



Welcome to your
Premera health plan

PLUG IN

to the power
of your plan

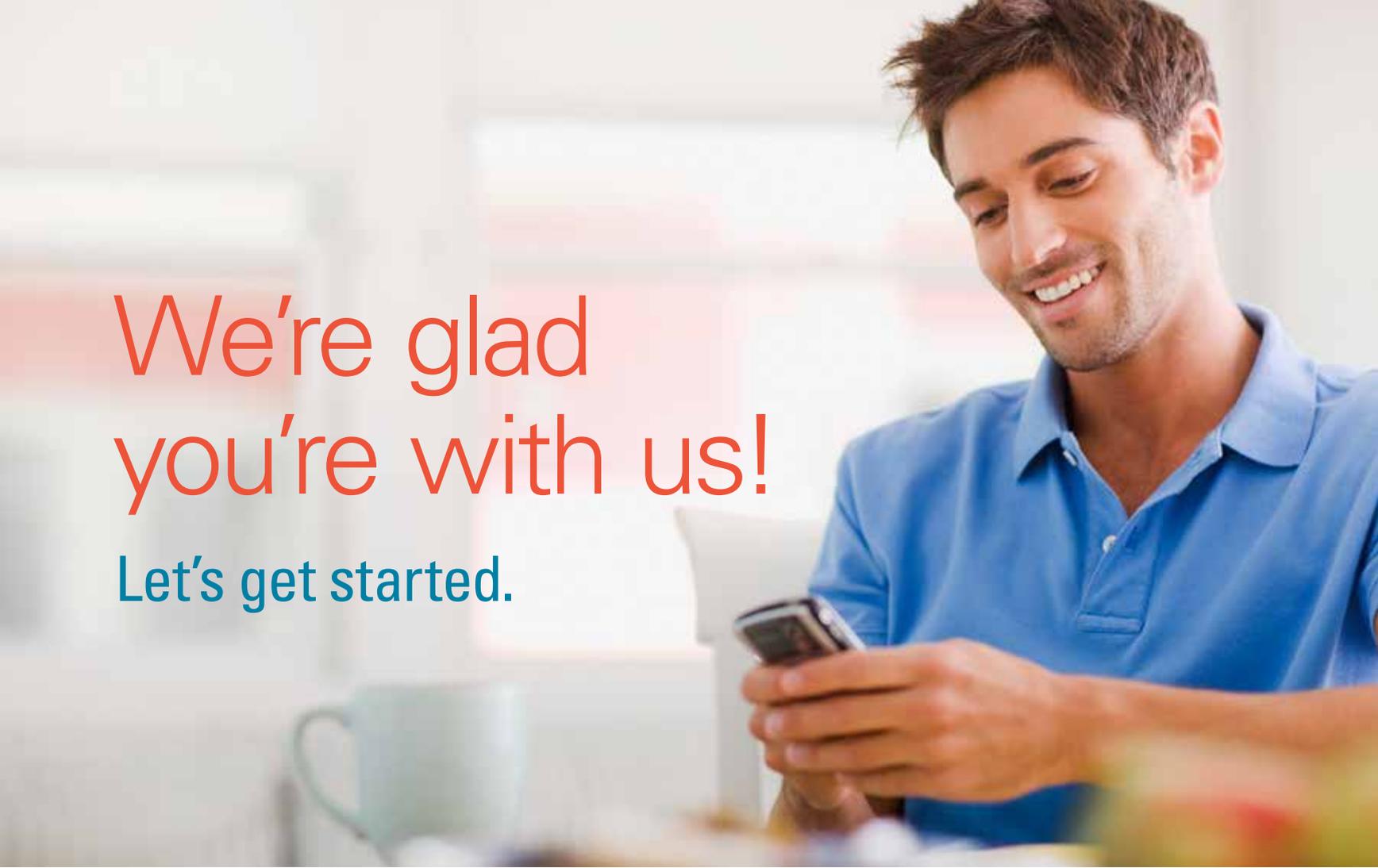
Power up your plan at **premera.com**

- > Find in-network doctors, urgent care, pharmacies, and hospitals.
- > Get details of your plan in your benefit booklet.
- > Track your claims and spending toward your deductible.

Get it done on the go with **Premera Mobile**

- > Show proof of coverage. No card required.
- > Find doctors and other providers.
- > Refill prescriptions and set up medication reminders.
- > Check benefits. Find out on the spot whether it's covered.
- > Monitor claims.

Your Premera ID card is the key to your plan. It has your member number and important phone numbers.



We're glad you're with us!

Let's get started.

Important things to do right away

As soon as your plan starts:

1 Create an account at premera.com.

You'll need your member ID number, which is on your ID card. Click Log In and follow instructions to create your account. Then download Premera Mobile to manage your plan on the go. *See page 2.*

2 Find a family doctor.

To find your family doctor, log in at premera.com and go to Find a Doctor. *See page 4.*

3 Make an appointment for an annual preventive checkup.

It's covered, and you and your doctor can get to know each other. *See page 5.*

Get more information

To get complete information about what your plan covers, log in at premera.com for details about your benefit plans.



Find a family doctor

To get the most from your plan, each family member should have a doctor

Your doctor gets to know you and your medical history. Also, your medical records are all in one place, which means better care and more efficient visits.

You will get the most from your health plan when you get care from an in-network provider. **See page 6.**

To find a family doctor, log in at **premera.com** and go to Find a Doctor.

Good news! You don't need a referral from your family doctor to get specialist care covered. As long as the specialist is in-network and the care you get is covered, you're set.

Preventive care: Strengthen your defenses

When you catch issues early, your lifestyle changes and medical treatment can be more effective

That's why your plan covers preventive care and tests.* Preventive care includes regular checkups, vaccines such as flu and tetanus shots, and screenings such as blood pressure and cholesterol tests.

Prepare for your preventive care exam

- 1 Call your family doctor now and make an appointment for a checkup.
- 2 Print your preventive benefits list and take it with you to your appointment. To get the complete list of covered preventive care services, log in at premera.com.
- 3 Know that tests to monitor a previously diagnosed condition are considered diagnostic, not preventive, and will be covered according to your health plan benefits. Your doctor may order tests that are not covered as preventive.

Is it preventive or diagnostic?

After you have been diagnosed with a medical condition, tests to monitor that condition are no longer considered preventive benefits. You may be responsible for meeting your deductible and paying a higher copay or coinsurance for diagnostic tests.

For example, your first cholesterol test is considered preventive. But if that test detects an unhealthy cholesterol level that needs to be monitored over time, follow-up testing is considered diagnostic and may be subject to deductible and a higher copay or coinsurance.



* Log in at premera.com for details about your preventive benefits at Benefit Plans.

Your provider network: What's 'in' it for you?

It's a good idea to plan where you will get in-network care before you need it

Your health plan has a specific group of doctors, pharmacies, hospitals, and other healthcare providers in its network. You will pay less if you use these in-network providers. The name of your provider network can be found on your Premera ID card.

Choose an in-network family doctor and save money

See page 4.

In-network pharmacy

Locate a nearby pharmacy you like. When you need to fill a prescription in a hurry, you'll be glad you know where to go. See page 10.

In-network urgent care center

Know where to go for urgent care. Urgent care clinics provide treatment that can't wait until your doctor's office is open, but that is not for a life-threatening emergency. Urgent care clinics are usually open evenings and weekends.

* Teladoc® is an independent company that arranges virtual medical care services on behalf of Premera Blue Cross. Teladoc does not guarantee that a prescription will be written. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs, and certain other drugs that may be harmful because of their potential for abuse.

Talk to a real doctor within minutes

If virtual care is covered by your plan, you and your eligible dependents can use Teladoc® to get treated by doctors and pediatricians by phone or online video.* Teladoc doctors have an average of 15 years of experience and can diagnose, recommend treatment, and prescribe medication (when appropriate) for many of your urgent medical issues. Teladoc does not replace your family doctor or primary care doctor.

To get started:

- 1 To see if you are covered for virtual care, log in at **premera.com** and check your medical benefit plan.
- 2 Set up a Teladoc account now at **teladoc.com/premera** or call **855.332.4059**.
- 3 Contact Teladoc when you need medical care right away.

In-network emergency room

Emergency rooms should be used only for severe pain or life-threatening emergencies. Examples include severe stomach or chest pain, difficulty breathing, or broken bones. When you experience a medical emergency, you should go to the nearest ER. But if you have a choice, stay in-network. By choosing an in-network hospital, with in-network ER doctors, you can avoid possible out-of-network costs.

Always call 911 if health or life is in danger. If you're not sure, call the 24-Hour NurseLine.

24-Hour NurseLine

Call the free 24-Hour NurseLine number on your Premera member ID card to get advice from with a nurse anytime. The nurse can help you decide whether you should be on your way to the ER or urgent care, call your doctor in the morning, or how to care for the problem yourself.



Coverage anywhere

You also have access to in-network care all over the United States and internationally through the Blue Cross Blue Shield BlueCard™ and BlueCard Worldwide™ programs. Find the phone number on your member ID card.

Check your Premera member card to see which BlueCard program you have:



BlueCard Traditional Program

Your card shows an empty suitcase symbol.



BlueCard PPO Program

Your card shows “PPO” inside a suitcase symbol.

To find an in-network provider, log in at **premera.com** and use Find a Doctor. Then just present your member ID card at your visit.

How your Premera plan works

To get the most out of your health plan, it's important to understand the lingo

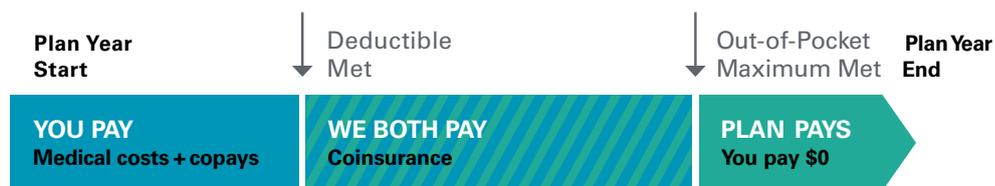
Here's how your plan works from day one of your plan year.

You pay for most care and medical services (such as diagnostic tests, emergency care, prescriptions) until what you spend totals the amount of your *deductible*.

Q What counts toward my deductible?

A Depending on your plan, charges for procedures and diagnostic tests, prescriptions, and items such as crutches count toward your deductible. And depending on your plan, some care might be covered in full—the plan pays 100 percent—regardless of whether you've met your deductible.

Financial coverage



* This is an example only. This example applies to non-HSA plans only. See page 9 for information about HSA plans. For details about your plan's actual preventive benefits, deductible, copay, coinsurance, and out-of-pocket maximum amounts, log in at premera.com.

After you meet your deductible, you pay *coinsurance*. That's the percentage of the cost that is your responsibility.

Q Then how much will I pay?

A If your plan has a 20 percent coinsurance, for instance, that would mean for a \$100 service you pay \$20 and the plan pays \$80. Check your plan summary for actual numbers.

For most office visits, your *copay* is set by your plan—whether you've met your deductible or not.

Q My copay is the amount I pay at the front desk when I arrive for my appointment, right?

A You've got it.

Your plan also has an *annual out-of-pocket maximum*. That means that if the total amount you spend for your care—deductible, coinsurance, and copays—totals the amount of your out-of-pocket maximum, the plan will pay 100 percent of your covered care for the rest of the year.

Q So if I spend that much in bills in a year, I pay nothing until the end of that year?

A Yes. From that point to the end of the year, the plan pays 100 percent for covered, in-network care.

REMEMBER

For detailed information about the deductible, coinsurance, copay, and out-of-pocket maximum for your health plan:

- > See your plan summary in this packet
- > Read your benefit booklet, available when you log in at premera.com or by calling Customer Service at the number on your member ID card

Do you have an HSA plan?

If so, you chose a plan that comes fully integrated with a health savings account (HSA). An HSA carries tax advantages if you use the funds for healthcare.

Power up your HSA plan

1 Contribute money to your HSA.

Make tax-deductible contributions.

Check to see if your employer offers payroll deductions or contributions to your HSA.

2 Pay medical bills from your HSA.

With an HSA plan, you pay the full cost for healthcare expenses and prescriptions until you reach your plan year deductible. Your preventive services are covered in full. After you meet your deductible, you pay a set coinsurance.*

You can use tax-free money from your HSA to pay for qualified medical expenses.

Choose a way to pay:

- > Use the healthcare payment card on the spot.
- > Pay out of pocket then reimburse yourself from the HSA.
- > Pay out of pocket and let the HSA fund grow tax free.

After you pay the annual out-of-pocket maximum for your plan, the plan pays 100 percent.



Learn more and manage your HSA

For more information and to manage your account, log in at **premera.com** and select Personal Funding Account under Manage My Account.

* Log in at **premera.com** for details about your benefit plans. You can also call Customer Service at the number on your Premera ID card.

How to save money on prescriptions

How much you pay for a covered prescription drug depends on its tier and, sometimes, how you order it

Check your tier

For detailed information about how tiers are covered on your plan, see your ID card or log in at premera.com.

Your plan may have two, three, or four tiers that determine the cost to you. (Check your plan summary in this packet to learn about the tiers in your plan.) The four tiers are defined as:

\$ TIER 1

Most generics

\$\$ TIER 2

Most brand name drugs

\$\$\$ TIER 3

Other brand name drugs, more expensive than their alternatives in Tier 1 or 2

\$\$\$\$ TIER 4

Most specialty drugs for complex medical conditions

An example of how tiers may be shown on the bottom right of your plan ID card:

RETAIL RX	\$20 / \$40 / \$60 / 30%
MAIL-ORDER RX	\$40 / \$80 / \$100 / 30%





Ask about generics

Generics are often cheaper than brand name drugs. Generics might be the same chemically as the brand name, or different chemically but with similar effects. They have been approved by the Food and Drug Administration as being as safe and effective as brand name drugs. Ask your doctor about generics when you get a prescription.

Manage your medications online or on the go

To track your prescriptions, log in at **premera.com**. You can also download the Express Scripts® app to manage or order prescriptions on the go.*

At **premera.com** or through the Express Scripts app, you can:

- > Check which prescriptions are covered and which require prior authorization
- > Compare costs
- > Find in-network pharmacies
- > Order or refill your prescriptions

If you have an HSA plan:

- > You can pay for your medications with your HSA funding account.
- > You will be responsible for the full cost of most of your medications until you meet your deductible. So see if generic drugs and/or mail order is the right option for you.
- > Some generic preventive medications are covered at 100 percent.†

Mail order prescriptions through Express Scripts may cost you less. It can pay to order and refill prescriptions online.

* Express Scripts® is an independent company that provides pharmacy benefit services on behalf of Premera Blue Cross.

† Go to premera.com/hsa for a list of preventive drugs that are covered by your HSA plan.



Are you covered? Know before you go

Knowledge is power; decisions you make can keep your costs down

Q Can I see any doctor I want to?

A Yes, but you'll pay a larger share of the cost for covered care you get from out-of-network doctors, hospitals, pharmacies, and other healthcare providers.

NOTE: You do not need a referral to an in-network specialist for covered care.

Q Is there some care I have to get approved beforehand?

A Yes. Your doctor needs to get **prior authorization**, an OK from Premera, before you get certain kinds of care and procedures. Otherwise, you may need to pay part or all of the cost, above your usual cost shares.

For example, you need prior authorization for:

- > Planned hospital admissions
- > Some medicines
- > Non-emergency ambulance
- > Advanced imaging such as MRIs and CT scans

You can find a list of services that require prior authorization on [premera.com](https://www.premera.com). Make sure to ask your doctor about prior authorization when you discuss tests and treatments.

Member discounts and more

Your health plan covers office visits, tests, treatments, and medicines. Did you know that it also offers you support for getting and staying healthier? Check out these services and programs that are included in your plan.

Member discounts*

Save with special discount offers on services such as:

- > Alternative care services such as chiropractic, licensed massage therapists, licensed acupuncturists, naturopathic physicians, and diet and nutrition services
- > Diet, nutrition, and supplements
- > Eye care services and hardware
- > Fitness center memberships
- > Hearing aids and screenings
- > Newborn services and products

To learn about discounts, log in at premera.com, and under Member Services, select Member Discounts.

Case management for chronic care

If you or a family member needs support to help manage a chronic condition you can call a Premera case manager at **888.742.1479** for more information.



* This is a discount program only. These discounts cannot be used to reduce your costs for a product or service that is covered by your health plan. These discounts do not affect your premiums. Your costs for program services and products do not count toward calendar year coinsurance maximums, lifetime maximums, and/or plan deductibles. Discounts may vary by location.



Need help? Get help

Create an account

Create an account at **premera.com** and download the Premera Mobile app. *See page 2.*

Premera Customer Service

Monday-Friday, 8 a.m.—5 p.m. Pacific
The number is on your Premera member ID card.

Translation services

Just let Customer Service know what language you prefer to speak.

24-Hour NurseLine

The number is on the back of your Premera member ID card. *See page 6.*

Talk to a real doctor within minutes

Call **855.332.4059** or visit **teladoc.com/premera**. *See page 6.*

Case manager for chronic care

If you need support to help manage a chronic condition call a Premera case manager at **888.742.1479** for more information.



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