Health plans that come with trust

INDIVIDUALS AND FAMILIES | 1.1.2014

PREMERA BLUE CROSS

We're here. We're with you.

Why Premera Blue Cross?

We're here. We're with you. Premera is a local company with a long history of helping generations of families in Washington. We give you access to a statewide network of doctors and hospitals you can trust at a price you can afford. This includes access to quality care and coverage nationwide.

We provide peace of mind by offering affordable, effective coverage, programs, and services.

Coverage

Our range of metallic plans offers you plenty of options to find the right balance between your budget and your healthcare needs. And to learn more about our qualified high-deductible plans that can be paired with tax-advantaged health savings accounts (HSAs), see page 8 in this brochure.

With Premera Blue Cross:

- Reduce your office visit copays by choosing a primary care provider in our Heritage Signature network.
- If you get your preventive care—including office visits, screenings, and immunizations—from providers in our network, the plan pays 100% of the cost.
- Most outpatient prescriptions are covered as part of your plan.
- Get 24-hour coverage for all enrolled family members for occupational conditions not covered by workers' compensation.

Health support programs

Your Premera membership comes with programs and tools to support you in staying as healthy as possible.

Our programs support pregnant moms and newborns.

If you have a complex or chronic illness such as asthma or diabetes, we can help you manage your care. We can also help smokers who want to quit and members who are ready to tackle substance abuse issues.

If you're on the fitness path, you'll appreciate our discounts on fitness clubs, weight loss programs, and more.

Personalized service and online tools

Premera members are one click or phone call away from a rich array of online and personal tools. We can help you manage your health and your family healthcare budget.

The **Find a Doctor tool** makes it simple to find and compare providers in our network. Learn about their qualifications and read user reviews.

The **24-Hour NurseLine** is always there when you need to talk to a registered nurse about a health issue that won't wait. The nurses can help you decide what to do about it.

Premera **customer service** staff know what you're calling about is important, and so is your time. That's why they're trained to guide you to the resources and knowledge you need to resolve your issue—in just one phone call.

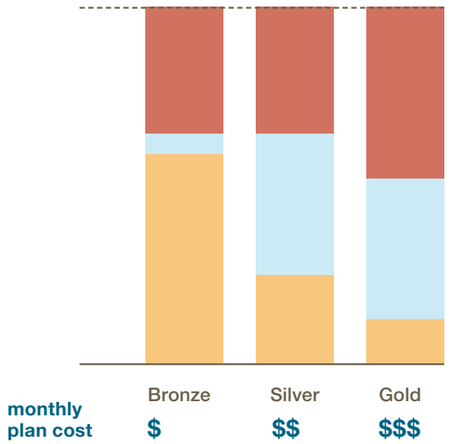
When you log in to **premera.com**, you'll find easy-to-use health assessments, a treatment cost estimator, and a tool to produce a report of your spending activity. You can also pay your monthly bill or manage a health savings account.

What will your Premera plan cover?

Premera offers a wide range of bronze, silver, and gold metallic plans, with options for every family's budget and healthcare needs.

Each metallic plan covers the 10 essential benefits, but with differences in rates and your cost sharing for benefits. (See rate sheets and plan summaries in this package.)

HOW A HEALTH PLAN WORKS



Your plan pays: after out-of-pocket maximum is met

We both pay: coinsurance

You pay: copays and deductible

Let's start with day one of your plan year. All the covered care you get up to a certain amount, your *deductible*, is paid by you. If your deductible is $2,000, you pay for all of your care that year until you have paid out $2,000. (But for covered preventive care, the plan pays 100% right away.)

After you *meet your deductible* (pay out $2,000, for example), you begin to pay *coinsurance*—a percentage, such as 20 percent of the cost of a treatment—for covered care. After you pay the coinsurance *annual out-of-pocket maximum* for your plan, the plan pays 100 percent.

The difference between metallic plans (gold, silver, and bronze) is the cost sharing (annual deductible, copays, coinsurance) and the amount of out-of-pocket costs on the covered services you pay when you get medical care. In general, bronze plans have the highest cost sharing levels, and the lowest monthly rates. Gold plans have the lowest cost shares and the highest monthly rates.

Call us at **888-304-4755** and we'll help you make sense of all your plan options.

The 10 essential benefits your plan covers:

1. **Ambulatory Patient Services**—such as office visits to your in-network PCP, non-PCP or specialist office visits.
2. **Emergency Services**—for issues that could lead to death or disable you if do not treat them.
3. **Hospitalization**—covers room and board, tests, drugs, and care from doctors and nurses while admitted; includes organ and tissue transplants, and hospice and respite care.
4. **Maternity and Newborn Care**—covers prenatal and postnatal care, delivery and inpatient maternity services, plus newborn child care.
5. **Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment**—covers inpatient hospital and outpatient mental and behavioral health.
6. **Prescription Drugs**—covers retail, mail order, and specialty drugs.
7. **Rehabilitative and Habilitative Services and Devices**—to help gain or regain mental and physical skills in case of injury, disability, or chronic condition. Includes inpatient rehabilitation; physical, speech, and occupational therapy; durable medical equipment; or skilled nursing.
8. **Laboratory Services**—covers lab tests, X-ray services, and pathology, and imaging and diagnostics such as MRI, CT scan, and PET scan.
9. **Preventive/Wellness Services and Chronic Disease Management**—includes mammograms, colonoscopies, vaccines, and more. Covered in full if you use providers in our Heritage Signature network for care such as routine physicals, screening, and immunizations. Disease management coordinates care for diabetes, asthma, and other conditions.
10. **Pediatric services**—including dental care (preventive, basic, major) and vision care (eye exam, lenses, and eyewear).

Tax-advantaged health savings accounts

A health savings account (HSA) combines healthcare coverage with a way to invest for your financial future.

Our qualified high-deductible health plans paired with HSA plans offer great basic coverage—and you also get the chance to save money and invest it for future healthcare expenses. These plans also allow you to reduce your taxable income.

And we make it easy to enroll in and then manage both the health plan and the savings account.

How does an HSA with a qualified high-deductible health plan work?

- Your plan pays 100% for covered preventive care and certain preventive prescription drugs from day one.
- You pay—either out of pocket or with your HSA funds—all medical and pharmacy expenses until you meet your annual deductible. Then the plan pays 100% of expenses for the rest of the year.
- Funds not spent from your HSA continue to accrue interest.

Why choose a qualified HSA health plan?

- HSAs offer you a triple tax advantage:
  1. Contributions are 100% tax deductible.
  2. Funds you withdraw to pay for qualified medical expenses are not taxed.
  3. Interest earnings accumulate tax-deferred and are tax-free when used to pay qualified medical expenses.
- Monthly rates are lower because of higher plan annual deductibles.
- Unused funds accrue interest over time.
- You can put funds into investment products and mutual funds—with no transaction fee.
- The HSA is yours to keep even if you change to another health plan.
- You can use HSA funds without penalty for nonmedical expenses if you are 65 or older or if you become permanently disabled. (You will still owe income tax on the funds you withdraw.)

Are you eligible for an HSA?

Before you can open an HSA, you must be covered by a qualified high-deductible health plan.

And you must also be able to answer "No" to these questions:

- Are you covered by any other health plan?
- Are you enrolled in Medicare?
- Are you another person's dependent?

Mutual funds include more than 100 options with no load and no transaction fees. This means when you choose your mutual fund, you will not pay a fee to invest in the fund nor will you pay a fee when you buy or sell your fund.

Dental and oral health plans

All Premera Heritage Signature Health Plans cover dental care for children younger than 19 years of age. Pediatric dental coverage is part of the 10 essentials.

What if you're 19 or older?

We offer dental plans for adults with a range of monthly rates, deductibles, and member cost share options. Our dental plans cover common preventive, diagnostic, basic, and major dental services.

These plans are available only if purchased directly from Premera.

With these plans you have no barrier to maintain oral health at any age:

- You can choose from a large network of dental providers in the state and a broad nationwide network that includes generalists and specialists.
- Once you have made your $20 copay, preventive dental care is 100% covered for both adults and children.

Here are a few examples of common services our plan covers when you choose a provider in the Select network

	INDIVIDUAL DENTAL COPAY
Annual Deductible PCY	Individual: $50 / $75 Family: $150 / $225
Benefit Maximum per person, PCY	$1,000
DIAGNOSTIC and PREVENTIVE	Deductible* waived, copay only
Oral Exams Limited to 2 PCY	$0
Bitewing X-rays	$0
Cleanings Limited to 2 PCY	$20
Fluoride Treatments Limited to 2 applications PCY for members under the age of 20	$0
BASIC	Deductible,* then copay
Emergency Palliative Treatment	$5
Fillings One surface, amalgam; primary or permanent; limited to once per tooth surface every 24 consecutive months	$30
Periodontal Maintenance Limited to 4 visits per calendar year	$40
Recementing of Crowns	$20
Crown Repair	$25
Simple Extractions Erupted tooth or exposed root	$30
Space Maintainers Fixed, unilateral; for members under age 20	$65
MAJOR (12-month waiting period)	Deductible,* then copay
Crowns, Onlays, Dentures, Partials, and Bridges	Copays vary based on the tooth location and type of material used. Visit **premera.com/dental** for a complete list of covered services and copays for more information.
Endodontic (Root Canal) Treatment Limited to 2 per arch when performed in conjunction with overdentures	anterior tooth: $385 molar tooth: $515 bicuspid tooth: $435
General Anesthesia For first 30 minutes; limited to covered dental procedures at a dental care provider's office when dentally necessary	$165
Oral Surgery For surgical removal of residual tooth roots	$115
Periodontal Scaling One to three teeth; limited to once per quadrant every 2 calendar years	$60
Periodontal Surgery Osseous surgery; one to three contiguous teeth; covered in same quadrant once every 3 calendar years.	$350

PCY= per calendar year

* If you visit a provider outside the Select network, you'll pay the out-of-network coinsurance based on the type of service provided. You'll also be responsible for amounts charged above the allowable charge. Visit **premera.com/dental** for details of out-of-network provider coverage.

Strong regional and nationwide provider network

The Premera network of doctors, dentists, hospitals, and other healthcare providers is designed to offer you ready access to high-quality care at low out-of-pocket costs.

Our strong relationships with our provider partners help you get the most out of your healthcare dollar by:

- Focusing on quality and cost-effective care
- Helping control rising medical costs
- Providing resources for improved healthcare

Premera members also have access to the nationwide BlueCard® provider network if you need care outside the Northwest.

For more information, visit **premera.com** and use the Find a Doctor tool.

Choose a primary care provider right away

Your first step as a Premera member should be to choose and designate primary care provider (PCP) for you and your covered family members. This is a good idea for a couple of reasons.

If you designate a PCP in our Heritage Signature network, your out-of-pocket costs for doctor visit copays are lower.

Also, a primary care provider gets to know you and your health history, which makes it easier to catch a developing problem early or help you manage an ongoing one.

You can choose a different primary care provider for each family member from:

- General practitioner or internist
- Obstretrician, gynecologist, or women's health specialist
- Pediatrician
- Geriatric specialist
- Naturopath
- Nurse practitioner
- Family physician
- General preventive medicine
- ARNP/Physician Assistant

Use the Find a Doctor tool on **premera.com** to find and compare providers in our network.

CAN I GET HELP WITH MY MONTHLY RATE?

You might qualify for help with your monthly payments. To get more information including how to take advantage of a subsidy if you are eligible for one, call us at **888-304-4755**, call your producer, or go to **premera.com** and click the Health Care Basics tab.

How do I enroll?

It's easy to become a Premera member.

First, call us at **888-304-4755** or call a producer. We help you make sense of all the Premera health plans and options offered to you; how to get help with your payment if you're eligible; and how and when to apply.

We'll make sure to share what you need to know to help you decide what's best for you and your family before you enroll. Then you can enroll in one of two ways:

- Apply at **premera.com.**
- Complete and mail us the Premera enrollment application in the addressed envelope. (You'll find both in this package.)

Are you eligible for coverage?

To be eligible to enroll:

- You must reside in the state of Washington.
- You must not be eligible for Medicare A or B, including entitlement due to a disability.
- You must not be covered under any other health plan.

To review additional eligibility requirements, please refer to the enrollment application.

What will your monthly rate be?

The monthly rate for the metallic plan you choose depends on your answer to these questions:

- What county do you live in?
- How old is each person who will be on the plan?
- Do you use tobacco products?

Use the rate sheet included in this packet to help you figure out your monthly rate. For more information about the monthly rate to expect for plans you are interested in, call customer service at **888-304-4755**.

Preferred HSA Plans

Washington plans for individuals & families
Beginning January 1, 2014

	PCY = per calendar year Network = Heritage Signature		PREFERRED SILVER & BRONZE HSA Heritage Signature providers	 Non-Heritage Signature providers
	Aggregate (Individual) Deductible	PCY (choose one), Family = 2x Individual (aggregate)	Silver $2,500 / Bronze $5,250	2x Deductible
	Coinsurance	Amount you pay after your deductible is met	Silver 20% / Bronze 0%	50%
	Out-of-Pocket Maximum	Includes deductible, and coinsurance Family = 2x Individual (aggregate)	Silver $4,100 / Bronze $5,250	Unlimited
	Office visits		Deductible, then coinsurance	Deductible, then 50%
	10 Essential Benefits *Covered Services*			
1	**Ambulatory Patient Services**	Outpatient	Deductible, then coinsurance	Deductible, then 50%
		Spinal manipulation (10 visits PCY); Acupuncture (12 visits PCY)		
2	**Emergency Services** *Includes ambulance*		Deductible, then coinsurance Ambulance: deductible, then coinsurance	
3	**Hospitalization**	Inpatient	Deductible, then coinsurance	Deductible, then 50%
		Organ and tissue transplants, inpatient unlimited, except $20,000 donor coverage limit and $5,000 travel and lodging per transplant		Not covered
		Hospice: unlimited/Respite care: 14 days lifetime		Deductible, then 50%
4	**Maternity & Newborn Care**	Prenatal, delivery, postnatal	Deductible, then coinsurance	Deductible, then 50%
5	**Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment**	Office visit	Deductible, then coinsurance	Deductible, then 50%
		Inpatient hospital: mental/behavioral health		
		Outpatient services		
6	**Prescription Drugs**	**Retail** 30-day supply **Mail Order** 90-day supply **Specialty Rx** 30-day supply **Drug List** See X1 formulary	Deductible, then coinsurance	Not covered
7	**Rehabilitative & Habilitative Services & Devices** *Therapy*	Inpatient rehabilitation: 30 days PCY	Deductible, then coinsurance	Deductible, then 50%
		Physical, speech, occupational, massage therapy: 25 visits PCY		
	Rehabilitative and habilitative benefits have the same number of visits, but are counted separately	Durable medical equipment		
		Skilled nursing facility: 60 days PCY		
8	**Laboratory Services**	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	Deductible, then coinsurance	Deductible, then 50%
9	**Preventive/Wellness Services & Chronic Disease Management**	Screenings	Covered in full	Deductible, then 50%
		Exams and immunizations		Not covered
10	**Pediatric Services, including Vision & Oral Care** *Under 19 years of age*	Eye exam: 1 PCY	Deductible waived, then 20%	
		Eyewear: 1 pair lenses/contacts and 1 pair frames PCY	Covered in full	
		Dental: preventive/basic/major	2500 plan – Deductible, then 10% / 20% / 50%; 5250 plan – Deductible, then 0%	Deductible, then 50%
		Orthodontia (medically necessary only)	2500 plan – Deductible, then 50%; 5250 plan – Deductible, then 0%	Deductible, then 50%

A full list of all services is available on **premera.com/wa/member**

Preferred Bronze

Washington plans for individuals & families
Beginning January 1, 2014

	PCY = per calendar year Network = Heritage Signature		PREFERRED BRONZE Heritage Signature providers	 Non-Heritage Signature providers
	Annual Deductible	PCY (choose one), Family = 2x Individual (In-network only)	$5,500 / $6,350	2x Individual deductible
	Coinsurance	Amount you pay after your deductible is met	20% / 0%	50%
	Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x Individual (In-network only)	$6,350	Unlimited
	Office visits	Designated PCP office visit	$15 / $20 copay	Deductible, then 50%
		Non-designated PCP or specialist office visit	$45 / $50 copay	Deductible, then 50%
	10 Essential Benefits *Covered Services*			
1	**Ambulatory Patient Services**	Outpatient	Deductible, then coinsurance	Deductible, then 50%
		Spinal manipulation (10 visits PCY); Acupuncture (12 visits PCY)	$15 / $20 copay	
2	**Emergency Services** *Includes ambulance*	Copay waived if directly admitted to an inpatient facility	$250 copay, then deductible, then coinsurance Ambulance: deductible, then coinsurance	
3	**Hospitalization**	Inpatient	Deductible, then coinsurance	Deductible, then 50%
		Organ and tissue transplants, inpatient unlimited, except $20,000 donor coverage limit and $5,000 travel and lodging per transplant		Not covered
		Hospice: unlimited/Respite care: 14 days lifetime		Deductible, then 50%
4	**Maternity & Newborn Care**	Prenatal, delivery, postnatal	Deductible, then coinsurance	Deductible, then 50%
5	**Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment**	Office visit	$45 / $50 copay	Deductible, then 50%
		Inpatient hospital: mental/behavioral health	Deductible, then coinsurance	
		Outpatient services	Deductible, then coinsurance	
6	**Prescription Drugs** *3-Tier: Generic/Brand/Specialty*	**Retail** 30-day supply **Mail Order** 90-day supply; 3x retail copay (5500 plan) **Specialty Rx** 30-day supply **Drug List** See X3 (5500 plan) or X1 (6350 plan) formulary	5500 plan – $25 / Deductible, then 50% / Deductible, then 20%; 6350 plan – Deductible, then 0%	Not covered
7	**Rehabilitative & Habilitative Services & Devices** *Therapy*	Inpatient rehabilitation: 30 days PCY	Deductible, then coinsurance	Deductible, then 50%
		Physical, speech, occupational, massage therapy: 25 visits PCY		
	Rehabilitative and habilitative benefits have the same number of visits, but are counted separately	Durable medical equipment		
		Skilled nursing facility: 60 days PCY		
8	**Laboratory Services**	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	Deductible, then coinsurance	Deductible, then 50%
9	**Preventive/Wellness Services & Chronic Disease Management**	Screenings	Covered in full	Deductible, then 50%
		Exams and immunizations		Not covered
10	**Pediatric Services, including Vision & Oral Care** *Under 19 years of age*	Eye exam: 1 PCY	$45 / $50 copay	
		Eyewear: 1 pair lenses/contacts and 1 pair frames PCY	Covered in full	
		Dental: preventive/basic/major	5500 plan – Deductible, then 10% / 20% / 50%; 6350 plan – Deductible, then 0%	Deductible, then 30% / 40% / 50%
		Orthodontia (medically necessary only)	5500 plan – Deductible, then 50%; 6350 plan – Deductible, then 0%	Deductible, then 50%

A full list of all services is available on **premera.com/wa/member**

Preferred Silver

Washington plans for individuals & families
Beginning January 1, 2014

	PCY = per calendar year Network = Heritage Signature		PREFERRED SILVER Heritage Signature providers	PREFERRED SILVER Non-Heritage Signature providers
	Annual Deductible	PCY Family = 2x Individual (In-network only)	$2,000	2x Individual deductible
	Coinsurance	Amount you pay after your deductible is met	20%	50%
	Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x Individual (In-network only)	$6,350	Unlimited
	Office visits	Designated PCP office visit	$15 copay	Deductible, then 50%
		Non-designated PCP or specialist office visit	$45 copay	Deductible, then 50%
	10 Essential Benefits *Covered Services*			
1	**Ambulatory Patient Services**	Outpatient	Deductible, then 20%	Deductible, then 50%
		Spinal manipulation (10 visits PCY); Acupuncture (12 visits PCY)	$15 copay	
2	**Emergency Services** *Includes ambulance*	Copay waived if directly admitted to an inpatient facility	$250 copay, then deductible, then 20% Ambulance: deductible, then 20%	
3	**Hospitalization**	Inpatient	Deductible, then 20%	Deductible, then 50%
		Organ and tissue transplants, inpatient unlimited, except $20,000 donor coverage limit and $5,000 travel and lodging per transplant		Not covered
		Hospice: unlimited/Respite care: 14 days lifetime		Deductible, then 50%
4	**Maternity & Newborn Care**	Prenatal, delivery, postnatal	Deductible, then 20%	Deductible, then 50%
5	**Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment**	Office visit	$45 copay	Deductible, then 50%
		Inpatient hospital: mental/behavioral health	Deductible, then 20%	
		Outpatient services	Deductible waived, then 20%	
6	**Prescription Drugs** *3-Tier: Generic/Brand/Specialty*	**Retail** 30-day supply **Mail Order** 90-day supply; 3x retail copay **Specialty Rx** 30-day supply **Drug List** See X3 formulary	$15 / $50 / Deductible, then 20%	Not covered
7	**Rehabilitative & Habilitative Services & Devices** *Therapy*	Inpatient rehabilitation: 30 days PCY	Deductible, then 20%	Deductible, then 50%
		Physical, speech, occupational, massage therapy: 25 visits PCY		
	Rehabilitative and habilitative benefits have the same number of visits, but are counted separately	Durable medical equipment		
		Skilled nursing facility: 60 days PCY		
8	**Laboratory Services**	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	Deductible waived, except for major imaging, then 20%	Deductible, then 50%
9	**Preventive/Wellness Services & Chronic Disease Management**	Screenings	Covered in full	Deductible, then 50%
		Exams and immunizations		Not covered
10	**Pediatric Services, including Vision & Oral Care** *Under 19 years of age*	Eye exam: 1 PCY	$45 copay	
		Eyewear: 1 pair lenses/contacts and 1 pair frames PCY	Covered in full	
		Dental: preventive/basic/major	Deductible, then 10% / 20% / 50%	Deductible, then 30% / 40% / 50%
		Orthodontia (medically necessary only)	Deductible, then 50%	Deductible, then 50%

A full list of all services is available on **premera.com/wa/member**

Preferred Gold

Washington plans for individuals & families
Beginning January 1, 2014

	PCY = per calendar year Network = Heritage Signature		PREFERRED GOLD Heritage Signature providers	PREFERRED GOLD Non-Heritage Signature providers
	Annual Deductible	PCY (choose one), Family = 2x Individual (In-network only)	$1,000 / $1,500	2x Individual deductible
	Coinsurance	Amount you pay after your deductible is met	20%	50%
	Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x Individual (In-network only)	$4,500	Unlimited
	Office visits	Designated PCP office visit	$10 copay	Deductible, then 50%
		Non-designated PCP or specialist office visit	$30 copay	Deductible, then 50%
	10 Essential Benefits *Covered Services*			
1	**Ambulatory Patient Services**	Outpatient	Deductible, then 20%	Deductible, then 50%
		Spinal manipulation (10 visits PCY); Acupuncture (12 visits PCY)	$10 copay	
2	**Emergency Services** *Includes ambulance*	Copay waived if directly admitted to an inpatient facility	$200 copay, then deductible, then 20% Ambulance: deductible, then 20%	
3	**Hospitalization**	Inpatient	Deductible, then 20%	Deductible, then 50%
		Organ and tissue transplants, inpatient unlimited, except $20,000 donor coverage limit and $5,000 travel and lodging per transplant		Not covered
		Hospice: unlimited/Respite care: 14 days lifetime		Deductible, then 50%
4	**Maternity & Newborn Care**	Prenatal, delivery, postnatal	Deductible, then 20%	Deductible, then 50%
5	**Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment**	Office visit	$30 copay	Deductible, then 50%
		Inpatient hospital: mental/behavioral health	Deductible, then 20%	
		Outpatient services	Deductible waived, then 20%	
6	**Prescription Drugs** *3-Tier: Generic/Brand/Specialty*	**Retail** 30-day supply **Mail Order** 90-day supply; 3x retail copay **Specialty Rx** 30-day supply **Drug List** See X3 formulary	1000 plan – $10 / $40 / Deductible, then 20%; 1500 plan – $10 / $35 / Deductible waived, then 20%	Not covered
7	**Rehabilitative & Habilitative Services & Devices** *Therapy*	Inpatient rehabilitation: 30 days PCY	Deductible, then 20%	Deductible, then 50%
		Physical, speech, occupational, massage therapy: 25 visits PCY		
	Rehabilitative and habilitative benefits have the same number of visits, but are counted separately	Durable medical equipment		
		Skilled nursing facility: 60 days PCY		
8	**Laboratory Services**	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET	Deductible waived, except for major imaging, then 20%	Deductible, then 50%
9	**Preventive/Wellness Services & Chronic Disease Management**	Screenings	Covered in full	Deductible, then 50%
		Exams and immunizations		Not covered
10	**Pediatric Services, including Vision & Oral Care** *Under 19 years of age*	Eye exam: 1 PCY	$30 copay	
		Eyewear: 1 pair lenses/contacts and 1 pair frames PCY	Covered in full	
		Dental: preventive/basic/major	Deductible, then 10% / 20% / 50%	Deductible, then 30% / 40% / 50%
		Orthodontia (medically necessary only)	Deductible, then 50%	Deductible, then 50%

A full list of all services is available on **premera.com/wa/member**

This is only a summary of the major benefits provided by our plans. This is not a contract. Please see **premera.com/SBC** for the Summary of Benefits and Coverage and Glossary. On our website, you can also find a Supplemental Guide with information about privacy policies, provider organization, key utilization management procedures, and pharmaceutical management procedures.

General exclusions and limitations

Benefits are not provided for treatment, surgery, services, drugs, or supplies for any of the following:

- Cosmetic or reconstructive surgery (except as specifically provided)
- Experimental or investigative services
- Infertility
- Learning disorders
- Obesity/morbid obesity, including surgery, drugs, foods, and exercise programs
- Orthognathic surgery (except when repairing a dependent child's congenital abnormality)
- Orthotics, up to $300 PCY; except for treatment of diabetes, unlimited
- Services in excess of specified benefit maximums
- Services payable by other types of insurance coverage
- Services received when you are not covered by this program
- Sexual dysfunction
- Sterilization reversals

For a complete list of exclusions and limitations, log into **premera.com** and consult your benefit booklet.

For a list of services and procedures that require approval for coverage from your plan before you get them (prior authorization), visit **premera.com**.

DEFINITIONS

allowable charge — The negotiated amount for which a provider in the Heritage Signature network agrees to provide services or supplies.

coinsurance — Your share of the fee for a service. If the plan's coinsurance share is 20%, the member pays 20% of the allowable charge and your plan benefit pays the other 80% of the allowable charge.

coinsurance maximum — A preset limit after which your plan pays 100% of the allowable charge.

copay — A flat fee you pay for a specific service, such as an office visit, at the time a service is rendered. Copays apply toward out-of-pocket maximum.

covered in full — Services your plan pays for in full. Benefits provided at 100% of the allowable charge; not subject to deductible or coinsurance.

deductible — The amount of money you pay every year before the plan begins to pay for certain services.

formulary — A list of drugs the plan covers for specific uses. To find the formulary for a specific plan, go to **premera.com** and select Pharmacy under the Member Services tab.

network — A group of doctors, dentists, hospitals, and other healthcare providers that contract with Premera to provide services and supplies at negotiated amounts called allowable charges.

out-of-pocket maximum — A preset limit after which your plan pays 100% of the allowable charge. All in-network essential benefits apply to the out-of-pocket maximum.

primary care provider — Your designated provider that helps coordinate your care. They must be contracted as part of the Premera Heritage Signature network and designated by you to get the reduced copay for an office visit (when applicable). You can choose a different primary care provider for each family member from: physicians and internists, physician assistants, and nurse practitioners; ob/gyns and women's health specialists, pediatricians, and geriatric specialists; or naturopaths.

producer — Previously referred to as a broker or agent.

Need help? Get help.

- For help shopping for and enrolling in a health plan, call the Premera Sales Team, **888-304-4755**, or call your producer.
- Call Premera customer service at **800-722-1471** from 8 a.m. to 5 p.m. Pacific time, Monday–Friday.
- **24-Hour NurseLine 800-841-8343** is fast, free, confidential, and always there when you need it. Registered nurses ask you the right questions, then can direct you to the closest appropriate in-network provider or clinic.
- Visit **premera.com** for information about Premera Blue Cross. After you enroll, you get access to online information and tools you can use to:
  - Pay your monthly bill online
  - Check the status of a claim
  - See how much of your annual deductible you've met
  - Manage and track your HSA saving and spending
  - Manage and order prescriptions, and compare costs
  - And much much more!
- **Premera app** for Apple, Android, and Windows smartphones provides one-touch access to customer service, 24-Hour NurseLine, and lists of providers in the Heritage Signature network.

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We're here. We're with you.

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