the Heritage Signature and Dental Choice networks. These tailored networks come with a focus on higher savings for your business.

QUALIFIED HIGH-DEDUCTIBLE PLANS

Our qualified high-deductible plans are meant to be paired with an employee-owned, tax-advantaged health savings account (HSA). This allows employees to save their healthcare dollars for when they need them, even in retirement. Talk to your producer to select which HSA bank account option is best for your business.

METALLIC LEVELS

Plans are identified by one of four metallic level options. These options include: platinum, gold, silver, or bronze. Levels do not refer to quality. Instead, they indicate the level paid for monthly premiums, deductibles, and out-of-pocket costs.



VISION AND DENTAL

Choose to offer adult vision and dental benefits along with your medical plans and experience the ease of managing all your benefits under one health plan. Your employees and their covered dependents enjoy the simplicity of one card, one customer service phone number, and one website.



Accessibility

Small group business plans have access to our expansive network of quality providers. Visit the [Find a Doctor](#) tool to learn more.



Medical plan snapshots

Preferred provider organization (PPO) plans

PCP = Primary care provider
PCY = Per calendar year
D = Deductible

BALANCE PPO PLANS Heritage Signature and Dental Choice Network											
	Balance 250 Platinum	Balance 500 Platinum	Balance 500 Gold	Balance 1000 Gold	Balance 1500 Gold	Balance 2000 Gold	Balance 2500 Gold	Balance 2000 Silver	Balance 3000 Silver	Balance 5000 Silver	Balance 6500 Bronze
Deductible Family = 2x individual	\$250	\$500	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$2,000	\$3,000	\$5,000	\$6,500
Coinsurance	10%		20%				30%			40%	
Out-of-pocket maximum Family = 2x individual	\$4,000		\$8,000				\$8,550			\$9,100	
Emergency room	\$100 copay, deductible/coinsurance		\$200 copay, deductible/coinsurance				\$300 copay, deductible/coinsurance			Deductible/coinsurance	
Office visit	PCP designated \$10; Specialist/non-designated PCP \$25	PCP designated \$15; Specialist/non-designated PCP \$25	PCP designated \$25; Specialist/non-designated PCP \$55		PCP designated \$20; Specialist/non-designated PCP \$50		PCP designated \$35; Specialist/non-designated PCP \$70			PCP designated \$60; Specialist/non-designated PCP \$120	
Basic imaging and lab services	Deductible waived, then coinsurance		Deductible/coinsurance	Deductible waived, then coinsurance			Deductible/coinsurance				
Retail Rx 30-day supply cost (mail order 3x retail)	\$10 / \$30 / \$70 / D25%		\$20 / \$50 / \$80 / D25%			\$15 / \$45 / \$80 / D25%	\$35 / \$75 / D30% / D30%	\$30 / \$75 / D30% / D30%		\$30* / D40% / D40% / D50%	

* Deductible waived for tier 1 drugs (generics).

PCP = Primary care provider
PCY = Per calendar year
D = Deductible

CHOICE PPO PLANS Heritage and Dental Choice Network				
	Choice 750 Gold	Choice 1000 Gold	Choice 1500 Gold	Choice 2500 Silver
Deductible Family = 2x individual	\$750	\$1,000	\$1,500	\$2,500
Coinsurance	20%			30%
Out-of-pocket maximum Family = 2x individual	\$8,000			\$8,550
Emergency room	\$200 copay, deductible/coinsurance			\$300 copay, deductible/coinsurance
Office visit	PCP designated \$25; Specialist/non-designated PCP \$55			PCP designated \$35; Specialist/non-designated PCP \$70
Basic imaging and lab services	Deductible/coinsurance	Deductible waived, then coinsurance		Deductible/coinsurance
Retail Rx 30-day supply cost (mail order 3x retail)	\$20 / \$50 / \$80 / D25%			\$30 / \$75 / D30% / D30%



Medical plan snapshots continued

HSA-qualified plans

PCP = Primary care provider
PCY = Per calendar year
D = Deductible

	BALANCE HSA-QUALIFIED PLANS Heritage Signature and Dental Choice Network			CHOICE HSA-QUALIFIED PLANS Heritage and Dental Choice Network		
	Balance HSA-qualified 1600 Gold	Balance HSA-qualified 3200 Silver	Balance HSA-qualified 7000 Bronze	Choice HSA-qualified 1600 Gold	Choice HSA-qualified 3200 Silver	Choice HSA-qualified 7000 Bronze
Deductible Family = 2x individual	\$1,600 (Aggregate)	\$3,200 (Embedded)	\$7,000 (Embedded)	\$1,600 (Aggregate)	\$3,200 (Embedded)	\$7,000 (Embedded)
Coinsurance	20%	30%	40%	20%	30%	40%
Out-of-pocket maximum Family = 2x individual	\$4,025 (Aggregate)	\$7,500 (Embedded)	\$8,050 (Embedded)	\$4,025 (Aggregate)	\$7,500 (Embedded)	\$8,050 (Embedded)
Emergency room	Deductible/Coinsurance					
Office visit	Deductible/Coinsurance					
Basic imaging and lab services	Deductible/Coinsurance					
Retail Rx 30-day supply cost (mail order 3x retail)	Deductible/Coinsurance					

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.

Hearing (included in your plan)

	BALANCE/CHOICE PPO & EPO	BALANCE/CHOICE HSA-QUALIFIED
Exam Balance/Choice PPO (in and out of network) Balance EPO (in network only) Peak Care (in network only)	Specialist office visit copay (1 exam every 2 calendar years)	Deductible/Coinsurance (1 exam every 2 calendar years)
Hardware (in and out of network)	Covered in full (\$1,000 every 3 calendar years)	Deductible/Coinsurance (\$1,000 every 3 calendar years)

Exclusive provider organization (EPO) plans

PCP = Primary care provider
PCY = Per calendar year
D = Deductible

	BALANCE EPO PLAN Heritage Signature and Dental Choice Network
	Balance EPO 8550 Bronze
Deductible Family = 2x Individual	\$8,550
Coinsurance	0%
Out-of-pocket maximum Family = 2x Individual	\$8,550
Emergency room	Deductible/Coinsurance
Office visit	Deductible/Coinsurance
Basic imaging and lab services	Deductible/Coinsurance
Retail Rx 30-day supply cost (mail order 3x retail)	Deductible/Coinsurance

Adult vision

	OPTIONAL BENEFIT RIDER
Vision exam in and out of network	\$25 (1 exam PCY)
Vision hardware limit in and out of network	\$150 PCY



Introducing Rx Savings Solutions

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

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



Medical plans with family dental

Eight of our medical plans have Family Dental benefits built in. By bundling pediatric and adult dental benefits with medical coverage, employees get well-rounded health coverage for their whole family.

Medical + Family Dental plans

PCP = Primary care provider
CIF = Covered in full
PCY = Per calendar year
D = Deductible

	BALANCE MEDICAL + FAMILY DENTAL PLANS Heritage Signature and Dental Choice Network				CHOICE MEDICAL + FAMILY DENTAL PLANS Heritage and Dental Choice Network			
	Balance 500 Gold + Family Dental	Balance 1000 Gold + Family Dental	Balance 2000 Silver + Family Dental	Balance HSA-Qualified 3200 Silver + Family Dental	Choice 750 Gold + Family Dental	Choice 1000 Gold + Family Dental	Choice 2500 Silver + Family Dental	Choice HSA-Qualified 3200 Silver + Family Dental
Deductible Family = 2x individual	\$500	\$1,000	\$2,000	\$3,200 (Embedded)	\$750	\$1,000	\$2,500	\$3,200 (Embedded)
Coinsurance	20%		30%		20%		30%	
Out-of-pocket maximum Family = 2x individual	\$8,000		\$8,550	\$7,500 (Embedded)	\$8,000		\$8,550	\$7,500 (Embedded)
Emergency room	\$200 copay, deductible/coinsurance		\$300 copay, deductible/coinsurance	Deductible/coinsurance	\$200 copay, deductible/coinsurance		\$300 copay, deductible/coinsurance	Deductible/coinsurance
Office visit	PCP designated \$25; Specialist/non-designated PCP \$55		PCP designated \$35; Specialist/non-designated PCP \$70	Deductible/coinsurance	PCP designated \$25; Specialist/non-designated PCP \$55		PCP designated \$35; Specialist/non-designated PCP \$70	Deductible/coinsurance
Basic imaging and lab services	Deductible/coinsurance	Waive deductible, then coinsurance	Deductible/coinsurance		Deductible/coinsurance	Waive deductible, then coinsurance	Deductible/coinsurance	
Retail Rx 30-day supply cost (mail order copay = 3x retail)	\$20 / \$50 / \$80 / D25%	\$20 / \$50 / \$80 / D25%	\$35 / \$75 / D30% / D30%	Deductible/coinsurance	\$20 / \$50 / \$80 / D25%	\$20 / \$50 / \$80 / D25%	\$30 / \$75 / D30% / D30%	Deductible/coinsurance

Benefits apply after dental calendar year deductible is met, unless otherwise noted.
Dental deductible and coinsurance represent customer's cost share
PCY = per calendar year
CY = calendar year(s)
D = Deductible

Adult dental benefits as part of medical plans with family dental

Covered services	IN NETWORK	OUT OF NETWORK
Individual dental deductible PCY		\$50
DIAGNOSTIC AND PREVENTIVE		
Routine oral exams 2 PCY	Covered in full	Dental deductible waived, then 30%
Complete series X-rays once every 60 months		
Bitewing X-rays 2 sets (up to 4) PCY		
Cleanings 2 PCY		
BASIC		
Problem-focused exams including emergency 1 PCY	Dental deductible, then 20%	Dental deductible, then 40%
Panoramic X-rays once every 60 months		
Fillings once per tooth surface every 24 months		
Endodontic (root canal) therapy once per tooth per lifetime		
Periodontal maintenance 4 PCY		
Periodontal scaling and root planning once per quadrant every 24 months		
Simple and surgical extractions		
Intravenous or general anesthesia for covered dental procedures at a dental-care provider's office when dentally necessary		
MAJOR		
Porcelain, ceramic, and metal crowns once every 7 CY	Dental deductible, then 50%	
Build-ups for covered crowns once every 7 CY		
Dental plan maximum	\$1,000 PCY	

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. Metallic medical plans that include Family Dental cannot be paired with Adult Dental Optima or Adult Dental Optima Voluntary plans.



Get the details

2024 benefit highlights for small group plans can be viewed on premera.com.



Additional benefits of Family Dental

- Employees get core dental benefits at a lower cost.
- When your employees have a medical plan and a dental plan from Premera, they get one easy experience: one ID card, one customer service number, one website, and one secure account for managing their healthcare.



Adult dental plans for ages 19 and older

We've been taking care of dental customers for more than 30 years. With every dental plan, Premera provides the following features:

Access to the broad Choice network

Dental customers get one of the largest networks of dentists in the state of Washington. Premera contracts with over 74,000 in-network dentists in more than 267,000 locations.

Plans that emphasize prevention

Premera dental customers don't pay a deductible for routine dental visits, and most plans cover preventive services in full.

Online tools that make things easy

Find in-network care with our dental provider directory, and see how much dental services will cost with our dental cost estimator. Your employees can even email a licensed dentist with questions about their oral health.

Two separate dental plan options for adults

Premera offers two separate dental plans: **Adult Dental Optima** and **Adult Dental Optima Voluntary**. You can pair these with your medical plan to provide adult dental coverage for a broader range of services.

- Dental services, such as cleanings, routine exams, and bitewing X-rays are covered in full.
- Customers can visit any dentist, but their costs will be less for in-network services and care.



Dental benefits

Benefits apply after dental calendar year deductible is met, unless otherwise noted. Dental deductible and coinsurance represent customer's cost share. PCY = per calendar year CY = calendar year(s)

	FAMILY DENTAL	ADULT OPTIMA ¹	ADULT OPTIMA VOLUNTARY ¹
Cost to employer	\$ (included in select medical plans)	\$\$	\$0
Member's out-of-pocket cost	Member coinsurance is less when seeing an in-network dentist	Member coinsurance is the same for in-network and out-of-network dentists, but balance billing may apply	
Benefits for major dental services (such as dentures, bridges, and implants)	Not covered	Covered	Covered (implants not included)
Orthodontia²	No option	Optional	No option
Employee-funded plan³	No		Yes

¹Metallic medical plans that include Family Dental cannot be paired with Adult Dental Optima or Adult Dental Optima Voluntary plans.

²For groups with 26 or more enrolled employees.

³Employer contributes 0%–49% of premium. Minimum enrollment is 5 or 30% of eligible employees (whichever is greater).



Adult Dental Optima

With **Adult Dental Optima**, you can offer your employees comprehensive coverage and flexibility to choose their dentist.

Key benefits

- Your employees can choose any licensed or certified provider from our broad network. When they use an in-network provider, they won't be billed for costs beyond the allowable amount.
- There is no waiting period for any service.
- Diagnostic and preventive services such as routine exams, cleanings, and bitewing X-rays are covered at 100% to help your employees and their families keep their smiles healthy. And that supports overall health.
- Plans provide benefits for periodontal maintenance. Your employees can get up to four visits per year to help manage gum disease.
- Plans include coverage for major services such as crowns, dentures, bridges, and implants.
- On the 1500 Enhanced+ plan, routine diagnostic and preventive services do not count toward the annual maximum.

Benefits apply after calendar year deductible is met, unless otherwise noted.
Deductible and coinsurance represent member's cost share.
PCY = per calendar year
CY = calendar year(s)

Adult Dental Optima covered services

ADULT DENTAL OPTIMA	1000	1500	2000	1000 ENHANCED	1500 ENHANCED	2000 ENHANCED	1500 ENHANCED+
Annual deductible ¹ PCY	\$50 / \$150						
Maximum allowance per person PCY	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000	\$1,500 ²
Out-of-network reimbursement	Washington out-of-network reduced fee schedule			Reimbursed up to the 90th percentile ³			

DIAGNOSTIC AND PREVENTIVE	COST SHARES IN AND OUT OF NETWORK
Routine oral exams 2 PCY	0%
Problem-focused exams including emergency	
Bitewing X-rays 1 set (up to 4) PCY	
Cleanings 2 PCY	
BASIC	20%
Complete series or panoramic X-ray once every 36 consecutive months, but not both	
Fillings once per tooth surface every 24 consecutive months	
Endodontic (root canal) therapy once per tooth every 24 consecutive months	
Full-mouth debridement once every 36 consecutive months	
Periodontal maintenance 4 visits PCY	
Periodontal scaling once per quadrant every 24 consecutive months	
Periodontal surgery once per quadrant every 36 consecutive months	
Simple extractions	
Emergency palliative treatment	
MAJOR	50%
Inlays, onlays, and crowns once per tooth every 5 CY	
Implants once every 5 CY	
Dentures, partials, and fixed bridges once every 5 CY	
Repair and recementing of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement	
Surgical extractions	
Oral surgery	
Intravenous or general anesthesia for covered dental procedures at a dental-care provider's office when dentally necessary	
Occlusal (night) guard once every 36 consecutive months	

Notes: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. Plan options depend on whether your group is renewing or starting a new plan. They also depend on your group size. Discuss your options with your producer.

¹Annual deductible waived for diagnostic and preventive services.

²Annual maximum waived for diagnostic and preventive services.

³Reimbursement up to the 90th percentile based on FAIR Health data by geographic area. Ask your producer for more details.



Adult Dental Optima Voluntary

With **Adult Dental Optima Voluntary**, businesses with as few as five employees can offer dental coverage at little to no cost.

Key benefits

- Your employees can choose any licensed or certified provider from our broad network. When they use an in-network provider, they'll get the dental care they need and won't be billed for costs beyond the allowable amount.
- Diagnostic and preventive services such as routine exams, cleanings, and bitewing X-rays are covered at 100% to help your employees and their families keep their smiles healthy. And that supports overall health.
- Plan provides benefits for periodontal maintenance. Your employees can get up to four visits per year to help manage gum disease.
- You can choose to fund up to 50% of your employees' premiums—helping you save money while offering valued dental coverage to your employees.
- Plan includes coverage for major services such as crowns, dentures, and bridges.

Benefits apply after calendar year deductible is met, unless otherwise noted.
Deductible and coinsurance represent member's cost share.
PCY = per calendar year
CY = calendar year(s)

Adult Dental Optima Voluntary covered services

(for groups 5–50)

	DEDUCTIBLE/MAXIMUM ALLOWANCE	
Annual deductible ¹ PCY	Individual	\$50
	Family	\$150
Maximum allowance per person PCY		\$1,000

	COST SHARES IN AND OUT OF NETWORK
DIAGNOSTIC AND PREVENTIVE	
Routine oral exams 2 PCY	
Bitewing X-rays 1 set (up to 4) PCY	0%
Cleanings 2 PCY	
BASIC	
Problem-focused exams including emergency	
Emergency palliative treatment	
Complete series or panoramic X-ray once every 36 consecutive months, but not both	
Fillings once per tooth surface every 24 consecutive months	
Full-mouth debridement once every 36 consecutive months	30%
Periodontal maintenance 4 visits PCY	
Periodontal scaling once per quadrant every 24 consecutive months	
Simple extractions	
MAJOR²	
Inlays, onlays, and crowns once per tooth every 5 CY	
Dentures, partials, and fixed bridges once every 5 CY	
Repair and recementing of crowns, inlays, bridgework, and dentures when performed 6 or more months after placement	
Endodontic (root canal) therapy once per tooth every 24 consecutive months	
Periodontal surgery once per quadrant every 36 consecutive months	50%
Surgical extractions	
Oral surgery	
Intravenous or general anesthesia limited to covered dental procedures at a dental-care provider's office when dentally necessary	
Occlusal (night) guard once every 36 consecutive months	

Note: Coinsurance amounts 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.

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.



More dental options and requirements

You can choose to offer additional dental coverage that lets employees customize their benefits package.

Optional benefits

	ADULT DENTAL OPTIMA
ORTHODONTIA¹	
Diagnostic services and active or retention treatment including appliances	50% ² up to lifetime maximum
Monthly orthodontic adjustments including retention treatment	
Lifetime maximum per person	\$1,500
Age limit	None

¹ For groups with 26 or more enrolled employees. Orthodontia is not available on Adult Dental Optima Voluntary plan.

² Benefits provided at 50% allowable charges.

Participation and contribution requirements for adult dental plans

Depending on group size, there are different requirements for the Adult Dental Optima plans. Employers must also meet the participation requirements in order to offer the plan.

GROUP SIZE	EMPLOYER CONTRIBUTION	PARTICIPATION REQUIREMENTS
2-4*	50%-100% of premium	100% participation
5-50	50%-100% of premium	Minimum of 5 employees or 50% of eligible employees, whichever is greater
5-50	0%-49% of premium	Minimum of 5 employees or 30% of eligible employees, whichever is greater

Note: Adult Dental Optima and Adult Dental Optima Voluntary plans cannot be paired with metallic medical plans that include Family Dental.

*Dental is offered only in combination with a medical plan for group sizes 2-4. Plan selections are limited to Optima 1000 and Optima 1500.

What our customers say

The gentleman I spoke with was knowledgeable and helpful. Could not have been handled better. What a relief to remove such a financial hardship. One of the best customer experiences I've had over the phone. It's awesome that they're actually paying attention, it's good to know this is a way to reach them. Got the call this morning—issue resolved! We couldn't have asked for a better person to help us through all we've been through with my wife's strokes. Shout-out to @premera Customer Service rep Carrie in Spokane WA for helping me w/my insurance. #insurance #premera #bestcustomerservice I felt so helpless, but now I feel like I have help. I have faith that Adrian will have the issue resolved today. He promised me a card and the numbers I need



Find out more

Visit premera.com/wa/employer.
Talk with your producer or general agency partner.



This brochure is not a contract. It is only a summary of the major benefits provided by these plans. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, please contact your producer.