



FOR BUSINESSES WITH  
1-50 EMPLOYEES

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# 2022 health plan guide



PENDING OIC APPROVAL



# We care for our customers

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The customer is at the center of all we do—that's why we offer plans that help you keep control of your expenses while giving your employees access to quality and affordable care.



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# Why businesses choose us

Our small business health plans are tailored for businesses with 1-50 employees. We offer plans with benefits for complete health coverage and broad provider networks. In addition, we provide tools to make it easy for you to manage your company's health plan.

## Network strength provides choice and savings

- We offer a variety of provider network options so you can choose the level of access that works best for the needs of your employees.

## Well-rounded benefits package

- We make it easy for you to attract and retain the best talent with appealing benefits packages that support the whole health of your employees.
- Choose from a range of plans to find the right balance that best fits the needs and budget for both your business and your employees.

## Tools and programs for employees

- Our built-in support programs encourage your employees to engage in their healthcare, leading to healthier, happier employees.
- Online tools and apps help your employees find doctors, compare costs of services and medications, access pharmacy information, and review claims.



## Administrative ease and support

- Integrate dental and vision with your medical and pharmacy plans and simplify your work by dealing with only one health plan for all your healthcare administration.
- Effortlessly manage your health plans and pay bills online with our secure employer dashboard.
- Get ready-to-share resources that make understanding benefits simple for you and your employees.



### READY-TO-SHARE EMPLOYEE COMMUNICATIONS

We want to make your busy life a little less stressful. That's why we provide you with ready-to-share emails, flyers, and messages to share with your employees to help them understand their health plan benefits throughout their plan year.



# We're in your corner

As a not-for-profit serving Washington for over 80 years, we're committed to having a positive impact in our communities. Through corporate giving, volunteering, and community engagement, we promote new partnerships and solutions to help make healthcare work better for the communities where we live and work.

**Meeting members where they are,  
with programs to support their needs**

## VIRTUAL CARE

Our medical plans offer a variety of telehealth options, from video to phone to text, that provide convenience and ease for your employees.

## 24-HOUR NURSELINE

Free, confidential health advice from a nurse, available to your employees 24/7.

## PREVENTIVE HEALTHCARE

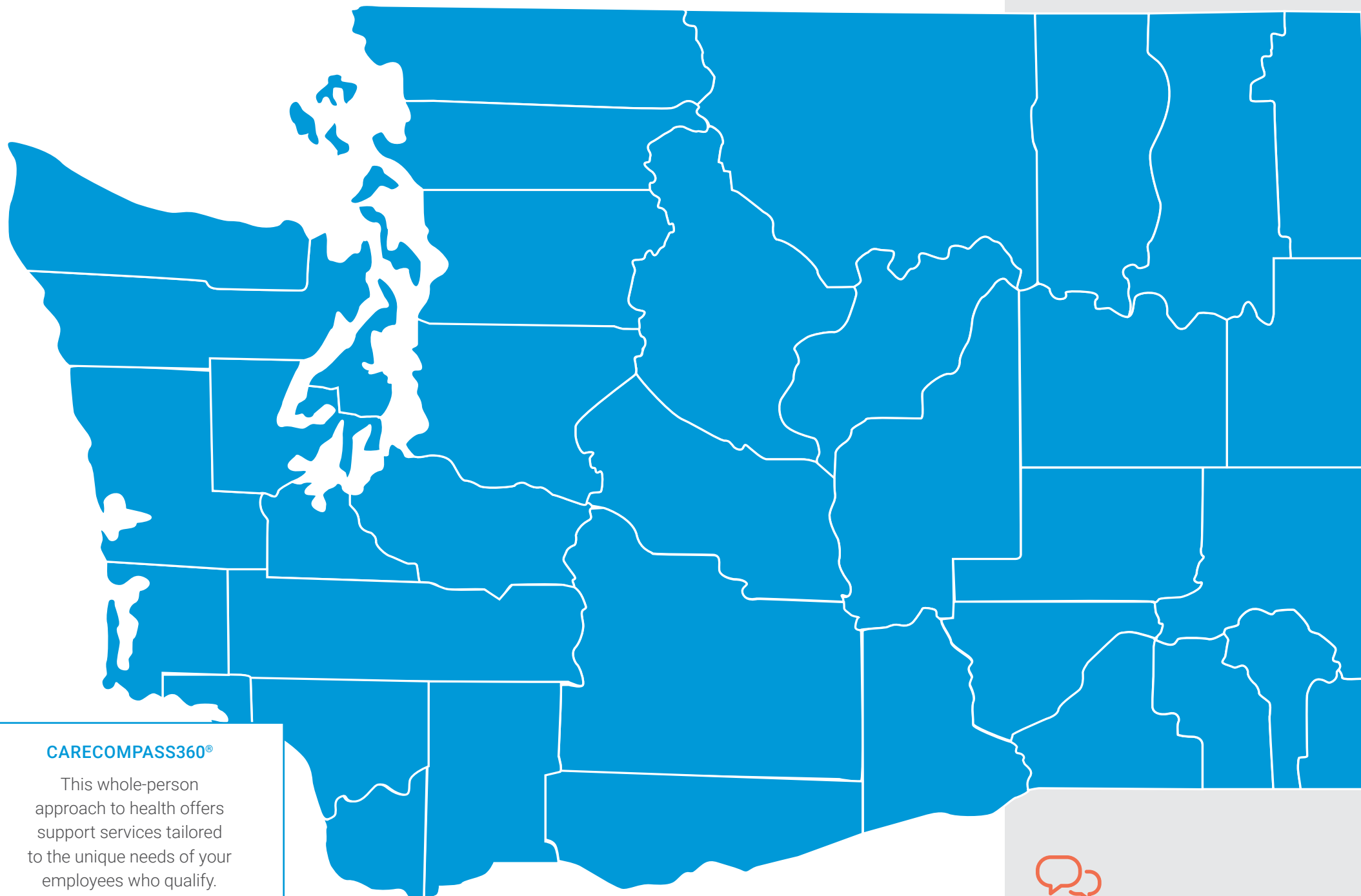
Preventive health services are part of every Premera health plan. Our secure member website provides your employees with details about what is covered. It also lists suggested routine preventive exams, vaccinations, and screenings.

## MOBILE APPS AND ONLINE TOOLS

Apps and digital tools give your employees more control when it comes to managing their healthcare. They can easily search for doctors, compare costs of services, track medications, review claims, and more.

## CARECOMPASS360®

This whole-person approach to health offers support services tailored to the unique needs of your employees who qualify.



Talk to your Premera representative or producer to determine which plans have the programs and services to best meet your needs.



# The right care at the right time

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Our members are truly at the center of all we do. Accessing care shouldn't be a challenge. We've built a robust provider network so our members can receive the care they need when they need it and delivered in a way that meets their needs without sacrificing quality.

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## Primary/Urgent care

Virtual text-based primary and urgent care from a doctor, 24/7

Video and phone-based mental health therapy

A robust variety of in-network providers for in person care

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## Mental health care

Virtual text-based primary and urgent care from a doctor, 24/7

Video and phone-based mental health therapy

In-network providers such as counselors, therapists, psychologists, and psychiatrists that offer in person care

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## Substance use disorder

Virtual treatment for opioid use disorder and alcohol use disorder

Video visits and messaging with a therapist

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## Behavioral Health Navigator

Premera Blue Cross has partnered with Quartet to make it easier for members to get the mental health care they need

Members can be matched with mental health care options based on their clinical needs, preferences, and health plan benefits

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# Provider networks

We believe in working closely with doctors and hospitals to deliver for the customer together. That’s why our provider networks are more than just a collection of contracts—they give members access to quality care, good experiences, and services at a fair price.

|  |   |
|--|---|
| Heritage and Dental Choice network   | Our broadest provider network offers access to 100% of Washington hospitals and 99% of primary care doctors. This equates to more than 38,400 doctors, clinics, and hospitals across Washington state.  |
| Heritage Signature and Dental Choice network                                 | This tailored provider network offers access to more than 37,400 doctors, clinics, and hospitals across Washington state.   |
| Tahoma and Dental Choice network<br>(Pierce, Thurston, and Spokane counties) | This network includes more than 4,100 providers and practitioners across Washington state. It includes access to a full range of services to ensure customers have access to the care they need, such as chiropractic and acupuncture. Available with Peak Care plans only. |
| Dental Choice network  | Our dental network has expanded. Dental customers get one of the largest networks of dentists in the state of Washington. Premera contracts with over 77,000 in-network dentists in more than 294,000 locations.  |

## National and worldwide network coverage with BlueCard

When you choose a Premera Blue Cross health plan, it offers specific levels of healthcare benefits where your employees live or travel, across the country and worldwide.

Contact your producer for more details and to find out what level of BlueCard® healthcare benefits are included in your Premera health plan.

## Premera-Designated Centers of Excellence

Premera-Designated Centers of Excellence (PDCOE) leverages performance data to connect members to enhanced benefits and providers who are committed to delivering predictable, high-value specialty care.

[Learn more about our PDCOE offering](#)



### THE POWER OF CHOICE

Whether your employees want access to the most providers in Washington state, or the highest savings, give them the ability to choose their network. Talk with your producer about the benefits of offering your employees two or three Premera medical plan options. For example, a Premera Balance PPO plan and a Peak Care plan.



# Medical health plans

You can choose from a range of plans to find the right balance between budget and healthcare needs for both your business and your employees. All of our plans offer specified preventive screenings and services covered in full. They also include coverage for many professional and naturopathic services with no visit or dollar maximums.



## Decide which plan is right for you

### BASIC PLAN TYPES

- **Choice plans** are paired with our largest network of providers, called Heritage.
- **Balance plans** are paired with the Heritage Signature network, our more tailored network with a focus on higher savings for your business.
- **Peak Care plans** are offered to employers in Pierce, Thurston, and Spokane counties as an exclusive provider organization (EPO) option with the Tahoma network. They're a great dual offering to empower your employees with choice while saving you money.

### QUALIFIED HIGH-DEDUCTIBLE PLANS

Our qualified high-deductible plans are meant to be paired with an employee-owned, tax-advantaged health savings account (HSA). This allows employees to save their healthcare dollars for when they need them, even in retirement. Talk to your producer to select which HSA bank account option is best for your business.

### METALLIC LEVELS

Plans are identified by one of four metallic level options. These options include: platinum, gold, silver, or bronze. Levels do not refer to quality. Instead, they indicate the level paid for monthly premiums, deductibles, and out-of-pocket costs.

### VISION AND DENTAL

Choose to offer adult vision and dental benefits along with your medical plans and experience the ease of managing all your benefits under one health plan. Your employees and their covered dependents enjoy the simplicity of one card, one customer service phone number, and one website.

## Looking to lower costs in 2022? We're in your corner.

Premera offers savings opportunities and low-cost health plan options in 2022 to meet both the needs of your employees as well as your business.

- All our medical plans come with embedded pediatric dental coverage for qualified dependents age 18 or younger. Children covered under a pediatric dental plan can get care as soon as coverage starts.
- All health plans cover preventive services without requiring copayments or deductibles first.
- Discuss these exclusive provider organization (EPO) plan options with your Premera representative or producer:
  - Balance EPO plan
  - Peak Care plans (for Pierce, Thurston, Spokane counties)



### CURIOUS ABOUT THE PEAK CARE HEALTH PLAN?

For businesses with employees in the Pierce, Thurston, and Spokane county areas

Find out more about how Peak Care can lower costs for your bottom line at [peakcare.com/employer](https://peakcare.com/employer).



# Medical plan snapshots

## PPO plans

PCP = Primary care provider  
D = Deductible  
PCY = Per calendar year

|  | BALANCE PPO PLANS<br>Heritage Signature and Dental Choice Network |                      |   |                                    |                   |                   |                   |   |   |  |
|--|---|----------------------|---|------------------------------------|-------------------|-------------------|-------------------|---|---|--|
|  | Balance 250 Platinum  | Balance 500 Platinum | Balance 500 Gold  | Balance 1000 Gold                  | Balance 1500 Gold | Balance 2000 Gold | Balance 2500 Gold | Balance 2000 Silver   | Balance 3000 Silver   | Balance 6500 Bronze  |
| Deductible<br>Family = 2x Individual                           | \$250   | \$500                | \$500   | \$1,000                            | \$1,500           | \$2,000           | \$2,500           | \$2,000   | \$3,000   | \$6,500  |
| Out-of-pocket maximum<br>Family = 2x individual                | \$4,000   | \$5,000              | \$8,550   | \$8,200                            | \$6,600           | \$7,000           | \$8,000           | \$8,150   | \$7,000   | \$8,550  |
| Emergency room   | \$100 copay, Deductible/Coinsurance                               |                      | \$200 copay, Deductible/Coinsurance                           |                                    |                   |                   |                   | \$250 copay, Deductible/Coinsurance                           |   |  |
| Office visit   | PCP designated = \$10<br>Specialist/Non-designated PCP = \$35     |                      | PCP designated = \$25<br>Specialist/Non-designated PCP = \$50 |                                    |                   |                   |                   | PCP designated = \$35<br>Specialist/Non-designated PCP = \$70 | PCP designated = \$35<br>Specialist/Non-designated PCP = \$65 | PCP designated = \$60<br>Specialist/Non-designated PCP = \$120 |
| Basic imaging and lab services                                 | Waive deductible, then coinsurance                                |                      | Deductible/Coinsurance  | Waive deductible, then coinsurance |                   |                   |                   | Deductible/Coinsurance  |   |  |
| Retail Rx<br>30-day supply cost (mail order copay = 3x retail) | \$10/\$30/\$70/D25%   |                      | \$20/\$50/\$80/D25%   | \$20/\$50/\$80/25%                 |                   |                   |                   | \$35/\$75/D30%/D30%   | \$1,500 Rx Deductible \$25'/D25%/D25%/D25%                    | \$1,000 Rx Deductible \$30'/D50%/D50%/D50%                     |

<sup>1</sup> Deductible waived for tier 1 drugs (generics)

PCP = Primary care provider  
D = Deductible  
PCY = Per calendar year

|  | CHOICE PPO PLANS<br>Heritage and Dental Choice Network        |                                    |                  |   |
|--|---|------------------------------------|------------------|---|
|  | Choice 750 Gold   | Choice 1000 Gold                   | Choice 1500 Gold | Choice 2500 Silver  |
| Deductible<br>Family = 2x Individual                           | \$750   | \$1,000                            | \$1,500          | \$2,500   |
| Out-of-pocket maximum<br>Family = 2x individual                | \$7,100   | \$8,200                            | \$6,600          | \$8,150   |
| Emergency room   | \$200 copay, Deductible/Coinsurance                           |                                    |                  | \$250 copay, Deductible/Coinsurance                           |
| Office visit   | PCP designated = \$25<br>Specialist/Non-designated PCP = \$50 |                                    |                  | PCP designated = \$35<br>Specialist/Non-designated PCP = \$65 |
| Basic imaging and lab services                                 | Deductible/Coinsurance  | Waive deductible, then coinsurance |                  | Deductible/Coinsurance  |
| Retail Rx<br>30-day supply cost (mail order copay = 3x retail) | \$20/\$50/\$80/D25%   | \$20/\$50/\$80/25%                 |                  | \$30/\$70/D30%/D30%   |





# Medical plan snapshots continued

## HSA-qualified plans

PCP = Primary care provider  
D = Deductible  
PCY = Per calendar year

|   | BALANCE HSA-QUALIFIED PLANS<br>Heritage Signature and Dental Choice Network |                                   |                                   | CHOICE HSA-QUALIFIED PLANS<br>Heritage and Dental Choice Network |                                  |                                  |
|---|---|-----------------------------------|-----------------------------------|--|----------------------------------|----------------------------------|
|   | Balance HSA-qualified 1500 Gold   | Balance HSA-qualified 3000 Silver | Balance HSA-qualified 6200 Bronze | Choice HSA-qualified 1500 Gold                                   | Choice HSA-qualified 3000 Silver | Choice HSA-qualified 6200 Bronze |
| Deductible<br>Family = 2x Individual            | \$1,500 (Aggregate)   | \$3,000 (Embedded)                | \$6,200 (Embedded)                | \$1,500 (Aggregate)  | \$3,000 (Embedded)               | \$6,200 (Embedded)               |
| Out-of-pocket maximum<br>Family = 2x Individual | \$3,900 (Aggregate)   | \$5,500 (Embedded)                | \$6,900 (Embedded)                | \$3,900 (Aggregate)  | \$5,500 (Embedded)               | \$6,900 (Embedded)               |
| Emergency room                                  | Deductible/Coinsurance  |                                   |                                   |  |                                  |                                  |
| Office visit                                    | Deductible/Coinsurance  |                                   |                                   |  |                                  |                                  |
| Basic imaging and lab services                  | Deductible/Coinsurance  |                                   |                                   |  |                                  |                                  |
| Retail Rx                                       | Deductible/Coinsurance  |                                   |                                   |  |                                  |                                  |

## Hearing (included in your plan)

|  | BALANCE/CHOICE PPO & EPO                                      | BALANCE/CHOICE HSA-QUALIFIED                            | PEAK CARE   |
|--|---|---|---|
| Exam<br>Balance/Choice PPO (in and out of network)<br>Balance EPO (in network only)<br>Peak Care (in network only) | Specialist office visit copay (1 exam every 2 calendar years) | Deductible/Coinsurance (1 exam every 2 calendar years)  | Specialist office visit copay (1 exam every 2 calendar years) |
| Hardware<br>(in and out of network)  | Covered in full (\$1,000 every 3 calendar years)              | Deductible/Coinsurance (\$1,000 every 3 calendar years) | Covered in full (\$1,000 every 3 calendar years)              |

## EPO plans

PCP = Primary care provider  
D = Deductible  
PCY = Per calendar year

|  | PEAK CARE PLANS: Pierce, Thurston, and Spokane counties<br>Tahoma and Dental Choice Network |  |  | BALANCE EPO PLAN<br>Heritage Signature and Dental Choice Network |
|--|---|--|--|--|
|  | Peak Care 1000 Gold   | Peak Care NOW 4000 Silver                                    | Peak Care 6000 Bronze  | Balance EPO 8550 Bronze  |
| Deductible<br>Family = 2x Individual                   | \$1,000   | \$4,000  | \$6,000  | \$8,550  |
| Out-of-pocket maximum<br>Family = 2x Individual        | \$8,300   | \$8,550  | \$8,550  | \$8,550  |
| Emergency room   | \$450 copay, then deductible/coinsurance  |  |  | Deductible/Coinsurance   |
| Office visit   | PCP designated = \$20<br>Specialist/Non-designated PCP = \$50                               | PCP designated = \$0<br>Specialist/Non-designated PCP = \$50 | PCP designated = \$55<br>Specialist/Non-designated PCP = \$120 | Deductible/Coinsurance   |
| Basic imaging and lab services                         | Waive deductible, subject to coinsurance  | Subject to deductible/coinsurance                            |  | Deductible/Coinsurance   |
| Retail Rx<br>30-day supply cost (mail order 3x retail) | \$15 / \$40 / \$80 / 25%  | \$20 / \$50 / D50% / D30%                                    | \$35 / D\$45 / D40% / D40%                                     | Deductible/Coinsurance   |

## Adult vision

|  | OPTIONAL BENEFIT RIDER |
|--|------------------------|
| Vision exam <sup>2</sup> In and out of network | \$25 (1 exam PCY)      |
| Vision hardware limit In and out of network    | \$150 PCY              |

<sup>2</sup>Peak Care exams are covered in network only.



# Medical plans with family dental

Eight of our medical plans have Family Dental benefits built in. By bundling pediatric and adult dental benefits with medical coverage, employees get well-rounded health coverage for their whole family.

## Medical + Family Dental plans

PCP = Primary care provider  
CIF = Covered in full  
D = Deductible  
PCY = Per calendar year

|  | BALANCE MEDICAL + FAMILY DENTAL PLANS<br>Heritage Signature and Dental Choice Network |                                    |   |   | CHOICE MEDICAL + FAMILY DENTAL PLANS<br>Heritage and Dental Choice Network |                                    |   |  |
|--|---|------------------------------------|---|---|--|------------------------------------|---|--|
|  | Balance 500 Gold + Family Dental  | Balance 1000 Gold + Family Dental  | Balance 2000 Silver + Family Dental                               | Balance HSA-Qualified 3000 Silver + Family Dental | Choice 750 Gold + Family Dental  | Choice 1000 Gold + Family Dental   | Choice 2500 Silver + Family Dental                                | Choice HSA-Qualified 3000 Silver + Family Dental |
| Deductible<br>Family =<br>2x Individual                        | \$500   | \$1,000                            | \$2,000   | \$3,000<br>(Embedded)                             | \$750  | \$1,000                            | \$2,500   | \$3,000<br>(Embedded)                            |
| Out-of-pocket maximum<br>Family =<br>2x Individual             | \$8,550   | \$8,200                            | \$8,150   | \$5,500<br>(Embedded)                             | \$7,100  | \$8,200                            | \$8,150   | \$5,500<br>(Embedded)                            |
| Emergency room   | \$200 copay,<br>Deductible/Coinsurance  |                                    | \$250 copay,<br>Deductible/<br>Coinsurance                        | Deductible/<br>Coinsurance                        | \$200 copay,<br>Deductible/Coinsurance                                     |                                    | \$250 copay,<br>Deductible/<br>Coinsurance                        | Deductible/<br>Coinsurance                       |
| Office visit   | PCP designated = \$25<br>Specialist/<br>Non-designated PCP = \$50                     |                                    | PCP designated = \$35<br>Specialist/<br>Non-designated PCP = \$70 | Deductible/<br>Coinsurance                        | PCP designated = \$25<br>Specialist/<br>Non-designated PCP = \$50          |                                    | PCP designated = \$35<br>Specialist/<br>Non-designated PCP = \$65 | Deductible/<br>Coinsurance                       |
| Basic imaging and lab services                                 | Deductible/<br>Coinsurance  | Waive deductible, then coinsurance | Deductible/Coinsurance  |   | Deductible/<br>Coinsurance   | Waive deductible, then coinsurance | Deductible/Coinsurance  |  |
| Retail Rx<br>30-day supply cost (mail order copay = 3x retail) | \$20/\$50/<br>\$80/D25%   | \$20/\$50/<br>\$80/25%             | \$35/\$75/<br>D30%/D30%   | Deductible/<br>Coinsurance                        | \$20/\$50/<br>\$80/D25%  | \$20/\$50/<br>\$80/25%             | \$30/\$70/<br>D30%/D30%   | Deductible/<br>Coinsurance                       |

Benefits apply after dental calendar year deductible is met, unless otherwise noted.  
Dental deductible and coinsurance represent customer's cost share  
PCY = per calendar year  
CY = calendar year(s)

## Adult dental benefits as part of medical plans with family dental

| Covered Services   | IN NETWORK                  | OUT OF NETWORK                     |
|--|-----------------------------|------------------------------------|
| Individual dental deductible PCY   | \$50                        |                                    |
| DIAGNOSTIC AND PREVENTIVE  |                             |                                    |
| Routine oral exams 2 PCY   | Covered in full             | Dental deductible waived, then 30% |
| Routine x-rays full mouth, 1 every 60 months / bitewings 2 PCY to maximum of 4             |                             |                                    |
| Cleanings 2 PCY  |                             |                                    |
| BASIC  |                             |                                    |
| Non-routine / problem-focused exams 1 PCY shared limit                                     | Dental deductible, then 20% | Dental deductible, then 40%        |
| Emergency exams  |                             |                                    |
| Non-routine x-rays panoramic, 1 every 60 months / periapical unlimited                     |                             |                                    |
| Fillings once every 24 months  |                             |                                    |
| Endodontics 1 per tooth per lifetime   |                             |                                    |
| Periodontal maintenance 4 PCY  |                             |                                    |
| Periodontics, non-surgical services scaling / root planing, 1 per quadrant every 24 months |                             |                                    |
| Simple / surgical extractions  |                             |                                    |
| General anesthesia   |                             |                                    |
| MAJOR  |                             |                                    |
| Installation of crowns porcelain, ceramic, and metal only, once every 7 CY                 | Dental deductible, then 50% |                                    |
| Build-ups crowns only, 1 every 7 CY  |                             |                                    |
| DENTAL PLAN MAXIMUM  | \$1,000 PCY                 |                                    |

Note: Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. Metallic medical plans that include Family Dental cannot be paired with Adult Dental Optima or Adult Dental Optima Voluntary plans.



## ADDITIONAL BENEFITS OF FAMILY DENTAL

- Employees get core dental benefits at a lower cost.
- When your employees have a medical plan and a dental plan from Premera, they get one easy experience: one ID card, one customer service number, one website, and one secure account for managing their healthcare.



# Adult dental plans for ages 19 and older

We’ve been taking care of dental customers for more than 30 years. With every dental plan, Premera provides:

## Access to the broad Choice network

Dental customers get one of the largest networks of dentists in the state of Washington. Premera contracts with over 77,000 in-network dentists in more than 294,000 locations.

## Plans that emphasize prevention

Premera dental customers do not pay a deductible for routine dental visits, and most plans cover preventive services in full.

## Online tools that make things easy

Find in-network care with our dental provider directory, and see how much dental services will cost with our dental cost estimator. Your employees can even email a licensed dentist with questions about their oral health.

## Two separate dental plan options for adults

Premera offers two separate dental plans: **Adult Dental Optima** and **Adult Dental Optima Voluntary**. You can pair these with your medical plan to provide adult dental coverage for a broader range of services.

- Dental services, such as cleanings, routine exams, and bitewing x-rays are covered in full.
- Customers can visit any dentist, but their costs will be less for in-network services and care.



## Dental benefits

Benefits apply after dental calendar year deductible is met, unless otherwise noted.  
Dental deductible and coinsurance represent customer’s cost share  
PCY = per calendar year  
CY = calendar year(s)

|   | FAMILY DENTAL <sup>1</sup>                                   | ADULT OPTIMA <sup>2</sup>  | ADULT OPTIMA VOLUNTARY <sup>2</sup> |
|---|--|--|-------------------------------------|
| Cost to employer  | \$<br>(included in select medical plans)                     | \$\$   | \$0                                 |
| Member’s out-of-pocket cost   | Member coinsurance is less when seeing an in-network dentist | Member coinsurance is the same for in-network and out-of-network dentists, but balance billing may apply |                                     |
| Benefits for major dental services (such as dentures, bridges and implants) | Not covered  | Covered  | Covered (implants not included)     |
| Orthodontia <sup>3</sup>  | No option  | Optional   | No option                           |
| Employee-funded plan <sup>4</sup>   | No   |  | Yes                                 |

<sup>1</sup>Family dental is not available to pair with a Peak Care medical plan. Peak Care may be paired with either Adult Dental Optima or Adult Dental Optima Voluntary plans.  
<sup>2</sup>Metallic medical plans that include Family Dental cannot be paired with Adult Dental Optima or Adult Dental Optima Voluntary plans.  
<sup>3</sup>For groups with 26 or more enrolled employees.  
<sup>4</sup>Employer contributes 0%–49% of premium. Minimum enrollment is 5 or 30% of eligible employees (whichever is greater).





# Adult Dental Optima

With **Adult Dental Optima**, you can offer your employees comprehensive coverage and flexibility to choose their dentist.

### Key benefits

- Your employees can choose any licensed or certified provider from our broad network. When they use an in-network provider, they won't be billed for costs beyond the allowable amount.
- There is no waiting period for any service.
- Diagnostic and preventive services such as routine exams, cleanings, and bitewing x-rays are covered at 100 percent to help your employees and their families keep their smiles healthy. And that supports overall health.
- Plans provides benefits for periodontal maintenance. Your employees can get up to four visits per year to help manage gum disease.
- Includes coverage for major services such as crowns, dentures, bridges, and implants.
- On the 1500 Enhanced+ plan, you can choose to have routine diagnostic and preventive services not count toward the annual maximum.

Benefits apply after calendar year deductible is met, unless otherwise noted.  
Deductible and coinsurance represent member's cost share  
PCY = per calendar year  
CY = calendar year(s)

### Adult Dental Optima covered services

| ADULT DENTAL OPTIMA                | 1000   | 1500    | 2000    | 1000 ENHANCED                                     | 1500 ENHANCED | 2000 ENHANCED | 1500 ENHANCED+       |
|------------------------------------|--|---------|---------|---|---------------|---------------|----------------------|
| Annual deductible <sup>1</sup> PCY | \$50/\$150                                     |         |         |   |               |               |                      |
| Maximum allowance per person PCY   | \$1,000  | \$1,500 | \$2,000 | \$1,000   | \$1,500       | \$2,000       | \$1,500 <sup>2</sup> |
| Out-of-network reimbursement       | Washington out-of-network reduced fee schedule |         |         | Reimbursed up to the 90th percentile <sup>3</sup> |               |               |                      |

| DIAGNOSTIC AND PREVENTIVE  | COST SHARES IN AND OUT OF NETWORK |
|--|-----------------------------------|
| Routine oral exams limited to 2 PCY  | 0%                                |
| Emergency exams unlimited  |                                   |
| Bitewing x-rays 1 set (up to 4) PCY  |                                   |
| Cleanings limited to 2 PCY   |                                   |
| BASIC  |                                   |
| Complete series or panoramic x-ray once per 36 consecutive months, but not both                                    | 20%                               |
| Fillings limited to once per tooth surface every 24 consecutive months   |                                   |
| Endodontic (root canal) treatment limited to once per tooth every 24 consecutive months                            |                                   |
| Full-mouth debridement limited to once every 36 consecutive months   |                                   |
| Periodontal maintenance limited to 4 visits PCY  |                                   |
| Periodontal scaling limited to once per quadrant every 24 consecutive months                                       |                                   |
| Periodontal surgery limited to once per quadrant every 36 consecutive months                                       |                                   |
| Simple extractions   |                                   |
| Emergency palliative treatment   |                                   |
| MAJOR  |                                   |
| Inlays, onlays, and crowns replacements limited to once per tooth every 5 CY                                       | 50%                               |
| Implants limited to once every 5 CY  |                                   |
| Dentures, partials, and fixed bridges replacements limited to once every 5 CY                                      |                                   |
| Repair and recementing of crowns, inlays, bridgework, and dentures   |                                   |
| Surgical extractions   |                                   |
| Oral surgery   |                                   |
| General anesthesia limited to covered dental procedures at a dental-care provider's office when dentally necessary |                                   |

**Notes:** Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premera Blue Cross. Plan options depend on whether your group is renewing or starting a new plan. They also depend on your group size. Discuss your options with your producer.

<sup>1</sup>Annual deductible waived for diagnostic and preventive services.  
<sup>2</sup>Annual maximum waived for diagnostic and preventive services.  
<sup>3</sup>Reimbursement up to the 90th percentile based on FAIR Health data by geographic area. Ask your producer for more details.



# Adult Dental Optima Voluntary

With **Adult Dental Optima Voluntary**, businesses with as few as five employees can offer dental coverage at little or no cost.

## Key benefits

- Your employees can choose any licensed or certified provider from our broad network. When they use an in-network provider, they'll get the dental care they need and won't be billed for costs beyond the allowable amount.
- Diagnostic and preventive services such as routine exams, cleanings, and bitewing x-rays are covered at 100 percent to help your employees and their families keep their smiles healthy. And that supports overall health.
- Plan provides benefits for periodontal maintenance. Your employees can get up to four visits per year to help manage gum disease.
- You can choose to fund up to 50 percent of your employees' premiums—helping you save money while offering valued dental coverage to your employees.
- Includes coverage for major services such as crowns, dentures, and bridges.

Benefits apply after calendar year deductible is met, unless otherwise noted.  
Deductible and coinsurance represent member's cost share  
PCY = per calendar year  
CY = calendar year(s)

## Adult Dental Optima Voluntary covered services

(for groups 5–50)

|                                    |            | DEDUCTIBLE/MAXIMUM ALLOWANCE |
|------------------------------------|------------|------------------------------|
| Annual deductible <sup>1</sup> PCY | Individual | \$50                         |
|                                    | Family     | \$150                        |
| Maximum allowance per person PCY   |            | \$1,000                      |

| DIAGNOSTIC AND PREVENTIVE  | COST SHARES IN AND OUT OF NETWORK |
|--|-----------------------------------|
| Routine oral exams limited to 2 PCY  | 0%                                |
| Bitewing x-rays 1 set (up to 4) PCY  |                                   |
| Cleanings limited to 2 PCY   |                                   |
| BASIC  |                                   |
| Emergency exams unlimited  | 30%                               |
| Emergency palliative treatment   |                                   |
| Complete series or panoramic x-ray once per 36 consecutive months, but not both                                    |                                   |
| Fillings limited to once per tooth surface every 24 consecutive months   |                                   |
| Full-mouth debridement limited to once every 36 consecutive months   |                                   |
| Periodontal maintenance limited to 4 visits PCY  |                                   |
| Periodontal scaling limited to once per quadrant every 24 consecutive months                                       |                                   |
| Simple extractions   |                                   |
| MAJOR <sup>2</sup>   |                                   |
| Inlays, onlays, and crowns replacements limited to once per tooth every 5 CY                                       | 50%                               |
| Dentures, partials, and fixed bridges replacements limited to once every 5 CY                                      |                                   |
| Repair and recementing of crowns, inlays, bridgework, and dentures   |                                   |
| Endodontic (root canal) treatment limited to once per tooth every 24 consecutive months                            |                                   |
| Periodontal surgery limited to once per quadrant every 36 consecutive months                                       |                                   |
| Surgical extractions   |                                   |
| Oral surgery   |                                   |
| General anesthesia limited to covered dental procedures at a dental-care provider's office when dentally necessary |                                   |

**Note:** Coinsurance amounts based on allowable charges. Balance billing may apply if a provider is not contracting with Premiera Blue Cross.

<sup>1</sup>Annual deductible waived for diagnostic and preventive services.  
<sup>2</sup>A 12-month waiting period for major services applies to customers who have not had continuous comparable dental coverage under the group's prior dental plan.



# More dental options and requirements

You can choose to offer additional dental coverage that lets employees customize their benefits package.

## Optional benefits

|  | ADULT DENTAL OPTIMA                     |
|--|---|
| ORTHODONTIA <sup>1</sup>   |   |
| Diagnostic services and active or retention treatment including appliances | 50% <sup>2</sup> up to lifetime maximum |
| Monthly orthodontic adjustments including retention treatment              |   |
| Lifetime maximum per person  | \$1,500                                 |
| Age limit  | None                                    |

<sup>1</sup> For groups with 26 or more enrolled employees. Orthodontia is not available on Adult Dental Optima Voluntary plan.

## Participation and contribution requirements for adult dental plans

Depending on group size, there are different requirements for the Adult Dental Optima plans. Employers must also meet the participation requirements in order to offer the plan.

| GROUP SIZE | EMPLOYER CONTRIBUTION | PARTICIPATION REQUIREMENTS  |
|------------|-----------------------|---|
| 2–4*       | 50%–100% of premium   | 100% participation  |
| 5–50       | 50%–100% of premium   | Minimum of 5 employees or 50% of eligible employees, whichever is greater |
| 5–50       | 0%–49% of premium     | Minimum of 5 employees or 30% of eligible employees, whichever is greater |

**Note:** Adult Dental Optima and Adult Dental Optima Voluntary plans cannot be paired with metallic medical plans that include Family Dental.

\*Dental is offered only in combination with a medical plan for group sizes 2–4. Plan selections are limited to Optima 1000 and Optima 1500.

The gentleman I spoke with was knowledgeable and helpful. Could not have been handled better. What a relief to remove such a financial hardship. One of the best customer experiences I've had over the phone. It's awesome that they're actually paying attention, it's good to know this is a way to reach them. Got the call this morning—issue resolved! We couldn't have asked for a better person to help us through all we've been through with my wife's strokes. Shout-out to @premera Customer Service rep Carrie in Spokane WA for helping me w/my insurance. #insurance #premera #bestcustomerservice I felt so helpless, but now I feel like I have help. I have faith that Adrian will have the issue resolved today. He promised me a card and the numbers I need





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