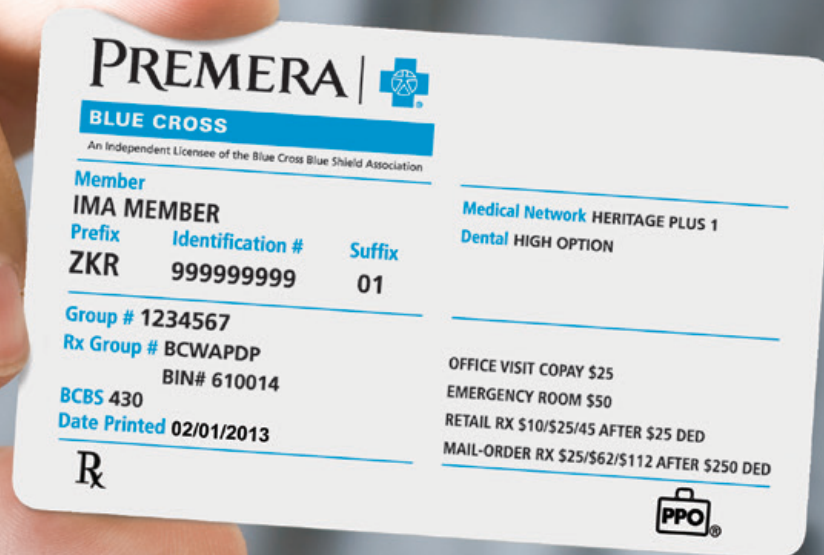


Your card. Your health.



inside

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We're here. We're with you.

Welcome!

We understand that you're the one who makes decisions about your lifestyle, preventive care, and treatment. We're here to help you.

We are a healthcare support system that works with you, your employer and the medical professionals you see for treatment. As your health plan, we serve you by providing financial coverage—plus a wide range of services to help you maintain or improve your everyday health and get the greatest value when you need care.

This guide will show you highlights of the many ways you can use your health plan to your advantage. Always carry your card with you and present it to doctors, pharmacists, and other providers when you seek care.



Register now!*

premera.com

Premera.com makes it easy to take control of your health. In just a few clicks you have personalized information about your health spending, benefits and personal health.

secure • personalized • available 24/7.

* If your company has not previously registered with Premera, individual information setup and activation may take up to three weeks.



Premera Mobile

Scan this code to download our free app. Available for Windows Phone, Android, iPhone, iPad and Kindle Fire.

Need a new card, or other help?

Log in at premera.com to order a new card or call our Customer Service Team at 800-722-1471 between 8 a.m. – 5 p.m., Monday – Friday.

Note: The sample card here and on the cover may not match what appears on your card, as benefits differ by plan.



Knowing your benefits saves you time and money.

Your benefits are easy to find—just go online at premera.com and take a few minutes to register. What you learn about your plan there could mean big savings down the road.

How it works:

Here's an example of how you might share costs with your plan in the event of an injury.

Let's say you went snowboarding and hurt your ankle. The X-ray reveals a bad break and you need surgery to fix it. Here's how your health plan shares costs with you, when you visit an in-network provider:

▶ **Your deductible is \$1,000.**

This is the amount you'll pay before your plan benefits kick in.

▶ **Your coinsurance share is 20%.**

That means you pay 20% of the cost, after you've paid your deductible.

▶ **The plan's coinsurance share is 80%.**

The plan pays the remaining 80% of your bill.

	COST OF SERVICE	YOUR SHARE	PLAN'S SHARE
X-ray	\$600	\$120 coinsurance	\$480 coinsurance
Hospital Stay	\$3000	\$1000 deductible \$400 coinsurance	\$1600 coinsurance
Surgery	\$10,000	\$2000 coinsurance	\$8000 coinsurance
Total	\$13,600	\$3,520	\$10,080

Having a health plan saved you more than \$10,000—not bad!*

*Please note: This is only an example. Actual coverage varies by plan.

Here are some definitions to help you understand your benefits:

Benefit: The portion of services your health plan pays.

Copayment: A flat fee you pay at the time a service is rendered. Copays don't apply toward a deductible or coinsurance maximum.

Deductible: This is the amount of money you pay every year before the plan pays for certain services.

Covered services: The healthcare services and supplies for which your health plan provides benefits.

Coinsurance: Your share of the fee for a service. If your plan's coinsurance share for a covered service is 20%, you pay 20% of the allowable amount and your plan pays the other 80% (after you meet your deductible).

Coinsurance maximum: A limit after which your plan pays at 100% of the allowable amount.

Covered-in-full services: The healthcare services that do not require a copayment or deductible to be paid by you. Your health plan pays the full amount owed to the provider.

Allowable amount: The maximum amount Premera Blue Cross will pay for a covered service.

Out-of-pocket maximum: The most you will pay toward your deductible and coinsurance for covered services during a calendar year.

Access our network to get the care you need.

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



At home, across the country, and around the world—the power of Blue is with you. Our expansive national network is built on our strong relationships with providers, hospitals, and specialists. As a Premera Blue Cross member, you can see a network provider anywhere in the United States. They have agreed to bill us directly and accept our allowable charges for covered services. Providers who are not in our network (non-network providers) may bill over our allowable charges and hold you responsible for the additional costs. By using an in-network provider, you'll get the highest level of benefits and lowest out-of-pocket costs.

How do I find an in-network provider?

As a Premera Blue Cross member, you have access to the **BlueCard® Program**, a national network of Blue Cross Blue Shield providers.

What if I'm in Washington or Alaska?

With more than 37,600 privately contracted physicians, hospitals and other providers in Washington and Alaska*, chances are very good that the physician you want to see is already in our network. Just click on "Find a Doctor" at **premera.com** to be sure.

* Premera Blue Cross provider count as of October 19, 2011.

What if I happen to be in other states?

For providers in other states, click on "Find a Doctor" at **premera.com**. Enter the location and zip code of your provider and select your network option—either BlueCard PPO or BlueCard Traditional—which you can find in your Benefit Booklet. For assistance by phone, call 800-722-1471.

What if I am out of the country?

Through the BlueCard Worldwide® Program, you can see providers overseas who participate in our international network. To find a provider, hospital or need medical assistance overseas, call the BlueCard number on the back of your card at 800-810-BLUE (2583), 24 hours a day, seven days a week. Representatives will help make an appointment for you.

For outpatient care outside the U.S., you pay the provider and then submit your claim to Premera Blue Cross. For inpatient care that was arranged by the BlueCard Worldwide Service Center, the provider will file the claim. If not arranged by BlueCard, you pay the provider and then submit the claim to us.

What happens when I use an out-of-network provider?

Out-of-network providers have not made an agreement with us about fees for services to our members, so you will most likely be subject to higher costs and more paperwork. To learn more about filing a claim with an out-of-network provider, go to page 14.



PROVIDER DIRECTORY

You can easily find an in-network provider by searching on **Find a Doctor** at **premera.com** or **Premera Mobile** or call **Customer Service** at **800-722-1471**.



[Download Premera Mobile](#)

Get the right care in the event of an accident or unexpected illness.

Your plan provides coverage for unexpected health events. Here are our suggestions to help you get the right care while avoiding unnecessary out-of-pocket costs.

Should I call a nurse, seek urgent care or go to the ER?

Sometimes it's hard to know which to choose, but there's a big difference in time and money. If your condition is not life-threatening, you can either call our FREE and CONFIDENTIAL 24-Hour NurseLine or visit an urgent care facility. If your condition is life-threatening, you should call 911 or go to the emergency room immediately.

Here are some criteria to help you decide:

NOT SURE WHAT TO DO?	NON-LIFE THREATENING	LIFE THREATENING
<p>Call the FREE 24-Hour NurseLine at 800-841-8343 to speak to a registered nurse who will ask the right questions, listen to your concerns, and help you determine where and when to seek treatment.</p>	<p>Urgent care facilities provide quick, convenient care for health needs that aren't life threatening but can't wait until the next day or longer. They are open outside of regular business hours and are less expensive than emergency room care.</p> <p>Examples of conditions that can be dealt with in an urgent care facility include:</p> <ul style="list-style-type: none">• ear infections• low fever or mild flu symptoms• minor rashes, cuts, bites and sprains.	<p>Call 911 or go to the emergency room if you are in severe pain or your condition is endangering your life.</p> <p>Examples of medical emergencies include:</p> <ul style="list-style-type: none">• suspected heart attacks• suspected strokes• broken bones.



NON-LIFE THREATENING: URGENT CARE

To find an urgent care facility near you, search "Find a Doctor" at premera.com or Premera Mobile or call 800-722-1471.



[Download Premera Mobile](#)

Live a healthy life.

We want our members to take advantage of the best defenses against disease—healthy living, prevention, early detection, and immunization. That’s why many of our plans include benefits that cover the costs of preventive care.

Take advantage of preventive exams and screenings

Most Premera Blue Cross plans cover preventive screenings and immunizations in full, with little or no coinsurance. So take advantage of these benefits that can prevent illness and disease, especially when they cost you little or nothing out-of-pocket.

Check your benefits online at premera.com to see what is covered. As the saying goes, an ounce of prevention is worth a pound of cure. This is true not just for children, who need many immunizations against preventable diseases, but also for adults. Routine adult exams and screenings can play a crucial role in early detection and prevention.

THREE THINGS TO REMEMBER		
<p>1</p> <p>Be INFORMED</p> <p>Check your benefits online to find out what is covered.</p>	<p>2</p> <p>Get SCREENED</p> <p>Set a regular schedule for routine exams and screening tests.</p>	<p>3</p> <p>Get VACCINATED</p> <p>Don't overlook your scheduled vaccinations.</p>



Exams and screenings

Many routine tests are covered by your health plan, from newborn exams and vaccinations to physicals needed for work or school. The following schedule for routine check-ups will help you with the recommended screenings and exams:

AGE	WHEN TO GET A CHECK-UP
0–24 months	In the first 2–7 days and at months 2, 4, 6, 9, 12, 15, 18 and 24
3–6 years	Every year
7–18 years	Every 2 years
19–64 years	Every 1-3 years
65+ years	Annually

Immunizations

Vaccines offer protection from illness and disease. The U.S. Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices issue recommendations for vaccinations that will protect you from diseases such as Hepatitis B, pneumonia, and chicken pox. Children and Adolescents should receive a range of vaccinations and follow-up doses from birth to age 18. Adults age 19 and older need some additional follow-up doses, and should follow the CDC’s recommendations regarding annual flu shots.



IMMUNIZATIONS

Visit us at premera.com/immunizations to get recommendations, and check with your doctor to make sure your family’s immunizations are current.



Prevent disease.

Lifestyle choices are at the root of many chronic illnesses, with tobacco use topping the list, followed by a lack of physical activity and poor nutrition. The more you know, the more power you have to make healthy choices. Preventive screenings are a great way to spot changes that may mean a change in your health.

Your doctor can help you get up-to-date with these tests and screenings:

TEST/SCREENING	IDEAL	WHEN TO GET TESTED
Blood pressure	120/80	Every 1–3 years for adults 18 and older
Blood glucose level (fasting)	<100	Talk to your doctor about frequency of testing
Cholesterol	<200	Men—Beginning at age 35, every 1–5 years Women—Beginning at age 45, every 1–5 years
Breast cancer (Mammogram)	—	Every 1–2 years for women, beginning at age 40
Cervical cancer	—	Begin when sexually active, but not later than age 21, every 1–3 years until age 65
Colon cancer	—	All women and men beginning at age 50



STAYING HEALTHY

Visit us online at premera.com/stayinghealthy to take advantage of tips and tools for a healthy lifestyle.

Make informed decisions.

Our online tools can help you understand your medical concerns, have more effective conversations with your doctor, and make informed healthcare choices.



Manage My Account

Use this section to check out your health plan benefits, view the status of your claims or download a needed form.

The **Spending Activity Report** generates snapshots of your overall spending. It also shows how much you saved through your health plan.

Stay Healthy

This section can help you understand more about your health and how to take care of it.

Take the **Health Assessments** to find out your real “health age” and learn what you need to make smart healthful choices.

The **Symptom Evaluator** helps you figure out what your symptom may be and what to do about it.

Access our **Medical Library** to find an extensive collection of health-related videos, photos and detailed explanations written by physicians about common health problems and concerns.

Use the **Health Trackers** to lead your health in the right direction. Includes:

- **Trackers** to observe your health over time
- The 12-week **Healthy Living** program to practice lifestyle habits that improve your health
- **Calculators** to learn more about your health and find out the cost of a procedure, lab test or doctor visit



MY ACCOUNT

Register and log in at premera.com to use these and other online tools to help you get the most value from your health plan.

Choose the best medication for your health and budget.

Medication is necessary for many treatment plans, but it can be expensive. By using our pharmacy network, you avoid claims paperwork and you may also save money.

Five easy ways to save money on medication

1. Order by Mail

Ordering medication by mail can save you time and money. Our mail program offers the convenience of home delivery while maximizing your ability to choose the most cost-effective medications through MyPharmacyPlus. You can order your routine medications over the phone, through the Web, by mail or fax—it's truly that simple! You can even talk to a pharmacist who is specially trained in your medical condition.

2. Say Yes! to Generics

Maybe you've already heard about generic drugs in the news: It's true; they *are* less expensive than brand-name drugs, and the U.S. Food & Drug Administration says they are just as effective. Ask your doctor to write prescriptions for generic drugs whenever possible.

3. Look Up Medication Alternatives with MyPharmacyPlus™

MyPharmacyPlus is an online search tool that can help you find less expensive medication alternatives. Now, you and your doctor can choose the medications that fit both your health and budget. Just go to premera.com/mypharmacyplus to learn more.

4. Cut the Pill, Cut Your Bill

The cost to you for a medication may be the same whether your doctor prescribes a high or low dosage. It makes good economic sense in that case to order the higher dosage medication and split the pill in half, ensuring a longer supply. Talk to your doctor to see if this is right for you.

5. Specialty Pharmacy

If you are being treated for a complex or rare condition requiring the use of high-cost (often self-injected) specialty drugs, your coverage requires that those prescriptions be filled by one of our contracted Specialty Pharmacy providers. Our Specialty Pharmacies are experts in helping you manage your special needs while providing you easy access, cost-savings, and convenient home delivery—ensuring you have the best possible treatment outcomes.

Call Customer Service at 800-722-1471 to learn how to receive these benefits or go to premera.com/pharmacy.



Visit the online Provider Directory to find a network pharmacy

At premera.com, click on “Find a Doctor” to find a participating pharmacy in your area.

Manage your prescriptions

Go to premera.com/mypharmacyplus to manage your prescriptions online:

- Look up drug costs and copays
- Review your benefits and drug history
- Get detailed drug information
- Refill your prescriptions online, or call 800-4-REFILL (800-473-3455).

Note: Some Premera Blue Cross plans may not have prescription drug coverage, but you are eligible for our Pharmacy Discount Program. Call 800-722-1471 to find out more.



PREFERRED DRUG LIST

Search the Preferred Drug List at premera.com/pharmacy to find the most affordable and effective medication for your health needs.

Understand claims payments.

Soon after a claim is submitted, you'll receive a breakdown of the charges submitted to Premera Blue Cross, with details showing what we pay for and what portion, if any, you are responsible for. This is your Explanation of Benefits (EOB).

For services provided by ROBERT SMITH

Premera received this claim on March 16, 2013.
Processing completed on March 17, 2013.

Log in to premera.com to sign up to access your EOB Claim Detail online.

Explanation of Benefits (EOB)

Claim Detail for IMA MEMBER, Claim # 123456789012, for service on 01/29/2013 – 01/29/2013

Service/Product	Dates of Service	Amount Billed	Your Plan Discounts & Payments 7				Your Responsibility 12				Claim Notes	
			Premera Network Discount	Amount Paid By Your Health Plan	Amount Paid By Another Source	Total Plan Discounts & Payments	Copay	Deductible	Coinsurance	Amount Not Covered		Your Total Responsibility
Immunization	01/29	21.00	4.20	16.80	0.00	21.00	0.00	0.00	0.00	0.00	0.00	PPC
Immunization	01/29	32.00	0.00	32.00	0.00	32.00	0.00	0.00	0.00	0.00	0.00	
Totals		\$53.00	\$4.20	\$48.80	\$0.00	\$53.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

My Deductible Summary

Your carryover deductible: \$500.00

Your individual in-network deductible: \$2,500.00
Amount you have paid to date = \$500.00

Your family in-network deductible: \$2,500.00
Amount you have paid to date = \$500.00

My Funding Account Summary

Your funding account paid \$0.00 on this claim.

Your remaining family balance is \$0.00.

For more information relating to your funding account, please see your benefit booklet or log in to premera.com.

13 Claim Notes:

PPC THIS CHARGE EXCEEDS THE AMBULATORY PAYMENT CLASSIFICATION (APC) RATE.

14 Benefit Booklet Information:

123 If this was a denial, there may be benefit booklet language here to explain the denial.

If you have any questions about your EOB call Customer Service at 800-676-1471, Monday through Friday, between 8 a.m. and 5 p.m., Pacific Time.
Para obtener ayuda en español, llámenos al número de teléfono que se indica arriba.
Sa pagtamo ng tulong sa Tagalog, tawagan kami sa nasa itaas na numero ng telepono.
如果想用中文獲取幫助，請撥打上面的電話號碼聯繫我們。
Diné k'ehji yáht'i'igii shika'adoolwól ninizingo díi béésh' bée hane'é bich'j' hodiiinih.

Our TDD/TTY number for the hearing-impaired is 800-842-5357.

Page 3 of 3

About your EOB

The EOB (shown above) should be used to confirm bills from your provider. This is not a bill.

The EOB will also contain:

- A Claim Summary page that explains costs and claim detail using simple math.
- An easy-to-use glossary page to help you understand health coverage terms.

When you see a provider in the Premera Blue Cross network, the provider sends the bill directly to us for payment. This is your claim, of which you might pay nothing or a portion, depending on your covered services, deductible, and coinsurance.

Definition of Terms

- 1 Service/product**—The type of service/product you received from your provider.
- 2 Dates of service**—The date(s) you received service.
- 3 Amount billed**—The full amount billed by your provider to your health plan.
- 4 Premera network discount**—The amount you save by using a provider that belongs to a Premera network. Premera negotiates lower rates with its in-network providers to help you save money. This amount may not be itemized and may only show in the Totals row of the Claim Detail.
- 5 Amount paid by your health plan**—The portion of the charges eligible for benefits minus your copay, deductible, coinsurance, network discount and amount paid by another source up to the billed amount.
- 6 Amount paid by another source**—Examples of other sources include: a health funding account, other health insurance, automobile insurance, homeowners' insurance, disability insurance, etc. This amount may not be itemized and may only show in the Totals row of the Claim Detail.
- 7 Your plan discounts & payments**—This section details the amounts that you do not need to pay.
- 8 Copay**—A set amount you pay for certain covered services such as office visits or prescriptions. Copays are usually paid at the time of service.
- 9 Deductible**—Your deductible is the amount you need to pay each year for covered services before your plan starts paying benefits.
- 10 Coinsurance**—A percentage of covered expenses that you pay after you meet your deductible.
- 11 Amount not covered**—The portion of the amount billed that was not covered or eligible for payment under your plan. Examples include charges for services or products that are not covered by your plan, duplicate claims that are not your responsibility, amount related to not getting a prior authorization for service, and any charges submitted that are above the maximum amount your plan pays for out-of-network care.
- 12 Your total responsibility**—This section details the portion of the bill that is your responsibility to pay. This amount might include your copay, deductible, coinsurance, any amount over the maximum reimbursable charge, or products/services not covered by your plan. If you received payment intended for a provider, it is your responsibility to pay the provider.
- 13 Claim notes**—When present, these notes provide general information about the claim and may also provide specific explanation of activity that occurred in the Amount Not Covered, Amount Paid by Another Source, and Amount Paid By Your Health Plan fields. For example, if the claim was denied because your provider submitted the same claim twice, a note would tell you that we denied the claim as a duplicate.
- 14 Benefit Booklet Information**—If applicable, contains information about why portions of a claim were denied.



ELECTRONIC EOB

Sign up to receive your EOB electronically when you register and log in at premera.com.
That's one less piece of paper you'll have to file away.

Get the answers you need.

We believe that the better you understand your health plan, the more you will benefit from it. This information will help you navigate the claims process.

Filing a claim with an out-of-network provider

When you see a provider or use a pharmacy outside the network, you have to submit the claim yourself after paying for the service up front. (In-network providers submit the claim for you.)

To file a claim:

1. Complete a claim form. Download one from the "Forms" section on premera.com, or call 800-722-1471.
2. Attach an itemized bill from the provider for the covered service.
3. Make a copy for your records.
4. Mail your claim to the address on the claim form.

Claim Inquiries

If you would like a review of your processed claim, just call Customer Service at 800-722-1471. You must make your request within 180 days after you receive your EOB. You can also submit a request in writing. Include a copy of the EOB in question and any other documentation that may support your inquiry. Make sure that you send in this request within 180 days of receiving the EOB. Send your request to:

**Premera Blue Cross
PO Box 91059
Seattle, WA 98111**

Once we receive your request, we'll send you more details about the review process.

Questions? Call customer service at 800-722-1471.

They're ready to help you! Customer Service staff is available 8 a.m. to 5 p.m., Monday through Friday, Pacific Time. Whenever you call, please have your ID card handy.



LEARN ABOUT YOUR COVERAGE

Access your benefit booklet online when you log into your secure member account at premera.com



Member Discounts

Save money on health and wellness products and services not covered by your health plan.

Fitness Clubs and Gyms • Diet, Nutrition and Supplements • Vision Care Supplies • Alternative Care Services • Newborn Services and Products • Hearing Aids and Screenings

Learn more at
premera.com/discounts

Thank you

for being a Premera Blue Cross member.
We're here. We're with you.

Premera Mobile

The answer is right in your pocket.

With the free Premera mobile app you can easily find a doctor along with maps, driving directions and you can even use the app as proof of coverage. Plus, it offers one-touch connection to our 24-Hour NurseLine and Customer Service. Available to registered Premera members with Android, iPhone or Windows mobile phones.



Note about cover: The sample member ID card on the cover may not match what appears on your card, as benefits differ by plan.

Please note that this booklet is not a contract. For more information about the full terms and conditions of your health plan, including benefits, limitations and exclusions, please see your Benefit Booklet.