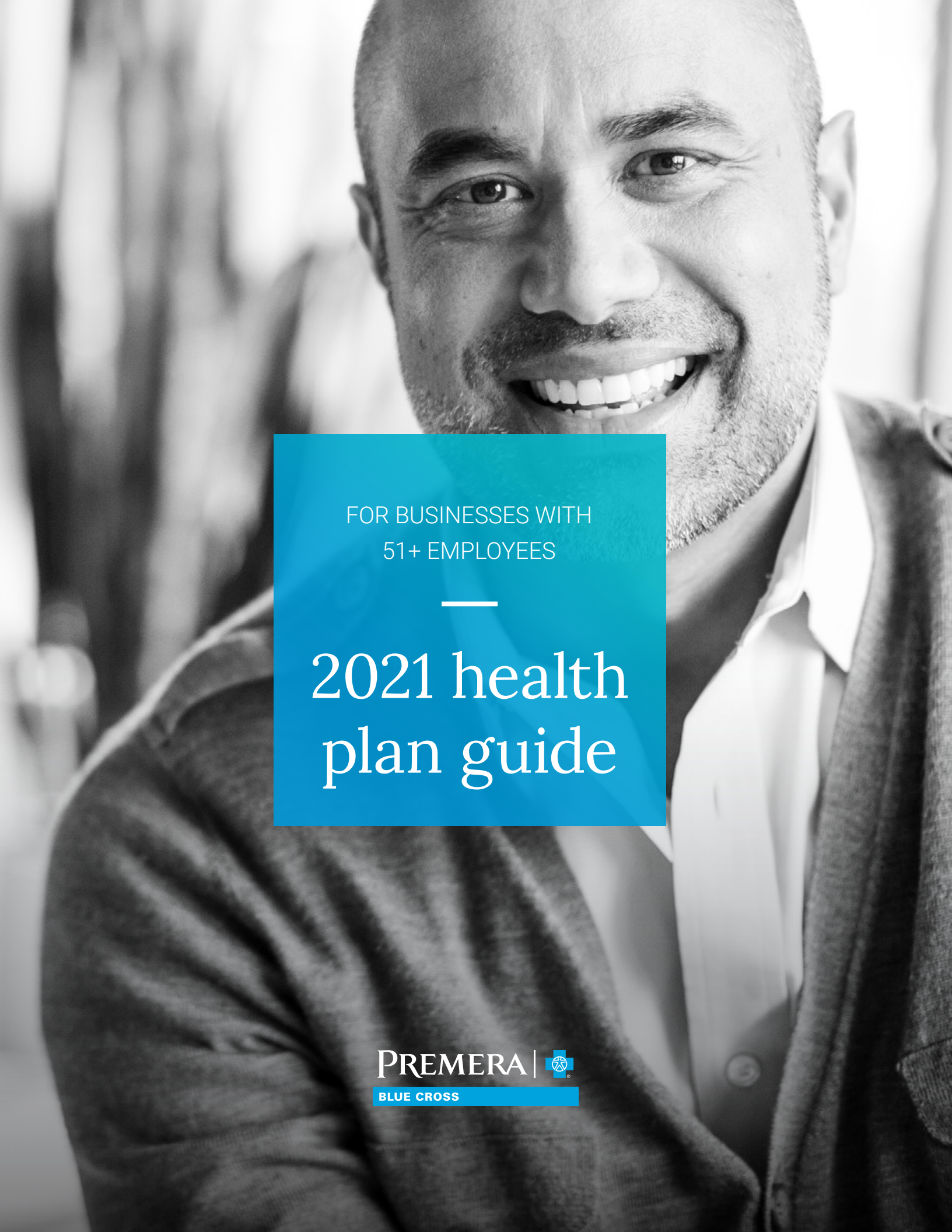


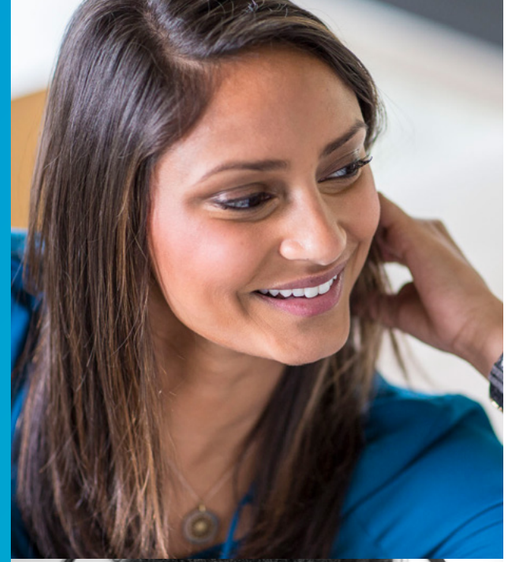
FOR BUSINESSES WITH
51+ EMPLOYEES

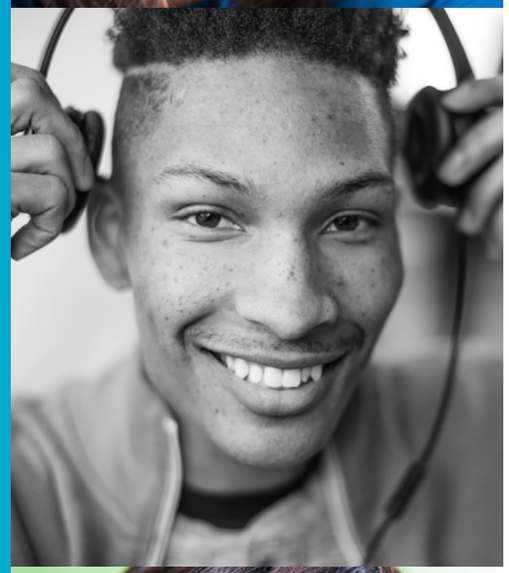
2021 health plan guide

PREMERA | BLUE CROSS

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 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 the needs of your employees.
- Our largest network, Heritage, offers the broadest access to hospitals and physicians across Washington state.

Well-rounded benefits package

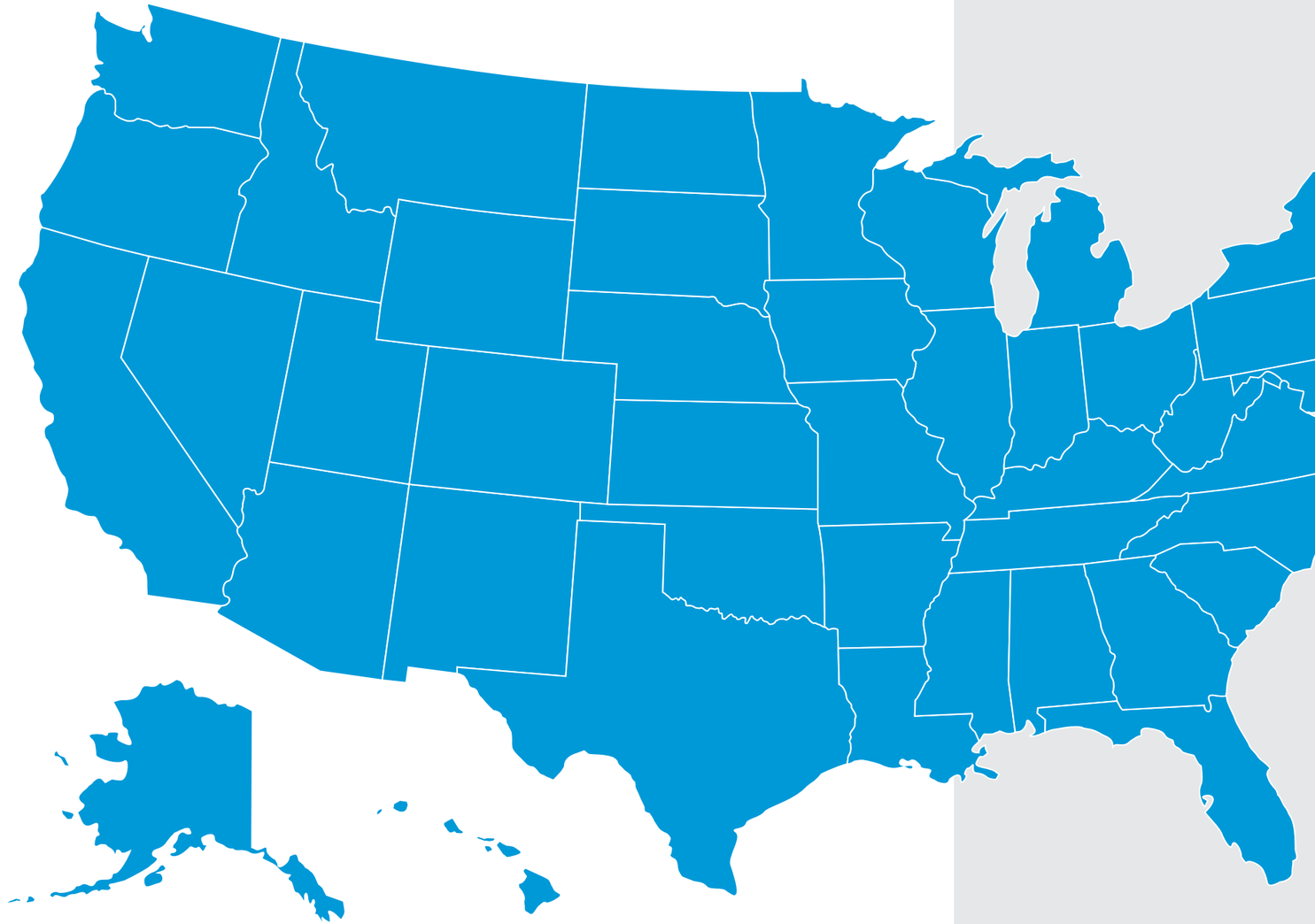
- We make it easy for you to attract and retain the best talent with appealing benefits packages that support the whole health of your employees.
- Choose from a range of plans to find the right balance that best fits the needs and budget for both your business and your employees.

Tools and programs for employees

- Our built-in support programs encourage your employees to engage in their healthcare, leading to healthier, happier employees.
- Online tools and apps help your employees find doctors, compare costs of services and medications, access pharmacy information, and review claims.

Administrative ease and support

- Integrate dental and pharmacy with your medical plans and simplify your work by dealing with only one health plan for all your healthcare administration.
- Effortlessly manage your health plans and pay bills online with our secure employer dashboard.
- Get ready-to-share resources that make benefits simple for you and your employees.



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.

The value of integration

When you combine medical, pharmacy, and dental plans, your employees benefit from whole-health care. You get deeper, real-time insights into your complete healthcare costs.

Here are a few other advantages of integrated care:

- Improved care coordination between providers results in earlier detection of chronic diseases.
- Greater adherence to doctor-recommended medication treatment plans.
- Increased use of preventive care services, which results in more effective management of conditions, fewer hospital admissions and emergency room visits, and lower claims costs.

SIMPLICITY	SAVINGS[1]	QUALITY OUTCOMES[1]
Combining benefits makes things easier for you and your employees.	Businesses with integrated benefits experience significant medical cost savings.	Better quality health management and more control over employees' total care management.
1 CUSTOMER ID CARD CONTACT **EASIER ADMINISTRATION**	9–11% **MEDICAL COST SAVINGS**	12% Improvement in medication adherence 19% Fewer hospital admissions 28% Fewer visits

[1] BCBSA Pharmacy Benefit Integration Study

Meeting members where they are, with programs to support their needs

Preventive health: Preventive health services are part of every Premera plan. Our secure member website provides your employees with details about what is covered. It also includes suggested preventive routine exams, vaccinations, and screenings.

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

24-Hour NurseLine: Free, confidential, health services from a registered nurse, available to your employees 24/7.

Wellness programs: Employees who feel better do better. The Premera Wellness Program helps you to create a culture of well-being within your workplace. These programs use interactive digital tools in addition to an employee assistance program (EAP) to help your employees stay happy and healthy. Learn more about the **Premera Wellness Program**.

CareCompass360®: This whole-person approach to health offers support services tailored to the unique needs of your employees who qualify.

Pregnancy and newborn support: Our maternity program supports healthy babies and parents with personalized tools, and encourages early discovery of high-risk pregnancies. Our newborn program helps reduce costs associated with high-risk pregnancies, such as when newborns end up in neonatal intensive care.

Mobile apps and online tools: Apps and digital tools give your employees more control when it comes to managing their healthcare. They can easily search for doctors, compare costs of services, track medications, review claims, and more.

Ready-to-share employee communications

We want to make your busy life a little less stressful. That's why we provide you with ready-to-share emails, flyers, and messages to share with your employees to help them understand their health plan benefits throughout their plan year.

Talk to your Premera representative or producer to determine which plans have the programs and services to best meet your needs.

Virtual care

Premera Blue Cross has reimagined its already-broad network with expanded and integrated virtual care offerings. This will significantly increase access to primary and hard-to-get specialized care for your employees. Our innovative solutions deliver low cost, convenient care, exceptional user experience, and high quality while keeping your employees top of mind.

Our largest network just got bigger with the addition of these virtual care providers.

Primary/Urgent Care + Mental Health

Text-based primary/urgent care from a doctor, 24/7
Video and phone-based mental health therapy

Substance Use Disorder

Treatment for opioid use disorder and alcohol use disorder.
Video visits and messaging with a therapist.

Rehabilitation (physical therapy)

Virtual physical therapy

Benefits

- **Improved employee experience**—Your employees no longer need to wait days or weeks for an appointment. Give them near-instant access to board-certified physicians, psychiatrists, therapists, and specialists who offer specialized treatment, from initial evaluation to ongoing treatment plan. Your employees can conveniently access all these services from the safety and comfort of their homes.
- **Cost savings**—We offer lower cost than in-person care, provide timely treatment to support condition management, and keep employees within network.
- **Quality**—We deliver the highest quality care providers and innovative provider options for your employees. High-quality care improves continuity of care and retention which is critical to the wellbeing of your employees.

Provider networks

We believe in working closely with doctors and hospitals to deliver for the customer together. 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.

Heritage network	Our broadest provider network offers access to 100% of Washington hospitals and 99% of primary care doctors, which is more than 38,400 doctors, clinics, and hospitals across Washington state. **Available with Your Choice, Your Future, Your Focus, and Flex Advantage plans.**
Heritage Prime network	This tailored provider network offers access to more than 34,765 doctors, clinics, and hospitals across Washington state. **Available with Your Choice and Your Future plans.**
Tahoma network (Pierce, Thurston, and Spokane counties)	**(Pierce, Thurston, and Spokane counties only)** This network includes more than 4,100 providers and practitioners across Washington state. It also provides access to a full range of services to ensure customers have access to the care they need, such as chiropractic and acupuncture. **Available with Peak Care plans.**
Dental Choice network	Our dental network has expanded. Dental customers get one of the largest networks of dentists in the state of Washington. Premera contracts with over 79,000 thousand in-network dentists in more than 294,000 locations. **Available with Premera Dental plans, excluding our plans with Willamette Dental.**

PROVIDER NETWORK OPTIONS

National and worldwide network coverage with BlueCard

When you choose a Premera Blue Cross health plan, it offers 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.

Premera-Designated Centers of Excellence

With Premera-Designated Centers of Excellence, we connect members to enhanced benefits and providers who are committed to delivering predictable, high-value specialty care.

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 Premera medical or dental plan options. For example, a Premera PPO plan and a Peak Care plan, or Dental Optima plan and our Willamette dental plan.

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 maximums.

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 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 doctors and hospitals within the selected network. 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). You can choose between an aggregate or embedded deductible or out-of-pocket maximum. See the Your Future plan page for more information on the difference between aggregate or embedded options.

Premera Flex Advantage

This PPO plan for self-funded health plans is part of our high-value care solutions that is designed to increase your savings by encouraging your employees to make healthcare decisions that maximize their benefits, while still giving them broad access to care.

Peak Care

This is an exclusive provider organization (EPO) plan designed for Pierce, Thurston, or Spokane County-based employers. Benefits are provided only when your employees use in-network providers, or are referred out of network by an in-network provider, which means you save on health plan costs.

Essentials Medical plan – New for 2021

For businesses with hard decisions to make during this unprecedented time, the Essentials Medical health plan can offer you as much as 25% savings on premiums.* This plan will also help you maintain your Premera benefits and minimize disruption for your employees with a new, low-cost health plan option and free access to unlimited virtual care visits.

*Comparison of Premera Heritage network preferred provider organization (PPO) plan pricing.

Looking to lower costs in 2021? We're in your corner.

Premera offers low-cost health plan options in 2021 to meet both the needs of your employees as well as your business. Ask your Premera representative or producer about how much you can save with some of our new plan options.

Curious about the Peak Care health plan?

For businesses with employees in the Pierce, Thurston, and Spokane county areas. Learn more about how Peak Care can lower costs for your bottom line at **peakcare.com/employer**.

Your Choice plans

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 non-specialist 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 $100 $200 $250 $300 $500 $750 $1,000 $1,500 $2,000 $2,500 $3,000 $4,000 $5,000 $6,350 $6,600 $7,900 $8,150 $8,550	Shared with in network, 2x individual in network, or 3x individual in network
Family deductible PCY	2x Individual or 3x Individual	
Coinsurance	0%, 10%, 20%, or 30%	30%, 40%, or 50%
Individual out-of-pocket maximum PCY (Includes deductible, coinsurance, and copay)	$1,000 $1,100 $1,200 $1,250 $1,300 $1,500 $1,750 $2,000 $2,100 $2,200 $2,250 $2,300 $2,500 $2,750 $3,000 $3,500 $4,000 $4,500 $5,000 $6,000, $6350 $6,600 $6,850 $7,150 $7,350 $7,900 $8,150 $8,550	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 options: $25 non-specialist / $35 specialist, $25 non-specialist/$40 specialist, $25 non-specialist/$50 specialist, $30 non-specialist/$45 specialist, or $35 non-specialist/$45 specialist In-network deductible and coinsurance; Single copay options: $10, $15, $20, $25, $30, $35, or $40	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	
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.
In-network and out-of-pocket maximum must not exceed the federally mandated maximum of $8,550 for an individual or $17,100 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.
ww = 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, Out-of-network coinsurance, Out-of-network coinsurance (deductible waived), or Covered in full
Preventive screenings			
Vaccinations (Including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in network)			
Professional office visit (Including urgent care)	No visit limits	Office visit cost share	Out-of-network coinsurance
Virtual care (General medicine)		$5 copay, or In-network coinsurance	
Other outpatient professional services Inpatient professional services		In-network coinsurance	
Manipulations[3] (Spinal and other)	12 visits PCY, 24 visits PCY, or No visit limits	Office visit cost share[3]	Out-of-network coinsurance
Acupuncture[3]			
Naturopathic services	No visit limits		
Mammography (Non-preventive)	No visit limits	In-network coinsurance	Out-of-network coinsurance
Outpatient diagnostic imaging and laboratory services		In-network coinsurance (deductible waived) 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: $50, $75, $100, $150, $200, $250, or $300	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	Out-of-network coinsurance
Outpatient facility care		In-network coinsurance	
Skilled nursing facility	60 days PCY, 90 days PCY, 120 days PCY, 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	Out-of-network coinsurance
Mental health and chemical dependency treatment	No visit or day maximums	Outpatient: Office visit cost share[3] Inpatient: Inpatient cost share	Out-of-network coinsurance
Rehabilitation (Including physical, occupational, speech, and massage therapy)	15 visits / 30 days PCY, or 25 visits / 30 days PCY, or 45 visits / 30 days PCY, or 60 visits / 60 days PCY, or Unlimited/Unlimited		
(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	
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) 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	
Transplants (Organ and bone marrow)	No dollar maximums, except for $7,500, $10,000, or No limit for travel and lodging limit 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.
[1] A 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.
[3] With the split copay option, this benefit is subject to the non-specialist 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 plans

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 doctors 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 $100 $200 $250 $300 $500 $750 $1,000 $1,500 $2,000 $2,500 $3,000 $4,000 $5,000 $6,350 $6,600 $7,900 $8,150, $8,550	Not covered*
Family deductible PCY	2x Individual, or 3x Individual	
Coinsurance	0%, 10%, 20%, or 30%	
Individual out-of-pocket maximum PCY (Includes deductible, coinsurance, and copay)	$1,000 $1,100 $1,200 $1,250 $1,300 $1,500 $1,750 $2,000 $2,100 $2,200 $2,250 $2,300 $2,500 $2,750 $3,000 $3,500 $4,000 $4,500 $5,000 $6,000, $6350 $6,600 $6,850 $7,150 $7,350 $7,900 $8,150 $8,550	
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	In-network deductible and coinsurance, or copay options: $10, $15, $20, $25, $30, $35, $40	
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 $8,550 for an individual or $17,100 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	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 (Including urgent care)	No visit limits	Office visit cost share	
Virtual care (General medicine)		$5 copay, or In-network coinsurance	
Other outpatient professional services **Inpatient professional services**		In-network coinsurance	
Manipulations (Spinal and other)	12 visits PCY, 24 visits PCY, or No visit limits	Office visit cost share	
Acupuncture			
Naturopathic services	No visit limits		
Mammography (Non-preventive)	No visit limits	In-network coinsurance	
Outpatient diagnostic imaging and laboratory services		In-network coinsurance (deductible waived) 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: $50, $75, $100, $150, $200, $250, or $300	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	Not covered
Outpatient facility care		In-network coinsurance	
Skilled nursing facility	60 days PCY, 90 days PCY, 120 days PCY, 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: Office visit cost share Inpatient: Inpatient cost share	
Rehabilitation (Including physical, occupational, speech, and massage therapy)	15 visits / 30 days PCY, or 25 visits / 30 days PCY, or 45 visits / 30 days PCY, or 60 visits / 60 days PCY, or Unlimited/Unlimited		
(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	
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) 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	
Transplants (Organ and bone marrow)	No dollar maximums, except for $7,500, $10,000, or No limit for travel and lodging limit 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.
[1] A 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.
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 plans

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 embedded deductible. Under an aggregate deductible, the total family deductible must be paid out of pocket before your employee's plan will start paying for the costs incurred by any family member. However, when you choose the option for an embedded deductible, a single member of a family doesn't have to meet the full family deductible for after-deductible benefits to begin kicking in.

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

		IN NETWORK										OUT OF NETWORK
Individual/family deductible PCY	**Aggregate**	$2,000 / $4,000[1]	$1,500 / $3,000[2]	$1,700 / $3,400[2]	$2,500 / $5,000[2]	$3,000 / $6,000[2]	N/A	N/A	N/A	N/A	N/A	See below[1]
	Embedded	N/A	N/A	N/A	N/A	N/A	$2,800 / $5,600[2]	$4,000 / $8,000[2]	$5,000 / $10,000[1]	$6,050 / $12,100[2]	$6,450 / $12,900[1]	
Coinsurance		0%	20%	20%	20%	20%	20%	20%	0%	0%	0%	40% or 50%
Individual/family out-of-pocket maximum PCY	**Aggregate**	$2,000 / $4,000	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Unlimited
	Embedded	N/A	$4,000 / $8,000	$4,200 / $8,400	$5,000 / $10,000	$6,000 / $12,000	$5,100 / $10,200	$6,000 / $12,000	$5,000 / $10,000	$6,050 / $12,100	$6,450 / $12,900	
Fourth quarter deductible carryover		Excluded										Excluded
Office visit cost share		In-network deductible and coinsurance										OON deductible and coinsurance
Inpatient cost share												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.
[1] Out-of-network deductible is 2x the in-network deductible.
[2] Out-of-network (OON) 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.
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			40% or 50%
Vaccinations (Including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in network)			40% or 50% (deductible waived) Covered in full
Professional office visit (including urgent care)	No visit limits	In-network coinsurance	40% or 50%
Virtual care (General medicine)			Not covered
Other outpatient professional services **Inpatient professional services**			40% or 50%
Manipulations (Spinal and other)	12 or 24 visits PCY No visit limits	In-network coinsurance	40% or 50%
Acupuncture			
Naturopathic services	No visit limits		
Mammography (Non-preventive)	No visit limits		
Outpatient diagnostic imaging and laboratory services			
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 visit maximum	In-network coinsurance	40% or 50%
Outpatient facility care			
Skilled nursing facility	60, 90, 120, or 180 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 chemical dependency treatment	No limit on number of days or visits	In-network coinsurance	40% or 50%
Rehabilitation (Including physical, occupational, speech, and massage therapy)	15 visits PCY / 30 days PCY, or 25 visits PCY / 30 days PCY, or 45 visits PCY / 30 days PCY, or 60 visits PCY / 60 days PCY, or Unlimited/Unlimited		
(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		
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) Respite: 240 hours (within 6-month lifetime maximum) Inpatient options: 10 days, 30 days, or No day limit (within 6-month lifetime maximum)	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 limit per transplant	In-network coinsurance	Covered when approved
Certain generic preventive drugs retail and mail order	90-day supply, except Specialty Rx: 30-day supply	Covered in full[2]	
Retail pharmacy (Subject to medical deductible)		In-network coinsurance, or Deductible then $10 / $35 / $70, or Deductible then $10 / $35 / $70 / 30%	
Mail-order pharmacy (Subject to medical deductible)		In-network coinsurance, or Deductible then $25 / $87 / $175, or Deductible then $25 / $87 / $70 / 30%	Not covered

Note: Coinsurance amounts are based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross.
[1] A 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.
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.
Please see our Personal Funding Accounts brochure for more details on health savings accounts.

Peak Care

Peak Care is an exclusive provider organization (EPO) plan **designed for Pierce, Thurston, and Spokane County-based employers.** Offer Peak Care to your employees in combination with a Premera PPO medical plan to give them the opportunity to choose the best plan to meet their needs.

An EPO is a hybrid health plan in which a primary care provider referral is not required when seeking specialty care, but care must be provided within network. With an EPO plan, your employees receive care at a lower cost of coverage versus other plan types*. Peak Care plans provide your employees with a smooth healthcare experience, allowing them to focus on their health.

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
Individual deductible PCY	$0 $100 $200 $250 $300 $500 $750 $1,000 $1,500 $2,000 $2,500 $3,000 $4,000 $5,000 $6,350 $6,600 $6,850 $7,900 $8,150 $8,500
Family deductible PCY	2x Individual or 3x Individual
Coinsurance	0%, 10%, 20%, or 30%
Individual out-of-pocket maximum PCY (Includes deductible, coinsurance, and copay)	$1,000 $1,100 $1,200 $1,250 $1,300 $1,500 $1,750 $2,000 $2,100 $2,200 $2,250 $2,300 $2,500 $2,750 $3,000 $3,500 $4,000 $4,500 $5,000 $6,000 $6,350 $6,600 $6,850 $7,150 $7,900 $8,150 $8,500
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 / Non-Designated PCP or Specialist)	$10/$20, $15/$30, $20/$40, $25/$35, $25/$40, $25/$50, $30/$45, $30/$60, $35/$45, or $35/$70
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 $8,550 for an individual or $17,100 for a family.

*Comparison of Premera preferred provider organization plan pricing.

MultiCare

Peak Care is the result of a first-of-its-kind alliance between Premera Blue Cross and MultiCare. This collaboration promises a simple and easy customer experience while ensuring patients receive the care they need at a lower cost.

Speak with your Premera representative or producer to find out more about **Peak Care**

Covered services

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

	BENEFIT LIMITS	COST SHARES
Preventive care and counseling visit	Subject to federal and state guidelines[1]	Covered in full[2]
Preventive screenings		
Vaccinations (Including seasonal vaccinations received at a pharmacy or other mass vaccination location paid as in network)		
Professional office visit (Including urgent care)	No visit limits	Office visit cost share
Virtual care (General medicine)		$5 copay
Other outpatient professional services **Inpatient professional services**		In-network coinsurance
Manipulations (Spinal and other)	12 visits PCY, 24 visits PCY, or No visit limits	Office visit cost share PCP
Acupuncture		
Naturopathic services	No visit limits	Office visit cost share
Mammography (Non-preventive)	No visit limits	In-network coinsurance, In-network coinsurance (deductible waived), or Covered in full[2]
Outpatient diagnostic imaging and laboratory services		
Emergency room care (Copay waived if directly admitted to inpatient facility)	No maximum	In-network coinsurance, or In-network coinsurance PLUS copay of: $50, $75, $100, $150, $200, or $300
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		Outpatient facility care in-network coinsurance
Skilled nursing facility	60 days PCY, 90 days PCY, 120 days PCY, 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: Office visit cost share Specialist Inpatient: inpatient cost share
Rehabilitation (Including physical, occupational, speech, and massage therapy)	15 visits / 30 days PCY, 25 visits / 30 days PCY, 45 visits / 30 days PCY, 60 visits / 60 days PCY, or Unlimited/Unlimited	
(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
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) 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
Transplants (Organ and bone marrow)	No dollar maximums, except $7,500, $10,000, or No limit for travel and lodging limit 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.
[1]A 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.
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.
*Other funding types may be eligible for Peak Care. Contact your producer or Premera representative.

Premera Flex Advantage plan

We believe when it comes to healthcare, cost is important, but it's only one part of the equation.

That's why we offer high-value care solutions and transparency tools that help our members get quality care—on their terms and at a fair price.

The Premera Flex Advantage plan is designed to give your employees broad access to providers using the Heritage network. All the while, it uses financial incentives to encourage them to select the providers who can deliver the most cost-efficient services.

Premera Flex Advantage plan divides Premera's Heritage network into two groups based on cost efficiency.

Flex Advantage is available for groups interested in a self-funded or OptiFlex plan only.

IN NETWORK		OUT OF NETWORK
LEVEL 1 **Higher Benefit Level**	**LEVEL 2** **Lower Benefit Level**	**Lowest** **Benefit Level**
Least member out of pocket	More member out of pocket	Most member out of pocket
All in-network providers meet the necessary industry requirements on licensing, education, and ethics standards.		Non-contracted providers
Hospitals, facilities, and BlueCard® providers are covered at the higher benefit level.		

More access

The Heritage Network is Premera's largest network

Greater transparency

Mobile and web tools help your employees find the most cost-efficient providers that will maximize their benefits.

Flexibility

Your employees can move between Level 1, Level 2, and out of network at any time.

Cost savings

By choosing Level 1 providers, your employees pay less out of pocket.

Contact your producer or Premera account manager to get a quote and see the savings you can achieve with Premera Flex Advantage.

Pharmacy plans

Premera uses cost-saving incentives to encourage our customers to use generic or preferred brand-name drugs, with 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 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, outlined below. 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 comprehensive and provides access to a full spectrum of brand-name medications.

* Projected savings based on actuary data of Premera groups with Essentials from 2016 through 2017. Self-funded groups approximated savings of 7-15% on claims. Fully insured groups approximated savings of 15% on annual premiums.

SAVE UP TO

15%*

annually on claims or premiums with Essentials

Contact your producer or Premera account manager to see what the savings and drug discounts can look like for your business with Essentials.

See how the pharmacy options compare

ESSENTIALS

PLANS WITH 4 TIERS	
FIRST TIER	Preferred generic drugs
SECOND TIER	Preferred brand-name drugs
THIRD TIER	Preferred specialty[1] drugs
FOURTH TIER	Non-preferred drugs (generic, brand, specialty)

PREFERRED

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[1]
PLANS WITH 3 TIERS	
FIRST TIER	Generic drugs
SECOND TIER	Preferred brand-name drugs
THIRD TIER	Non-preferred brand-name drugs
PLANS WITH 2 TIERS	
FIRST TIER	Generic drugs
SECOND TIER	Brand-name drugs

[1] Specialty Pharmacy program: Both Essentials and Preferred pharmacy options include beneftis 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 have a choice between our specialty pharmacy providers.

Benefits for Essentials and Preferred pharmacy plans

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

	4-TIER ESSENTIALS					
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 / $100 / 50%	$20 / $50 / 30% / 50%
Mail order Up to 90-day supply per Rx	$25 / $62.50 / $45[1] / 30%	$25 / $75 / $30[1] / 30%	$25 / $75 / $50[1] / 30%	$37.50 / $75 / $50[1] / 30%	$37.50 / $150 / $100[1] / 50%	$50 / $125 / 30% / 50%
Rx individual deductible[2] PCY (Separate from medical deductible)	None, $150, $300, $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 in-network medical out-of-pocket maximum					
Drug list	Essentials E4					

	4-TIER PREFERRED	
Retail pharmacy Up to 30-day supply per Rx	$15 / 35% / 50% / 30%	$20 / $50 / 50% / 30%
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, $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 medical.	
Drug list	Preferred B4	

	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[4]
Mail order[4] Up to 90-day supply per Rx	$25 / $62 / $112[1]	$25 / $75 / $125[1]	$20 / $40 / $80 $25 / $50 / $100[1]	$30 / $50 / $80 $37 / $62 / $100[1]	$30 / $60 / $100 $37 / $75 / $125[1]
Rx individual deductible[2] PCY (Separate from medical plan deductible)	None, $150, $300, $500				
Rx family deductible[2] PCY	None	None, 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 medical.				
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	$15 / $35
Mail order Up to 90-day supply per Rx	$25 / 45%	$20 / $60 or $25 / $75	$30 / $70 or $37 / $87
Rx individual deductible[2] PCY (Separate from medical plan deductible)	None / $150 / $300 / $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 medical.		
Drug list	Preferred A2		

[1] Up to 30-day supply for specialty drugs only from Premera's specialty pharmacy provider.
[2] Deductible waived for generics and preferred generics on Essentials.
[3] Family deductible is separate from medical deductible; value uses same multiplier as medical deductible.
[4] A buy-up option is available with this plan 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 to your employee's 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% **premium discount**

9.5% **overall rate cap**

Better health outcomes

Medical and dental integration can lead to early detection of dental conditions that can increase risk of certain diseases. It also provides better care management and lower healthcare costs[1].

90% **of diseases first show symptoms in the mouth[2]**

Broad network access

Your employees get access to more than 294,000 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.

79K **dentists nationwide**

294K **locations nationwide**

Easy experience

Simplify your work by dealing with only one health plan for medical and dental. Your employees will enjoy a streamlined experience: one ID card, one customer service number, and one secure account for managing their healthcare.

1 **card for medical and dental**

*Discount and rate cap are subject to review.

[1]Blue Cross Blue Shield Health of America

[2]Academy of General Dentistry: Know Your Teeth.
January 2012. "Warning Signs in the Mouth Can Save Lives." http://www.knowyourteeth.com/infobites/abc/article/?iid=320&aid=1291&chapt=1

Want to offer your employees even more choice?

Consider offering your employees a Premera dental plan or one of our Willamette dental plan options. Let them choose which plan best suits their needs! Ask your producer about the benefits of **Willamette Dental presented by Premera**.

Choose from five dental plan options

With any Premera dental plan, your employees and their covered dependents get:

- Access to any in-network dentist or any out-of-network* dentist nationwide
- Access to our national dental network that includes more than 281,000 provider locations
- 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 up to 4 visits per year to help manage gum disease or chronic conditions

New for 2021

Plan highlights	DENTAL OPTIMA	DENTAL OPTIMA VOLUNTARY	DENTAL PREFERENCE	DENTAL PREFERENCE VOLUNTARY	ESSENTIALS DENTAL
Optional TMJ coverage available	●	●	●	●	
Comprehensive benefits for major services	●	●	●	●	
Employer-funded plan option[1]	●		●		●
Access to nationwide Choice dental network	●	●	●	●	●
Optional orthodontia coverage available for groups with 26 or more enrolled employees	●		●		
Employee-funded plan option[2]		●		●	

* Balance billing may apply with out-of-network dentists. Note: For a summary of plan benefits and limitations, see plan details to follow.
[1] Employer contributes 50%–100% of premium. Minimum enrollment is 50% of eligible employees.
[2] Employer contributes 0%–49% of premium. Minimum enrollment is 30% of eligible employees.

Willamette Dental presented by Premera

Willamette Dental Group is the Northwest's largest multi-specialty group dental practice. With more than 50 locations throughout the Pacific Northwest, your employees will most likely find a Willamette Dental Group office in their area.

The dentists at Willamette Dental Group, practice proactive dental care. Proactive dental care at Willamette Dental Group, builds on two fundamental beliefs; that healthy teeth should last a lifetime and that proper care doesn't always mean invasive treatment. It's about practicing dentistry responsibly: with honesty, integrity, and a dentist-patient partnership focused on promoting long-term health.

That's what sets Willamette Dental Group apart. The Participating Providers use the latest scientific evidence with clinical experience to develop an individualized, evidence-based treatment plan. By providing treatment that directly leads to long-term health, Participating Providers will help your employees maintain or regain a healthy mouth for a lifetime of smiles.

Predictable out-of-pocket costs

Our Willamette Dental plans offer your employees a predictable schedule of covered dental services and copayments for covered dental services, including orthodontic care.* Your employees and their families will never be surprised by unknown costs.

	GROUPS 51+			
	Plan 1	Plan 2	Plan 3	Out-of-network
	In-network			
Annual maximum	No annual maximum			N/A
Deductible	No deductible			N/A
Waiting periods	No waiting periods			N/A

Dental coverage when needed, as often as needed

Your employees will never exhaust their dental coverage and will never need to satisfy a deductible before they can receive benefits. Each of our Willamette Dental plans feature:

- No deductible
- No annual maximum
- No waiting periods

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 = calendar year(s)

		COST SHARES		
Annual deductible PCY	**INDIVIDUAL**	$0 / $25 / $50	$0 / $25 / $50	$25 / $50
	FAMILY	$0 / $75 / $150	$0 / $75 / $150	$75 / $150
Maximum allowance per person, PCY		$1,000 / $1,500 / $1750 /$2,000		$1,000 / $1,500 / $1750
		IN AND OUT OF NETWORK		
DIAGNOSTIC AND PREVENTIVE[1]				
Routine oral exams limited to 2 PCY		0%		20%
Emergency exams unlimited				
Routine x-rays bitewing x-rays unlimited; complete series or panoramic x-ray once per 36 consecutive months				
Cleanings limited to 2 PCY				
Fluoride treatments limited to 2 applications PCY for customers under the age of 19				
Sealants replacements limited to once every 2 CY for customers under age 19				
Space maintainers for customers under age 19				
BASIC				
Fillings limited to once per tooth surface every 24 consecutive months		10%	20%	
Repair and recementing of crowns, inlays, bridgework, and dentures				
Endodontic (root canal) treatment unlimited				
Periodontal maintenance limited to 4 visits PCY				
Periodontal scaling limited to once per quadrant every 2 CY				
Periodontal surgery unlimited				
Oral surgery including simple and surgical extractions				
General anesthesia limited to covered dental procedures at a dental-care provider's office when dentally necessary				
MAJOR				
Inlays, onlays, and crowns replacements limited to once per tooth every 5 CY		50%		
Implants replacements limited to once every 5 CY				
Dentures, partials, and fixed bridges replacements limited to 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.
[1] Annual 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 pre-tax basis. Employees also appreciate being able to use any licensed dentist, although many 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
	FAMILY	$150
Maximum allowance per person, PCY		$1,000 / $1,500
		IN AND OUT OF NETWORK
DIAGNOSTIC AND PREVENTIVE[1]		
Routine oral exams limited to 2 PCY		0%
Emergency exams unlimited		
Routine x-rays bitewing x-rays unlimited; complete series or panoramic x-ray once per 36 consecutive months		
Cleanings limited to 2 PCY		
Fluoride treatments limited to 2 applications PCY for customers under the age of 19		
Sealants replacements limited to once every 2 CY for customers under age 19		
Space maintainers for customers under age 19		
BASIC		
Fillings limited to once per tooth surface every 24 consecutive months		20%
Repair and recementing of crowns, inlays, bridgework, and dentures		
General anesthesia limited to covered dental procedures at a dental-care provider's office when dentally necessary		
Periodontal maintenance limited to 4 visits PCY		
Periodontal scaling limited to once per quadrant every 2 CY		
Oral surgery including simple and surgical extractions		
MAJOR[2]		
Endodontic (root canal) treatment unlimited		50%
Periodontal surgery unlimited		
Inlays, onlays, and crowns replacements limited to once per tooth every 5 CY		
Dentures, partials, and fixed bridges replacements limited to 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.
[1] Annual deductible waived for diagnostic and preventive services.
[2] A 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.

Dental Preference™

With Dental Preference, 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 an 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 = calendar year(s)

		COST SHARES	
Annual deductible PCY	**INDIVIDUAL**	$0 / $25 / $50	$0 / $25 / $50
	FAMILY	$0 / $75 / $150	$0 / $75 / $150
Maximum allowance per person, PCY		$1,000 / $1,500 / $1,750 / $2,000	$1,000 / $1,500 / $1750 /$2,000

	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
DIAGNOSTIC AND PREVENTIVE[1]				
Routine oral exams limited to 2 PCY	0%	20%	0%	20%
Routine x-rays bitewing x-rays unlimited; complete series or panoramic x-ray once per 36 consecutive months				
Cleanings limited to 2 PCY				
Fluoride treatments limited to 2 applications PCY for customers under the age of 19				
Sealants replacements limited to once every 2 CY for customers under age 19				
BASIC	10%	20%		40%
Emergency exams unlimited				
Space maintainers for customers under age 19				
Fillings limited to once per tooth surface every 24 consecutive months				
Recementing of crowns, inlays, bridgework, and dentures				
Endodontic (root canal) treatment limited to once per tooth every 2 CY				
Periodontal maintenance limited to 4 visits PCY				
Periodontal scaling limited to once per quadrant every 2 CY				
Periodontal surgery limited to once per quadrant every 3 CY				
Simple and surgical extractions				
MAJOR	40%	60%	50%	60%
Inlays, onlays, and crowns replacements limited to once per tooth every 5 CY				
Implants replacements limited to once every 5 CY				
Dentures, partials, and fixed bridges replacements limited to once every 5 CY				
Repair of crowns, inlays, bridgework, and dentures				
Oral surgery				
General anesthesia limited to covered dental procedures at a dental-care provider's office when dentally necessary				

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

Dental Preference Voluntary™

With Dental Preference Voluntary, you can offer dental coverage at little or no cost to you. Choose between letting your employees and their covered dependents pay the full cost of their monthly health plan bills or funding up to 50 percent of the plan cost. 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 an cleanings are covered.

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)

		COST SHARES
Annual deductible PCY	**INDIVIDUAL**	$50
	FAMILY	$150
Maximum allowance per person, PCY		$1,000 / $1,500

	IN NETWORK	OUT OF NETWORK
DIAGNOSTIC AND PREVENTIVE[1]		
Routine oral exams limited to 2 PCY	0%	20%
Routine x-rays bitewing x-rays unlimited; complete series or panoramic x-ray once per 36 consecutive **months**		
Cleanings limited to 2 PCY		
Fluoride treatments limited to 2 applications PCY for customers under the age of 19		
Sealants replacements limited to once every 2 CY for customers under age 19		
BASIC	20%	40%
Emergency exams unlimited		
Space maintainers for customers under age 19		
Fillings limited to once per tooth surface every 24 consecutive months		
Recementing of crowns, inlays, bridgework, and dentures		
Periodontal maintenance limited to 4 visits PCY		
Periodontal scaling limited to once per quadrant every 2 CY		
Simple and surgical extractions		
MAJOR[2]	50%	60%
Inlays, onlays, and crowns replacements limited to once per tooth every 5 CY		
Dentures, partials, and fixed bridges replacements limited to once every 5 CY		
Repair of crowns, inlays, bridgework, and dentures		
Endodontic (root canal) treatment limited to once per tooth every 2 CY		
Periodontal surgery limited to once per quadrant every 3 CY		
Oral surgery		
General anesthesia limited to covered dental procedures at a dental-care provider's office when dentally necessary		

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

New for 2021

Essentials Dental

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)

		COST SHARES	
Annual deductible PCY	**INDIVIDUAL**	$50[1]	$50
	FAMILY	$150[1]	$150
Maximum allowance per person, PCY		$1,000	$1,000

	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
DIAGNOSTIC AND PREVENTIVE				
Routine oral exams limited to 2 PCY	0%	10%	20%	30%
Routine x-rays bitewing x-rays 1 PCY; complete series once per 60 consecutive months				
Cleanings limited to 2 PCY				
Fluoride treatments limited to 1 application PCY for customers under the age of 19				
Sealants replacements limited to once every 2 CY for customers under age 19				
Space maintainers for customers under age 19				
BASIC				
Emergency exams unlimited	30%	50%	40%	50%
Panoramic x-ray once per 60 consecutive months				
Fillings limited to once per tooth surface every 24 consecutive months				
Recementing of crowns, inlays, bridgework, and dentures				
Endodontic (root canal) treatment limited to once per lifetime				
Periodontal maintenance limited to 4 visits PCY				
Periodontal scaling limited to once per quadrant every 2 CY				
Simple and surgical extractions				
MAJOR				
Crowns replacements limited to once per tooth every 5 CY	50%	50%	50%	50%
Recementing/Repair of crowns 1 every 24 months, 6 months after placement				

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

[1] Annual deductible waived for diagnostic and preventive services.

More dental options

You can choose to offer additional dental coverage to customize your Premera dental plans.

Covered services

New for 2021

	DENTAL OPTIMA	DENTAL PREFERENCE	ESSENTIALS DENTAL	DENTAL OPTIMA VOLUNTARY	DENTAL PREFERENCE VOLUNTARY
BENEFIT ENHANCEMENT OPTIONS					
Preventive services do not count toward maximum allowance	Optional		N/A	Optional	
ORTHODONTIA[1]					
Diagnostic services and active/retention treatment Including appliances	Covered in full[2] up to lifetime maximum		N/A	N/A	
Monthly orthodontic adjustments Including retention treatment					
Lifetime maximum Per person	$1,000, $1,500, or $2,000				
Age limit	None				
TMJ DENTAL SERVICES[3]					
Temporomandibular joint disorder (TMJ) exams and x-rays	Deductible and basic coinsurance apply				
Occlusal guards and TMJ surgical procedures Manipulations under anesthesia					
Annual benefit maximum	$1,000				
Lifetime maximum Per person	$5,000				

[1] Not available for a voluntary plan.

[2] Benefits provided at 100% of allowable charges; not subject to deductible or coinsurance.

[3] Balance billing may apply if a provider is not contracting with Premera Blue Cross.

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 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

		BENEFIT LIMITS	COVERAGE PLANS		
			Your Choice	Your Future	Peak Care
Vision Adult	**Exam only**	1 Routine exam, PCY	Covered in full or deductible / coinsurance or copay only	Covered in full or deductible / coinsurance or $25 copay	*Covered in full, or copay only
	Exam and eyewear	1 Routine exam PCY; Hardware: $150 PCY; $150 every 2 consecutive CY; $200 every 2 consecutive CY; $300 PCY; $300 every 2 consecutive CY	Exam: covered in full or deductible / coinsurance or copay only Hardware: Covered in full	Exam: covered in full or deductible / coinsurance or $25 copay Hardware: Covered in full	Exam: Covered in full, or copay only Hardware: Covered in full
Vision Pediatric (Pediatric exam and cost shares count toward the out-of-pocket maximum)	**Exam only**	1 Routine exam, PCY	Office visit, cost share, or covered in full	Office visit Cost share, $25 Copay, or covered in full	*Office visit Cost share or waive deductible, then coinsurance, or covered in full
	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: Office visit cost share or waive deductible, then coinsurance, or covered in full Eyeware: Covered in full	Exam: Office visit cost share, $25 copay, or covered in full Eyeware: Covered in full	Exam: Office visit cost share or waive deductible, then coinsurance, or covered in full Eyeware: Covered in full
Hearing	**Exam only**	1 Exam PCY or 1 exam every 2 CY	Covered in full or Deductible / coinsurance or copay only	N/A	*Covered in full, or copay only
	Exam and hardware	1 Exam PCY or 1 exam every 2 CY; Hardware: $1,000 every 3 CY, $3.000 every 3 CY, or $5,000 every 3 CY	Exam: covered in full or Deductible / coinsurance or copay only Hardware: Covered in full	Deductible / coinsurance	Exam: Covered in full, or copay only Hardware: Covered in full

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

More optional benefits

Stop-loss coverage

LifeWise Assurance Company[1] 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, HRA options

Employers can take advantage of an integrated system for implementing and administering a health savings account (HSA)[2], flexible spending account (FSA), and health reimbursement arrangement (HRA)[3]. These products can help manage healthcare costs by putting healthcare spending in the hands of employees. By spending their own money, employees pay more attention to their health and healthcare.

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

[2] HSA options are not available with Peak Care plans.

[3] HRA options are not available with Premera Flex Advantage plans.

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

Stop-loss, Life and Disability coverage

Personal funding accounts

Find out more

Visit **premera.com/wa/employer**

Talk with your producer or general agency partner.

PREMERA BLUE CROSS

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