Health plans that come with trust

Groups with 1-50 employees  |  1.1.2016
Along with the great service and rich network access you have come to expect from Premera, we are pleased to offer benefits tailored for the needs of small group employers based in Washington.

The wide range of small group plan options provides access to a network of doctors, hospitals, and pharmacies—statewide, nationwide, and beyond. Our plans offer health support resources, including online tools that will help employees and their dependents get and stay healthy, and discounts on products and services that help them take charge of their health.

We spend most of our time at work. What better place to encourage people to make healthy lifestyle choices? Our wellness program is included in our metallic plans at no additional cost. By offering rewards to employers and employees for participation in wellness programs, we’re giving you a simple way to get excited about being healthy.

And, while evaluating health plan options, think about Premera dental. The strength of our dental network and access to nationwide contracted dental providers makes it easy for employees and their dependents to find the right dentist for their needs. When members access our in-network providers it translates into even greater savings for employers.

We know that choosing a health plan can be complex. We are committed to helping you through that—every step of the way.

Thank you for considering Premera. We hope you will give us the opportunity to serve you.

Sincerely,

Trevor Moore
Director, Sales and Marketing
The built-in wellness rewards program is a simple way to encourage employees to engage in wellness activities. Employees get access to tools designed to help them maintain and improve their health.

The wellness reward program offers:

- Biometric screenings by using physician fax forms, home test kits or an on-site event at your workplace
- Health assessments accessible through the Premera online health portal
- Wellness coaching for eligible participants (participation is voluntary)

**Employee incentives**

Employees earn a $100 reward or gift card if they participate in a biometric screening and take a health assessment.

**Employer group incentive**

Employers can earn a medical premium discount based on employee participation in the wellness activities.

**Free on-site biometric screenings at the workplace**

Employers can schedule an on-site event with our biometric screening partner. They conduct full biometric screenings and make sure each employee completes the health assessment to earn their reward and maximize your discount opportunity.

Ask for details about premium discounts and how to get groups involved in a wellness rewards program.
Provider network built for value and quality

Premera Blue Cross offers a comprehensive network in Washington.* The Premera network of doctors, dentists, hospitals, and other healthcare providers is designed to offer ready access to safe, effective, high-quality care at affordable prices.

Our strong relationships with our provider partners help maximize healthcare dollars by:

> Focusing on quality and cost-effective care
> Helping control rising medical costs
> Providing resources for improved healthcare
> Controlling out-of-pocket expenses by having one of the largest provider networks in the nation

Healthcare coverage no matter where you are*

When outside of Washington, members take their healthcare benefits with them—across the country and around the world. The BlueCard program gives them access to doctors and hospitals across the United States and the peace of mind that they’ll be able to find the healthcare provider they need. Outside of the U.S., they’ll have access to doctors and hospitals in nearly 200 countries and territories through the BlueCard Worldwide® program. The BlueCard PPO network is used for both Heritage and Heritage Signature.

Members can use the Find a Doctor tool at premera.com to see if their favorite provider is in our network, or to find a new one.

Blue Distinction Total Care*

This comprehensive solution for multiple-state employers integrates local value-based care programs from Blue plans across the country. Programs are customized to meet local market needs, while also meeting consistent national standards in four impact-driven categories:

> Value-based reimbursement
> Accountability across the care continuum
> Patient-centered quality care
> Provider empowerment

* PersonalCare plans cover only local Partner System providers. Outside of Washington, PersonalCare plans use the BlueCard EPO network, which covers emergency care only.
Resources employers and employees will really like

Plan administration made easy

We have streamlined the experience of administering group plans with easy-to-use online tools.

You can view helpful information such as:

- Administrator’s Quick Reference Guide
- Employer contract and member benefit booklet
- Medical and dental invoices

Employers can add and make changes to employee enrollment information, including ordering identification cards. You can also contribute and monitor health reimbursement (HRA) and health savings account (HSA).

Powerful tools for members

- Find and compare providers, including qualifications and user reviews
- Track and monitor wellness program activities
- Enter different options for coverage to see how their choices will affect their costs before deciding on a health plan
- Review status of medical, prescription drug, and dental claims
- Manage and monitor HSA spending and savings amounts, including reviewing account balances

Customer Service experience

Our Customer Service representatives are trained to resolve most problems in just one call.

Through a comprehensive, rigorous education, they are prepared to:

- Ask the right questions
- Address issues about health plan coverage
- Give personalized attention and listen to what members have to say

So when you call Customer Service, you can expect expert guidance, help navigating available resources, and the information needed to resolve a problem.
Tools and support for smart healthcare decisions

Premera plans include Web-based tools and health support programs. These give members the support they may need to maintain good health and lifestyle habits and to change unhealthy lifestyle behaviors.

Health support programs

CareCompass360° is a whole-person approach to health support that meets members wherever they land on the care continuum—whether they’re healthy or navigating complex conditions. Members receive easily accessible, appropriate health support services tailored to their health needs.

Exclusive discounts can save members money on fitness club memberships, weight loss programs, and more.

Virtual care offers immediate and convenient access to care whenever and wherever they need it for cold and flu symptoms, ear infections, bronchitis, and more. Members can get care via phone call, online video, or other online media at least as easily as walking into an office and getting face-to-face care.

Pregnancy and newborn support program promotes healthier mothers and babies. It can also reduce costs associated with high-risk pregnancies and newborns who end up in neonatal intensive care units (NICU).

24-Hour NurseLine offers free, confidential health advice from a registered nurse by phone any time day or night.

Mobile apps for members on the go

Premera Mobile — Find nearby doctors and clinics, look up benefits, or check claims.

Express Scripts pharmacy — Track medications, order prescriptions, or find a pharmacy.

ConnectYourCare — Check spending and account balances on health savings accounts and flexible spending accounts.

Wellness apps — Track activities, participate in fun fitness challenges, and get healthier.
Our metallic health plans

All of our metallic (gold, silver, and bronze) plans cover the 10 essential benefits, which are required by the Affordable Care Act (ACA). These essential benefits focus on prevention and primary care to help people stay healthy. They also aim to manage chronic medical conditions before these conditions become more complex.

Choose from a range of plans

Find the right balance between budget and healthcare needs for employees and their dependents. Balance plans use the Heritage Signature network. Choice plans use the Heritage network. PersonalCare Plans use the PersonalCare Partner Systems (available in King, Snohomish, and Pierce counties).

**Balance PPO Plans**
Our preferred provider plans offer a combination of upfront, first-dollar benefits, and standard coverage for other services.

**Balance PCP Plans**
These innovative preferred provider plans offer a combination of upfront, first-dollar benefits, and standard coverage for other services. The difference is lower copays when members designate and get care from a primary care provider (PCP). And, the first two nonpreventive office visits are covered in full. Subsequent visits are subject to PCP copay.

**Balance PCP Employee Only Plans**
Our same preferred provider plan with an “employee only” option. This gives the employer the option of covering just their employees. Dependents (if otherwise eligible) can shop in the Washington Healthplanfinder exchange and may be eligible for subsidies.

**PersonalCare Plans**
These plans come in gold, silver, and bronze levels and require the selection and use of a primary care provider. PersonalCare Plans use PersonalCare Partner Systems in King, Snohomish, and Pierce counties. A member’s PCP coordinates their medical care, either by providing treatment or by issuing referrals. These plans don’t include out-of-network coverage, except in cases of emergency.

**Choice Gold PCP**
Another preferred provider plan option with a couple of unique features. Lower copays apply when members designate and get care from a primary care provider, and members have access to our Heritage provider network. And, the first two nonpreventive office visits are covered in full. Subsequent visits are subject to PCP copay.

**Balance HSA Plans**
These plans offer valuable benefits for covered services and are qualified to work in combination with an employee-owned, tax-advantaged health savings account (HSA).

**Balance HRA Plans**
This option has a pre-defined employer contribution amount to a health reimbursement account (HRA). Plans offer valuable benefits for covered services, and lower copays apply when members designate and get care from a primary care provider.

*Balance billing may still apply if a provider is not contracted with Premera Blue Cross. For more information about providers, visit premera.com and use the Find a Doctor tool.*

For plan highlights, visit our website at premera.com/smallgroup.
Health reimbursement accounts (HRAs)

The HRA is an employer-sponsored arrangement that reimburses an employee for eligible healthcare expenses incurred by the employee, spouse, and eligible dependents.

- An HRA can decrease an employer’s benefits expenditures through tax savings
- The employer determines which eligible healthcare expenses are permitted in the HRA
- Employees get streamlined claims, including electronic payment or reimbursement.
- Employees enjoy the convenient and simple member portal where they can easily access, track and manage their healthcare expenses

Health savings accounts

We offer tax-advantaged HSA high-deductible plans in each of the metallic categories. Our qualified HSA plans provide several advantages:

- Encourage employees to be more discriminating about how they spend their healthcare dollars.
- Encourage the use of preventive care benefits because the plan pays 100% from day one for covered preventive office visits, screenings, and immunizations.
- Give employees a triple tax advantage when money is used for qualified health care expenses: tax-free contributions, tax-free savings, and tax-free eligible distributions.
- Offer employees the convenience of paying for qualified healthcare expenses with a Visa debit card.

PersonalCare Plans
(King, Snohomish, and Pierce counties)

These plans, new for 2016, offer affordable and coordinated healthcare from an integrated, local community of leading providers, called PersonalCare Partner Systems.

Choices for care

When a member chooses their plan, they also choose one of our partner systems and a primary care doctor in that system, for a central point of care. Each member of their family can choose a different partner system and a different doctor, and members are free to change their system or doctor at almost any time.

Referrals and out-of-area coverage

If a member needs to see a specialist, their primary care doctor will refer them to one in their partner system, or in our statewide Heritage Signature network, if needed.

These plans include coverage outside the partner system in cases of emergency. If a member needs non-emergency care while traveling in Washington, their doctor can make a referral in our statewide Heritage Signature network.

Costs

Monthly premiums for these plans are lower than PPO plans with similar benefits. And for most services members pay only a fixed copay, so their out-of-pocket costs are more predictable.

These plans help keep healthcare affordable because our partner systems provide and coordinate all of the care. In addition, they are paid based on the quality of the care, the care experience they provide and whether they improve the member’s health.
Additional benefits

Prescription drug coverage

All Premera plans include prescription drug coverage that allows members to purchase prescription drugs at negotiated, discounted rates from preferred providers. We offer a selection of copay, coinsurance, drug list, and price point options to choose from.

Pediatric dental services

Group medical plans include pediatric dental coverage (up to age 19), so young members have no barriers to maintaining healthy teeth. Plus, they have access to a nationwide network of more than 120,000 dentists for dental care.
Optional benefits

Combining optional benefits with Premera medical coverage offers administrative ease for employers and their employees. It just makes sense.

**Dental coverage**

Packaged medical and dental coverage offers administrative ease — one carrier, one bill, one ID card, one customer service line, one website. And, the strength of our dental network and access to nationwide contracted dental providers makes it easy for members to find the right dentist for their needs. It also translates into even greater savings for in-network services.

For details about our dental coverage options, see the Premera DentalBlue benefit guide.

**Vision coverage**

Available as a rider on all medical plans. The rider includes:

**Adult vision, including exams and eyewear**

- Vision exam – 1 PCY at $25 copay
- Vision hardware – $150 PCY
DEFINITIONS

Allowed amount*  The negotiated amount for which a contracted provider agrees to provide services or supplies.

Coinsurance  Your employee’s share of the cost for a service. If the plan’s coinsurance is 20%, the employee pays 20% of the allowed amount and the plan benefit pays the other 80% of the allowed amount.

Copay  A flat fee your employee pays for a specific service, such as an office visit, at the time they receive service.

Covered in full  Services the plan pays for in full. Benefits provided at 100 percent of the allowed amount; not subject to deductible or coinsurance.

Deductible  The amount of money your employee pays every year before the plan pays for certain services.

Embedded deductible  There are two deductibles—one for the family and one for each member of the family. When an individual family member reaches his or her deductible, the member starts to receive benefit coverage. For other family members to receive benefit coverage, they must either reach their own deductible or the family deductible must be met. The family out-of-pocket maximum is also embedded.

* Note that if they see a non-contracted provider, your employee will be responsible for the difference between the allowed amount and the provider’s billed charges, in addition to the coinsurance and non-contracted provider is determined by Premera as described in your forthcoming benefit book.
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
- Obesity/morbid obesity (surgery, drugs, foods, and exercise programs)
- Orthognathic surgery (except when repairing a dependent child’s congenital abnormality, temporomandibular joint (TMJ) disorders, and sleep apnea)
- Orthotics, amounts over $300 PCY; except for treatment of diabetes, for which no limit applies
- 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 reversal

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

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<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>Formulary</td>
<td>A list of drugs the plan covers for specific uses. Not all generic, name-brand, and specialty drugs are included in the formulary. To find the formulary for your employee’s plan, go to premera.com and select Pharmacy.</td>
</tr>
<tr>
<td>In-network</td>
<td>A group of doctors, dentists, hospitals, and other healthcare providers that contract with Premera to provide services and supplies at negotiated amounts called allowed amounts.</td>
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<tr>
<td>Out-of-pocket maximum</td>
<td>A preset limit after which the plan pays 100 percent of the allowed amount for services received in-network. All in-network essential benefits apply to the out-of-pocket maximum.</td>
</tr>
<tr>
<td>Primary care provider (PCP)</td>
<td>The provider who helps coordinate your employee’s care. They 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. To get a reduced office visit copay with the PCP plans, your employee must choose a provider contracted as part of the Premera network and inform us this is your designated PCP.</td>
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For information or questions about Premera Blue Cross:

- Visit premera.com
- Call Producer Services at 800-722-5561 from 8 a.m. to 5 p.m. Pacific time, Monday – Friday
- Talk to your producer or general agency partner