

**GO PREMIERA.
GO BLUE.**



Go with the one you know

Health plans for individuals and families | 1.1.2015

PREMERA | 

BLUE CROSS



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Welcome to Premera

For more than 80 years, generations of Washington families have trusted Premera as their health plan. We'd like to be there for you and your family too.

Choosing and using a health plan can be complex. There are now more options than ever and it's important to make your healthcare dollar count. We are committed to helping you select and use the health plan that works best for you — every step of the way.

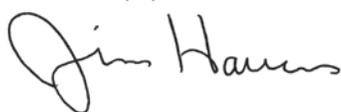
For us, it's about making sure your family can rely on financial protection from the ever-increasing cost of healthcare. And, it's also about the nearly 4,000 Premera associates dedicated to ensuring you receive the right care at the right time.

Premera's wide range of plan options gives you access to a network of doctors, hospitals, and pharmacies—statewide, nationwide, and beyond. You also get access to health support resources, including online tools that will help you get and stay healthy, and discounts on products and services that can help you take charge of your health.

Once you've joined us, we will help you make the most of your health plan and take advantage of all the benefits of Premera membership.

We welcome the opportunity to be your health plan.

Sincerely yours,



Jim Havens

Vice President & General Manager
Individual & Senior Markets



We make it easier to keep your family healthy

Premera has more than 80 years of experience keeping Washington families strong and active. We give you access to a statewide and nationwide network of doctors and hospitals you can trust at a price you can afford. If you're doing fine, we've got the resources you need to keep doing your best. If a health issue slows you down, we'll make sure you get the care you need.

We provide peace of mind by offering accessible coverage, programs, and services with monthly rates and out-of-pocket costs to suit your budget.

Our customers count on us to be excellent at what we do: Get you access to high-quality care when and where you need it. We're proud to live up to this tradition of excellence.

Our customers compliment our outstanding customer service reps for being friendly, patient, and capable. We aim to resolve issues in just one call, and that's exactly what you can expect.

Value for your healthcare dollar

Each plan covers 10 essential benefits, but with different rates and cost sharing. Most outpatient prescriptions are covered as part of your plan. (Learn about the essential benefits on page 13.)

Premera Individual Pediatric Dental Plan provides the dental services you need for children age 18 and younger that you cover on a medical plan. (See page 8 to learn more.)



Which plan is right for you?

The difference between plans (bronze, silver, and gold) is the cost sharing (annual deductible, copays, coinsurance) and the maximum out-of-pocket costs on 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.

For details, see the plan summaries on pages 4-7. For information about rates, visit premera.com or call **888.304.4755**.

PLAN LEVELS: WHICH IS RIGHT FOR YOU?

This is a high-level overview of in-network cost shares and select benefits.

PCY = per calendar year Network = Heritage Signature		PREFERRED BRONZE	PREFERRED BRONZE AND SILVER HSA	PREFERRED SILVER	PREFERRED GOLD
Annual Deductible	PCY (choose one) Family = 2x individual	\$5,500 / \$6,350	Bronze: \$5,250 Silver: \$2,500 (aggregate)	\$2,000 / \$3,000	\$1,000 / \$1,500
Coinsurance	Amount you pay after your deductible is met	20% / 0%	Bronze: 0% Silver: 20%	20%	20%
Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x individual	\$6,350	Bronze: \$5,250 Silver: \$4,100 (aggregate)	\$6,350	\$4,500
Office Visits	Designated PCP office visit Non-designated PCP or specialist office visit	\$15 / \$20 copay \$45 / \$50 copay	Deductible, then coinsurance	\$15 copay \$45 copay	\$10 copay \$30 copay
Prescription Drugs		5500 – Generic: \$25 Brand: Deductible, then 50% Specialty: Deductible, then 20% 6350 – Deductible, then 0%	Deductible, then coinsurance	2000 – Generic: \$15 Brand: \$50 Specialty: Deductible, then 20% 3000 – Generic: \$10 Brand: \$50 Specialty: Deductible, then 20%	1000 – Generic: \$10 Brand: \$40 Specialty: Deductible, then 20% 1500 – Generic: \$10 Brand: \$35 Specialty: Deductible waived, then 20%

Choose a primary care provider (PCP) and receive lower copays on non-HSA plans. Deductible, coinsurance, and copay represent what you pay. Non-network provider costs are often higher, and some services are only available from in-network providers. See the plan summaries for additional benefits and services. Or visit the Shop for Plans section of premera.com for more details.

Preferred Bronze

Washington plans for individuals & families
Beginning January 1, 2015

		PREFERRED BRONZE	
Network = Heritage Signature		Heritage Signature providers	Non-Heritage Signature providers
Annual Deductible	Per Calendar Year = PCY Family = 2x individual	\$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	\$6,350	Unlimited
10 Essential Benefits Covered Services			
1 Ambulatory Patient Services	Outpatient services	Deductible, then coinsurance	
Office visits	Designated PCP office visit	\$15 / \$20 copay	Deductible, then 50%
	Non-designated PCP or specialist office visit	\$45 / \$50 copay	
	Spinal manipulation (10 visits PCY); Acupuncture (12 visits PCY)	\$15 / \$20 copay	
2 Emergency Services	Emergency Care (<i>Copay waived if directly admitted to an inpatient facility</i>)	\$250 copay, then deductible, then coinsurance Ambulance: deductible, then coinsurance	
3 Hospitalization	Inpatient services	Deductible, then coinsurance	Deductible, then 50%
	Organ and tissue transplants, inpatient		Not covered
4 Maternity & Newborn Care	Prenatal, delivery, postnatal care	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	Retail 30-day supply Mail Order 90-day supply (5500 - copay x 3) Specialty Rx 30-day supply Drug Formulary X1 - 6350 plan X3 - 5500 plan	5500 - Generic: \$25 Brand: Deductible, then 50% Specialty: Deductible, then 20% 6350 - All: Deductible, then 0%	Not covered
7 Rehabilitative & Habilitative Services & Devices	Inpatient rehabilitation: 30 days PCY Physical, speech, occupational, massage therapy: 25 visits PCY Durable medical equipment	Deductible, then coinsurance	Deductible, then 50%
8 Laboratory Services	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET (<i>Prior Authorization for certain services</i>)	Deductible, then coinsurance	Deductible, then 50%
9 Preventive/Wellness Services & Chronic Disease Management	Screenings Exams and immunizations	Covered in full	Deductible, then 50% Not covered
10 Pediatric Vision <i>Under 19 years of age</i>	Eye exam: 1 PCY Eyewear: 1 pair of glasses PCY (frames & lenses); 12-month supply of contacts PCY, in lieu of glasses (frames & lenses)	\$45 / \$50 copay Covered in full	

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

Preferred HSA Plans

Washington plans for individuals & families
Beginning January 1, 2015

		PREFERRED SILVER & BRONZE HSA	
		Heritage Signature providers	Non-Heritage Signature providers
Network = Heritage Signature			
Aggregate Deductible	Per Calendar Year = PCY Family = 2x individual	Individual: Silver \$2,500 / Bronze \$5,250 Family: Silver \$5,000 / Bronze \$10,500	2x Individual deductible
Coinsurance	Amount you pay after your deductible is met	Silver 20% / Bronze 0%	50%
Out-of-Pocket Maximum	Includes deductible, coinsurance, and copays Family = 2x individual	Silver \$4,100 / Bronze \$5,250	Unlimited
10 Essential Benefits Covered Services			
1 Ambulatory Patient Services	Outpatient services Primary care doctor office visit	Deductible, then coinsurance	Deductible, then 50%
Office Visits	Spinal manipulation (10 visits PCY); Acupuncture (12 visits PCY)		
2 Emergency Services	Emergency Care	Deductible, then coinsurance Ambulance: deductible, then coinsurance	
3 Hospitalization	Inpatient services Organ and tissue transplants, inpatient	Deductible, then coinsurance	Deductible, then 50% Not covered
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 Inpatient hospital Outpatient services	Deductible, then coinsurance	Deductible, then 50%
6 Prescription Drugs	Retail 30-day supply Mail Order 90-day supply Specialty Rx 30-day supply Drug Formulary X1	Deductible, then coinsurance	Not covered
7 Rehabilitative & Habilitative Services & Devices	Inpatient rehabilitation: 30 days PCY Physical, speech, occupational, massage therapy: 25 visits PCY Durable medical equipment	Deductible, then coinsurance	Deductible, then 50%
8 Laboratory Services	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET (<i>Prior Authorization for certain services</i>)	Deductible, then coinsurance	Deductible, then 50%
9 Preventive/Wellness Services & Chronic Disease Management	Screenings Exams and immunizations	Covered in full	Deductible, then 50% Not covered
10 Pediatric Vision <i>Under 19 years of age</i>	Eye exam: 1 PCY Eyewear: 1 pair of glasses PCY (frames & lenses); 12-month supply of contacts PCY, in lieu of glasses (frames & lenses)	Deductible waived, then 20% Covered in full	

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

Preferred Silver

Washington plans for individuals & families
Beginning January 1, 2015

		PREFERRED SILVER	
		Heritage Signature providers	Non-Heritage Signature providers
Network = Heritage Signature			
Annual Deductible	Per Calendar Year = PCY Family = 2x individual	\$2,000 / \$3,000	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	\$6,350	Unlimited
10 Essential Benefits Covered Services			
1 Ambulatory Patient Services	Outpatient services	Deductible, then 20%	
Office visits	Designated PCP office visit	\$15 copay	Deductible, then 50%
	Non-designated PCP or specialist office visit	\$45 copay	
	Spinal manipulation (10 visits PCY); Acupuncture (12 visits PCY)	\$15 copay	
2 Emergency Services	Emergency Care (<i>Copay waived if directly admitted to an inpatient facility</i>)	\$250 copay, then deductible, then 20% Ambulance: deductible, then 20%	
3 Hospitalization	Inpatient services	Deductible, then 20%	Deductible, then 50%
	Organ and tissue transplants, inpatient		Not covered
4 Maternity & Newborn Care	Prenatal, delivery, postnatal care	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	Retail 30-day supply Mail Order 90-day supply (copay x 3) Specialty Rx 30-day supply Drug Formulary X3	2000 - Generic: \$15 Brand: \$50 Specialty: Deductible, then 20% 3000 - Generic: \$10 Brand: \$50 Specialty: Deductible, then 20%	Not covered
7 Rehabilitative & Habilitative Services & Devices	Inpatient rehabilitation: 30 days PCY Physical, speech, occupational, massage therapy: 25 visits PCY Durable medical equipment	Deductible, then 20%	Deductible, then 50%
8 Laboratory Services	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET (<i>Prior Authorization for certain services</i>)	Deductible waived, except for major imaging, then 20%	Deductible, then 50%
9 Preventive/Wellness Services & Chronic Disease Management	Screenings Exams and immunizations	Covered in full	Deductible, then 50% Not covered
10 Pediatric Vision <i>Under 19 years of age</i>	Eye exam: 1 PCY Eyewear: 1 pair of glasses PCY (frames & lenses); 12-month supply of contacts PCY, in lieu of glasses (frames & lenses)	\$45 copay Covered in full	

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

Preferred Gold

Washington plans for individuals & families
Beginning January 1, 2015

		PREFERRED GOLD	
Network = Heritage Signature		Heritage Signature providers	Non-Heritage Signature providers
Annual Deductible	Per Calendar Year = PCY Family = 2x individual	\$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	\$4,500	Unlimited
10 Essential Benefits Covered Services			
1 Ambulatory Patient Services	Outpatient services	Deductible, then 20%	
Office visits	Designated PCP office visit	\$10 copay	Deductible, then 50%
	Non-designated PCP or specialist office visit	\$30 copay	
	Spinal manipulation (10 visits PCY); Acupuncture (12 visits PCY)	\$10 copay	
2 Emergency Services	Emergency Care (<i>Copay waived if directly admitted to an inpatient facility</i>)	\$200 copay, then deductible, then 20% Ambulance: deductible, then 20%	
3 Hospitalization	Inpatient services Organ and tissue transplants, inpatient	Deductible, then 20%	Deductible, then 50% Not covered
4 Maternity & Newborn Care	Prenatal, delivery, postnatal care	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	Retail 30-day supply Mail Order 90-day supply (copay x 3) Specialty Rx 30-day supply Drug Formulary X3	1000 - Generic: \$10 Brand: \$40 Specialty: Deductible, then 20% 1500 - Generic: \$10 Brand: \$35 Specialty: Deductible waived, then 20%	Not covered
7 Rehabilitative & Habilitative Services & Devices	Inpatient rehabilitation: 30 days PCY Physical, speech, occupational, massage therapy: 25 visits PCY Durable medical equipment	Deductible, then 20%	Deductible, then 50%
8 Laboratory Services	Includes X-ray, pathology, imaging/diagnostic, MRI, CT, PET (<i>Prior Authorization for certain services</i>)	Deductible waived, except for major imaging, then 20%	Deductible, then 50%
9 Preventive/Wellness Services & Chronic Disease Management	Screenings Exams and immunizations	Covered in full	Deductible, then 50% Not covered
10 Pediatric Vision <i>Under 19 years of age</i>	Eye exam: 1 PCY Eyewear: 1 pair of glasses PCY (frames & lenses); 12-month supply of contacts PCY, in lieu of glasses (frames & lenses)	\$30 copay Covered in full	

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



Premera Individual Pediatric Dental Plan

If you cover dependents 18 or younger on your medical plan, you need to also choose a dental plan. The monthly rate is \$27 per dependent for the first three dependents under age 19. The Premera Individual Pediatric Dental Plan provides:

- > Coverage for most diagnostic, preventive, basic, and major dental services
- > Access to a network of dentists throughout Washington, so you can find one that your child likes
- > No waiting period for dental services, so your child can see the dentist immediately after enrolling

Individual Pediatric Dental Plan

The deductible applies whenever there is a coinsurance listed, unless otherwise noted.

PCY = per calendar year

Annual Deductible \$65 Individual Deductible PCY
Out-of-Pocket Maximum \$350 Individual PCY; \$700 Family PCY

INDIVIDUAL PEDIATRIC DENTAL PLANS		
	In-network	Out-of-network
DIAGNOSTIC AND PREVENTIVE Cleanings Limited to 2 PCY Fluoride treatments Limited to 3 PCY Oral hygiene instruction 2 PCY, ages 8 and under Routine oral exams Limited to 2 PCY Routine X-rays Complete series or panoramic x-ray once every 36 consecutive months Sealants Permanent teeth and primary molars, once every 3 calendar years Space maintainers	10%	30%
BASIC Emergency palliative treatment Emergency exams/non routine exam Limited to 1 PCY Fillings Limited to once every 24 months per tooth surface Full-mouth debridement Periodontal maintenance Limited to 1 PCY Repair and recementing of crowns, inlays, bridgework and dentures Recementing of permanent crowns is limited to ages 12 to 19 Repair of crown, bridgework and dentures is limited to once every 3 calendar years Simple extractions	20%	40%
MAJOR Endodontic (root canal) treatment Limited to once per tooth per lifetime Periodontal scaling Limited to once per quadrant every 24 months, ages 13 to 19 Oral surgery Including surgical extractions Occlusal guard Once every 36 months, ages 12 to 19, if deemed medically necessary General anesthesia Limited to covered dental procedures at a dental care provider's office when dentally necessary Dentures, partials and fixed bridges replacements Complete dentures (upper and lower) is limited to 1 per lifetime. Replacements are allowed and limited to 1 per lifetime after at least 5 years from the seat date. Inlays, onlays and crowns Replacements limited to once per tooth every 5 years	50%	50%
ORTHODONTICS * Cleft lip and palate When medically necessary Craniofacial anomalies When medically necessary	50%	50%

* Must be prior authorized before services are received.

NOTE: If there are multiple children in the family, each child will have their own deductible.

How a health plan works

To get the most out of your health plan, it's important to understand the lingo. The more you know, the easier it is to choose the plan that offers the best options for you and your family.

Let's say you chose a silver plan* with a \$2,000 deductible, \$35 office visit copay, 20 percent in-network coinsurance, and a \$6,350 out-of-pocket maximum. These are your cost shares.

Now let's start with day one of your plan year.

You pay for most care and medical services (diagnostic tests, emergency care, prescriptions) until you pay a total of \$2,000, your deductible. For an office visit, you pay only a \$35 copay, even though you have not yet met your deductible.

Some care, including most preventive care, is fully covered before you meet your deductible.

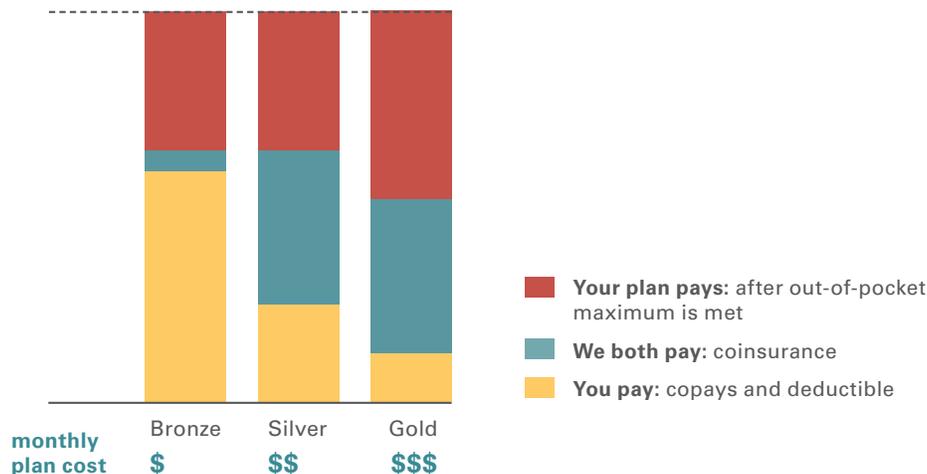
After you meet your deductible (pay out \$2,000, for example) you begin to pay coinsurance. That is, you pay 20 percent of the cost of your in-network covered care. Your plan pays the other 80 percent.

For example, if the cost of an in-network medical test or procedure was \$100, you'd pay \$20 coinsurance and your plan would pay \$80. For an office visit, you'd also pay a \$35 copay.

After you've paid \$6,350 in deductible, copays, and coinsurance, you've met your annual out-of-pocket maximum. Your plan pays 100 percent of your covered care for the rest of the year.

Out-of-pocket maximum means if you are dealing with bills from an injury or serious illness this year, you can rest assured that after you've paid that amount, your plan will take care of most everything. It's one less thing to worry about.

* Health savings accounts work a little differently. For more information, see page 12.





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 accounts offer great basic coverage—and you also get the chance to save money and invest it for future healthcare expenses.

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 percent 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 percent 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 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.

You can put funds into investment products and mutual funds—with no transaction fee. Mutual funds include more than 100 options with no load and no transaction fees.

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?

The HSA is yours to keep even if you change to another plan.

The 10 essential health benefits your plan covers

- 1 Ambulatory Patient Services** — such as office visits to your in-network primary care doctor or specialists.
- 2 Emergency Services** — for issues that could lead to death or disability if you 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 and mail order prescriptions, including 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 in-network providers for care such as routine physicals, screening, and immunizations. Disease management coordinates care for diabetes, asthma, and other conditions.
- 10 Pediatric Services** — The dental plan covers preventive, basic, and major dental care. (If you cover children 18 or younger under your medical plan, you need to buy this plan separately.) Kids are also covered for vision care (eye exam, lenses, and eyewear).



IT'S NOT JUST THE BASICS

Premera plans include an array of resources you might expect to pay extra for:

- > Get discounts on fitness club memberships and health accessories.
- > If you have chronic or complex medical conditions, Premera health coaches and case managers are there to guide you and your family along the sometimes bumpy path to feeling better.
- > Order prescriptions online and have them delivered by mail.
- > Estimate how much treatments will cost before you get them.

Learn more about our free, easy-to-use tools on page 14.

Tools to manage your care and accounts

Because your life is busy and healthcare can be complex, we offer a range of easy-to-use online tools and mobile apps to manage your healthcare and your claims.



24-Hour NurseLine

After you enroll, you can call the free 24-Hour NurseLine anytime. The nurse will help you decide whether you should be on your way to the emergency room, look for an urgent care clinic after hours, or call the doctor in the morning. Often, the nurse can talk you through treating a problem at home.

Virtual Care

Virtual care “visits” are available with a doctor by phone or online anytime, anywhere—even if in-person care is miles away.

Online tools for members

You register and log in at premera.com to use tools securely:

- > Find a Doctor. Find and compare providers, including qualifications and user reviews.
- > Treatment Cost Estimator. Estimate your cost before you go.
- > Review status of medical, prescription drug, and dental claims.
- > Manage and monitor HSA spending and saving amounts, including reviewing account balances.
- > Access pharmacy information and order prescriptions.

Compare plans

To help choose the right plan, use the Plan Comparison Tool on premera.com to estimate what you can expect to pay based on what services you use.

Staying well

Our health assessment tools help identify possible health issues so that you and your doctor can discuss how to address them early.

Friendly, award-winning mobile apps

From claims to fitness challenges, the answer is in your pocket:

- > **Premera Mobile app.** Find nearby doctors and clinics, show proof of coverage, look up benefits, and check claims.
- > **Pharmacy app.** Track medications, order prescriptions, find a pharmacy.
- > **Account app** for HSAs. Check spending and saving account balances.
- > **Wellness apps**—Serve it Up!, EveryMove, Proof, Juice, and more—help you track activities, participate in fun fitness challenges, get healthier, and capture positive moments.

Rely on your provider network—statewide, nationwide, and beyond

The Premera Heritage Signature network of doctors, dentists, hospitals (now including Swedish and Children’s hospitals), and other healthcare providers offers 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

Same great coverage and high standard of care wherever you go

You can count on access to providers nationwide and outside the United States through the BlueCard program. BlueCard connects you with healthcare providers in any area covered by a Blue plan (Blue Cross Blue Shield Association). That includes 200 countries and territories worldwide.

The in-network provider in the area where you get the service—whether it’s a mile from home or on a business trip far away—takes your information and submits claims with no extra hassle for you. So when you’re on the road, you can expect the same standard of care and coverage you get at home.

Choose a primary care provider right away

Your first step as a Premera member is to choose and designate a primary care provider (PCP) for you and your covered family members. Unless you have chosen an HSA plan (see page 12), this is the first thing you need to do to start using your plan.

Choosing and visiting a primary care provider is a good idea for a couple of reasons.

Depending on your plan, your out-of-pocket costs for doctor visit copays may be lower when you visit your primary care provider.

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, family physician, or internist
- > General preventive medicine
- > Obstetrician, gynecologist, or women’s health specialist
- > Pediatrician or geriatric specialist
- > Naturopath
- > ARNP or Physician Assistant

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



How to enroll

It's easy to become a Premera member.

First, call us at **888.304.4755** or call a producer. We can help you make sense of all the Premera health plans and options offered to you.

Then you can enroll in one of two ways:

- > Apply at premera.com.
- > Complete and mail us the Premera enrollment application. To download the application, on premera.com, click Shop for Plans and then Apply for Coverage.

You can apply for Premera plans only during open enrollment periods, unless you have a qualifying event.

Are you eligible for coverage?

To be eligible to enroll:

- > You must reside in the state of Washington.
- > You must not be enrolled in Medicare Part A or B.
- > 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 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?

For information about rates, visit premera.com or call **888.304.4755**.

Can you get help with your monthly rate?

You might qualify for help with your monthly payments. To get more information, including how to take advantage of help if you are eligible, call us at **888.304.4755**, call your producer, or see Health Plan Basics on premera.com.

General exclusions and limitations

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

- > Cosmetic surgery to improve or alter appearance and self-esteem, not primarily to restore an impaired function
- > 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 coverage for amounts greater than \$300 PCY (unless related to diabetes, which is unlimited)
- > Services in excess of specified benefit maximum
- > 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, visit premera.com.

Prior Authorization

Certain medical services and prescriptions require *prior authorization* (approval from the health plan) before you get them. For more information, visit premera.com or call 888.304.4755.

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 a specific uses. To find the formulary for a specific plan, go to premera.com and select Pharmacy under Member Services.

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.

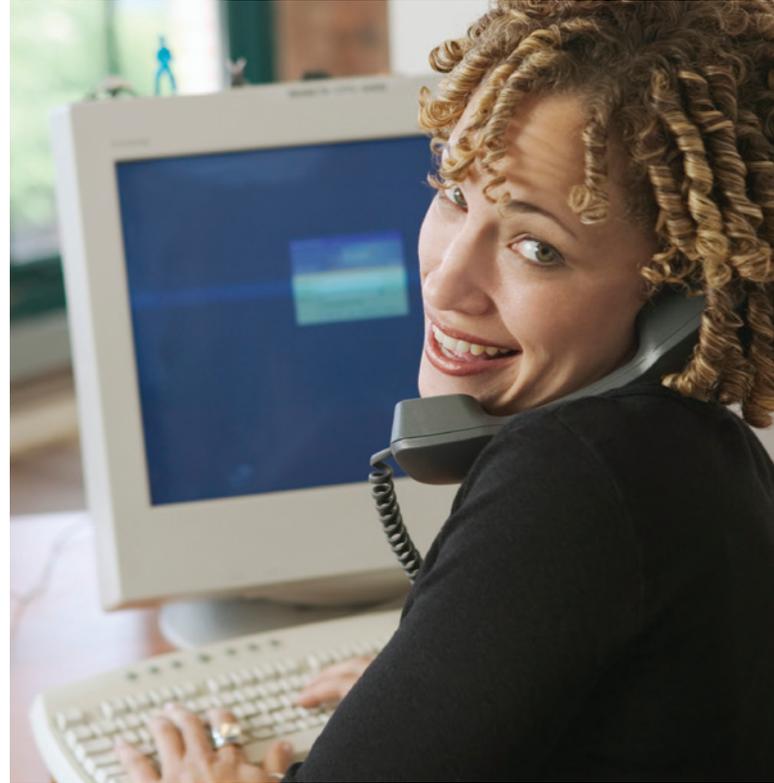
primary care provider (PCP) — Your designated provider that helps coordinate your care. They must be contracted as part of the Premera Heritage Signature network and designated by you to get the reduced copay for an office visit (when applicable).

producer — Sometimes referred to as a broker or agent.

Need help? Get help.

For help shopping for and enrolling in a health plan, call your producer or the Premera Sales Team, **888.304.4755**.

Visit premera.com for information about Premera Blue Cross.



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