

Open the door to your best health

Premera Blue Cross delivers coverage, programs, and services to help you and your family live the healthiest life possible. Use this guide to get acquainted with the benefits and services offered.



Your Premera ID card is the key to your plan.
Use your card to create an account at premera.com.

- On the homepage, select **Sign In**, then select **Member**.
- Follow the instructions. You'll need your member ID number, which is on your Premera ID card.

Choose a family doctor

There are many benefits of having a family doctor:

- Your doctor gets to know you and your medical history
- · Your medical records are all in one place
- · Continuity of care means better, more efficient care

If you need to find a doctor:

- Sign in at premera.com.
- · Select Find Care.
- · Select Find a Doctor.

Get more information

Once your plan starts, get complete information about what your plan covers in your summary of benefits and benefit booklet. Sign in to your account at **premera.com** and select **Benefits & Coverage**.

How your health plan works

For better care, understand the lingo

Deductible

Your deductible is the amount you must pay before your plan begins to pay part of the cost. This doesn't mean you pay for everything before your deductible is met. Some care, such as preventive services from an in-network provider, may be covered in full. This means the plan pays 100 percent, whether or not you've met your deductible.

Charges that do count toward your deductible include:

- Covered procedures and services
- Prescriptions
- · Items, such as crutches

What you pay for non-covered services does not count toward your deductible. Also, you always pay your copay, regardless of whether or not your deductible is met.

Coinsurance

After you meet your deductible, you pay coinsurance. This is the percentage of the full cost that is your responsibility.

For example, if your coinsurance is 20 percent, you pay \$20 for a \$100 service. Your plan pays \$80. For actual numbers, check the plan highlights.

Copay

Usually, the copay is the amount you pay at the front desk when you arrive for your appointment or at the pharmacy when you pick up a prescription. The copay is set by your plan—and is paid whether you've met your deductible or not.

Out-of-pocket maximum

Your plan will also have an annual out-of-pocket maximum. Once this is met, the plan will pay 100 percent of your covered care for the rest of the plan year.

Costs that apply to the out-of-pocket maximum are:

- Costs for covered services paid to meet your deductible
- Coinsurance
- Copays

Costs that don't apply:

- · Amounts you pay for non-covered services
- Amounts over the amount the provider is allowed to charge

PLAN YEAR

100% PREVENTIVE EXAMS*, COVERED IN FULL

YOU PAY NON-PREVENTIVE CARE AND PRESCRIPTIONS UNTIL YOU REACH THE DEDUCTIBLE

DEDUCTIBLE MET

WE BOTH PAY COINSURANCE FOR COVERED SERVICES

OUT-OF-POCKET MAXIMUM MET

PLAN PAYS
100%
COVERED SERVICES

Healthcare coverage wherever you go

At home, across the country, and around the world—the power of Blue is with you.

Your medical benefits allow you to get care from a broad array of physicians and specialists without the need for referrals.

As a Premera member, you can see a network provider anywhere in the United States through the BlueCard® program. Our expansive national network is built on our strong relationships with providers, hospitals, and specialists.

With the Blue Cross Blue Shield Global Core program, you take your healthcare benefits with you when traveling or living abroad. You have access to medical assistance services, doctors, and hospitals in nearly 200 countries and territories around the world, at no extra cost to you. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization if necessary.



See a doctor for preventive care—at no cost to you

When you receive routine preventive care from an in-network provider, your Premera health plan pays for the services—you don't!

By getting preventive care you:

- Prevent serious health problems—and additional healthcare costs—before they start
- · Stay healthy for the people at home and at work who count on you

Preventive services may include screenings, vaccinations, and medications. Call your doctor's office to find out about the preventive care services that are right for you.

During your preventive care visit, if your doctor recommends other screenings or tests that are not considered preventive, you may have out-of-pocket costs.



What's covered

Your plan covers medical services and prescriptions, plus some services that might surprise you.

Medical services

- Office visits
- Urgent and emergency care
- · Lab tests
- Maternity and newborn care
- Hospitalization
- Mental health care

Prescriptions

- Generic drugs
- Brand name drugs (when needed)
- 63,000 pharmacies nationwide
- 90-day mail order option
- Specialty drugs
- Preventive drugs

Services that may surprise you

- Preventive care
- Vaccinations
- · Home healthcare
- Rehabilitation services

Kick the habit

Your health plan covers:

- · Nicotine dependency treatment programs
- Certain nicotine dependency drugs with a written prescription

These are covered at no cost to you from approved doctors, counselors, and pharmacies in your plan's network. Plus, there's no annual maximum.

For details about your plan:

- Sign in at premera.com
- Select Benefits & Coverage

Save money by using in-network doctors

Get the most out of your benefits and keep your costs low by visiting in-network doctors.

The cost for services is lower for in-network doctors. If you use an out-of-network doctor, you will likely pay higher costs for the same services. To find a doctor in your plan's network, sign in at **premera.com**, go to **Find Care** and select **Find a Doctor**.

The Find a Doctor tool shows which doctors:

- Are in-network providers
- · Are accepting new patients
- · Have extended office hours

You can also search for providers by:

- Specialty
- Treatment
- Hospital affiliation
- · Language(s) spoken
- Gender

The following are either in network or out of network, as well:

- Pharmacies
- Hospitals
- · Lab services
- · Home medical equipment

Know before you go

For certain care to be covered by your plan, you need to get it approved beforehand.

For this care, your provider needs to get prior authorization (preapproval) from Premera before you get the care. Otherwise, you may need to pay part or all of the cost, above your usual cost shares. (Your doctor has the most current list of services that require preapproval.)

For example, you need preapproval for:

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

How to manage your care and your account

You're on the go—and so is your health plan.

Get the big picture — sign in at premera.com

- Track your care and your spending, including your deductible and out-of-pocket maximum
- Find in-network doctors, hospitals, and pharmacies
- Refill prescriptions and get dose reminders
- · Find the forms you need
- · Find out more about your benefits

Have your info on the go

Get it done on the go with Premera mobile:

- Find doctors and other providers
- Monitor claims
- Show proof of coverage—no card required
- View your deductible and what you've spent toward your out-of-pocket maximum
- See your prescription information in Medicine Cabinet
- Connect to virtual care providers

Manage your prescriptions

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

Find care

Sign in at **premera.com** or the Premera mobile app to find medical, dental, and other providers and pharmacies, hospitals, and facilities in your specific network. You'll also get access to helpful cost-of-care information for various healthcare procedures, and you can see reviews of providers.

Receive timely reminders

Sign up to receive text messages including flu shot reminders, prescription savings alerts, and other useful messages to help you make the most of your plan. Give it a try. You can cancel at any time. To sign up, call 866-369-3486.

Download Premera mobile

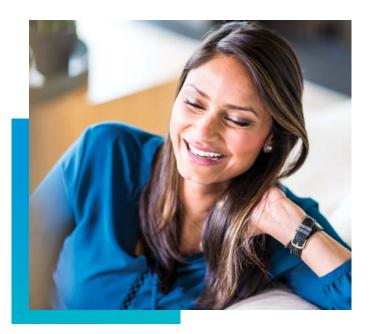
Download the Premera mobile app from your Android or iOS store today and set it up now. Be ready when you need it.

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

Compare medical prices

Be an informed shopper.

You likely do some research before shopping for a car or computer to get the best value for your money. In the same way, it's good to do some research before making a healthcare purchase.



Find a Doctor is your go-to research tool to help you take control of your healthcare costs. Use it to compare prices of medical services from doctors and hospitals in your plan's network. Since you share in the costs of your healthcare, this kind of information can help you spend your money wisely.

It pays to be transparent

With your plan, you have access to an important online cost transparency tool that provides estimated treatment costs.

With the Estimate Treatment Costs tool, you can select from a list of common treatments or search for a procedure. You can see a list of in-network providers in your area who perform this procedure, plus estimated costs for each provider. You'll receive a range of prices—from lowest to highest—you can expect to pay based on your plan's coverage and the amount remaining to meet your deductible.

Your explanation of benefits

It may look like a bill but don't worry—It's not. The explanation of benefits (EOB) explains how your benefits were applied to a particular claim. It includes:

- · Date you received the service
- · Amount billed
- Amount covered
- · Amount the plan paid
- Any balance you are responsible for

The EOB also tells you the amount credited toward your deductible.

EOB to-do list

To help you stay on top of your expenses, we recommend you:

- Review each EOB closely
- · Compare it to the receipt or bill from your provider
- · Keep the EOB for at least two years

If you didn't receive an EOB in the mail, log in at **premera.com** to view your EOB.

To sign up for paperless EOBs:

- 1 Sign in at **premera.com**.
- 2 Under My Account, select Account Settings to update your preferences.

Three options for care

NEED CARE? KNOW WHERE TO GO-AND WHAT IT WILL COST.

If you need care but your doctor isn't available, you have options. The exact cost of your visit or call depends on your plan and the care you get.

24-Hour NurseLine (Free)

Call the 24-Hour NurseLine to discuss your symptoms and get advice on where to go for care.

Urgent care (\$\$)

Urgent care clinics offer care for illnesses like ear infections, flu symptoms, or sprains.*

Emergency room (\$\$\$)

Go to the emergency room for life-threatening or severe conditions like severe abdominal pain, shortness of breath, sudden numbness, loss of consciousness, or broken bones.

*Source: 24-Hour NurseLine. These examples are not meant to be used as medical advice. Please call the 24-Hour NurseLine about your specific issue to get advice on where to go for care.

Add the 24-Hour NurseLine as a contact in your mobile phone so advice is always at your fingertips:

800-841-8343.



Get to know your prescription coverage

Understand drug tiers to save money. How much you pay for a covered prescription drug depends on its tier and, sometimes, how you order it.

Manage your medications online or on the go

To track your prescriptions, sign in at **premera.com**. You can:

- · Check which prescriptions are covered
- Compare costs
- · Find in-network pharmacies
- Order and refill prescriptions

Why generics?

It's always a good idea to ask about generics when your doctor prescribes medications. Generics are:

- · Often cheaper than brand name drugs
- Either the same chemically, or different but with similar effects
- FDA approved, just like brand name drugs

Specialty Drugs

If you have a complex condition such as multiple sclerosis, rheumatoid arthritis, or cancer, you may need special medications that are not available at most retail pharmacies. They are usually self-injected and may need refrigeration.

Check your tier

Your plan may have two or three tiers that determine your cost. Check your Premera ID card to discover how tiers are covered on your plan.

\$ TIER 1 Generics

\$\$ TIER 2 Most brand name drugs

\$\$\$ TIER 3 Other brand name drugs,

more expensive than their alternatives in Tier 1 or 2

The Premera specialty pharmacy program:

- Can show you how to use these products
- · Offers free delivery and refill reminders
- Gives you 24-hour access to pharmacists and nurses

For more information, sign in to **premera.com** and select **Prescriptions**.

You may save with mail order

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



You don't have to do this alone

With Premera, complex medical events don't need to be quite so complex. We make it simple and easy by helping find solutions that meet your needs. And we do this at no additional cost to you.

When you need help

When a health crisis hits, it's easy to get overwhelmed. There are so many things to learn, resources to ind, and systems to juggle—all at a time when all you want is for you and your loved one to feel better.

A Premera licensed healthcare professional will work with you and your healthcare providers as a single point of contact who can get answers to your questions and advocate on your behalf.

A single point of contact is very important. For example, we can help you ind providers and coordinate care with you and your providers. We can also help you ind resources to assist you with the things that may not be covered by your health plan.

Premera can:

- Advocate for you and your family
- Help you navigate the health system
- Help you make informed decisions about your or your loved one's condition
- Locate community resources and support for the patient and for you



Neonatal Intensive Care Unit Program

If your new baby requires special care in the neonatal intensive care unit (NICU), Premera's NICU program is here to make sure you and your baby get the care you need. The service is free and confidential, and you will work with one of our experienced neonatal clinicians.

Our dedicated team of neonatal clinicians are here to help you and your family understand what is happening. They can answer your questions, help get your baby home, and continue to help with any special needs. The team communicates with doctors, nurses, and other medical professionals who care for your baby. If there is language you don't understand or you need help caring for your infant, you can rely on the neonatal clinicians at Premera.

If your infant is in the NICU, we're here to help.





Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filling a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711). 注意: 如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。 CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711). 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

<u>ВНИМАНИЕ</u>: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

<u>PAUNAWA</u>: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

<u>УВАГА!</u> Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

<u>ប្រយ័គ្ន</u>ះ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

<u>注意事項</u>:日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。

<u>ማስታወሻ:</u> የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (*መ*ስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

(ਨੀ ਕਾਰਕਾਰ ਸਿੰਘਰ (ਪ੍ਰੋਕ) 800-722-1471 (তুল ਨੇ ਜ਼ਿਲ੍ਹੇ ਸਿੰਘਰ ਦਿਲ੍ਹੇ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

<u>ACHTUNG</u>: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

<u>UWAGA</u>: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

<u>ATTENZIONE</u>: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1471-722-800 تماس بگیرید.
(11-06-2019) 037397 (11-06-2019)

Your quick guide

Keep this information handy. Once your plan year begins, these resources are the link to many of your benefits.

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Once your plan year begins, these resources are the link to many of your benefits.

Create an account at premera.com

On the **premera.com** homepage, select **Sign In** and follow the instructions. When you sign into your account, you can:

- View claims
- Find a doctor
- Compare estimated treatment prices
- Manage and order your prescriptions
- · Check out health and wellness resources

Customer service

800-722-1471

24-Hour NurseLine

800-841-8343

Text messaging

To sign up, call 866-369-3486.

Health assessment

To reach the assessment:

- Once your plan year begins, you can sign in to your account at premera.com.
- Select Stay Healthy in the left navigation bar.
- · Select Wellness Tools and Start Wellness Tools.
- Confirm your address when prompted. You're now ready to use the wellness tools.
- · Select Take the Health Assessment.

Lifestyle guidance resources

844-862-0898

800-687-0353 (TTY)

guidanceresources.com (Register with

Organization Web ID: premerawellness)

GuidanceResources® Now (mobile app)

