

# Who are you healthy for?

Be there for those you care about

Health plans  
for individuals  
and families

1/1/2016





**WE'RE HERE FOR YOU  
EVERY STEP OF THE WAY**

For help choosing  
and enrolling in a plan

**877-PREmera**  
(877-773-6372)

# We have a plan to fit you and your family

Premera Blue Cross Blue Shield of Alaska has a health plan that's right for you and your family, matched to your health needs, family size, stage of life, and financial situation. Our wide range of plans offers you the price, the choice of doctors, pharmacies, and hospitals, and the benefits you need so you can be there for the people and activities you care about.

We're here to walk you through the process of choosing and enrolling in a plan, making sure you understand all your options and what you're getting. We can help you figure out if you're eligible for help paying for your plan—a subsidy. If you are eligible, we can advise you on how to apply through **healthcare.gov**.

The whole process can be as simple as one phone conversation. But of course we're also happy to give you all the time you need to make the right choice.

## Welcome to Premera Blue Cross Blue Shield of Alaska.

For more than 60 years, Alaska families have trusted Premera for their health coverage. We are dedicated to being there for you at every stage of your life, so you can be there for the people most important to you.

We have plans for every need and budget, and we are ready to help you understand your options every step of the way.

Thank you for considering Premera. We welcome the opportunity to be your health plan.



**Jim Havens**

Vice President & General Manager  
Individual & Senior Markets



# Consider these factors when choosing a health plan



## FIND A DOCTOR

If you already have a doctor or go to certain pharmacies or hospitals, check to see if they are in the Heritage Plus provider network. Then search for the provider by using the Find a Doctor tool on [premera.com](https://premera.com).

## Which doctors you can see

### The provider network

The network includes doctors, pharmacies, hospitals, and other care providers—statewide, nationwide, and beyond. You'll almost always pay less if you use providers that are in the network.

Our plans include in-network care that is designed for the unique needs of Alaska residents, including Medical Travel Support and air ambulance.

## What you get for your money

### The benefits

Our plans cover recommended preventive care at no cost to you, plus office visits, urgent and emergency care, prescription drugs, lab tests, maternity and newborn care, hospitalization, mental health care, and more.

In addition to these essential benefits, all Premera medical plans include discounts on alternative care such as massage and acupuncture, diet and nutrition products, and much more.



## CHECK YOUR MEDICATION COVERAGE

If you take prescription medications, check coverage at [premera.com](https://premera.com). Select Pharmacy, then click Rx Search to see if your medication is covered by the formulary (X1 or X4). Your share of the cost for prescriptions varies depending on whether the medication is a generic, brand-name, or specialty drug.

Because some Alaskans live and work far from doctors and hospitals, Premera plans cover:



#### AIR AMBULANCE

Transportation by ground, water, and air for life-threatening emergencies.



#### MEDICAL TRAVEL SUPPORT

For certain medical procedures in and outside Alaska, Premera helps arrange transportation and lodging for the patient and a companion.



#### VIRTUAL CARE

Consult with a board-certified physician anytime by phone or online video.

# How much it costs you

## Monthly premiums and cost shares

Premiums are due monthly, similar to your car or home insurance.

When you see a doctor or get other medical care, you pay a share of the cost, and your health plan pays the rest. Your share includes deductibles, copays (a fixed charge), and coinsurance (a percentage of the cost).

Another important cost to pay attention to is your out-of-pocket maximum—the most you'll pay in a year for covered healthcare services.

For more details about these terms, see page 7.

Premera plans are available at different levels—bronze, silver, and gold—so you can pick the one that meets your needs. These levels refer only to the costs of the plans, not the quality. In most cases, they cover the same benefits.



### YOU MAY BE ELIGIBLE FOR A SUBSIDY

Depending on your household income, you may be eligible for a subsidy to help pay for your health coverage. In Alaska, more than half of the people enrolling in health plans are eligible for a subsidy. We can help you find out if you qualify for a subsidy and advise you how to apply. Call 877-PRENERA.



### REMEMBER

The plan with the lowest monthly premium may not always be the lowest-cost choice for you. Which plan is best for you depends on whether you expect to need a lot of medical services during the year, or whether you are in excellent health and need coverage just in case something happens.

	GOLD PLANS	SILVER PLANS	BRONZE PLANS
Plan generally covers this percentage of your healthcare costs	80%	70%	60%
Monthly premiums	Higher	Medium	Lower
Your share of costs for medical care (deductible, copay, coinsurance)	Lower	Medium	Higher
Out-of-pocket maximum	Lower	Medium	Higher
Good fit if you...	Expect to need care frequently	May need care sometimes	Are healthy and expect to need little care

# Choose the Premera plan that's right for you



## WORLDWIDE COVERAGE

Premera Plus plans include access to the national and worldwide Blue Cross Blue Shield BlueCard™ network of providers at in-network costs to you. You can find the same quality of care you expect from Premera just about anywhere.

Premera offers several different Blue Cross Blue Shield Plus plans, available at different cost levels—bronze, silver, and gold. You can see details for each plan in the plan summaries included with this brochure or on [premera.com](https://premera.com).

Our Plus plans offer access to many doctors and other providers, both locally and nationwide. If you see providers in the network, you'll pay less. But when you see out-of-network providers, we'll still pay part of the cost. And you don't need referrals to see specialists.

Most gold and silver level plans include two visits to your primary care doctor at no cost to you. And after that you'll have unlimited primary care office visits for only a copay, with no deductible. (Not included with bronze or HSA plans.)

All of our plans include access to the free 24-Hour NurseLine for advice anytime day or night.

## What the names mean to you



## VIRTUAL CARE

All of our plans offer access to virtual care, so you can consult with a doctor anytime by phone or online video—even if in-person care is miles away. You pay one low copay for virtual care "visits" (except HSA plans, which don't use copays).

**Multi-State Plans (MSP)** — All of the Premera Blue Cross Blue Shield plans are Multi-State Plans (MSPs). Some plans include a limit on your out-of-pocket costs for out-of-network care, which could save you money. To comply with federal regulations, most MSP do not cover elective pregnancy termination. The exception is qualified health savings account plans, which do cover this.

**Health Savings Account (HSA) Plans** — These are qualified high-deductible plans paired with a health savings account. These plans allow you to set up accounts to save and invest your money for future healthcare costs. They also have certain tax advantages. These plans generally have lower premiums, but you usually pay your share upfront.

**Cost Sharing Reduction (CSR) plans** — These plans offer lower out-of-pocket costs for Alaskans with incomes in a certain range.

# Consider dental coverage

When you get high-quality dental coverage from the same company you already trust for your medical coverage, you get the convenience of one monthly premium bill, one ID card, and one Customer Service number. You can access all your coverage documents and claims records from one website and one mobile app.

## Adult Dental Plan

Premera Preferred Adult Dental Plan covers a wide range of preventive and diagnostic, basic, and major dental services.

It's easy and seamless to add this coverage at the same time as you enroll in a medical plan, or any time during the year.

For details, visit **premera.com**, click Shop for Plans, and select Dental Plans.

## Pediatric Dental Coverage

If your medical plan will cover dependents 18 or younger, pediatric dental coverage must also be available under federal law. This coverage is already included for dependents on our plans. The Premera Individual Pediatric Dental Plan provides:

- Coverage for most preventive and diagnostic, basic, and major dental services
- Access to a network of dentists throughout Alaska
- No waiting period for dental services—your child can see a dentist immediately after the effective date of your plan



### WHY DENTAL HEALTH IS IMPORTANT

Dental and oral health can offer clues about your overall health, and problems in your mouth can affect the rest of your body.

For details, visit **premera.com**, click Shop for Plans, and select Dental Plans.

STEP

4

## Let us help you enroll now



### WHAT YOU'LL NEED BEFORE YOU CALL

When you call, be sure you have names, birth dates, and Social Security numbers for all family members you want to enroll, and household income to determine if you qualify for a subsidy.

We want to help you choose the right plan for yourself and your family, with the coverage you need at a price that fits your budget. We can help you find out whether you qualify for a subsidy to help pay for your health plan.

Take this last important step so you can be there for the people you care about.

### Contact us today.

For detailed information about coverage and costs and help enrolling:



**Call 877-PREmera (877-773-6372)**  
**8 a.m. – 5 p.m. Pacific time Monday–Friday**



**Call or visit your producer**



# Exclusions and Limitations

Please note that the general exclusions may vary based on plan design. Benefits are not provided for treatment, surgery, services, drugs, or supplies for any of the following:

Cosmetic surgery	Services payable by other types of insurance coverage	<b>For Multi-State Plans (MSP) only</b>  Elective termination of pregnancy (with the exception of qualified HSA)
Experimental or investigative services (not including HSA plans)	Services received when you are not covered by this program	
Infertility	Sexual dysfunction	<i>For a list of services and procedures that require approval for coverage from your plan before you receive them (prior authorization), visit <a href="https://www.premera.com">premera.com</a>.</i>
Obesity/morbid obesity, including surgery, drugs, foods, and exercise programs	Sterilization reversal	
Orthognathic surgery	Temporomandibular joint (TMJ) disorder	
Service in excess of specified benefit maximums		

# Definitions of Healthcare Coverage Terms

**Allowed Amount** — The amount contracted providers have agreed to accept for services or supplies. You’ll be responsible only for any applicable cost sharing, including deductibles, copays, coinsurance, charges in excess of the stated benefit maximums and charges for services and supplies not covered under this plan. In-network providers cannot bill you for charges over the allowed amount.

**Coinsurance** — Your share of the cost for a service. If your plan’s coinsurance is 20%, you pay 20% of the allowed amount and your plan pays the other 80% of the allowed amount.

**Copay** — A flat fee you pay for a specific service, such as an office visit, at the time you receive service.

**Covered In Full** — Services for which your plan pays the total cost, at 100% of the allowed amount. You do not pay deductibles, coinsurance or copays for these services.

**Deductible** — The amount of money you pay every year for covered services before the plan pays for certain benefits.

**Formulary** — A list of drugs covered by a health plan. Not all generic, brand-name and specialty drugs are included in every formulary.

**Health Savings Account (HSA)** — A savings account through a bank that is available to individuals who are enrolled in a qualified high-deductible health plan. The funds contributed to the account, as well as interest and investment earnings, aren’t subject to federal income tax when used for qualified medical expenses.

**In-Network** — Doctors, dentists, hospitals, and other healthcare providers that are contracted to provide services and supplies at negotiated amounts called allowed amounts.

**Out-of-Pocket Maximum** — The maximum amount of money you will pay for covered services in a calendar year. After you’ve paid this amount, your plan pays 100% of the allowed amount for services received from in-network providers.



## Premera Blue Cross Blue Shield health plans include tools to help you manage your health and your plan:

- **Cost and quality tool.** Estimate costs for services from various providers and view ratings and reviews from other customers.
- **Find a Doctor.** Research providers and check which networks include them at [premera.com](https://premera.com) or via Premera Mobile.
- **Premera Mobile.** Download the free app for on-the-go access to locate doctors, show proof of coverage, manage benefits, claims, and prescriptions — and more.
- **Spending activity report.** Track your claims and the status of your deductible, among other things.

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